

# Improving cancer care with a single point of contact: NHS Borders

NHS Borders launched a single point of contact (SPoC) service in November 2022 with the dual aim to improve cancer care experience for patients and free up clinical staff time.

Utilising Scottish Government funding, the service has handled **4,751 interactions** and **directly resolved 84% of patient queries** over a 12-month period from November 2022-October 2023.

This document outlines the service progress, impact and key learning to date.

## Background

The Scottish Government's [Recovery and redesign: cancer services - action plan](#), published in December 2020, had three key aims. One of the aims was to create smoother and more efficient patient pathways. There was strong evidence that patients felt they would benefit from one, easy to access point of contact to help them navigate their cancer journey, especially where the pathway was complex. SPoC was initiated under the action plan to establish dedicated, person-centred support throughout the cancer pathway. This supports the overall vision for person-centred care as set out in Scotland's [Cancer Strategy 2023-2033](#).

Under the action plan, SPoC aims to improve 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

## The NHS Borders service

NHS Borders set up a SPoC Cancer Care Coordination team to support the acute cancer pathway from point of referral via the urgent suspicion of cancer (USC)

pathway through to the end of treatment. Support from the SPoC team is available post-treatment but it is not proactive as other services exist to support patients at this stage.

### The team

NHS Borders set up their SPoC service following a successful bid for Scottish Government funding which has since been provided annually through year-on-year funding. The funding is currently used to staff the SPoC navigator role which NHS Borders have called Cancer Care Coordinators. At set up, funding was also used to purchase essential equipment to enable the team to function.

The team was made up of:

- 2 Cancer Care Coordinators (NHS Scotland AfC Band 4). This role is patient facing and the first point of contact for support and advice. This role is funded by SPoC.
- 1 Cancer Pathway Navigator (NHS Scotland AfC Band 5). This was a fixed term post for two years. The focus of the role was to develop patient pathways, robust processes, data collection methods and reporting. SPoC funding for this role finished in June 2024.
- 1 MacMillan Cancer Information and Support Service Manager (NHS Scotland AfC Band 7). This role leads the service and line manages coordinators. This role was previously funded 3 hours/week by SPoC, but this is no longer the case.

### Service offering

Initial contact from the NHS Borders SPoC service is based on a combination of inbound calls from patients to the service, and outbound contact whereby the cancer care coordinator contacts the patient directly. The type of contact is dependent on where the patient is in the pathway, e.g.:

- Patients that have been referred but not yet diagnosed are sent a letter and a leaflet outlining the support the SPoC team provide. The patient can then decide whether to contact the SPoC team, either by telephone or email.
- Patients that have received a positive cancer diagnosis are contacted directly by a Cancer Care Coordinator. The coordinator explains the support provided by the service and offers a Holistic Needs Assessment (HNA). A care plan is then developed based on the patient's needs.

Following this initial contact, patients can call or email the service for support when required. Coordinators triage calls requiring clinical support and refer them to the appropriate clinical staff. They respond directly to non-clinical queries which can include, but are not limited to, the following:

- Appointment checks and rescheduling
- Transportation queries and support
- Logistical support

- Standard advice on diagnostic tests, treatments, medication and symptom management
- Managing patient anxieties in relation to waiting times
- Referrals to community and social support services, such as financial support and Maggie's Centres.

To help optimise pathways, cancer care coordinators also:

- Check the vetting status of referrals, escalating any delays
- Triage and respond to CNS calls when CNS is out of office (urology pathways)
- Identify and allocate 4 x weekly MRI slots (urology pathways).

The NHS Borders team provide support to all tumour pathways, which were phased in over a 6-month period. However, coordinators do not proactively contact all haematology patients as the referral pathways are not standardised. These patients are provided with the SPoC leaflet and can contact the service for support as required. Some patients may be referred to SPoC for additional support and the need for direct contact is considered on a case-by-case basis.

Each coordinator has their own portfolio of tumour pathways but provides cross cover during periods of leave.

#### [Joint working with other teams or services](#)

The relationships cancer care coordinators have with clinicians are key to the success of the service. As part of their induction and training, coordinators sat in clinic with Clinical Nurse Specialists (CNS) and oncologists. This helped to build trust with clinicians, and increased coordinator understanding of pathways, including what advice and support is appropriate. Prior to the phasing in of each tumour site, the team engaged with CNS and tumour leads to understand the pathways and identify the best way to integrate SPoC pathways to the existing service.

The team liaise closely with primary and secondary care services to support patients' progress through pathways. For example, the team work closely with the Waiting Times Team to ensure they have up to date accurate information on waiting times that they can pass onto patients. The team also communicate regularly with other regional boards that are providing the same investigations and treatments across boundaries.

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."* In NHS Borders, as well as supporting patients through the clinical element of their pathway, coordinators offer each patient an HNA. Following this, a care plan is

developed, and patients are signposted to or referred to community support services. ICJ was launched in NHS Borders in August 2024 and planning on how to better integrate ICJ and SPoC services is ongoing to improve patient outcomes and avoid duplication of work, for example HNAs. As part of their induction, coordinators engaged and received training from relevant community services to understand the support offer and what advice and support is appropriate.

Integration of SPoC with the Rapid Cancer Diagnostic Service (RCDS) has been successful in NHS Borders however the two services rarely interact with one another as they act at different stages of the patient's journey. RCDS offers primary care an alternative fast-track diagnostic pathway, different from USC, to investigate patients with non-specific symptoms that do not meet existing Scottish Referral Guidelines for Suspected Cancer. Patients on the RCDS pathway are supported by SPoC after referral if suspicion of cancer is highly likely.

## Key Learning

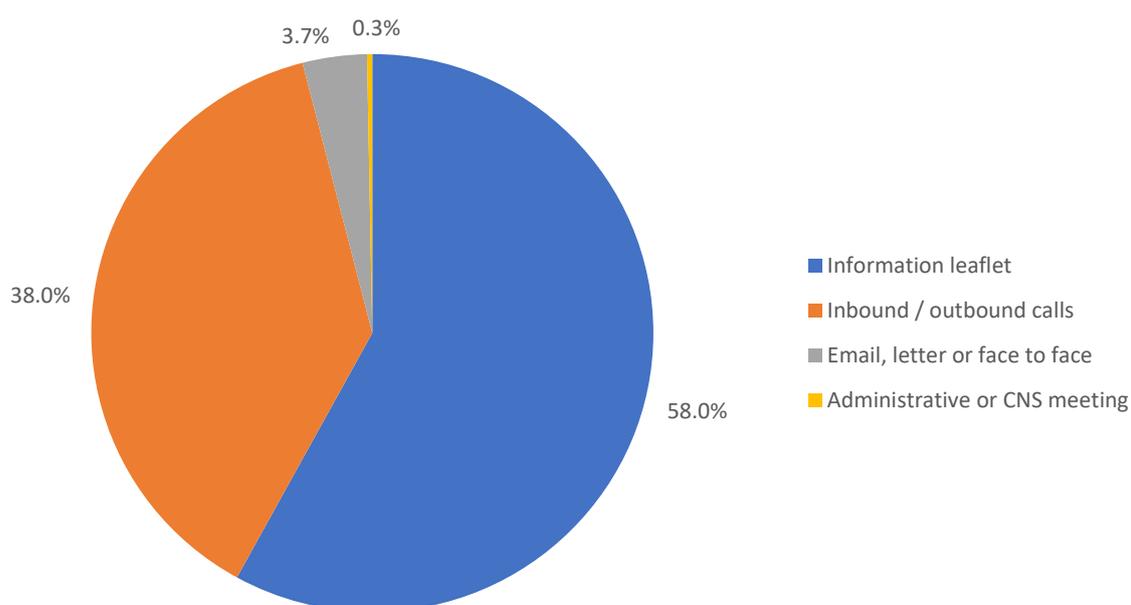
NHS Borders have continuously reviewed and developed the service based on feedback and learning from staff and patients. As part of this, the team completed an evaluation report for the period November 2022 – October 2023. Findings and learnings from this period are summarised below.

### Patient contacts

Over a twelve-month period from November 2022 – October 2023:

**4,751 interactions were handled by the SPoC team**, 42% of which were calls, emails or letters. Working to the assumption that each of these interactions takes an average of 5 minutes, this equates to **166 hours (4.5 weeks) across a 12-month period**. A breakdown by contact type is detailed in the chart below.

Figure 1.0 Commonality of contact types experienced by NHS Borders SPoC service



**546 patients with a positive cancer diagnosis were offered an HNA.** There was a 38% uptake from patients meaning that 207 patients received an HNA that otherwise would not have.

**84% of patient queries were resolved directly by the SPoC team** without involvement from other clinical and non-clinical staff.

**The service impacted positively on CNS time.** There was no evidence to suggest an impact on consultant time.

It is not possible to estimate clinical savings as the SPoC service provides HNA and care plans to patients and these were not offered as standard to patients before the service was implemented. It is also important to note that these figures cover a period of service development where relationships and processes were being established, staff were undergoing training and vacancies existed.

### CNS experience

The team asked for CNS feedback on where they felt SPoC had impacted them. Overall, the feedback the team received was positive. One CNS shared that the SPoC service is:

*“Good value for money, improving quality and support specialist clinical teams”*

### Patient experience

Early in the pilot, feedback was received from patients and GPs relating to the SPoC leaflet sent to patients at the point of USC referral. Feedback indicated that not all GPs were informing patients of the referral. When they were informed, some patients did not understand what it meant. This appeared to be leading to increased patient anxieties. Following the feedback, the SPoC team adapted the leaflet, and a cover letter was developed to complement it.

After 1 year of the SPoC service being operational, a patient experience questionnaire was sent to 100 patients. 40 responses were received:

- 95% confirmed SPoC had helped with their query.
- 80% received enough information and support to manage their condition.
- 65% felt that SPoC had given them information about charities, voluntary or community groups.

When asked what the service had done well, one patient shared:

*“[The service has] provided help and support at a most difficult time in a calm and informative way. Eased a lot of pressure when appointments seemed to be coming from all directions.”*

Some confusion from patients and staff over the role of SPoC was noted. The team felt this confusion would reduce over time as awareness and understanding of the SPoC service increases. The team planned and delivered a communications strategy over this time with a variety of activities to engage different stakeholder groups.

NHS Borders has worked with Healthcare Improvement Scotland to gather further patient experiences to evidence the impact of the SPoC service on patients.

### Enablers to change

NHS Borders have found the following factors to enable the delivery of SPoC:

- **Permanent cancer care coordinator posts agreed by the Board.** This enabled the team to carefully plan the service development and governance arrangements as well as the recruitment and training of staff.
- **Dedicated role to drive project forward.** The cancer pathway navigator role has been key to drive forward the development of pathways, robust processes, data collection methods and reporting.
- **Engagement with key services and stakeholders.** When setting up the service, the team developed a communications strategy and engaged with key stakeholders in primary and secondary care to co-design the service. This included CNS, tumour leads and GP Cancer Lead. This helped the team to build good relationships, secure buy in and integrate SPoC into existing pathways.
- **Continued engagement with CNS.** CNS were involved from the start of the project. They meet weekly with cancer care coordinators and have an open-door approach for queries and support. This has helped to continue to develop the service.
- **Phasing in tumour groups.** Tumour pathways were phased into the service over a 6-month period. This enabled the SPoC model to be tested and supported integration of the service into different pathways.
- **Timely access to patient and service information.** Cancer care coordinators have access to the latest referral reports and are copied into MDT outcome emails. This up-to-date information enables coordinators to be proactive in the support they offer to patients and to rely less on the CNS to provide them with information.

### Barriers to change

NHS Borders had to overcome the following barriers when implementing SPoC:

- **Time required to build trust with clinicians in many specialities.** Some clinicians were wary about handing over patients to a new service. The team dedicated time to engage and build trust with clinical staff.
- **Varied interpretation of the role of SPoC.** Developing a shared understanding of the role of the service was challenging in some areas. This led to confusion for some clinicians and patients about what team does what, and when.

- **Complexity of tumour pathways.** The haematology pathway has a different referral process than other tumour groups. The complexity of the pathway presented a challenge for the team being able to provide proactive support to patients as they did for other tumour pathways.
- **Waiting times in certain pathways.** For some tumour pathways, the time between MDT outcome and patients being informed of a positive diagnosis was lengthy. The team found this challenging at times as they were not aware if a patient had been informed of their diagnosis, making it difficult to know when to proactively reach out to patients.

## Summary

Investment in the creation of the SPoC team in NHS Borders has released clinical staff time for those no longer required to answer patient calls. It has not been possible to estimate clinical savings as the service has introduced HNA and care plans to patients that were not previously offered.

It is anticipated that the service has positively impacted patient care experience and NHS Borders has worked with Healthcare Improvement Scotland to gather further evidence of this.

When asked what their advice would be to others implementing SPoC and what their reflections were on the project to date, the NHS Borders team described the following.

- **Be confident and assertive with service developments.** Engagement with stakeholders when developing services is key but it is important to use feedback well and trust in the team's expert understanding of the service and patient needs.
- **Take time to develop and review tools and methods for recording information.** Recognise the amount of information that is required in the early stages of service development and explore ways to streamline and improve data collection as the service develops.
- **Carefully consider the alignment of SPoC in relation to existing services.** How the service integrates with existing structures is key for effective linkages with relevant services. It can improve communication, teamworking, and reduce duplication.
- **Develop career progression for Cancer Care Coordinators.** Roles with clear progression opportunities would help with recruitment and retention of staff.

## Acknowledgements

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