

Improving cancer care with a single point of contact: NHS Dumfries & Galloway

NHS Dumfries & Galloway launched a single point of contact (SPoC) service in October 2023 with the dual aim to improve cancer care experience for patients and free up clinical staff time.

Using Scottish Government funding, the **service supported 1,076 contacts** over the period November 2023 to July 2024.

The team recorded timings for each contact and have estimated **saving 128 hours (3.5 weeks) of clinical time over a nine-month period**. Projected across a one-year period, this is equivalent to **releasing 170.5 hours (4.6 weeks) of clinical time per year**.

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 Dumfries & Galloway service

NHS Dumfries & Galloway set up a SPoC team that supports patients primarily from diagnosis until the end of their cancer treatment.

The team

The SPoC team was set up using Scottish Government funding, provided annually on a year-to-year basis, starting from 2021-22. The funding is used to staff the SPoC navigator role, which the NHS Dumfries & Galloway team have named Cancer Coordinators. The funding was also used to provide the coordinators with training and to cover travel costs.

The NHS Dumfries & Galloway SPoC team is made up of:

- 3 Cancer Coordinators (NHS Scotland AfC Band 4) working part time to cover 2 WTE posts. This role is patient facing and the first point of contact for support and advice.
- 1 Clinical Service Manager (Cancer). This role manages the SPoC including line management and oversight of the service. This post is not funded by SPoC.

Service offering

The SPoC team currently provide support to patients on four tumour pathways: Lung, Urology, Breast & Colorectal. Breast and colorectal services are currently being phased in.

The service currently provides support to patients from the point of diagnosis up to the end of their treatment. The goal is for the service to be extended to all tumour groups, and to provide support from earlier in the pathway (point of referral). More staff would be required to expand the service.

The NHS Dumfries & Galloway service is primarily based on inbound telephone calls from patients to the service. All calls made to the clinical nurse specialists (CNS), from outside of the hospital, are diverted to the SPoC team. The cancer coordinators triage inbound calls, direct patients to clinicians where appropriate, and respond to non-clinical queries. Coordinators proactively reach out to patients under certain circumstances. The main reasons for inbound and outbound calls with patients, which coordinators can handle autonomously, are detailed below.

Inbound:

- Emotional support to patients
- Appointment checks and rescheduling
- Booking blood checks
- Transport enquiries & directions to hospital/departments
- Arranging interpreters & translators
- Referral to Scottish Vaccination helpline for COVID-19 and seasonal flu vaccinations
- Standard advice on symptom management or medication

- Referrals to other support services e.g. Citizens Advice, Macmillan, ICJ, wig referrals.

Outbound:

- Routine fortnightly toxicity calls to check bloods and weight for urology patients
- Routine fortnightly calls to patients identified as vulnerable by the service e.g. those with complex social needs or mental health needs
- Dedicated support to urology pathways. Currently, patients are experiencing long waiting times for prostate surgery and patients have limited contact with the urology service between diagnosis and treatment. Cancer coordinators make routine outbound calls to these patients to check on their well-being, ask if they have any concerns or questions, and provide updates on waiting times.

Joint working with other teams or services

The relationship between cancer coordinators and the CNS team is key and takes time to develop. The coordinators have worked closely with the CNSs to build trust, and CNSs have provided training and continued support to ensure coordinators understand the pathways.

The coordinators' primary focus is supporting patients through the clinical pathway. They also act as a key link to introduce and refer patients to community services. Following a positive diagnosis, a coordinator will refer patients to MacMillan and Improving the Cancer Journey (ICJ). The Cancer Action Plan describes ICJ as: *"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."* This referral is automatic for lung pathways and a case-by-case basis for urology pathways. As breast and colorectal pathways are still phasing in, interaction with ICJ is unclear.

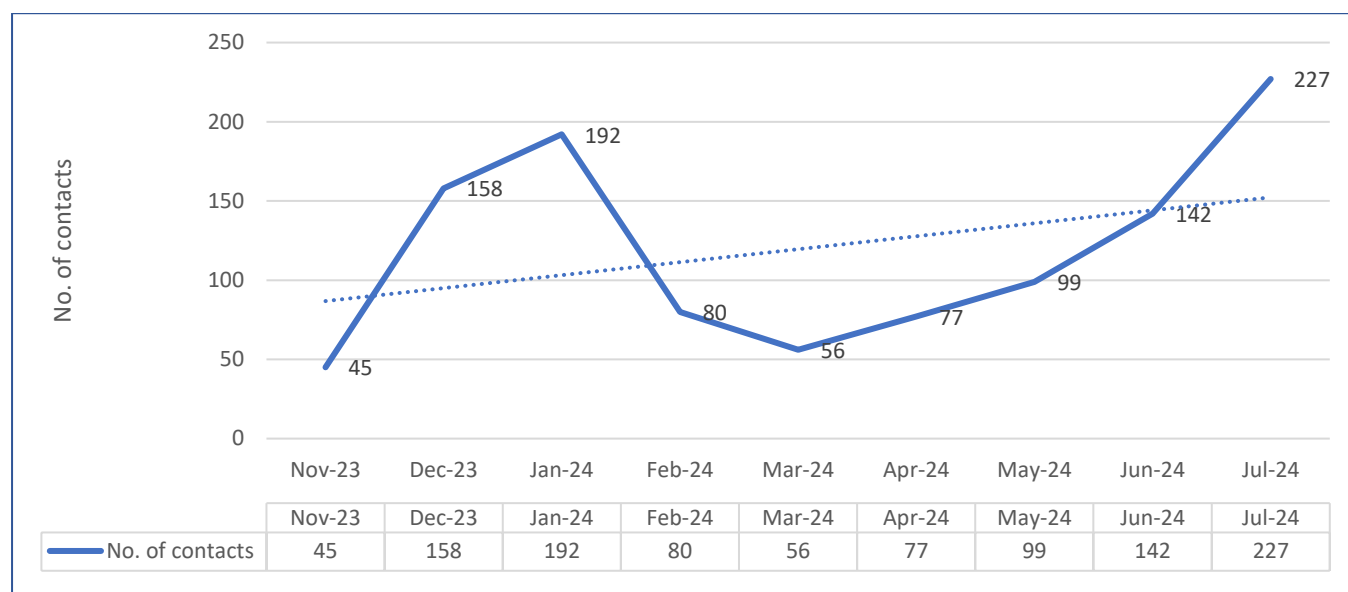
The SPoC team has no interactions with the Rapid Cancer Diagnostic Service (RCDS) which exists in NHS Dumfries & Galloway. RCDS offers primary care an alternative fast-track diagnostic pathway, to investigate patients with non-specific symptoms that do not meet existing Scottish Referral Guidelines for Suspected Cancer. Patients on the RCDS pathway in NHS Dumfries & Galloway are supported by SPoC after diagnosis, when the RCDS pathway is complete, therefore the two services rarely interact.

Key Learning

In the nine months between November 2023 and July 2024:

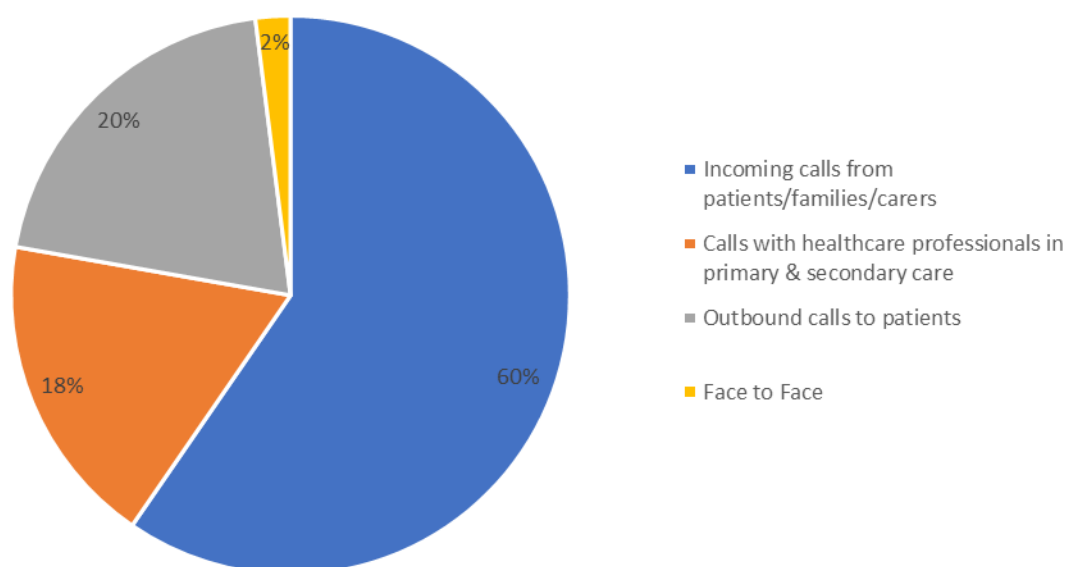
1,076 contacts were handled by the SPoC team. A breakdown by month is detailed in Figure 1.0 below.

Figure 1.0 Number of contacts to NHS Dumfries & Galloway SPoC service per month



The contact type was varied. Contact types included: incoming calls from patients, their families or carers; calls with healthcare professionals in primary and secondary care; outbound calls to patients; and face to face interactions. Figure 2.0 below represents the split of contact types amongst the sample.

Figure 2.0 Contact types handled by NHS Dumfries & Galloway SPoC service



The SPoC team answered 50% of incoming calls and 85% of these were dealt with autonomously, without CNS involvement.

The team recorded timings for each contact and have estimated **saving 128 hours (3.5 weeks) of clinical time over a nine-month period**. Projected across a one-year period, this is equivalent to **releasing 170.5 hours (4.6 weeks) of clinical time per year**.

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

It is 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. If the service was running with a full staffing complement the actual saving of clinical time would likely be greater than estimated here.

Staff experience

NHS Dumfries & Galloway SPoC service worked with Healthcare Improvement Scotland to gather CNS and navigator experiences of running the service in their area. The feedback was overall positive and both groups felt that the service resulted in reduced wait times for patients with queries.

CNS: "It's good to have the phone being answered. [Patients are] getting their first point of contact in a day now - the benefit is contact when patients first need it which reduces anxiety."

Navigator: "[Now it's] less confusing for the patients. Prior to the SPoC, if they were contacting CNS, they had little luck getting them on the phone. Often weren't able to reach them. Now they get answer straight away. Now they don't have to wait 2-3 days to get an answers."

While the service has had an impact on releasing clinical time, the main aim of the service is to improve patient experience which is still under assessment.

Enablers to change

NHS Dumfries and Galloway have found the following factors to enable the delivery of SPoC:

- **Supportive leadership.** Board leadership agreed to test SPoC and continue to support implementation as it has proven effective.
- **Building trust and understanding of SPoC.** It was challenging for newly established teams to build up trust. Clinicians needed to trust the service to allow their patients to be supported by it. Building relationships and securing training from CNSs and clinicians enabled this transition to be successful.
- **Training and input from CNS and ANP teams.** The team felt the training and continued support from CNS and ANPs was valuable. Cancer coordinators shared an office with Advanced Nurse Practitioners which they felt was beneficial.
- **Learning from and collaborating with other boards.** The service was able to draw on experiences and adapt standard operating procedures from NHS Borders and NHS Lothian that had more established services.

- **Training and input from related services.** During induction and training, coordinators spent time with community support services such as Cancer Information Support Centre, Citizens Advice and carers hubs. This enabled them to better understand the role of the services and build good relationships.
- **Service manager oversight.** Coordinators felt that strong leadership and guidance has been key to the development and success of the service.

Barriers to change

NHS Dumfries and Galloway had to overcome the following barriers when implementing SPoC:

- **Building clinician confidence in the service.** Some clinicians were wary about handing over patients to a new service. The team had to build confidence and trust in the service.
- **Patients' perceptions.** Patients sometimes perceived the loss of direct contact with their CNS as a negative. This naturally had more of an impact on existing patients than new patients. The team had to build patients' understanding and trust in the service.
- **Staffing instability.** Coordinators are on fixed term contracts and work part time. This had an impact on the pace of service development and continuity of support to the CNS.
- **CNS capacity to train staff.** CNS availability is limited due to high service demands and the team found it challenging to secure time with them to provide training.
- **Patient understanding of service roles.** Patients have shared confusion over the difference in role between SPoC and ICJ. The association of MacMillan with end of life was also raised as a concern, creating more anxiety for patients. The goal is for the team to better integrate the services to avoid patient confusion.

Summary

Investment in the creation of the SPoC team has allowed **1,076 patient and internal communications** to be handled that would normally have been managed by a CNS. This is the equivalent of **150 hours, or 4.1 weeks, of clinical time over a nine-month period.**

Conversations with CNSs and navigators have shown a positive experience overall. It is anticipated that SPoC has also positively impacted patient care experience. NHS Dumfries and Galloway 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 Dumfries & Galloway team highlighted the importance of understanding and clarifying role requirements. The coordinator role requires a mix of clinical and administrative knowledge and skills, both of which can be taught.

Acknowledgements

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