Improving cancer care with a single point of contact: Workforce

Service model

There were two main models developed by the pilot services.

- In some areas, navigators were aligned to CNSs. This had the benefit of in-depth pathway knowledge as navigators were focused on a small number of tumour types. It also provided mentorship and line management opportunities. Services with this model described the work reverting to the CNS when navigators were unavailable.
- In other services, the navigators were situated in their own space, in what is described as a 'call centre' format. This had the benefit of ensuring continuous support with annual leave/sickness having little to no impact on service provision. However, some services with this model described a gap in navigator knowledge, leading to ineffective triaging.

Although both models described are effective, feedback from navigators and CNSs indicates that navigators aligning with CNSs on specific tumour types provides a more in-depth approach, resulting in a positive experience for patients and staff.

Navigator role

The core description of the navigator role is to triage calls, direct queries to clinical support where appropriate and respond to non-clinical queries. The role is regularly described as a hybrid role that crosses both administrative and healthcare support functions.

There are various job titles across Scotland including: Cancer Care Coordinator, Patient Navigator and Cancer Support Worker. Despite the variation in job title, the core tasks remain similar across services. The most common navigator responsibilities can be grouped under the following themes.

- **Administrative support** to help patients navigate through the acute pathway. This includes booking and rescheduling appointments, diagnostic tests and advising on waiting times.

- **Logistical support** such as arranging transport or interpreters, advising on how to access support and how to use digital services.
- **Emotional and social support** through direct communication with patients as well as providing signposting and referrals to community services such as Improving the Cancer Journey (ICJ).

Enablers

Interviews with navigators included a focus on factors that enabled them to carry out the role. These have been summarised below.

- **Training and continued support from CNS**. For some services CNS were involved from the start of the project and helped to train and induct the navigators into their role. This helped develop good relationships and communication channels with CNS. Having CNS that were happy to provide advice and guidance was highlighted as a key enabler by navigators. Working in close proximity to CNS's was also reported as beneficial. In a number of services navigators were assigned to specific tumour groups and the CNS's acted as mentors. Navigators who were not situated in close proximity with CNS described challenges with carrying out their role as there were not so well integrated into existing cancer services
- **Good communication and relationships with other teams**. The navigator role requires liaising with a wide range of different services and teams from hospital administrative functions to community support services. Navigators that had a high degree of connection with other teams felt these relationships and networks enabled them to better support patients for example by rearranging appointments. Services also found engagement with these groups beneficial when developing the service.
- **Attending MDT**. A number of navigators reported that attending these meetings enabled them to understand and anticipate patient need and the volume of patients coming onto the SPoC pathway. This was key to the navigators to be more proactive in their role and support patients to progress through the acute pathway.
- **Previous relevant experience**. The competencies and skills of the navigators when they came into the role was varied across the services. Navigators with previous NHS administrative experience or previous clinical experience found this knowledge and skills to be highly transferable and enabled them to settle into their role quickly.
- **Management / oversight**. Some navigators highlighted the value of having a dedicated role to oversee the development of pathways and processes as well as providing leadership and guidance.

- **Alignment to specific tumour groups**. A number of services had navigators dedicated to supporting patients on specific cancer pathways, such as breast or lung. The navigators in these services felt this approach worked well. It enabled them to have a more in depth knowledge of the pathway and to develop effective relationships with the CNS and consultants.

The most important knowledge and skills identified by navigators as integral to the role are pathway knowledge; communication and listening; and organisation and logistical skills.

Wider support system

Investment in SPoC has primarily been used to recruit to NHS Scotland Agenda for Change (AfC) band 4 navigator roles. It is important to recognise that these posts must be viewed as part of a wider system with the associated workforce requirements of line management, training and development. In most of the pilot services, navigators were office based, meaning that physical space must also be considered.

A peer support forum was developed to support navigators. Although this is not currently well used, further engagement should be undertaken with navigators to build on what already exists and develop the forum further.

The core competencies for navigators requires further focus. The importance of education and training of navigators is highlighted consistently in patient navigation literature, as well as in feedback from navigators currently in post. Some services have started to undertake work on local frameworks, and a national approach to this would be advantageous.

Navigator Experience

Interviews with navigators revealed a variety of views and experiences. Most of the navigators are positive about their day-to-day work and are especially positive about the impact of their work on patients and clinical nurse specialists. As the roles vary widely across different areas, views can be highly dependent on way in which they deliver a single point of contact service.

Navigators report higher levels of satisfaction when they can get to know patients, meet patients face-to-face, feel supported in developing their expertise, feel supported to make improvements to the role and service, and are able to build trusting relationships with the clinical nurse specialists they support.

Navigators are less content when their impact is limited. With patients, this can come from overly high volumes of calls reducing the time they can spend on the phone and covering too many tumour types which results in them providing more simplistic signposting and struggling to build trust with patients. With nurses, they may feel a lack

of trust, especially while they are gaining expertise in the subject and pathways, which can be compounded by having to cover too many pathways. Additionally, they may not work in the same office as nurses, due to a lack of space or the decision to group navigators together rather than with the nurses they support.

In terms of the specific tasks of the role, navigators reported a high level of satisfaction when they can quickly resolve patient queries, support them through difficult episodes and reduce their stress, and make effective referrals. They also appreciate helping nurses to focus on their core clinical responsibilities by triaging patient requests and taking administrative work away from them.

Navigators were positive about SPoC as a service model, especially in areas where they were more satisfied with how they supported patients and nurses. Most suggested that they thought services would struggle to support patients if the role was taken away, and that patients would have poorer outcomes.