

Cancer Patient Experience Survey

2022 Results

NHS Shropshire, Telford and Wrekin Integrated Care Board

Published July 2023

Executive Summary

Questions Above Expected Range

	Case	Mix Adjusted S	Scores	
	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q52. Patient has had a review of cancer care by GP practice	26%	18%	24%	21%

Questions Below Expected Range

	Case Mix Adjusted So			
	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q7. Patient felt the length of time waiting for diagnostic test results was about right	68%	75%	82%	78%
Q13. Patient was definitely told sensitively that they had cancer	69%	70%	77%	74%
Q14. Cancer diagnosis explained in a way the patient could completely understand	72%	73%	79%	76%
Q16. Patient was told they could go back later for more information about their diagnosis	81%	81%	86%	84%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	76%	76%	82%	79%
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	70%	74%	83%	79%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	55%	60%	71%	66%
Q42_1. Patient completely had enough understandable information about progress with surgery	81%	81%	88%	85%
Q56. The whole care team worked well together	87%	87%	92%	90%
Q57. Administration of care was very good or good	82%	84%	90%	87%
Q59. Patient's average rating of care scored from very poor to very good	8.7	8.7	9.0	8.9

Introduction

The National Cancer Patient Experience Survey 2022 is the 12th iteration of the survey first undertaken in 2010. It has been designed to monitor progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The survey was overseen by a national Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guided questionnaire development. The survey was commissioned and managed by NHS England. The survey provider, Picker, is responsible for designing, running and analysing the survey.

The 2022 survey involved 133 NHS Trusts. Out of 115,662 people, 61,268 people responded to the survey, yielding a response rate of 53%.

Methodology

Eligibility, fieldwork and survey methods

The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2022. The fieldwork for the survey was undertaken between November 2022 and February 2023.

As in the previous seven years, the survey used a mixed mode methodology. Questionnaires were sent by post, with two reminders where necessary, but also included an option to complete the questionnaire online. A Freephone helpline and email was available for respondents to opt out, ask questions about the survey, enable them to complete their questionnaire over the phone and provide access to a translation and interpreting facility for those whose first language was not English.

How Alliance and ICB results are generated

Alliance and ICB results are derived using the post code of each patient, rather than by mapping trust results to ICBs or Alliances. This mapping is achieved using lookup files released by the Office for National Statistics.

Alliance and ICB results therefore reflect the experience of people referred from within the geographical footprint.

Case-mix adjustment

Both unadjusted and adjusted scores are presented in this report. Case-mix adjusted scores allow us to account for the impact that differing patient populations might have on results. By using the case-mix adjusted estimates we can obtain a greater understanding of how an ICB is performing given their patient population. The factors taken into account in this case-mix adjustment are Male/Female/Non-binary/Other, age, ethnicity, deprivation, and cancer type.

Unadjusted data should be used to see the actual responses from patients relating to the ICB. Casemix adjusted data, together with expected ranges, should be used to understand whether the results are significantly higher or lower than national results taking account of the patient mix.

Scoring methodology

Sixty-one questions from the questionnaire are scored as these questions relate directly to patient experience. For all but one question (Q59), the score shows the percentage of respondents who gave the most favourable response to a question. For Q59, respondents rate their overall care on a scale of 0 to 10, of which the average was calculated for this question's score. The percentages in this report have been rounded to the nearest percentage point. Therefore, in some cases the figures do not appear to add up to 100%.

Please note that following a review of the scoring methodology, a change was made to the scoring of Q12 such that the response option "No, I was told by letter or email" is no longer considered neutral.

Statistical significance

In the reporting of 2022 results, appropriate statistical tests have been undertaken to identify unadjusted scores for which the change over time is 'statistically significant'. A statistically significant difference means that the change in the result is very unlikely to have occurred by chance.

Suppression

Data is suppressed for two reasons: to ensure unreliable results based on very small numbers of respondents are not released, and to prevent individuals being identifiable in the data.

In cases where a result is based on fewer than 10 responses, the result has been suppressed. For example, where fewer than 10 people answered a question from a particular ICB, the results are not shown for that question for that ICB.

For ICBs with an eligible population of 1,000 or fewer, data relating to the respondent and their condition has been suppressed where 5 people or fewer were in a particular category. In instances where only one has been suppressed, the next lowest category has been suppressed to prevent back calculation from the total number of responses.

Additional suppression

Additional suppression happens if only **one** ICB has a score suppressed. If this happens, we will suppress another ICB's results (both the ICB level and subgroup results for the question) based on the next lowest number of respondents for the score. We do this so that the national score cannot be used to work out the score for the individual ICB.

The same rule applies to groups in each subgroup breakdown. For example, if only **one** ICB has the 85+ age group suppressed for Q25 we will need to suppress another ICB's results for the 85+ age group on Q25. This suppression is based on the 85+ age group with the next lowest number of respondents for Q25.

Understanding the results

This report shows how this ICB scored for each question in the survey compared with national results. It is aimed at helping individual ICBs to understand their performance and identify areas for local and regional improvement. Below is a description of the type of results presented within this report and how to understand them.

Expected range charts

The expected range charts in this report show a bar with the lowest and highest score received for each question nationally. Within this bar, an expected range is given (within the grey bar) and a black diamond represents the actual score for this ICB.

ICBs whose score is above the upper limit of the expected range (in the dark blue) are positive outliers, with a score statistically significantly higher than the national mean. This indicates that the ICB performs better than what ICBs of the same size and demographics are expected to perform. The opposite is true if the score is below the lower limit of the expected range (in the light blue); these are negative outliers. For scores within the expected range (in the grey), the score is what we would expect given the ICB's size and demographics.

Comparability tables

The comparability tables show the 2021 and 2022 unadjusted scores for this ICB for each scored question. If there is a statistically significant change from 2021 an arrow will be presented for the direction of change.

The adjusted 2022 score will also be presented for each scored question along with the lower and upper expected range and national score. Scores above the upper limit of the expected range will be highlighted dark blue, scores below the lower limit of the expected range will be highlighted light blue, and scores within the lower and upper limit of the expected ranges will be highlighted grey.

Sub-group breakdowns

Unadjusted scores are shown for tumour type, Male/Female/Non-binary/Other, age, IMD quintile, long-term condition status and ethnicity breakdowns. Unadjusted scores for the same sub-group across different ICBs may not be comparable, as they do not account for the impact that differing patient populations might have on results.

Tumour type tables

The tumour type tables show the unadjusted scores for each scored question for each of the 13 tumour groups. Central nervous system is abbreviated as 'CNS' and lower gastrointestinal tract is abbreviated as 'LGT' throughout this report.

Age group tables

The age group tables show the unadjusted scores for each scored question for each of the eight age groups.

Male/Female/Non-binary/Other tables

These tables show the unadjusted scores for the following groups male; female; non-binary; prefer to self-describe; and prefer not to say.

Ethnicity tables

The ethnicity tables show the unadjusted scores for six ethnicity groups.

Long-term condition status tables

The long-term condition status tables show the unadjusted scores for two groups: those who indicate they have one or more long term conditions and those who indicate that they have no long-term conditions.

IMD quintile tables

The IMD quintile tables show the unadjusted scores for five quintiles based on relative disadvantage, with quintile 1 being the most deprived and quintile 5 being the least deprived.

Year on year charts

The year on year charts show two columns representing the unadjusted scores of the last two years (2021 and 2022) for each scored question.

Further information

This research was carried out in accordance with the international standard for organisations conducting social research (accreditation to ISO20252:2012; certificate number GB08/74322). The 2022 survey data has been produced and published in line with the Code of Practice for Official Statistics.

For more information on the methodology, please see the Technical Document. It can be viewed along with the 2022 questionnaire and survey guidance on the website at www.ncpes.co.uk. For all other outputs at ICB level, please see the Excel tables and dashboards at www.ncpes.co.uk.

Response Rate

Overall Response Rate

930 patients responded out of a total of 1,586 patients, resulting in a response rate of 59%.

	Sample Size	Adjusted Sample	Completed	Response Rate
Overall response rate	1,712	1,586	930	59%
National	123,632	115,662	61,268	53%

Respondents by Survey Type

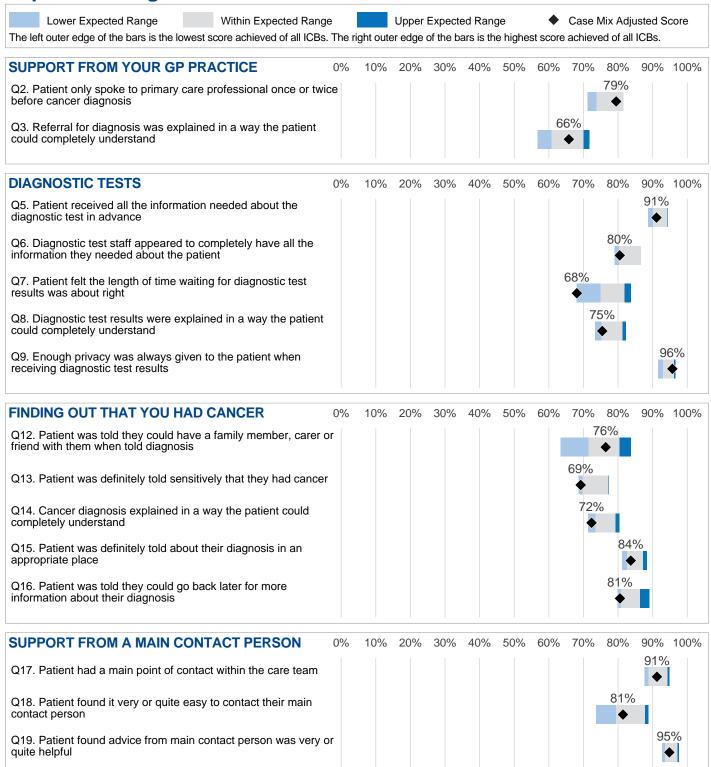
	Number of Respondents
Paper	783
Online	146
Phone	1
Translation Service	0
Total	930

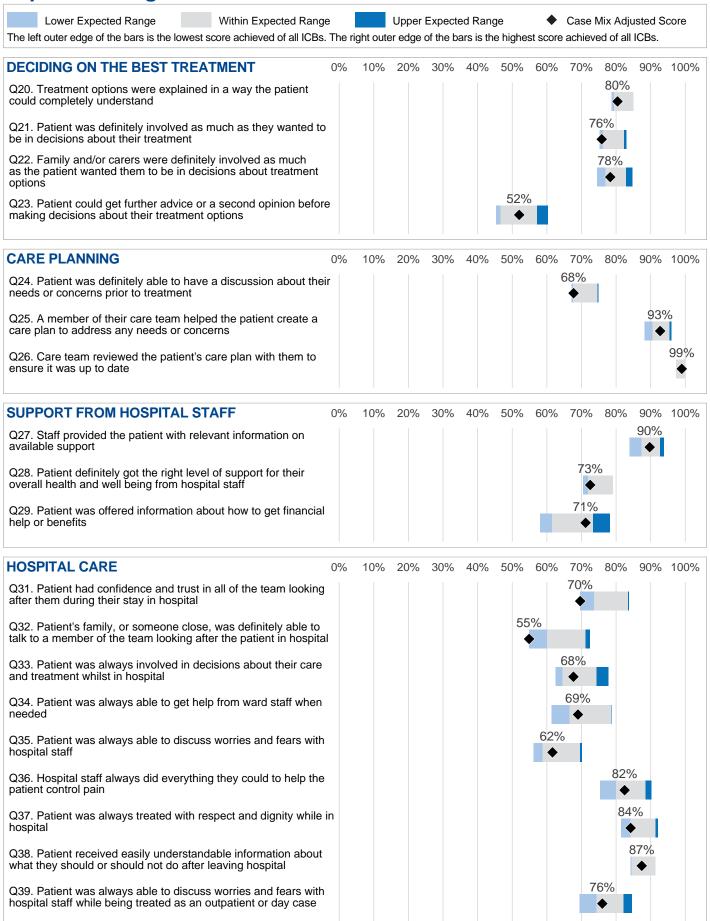
Respondents by Tumour Group

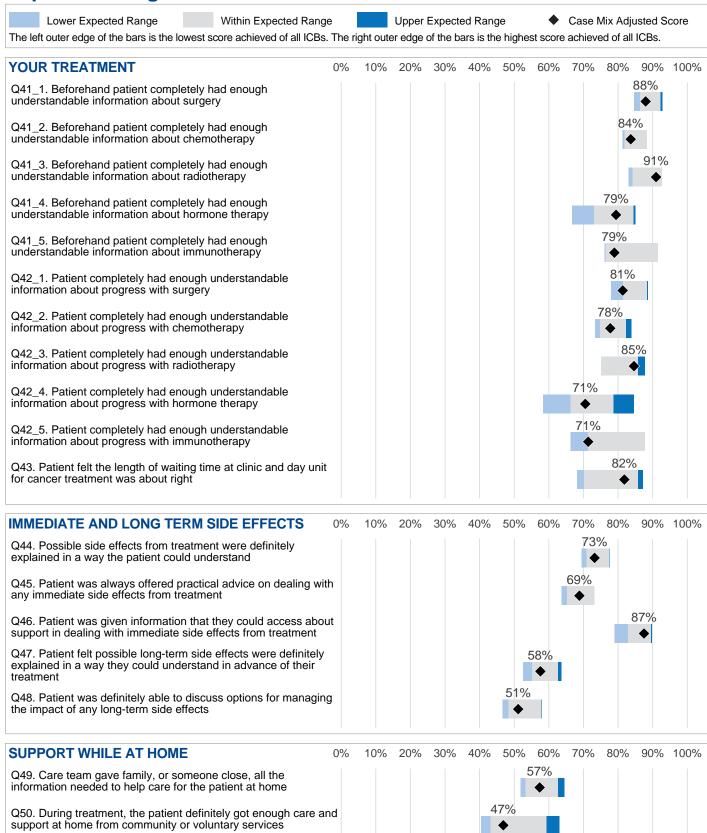
	Number of Respondents
Brain / CNS	4
Breast	188
Colorectal / LGT	127
Gynaecological	40
Haematological	128
Head and Neck	23
Lung	54
Prostate	105
Sarcoma	5
Skin	23
Upper Gastro	28
Urological	75
Other	130
Total	930

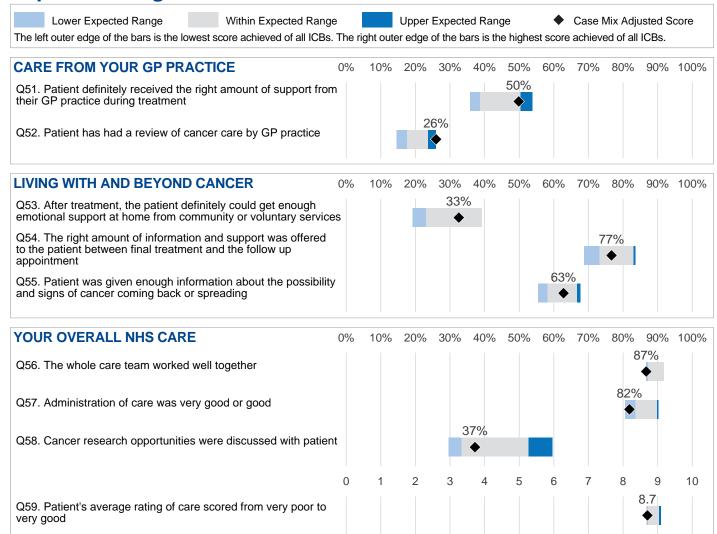
Respondents by Ethnicity

	Number of Respondents
White	
English / Welsh / Scottish / Northern Irish / British	843
Irish	*
Gypsy or Irish Traveller	*
Any other White background	8
Mixed / Multiple Ethnicity	
White and Black Caribbean	*
White and Black African	*
White and Asian	*
Any other Mixed / multiple ethnic background	*
Asian or Asian British	<u>'</u>
Indian	*
Pakistani	*
Bangladeshi	*
Chinese	*
Any other Asian background	*
Black / African / Caribbean / Black British	
African	*
Caribbean	*
Any other Black / African / Caribbean background	*
Other Ethnicity	
Arab	*
Any other ethnic group	*
Not given	
Not given	57
Total	930









Comparability tables

 Indicates where a score is not available due to suppression or a low base size.

▲ or **▼**

Change 2021-2022: Indicates where 2022 score is significantly higher or lower than 2021 score.

Adjusted Score below Lower Expected Range

Adjusted Score between Upper and Lower Expected Ranges
Adjusted Score above Upper Expected Range

**	Nο	score	available	for	2021

	Unadjusted Scores					Case M			
SUPPORT FROM YOUR GP PRACTICE	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	406	76%	446	79%		79%	74%	82%	78%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	543	65%	597	65%		66%	61%	70%	65%

	Unadjusted Scores					Case M			
DIAGNOSTIC TESTS	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q5. Patient received all the information needed about the diagnostic test in advance	606	91%	712	91%		91%	90%	94%	92%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	632	84%	745	81%		80%	80%	87%	83%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	627	77%	752	69%	•	68%	75%	82%	78%
Q8. Diagnostic test results were explained in a way the patient could completely understand	638	79%	747	76%		75%	75%	81%	78%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	639	94%	748	96%		96%	93%	96%	95%

		Unadjusted Scores					Case Mix Adjusted Scores			
FINDING OUT THAT YOU HAD CANCER	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score	
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	745	73%	866	77%		76%	71%	80%	76%	
Q13. Patient was definitely told sensitively that they had cancer	774	71%	914	69%		69%	70%	77%	74%	
Q14. Cancer diagnosis explained in a way the patient could completely understand	776	75%	916	72%		72%	73%	79%	76%	
Q15. Patient was definitely told about their diagnosis in an appropriate place	771	84%	915	84%		84%	83%	87%	85%	
Q16. Patient was told they could go back later for more information about their diagnosis	694	81%	804	80%		81%	81%	86%	84%	

	Unadjusted Scores					Case M			
SUPPORT FROM A MAIN CONTACT PERSON	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q17. Patient had a main point of contact within the care team	753	93%	890	91%		91%	89%	94%	92%
Q18. Patient found it very or quite easy to contact their main contact person	640	82%	728	82%		81%	79%	88%	84%
Q19. Patient found advice from main contact person was very or quite helpful	657	95%	759	95%		95%	94%	97%	95%

Comparability tables

 Indicates where a score is not available due to suppression or a low base size.

▲ or **▼**

Change 2021-2022: Indicates where 2022 score is significantly higher or lower than 2021 score.

Adjusted Score below Lower Expected Range

Adjusted Score between Upper and Lower Expected Ranges

Adjusted Score above Upper Expected Range

**	No score	available	for 2021.

		Una	djusted So	cores		Case M			
DECIDING ON THE BEST TREATMENT	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q20. Treatment options were explained in a way the patient could completely understand	709	82%	858	80%		80%	79%	85%	82%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	771	79%	911	76%		76%	76%	82%	79%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	668	72%	778	79%	•	78%	77%	83%	80%
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	376	52%	423	51%		52%	47%	57%	52%

		Una	djusted So	cores		Case M			
CARE PLANNING	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	681	70%	806	67%		68%	68%	75%	71%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	395	91%	442	93%		93%	91%	95%	93%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	294	99%	332	99%		99%	97%	100%	99%

		Una	Unadjusted Scores Case Mix Adjusted Scores						
SUPPORT FROM HOSPITAL STAFF	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q27. Staff provided the patient with relevant information on available support	661	91%	787	89%		90%	87%	93%	90%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	774	73%	906	73%		73%	72%	79%	75%
Q29. Patient was offered information about how to get financial help or benefits	399	72%	472	71%		71%	62%	73%	67%

		Una	djusted So	cores		Case M	d Scores		
HOSPITAL CARE	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	333	77%	354	70%	•	70%	74%	83%	79%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	274	56%	280	56%		55%	60%	71%	66%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	328	68%	345	68%		68%	65%	74%	69%
Q34. Patient was always able to get help from ward staff when needed	328	76%	349	69%		69%	67%	78%	73%
Q35. Patient was always able to discuss worries and fears with hospital staff	323	63%	338	62%		62%	59%	70%	64%
Q36. Hospital staff always did everything they could to help the patient control pain	283	85%	295	83%		82%	80%	89%	84%
Q37. Patient was always treated with respect and dignity while in hospital	330	88%	353	84%		84%	84%	91%	88%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	320	84%	346	87%		87%	85%	91%	88%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	668	80%	802	76%		76%	74%	82%	78%

Comparability tables

Adjusted Score below Lower

* Indicates where a score is not available due to suppression or a low base size. * Indicates where a score is not available due to suppression or a low base size. * Change 2021-2022: Indicates where 2022 score is significantly higher or lower than 2021 score. * Adjusted Score between and Lower Expected Rainger

		Una	djusted So	cores		Case M	d Scores		
YOUR TREATMENT	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q41_1. Beforehand patient completely had enough understandable information about surgery	362	87%	409	88%		88%	86%	92%	89%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	422	84%	462	84%		84%	82%	88%	85%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	184	85%	218	91%		91%	84%	93%	88%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	162	79%	199	80%		79%	73%	84%	79%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	67	78%	90	79%		79%	76%	92%	84%
Q42_1. Patient completely had enough understandable information about progress with surgery	356	81%	404	81%		81%	81%	88%	85%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	424	80%	463	78%		78%	75%	82%	79%
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	184	75%	219	85%		85%	75%	86%	81%
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	158	74%	196	71%		71%	66%	79%	72%
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	64	77%	93	71%		71%	71%	88%	79%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	753	84%	903	82%		82%	70%	86%	78%

	Unadjusted Scores Case Mix Adjusted								
IMMEDIATE AND LONG TERM SIDE EFFECTS	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	731	74%	882	73%		73%	71%	77%	74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	696	70%	830	69%		69%	65%	73%	69%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	562	85%	640	88%		87%	83%	89%	86%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	700	60%	805	57%		58%	55%	63%	59%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	574	50%	703	51%		51%	48%	58%	53%

	Unadjusted Scores Case Mix Adjusted Scores								
SUPPORT WHILE AT HOME	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	531	51%	598	57%		57%	53%	63%	58%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	288	46%	327	47%		47%	43%	59%	51%

Comparability tables

* Indicates where a score is not

Adjusted Score below Lower Expected Range

available due to suppression or a low base size. ** No score available for 2021.	▲ or	▼	Change 2021-2022: Indicates where 2022 score is significantly higher or lower than 2021 score.	Adjusted Score between Upper and Lower Expected Ranges Adjusted Score above Upper Expected Range

		Una	djusted So	cores		Case M	ix Adjusted	Scores	
CARE FROM YOUR GP PRACTICE	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q51. Patient definitely received the right amount of support from their GP practice during treatment	460	46%	587	49%		50%	39%	50%	45%
Q52. Patient has had a review of cancer care by GP practice	747	17%	863	25%	A	26%	18%	24%	21%

		Una	djusted So	cores		Case M			
LIVING WITH AND BEYOND CANCER	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	146	30%	153	32%		33%	23%	39%	31%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	322	78%	337	77%		77%	73%	83%	78%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	632	65%	719	63%		63%	58%	67%	62%

		Una	djusted So	cores		Case M	ix Adjuste	d Scores	
YOUR OVERALL NHS CARE	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	England Score
Q56. The whole care team worked well together	738	89%	867	87%		87%	87%	92%	90%
Q57. Administration of care was very good or good	769	86%	908	82%		82%	84%	90%	87%
Q58. Cancer research opportunities were discussed with patient	463	37%	557	36%		37%	33%	53%	43%
Q59. Patient's average rating of care scored from very poor to very good	752	8.8	882	8.7		8.7	8.7	9.0	8.9

SUPPORT FROM YOUR GP PRACTICE							Tumo	our Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	95%	73%	71%	57%	93%	67%	90%	*	88%	84%	82%	78%	79%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	78%	71%	57%	52%	76%	73%	70%	*	70%	64%	57%	58%	65%

DIAGNOSTIC TESTS							Tumo	our Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All Cancers
Q5. Patient received all the information needed about the diagnostic test in advance	*	93%	94%	83%	94%	95%	89%	93%	*	75%	91%	88%	92%	91%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	83%	88%	63%	80%	76%	89%	85%	*	90%	79%	74%	72%	81%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	69%	79%	60%	85%	67%	63%	70%	*	80%	58%	72%	50%	69%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	82%	87%	66%	68%	90%	72%	74%	*	86%	70%	74%	69%	76%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	99%	97%	91%	94%	100%	96%	96%	*	90%	88%	94%	97%	96%

FINDING OUT THAT YOU HAD CANCER							Tumo	our Typ	е					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	82%	84%	64%	76%	85%	74%	75%	*	52%	84%	55%	81%	77%
Q13. Patient was definitely told sensitively that they had cancer	*	73%	82%	57%	64%	78%	66%	64%	*	65%	70%	62%	68%	69%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	75%	87%	56%	58%	91%	75%	73%	*	83%	70%	71%	68%	72%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	90%	88%	73%	77%	95%	82%	90%	*	70%	81%	74%	81%	84%
Q16. Patient was told they could go back later for more information about their diagnosis	*	90%	84%	88%	77%	86%	78%	77%	*	100%	67%	68%	69%	80%

SUPPORT FROM A MAIN CONTACT PERSO	N						Tumo	our Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q17. Patient had a main point of contact within the care team	*	90%	93%	98%	94%	95%	96%	90%	*	83%	85%	89%	90%	91%
Q18. Patient found it very or quite easy to contact their main contact person	*	80%	82%	88%	88%	100%	77%	79%	*	100%	75%	80%	77%	82%
Q19. Patient found advice from main contact person was very or quite helpful	*	92%	95%	94%	98%	100%	94%	96%	*	100%	95%	95%	94%	95%

DECIDING ON THE BEST TREATMENT							Tumo	our Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q20. Treatment options were explained in a way the patient could completely understand	*	84%	87%	75%	75%	90%	84%	75%	*	86%	88%	76%	75%	80%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	78%	84%	77%	68%	78%	79%	87%	*	83%	81%	68%	65%	76%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	83%	91%	71%	78%	81%	74%	81%	*	68%	85%	62%	71%	79%
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	*	51%	58%	76%	54%	*	70%	42%	*	*	36%	34%	46%	51%

CARE PLANNING							Tumo	ur Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	72%	75%	72%	69%	85%	70%	69%	*	45%	77%	40%	61%	67%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	94%	96%	90%	93%	93%	100%	87%	*	*	100%	87%	89%	93%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	100%	100%	100%	100%	100%	100%	100%	*	*	*	95%	96%	99%

SUPPORT FROM HOSPITAL STAFF							Tumo	ur Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q27. Staff provided the patient with relevant information on available support	*	90%	96%	94%	92%	95%	91%	90%	*	77%	92%	77%	81%	89%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	71%	78%	64%	79%	77%	81%	77%	*	70%	73%	64%	64%	73%
Q29. Patient was offered information about how to get financial help or benefits	*	70%	80%	75%	79%	*	77%	61%	*	*	79%	48%	62%	71%

HOSPITAL CARE							Tumo	our Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	71%	78%	67%	71%	74%	71%	87%	*	*	73%	61%	60%	70%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	48%	70%	60%	49%	75%	63%	62%	*	*	42%	38%	42%	56%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	69%	78%	63%	66%	81%	63%	87%	*	*	47%	51%	62%	68%
Q34. Patient was always able to get help from ward staff when needed	*	78%	74%	69%	68%	63%	57%	93%	*	*	57%	65%	58%	69%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	67%	71%	59%	66%	76%	52%	80%	*	*	57%	50%	40%	62%
Q36. Hospital staff always did everything they could to help the patient control pain	*	94%	84%	76%	76%	88%	80%	92%	*	*	91%	80%	76%	83%
Q37. Patient was always treated with respect and dignity while in hospital	*	83%	84%	85%	83%	95%	80%	93%	*	*	87%	88%	82%	84%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	84%	95%	81%	93%	94%	86%	93%	*	*	79%	76%	87%	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	73%	79%	82%	82%	84%	72%	80%	*	74%	74%	71%	71%	76%

YOUR TREATMENT							Tumo	our Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	86%	93%	80%	92%	84%	88%	91%	*	96%	91%	87%	80%	88%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	80%	87%	92%	84%	*	92%	73%	*	*	82%	90%	81%	84%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	92%	87%	92%	93%	92%	*	95%	*	*	*	*	90%	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	77%	*	*	*	*	*	90%	*	*	*	*	76%	80%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	85%	*	*	71%	*	90%	*	*	*	*	86%	63%	79%
Q42_1. Patient completely had enough understandable information about progress with surgery	*	80%	90%	72%	83%	84%	76%	86%	*	95%	73%	75%	69%	81%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	*	72%	80%	85%	87%	*	75%	55%	*	*	73%	80%	71%	78%
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	*	83%	88%	92%	86%	92%	*	86%	*	*	*	*	90%	85%
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	70%	*	*	*	*	*	76%	*	*	*	*	66%	71%
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	64%	*	*	76%	*	75%	*	*	*	*	86%	50%	71%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	83%	90%	88%	65%	83%	88%	79%	*	73%	84%	84%	90%	82%

IMMEDIATE AND LONG TERM SIDE EFFEC	TS						Tumo	our Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	75%	76%	72%	67%	81%	74%	75%	*	76%	77%	67%	72%	73%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	70%	75%	69%	71%	71%	65%	64%	*	68%	76%	66%	64%	69%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	93%	87%	88%	90%	87%	87%	82%	*	80%	90%	81%	84%	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	53%	61%	57%	54%	72%	59%	67%	*	44%	58%	50%	55%	57%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	45%	56%	53%	49%	72%	50%	54%	*	*	50%	40%	55%	51%

SUPPORT WHILE AT HOME							Tumo	our Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	58%	56%	57%	68%	79%	65%	56%	*	50%	52%	39%	48%	57%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	44%	51%	38%	47%	*	40%	50%	*	*	50%	27%	50%	47%

CARE FROM YOUR GP PRACTICE							Tumo	ur Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All Cancers
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	51%	48%	54%	40%	33%	64%	50%	*	67%	53%	42%	53%	49%
Q52. Patient has had a review of cancer care by GP practice	*	25%	23%	47%	17%	35%	33%	31%	*	19%	31%	23%	20%	25%

Tumour type tables

LIVING WITH AND BEYOND CANCER							Tumo	our Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	32%	32%	*	20%	*	*	20%	*	*	*	*	26%	32%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	80%	75%	77%	81%	93%	71%	77%	*	75%	70%	76%	64%	77%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	67%	58%	45%	76%	75%	59%	58%	*	77%	48%	54%	62%	63%

YOUR OVERALL NHS CARE							Tumo	our Typ	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q56. The whole care team worked well together	*	88%	82%	87%	90%	86%	92%	91%	*	82%	85%	88%	81%	87%
Q57. Administration of care was very good or good	*	85%	79%	90%	90%	74%	83%	81%	*	91%	78%	83%	69%	82%
Q58. Cancer research opportunities were discussed with patient	*	31%	40%	38%	47%	33%	39%	48%	*	0%	19%	24%	36%	36%
Q59. Patient's average rating of care scored from very poor to very good	*	8.8	8.8	8.8	9.1	8.8	8.5	8.7	*	9.0	8.5	8.5	8.5	8.7

Age group tables

SUPPORT FROM YOUR GP PRACTICE				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	*	77%	73%	78%	85%	73%	79%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	69%	73%	65%	62%	47%	65%

DIAGNOSTIC TESTS				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	*	95%	88%	91%	93%	91%	91%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	81%	75%	82%	84%	68%	81%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	64%	61%	69%	75%	92%	69%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	65%	76%	72%	82%	79%	76%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	93%	93%	97%	97%	96%	96%

FINDING OUT THAT YOU HAD CANCER				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	*	77%	70%	77%	80%	82%	77%
Q13. Patient was definitely told sensitively that they had cancer	*	*	36%	62%	65%	68%	76%	69%	69%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	64%	58%	74%	72%	75%	73%	72%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	64%	74%	81%	84%	87%	80%	84%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	85%	82%	78%	82%	68%	80%

SUPPORT FROM A MAIN CONTACT PERSO	N			Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q17. Patient had a main point of contact within the care team	*	*	73%	82%	89%	92%	94%	96%	91%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	76%	82%	81%	84%	82%	82%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	89%	93%	97%	96%	90%	95%

DECIDING ON THE BEST TREATMENT				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q20. Treatment options were explained in a way the patient could completely understand	*	*	*	68%	84%	79%	83%	77%	80%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	55%	65%	71%	79%	79%	81%	76%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	75%	75%	78%	82%	91%	79%
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	*	*	*	34%	44%	48%	61%	69%	51%

Age group tables

CARE PLANNING				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	60%	65%	68%	71%	67%	67%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	83%	90%	93%	97%	93%	93%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	100%	100%	99%	98%	100%	99%

SUPPORT FROM HOSPITAL STAFF				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q27. Staff provided the patient with relevant information on available support	*	*	80%	84%	88%	89%	92%	85%	89%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	60%	53%	66%	72%	81%	88%	73%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	67%	77%	66%	71%	*	71%

HOSPITAL CARE				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	65%	65%	67%	78%	*	70%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	50%	59%	51%	59%	*	56%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	77%	66%	64%	71%	*	68%
Q34. Patient was always able to get help from ward staff when needed	*	*	*	80%	60%	66%	75%	*	69%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	60%	52%	57%	73%	*	62%
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	83%	81%	82%	86%	*	83%
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	73%	77%	86%	90%	*	84%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	76%	83%	90%	89%	*	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	64%	73%	77%	81%	74%	76%

Age group tables

YOUR TREATMENT				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	87%	85%	88%	92%	*	88%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	76%	85%	84%	87%	*	84%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	88%	89%	92%	93%	*	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	72%	71%	86%	86%	*	80%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	67%	96%	80%	*	79%
Q42_1. Patient completely had enough understandable information about progress with surgery	*	*	*	87%	76%	78%	88%	*	81%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	*	*	*	71%	77%	78%	82%	*	78%
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	*	*	*	83%	83%	87%	85%	*	85%
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	*	*	72%	53%	76%	79%	*	71%
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	*	*	*	56%	74%	81%	*	71%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	80%	77%	86%	78%	86%	84%	82%

IMMEDIATE AND LONG TERM SIDE EFFEC	TS			Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	*	72%	78%	72%	73%	57%	73%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	61%	69%	68%	73%	65%	69%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	87%	86%	86%	90%	90%	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	53%	59%	56%	59%	42%	57%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	42%	50%	49%	55%	60%	51%

SUPPORT WHILE AT HOME				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	*	*	55%	53%	56%	62%	74%	57%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	46%	46%	38%	58%	*	47%

CARE FROM YOUR GP PRACTICE				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	56%	51%	47%	50%	53%	49%
Q52. Patient has had a review of cancer care by GP practice	*	*	*	25%	26%	27%	23%	26%	25%

Age group tables

LIVING WITH AND BEYOND CANCER				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	35%	26%	28%	37%	*	32%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	73%	69%	81%	84%	*	77%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	58%	58%	67%	65%	57%	63%

YOUR OVERALL NHS CARE				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q56. The whole care team worked well together	*	*	80%	84%	82%	85%	92%	79%	87%
Q57. Administration of care was very good or good	*	*	70%	84%	77%	81%	86%	84%	82%
Q58. Cancer research opportunities were discussed with patient	*	*	30%	22%	40%	38%	36%	*	36%
Q59. Patient's average rating of care scored from very poor to very good	*	*	7.3	8.4	8.5	8.8	9.0	8.3	8.7

SUPPORT FROM YOUR GP PRACTICE				Male/Fema	le/Non-bina	ry/Other	
	Female Male				Prefer not to say	Not given	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	79%	79%	*	*	*	71%	79%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	65%	67%	*	*	*	58%	65%

DIAGNOSTIC TESTS				Male/Fema	le/Non-bina	ry/Other	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q5. Patient received all the information needed about the diagnostic test in advance	91%	91%	*	*	*	95%	91%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	76%	84%	*	*	*	93%	81%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	64%	74%	*	*	*	69%	69%
Q8. Diagnostic test results were explained in a way the patient could completely understand	74%	77%	*	*	*	83%	76%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	95%	96%	*	*	*	95%	96%

FINDING OUT THAT YOU HAD CANCER			Male/Female/Non-binary/Other						
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All		
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	78%	75%	*	*	*	78%	77%		
Q13. Patient was definitely told sensitively that they had cancer	69%	70%	*	*	*	69%	69%		
Q14. Cancer diagnosis explained in a way the patient could completely understand	70%	76%	*	*	*	69%	72%		
Q15. Patient was definitely told about their diagnosis in an appropriate place	83%	84%	*	*	*	84%	84%		
Q16. Patient was told they could go back later for more information about their diagnosis	80%	80%	*	*	*	77%	80%		

SUPPORT FROM A MAIN CONTACT PERSO	N		Male/Female/Non-binary/Other					
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All	
Q17. Patient had a main point of contact within the care team	90%	92%	*	*	*	98%	91%	
Q18. Patient found it very or quite easy to contact their main contact person	80%	83%	*	*	*	85%	82%	
Q19. Patient found advice from main contact person was very or quite helpful	93%	97%	*	*	*	98%	95%	

DECIDING ON THE BEST TREATMENT			Male/Female/Non-binary/Other							
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All			
Q20. Treatment options were explained in a way the patient could completely understand	81%	81%	*	*	*	71%	80%			
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	72%	82%	*	*	*	65%	76%			
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	77%	80%	*	*	*	76%	79%			
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	49%	52%	*	*	*	52%	51%			

CARE PLANNING		Male/Female/Non-binary/Other								
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All			
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	68%	67%	*	*	*	59%	67%			
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	93%	93%	*	*	*	91%	93%			
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	99%	99%	*	*	*	100%	99%			

SUPPORT FROM HOSPITAL STAFF		Male/Female/Non-binary/Other								
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All			
Q27. Staff provided the patient with relevant information on available support	88%	91%	*	*	*	87%	89%			
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	68%	78%	*	*	*	76%	73%			
Q29. Patient was offered information about how to get financial help or benefits	70%	72%	*	*	*	57%	71%			

HOSPITAL CARE				Male/Fema	le/Non-bina	ry/Other	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	66%	75%	*	*	*	71%	70%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	55%	56%	*	*	*	62%	56%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	65%	71%	*	*	*	65%	68%
Q34. Patient was always able to get help from ward staff when needed	67%	72%	*	*	*	59%	69%
Q35. Patient was always able to discuss worries and fears with hospital staff	57%	67%	*	*	*	63%	62%
Q36. Hospital staff always did everything they could to help the patient control pain	82%	84%	*	*	*	81%	83%
Q37. Patient was always treated with respect and dignity while in hospital	83%	86%	*	*	*	88%	84%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	84%	91%	*	*	*	88%	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	73%	81%	*	*	*	75%	76%

YOUR TREATMENT				Male/Fema	ile/Non-bina	ry/Other	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	AII
Q41_1. Beforehand patient completely had enough understandable information about surgery	87%	90%	*	*	*	85%	88%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	80%	88%	*	*	*	92%	84%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	92%	89%	*	*	*	*	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	77%	87%	*	*	*	*	80%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	80%	75%	*	*	*	*	79%
Q42_1. Patient completely had enough understandable information about progress with surgery	80%	83%	*	*	*	84%	81%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	75%	81%	*	*	*	80%	78%
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	86%	83%	*	*	*	*	85%
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	70%	76%	*	*	*	*	71%
Q42_5. Patient completely had enough understandable nformation about progress with immunotherapy	68%	73%	*	*	*	*	71%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	81%	84%	*	*	*	83%	82%

IMMEDIATE AND LONG TERM SIDE EFFECT	TS		Male/Female/Non-binary/Other					
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All	
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	73%	76%	*	*	*	54%	73%	
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	67%	72%	*	*	*	63%	69%	
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	87%	87%	*	*	*	94%	88%	
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	53%	63%	*	*	*	53%	57%	
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	48%	53%	*	*	*	62%	51%	

SUPPORT WHILE AT HOME		Male/Female/Non-binary/Other					
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	54%	60%	*	*	*	68%	57%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	41%	51%	*	*	*	65%	47%

CARE FROM YOUR GP PRACTICE	Male/Female/Non-binary/Other						
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	49%	50%	*	*	*	46%	49%
Q52. Patient has had a review of cancer care by GP practice	24%	29%	*	*	*	14%	25%

LIVING WITH AND BEYOND CANCER			Male/Female/Non-binary/Other					
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All	
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	31%	34%	*	*	*	*	32%	
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	76%	78%	*	*	*	85%	77%	
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	64%	63%	*	*	*	53%	63%	

Male/Female/Non-binary/Other tables

YOUR OVERALL NHS CARE		Male/Female/Non-binary/Other						
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All	
Q56. The whole care team worked well together	85%	88%	*	*	*	93%	87%	
Q57. Administration of care was very good or good	80%	84%	*	*	*	84%	82%	
Q58. Cancer research opportunities were discussed with patient	32%	41%	*	*	*	32%	36%	
Q59. Patient's average rating of care scored from very poor to very good	8.7	8.8	*	*	*	8.7	8.7	

Ethnicity tables

SUPPORT FROM YOUR GP PRACTICE	Ethnicity						
	White Mixed Asian Black Other				Not given	All	
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	79%	*	*	*	*	73%	79%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	65%	*	*	*	*	58%	65%

DIAGNOSTIC TESTS		Ethnicity							
	White	Mixed	Asian	Black	Other	Not given	All		
Q5. Patient received all the information needed about the diagnostic test in advance	91%	*	*	*	*	95%	91%		
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	80%	*	*	*	*	91%	81%		
Q7. Patient felt the length of time waiting for diagnostic test results was about right	69%	*	*	*	*	69%	69%		
Q8. Diagnostic test results were explained in a way the patient could completely understand	75%	*	*	*	*	80%	76%		
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	96%	*	*	*	*	95%	96%		

FINDING OUT THAT YOU HAD CANCER		Ethnicity							
	White	Mixed	Asian	Black	Other	Not given	All		
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	76%	*	*	*	*	77%	77%		
Q13. Patient was definitely told sensitively that they had cancer	69%	*	*	*	*	73%	69%		
Q14. Cancer diagnosis explained in a way the patient could completely understand	72%	*	*	*	*	72%	72%		
Q15. Patient was definitely told about their diagnosis in an appropriate place	84%	*	*	*	*	83%	84%		
Q16. Patient was told they could go back later for more information about their diagnosis	80%	*	*	*	*	80%	80%		

SUPPORT FROM A MAIN CONTACT PERSO	RSON Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	All
Q17. Patient had a main point of contact within the care team	91%	*	*	*	*	96%	91%
Q18. Patient found it very or quite easy to contact their main contact person	81%	*	*	*	*	91%	82%
Q19. Patient found advice from main contact person was very or quite helpful	95%	*	*	*	*	98%	95%

DECIDING ON THE BEST TREATMENT		Ethnicity							
	White	Mixed	Asian	Black	Other	Not given	All		
Q20. Treatment options were explained in a way the patient could completely understand	81%	*	*	*	*	72%	80%		
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	76%	*	*	*	*	71%	76%		
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	79%	*	*	*	*	75%	79%		
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	51%	*	*	*	*	54%	51%		

Ethnicity tables

CARE PLANNING	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	68%	*	*	*	*	66%	67%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	93%	*	*	*	*	86%	93%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	99%	*	*	*	*	100%	99%

SUPPORT FROM HOSPITAL STAFF	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	All
Q27. Staff provided the patient with relevant information on available support	89%	*	*	*	*	86%	89%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	72%	*	*	*	*	77%	73%
Q29. Patient was offered information about how to get financial help or benefits	71%	*	*	*	*	65%	71%

HOSPITAL CARE				Ethr	nicity		
	White	Mixed	Asian	Black	Other	Not given	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	70%	*	*	*	*	67%	70%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	55%	*	*	*	*	53%	56%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	67%	*	*	*	*	61%	68%
Q34. Patient was always able to get help from ward staff when needed	69%	*	*	*	*	56%	69%
Q35. Patient was always able to discuss worries and fears with hospital staff	62%	*	*	*	*	59%	62%
Q36. Hospital staff always did everything they could to help the patient control pain	83%	*	*	*	*	75%	83%
Q37. Patient was always treated with respect and dignity while in hospital	84%	*	*	*	*	78%	84%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	88%	*	*	*	*	78%	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	76%	*	*	*	*	77%	76%

Ethnicity tables

YOUR TREATMENT				Ethr	nicity		
	White	Mixed	Asian	Black	Other	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	88%	*	*	*	*	82%	88%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	83%	*	*	*	*	93%	84%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	91%	*	*	*	*	*	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	80%	*	*	*	*	*	80%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	77%	*	*	*	*	*	79%
Q42_1. Patient completely had enough understandable information about progress with surgery	81%	*	*	*	*	78%	81%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	77%	*	*	*	*	79%	78%
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	85%	*	*	*	*	*	85%
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	72%	*	*	*	*	*	71%
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	70%	*	*	*	*	*	71%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	82%	*	*	*	*	84%	82%

IMMEDIATE AND LONG TERM SIDE EFFECT	ΓS			Ethr	nicity		
	White	Mixed	Asian	Black	Other	Not given	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	74%	*	*	*	*	60%	73%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	69%	*	*	*	*	73%	69%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	87%	*	*	*	*	94%	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	57%	*	*	*	*	55%	57%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	50%	*	*	*	*	61%	51%

SUPPORT WHILE AT HOME	Ethnicity						
	White Mixed Asian Black Other Not give						All
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	56%	*	*	*	*	67%	57%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	46%	*	*	*	*	60%	47%

CARE FROM YOUR GP PRACTICE	Ethnicity						
	White Mixed Asian Black Other Not					Not given	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	49%	*	*	*	*	44%	49%
Q52. Patient has had a review of cancer care by GP practice	26%	*	*	*	*	17%	25%

Ethnicity tables

LIVING WITH AND BEYOND CANCER		Ethnicity							
	White	Mixed	Asian	Black	Other	Not given	All		
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	32%	*	*	*	*	*	32%		
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	77%	*	*	*	*	85%	77%		
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	64%	*	*	*	*	50%	63%		

YOUR OVERALL NHS CARE	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	All
Q56. The whole care team worked well together	86%	*	*	*	*	90%	87%
Q57. Administration of care was very good or good	82%	*	*	*	*	83%	82%
Q58. Cancer research opportunities were discussed with patient	36%	*	*	*	*	24%	36%
Q59. Patient's average rating of care scored from very poor to very good	8.7	*	*	*	*	8.6	8.7

IMD quintile tables

SUPPORT FROM YOUR GP PRACTICE	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	90%	79%	78%	72%	87%	*	79%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	58%	73%	64%	59%	70%	*	65%

DIAGNOSTIC TESTS				IMD Quinti	le		
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q5. Patient received all the information needed about the diagnostic test in advance	94%	94%	91%	88%	92%	*	91%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	77%	80%	79%	82%	84%	*	81%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	74%	75%	66%	70%	63%	*	69%
Q8. Diagnostic test results were explained in a way the patient could completely understand	64%	75%	77%	77%	78%	*	76%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	98%	97%	96%	94%	97%	*	96%

FINDING OUT THAT YOU HAD CANCER		IMD Quintile					
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	82%	78%	77%	72%	80%	*	77%
Q13. Patient was definitely told sensitively that they had cancer	67%	69%	71%	67%	71%	*	69%
Q14. Cancer diagnosis explained in a way the patient could completely understand	69%	76%	71%	68%	79%	*	72%
Q15. Patient was definitely told about their diagnosis in an appropriate place	85%	85%	82%	83%	85%	*	84%
Q16. Patient was told they could go back later for more information about their diagnosis	79%	79%	80%	80%	82%	*	80%

SUPPORT FROM A MAIN CONTACT PERSO	ON			IMD Quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q17. Patient had a main point of contact within the care team	93%	93%	90%	91%	89%	*	91%
Q18. Patient found it very or quite easy to contact their main contact person	76%	82%	81%	83%	82%	*	82%
Q19. Patient found advice from main contact person was very or quite helpful	91%	98%	93%	96%	95%	*	95%

IMD quintile tables

DECIDING ON THE BEST TREATMENT	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q20. Treatment options were explained in a way the patient could completely understand	82%	79%	86%	75%	81%	*	80%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	81%	78%	79%	71%	76%	*	76%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	68%	86%	82%	74%	75%	*	79%
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	63%	64%	48%	45%	43%	*	51%

CARE PLANNING				IMD Quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	68%	71%	66%	67%	66%	*	67%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	92%	95%	94%	90%	94%	*	93%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	100%	99%	98%	100%	100%	*	99%

SUPPORT FROM HOSPITAL STAFF			IMD Quintile					
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All	
Q27. Staff provided the patient with relevant information on available support	93%	92%	89%	87%	89%	*	89%	
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	73%	76%	75%	69%	70%	*	73%	
Q29. Patient was offered information about how to get financial help or benefits	63%	79%	71%	66%	70%	*	71%	

HOSPITAL CARE	IMD Quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	64%	78%	70%	68%	65%	*	70%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	57%	59%	55%	53%	59%	*	56%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	71%	70%	72%	66%	56%	*	68%
Q34. Patient was always able to get help from ward staff when needed	79%	66%	72%	66%	67%	*	69%
Q35. Patient was always able to discuss worries and fears with hospital staff	68%	53%	66%	63%	58%	*	62%
Q36. Hospital staff always did everything they could to help the patient control pain	81%	85%	89%	78%	76%	*	83%
Q37. Patient was always treated with respect and dignity while in hospital	88%	88%	88%	80%	80%	*	84%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	96%	90%	92%	83%	80%	*	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	76%	77%	79%	72%	78%	*	76%

IMD quintile tables

YOUR TREATMENT	IMD Quintile								
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All		
Q41_1. Beforehand patient completely had enough understandable information about surgery	100%	84%	87%	91%	84%	*	88%		
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	83%	89%	83%	81%	84%	*	84%		
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	94%	94%	89%	89%	95%	*	91%		
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	91%	78%	82%	76%	83%	*	80%		
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	82%	78%	81%	69%	*	79%		
Q42_1. Patient completely had enough understandable information about progress with surgery	90%	84%	78%	83%	76%	*	81%		
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	86%	77%	77%	78%	78%	*	78%		
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	93%	87%	80%	83%	89%	*	85%		
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	73%	70%	72%	76%	65%	*	71%		
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	76%	78%	73%	53%	*	71%		
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	85%	83%	82%	83%	81%	*	82%		

MMEDIATE AND LONG TERM SIDE EFFECTS			IMD Quint				
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	67%	75%	75%	69%	77%	*	73%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	72%	74%	68%	65%	67%	*	69%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	82%	95%	87%	82%	91%	*	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	51%	61%	57%	54%	59%	*	57%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	48%	59%	52%	48%	45%	*	51%

SUPPORT WHILE AT HOME	WHILE AT HOME				IMD Quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All	
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	58%	65%	56%	58%	46%	*	57%	
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	35%	56%	46%	46%	46%	*	47%	

CARE FROM YOUR GP PRACTICE			IMD Quintile					
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All	
Q51. Patient definitely received the right amount of support from their GP practice during treatment	38%	54%	48%	48%	55%	*	49%	
Q52. Patient has had a review of cancer care by GP practice	22%	27%	24%	23%	31%	*	25%	

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IMD quintile tables

LIVING WITH AND BEYOND CANCER	OND CANCER			IMD Quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	60%	38%	23%	28%	36%	*	32%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	74%	85%	72%	77%	79%	*	77%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	64%	68%	56%	66%	62%	*	63%

YOUR OVERALL NHS CARE				IMD Quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q56. The whole care team worked well together	78%	89%	87%	84%	92%	*	87%
Q57. Administration of care was very good or good	83%	84%	82%	81%	81%	*	82%
Q58. Cancer research opportunities were discussed with patient	17%	41%	36%	32%	45%	*	36%
Q59. Patient's average rating of care scored from very poor to very good	8.7	8.9	8.8	8.6	8.6	*	8.7

SUPPORT FROM YOUR GP PRACTICE	Long term condition status			
	Yes	No	Not given	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	77%	82%	77%	79%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	61%	73%	65%	65%

DIAGNOSTIC TESTS		Long term condition status			
	Yes	No	Not given	All	
Q5. Patient received all the information needed about the diagnostic test in advance	90%	94%	93%	91%	
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	80%	79%	93%	81%	
Q7. Patient felt the length of time waiting for diagnostic test results was about right	70%	68%	65%	69%	
Q8. Diagnostic test results were explained in a way the patient could completely understand	74%	77%	82%	76%	
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	95%	97%	96%	96%	

FINDING OUT THAT YOU HAD CANCER		Long term condition status		
	Yes	No	Not given	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	76%	78%	78%	77%
Q13. Patient was definitely told sensitively that they had cancer	68%	71%	70%	69%
Q14. Cancer diagnosis explained in a way the patient could completely understand	72%	75%	68%	72%
Q15. Patient was definitely told about their diagnosis in an appropriate place	83%	85%	83%	84%
Q16. Patient was told they could go back later for more information about their diagnosis	79%	83%	75%	80%

SUPPORT FROM A MAIN CONTACT PERSO	Long term condition status				
	Yes	No	Not given	All	
Q17. Patient had a main point of contact within the care team	90%	93%	95%	91%	
Q18. Patient found it very or quite easy to contact their main contact person	79%	85%	89%	82%	
Q19. Patient found advice from main contact person was very or quite helpful	93%	98%	96%	95%	

DECIDING ON THE BEST TREATMENT		Long term condition status		
	Yes	No	Not given	All
Q20. Treatment options were explained in a way the patient could completely understand	80%	82%	74%	80%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	76%	77%	71%	76%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	78%	79%	80%	79%
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	50%	50%	60%	51%

CARE PLANNING	Long term condition status				
	Yes	No	Not given	All	
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	67%	69%	64%	67%	
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	92%	94%	93%	93%	
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	99%	99%	100%	99%	

SUPPORT FROM HOSPITAL STAFF	Long term condition status				
	Yes	No	Not given	All	
Q27. Staff provided the patient with relevant information on available support	89%	91%	87%	89%	
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	71%	75%	79%	73%	
Q29. Patient was offered information about how to get financial help or benefits	70%	73%	63%	71%	

HOSPITAL CARE	Long term condition status			
	Yes	No	Not given	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	68%	74%	73%	70%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	51%	63%	65%	56%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	67%	69%	64%	68%
Q34. Patient was always able to get help from ward staff when needed	68%	71%	64%	69%
Q35. Patient was always able to discuss worries and fears with hospital staff	62%	60%	68%	62%
Q36. Hospital staff always did everything they could to help the patient control pain	82%	85%	80%	83%
Q37. Patient was always treated with respect and dignity while in hospital	83%	87%	86%	84%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	86%	90%	86%	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	75%	80%	77%	76%

YOUR TREATMENT		Long term condition status		
	Yes	No	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	88%	89%	85%	88%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	83%	84%	91%	84%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	92%	89%	*	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	81%	78%	*	80%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	79%	73%	*	79%
Q42_1. Patient completely had enough understandable information about progress with surgery	79%	84%	84%	81%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	76%	80%	79%	78%
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	83%	88%	90%	85%
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	73%	70%	*	71%
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	74%	62%	*	71%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	83%	82%	83%	82%

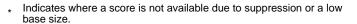
IMMEDIATE AND LONG TERM SIDE EFFECTS		Long term condition status		
	Yes	No	Not given	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	71%	81%	60%	73%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	66%	74%	69%	69%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	85%	91%	93%	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	55%	61%	60%	57%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	47%	54%	66%	51%

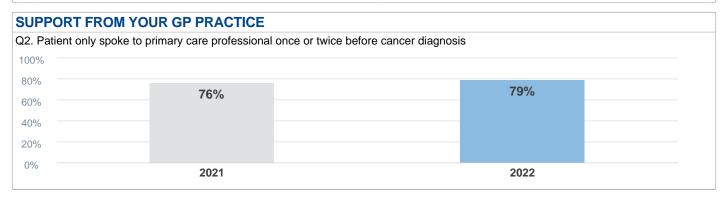
SUPPORT WHILE AT HOME	Long term condition status			
	Yes	No	Not given	All
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	55%	58%	71%	57%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	44%	52%	55%	47%

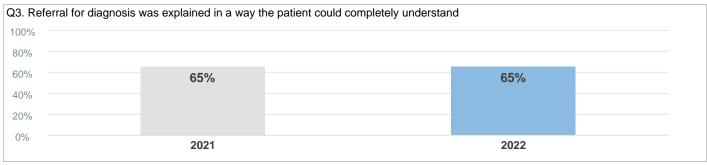
CARE FROM YOUR GP PRACTICE	Long term condition status			
	Yes	No	Not given	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	48%	51%	54%	49%
Q52. Patient has had a review of cancer care by GP practice	26%	26%	15%	25%

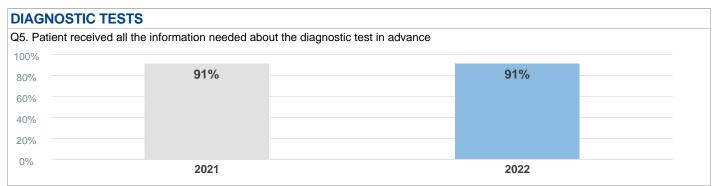
LIVING WITH AND BEYOND CANCER	WITH AND BEYOND CANCER Long term condition			
	Yes	No	Not given	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	28%	43%	30%	32%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	75%	79%	89%	77%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	63%	63%	62%	63%

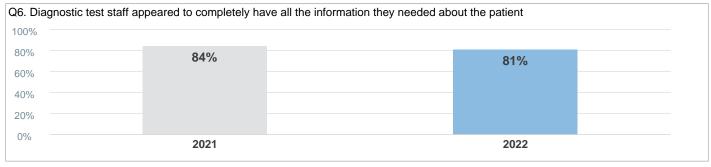
YOUR OVERALL NHS CARE	Long term condition status			
	Yes	No	Not given	All
Q56. The whole care team worked well together	85%	88%	93%	87%
Q57. Administration of care was very good or good	81%	82%	87%	82%
Q58. Cancer research opportunities were discussed with patient	34%	40%	37%	36%
Q59. Patient's average rating of care scored from very poor to very good	8.6	8.9	8.8	8.7

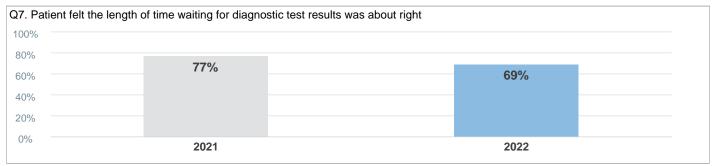


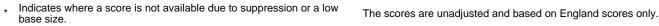


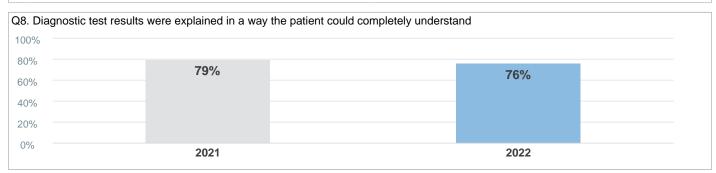


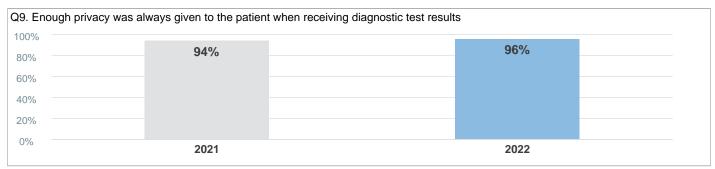


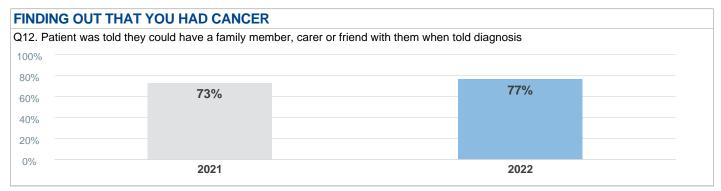


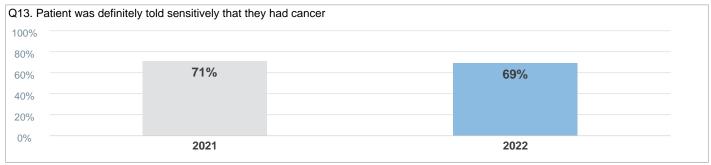


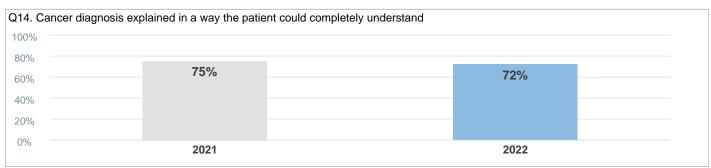


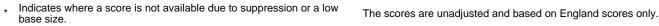




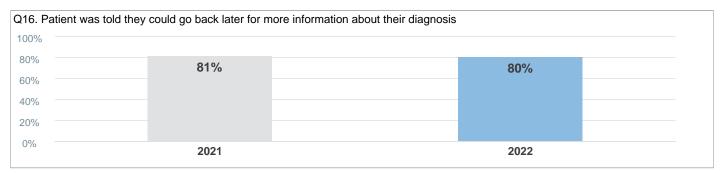








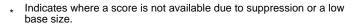


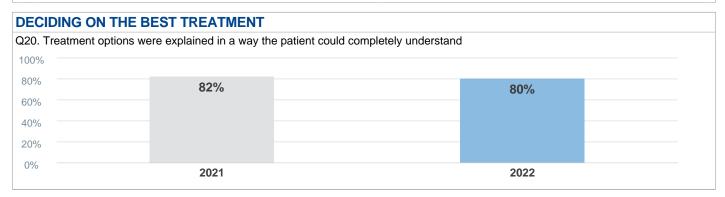




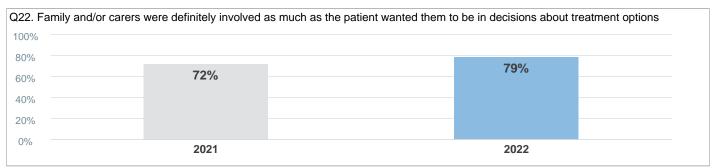


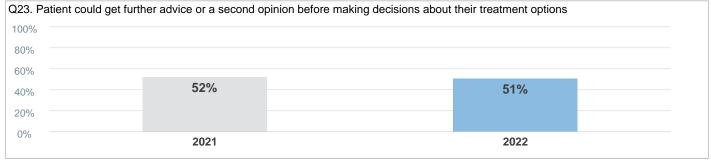


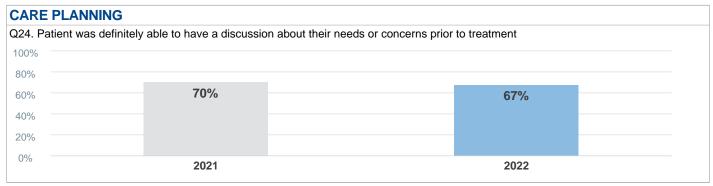


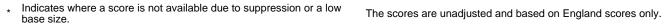






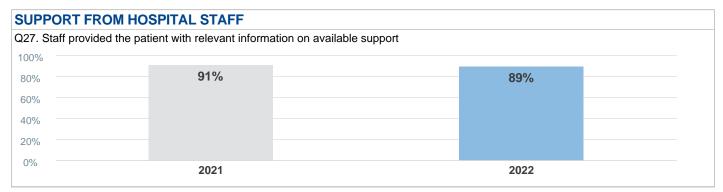


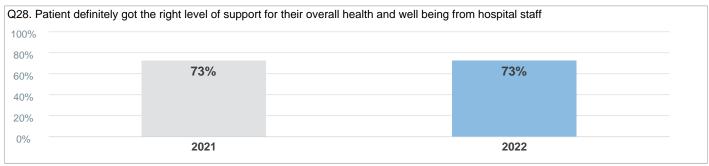




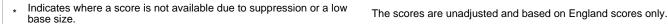


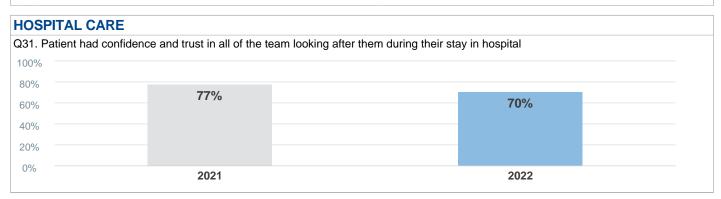




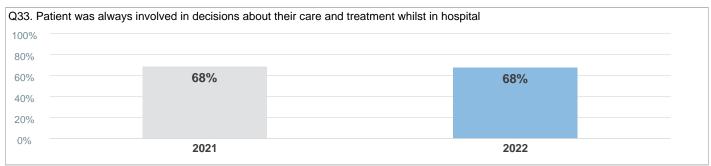




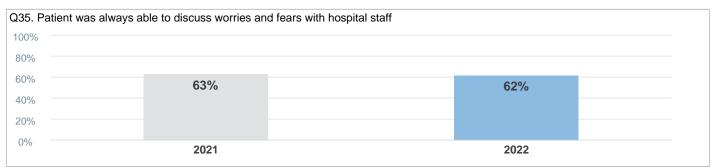


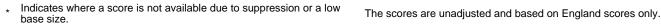


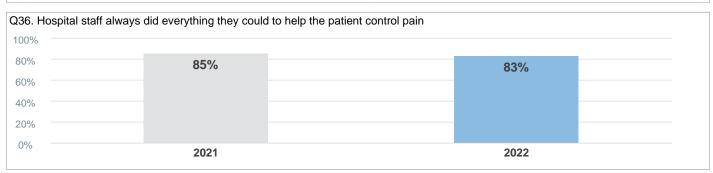


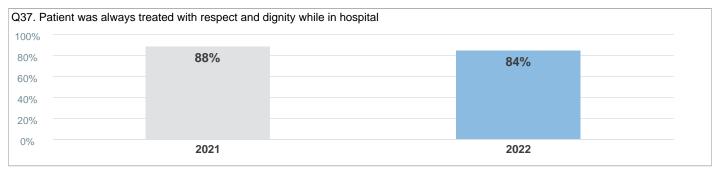


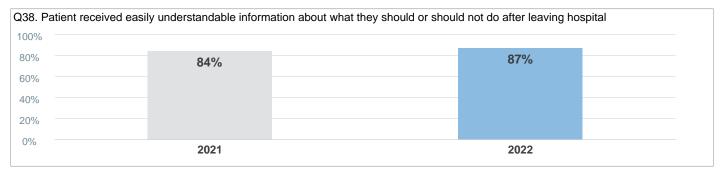


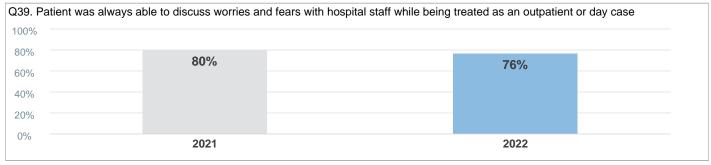




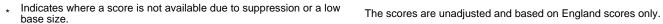


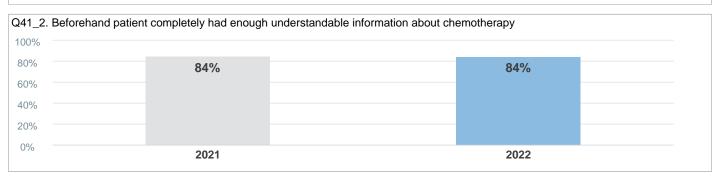


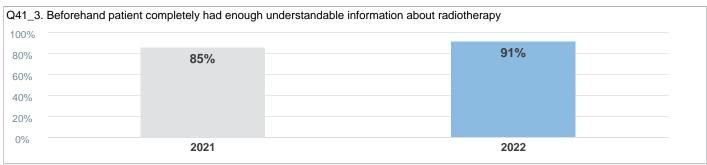


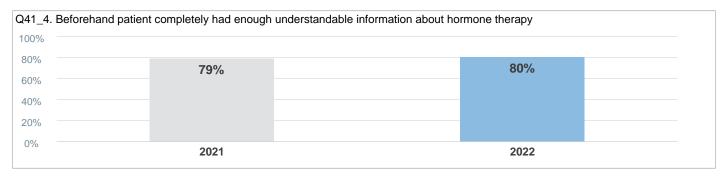


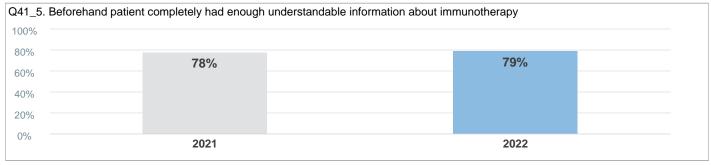




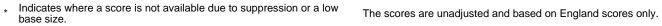


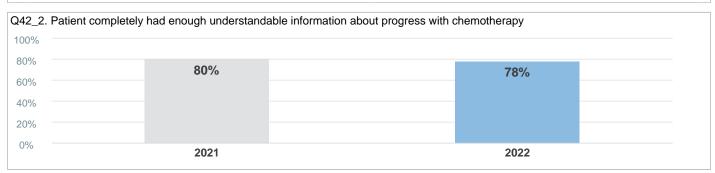


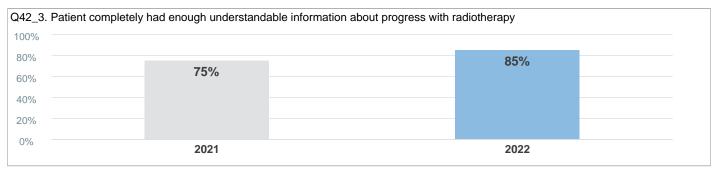


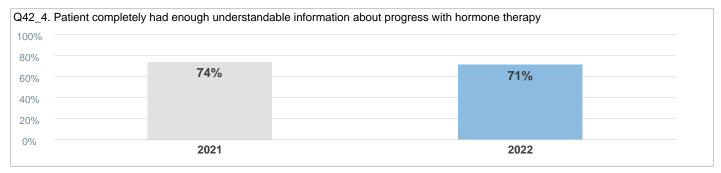


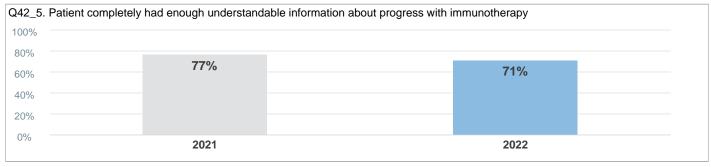


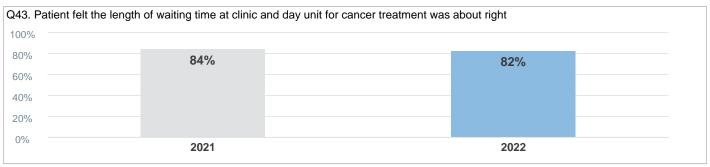


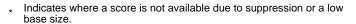


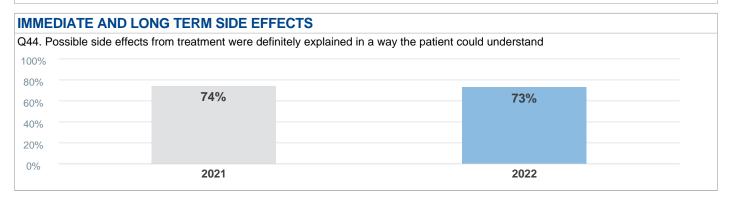






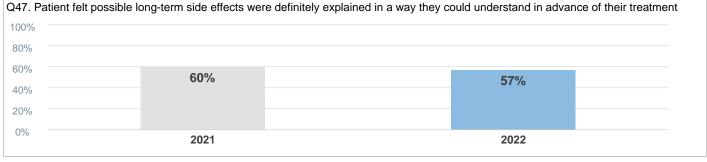




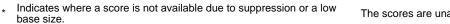


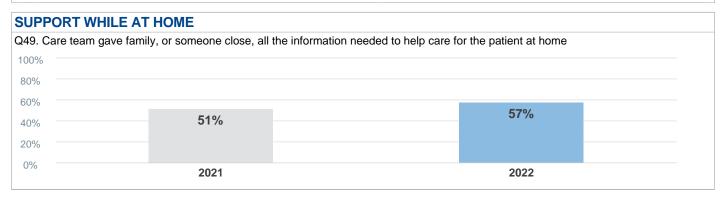


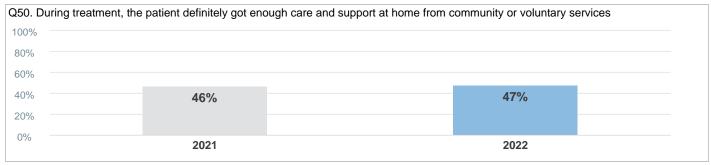


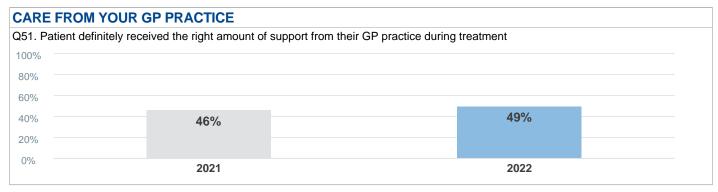


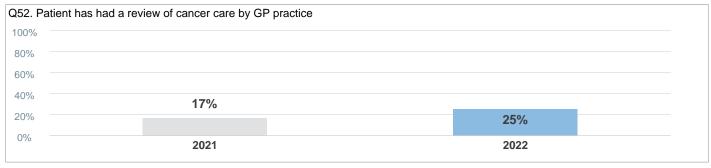


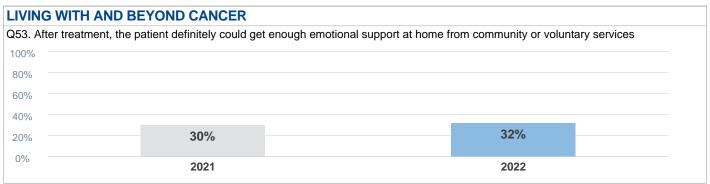


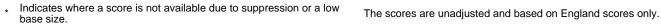


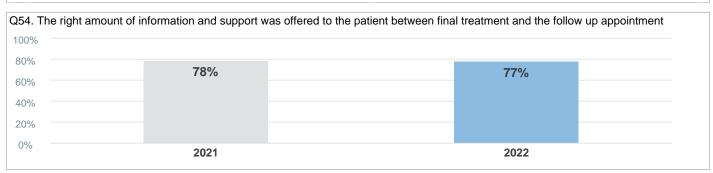


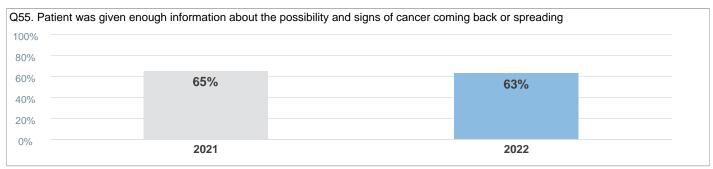


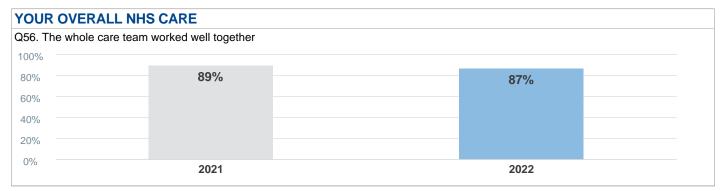




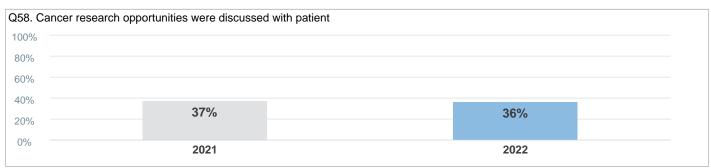












Cancer Patient Experience Survey 2022 NHS Shropshire, Telford and Wrekin Integrated Care Board

