**Consolidation: Person-centred care plan answers**

Question 1:

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| **Patient name** | **Healthcare worker name and job title** | **Date completed** |
| Zara | Nurse | 01/05/25 |
| **Individual’s goals** (include information about what the patient hopes to achieve throughout their journey, such as developing strategies to cope with body image changes, returning to work or adjusting their working conditions) | | |
| Zara wants to develop coping strategies to manage stress, anxiety and uncertainty during diagnosis of and treatment for invasive ductal carcinoma. Zara wants to come to terms with any physical changes (e.g. hair loss and weight changes) and maintain self-confidence. Zara wants to successfully return to her role as a marketing business manager with adjustments as needed. Zara also wants to focus on overall long-term health, including nutrition, emotional well-being and cancer prevention strategies. | | |
| **Individual’s preferences** (for example, maintaining independence in personal care and decision-making, and identifying who they wish to be involved in care discussions) | | |
| Zara would like to **remain independent** in her personal care, including hygiene, daily routines and decision-making, for as long as possible. Zara wants to be the **primary decision-maker** in her healthcare journey, with her partner involved in discussions and updates. Zara wants to keep life as **normal as possible** for her two teenage sons, shielding them from unnecessary stress while also being honest. | | |
| **Individual’s values** (for example, valuing being well informed about their condition, placing great importance on being present and emotionally available for their loved ones and highly regarding the ability to make their own decisions about care and treatment) | | |
| Zara values her family and wants tostay actively involved in family life and daily routines, especially cooking dinner and spending quality time with her partner and sons. Zara would like to continue walking her dogs in the morning and evening to maintain her physical and mental well-being. | | |
| **Any other information** (to include any other vital information and links to legislation) | | |
| Continue managing menopausal symptoms alongside cancer treatment.  **Support strategies**:   * joint care planning with her GP or menopause specialist; * consideration of non-hormonal symptom relief (e.g. CBT, nutrition); * monitoring impact of treatment on symptoms (e.g. hot flashes, fatigue).  **The Health and Social Care Act 2012** emphasises the importance of **patient choice, involvement in care decisions** and **integrated care.** This supports Zara’s preference to be involved in decision-making and keep family life as normal as possible. | | |

Question 2:

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| **Healthcare/support needs**  (a detailed sequence of specific treatments in the order they are to be administered) | **Healthcare/support approach**  (how and where the treatment will take place and what it involves) | **People and teams involved in care/support**  (the professionals involved and their roles) | **Recommendations and future actions**  (what future support may be needed if the condition deteriorates, for example) | **Review date**  (a timeline of when the treatment is expected to take place and for how long) |
| **Wide local excision** (breast-conserving surgery) to remove the tumour  **Chemotherapy** due to positive lymph nodes found at the time of surgery, to minimise the risk of further spread  **Radiotherapy** to the breast and lymph node areas, to reduce the risk of the cancer coming back in the breast and within the immediate lymph node chain  **Hormone therapy** with e.g. tamoxifen for up to five years to reduce the risk of recurrence | **Surgery (wide local excision)** performed in a hospital surgical unit, usually as a day or short-stay procedure  **Chemotherapy** administered in a hospital day unit over multiple cycles  **Radiotherapy** outpatient treatment delivered over several weeks, delivered via external beam radiotherapy  **Hormone therapy** oral medication (e.g. tamoxifen) taken | **Medical oncologist** oversees chemotherapy and possibly hormone therapy planning  **Clinical oncologist** oversees radiotherapy prescription and planning and subsequent hormone therapy  **Breast surgeon** performs tumour and lymph node removal  **Therapeutic radiographer** plans and delivers radiotherapy treatment, provides holistic care to the patient and addresses concerns about radiotherapy treatment  **Clinical nurse specialist (CNS)** provides emotional support (coping strategies to manage stress, anxiety and uncertainty) and patient education, and coordinates care  **Pharmacist** is involved in the preparation of chemotherapy drugs, dispenses medication needed throughout Zara’s treatment, provides advice on taking medications and monitors and reviews Zara  **GP and community team** support ongoing hormone therapy and general well-being  **Occupational health (workplace)** supports return-to-work planning and adjustments | **Regular follow-up** **mammograms** and **oncology check-ups** to monitor for recurrence  **Psychological support** if body image concerns or emotional impacts arise  If cancer returns or spreads, refer to the oncology team in the first instance to review treatment options and possibly plan for delivery of chemotherapy; may require onward referral to the **palliative care team** to explore comfort-focused treatment options if needed  Continue monitoring **menopausal symptoms** potentially worsened by hormone therapy | **During active treatment** there are reviews at each cycle or stage (surgery, chemotherapy and radiotherapy)  **Hormone therapy** is reviewed every three to six months by the oncology team or GP  **Post-treatment surveillance** offers annual mammograms and check-ups for at least five years |