

Cancer Patient Experience Survey

2023 Results

East Cheshire NHS Trust

Published July 2024

Cancer Patient Experience Survey 2023 East Cheshire NHS Trust

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Executive summary

Questions above expected range

	Case	mix adjusted s	cores	
	2023 score	Lower expected range	Upper expected range	National score
Q15. Patient was definitely told about their diagnosis in an appropriate place	96%	77%	94%	86%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	94%	73%	94%	83%
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	85%	63%	85%	74%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	74%	47%	73%	60%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	81%	50%	77%	64%

East Cheshire NHS 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 www.ncpes.co.uk. For all other outputs at Trust level, please see the Excel tables and dashboards at www.ncpes.co.uk.

Response rate

Overall response rate

62 patients responded out of a total of 86 patients, resulting in a response rate of 72%.

	Sample size	Adjusted sample	Completed	Response rate
Overall response rate	87	86	62	72%
National	129,231	121,121	63,438	52%

Respondents by survey type

	Number of respondents
Paper	48
Online	14
Phone	0
Translation service	0
Total	62

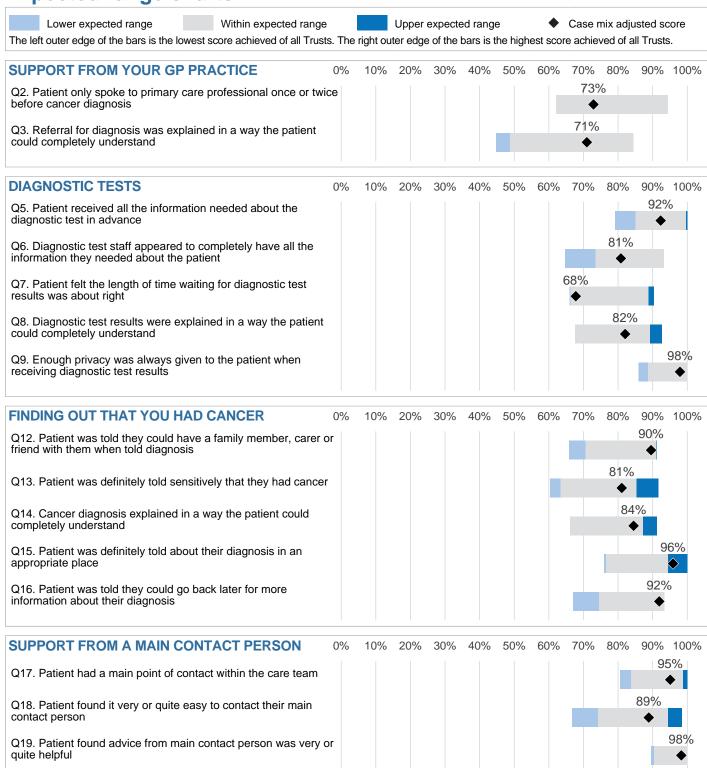
Respondents by tumour group

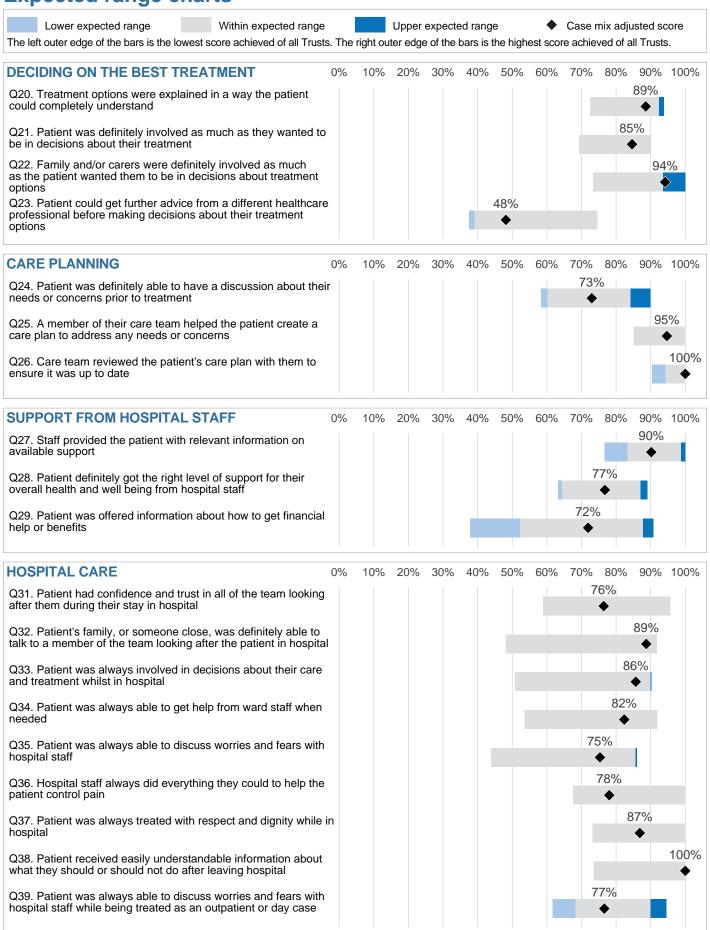
	Number of respondents
Brain / CNS	0
Breast	38
Colorectal / LGT	13
Gynaecological	*
Haematological	0
Head and neck	0
Lung	0
Prostate	0
Sarcoma	0
Skin	0
Upper gastro	0
Urological	0
Other	*
Total	62

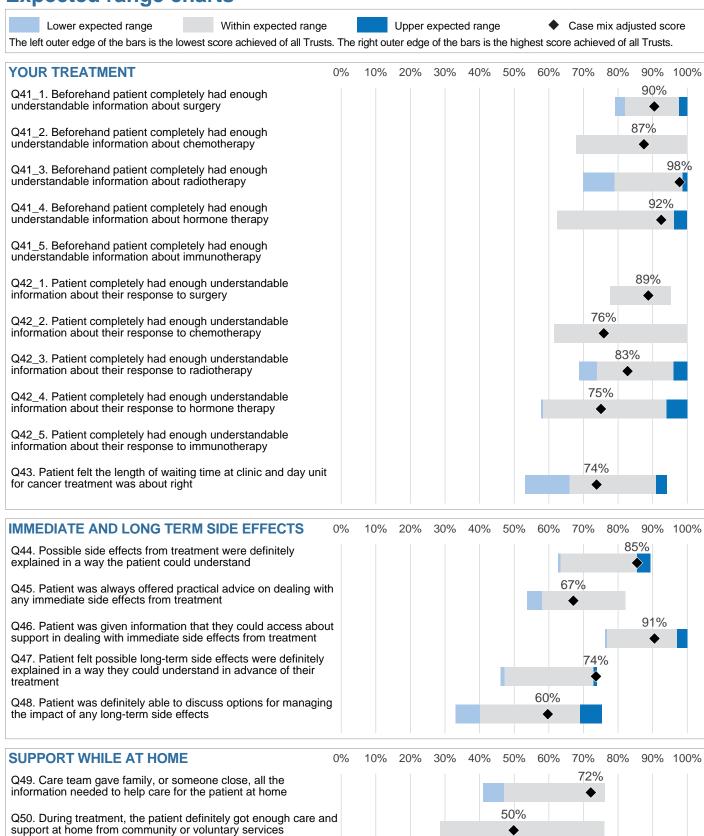
Respondents by ethnicity

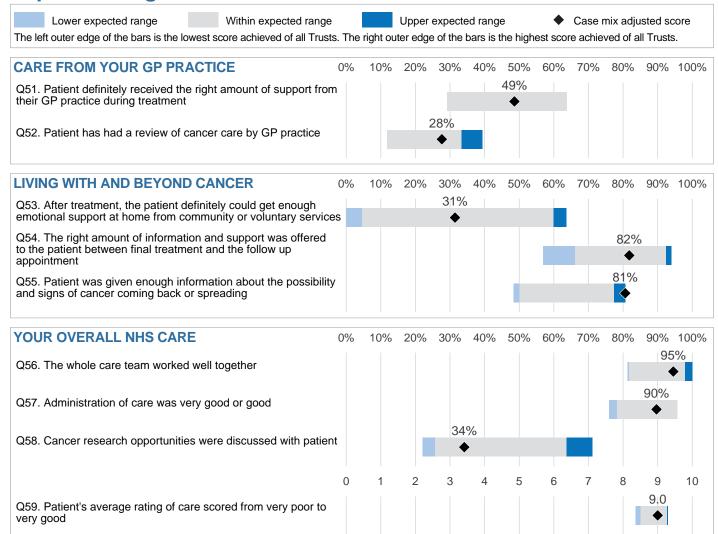
	Number of respondents
White	
English / Welsh / Scottish / Northern Irish / British	48
Irish	*
Gypsy or Irish Traveller	*
Roma	*
Any other White background	*
Mixed / Multiple Ethnic Groups	
White and Black Caribbean	*
White and Black African	*
White and Asian	*
Any other Mixed / multiple ethnic background	*
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	*
Total	62

^{*} indicates the count is not shown due to suppression









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



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.

			Unadjust	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	20	100%	25	84%	•		73%	62%	94%	78%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	25	72%	27	78%			71%	49%	84%	67%

			Unadjus	ted score	Case n					
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	66	94%	51	92%			92%	85%	100%	92%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	71	77%	55	82%			81%	74%	93%	83%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	71	51%	55	67%			68%	66%	89%	78%
Q8. Diagnostic test results were explained in a way the patient could completely understand	71	89%	55	84%			82%	68%	89%	78%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	71	97%	55	98%			98%	89%	100%	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	75	89%	58	91%		A	90%	71%	91%	81%
Q13. Patient was definitely told sensitively that they had cancer	76	87%	61	84%			81%	63%	85%	74%
Q14. Cancer diagnosis explained in a way the patient could completely understand	76	84%	61	87%			84%	66%	87%	77%
Q15. Patient was definitely told about their diagnosis in an appropriate place	76	95%	60	97%			96%	77%	94%	86%
Q16. Patient was told they could go back later for more information about their diagnosis	68	91%	58	93%			92%	75%	93%	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	76	95%	59	95%			95%	84%	99%	91%
Q18. Patient found it very or quite easy to contact their main contact person	63	89%	54	89%			89%	74%	94%	84%
Q19. Patient found advice from main contact person was very or quite helpful	69	94%	55	98%			98%	90%	100%	96%

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.
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			Unadjust	ted score	s		Case n	nix adjuste	d scores	
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	72	86%	56	89%			89%	73%	92%	82%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	77	84%	59	85%			85%	69%	90%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	68	82%	52	94%			94%	73%	94%	83%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	**	**	30	47%			48%	39%	75%	57%

			Unadjus	ted score	es		Case n	nix adjuste	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	67	78%	53	74%			73%	60%	84%	72%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	36	94%	32	94%			95%	85%	100%	94%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	28	93%	24	100%			100%	94%	100%	99%

			Unadjust	ted score	es		Case n	d scores		
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	63	94%	53	91%			90%	83%	99%	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	76	82%	59	75%			77%	65%	87%	76%
Q29. Patient was offered information about how to get financial help or benefits	30	57%	27	74%			72%	52%	88%	70%

Adjusted Score below Lower

 * Indicates where a score is not available due to suppression or a low base size. ** No score available for 2022. 	▲ or ▼	significantly high	2023: Indicates gher or lower tha i: Indicates signi nd 2023).	n 2022 sc	core.		Adjusted and Lov Adjusted	ed Range d Score be ver Expec d Score al ed Range	ted Rang bove Upp	es
				Unadjuste	ed scores		Case r	nix adjuste	ed scores	
LICODITAL CARE						hango		Lower	Linner	National

	Unadjusted scores							Case mix adjusted scores			
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	22	68%	20	75%			76%	59%	96%	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	15	73%	17	88%			89%	48%	92%	70%	
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	22	64%	21	86%			86%	51%	90%	70%	
Q34. Patient was always able to get help from ward staff when needed	21	67%	21	81%			82%	54%	92%	73%	
Q35. Patient was always able to discuss worries and fears with hospital staff	21	71%	20	75%			75%	44%	86%	65%	
Q36. Hospital staff always did everything they could to help the patient control pain	18	94%	19	79%			78%	68%	100%	84%	
Q37. Patient was always treated with respect and dignity while in hospital	22	86%	21	86%			87%	73%	100%	87%	
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	21	95%	18	100%	A	•	100%	73%	100%	88%	
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	66	67%	55	75%			77%	68%	90%	79%	

			Unadjus	ted score	es		Case r	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	73	90%	58	91%			90%	82%	98%	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	21	86%	15	87%			87%	68%	100%	86%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	38	92%	40	98%			98%	79%	99%	89%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	22	77%	22	91%			92%	62%	96%	79%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	**	**	*	*			*			84%
Q42_1. Patient completely had enough understandable information about their response to surgery	**	**	58	90%			89%	78%	95%	86%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	**	**	15	73%			76%	61%	100%	81%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	**	**	40	83%			83%	74%	96%	85%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	**	**	22	73%			75%	58%	94%	76%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	**	**	*	*			*			81%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	76	76%	59	71%			74%	66%	91%	78%

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	S		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	75	69%	60	85%			85%	63%	85%	74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	65	63%	56	66%			67%	58%	82%	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	51	90%	44	91%			91%	77%	97%	87%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	69	55%	57	72%			74%	47%	73%	60%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	52	54%	47	57%			60%	40%	69%	55%

	Unadjusted scores Case mix adjusted scores									
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	44	50%	43	70%			72%	47%	76%	62%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	21	52%	17	47%			50%	29%	76%	52%

			Unadjus	ted score	s		Case m	d scores		
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	34	44%	32	50%			49%	29%	64%	46%
Q52. Patient has had a review of cancer care by GP practice	74	18%	58	28%			28%	12%	33%	23%

			Unadjus	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	23	35%	11	27%			31%	5%	60%	32%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	45	84%	38	82%			82%	66%	92%	79%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	58	53%	49	78%			81%	50%	77%	64%

			Unadjus	ted score	es		Case n	nix adjuste	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	71	89%	54	94%			95%	82%	98%	90%
Q57. Administration of care was very good or good	76	78%	60	90%			90%	78%	96%	87%
Q58. Cancer research opportunities were discussed with patient	40	30%	34	29%			34%	26%	64%	45%
Q59. Patient's average rating of care scored from very poor to very good	75	8.9	56	9.0			9.0	8.5	9.3	8.9

SUPPORT FROM YOUR GP PRACTICE	SUPPORT FROM YOUR GP PRACTICE								oup					All cancers					
	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	*	100%	*	*	*	*	*	*	*	*	*	*	*	84%					
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	100%	60%	*	*	*	*	*	*	*	*	*	*	78%					

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	*	90%	100%	*	*	*	*	*	*	*	*	*	*	92%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	81%	85%	*	*	*	*	*	*	*	*	*	*	82%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	56%	100%	*	*	*	*	*	*	*	*	*	*	67%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	82%	100%	*	*	*	*	*	*	*	*	*	*	84%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	100%	100%	*	*	*	*	*	*	*	*	*	*	98%

FINDING OUT THAT YOU HAD CANCER							Tumo	our gro	oup					
	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	*	94%	92%	*	*	*	*	*	*	*	*	*	*	91%
Q13. Patient was definitely told sensitively that they had cancer	*	82%	85%	*	*	*	*	*	*	*	*	*	*	84%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	87%	100%	*	*	*	*	*	*	*	*	*	*	87%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	97%	92%	*	*	*	*	*	*	*	*	*	*	97%
Q16. Patient was told they could go back later for more information about their diagnosis	*	89%	100%	*	*	*	*	*	*	*	*	*	*	93%

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	*	94%	100%	*	*	*	*	*	*	*	*	*	*	95%
Q18. Patient found it very or quite easy to contact their main contact person	*	84%	100%	*	*	*	*	*	*	*	*	*	*	89%
Q19. Patient found advice from main contact person was very or quite helpful	*	100%	100%	*	*	*	*	*	*	*	*	*	*	98%

DECIDING ON THE BEST TREATMENT							Tumo	our gro	oup					
	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	*	85%	100%	*	*	*	*	*	*	*	*	*	*	89%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	83%	92%	*	*	*	*	*	*	*	*	*	*	85%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	91%	100%	*	*	*	*	*	*	*	*	*	*	94%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	47%	*	*	*	*	*	*	*	*	*	*	*	47%

CARE PLANNING							Tumo	our gro	up					
	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	*	65%	91%	*	*	*	*	*	*	*	*	*	*	74%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	90%	*	*	*	*	*	*	*	*	*	*	*	94%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	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	*	88%	100%	*	*	*	*	*	*	*	*	*	*	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	69%	100%	*	*	*	*	*	*	*	*	*	*	75%
Q29. Patient was offered information about how to get financial help or benefits	*	69%	*	*	*	*	*	*	*	*	*	*	*	74%

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

YOUR TREATMENT							Tumo	our gro	oup					
	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	*	89%	100%	*	*	*	*	*	*	*	*	*	*	91%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	87%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	97%	*	*	*	*	*	*	*	*	*	*	*	98%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	93%	*	*	*	*	*	*	*	*	*	*	*	91%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about their response to surgery	*	89%	91%	*	*	*	*	*	*	*	*	*	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	73%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	83%	*	*	*	*	*	*	*	*	*	*	*	83%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	64%	*	*	*	*	*	*	*	*	*	*	*	73%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	73%	82%	*	*	*	*	*	*	*	*	*	*	71%

IMMEDIATE AND LONG TERM SIDE EFFECT	TS						Tumo	our gro	oup					
	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	*	84%	91%	*	*	*	*	*	*	*	*	*	*	85%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	71%	82%	*	*	*	*	*	*	*	*	*	*	66%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	86%	*	*	*	*	*	*	*	*	*	*	*	91%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	73%	92%	*	*	*	*	*	*	*	*	*	*	72%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	62%	75%	*	*	*	*	*	*	*	*	*	*	57%

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	*	65%	*	*	*	*	*	*	*	*	*	*	*	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	36%	*	*	*	*	*	*	*	*	*	*	*	47%

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	*	55%	*	*	*	*	*	*	*	*	*	*	*	50%
Q52. Patient has had a review of cancer care by GP practice	*	21%	23%	*	*	*	*	*	*	*	*	*	*	28%

LIVING WITH AND BEYOND CANCER							Tumo	our gro	oup					
	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	*	*	*	*	*	*	*	*	*	*	*	*	*	27%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	85%	*	*	*	*	*	*	*	*	*	*	*	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	69%	100%	*	*	*	*	*	*	*	*	*	*	78%

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	*	97%	100%	*	*	*	*	*	*	*	*	*	*	94%
Q57. Administration of care was very good or good	*	89%	100%	*	*	*	*	*	*	*	*	*	*	90%
Q58. Cancer research opportunities were discussed with patient	*	10%	*	*	*	*	*	*	*	*	*	*	*	29%
Q59. Patient's average rating of care scored from very poor to very good	*	8.8	9.5	*	*	*	*	*	*	*	*	*	*	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	*	*	*	*	*	*	*	*	84%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*	*	*	80%	*	78%

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	*	*	*	80%	*	94%	100%	*	92%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	82%	*	78%	80%	*	82%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	40%	*	72%	88%	*	67%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	55%	*	88%	100%	*	84%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	91%	*	100%	100%	*	98%

FINDING OUT THAT YOU HAD CANCER					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	*	100%	*	91%	93%	*	91%
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	82%	*	87%	81%	*	84%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	73%	*	91%	100%	*	87%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	100%	*	100%	94%	*	97%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	91%	*	95%	100%	*	93%

SUPPORT FROM A MAIN CONTACT PERSO	N								
	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%	*	96%	100%	*	95%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	86%	100%	*	89%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	95%	100%	*	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	*	*	*	70%	*	86%	100%	*	89%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	55%	*	96%	80%	*	85%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	91%	*	100%	100%	*	94%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	*	*	58%	*	*	47%

CARE PLANNING					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	55%	*	73%	83%	*	74%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	93%	*	*	94%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	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	*	*	*	73%	*	95%	100%	*	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	64%	*	78%	86%	*	75%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	64%	*	*	74%

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	*	*	*	*	*	*	*	*	75%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*	*	88%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*	*	86%
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*	*	81%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*	*	75%
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*	*	79%
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*	*	86%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*	*	100%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	64%	*	71%	93%	*	75%

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	*	*	*	73%	*	91%	100%	*	91%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*	*	87%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	93%	100%	*	98%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*	*	91%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	73%	*	95%	87%	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	*	*	73%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	*	86%	100%	*	83%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	*	*	*	*	73%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	60%	*	68%	75%	*	71%

IMMEDIATE AND LONG TERM SIDE EFFEC	TS				Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	*	73%	*	78%	93%	*	85%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	45%	*	65%	75%	*	66%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	90%	*	89%	*	*	91%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	45%	*	76%	80%	*	72%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	67%	67%	*	57%

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	*	*	*	*	*	69%	73%	*	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	*	*	47%

CARE FROM YOUR GP PRACTICE			Age							
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All	
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*	*	43%	*	*	50%	
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	22%	27%	*	28%	

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	*	*	*	*	*	*	*	*	27%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	*	88%	*	*	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	*	88%	93%	*	78%

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	*	*	*	*	*	95%	100%	*	94%
Q57. Administration of care was very good or good	*	*	*	80%	*	91%	94%	*	90%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	23%	*	*	29%
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	9.3	9.1	*	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	90%	*	*	*	*	*	84%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	84%	*	*	*	*	*	78%

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	90%	*	*	*	*	*	92%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	80%	*	*	*	*	*	82%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	61%	*	*	*	*	*	67%
Q8. Diagnostic test results were explained in a way the patient could completely understand	81%	*	*	*	*	*	84%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	98%	*	*	*	*	*	98%

FINDING OUT THAT YOU HAD CANCER			Male/Fema	ale/Non-bina	ry/Other		
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	91%	*	*	*	*	*	91%
Q13. Patient was definitely told sensitively that they had cancer	85%	*	*	*	*	*	84%
Q14. Cancer diagnosis explained in a way the patient could completely understand	85%	*	*	*	*	*	87%
Q15. Patient was definitely told about their diagnosis in an appropriate place	98%	*	*	*	*	*	97%
Q16. Patient was told they could go back later for more information about their diagnosis	93%	*	*	*	*	*	93%

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	93%	*	*	*	*	*	95%
Q18. Patient found it very or quite easy to contact their main contact person	90%	*	*	*	*	*	89%
Q19. Patient found advice from main contact person was very or quite helpful	100%	*	*	*	*	*	98%

DECIDING ON THE BEST TREATMENT			Male/Fema	ale/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	88%	*	*	*	*	*	89%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	85%	*	*	*	*	*	85%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	93%	*	*	*	*	*	94%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	48%	*	*	*	*	*	47%

CARE PLANNING		Male/Female/Non-binary/Other						
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All	
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	73%	*	*	*	*	*	74%	
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	92%	*	*	*	*	*	94%	
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	100%	*	*	*	*	*	100%	

SUPPORT FROM HOSPITAL STAFF			Male/Fema	ale/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	91%	*	*	*	*	*	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	72%	*	*	*	*	*	75%
Q29. Patient was offered information about how to get financial help or benefits	73%	*	*	*	*	*	74%

HOSPITAL CARE			Male/Fema	ale/Non-bina	ry/Other		
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	75%	*	*	*	*	*	75%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	90%	*	*	*	*	*	88%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	85%	*	*	*	*	*	86%
Q34. Patient was always able to get help from ward staff when needed	77%	*	*	*	*	*	81%
Q35. Patient was always able to discuss worries and fears with hospital staff	67%	*	*	*	*	*	75%
Q36. Hospital staff always did everything they could to help the patient control pain	83%	*	*	*	*	*	79%
Q37. Patient was always treated with respect and dignity while in hospital	85%	*	*	*	*	*	86%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	100%	*	*	*	*	*	100%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	75%	*	*	*	*	*	75%

YOUR TREATMENT			Male/Fema	ale/Non-bina	ry/Other		
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	89%	*	*	*	*	*	91%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	80%	*	*	*	*	*	87%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	97%	*	*	*	*	*	98%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	89%	*	*	*	*	*	91%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about their response to surgery	89%	*	*	*	*	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	70%	*	*	*	*	*	73%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	82%	*	*	*	*	*	83%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	67%	*	*	*	*	*	73%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and lay unit for cancer treatment was about right	72%	*	*	*	*	*	71%

IMMEDIATE AND LONG TERM SIDE EFFECT	ΓS		Male/Fema	ale/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	85%	*	*	*	*	*	85%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	64%	*	*	*	*	*	66%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	89%	*	*	*	*	*	91%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	70%	*	*	*	*	*	72%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	60%	*	*	*	*	*	57%

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	67%	*	*	*	*	*	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	44%	*	*	*	*	*	47%

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	48%	*	*	*	*	*	50%
Q52. Patient has had a review of cancer care by GP practice	27%	*	*	*	*	*	28%

LIVING WITH AND BEYOND CANCER	Male/Female/Non-binary/Other							
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All	
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	30%	*	*	*	*	*	27%	
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	82%	*	*	*	*	*	82%	
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	69%	*	*	*	*	*	78%	

YOUR OVERALL NHS CARE			Male/Fema	ale/Non-bina	ry/Other		
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q56. The whole care team worked well together	93%	*	*	*	*	*	94%
Q57. Administration of care was very good or good	89%	*	*	*	*	*	90%
Q58. Cancer research opportunities were discussed with patient	22%	*	*	*	*	*	29%
Q59. Patient's average rating of care scored from very poor to very good	9.0	*	*	*	*	*	9.0

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	82%	*	*	*	*	*	84%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	75%	*	*	*	*	*	78%

DIAGNOSTIC TESTS				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q5. Patient received all the information needed about the diagnostic test in advance	93%	*	*	*	*	*	92%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	79%	*	*	*	*	*	82%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	70%	*	*	*	*	*	67%
Q8. Diagnostic test results were explained in a way the patient could completely understand	87%	*	*	*	*	*	84%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	98%	*	*	*	*	*	98%

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	92%	*	*	*	*	*	91%
Q13. Patient was definitely told sensitively that they had cancer	83%	*	*	*	*	*	84%
Q14. Cancer diagnosis explained in a way the patient could completely understand	89%	*	*	*	*	*	87%
Q15. Patient was definitely told about their diagnosis in an appropriate place	98%	*	*	*	*	*	97%
Q16. Patient was told they could go back later for more information about their diagnosis	94%	*	*	*	*	*	93%

SUPPORT FROM A MAIN CONTACT PERSO	N			Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q17. Patient had a main point of contact within the care team	94%	*	*	*	*	*	95%
Q18. Patient found it very or quite easy to contact their main contact person	91%	*	*	*	*	*	89%
Q19. Patient found advice from main contact person was very or quite helpful	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	90%	*	*	*	*	*	89%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	85%	*	*	*	*	*	85%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	93%	*	*	*	*	*	94%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	46%	*	*	*	*	*	47%

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	76%	*	*	*	*	*	74%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	93%	*	*	*	*	*	94%
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	94%	*	*	*	*	*	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	79%	*	*	*	*	*	75%
Q29. Patient was offered information about how to get financial help or benefits	73%	*	*	*	*	*	74%

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	76%	*	*	*	*	*	75%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	87%	*	*	*	*	*	88%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	83%	*	*	*	*	*	86%
Q34. Patient was always able to get help from ward staff when needed	78%	*	*	*	*	*	81%
Q35. Patient was always able to discuss worries and fears with hospital staff	72%	*	*	*	*	*	75%
Q36. Hospital staff always did everything they could to help the patient control pain	75%	*	*	*	*	*	79%
Q37. Patient was always treated with respect and dignity while in hospital	83%	*	*	*	*	*	86%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	100%	*	*	*	*	*	100%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	79%	*	*	*	*	*	75%

YOUR TREATMENT				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	90%	*	*	*	*	*	91%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	85%	*	*	*	*	*	87%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	97%	*	*	*	*	*	98%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	89%	*	*	*	*	*	91%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about their response to surgery	88%	*	*	*	*	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	77%	*	*	*	*	*	73%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	82%	*	*	*	*	*	83%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	68%	*	*	*	*	*	73%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	75%	*	*	*	*	*	71%

IMMEDIATE AND LONG TERM SIDE EFFECT	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	85%	*	*	*	*	*	85%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	63%	*	*	*	*	*	66%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	92%	*	*	*	*	*	91%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	74%	*	*	*	*	*	72%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	60%	*	*	*	*	*	57%

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	70%	*	*	*	*	*	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	50%	*	*	*	*	*	47%

CARE FROM YOUR GP PRACTICE	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	46%	*	*	*	*	*	50%	
Q52. Patient has had a review of cancer care by GP practice	26%	*	*	*	*	*	28%	

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	*	*	*	*	*	*	27%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	79%	*	*	*	*	*	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	76%	*	*	*	*	*	78%

YOUR OVERALL NHS CARE				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q56. The whole care team worked well together	96%	*	*	*	*	*	94%
Q57. Administration of care was very good or good	94%	*	*	*	*	*	90%
Q58. Cancer research opportunities were discussed with patient	24%	*	*	*	*	*	29%
Q59. Patient's average rating of care scored from very poor to very good	9.2	*	*	*	*	*	9.0

IMD quintile tables

SUPPORT FROM YOUR GP PRACTICE		deprived) 2 3 4 deprived) En					
	1 (most deprived)	2	3	4		Non- England	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	*	*	79%	*	84%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	100%	77%	*	78%

DIAGNOSTIC TESTS			IN	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	*	*	*	86%	92%	*	92%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	75%	93%	*	82%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	75%	63%	*	67%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	73%	89%	*	84%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	100%	96%	*	98%

FINDING OUT THAT YOU HAD CANCER			IN	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	*	*	*	88%	93%	*	91%	
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	83%	84%	*	84%	
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	83%	94%	*	87%	
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	94%	100%	*	97%	
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	94%	93%	*	93%	

SUPPORT FROM A MAIN CONTACT PERSO	N		IIV	ID quintile	quintile 4 5 (least deprived) Non-England 82% 100% * 93% 89% *		
	1 (most deprived)	2	3	4	. `		All
Q17. Patient had a main point of contact within the care team	*	*	*	82%	100%	*	95%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	93%	89%	*	89%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	100%	100%	*	98%

IMD quintile tables

DECIDING ON THE BEST TREATMENT			IN	/ID quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q20. Treatment options were explained in a way the patient could completely understand	*	*	*	82%	93%	*	89%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	88%	87%	*	85%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	100%	93%	*	94%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	*	44%	*	47%

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	*	*	*	69%	73%	*	74%	
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	100%	89%	*	94%	
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	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	*	*	*	87%	89%	*	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	65%	80%	*	75%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	87%	*	74%

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	*	*	*	*	*	*	75%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	88%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	86%
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	81%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	75%
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	79%
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	86%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	100%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	75%	75%	*	75%

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	*	*	*	81%	94%	*	91%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	87%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	92%	100%	*	98%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	85%	*	91%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	87%	90%	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	73%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	83%	86%	*	83%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	75%	*	73%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	82%	65%	*	71%

IMMEDIATE AND LONG TERM SIDE EFFEC	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	*	*	*	76%	94%	*	85%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	60%	73%	*	66%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	92%	92%	*	91%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	69%	80%	*	72%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	62%	60%	*	57%

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%	*	70%		
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	47%	

CARE FROM YOUR GP PRACTICE			IIV	1D 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	*	*	*	60%	56%	*	50%
Q52. Patient has had a review of cancer care by GP practice	*	*	*	24%	38%	*	28%

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%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	82%	86%	*	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	77%	88%	*	78%

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	*	*	*	93%	96%	*	94%
Q57. Administration of care was very good or good	*	*	*	89%	90%	*	90%
Q58. Cancer research opportunities were discussed with patient	*	*	*	20%	38%	*	29%
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	9.0	9.0	*	9.0

SUPPORT FROM YOUR GP PRACTICE	Long-term condition status						
	Yes	All					
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	80%	*	*	84%			
Q3. Referral for diagnosis was explained in a way the patient could completely understand	67%	91%	*	78%			

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	97%	77%	*	92%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	77%	85%	*	82%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	69%	62%	*	67%
Q8. Diagnostic test results were explained in a way the patient could completely understand	92%	67%	*	84%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	97%	100%	*	98%

FINDING OUT THAT YOU HAD CANCER		Long-term con	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	97%	69%	*	91%
Q13. Patient was definitely told sensitively that they had cancer	82%	86%	*	84%
Q14. Cancer diagnosis explained in a way the patient could completely understand	90%	79%	*	87%
Q15. Patient was definitely told about their diagnosis in appropriate place	97%	93%	*	97%
Q16. Patient was told they could go back later for more information about their diagnosis	97%	86%	*	93%

SUPPORT FROM A MAIN CONTACT PERSOI	N Long-term condition status			
	Yes	No	Not given	All
Q17. Patient had a main point of contact within the care team	100%	79%	*	95%
Q18. Patient found it very or quite easy to contact their main contact person	92%	90%	*	89%
Q19. Patient found advice from main contact person was very or quite helpful	100%	100%	*	98%

DECIDING ON THE BEST TREATMENT	Long-term condition status			
	Yes	No	Not given	All
Q20. Treatment options were explained in a way the patient could completely understand	94%	79%	*	89%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	87%	79%	*	85%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	95%	90%	*	94%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	44%	*	*	47%

CARE PLANNING	Long-term condition status					
	Yes No Not given					
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	76%	79%	*	74%		
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	91%	*	*	94%		
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	100%	*	*	100%		

SUPPORT FROM HOSPITAL STAFF	Long-term condition status			
	Yes	No	Not given	All
Q27. Staff provided the patient with relevant information on available support	91%	92%	*	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	74%	79%	*	75%
Q29. Patient was offered information about how to get financial help or benefits	64%	80%	*	74%

HOSPITAL CARE		Long-term cor	ndition 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	83%	*	*	75%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	91%	*	*	88%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	92%	*	*	86%
Q34. Patient was always able to get help from ward staff when needed	92%	*	*	81%
Q35. Patient was always able to discuss worries and fears with hospital staff	75%	*	*	75%
Q36. Hospital staff always did everything they could to help the patient control pain	91%	*	*	79%
Q37. Patient was always treated with respect and dignity while in hospital	92%	*	*	86%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	100%	*	*	100%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	72%	82%	*	75%

YOUR TREATMENT		Long-term co	ondition status	
	Yes	No	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	95%	77%	*	91%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	87%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	96%	*	*	98%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	86%	*	*	91%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*
Q42_1. Patient completely had enough understandable information about their response to surgery	89%	83%	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	73%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	85%	*	*	83%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	67%	*	*	73%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	74%	85%	*	71%

IMMEDIATE AND LONG TERM SIDE EFFECTS		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	90%	77%	*	85%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	69%	54%	*	66%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	89%	91%	*	91%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	73%	79%	*	72%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	57%	62%	*	57%

SUPPORT WHILE AT HOME	Long-term condition status			
	Yes	No	Not given	All
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	69%	*	*	70%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	40%	*	*	47%

CARE FROM YOUR GP PRACTICE	Long-term condition status				
	Yes No Not given All				
Q51. Patient definitely received the right amount of support from their GP practice during treatment	39%	*	*	50%	
Q52. Patient has had a review of cancer care by GP practice	27%	29%	*	28%	

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	*	*	*	27%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	77%	*	*	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	75%	70%	*	78%

YOUR OVERALL NHS CARE	Long-term condition status				
	Yes No Not given				
Q56. The whole care team worked well together	97%	85%	*	94%	
Q57. Administration of care was very good or good	95%	79%	*	90%	
Q58. Cancer research opportunities were discussed with patient	18%	33%	*	29%	
Q59. Patient's average rating of care scored from very poor to very good	9.1	8.7	*	9.0	



