

2022 Results

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Published July 2023

Executive Summary

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has no scores above or below expected range

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.

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 a Trust 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 Trust. 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 Trust, the results are not shown for that question for that Trust.

For Trusts 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** Trust has a score suppressed. If this happens, we will suppress another Trust's results (both the Trust 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 Trust.

The same rule applies to groups in each subgroup breakdown. For example, if only **one** Trust has the 85+ age group suppressed for Q25 we will need to suppress another Trust'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 Trust scored for each question in the survey compared with national results. It is aimed at helping individual Trusts to understand their performance and identify areas for local 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 Trust.

Trusts 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 Trust performs better than what Trusts 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 Trust's size and demographics.

Comparability tables

The comparability tables show the 2021 and 2022 unadjusted scores for this Trust 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 Trusts 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 Trust level, please see the Excel tables and dashboards at www.ncpes.co.uk.

Response Rate

Overall Response Rate

12 patients responded out of a total of 26 patients, resulting in a response rate of 46%.

	Sample Size	Adjusted Sample	Completed	Response Rate
Overall response rate	29	26	12	46%
National	123,632	115,662	61,268	53%

Respondents by Survey Type

	Number of Respondents
Paper	7
Online	5
Phone	0
Translation Service	0
Total	12

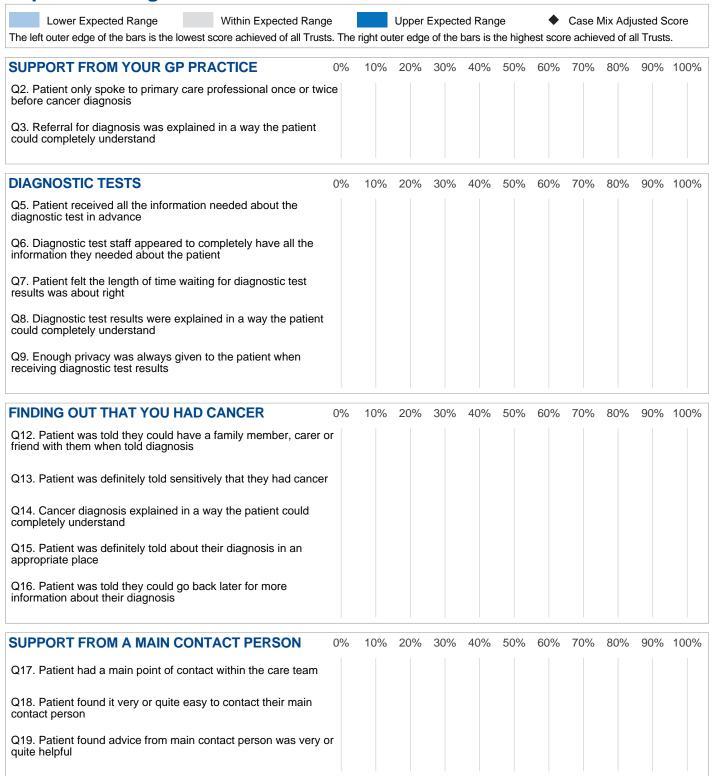
Respondents by Tumour Group

	Number of Respondents
Brain / CNS	0
Breast	0
Colorectal / LGT	0
Gynaecological	0
Haematological	0
Head and Neck	0
Lung	0
Prostate	0
Sarcoma	*
Skin	0
Upper Gastro	0
Urological	0
Other	*
Total	12

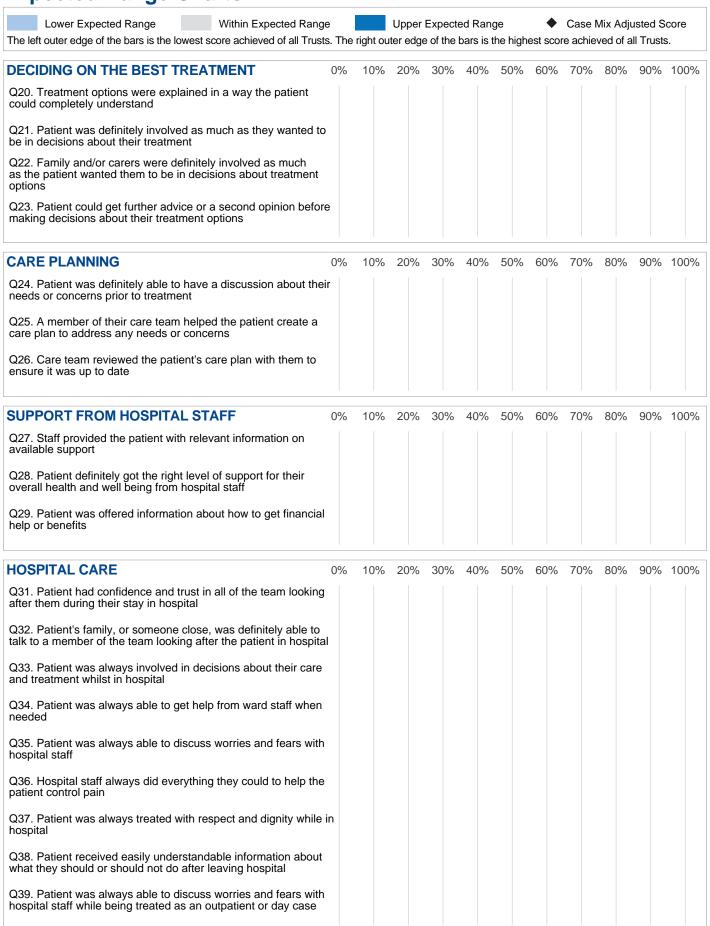
Cancer Patient Experience Survey 2022 The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Respondents by Ethnicity

	Number of Respondents
White	
English / Welsh / Scottish / Northern Irish / British	*
Irish	*
Gypsy or Irish Traveller	*
Any other White background	*
Mixed / Multiple Ethnicity	'
White and Black Caribbean	*
White and Black African	*
White and Asian	*
Any other Mixed / multiple ethnic background	*
Asian or Asian British	'
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	0
Total	12

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust



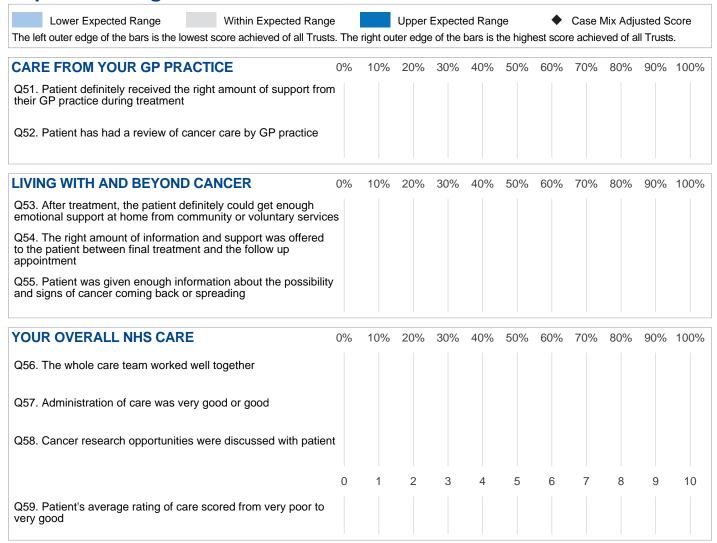
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Comparability tables

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 below Lower Expected Range

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

	low base size.
**	No score available for 2021.

		Una	djusted So	cores	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	National Score
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*		*		*			78%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*		*		*			65%

		Una	djusted S	cores		Case M			
DIAGNOSTIC TESTS	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	National Score
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	10	90%		*			92%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	11	91%		*			83%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	11	82%		*			78%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	11	82%		*			78%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	11	100%		*			95%

		Una	djusted So	cores		Case M			
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	National Score
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	12	100%		*			76%
Q13. Patient was definitely told sensitively that they had cancer	*	*	12	92%		*			74%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	12	67%		*			76%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	12	100%		*			85%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	12	92%		*			84%

		Una	djusted So	cores	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	National Score
Q17. Patient had a main point of contact within the care team	*	*	12	92%		*			91%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	10	90%		*			84%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	11	100%		*			95%

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Comparability tables

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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

	low base size.
**	No score available for 2021.

		Una	djusted So	cores		Case M	ix Adjusted	Scores	
DECIDING ON THE BEST TREATMENT	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	National Score
Q20. Treatment options were explained in a way the patient could completely understand	*	*	12	83%		*			82%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	12	92%		*			79%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	11	82%		*			80%
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	*	*		*		*			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	National Score
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	11	91%		*			71%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	11	91%		*			93%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	10	100%		*			99%

		Una	djusted So	cores		Case M			
SUPPORT FROM HOSPITAL STAFF	2021 n	2021 Score	2022 n	2022 Score	Change 2021-2022	2022 Score	Lower Expected Range	Upper Expected Range	National Score
Q27. Staff provided the patient with relevant information on available support	*	*	10	90%		*			90%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	12	92%		*			76%
Q29. Patient was offered information about how to get financial help or benefits	*	*		*		*			67%

		Una	djusted So		Case M				
HOSPITAL CARE	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	National Score
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*		*		*			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	*	*		*		*			66%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*		*		*			70%
Q34. Patient was always able to get help from ward staff when needed	*	*		*		*			73%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*		*		*			64%
Q36. Hospital staff always did everything they could to help the patient control pain	*	*		*		*			84%
Q37. Patient was always treated with respect and dignity while in hospital	*	*		*		*			88%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*		*		*			88%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	11	82%		*			78%

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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	availal	hle fo	or 2021.	

		Una	djusted S	cores		Case M	lix Adjuste	d Scores	
YOUR TREATMENT	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	Nationa Score
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	12	92%		*			89%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*		*		*			85%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*		*		*			88%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*		*		*			79%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*		*		*			84%
Q42_1. Patient completely had enough understandable information about progress with surgery	*	*	12	100%		*			85%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	*	*		*		*			79%
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	*	*		*		*			81%
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	*		*		*			72%
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	*		*		*			80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	12	92%		*			78%

		Una	djusted So	cores		Case M	ix Adjusted	d Scores	
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	National Score
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	12	83%		*			74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	12	75%		*			69%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	11	91%		*			86%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	12	75%		*			59%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	12	83%		*			53%

		Una	djusted So	cores	Case M				
SUPPORT WHILE AT HOME	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	National Score
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	*	10	70%		*			58%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*		*		*			51%

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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			
CARE FROM YOUR GP PRACTICE	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	National Score
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*		*		*			45%
Q52. Patient has had a review of cancer care by GP practice	*	*	12	25%		*			21%

		Una	djusted So	cores		Case M	National		
LIVING WITH AND BEYOND CANCER	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	National Score
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*		*		*			31%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*		*		*			78%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	10	90%		*			62%

		Una	djusted So	cores		Case M	Niedienel		
YOUR OVERALL NHS CARE	2021 n	2021 Score	2022 n	2022 Score	Change 2021- 2022	2022 Score	Lower Expected Range	Upper Expected Range	National Score
Q56. The whole care team worked well together	*	*	12	100%		*			90%
Q57. Administration of care was very good or good	*	*	12	92%		*			87%
Q58. Cancer research opportunities were discussed with patient	*	*		*		*			43%
Q59. Patient's average rating of care scored from very poor to very good	*	*	12	9.8		*			8.9

Tumour type tables

SUPPORT FROM YOUR GP PRACTICE							Tumo	our Ty	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	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*	*	*	*	*	*

DIAGNOSTIC TESTS	DIAGNOSTIC TESTS									Tumour Type										
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All						
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	*	*	*	*	*	*	*	*	*	*	*	90%						
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	*	*	*	*	*	*	*	*	*	91%						
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	*	*	*	*	*	*	*	*	*	82%						
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*	*	*	*	*	82%						
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	*	*	*	*	*	*	*	*	*	100%						

FINDING OUT THAT YOU HAD CANCER							Tumo	our Ty	ре					
	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	*	*	*	*	*	*	*	*	*	*	*	*	*	100%
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	*	*	*	*	*	*	*	*	*	92%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*	*	*	*	*	67%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	*	*	*	*	*	*	*	*	*	100%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	*	*	*	*	*	*	*	*	*	92%

Tumour type tables

SUPPORT FROM A MAIN CONTACT PERSO	N						Tumo	our Ty _l	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	*	*	*	*	*	*	*	*	*	*	*	*	*	92%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	*	*	*	*	*	*	*	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	*	*	*	*	*	*	*	*	100%

DECIDING ON THE BEST TREATMENT							Tumo	our Ty	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	*	*	*	*	*	*	*	*	*	*	*	*	*	83%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	92%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	*	*	*	*	*	*	*	*	*	82%
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	*	*	*	*	*	*	*	*	*	*	*	*	*	*

CARE PLANNING							Tumo	our Ty	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	*	*	*	*	*	*	*	*	*	*	*	*	*	91%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	*	*	*	*	*	*	*	*	91%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	*	*	*	*	*	*	*	*	100%

SUPPORT FROM HOSPITAL STAFF							Tumo	our Ty	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%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	*	*	*	*	*	*	*	*	*	92%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Tumour type tables

HOSPITAL CARE							Tumo	our Ty	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	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	*	*	*	*	*	*	*	*	*	82%

YOUR TREATMENT							Tumo	our Ty	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	*	*	*	*	*	*	*	*	*	*	*	*	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about progress with surgery	*	*	*	*	*	*	*	*	*	*	*	*	*	100%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	*	*	*	*	*	*	*	*	*	92%

Tumour type tables

IMMEDIATE AND LONG TERM SIDE EFFECT	TS						Tumo	our Ty	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	*	*	*	*	*	*	*	*	*	*	*	*	*	83%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	75%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	91%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	75%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	*	*	*	*	*	*	*	*	83%

SUPPORT WHILE AT HOME							Tumo	our Ty	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	*	*	*	*	*	*	*	*	*	*	*	*	*	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	*	*	*	*	*	*	*	*

CARE FROM YOUR GP PRACTICE							Tumo	our Ty	ре					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and Neck	Lung	Prostate	Sarcoma	Skin	Upper Gastro	Urological	Other	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	*	*	*	*	*	*	*	*	25%

Tumour type tables

LIVING WITH AND BEYOND CANCER							Tumo	our Ty	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	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	*	*	*	*	*	*	*	*	*	90%

YOUR OVERALL NHS CARE							Tumo	our Ty	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	*	*	*	*	*	*	*	*	*	*	*	*	*	100%
Q57. Administration of care was very good or good	*	*	*	*	*	*	*	*	*	*	*	*	*	92%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	*	*	*	*	*	*	*	*	9.8

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	*	*	*	*	*	*	*	*	*
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*

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	*	*	*	*	*	*	*	*	90%	
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	*	*	*	*	91%	
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	*	*	*	*	82%	
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	82%	
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	*	*	*	*	100%	

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	*	*	*	*	*	*	*	*	100%
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	*	*	*	*	92%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	67%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	*	*	*	*	100%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	*	*	*	*	92%

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	*	*	*	*	*	*	*	*	92%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	*	*	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	*	*	*	100%

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	*	*	*	*	*	*	*	*	83%	
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	*	*	*	*	92%	
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	*	*	*	*	82%	
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	*	*	*	*	*	*	*	*	*	

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	*	*	*	*	*	*	*	*	91%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	*	*	*	91%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	*	*	*	100%

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	*	*	*	*	*	*	*	*	90%		
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	*	*	*	*	92%		
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	*	*	*	*		

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	*	*	*	*	*	*	*	*	*
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*	*	*
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*	*	*
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*	*	*
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*	*	*
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*	*	*
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*	*	*
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*	*	*
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	*	*	*	*	82%

Age group tables

YOUR TREATMENT									
	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	*	*	*	*	*	*	*	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about progress with surgery	*	*	*	*	*	*	*	*	100%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	*	*	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	*	*	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	*	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	*	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	*	*	*	*	92%

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	*	*	*	*	*	*	*	*	83%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	*	*	*	*	75%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	*	*	*	*	91%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	*	*	*	*	75%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	*	*	*	83%

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	*	*	*	*	*	*	*	*	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	*	*	*

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	*	*	*	*	*	*	*	*	*		
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	*	*	*	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	*	*	*	*	*	*	*	*	*
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	*	*	*	*	*
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	*	*	*	*	90%

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	*	*	*	*	*	*	*	*	100%
Q57. Administration of care was very good or good	*	*	*	*	*	*	*	*	92%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	*	*	*	*
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	*	*	*	9.8

Male/Female/Non-binary/Other tables

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

DIAGNOSTIC TESTS			Male/Female/Non-binary/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	*	*	*	*	*	*	90%		
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	*	*	91%		
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	*	*	82%		
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	*	*	82%		
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	*	*	100%		

FINDING OUT THAT YOU HAD CANCER				Male/Fema	ale/Non-bina	ry/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	*	*	*	*	*	*	100%
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	*	*	92%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	*	*	67%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	*	*	100%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	*	*	92%

SUPPORT FROM A MAIN CONTACT PERSO	N			Male/Fema	ile/Non-bina	ry/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	*	*	*	*	*	*	92%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	*	100%

Male/Female/Non-binary/Other tables

DECIDING ON THE BEST TREATMENT				Male/Fema	ile/Non-bina	ry/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	*	*	*	*	*	*	83%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	*	*	92%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	*	*	82%
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	*	*	*	*	*	*	*

CARE PLANNING				Male/Fema	ile/Non-bina	ry/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	*	*	*	*	*	*	91%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	*	91%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	*	100%

SUPPORT FROM HOSPITAL STAFF				Male/Fema	le/Non-bina	ry/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	*	*	*	*	*	*	90%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	*	*	92%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	*	*

Male/Female/Non-binary/Other tables

HOSPITAL CARE	Male/Female/Non-binary/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	*	*	*	*	*	*	*			
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*			
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*			
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*			
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*			
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*			
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*			
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*			
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	*	*	82%			

YOUR TREATMENT				Male/Fema	ale/Non-bina	ry/Other	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	*	*	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about progress with surgery	*	*	*	*	*	*	100%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	*	*	92%

Male/Female/Non-binary/Other tables

IMMEDIATE AND LONG TERM SIDE EFFECT	ΓS	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	*	*	*	*	*	*	83%	
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	*	*	75%	
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	*	*	91%	
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	*	*	75%	
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	*	83%	

SUPPORT WHILE AT HOME				Male/Fema	le/Non-bina	ry/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	*	*	*	*	*	*	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	*

CARE FROM YOUR GP PRACTICE				Male/Fema	le/Non-bina	ry/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	*	*	*	*	*	*	*
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	*	25%

LIVING WITH AND BEYOND CANCER				Male/Fema	le/Non-bina	ry/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	*	*	*	*	*	*	*
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	*	*	*
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	*	*	90%

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Male/Female/Non-binary/Other tables

YOUR OVERALL NHS CARE				Male/Fema	ale/Non-bina	ry/Other	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q56. The whole care team worked well together	*	*	*	*	*	*	100%
Q57. Administration of care was very good or good	*	*	*	*	*	*	92%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	*	*
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	*	9.8

Ethnicity tables

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

DIAGNOSTIC TESTS		Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	All	
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	*	*	*	*	90%	
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	*	*	91%	
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	*	*	82%	
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	*	*	82%	
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	*	*	100%	

FINDING OUT THAT YOU HAD CANCER				Ethi	nicity		
	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	*	*	*	*	*	*	100%
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	*	*	92%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	*	*	67%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	*	*	100%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	*	*	92%

SUPPORT FROM A MAIN CONTACT PERSO	N			Ethr	nicity		
	White	Mixed	Asian	Black	Other	Not given	All
Q17. Patient had a main point of contact within the care team	*	*	*	*	*	*	92%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	*	100%

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	*	*	*	*	*	*	83%	
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	*	*	92%	
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	*	*	82%	
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	*	*	*	*	*	*	*	

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	*	*	*	*	*	*	91%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	*	91%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	*	100%

SUPPORT FROM HOSPITAL STAFF				Ethr	nicity		
	White	Mixed	Asian	Black	Other	Not given	All
Q27. Staff provided the patient with relevant information on available support	*	*	*	*	*	*	90%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	*	*	92%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	*	*

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	*	*	*	*	*	*	*
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	*	*	82%

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	*	*	*	*	*	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about progress with surgery	*	*	*	*	*	*	100%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	*	*	92%

IMMEDIATE AND LONG TERM SIDE EFFECT	S			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	*	*	*	*	*	*	83%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	*	*	75%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	*	*	91%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	*	*	75%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	*	83%

SUPPORT WHILE AT HOME				Ethr	nicity		
	White Mixed Asian Black Other Not given						All
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	*	*	*	*	*	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	*

CARE FROM YOUR GP PRACTICE				Ethr	nicity		
	White	Mixed	Asian	Black	Other	Not given	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*	*	*	*
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	*	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	*	*	*	*	*	*	*		
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	*	*	*		
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	*	*	90%		

YOUR OVERALL NHS CARE		Ethnicity							
	White	Mixed	Asian	Black	Other	Not given	All		
Q56. The whole care team worked well together	*	*	*	*	*	*	100%		
Q57. Administration of care was very good or good	*	*	*	*	*	*	92%		
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	*	*		
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	*	9.8		

IMD quintile tables

SUPPORT FROM YOUR GP PRACTICE				IMD Quinti	le		
	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	*	*	*	*	*	*	*
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*	*	*	*

DIAGNOSTIC TESTS		IMD Quintile							
	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	*	*	*	*	*	*	90%		
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	*	*	91%		
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	*	*	82%		
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	*	*	82%		
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	*	*	100%		

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	*	*	*	*	*	*	100%	
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	*	*	92%	
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	*	*	67%	
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	*	*	100%	
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	*	*	92%	

SUPPORT FROM A MAIN CONTACT PERSO	N			IMD Quintil	е		
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q17. Patient had a main point of contact within the care team	*	*	*	*	*	*	92%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	*	100%

IMD quintile tables

DECIDING ON THE BEST TREATMENT				IMD Quinti	le		
	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	*	*	*	*	*	*	83%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	*	*	92%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	*	*	82%
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	*	*	*	*	*	*	*

CARE PLANNING				IMD Quintil	le		
	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	*	*	*	*	*	*	91%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	*	91%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	*	100%

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	*	*	*	*	*	*	90%	
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	*	*	92%	
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	*	*	

SPITAL 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	*	*	*	*	*	*	*
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	*	*	82%

IMD quintile tables

YOUR TREATMENT				IMD Quint	ile		
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	*	*	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about progress with surgery	*	*	*	*	*	*	100%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	*	*	92%

IMMEDIATE AND LONG TERM SIDE EFFECTS				IMD Quintile				
	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	*	*	*	*	*	*	83%	
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	*	*	75%	
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	*	*	91%	
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	*	*	75%	
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	*	83%	

SUPPORT 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	*	*	*	*	*	*	70%	
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	*	

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	*	*	*	*	*	*	*	
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	*	25%	

IMD quintile tables

LIVING WITH AND BEYOND 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	*	*	*	*	*	*	*
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	*	*	*
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	*	*	90%

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	*	*	*	*	*	*	100%
Q57. Administration of care was very good or good	*	*	*	*	*	*	92%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	*	*
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	*	9.8

Long term condition status tables

SUPPORT FROM YOUR GP PRACTICE				
	Yes	No	Not given	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	*	*
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*

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%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	91%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	82%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	82%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	100%

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	*	*	*	100%
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	92%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	67%
Q15. Patient was definitely told about their diagnosis in appropriate place	*	*	*	100%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	92%

SUPPORT FROM A MAIN CONTACT PERSON	RSON Long term condition status				
	Yes	No	Not given	All	
Q17. Patient had a main point of contact within the care team	*	*	*	92%	
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	90%	
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	100%	

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	*	*	*	83%	
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	92%	
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	82%	
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	*	*	*	*	

Long term condition status tables

CARE PLANNING				
	Yes	No	Not given	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	91%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	91%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	100%

SUPPORT FROM HOSPITAL STAFF				
	Yes	No	Not given	All
Q27. Staff provided the patient with relevant information on available support	*	*	*	90%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	92%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*

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	*	*	*	*
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	82%

Long term condition status tables

YOUR TREATMENT		Long term conditio	n status	
	Yes	No	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*
Q42_1. Patient completely had enough understandable information about progress with surgery	*	*	*	100%
Q42_2. Patient completely had enough understandable information about progress with chemotherapy	*	*	*	*
Q42_3. Patient completely had enough understandable information about progress with radiotherapy	*	*	*	*
Q42_4. Patient completely had enough understandable information about progress with hormone therapy	*	*	*	*
Q42_5. Patient completely had enough understandable information about progress with immunotherapy	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	92%

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	*	*	*	83%	
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	75%	
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	91%	
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	75%	
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	83%	

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	*	*	*	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*

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	*	*	*	*
Q52. Patient has had a review of cancer care by GP practice	*	*	*	25%

Long term condition status tables

LIVING WITH AND BEYOND CANCER Long term condition status				
	Yes	No	Not given	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	*
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	90%

YOUR OVERALL NHS CARE	Long term condition status			
	Yes	No	Not given	All
Q56. The whole care team worked well together	*	*	*	100%
Q57. Administration of care was very good or good	*	*	*	92%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	9.8

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Indicates where base size.	a score is not available due to suppression or a low	The scores are unadjusted and based on England scores only.
SUPPORT FROM	M YOUR GP PRACTICE	
	oke to primary care professional once or twice befo	re cancer diagnosis
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
	2021 "	2022 *
Q3. Referral for diag	gnosis was explained in a way the patient could co	mpletely understand
100%		
80%		
60%		
40%		
20%		
0%	0004 *	0000 *
	2021 *	2022 *
DIAGNOSTIC TI	ESTS	
Q5. Patient received	d all the information needed about the diagnostic te	st in advance
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
	2021	2022
Q6. Diagnostic test s	staff appeared to completely have all the information	on they needed about the patient
100%		
80%		
60%		
40%		
20%		
0%		
	2021 *	2022 *
Q7. Patient felt the le	ength of time waiting for diagnostic test results was	s about right
100%		
80%		
60%		
40%		
20%		
0%		
0 70	2021 *	2022 *

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 Indicates wher base size. 	re a score is not available due to suppression or a low	The scores are unadjusted and based on England scores only.
Q8. Diagnostic tes	st results were explained in a way the patient could c	ompletely understand
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
	2021	2022
Q9. Enough privac	cy was always given to the patient when receiving dia	agnostic test results
100%		
80%		
60%		
40%		
20%		
0%	0004 *	0000 *
	2021 *	2022 *
Q12. Patient was 1 100% 80% 60% 40% 20% 0%	told they could have a family member, carer or frience	d with them when told diagnosis
040 D # 1		
Q13. Patient was o	definitely told sensitively that they had cancer	
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
O14 Concer diag	nonin avalained in a way the nations could completely	, understand
100%	nosis explained in a way the patient could completely	y understand
80%		
60%		
40%		
20%		
0%	2021 *	2022 *

Υ	'ear	on	Υ	ear	C	har	ts
	UUI	\mathbf{v}		UUI			

* Indicates wh base size.	ere a score is not available due to suppression or a low	The scores are unadjusted and based on England scores only.
Q15. Patient wa	s definitely told about their diagnosis in an appropriate	place
100%		·
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
	2021	
Q16. Patient wa	s told they could go back later for more information abo	out their diagnosis
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
	ROM A MAIN CONTACT PERSON	
	d a main point of contact within the care team	
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
	nd it very or quite easy to contact their main contact pe	erson
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
	and advice from main contact person was very or quite	helpful
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *

Y	'ear	on	Year	Ch	arts

Indicates where base size.	e a score is not available due to suppression or a low	The scores are unadjusted and based on England scores only.
DECIDING ON	THE BEST TREATMENT	
	tions were explained in a way the patient could co	empletely understand
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
Q21. Patient was d	definitely involved as much as they wanted to be in	n decisions about their treatment
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
	2021	2022
Q22. Family and/or	r carers were definitely involved as much as the p	atient wanted them to be in decisions about treatment options
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
Q23. Patient could	get further advice or a second opinion before mal	king decisions about their treatment options
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
	2021	2022
CARE PLANNI		
	definitely able to have a discussion about their nee	ds or concerns prior to treatment
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *

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* Indicates where a score is not available due to suppression or a low base size. The scores are unadjusted and based on England scores only.				
Q25. A member of t	their care team helped the patient create a care	plan to address any needs or concerns		
100%	· · ·	·		
80%				
60%				
40%				
20%				
0%	2021 *	2022 *		
	2021	2022		
Q26. Care team rev	viewed the patient's care plan with them to ensur	e it was up to date		
100%				
80%				
60%				
40%				
20%				
0%	2021 *	2022 *		
SUPPORT FRO	M HOSPITAL STAFF			
Q27. Staff provided	the patient with relevant information on available	e support		
100%				
80%				
60%				
40%				
20%				
0%	2021 *	2022 *		
Q28. Patient definite	ely got the right level of support for their overall I	nealth and well being from hospital staff		
100%				
80%				
60%				
40%				
20%				
0%	2021 *	2022 *		
	2021	2022		
Q29. Patient was of	ffered information about how to get financial help	o or benefits		
100%				
80%				
60%				
40%				
20%				
0%				
	2021 *	2022 *		

* Indicates where base size.	a score is not available due to suppression or a low	The scores are unadjusted and based on England scores only.
IOSPITAL CAR	RE	
31. Patient had co	infidence and trust in all of the team looking after th	nem during their stay in hospital
00%		
30%		
60%		
10%		
20%		
0%	2024 *	2022 *
	2021 *	2022 *
32. Patient's famil	y, or someone close, was definitely able to talk to a	a member of the team looking after the patient in hospital
00%		
80%		
60%		
10%		
20%		
0%	0004 *	0000 *
	2021 *	2022 *
	ways involved in decisions about their care and trea	atment whilst in hospital
00%		
30%		
60%		
40%		
20%		
0%	2021 *	2022 *
34 Patient was al	ways able to get help from ward staff when needed	N
00%	ways able to get help from ward stall when heeded	·
30%		
60%		
10%		
20%		
0%	2021 *	2022 *
35. Patient was al	ways able to discuss worries and fears with hospita	al staff
00%	,	
30%		
60%		
10%		
20%		
0%	2021 *	2022 *

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* Indicates where a score is not available due to suppression or a low base size. The scores are unadjusted and based on England scores only.				
Q36. Hospital staff always did everything they could to help the patient control pain				
100%				
80%				
60%				
40%				
20%				
0%	2021 *	2022 *		
Q37. Patient was a	lways treated with respect and dignity while in hospita	al		
100%				
80%				
60%				
40%				
20%				
0%				
	2021 *	2022 *		
60% 40% 20% 0%	2021 *	2022 *		
Q39. Patient was a	lways able to discuss worries and fears with hospital	staff while being treated as an outpatient or day case		
100%				
80%				
60%				
40%				
20%				
0%	2021 *	2022 *		
VOLID TOEATH				
YOUR TREATM	IEN I I patient completely had enough understandable infor	rmation about surgery		
100%	a patient completely flad chargif understandable illier	maion about ourgery		
80%				
60%				
40%				
20%				
0%	2021 *	2022 *		

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Q41_2. Bef		
	orehand patient completely had enough understandab	e information about chemotherapy
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
Q41_3. Bef	orehand patient completely had enough understandab	le information about radiotherapy
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
041 4 Bef	orehand patient completely had enough understandab	le information about hormone therapy
100%	eroriana patient compretery mad errought anderetaindab	- Individual about normana thorapy
80% —		
60%		
40%		
20%		
0%		
0%	2021 *	2022 *
Q41_5. Bef	2021 * orehand patient completely had enough understandab	
Q41_5. Bef		
Q41_5. Bef 100% — 80% —		
Q41_5. Bef 100% — 80% —		
Q41_5. Bef 100% 80% 60% 40%		
Q41_5. Bet 100% — 80% — 60% — 40% —		
Q41_5. Bel 100% 80% 60% 40%		
Q41_5. Bef 100% 80% 60% 40% 20% 0%	orehand patient completely had enough understandab	le information about immunotherapy 2022 *
Q41_5. Bef 100% — 80% — 60% — 40% — 0% —	orehand patient completely had enough understandab	le information about immunotherapy 2022 *
Q41_5. Bef 100% 80% 60% 40% 0% Q42_1. Pat	orehand patient completely had enough understandab	le information about immunotherapy 2022 *
Q41_5. Bef 100% 80% 60% 40% 20% 0%	orehand patient completely had enough understandab	le information about immunotherapy 2022 *
Q41_5. Bef 100% 80% 60% 40% 0% Q42_1. Pat 100% 80% 60%	orehand patient completely had enough understandab	le information about immunotherapy 2022 *
Q41_5. Bef 100% 80% 60% 40% 0% Q42_1. Pat 100% 80%	orehand patient completely had enough understandab	le information about immunotherapy 2022 *

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* Ind	icates where a score is not available due to suppression or a low se size.	The scores are unadjusted and based on England scores only.
Q42_2.	Patient completely had enough understandable information about	out progress with chemotherapy
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
Q42 3.	Patient completely had enough understandable information about	out progress with radiotherapy
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
	Patient completely had enough understandable information about	out progress with hormone therapy
100%		
80% 60%		
40%		
20%		
0%		
070	2021 *	2022 *
Q42_5.	Patient completely had enough understandable information about	out progress with immunotherapy
100%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
Q43. P	atient felt the length of waiting time at clinic and day unit for can	cer treatment was about right
100%		
80%		
60%		
40%		
20%		
0%	2024 *	2022 *
	2021 *	2022 *

Year on	Year	Charts
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Indicates where base size.	e a score is not available due to suppression or a low	The scores are unadjusted and based on England scores only.
MMEDIATE AN	ID LONG TERM SIDE EFFECTS	
Q44. Possible side	effects from treatment were definitely explained in	a way the patient could understand
100%		
80%		
60%		
40%		
20%		
0%	0004 *	9000 ÷
	2021 *	2022 *
45. Patient was a	lways offered practical advice on dealing with any in	mmediate side effects from treatment
00%		
30%		
60%		
40%		
20%		
0%		
	2021 *	2022 *
046. Patient was d	iven information that they could access about supp	ort in dealing with immediate side effects from treatment
100%	The first material and the formation about supp	
80%		
60%		
40%		
20%		
0%		
0%	2021 *	2022 *
147 Patient felt no	esible long torm side offects were definitely explain	ned in a way they could understand in advance of their treatment
100%	solution of term side checks were definitely explain	is a may analy could disacristated in advance of their treatment
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
AAO Dationt was d	ofinitely able to discuss actions for managing the impartment	wood of any lang tarm aids offeets
00%	efinitely able to discuss options for managing the in	npact of any long-term side effects
80%		
60%		
40%		
20%		
0%	2021 *	2022 *

Y	'ear	on	Yes	ar C	ha	rts

 Indicates where base size. 	e a score is not available due to suppression or a low	The scores are unadjusted and based on England scores only.
SUPPORT WHI	LE AT HOME	
49. Care team ga	ve family, or someone close, all the information nee	eded to help care for the patient at home
00%		
30%		
60%		
10%		
20%		
0%	0004 t	
	2021 *	2022 *
50. During treatm	ent, the patient definitely got enough care and supp	ort at home from community or voluntary services
00%		
80%		
60%		
40%		
20%		
0%	2021 *	2022 *
	2021	2022
60%	2021 *	2022 *
50% 40% 20% 0% 52. Patient has h	2021 * ad a review of cancer care by GP practice	2022 *
60% 40% 20% 0% 52. Patient has had 100%		2022 *
60% 40% 20% 0% 252. Patient has have a second of the s		2022 *
60%		2022 *
80% ————————————————————————————————————		2022 *
60% 40% 20% 0% 052. Patient has had 100% 80% 40% 40%		2022 *
50% 40% 20% 0% 52. Patient has has has has has has had has has had		2022 *
50% 40% 20% 0% 52. Patient has has has has has has had has has had	ad a review of cancer care by GP practice	
50% 40% 0% 52. Patient has has has 60% 60% 40% 20% 0%	ad a review of cancer care by GP practice	
60% 40% 20% 0% 152. Patient has have been seen seen seen seen seen seen see	ad a review of cancer care by GP practice 2021 * ND BEYOND CANCER	
60% 40% 20% 0% 852. Patient has	ad a review of cancer care by GP practice 2021 * ND BEYOND CANCER	2022 *
60% 40% 20% 0% 52. Patient has had 10% 80% 60% 40% 20% 0% IVING WITH A 153. After treatment	ad a review of cancer care by GP practice 2021 * ND BEYOND CANCER	2022 *
60% 40% 20% 0% 452. Patient has	ad a review of cancer care by GP practice 2021 * ND BEYOND CANCER	2022 *
50% 40% 20% 0% 52. Patient has had 10% 80% 60% IVING WITH A 153. After treatmen 00% 80% 60%	ad a review of cancer care by GP practice 2021 * ND BEYOND CANCER	2022 *
60% 40% 20% 0% 252. Patient has have been seen seen seen seen seen seen see	ad a review of cancer care by GP practice 2021 * ND BEYOND CANCER	2022 *

Year on Year Charts

Indicates where a score is not available due to suppression or a low base size. The scores are unadjusted and based on England scores only.				
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment				
100%				
80%				
60%				
40%				
20%				
0%	2021 *	2022 *		
	2021	2022		
Q55. Patient was giv	ven enough information about the possibility and sig	gns of cancer coming back or spreading		
100%				
80%				
60%				
40%				
20%				
0%	2021 *	2022 *		
	2021	2022		
YOUR OVERAL	I NHS CARE			
	e team worked well together			
100%				
80%				
60%				
40%				
20%				
0%				
076	2021 *	2022 *		
Q57. Administration	of care was very good or good			
100%	, 5			
80%				
60%				
40%				
20%				
0%	2021 *	2022 *		
OE9 Consor	ob apportunities were discussed with a street			
	ch opportunities were discussed with patient			
100%				
80%				
60%				
40%				
20%				
0%	2021 *	2022 *		

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*	Indicates where a score is not available due to suppression or a low base size.	The scores are unadjusted and based on England scores only.
Q5	9. Patient's average rating of care scored from very poor to very goo	d
10		
8		
6		
4		
2		
0	2021 *	2022 *