

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

NHS Lothian launched a single point of contact 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 16,271 contacts** and **dealt with over 7,000 queries autonomously** in the eight-month period between August 2023 to March 2024. This is the equivalent of 606 hours (16.4 weeks) of time usually required from Clinical Nurse Specialists (CNS). Per year, this is equivalent to **releasing 909 hours (24.6 weeks) of 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 Lothian service

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

The team

The NHS Lothian SPoC navigator team was set up using £343,740 (annual) Scottish Government funding. The funding was also used to develop the TrakCare system and purchase essential equipment to enable the navigator team to function.

The navigator team is made up of:

- Four 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.
- One supervisor (NHS Scotland AfC Band 5). This role provides line management and training for the navigators, as well as leading on induction and reporting.
- Two clinical advisors. This role is to provide clinical support, pastoral care, and supervision. The clinical advisors help to create the culture of the service, building resilience and staff retention. The clinical advisors were previously in the CNS role and are therefore able to share insights into the pathways, as well as tools to support reflective practice, consistent clear communication, and psychological safety.

Service offering

The team intended to expand the service over time to provide support from point of referral however patient feedback has suggested there would be limited impact on the patient experience if this was implemented. The team are exploring how to provide ad hoc support to patients at the point of referral when it could be of benefit.

The service is primarily based on inbound contact from patients via telephone. All telephone calls to the CNS are diverted to the navigation team.

The navigators triage calls and respond to non-clinical queries. Non-clinical support can include, but is not limited to, the following:

- Checking appointment times
- Rescheduling appointments
- Checking status of referrals
- Making arrangements including interpreters, patient transport and expenses
- Signposting patients to other support services, such as Improving the Cancer Journey (ICJ) and Maggie's Centres.

Outbound calling to patients was tested but there was no evidence it was making a difference to patient experience.

The navigator team provide support to patients on Gynaecology, Lung*, Breast, Urology**, Head & Neck, Melanoma, Non-Melanoma skin, colorectal and neuroendocrine pathways. The sarcoma CNS team was expected to be integrated in Autumn 2024. The NHS Lothian service focuses on solid tumour groups, therefore Haematology pathways are not covered.

*Lung pathways are fully integrated at Western General Hospital and St John's hospital but not at the Royal Infirmary of Edinburgh.

**Uro-oncology fully integrated but surgical teams not yet integrated.

Joint working with other teams or services

The relationship between navigators and CNS is key and takes time to develop. The team have worked closely with CNSs to build trust and learn what advice is appropriate to give to patients.

The navigators support patients through the clinical elements of their pathway. They signpost to Improving the Cancer Journey (ICJ) which support patients in the community setting. 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."*

Navigators highlight ICJ to new callers, and for those who wish it, a referral is made. The team are trialling a 'warm' transfer to ICJ whereby, if a patient would like to be referred, the team will transfer them to ICJ to provide seamless support and reduce multiple calls.

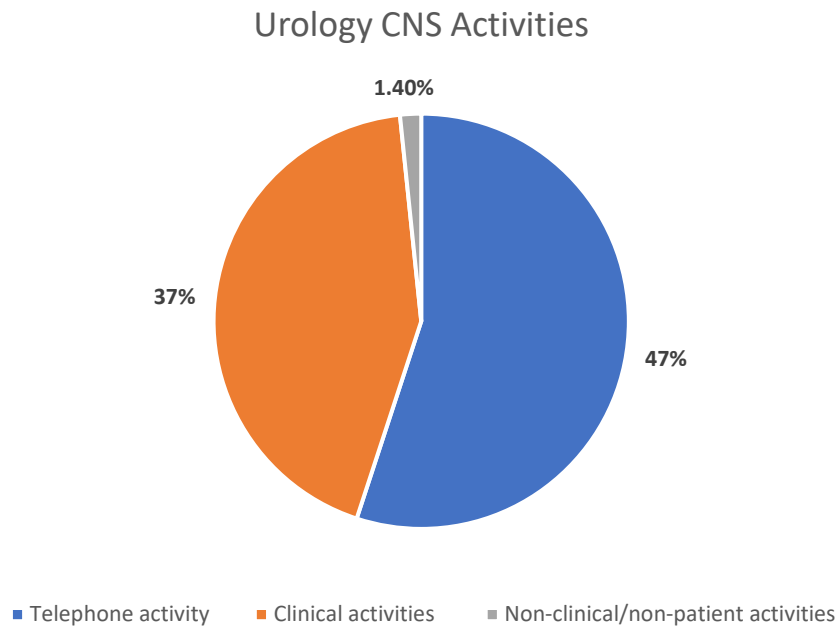
There is no Rapid Cancer Diagnostic Service (RCDS) in NHS Lothian. RCDS is present in some other health boards, it offers primary care an alternative fast-track diagnostic pathway, to investigate patients with non-specific symptoms that do not meet existing Scottish Referral Guidelines for Suspected Cancer.

Key Learning

In the eight months between August 2023 and March 2024:

- A total of **14,173 inbound calls have been taken by the navigator team.**
- A total of **2,098 outbound calls were made by the navigator team**
- 5,172 of inbound calls were designated as green, meaning that they were managed by the navigation team, resulting in a **36% reduction in calls being managed by the CNS**
- An assumption that all outbound calls were managed by the navigation team means that if an average call takes five minutes, navigator activity has released **606 hours of CNS time** in eight months, equivalent to **24.6 weeks of CNS time per year.**
- A Urology CNS tracked how they spent their time before being supported by the navigator team. The results are shown in Figure 1.0 below.

Figure 1.0 Urology CNS use of time prior to SPoC



The service impacted positively on CNS time however there was no evidence to suggest an impact on consultant time. With the implementation of SPoC, 36% of calls usually routed to the CNS were managed by navigators, which should free up 17% of the time a CNS spends on calls in an average week. This would enable the CNS to increase their time conducting clinical activities, potentially increasing from 37% to 54%.

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 CNS time released would likely to be greater than estimated here.

Clinical nurse specialists fed back that the quality of the calls they now take has improved. They also described being better prepared for the calls that require their input and believe their work has moved from reactive to planned.

While the service has had an impact on releasing clinical time, the main aim of the service is to improve patient experience. Assessment of the impact of the service on patient experience is still underway.

Enablers to change

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

- **Strong leadership support within the board.** The service governance sits as part of the Cancer Recovery Board, chaired by the Western General Hospital site director, which helps to raise the profile. Board leadership is engaged and can see the benefits of the service.
- **Building trust with the CNS.** It can be challenging for newly established teams to build up trust. CNS trust is key for the service to allow patients to be supported. The clinical advisors have been key to building this trust and respect.

- **Openness to change.** The Lothian team felt that the wider culture in cancer services was open to change which was beneficial to service development.
- **Clinically driven.** The project was progressed primarily through nursing structures, whilst continuing to engage and communicate with management structures.

Barriers to change

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

- **Time required to build trust with clinicians in many specialities.** Some clinicians were wary about handing over patients to a new service. The team recognised the need to build trust with clinical staff.
- **Patients' perceptions.** Patients sometimes perceived the loss of direct contact with their CNS as a negative. This naturally had a greater impact on existing patients than new patients.
- **Staffing instability.** Fixed term contracts only allowed the service to offer one-year posts which resulted in a higher turnover of staff than they would have liked.
- **Varied interpretation of the role of navigators.** There was no framework/clear aims describing what SPoC should be. As there is no clear definition of what SPoC is, and crucially, what it is not, this lead to varied interpretations.

Summary

Investment in the creation of the navigator team has **released clinical staff time with the equivalent of 24.6 weeks of CNS time per year.**

It is anticipated this has also improved patient care experience and NHS Lothian has worked with Healthcare Improvement Scotland to gather further evidence of the impact.

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

- **Appointing clinical advisors into post as soon as possible.** If the team were starting again, they would be keen to fill these posts at an earlier stage. The clinical advisors have been key to engagement with nursing teams and building the trust required for CNSs to hand over their patients.
- **Consider making the band 5 supervisor clinical.** This role is currently non-clinical, however the team reflected that a clinical role would enable them to act as a 'go between' for CNSs and navigators which would help build trust.
- **Take time to understand existing ways of working.** Gathering more detailed information using the activity tracker would allow them to understand complexity of tasks, rather than simply time.
- **A project lead from the start.** A lead dedicated to driving the project forward would have been beneficial from the start.

- **Carefully consider the correct model for your service.** CNS would have been keen for the navigators to be embedded within their teams, however NHS Lothian agreed to progress a different model, creating a navigator hub.

Acknowledgements

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