

Patient A was referred to Patient Advocate in 201X. They had previously been diagnosed four and a half years earlier with Breast Cancer and had a bilateral mastectomy followed by chemotherapy at that time and was thought to be in remission.

In June of 201X, this patient was found to have a nodule in their left lung which measured 4mm which was monitored for a further six months for signs of growth and change. In March of 201X, the nodule was found to have grown by 5mm, and Patient A underwent further CT Scanning to establish that this was thought to be a secondary metastatic breast cancer tumour and would need treatment. Patient A was under the care of a consultant at a Private Hospital who had initially thought they were suitable for Cyberknife treatment, however, following a second opinion from a consultant, a recommendation that a triple chemotherapy regime for up to one year would have favourable outcomes for Patient A's particular type of cancer.

Due to an early intervention assessment, a dedicated nurse case manager contacted Patient A within 24 hours of the referral being received and established a medical history. Following a detailed explanation of the services of Patient Advocate, a full and written consent was obtained to allow a nurse case manager to coordinate and intervene in Patient A's treatment pathway to support a cohesive, uninterrupted, collaborative approach to minimise any delay in their care. Patient A's main concerns were access to their chosen consultant at the hospital of their choice to receive the most effective treatment pathway that had been recommended for Patient A by their consultant oncologist. In liaison with the hospital staff, namely the consultant and his secretary it was quickly established that Patient A could receive this treatment on the NHS, an almost identical chemotherapy regime to that which Patient A would have received privately, with no change to their expected long-term health outcomes. The only deviation to their treatment pathway on the NHS would be the use of an alternative drug to the one only available if paid for privately. The drug available on the NHS is the more potent version associated with harsher side effects. After some discussion with the medical team, it was felt suitable to start Patient A under the care of the NHS on the more potent regime with the proviso that, if they did not tolerate the first drug Patient A could be switched onto the alternative. As Patient A was already under the care of the NHS, this change would be accommodated by the NHS, and they would be able to continue treatment using the most suitable drug for comfort. On confirmation of this care pathway, Patient A's consultant annotated in their records that the above protocol was to be followed and allayed any fears that the patient had, in regard to the harsher drug and its possible side effects. Allowing them the comfort that the alternative drug, only available privately would be made available to them on the NHS, should they not tolerate the original regime. In effect, following this course of action saved more than £106k which the triple chemotherapy regime would have cost if followed for the year as was anticipated. In terms of the delay to treatment, Patient A had been told that they would start treatment within a week if treated privately, however, her case manager was able to liaise with ward staff, General Practitioner and administration at the hospital to ensure that all preparatory investigations were achieved to enable Patient A to start treatment within 10 days of referral.

Patient A was able to undergo an echocardiogram and baseline observations recorded at their local hospital before commencing treatment, saving the patient time and effort on an unnecessary trip out of their area. The nurse case manager, being a qualified nurse was able to liaise effectively with the ward staff understanding the necessity for various tests to be performed before the start of their chemotherapy. Patient A's GP was happy to have a liaison between the patient and their oncology team to explain what was required from them and why, which assisted with the appropriate referral documentation exchanged. In many cases, patients are not always aware of the process by which GP's and hospital staff communicate and what is required to ensure a safe and timely referral process. Hospital

staff also commented on how useful it was to have a central coordinator that was available and knowledgeable about all events and able to make informed, swift decisions in collaboration with and on behalf of the patient. Our Case Managers do not leave the patient at the hospital door, we continue to offer support, be it emotional or practical throughout the length of a Patient's treatment. During this period of case management, Patient A regularly commented on how relieved and happy they were with the service from Patient Advocate. The relationship that had developed with their nurse case manager had made this journey more comfortable, swifter and was far less anxious about the detail as they knew Patient Advocate understood their needs.

Patient A wrote, "Many, many thanks again, it's such a relief to have someone to sort these things out for me. I can't thank you enough for doing all of this for me. It helps so much to know that I have a case manager that is assisting me with all the pathways of my care, it has meant a lot less worry for my family and me".

Patient B got referred to Patient Advocate in 201X. This patient had a referral from their GP for a neurophysiology appointment for their ophthalmology condition. Patient B was under the impression that their GP had made an urgent referral, and they would be given an appointment within two weeks. Patient Advocate identified that this patient's referral was marked as routine and therefore the waiting time for this appointment would be 13 weeks. Patient Advocate ascertained that the referral status could be changed to urgent and thus managed to expedite Patient B's appointment and they were seen within two weeks. Reduction in wait time to outpatient appointment and/or treatment: 11 weeks

Testimonials

"Thank you very much for your time and kindness. It is people like you who lighten the load. This has been a tough emotional process and not knowing how you can get help for your child is heartbreaking. I will forward more information once we have gone through the motions and hopefully can secure a surgery date very soon".

"I will not recover from my condition; however, the service has DEFINITELY been helpful in expediting a quicker start to all my referrals and treatment. Your staff are extremely friendly, quick with their outcomes (given third party intervention) and I am pleased that the organisation for whom I work, was able to purchase your service for their staff. Thank you".