

# SPOC clinical nurse specialist experience report

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## 1. Summary

Clinical nurse specialists supported by single point of contact (SPoC) navigators believe that it has improved their ability to deliver high quality care to cancer patients across Scotland. Navigators actively triage calls from patients and often take on additional responsibilities which allow nurses to spend more time on their clinical work. They also generate additional capacity which has allowed some nurses to develop areas of their service, complete professional development, or forge better links with other teams. Many nurses report feeling the benefits in terms of stress management and wellbeing, as the pressure of delivering care is distributed across the team. An important element of creating single point of contact services is the process of building nurse buy-in and building effective and trusting relationships with navigators. Many nurses reported that this was a challenging process but now feel that they couldn't do without their support.

## Key themes

### 2. Focus on clinical duties

Most nurses emphasised that the navigator role has allowed them to spend less time on administrative tasks and more time on their clinical work. This has positive repercussions for patients, who benefit from more timely communications and for nurses, who can spend more time with patients, see a greater volume of patients, and offer additional clinics or complete professional development they would otherwise not have the time for.

The triaging of calls and taking up of role-appropriate tasks (such as certain administrative work and non-clinical assessments and advice) by navigators enables nurses to focus on delivering their clinical work. This comes in the form of seeing additional patients, and through spending more time with patients with complex needs. Navigators, once they've gained sufficient experience through training or due to prior experience, can effectively triage incoming calls from patients; as a result, nurses can focus on high priority queries which require their clinical experience. Many nurses mentioned that before SPoC, they could spend more than an hour answering patient calls on the answering machine, many of which were routine administrative questions, only to find a patient had left a message regarding an urgent symptom that needed to be actioned as soon as possible. Nurses also report that they spend less time speaking to patients who are lonely and looking for reassurance. While nurses recognise the need for this type of support and often appreciate getting to know the patient, they benefit by having more time to spend with patients who need their clinical input.

"There's probably a lot of things that [our navigator] is dealing with that perhaps we don't even need to be aware of. She'll arrange appointments or check scan dates or transport for patients... You know, signposting to Maggie's or referrals. That's another thing that's taken up or helped with a lot of time is referring to other services such as improving cancer journey, Macmillan referrals. That's I think that's hugely freed [up some time]. We still don't seem to have enough

time, but by [our navigator] doing that, it has freed up time because it takes a lot to make all these referrals.” Clinical nurse specialist

“I can see the more complex patients and because of that, we've been able to take more and more work from the consultants. With hopefully plans ahead to take on a bit more. So it's a higher responsibility stuff... But very often we're doing jobs that didn't take band 6, band 7, band 8 nurses to do. But the job needed doing nonetheless. So we were doing that. By bringing [navigators] in, it's completely changed our job role.” Clinical nurse specialist

### **3. Professional and service development**

In some areas delivering single point of contact services, nurses have had more time so that they are able to pursue vital professional development or introduce new services. The additional capacity generated by single point of contact has also enabled for teams to offer more joined up care or work more closely with other teams. Some examples of what this capacity has enabled are:

- The additional capacity in one team enabled them to build a shared database with pharmacists and digital services to track when patients are having their treatment dispensed. Navigators then have a prompt to contact patients and remind them that they are due treatment.
- One of the clinical nurse specialists has been able to run a telephone clinic, reducing the burden on some of the consultants who otherwise would have been responsible. In one area, some nurses have been able to introduce stoma, breast care, and pre-chemotherapy clinics.
- One nurse used their extra capacity to complete their nurse prescribing training, which has streamlined medication care for patients and reduced the need for consultant input.
- In another area, the team have moved to a seven-day service, which would have been difficult to introduce without the extra capacity created by single point of contact.
- One teams is now meeting regularly with their local cancer tracking team, when previously they would only meet around specific queries.
- Another team has set up a joint tracker with local pharmacies dispensing prostate medication, to ensure patients are reminded when they are due treatment.

“A knock-on effect has [been more time for] service development. Personal development too. Seven-day service has been brought in, [it's] unlikely it could have been brought in without [the navigators]. We were recognising that people were running into a lot of difficulty out of hours. Saturday and Sunday - it's a lot of time [to be waiting in distress]. [This led to issues] that could have been avoided [if we had been able to] take a call or point in the right direction. [So], two years ago we introduced seven-day service.” Clinical nurse specialist

“I've done extra studying this year that I would never have had the time to do. I've completed my Nurse prescribing studies, which is essential part of lung cancer for being a nurse specialist. I could only do it thanks to the navigators. The difference that has made to our patients now is that they can phone us with medication needs. Previously I'd have to go via a doctor and ask them to do it,

now the navigator knows I'm a prescriber, it's no problem, it's done like that. Patient journey is improved.” Clinical nurse specialist

#### **4. Nurse wellbeing and stress**

Nurse wellbeing can also benefit from the support provided by SPoC navigators. Nurses report improved job satisfaction and lower reported stress levels as they benefit from:

- no backlog of messages and less overtime while trying to work through missed calls,
- more time for professional development,
- the ability to share the emotional and professional burden of managing patient treatment,
- and the satisfaction that comes from providing an overall better service for patients all contribute to improved job satisfaction and lower stress.

Additionally, some nurses also mentioned that the impact of illness or leave was less pronounced, as navigators could work through patients queries while the nurse was away. In a more general sense, it is seen as hugely positive that work can continue while nurses are busy, enhancing the overall capacity of the team.

“It was being there every morning early and not getting a lunch break and being there late at night. The work was flooding in, and you were getting a bit frustrated because you were spending so long doing [admin]. The stress has probably changed a wee bit because [now] you’re challenged to ... keep up to date with [development]... It’s definitely made a big improvement to my well-being...”  
Clinical nurse specialist

“If we're not here, we trust them. [Our navigator is] on holiday this week and its terrible [laughs]. We trust them totally to deal with things. We know the patients will be looked after, and the service will continue to run ... Otherwise, you'd stress about work [when you're on leave] ... It's nice for our stress level.” Clinical nurse specialist

#### **5. Building trust with navigators**

Nurses shared a variety of experiences around building trust with navigators. This has been an important process, as in some areas navigators aren’t achieving maximum impact due to reluctance from nurses to hand responsibilities over to them. This process takes time and nurses, team leads, and service managers all reported that it is sometimes challenging for nurses to release work to navigators, as they feel more comfortable when in control of patient treatment. Generally, as navigators learned about the pathways and demonstrated how they could reduce nurse workload, nurses began to trust the new service and released more work to them. As a result, many nurses reported that they can’t imagine the services functioning without the support of navigators.

“It was hard to release work to the navigators. We’re used to doing what you have to do and getting on with it. [With the] care plans - that took a while to allow the navigators to do that. [But they are] more than capable of following care plans

and asking questions. [Now we're] less nervous about leaving work with them. We're better as a team with allowing them to do [their work]." Clinical nurse specialist

"[The clinical nurse specialists'] concern was that that we're going to dilute them too much [by covering too many tumour types]. There's a bit [around] job satisfaction for them, but also about how do they confidently and competently learn all of that in such a short space of time? Because... if you've got somebody at the end of the phone there and then they want your attention focused on them and that must be really difficult for [patients]. [Maybe] that's grounds for saying, well, actually we need more [navigators] because you know one to each service would be ideal." Clinical nurse specialist

In response to the question "what would you do if the single point of contact service had to shut down?", Nurses said the following:

Without those services, we're going to have even less time to access clinical supervision. I think it's just natural that we that's the first thing you drop. You know, if you've got a clinical supervision, but you've got a list full of things that you need to deal with, then you know, you end up messaging and saying 'sorry I can't manage'. So, you, you know, your own well-being is not so thought of [in these scenarios]. Clinical nurse specialist

It would be hugely detrimental. We couldn't run the services [we run at the moment]... So again we would need to resort back to us doing those [admin] roles, which would then have an ongoing effect to patients not being seen timely and potentially consultants taking on those roles because that's not a job that anybody else could just walk in and do, you've got to be trained. I think for the patients, it would be a huge issue. Clinical nurse specialist

Patients wouldn't be as supported as they are now. I'd run for the hills. Our stress levels would be through the roof. Clinical nurse specialist

If we lost this, we are on our knees, and our patients would absolutely suffer. We've only had positive feedback. Clinical nurse specialist