

Improving cancer care with a single point of contact: NHS Greater Glasgow & Clyde: Lung Pathways

NHS Greater Glasgow & Clyde (NHSGGC) Lung cancer team launched a single point of contact (SPoC) service in April 2024 with the aim to improve cancer care experience for patients referred with a suspicion of lung cancer.

Utilising Scottish Government funding, the team introduced three SPoC Navigator posts in the period between Feb 2024 to August/Sept 2024. **The service has direct influence on approximately 70 patients' treatment pathways per week**, through direct contact with approximately 30 patients, and daily huddles with radiology to expedite imaging and imaging reports.

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 NHSGGC (Lung) service

The service supports patients in the three NHSGGC sectors (North, South and Clyde), who are referred with a suspicion of lung cancer. SPoC support is available from the point of referral through to diagnosis.

The navigator team

The team was set up using £141,324 of Scottish Government funding. This funding covers four SPoC navigator roles, however only three have been appointed to date. The funding does not cover management time for the SPoC service. Due to a variety of reasons, the three posts appointed to are now vacant. The four posts are progressing through the recruitment process to be re-appointed.

The navigator roles are NHS Scotland AfC Band 4, non-clinical posts. However, one of the sectors has considered developing the post into a clinical support worker role. Although the posts are currently non-clinical, there is a requirement for the navigators to have a deep understanding of patient pathways and experience.

Service offering

National guidance outlines a 62-day pathway for patients with an urgent referral with suspicion of cancer until first treatment. There have been challenges in meeting this requirement due to long waits for CT scans partially due to inability to contact patients in a timely manner. The NHSGGC (Lung) team therefore agreed to develop a service that focuses primarily on the early part of the pathway.

Three SPoC navigators were appointed, each covering one of the NHSGGC sectors, and the service went live in April 2024

When a referral is received, the patient will sometimes require a CT scan prior to being seen in clinic. The navigator will liaise with radiology team to book a CT slot and will book the patient into a clinical appointment accordingly, at which point they will make contact with the patient. The navigator will introduce the SPoC service, explain upcoming appointments, and what the patient can expect to happen.

Contact from the service to the patient is primarily by telephone. After the initial introductory call from the navigator, the patient can contact the navigator either by telephone or by email. Emails are sent to a generic mailbox which is monitored in times of absence.

The service aims to provide patients with one contact to ensure they receive timely advice around their appointments, tests and results. Navigators can offer support with the following:

- Appointment checks
- Rescheduling appointments
- Chasing investigations and results
- Managing anxieties
- Signposting role

The service remains available to patients after diagnosis, but most calls revert to the Clinical Nurse Specialist (CNS) at this point.

Joint working with other teams or services

The relationship between the navigators and clinical nurse specialists is key and takes time to develop. The project required close working with the CNS to ensure buy in, build trust and understand what advice would be appropriate for the navigator to provide to patients.

The navigators work closely with the medical team, admin team, and radiology tracking/booking staff to ensure timely scans.

There is an Improving the Cancer Journey (ICJ) service in NHSGGC. As the SPoC pathway supports patients to the point of diagnosis, currently the CNS refers patients to ICJ, not the navigator. The service is currently in a development stage and the team are keen to expand the offering, which could include involvement in other aspects of the pathway e.g. referral to Improving the Cancer Journey (ICJ) team. 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 the access timely support that is relevant, appropriate, and sufficient for their needs.”* As the SPoC service supports patients up to the point of diagnosis, the CNS refers patients to ICJ, not the navigator. As the service develops, there is scope to further develop the navigator role, including supporting bringing in referrals to ICJ.

There is no specific Rapid Cancer Diagnostic Service within NHSGGC, but GPs have direct access to a number of agreed diagnostic modalities.

Key Learning

As the service launched in April 2024, at the time of writing there is no specific data available to determine impact. In the period April – September 2024, the service was not fully embedded due to sickness absence and staff leaving posts.

Baseline information was collected by the navigators for the period Oct – Dec 2023. The initial intention was to repeat this data collection for the period Oct – Dec 2024 however, as posts are now vacant, this was not possible. Data collection will be repeated once vacancies are filled and the service has resource to conduct this data exercise. The team also plan to collect data to understand navigator activity, and how much of this activity would have previously been part of the CNS workload. This will allow the team to demonstrate an impact on CNS time.

The team collected data on the following which they plan to repeat:

- Waiting times for pathway steps for patients referred Oct-Dec 2023. This included both patients subsequently diagnosed with lung cancer and those who were not.

- Patient experience (quantitative and qualitative) of patients referred in Oct-Dec 23. This data was gathered only from patients who were not diagnosed with cancer.

Anecdotally, the team believe that the navigators have saved clinical time.

Enablers to change

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

- **Clear governance.** The SPoC service reports progress through existing governance structures. This provides oversight of the project, ensuring engagement and support from chiefs of medicine and site directors, as well as the cancer performance team.
- **Strong clinical leadership.** Strong clinical leadership helped to drive this project forward, and secured interest and engagement from other clinicians.
- **Board structure.** Although there are challenges working across three sectors, diagnostic imaging works across NHSGGC, and is therefore not sector specific.
- **Alignment to strategy.** SPoC fits with NHS GGC ambitions for the future, as outlined in the [Board strategy](#). Again, this has helped in securing engagement.

Barriers to change

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

- **Internal processes.** No authorisation has been given for the navigation team to book scans. This will be revisited in future. In the meantime, a daily huddle has been established between lung navigators and radiology tracking/booking staff to expedite scans/reports.
- **Cross sector working.** Working across three sectors requires securing engagement and agreement across three sets of clinical leads, lead nurses and clinical services managers. There are some differences across the three sectors regarding set-up of the teams, clinics and processes. Therefore, establishing a standardised role for the navigator across the three different sectors was challenging.
- **CNS engagement.** It was sometimes challenging for the CNS to release elements of their role. As the navigators and CNS teams continue to work closely, trust and engagement should continue to build.
- **Limited data.** Although the reaction to SPoC was positive in general, due to the early stage of the project, limited data around performance and impact is proving a barrier to building engagement.

Summary

Investment in the creation of the SPoC team when stable and fully in place will release clinical staff time.

It is anticipated that SPoC has improved patient care experience, and baseline versus updated data is anticipated to support this.

When asked what they might do differently if starting the project again, the NHS GGC (Lung) team reflected:

- **Standardised role.** The service would be more effective if the navigator role was agreed in advance and standardised across the sectors.
- **Increased support & mentorship within teams involved.**

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