

# Improving cancer care with a single point of contact: NHS Greater Glasgow and Clyde (Gynaecological pathways)

NHS Greater Glasgow and Clyde Gynaecology Oncology team, herein referred to as NHSGGC (Gyn), launched a single point of contact (SPoC) service in April 2023. The service is focused on complex gynaecological cancer pathways. The dual aim of the service is to improve cancer care experience for patients and free up clinical staff time.

The service covers four boards in the West of Scotland: NHS Ayrshire and Arran, NHS Forth Valley, NHS Greater Glasgow and Clyde and NHS Lanarkshire.

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 Greater Glasgow and Clyde (Gyn) service

NHSGGC (Gyn) supports patients with complex gynaecological cancers across the West of Scotland. This includes patients from the following boards: NHS Ayrshire & Arran, NHS Forth Valley, NHS Greater Glasgow and Clyde and NHS Lanarkshire.

The SPoC team support patients primarily at the point of diagnosis until the end of their cancer treatment, however additional support is available post-treatment where required. Support is also provided to patients at referral where there is a documented suspicion of cancer. This point in the pathway is the most complex with multiple pathways intertwining. The team identified this as an area where SPoC could make the biggest impact.

### The team

The SPoC team was set up following a successful bid for Scottish Government funding. The funding is used to staff the SPoC navigator role and to purchase essential equipment to enable the team to function.

The SPoC team is made up of:

- Two SPoC navigators (NHS Scotland AfC Band 4). This role does not require a clinical background, however there is a level of understanding of different pathways and patient experience required.

The government funding does not cover clinical and management roles for the project. This responsibility is currently shared between a gynaecological oncologist, medical oncologist, waiting list manager and clinical lead.

### Service offering

SPoC navigators attend multi-disciplinary team (MDT) planning meetings where they are notified of new diagnoses. Following diagnosis, new patients are sent letters outlining the support the SPoC team provide. Patients are invited to contact the service by telephone for support where required. Patients can also contact the CNS directly, however the goal is for SPoC to be the first point of contact for inbound calls from patients.

The SPoC navigators triage calls and provide non-clinical support which can include, but is not limited to, the following:

- Appointment checks
- Rescheduling appointments
- Chasing scan results and investigations
- Signposting where appropriate

The SPoC team are members of the regional MDT which enables them to access up to date patient information. The team also investigate patient pathways to identify ways to simplify and reduce pathway times.

The team are exploring additional functions for the SPoC team including administration for blood test appointments at the Beatson West of Scotland Cancer Centre.

### Joint working with other teams or services

The relationship between the SPoC team and clinical staff is key to the success of the service. Clinical nurse specialists were involved with the project from inception. The SPoC team have attended clinical sites for education and observation and several training sessions were delivered at the beginning of the programme. Continued guidance from clinical staff is available for the SPoC team.

The SPoC team also liaise closely with primary and secondary care services to support patient progress through pathways. The team are members of the regional MDT and liaise closely with the board's specialist surgical team, the Beatson West of Scotland Cancer Centre and the Cancer Wait Team. The team also communicate regularly with boards in the West of Scotland region to support investigations and treatments across boundaries.

The NHSGGC (Gyn) SPoC service currently has no interactions with Improving Cancer Journeys (ICJ) services. 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."*

NHSGGC (Gyn) has a Rapid Cancer Diagnostic Service (RCDS). 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. As the SPoC team support patients primarily from diagnosis, patients have normally left RCDS pathway by this point therefore there are no interactions between the two services

### Key Learning

#### Enablers to change

The NHSGGC (Gyn) team found the following factors to enable the delivery of SPoC:

- **Attendance at MDT and surgical planning meetings.** These meetings highlight patients that will be referred to the SPoC service and update on surgical waiting times for existing patients. This enables the SPoC team to be proactive to support patient's progress through pathways.

#### Barriers to change

The NHSGGC (Gyn) team had to overcome the following barriers when implementing SPoC:

- **Varied interpretation on the role of SPoC.** The team did have a clear a blueprint of what SPoC should be and developing the service has been a challenge. There is no clear definition of what SPoC is, and what it is not, leading to varied interpretations and different asks from clinicians during the project. The team have been engaging with clinical teams to clarify and improve shared understanding.

- **No dedicated role to drive project forward.** The team found it challenging to bring together the administrative, management and clinical leads for the project together to collaborate on the development the service. The clinical team have committed to meeting more regularly to develop the SPoC role.
- **Time required to develop the SPoC role.** It takes time to develop and integrate a new service. The team have worked hard to develop relationships with other services and develop processes, guidance and tools.
- **Building trust and understanding of SPoC.** Some clinicians were wary about handing over patients to a new service. Engagement over time has helped to build trust and clinicians have begun to appreciate the benefits of the service.

## Summary

It is anticipated that SPoC also improved patient care experience and NHSGGC (Gyn) has worked with Healthcare Improvement Scotland to gather further evidence of the impact on patient experiences.

When asked what they might do differently if starting the project again, the team reflected:

- **Ensure there is a dedicated role to drive the project forward.** Having one individual managing the development of pathways, data collection and reporting and providing leadership and guidance is key to successful development of the service.
- **Be clear on the functions of SPoC.** The SPoC service requires staff with strong administrative skills to log information, signpost and multitask. NHS experience is also favourable, particularly an understanding of the system and pathways to enable staff to investigate and improve on pathway times.
- **Prioritise time to plan and develop the service.** Regular meetings to assess and plan progress with staff would have been beneficial to service development.
- **Dedicated teaching.** Prescriptive sessions with CNSs and dedicated teaching using the team's app would have been helpful to understand the types of queries the SPoC team should expect to deal with.
- **Determine baseline data.** It was difficult for the team to plan what data to collect due to being understaffed however they felt it would have been useful.

## Acknowledgements

We would like to thank the Gynaecology team at NHS Greater Glasgow and Clyde for sharing their single point of contact delivery model with Healthcare Improvement Scotland.

**Published October 2024**



This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

**[www.healthcareimprovementscotland.org](http://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