

From outreach to outcomes: a neighbourhood cancer prevention and care navigation model in Barnet

Project lead and organisation - Simon Evans - NCL CA, Dr Mohammed Jawad - Deputy Director of Public Health, Barnet

Partner organisation(s) involved - NCLCA, PCNs, neighbourhood teams, Groundwork London, Barnet Council Public Health, secondary care

Funding requested (£) - £180,000

Proposed start and end dates - September 2026 – September 2028

Summary

This bid proposes a Neighbourhood Cancer Prevention and Care Navigation model in Barnet to improve screening uptake and reduce inequalities in cancer outcomes. Current challenges include persistently lower screening participation in deprived neighbourhoods, driven by barriers such as low awareness, fear, stigma, access difficulties, and digital exclusion. Existing outreach approaches focus mainly on awareness and fail to ensure that residents complete screening pathways, leading to missed opportunities for early diagnosis.

The project introduces a new delivery model that combines community engagement with active care navigation, supporting residents from initial contact through to completed screening. A small team of trained navigators will be embedded within local primary care networks, neighbourhood systems, and community settings. They will proactively identify individuals who have not responded to screening invitations, provide tailored support (e.g. booking appointments, overcoming language or access barriers), and connect people to broader prevention services such as smoking cessation and physical activity.

The approach also includes capacity building through partnerships with community organisations and a “train-the-trainer” model to extend reach sustainably.

Expected outcomes include increased screening uptake, reduced inequalities, improved early diagnosis, and enhanced patient experience through personalised, culturally appropriate support.

NCLCA Big Ideas Fund – Expression of Interest

Questions marked with an asterisk indicate additional guidance on page 2 of this document.

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

Section 1 – Project Details

Proposal title	From outreach to outcomes: a neighbourhood cancer prevention and care navigation model in Barnet	Project lead and organisation	Simon Evans, NCL CA Dr Mohammed Jawad Deputy Director of Public Health, Barnet
Partner organisation(s) involved	NCLCA, PCNs, neighbourhood teams, Groundwork London, Barnet Council Public Health, secondary care	Funding requested (£)*	£180,000
Proposed start and end dates*	September 2026 – September 2028		

Section 2 – The Idea

1. What is the challenge you are seeking to address?*	<p>Cancer screening uptake in Barnet shows persistent, place-based inequalities, with lower coverage in South East and South West neighbourhoods, indicating systemic inequity. Key barriers to screening uptake are patterned by deprivation, ethnicity, and other protected characteristics, and include low awareness and understanding of preventative screening; fear, stigma and misinformation; practical access barriers, including navigation of services and missed invitations; and digital exclusion limiting engagement. Current approaches, including traditional awareness-based outreach, are insufficient to address these structural barriers. As a result, a gap persists between invitation to screening and completion, driving inequalities in early diagnosis and outcomes. Barnet’s existing Health Ambassador programme has demonstrated strong community trust and engagement. This provides a foundation to test a new approach that goes beyond awareness to actively supporting residents through the full screening pathway.</p>
2. What is your proposed project and – at a high level – how would it be delivered?	<p>Core proposition: a new delivery model. This proposal introduces a Neighbourhood Cancer Prevention and Care Navigation model, shifting from outreach alone to an integrated system that supports residents from engagement to completed screening.</p> <p>What makes this model novel:</p> <ul style="list-style-type: none"> • Moves from awareness-based outreach to end-to-end care navigation, directly supporting residents to complete screening • Embeds delivery within neighbourhood teams, primary care and community systems, rather than operating alongside them • Integrates screening and access to care in a single approach • Connects community engagement with clinical pathways, including primary care and secondary care services <p>This represents a shift from increasing awareness to closing the gap between invitation and screening completion, which is not addressed by existing programmes. The model is designed to complement, not duplicate, existing screening provider activities such as call/recall and health promotion.</p> <p>Delivery model A small team (1 Senior and 2 Junior Integrated Navigators) will be deployed in South East and South West Barnet and embed delivery within PCNs, neighbourhood teams and community networks, working in partnership with primary care, secondary care and VCSE organisations. Key components:</p> <p>1. Active care navigation: Identify and engage residents who have not responded to screening invitations; Provide tailored, practical support to access and complete screening</p>

	<p>(e.g. booking, follow-up, system navigation); Address barriers relating to language, access and digital exclusion</p> <p>2. Neighbourhood-based delivery: Integrate within PCN and neighbourhood structures; Deliver in trusted settings (community venues, libraries, leisure centres); Align with local population health priorities</p> <p>3. Integrated prevention approach: Combine cancer screening with wider prevention support (e.g. smoking cessation, physical activity, vaccination); Provide a single, coherent offer to residents</p> <p>4. Capacity building (hub and spoke model): Develop a train-the-trainer approach through community leaders and organisations; Extend reach beyond the core team and build sustainable local capacity</p> <p>This approach tests whether embedding care navigation within neighbourhood systems can deliver measurable improvements in screening uptake in high-inequality areas.</p>
Section 3 – Impact & Strategic Alignment	
<p>3. Which NCL strategic objectives and/or National Cancer Plan ambitions does your project align with?</p>	<p>SA1. Improve survival, focusing on early diagnosis and prevention</p> <p>This project supports early diagnosis by increasing screening uptake in underserved populations and reducing inequalities through integrated community and primary care delivery.</p>
<p>4. What impact do you expect the project to have on NCL cancer outcomes and/or patient experience?</p>	<p>The project will increase screening uptake and completion in low-uptake populations; reduce inequalities across neighbourhoods and population groups; improve early diagnosis and outcomes; and strengthen patient experience through culturally appropriate support.</p> <p>The model links community engagement with system navigation, and aims to deliver sustained change rather than one-off engagement. It will also generate learning for NCL on integrating community-based navigation into screening pathways, with potential for replication.</p>
Section 4 – Resources	
<p>5. What do you see as the likelihood of attracting external funding?</p>	<p>There is strong support within the council and local system to sustain and expand this approach if successful.</p>
<p>6. High-level indication of how the budget would be used*</p>	<p>£180,000 will fund a neighbourhood-based team (1 Senior and 2 Junior Integrated Navigators); Programme management and delivery support (Groundwork London); Training, support and evaluation aligned to the navigation model.</p>
Section 5 – Anything Else	
<p>7. Is there anything else you would like to flag?</p>	<p>This proposal is grounded in established community trust but introduces a fundamentally different delivery model, focused on care navigation and system integration. Rather than continuing an existing programme, it tests a new approach to addressing a key gap in cancer screening: supporting residents to move from invitation to completion. The model is designed as a scalable neighbourhood-based solution that can be adapted across NCL to reduce inequalities in cancer prevention and early diagnosis.</p>

Additional Guidance on Completing this EOI

General

- All EOIs must not exceed 2 pages.
- Please submit to uclh.nclcanceralliance@nhs.net by 25th June 2026.
- Only NCLCA colleagues may submit.

Section 1 – Project Details

- Our current expectation is that we will fund a small number of projects from a total funding pot of ~£600k.
- Proposed end date for the project must be no later than March 2029.

Section 2 – The Idea

- Question 1 - Describe the problem or unmet need. Include relevant data or evidence where possible.

Section 4 – Resources

- Question 6 - e.g., staffing, clinical time, technology, evaluation, overheads. Precise costings are not required at EOI stage.