

# **Cancer Patient Experience Survey**

2023 Results

# **Chesterfield Royal Hospital NHS Foundation Trust**

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### **Contents**

xecutive summary	3
ntroduction	4
Nethodology	4
Inderstanding the results	5
urther information	7
Response rate	8
expected range charts	10
Comparability tables	14
umour group tables	18
nge group tables	23
Male/Female/Non-binary/Other tables	27
thnicity tables	32
MD quintile tables	36
ong-term condition status tables	40
ear on year charts	44

# **Executive summary**

#### **Questions above expected range**

	Case	mix adjusted s	cores	
	2023 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	88%	75%	87%	81%
Q13. Patient was definitely told sensitively that they had cancer	84%	68%	80%	74%
Q27. Staff provided the patient with relevant information on available support	96%	87%	95%	91%
Q34. Patient was always able to get help from ward staff when needed	90%	63%	82%	73%
Q35. Patient was always able to discuss worries and fears with hospital staff	77%	55%	75%	65%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	96%	82%	95%	88%

Chesterfield Royal Hospital NHS Foundation Trust has no scores below expected range

#### Introduction

The National Cancer Patient Experience Survey 2023 is the thirteenth 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 undertaken by Picker on behalf of NHS England and it 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 2023 survey involved 132 NHS Trusts. Out of 121,121 people, 63,428 people responded to the survey, yielding a response rate of 52%.

#### 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 2023. The fieldwork for the survey was undertaken between November 2023 and February 2024.

As in the previous eight 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.

#### Note on question comparability

The questionnaire was redeveloped for the 2021 National Cancer Patient Experience Survey. Year on year comparisons between 2021, 2022 and 2023 are included in this report for most questions. A review of the questionnaire in 2023 saw four changes being made:

- The question text for Q23 and Q42 were amended. These questions are no longer deemed comparable to 2021 and 2022.
- The long-term condition question (Q67) was amended to include "Autism or autism spectrum condition" as a response option. And the "Neurological condition" answer option was updated to include an example condition changing it to "Neurological condition, such as epilepsy". These changes see the answer option "Neurological condition, such as epilepsy" as no longer being deemed comparable to 2021 and 2022.
- The ethnic group question (Q71) was amended to include "Roma" as an answer option. The ethnic group question is still deemed comparable to 2021 and 2022.

#### **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%.

In 2022, 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 and is now scored as negative.

#### Statistical significance

In the reporting of 2023 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 sub-group 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 sub-group 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 2022 and 2023 unadjusted scores for this Trust for each scored question. The Change 2022-2023 and Change overall columns show whether the scores show a statistically significant variation between years. This is shown between 2022-2023 and as an overall

between 2021-2023. An upwards arrow indicates a statistically significant increase, a downwards arrow indicates a statistically significant decrease and no arrow indicates no statistically significant change.

The adjusted 2023 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 group, 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 group tables**

The tumour group 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 three columns representing the unadjusted scores of the last three years (2021, 2022 and 2023) for each scored question.

#### National level and England level data

In some cases (343 respondents in 2023), patients from outside England (from Wales, Scotland, Northern Ireland, the Channel Islands or the Isle of Man) are referred to English NHS Trusts for treatment. These patients are described as 'Non-England' in the data.

#### National level data (England and Non-England) is used for:

- · Response rate section
- National column in comparability tables section
- Sub-group tables section (Tumour group tables, Age group tables, Male/Female/Non-binary/Other tables, Ethnicity tables, IMD quintile tables and Long-term condition status tables)

#### **England only level data is used for:**

- Expected range charts section (as case-mix adjustment includes IMD data specific to England)
- Comparability tables section
- Year on year charts section.

#### **Further information**

This research was carried out in accordance with the international standard for organisations conducting market and social research (accreditation to ISO20252:2019; certificate number GB08/74322). Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality, and value in the Code of Practice for Statistics that all producers of official statistics should adhere to. You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website.

For more information on the methodology, please see the Technical Document. It can be viewed along with the 2023 questionnaire and survey guidance on the website at <a href="www.ncpes.co.uk">www.ncpes.co.uk</a>. For all other outputs at Trust level, please see the Excel tables and dashboards at <a href="www.ncpes.co.uk">www.ncpes.co.uk</a>.

### **Response rate**

#### **Overall response rate**

221 patients responded out of a total of 398 patients, resulting in a response rate of 56%.

	Sample size	Adjusted sample	Completed	Response rate
Overall response rate	417	398	221	56%
National	129,231	121,121	63,438	52%

#### Respondents by survey type

	Number of respondents
Paper	193
Online	28
Phone	0
Translation service	0
Total	221

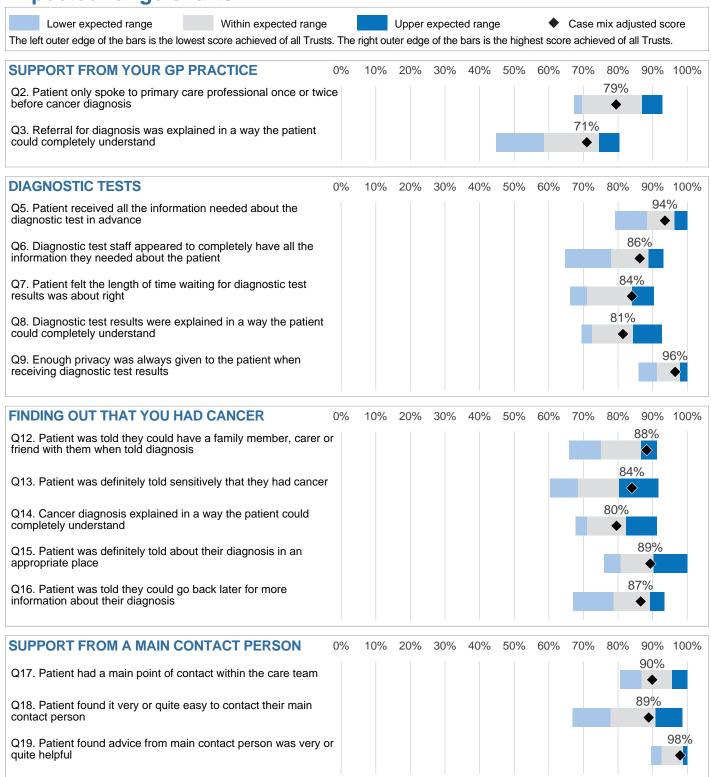
#### Respondents by tumour group

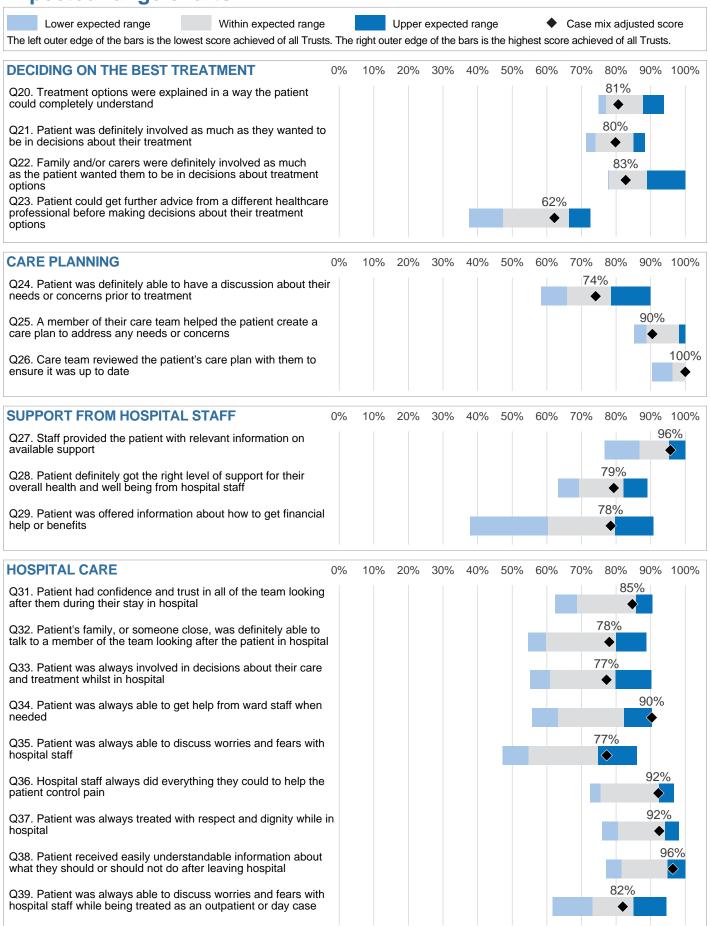
	Number of respondents
Brain / CNS	0
Breast	48
Colorectal / LGT	36
Gynaecological	*
Haematological	55
Head and neck	*
Lung	6
Prostate	9
Sarcoma	*
Skin	7
Upper gastro	0
Urological	29
Other	20
Total	221

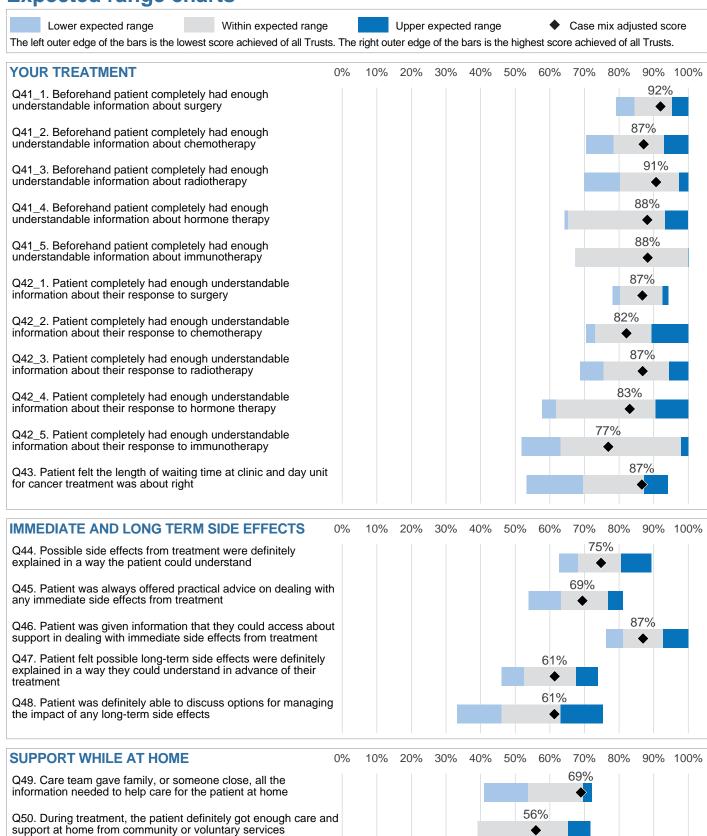
#### Respondents by ethnicity

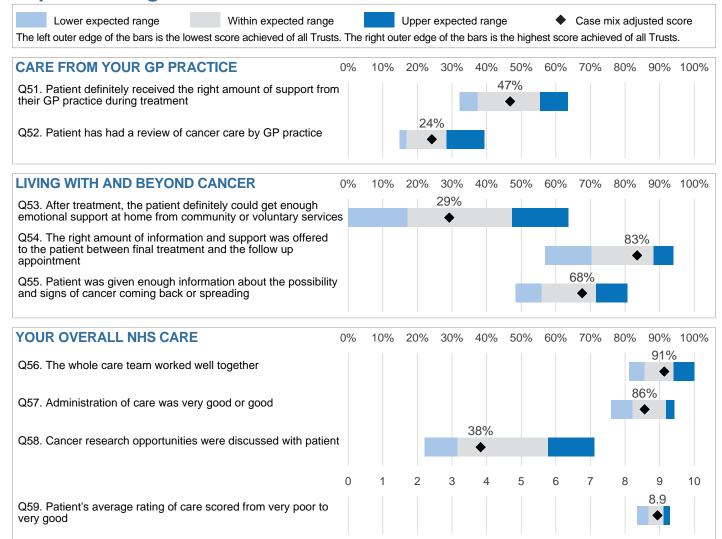
	Number of respondents
White	
English / Welsh / Scottish / Northern Irish / British	197
Irish	*
Gypsy or Irish Traveller	*
Roma	*
Any other White background	*
Mixed / Multiple Ethnic Groups	
White and Black Caribbean	*
White and Black African	*
White and Asian	*
Any other Mixed / multiple ethnic background	*
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	18
Total	221

<sup>\*</sup> indicates the count is not shown due to suppression









# **Comparability tables**

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

▲ or ▼

Change 2022-2023: Indicates where 2023 score is significantly higher or lower than 2022 score. Change overall: Indicates significant change overall (2021, 2022, and 2023).

Adjusted Score below Lower Expected Range

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

\*\* No score available for 2022.

			Unadjus	ted score	Case n					
SUPPORT FROM YOUR GP PRACTICE	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	National score
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	91	80%	88	81%			79%	70%	87%	78%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	128	71%	135	69%			71%	59%	75%	67%

	Unadjusted scores							Case mix adjusted scores			
DIAGNOSTIC TESTS	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	National score	
Q5. Patient received all the information needed about the diagnostic test in advance	188	95%	174	94%			94%	88%	96%	92%	
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	197	83%	182	87%			86%	78%	89%	83%	
Q7. Patient felt the length of time waiting for diagnostic test results was about right	197	76%	182	86%			84%	71%	84%	78%	
Q8. Diagnostic test results were explained in a way the patient could completely understand	197	80%	183	83%			81%	73%	84%	78%	
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	196	93%	184	97%			96%	91%	98%	95%	

			Unadjus	ted score	Case n					
FINDING OUT THAT YOU HAD CANCER	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 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	207	78%	197	88%			88%	75%	87%	81%
Q13. Patient was definitely told sensitively that they had cancer	221	79%	214	85%			84%	68%	80%	74%
Q14. Cancer diagnosis explained in a way the patient could completely understand	219	82%	215	80%			80%	71%	82%	77%
Q15. Patient was definitely told about their diagnosis in an appropriate place	220	90%	214	90%			89%	81%	90%	86%
Q16. Patient was told they could go back later for more information about their diagnosis	191	85%	185	86%			87%	79%	89%	84%

	Unadjusted scores							Case mix adjusted scores			
SUPPORT FROM A MAIN CONTACT PERSON	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	National score	
Q17. Patient had a main point of contact within the care team	208	87%	200	90%			90%	87%	96%	91%	
Q18. Patient found it very or quite easy to contact their main contact person	152	87%	154	90%			89%	78%	91%	84%	
Q19. Patient found advice from main contact person was very or quite helpful	164	95%	163	98%			98%	93%	99%	96%	

# **Comparability tables**

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

▲ or ▼

Change 2022-2023: Indicates where 2023 score is significantly higher or lower than 2022 score. Change overall: Indicates significant change overall (2021, 2022, and 2023).

Adjusted Score below Lower Expected Range

Adjusted Score between Upp

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

**	No	score	available	for	2022.
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		,	Unadjus	ted score	Case n					
DECIDING ON THE BEST TREATMENT	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	National score
Q20. Treatment options were explained in a way the patient could completely understand	211	89%	199	81%			81%	77%	88%	82%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	218	82%	209	80%			80%	74%	85%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	184	86%	178	83%			83%	78%	89%	83%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	**	**	103	61%			62%	47%	66%	57%

			Unadjus	ted score	es .		Case n	ed scores		
CARE PLANNING	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 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	199	76%	189	75%			74%	66%	79%	72%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	109	92%	104	91%			90%	89%	98%	94%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	87	99%	82	100%		•	100%	96%	100%	99%

			Unadjust	ted score		Case n				
SUPPORT FROM HOSPITAL STAFF	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	National score
Q27. Staff provided the patient with relevant information on available support	172	93%	178	96%			96%	87%	95%	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	214	78%	212	81%			79%	69%	82%	76%
Q29. Patient was offered information about how to get financial help or benefits	113	80%	109	77%			78%	60%	80%	70%

# **Comparability tables**

Indicates where a score is not

Change 2022-2023: Indicates where 2023 score is

Adjusted Score below Lower Expected Range

low base size.   ▲ or ▼ Change overall:	significantly higher or lower than 2022 score. Change overall: Indicates significant change overall (2021, 2022, and 2023).							Adjusted Score betwee and Lower Expected Radjusted Score above University Expected Range					
HOSPITAL CARE	2022 n	2022 score	Unadjust 2023 n	2023 score	Change 2022- 2023	Change overall	2023	Lower expected range		National score			
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	82	77%	94	86%			85%	69%	86%	77%			

								•		
HOSPITAL CARE	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 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	82	77%	94	86%			85%	69%	86%	77%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	61	66%	81	79%			78%	60%	80%	70%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	81	68%	90	78%			77%	61%	80%	70%
Q34. Patient was always able to get help from ward staff when needed	81	69%	89	91%	<b>A</b>		90%	63%	82%	73%
Q35. Patient was always able to discuss worries and fears with hospital staff	79	66%	86	78%			77%	55%	75%	65%
Q36. Hospital staff always did everything they could to help the patient control pain	69	86%	72	93%			92%	76%	92%	84%
Q37. Patient was always treated with respect and dignity while in hospital	83	90%	90	93%			92%	81%	94%	87%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	81	85%	90	97%			96%	82%	95%	88%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	194	77%	185	83%			82%	73%	85%	79%

	Unadjusted scores							nix adjuste	d scores	
YOUR TREATMENT	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	National score
Q41_1. Beforehand patient completely had enough understandable information about surgery	130	92%	121	93%			92%	84%	95%	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	107	88%	89	88%			87%	78%	93%	86%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	76	91%	53	91%			91%	80%	97%	89%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	32	84%	32	88%			88%	65%	93%	79%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	13	85%	20	90%			88%	68%	100%	84%
Q42_1. Patient completely had enough understandable information about their response to surgery	**	**	120	88%			87%	80%	93%	86%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	**	**	88	83%			82%	73%	89%	81%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	**	**	55	87%			87%	76%	94%	85%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	**	**	34	82%			83%	62%	91%	76%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	**	**	20	80%			77%	63%	98%	81%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	215	81%	204	87%			87%	70%	87%	78%

# **Comparability tables**

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

▲ or ▼

Change 2022-2023: Indicates where 2023 score is significantly higher or lower than 2022 score. Change overall: Indicates significant change overall (2021, 2022, and 2023).

Adjusted Score below Lower Expected Range

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

**	No score available for 2022.	

			Unadjus	ted score	es		Case n	nix adjuste	d scores	
IMMEDIATE AND LONG TERM SIDE EFFECTS	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 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	206	79%	190	74%			75%	68%	81%	74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	197	73%	179	70%			69%	63%	77%	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	165	92%	143	87%			87%	81%	93%	87%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	195	67%	175	61%			61%	53%	68%	60%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	156	60%	147	61%			61%	46%	63%	55%

			Unadjus	ted score		Case n				
SUPPORT WHILE AT HOME	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 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	140	59%	142	70%			69%	54%	70%	62%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	69	49%	56	55%			56%	39%	65%	52%

			Unadjus	ted score	Case m					
CARE FROM YOUR GP PRACTICE	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	National score
Q51. Patient definitely received the right amount of support from their GP practice during treatment	112	54%	118	47%			47%	37%	55%	46%
Q52. Patient has had a review of cancer care by GP practice	212	21%	203	23%			24%	17%	28%	23%

			Unadjust	ted score	s		Case n	d scores		
LIVING WITH AND BEYOND CANCER	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 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	46	26%	37	30%			29%	17%	47%	32%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	117	78%	87	84%			83%	70%	88%	79%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	180	74%	160	69%			68%	56%	72%	64%

			Unadjus	ted score	es		Case n	d scores		
YOUR OVERALL NHS CARE	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	National score
Q56. The whole care team worked well together	208	91%	206	92%			91%	86%	94%	90%
Q57. Administration of care was very good or good	218	90%	215	87%			86%	82%	92%	87%
Q58. Cancer research opportunities were discussed with patient	97	26%	107	38%			38%	32%	58%	45%
Q59. Patient's average rating of care scored from very poor to very good	213	9.0	209	9.0			8.9	8.7	9.1	8.9

SUPPORT FROM YOUR GP PRACTICE							Tumo	our gro	oup					
	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	*	96%	*	*	64%	*	*	*	*	*	*	79%	80%	81%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	75%	67%	*	53%	*	*	*	*	*	*	85%	93%	69%

DIAGNOSTIC TESTS							Tumo	our gro	up					
	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	*	93%	100%	*	95%	*	*	*	*	*	*	100%	88%	94%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	84%	79%	*	92%	*	*	*	*	*	*	91%	89%	87%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	80%	90%	*	95%	*	*	*	*	*	*	92%	78%	86%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	91%	87%	*	84%	*	*	*	*	*	*	83%	72%	83%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	100%	97%	*	100%	*	*	*	*	*	*	96%	94%	97%

FINDING OUT THAT YOU HAD CANCER							Tumo	ur gro	up					
	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	*	86%	100%	*	88%	*	*	*	*	*	*	88%	89%	88%
Q13. Patient was definitely told sensitively that they had cancer	*	85%	79%	*	93%	*	*	*	*	*	*	93%	85%	85%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	83%	82%	*	69%	*	*	*	*	*	*	93%	85%	80%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	87%	89%	*	91%	*	*	*	*	*	*	96%	95%	90%
Q16. Patient was told they could go back later for more information about their diagnosis	*	83%	82%	*	93%	*	*	*	*	*	*	80%	100%	86%

SUPPORT FROM A MAIN CONTACT PERSO	N						Tumo	our gro	oup					
	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	*	84%	97%	*	92%	*	*	*	*	*	*	86%	84%	90%
Q18. Patient found it very or quite easy to contact their main contact person	*	100%	85%	*	95%	*	*	*	*	*	*	79%	86%	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	97%	100%	*	100%	*	*	*	*	*	*	100%	88%	98%

DECIDING ON THE BEST TREATMENT							Tumo	our gro	up					
	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	*	89%	90%	*	80%	*	*	*	*	*	*	85%	74%	81%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	80%	82%	*	87%	*	*	*	*	*	*	81%	84%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	73%	80%	*	91%	*	*	*	*	*	*	95%	87%	83%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	52%	69%	*	74%	*	*	*	*	*	*	63%	*	61%

CARE PLANNING							Tumo	our gro	oup					
	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	*	73%	76%	*	77%	*	*	*	*	*	*	65%	88%	75%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	91%	100%	*	96%	*	*	*	*	*	*	85%	90%	91%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	100%	100%	*	100%	*	*	*	*	*	*	100%	*	100%

SUPPORT FROM HOSPITAL STAFF							Tumo	our gro	oup					
	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%	100%	*	98%	*	*	*	*	*	*	88%	100%	96%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	79%	85%	*	89%	*	*	*	*	*	*	71%	89%	81%
Q29. Patient was offered information about how to get financial help or benefits	*	71%	54%	*	90%	*	*	*	*	*	*	64%	100%	77%

HOSPITAL CARE							Tumo	our gro	oup					
	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	*	88%	87%	*	100%	*	*	*	*	*	*	79%	*	86%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	64%	81%	*	100%	*	*	*	*	*	*	88%	*	79%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	75%	76%	*	89%	*	*	*	*	*	*	79%	*	78%
Q34. Patient was always able to get help from ward staff when needed	*	87%	91%	*	94%	*	*	*	*	*	*	95%	*	91%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	60%	85%	*	88%	*	*	*	*	*	*	89%	*	78%
Q36. Hospital staff always did everything they could to help the patient control pain	*	86%	95%	*	100%	*	*	*	*	*	*	93%	*	93%
Q37. Patient was always treated with respect and dignity while in hospital	*	88%	91%	*	94%	*	*	*	*	*	*	100%	*	93%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	100%	100%	*	94%	*	*	*	*	*	*	95%	*	97%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	86%	80%	*	92%	*	*	*	*	*	*	70%	82%	83%

YOUR TREATMENT							Tumo	our gro	up					
	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	*	93%	91%	*	*	*	*	*	*	*	*	100%	91%	93%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	92%	*	*	81%	*	*	*	*	*	*	90%	100%	88%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	89%	*	*	*	*	*	*	*	*	*	*	*	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	95%	*	*	*	*	*	*	*	*	*	*	*	88%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	*	86%	91%	*	*	*	*	*	*	*	*	87%	100%	88%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	83%	90%	*	78%	*	*	*	*	*	*	70%	100%	83%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	89%	*	*	*	*	*	*	*	*	*	*	*	87%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	91%	*	*	*	*	*	*	*	*	*	*	*	82%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	81%	87%	*	88%	*	*	*	*	*	*	93%	95%	87%

<b>IMMEDIATE AND LONG TERM SIDE EFFEC</b>	TS						Tumo	our gro	up					
	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	*	80%	78%	*	69%	*	*	*	*	*	*	73%	88%	74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	73%	67%	*	69%	*	*	*	*	*	*	63%	88%	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	87%	94%	*	92%	*	*	*	*	*	*	65%	100%	87%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	64%	77%	*	50%	*	*	*	*	*	*	67%	71%	61%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	60%	76%	*	59%	*	*	*	*	*	*	50%	73%	61%

SUPPORT WHILE AT HOME							Tumo	our gro	oup					
	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	*	66%	75%	*	69%	*	*	*	*	*	*	76%	86%	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	27%	*	*	73%	*	*	*	*	*	*	*	*	55%

CARE FROM YOUR GP PRACTICE							Tumo	our gro	up					
	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	*	47%	50%	*	48%	*	*	*	*	*	*	40%	42%	47%
Q52. Patient has had a review of cancer care by GP practice	*	38%	26%	*	16%	*	*	*	*	*	*	18%	21%	23%

LIVING WITH AND BEYOND CANCER							Tumo	our gro	up					
	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	*	*	*	*	*	*	*	*	*	*	*	*	*	30%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	93%	87%	*	92%	*	*	*	*	*	*	*	*	84%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	67%	71%	*	77%	*	*	*	*	*	*	74%	67%	69%

YOUR OVERALL NHS CARE							Tumo	our gro	oup					
	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	*	96%	100%	*	98%	*	*	*	*	*	*	83%	90%	92%
Q57. Administration of care was very good or good	*	94%	88%	*	96%	*	*	*	*	*	*	76%	85%	87%
Q58. Cancer research opportunities were discussed with patient	*	36%	57%	*	43%	*	*	*	*	*	*	*	40%	38%
Q59. Patient's average rating of care scored from very poor to very good	*	9.2	9.2	*	9.3	*	*	*	*	*	*	8.6	9.0	9.0

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%	91%	76%	*	81%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*	82%	71%	66%	*	69%

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	*	*	*	*	94%	98%	94%	*	94%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	84%	87%	92%	60%	87%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	84%	83%	91%	90%	86%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	86%	89%	80%	60%	83%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	100%	98%	97%	90%	97%

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	*	*	*	*	80%	84%	94%	100%	88%
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	79%	85%	87%	85%	85%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	79%	87%	76%	77%	80%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	90%	90%	90%	100%	90%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	82%	87%	89%	*	86%

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	*	*	*	*	82%	88%	95%	83%	90%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	85%	93%	93%	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	100%	98%	99%	*	98%

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%	86%	80%	77%	81%	
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	74%	83%	82%	77%	80%	
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	83%	87%	79%	80%	83%	
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	*	56%	69%	57%	*	61%	

CARE PLANNING									
	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	*	*	*	*	74%	79%	73%	67%	75%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	73%	97%	95%	*	91%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	100%	100%	100%	*	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	*	*	*	*	95%	94%	99%	*	96%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	78%	81%	83%	92%	81%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	84%	79%	71%	*	77%

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	*	*	*	*	95%	88%	85%	*	86%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	80%	77%	82%	*	79%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	79%	74%	83%	*	78%
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	89%	91%	92%	*	91%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	76%	82%	78%	*	78%
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	94%	95%	92%	*	93%
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	100%	86%	95%	*	93%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	100%	100%	94%	*	97%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	81%	78%	89%	*	83%

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	*	*	*	*	86%	97%	92%	*	93%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	94%	96%	76%	*	88%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	83%	92%	93%	*	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	90%	*	*	*	88%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	80%	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	*	83%	83%	91%	*	88%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	89%	81%	76%	*	83%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	79%	92%	93%	*	87%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	90%	80%	*	*	82%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	70%	*	80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	85%	87%	89%	92%	87%

IMMEDIATE AND LONG TERM SIDE EFFECT	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	*	*	*	*	89%	75%	66%	55%	74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	70%	71%	66%	*	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	77%	84%	94%	*	87%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	65%	63%	60%	*	61%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	59%	70%	59%	*	61%

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	*	*	*	*	64%	77%	67%	*	70%		
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	54%	31%	70%	*	55%		

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	*	*	*	*	38%	44%	44%	*	47%
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	31%	23%	20%	10%	23%

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	*	*	*	*	29%	*	30%	*	30%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	77%	89%	84%	*	84%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	71%	77%	63%	*	69%

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	*	*	*	*	90%	95%	91%	90%	92%
Q57. Administration of care was very good or good	*	*	*	*	83%	84%	90%	91%	87%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	36%	48%	38%	*	38%
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	9.0	9.0	9.0	8.4	9.0

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 given	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	79%	85%	*	*	*	*	81%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	70%	68%	*	*	*	*	69%

DIAGNOSTIC TESTS			Male/Fema	ale/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	92%	96%	*	*	*	92%	94%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	88%	85%	*	*	*	93%	87%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	81%	91%	*	*	*	85%	86%
Q8. Diagnostic test results were explained in a way the patient could completely understand	84%	78%	*	*	*	93%	83%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	98%	95%	*	*	*	100%	97%

FINDING OUT THAT YOU HAD CANCER			Male/Fema	le/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	84%	90%	*	*	*	100%	88%
Q13. Patient was definitely told sensitively that they had cancer	87%	81%	*	*	*	93%	85%
Q14. Cancer diagnosis explained in a way the patient could completely understand	82%	77%	*	*	*	81%	80%
Q15. Patient was definitely told about their diagnosis in an appropriate place	88%	92%	*	*	*	93%	90%
Q16. Patient was told they could go back later for more information about their diagnosis	85%	86%	*	*	*	92%	86%

SUPPORT FROM A MAIN CONTACT PERSO	N		Male/Fema	le/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	86%	91%	*	*	*	100%	90%
Q18. Patient found it very or quite easy to contact their main contact person	96%	85%	*	*	*	88%	90%
Q19. Patient found advice from main contact person was very or quite helpful	97%	99%	*	*	*	100%	98%

DECIDING ON THE BEST TREATMENT			Male/Fema	le/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	86%	77%	*	*	*	80%	81%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	78%	81%	*	*	*	88%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	81%	84%	*	*	*	92%	83%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	58%	61%	*	*	*	*	61%

CARE PLANNING			Male/Fema	le/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	73%	80%	*	*	*	60%	75%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	89%	94%	*	*	*	90%	91%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	100%	100%	*	*	*	*	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	93%	97%	*	*	*	100%	96%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	83%	80%	*	*	*	67%	81%
Q29. Patient was offered information about how to get financial help or benefits	81%	73%	*	*	*	73%	77%

ng after them during their stay in hospital  Patient's family, or someone close, was definitely to talk to a member of the team looking after the nt in hospital  Patient was always involved in decisions about care and treatment whilst in hospital  Patient was always able to get help from word										
	Female	Male	_	to self-		Not given	All			
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	95%	82%	*	*	*	*	86%			
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	77%	80%	*	*	*	*	79%			
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	77%	81%	*	*	*	*	78%			
Q34. Patient was always able to get help from ward staff when needed	89%	95%	*	*	*	*	91%			
Q35. Patient was always able to discuss worries and fears with hospital staff	76%	88%	*	*	*	*	78%			
Q36. Hospital staff always did everything they could to help the patient control pain	94%	94%	*	*	*	*	93%			
Q37. Patient was always treated with respect and dignity while in hospital	92%	95%	*	*	*	*	93%			
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	97%	95%	*	*	*	*	97%			
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	84%	81%	*	*	*	85%	83%			

YOUR TREATMENT			Male/Fema	ile/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	94%	91%	*	*	*	*	93%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	93%	83%	*	*	*	*	88%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	89%	*	*	*	*	*	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	96%	*	*	*	*	*	88%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	88%	*	*	*	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	89%	87%	*	*	*	*	88%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	84%	82%	*	*	*	*	83%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	87%	*	*	*	*	*	87%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	96%	*	*	*	*	*	82%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	81%	*	*	*	*	80%
Q43. Patient felt the length of waiting time at clinic and lay unit for cancer treatment was about right	86%	88%	*	*	*	88%	87%

IMMEDIATE AND LONG TERM SIDE EFFECT	ΓS		Male/Fema	le/Non-bina	ry/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	79%	72%	*	*	*	50%	74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	71%	68%	*	*	*	69%	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	84%	89%	*	*	*	*	87%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	63%	59%	*	*	*	55%	61%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	63%	61%	*	*	*	55%	61%

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	69%	70%	*	*	*	75%	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	57%	52%	*	*	*	*	55%

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	46%	48%	*	*	*	*	47%
Q52. Patient has had a review of cancer care by GP practice	28%	18%	*	*	*	13%	23%

LIVING WITH AND BEYOND CANCER			Male/Fema	ile/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	35%	25%	*	*	*	*	30%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	87%	76%	*	*	*	*	84%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	68%	69%	*	*	*	*	69%

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	95%	88%	*	*	*	93%	92%	
Q57. Administration of care was very good or good	89%	84%	*	*	*	86%	87%	
Q58. Cancer research opportunities were discussed with patient	26%	52%	*	*	*	*	38%	
Q59. Patient's average rating of care scored from very poor to very good	9.1	8.9	*	*	*	9.0	9.0	

# **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	83%	*	*	*	*	*	81%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	68%	*	*	*	*	*	69%

DIAGNOSTIC TESTS				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q5. Patient received all the information needed about the diagnostic test in advance	94%	*	*	*	*	86%	94%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	87%	*	*	*	*	87%	87%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	86%	*	*	*	*	80%	86%
Q8. Diagnostic test results were explained in a way the patient could completely understand	81%	*	*	*	*	93%	83%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	96%	*	*	*	*	100%	97%

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	87%	*	*	*	*	100%	88%
Q13. Patient was definitely told sensitively that they had cancer	83%	*	*	*	*	94%	85%
Q14. Cancer diagnosis explained in a way the patient could completely understand	79%	*	*	*	*	89%	80%
Q15. Patient was definitely told about their diagnosis in an appropriate place	89%	*	*	*	*	94%	90%
Q16. Patient was told they could go back later for more information about their diagnosis	86%	*	*	*	*	86%	86%

<b>SUPPORT FROM A MAIN CONTACT PERSO</b>	N			Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q17. Patient had a main point of contact within the care team	89%	*	*	*	*	94%	90%
Q18. Patient found it very or quite easy to contact their main contact person	90%	*	*	*	*	88%	90%
Q19. Patient found advice from main contact person was very or quite helpful	98%	*	*	*	*	100%	98%

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%	*	*	*	*	82%	81%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	80%	*	*	*	*	83%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	82%	*	*	*	*	88%	83%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	59%	*	*	*	*	73%	61%

# **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	75%	*	*	*	*	61%	75%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	92%	*	*	*	*	83%	91%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	100%	*	*	*	*	*	100%

SUPPORT FROM HOSPITAL STAFF				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q27. Staff provided the patient with relevant information on available support	95%	*	*	*	*	100%	96%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	82%	*	*	*	*	67%	81%
Q29. Patient was offered information about how to get financial help or benefits	78%	*	*	*	*	67%	77%

HOSPITAL CARE				Ethnicity			
	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	88%	*	*	*	*	73%	86%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	79%	*	*	*	*	*	79%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	79%	*	*	*	*	64%	78%
Q34. Patient was always able to get help from ward staff when needed	92%	*	*	*	*	82%	91%
Q35. Patient was always able to discuss worries and fears with hospital staff	82%	*	*	*	*	45%	78%
Q36. Hospital staff always did everything they could to help the patient control pain	94%	*	*	*	*	*	93%
Q37. Patient was always treated with respect and dignity while in hospital	94%	*	*	*	*	91%	93%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	96%	*	*	*	*	100%	97%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	82%	*	*	*	*	82%	83%

# **Ethnicity tables**

YOUR TREATMENT				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	93%	*	*	*	*	83%	93%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	88%	*	*	*	*	*	88%
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	89%	*	*	*	*	*	88%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	90%	*	*	*	*	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	89%	*	*	*	*	73%	88%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	84%	*	*	*	*	*	83%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	87%	*	*	*	*	*	87%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	90%	*	*	*	*	*	82%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	80%	*	*	*	*	*	80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	87%	*	*	*	*	83%	87%

<b>IMMEDIATE AND LONG TERM SIDE EFFECT</b>	S			Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	75%	*	*	*	*	56%	74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	69%	*	*	*	*	69%	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	86%	*	*	*	*	91%	87%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	61%	*	*	*	*	57%	61%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	62%	*	*	*	*	54%	61%

SUPPORT WHILE AT HOME	Ethnicity						
	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	69%	*	*	*	*	71%	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	53%	*	*	*	*	*	55%

CARE FROM YOUR GP PRACTICE				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	44%	*	*	*	*	60%	47%
Q52. Patient has had a review of cancer care by GP practice	23%	*	*	*	*	24%	23%

# **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	29%	*	*	*	*	*	30%	
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	82%	*	*	*	*	*	84%	
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	69%	*	*	*	*	73%	69%	

YOUR OVERALL NHS CARE		Ethnicity					
	White	Mixed	Asian	Black	Other	Not given	All
Q56. The whole care team worked well together	91%	*	*	*	*	94%	92%
Q57. Administration of care was very good or good	86%	*	*	*	*	88%	87%
Q58. Cancer research opportunities were discussed with patient	39%	*	*	*	*	*	38%
Q59. Patient's average rating of care scored from very poor to very good	9.0	*	*	*	*	9.1	9.0

# **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	80%	72%	88%	83%	81%	*	81%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	60%	56%	78%	83%	67%	*	69%

DIAGNOSTIC TESTS			IM	1D 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	100%	89%	95%	92%	95%	*	94%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	100%	84%	83%	88%	87%	*	87%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	94%	89%	85%	96%	77%	*	86%
Q8. Diagnostic test results were explained in a way the patient could completely understand	94%	82%	69%	88%	86%	*	83%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	89%	97%	97%	96%	98%	*	97%

FINDING OUT THAT YOU HAD CANCER			IIV	1D 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	80%	86%	93%	87%	88%	*	88%
Q13. Patient was definitely told sensitively that they had cancer	75%	91%	85%	81%	86%	*	85%
Q14. Cancer diagnosis explained in a way the patient could completely understand	70%	81%	79%	75%	86%	*	80%
Q15. Patient was definitely told about their diagnosis in an appropriate place	74%	93%	94%	87%	91%	*	90%
Q16. Patient was told they could go back later for more information about their diagnosis	75%	83%	84%	83%	94%	*	86%

SUPPORT FROM A MAIN CONTACT PERSO	N		IM	ID 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	91%	95%	86%	80%	92%	*	90%
Q18. Patient found it very or quite easy to contact their main contact person	88%	89%	86%	95%	91%	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	95%	97%	100%	100%	98%	*	98%

# **IMD** quintile tables

DECIDING ON THE BEST TREATMENT			IIV	1D 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	75%	76%	80%	83%	87%	*	81%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	68%	77%	74%	88%	88%	*	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	72%	76%	85%	86%	89%	*	83%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	62%	71%	68%	56%	52%	*	61%

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	74%	73%	73%	66%	81%	*	75%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	82%	92%	92%	87%	96%	*	91%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	100%	100%	100%	100%	*	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	94%	95%	92%	93%	100%	*	96%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	74%	75%	77%	81%	90%	*	81%
Q29. Patient was offered information about how to get financial help or benefits	94%	81%	59%	80%	79%	*	77%

HOSPITAL CARE			IN	1D 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	80%	90%	95%	89%	75%	*	86%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	79%	83%	72%	79%	*	79%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	90%	72%	71%	89%	74%	*	78%
Q34. Patient was always able to get help from ward staff when needed	*	89%	100%	83%	91%	*	91%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	83%	85%	72%	73%	*	78%
Q36. Hospital staff always did everything they could to help the patient control pain	*	93%	100%	94%	89%	*	93%
Q37. Patient was always treated with respect and dignity while in hospital	90%	95%	100%	89%	91%	*	93%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	90%	94%	100%	100%	96%	*	97%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	68%	82%	83%	85%	86%	*	83%

# **IMD** quintile tables

YOUR TREATMENT			IN	ID quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	91%	96%	92%	94%	91%	*	93%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	86%	77%	87%	94%	*	88%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	100%	82%	*	90%	*	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	86%	*	88%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	75%	88%	83%	83%	95%	*	88%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	85%	64%	87%	88%	*	83%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	91%	75%	*	90%	*	87%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	79%	*	82%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	81%	93%	85%	77%	91%	*	87%

IMMEDIATE AND LONG TERM SIDE EFFECT	TS		IN	1D 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	84%	67%	73%	75%	76%	*	74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	74%	72%	66%	63%	73%	*	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	87%	84%	88%	76%	93%	*	87%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	68%	58%	64%	52%	62%	*	61%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	67%	61%	61%	59%	60%	*	61%

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	73%	67%	76%	55%	72%	*	70%	
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	50%	50%	*	75%	*	55%	

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	47%	52%	44%	29%	53%	*	47%
Q52. Patient has had a review of cancer care by GP practice	27%	20%	17%	23%	27%	*	23%

# **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	*	*	27%	*	55%	*	30%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	55%	100%	79%	92%	88%	*	84%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	55%	74%	77%	67%	68%	*	69%

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	88%	93%	89%	94%	94%	*	92%
Q57. Administration of care was very good or good	83%	88%	81%	91%	88%	*	87%
Q58. Cancer research opportunities were discussed with patient	43%	31%	50%	38%	33%	*	38%
Q59. Patient's average rating of care scored from very poor to very good	8.7	9.0	8.9	9.1	9.1	*	9.0

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	88%	73%	*	81%				
Q3. Referral for diagnosis was explained in a way the patient could completely understand	63%	82%	67%	69%				

DIAGNOSTIC TESTS		Long-term con	dition status	
	Yes	No	Not given	All
Q5. Patient received all the information needed about the diagnostic test in advance	93%	96%	90%	94%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	81%	94%	96%	87%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	85%	91%	77%	86%
Q8. Diagnostic test results were explained in a way the patient could completely understand	78%	90%	87%	83%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	96%	96%	100%	97%

FINDING OUT THAT YOU HAD CANCER		Long-term cor	dition status	
	Yes	No	Not given	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	86%	92%	88%	88%
Q13. Patient was definitely told sensitively that they had cancer	83%	86%	88%	85%
Q14. Cancer diagnosis explained in a way the patient could completely understand	76%	90%	77%	80%
Q15. Patient was definitely told about their diagnosis in appropriate place	89%	91%	92%	90%
Q16. Patient was told they could go back later for more information about their diagnosis	81%	92%	95%	86%

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	87%	93%	92%	90%
Q18. Patient found it very or quite easy to contact their main contact person	85%	98%	91%	90%
Q19. Patient found advice from main contact person was very or quite helpful	97%	100%	100%	98%

DECIDING ON THE BEST TREATMENT		Long-term con-	dition status	
	Yes	No	Not given	All
Q20. Treatment options were explained in a way the patient could completely understand	78%	87%	88%	81%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	77%	86%	85%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	80%	88%	90%	83%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	58%	63%	69%	61%

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	71%	86%	67%	75%		
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	89%	96%	92%	91%		
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	100%	100%	100%	100%		

SUPPORT FROM HOSPITAL STAFF	Long-term condition status				
	Yes No Not given A				
Q27. Staff provided the patient with relevant information on available support	96%	92%	100%	96%	
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	77%	90%	76%	81%	
Q29. Patient was offered information about how to get financial help or benefits	81%	75%	67%	77%	

HOSPITAL CARE		Long-term cor	dition 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	87%	93%	69%	86%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	73%	87%	*	79%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	75%	89%	67%	78%
Q34. Patient was always able to get help from ward staff when needed	92%	96%	77%	91%
Q35. Patient was always able to discuss worries and fears with hospital staff	82%	84%	50%	78%
Q36. Hospital staff always did everything they could to help the patient control pain	95%	96%	*	93%
Q37. Patient was always treated with respect and dignity while in hospital	94%	93%	92%	93%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	94%	100%	100%	97%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	80%	93%	74%	83%

YOUR TREATMENT		Long-term co	ndition status	
	Yes	No	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	91%	97%	89%	93%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	80%	100%	*	88%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	86%	92%	100%	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	78%	*	*	88%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	87%	*	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	83%	97%	82%	88%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	78%	90%	*	83%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	81%	92%	100%	87%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	79%	*	*	82%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	80%	*	*	80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	86%	88%	88%	87%

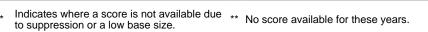
<b>IMMEDIATE AND LONG TERM SIDE EFFECTS</b>	}	Long-term con	dition status	
	Yes	No	Not given	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	69%	85%	74%	74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	61%	88%	75%	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	83%	90%	94%	87%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	58%	68%	58%	61%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	56%	71%	65%	61%

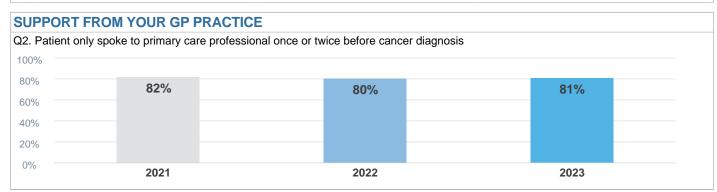
SUPPORT WHILE AT HOME	Long-term condition status				
	Yes No Not given A				
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	69%	70%	71%	70%	
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	50%	62%	*	55%	

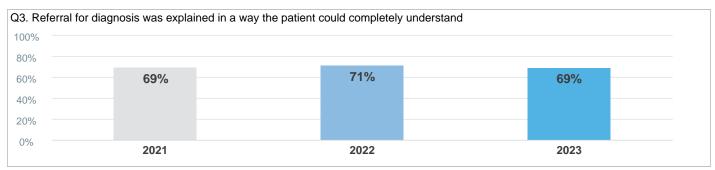
CARE FROM YOUR GP PRACTICE	Long-term condition status				
	Yes No Not given All				
Q51. Patient definitely received the right amount of support from their GP practice during treatment	41%	54%	54%	47%	
Q52. Patient has had a review of cancer care by GP practice	19%	33%	17%	23%	

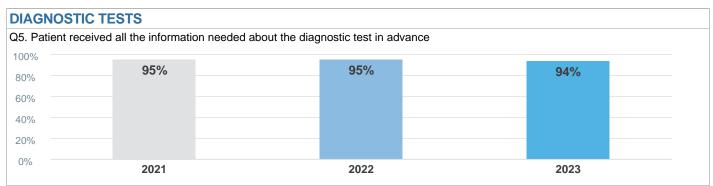
LIVING WITH AND BEYOND CANCER	Long-term condition status			
	Yes	No	Not given	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	33%	18%	*	30%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	80%	83%	100%	84%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	68%	73%	65%	69%

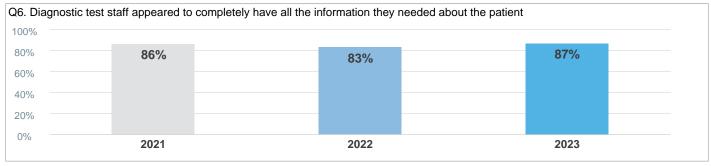
YOUR OVERALL NHS CARE	Long-term condition status				
	Yes No Not given Al				
Q56. The whole care team worked well together	89%	97%	95%	92%	
Q57. Administration of care was very good or good	86%	88%	83%	87%	
Q58. Cancer research opportunities were discussed with patient	40%	32%	43%	38%	
Q59. Patient's average rating of care scored from very poor to very good	8.8	9.4	9.3	9.0	

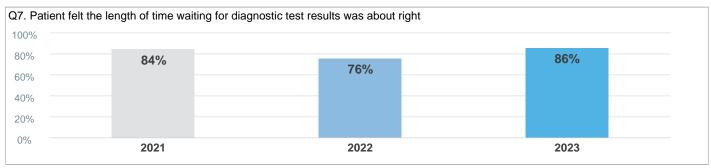


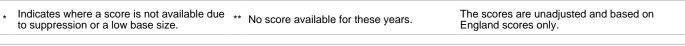


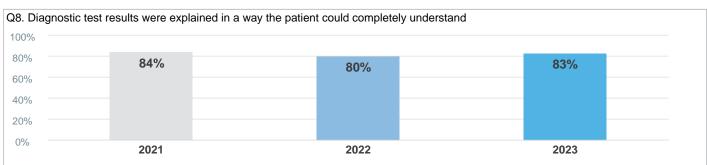


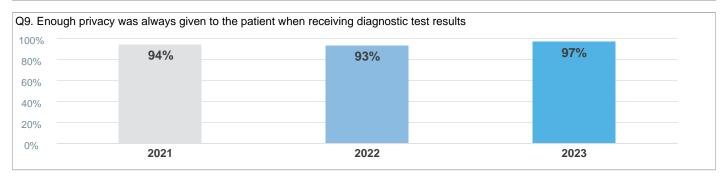


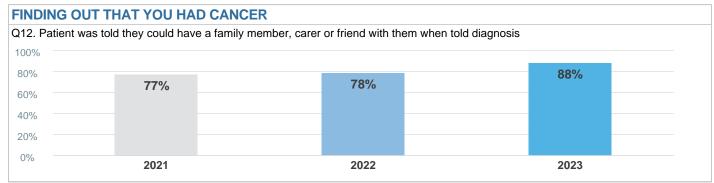


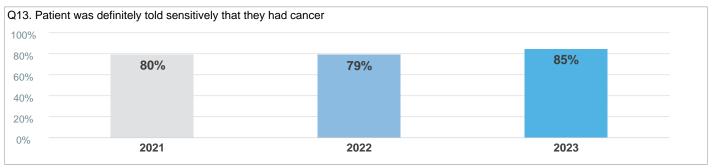


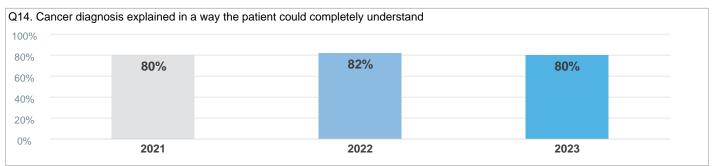




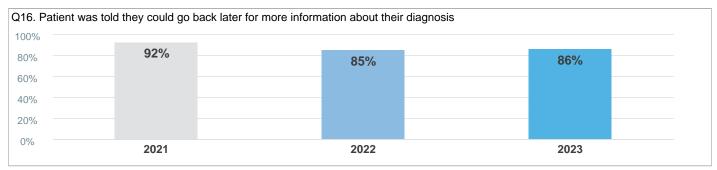


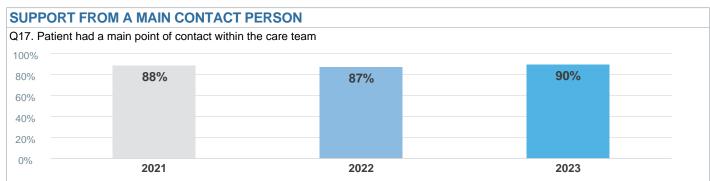


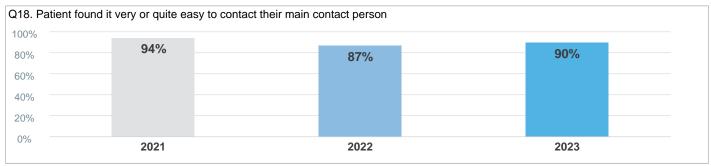


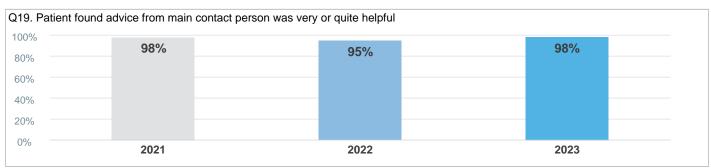




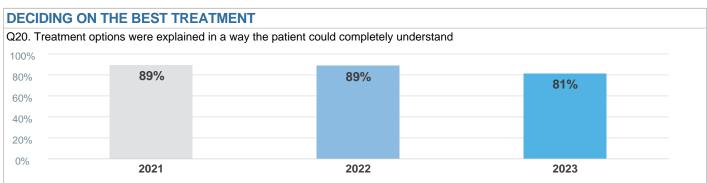


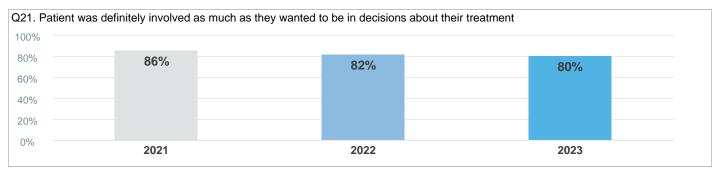


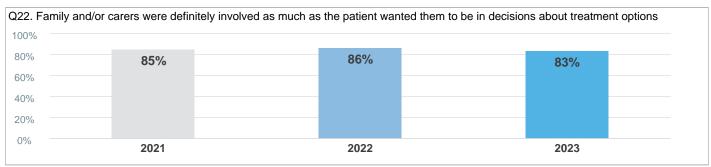


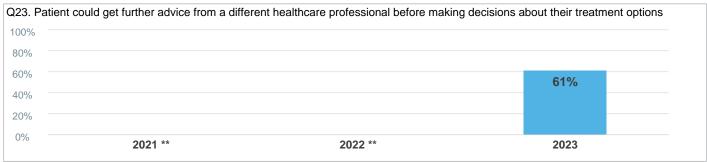


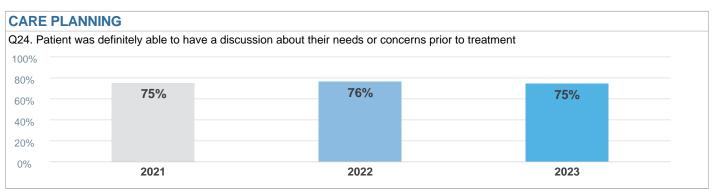


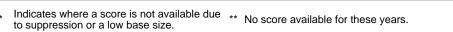


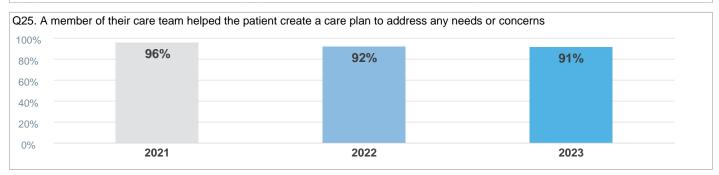


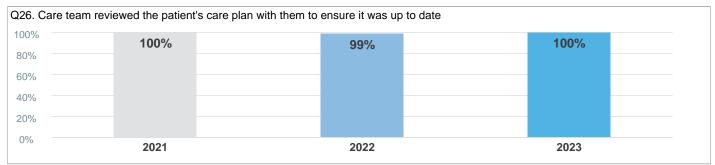


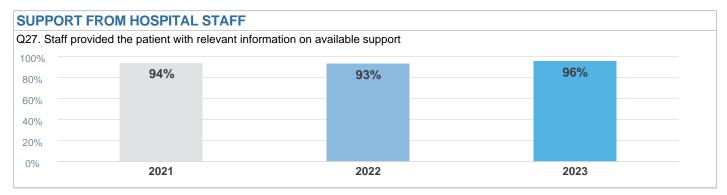


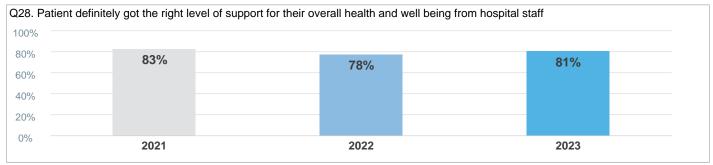


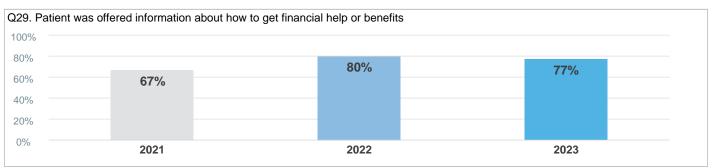


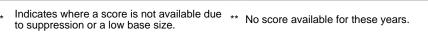


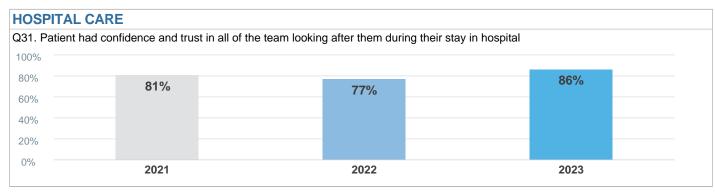


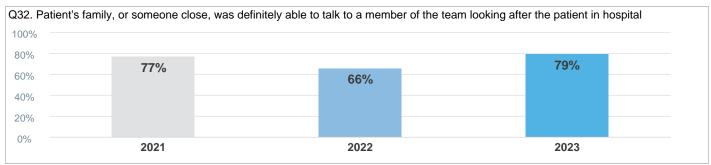


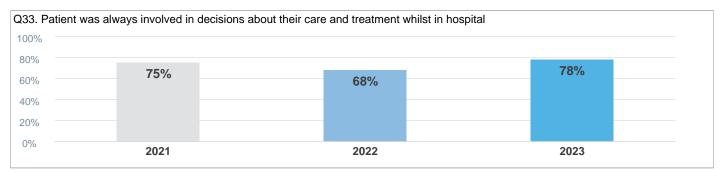


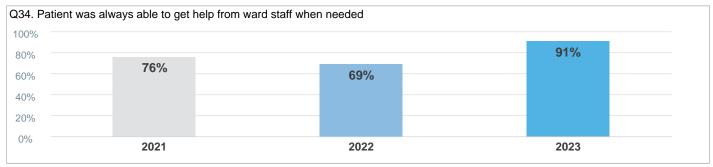


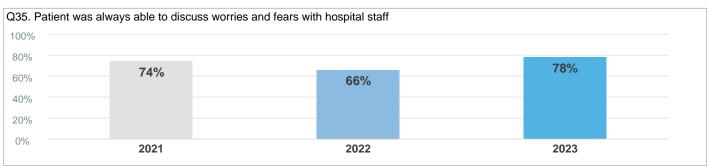


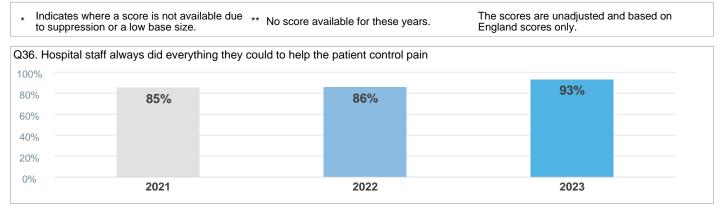


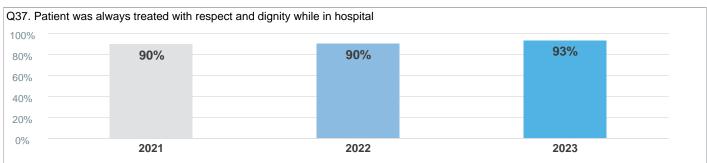


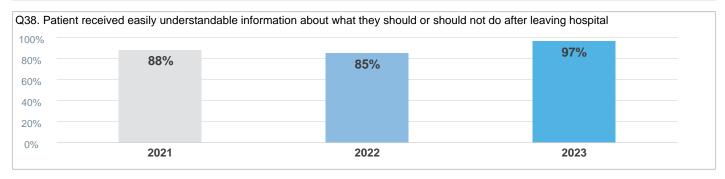


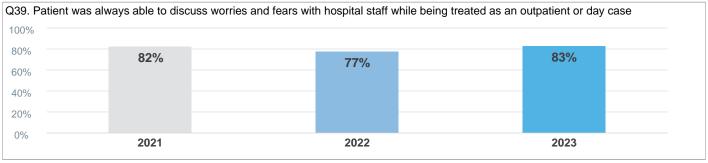


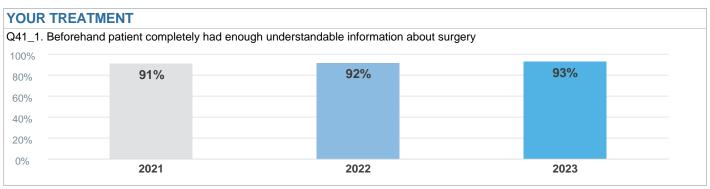




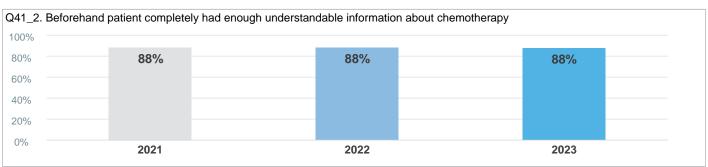


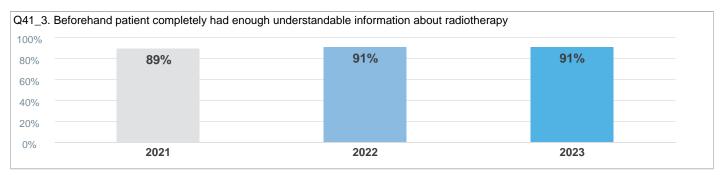


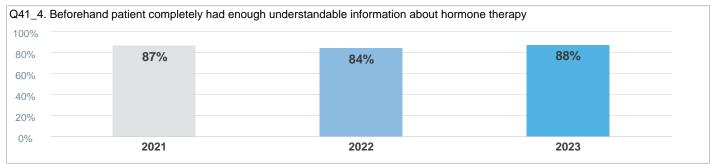


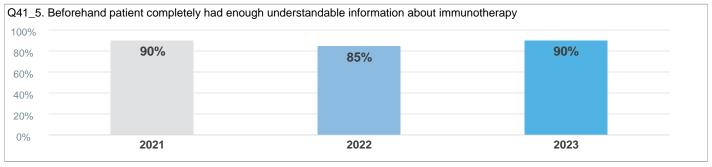


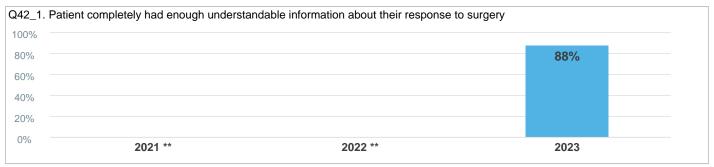












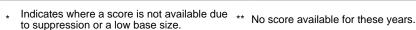
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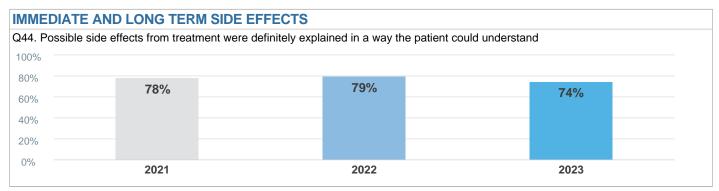
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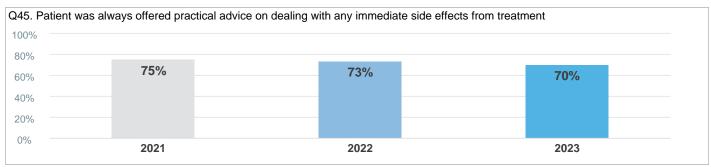


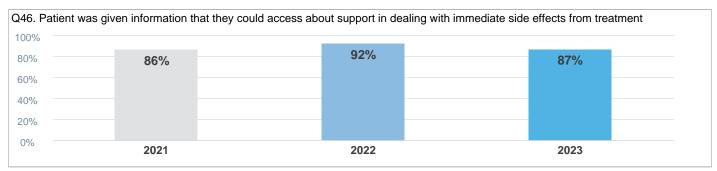
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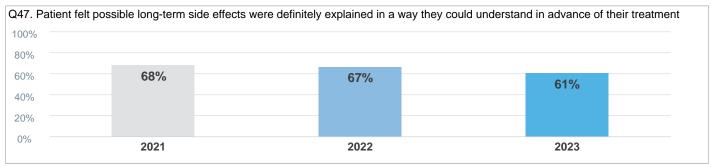
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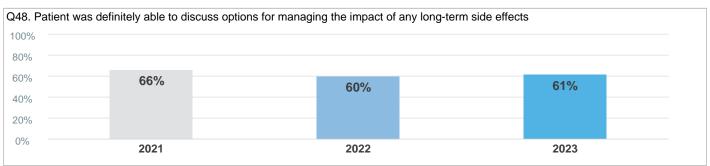


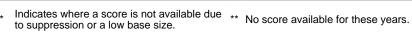


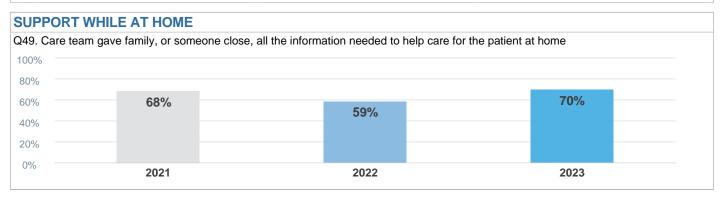


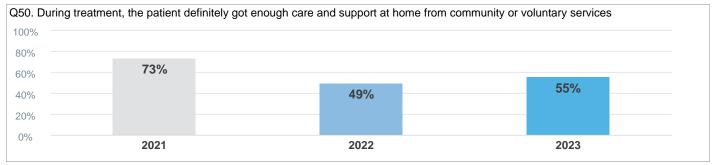


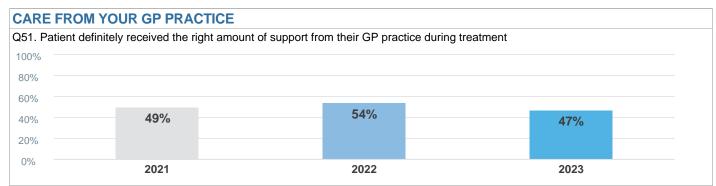


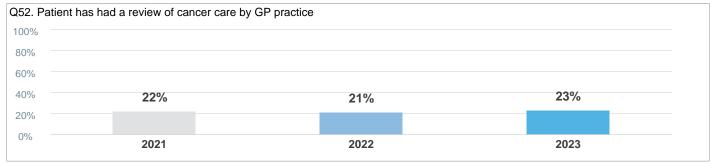


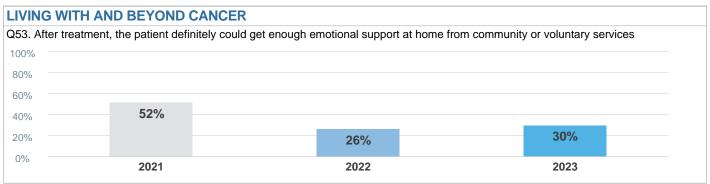


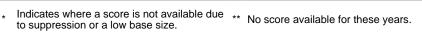


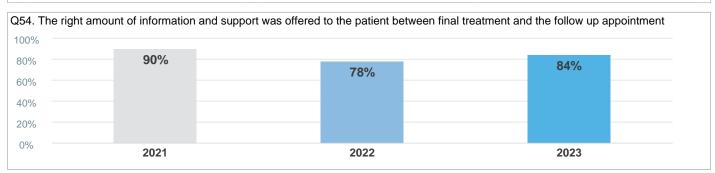


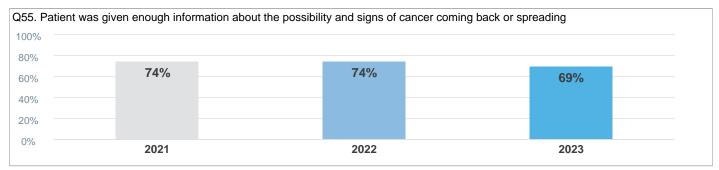


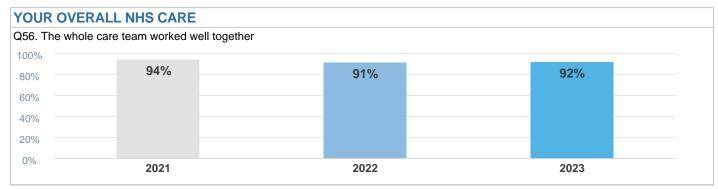


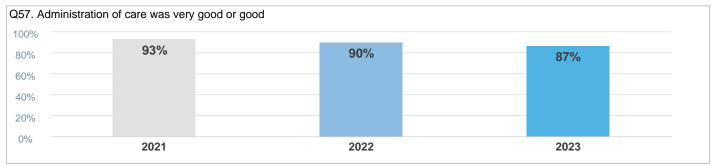


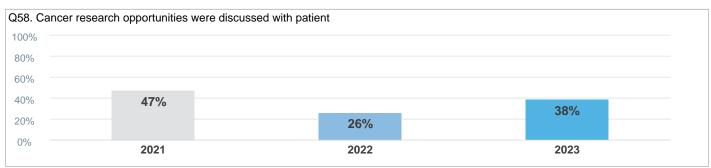












#### Cancer Patient Experience Survey 2023 Chesterfield Royal Hospital NHS Foundation Trust

