Patient personas

Serena



31-year-old mum, chartered accountant and proud resident of the island for 25 years, where she lives an active lifestyle filled with running and cycling.

Diagnosis: Stage 1c Lobular Wants, needs, behaviours:

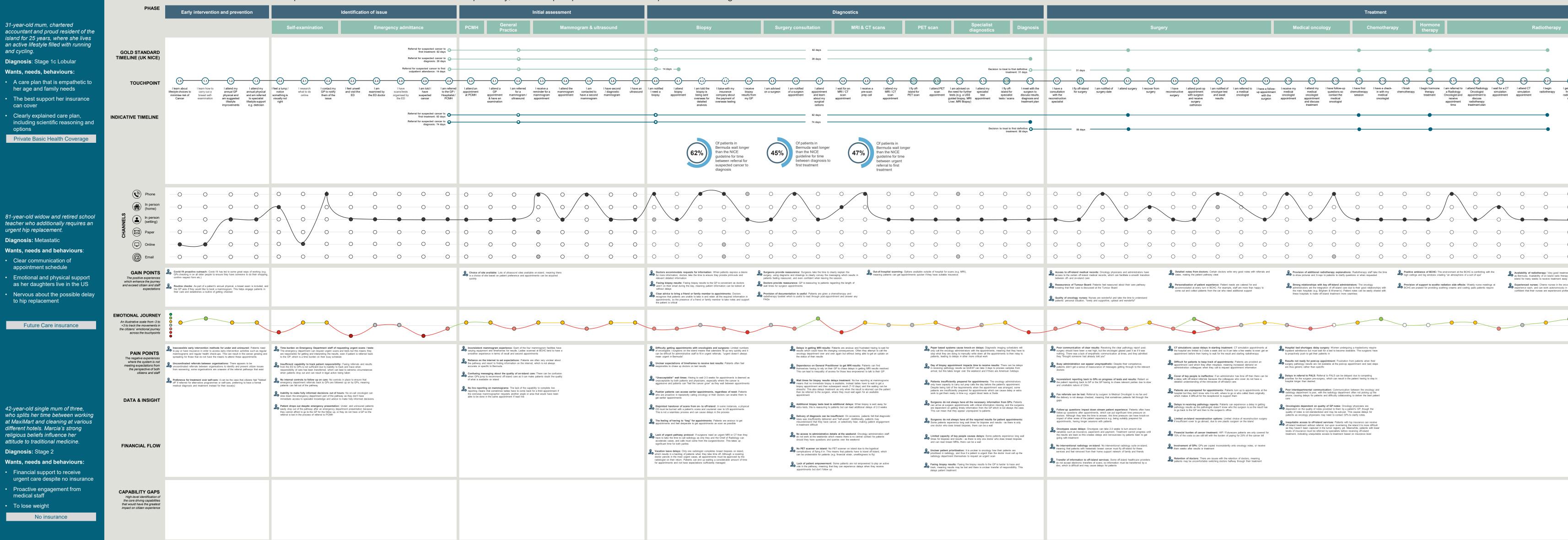
- A care plan that is empathetic to her age and family needs
- The best support her insurance can cover

Clearly explained care plan,

- including scientific reasoning and options
- Private Basic Health Coverage

Breast Cancer Pathway (current state)

An illustrative current-state experience of the end-to-end breast cancer pathway, from the perspective of the three personas to bring it to life*



Hailey



teacher who additionally requires a urgent hip replacement **Diagnosis:** Metastatic

- Wants, needs and behaviours:
- Clear communication of appointment schedule
- Emotional and physical suppor as her daughters live in the US
- Nervous about the possible dela to hip replacement

Future Care insurance

Marcia



42-year-old single mum of three, who splits her time between workin at MaxiMart and cleaning at various different hotels. Marcia's strong religious beliefs influence her attitude to traditional medicine.

Diagnosis: Stage 2

- Wants, needs and behaviours:
- Financial support to receive urgent care despite no insurance
- Proactive engagement from medical staff
- To lose weight

No insurance

*All views captured in this document are those of the colleagues and citizens interviewed

	Timeline I	key of timeline	End of timeline				Touchpoint key Optional touchpoint Off-island touchpoint]
					Ongoi	Ongoing care						Discharge		
	Specialis	st treatment		Foll	low-up sup	port			Pall	liative sup	port			
5.23 1 get support from the radiotherapy nurse 0ncologist 5.23 5.24 1 attend final radiotherapy session	5.25 I recover from radiotherapy radiotherapy speciality treatment	I fly off-Island for specialist treatment	6.0 I book and attend regular blood test appointments	6.1 I attend follow- up appointments with Medical Oncologist	6.2 I am advised on mental health support and getting back to normal life	63 I attend annual mammogram	6.4 I attend annual examination	6.5 I am referred to PALS	6.6 I speak with a PALS representative	6.7 I receive care from PALS	6.8 I am referred to Agape House	6.9 I move to Agape House		
				0 0 0	0	0 0 0	0 0 0	• • • •	0 0 0	0 0 0 0	0 0 0 0	0 0 0 0		
0 0 0	0 0	0	0	0	0	0	0	0	0	0	0	0		
reatment options for a jurisdiction as small therapy prevents women having to travel off t away from their friends and families ne oncology department have 30 years of usy in an unsel-eld system. Patients can be d professionals.	•		back in time	t to engaging paties	nts in their palliative	Cubit Compassionate ninsured, but this mus or care: Palliative care ang in hospital, home their visihes. Patients of-life	rs talk to	Capability to provi	or uninsured patients an get subsidised treatm de at-home care: PAL support but emotional ics	S play a critical role bital. Their nurses n	in ensuring that patien nake home visits and r	ts ot ch		
			 Inconsister documental Referrate to be misurder support earl pallative ca support earl pallative ca be observed pallative ca pallative ca pallative	t referral process t on to PALS but this i PALS can be too I stood by physicians, e onough in the path- e do not have time t e for GPG sonce refe dropped them, as the ferring to PALS: TI y a doctor. Other pa- net, will email PALS re usually full: Pallin / be on a waiting list coordination: Hosp more smooth and less htted from referral to PALS if doctors i	to PALS: Doctors haw can be done in an inc ate in the pathway: meaning that patient way. Additionally, pati to built relationships w arred to PALS: Patient here is no clear role for her PALS referral form fillative cares at the ho her PALS referral form for a long time, causi for a long time, causi sizes need a coordinat s stressful to PALS: Some patie haven't seen them rei	nts referred to PALS for or GPs when the patie is difficult to fill out, a lospital, who have a re	erral aring can ecossary late to elike eelike elike el	often possible as o oncologist Unclear notes fro difficult to work out	to leave for pallistive e care until they have. noclogistis are very bus what a patient are very bus sing a programme of r	regarding palliativ	I abandoned by their re conversations: It is regards to organizing	·		