Healthcare
Improvement
Scotland

Improving cancer care with a single point of contact

Scalability Assessment

March 2025

Executive Summary

Healthcare Improvement Scotland has assessed the Scottish Government Single Point of Contact (SPoC) for cancer pathways initiative to determine the potential to scale across Scotland. SPoC aims to improve patient experience by enabling patients to:

- Have a single point of contact for discussing questions or anxieties related to their clinical care from the point of referral
- Receive timely and accurate advice on their appointments, tests and results
- Have the chance to discuss what non-clinical support may be available for them and their family, following a cancer diagnosis
- Understand their treatment plan and expected timelines for treatment delivery
- Be supported and reassured where they had a suspicion of cancer but did not receive a cancer diagnosis
- After discharge, be provided with advice on self-management and available services

Recommendation

The scalability assessment has demonstrated SPoC's significant impact on patient and staff experience and releasing clinical time. It concludes that **with the provision of ongoing funding, SPoC should be scaled across Scotland.**

- Data analysis shows that SPoC navigators have saved over 3,970 hours of clinical nurse specialist time over a 12-month period (the equivalent to 107.2 weeks a year)
- Extensive patient and staff experience focus has also demonstrated positive results
- SPoC does not release sufficient clinical time to be cost neutral and therefore requires additional investment

Key points:

- With increasing complexity of treatments comes more complex logistics, however the capacity of cancer teams hasn't grown commensurately. This can lead to patients taking on the burden of administration during a very challenging time in their life.
- In 2022, Scottish Government allocated £1.5million of funding to 12 sites to test SPoC in cancer pathways across Scotland. Scottish Government has continued to fund the pilot sites on a year-to-year basis up to the point of publishing this assessment.
- This assessment determined SPoC impact by exploring the broad aims of SPoC; improved patient experience and releasing clinical capacity to provide more proactive and complex care.

- The available evidence demonstrates that when patient navigators are in place, patient experience is improved. Evidence from our own assessment corroborates these findings.

- When SPoC is delivered effectively, it does not act as a gatekeeper or add additional steps in the patient pathway. SPoC acts as a bridge to link the dual needs and requirements of patients and clinical staff. This results in improved experience and wellbeing of both staff and patients

- Quantitative data collected throughout the assessment shows an impact whereby clinical time is being released. This results in improvements such as increased service provision, improved staff experience and staff development.

- The pilot projects have tested a variety of models, supporting patients with varying tumour types, and at different points of the pathway. Flexibility around design is key however to deliver SPoC effectively, there are principles that should be adhered to.

- Despite variations across services, the navigator role is broadly similar. Before the introduction of the navigator role, the navigator tasks described in this assessment would have been undertaken by clinical staff, primarily clinical nurse specialists (CNS). The key functions of a navigator as described by the services are:

    - logistical and administrative support by helping patients to navigate the service, coordinating appointments, receiving and interpreting information and arranging access for patients such as to transport and interpreters

    - social and emotional support by directly communicating with patients and providing referrals to community resources

    - informational support by providing standard advice in relation to elements of investigation and treatment

- Investment to support continued growth of SPoC is likely to be limited. Consideration should be given to where funding could have the biggest impact. This includes reviewing pathway data to understand where the greatest demands are.

- There are multiple services providing support to patients throughout care pathways. At the point of service design and beyond, engagement with all care providers is key to understanding boundaries, clarifying expectations and providing a smooth patient pathway.

- SPoC is demonstrably having a positive impact on patients, staff and the wider system, however it does not demonstrate a cost saving. This assessment references SPoC’s wider impact on efficiency, effectiveness and equity.

- The assessment identified the key enablers for developing and delivering SPoC services as:

    - clinical engagement from medical and nursing colleagues

    - leadership support

    - a workforce with the skills, competencies and confidence to successfully undertake SPoC

    - clear communication of role to patients and relevant NHS staff

  - commitment to longer term support and funding
  - limiting tumour types and ensuring sufficient training
- A range of tools and resources to support wider implementation of SPoC will be made available on Healthcare Improvement Scotland's website in April 2025.

Contents

Background and rationale

In 2022, Scottish Government awarded funding to 12 sites to test SPoC for cancer pathways. This funding was intended to support tests of change in relation to SPoC through the cancer pathway.

Healthcare Improvement Scotland was approached in early 2024 to undertake a scalability assessment, to identify best practice and determine if the intervention should be scaled across Scotland.

Strategy

Scottish Government's Cancer Strategy 2023-2033 describes a 10-year vision for the health service. The vision is that *"More cancers are prevented, and our compassionate and consistent cancer service provides excellent treatment and support throughout the cancer journey and improves outcomes and survival for people with cancer."*

The strategy goes onto state that *"By 2033 every person with cancer will have access to the comprehensive support they need, clinical and non-clinical, reflecting what matters to them"* and *"People with cancer will know how to access the support they need and be clear about the next step in their journey."*

The strategy sets out 11 ambitions designed to meet the strategic aim of improved cancer survival and providing excellent, equitably accessible care.

SPoC is interwoven throughout several of the 11 ambitions described in the strategy, with a particular influence on ambition 7: person-centred care for all. SPoC is described in this ambition as having the potential to:

- Improve access to care and timely reporting of results
- Ease navigation through care pathways
- Improve experience, shared decision making and patient-reported outcomes, and
- Positively impact the workforce by releasing capacity to provide more proactive and complex care.

The accompanying cancer action plan 2023 to 2026 outlines the actions to be delivered in the first three years. This describes SPoC as '*improves access to care and timely reporting of results; eases navigation through care pathways; improves experience, shared decision making and patient-reported outcomes; and positively impacts our workforce by releasing capacity to provide more proactive and complex care.'*

Recovery and Redesign: Cancer Services Action Plan

The Scottish Government's Recovery and redesign: cancer services - action plan was published in December 2020. This details actions to redesign cancer services to benefit patients and increase services' overall resilience.

The action plan describes an aim to improve patient and family support through personalised care. This describes SPoC as *'…A single point of contact: dedicated person-centred support through the cancer pathway'* It goes onto state that '…*Patient groups, third sector organisations, and survey data - including the Scottish Cancer Patient Experience Survey and Care Opinion - have all helped evidence the need for more support in this area. Patients and clinicians tell us patients would like one, easy to access, point of contact to help them navigate sometimes complex pathways; from presenting with symptoms or being screened, to being treated for cancer, and post-treatment.'*

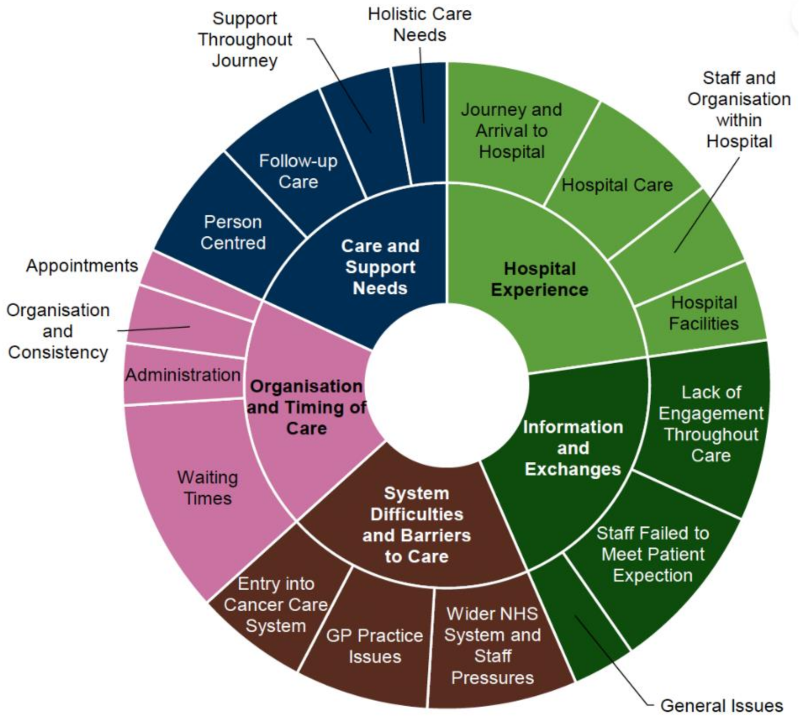
Patient Experience

The Scottish Cancer Patient Experience Survey 2024 (SCPES) results reported that although people's experience of cancer care is generally very positive, analysis of the negative responses identified 5 key themes:

- Hospital Experience (23%)
- Information and Exchanges (21%)
- System Difficulties and Barriers to Care (20%)
- Organisation and Timing of Care (18%)
- Care and Support Needs (18%)

A further breakdown of the themes was reported as shown in the below graphic.

Figure 1.0 Negative theme and sub-theme breakdown [(The Scottish Cancer Patient Experience Survey, 2024)]



System pressures

Cancer services in NHS Scotland continue to operate under significant pressures, as a result of covid-19, and alongside other longer-term challenges. These challenges include increasing rates of cancer referral and diagnoses, an increasing number of people living with cancer, workforce challenges and an ageing population.

Approach to assessing scalability

The Institute for Healthcare Improvement (IHI) readiness for scale assessment tool was used as the basis of the assessment. This tool is highlighted by NHS Education for Scotland (NES) as a useful approach to determine a projects readiness for scale.

The completed tool is available for reference, along with rationale for scoring.

A range of staff from services across Scotland were involved in data gathering for the assessment. Each service was initially asked a standard set of questions, to develop understanding of local approaches.

Following initial discussion, each area shared information relating to their service. The information was varied, and included qualitative and quantitative data, patient experience data and resources to support service delivery for example processes and procedures. A social research analyst conducted interviews with CNSs, patients and navigators to understand the impact SPoC had on their experience of delivering and receiving care.

Following the information gathering phase, the assessment moved into a synthesis phase. This included reviewing the quantitative data gathered, to determine if an impact on CNS time could be confirmed.

Intervention

Definition

The recovery and redesign: cancer services action plan defines SPoC's aims as improving patient experience by allowing patients to:

- Have a single point of contact for discussing questions or anxieties related to their clinical care from the point of referral
- Receive timely and accurate advice on their appointments, tests and results
- Have the chance to discuss what non-clinical support may be available for them and their family, following a cancer diagnosis
- Understand their treatment plan and expected timelines for treatment delivery
- Be supported and reassured where they had a suspicion of cancer but did not receive a cancer diagnosis
- After discharge, be provided with advice on self-management and available services

Due to limited data availability in the pilot sites, it was not possible to accurately assess progress against each individual aim. Instead, this assessment focuses on impact on the broader aims of improved patient experience and releasing clinical capacity to provide more proactive and complex care.

Workforce

Investment in SPoC has primarily been used to recruit to NHS Scotland Agenda for Change (AfC) band 4 navigator roles. It is important to recognise that these posts must be viewed as part of a wider system with the associated workforce requirements of line management, training and development. In most of the pilot services, navigators were office based, meaning that physical space must also be considered.

The core description of the navigator role is to triage calls, direct queries to clinical support where appropriate and respond to non-clinical queries. The role is regularly described as a hybrid role that crosses both administrative and healthcare support functions.

Most services describe a combination of:

- Logistical and administrative support by helping patients to navigate the service, coordinating appointments, receiving and interpreting information and arranging access for patients such as to transport and interpreters
- Social and emotional support by directly communicating with patients and providing referrals to community resources
- Informational support by providing standard advice in relation to elements of investigation and treatment

The most important knowledge and skills identified by navigators as integral to the role are pathway knowledge; communication and listening; and organisation and logistical skills.

The core competencies for navigators requires further focus. The importance of education and training of navigators is highlighted consistently in patient navigation literature, as well as in feedback from navigators currently in post. Some services have started to undertake work on local frameworks, and a national approach to this would be advantageous.

A peer support forum was developed to support navigators. Although this is not currently well used, further engagement should be undertaken with navigators to build on what already exists and develop the forum further.

Navigator experience

Experiential data was gathered through interviews with navigators. A summary of the key points is shared below, and a more in-depth analysis can be found in the associated workforce document.

- Most navigators are positive about their day-to-day work and are especially positive about the impact of their work on patients and clinical nurse specialists.
- Navigators report higher levels of satisfaction when they can get to know patients, meet patients face-to-face, feel supported in developing their expertise, feel encouraged to make suggestions around improvements to the role and service, and are able to build trusting relationships with the clinical nurse specialists they support.
- Navigators’ satisfaction dropped when they didn’t feel confident in responding to patient queries, and when they struggled to build trusting relationships with nurses. These problems sometimes stemmed from covering too many tumour pathways or very high call volumes.
- Navigators sometimes expressed disappointment over the way the role was described versus the reality of their day-to-day work. Often the role was described as having a patient-facing element which contrasted sharply with the amount of administrative work they were asked to do.

Evidence Summary

The evidence review used databases Medline and PsycInfo, alongside Google, to identify articles, systematic reviews, and frameworks relevant to care navigation implementation. Care navigation was employed as the primary search term due to the similarities between care navigation and single point of contact, and the limited results that were returned when searching for single point of contact. No date range limitations were applied. A full bibliography of studies referred to in this section is available.

A limitation of the available evidence is its focus on care navigation programmes in the USA where many navigator programmes are focused on improving access to cancer services for underserved population groups, such as Latinos or African Americans. In the USA, programmes seek to support patients to overcome barriers such as finance, access, communication, or information, issues stemming from the medical system, or from feelings of fear, or distrust. Due to the differences in problems accessing healthcare in the USA and Scotland, we have been clear when literature focuses on American services.

Four primarily USA-focused systematic reviews or reviews of systematic reviews showed reduced waiting times and are supported by a qualitative study in a US breast cancer clinic. These studies also showed earlier treatment initiation and time to diagnosis.

There is a strong body of evidence to show improved patient experience when services can offer care navigation. Our search identified several randomised control trials (RCTs) and a systematic review of RCTs which showed statistically significant improvements in patient satisfaction when receiving care navigation. Several systematic reviews supported these findings, showing improved patient satisfaction through enhanced quality of life, improvement against quality care indicators, better understanding of and access to services, and overall better patient centred care.

Improvements to patient decision making and self-management feature less in the literature but are described by a systematic review from the UK, which notes how the trust and support provided by link workers (sharing many attributes with care navigators) gives patients the skills and support to manage their own wellbeing and, as a result, reduces pressure on GPs.

Various sources show how care navigation can improve clinical capacity through the effective triage of patient queries, simplification of patient pathways, and improved staff support and wellbeing. The improved capacity can be felt in the wider system, through reduced instances and shorter durations of hospital stays and emergency visits. An in-depth quality improvement project report from a Canadian care navigation-enhanced cancer service shows how the care navigation role can improve the overall efficiency of cancer clinics, reducing the overall workload of the team and the amount of time that clinical staff spent on non-clinical issues.

Evidence of improvements to staff experience through the introduction of care navigation is limited. The previously mentioned quality improvement report goes into some detail on their staff's positive experiences, with many of their experiences echoing the qualitative research with staff described throughout this assessment. The report notes that healthcare staff also benefit from having a single point of contact, streamlining their own queries and communication. Staff also reported lower stress levels and increased confidence.

Recommendations

1. When preparing for scaling, Scottish Government should refine the individual aims of SPoC, to ensure that they are distinct and measurable.
2. When designing services, consideration must be given to line management, training and development, as well as physical workplace.
3. A Once for Scotland approach to the development of key skills and competencies framework for navigator roles.
4. Ongoing development of the navigator peer support forum to share learning and good practice.

Service Summary

A service profile was produced for each individual service. Each service aligned with the definition of SPoC, models differed across Scotland. Despite varying approaches, there were also key points of similarity identified among services.

A full outline of the service summary is available.

Service model

There were two main models developed by the pilot services.

- In some areas, navigators were aligned to CNSs. This had the benefit of in-depth pathway knowledge as navigators were focused on a small number of tumour types. It also provided mentorship and line management opportunities. Services with this model described the work reverting to the CNS when navigators were unavailable.
- In other services, the navigators were situated in their own space, in what is described as a 'call centre' format. This had the benefit of ensuring continuous support with annual leave/sickness having little to no impact on service provision. However, some services with this model described a gap in navigator knowledge, leading to ineffective triaging.

Although both models described are effective, feedback from navigators and CNSs indicates that navigators aligning with CNSs on specific tumour types provides a more in-depth approach, resulting in a positive experience for patients and staff.

Pathway coverage

Pilot sites varied in the coverage they provided at timepoints in the cancer pathway and the types of tumour pathways they supported. Most services began at diagnosis and concluded at end of treatment however some started from earlier in the pathway (point of referral) and others covered treatment follow up. A summary graphic of the pathway stages covered by each service is available. Some services provided SPoC support for all tumour types whereas others focused in on one or more priority pathways. A summary table of the tumour types supported by each service is available.

In some instances, services supported from referral, and although it is recognised that this is a very challenging time for patients, the majority of patients referred will not progress to a diagnosis. Funding may be limited, meaning services are unlikely to be able to support patients at every stage of the pathway. A referral pathway is therefore unlikely to be the most effective use of funding to improve the cancer care experience. Services should aim to use data to understand where the biggest demand for SPoC support comes from.

Working with other teams and services

Improving the Cancer Journey

Improving the Cancer Journey (ICJ) is a service which supports patients in the community. The cancer action plan states: "*Improving the Cancer Journey (ICJ) helps us keep the person with cancer and their family or supporters at the centre of their care. The service integrates psychosocial care into the cancer pathway and, through the holistic needs assessment and care planning process, individuals can access timely support that is relevant, appropriate, and sufficient for their needs.*"

Most board areas have ICJ services. SPOC-ICJ interaction is highly variable with some SPoC services reporting having no interaction with ICJ (as ICJ referral was a CNS responsibility) and others working collaboratively with ICJ to develop referral criteria. SPoC-ICJ interaction was seen as valuable to ensure that the roles of each service were clearly defined.

Rapid Cancer Diagnostic Service

The Rapid Cancer Diagnostic Service (RCDS) is a fast-track diagnostic pathway to investigate patients with non-specific symptoms (such as fatigue, nausea and weight loss) that do not meet existing Scottish referral guidelines for suspected cancer. RCDS offers Primary Care a fast-track diagnostic pathway that is different from urgent suspicion of cancer (USC) pathways. SPoC does not normally interact with RCDS, because there are no RCDS services in the board area or because SPoC and RCDS intervene at different points on the patient pathway.

SPoC should be developed in alignment with other initiatives, including ICJ, and prehabilitation. Although this requires planning and joint working, whole system working can help to provide a holistic pathway for patients experiencing multiple inputs from those providing care.

Holistic needs assessment

Holistic Needs Assessment (HNA) is a core part of person-centred care pathways. It is a discussion with a professional involved in the delivery of care, encompassing physical, psychological, spiritual and social needs. The focus is on the whole person, not simply the illness.

All services expressed positive views about HNA enhancing patient experience. They noted that the HNA offered the potential for developing relationships with patients. There were differing views about the desirability of offering HNA within SPoC. Currently, only NHS Borders carries out HNA within the SPoC service. It is conducted at diagnosis, with approximately one third of people taking up HNA at that point. HNA is otherwise carried out by ICJ where they are in place.

Evidence shows that HNA is best undertaken at transition points in a patient pathway, and after diagnosis, where uncertainty around care plans may have lessened.

SPoC is intended to support a patient through the acute element of their pathway, and signposting to ICJ often takes place when a patient has a treatment plan.

ICJ has received significant investment and training to allow staff to undertake HNA, resulting in greater capacity to carry this out in a manner that has a positive impact on patients.

Recommendations

5. Aligning navigators to specific tumour types is recommended. Feedback indicates this enhances pathway knowledge and effective contact management and triaging.
6. Funding is likely to be limited, and services are unlikely to be able to support patients at every stage of all cancer pathways. It is therefore recommended that, during service design, data is to determine the pathways and tumour types with the biggest demand.
7. With limited funding, a referral pathway is unlikely to be the most effective use of funding to improve the cancer care experience.

8. Engagement and alignment with services such as ICJ is integral to design of SPoC services. Links between SPoC and ICJ should be strengthened where services are already in place. Where services are at the design stage, engagement and alignment should be considered.
9. It is important that there are clear definitions for both ICJ and SPoC, and that the roles of each are clearly communicated and understood by those working in each service.
10. There should be clear referral pathways from SPoC to ICJ with HNA undertaken by ICJ.
11. Although it is recommended that ICJ be responsible for carrying out and recording HNA, SPoC services should take all opportunities for proactive, supportive conversations with patients. This will enhance both patient and navigator experience and support a whole system approach for patients.
12. SPoC should be developed in alignment with other initiatives, including Improving the Cancer Journey, and prehabilitation. Close working will help to provide a holistic pathway for patients experiencing multiple inputs from those providing care.

Impact

It was important for this assessment to understand if SPoC has sufficient impact to invest further time and resources to scale up. Despite limited and variable data across services, it was possible to develop a national impact summary.

Impact was assessed on the broader aims of improved patient experience and releasing clinical capacity to provide more proactive and complex care.

Interviews were conducted with patients and staff by a social research analyst. Further data was obtained from the services patient feedback questionnaires and discussions with service managers and team leads.

Impact on patient experience

Patients were almost entirely positive about their experiences of receiving support from SPoC navigators. They appreciated the help with the complex logistics of cancer treatment and quick responses for smaller queries. The navigator's ability to provide standard advice meant that patients weren't waiting hours for reassurance around common symptoms. The effective triaging and referral to experts elsewhere in the NHS provided relief and helped to reduce their stress, as they felt listened to and that they could rely on the navigators to take charge of the situation.

Patients also appreciated the emotional support from navigators and suggested that their wellbeing was improved by the service. The personal connections they developed, and the knowledge that someone would listen to them and act, helped to soften some of the harsh realities of undergoing cancer treatment. Several patients remarked that third sector referrals from navigators helped them handle challenging financial or emotional situations. They believed they wouldn't have known about the help without SPoC.

The few negative experiences shared by patients centred on situations where navigators couldn't effectively answer questions or missed opportunities to support them, or patients experienced a personality clash with their navigator.

Some single point of contact services have distributed surveys and received feedback from their patients, with this feedback being largely positive. Examples include:

- NHS Borders distributed patient feedback questionnaires. The first survey was issued 6 months after launch. 51 patients responded to the survey and 100% of respondents said SPoC had helped with their query. At the subsequent 12-month survey, they had 41 respondents, and 95% said SPoC helped with query.
- NHS Fife distributed patient questionnaires and received 221 responses. When asked to rate how happy they were with the service they received from navigators, the average rating was 4.33 out of 5. 50% of respondents or more also answered positively to questions around communication and appointment help.

A visual example of the impact SPoC can have on a patient pathway has been developed, along with a more in-depth report on patient experience.

Impact on clinical nurse specialists

Nurses were generally positive about SPoC navigators. Many expressed an initial wariness around the benefits but were won over by the help they received. The following themes were noticeable in areas with the most positive feedback:

- Building good personal and professional relationships with navigators.
- Having confidence in the navigator's ability to triage effectively and support patient queries without excessive input from the nurse.
- Ability to deliver more proactive support to patients due to increased insights from navigator's calls.
- Having a reduced administrative burden and more time for clinical work or personal development.

When nurses expressed concerns about SPoC, it was generally when services were lacking some of the above features. Despite this, they were often optimistic that with time or changes to the responsibilities of navigators, SPoC would become more effective.

Nurses were positive about the effect the role has on patients, particularly appreciating how they are getting quicker responses to queries. The nurses always sought to provide the best possible support for patients but acknowledged that they didn't have enough time to do everything. Many nurses were relieved that, thanks to the navigators, patients have more time to ask questions, receive emotional support or reassurance, and have less stress around appointments or travel.

Nurses in multiple areas suggested their wellbeing had improved thanks to the role, and that they had less stress when coming back from leave or illness. Many expressed that, without SPoC, patient outcomes would be significantly poorer, and their own work would become unmanageable.

A more in-depth report on CNS experience has been developed.

System impact

To determine system impact, it was helpful to consider how SPoC provides value for money, by focusing on:

- economy (spending less)
- efficiency (spending well)
- effectiveness (spending wisely), and
- equity (spending fairly).

To consistently and continuously demonstrate system impact, a national measurement strategy should be implemented. A proposed national measurement strategy was developed as part of the assessment.

Economy

Spreading SPoC effectively requires additional staff resource. Across the pilot sites, the navigator staff have been appointed at either NHS Scotland AfC band 3 or band 4. These roles provide person-centred support to patients and free up CNS time. CNS bandings vary between services but are mostly AfC band 6 or 7. In some areas these roles are AfC band 8.

Efficiency savings from released clinical time are not sufficient to cover the cost of the navigator roles needed to deliver the intervention. Assessing the initiative, it is clear that scaling SPoC will not reduce spend and requires ongoing investment to create and appoint to new posts.

Efficiency

Although the assessment has identified that SPoC will require additional investment, the work undertaken does highlight that funding is utilised in an effective manner. Patients and staff report a positive experience of SPoC in terms of efficiency. Data has demonstrated an efficiency in time saved. CNSs are able to focus more of their time on clinical tasks, with one service describing an average increase of 17% on time spent on direct patient contact. CNSs have also stated that they have more time to focus on their clinical work, gain additional clinical skills, and make improvements to services.

Patients have reported that SPoC has helped them to attend more appointments and reduce the calls they make to nurses and consultants, while SPoC supports NHS boards to maximise the efficiency of cancer services by enhancing the pathways for patients and improving efficiencies by working as a multi-disciplinary team (MDT). Although contact with SPoC still requires subsequent escalation to a CNS in some cases, the majority of contacts with SPoC release clinical staff time and reduce risk of delays in the pathway. For example, in NHS Borders, navigators were able to directly resolve 84% of patient queries.

The scale of impact is likely to be underestimated. Whilst there is evidence to indicate services have freed up clinical time, there are complexities in accurately measuring the impact of the clinical time savings, as anecdotal evidence from clinical staff prior to SPoC implementation described an overwhelming workload with vastly overbooked clinics. It is also important to note that the assessment was undertaken throughout a period of service development where relationships and processes were being established, staff were undergoing training and vacancies existed. If services were running with a full staffing complement, the actual reduction in clinical time would likely be greater than estimated here.

Effectiveness

Evidence from staff and patients indicates a positive experience:

- Patients were almost entirely positive about their experiences of receiving support from single point of contact navigators.
- CNSs feel the quality of the calls they take has improved. They believe their work has moved from reactive to more planned and proactive. They also described being better prepared for the calls that required their input.

Other examples of effectiveness include:

- Discussions with staff and patients suggests that for most queries, patients are getting responses within 90 minutes. Before SPoC, they might expect to wait for more than a day.
- Over a 12-month period SPoC services had over 30,000 interactions with people affected by cancer, providing information, advice, support and enabling self-management.

- Each navigator in a SPoC service frees up an average of 1.3 days a week of CNS time averaging 10.8 weeks of CNS time per pilot per year. This takes pressure off CNSs, releasing time to care for new and complex patients.
- SPoC navigators have saved over 3,970 hours of CNS time over a 12-month period (equivalent to 107.2 weeks).
- SPoC navigators can manage on average 82% of calls that would previously have been directed to a CNS.

Equity

SPoC offers the potential of greater equity for Scottish NHS patients diagnosed with cancer, though it is difficult to assess the overall equity impact of SPoC using findings from the current pilot sites. Despite being present in 12 of the 14 NHS boards in Scotland, there are significant variations in the pathway coverage and tumour types supported by current services, as well as the service delivery models they use. Some services have expressed an intention to expand their service to other tumour pathways but had been unable to thus far due to limitations in budgets or lack of staff availability.

While equity is linked but not equivalent to equality, research conducted for the programme's equalities and human rights impact assessment (EQIA) found that many of the access issues faced by people with protected characteristics can be lessened by single point of contact navigators.

A recurring theme in the literature is problems of communication and trust, which is within the scope of SPoC to improve. Pilot services in some areas have described SPoC as an enabler to connect with traditionally harder to reach patients by providing a simple route to support. Interviews with patients and staff suggest that patients may feel more comfortable approaching navigators for support. While most patients were very positive about the NHS staff they had interacted with, some were intimidated by more senior staff and preferred to speak to navigators.

While there are many ways in which SPoC will not substantially improve outcomes for people with protected characteristics, education around the characteristics could have a positive effect on the work of navigators and experience of patients.

Recommendations

13. Navigator confidence should be grown through training and careful consideration of responsibilities, to build trust with patients and nurses. High confidence from navigators will result in effective triaging, allowing navigator roles to have a positive impact.
14. Prioritise relationship building between nurses and navigators to ensure clinical staff buy in. Strong relationships will result in trust between CNS and navigators, allowing CNS to feel confident in releasing tasks.
15. Services should collect patient experience data regularly for use in service improvement.
16. To consistently and continuously demonstrate system impact, a national measurement strategy should be implemented.
17. Services should undertake an Equality Impact Assessment at the point of service design or expansion to new tumour groups.

Conditions for change

Understanding the factors that are critical to delivering successful change will increase the likelihood of success, resulting in smoother implementation and sustained change.

The pilot projects have demonstrated a need to tailor the SPoC model to local context and need. The creation of a set of guiding principles, rather than a prescriptive model, gives a common framework for all service to adhere to while still enabling adaption to local needs and context.

Enablers to SPoC implementation

Information on barriers and enablers to implementation of SPoC was collected via the site profiles. Responses were collated and analysed to develop themes. The table below shows the themes and examples of how they present enablers to the implementation of SPoC.

Table 1.0 Enablers of SPoC implementation

Theme	Enablers	Service experiences
Funding	Board commitment to longer-term investment; permanent funding of SPoC posts	In boards where permanent funding of SPoC roles was agreed, recruitment and retention were made easier. One service also reported that CNS engagement was improved once it was clear the roles would be embedded in the team permanently.
Board/Stakeholder support	Supportive board leadership; clinical leadership	Where board leadership were engaged with the project and could see its benefit, the profile of SPoC was raised. Some boards also reported that clinical teams were highly engaged with the process which was valuable for support and direction.
Relationships and trust	Good CNS/Navigator relationship; clinician trust; openness to change	Several services reported that clinician trust was essential to allow patients to be supported by the service. Good CNS relationships meant that the roles and expectations of the navigators were clear, and a supportive team culture was created. In one board, consultants also provided scripts and helped to develop processes which made the team feel valued and reduced waiting times for results for patients.
Role clarity	Clear person specification; clinical background	Two services highlighted the importance of choosing the right person for the SPoC role. The time spent clarifying the role meant that the right person was appointed, and staff turnover was low. This meant patients were provided with a consistent service. In one board, the person appointed had a clinical background which the service felt was beneficial to building relationships and trust in the service.

Theme	Enablers	Service experiences
Collaboration	Engagement with stakeholders; collaborating with other boards; merging services; MDT integration	Services collaborated with key stakeholders to design and deliver their SPoC model, including key contacts in primary and secondary care, which helped to integrate SPoC into existing pathways and secure buy in. One service felt that collaborative delivery with other organisations was key to driving and sustaining momentum of the project. Another felt that drawing on the experiences of other services who were more established was beneficial to developing their own processes. One board merged their central referral unit and SPoC into one hub which they reported was efficient for patients' progress through pathways and ensured robust business continuity. SPoC was also integrated into an existing Macmillan service at one board which was beneficial as they had a good understanding of where funding could add value. One service noted the benefit of SPoC staff being involved in MDT and surgical planning meetings. They reported that this allowed navigators to be proactive in providing support to patients as they were aware of surgical wait times and notified early of new patients being referred to the service.
Training and development	Training and input from clinical staff; shared locations; time with community services	Training provided by clinical staff was often seen as valuable, as was ongoing support, particularly from CNSs. Some services highlighted the benefit of SPoC staff sharing an office with, or being located close to, clinical staff. They reported that it improved access to support and knowledge. One service also advised that SPoC staff spent time with community services such as Cancer Information Support Centre, Citizens Advice and carers hubs, as part of their induction. This enabled them to better understand the roles of the services and build good relationships.
Capacity	Reducing CNS workload	SPoC releases clinical time for CNSs which one service reported to be an enabler for SPoC implementation as the help was positively received by clinical staff.
Strategy	Alignment to board strategy	Alignment to board strategy was highlighted as an enabler by multiple services as it helped to secure engagement from stakeholders.
Service integration	Dedicated support for integration; alignment to existing governance structure; phasing in approach	Multiple services felt that having a dedicated role to lead the implementation of SPoC was fundamental to the success of integrating the service. Others highlighted that reporting through existing governance structures was key to ensuring that senior leadership were engaged. Having oversight from established management also helped with integrating SPoC due to their knowledge and skills.

Theme	Enablers	Service experiences
		Overall, a good management structure was seen as valuable. One service used a phasing-in approach whereby SPoC was introduced to pathways in succession over a period of six months which allowed for testing.

System readiness

Section 3.1 to 3.7 (below) of the IHI tool focus on system readiness.

System readiness for change is identified as a risk to full national implementation. There are measures that can be taken to mitigate against this and increase those scores, as described in the table below

Scoring for each element is based on a scale of 1-5 where 1 is equal to strongly disagree and 5 is equal to strongly agree.

Table 2.0 Support systems, readiness for scale assessment

Adequate human capacity (resources, dedicated time, seniority) is available to support the scale-up of improvements across the community/organisation	
Identifying line managers and project leadership is a risk to scaling. Most pilot projects have utilised funding only for navigators. It is unlikely that funding for scaling would be enough to support project managers, so capacity is likely to be required from existing staff. Aligning navigators to CNS can create natural mentorship and line management opportunities.	**2**
Adequate improvement capability exists to support the planned work of the next phase	
To effectively spread and scale SPoC, a coordinated national approach is recommended. This requires a national organisation with methodology expertise to provide leadership of a national programme. Leadership should include: • Implementation and ongoing maintenance of a measurement strategy • Development, leadership and facilitation of a national learning system, including peer networks, effective sharing of resources, and ongoing learning opportunities • Strategic leadership to set aims and direction of an implementation programme, and • Development of the infrastructure required to support teams to implement SPoC, including reporting requirements, project documentation and competency frameworks. A national organisation would require a timely commission for this work, to ensure sufficient resource and capability exist to complete the programme.	**4**
Capability exists in managers and leaders to facilitate the changes required for improvement	

Although SPoC is a relatively new initiative, care navigators have existed in the NHS system for a number of years, in different forms. To support staff (both navigators and managers) effectively, it is recommended that a national competency framework be developed. A number of projects have developed these for local use, and these could be built on nationally. We have scored this a 3 as we believe capacity and infrastructure should be in place to develop capability. A lot of this infrastructure exists locally, and a national organisation would have a role in coordinating this centrally.	**3**
Health and care workers across our community/organisation see improvement and scale-up work as an integral part of their daily work	
The lead organisation should have a key role in communicating the evidence and benefits of SPoC. • Feedback from clinical nurse specialists where SPoC is embedded indicates that they see this intervention as a vital part of providing person centred, effective care to patients. The system is under significant strain, and that individuals find it challenging to find time to do anything outside of their immediate role. • Where SPoC/navigator roles are already embedded within teams, services report that the role is integral to providing person centred care, however evidence shows us that it is vital to spend time building relationships and trust between navigators and members of the clinical team.	**2**
Data collection and reporting tools are available for scale up	
A proposed measurement strategy has been developed as part of this assessment. This would enable services to understand their own progress, and national organisations to understand impact	**4**
Other anticipated resources are/will be available to undertake this work	
A set of guiding principles has been developed as part of this scalability assessment, along with a resource library to support spread and scalability	**4**
A learning system exists to spread knowledge from improvement initiatives systematically across the organisation; i.e. learning loops back into quality planning	
Effective learning systems enable open and transparent discussions and problem solving. • The use of MS teams can facilitate effective networks, although it is important to note that this is simply a contact list and needs to be coordinated to become part of a learning system. • A SPoC forum exists for project leaders, as well as a navigator forum, and it would be key to utilise and build on these existing networks. Although these are already networks in place, these would need reviewed and adapted to ensure they are as useful as they can be. • This score has been based on the assumption that scalability will be supported through a national programme. Without that lead role to coordinate and facilitate, the score would be lower.	**4**

As part of this assessment, interviews were carried out with individuals and teams working in cancer services who were not part of the Scottish Government funded projects to understand the will for any future scaling of the initiative. Most to were largely positive about the opportunities that scaling would present. Despite not being part of the pilot, many had already begun to deliver SPoC services independently within their boards. Those services did highlight the challenges of further development and service delivery due to the non-recurring nature of funding. All those delivering independent services indicated an ability to progress quickly should a national programme progress.

A minority of cancer services described a reluctance to implement SPoC. The reasons for this varied and included:

- Local context, and an unwillingness to implement further changes to a system already feeling change fatigue
- Views that SPoC is not addressing root causes of challenges, and
- Challenges around recruitment and retention of additional staff

It is not recommended that any future scaling of SPoC takes a blanket approach. Instead, it is strongly recommended that a lead organisation work with early adopters to continue scaling across Scotland.

Growth potential

There is significant growth potential for this initiative, including within the test sites.

12 out of 14 health boards have a distinct SPoC service involved in the pilot. NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, NHS Forth Valley and NHS Lanarkshire are also part of the West of Scotland Cancer Network (WoSCAN) service (although it should be noted that there are also distinct services in Greater Glasgow and Clyde and Forth Valley). There are other services across Scotland that have been developed independently of the pilot. Although these figures cover the vast majority of NHS boards, they cover only a small subset of all cancer pathways.

All services currently delivering SPoC, whether as part of the pilot or independently, would benefit from a national approach to provide consistency and coordination.

Very few services provide support to all tumour groups, due to the staffing limitations. With additional funding, these services have the potential to spread to wider inclusion, although where this is possible, data should be used to understand demand and determine best use of funding.

Recommendations

18. Aligning navigators to CNS can create natural mentorship and line management opportunities.
19. A national organisation should be commissioned to lead a programme for wider implementation.
20. Although SPoC has significant growth potential, time should be invested in understanding system readiness for change before scaling. A blanket approach is not recommended, instead working with early adopters to demonstrate impact is encouraged.

Support required for change

National organisations should have a lead role in coordinating and delivering the wider implementation of SPoC.

A number of resources have been developed as part of this assessment that can be used to support spread of the initiative on a national scale.

Proposed national minimum data set

To demonstrate the impact of SPoC, a national minimum data set should be shared with all services. A national organisation should have a lead role in the development of measures, templates and processes.

A proposed set of measures has been developed. The proposal includes different types of measures, allowing services to understand progress towards outcomes as well as any impact elsewhere in the system.

Whilst measures are vital to determine impact it is important to consider factors that may be not be captured as part of a national data set:

- **Staff experience data.** Evidence shows that although SPoC has an impact on releasing CNS time, this does not always result in an increase in clinics or patients seen. This is due to the continuously increasing demands on CNS time. It is therefore important to include staff experience data to demonstrate an increase in efficiency by using the time and skills of clinical staff in the right way.
- **Recruitment information.** Although SPoC requires investment, this assessment describes the introduction of non-clinical roles which are easier to recruit to than clinical roles.
- **Timeliness of results**. Evidence from the pilot sites highlighted that in some instances patients are receiving news and results in a timelier way than if SPoC was not in place. This is likely to have an impact on patients moving through the pathway quicker. This is unlikely to be demonstrated through routine measurement, as the impact is small and difficult to measure as one part of a complex pathway.

The proposed outcome measures are designed to show the impact of SPoC, and how it contributes to an improved, more flexible healthcare system

Learning system

A learning system is described as "*[enabling] a group of people to come together to share and learn about a particular topic, to build knowledge and speed up improved outcomes. It connects and influences people and develops their understanding*"

Experience in delivering national programmes shows that learning systems are effective in building a community and sharing learning and best practice.

An organisation leading on supporting spread and scaling of SPoC should develop a learning system for services. Elements of this already exist and can be built on and strengthened, including separate forums for SPoC services leads and SPoC navigators. A lead organisation may wish to combine these forums and have individual focused learning sessions on different topics for example: competency development, data, pathway coverage, etc.

For further information on the key components of a learning system please visit the Healthcare Improvement Scotland website

Logic model

Logic models can be used to present a programme of work in a structured way. They set out the connections between what is needed to deliver change, actions being taken, and the intended outcomes. A logic model has been developed to support national implementation of SPoC.

Driver diagram

NHS Education for Scotland describes the use of driver diagrams as a simple visual display that present an overarching improvement aim and describes how that aim could be met. A driver diagram highlights the primary and secondary drivers that are needed to help achieve the aim.

Driver diagrams describe the parts of a system that need to change by highlighting the primary and secondary drivers associated with achieving the aim. A driver diagram has been developed to support development of SPoC at a service level.

Recommendations

21. A national organisation should take a lead role in implementing SPoC. This should include:

- Implementation of a comprehensive measurement strategy
- Development and coordination of a learning system to share knowledge
- Communicating the evidence and benefits of SPoC.

Recommendations

SPoC has two principle aims: a positive patient experience and releasing clinical time.

The scalability assessment has demonstrated SPoC's significant impact on patient and staff experience and releasing clinical time, and concludes that **with the provision of ongoing funding, SPoC should be scaled across Scotland.**

- Data analysis shows that SPoC navigators have saved over 3,970 hours of clinical nurse specialist time over a 12-month period (the equivalent to 107.2 weeks a year)
- Extensive patient and staff experience focus has also demonstrated positive results
- SPoC does not release sufficient clinical time to be cost neutral and therefore requires additional investment.

Additional recommendations

Intervention

1. When preparing for scaling, Scottish Government should refine the individual aims of SPoC, to ensure that they are distinct and measurable.
2. When designing services, consideration must be given to line management, training and development, as well as physical workplace.
3. A Once for Scotland approach to the development of key skills and competencies framework for navigator roles.
4. Ongoing development of the navigator peer support forum to share learning and good practice.

Service design

5. Aligning navigators to specific tumour types is recommended. Feedback indicates this enhances pathway knowledge and effective contact management and triaging.
6. Funding is likely to be limited, and services are unlikely to be able to support patients at every stage of all cancer pathways. It is therefore recommended that, during service design, data is to determine the pathways and tumour types with the biggest demand.
7. With limited funding, a referral pathway is unlikely to be the most effective use of funding to improve the cancer care experience.
8. Engagement and alignment with services such as ICJ is integral to design of SPoC services. Links between SPoC and ICJ should be strengthened where services are already in place. Where services are at the design stage, engagement and alignment should be considered.

9. It is important that there are clear definitions for both ICJ and SPoC, and that the roles of each are clearly communicated and understood by those working in each service.
10. There should be clear referral pathways from SPoC to ICJ with HNA undertaken by ICJ.
11. Although it is recommended that ICJ be responsible for carrying out and recording HNA, SPoC services should take all opportunities for proactive, supportive conversations with patients. This will enhance both patient and navigator experience and support a whole system approach for patients.
12. SPoC should be developed in alignment with other initiatives, including Improving the Cancer Journey, and prehabilitation. Close working will help to provide a holistic pathway for patients experiencing multiple inputs from those providing care.

Demonstrating impact

13. Navigator confidence should be grown through training and careful consideration of responsibilities, to build trust with patients and nurses. High confidence from navigators will result in effective triaging, allowing navigator roles to have a positive impact.
14. Prioritise relationship building between nurses and navigators to ensure clinical staff buy in. Strong relationships will result in trust between CNS and navigators, allowing CNS to feel confident in releasing tasks.
15. Services should collect patient experience data regularly for use in service improvement.
16. To consistently and continuously demonstrate system impact, a national measurement strategy should be implemented.
17. Services should undertake an Equality Impact Assessment at the point of service design or expansion to new tumour groups.

Creating the conditions for change

18. Aligning navigators to CNS can create natural mentorship and line management opportunities.
19. A national organisation should be commissioned to lead a programme for wider implementation.
20. Although SPoC has significant growth potential, time should be invested in understanding system readiness for change before scaling. A blanket approach is not recommended, instead working with early adopters to demonstrate impact is encouraged.

Support required for change

21. A national organisation should take a lead role in implementing SPoC. This should include:
    - Implementation of a comprehensive measurement strategy
    - Development and coordination of a learning system to share knowledge
    - Communicating the evidence and benefits of SPoC.

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www.healthcareimprovementscotland.org

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999