Single Point of Contact

NHS Board:	
Note:	**Services may have different mechanisms to capture the data out This depends on a number of factors, incuding model, service offer services may capture data manually, some may capture data throu may use TrakCare.

	Outcome measures	
Measure name:	**Clinical time released**	**Rate of dna**
Measure type	**Outcome**	**Outcome**
Primary driver		
Description of measure	Increase in clinical time released	Reduction in missed care
Rationale	To undertand how much Clinical Nurse Specialist time is being spent using the skills that only they can provide. An increase in time spent on patient contact would demostrate apropriate use of skills and a postive outcome around releasing clinical time.	To demonstrate that SPoC has an impact on supporting patients to rearrange and attend appointments. This will have an impact on time lost to DNAs, allow appointments to be reallocated improving flow through the system, and improve patient eperience.
Numerator	Time spent on themed activities	Total number of appointments missed

Denominator	NA	Total number of appointments made
Calculation		Rate calculation: (numerator/denominator)
Sampling? Minimum number suggested	Clinical Nurse Specialist monthly average of daily esimated time spent on CNS activities	No sample. All people rearanging appointment
Source of measure	Manual data collection. Basic data collection Should more detailed analysis be required individuals may use capacity calculator. See note 1.	Local systems. See note 1
Notes	Regular data collection is preferable as it generates time series data which is beneficial to those wishing to understand service activity. Should services find this too onerous, this measure could be amended to snapshot data at two time points, pre and post intervention.	

tlined in this measurement plan.
ing, types of contact etc. Some
gh telephone systems, others

Patient experience	% resolved queries	No of supported appoinments
Outcome	process	process
Improved patient experience	Contacts managed by navigators	% of rearranged appointments
A main aim of SPoC is to deliver a positive patient experience. Measuring this is vital to determine if the initiative is making a difference to patients	To demonstrate the impact on CNS time, as well as positive patient experience. Where navigators are able to manage the call, or signpost appropriately without passing to the CNS, this means thaescalation to CNS is appropriate, allowing them to approach their work and a planned manner. As service development progresses, teams should expect to see an increase in calls managed by navigators. This will have an impact on CNS time and postive patient experience.	To demonstrate the impact SPoC has on flow through the system. A higher number of rearranged appointments can be an incidcator of successful SPoC navigation. Without this, the patient may have been unable to attend, resulting in DNA. Alternatively the patient may attend at an inconvenient time i.e. no support to attend.
NA	Total number of contacts to the SPoC service (by any means, e.g. leaflet, CNS, primary care, introductory phone call) who's query is successfully resolved by the SPoC navigator without escalation to clinical team member required	Total number of appointments rearranged by SPoC navigator

NA	Total number of contacts to the SPoC service (by any means, e.g. leaflet, CNS, primary care, introductory phone call)	Total number of appointents made
No calculation	Percentage calculation: (numerator/denominator) * 100	Percentage calculation: (numerator/denominator) * 100
No sample. Distribute to all people who use service.	No sample. All people contacting the service	No sample. All appointments included.
Manual data collection. See note 1	Manual data collection. See note 1	Local systems. See note 1
Services may wish to adapt existing patient experience surveys, or develop their own. An option for services to acccess existing baseline data around patient experience is the 2024 Scottish Cancer Patient Experience Survey. https://www.gov.scot/collections/scottish-cancer-patient-experience-survey/ This is not undertaken annually, therefore is not available as an ongoing measurement tool. When deciding on a measurement tool, services shoudl consider the 5 person-centred domains that are being developed into a measurement framework by Excellence in Care	It is important to recognise that escalation will always be required. This measure is designed to ensure the escalation is appropriate, and that navaigators are triaging effectively.	

Process measures

% patient uptake	Navigator time	no of contacts
process	Process	process
% of pts referred to service who then use it	Navigator time spent on direct patient contact	Count of contacts
To understand the uptake from patients for the service. This measure counts individual first contacts with the service. A high percentage uptake demonstrtes a desire from patients. An increase in uptake from patients may demonstrate effective communication with patients. Where there is a lower uptake, services may wish to look at the clarity of the offer to patients, as well as the service ofering itself.	To understand how much time navigators are spending supporting patients, and how much time is spent undertaking other activities. This can help to ensure the navigator role remains as intended and does not movev towards a purely administrative function	To demonstrate the total demand. This is a total count of contacts including patients who have accessed the service before, e.g. one patients accessing the service 4 times would be counted as 4
Number of people referred to the service (by any means, e.g. leaflet, CNS, primary care, introductory phone call) who go on to access support from SPoC	Time spent on themed activities	Total number of people contacting rhe service by any means e.g. phone call, email, text, face to face

Number of people referred to the service (by any means, e.g. leaflet, CNS, primary care, introductory phone call)	NA	NA
Percentage calculation: (numerator/denominator) * 100	No calculation	Count of contacts
No sample. All people referred to the service	Navigator monthyl average of time spent on themed activities	No sample. All people contacting the service
Manual data collection. See note 1	Manual data collection. Basic data collection Should more detailed analysis be required individuals may use capacity calculator. See note 1.	Local systems. See note 1.
	Regular data collection is preferable as it generates time series data which is beneficial to those wishing to understand service activity. Should services find this too onerous, this measure could be amended to snapshot data at two time points, pre and post intervention.	

% Referrals	% spread
process	process
% patients referred to other services by SPoC	% of cancer patients in the board on a SPOC supported cancer pathway
To demontrate effective alignment and integration with other servies, and the provision of holistic care utilising a whole system approach for the patient.	To demostrate the spread of SPoC within individual boards
Total number of onwards referrals made by navigator	Total number of people on a cancer pathway within board

Total number of people receiving support from SPoC	Total number of people receiving support from SPoC
Percentage calculation: (numerator/denominator) * 100	Percentage calculation: (numerator/denominator) * 100
No sample. All people receiving support from SPoC	No sample. All people on cancer pathway
Local systems. See note 1.	Local systems. See note 1.

Balancing measures

Staff experience	Finance
balancing	**balancing**
Impact on staff experience	Cost of runnning a service
SPoC represents a change in ways of working, creating a skill mix in a typically siloed role. Experience from the pilot sites highlights that it takes time to build the trust required to effectively implement SPoC. Tracking staff experience will help to ensure that CNS and navigators are able to target areas for improvement to have a positive experience	Spreading SPoC requires investment., It is important to ensure that the service is delivering against its desired outcomes and that funding is having the desired impact.
NA	NA

NA	
No calculation	
No sample. Distribute to all clinical staff and navigators working with the service	No sample, monitor progress against aims
Manual data collection. See note 1	No additional data collection, data to track progress available through process and outcome measures
Services may wish to adapt existing staff experience surveys, or develop their own. An option for services to acccess existing baseline data around stafff experince is to refer to recent imatters survey responses. This may be followed up through quarterly pulse surveys to track experience	