

Improving cancer care with a single point of contact: NHS Fife

NHS Fife launched a Single Point of Contact (SPoC) Hub in September 2022, with the dual aim to improve cancer care experience for patients and free up clinical staff time.

Utilising Scottish Government funding, the service **supported 2,789 calls in the first six months**. The time spent on contacts without the need for clinical involvement was equivalent to 208 hours (5.6 weeks) usually required from clinical nurse specialists (CNS). **Projected across a one-year period, 416 hours (11.2 weeks) of clinical time could be released per year by SPoC.**

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 Fife service

NHS Fife set up the SPoC Hub in September 2022. The service supports patients from the point of referral via the urgent suspicion of cancer (USC) pathway until the end of their treatment.

The team

The NHS Fife SPoC Hub receive £107,354 (annual) Scottish Government funding. This is used to staff the SPoC navigator role, which NHS Fife call Patient Navigators. At set up, non-recurring funding was used to buy equipment and Queuebuster software to enable the team to function.

The team is made up of:

- 5 Patient Navigators (NHS Scotland AfC Band 4) working part time to cover 2.8 WTE posts. Two of these roles are not funded by SPoC. This role is the first point of contact for patient support and advice.
- Cancer Audit and Performance Manager (NHS Scotland AfC Band 6). This role provides line management and operational oversight. This post is not funded by SPoC.
- Cancer Transformation Manager (NHS Scotland AfC Band 8A). 0.4 WTE. This role focuses on strategy and management. This post is not funded by SPoC.

Service offering

Although SPoC support is available to patients across the whole cancer pathway, support is mainly focused on the early stage between referral and diagnosis. This stage in the pathway is understood to be the most varied, with patients undergoing multiple investigations and requiring additional support. This stage was identified as an area where SPoC support could make the biggest impact for patients. Once diagnosed, patients are supported by clinical teams and have less need to contact the service.

The SPoC service is available to patients on all tumour pathways in NHS Fife. However, the service mainly focuses on the three pathways with largest patient numbers and most complex diagnostic pathways: Colorectal, Lung & Urology. For all other pathways, patients can be referred to the service, but the support is based solely on inbound contact from patients.

The service focused initially on the colorectal, lung and urology pathways as they felt that targeted support would make the biggest impact for these patients with the available resource. The goal is for the service to provide this dedicated SPoC support to all tumour groups however more staff are required to expand the service.

For patients in the three main tumour groups, patient navigators reach out to patients by telephone to introduce and explain the support offered by the SPoC service. Following this initial call, patients can phone the service as and when they require support, and navigators may proactively reach out to patients under certain circumstances. Patient navigators are the first point of contact for any inbound telephone calls from patients. They triage calls, directing queries to clinical support where required and responding to non-clinical queries where appropriate.

The main reasons for inbound and outbound calls are:

Inbound calls

- Referrals to the SPoC service (from other tumour groups)
- Appointment checks and rescheduling
- Transport queries
- Logistical support
- Standard advice on diagnostic tests
- Requests for results from investigations
- Information on available community support e.g. Maggie's, Macmillan etc.

Outbound calls

- Registration on cancer tracker
- Arranging diagnostic tests
- Updates on appointments and treatment waiting times when there are delays
- Reminder calls for appointments and investigations
- Offering short notice appointments
- Offering opt-in reminders
- Good news calls (lung pathway only)
- Scheduling follow up appointments for patients with negative gFIT (colorectal pathway only)

Joint working with other teams or services

The relationship between SPoC Navigators and the CNS is key and takes time to develop. The NHS Fife SPoC team have worked closely with clinical nurse specialists to build trust, understand the pathways and learn the appropriate support and advice to provide.

The SPoC team also liaise closely with primary and secondary care services to support patients progress through pathways. The team have engaged with these services to develop trust in the service and collaborate on pathway development.

The SPoC navigators have limited interactions with Improving the Cancer Journey (ICJ) services. 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 Fife, SPoC Navigators support patients through the clinical element of their pathway and their focus is on the beginning of the pathway up to diagnosis. The team feels their involvement is too early in the pathway for navigators to refer patients to ICJ, and this referral should be nurse led. Navigators signpost patients to Maggie’s who offer prehabilitation support.

Patients referred through Rapid Cancer Diagnostic Service (RCDS) in NHS Fife are supported by the SPoC team at the point of diagnosis. 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.

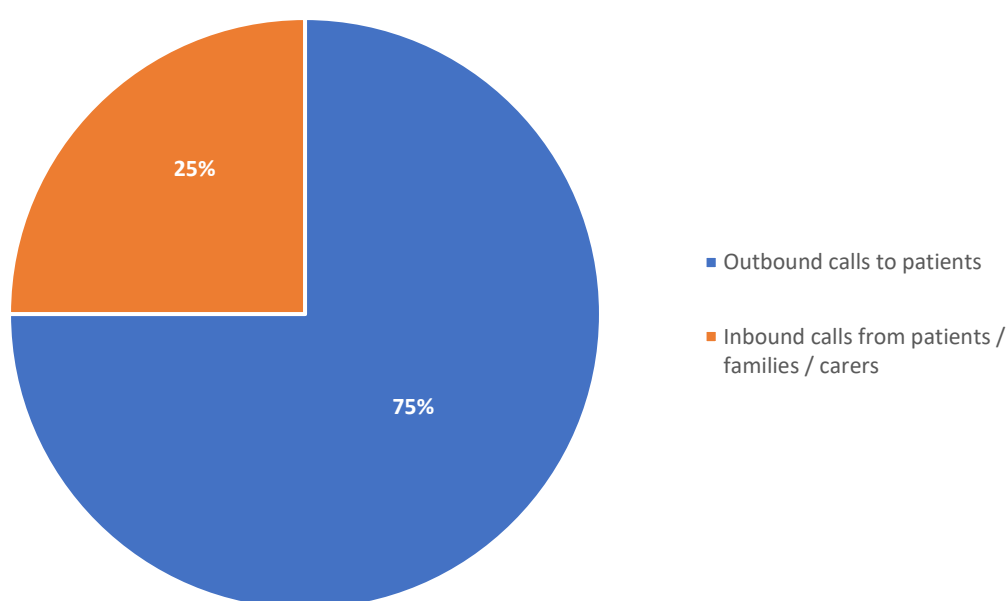
Key Learning

Since launching, NHS Fife has worked to continually review and improve the SPoC Hub service. NHS Fife completed an evaluation report and the key findings are summarised below.

In the six months between September 2022 and February 2023:

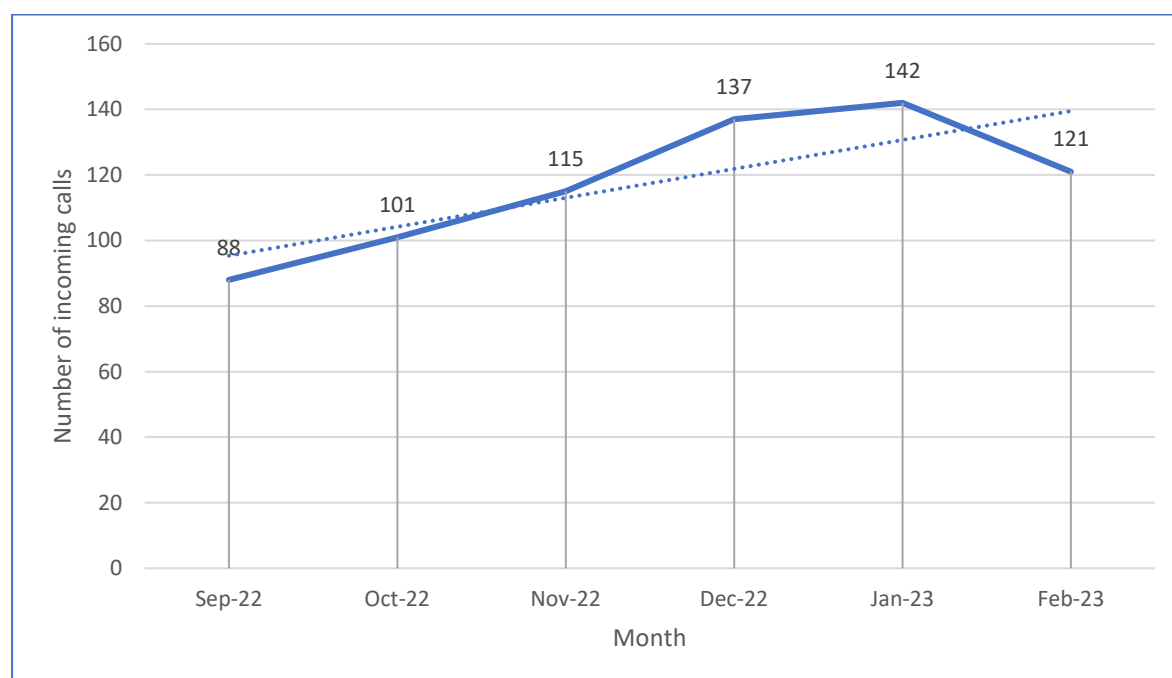
2,789 calls were handled by the SPoC team. As shown in Figure 1.0, 75% were outbound calls to patients and 704 calls (25%) were incoming calls from patients or patients’ families/carers.

Figure 1.0 Inbound / Outbound calls handled by NHS Fife SPoC service.



The number of incoming calls increased by 28% over the embedding period, as shown in Figure 2.0.

Figure 2.0 Number of incoming calls received per month by NHS Fife SPoC service.



89.4% of calls were resolved directly by the SPoC Hub without input from the services. 6.8% of calls were transferred through to services, many of which were to support the SPoC Hub team to develop their skills.

Assuming an average call takes five minutes, the total incoming and outgoing calls made and resolved by the SPoC Hub equates to **releasing 208 hours (5.6 weeks) of CNS over a six-month period**. This is the equivalent to **releasing 416 hours (11.2 weeks) of CNS time per year**.

The Colorectal CNS incoming calls reduced by 14%. There has been a slight increase in internal calls received. The number of outgoing calls the CNS team have had to complete has also slightly increased. The increases are likely due to queries raised whilst navigator staff were in training.

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 contribution to reducing clinical time would likely be greater than estimated here.

Patient Experience

NHS Fife SPoC hub sent out a patient experience questionnaire to the first 700 patients on their worklist. 221 responses were received. The key indicator of patient experience was the rating patients gave the service they received from the SPoC team. The average rating overall was 4.33 out of 5.

NHS Fife has worked with Healthcare Improvement Scotland to gather further evidence of the impact of SPoC on patient experience.

Enablers to change

NHS Fife found the following factors to enable the delivery of SPoC:

- **Communication and team working with CNS.** The team felt that building rapport and good linkages with the CNS clarified roles and expectations and helped patient navigators to understand what types of queries required redirection to the CNS.
- **Consultants being on board from the start.** From the beginning of the project, lung consultants were committed to help patients and streamline processes. They supported SPoC by providing scripts and helping to develop processes. This made the team feel valued and benefited patients by reducing waiting times for results.
- **Alignment with strategic aims of board.** The service is well aligned to [NHS Fife's Cancer Framework](#) 2022 and helps to meet several of the strategic commitments including providing person-centred care and optimal pathways and integrated care.
- **Merging Central Referral Unit and SPoC into one hub.** Merging the two services allowed all USC referrals to be dealt with by one team. This enabled patients to progress through the pathway more seamlessly. It also ensured robust business continuity for both services and enhanced skills for existing staff.

Barriers to change

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

- **Building relationships with referrers.** The team found some GPs were not adhering to referral guidance and/or not providing all information at the point of referral. The team are aware that more work is required to raise awareness of the role of SPoC Hub.
- **Buy in from clinicians.** It can be challenging for newly established teams to build up trust. Clinicians need to trust the service to allow their patients to be supported by it.
- **Staffing instability.** The team experienced challenges with staffing for a variety of reasons. This resulted in reduced capacity for existing staff to meet demand.
- **Increasing demand.** Referrals and diagnoses are increasing, as is the complexity of pathways therefore this affects capacity. The introduction of

SPoC does not appear to have influenced the 62-day Cancer Waiting Times performance.

Summary

Investment in the creation of the SPoC Hub resulted in **2,789 calls handled by SPoC**. This is equivalent to releasing **208 hours (5.6 weeks) of clinical staff time over a six-month period**.

SPoC has also had a positive response from patients regarding their experience, with a sample of 221 patients scoring their experience 4.33 out of 5 on average. NHS Fife has worked with Healthcare Improvement Scotland to gather further evidence on the impact on patient experiences.

When asked for their advice for others and reflections on the project to date, the Fife team highlighted importance of being clear on the competencies required for the navigator role.

Acknowledgements

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