

Improving cancer care with a single point of contact

Guiding Principles for Implementation

March 2025

Executive Summary

This resource is for NHS Boards in Scotland to support implementation of Single Point of Contact (SPoC) services.

Healthcare Improvement Scotland has assessed the Scottish Government Single Point of Contact (SPoC) for cancer pathways initiative to determine the potential to scale across Scotland. SPoC aims to improve patient experience by enabling 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

Key points:

- The pilot services have demonstrated a need to tailor the SPoC model to local need. These guiding principles give a common framework for service development, whilst allowing flexibility to account for local patient need and population, as well as local context.
- There are several drivers to support the expansion of SPoC across Scotland, including the Scottish Government Cancer Strategy, the Recovery and redesign: cancer services - action plan, patient and staff experience, and increasing system pressures.
- In 2022, Scottish Government allocated £1.5million of funding to 12 sites to test SPoC in cancer pathways across Scotland. Scottish Government has continued to fund the pilot sites on a year-to-year basis up to the point of publishing this document.
- Data analysis shows that SPoC navigators have saved over 3,970 hours of clinical nurse specialist (CNS) time over a 12-month period (the equivalent to 107.2 weeks a year). Extensive patient and staff experience has also demonstrated positive results
- A driver diagram has been developed to support development of SPoC at a service level. It shows the overarching aim of SPoC and outlines the factors that should be considered to meet the aim. This document breaks down the primary and secondary drivers to provide examples and practical, actionable guidance.

Contents

Guiding Principles for Implementation	1
Executive Summary	2
Contents	3
Purpose of the guiding principles	4
Background and strategic alignment.....	5
Strategy.....	5
Recovery and Redesign: Cancer Services Action Plan	5
Patient Experience.....	6
System pressures.....	7
Experience of delivering SPoC in Scotland	8
Patient experience.....	9
Clinical Nurse Specialist Experience	10
Example journey for patients in Western Isles before and after the introduction of SPoC.	11
The perspective of patients, navigators, and clinical nurse specialists on the impact of SPoC.....	11
Service development.....	12
Definition	12
SPoC driver diagram	12
Primary Drivers	13
Primary driver: Infrastructure.....	13
Primary driver: Leadership and stakeholder engagement	16
Primary driver: Clear communication.....	17
Primary driver: Workforce	18
Tools and resources.....	19
Appendix 1: Patient journey.....	20
Acknowledgements	21

Purpose of the guiding principles

This resource is a source of information and evidence for NHS Boards in Scotland on the provision of Single Point of Contact (SPoC) services.

It is intended to assist in local and regional planning of cancer services to support people who require advice and guidance throughout their acute cancer pathway.

The pilot projects have demonstrated a need to tailor the SPoC model to local need. The creation of these guiding principles gives a common framework for service development, whilst allowing flexibility to account for local patient need and population, as well as local context.

Background and strategic alignment

In 2022, Scottish Government awarded funding to 12 sites to test SPoC for cancer pathways. This funding was used to support tests of change in relation to SPoC through the cancer pathway.

Healthcare Improvement Scotland undertook a [scalability assessment](#) in 2024/25, to identify best practice and determine if the intervention should be scaled across Scotland.

Strategy

Scottish Government's [Cancer Strategy 2023-2033](#) describes a 10-year vision for the health service. The vision is that *"More cancers are prevented, and our compassionate and consistent cancer service provides excellent treatment and support throughout the cancer journey and improves outcomes and survival for people with cancer."*

The strategy goes on to state that *"By 2033 every person with cancer will have access to the comprehensive support they need, clinical and non-clinical, reflecting what matters to them"* and *"People with cancer will know how to access the support they need and be clear about the next step in their journey."*

The strategy sets out 11 ambitions designed to meet the strategic aim of improved cancer survival and providing excellent, equitably accessible care.

SPoC is interwoven throughout several of the 11 ambitions described in the strategy, with a particular influence on ambition 7: person-centred care for all.

The accompanying [cancer action plan 2023 to 2026](#) outlines the actions to be delivered in the first three years. This describes SPoC as *'improves access to care and timely reporting of results; eases navigation through care pathways; improves experience, shared decision making and patient-reported outcomes; and positively impacts our workforce by releasing capacity to provide more proactive and complex care.'*

Recovery and Redesign: Cancer Services Action Plan

The Scottish Government's [Recovery and redesign: cancer services - action plan](#) was published in December 2020. This details actions to redesign cancer services to benefit patients and increase services' overall resilience.

The action plan describes an aim to improve patient and family support through personalised care. This describes SPoC as *'...A single point of contact: dedicated person-centred support through the cancer pathway'* It goes on to state that *'...Patient groups, third sector organisations, and survey data - including the Scottish Cancer Patient Experience Survey and Care Opinion - have all helped evidence the need for more support in this area. Patients and clinicians tell us patients would like one, easy to access, point of contact to help them navigate sometimes complex pathways; from presenting with symptoms or being screened, to being treated for cancer, and post-treatment.'*

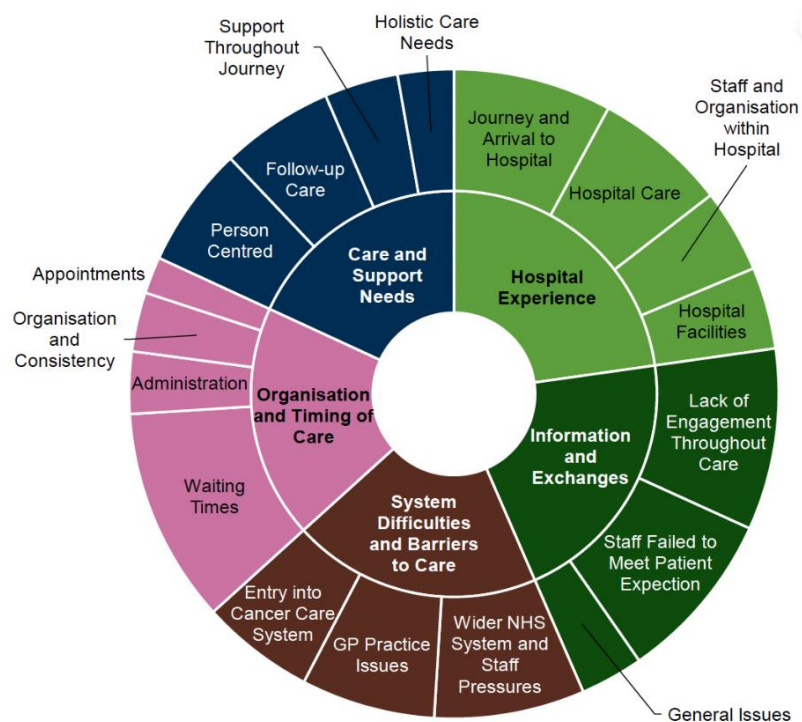
Patient Experience

[The Scottish Cancer Patient Experience Survey 2024 \(SCPES\)](#) results reported that although people's experience of cancer care is generally very positive, analysis of the negative responses identified 5 key themes:

- Hospital Experience (23%)
- Information and Exchanges (21%)
- System Difficulties and Barriers to Care (20%)
- Organisation and Timing of Care (18%)
- Care and Support Needs (18%)

A further breakdown of the themes was reported as shown in the below graphic.

Figure 1.0 Negative theme and sub-theme breakdown ([The Scottish Cancer Patient Experience Survey, 2024](#))



System pressures

Cancer services in NHS Scotland continue to operate under significant pressures, because of COVID-19, and alongside other longer-term challenges. These challenges¹¹ include increasing rates of cancer referral and diagnoses, an increasing number of people living with cancer, workforce challenges and an ageing population.

¹¹ [NHS cancer services and systems—ten pressure points a UK cancer control plan needs to address \(8 July 2024\) - Cancers - Patient Safety Learning - the hub](#)

Experience of delivering SPoC in Scotland

An evidence review undertaken as part of the assessment highlights that there is a strong body of evidence to show improved patient experience when services can offer care navigation. This is corroborated by the findings of the assessment, which focused on the 12 pilot sites currently delivering SPoC within Scotland

Data analysis shows that SPoC navigators have saved over 3,970 hours of clinical nurse specialist time over a 12-month period (the equivalent to 107.2 weeks a year). The assessment also determined a significant impact on patient and staff experience.

Patients and staff report a positive experience of SPoC in terms of efficiency, with data demonstrating an impact in time saved. CNSs can focus more of their time on clinical tasks, with one service describing an average increase of 17% on time spent on direct patient contact. CNSs have also stated that they have more time to focus on their clinical work, gain additional clinical skills, and make improvements to services.

Patients have reported that SPoC has helped them to attend more appointments and reduce the calls they make to nurses and consultants, while SPoC supports NHS boards to maximise the efficiency of cancer services by enhancing the pathways for patients and improving efficiencies by working as a multi-disciplinary team (MDT). Although contact with SPoC still requires subsequent escalation to a CNS in some cases, the majority of contacts with SPoC release clinical staff time and reduce risk of delays in the pathway. For example, in NHS Borders, navigators were able to directly resolve 84% of patient queries.

Evidence from staff and patients indicates a positive experience:

- Patients were mostly positive about their experiences of receiving support from single point of contact navigators.
- CNSs feel the quality of the calls they take has improved. They believe their work has moved from reactive to more planned and proactive. They also described being better prepared for the calls that required their input.

Other examples of impact include:

- Discussions with staff and patients suggests that for most queries, patients are getting responses within 90 minutes. Before SPoC, they might expect to wait for more than a day.
- Over a 12-month period 12 SPoC services had over 30,000 interactions with people affected by cancer, providing information, advice, support and enabling self-management.
- Each SPoC service frees up an average of 1.3 days a week of CNS time averaging 10.8 weeks of CNS time per pilot per year. This takes pressure off CNSs, releasing time to care for new and complex patients.
- SPoC navigators have saved over 3,970 hours of CNS time over a 12-month period (equivalent to 107.2 weeks).

- SPoC navigators can manage on average 82% of calls that would previously have been directed to a CNS.

Patient experience

Patients were largely positive about their experiences of receiving support from SPoC navigators. They appreciated the help with the complex logistics of cancer treatment and quick responses for smaller queries. The navigator's ability to provide standard advice meant that patients weren't waiting hours for reassurance around common symptoms. The effective triaging and referral to experts elsewhere in the NHS provided relief and helped to reduce their stress, as they felt listened to and that they could rely on the navigators to take charge of the situation.

Patients also appreciated the emotional support from navigators and suggested that their wellbeing was improved by the service. The personal connections they developed, and the knowledge that someone would listen to them and act, helped to soften some of the harsh realities of undergoing cancer treatment. Several patients remarked that third sector referrals from navigators helped them handle challenging financial or emotional situations. They believed they wouldn't have known about the help without SPoC.

The few negative experiences shared by patients centred on situations where navigators couldn't effectively answer questions or missed opportunities to support them, or patients experienced a personality clash with their navigator.

Some single point of contact services have distributed surveys and received feedback from their patients, with this feedback being largely positive. Examples include:

- NHS Borders distributed patient feedback questionnaires. The first survey was issued six months after launch. 100% of respondents said SPoC had helped with their query. At the subsequent 12-month survey, 95% said SPoC helped with query.
- NHS Fife distributed patient questionnaires and received 221 responses. When asked to rate how happy they were with the service they received from navigators, the average rating was 4.33 out of 5. 50% of respondents or more also answered positively to questions around communication and appointment help.

The Cancer Strategy shares the perspective of a person affected by cancer to highlight the importance of SPoC *'... I had to make 5 calls to 'strangers' to finally understand why I didn't have an appointment for my CT scan. I had to be on the ball and assertive. That's a big ask for many patients who may be too ill, or lack confidence to ask for what they need. It took two weeks to get a resolution. That's two weeks of worry and frustration for me, and 5 calls the NHS had to manage'*. The full comment can be found on the [care opinion website](#).

A visual example of the impact SPoC can have on a patient pathway can be found in [Appendix 1](#). A more [in-depth report on patient experience](#) has also been developed.

Clinical Nurse Specialist Experience

Nurses were generally positive about SPoC navigators. Many expressed an initial wariness around the benefits but were won over by the help they received. The following themes were noticeable in areas with the most positive feedback:

- Building good personal and professional relationships with navigators.
- Having confidence in the navigator's ability to triage effectively and support patient queries without excessive input from the nurse.
- Ability to deliver more proactive support to patients due to increased insights from navigator's calls.
- Having a reduced administrative burden and more time for clinical work or personal development.

When nurses expressed concerns about SPoC, it was generally when services were lacking some of the above features. Despite this, they were often optimistic that with time or changes to the responsibilities of navigators, SPoC would become more effective.

Nurses were positive about the effect the role has on patients, particularly appreciating how they are getting quicker responses to queries. The nurses always sought to provide the best possible support for patients but acknowledged that they didn't have enough time to do everything. Many nurses were relieved that, thanks to the navigators, patients have more time to ask questions, receive emotional support or reassurance, and have less stress around appointments or travel.

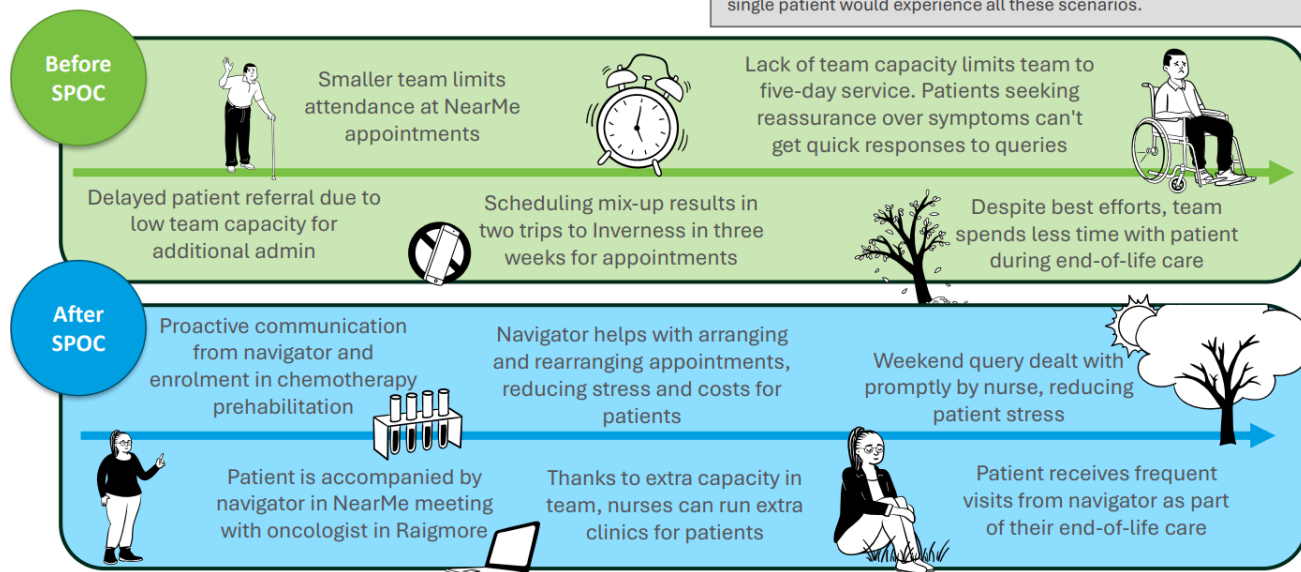
Nurses in multiple areas suggested their wellbeing had improved thanks to the role, and that they had less stress when coming back from leave or illness. Many expressed that, without SPoC, patient outcomes would be significantly poorer, and their own work would become unmanageable.

A more [in-depth report on CNS experience](#) has been developed.

An example showing how SPoC has impacted on patients and staff living and working in NHS Western Isles has been developed and is shown below.

Example journey for patients in Western Isles before and after the introduction of SPOC.

Please note, this is a composite of different patient experiences. No single patient would experience all these scenarios.



The perspective of patients, navigators, and clinical nurse specialists on the impact of SPOC

"Having someone on the end of the phone [made the biggest difference]... When you're sat at home dealing with your own prognosis, not feeling well, you just need an answer to your question - you become impatient, self-centred even. [With SPOC], you'd always get a call back, or they would pop over... It stops you stewing on things. They'd be very concise and thorough in the responses they came back with. I always felt confident in them. If a situation was [urgent], if I'm nervous or worried, they'd make it clear when something was serious [and I needed to make a decision]."

Patient

"[Before SPOC, there could be] significant amounts of distress and confusion going on for people. They didn't [always] know where to go for answers, help and support."

Clinical nurse specialist

"It's the best thing I've seen in my nursing career."

Clinical nurse specialist

"I've had a patient where I was going out every day to see them and they wouldn't allow anyone else to help him. The letter I got from his family, thanking me... It makes you feel [like] that's great, I've done my job, we've been a benefit to them. It's important to do that for people. It's stressful enough having cancer diagnosis."

Single point of contact navigator

Service development

Definition

The [Recovery and redesign: cancer services - action plan](#) describes SPoC as aiming to improve patient experience by enabling 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

More broadly, SPoC is described as *'improves access to care and timely reporting of results; eases navigation through care pathways; improves experience, shared decision making and patient-reported outcomes; and positively impacts our workforce by releasing capacity to provide more proactive and complex care.'*

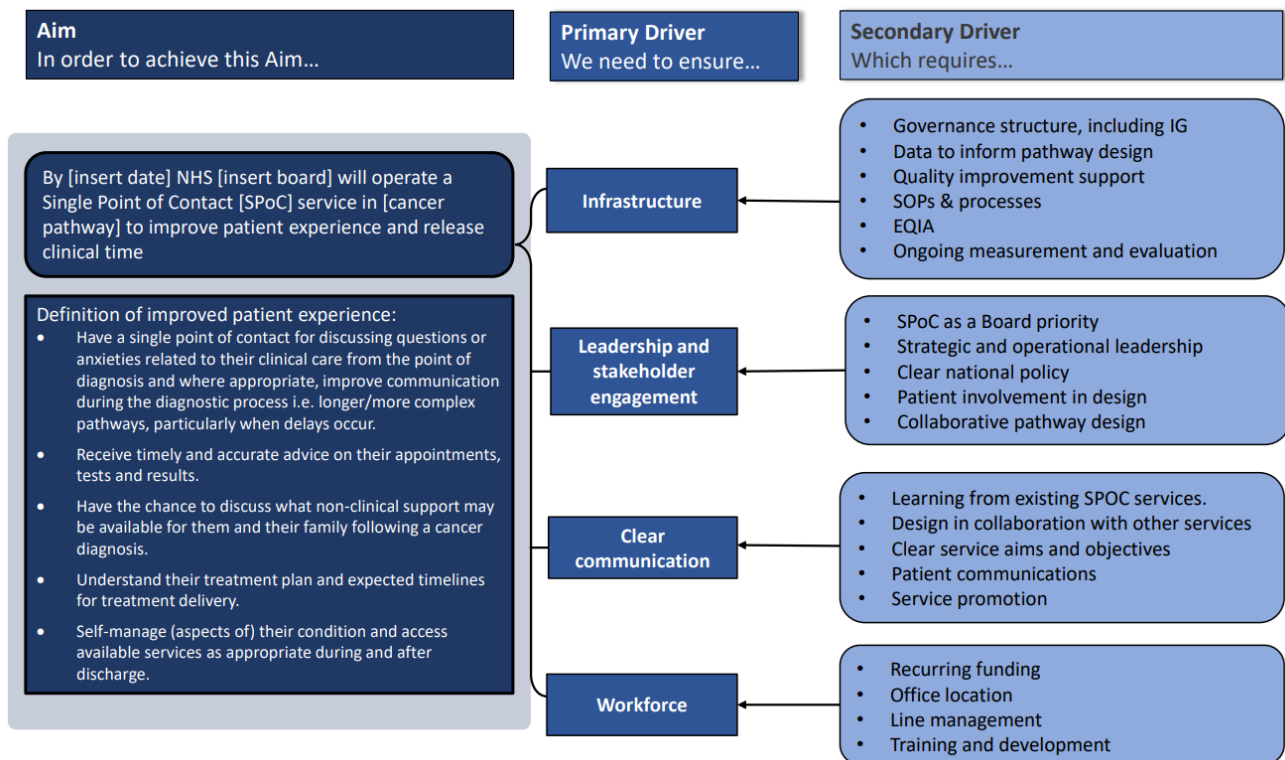
SPoC driver diagram

Driver diagrams describe the parts of a system that need to change by highlighting the primary and secondary drivers associated with achieving the aim.

Primary drivers are described as *'drivers that focus on the key components of the system/main areas of influence that need to change to achieve the aim. These are often associated with process, infrastructure, norms (culture) and people'*

Secondary drivers are described as *'breaking primary drivers down in to natural subsections or processes. They provide more detail on where interventions to positively influence the primary drivers are required'*

A driver diagram has been developed to support development of SPoC at a service level. It shows the overarching aim of SPoC and outlines the factors that should be considered in order to meet the aim.



A full-size version of the [driver diagram](#) is available and can be edited for local use.

Primary Drivers

The following section breaks down the driver diagram and draws on the recommendations around service design from the scalability assessment.

Primary driver: Infrastructure

Governance structure, including information governance

Developing and implementing SPoC services requires a governance structure at NHS Board or regional level that provides assurance around new way of working and extends support to teams and individuals.

It is important that there are arrangements in place for timely and regular communication between navigators and clinical staff. In existing services, this is demonstrated through a range of approaches, including use of shared live documents, co-location of staff and clinical advisors. These approaches all allow CNS to maintain oversight of the support offered to patients, continually building trust and developing relationships between navigators and CNS.

Although SPoC has people at the very centre of it, IT and technology can enhance both the patient and staff experience, and importantly, increase governance and oversight.

- **MS teams shared sites** to allow sharing of information between navigators and clinicians. For example, NHS Dumfries and Galloway use MS teams to log calls, advice and actions in real time, meaning that clinical staff maintain oversight and importantly respond in a timely way to those patients that require their input.
- **Near me** is a service that allows patients and clinicians to attend appointments virtually where

appropriate. This is used in Western Isles, where navigators can support patients to attend Near Me clinics, freeing up clinical time.

- **Digital follow up systems** are used in SPoC service provided by West of Scotland Cancer Network (WoSCAN). In this service, patients have the option to opt-in to digital follow up and can choose to receive their prostate specific antigen (PSA) results by email, text, automated phone call or via the digital system. NHS National Services Scotland have supported the development of the required infrastructure.
- **Telecoms system** some services have chosen to integrate a telephone system into their service. For example, NHS Fife use Queuebuster software, which allows people calling into the service to request a call back instead of waiting in a queue.

Data to inform pathway design

Services are unlikely to be able to support patients at every stage of all cancer pathways and experience tells us that SPoC works well when the service supports patients in a targeted focused way.

The scalability assessment recommends that during service design, data is to determine the pathways and tumour types with the biggest demand. Service design should focus on the patient pathway from diagnosis, as a service designed to support at the point of referral is unlikely to be the most effective use of funding.

It is imperative that time is invested in the planning stages to understand your system. Understanding the flow through the system, using a Demand, Capacity, Activity, Queue (DCAQ) approach will help to guide service development.

- **Demand** is all the work that is entering the system.
- **Capacity** is how much work could be done considering all of the resources needed.
- **Activity** is the actual work done, the throughput of the system.

Measuring the volume and types of demands teams face can help identify where additional capacity could be focused to deliver the biggest impact. Although this methodology references queue, focusing on demand, capacity and activity can help to deliver the desired impact.

Understanding the volume and types of activity that a clinical nurse specialist undertakes can help to clarify the high-volume activities that could release CNS capacity.

More information to support services to understand their system can be found on the Healthcare Improvement Scotland website Access QI web pages. Some tools that may be useful are linked below.

- **Pareto charts** can help teams to concentrate improvement efforts on the factors that have the greatest impact.
- A **capacity calculator** is a tool that helps teams to understand the time they are spending on various activities.
- **Last 10 patients tool** helps teams understand what is happening in the patient pathway and the variation from patient to patient.

- A [process map](#) can help to visualise the pathway its in current format, and identify where there may be bottlenecks that may benefit from additional capacity.

Quality Improvement support

Continuous improvement should be part of all service provision. Services should capture data from both qualitative and quantitative sources, to facilitate quality improvement and provide assurance that services are providing consistent quality of care. Patient experience baseline data is available in [The Scottish Cancer Patient Experience Survey 2024 \(SCPES\)](#). Quality improvement [tools and techniques](#) should be used to drive improvements where needed.

SOPs and processes

To run a safe and effective service the following should be in place:

- Service protocols or standard operating procedures ensure safe and consistent working.
- Clear criteria for escalation to clinical colleagues

Services have developed a number of documents that are available for reference and adaptation to local context. These include service SOPs, escalation procedures, process maps and pathways, and are available as part of the [resource library](#).

EQIA

Research conducted for the scalability assessment's equalities and human rights impact assessment (EQIA) found that many of the access issues faced by people with [protected characteristics](#) can be lessened by single point of contact navigators.

A recurring theme in the literature is problems of communication and trust, which is within the scope of SPoC to improve. Pilot services in some areas have described SPoC as an enabler to connect with traditionally harder to reach patients by providing a simple route to support. Interviews with patients and staff suggest that patients may feel more comfortable approaching navigators for support. While most patients were very positive about the NHS staff they had interacted with, some were intimidated by more senior staff and preferred to speak to navigators.

The EQIA highlights that education around protected characteristics could have a positive effect on the work of navigators and experience of patients. Each board will have their own local EQIA process, and services should undertake one at the point of service design or expansion to new tumour groups.

Ongoing measurement and evaluation

SPoC services must be measurable, visible and accountable. To consistently and continuously demonstrate system and patient impact a [minimum data set](#) has been developed. These measures can support national organisations and local services to demonstrate impact and ensure effective service delivery.

Primary driver: Leadership and stakeholder engagement

SPoC as a board priority

A key role for senior leaders is to create the conditions for change. There is evidence that change initiatives lead to better success when there is strong collective leadership at both strategic and operational levels. When SPoC is visible within board strategies, it provides direction for services, as well as assurance that SPoC is seen as a valued part of the healthcare system.

Strategic and operational leadership

Support at an organisational level is key and is demonstrated by the inclusion of SPoC services in strategic plans. SPoC is unlikely to succeed without operational leadership at all stages, but particularly at the point of service development. Existing services have demonstrated different models of operational leadership. For example, In NHS Lothian the project is led by service management, and clinical leadership is provided through clinical advisors embedded in the team. In many other services, operational leadership sits with project teams, and clinical leadership is provided through clinicians with a wide portfolio of programmes, of which SPoC is one. CNS teams provide operational leadership for navigators across many services in Scotland.

Patient involvement in design

Service user input is key to understanding how patients experience pathways. Services should spend time working closely with patients early in the design process, whilst also using data to [understand their systems](#). Using the two approaches in alignment will ensure that services are designed to focus on the biggest impact to both patients and the wider healthcare system.

Collaborative pathway design

The healthcare system is complex, and services do not operate in silos. It is important that services are designed in collaboration with those they interact with, for example, working closely with colleagues in wider cancer services, diagnostics and third sector community support etc. A useful way to identify key stakeholders is to [map a patient pathway](#), highlighting the various touch points for the patient within the healthcare experience.

Primary driver: Clear communication

Learning from existing SPoC services

There is a wealth of information available from the existing services, available in this [resource library](#). This includes service development documentation, as well as outputs produced throughout the scalability assessment, including service profiles describing the models of each service involved in the pilot. There are also forums to enable peer support and shared learning.

Design in collaboration with other services

SPoC is designed to provide support to patients as they move through the acute pathway. Improving the cancer journey (ICJ) is a Scottish Government initiative which provides support to patients within the community. ICJ is described as *'Improving the Cancer Journey helps us keep the person with cancer and their family or supporters at the centre of their care. 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'*.

SPoC should be developed in engagement and alignment with ICJ, to ensure a seamless pathway, including clear referral pathways between services. This will help to ensure patients receive appropriate and timely support as they experience the healthcare system as a whole.

Clear service aims and objectives

Being clear on the service aims and objectives from the beginning provides direction and purpose for all stakeholders and can increase engagement.

Patient communications

Although service navigation as an approach is not new to NHS Scotland, it may be new to the patients being supported. The assessment shows that patients welcomed the intervention, however it is important to recognise and address any areas of concern, for example, a loss of contact with clinical staff. Patient information is vital to communicating the aim of the service to patients and managing their expectations. Examples of this can be found in the resource library.

Service promotion

Just as it is important for patients to understand what SPoC provides, it is equally important that colleagues in health and social care also are aware and understand the service offering. It is mentioned [above](#) that linked services should be engaged from an early point, which will provide a level of understanding. In addition, a leaflet and posters to promote the role of SPoC can be developed.

Primary driver: Workforce

Recurring funding

Staffing any service with non-recurring funding is challenging. Investment in SPoC has primarily been used to recruit to NHS Scotland Agenda for Change (AfC) band 4 navigator roles. When services have been able to recruit permanently to these roles, it has resulted in stability, allowing the retention of trained experienced individuals with established relationships across the patient pathway. 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.

Office location

In most of the pilot services, navigators were office based, meaning that physical space must be considered at the point of service demand. The assessment recommends aligning navigators to specific tumour types. Many services that have adopted this model have co-located navigators with the CNS, reducing the need for additional office space.

Line management

Relationships are at the heart of SPoC, with a particular focus on building trust and relationships between navigators and CNS. The scalability assessment found that aligning navigators to CNS can create natural mentorship and line management opportunities. This contributes to building strong relationships, allowing CNS to feel confident in releasing tasks, and navigators to feel confident in carrying the tasks out.

Training and development

Training and development is a key factor in retaining staff. Highly skilled navigators result in effective support and triaging, increasing confidence and trust between navigators and clinical staff. A number of training opportunities have been identified by existing services, primarily Macmillan modules. Other opportunities include:

- Shadowing the CNS
- Shadowing across different tumour groups to understand pathways
- Solutions-focused coaching
- O'Halloran cancer webinars
- Enhanced communications training

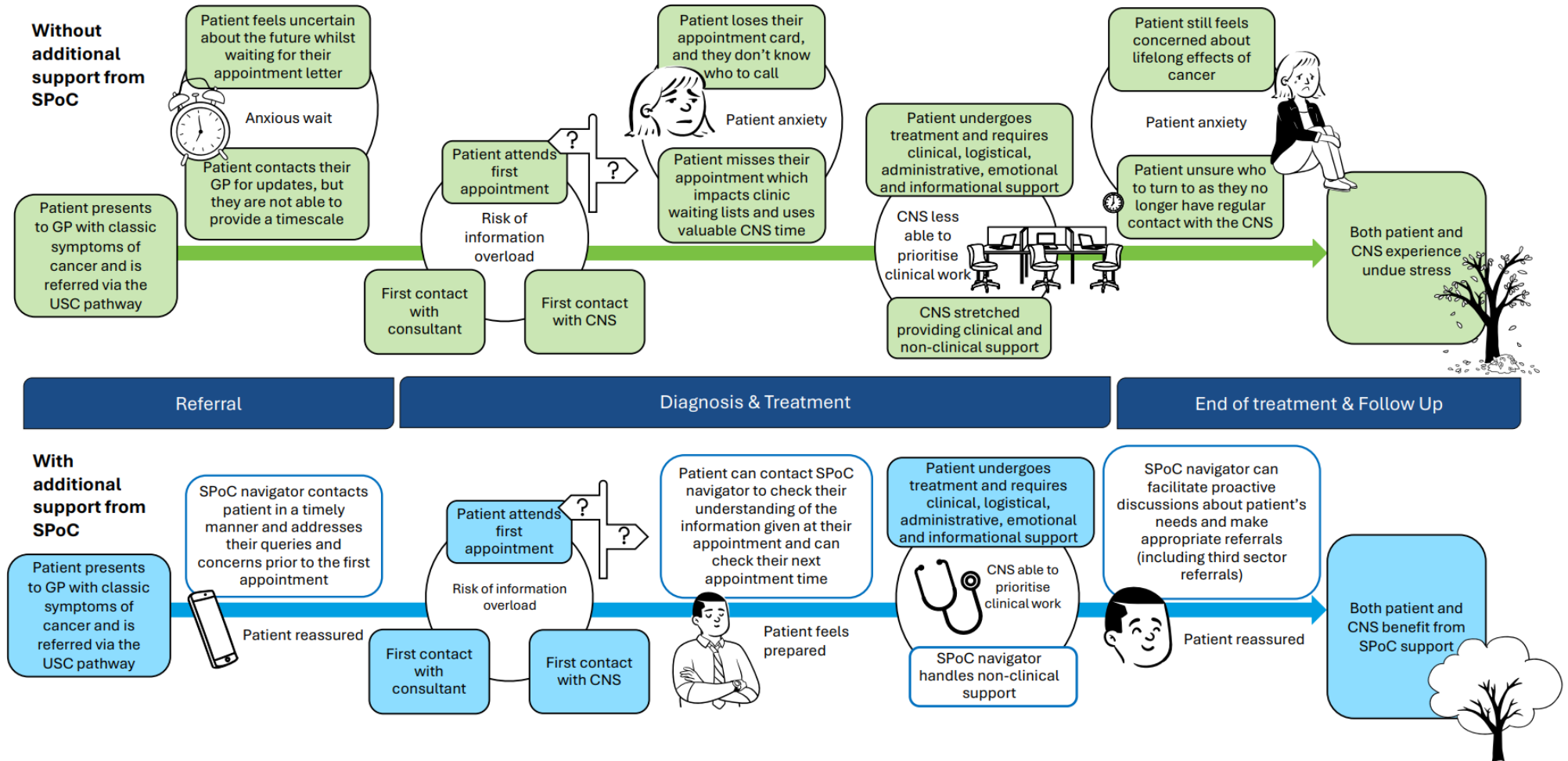
The scalability assessment recommends a 'once for Scotland' approach to the development of key skills and competencies framework for navigator roles, building on the work individual services have undertaken to develop local frameworks.

Tools and resources

There are existing forums for SPoC project leads and navigators to join and share learning and gain peer support.

A [resource library](#) has been developed and is available to all teams currently delivering services as well as those developing new services. The documents on this library have been developed by existing services and can be adapted for local use.

Appendix 1: Patient journey



Acknowledgements

We would like to thank professionals from Single Point of Contact services across Scotland for their valuable contributions and comments.

Published April 2025



This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot