Single point of contact for cancer

November 2024

Single point of contact (SPoC)

is outlined in the Scottish Government Cancer Action Plan and 12 pilot SPoC services were established in 2022. SPoC aims to improve patient experience by:

- **providing a key contact** for questions, discuss anxieties about their care, co-ordinate appointments and discuss their treatment plan
- **gaining timely and accurate advice** on appointments, tests and results.
- **improving access to non-clinical support** that may be available to patients and their family, and
- **enabling self-management** of aspects of their conditions and access services during and after discharge.

What we do:

Document different SPoC models: Write up how different SPoC models operate and articulate the impact of SPoC models for patients, families and staff, using qualitative and quantitative data.

Scalability assessment: Determine how scalable SPoC models can be and identify the high impact opportunities to spread SPoC to the wider system.

Develop and publish tools: A set of resources to enable spread, including Guiding Principles for setting up SPoC services, quality improvement implementation tools such as a driver diagram and measurement plan and a library of practical resources.

Impact…

Over 30,000 interactions with people affected by cancer
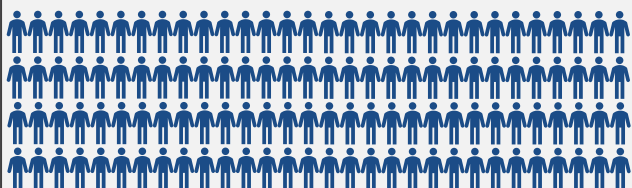
Over a 12-month period SPoC services have had over 30,000 interactions with people affected by cancer, providing information, advice, support and enabling self management.

Improved cancer care experience

> "When you're diagnosed with cancer, there's so much stress. My [SPOC] navigator has taken the stress out of it. I couldn't have gotten through it without them. I can't speak highly enough of their assistance."

Cancer patient from NHS Borders

Improved care delivery

> "It means we can focus on complex discussion with patients. If we didn't have SPoC it would be a disaster - we wouldn't have time to provide the service we do now. Patients wouldn't be as supported as they are now. I'd run for the hills!"

Cancer Nurse Specialist from NHS Highland.

Freed up Cancer Nurse Specialist time

M	T	W	T	F

That's an average of

13.4 weeks of CNS time

per pilot site per year

Each navigator in a SPOC service frees up an average of 1.3 days a week of Cancer Nurse Specialist(CNS) time. This takes pressure off CNSs, releasing time to care for new and complex patients.
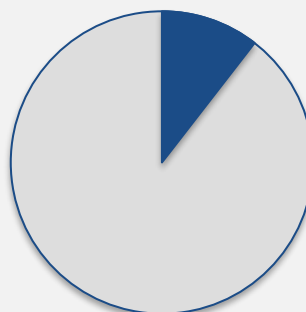
Effective triaging and call management

SPoC navigators can manage on average 82% of calls that would previously have been directed to Clinical Nurse Specialist.

Before **After**

Saving consultant time

One NHS Board has reported a saving to consultant time, due to navigators managing intervention lists for some consultants

More CNS time for clinical activity

A service has demonstrated that prior to the introduction of SPoC, CNS were spending on average 37% of time on direct patient contact. Since SPoC has been implemented, that has increased to 54%.

Before **After**

Increased service provision

7 day
service

Due to an increase in capacity created by introducing SPoC, one Board has been able move to 7-day service provision, including weekends and public holidays.

Improvements to CNS role

CNSs feel the quality of the calls they take has improved. They also believe their work has moved from reactive to more planned. They also described being better prepared for the calls that require their input.

Summary of feedback from CNS

High patient uptake

78%
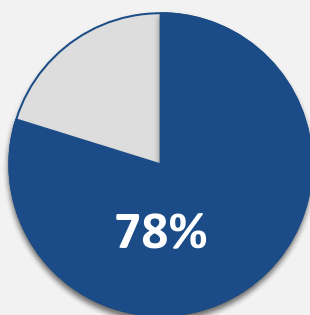
A service has provided 380 patients with details of the SPoC service. 78% of these patients have gone on to request and receive support from the navigator.

Releasing clinical time to care across Scotland

3,970
hours of CNS time released a year

SPoC navigators are estimated to have saved over 3,970 hours of CNS time over a 12-month period, equivalent to 107.2 weeks a year. 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 services are running with a full staffing complement the actual benefits on releasing clinical time are likely to be greater than estimated.