NHS North Central London Cancer Alliance

# Head and Neck Cancer Inclusive Health Outreach Clinic Pilot

**Project lead and organisation** - Andy Murphy, Programme Manager and Amy Smith, UCLH Head and Neck Cancer Team)

**Partner organisation(s) involved** - UCLH Head and Neck CNS Team; UCLH cancer services; local homeless shelters/hostels and inclusion health partner

**Funding requested (£)** - £20,000

**Proposed start and end dates** - October 2026 – September 2027 (12-month pilot), with evaluation and learning shared by March 2028

## Summary

This bid proposes a targeted outreach clinic pilot to improve engagement with head and neck cancer care among highly disadvantaged patients in North Central London (NCL). It focuses on individuals experiencing homelessness, insecure housing, or severe deprivation, who often face barriers such as unstable contact details, travel difficulties, and competing priorities, leading to missed appointments and poorer outcomes.

The project will deliver a one-day-per-week community outreach clinic led by a Head and Neck Cancer Clinical Nurse Specialist (CNS), working in partnership with shelters, hostels, and inclusion health services. The clinic will provide holistic support, including care navigation, symptom review, treatment follow-up, and help with attending or rebooking hospital appointments. It will also offer signposting to wider services such as housing, mental health, and substance misuse support, while coordinating closely with hospital teams.

The pilot aims to improve patient engagement, reduce missed appointments, and enhance coordination of care for a high-risk population. Success will be measured through improved attendance rates, patient experience, and reduced care fragmentation. With funding of £20,000 over 12 months, the project is designed as a low-cost proof of concept, with potential to scale to other tumour groups and inform broader approaches to reducing cancer inequalities.

## NCLCA Big Ideas Fund – Expression of Interest

**Section 1 – Project Details**

*Submit by 25 June 2026. Only NCLCA colleagues may submit.*

NHS
North Central London
Cancer Alliance

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| **Partner organisation(s) involved** | UCLH Head and Neck CNS Team; UCLH cancer services; local homeless shelters/hostels and inclusion health partners | **Funding requested (£)*** | £20,000 |
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| **Section 2 – The Idea** | | | |
| **1. What is the challenge you are seeking to address?*** | A proportion of UCLH head and neck cancer patients experience significant deprivation, homelessness or insecure housing. This can create practical barriers to care including unstable contact details, difficulty receiving appointment letters, digital exclusion, travel costs, competing priorities around housing or safety, and reduced ability to attend hospital appointments. For head and neck cancer, missed appointments can delay diagnosis, treatment, rehabilitation and follow-up, and may worsen experience, outcomes and emergency use. The challenge is therefore to test a practical, community-based way of supporting this disadvantaged group to remain engaged with planned cancer care. In addition we will use the time to provide education to support primary care and community health professionals to support this cohort of patients. | | |
| **2. What is your proposed project and – at a high level – how would it be delivered?** | The project would pilot a one-day-per-week outreach clinic for UCLH head and neck cancer patients who are homeless, in temporary accommodation, living in hostels or otherwise identified as experiencing severe deprivation and repeated barriers to attendance. A Head and Neck Cancer CNS, supported by dedicated admin time, would work with local shelters/hostels and inclusion health partners to deliver outreach sessions closer to where patients are already accessing support. The clinic would provide care navigation, holistic needs assessment, symptom and treatment-toxicity review, support to rebook or attend appointments, liaison with the MDT, safeguarding/escalation where needed, and signposting to housing, substance misuse, mental health and primary care support. Admin support would maintain a small patient tracker, coordinate appointments and transport/signposting, confirm contact routes, and capture evaluation data. Delivery would be governed through UCLH clinical supervision, consent and information governance processes, with clear criteria for inclusion and escalation back to the acute head and neck pathway. | | |
| **Section 3 – Impact & Strategic Alignment** | | | |
| **3. Which NCL strategic objectives and/or National Cancer Plan ambitions does your project align with?** | The project aligns with NCL priorities to reduce health inequalities, improve cancer outcomes and experience, and shift appropriate care and support closer to communities. It also supports national cancer ambitions around earlier and faster diagnosis, better access to planned treatment and follow-up, personalised care, and reducing unwarranted variation for groups who are underserved by standard hospital-based models. The pilot is a practical test of an inclusion-health approach that could inform wider NCL work on cancer inequalities and community-based cancer support. | | |
| **4. What impact do you expect the project to have on NCL cancer outcomes and/or patient experience?** | The expected impact is improved engagement with planned head and neck cancer care for a high-need cohort who are currently at risk of missed appointments and fragmented support. Success would be measured through the number of patients identified and supported, outreach contacts delivered, appointments rebooked or attended, reduction in missed appointments for the pilot cohort compared with baseline, patient-reported experience, and examples of avoided escalation or improved coordination. If successful, the model could improve patient experience, reduce avoidable delays and emergency contacts, and provide a scalable template for other tumour groups or disadvantaged communities in NCL. | | |
| **Section 4 – Resources** | | | |
| **5. What do you see as the likelihood of attracting external funding?** | Moderate if the pilot demonstrates measurable benefit. A small Big Ideas Fund investment would create proof of concept, local data and patient stories that could support future bids to UCLH Charity, cancer inequalities funds, inclusion health programmes, ICB transformation/health inequalities funding, or charitable partners focused on homelessness and cancer. The project is deliberately low-cost and designed to produce evidence that could justify recurrent or expanded support. | | |
| **6. High-level indication of how the budget would be used*** | £20,000 would be used to fund: Head and Neck CNS outreach time for one day per week across the pilot (approximately £14,000–£15,000 including on-costs); admin/pathway coordination support for patient tracking, appointment coordination and data capture (approximately £3,000–£4,000); and a small non-pay allocation for travel, phone/contact costs, printed patient information and evaluation support (approximately £1,000–£2,000). Final allocations would be confirmed with UCLH finance and workforce leads. | | |
| **Section 5 – Anything Else** | | | |
| **7. Is there anything else you would like to flag?** | This is proposed as a focused test rather than a permanent new service. It would need early agreement with UCLH on clinical governance, safeguarding, information governance and referral criteria, plus practical engagement with shelters/hostels to confirm suitable locations and session arrangements. The pilot would not duplicate existing cancer CNS provision; it would extend that expertise into community settings for patients least able to access standard hospital-based care. Learning would be captured for NCLCA and shared across NCL as an example of targeted action on cancer health inequalities. | | |