

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

NHS Highland launched a single point of contact (SPoC) service 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 11,393 patient contacts** over the period March 2023 to March 2024. The time spent on contacts not requiring clinical contact released 712 hours (19.3 weeks) of clinical nurse specialist (CNS) time. 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 Highland service

NHS Highland set up a SPoC Cancer Support Team that supports patients from diagnosis until the end of their cancer treatment.

The team

The NHS Highland team received £61,113 of Scottish Government funding in 2022/23 to set up a SPoC service. Funding increased to £270,680 in subsequent years. This funding currently covers staffing the SPoC navigator role which NHS Highland have named Cancer Support Workers. SPoC funding does not include management time.

The NHS Highland SPoC team is made up of eight cancer support workers (NHS Scotland AfC Band 4). This role does not require a clinical background but an understanding of patient pathways and patient experience is required.

Each cancer support worker is aligned to a clinical nurse specialist (CNS) and therefore a particular tumour type. The CNS also provides line management to the cancer support worker. This provides consistency to patients calling in. When the cancer support worker is on leave, the calls revert to the relevant CNS.

Service offering

Patients are identified through a weekly multi-disciplinary team (MDT) meeting. Approximately one week after diagnosis, the cancer support worker will contact the patients. This is primarily by telephone but can also be in person at clinics. The cancer support worker has a guided conversation with the patient and acts based on the results.

Following the initial contact, the service is primarily based on inbound calls from patients to the cancer support worker. All inbound telephone calls to the Clinical Nurse Specialist (CNS) are diverted to the aligned cancer support worker. The cancer support worker triages the calls and responds to non-clinical queries. Support provided by the cancer support worker can include, but is not limited to, the following:

- Addressing concerns about side effects
- Logistical support, for example, transport arrangements
- Appointment checking/rescheduling
- Signposting to other support services, such as the cancer support workers in the community
- Administrative support, such as managing the MDT meetings

The team provides support to patients on Gynaecology, Haematology, Lung, Urology, Breast, Head & Neck, Colorectal, Upper GI, Dermatology and Neurology pathways. Lung and Colorectal patients are supported from earlier in the pathway (point of referral).

Joint working with other teams and services

The relationship between cancer support workers and CNS is key and takes time to develop. The project has required close working with CNS to ensure buy in, build trust and to educate cancer support workers about the appropriate advice to give to patients.

The cancer support workers support patients through the clinical elements of their pathway. They work with colleagues in the community (community support workers) and can refer patients to those in the community setting. There are no defined triggers around when or why a patient may require a referral. Often, community support workers get referrals from the Macmillan palliative team.

The cancer support workers and the community support workers have developed a community of practice and meet regularly for development and to share learning. They also attend shared psychological support sessions every few months.

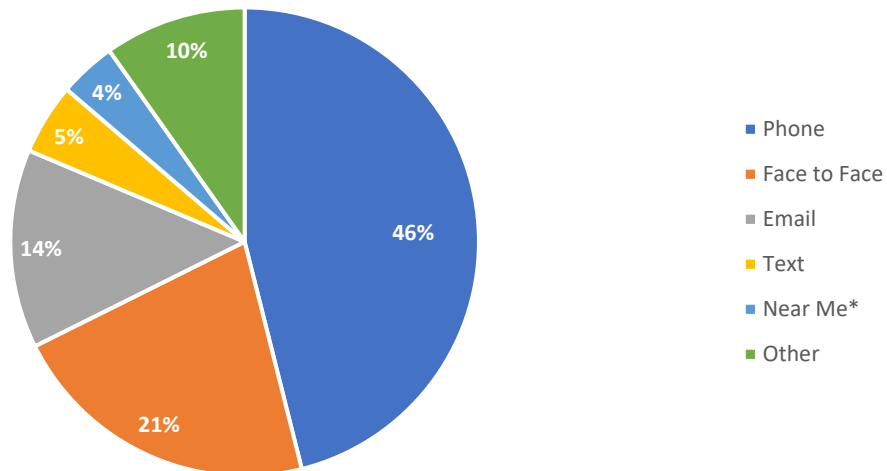
There is no Rapid Cancer Diagnostic Service (RCDS) within NHS Highland. RCDS is present in some other health boards, it offers primary care an alternative fast-track diagnostic pathway, to investigate patients with non-specific symptoms that do not meet existing Scottish Referral Guidelines for Suspected Cancer. Where RCDS is present, SPoC services rarely interact with it as the services act at different points in the pathway.

Key Learning

Over the period March 2023 to March 2024 a total of **11,393 patient contacts were supported by the cancer support workers**. The contact types are shown in Figure 1.0 below.

Figure 1.0 Contact types handled by NHS Highland SPoC service

Contact Types



*Near Me is a virtual appointments software.

On average, the Cancer Support Workers **successfully resolved around 75% of contacts** (8,545). Working to the assumption that each of these contacts takes an average of 5 minutes, this equates to **releasing 712 hours of CNS time (19.3 weeks)** over this period.

It should be noted that this data may not be fully representative. For example, if the service was not in place, some calls may not have been made due to patients being unsure of who to contact. Also, prior to the establishment of SPoC, patient calls may have been lost in the system.

Staff experience

Feedback from CNSs is positive regarding the implementation of SPoC. Interviews with CNSs in NHS Highland have highlighted that trust is building amongst the team and they value the time that has been made available:

"We know the patients will be looked after, and the service will continue to run thanks to the service she provides. Otherwise, you'd stress about work [when you're on leave], you know she's here, and you can trust her. It's nice for our stress level."

"I've done extra studying this year that I would never have had the time to do."

Patient experience

Feedback from patients has also been positive. Patients feel that the service put them at ease:

“Knowing that they are there makes a huge difference. I know I can phone them anytime about anything.”

“Really felt heart-warming that someone was going to listen to you, and they were only a text or phone call away.”

Enablers to change

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

- **Board commitment.** NHS Highland had agreed to fund these posts should Scottish Government funding not continue, which has helped enormously with CNS engagement. It was clear that the posts are long term and would become embedded within the team.
- **CNS workload.** Although building trust took time, the existing CNS workload was overwhelming, so support was positively received.
- **Person specification.** Because of the long-term nature of the posts, the team was able to spend time appointing the right people to the posts. This resulted in low staff turnover and the provision of a consistent service.

Barriers to change

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

- **Change of culture for CNS.** Typically, clinical nurse specialists are used to working alone therefore introducing a skill mix has taken time.
- **Lack of consistency with job titles.** There are several similar roles e.g. link workers, which could be challenging for engagement. People may think this service already exists in their area.
- **Balancing admin and support worker role.** There can be tensions between the two elements of this role. In some areas, the weight towards admin can take away from other areas of focus that could have a bigger impact, such as prehabilitation.

Summary

Investment in the creation of the Cancer Support Team has released approximately **712 hours (19.3 weeks) of CNS time per year** 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 Highland team highlighted the importance of being clear around the cancer support worker role. Carefully consider the correct model for your service. While this role does not need to have any clinical input, the role could have a bigger impact if there were fewer admin-based tasks.

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