# SCHEDULE 2 – THE SERVICES

## A. Service Specifications

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| **Service Specification No.** | **11J/0264** |
| **Service** | Early detection of cancer for homeless people - WEST |
| **Commissioner Lead** | Dorset CCG, Vespasian House, Barrack Road, Dorchester, DT1 1TG |
| **Provider Lead** | |
| **Period** | 31/01/2022 – 30/01/2023 |
| **Date of Review** | 30/04/2022 |

### 1. Population Needs

**1.1 National/local context and evidence base**

**The National Context**
The NHS Long Term Plan says that the NHS will reduce the growth in demand for care through better integration and prevention. Wider action on prevention will help people stay healthy and also moderate demand on the NHS.

The NHS Long Term Plan also says the NHS will be more differentiated in its support offer to individuals. This is necessary if the NHS is to make further progress on prevention, on inequalities reduction, and on responsiveness to the diverse people who use and fund our health service. Indeed one-size-fits-all statutory services have often failed to engage with the people most in need, leading to inequalities in access and outcome.

There is also an aim within the Long-Term Plan to diagnose 75% of patients with cancer at an early stage (stage 1 and 2) by 2028 in order to improve cancer survival rates. Primary Care Networks are enabled to deliver earlier detection of cancer through the Network Directed Enhanced Service and Quality outcomes Framework.

**The Dorset Context** - The Dorset Cancer Partnership

The Dorset Cancer Partnership (DCP) has delegated responsibility from the Dorset Integrated Care System to maintain and assure cancer standards and to deliver the cancer elements of the NHS Long Term Plan. Members of the Dorset Cancer Partnership include NHS Dorset Clinical Commissioning Group, Dorset County Hospital NHS Foundation Trust, University Hospitals Dorset NHS Foundation Trust, Dorset HealthCare University NHS Foundation Trust, Macmillan and Wessex Cancer Alliance.

The DCP Cancer Prevention and Early Detection (CPED) Programme is responsible for taking forward key areas that will prevent people developing cancer through behavioural factors such as reducing smoking rates and overweight and obesity rates and improving screening uptake; and taking forward early detection of cancer with a focus on case finding people at increased risk, improving public awareness of signs and symptoms and working with primary care to enhance adherence to suspected

cancer guidelines, to improve quality of referrals, to offer CPD opportunities and to promote audit and reflection.

To make further progress on prevention, inequalities reduction, and on responsiveness to the diverse people who use and fund our health service there is a need to provide agile services to support individuals. Without these targeted pieces of work people most in need are likely to continue to fall through the gaps, perpetuating health inequalities.
People from socially excluded groups, including the homeless and especially rough sleepers experience poor health outcomes across a range of indicators, including self-reported health, life expectancy and morbidity with an average life expectancy of 45 for men and 43 for women, compared to the national average age of death in the UK (79.4 for men and 83.1 for women).

This service will focus on reducing inequalities in cancer survival outcomes and patient experience of cancer services for homeless people through the following objectives:

- Lung cancer case finding – invite smokers to attend for risk assessment and blood tests. This pathway will follow the Lung Case finding LES carried out last year in Dorset.
- Deliver smoking cessation brief intervention and encourage uptake of smoking cessation support.
- Improve cancer symptom awareness, specifically for lung and bowel cancer.
- Increase use of symptomatic faecal immunochemical testing (FIT) to rule in a lower GI 2ww referral.
- Support homeless people to complete work up such as chest x-ray and symptomatic FIT.
- Support homeless people to attend appointments related to suspected or diagnosed cancer such as diagnostic tests and outpatient appointments and screening appointments where eligible.

This project contributes to the following outcomes agreed within the Terms of Reference for the Cancer Prevention and Early Detection Programme:

- Increase screening uptake for inequality groups including those most vulnerable such as homeless people, by 'levelling up' - aim to reduce the screening gap
- Increase the use of symptomatic FIT testing in primary care

**Local data**

In West Dorset, there are 150 single homeless people in temporary accommodation as of October 2021

The PCN (in the West) with the highest number of homeless people is:

**Weymouth & Portland PCN**

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

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| Domain 1 | Preventing people from dying prematurely | ✓ |
| Domain 2 | Enhancing quality of life for people with long-term conditions | ✓ |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury | ✓ |
| Domain 4 | Ensuring people have a positive experience of care | ✓ |
| Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | √ |

## 3. Scope

### 3.1 Aims and objectives of service

The overall aim of the service is to provide a convenient, accessible and comprehensive access to cancer screening and information that addresses the specific and complex needs of the homeless population.

**Objective One:** Invite ex or current smokers over 40 for clinical assessment to look for any symptoms concerning for lung cancer. Part of this clinical assessment could include blood tests (e.g., FBC).
If there are concerning clinical features, or an unexplained new raised platelet count then consider requesting CXR (and FIT).
If CXR normal, but clinical concern persists re lung cancer consider lung 2WW referral, as per form.
**Objective Two:** Improve cancer symptom awareness, specifically for lung and bowel cancer.
**Objective Three:** Increase use of symptomatic FIT to rule in a lower GI 2ww referral.
**Objective Four:** Support homeless people to complete work up such as chest x-ray and symptomatic FIT.
**Objective Five:** Support homeless people to attend appointments related to suspected or diagnosed cancer such as diagnostic tests and outpatient appointments and cancer screening appointments where eligible.
**Objective Six:** Deliver smoking cessation brief intervention and encourage uptake of smoking cessation support

### 3.2 Service description/care pathway

This service will focus on reducing inequalities in cancer survival outcomes and patient experience of cancer services for homeless people.

### 3.3 Population Covered

The service is available to people registered with a Weymouth and Portland PCN practice who are homeless/are threatened with homelessness and are 18 years and over.

### 3.4 Any acceptance and exclusion criteria.

Those eligible to access the service are those sleeping rough or in temporary emergency accommodation.

### 3.5 Interdependence with other services/providers

In order to provide a fully working and successful service effective working relationships have been established, and will need to be maintained with:

- Dorset Cancer Partnership Targeted Lung Heath Check project

- Lantern Trust
- Regional and local cancer screening teams and services
- Acute trust cancer teams, particularly respiratory and lower GI
- Homeless Health Nurse - Dorset Healthcare
- Wessex Rapid Investigation Service for patients with non-specific symptoms that could be cancer

## 4. Applicable Service Standards

### 4.1 Applicable national standards (e.g., NICE)

The service provided must meet the following national standards:

- Inclusion Health: Hidden Needs (2014)
- NICE Guidance for suspected cancer: recognition and referral (NG12)

### 4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g., Royal Colleges)

- Local Joint Strategic - Needs Assessment
- Homelessness Strategies in place across Dorset
- NICE Guidance, evidence based and best practice

### 4.3 Applicable local standards

**The service must:**

- Be acceptable and accessible to the target audience
- Demonstrate good value for money
- Provide analytical data to support the evaluation of the service

## 5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements

Performance Monitoring:

The Provider will complete a monthly MS Form survey to monitor the activity of the project. This will be reviewed during a quarterly progress meeting.

The report will provide information on the following:

Number of appointments for review of lung cancer risk completed

Number of chest x-ray referrals

Number of symptomatic FIT requests

Number of patients provided with smoking cessation brief intervention

Number of patients with improved suspected cancer symptom awareness

Number of 2ww referrals split by cancer tumour site

Number of patients supported as part of cancer work up, or suspected or diagnosed cancer, with a successful outcome of attending a hospital outpatient appointment or diagnostic test (e.g. chest x-ray) or a screening appointment (or completing screening or symptomatic FIT)

Total number of homeless patients attending the above appointments (with and without support).

## 6. Location of Provider Premises

**Royal Crescent Surgery, 25 Crescent Street, Weymouth. Dorset DT4 7BY.**

## 7. Individual Service User Placement

Multiple different temporary accommodations.