



Homeless Link



North Central London
Cancer Alliance

Improving Cancer Screening for People Experiencing Homelessness

Evaluation report for
North Central London Cancer Alliance
December 2024

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Introduction

About the project

Aim

To improve awareness, access and participation into all three screening programmes for people experiencing homelessness (PEH) across five boroughs in North Central London (NCL).

Objectives:

1. To identify barriers and what reasonable adjustments are required for PEH to participate in cancer screening
2. To pilot the agreed reasonable adjustments in NCL
3. To influence and inform best practices that can be implemented across London, and beyond.

Project timeline: July 2022-March 2025

About the evaluation

The North Central London Cancer Alliance (NCL CA) commissioned Homeless Link to carry out an independent evaluation of the project to generate insight into the processes undertaken, successes, learning and impact, with a view to sharing findings regionally with screening commissioners and providers, key stakeholders and decision-makers and nationwide NHS cancer alliances.

If the evaluation provides evidence of project success, it is hoped that it will help to influence key cancer screening and homeless health providers to collaborate more effectively to improve access and participation to cancer screening for PEH as well as inform good practice, successfully implement reasonable adjustments, and provide equity of care for PEH across London and beyond.

The evaluation began in March 2024.

The need

Health and homelessness

- People experiencing homelessness (PEH) are more likely to have poor physical and mental health, and worse health outcomes than the general population largely due to inadequate access to routine and preventative care and treatment.
- The average age of death for men and women experiencing homelessness is 45 and 43, respectively. Research suggests that nearly one in three of these deaths could have been prevented with timely medical intervention.
- PEH are also exposed to higher cancer risk factors, such as substance abuse, risky sexual practices, and environmental pollutants, which further complicate their health outcomes.

→ See [Interim report](#) (July 2024) for more detail

Cancer & homelessness

- Screening and early detection dramatically increases the likelihood that cancers can be treated and resolved. However, evidence shows that cancer screening rates are much lower for PEH than the general population.
- Data from Homeless Link's [Unhealthy State of Homelessness report](#) (2022) shows that just 37% of eligible homeless women had attended a breast screening in the previous three years, in contrast to 62% of the general population.
- Cervical screening rates were comparably reduced, with 54% of eligible people accessing screening in the previous three years as compared to 70% of the general population.

Barriers to accessing cancer screening

- There are multiple barriers for the homeless population to accessing healthcare, from having to provide proof of address at registration with a GP practice, to the rigidity of appointments, stigma, and a lack of awareness by healthcare practitioners of their complex healthcare and social needs.
- Literature identifies several barriers preventing people from accessing screening. This includes practical challenges like difficulty booking or attending appointments, and inaccessible screening locations. Informational barriers, such as a lack of health information in accessible formats e.g. Other languages and unanswered questions about the screening process, lead to fear and anxiety.

Strategic alignment

- ➔ The NHS Long Term Plan (2019) sets out how health services will improve care, prevent ill health, and reduce inequalities over the next decade. It sets out two major ambitions for cancer care:
 - Early Diagnosis: By 2028, the goal is to increase the proportion of cancers diagnosed at stages 1 and 2 from around 50% to 75%.
 - Survival Rates: Achieving earlier diagnosis is expected to result in 55,000 more people each year surviving their cancer for at least five years after diagnosis.
- ➔ NHS England (NHSE), the Office for Health Improvement and Disparities (OHID), and the UK Health Security Agency (UKHSA) have all identified inclusion health groups as priority populations to address in efforts to reduce health inequalities. Reduction of health inequalities among PEH and early cancer detection are also targeted under the [Core20Plus5](#) framework and [the NHS Long Term Plan](#).
- ➔ In London, The Homeless Health London Partnership brings together London's NHS Integrated Care Boards (ICB), regional partners and third-sector organisations to improve access to, experience of, and outcomes from health care, for people at risk of, or experiencing homelessness. Improving access to screening was a key objective of the programme in 2022/23.

North Central London

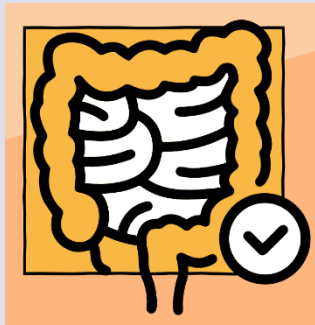
The [NCL Health Needs Assessment](#) identified a range of needs and healthcare access barriers for PEH including fear of stigma and discrimination, lack of identification or proof of permanent address, lack of awareness of the healthcare system and entitlements, trauma triggers, language and digital exclusion.

Improving survival, focusing on early diagnosis and prevention and reducing health inequalities across the whole NCL population is [two of the key strategic aims of NCL CA](#).

The UK National Cancer Screening Programmes

In the UK there are national screening programmes for breast, cervical and bowel cancer. Eligible individuals are invited for screening if registered with their GP or have an NHS number, providing their contact details are up to date.

Bowel cancer screening

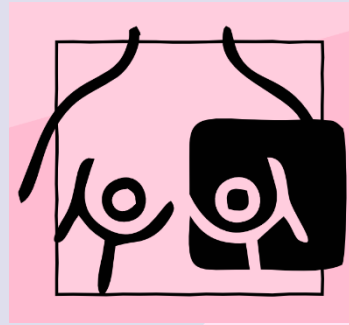


Home Faecal Immunochemical Test (FIT) screening test offered to men and women aged 54-74 every two years. This will reduce to age 50 by March 2025.

Test: Stool test

Location: Kit sent to address registered at GP practice

Breast cancer screening



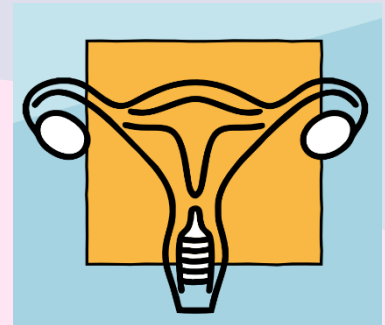
Offered to women aged 50-71 every three years.

Test: Mammography

Location: Various screening sites

©Image credits: Groundswell

Cervical cancer screening



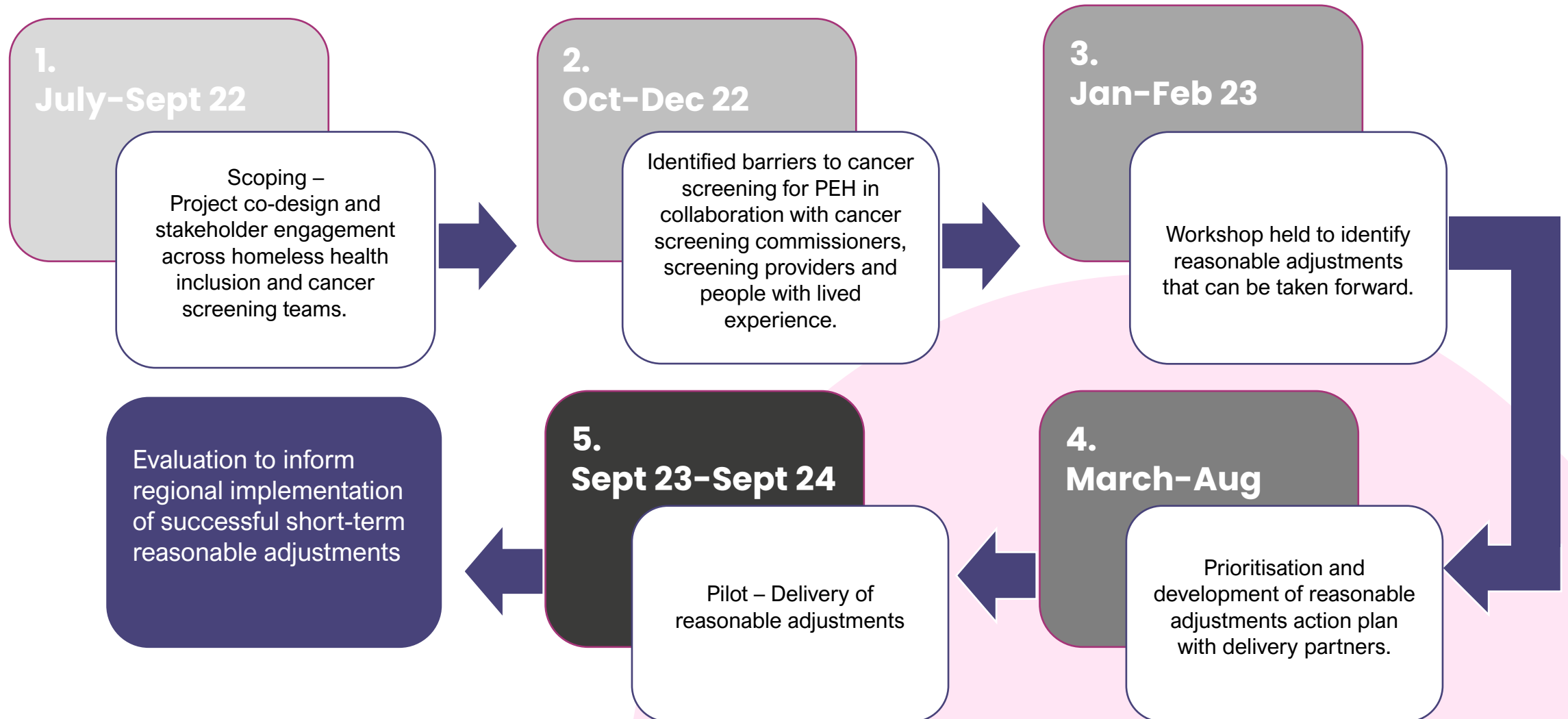
Offered to women and people with a cervix :

- Aged 25-49 every three years and;
- Aged 50-64 every five years.

Test: HPV/Cytology

Location: GP practice and some sexual health services

Project process



→ More details about the project overall process can be found in Appendix A

→ More details about the process taken for identifying the barriers to cancer screening alongside the findings can be found in Appendix B&C

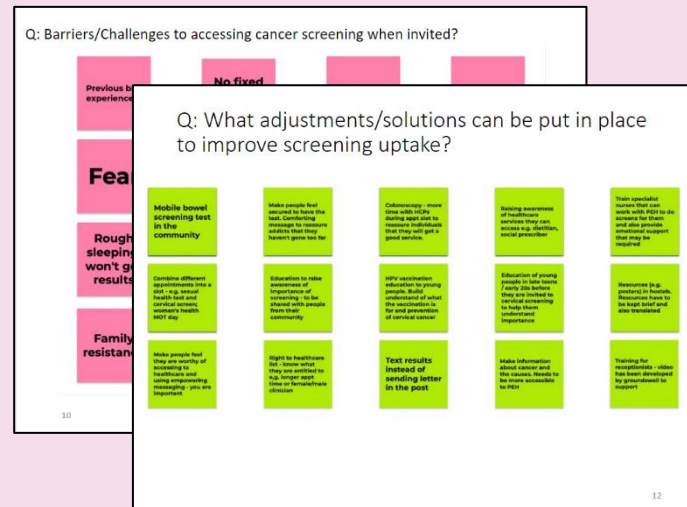
Spotlight: A co-designed approach involving people with lived experience and key stakeholders

Lived experience inputs

NCL CA partnered with Groundswell a charity which works to amplify voices of people with lived experience to create solutions to homelessness and health inequalities.

Groundswell supported the facilitation of an initial session with 13 volunteers who had experience of homelessness. The volunteers shared valuable insights on improving access to cancer screening, what clients might need to be encouraged to participate, and the support required to complete the screening process and follow-up care.

Three volunteers shared their cancer screening experiences (bowel, breast, and cervical). They were subsequently invited to become patient partners in the project and were involved through the project lifecycle.



↑ The initial workshop attended by 13 volunteers with lived experience was critical in identifying barriers and outlining potential solutions, which were then further tested through subsequent engagement and consultations with stakeholders. (See Appendix C)

Stakeholders' inputs

To identify barriers and reasonable adjustments, a workshop organised by the NCL CA Project Lead and led by Dr Jasmin Malik, the Homeless Health Clinical Lead for the Homeless London Partnership, convened stakeholders from London and North Central London who are involved in supporting people experiencing homelessness and cancer screening.

More than 80 people attended the workshop, including representatives from NHS England (NHSE), North Central London ICB, NCL CA, bowel and breast screening centres, cervical screening lab, Transformation Partners in Health and Care (TPHC), local authorities (public health), specialist primary care services, local health inclusion and rough sleeping commissioners, as well as various homelessness services together with the three patient partners.

The short-term reasonable adjustment pilots

Themes

The main themes that have arisen from the workshop are presented here, and a summary of the prioritisation process, pilot reasonable adjustments and delivery partners identified and explored within each theme, are in the following slides.

The process of identifying and implementing reasonable adjustments was driven by stakeholders' engagement and their insights into feasibility. Those deemed feasible i.e., can be delivered in the next 12-months were incorporated into a delivery plan, supported by a quarterly delivery framework to track progress. For adjustments deemed medium/long-term and not feasible, clear rationales were documented to facilitate shared learning and inform future initiatives (**see Appendix D for summary**).

Theme 1.
Develop resources

Theme 3.
Work closely with primary care and screening providers

Theme 2.
Train and share knowledge across cancer screening and health inclusion teams

Theme 4.
Health Promotion

Prioritisation process

The process

Based on the workshop outputs and themes, each reasonable adjustment was reviewed as to whom would be best to deliver the reasonable adjustments. Conversations were held between the NCL CA Project Lead and delivery partners to ensure they were best placed to deliver these and assess whether the reasonable adjustments were deliverable.

Priorities were defined into three categories:

Short-term: Relatively straight forward to develop and implement within the next 12 months

The NCL Cancer Alliance and NCL ICS Team have agreed to pilot short-term priorities locally in NCL with support from the NHSE London Screening Team for further implementation across London.

Medium-term: Further scoping required with possible development and implementation within the next 12-24 months

*Priorities that need further scoping will be facilitated by the NCL Cancer Alliance and NHSE London Screening Team and developed into recommendations for the NHSE London Screening Team to roll out across London.

Long-term: Further scoping and on-going engagement required and may not be achievable in the next 12-24 months

*Recommendations for long-term priorities will be drafted for NHSE London Screening Team to propose to the National Screening Team.

*Agreed in principle

Delivery partners

UCLH Bowel Cancer Screening Centre

North London & Central East London Breast Screening Services

NHSE (London) Cancer Screening Commissioning Team

Enfield, Islington and Haringey Homeless Health GP Services

Groundswell (Commissioned by NCL CA/London Cancer Alliances)

Claremont (Commissioned by NCL CA)

Theme 1.

Develop resources

Produce and disseminate tailored resources to raise awareness of cancer screening for PEH and staff in frequent contact with PEH.

Reasonable adjustments

Screening	Short-term reasonable adjustment	Delivery partner
Cross-cutting	Development and publication of a directory of cancer screening resources for use by healthcare professionals and staff in frequent contact with PEH (including invitation and decision making in easy read and other languages available to improve access to resources.)	NHSE (London Region) Cancer Screening Commissioning Team in partnership with TPHC and NCL CA
	Development of tailored cancer-screening leaflets for PEH available in 16 different languages including English.	Groundswell in partnership with the four London NHS Cancer Alliances and NHSE (London Regional Cancer Screening Commissioning Team

Theme 1.

Develop resources

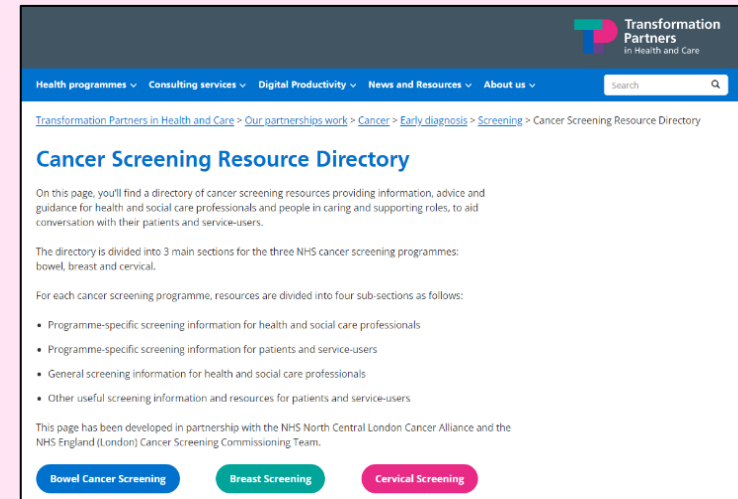
Activities

Cancer-screening leaflets

- **Task & Finish Group:** Two T&F groups were held by NCL CA and Groundswell to bring together key stakeholders to understand what the content of the screening leaflets should cover, bringing in initial feedback from the Groundswell workshop with volunteers with lived experience. Multiple drafts were shared to ensure content, formatting and comments were addressed and trauma-informed messaging was embedded throughout.
- **Co-design:** NCL CA on behalf of Groundswell coordinated stakeholder feedback via the London Cancer Alliances from clinicians, screening commissioners and providers, homeless support services, people with lived experience and sexual health services on the content for each screening leaflet.
- **Translating resources:** Funded by the four London NHS Cancer Alliances, 15 languages were selected based on the specific needs of each alliance's area enabled by [CHAIN reports](#). This ensured the leaflets were relevant city-wide, reaching diverse homeless populations across London.

Cancer screening resource directory

- **Resource review:** The NHSE (London Region) Cancer Screening Commissioning Team led on reviewing all nationally available resources and guidance links.
- **Development of webpage:** TPHC Communications Team led on the development of the webpage and the layout.



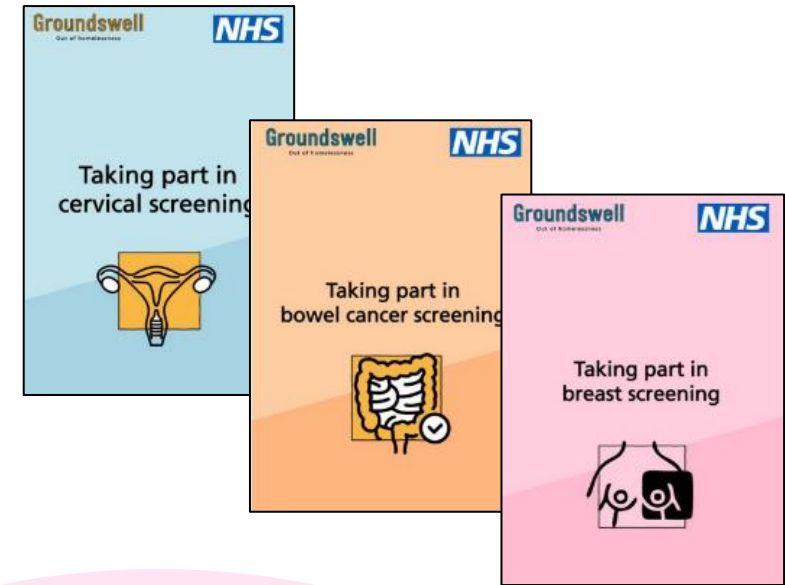
↑ The cancer screening directory is hosted on the TPHC website.

Theme 1.

Develop resources

Impact

- **Multi-stakeholder Collaboration:** Engaged with Groundswell, four London NHS Cancer Alliances, patient partners, homeless support services and clinicians across the region. This ensured buy-in, no duplication of efforts and fostering collaboration on cancer screening resource development.
- **Tailored resource:** This is the first time a cancer screening resource for people experiencing homelessness and key workers has been developed at scale.
- **Raising awareness:** Both the leaflets and directory were shared with over 200 colleagues across NCL/London that have been involved in some way with the project, many of whom actively accessed the directory and have continued to do so over the summer.
- **Continued engagement:** Ongoing efforts to promote the directory and leaflets across relevant networks to maintain awareness and ensure continued use by healthcare professionals and staff in frequent contact with PEH.



↑ The three cancer screening leaflets were co-designed by people with lived experience, clinicians and screening and homelessness services.

Cancer screening resource directory traffic analytics (15th May – 31st July 2024)

- 677 views from 294 unique users, including 56% through direct URL link, 29% through organic search and 15% through website referrals, emails/e-newsletters and social media.
- The average view time was around 1min.
- The bowel screening page was viewed more (194) than the cervical (125) and breast (59) screening pages.

↑ Engagement with the cancer screening directory was higher than the overall engagement to the TPHC website over the summer

Theme 2.

Train and share knowledge across cancer and health inclusion teams

- Ensure a shared understanding of health inclusion issues and existing barriers to accessing cancer screening for PEH; trauma-informed practices and how best to support this cohort.
- Ensure that those supporting PEH are aware of the screening pathways and adjustments available for this cohort; and improve communications pathways between homelessness services and cancer screening teams.

Reasonable adjustments

Screening	Short-term reasonable adjustment	Delivery partner
Bowel & Breast	Upskill the Health Promotion Leads and Specialist Screening Practitioners (SSPs) and breast screening mammographers on inclusion health, tips to engaging with this cohort and what reasonable adjustments can be offered.	Groundswell
	Deliver tailored cancer awareness sessions to staff who are in frequent contact with PEH	Bowel Cancer Screening Centre (UCLH) North London & Central East London Breast Screening Services (NLBSS/CELBSS)

Theme 2.

Train and share knowledge across cancer and health inclusion teams

Activities

Scope expansion

Cancer screening awareness sessions were expanded beyond the original focus on bowel and breast screening to include cervical screening. Ongoing engagement with stakeholders highlighted an opportunity for Jessica Bains, a Health Inequalities Outreach Nurse at the Islington GP Outreach Service, to lead cervical screening awareness sessions across NCL. Jessica's expertise in delivering cervical screening within community settings and her experience working with PEH made her an ideal fit for this expanded role.

Screening awareness sessions

18 cancer screening awareness sessions covering bowel, breast and cervical screening were delivered by the Health Promotion Leads from May to September 2024 bringing together stakeholders in frequent contact with PEH (health inclusion, hostel project workers, support workers).

The training sessions provided frontline staff with practical skills and knowledge to engage PEH in cancer screening through a trauma-informed and inclusive approach.



↑ Vanessa Nzekwu - Health Promotion Lead, UCLH Bowel Cancer Screening Centre at Southampton Row hostel (Camden) for Wellness Day in July 2024.

Working with homelessness organisations and attending health and wellbeing promotion events
The cancer screening Health Promotion Leads also actively participated in health and wellbeing promotion events organised by homeless support services throughout the project period. This is expected to continue to strengthen outreach and engagement with PEH.

Theme 2.

Train and share knowledge across cancer and health inclusion teams

Impact

Cancer screening awareness sessions for key workers

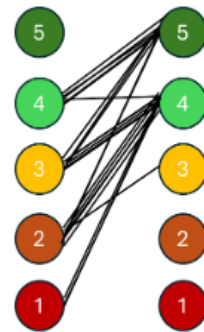
Feedback was collected from 68 participants through a survey. Key areas of impact include:

- Increased understanding of access barriers
- Clearer understanding of screening pathways and awareness of available reasonable adjustments:

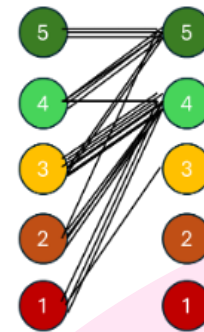
Participants committed to several actions to improve cancer screening engagement among PEH, including:

- Increasing vigilance in ensuring eligible clients receive screening invitations
- Assistance in utilising available adjustments including pre-visits to introduce clients to the screening process.
- Initiating and encouraging regular discussions around cancer screening with their clients.

Findings from the feedback forms indicate that PEH support staff had limited knowledge and confidence in discussing cancer screening. However, the sessions have significantly helped them gain confidence in this area.



Knowledge around screening and pathways
Before/after training
(1 – 5 rating)



Confidence in discussing screening with clients
Before/after training
(1-5 rating)

Health promotion sessions in the community

'Four people were interested in cancer screening specifically that day [Southampton Row Wellness Day]. One person approached me, mentioning that he had received a letter but wasn't clear about what the 'KIT' referenced. I took the time to explain the bowel cancer screening process to him. Now that he understands, he said he would keep an eye out for the kit in the mail and complete it once it arrives.'

Vanessa Nzekwu – Health Promotion Lead

Attendance at events has not only enabled PEH to access information directly from the Health Promotion Lead but also fostered new connections and raised awareness among stakeholders.

→ Detailed awareness sessions' feedback can be found in Appendix E.

Spotlight: Case study

The importance of system collaboration in supporting people with complex needs



Abby* is a 37-year-old woman with a long history of homelessness and substance misuse. She suffers from borderline personality disorder, bipolar disorder and hepatitis C. She is on methadone and receives neuroleptic depot injections.

Abby was referred to Jessica (Lead Health Inequalities Outreach Nurse) while residing in a hostel in Central London. Over the course of a year, the health outreach nurse established a rapport with Abby, becoming a crucial link between her and her GP. Previously, Abby struggled to engage with her GP due to her chaotic lifestyle and poor memory, often missing appointments and failing to retain health information.



Abby underwent a cervical screening in May 2023, which indicated HPV positivity and moderate dyskaryosis. These results were posted to her at the hostel.

Shortly after receiving her screening results, Abby was evicted from the hostel and spent some time rough sleeping. Her transient living situation and chaotic lifestyle led to her missing multiple appointments at the colposcopy department, resulting in her discharge from the service. Letters sent to her previous hostel remained unopened, and follow-up texts from her GP were not received due to her lack/change of phone.



Abby was eventually admitted to a mental health facility and later moved to a higher needs supported hostel. Jessica discovered Abby's missed appointments and abnormal screening results during a review of her records.

Upon discussing the situation with Abby, it was evident that she was anxious and feared the worst about her health. Jessica updated Abby's contact information and keyworker details in her NHS record to improve communication.

Despite Abby's initial reluctance and anxiety, a 'Smear and Smoothie' event at the hostel provided an opportunity for her to receive cervical screening. Abby eventually agreed to the screening, which was conducted alongside STI testing. Abby's follow-up results showed persistent HPV infection but no abnormal cells. These results were directly communicated by Jessica.

However, due to her poor memory, Abby quickly forgot the reassuring results and continued to express fear of having cancer. Jessica and the GP both took the time to go over the results with her again, including her key worker in the conversation so they could also explain the results when Abby forgot.

The team is aware of when her next cervical screening is due and will continue to monitor her cervical health.

Jessica Bains – Lead Health Inequalities Outreach Nurse, Islington GP Hostel Outreach

*The name has been changed for anonymity

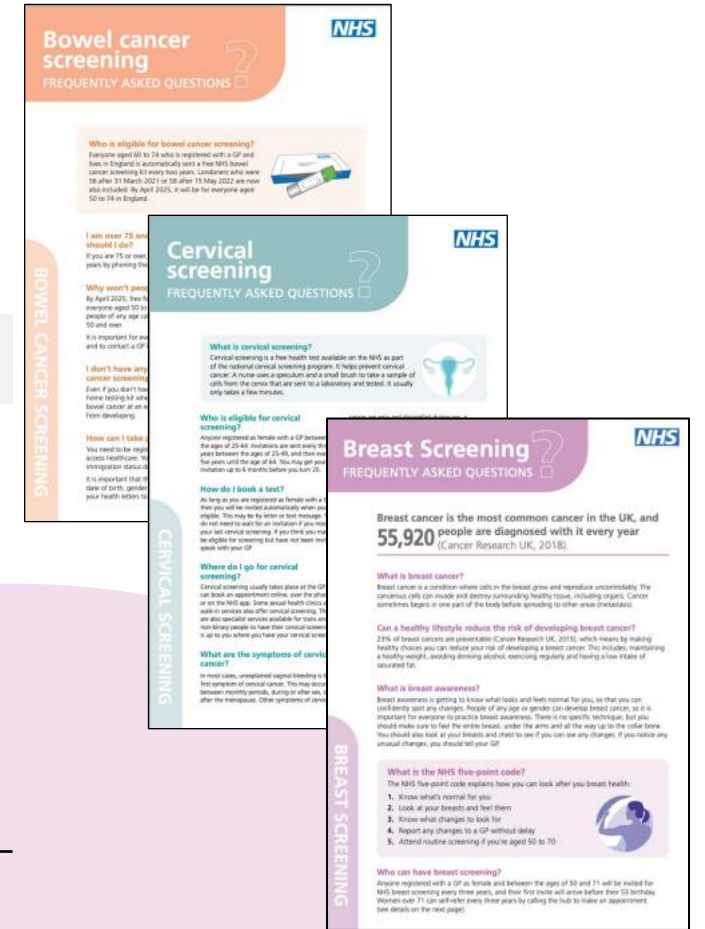
Theme 3.

Working with primary care and screening providers

- Introduce reasonable adjustments to support test completion and investigations.
- Improve and promote better use of existing support pathways

Reasonable adjustments

Screening	Short-term reasonable adjustment	Delivery partner
Bowel	<p><i>Consolidating adjustments already in place:</i></p> <ul style="list-style-type: none"> • Flexibility in pre-diagnostic test support e.g., to discuss how to do bowel prep • Flexibility in follow up appointments at preferred times of the day for the individual. Provide follow-up / drop-in clinic to discuss abnormal results • Allow in-admission to support bowel preparation (3 day in-hospital stay) – by exception only • Alternative test to colonoscopy offered – CT colonoscopy 	<p>Bowel Cancer Screening Centre (UCLH)</p>
Breast	<ul style="list-style-type: none"> • Provide hub number and email address in FAQs to support key workers and hostel staff to help answer any queries relating to clients. • Provide longer appointment times • Allow for pre-visits • Ask clients for 2nd contact/address when accessing breast screening service to follow up results 	<p>NLBSS/ CELBSS</p>



↑ An FAQ resource was developed with input from each of the cancer screening Health Promotion Leads and shared across London, giving key workers clear and standardised information to better support PEH

Theme 3.

Working with primary care and screening providers

Impact

Supporting test and investigations – bowel cancer screening

While some supportive options, such as flexible appointment scheduling, pre-diagnostic consultations, and even the 3-day in-hospital stay for bowel prep (by exception), were already available, they were not widely known or promoted among patients or key workers. The project highlighted these adjustments were available and encouraged providers to offer them when working with the most vulnerable populations, such as PEH. Disseminating this information is crucial, as it ensures that key workers and clients are informed about supportive options, helping to overcome barriers that previously limited access to screening. Further, these are alternative adjustments that are available and could be replicated in other bowel cancer screening centres subject to funding and resources.

Supporting test and investigations – breast screening

The project introduced key adjustments to improve breast screening access for PEH, including longer appointment times, pre-visit options to build familiarity, and a dedicated contact number for key workers and hostel staff. The pre-visit option, already available to people with learning disabilities (PWLD) and carers, has resulted in PWLD taking up their breast screening on the day, with diagnosis of cancer identified in some patients. This has now been extended to PEH and their key workers and can be easily adopted in other breast screening services.

Ongoing activity with primary care

Working with Islington GP Hostel Outreach Service, Enfield Homeless Health Service and Haringey Homeless Health Inclusion Team

The local NCL homeless health GP services protocols, reasonable adjustments and cancer screening processes were explored with NCL CA. There was an opportunity found during exploration about including cancer screening within new patient registration templates.

As part of a wider piece of work, the integration of cancer screening into the Homeless EMIS template, aims to systematically consider screening for all eligible patients right from their initial GP registration. This was included as part of a London-wide homeless health workshop.

Considering the opportunity for embedding cancer screening into the Homeless EMIS template across GP practices in and beyond NCL, the proposed template is now in the hand of local Integrated Care Boards (ICB).

Spotlight: Insights from primary care

Understanding barriers and opportunities for improving access to cancer screening in primary care settings

Activities

As part of the evaluation, further insights were gathered on the barriers, existing processes, and opportunities within primary care settings that aim to improve access and participation in cancer screening for PEH. This was achieved through a survey targeting both specialist and mainstream GP practices across London, which ran in June and July 2024.

The survey garnered 24 responses from 18 mainstream GP practices and 6 specialist homeless GP practices, located in 10 London boroughs.

A focus group was subsequently organised to discuss the findings. This was attended by 3 GP practices.

→ Detailed survey findings and focus group notes can be found in Appendix F & G

Key findings

Current practices

- Specialist GP practices tend to discuss cancer screening with PEH more frequently than mainstream practices. Cervical screening is the most frequently discussed.
- Mainstream GP practices feel less confident (6.5/10) than specialist practices (9/10) in discussing cancer screening with PEH.

Enablers for improved access

- Shared successful practices or adjustments implemented to improve access to PEH included:
 - Drop-in weekend clinics and women's health education events at day centres.
 - Use of care navigators to reach out to eligible patients and support with appointment booking.
 - Use of flexible appointments.
- Peer advocacy can help build trust and encourage participation

Needs and opportunities in primary care

- Direct access to FIT kits and resources for targeted support, combined with opportunistic screening, would improve access.
- Need for better access to information on available reasonable adjustments and services, such as guidance on how reordering kits and supporting clients with specific needs.
- Opportunity to discuss and include cancer screening information at patient registration.

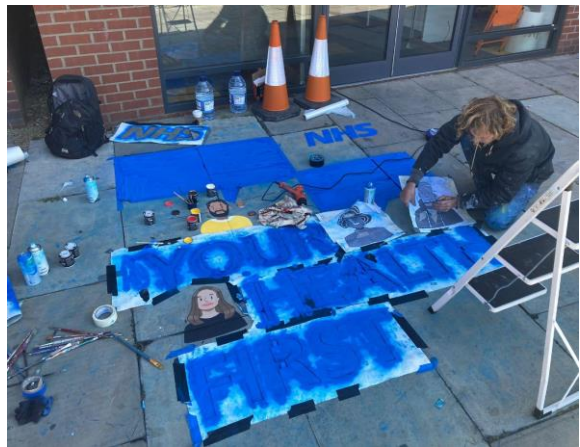
Theme 4.

Health promotion

- Raise awareness of cancer screening and the importance of keeping details up to date.
- Help facilitate cancer screening information shared with PEH.

Reasonable adjustments

Screening	Short-term reasonable adjustment	Delivery partner
Cross-cutting	Co-design, develop and deliver a cancer screening campaign with PEH and homeless health providers aimed at increasing awareness of cancer screening among PEH and encourage eligible individuals to participate when invited.	Claremont



↑ Pavement art was created by strategically placing it outside Mulberry Junction, a well-known day centre in Haringey before service-users enter the building, to remind them that their health matters in the community and to create a sense of connectedness between the individual and the NHS. A short video of pavement art was developed to support campaign partners in raising awareness: <https://www.youtube.com/watch?v=zZdsKtDKsuE>

Theme 4.

Health promotion

Activities

Communication agency **Claremont** was appointed by NCL CA in March 2024 to design and deliver a campaign. Claremont engaged with a range of stakeholders including homelessness and inclusion health services together with 23 people currently experiencing homelessness in Haringey and Islington who were involved in focus and co-design groups.

The core approach of the 'Your Health First' campaign reflects three main insights:

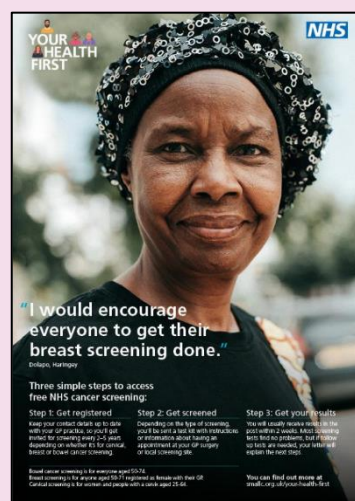
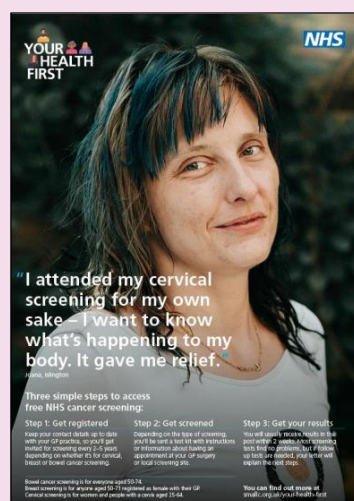
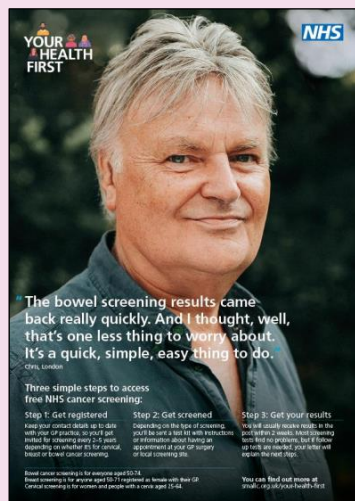
1. **Need for clear information** – Provide pragmatic information in a concise, jargon-free way
2. **Power of peer-to-peer** – Work with trusted intermediaries and peers to share messages
3. **Fatalism, fear and a full plate** – Need to provide reassurance about the process and use real life, honest case studies

The 'Your Health First' communications campaign was strategically aligned to launch in September 2024 alongside the Street Fest, a support festival commissioned by Haringey and Islington Councils aimed to provide PEH with health and wellbeing support in a fun and interactive setting. It ended on World Homeless Day on the 10th of October.



Spotlight: Your Health First Campaign

Your Health First campaign toolkit provides a selection of materials that have been designed to help hostel staff, support workers, health inclusion staff and health navigators in creating moments, opportunities and prompts for talking about cancer screening. The materials have been developed so that messages continue to be visible beyond the campaign period.



Three simple steps to access free NHS cancer screening:

Step 1: Get registered
Keep your contact details up to date with your GP practice, so you'll get invited for screening every 2-5 years depending on whether it's for cervical, breast or bowel cancer screening.

Step 2: Get screened
Depending on the type of screening, you'll be sent a test kit with instructions or information about having an appointment at your GP surgery or local screening site.

Step 3: Get your results
You will usually receive results in the post within 2 weeks. Most screening tests find no problems, but if follow up tests are needed, your letter will explain the next steps.

YOUR HEALTH FIRST
smallc.org.uk

Breast screening: Breast screening is for anyone aged 50-71 registered as female with their GP, every three years. For more information call the NHS London breast screening hub on 020 3758 2024.

Bowel cancer screening: The NHS offers bowel cancer screening to everyone aged 50-74, every two years. For more information call the free NHS bowel cancer screening helpline on 0800 707 6060.

Cervical screening: The NHS offers cervical cancer screening to women and people with a cervix aged 25-64, every three years from 25-49 and every five years from 50-64. For more information call or visit your GP or nearest sexual health service that offers cervical screening.

"The bowel screening results came back really quickly. And I thought, well, that's one less thing to worry about. It's a quick, simple, easy thing to do."
Chris, London

Posters (translated into 4 languages)



Mugs



Pin badge

Z-cards

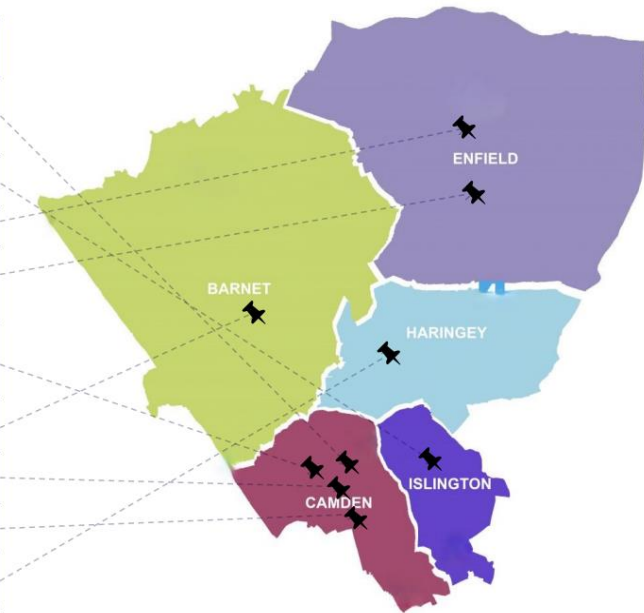
Theme 4.

Health promotion

Activities

The campaign involved 9 homeless support organisations who were all provided a toolkit and briefed on the campaign. If not already taken up, campaign partners were offered cancer screening awareness sessions by the health promotion leads prior to commencement.

Stakeholder	Type of organisation
Single Homeless Project – Camden	Supporting 7 hostels in Camden
Single Homeless Project – Islington	Supporting 4 hostels in Islington
Enfield Council	Enfield Tea and Toast sessions
All People All Places	Enfield day centre
Euston Foodbank	Foodbank in Euston
Change Grow Live	Barnet drug & alcohol service
C4WS	Camden lunch service & winter night service
The Salvation Army Chalk Farm	Camden charity with a weekly homeless drop-in
Mulberry Junction	Haringey Council day centre



Impact

Materials distributed

500 posters distributed

- 450 via stakeholders
- 50 via NCL / Streets Fest

1,000 z-cards distributed

- 665 via stakeholders
- 335 via NCL / Street Fest

300 mugs distributed

- 225 via stakeholders
- 75 via NCL / Street Fest

Social media content

6,648 impressions

Engagement

300-400 meaningful conversations via stakeholders through face-to-face activities

80 people engaged at Streets Fest, including 10 meaningful conversations



Theme 4.

Health promotion

Impact

Stakeholders feedback: engagement quality

- Usefulness of training and briefings – staff felt confident, equipped and safe to have conversations.
- The campaign felt co-produced.
- The campaign was well-organised and structured
- Accessibility of materials, and value of translated leaflets.
- All stakeholders plan to continue promoting Your Health First – some have events/health and wellbeing days planned; one stakeholder has discussed working it into their staff induction and refresher.
- Stakeholders reflected on the need to have trainings/briefings organised more often due to high staff turnover and competing priorities. Suggestion that briefings and training could be recorded.

'I feel like this is going to last for a long time. Sometimes when we do campaigns they feel short-lived, but the way this has worked, and in particular with the training, means that I can see this continuing indefinitely.'

'We're very excited by the campaign, it's been a long time coming. We have had some clients pass away from cancer, and it's nice that someone is addressing the issues.'

'Refreshers are always good as there's so much to do and think about. We need to remind keyworkers that it's an ongoing thing and not just during this month. Plus, staff and volunteers are starting all the time. So refreshing training every 6 months or a year would be helpful to say it's still relevant'

Theme 4.

Health promotion

Impact

Perceived target group response reported by stakeholders

What went well

- Faces (with lived experience) on the posters made them more eye-catching than others on notice boards. Having a recognised face from the area on the posters is also hugely impactful.
- Mugs were reported to have been most useful.
- The pavement art sparked a lot of conversations at Mulberry Junction.
- The campaign triggered conversations between service users with lived experience of cancer that wouldn't have been had otherwise, and opened a conversation about why some people don't do their screenings.
- The campaign created a space for people to ask questions – lots of women asking questions about whether they're eligible for breast cancer screening.
- One stakeholder commented that there was more openness to it than expected from the service users.
- Some service users even came forward with symptoms.

'In Haringey, Dolapo [who is on the poster] is a well-known face. It speaks volumes because the people can identify with her. It 100% created more conversation in the area too.'

'We had women also come forward with questions about how the breast screening would work with implants and so on.'

'We had FIT test arrive whilst the campaign was running. The staff felt super informed in how to have the conversation. It was nice to see it in action'

What could be better?

- Appetite amongst some stakeholders to “go bigger”
- Health talks – many stakeholders suggested having an HCP come in as an outside speaker to target audience.
- High variability in resources available to support the activity within stakeholder organisations.

Key findings

What processes were successful?

Leveraging collective expertise and capacity: The project successfully brought together partners working across the system, leveraging collective expertise to understand barriers and explore feasible adjustments that could be embedded sustainably into practices and systems.

Lived experience input: Integrating the lived experiences of PEH in the project design provided invaluable insights and grounded the initiative.

Collaborative development of lasting cancer screening resources: The project successfully developed cancer screening resources through close consultation with stakeholders, including other Cancer Alliances, across London.

The approach not only enhanced the relevance and applicability of the resources but also initiated important discussions that raised awareness of the issue of cancer screening access for PEH. In addition, by creating materials intended for use throughout the region, the project has established a lasting foundation that will continue to support awareness and screening access for PEH well into the future.

What has been the impact of the project?

Influencing practices, processes and systems: The project's goal was to identify straightforward adjustments replicable beyond NCL to enhance screening access for PEH. It sparked valuable conversations, leading to small but impactful changes, such as raising awareness of adjustments

already available and establishing dedicated processes within screening centres for PEH.

Raising awareness and upskilling: The project raised awareness among healthcare and homelessness professionals about the importance of cancer screening for PEH. Training and upskilling efforts have helped build capacity across both sectors to better understand and support this population. The iterative nature of the project facilitated ongoing conversations about best practices, fostering gradual changes in behaviour and attitudes toward working with PEH.

Key findings

Project and delivery challenges

Challenges in measuring impact:

Although the changes are promising, the impact is difficult to quantify at this early stage. The project's systemic nature means the effects, such as increased screening rates, will take time to materialise.

Tracking screening uptake among PEH during the project's lifespan also proved difficult. Due to the transient nature of this population, we relied on feedback from key workers and screening providers, which posed challenges in obtaining timely information and restricted access to individual client details.

Target population: Many of the adjustments piloted are relevant to other health inclusion groups, and focusing solely on the homeless population may have limited the broader applicability of the project's outcomes.

An inclusive approach is needed that considers shared challenges across diverse health inclusion groups. Applying the learnings from this project to work with these groups can help ensure that similar access barriers are addressed across the system.

Engagement with key workers: Although some key workers participated in the design of the pan-London leaflets and cancer awareness sessions, engaging with the sector earlier in the project would have improved understanding of the service landscape and delivery constraints, allowing for more robust co-design of interventions.

Budget and time constraints: Budget and time limitations affected the health promotion campaign, limiting ability to deliver pavement art in more than one location and produce additional campaign assets.

This also reduced the lead-up time available for campaign partners to plan and integrate campaign efforts alongside their routine responsibilities, which impacted the campaign's reach and coordination.

The pan-London resources developed in partnership with Groundswell went through numerous iterations, extending beyond the initial timeline. Developing resources at this scale required more time and resources than initially planned, and future projects should consider additional resources to support ongoing refinement and stakeholder input.

Sustainability: There was awareness that whilst the TPHC webpage was the ideal platform to host the cancer screening resources, it was subject to migration. The Cancer Screening Resource Directory is due to be migrated to NHSE, but the timelines have not been outlined. This will then require re-engagement with stakeholders to promote new webpage and potential pause in accessibility to resources.

Key findings

Project delivery partners' feedback

Feedback from delivery partners reveals significant positive changes across the various organisations involved in the project.

All partners reported gaining a deeper understanding of the unique challenges faced by PEH and how best to support them in accessing and engaging with cancer screening services.

Notably, partners highlighted that the training and upskilling initiatives have empowered staff to take ownership of their roles in enhancing cancer screening access, resulting in increased awareness and dialogue between sectors.

The project has fostered regular dialogue among stakeholders working across the system, creating a collaborative environment where ideas and best practices can be freely exchanged. For example, health promotion leads within cancer screening services have now established direct communication channels with homelessness service providers across North Central London.

This shift has improved internal communication and strengthened partnerships throughout the system, creating new opportunities for effectively engaging with PEH and addressing their health needs in the best possible way.

Is the project improving access to cancer screening for PEH?

The project's focus on systemic changes, such as upskilling professionals and improving processes, creates a foundation for enhanced screening access for PEH. Systemic changes typically take time to result in tangible, measurable outcomes.

However, the groundwork laid is promising, with shifts in attitudes, processes, and awareness among stakeholders.

Future evaluations should consider longer-term data collection and monitoring to fully assess the project's impact on screening access.

Spotlight: key learning on co-production with people with lived experience

The key learnings outlined here are drawn directly from the contributions and perspectives shared by the patient partners (with lived experience) during their involvement in the project, and they offer guidance for improving similar initiatives in health inclusion efforts.

Patient partners' feedback

- Patient partners felt their contributions were acknowledged and acted upon. They were proud to see their input result in tangible improvements in healthcare access.
- Partners emphasised that even small practical adjustments can have a significant impact on PEH.
- The overwhelming presence of clinical professionals in workshops made it challenging for them to confidently voice concerns or suggestions, hindering full engagement
- Concerns were expressed that some resources developed were overwhelming/too detailed, potentially increasing anxiety for PEH. They advocated for simpler, more accessible language and resources.

Key learnings

- Lived experience provides critical insights that can help bridge gaps between professional knowledge and the real-world challenges of the target group.
- Small, practical changes based on lived experience feedback can lead to meaningful improvements in service access.
- A balanced representation (with a strong presence of lived experience voices) in project discussions is crucial for fostering a comfortable environment where people with lived experience feel confident contributing.
- When developing resources for this cohort, there is a need to balance desire for comprehensive information from healthcare professionals with the necessity of delivering simplified, digestible content.

Recommendations

Opportunities at scale

Consolidate reasonable adjustments and scale up beyond NCL

To ensure the momentum gained through the project continues, it will be important to consolidate existing adjustments. Partner organisations have committed to sustaining the identified changes. It will be important to ensure that sufficient resources are allocated to support these efforts, along with regular updates and thorough monitoring to maintain progress.

The adjustments piloted are relevant and replicable across London and beyond. Existing resources and materials developed during the project can be shared with other Cancer Alliances for dissemination, creating opportunities for replication. Cancer Alliances and Cancer Screening Commissioning Teams are

encouraged to engage with primary care providers, screening centres, and homelessness services to explore how the successful adjustments tested in NCL could be adapted and implemented in their areas.

Informing best practice and regional implementation

NCL CA has been working with NHSE (London Region) Cancer Screening Commissioning Team from project inception with a view to rolling out reasonable adjustments across London following the evaluation.

The intention is to further scope what these recommendations look like for screening providers across London with a view to including these in the 2025/26 London cancer screening commissioning intentions.

Below are some recommendations that have been discussed based on responses gathered during this project and based on ease of replicability.

Proposed reasonable adjustments for London screening providers:

- Screening teams trained in trauma informed practice
- Building relationships with key workers and homelessness services to deliver health promotion and cancer screening awareness sessions
- Screening centres to explore reasonable adjustments that can be offered when attending screening e.g. pre-visits and 3-day in hospital stay (for bowel prep)
- Actively promoting pan-London resources and cancer screening resource directory
- Linking in with Specialist GP practices in their respective areas to offer training/promotion of reasonable adjustments and resources

Recommendations

Working with primary care

Working with primary care

Initial steps have been taken to explore how cancer screening could be included into patient registration processes by reviewing the EPR (Electronic Patient Record) template. There is an opportunity for the ICB to look at this further. This would facilitate early identification of patients who may benefit from screening and ensure that it is part of routine care.

Consultation with primary care has emphasised the need for better access information about the resources, guidance and reasonable adjustments available to support this cohort in accessing cancer screening. Therefore, it is crucial to continue efforts to raise awareness and disseminate clear information regarding these reasonable adjustments.

Positive steps have already been taken as a result of the project, such as the incorporation of cancer screening resources into the national primary care GP training module: [Supporting GP registrations for people experiencing homelessness](#) developed by Dr Jasmin Malik and colleagues.

A quick guide for primary care/ICBs

Step 1: ICBs to ensure template has been uploaded on to EPR system for clinician to use, and that cancer screening questions are included. This can also be done at practice level.

Step 2: Upon patient GP registration, clinician to use Homeless Health template on EPR.

Step 3: Download cancer screening resources (London only) from [Groundswell resource hub](#).

Step 4: Provide cancer screening resources for PEH, so they can read and consider their options. Check with the patient that they can read and if not, offer some support either with a member of the practice team, or through their key worker.

Step 5: Contact local screening services for training on cancer screening for PEH and reasonable adjustments available.

Step 6: Check with the patient their address for receiving mail (can be the practice address, day centre or chosen address) and ensure the EPR system is updated. If they reside in a hostel, please request and add the room number and key worker/2nd contact details.

Contact

North Central London Cancer Alliance

→ If you wish to learn more about the project or replicate in your area, please contact Project Lead: ekta.patel9@nhs.net

→ For any queries or request for creative assets or audience research methodology relating to the Your Health First Campaign please email and quote *'Improving cancer screening for people experiencing homelessness'* in the title to: uclh.nclcanceralliance@nhs.net

Acknowledgements

Thanks to all who have given their time to feed into the evaluation to date, including North Central London Cancer Alliance, Dr Jasmin Malik (Clinical Lead, Health Inclusion, NCL ICB & Regional Clinical Lead Homeless Health London Partnership and London Region Clinical Lead, TPHC), Homeless Health Programme (TPHC), NHSE (London Region) Cancer Screening Commissioning Team, UCLH Bowel Screening Centre, North London and Central East London Breast Screening Services, delivery partners, patient partners, alongside all stakeholders who have contributed or been commissioned to deliver aspects of the project.

Project Lead: Ekta Patel (Senior Project Manager, North Central London Cancer Alliance)

Project Clinical Lead: Dr Jasmin Malik (Clinical Lead, Health Inclusion, NCL ICB & Regional Clinical Lead Homeless Health London Partnership and London Region Clinical Lead, TPHC)

Reviewers: With thanks to Fanta Bojang, Programme Lead (North Central London Cancer Alliance), Jane East, Programme Manager, (North Central London Cancer Alliance)

Appendices

A. Project processes

1

Project initiation

- The Improving Cancer Screening for PEH project by NCL CA emerged from strategic planning and local need:
 - Cancer screening is part of the NCL CA programme, aimed at reducing health inequalities.
 - Local authorities and specialist GP practices identified a need to increase access to bowel cancer screening for PEH via an adjusted pathway. Previous efforts to scope an adjusted pathway for bowel cancer screening was halted due to lack of engagement.
- Adjusting existing pathways required consultations with all involved, including PEH, to understand needs, identify barriers, and determine effective adjustments.

Initial stakeholders' engagement took place across homeless health inclusion teams and cancer screening teams to scope the project.

2

Identifying barriers

- NCL CA reviewed existing evidence and partnered with Groundswell Homelessness Charity UK to facilitate a session with 13 volunteers with lived experience of homelessness to gather insights into existing barriers to accessing cancer screening. This led to 3 volunteers to become patient partners for the project, guiding project development and implementation.

3

Identifying reasonable adjustments

- NCL CA held a workshop over 80 stakeholders with representation from regional cancer screening and homeless health teams, NCL ICB, London Cancer Alliances, screening centres, local authorities' and health inclusion teams, homelessness charities and the patient partners.

The workshop aimed to understand the complexities PEH face, review healthcare and screening barriers, and explore feasible, sustainable adjustments for better access and ongoing participation.

4

Prioritisation and delivery plan

- Adjustments identified were prioritised by feasibility and timeline. Potential delivery partners were identified and engaged to assess their capacity for piloting short-term adjustments. Action plans were developed.
- A collaborative delivery plan was developed. A second workshop was subsequently organised to consolidate commitments and the delivery plan, ensuring unified alignment across all participating teams for the effective implementation of the reasonable adjustments.

5

Piloting the reasonable adjustments

- The action plan included specific steps for each adjustment, delineating responsibilities, timelines, and milestones. Mechanisms for tracking progress were established to ensure accountability and transparency throughout the implementation phase.

6

Evaluation to inform regional roll-out

Homeless Link appointed to deliver an evaluation of the project in order to inform the regional roll-out of successful reasonable adjustments within the 2025/26 London cancer screening commissioning plans.

B. Barriers to accessing cancer screening for PEH (stakeholders' engagement)

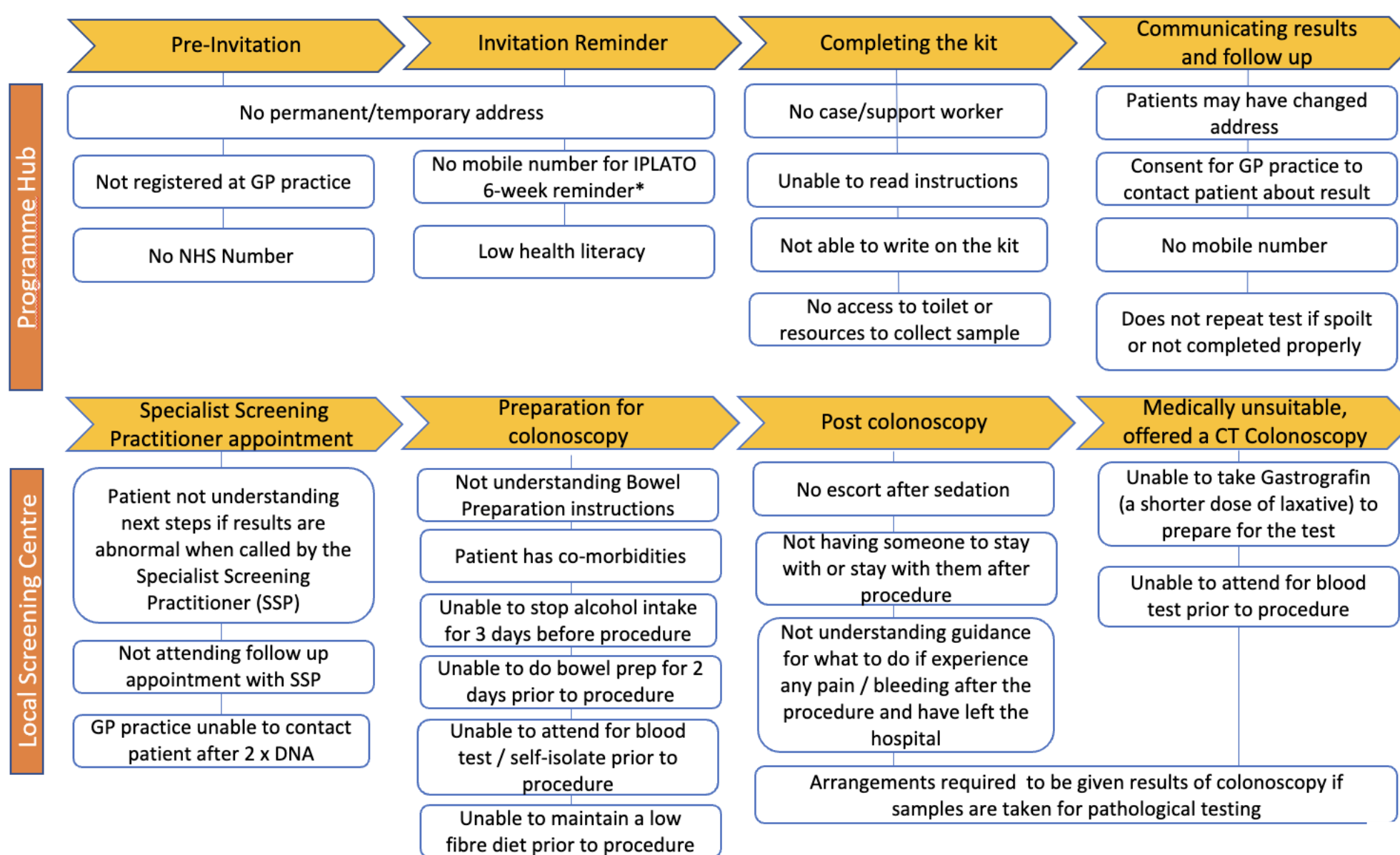
The process of identifying barriers for people experiencing homelessness (PEH) involved engaging with stakeholders across the screening pathway (including screening centres, practitioners, and primary care providers) and individuals with lived experience of homelessness.

This process included mapping out barriers at critical stages of the screening pathways to understand and address the challenges faced by PEH effectively.

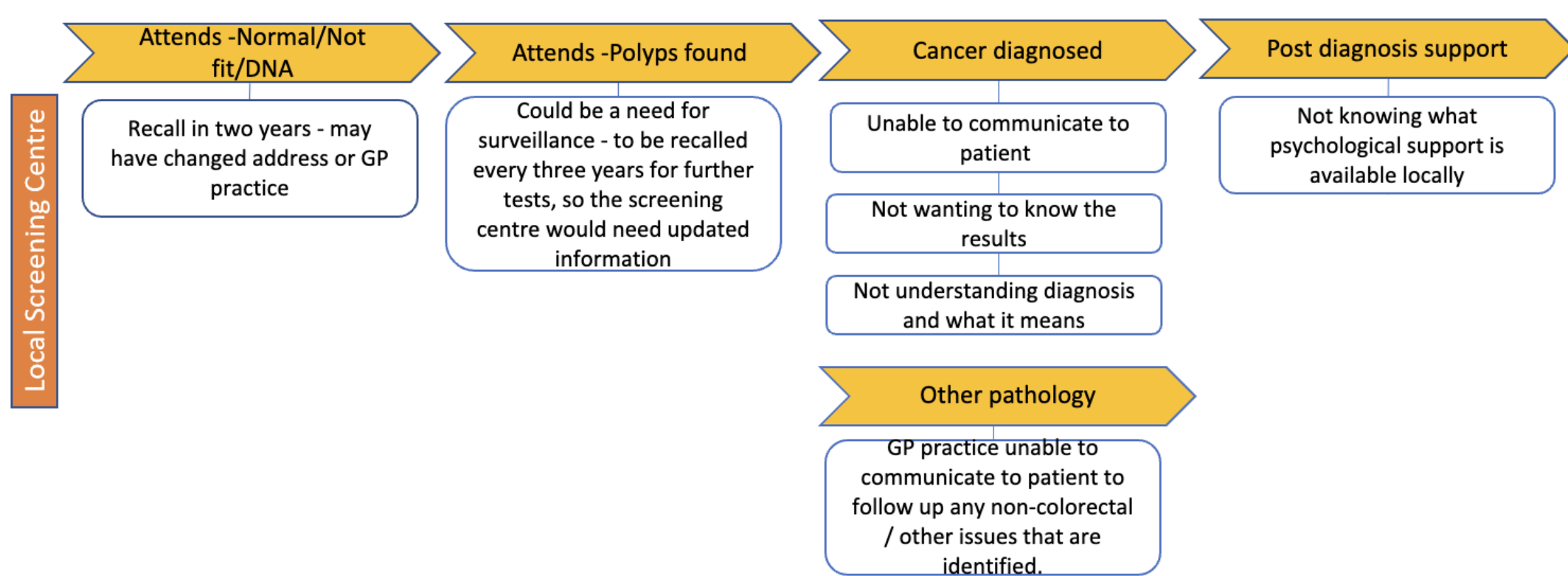
Overall, multi-stage processes involving screening and follow-up testing present specific barriers such as fragmented care and the need for multiple appointments, which can be particularly daunting and impractical for individuals without stable housing. Moreover, previous negative experiences with healthcare providers or institutions may foster mistrust, discouraging PEH from participating in screening initiatives altogether. Even when screenings are initiated, logistical challenges such as transportation barriers and lack of consistent contact information can hinder follow-up care and subsequent diagnostic procedures. These complexities highlight the need for tailored interventions and support mechanisms to ensure equitable access to cancer screening and throughout the screening pathway for this cohort.

↓ **The next few slides present an overview of the barriers encountered by the general population and PEH at each stage of the screening pathway. The pathway diagram was developed by NCL CA with inputs from all partners stakeholders during initial consultation alongside people with lived experience.**

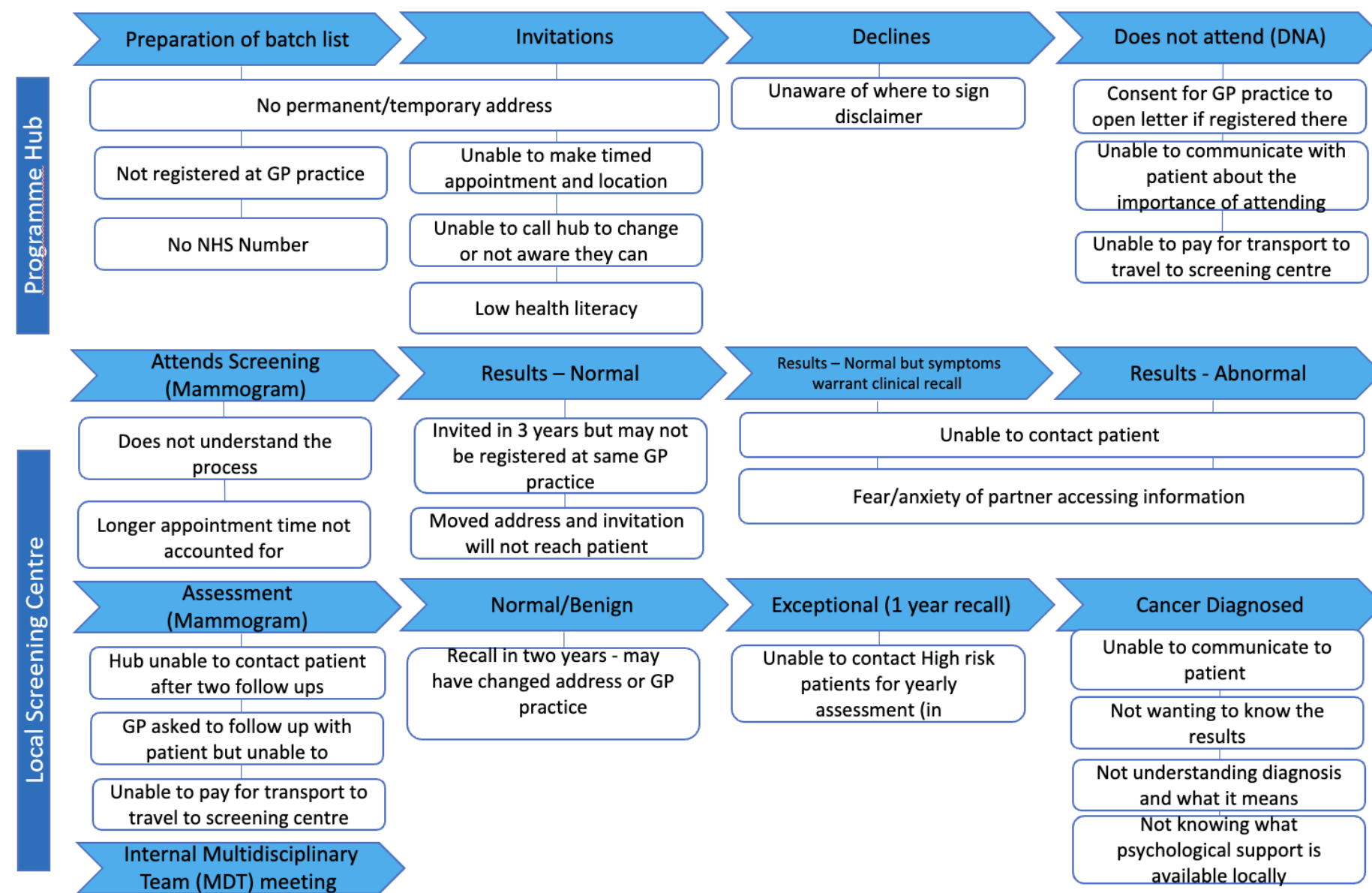
Bowel screening (1/2)



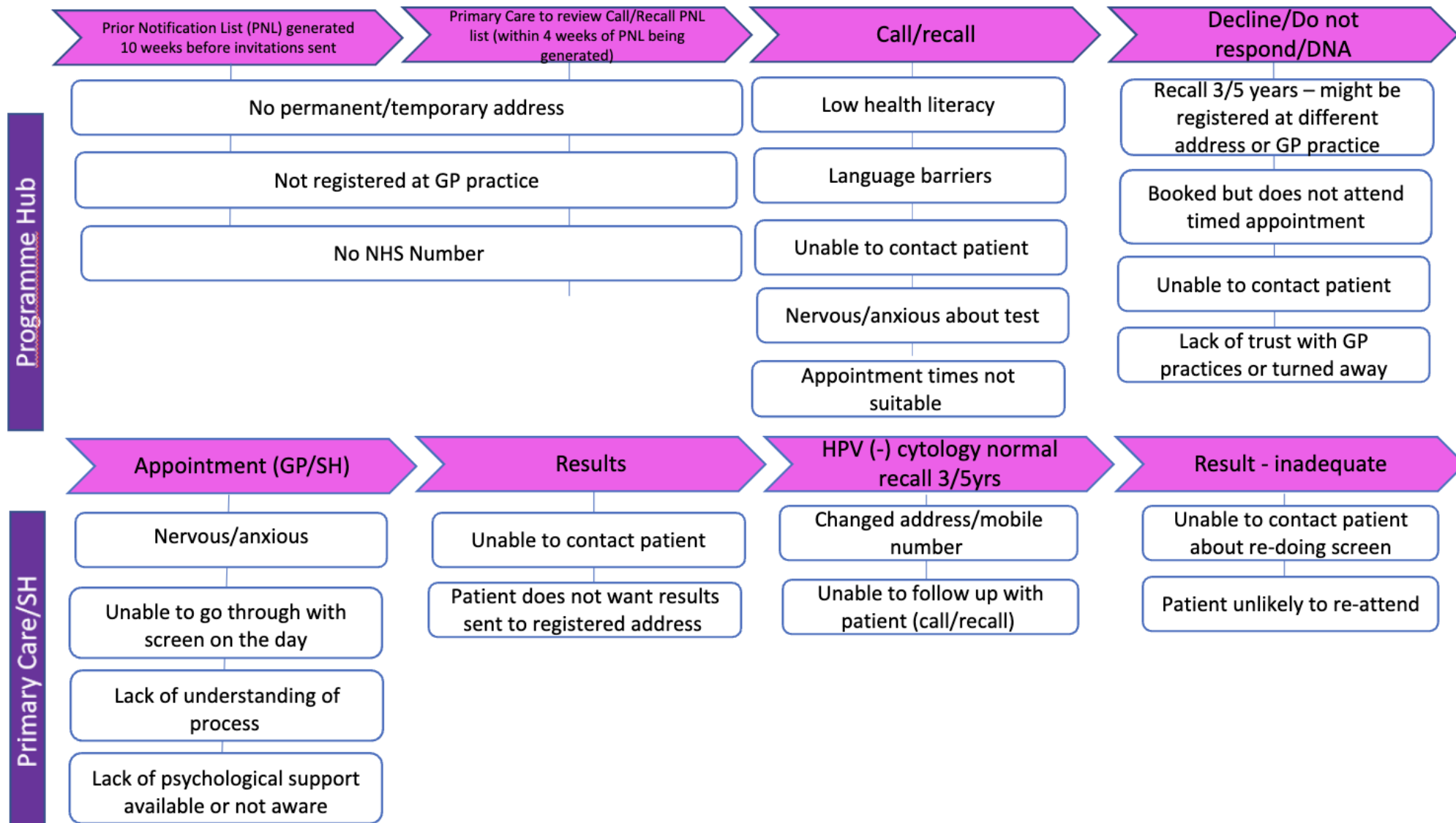
Bowel screening (2/2)



Breast screening

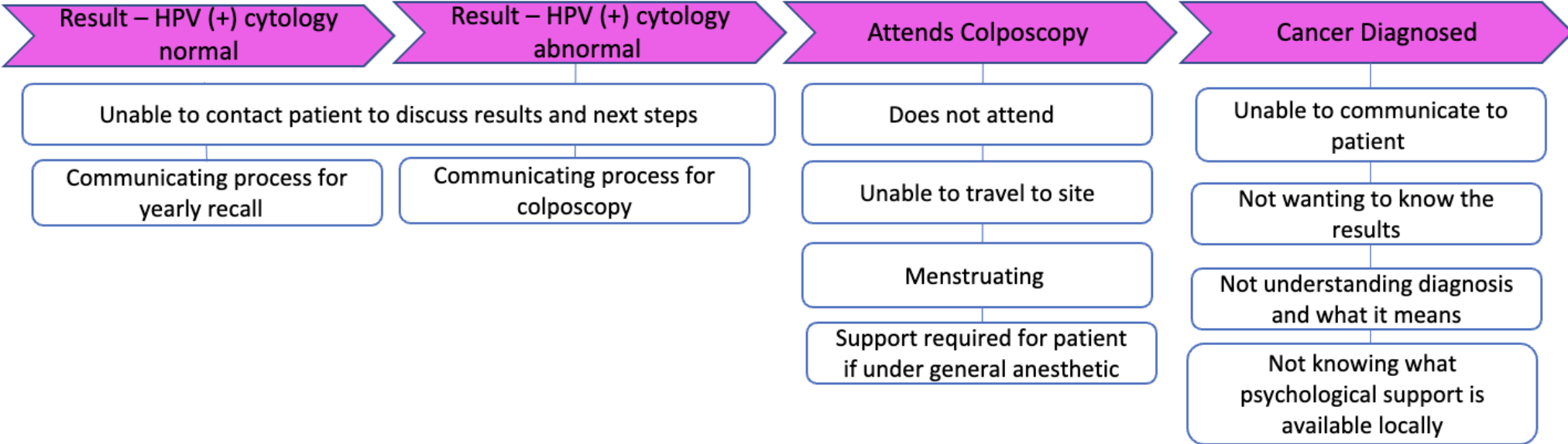


Cervical screening (1/2)



Cervical screening (2/2)

Primary Care/SH

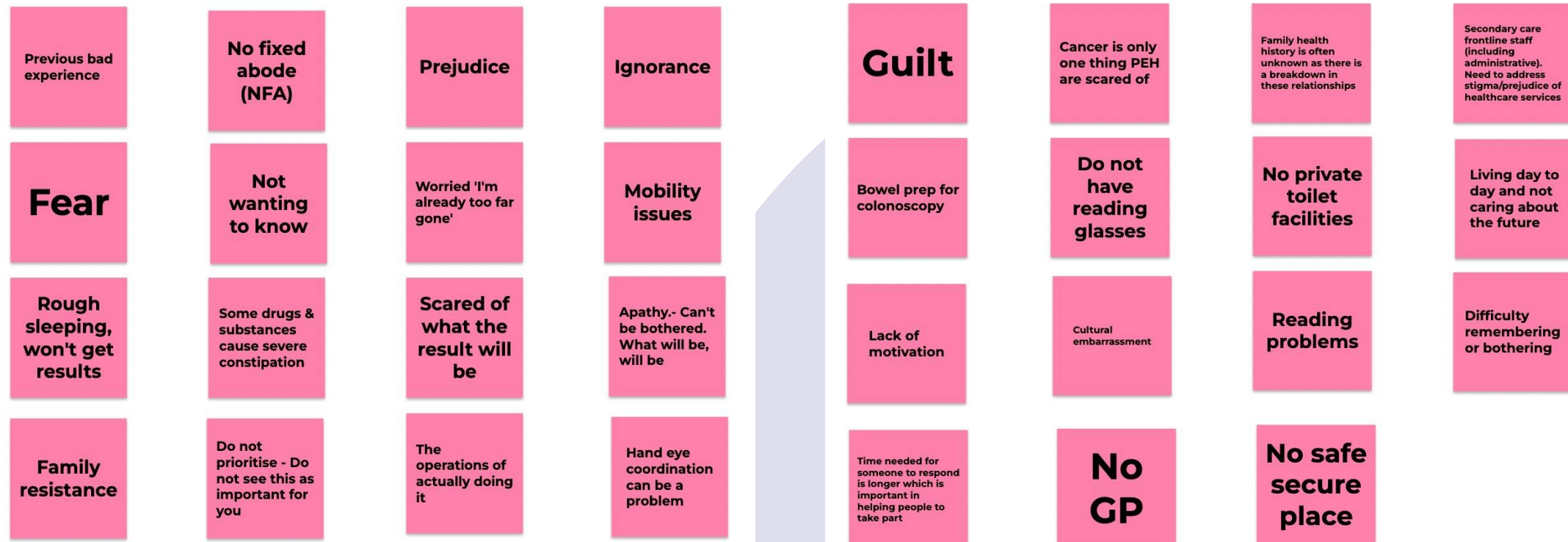


C. Barriers and motivators to accessing cancer screening for PEH

Groundswell supported the facilitation of an initial session with 13 volunteers who had experience of homelessness.

The volunteers shared valuable insights on improving access to cancer screening, what clients might need to be encouraged to participate, and the support required to complete the screening process and follow-up care.

The outputs were a result of 1 hour discussing the cancer screening pathways and 1 hour discussing the barriers and challenges to accessing cancer screening when invited (pink notes) and what adjustments/solutions can be put in place to improve screening uptake (green notes).



C. Barriers and motivators to accessing cancer screening for PEH

Mobile bowel screening test in the community	Make people feel secured to have the test. Comforting message to reassure addicts that they haven't gone too far	Colonoscopy - more time with HCPs during appt slot to reassure individuals that they will get a good service.	Raising awareness of healthcare services they can access e.g. dietitian, social prescriber	Train specialist nurses that can work with PEH to do screens for them and also provide emotional support that may be required
Combine different appointments into a slot - e.g. sexual health test and cervical screen; women's health MOT day	Education to raise awareness of importance of screening - to be shared with people from their community	HPV vaccination education to young people. Build understand of what the vaccination is for and prevention of cervical cancer	Education of young people in late teens / early 20s before they are invited to cervical screening to help them understand importance	Resources (e.g. posters) in hostels. Resources have to be kept brief and also translated
Make people feel they are worthy of accessing to healthcare and using empowering messaging - you are important	Right to healthcare list - know what they are entitled to e.g. longer appt time or female/male clinician	Text results instead of sending letter in the post	Make information about cancer and the causes. Needs to be more accessible to PEH	Training for receptionists - video has been developed by groundswell to support

D. Medium and longer-term adjustments

	Cancer Screening Programme	Theme	Reasonable adjustment
1	Breast	Supporting test and investigations	Dedicated sessions/walk in clinics for PEH
2	Breast	Supporting test and investigations	Offer an alternative test to a mammogram e.g., Ultrasound
3	Breast	Supporting tests and investigations	More mobile sites
4	Breast/Bowel	Transport	Issue vouchers for shelters to use and give to eligible clients to use taxi firms (under a local agreement) to take clients to their appointment at breast/bowel screening sites
5	Breast/Bowel	Transport	Provide pre-loaded oyster card or offer appts after 9.30 so they can travel for free if in possession of OAP travel card
6	Bowel	Supporting test and investigations	Provide capacity in screening centre to offer help to PEH to complete the kit onsite
7	Bowel	Supporting test and investigations	Aim for a one-stop-shop review and make additional effort to complete what they can then and there on the day
8	Bowel	Supporting tests and investigations	Digital resource/portal to access screening appointments as letters in post can often be missed
9	Bowel	Supporting tests and investigations	To be able to order a kit online and provide key contact details when ordering a kit
10	Bowel	Supporting test and investigations	Provide unlabelled FIT kits into settings where PEH access e.g., day centres and hostels and roaming buses
11	Bowel	Supporting test and investigations	Implement safety netting process for PEH to be followed up and reviewed annually for cancer screening

D. Medium and longer-term adjustments

	Cancer screening programme	Theme	Reasonable adjustment
12	Cervical	Supporting test and investigations	Offer cervical screening in sexual health clinics
13	Cervical	Supporting tests and investigations	Improve communication between hostels and GP practices: with person's consent, practices can inform hostel via office number of appointments or to call back practice for results
14	Cervical	Supporting test and investigations	Deliver cervical screening in the community
15	Cross-cutting	Supporting tests and investigations	Setting up a digital solution to help identify patients on system who may be experiencing homelessness to offer a different approach to inviting them for screening
16	Cross-cutting	Making every contact count	Include cancer screening when new patient registration consultation takes place for eligible patients

E. Cancer awareness sessions feedback

Bowel screening

- 25 feedback forms completed
- The feedback was positive. Participants expressed that the training was practical and informative, giving them the right tools to engage a conversation with their clients about screening.
- When asked about what they will implement as a result of the training, participants indicated they would be more vigilant in ensuring their eligible clients receive invitations for cancer screening and are supported in accessing these services. Some participants also mentioned planning discussions with their clients to talk about the importance of screening and breaking the stigma around bowel cancer screening.
- When asked to rate the quality and usefulness of the training received, participants gave an average rating of 9/10.

Breast screening

- 15 feedback forms completed
- The feedback was positive, with participants expressing that understanding pathways and processes (such as what happens during appointments), and the implemented adaptations would facilitate conversations with the people they support.
- When asked about what they will implement as a result of the training, participants indicated they would utilise pre-visits, make sure that their clients are aware of the service and raise awareness amongst their team and colleagues.
- When asked to rate the quality and usefulness of the training received, participants gave an average rating of 9/10.

Cervical screening

- 28 feedback forms completed
- Key takeaways for participants included learning about risks, gaining insight into symptoms and screening processes and understanding better the barriers that PEH may face and how to best give advice to PEH.
- When asked about what they will implement as a result of the training, participants indicated that they would disseminate the information learnt to their team, encourage open discussions around screening with their clients and advocate for attending appointments.
- When asked to rate the quality and usefulness of the training received, participants gave an average rating of 9.5/10.

F. London primary care survey findings

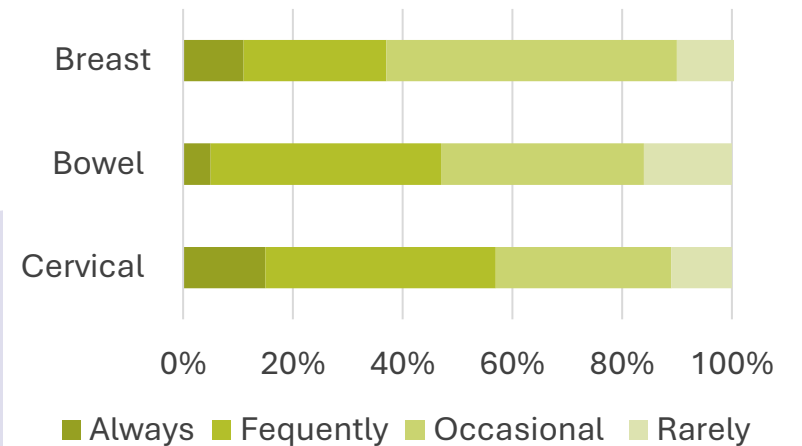
As part of the evaluation, insights were gathered on barriers, existing processes and opportunities within primary care settings that aim to improve access and participation in cancer screening for PEH via a survey. Targeting London's primary care GP practices, including both specialist and mainstream practices, the survey was distributed via communication channels of the four London Cancer Alliances, London Homeless Health Care Practitioners Network (HHCPN), NCL GP bulletin and NCL community of practice for homeless health. It launched in early June 2024 and will remain open until July 31st, 2024.

The survey garnered 24 responses from 18 mainstream GP practices and 6 specialist homeless GP practices.

When asked how often the practices take the opportunity to discuss cancer screening during their interactions with PEH, responses vary greatly among practices and types of cancer screening.

Cervical screening is the most frequently discussed, with 58% of responding practices reporting frequent or always engagement on the topic, which is expected given its administration in primary care settings. Breast and bowel cancer screening are less commonly discussed, with 53% of practices reporting discussing breast screening occasionally and 11% rarely. Those figures are 37% and 16% for bowel cancer screening respectively.

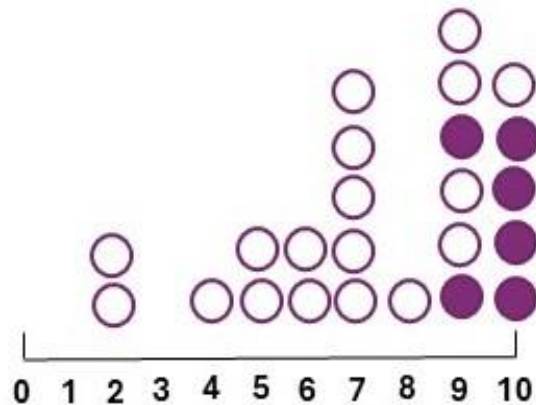
How often do you take the opportunity to discuss cancer screening during your interactions with PEH?



Specialist GP practices indicated more frequent engagement across all three types of cancer screening than mainstream GP practices.

F. London primary care survey findings

When asked to rate their confidence about discussing the importance of cancer screening and how to participate with PEH, practices showed varied ratings overall. The average rating was 7,3 out of 10, with some practices rating significantly lower. Conversely, higher confidence ratings were consistently given by specialist homeless GPs.



- Specialist homeless GP
- Mainstream GP

When asked to rate their confidence about discussing the importance of cancer screening and how to participate with PEH, practices showed varied ratings overall. The average rating was 7,3 out of 10, with some practices rating significantly lower. Conversely, higher confidence ratings were consistently given by specialist homeless GPs.

Practices were asked to share successful practices or adjustments implemented to improve cancer screening access for PEH or other groups. Responses highlighted various strategies and initiatives, including:

- Mainstream GP practice: Drop-in weekend clinics for cervical screening (opportunistic offer) targeting all eligible women including PEH but not only, longer appointment times for cervical screening available on request.

- Specialist GP: Use of care navigators calling women on a quarterly basis to organise cervical and breast clinic and helping with booking; women health education events at day centres; admin team regularly contacting individuals for bowel cancer screening and offering cancer screening packs.

Practices also reflected on the type of support that would help them in increasing cancer screening uptake for PEH. Feedback included:

- The ability for GP practices to perform bowel cancer screening directly at their practice (direct access to FIT kit)
- More appointment flexibility in screening centres
- Resources to do some targeted support to known eligible patients
- The ability to use GP address for FIT kits
- Outreach in hostels and day centres

G. London primary care focus group

Following on the survey, a focus group discussion was held online in September 2024. This was attended by three stakeholders, including two mainstream practice GPs and cancer leads, and a specialist homelessness practice lead practitioner. The discussion centred on priorities and strategies to improve access to cancer screening for PEH in GP practices.

Key points:

- Strong demand for ad hoc bowel screening kits and the ability to opportunistically distribute these kits during interactions (e.g., during outreach). Having immediate access to kits and the ability to resend them would make a significant difference.
- The availability of a dedicated hotline for homeless services or key GP practices to assist with same-day appointments or reasonable adjustments for cancer

- screenings was seen as valuable. The ability to secure last-minute appointments could be helpful for this population.
- Peer advocacy has been identified as a key factor in getting people to appointments. This approach could be leveraged centrally or through social prescribing networks, particularly with transport support.
- The removal of cervical screening from sexual health clinics was seen as a missed opportunity for opportunistic screening. Reintegration of screening into these clinics would improve access, especially for patients already visiting for other services.
- Many GP practices struggle with capacity, limiting their ability to provide opportunistic screenings. For cervical screening, time constraints often prevent opportunistic appointments during other visits.

Focus group participants emphasised several key areas where additional support could help GP practices improve access to cancer screening for PEH:

- Education for clinicians, including better access to information about available reasonable adjustments and services for cancer screening, such as reordering screening kits or how to support patients with specific needs.
- Increased funding, which would help GP practices implement routine screening, particularly when introducing new initiatives or increasing capacity.
- Simplifying access to resources, including hotlines or reasonable adjustments, would help streamline the process for healthcare professionals and patients.

G. London primary care focus group

- Having access to bowel screening kits. If no possible, being able to request for screening invitation letters / kits to be re-sent if not received by patients when prompted.
- Having access to resources, including leaflets in multiple languages

Additionally, stakeholders discussed the potential to include cancer screening during *patient registration*. However, several barriers were highlighted, such as delays in receiving new patients' medical records and the use of online registration which limits face-to-face interaction where screening discussions could occur.

Case study

(Great Chapel Street Medical Centre, Westminster)

A 64-year-old Eritrean woman experiencing homelessness attended a women's day centre in Westminster where health education sessions on cancer screening were conducted. She was unaware that breast screening was available in the UK and was referred to the care navigator which supported her with booking a mammogram at the local breast screening centre. The care navigator also supported the patient to attend her appointment, advocating for the clients and ensuring translation was available.