

CANCER IN THE HOMELESS

THINK A-G

Supporting earlier & faster cancer diagnosis

ASK ABOUT HOMELESSNESS & ALWAYS RECORD IT

A good phrase which can be sensitively asked is:

'Have you got a safe place to go back to after this consultation?'

This includes people experiencing rooflessness, houselessness, living in insecure housing, or living in inadequate housing.

A

B



BE FLEXIBLE

The standard model of general practice may not work for people experiencing homelessness.

Remember these patients:

- May attend late
- Struggle with morning appointments

C

CONSIDER SYMPTOM MASKING

Weight loss, abnormal blood loss, cough, blood in the stools or urine may be missed due to risk factors associated with being homeless.

Patients may also need to access psychological support as part of their cancer journey.

D

DON'T FORGET PAST TRAUMA

Sensitively enquire about trauma and consider whether any procedure may re-traumatise the patient or not.

Remember to:

- Have a discussion with the patient
- Allow them to choose how to be managed
- Offer alternative forms of investigations if appropriate
- Offer chaperones



EXAMINATION

Always aim to examine the patient fully with their consent. They may be unaware of body changes, feel embarrassment or shame, or may hide physical issues.



E

F

FACE-TO-FACE APPOINTMENTS

These appointments should be offered and give far greater opportunity to:

- Build trust using body language, alongside tone
- Complete all examinations and investigations concurrently rather than via follow-up appointments

G

GREATER MANCHESTER REFERRAL

Record homelessness on the referral form and signpost to local resources for support.

