

Improving cancer care with a single point of contact: West of Scotland Cancer Network (digital remote follow up of prostate cancer patients)

West of Scotland Cancer Network (WoSCAN) have developed a single point of contact (SPoC) service focused on providing digital follow up for prostate cancer patients. The service supports prostate cancer patients in the follow up stage, after treatment with either radical prostatectomy or radical radiotherapy. The aims of the service are to improve cancer care experience and free up clinical staff time, which they seek to do by creating smoother and more efficient patient pathways and adopting innovative technologies.

WoSCAN covers four NHS boards: NHS Ayrshire & Arran, NHS Forth Valley, NHS Greater Glasgow and Clyde and NHS Lanarkshire. SPoC digital follow up has been deployed in phases across these four regions.

Utilising Scottish Government funding, the service **supported 2,669 patients over a 22-month period**, releasing approximately 667 hours (18 weeks) of clinical time. This is equivalent to **a saving of 364 hours (9.8 weeks) of clinical time per year**.

This document outlines the service progress, impact and key learning to date.

Background

The Scottish Government's [Recovery and redesign: cancer services - action plan](#), published in December 2020, had three key aims. One of the aims was to create smoother and more efficient patient pathways. There was strong evidence that patients felt they would benefit from one, easy to access point of contact to help them navigate their cancer journey, especially where the pathway was complex. SPoC was initiated under the action plan to establish dedicated, person-centred support throughout the cancer pathway. This supports the overall vision for person-centred care as set out in Scotland's [Cancer Strategy 2023-2033](#).

Under the action plan, SPoC aims to improve patient experience by allowing patients to:

- Have a single point of contact for discussing questions or anxieties related to their clinical care from the point of referral
- Receive timely and accurate advice on their appointments, tests and results
- Have the chance to discuss what non-clinical support may be available for them and their family, following a cancer diagnosis
- Understand their treatment plan and expected timelines for treatment delivery
- Be supported and reassured where they had a suspicion of cancer but did not receive a cancer diagnosis
- After discharge, be provided with advice on self-management and available services

The last aim is particularly relevant to the WoSCAN service, which focuses on support during the follow up stage of the cancer pathway. The WoSCAN service also aligns to Action 23 of the [Recovery and redesign: cancer services - action plan](#) which highlights the complex nature of urology pathways and the need to reduce variation and ensure equitable access. The Scottish Government has initiated a programme of work to explore innovative technologies that can support patient-initiated review at post-treatment follow up.

The service

WoSCAN's SPoC digital follow up service is available to prostate cancer patients who have undergone radical prostatectomy or radical radiotherapy. Prostate cancer patients have routine follow up assessments every 6 months for the first 5 years, then annually for the following 5 years. The main purpose of the assessments is to check prostate specific antigen (PSA) levels in blood samples which is a marker for possible cancer recurrence.

WoSCAN covers four health boards in the West of Scotland: NHS Ayrshire & Arran, NHS Forth Valley, NHS Greater Glasgow and Clyde and NHS Lanarkshire. Prior to the SPoC service being implemented, a range of follow up models existed across the region. Methods included face to face and telephone clinic appointments led by either consultants or clinical nurse specialists (CNS).

SPoC digital follow up has been deployed in phases across the four West of Scotland health boards. It was initially piloted in NHS Ayrshire & Arran, supporting rollout up to the live date in December 2022. The NHS Greater Glasgow and Clyde service went live in November 2023 with NHS Forth Valley following in October 2024. NHS Lanarkshire are currently preparing to deploy the live environment.

NHS National Services Scotland have supported WoSCAN with implementation of the PSA integration element in the boards.

The team

WoSCAN receives annual Scottish Government funding for SPoC. This funding is used to staff the SPoC navigator role, which WoSCAN have named Support Workers. The number of support worker posts varies by board, as detailed in Table 1.0.

Table 1.0 SPoC posts in the West of Scotland

NHS Board	Support Worker Posts (WTE)	Pay Band (NHS Scotland AfC)
NHS Ayrshire & Arran	1 WTE	Band 4
NHS Forth Valley	1 WTE	Band 4
NHS Greater Glasgow and Clyde	3 WTE	Band 4
NHS Lanarkshire	1 WTE	Band 4

The WoSCAN SPoC service is led and coordinated by a WoSCAN Clinical Lead and a Managed Clinical Network and Improvement Manager. These roles are not funded by SPoC.

Service offering

When patients are identified as suitable for follow up, support workers contact the patient by telephone to introduce the service and explain the digital follow up process. Patients have the option to opt-in to digital follow up and can choose to receive their PSA results by email, text, automated phone call or via the digital system. Patients that do not opt-in will receive their PSA results via the existing protocol for the board.

Patients are then registered on the system and sent an introductory letter, patient information leaflet and information signposting to charity organisations and local community support services. This information is developed and agreed locally but all include a link to the [Connect Me](#) webpages.

Support workers contact newly enrolled patients again to ensure the PSA result has been received via the selected channel. The patient should have received a message to state whether the result was satisfactory or unsatisfactory. If the PSA result is unsatisfactory, the support worker will escalate this to the responsible clinician.

Support workers also respond to telephone calls and emails from patients. They triage calls, directing queries to clinical support where required and responding to non-clinical queries where appropriate. Non-clinical support can include, but is not limited, to the following:

- Providing standard advice about hormone therapy and symptom management
- Checking the status of PSA results
- Referring patients to charity organisations and community services

Each time the patient receives a PSA result, they are given the option to highlight any concerns which they would like more information on. This includes urinary symptoms, bowel symptoms and fatigue. When selected, this will navigate them to the Prostate Cancer UK website. They are also given the option to flag whether they would prefer to discuss their concerns with a member of the clinical team.

Joint working with other teams or services

The relationship between support workers and the wider urology team is key and takes time to develop. WoSCAN SPoC support workers have worked closely with their respective clinical teams of CNSs, consultant urologists and consultant oncologists to promote and embed this new method of follow up.

Due to the point in the pathway being supported the WoSCAN service, there are no direct interactions with Improving the Cancer Journey (ICJ) services or with the Rapid Cancer Diagnostic Service (RCDS).

Improving the Cancer Journey (ICJ) is a service running in some health boards which supports patients within the community setting. The Cancer Action Plan describes ICJ as: *“The service integrates psychosocial care into the cancer pathway and, through the holistic needs assessment and care planning process, individuals can access timely support that is relevant, appropriate, and sufficient for their needs.”*

RCDS is also present in some health boards but not all. It offers primary care an alternative fast-track diagnostic pathway to investigate patients with non-specific symptoms that do not meet existing Scottish Referral Guidelines for Suspected Cancer.

Key Learning

As of September 2024:

- The service has **supported approximately 2,669 patients** through the follow up stage of the prostate cancer pathway. It is estimated that a third of suitable patients are now enrolled on digital follow up.
- Approximately 95% of patients have opted in to digital follow up in NHS Ayrshire & Arran and NHS Greater Glasgow and Clyde.
- Preliminary findings indicate that digital follow up has ensured that patients receive their PSA results in a timely way. Anecdotal evidence suggests this is an improvement compared to previous follow up models.
- The team estimate a clinical saving of approximately 15-30 minutes for each standard follow up appointment for patients enrolled in digital follow up. Based on the current number of patients currently enrolled this equates **to 667 hours (18 weeks) of clinical time over a 22-month period.**
- Aggregated across one year, this is equivalent to **releasing 364 hours (9.8 weeks) of clinical time per year.**

It is important to note that these figures cover a period of service development and software integration across four NHS boards. During this time, relationships and processes were being established, staff were undergoing training and external software was being integrated. This estimation also does not account for the time taken to respond to ad-hoc patient queries. Taking these factors into account, the actual clinical time savings are likely to be greater than estimated here.

Due to the unique WoSCAN service model, which incorporates SPoC and digital solutions, it is not possible to directly compare this service to other SPoC services in Scotland.

Patient experience

Preliminary data indicates that the SPoC digital follow up service has positively impacted patients.

In February 2024, NHS Ayrshire & Arran asked patients to complete a survey on their experiences of using the digital follow up system. Some of these patients would have experienced both the old and the new follow up system.

The survey was sent to 120 patients, and the results were as follows:

- 57 responses were received
- 82% of patients reported feeling calm or reassured when using the system
- 83% of patients understood the results received

Patients also commented:

“[The new system is] More efficient – improvement on the old system”

“I appreciate getting the result much more quickly”

The team have revised the questionnaire to gather further patient feedback and experiences on the impact of SPoC digital follow up. This questionnaire will be sent to all patients electronically on receipt of their PSA.

WoSCAN is also working with Healthcare Improvement Scotland to gather patient experiences of the SPoC service to further evidence the impact on patients.

Enablers to change

WoSCAN has found the following factors to enable the delivery of the service:

- **Strong leadership and engagement.** An overarching project steering group chaired by a WoSCAN clinical lead was established. The group comprised of key national and regional stakeholders as well as representatives from relevant specialties including clinical, technical, laboratory and managerial. Subgroups were also developed to report into this group.
- **Collaboration of national, regional and local teams.** The work was collaboratively delivered by NHS National Services Scotland, WoSCAN and NHS boards. This collaboration was key to drive and sustain momentum of the project.

- **Engagement with clinicians.** Support workers dedicated time to build relationships with clinicians. This helped to build trust in the service and improved communication between teams.
- **Dedicated role to drive implementation.** The project was coordinated and overseen by a WoSCAN Clinical Lead and a Managed Clinical Network and Improvement Manager. The team felt that the knowledge, skills and established contacts that this role brought helped with the integration of the SPoC service.
- **Proximity to wider urology team.** Support workers found that working in close proximity to their clinical teams was beneficial for accessing support and building knowledge.

Barriers to change

WoSCAN had to overcome the following barriers when implementing the service:

- **Reluctance towards transitioning to digital follow up.** Some clinicians were wary about referring patients to a new service, particularly a digital one where there were concerns that patients wouldn't receive the care they needed. Support workers spent time building trust with clinicians.
- **Clinician resilience and workload.** The service manages patients with stable PSA only. As a result, clinicians were dealing almost exclusively with patients with metastatic cancer or complex needs. This can impact resilience, and concerns were raised regarding the emotional impact on clinicians.
- **Delays with set up of IT and labs.** Setting up a new service and integrating new software took time. Unforeseen IT issues delayed the system going live. Support workers successfully managed patients manually, utilising the principles of digital follow up, until the live environment was deployed. This took more time which means patients were not getting the full benefit of the service.
- **Availability of community phlebotomy.** The service is reliant on patients having access to PSA testing. The availability of this is variable depending on the health board of residence. The team are currently exploring ways to ensure equitable provision across WoS.

Summary

The SPoC digital follow up service has **supported 2,669 prostate cancer patients** during the follow up stage of their pathway. This has released consultant and CNS time as they are no longer required to deliver follow up clinic appointments for patients with stable PSA. This is the equivalent of **667 hours (18 weeks) of clinical time saved over a 22-month period.**

Preliminary data indicates that SPoC digital follow up has positively impacted patient experiences. WoSCAN are in the process of implementing an electronic questionnaire to gather further patient feedback. The team have also worked with Healthcare Improvement Scotland to gather evidence on the impact of the service on patient experience of cancer care.

When asked what they would do differently if starting the project again, the WoSCAN team provided the following reflections:

- **Source technical development inhouse.** A third-party software company initially provided the technical development for the project. This has recently transitioned to NHS National Service Scotland, and it is anticipated that delivery timelines and communication with boards will improve as a result.
- **Consider the IT challenges when implementing projects across NHS boards.** IT systems within and across the NHS are complex and varied. The team found that not all systems were able to support a regional approach, and bespoke arrangements were required to enable adoption.
- **Appoint dedicated regional leadership and management.** Implementing a new service across NHS boards is complex and the team found the workload surpassed original estimates. The project would have benefited from dedicated regional clinical leads and programme managers.

Acknowledgements

We would like to thank WoSCAN, NHS Ayrshire & Arran, NHS Forth Valley, NHS Greater Glasgow and Clyde and NHS Lanarkshire for sharing their single point of contact delivery model with Healthcare Improvement Scotland.

Published March 2025



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