

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

NHS Grampian launched a single point of contact service in November 2022 with the aim to improve the care experience of patients who are referred to secondary care via the urgent suspicion of cancer (USC) pathway.

Utilising Scottish Government funding, the service **supported 7,232 calls** between October 2023 and March 2024. 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 personcentred 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 Grampian service

NHS Grampian set up a SPoC navigation team to support patients from the point of USC referral up to diagnosis.

The team

The team was set up following a successful bid for Scottish Government funding. The funding contributes towards three SPoC navigators.

The navigator team is made up of:

- 3 navigators (NHS Scotland AfC Band 4). This role does not require a clinical background however a level of understanding of different pathways and patient experience is required.
- 1 Nurse Consultant. Providing leadership and oversight of the service.

Service offering

The pathway begins in primary care when a referral for urgent suspicion of cancer is made. The service was designed to complement the existing Macmillan service within NHS Grampian, which provides support to patients from the point of diagnosis until discharge from cancer treatment. The provision of both services provides support to patients throughout the full cancer pathway.

The NHS Grampian service is based on a combination of inbound calls from patients to the service and outbound calls for a subset of tumour types.

The outbound element of the service is focused on patients suspected of having the following tumour types:

- Dermatological
- Colorectal
- Upper GI
- Gynaecological

The decision was made to focus the outbound service on the above tumour types as there is a higher patient need due to longer wait times from referral to diagnosis. The average wait time from USC referral to diagnosis is between two and 20 weeks, and in some instances, longer.

For the remaining tumour types, support is provided to patients because of inbound calls only. When making the USC referral, primary care services highlight the service to patients. Patients are invited to contact the service depending on their own needs and preferences.

Whilst the SPoC service is providing support to the patient, they have not yet received a confirmed diagnosis of cancer. Navigators are trained to understand when they can give information, and when they should signpost or escalate patient queries elsewhere e.g. to the clinical staff or back to the patient's GP.

SPoC navigators can provide non-clinical support, including, but not limited to:

 Providing patients with standard explanations of investigations such as MRI or CT scans

- Providing a holistic view of the patient on clinical systems, including known social or economic challenges.
- Providing patients with a dedicated point of contact, alleviating anxiety whilst awaiting next steps
- Taking a key role in setting and managing expectations for patients and families/carers

Joint working with other teams or services

Improving the Cancer Journey (ICJ) is new to NHS Grampian and, at the time of writing, was not yet running.

The intention for all SPoC, Macmillan and ICJ services is to provide a whole service to patients. SPoC and Macmillan will guide patients through their acute pathway. ICJ support patients in their community. 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."

There is no Rapid Cancer Diagnostic Service (RCDS) in NHS Grampian.

Key Learning

In the six-month period between October 2023 and March 2024, a total of 7,232 calls were taken by the SPoC navigation team.

As the service supports patients from referral to diagnosis, a stage in the pathway where clinical input is not usually required, the service does not free up clinical time.

Patient experience

The service has received positive patient feedback:

"I think this is such a wonderful service. To be able to have somebody to talk to when there is a doubt. My GP surgery scares me and is not very helpful. I will definitively call you if I have any questions in the future.

Thank you once again for calling"

"I've received the letter for my telephone appointment. I didn't really know how they could assess me over the phone but now you explained it to me and I feel more confident."

"You know what? I think it is a wonderful service. It is such a reassuring thing knowing there is somebody who could help and give advice while my husband is waiting for the appointment. We were not aware that

service like yours existed. We thought we just wait for the appointment to come through eventually."

Staff experience

Anecdotal feedback from Clinical Nurse Specialists (CNS) indicates that patients who receive support from the SPoC service are more informed about the pathway when they reach diagnosis.

Anecdotal feedback from primary care indicates a reduction in follow up contacts to GP services, however quantitative data to support this is not available currently. Those that are signposted back to their GP by the SPoC service have a clinical need, and those who need more information can be supported by the SPoC service.

There have been instances of patients progressing through the pathway more quickly, due to reporting changes in their symptoms to the SPoC team, who were able to escalate this to the relevant clinician.

Enablers to change

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

- Clarity of service offering. Because of the unique design of the NHS Grampian service, the scope of SPoC was very clear from the early stages. This allowed for increased engagement.
- Focusing on the biggest need. There is limited capacity, so the service is unable to provide outreach support to all tumour types. Focusing on the areas with the longest wait, and high patient anxiety, helped to progress this project.
- **Proving the concept of the service.** Evidencing successes with onboarded tumour sites will allow for potential future spread.

Barriers to change

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

- Time required to build an understanding of the service. As most referrals
 come from primary care, the team needed to spend a lot of time working with
 GP practices to ensure a common understanding of what the service
 provides. The team was able to identify frequent inappropriate referrers and
 address any misunderstandings.
- Addressing misconceptions. The team worked with clinical nurse specialists to ensure the service was complementing their role, not attempting to replace it.
- Aligning with other services. The service was designed to work seamlessly
 with other pre-existing services supporting patients through the cancer
 pathway. Funding challenges for other services had the potential to impact
 negatively on all supportive pathways, and therefore on the patient
 experience.

Summary

Investment in the creation of the navigator team meant **support for over 7,000 contacts from patients and families** who would otherwise have had no place to go with their queries and concerns. Initial experiences suggest the service has supported a decrease in calls to primary care.

The service has improved patient care experience and NHS Grampian continues to gather quantitative data to evidence this.

When asked what their advice would be to others implementing SPoC and what their reflections were on the project to date, the Grampian team reflected that they would **spend more time on early engagement** which may have enabled the service to develop faster.

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