

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

NHS Western Isles operates a Single Point of Contact (SPoC) service with the dual aim to improve cancer care experience for patients and free up clinical staff time. Using Scottish Government funding, two additional roles were integrated into an existing service in October 2022. These roles have released **14 hours of Clinical Nurse Specialist (CNS) time per week to work weekends and public holidays**. This equates to 728 hours (19.7 weeks) additional clinical time 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 Western Isles service

A Macmillan team has been operating a single point of contact service for patients in the Western Isles for several years. NHS Western Isles developed this service with SPoC funding to offer support for patients from diagnosis until the end of their cancer treatment.

### The team

The NHS Western Isles SPoC team was expanded following a successful bid for annual Scottish Government funding. This funds the SPoC navigator role, which NHS Western Isles refer to as Healthcare Support Worker (HCSW). SPoC funding does not cover management time for the service.

The funding has covered the addition of two HCSWs to the pre-existing Macmillan team. The roles have a clinical focus and provide a blend of clinical and administrative support to clinical nurse specialists (CNS) and patients.

Whilst these roles were in development, it was agreed that they should be introduced as NHS Scotland AfC Band 3. As the service progressed and following a review, it became apparent that the roles should be re-banded to band 4, the process for which is now underway.

### Service offering

Given the unique challenges of providing healthcare in an island setting, the NHS Western Isles team took a slightly different approach to utilising SPoC funding than other health boards. They developed a flexible model that is adaptable to local context and population needs.

The addition of SPoC funding has allowed for increased capacity within the already existing service. The SPoC HCSWs provide a conduit between cancer trackers and Macmillan, ensuring that every patient has an opportunity to access the service. The addition of these workers has supported the shift from a reactive service (responding to events) to a proactive service (pre-empting patient needs).

The NHS Western Isles SPoC service supports patients from diagnosis through to the end of their cancer treatment. Patients are referred to the service through various pathways, including regular meetings with the cancer trackers within the board. When a patient is referred to SPoC, the initial contact is outbound whereby either the SPoC HSCW or the CNS contact the patient directly, dependant on requirements. This is primarily done face to face or via telephone.

Following the initial contact, the service becomes primarily inbound by telephone, with all incoming telephone calls diverted to the Macmillan team. The service triages calls and responds to non-clinical queries.

Support provided by the service can include, but is not limited, to the following:

- Support to make/reschedule appointments
- Signposting patients to third sector organisations
- Referring patients to ICJ

- Logistical support e.g. travel arrangements
- Attending Near Me appointments with patients
- Emotional support
- Prehabilitation assessments
- Administrative support e.g. coordination of MDT meetings
- Clinical tasks e.g. taking blood

The team provide support to patients on all tumour pathways from diagnosis to discharge.

### Joint working with other teams or services

The relationship between the HCSWs and CNS team is key and takes time to develop. The project required HCSWs to work closely with the CNS to ensure buy in, build trust and learn what advice is appropriate to provide to patients.

The HCSW support patients through the clinical elements of their pathway. Improving the Cancer Journey (ICJ) is a service which supports patients within 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.”* Although ICJ is not yet established in NHS Western Isles, the teams have worked closely together to develop a service that will complement those which already exist. The intention is that all patients who are supported by SPoC will receive a referral to ICJ.

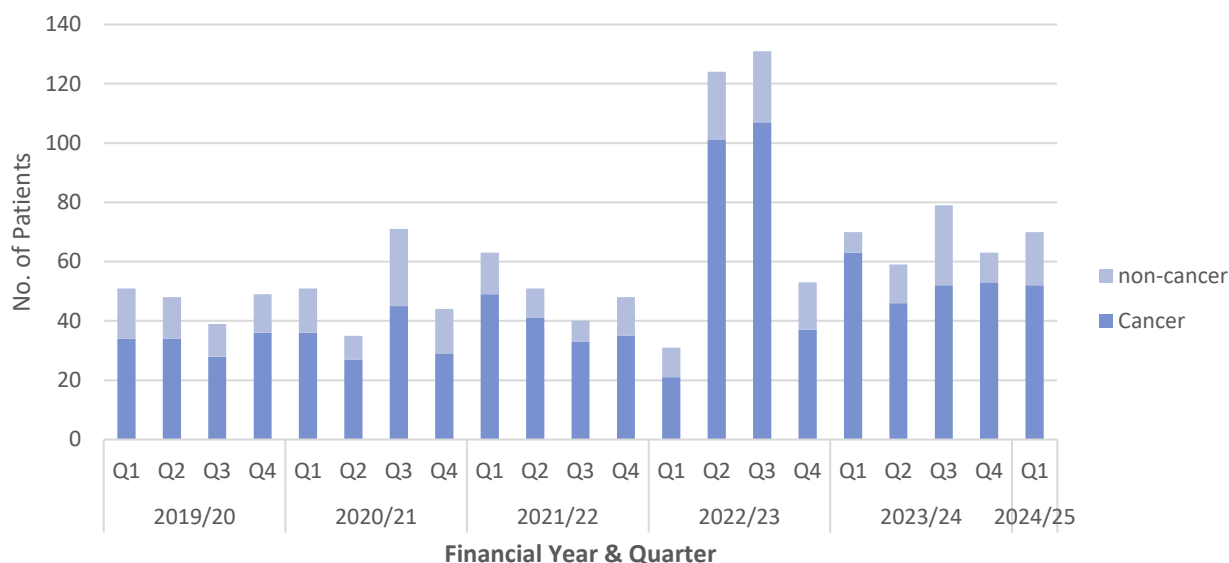
There is no Rapid Cancer Diagnostic Service (RCDS) within NHS Western Isles. RCDS is present in some other health boards, it offers primary care an alternative fast-track diagnostic pathway, to investigate patients with non-specific symptoms that do not meet existing Scottish Referral Guidelines for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

### Key Learning

As SPoC funding has enhanced an existing service, there is limited data available to determine the true impact of the new model. Key findings are summarised below.

The two HCSW roles were implemented in October 2022, and allowing for time for new ways of working, a significant increase in patients new to the service was seen in quarters 2 and 3 of 22/23, see Figure 1.0 below. When reviewing Figure 1.0, it is important to highlight that the Macmillan team also provide palliative and end of life support to patients with other life-limiting conditions (shown in light blue). On average, 25% of the caseload is for patients that have a non-cancer diagnosis.

Figure 1.0 No. of new patients using the SPoC service per quarter



**The funding for two HCSW posts has had a positive impact on service availability** due to the HCSWs taking on appropriate elements of the CNS role, **releasing 14 hours of CNS time per week to work weekends and public holidays**. This equates to 728 hours (19.7 weeks) additional clinical time per year.

A 7-day service provision is particularly relevant for an island context as there is no acute cancer care on the island. The provision of a service at weekends can help speed up decision making for patients potentially requiring off-island care.

The pandemic saw exponential growth of technology such as NHS Near Me, a virtual appointments service. Prior to the addition of the HCSWs, data from a snapshot audit across a one-month period showed that approximately 30 hours of CNS time was being used to support patients to use Near Me. These appointments are now supported by HCSWs, freeing up to one day per week of CNS time.

Qualitative feedback from medics suggests that **the service is also having an impact on medical/consultant time**. Patients are contacting the Macmillan team initially, meaning less calls to hospitals and primary care.

### Patient experience

Healthcare Improvement Scotland gather patient experiences of SPoC in NHS Western Isles. One patient said:

*"[With SPOC], you'd always get a call back, or they would pop over... It stops you stewing on things. They'd be very concise and thorough in the responses they came back with. I always felt confident in them."*

### Staff experience

Interviews were also conducted with staff. Clinical nurse specialists said:

*"It's the best thing I've seen in my nursing career."*

*“[Before SPOC, there could be] significant amounts of distress and confusion going on for people. They didn’t [always] know where to go for answers, help and support.”*

### Enablers to change

The NHS Western Isles 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 senior leadership in the board.
- **Project leadership.** Ensuring there is dedicated project leadership has been integral to the success of SPoC.
- **Building on existing services.** SPoC funding was used to enhance an existing service. This meant that there was already a good understanding of where funding could add value.
- **Alignment to strategy.** SPoC fits with NHS Western Isles ambitions for the future, as outlined in the [Board Strategy](#). Again, this has helped in securing engagement.

### Barriers to change

NHS Western Isles had to overcome the following barriers when implementing SPoC:

- **Island context.** As the only SPoC in a Scottish island NHS board, island context had to be considered when developing the model. This was challenging when sharing progress with others who weren’t involved in the complexities of delivering healthcare services in an island community.

### Summary

Investment in the SPoC HCSWs has released clinical staff time, allowing a **move from a 5-day service provision to a service that operates 7-days, including public holidays.**

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

- **Appropriately banded staff.** If the project were to start again, the team would appoint band 4 staff from the outset. The team lead reflected that even at the higher band, these posts reflect value for money, as evidenced by extended operational hours.
- **Balance between administrative and clinical skills.** In this service, the role requires a clinical background. The team feels that this adds to the skill mix and creates a dynamic workforce, responding to patient needs.

- **Ethos of SPoC.** SPoC services allow delivery of holistic and clinical care in a timely consistent manner.

## Acknowledgements

We would like to thank NHS Western Isles for sharing their single point of contact delivery model with Healthcare Improvement Scotland.

**Published March 2025**



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### **[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)**

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB  
0131 623 4300

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP  
0141 225 6999