Improving cancer care with a single point of contact: NHS Forth Valley

NHS Forth Valley officially launched a Single Point of Contact (SPoC) service in early 2023, after a period of testing and service development. The dual aim of the service was to improve cancer care experience for patients and free up clinical staff time.

Utilising Scottish Government funding, the service has **supported 6,820 patient contacts over a nine-month period from January to September 2023.** The time spent on contacts without the need for clinical involvement was equivalent to 455 hours (12.3 weeks) usually required from clinical nurse specialists (CNS). Projected across a one-year period, **approximately 606 hours (16.4 weeks) of CNS time could be saved 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 Forth Valley service

NHS Forth Valley set up a SPoC navigation team that supports patients from the point of cancer diagnosis until the end of treatment.

The team

The NHS Forth Valley SPoC team bid for Scottish Government funding, securing £33,778 in year one, and 67,556 (annual) in subsequent years. This funding was intended to pay for two SPoC navigator roles and does not include management time.

The team is made up of two navigators. These roles were established as permanent NHS Scotland AfC band 4 members of staff. There were delays to starting this service due to challenges with staffing and internal processes around job descriptions. However, the team was able to test and develop the project with band 3 staff in place prior to the official launch.

Each navigator is aligned to support multiple clinical nurse specialists and therefore multiple tumour pathways. Assigning navigators to specific pathways provides consistency to patients calling in. When the navigator is on leave, the calls revert to the relevant CNS. As navigators are aligned to CNS, it naturally falls that the CNS team act as mentors for the navigators.

The navigator role does not require a clinical background, however there is a level of understanding required about the pathways and patient experience.

Service offering

Patients in NHS Forth Valley attend a clinic appointment with the CNS at the point of diagnosis. At this appointment, the CNS shares a leaflet with the SPoC service contact details and a description of the service. When patients contact the service at diagnosis, they are supported throughout their pathway until the end of their treatment. All inbound calls from patients to the CNS during the pathway are diverted to the navigators. Navigators provide non-clinical support to patients and pass on queries requiring clinical support to the clinical team. Navigators record the details of calls on a live document shared on MS teams. This allows the CNS to have oversight over information being shared. It also allows the CNS to respond in real time to those calls which require their attention.

The service provided to patients is entirely telephone based, and navigators do not make outbound calls to patients.

Support provided by the navigator team can include, but is not limited to, the following:

- Support to make and reschedule appointments
- Following up & tracking scan results
- Emotional support through acute journey
- Standard advice re medication issues
- Setting expectations around treatment and what that means for patients
- Standard advice re vaccinations
- Referrals to support available within the community, including third sector organisations

The NHS Forth Valley SPoC team provide support for patients on most tumour pathways. The service covers: Haematology, Lung, Breast, Head & Neck, Colorectal, Upper GI, Skin/Dermatology & Palliative (including some of the rarer tumour groups). The service has also recently expanded to cover Stoma and Urology pathways.

Joint working with other teams or services

The relationship between the Navigator and CNS is key and takes time to develop. Navigators have worked closely with the CNS to ensure buy in, build trust and understand what advice is appropriate to provide to patients.

The navigators support patients through the clinical elements of their pathway. 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.*" ICJ is fully established in NHS Forth Valley and the two services work closely together. Due to capacity in ICJ, it is not currently possible for SPoC to undertake blanket referrals to them, however a set of criteria has been established to understand when a patient would benefit from a referral. All patients post-treatment for breast cancer and SACT (systemic anti-cancer treatment) receive a referral as standard.

There is no Rapid Cancer Diagnostic Service (RCDS) service within NHS Forth Valley. RCDS is present in some other health boards, it 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.

Key Learning

In the nine months between January and September 2023:

- **6,820 calls were taken by the navigation team.**

- A sample of data provided by the service showed that **on average, the navigation team successfully managed around 80% of calls (5,456) autonomously.**
- Working to the assumption that each of these contacts takes an average of 5 minutes, this equates to 455 hours (12.3 weeks) of clinical nurse specialist time across a 9-month period.
- This could mean releasing **606 hours (16.4 weeks) of CNS time per year.**

Navigators are actively managing intervention lists for some consultants. This has been reported to save consultant time, as they no longer need to follow up investigations.

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 reduction in clinical time would likely be greater than estimated here.

Patient experience

The team also shared some initial patient feedback demonstrating the value of the service to patients:

"Given me confidence on my cancer journey. Answered all my questions and has enabled me to deal with situations when they arise"

"Helped reassure me when I've been really scared/worried about things"

Enablers to change

NHS Forth Valley found the following factors to enable the delivery of single point of contact:

- **Team approach**. Securing engagement from CNS at the start of the project has been essential. CNS mentoring for navigators has helped to create a supportive team culture.
- **Shared location**. Navigators and CNS are co-located, which has been useful in building a shared understanding of the service and building relationships. Co-locating staff also allows for informal development, advice and emotional support.

Barriers to change

NHS Forth Valley had to overcome the following barriers when implementing SPoC:

- **Time to build trust.** It was sometimes challenging for clinical nurse specialists to hand over elements of their work to someone else. This was

overcome by building relationships through close working and a strong team culture.

- **Changes in board leadership.** There were significant changes to senior leadership within the board, which resulted in a lack of visibility of the project.
- **Job description.** As the navigator is a new role, there were delays due to challenges in agreeing a job description and job matching within the board.
- **Inappropriate use of the service.** Occasionally patients called the navigation team inappropriately, for example if they were unable to secure a GP appointment. The team felt this was due to pre-existing relationships and a knowledge that there will be someone to connect with.
- **Physical space.** The team are keen to move to a hub model which would allow them to move to a more flexible approach. This requires additional space which is currently not available.

Summary

The investment in the creation of the navigation team has released clinical staff time with the equivalent of **455 hours (12.3 weeks) of CNS time over a nine-month period** as they are no longer required to answer patient calls.

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

- **Number of navigators**. Despite the initial submission for funding for two navigators, as the project has progressed, it has become clear that the service would benefit from an additional two navigators to cover annual leave and further development.
- **Automated data collection**. Automatic systems to record activity would be beneficial to understand activity and impact.
- **Room for further development**. Navigators are seen as an extension of the CNS role, and there is scope for the role to develop further, as the navigators continue to gain experience and build their knowledge.
- **Clarity on role requirements**. This is an administrative role, and being clearer on this would have helped service development and engagement within NHS Forth Valley.

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