

# Improving cancer care with a single point of contact: NHS Tayside

NHS Tayside launched a single point of contact service (SPoC) in November 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 1,241 patient contacts up to July 2024. This has freed up approximately 85 hours (2.3 weeks) of clinical time.** This is the equivalent of 64 hours, or 1.7 weeks per year.

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 Tayside service

NHS Tayside set up a SPoC navigation team that supports patients with advanced disease from the point of diagnosis until they are moved to a hospice or pass away.

### The Navigator team

The team was set up using £35,000 (annual) of Scottish Government funding. This funds staffing for the SPoC navigator role and does not include management time for the service.

The SPoC navigation team is made up of one Navigator (NHS Scotland AfC Band 4). This role does not require a clinical background, however the person currently in post in NHS Tayside does have a clinical background which has proven beneficial to the development of the service, particularly when building credibility with clinicians. There is a requirement for the navigator to understand pathways and patient experience.

When the navigator is on leave, the Cancer Nurse Consultant provides cover.

### Service offering

The NHS Tayside SPoC service provides support to patients diagnosed with advanced disease. The service incorporates frailty screening to ensure care is person-centred, realistic, and will not negatively impact on quality of life.

The team have worked closely with clinicians to develop the frailty screening process and documentation.

At the time of diagnosis, Clinical Nurse Specialists (CNS) share information about SPoC with the patient. The patient's contact information is then shared with the service. At this point, the navigator contacts the patient and supports them through the frailty screening process. The results of the screening process are shared with the CNS team via the electronic patient record.

After the initial contact, the service becomes inbound, patients and families can contact the service when required.

The navigator triages calls and responds to non-clinical queries. Support provided by the navigator can include, but is not limited to, the following:

- Support to make and reschedule appointments and scans
- Emotional support
- Liaison between patient and consultant, expediting contact where appropriate
- Liaison between GPs and district nurses
- Standard advice on symptom changes, escalating to clinical staff where necessary
- Referral to Improving the Cancer Journey (ICJ)

The service provides support to patients with advanced stage disease on the following tumour pathways: Oesophagus/Hepatobiliary, Kidney & Prostate (Urology). The lung pathway team chose not to take up SPoC, which is potentially due to other funding opportunities.

### Joint working with other teams or services

The relationship between navigators and CNS is key and takes time to develop. The project required navigators to work closely with the CNS to ensure buy in, build trust and learn what advice would be appropriate to give to patients. In NHS Tayside, the clinical background of the person in the navigator post has been beneficial in building these relationships.

The SPoC navigator supports patients through their acute clinical journey. Improving the Cancer Journey (ICJ) provides support to 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.”* In NHS Tayside, every patient supported by SPoC receives a referral to ICJ who then refer on to other third sector organisations as necessary.

There is no Rapid Cancer Diagnostic Service (RCDS) within NHS Tayside. 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

During the period November 2022- July 2024, **380 patients were given details of the SPoC service**. 78% (297) of these patients have went on to receive support from SPoC navigator. This resulted in **1,241 interactions between patients and the SPoC navigator**, all of which would have previously been directed towards the CNS. This includes contact via text, telephone and email.

There is no data captured to evidence how many of these contacts then went on to be escalated to the CNS, however an average across other SPoC services suggests **82% of contacts are resolved by the navigator without CNS input**.

Working to the assumption that each of these contacts takes an average of 5 minutes, this equates to approximately 85 hours (2.3 weeks) of clinical time saved across the 16-month period. This equates to **64 hours (1.7 weeks) of clinical time released per year**. It is important that this data is viewed in line with the number of staff providing the service.

### Patient experience

The NHS Tayside team has received positive patient feedback:

*“Absolutely, [redacted] has been a star. Taking the pressure off with numerous calls and chase ups of various people. It’s been helpful to have a single ‘go to’. Felt somewhat overwhelmed with the information and it’s been nice to have a familiar face to sort things.”*

*"[redacted] has taken away the stress that has been ongoing since my diagnosis. Nothing is a problem for her and her attitude to getting things done has been brilliant. An asset to the team!"*

*"Without [redacted] my parents would have been lost. She has been an absolute essential part of my dad's care and treatment. She has been the one constant throughout and we will be forever grateful for her professionalism and care"*

### Enablers to change

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

- **Engagement from clinicians.** NHS Tayside incorporates frailty screening to their SPoC service. They worked closely with clinicians to develop this process, in particular one registrar who was instrumental in providing support and direction.
- **Person specification.** Although the navigator role is non-clinical, the person currently in post has previously worked in a clinical support role and was already well established in cancer services. This enabled the rapid development of relationships and trust.
- **Internal governance structures.** Existing governance structures have been key to ensuring leadership support for SPoC. SPoC governance sits within the Cancer Care Board, which includes the Nursing Director for NHS Tayside.

### Barriers to change

The NHS Tayside team had to overcome the following barriers when implementing SPoC:

- **Non-recurring funding.** It is challenging to develop a service without permanent funding. The service has one navigator who is currently employed on a secondment basis.
- **Lack of clarity at outset.** Lack of a framework/clear aims describing what SPoC should be. There is no clear definition of what SPoC is, which has resulted in challenges understanding what the role could be and how many navigators would be sufficient.
- **Single practitioner.** As the service only has one navigator, it is person dependant. This can cause capacity challenges as well as instability at times of unplanned absence.

### Summary

Investment in the creation of the SPoC navigator role **released clinical staff time with the equivalent of 85 hours (2.3 weeks)** from October 2022 to July 2024.

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

- **Scope for spread.** There is currently no capacity to spread the SPoC model across NHS Tayside. However, if funding was available, the team would be keen for the model to cover every tumour type.
- **Earlier opportunities for frailty screening.** For true person-centred care, the team would be keen to identify opportunities for frailty screening in primary care. This would ensure that patients aren't progressing through inappropriate pathways. The team recognise that this would require whole system changes.
- **Realistic medicine at the forefront.** Bringing frailty screening into the SPoC service ensures that realistic medicine is central to care from the start of the pathway.

## Acknowledgements

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