

| Situation  | Inputs Activities   |  | ities  | Ou  |   |
|--|---|--|--|---|---|
| What's driving the change  | What we need  | What we do   | Who we influence   | What they gain  | What the  |
| <ul> <li>Evidence from Scottish<br/>Cancer Patient Experience<br/>survey about areas for<br/>improvement relating to<br/>patient experience.</li> <li>Cancer Strategy and Action<br/>Plan</li> <li>Evidence from Scottish pilot<br/>sites that SPoC services can<br/>improve patient experience<br/>and reduce workload of<br/>CNSs.</li> <li>Challenges across system<br/>with recruitment and<br/>retention of staff which is<br/>impacting on wellbeing of<br/>clinical staff</li> <li>Risk of increase in demand<br/>for cancer services outpacing<br/>clinical capacity.</li> </ul> | Scottish Government<br>commission with clear<br>strategic direction and<br>defined objectives.<br>Funding to support NHS<br>Boards to implement SPoC.<br>A national team with skills to<br>support spread<br>- Data<br>- PM<br>- QI<br>Effective working with<br>national partners. | <ul> <li>Engage with leaders, practitioners, managers to raise awareness of SPoC and interest in working with us.</li> <li>Provide implementation support (direction, advice and guidance) to NHS Boards to develop SPoC services.</li> <li>Develop national infrastructure and resources to enable sustainable SPoC services such as National Data processes and workforce development tools.</li> <li>Provide data expertise to enable services to measure their impact and growth</li> <li>Deliver a national learning system for Scotland that enables SPoC services to share and learn from each other.</li> <li>Review and share emerging evidence to identify opportunities for continuous improvement and innovation.</li> </ul> | Leadership in cancer services<br>in NHS Boards.Practitioners, Service Leads<br>and managers in NHS<br>Boards.Third sector org such as<br>Macmillan and local charitiesScottish Government<br>Leadership groups in NHS<br>Scotland.National organisations | <ul> <li>Leadership, practitioners<br/>and managers understand<br/>SPoC and the impact this has<br/>on quality of care and CNS<br/>capacity.</li> <li>Leaders, practitioners and<br/>managers within NHS Boards<br/>understand what is required<br/>to develop a SPoC service.</li> <li>NHS Boards receive funding<br/>to implement a SPoC service.</li> <li>Practitioners and managers<br/>gain implementation advice,<br/>support, guidance and<br/>resources to implement<br/>SPoC services.</li> <li>Practitioners and managers<br/>gain knowledge, learning and<br/>experience from existing<br/>SPoC services.</li> <li>Navigator roles gain the<br/>skills, development and<br/>education to do the role<br/>effectively.</li> <li>Relevant Third sector<br/>organisations understand<br/>the impact of SPoC and how<br/>this aligns with their work.</li> <li>SG and leaders get visibility<br/>and assurance of the impact<br/>of SPoC on quality of care<br/>and capacity of services.</li> </ul> | Leadership<br>implement<br>including it<br>Leaders, pr<br>managers i<br>infrastructu<br>SPoC delive<br>Leaders, pr<br>managers o<br>communica<br>to engage v<br>Leaders, pr<br>managers o<br>and retain s<br>SPoC servic<br>national ac<br>data report<br>Practitione<br>become pa<br>community<br>contribute<br>practice an<br>Third secto<br>cancer servic<br>together to<br>complimen<br>existing pat<br>CNSs reduce<br>activities an<br>time. |
|  | Assumptions about inputs and activities         Continuous focus on SPoC by SG. Funding will         be available for teams to implement SPoC.         Capacity exists within a pational organisation   |  |  | External factors impacting on outcomes  |   |
|  |   |  |  | Ability to recruit skilled navigators.<br>NHS Boards will and ability to prioritise this in   |   |
|  |   |  |  |   |   |

Capacity exists within a national organisation to lead this work

# Single Point of Contact Logic Model

## Dutcomes

## hey do differently

ip commits to nting SPoC service, it in strategic plans.

practitioners and s implement cture to support

very.

practitioners and

s develop clear ication mechanisms e with stakeholders

#### practitioners and

**s** recruit, develop n SPoC workforce

vices participate in activities, such as orting.

#### ners and managers

part of a ity/network and e to sharing good and learning.

## tor and existing

ervices work to ensure SPoC ents and aligns with athways.

uce non-clinical and optimise their

an appropriate skills ams with the right oing the right role.

## The difference this makes

**Cancer patients experience** improved quality of care and care experience. This includes:

- Improved communication -Timeliness of appointments, test and results -Advice and access to nonclinical support following a diagnosis -Understanding of treatment plans and timelines -Increased self-management of conditions where appropriate.

**SPoC services** are viewed by patients and the workforce as an integral element of person-centred cancer care delivery.

Practitioners feel engaged with the work that they do and are supported to continuously improve.

Practitioners experience a less pressured workload and have the time and space to support more complex patients

Patients have improved access to advice and support

Policy landscape will remain sufficiently stable to enable enough time for change to occur.

in

the current financial climate

There will be sufficient Interest from NHS Boards to develop SPoC services