SCHEDULE 2 – THE SERVICES

A. Service Specifications

National/local context and evidence base

Service Specification No.	
Service	
Commissioner Lead	NWL ICB
Provider Lead	
Period	
Review Period	

This service specification sets out that the provider that will be commissioned will provide for Cancer service users, their families, friends, and carers for GP-registered population of NHS NWL (Brent) CCG and residents from adjoining boroughs registered with Brent GPs.

The provider shall be committed to providing a high quality and patient centred service to Brent residents. Brent is one of the most deprived areas in the country which recorded the highest Covid-19 cases in May 2020 and the first borough to record 1,000 cases in England.

Northwick Park Hospital treats a lot of the Brent cancer patients and was the first hospital to record 100 deaths and declare a state of emergency due to COVID19 back in April 2020.

During March 2020 - April 2021 figures released by the Office of National Statistic (ONS) registered 792 COVID-deaths in Brent.

Statistic from Public Health England found that people from Black, Asian, Minority Ethnic (BAME) communities are more likely to be diagnosed with coronavirus and die from Covid-19 than those from white ethnic groups.

Listed below are some of the COVID-19 death figures reported in highly populated BAME communities in Brent.

- Church End = 52
- Stonebridge = 36
- Wembley North= 32
- Forty Lane = 40
- Tokyngton = 32
- St Raphaels = 27
- Harlesden = 26

About 10 of these deaths were clients with cancer and other underlying health conditions such as type 2 diabetes and high blood pressure.

During the pandemic, the cancer screening service was paused and the number of patients waiting for screening was around 2.1 million with the biggest impact on diagnosis and treatment.

Urgent referrals for cancer has seen a significant drop in numbers because fewer people are seeing their GP with symptoms that may be cancer related. People were reluctant with making appointments with their GP/hospital, or their experience with their GP was disrupted so a referral that might have been made, wasn't. Cancer has not gone away and in the coming months there will be a rise in cancer referrals.

The provider's activity plan will include providing support for all members of the community via the provision of comprehensive and individualised service for people living with cancer and at the same time adapting to their needs, families, and friends. Majority of these are largely from the BAME communities who have either suffered or recovered or dealing with death due to COVID-19.

Purpose

The aim of the service is to provide a comprehensive high quality and accessible service which is free for service users, carers, family, and friends affected by cancer. Specifically, the provider caters for BAME residents' diverse, culturally-sensitive needs and help them develop effective ways of coping with the impact that cancer has on their lives.

The Provider promotes health and social inclusion and tackles the root causes of cancer by organising open health forums on cancer education in the community, locating user friendly non-clinical information, and at the same time raising awareness of risk factors of cancer and healthy living. The Provider's supportive virtual drop-in service is at the heart of the community and is the best model for reaching out to the harder to reach communities. We are looking to strengthen this in future.

The Provider provides outreach services to the community by using staff and volunteers to visit service users in their homes or usual place or residence, hospitals, and hospices, to assess their needs if they are not able to attend the drop-in centre. The Provider also organises talks on community radio stations (Pirate in Brent) to raise more awareness within the community.

Service users, carers, family & friends regardless of their ethnicity or religious belief are always welcomed and every effort made to meet their individual requirements. All services under this contract will be provided at no cost to service users'.

The Provider will provide the following service components, which are detailed within this service specification:

- To raise awareness of cancer within BAME communities.
- To address the culturally diverse and emotional needs of people affected by cancer from the BAME with information, advice and support.
- To provide culturally appropriate and relevant information on all aspects of cancer care.
- To provide essential advocacy and support services to those affected by cancer within our client group, as well as carers, families, and friends.
- To exercise a responsible influence on the provision of health and social care services; ensuring they are sensitive to the culturally diverse needs of the BAME communities.
- To work in partnership with other cancer agencies in the provision of advice, information and services which are appropriate and relevant to Brent BAME communities.
- Provide information and advice which is up to date and relevant to your client group.

- Provide a counselling service for patient, family and carers throughout the illness journey and bereavement counselling as appropriate.
- Provide community outreach work to engage the hard to reach community.
- Provide help in accessing financial assistance and signposting to support agencies.
- Facilitate self-help and support groups.

Evidenced Base

Local Integrated Care System in Brent has a responsibility for the health and care needs of people living within their locality and borough. Their function is to ensure that these people receive services appropriate to their needs within the framework of statutory duties and national health service policies. The service will be delivered in accordance with, and have proper regard to, all relevant and applicable legislations and guidance relating to the provision of the service including (in particular, but without limitations) the following:

- The NHS Long Term Plan: ambitions for cancer 2019
- Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020
- Integration and Innovation: working together to improve health and social care for all (White Paper, 2021)
- The Coronavirus Act 2020
- The Care Act 2014
- NICE Quality Standard 2017

Relevance is:

- Actions for End of Life Care (NHS England 2014 – 16)
- The Gold Standards Framework
- Preferred Priorities for Care guidance
- Commissioning person centred care for people affected by cancer: guidance 2016
- End of Life care commitment – Department of Health and Social Care 2016
- Planning for Your Future Care – A Guide 2017
- NHS Continuing care criteria decisions toolkit 2018
- End of Life Care for Adults: service delivery NICE guideline 2019

Service Description

The Provider should ideally be a registered charity, that works with individuals in need, ensuring that they have a full understanding of their prognosis, treatment and choices, by offering advice, counselling, information about welfare benefits, housing issues, and specific funding to meet individual needs.

The Provider should facilitate monthly support group meetings enabling clients and carers to meet others and share their experiences. The Provider provides information and support for people with cancer, carers, families, and friends, especially those from Brent BAME communities. The Provider aims to ensure equality of care for all, regardless of ethnicity. This aim is in line with one of the key strategic aims of The NHS Long Term Plan (2019) built on existing cancer initiatives, to provide a comprehensive strategy to tackle cancer across the whole patient pathway. The Provider's hours of operations are Monday to Friday 10 am to 4 pm. Flexibility is offered to meet service users' needs outside these hours such as those who are only available after work/school hours.

In addition to all of the above, the Provider provides the essential opportunity for volunteers to continue their professional development in their chosen vocations. The counselling service is fully manned by volunteers who initially contacted the Provider on account of their placement/internship requirements. Similarly, social work students who have completed their DipHE and MA social work degree placement requirements and remained with the Provider as volunteers.

Engagement and Interdependencies

The Providers have and will continue to develop numerous relationships with other cancer related and support organisations, both statutory and voluntary sectors. This includes but not limited to the following:

- Macmillan Cancer Care
- Leukaemia Care
- Prostate Cancer UK
- Lymphoma Matter
- Age Concern UK
- GP Practices
- Libraries
- St Luke's Hospice
- Epilepsy UK
- Pembridge Hospice
- Breast Cancer Care
- Relay for Life
- Ovacome - Ovarian cancer support network
- Orchid- National Male Cancer Support
- The Roy Castle Lung Cancer Foundation
- Central Middlesex, Northwick Park & Mount Vernon Hospitals
- Integrated Care Partners
- Statutory Community Services

Service Delivery

The Provider's service will be delivered within Brent. The Provider's core activities/services are:

- Advocacy
- Befriending
- Community awareness, Presentations
- Counselling
- Dietary needs advice
- Employment Advice
- Financial assistance
- Health advice, guidance and counselling
- Home/Hospital/hospice visits
- Housing Benefit and Council Tax advice & form filling
- Housing/Homelessness/Transfer and Evictions advice,
- Information and appropriate advice/support regarding the illness
- Information dissemination (leaflets/electronic)
- Information on all aspect of cancer diagnosis
- Partnership working
- Practical and emotional family support
- Provide/deliver one-to-one support or group sessions and meetings
- Raise awareness and encourage treatment of palliative care
- Service User assessment, Telephone/Face to face contact
- Signposting/Gateway to allied services
- Welfare benefit advice & form filling
- Zoom counselling sessions (hours)
- Zoom telephone Needs Assessment (individual/family)

Accessibility/acceptability
The service users are Brent residents, GP registered, working in Brent, living with cancer, families, friends, and carers. All service users 18 years and over are accepted in the services.

Days/Hours of operation

- Monday to Friday 10 am to 4 pm
- In (office) hours and Out of hours Counselling 6 pm to 8 pm as required

Note:

- Support Group Meetings held twice monthly (as a minimum). This is mainly via a virtual platform. A face to face meeting is in limited capacity due to adherence to the national infection prevention and control guidance.
- Coffee Morning held once monthly (temporarily unavailable but will start when premises become available).

In addition, maintain link with the following national and local organisations to facilitate the delivery of its key objectives:

- Will & Probate Solicitors
- Housing Service
- Department of Working Pension
- Ashford Place
- Cricklewood Homeless
- Irish Advisory Centre
- Asian Advisory Centre
- Mental Health Charities

- Addiction Alcohol
- National Council for Voluntary Organisations (NCVO)

Referral sources
Referrals to the Provider include referrals from hospitals, hospices, cancer centres, GPs, Consultants, District Nurses, Doctors, Housing, Social Services, self-referrals, and other service providers. Once a referral is received, the Provider's Information Officer will then either carry out an assessment at the users' homes or usual place of residence, hospital, hospice or at the office.

Response time:
The provider will aim to respond for initial triage within 24hrs and assessment within 3-5 days. This is for both new and existing clients.

Discharge from the Service
Users are usually discharged when they die or if they have not accessed the service within the entire financial year. Likewise, if they also move residence, i.e. move out of Brent, we discharge them. However, for those living in Brent who are discharged and wishes to re-join the service, we welcome them as a new referral.

Reporting Requirements
Referrals to the Provider include referrals from hospitals, hospices, cancer centres, GPs, District Nurses, Doctors, and self-referrals. Once a referral is received, the Provider's Information Officer will triage the referral and then either do an assessment (with pt. consent) at the service user's home, in hospital, at a hospice or at their place of work/school. The assessment forms include information outlined below:

Age
Gender/Ethnicity
Occupation/Benefits
NOK information/Marital status
Other agencies/Sign posted to
Special needs/Accommodation type
Referral source
Borough of residence
GP registration post code
Current & future needs
Consultant & Hospital details

Table 1. Summary of Reporting Requirements (KPIs)

Domains	Measures	Metrics / Description (n = numerator) (d = denominator)	Frequency	Threshold / Target
Access Standards	Number of referrals	Total Number of patients accepted into the service (n)	Monthly	
		Total number of patients referred into the service (d)	Monthly	
	Sources of referrals	GP (Primary Care)	Monthly	
		Acute NHS Hospitals (specify)	Monthly	
		Self- referral	Monthly	
		Community Services (specify)	Monthly	
		Voluntary Care Services (specify)	Monthly	
		Others (specify)	Monthly	
	Response time – triaged within 24hrs from point of referral	Number of patients initially triaged within 24 hours (n) Total number of patients referred within the reporting month (d)	Monthly	95%
	Response time – assessed within 3-5 days from point of referral	Number of patients assessed within 3-5 days (n) Total number of patients referred within the reporting month (d)	Monthly	90%

Intervention / Outcomes	Length of treatment / care	Number of patients seen and/or discharged (n) Total number of patients accepted within the reporting month (d)	Monthly	
	Enquiry outcomes	Breakdown of outcome delivered from enquiries received	Monthly	
	Personalised Care Plans	Number of patients with personalised care plans (n) Total number of patients accepted into the service (d)	Monthly	95%
Quality Standards	Audits on the effectiveness and quality of the Service	Quarterly or 6-monthly audits of service effectiveness and quality through focused group interviews/pt. stories	Quarterly / 6 monthly	
	Discharge Letter – discharge summaries shared with GPs within 48 hours	Number of discharge summaries/letters shared with GPs within in 48 hours of discharge from the service (n) Total number of discharge summaries/letters shared with GPs following discharge from the service within the reporting month (d)	Monthly	90%
Patient Experience	Compliments	Report on compliments received within the reporting month	Monthly	
	Complaints / Incidents (inc. SUIs)	Report on complaints/incidents/risks by Exception within the reporting month	Monthly	

	Patient satisfaction and experience survey	Patients/service users and carers will be surveyed for satisfaction and patient experience. A minimum of 75% of SUs to be surveyed with a response rate of 25% or above and 90% overall satisfaction rate. This can be captured through locally devised service users' evaluation form.	Quarterly	
Workforce Standards	Competencies	Breakdown of staff who completed their mandatory training (including CPD list of qualified members of staff if applicable)	Quarterly	
	Salaried staff	Breakdown of salaried staff	Monthly	
	Volunteers	Breakdown of volunteers who worked in the reporting month	Monthly	

Indicative Activity Plan

IAP	2021/22
Number of new referrals	1-2 per week
Number of support group sessions and coffee mornings	2 per month
Hours of one-to-one counselling sessions including assessments	At least 480 hours per year
Hours of group counselling sessions including assessments	At least 360 hours per year
Clients, carers and families to attend the Provider's F2F Support Groups & coffee mornings	At least 30 attendances per month (this is dependent on government guidelines for IPC in relation to Pandemic protocol)