

# **Cancer Patient Experience Survey**

2023 Results

# **Whittington Health NHS Trust**

Published July 2024

# Cancer Patient Experience Survey 2023 Whittington Health NHS Trust

### **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
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	96%	76%	96%	86%
Q57. Administration of care was very good or good	93%	81%	93%	87%
Q58. Cancer research opportunities were discussed with patient	65%	30%	60%	45%

### **Questions below expected range**

adestions below 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	71%	73%	89%	81%

### 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**

119 patients responded out of a total of 252 patients, resulting in a response rate of 47%.

	Sample size	Adjusted sample	Completed	Response rate
Overall response rate	266	252	119	47%
National	129,231	121,121	63,438	52%

### Respondents by survey type

	Number of respondents
Paper	92
Online	27
Phone	0
Translation service	0
Total	119

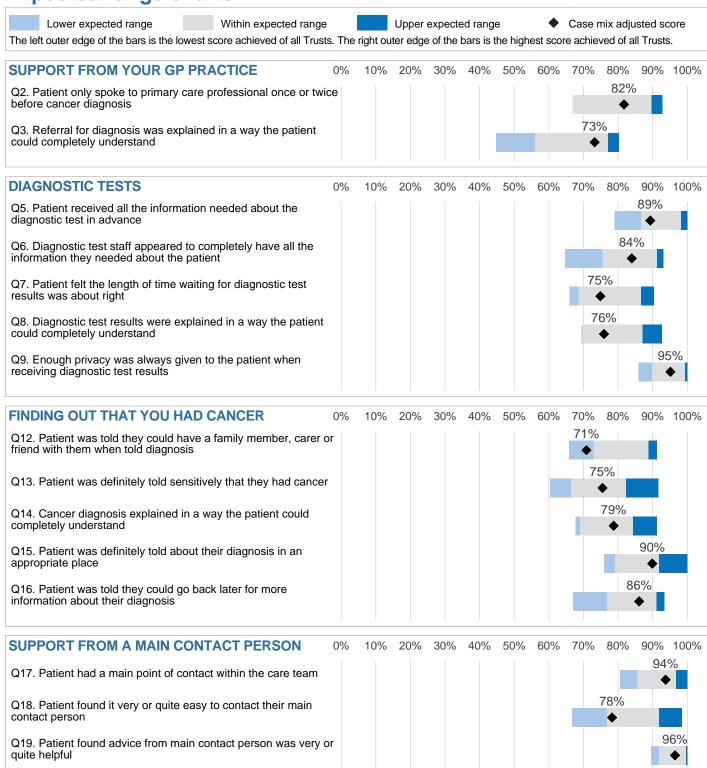
### Respondents by tumour group

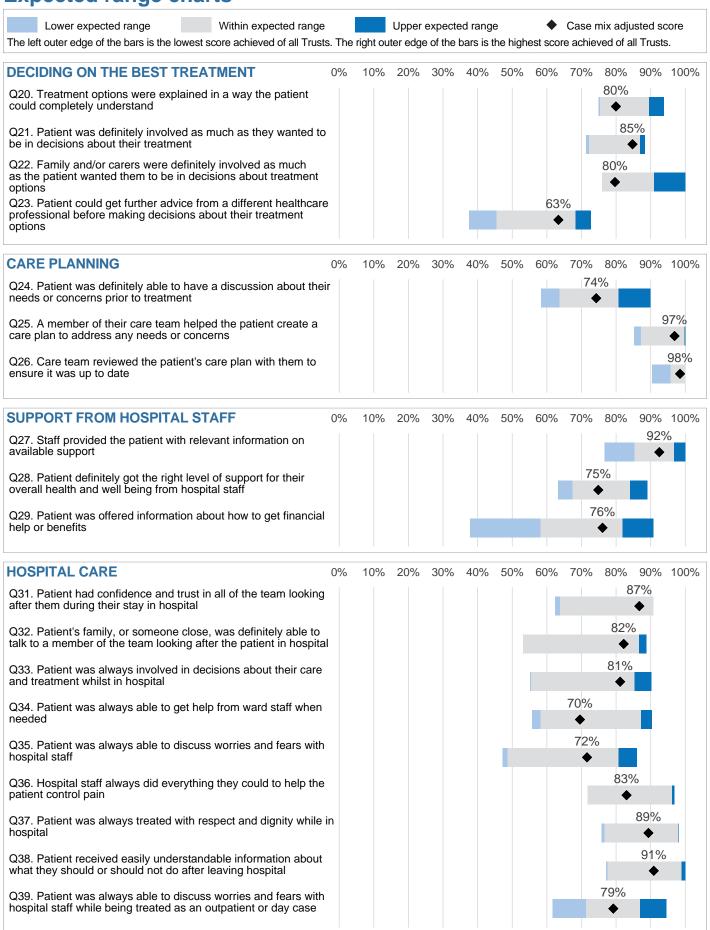
	Number of respondents
Brain / CNS	0
Breast	72
Colorectal / LGT	11
Gynaecological	*
Haematological	9
Head and neck	0
Lung	*
Prostate	*
Sarcoma	0
Skin	*
Upper gastro	*
Urological	11
Other	*
Total	119

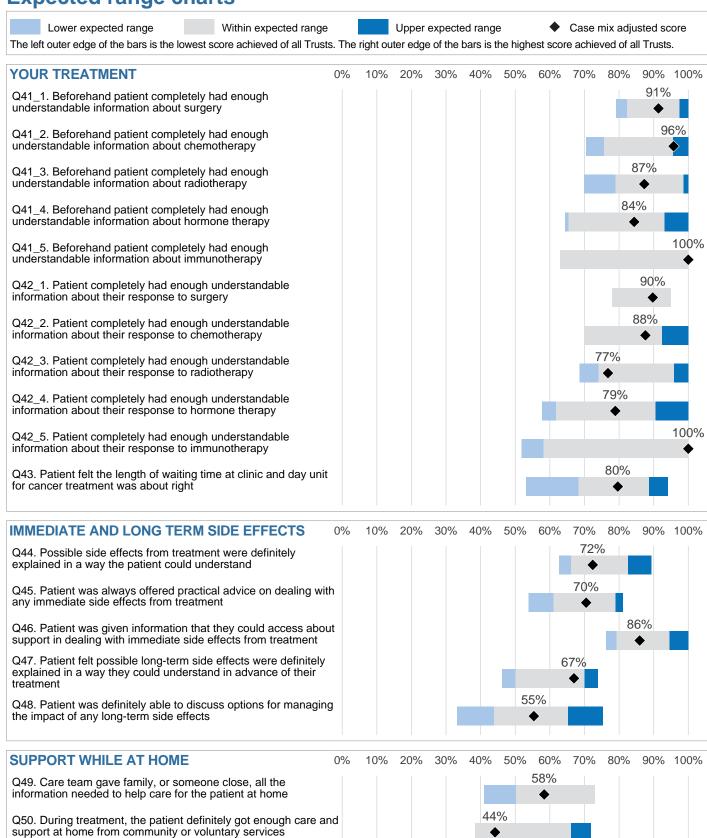
### Respondents by ethnicity

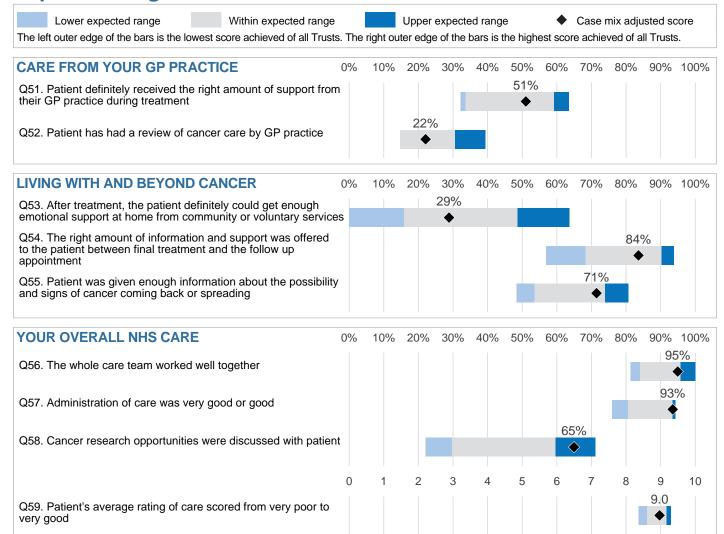
	Number of respondents
White	
English / Welsh / Scottish / Northern Irish / British	69
Irish	*
Gypsy or Irish Traveller	*
Roma	*
Any other White background	13
Mixed / Multiple Ethnic Groups	
White and Black Caribbean	*
White and Black African	*
White and Asian	*
Any other Mixed / multiple ethnic background	*
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	I
Arab	*
Any other ethnic group	*
Not given	
Not given	13
Total	119

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









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

\*\* No score available for 2022.

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

			Unadjust	ted score	es		Case n	nix adjuste	d scores	
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	65	77%	50	88%			82%	67%	90%	78%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	72	72%	76	79%			73%	56%	77%	67%

			Unadjus	ted score	es		Case n	nix adjuste	ed 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	67	93%	82	89%			89%	87%	98%	92%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	72	85%	85	84%			84%	75%	91%	83%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	72	89%	88	75%			75%	69%	87%	78%
Q8. Diagnostic test results were explained in a way the patient could completely understand	72	90%	87	76%			76%	70%	87%	78%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	71	89%	88	95%			95%	90%	99%	95%

			Unadjus	ted score	es		Case n	nix adjuste	ed scores	
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	94	73%	100	74%			71%	73%	89%	81%
Q13. Patient was definitely told sensitively that they had cancer	100	74%	117	78%			75%	66%	82%	74%
Q14. Cancer diagnosis explained in a way the patient could completely understand	99	81%	115	80%			79%	69%	84%	77%
Q15. Patient was definitely told about their diagnosis in an appropriate place	102	85%	119	92%			90%	79%	92%	86%
Q16. Patient was told they could go back later for more information about their diagnosis	93	85%	101	88%			86%	77%	91%	84%

			Unadjust	ed score	s		Case n	nix adjuste	d 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	100	91%	115	94%			94%	86%	97%	91%
Q18. Patient found it very or quite easy to contact their main contact person	87	78%	104	77%			78%	77%	92%	84%
Q19. Patient found advice from main contact person was very or quite helpful	88	90%	105	96%			96%	92%	100%	96%

Adjusted Score below Lower

|--|

			Unadjus	ted score	:S		Case m	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	98	86%	112	79%			80%	75%	90%	82%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	97	76%	116	84%			85%	72%	87%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	78	83%	94	78%			80%	76%	91%	83%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	**	**	73	63%			63%	45%	68%	57%

			Unadjust	ted score	es		Case n			
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	92	72%	105	74%			74%	64%	81%	72%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	50	94%	59	97%			97%	87%	100%	94%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	44	95%	53	98%			98%	96%	100%	99%

			Unadjust	ted score	s		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	92	88%	101	93%			92%	85%	97%	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	101	74%	115	74%			75%	67%	84%	76%
Q29. Patient was offered information about how to get financial help or benefits	62	73%	66	79%			76%	58%	82%	70%

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

**	Nο	score available for 2022	,

	Unadjusted scores							nix adjuste	d 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	29	66%	37	86%			87%	64%	91%	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	22	59%	29	83%			82%	53%	87%	70%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	29	52%	36	81%			81%	55%	85%	70%
Q34. Patient was always able to get help from ward staff when needed	27	63%	37	70%			70%	58%	87%	73%
Q35. Patient was always able to discuss worries and fears with hospital staff	29	55%	34	71%			72%	49%	81%	65%
Q36. Hospital staff always did everything they could to help the patient control pain	26	73%	35	83%			83%	72%	96%	84%
Q37. Patient was always treated with respect and dignity while in hospital	29	72%	37	89%			89%	77%	98%	87%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	27	89%	35	91%			91%	78%	99%	88%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	88	72%	108	77%			79%	71%	87%	79%

		,	Unadjus	ted score	:S		Case n	nix adjuste	ed 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	42	81%	61	92%			91%	82%	97%	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	52	81%	47	96%			96%	76%	96%	86%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	22	77%	40	88%			87%	79%	99%	89%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	27	78%	33	82%			84%	65%	93%	79%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	13	100%	12	100%		<b>A</b>	100%	63%	100%	84%
Q42_1. Patient completely had enough understandable information about their response to surgery	**	**	62	90%			90%	78%	95%	86%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	**	**	47	87%			88%	70%	92%	81%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	**	**	41	78%			77%	74%	96%	85%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	**	**	34	76%			79%	62%	91%	76%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	**	**	12	100%			100%	58%	100%	81%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	99	76%	112	77%			80%	68%	89%	78%

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

\*\* No score available for 2022.

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

			Unadjus	ted score	es		Case n	nix adjuste	ed 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	97	79%	108	72%			72%	66%	83%	74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	91	66%	101	70%			70%	61%	79%	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	72	78%	78	86%			86%	79%	95%	87%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	89	60%	97	67%			67%	50%	70%	60%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	76	53%	90	54%			55%	44%	65%	55%

			nix adjuste	ed 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	65	48%	70	56%			58%	50%	73%	62%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	44	36%	50	42%			44%	38%	66%	52%

			Unadjust	ted score		Case n				
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	67	37%	59	51%			51%	34%	59%	46%
Q52. Patient has had a review of cancer care by GP practice	94	16%	105	23%			22%	15%	31%	23%

			Unadjust	ted score	s		Case n	nix adjuste	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	27	19%	31	26%			29%	16%	49%	32%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	42	71%	55	82%			84%	68%	90%	79%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	80	63%	90	69%			71%	54%	74%	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	90	88%	103	95%			95%	84%	96%	90%
Q57. Administration of care was very good or good	98	92%	114	94%			93%	81%	93%	87%
Q58. Cancer research opportunities were discussed with patient	58	50%	68	62%			65%	30%	60%	45%
Q59. Patient's average rating of care scored from very poor to very good	95	8.9	112	8.9			9.0	8.6	9.2	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	*	94%	*	*	*	*	*	*	*	*	*	*	*	88%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	83%	*	*	*	*	*	*	*	*	*	*	*	79%

DIAGNOSTIC TESTS							Tumo	our gro	oup					
	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	*	83%	*	*	*	*	*	*	*	*	*	*	*	89%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	84%	*	*	*	*	*	*	*	*	*	*	*	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	69%	*	*	*	*	*	*	*	*	*	*	*	75%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	76%	*	*	*	*	*	*	*	*	*	*	*	76%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	92%	*	*	*	*	*	*	*	*	*	*	*	95%

FINDING OUT THAT YOU HAD CANCER							Tumo	our 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	*	75%	100%	*	*	*	*	*	*	*	*	*	*	74%
Q13. Patient was definitely told sensitively that they had cancer	*	73%	73%	*	*	*	*	*	*	*	*	91%	*	78%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	79%	73%	*	*	*	*	*	*	*	*	91%	*	80%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	93%	100%	*	*	*	*	*	*	*	*	82%	*	92%
Q16. Patient was told they could go back later for more information about their diagnosis	*	85%	*	*	*	*	*	*	*	*	*	100%	*	88%

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	*	97%	100%	*	*	*	*	*	*	*	*	82%	*	94%
Q18. Patient found it very or quite easy to contact their main contact person	*	74%	80%	*	*	*	*	*	*	*	*	*	*	77%
Q19. Patient found advice from main contact person was very or quite helpful	*	94%	100%	*	*	*	*	*	*	*	*	*	*	96%

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	*	83%	80%	*	*	*	*	*	*	*	*	73%	*	79%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	88%	100%	*	*	*	*	*	*	*	*	73%	*	84%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	81%	80%	*	*	*	*	*	*	*	*	*	*	78%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	67%	*	*	*	*	*	*	*	*	*	*	*	63%

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	*	78%	82%	*	*	*	*	*	*	*	*	70%	*	74%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	94%	*	*	*	*	*	*	*	*	*	*	*	97%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	97%	*	*	*	*	*	*	*	*	*	*	*	98%

SUPPORT FROM HOSPITAL STAFF							Tumo	our gro	up					
	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	*	94%	100%	*	*	*	*	*	*	*	*	*	*	93%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	73%	73%	*	*	*	*	*	*	*	*	90%	*	74%
Q29. Patient was offered information about how to get financial help or benefits	*	81%	*	*	*	*	*	*	*	*	*	*	*	79%

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%	*	*	*	*	*	*	*	*	*	*	*	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%	*	*	*	*	*	*	*	*	*	*	*	83%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	81%	*	*	*	*	*	*	*	*	*	*	*	81%
Q34. Patient was always able to get help from ward staff when needed	*	56%	*	*	*	*	*	*	*	*	*	*	*	70%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	56%	*	*	*	*	*	*	*	*	*	*	*	71%
Q36. Hospital staff always did everything they could to help the patient control pain	*	71%	*	*	*	*	*	*	*	*	*	*	*	83%
Q37. Patient was always treated with respect and dignity while in hospital	*	75%	*	*	*	*	*	*	*	*	*	*	*	89%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	94%	*	*	*	*	*	*	*	*	*	*	*	91%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	73%	*	*	*	*	*	*	*	*	*	82%	*	77%

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	*	90%	*	*	*	*	*	*	*	*	*	*	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	96%	*	*	*	*	*	*	*	*	*	*	*	96%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	85%	*	*	*	*	*	*	*	*	*	*	*	88%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	83%	*	*	*	*	*	*	*	*	*	*	*	82%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	100%
Q42_1. Patient completely had enough understandable information about their response to surgery	*	93%	*	*	*	*	*	*	*	*	*	*	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	89%	*	*	*	*	*	*	*	*	*	*	*	87%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	77%	*	*	*	*	*	*	*	*	*	*	*	78%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	77%	*	*	*	*	*	*	*	*	*	*	*	76%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	100%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	76%	82%	*	*	*	*	*	*	*	*	64%	*	77%

<b>IMMEDIATE AND LONG TERM SIDE EFFEC</b>	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	*	76%	82%	*	*	*	*	*	*	*	*	50%	*	72%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	68%	*	*	*	*	*	*	*	*	*	60%	*	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	81%	100%	*	*	*	*	*	*	*	*	*	*	86%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	69%	80%	*	*	*	*	*	*	*	*	*	*	67%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	55%	*	*	*	*	*	*	*	*	*	*	*	54%

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	*	57%	*	*	*	*	*	*	*	*	*	*	*	56%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	38%	*	*	*	*	*	*	*	*	*	*	*	42%

CARE 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
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	44%	*	*	*	*	*	*	*	*	*	*	*	51%
Q52. Patient has had a review of cancer care by GP practice	*	25%	*	*	*	*	*	*	*	*	*	30%	*	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	*	32%	*	*	*	*	*	*	*	*	*	*	*	26%
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	*	63%	100%	*	*	*	*	*	*	*	*	60%	*	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	*	95%	100%	*	*	*	*	*	*	*	*	*	*	95%
Q57. Administration of care was very good or good	*	97%	90%	*	*	*	*	*	*	*	*	100%	*	94%
Q58. Cancer research opportunities were discussed with patient	*	70%	*	*	*	*	*	*	*	*	*	*	*	62%
Q59. Patient's average rating of care scored from very poor to very good	*	9.0	9.0	*	*	*	*	*	*	*	*	8.8	*	8.9

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	*	*	*	85%	*	80%	*	*	88%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	84%	73%	79%	75%	*	79%

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	*	*	*	76%	85%	96%	94%	*	89%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	76%	92%	80%	84%	*	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	61%	79%	80%	80%	*	75%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	72%	73%	79%	68%	*	76%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	89%	100%	96%	95%	*	95%

FINDING OUT THAT YOU HAD CANCER									
	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	*	*	*	62%	83%	77%	73%	*	74%
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	70%	74%	81%	81%	*	78%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	70%	86%	81%	85%	*	80%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	91%	96%	90%	89%	*	92%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	86%	85%	88%	91%	*	88%

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	*	*	*	100%	100%	93%	89%	*	94%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	73%	77%	85%	79%	*	77%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	96%	96%	100%	91%	*	96%

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	*	*	*	73%	77%	74%	92%	*	79%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	78%	83%	83%	81%	*	84%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	72%	81%	82%	81%	*	78%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	53%	50%	72%	67%	*	63%

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	*	*	*	76%	85%	71%	70%	*	74%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	92%	100%	100%	93%	*	97%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	100%	100%	100%	100%	*	98%

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%	95%	100%	86%	*	93%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	70%	78%	70%	81%	*	74%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	83%	87%	87%	50%	*	79%

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	*	*	*	*	*	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	*	*	*	*	*	82%	*	*	83%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	83%	*	*	81%
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	85%	*	*	70%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	80%	*	*	71%
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	82%	*	*	83%
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	85%	*	*	89%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	85%	*	*	91%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	65%	80%	77%	80%	*	77%

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	*	*	*	77%	91%	100%	90%	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	83%	100%	100%	*	*	96%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	100%	*	*	88%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	83%	*	*	*	*	82%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*	*	100%
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	77%	91%	100%	91%	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	83%	100%	85%	*	*	87%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	*	92%	*	*	78%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	83%	*	*	*	*	76%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*	*	100%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	70%	86%	75%	81%	*	77%

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	*	*	*	73%	70%	68%	76%	*	72%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	73%	73%	62%	70%	*	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	94%	76%	80%	88%	*	86%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	55%	67%	67%	78%	*	67%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	45%	58%	52%	61%	*	54%

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	*	*	*	40%	87%	56%	38%	*	56%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	27%	55%	*	55%	*	42%

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	*	*	*	46%	50%	56%	50%	*	51%
Q52. Patient has had a review of cancer care by GP practice	*	*	*	33%	10%	30%	20%	*	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	*	*	*	50%	*	*	*	*	26%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	73%	*	83%	86%	*	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	53%	63%	75%	71%	*	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%	100%	93%	95%	*	95%
Q57. Administration of care was very good or good	*	*	*	91%	95%	93%	92%	*	94%
Q58. Cancer research opportunities were discussed with patient	*	*	*	53%	65%	67%	*	*	62%
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	8.6	9.4	9.0	8.8	*	8.9

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	92%	77%	*	*	*	*	88%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	83%	69%	*	*	*	*	79%

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	85%	100%	*	*	*	*	89%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	84%	84%	*	*	*	*	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	72%	86%	*	*	*	*	75%
Q8. Diagnostic test results were explained in a way the patient could completely understand	75%	81%	*	*	*	*	76%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	94%	100%	*	*	*	*	95%

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	75%	71%	*	*	*	*	74%
Q13. Patient was definitely told sensitively that they had cancer	75%	89%	*	*	*	*	78%
Q14. Cancer diagnosis explained in a way the patient could completely understand	79%	81%	*	*	*	*	80%
Q15. Patient was definitely told about their diagnosis in an appropriate place	93%	89%	*	*	*	*	92%
Q16. Patient was told they could go back later for more information about their diagnosis	85%	100%	*	*	*	*	88%

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	96%	88%	*	*	*	*	94%
Q18. Patient found it very or quite easy to contact their main contact person	76%	82%	*	*	*	*	77%
Q19. Patient found advice from main contact person was very or quite helpful	95%	100%	*	*	*	*	96%

DECIDING ON THE BEST TREATMENT			Male/Female/Non-binary/Other					
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All	
Q20. Treatment options were explained in a way the patient could completely understand	80%	77%	*	*	*	*	79%	
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	87%	74%	*	*	*	*	84%	
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	77%	76%	*	*	*	*	78%	
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	66%	54%	*	*	*	*	63%	

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	74%	72%	*	*	*	*	74%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	95%	100%	*	*	*	*	97%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	97%	100%	*	*	*	*	98%

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%	91%	*	*	*	*	93%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	71%	81%	*	*	*	*	74%
Q29. Patient was offered information about how to get financial help or benefits	79%	83%	*	*	*	*	79%

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	91%	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	83%	*	*	*	*	*	83%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	86%	67%	*	*	*	*	81%
Q34. Patient was always able to get help from ward staff when needed	61%	83%	*	*	*	*	70%
Q35. Patient was always able to discuss worries and fears with hospital staff	64%	80%	*	*	*	*	71%
Q36. Hospital staff always did everything they could to help the patient control pain	81%	83%	*	*	*	*	83%
Q37. Patient was always treated with respect and dignity while in hospital	83%	100%	*	*	*	*	89%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	91%	92%	*	*	*	*	91%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	73%	88%	*	*	*	*	77%

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	89%	100%	*	*	*	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	94%	100%	*	*	*	*	96%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	85%	*	*	*	*	*	88%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	81%	*	*	*	*	*	82%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	100%	*	*	*	*	*	100%
Q42_1. Patient completely had enough understandable information about their response to surgery	91%	88%	*	*	*	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	85%	93%	*	*	*	*	87%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	80%	*	*	*	*	*	78%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	76%	*	*	*	*	*	76%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	100%	*	*	*	*	*	100%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	76%	77%	*	*	*	*	77%

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	75%	64%	*	*	*	*	72%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	68%	75%	*	*	*	*	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	84%	89%	*	*	*	*	86%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	66%	68%	*	*	*	*	67%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	52%	57%	*	*	*	*	54%

SUPPORT WHILE AT HOME			Male/Fema	le/Non-bina	ry/Other				
	Female	Female Male Non-binary Prefer to self-describe Prefer not to say Not given							
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	56%	62%	*	*	*	*	56%		
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	37%	55%	*	*	*	*	42%		

CARE FROM YOUR GP PRACTICE	JR GP PRACTICE Male/F					Male/Female/Non-binary/Other				
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All			
Q51. Patient definitely received the right amount of support from their GP practice during treatment	41%	71%	*	*	*	*	51%			
Q52. Patient has had a review of cancer care by GP practice	23%	24%	*	*	*	*	23%			

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	29%	*	*	*	*	*	26%	
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	78%	93%	*	*	*	*	82%	
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	66%	77%	*	*	*	*	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	96%	95%	*	*	*	*	95%
Q57. Administration of care was very good or good	95%	89%	*	*	*	*	94%
Q58. Cancer research opportunities were discussed with patient	67%	27%	*	*	*	*	62%
Q59. Patient's average rating of care scored from very poor to very good	9.0	8.6	*	*	*	*	8.9

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	88%	*	*	*	*	*	88%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	76%	*	*	*	*	*	79%

DIAGNOSTIC TESTS				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q5. Patient received all the information needed about the diagnostic test in advance	86%	*	*	*	*	*	89%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	85%	*	*	*	*	*	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	73%	*	*	*	*	*	75%
Q8. Diagnostic test results were explained in a way the patient could completely understand	73%	*	*	*	*	*	76%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	97%	*	*	*	*	*	95%

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	74%	*	*	*	*	60%	74%	
Q13. Patient was definitely told sensitively that they had cancer	78%	*	*	*	*	75%	78%	
Q14. Cancer diagnosis explained in a way the patient could completely understand	79%	*	*	*	*	82%	80%	
Q15. Patient was definitely told about their diagnosis in an appropriate place	93%	*	*	*	*	85%	92%	
Q16. Patient was told they could go back later for more information about their diagnosis	89%	*	*	*	*	73%	88%	

<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	98%	*	*	*	*	75%	94%
Q18. Patient found it very or quite easy to contact their main contact person	76%	*	*	*	*	*	77%
Q19. Patient found advice from main contact person was very or quite helpful	95%	*	*	*	*	*	96%

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	77%	*	*	*	*	83%	79%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	86%	*	*	*	*	58%	84%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	78%	*	*	*	*	75%	78%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	62%	*	*	*	*	*	63%

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	73%	*	*	*	*	70%	74%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	95%	*	*	*	*	*	97%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	97%	*	*	*	*	*	98%

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%	*	*	*	*	*	93%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	72%	*	*	*	*	73%	74%
Q29. Patient was offered information about how to get financial help or benefits	78%	*	*	*	*	*	79%

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	87%	*	*	*	*	*	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%	*	*	*	*	*	83%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	83%	*	*	*	*	*	81%
Q34. Patient was always able to get help from ward staff when needed	70%	*	*	*	*	*	70%
Q35. Patient was always able to discuss worries and fears with hospital staff	67%	*	*	*	*	*	71%
Q36. Hospital staff always did everything they could to help the patient control pain	78%	*	*	*	*	*	83%
Q37. Patient was always treated with respect and dignity while in hospital	83%	*	*	*	*	*	89%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	91%	*	*	*	*	*	91%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	75%	*	*	*	*	80%	77%

YOUR TREATMENT				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	91%	*	*	*	*	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	97%	*	*	*	*	*	96%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	83%	*	*	*	*	*	88%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	79%	*	*	*	*	*	82%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	100%	*	*	*	*	*	100%
Q42_1. Patient completely had enough understandable information about their response to surgery	92%	*	*	*	*	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	89%	*	*	*	*	*	87%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	74%	*	*	*	*	*	78%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	72%	*	*	*	*	*	76%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	100%	*	*	*	*	*	100%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	77%	*	*	*	*	73%	77%

<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	72%	*	*	*	*	*	72%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	70%	*	*	*	*	*	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	83%	*	*	*	*	*	86%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	65%	*	*	*	*	*	67%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	54%	*	*	*	*	*	54%

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	60%	*	*	*	*	*	56%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	38%	*	*	*	*	*	42%

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	42%	*	*	*	*	*	51%
Q52. Patient has had a review of cancer care by GP practice	19%	*	*	*	*	30%	23%

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%	*	*	*	*	*	26%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	84%	*	*	*	*	*	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	67%	*	*	*	*	*	69%

YOUR OVERALL NHS CARE		Ethnicity					
	White	Mixed	Asian	Black	Other	Not given	All
Q56. The whole care team worked well together	96%	*	*	*	*	*	95%
Q57. Administration of care was very good or good	93%	*	*	*	*	100%	94%
Q58. Cancer research opportunities were discussed with patient	60%	*	*	*	*	*	62%
Q59. Patient's average rating of care scored from very poor to very good	9.0	*	*	*	*	8.6	8.9

## **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%	100%	*	91%	*	*	88%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	85%	76%	75%	85%	77%	*	79%

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	92%	89%	88%	100%	79%	*	89%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	69%	86%	79%	90%	93%	*	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	86%	73%	60%	90%	79%	*	75%
Q8. Diagnostic test results were explained in a way the patient could completely understand	86%	79%	55%	90%	79%	*	76%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	93%	97%	90%	100%	100%	*	95%

FINDING OUT THAT YOU HAD CANCER			IMD quintile				
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	75%	75%	68%	69%	86%	*	74%
Q13. Patient was definitely told sensitively that they had cancer	70%	76%	72%	88%	88%	*	78%
Q14. Cancer diagnosis explained in a way the patient could completely understand	80%	81%	67%	94%	82%	*	80%
Q15. Patient was definitely told about their diagnosis in an appropriate place	90%	92%	85%	94%	100%	*	92%
Q16. Patient was told they could go back later for more information about their diagnosis	94%	78%	88%	93%	100%	*	88%

SUPPORT FROM A MAIN CONTACT PERSO	N		IMD quintile				
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q17. Patient had a main point of contact within the care team	90%	94%	93%	100%	94%	*	94%
Q18. Patient found it very or quite easy to contact their main contact person	76%	79%	78%	71%	79%	*	77%
Q19. Patient found advice from main contact person was very or quite helpful	100%	94%	96%	94%	100%	*	96%

# **IMD** quintile tables

DECIDING ON THE BEST TREATMENT		IMD quintile							
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All		
Q20. Treatment options were explained in a way the patient could completely understand	75%	84%	80%	87%	67%	*	79%		
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	75%	83%	77%	94%	94%	*	84%		
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	67%	84%	74%	71%	87%	*	78%		
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	75%	56%	73%	50%	*	*	63%		

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	71%	76%	78%	73%	71%	*	74%	
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	89%	100%	100%	100%	*	97%	
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	94%	100%	*	*	*	98%	

SUPPORT FROM HOSPITAL STAFF		IMD quintile					
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q27. Staff provided the patient with relevant information on available support	90%	90%	95%	93%	100%	*	93%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	79%	64%	81%	71%	82%	*	74%
Q29. Patient was offered information about how to get financial help or benefits	92%	71%	79%	70%	*	*	79%

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	*	92%	80%	*	*	*	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	*	*	*	*	*	*	83%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	100%	60%	*	*	*	81%
Q34. Patient was always able to get help from ward staff when needed	*	75%	60%	*	*	*	70%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	73%	*	*	*	*	71%
Q36. Hospital staff always did everything they could to help the patient control pain	*	92%	*	*	*	*	83%
Q37. Patient was always treated with respect and dignity while in hospital	*	92%	80%	*	*	*	89%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	91%	80%	*	*	*	91%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	81%	74%	72%	87%	76%	*	77%

# **IMD** quintile tables

YOUR TREATMENT			IM	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	*	79%	100%	*	100%	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	94%	100%	*	*	*	96%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	92%	*	*	*	*	88%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	82%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	100%
Q42_1. Patient completely had enough understandable information about their response to surgery	*	80%	100%	*	100%	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	80%	83%	*	*	*	87%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	79%	*	*	*	*	78%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	90%	*	*	*	*	76%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	100%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	72%	79%	69%	82%	82%	*	77%

<b>IMMEDIATE AND LONG TERM SIDE EFFEC</b>	ΓS		IM	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	61%	82%	64%	69%	81%	*	72%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	68%	72%	74%	80%	53%	*	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	100%	75%	86%	100%	*	*	86%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	61%	71%	67%	64%	69%	*	67%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	39%	48%	65%	64%	67%	*	54%

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	46%	38%	64%	*	*	56%		
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	56%	33%	*	*	*	42%	

CARE FROM YOUR GP PRACTICE	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	50%	56%	62%	*	*	*	51%	
Q52. Patient has had a review of cancer care by GP practice	38%	19%	21%	18%	24%	*	23%	

# **IMD** quintile tables

LIVING WITH AND BEYOND CANCER							
	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	*	*	*	*	*	*	26%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	70%	71%	90%	100%	80%	*	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	71%	81%	58%	59%	71%	*	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	93%	94%	95%	94%	100%	*	95%
Q57. Administration of care was very good or good	89%	92%	100%	94%	94%	*	94%
Q58. Cancer research opportunities were discussed with patient	80%	50%	77%	55%	58%	*	62%
Q59. Patient's average rating of care scored from very poor to very good	8.9	8.9	8.9	8.8	9.4	*	8.9

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	86%	95%	*	88%			
Q3. Referral for diagnosis was explained in a way the patient could completely understand	88%	70%	*	79%			

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	98%	70%	*	89%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	85%	83%	*	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	77%	72%	*	75%
Q8. Diagnostic test results were explained in a way the patient could completely understand	81%	68%	*	76%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	98%	90%	*	95%

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	80%	65%	*	74%
Q13. Patient was definitely told sensitively that they had cancer	80%	77%	*	78%
Q14. Cancer diagnosis explained in a way the patient could completely understand	80%	77%	*	80%
Q15. Patient was definitely told about their diagnosis in an appropriate place	91%	93%	*	92%
Q16. Patient was told they could go back later for more information about their diagnosis	90%	89%	*	88%

SUPPORT FROM A MAIN CONTACT PERSON	Long-term condition status			
	Yes	No	Not given	All
Q17. Patient had a main point of contact within the care team	94%	95%	*	94%
Q18. Patient found it very or quite easy to contact their main contact person	74%	80%	*	77%
Q19. Patient found advice from main contact person was very or quite helpful	95%	98%	*	96%

DECIDING ON THE BEST TREATMENT		Long-term cond	dition status	
	Yes	No	Not given	All
Q20. Treatment options were explained in a way the patient could completely understand	81%	78%	*	79%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	82%	86%	*	84%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	71%	88%	*	78%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	68%	57%	*	63%

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	72%	76%	*	74%		
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	97%	96%	*	97%		
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	100%	96%	*	98%		

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%	95%	*	93%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	79%	64%	*	74%
Q29. Patient was offered information about how to get financial help or benefits	76%	88%	*	79%

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	82%	88%	*	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%	91%	*	83%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	75%	82%	*	81%
Q34. Patient was always able to get help from ward staff when needed	76%	65%	*	70%
Q35. Patient was always able to discuss worries and fears with hospital staff	67%	69%	*	71%
Q36. Hospital staff always did everything they could to help the patient control pain	82%	80%	*	83%
Q37. Patient was always treated with respect and dignity while in hospital	82%	94%	*	89%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	88%	94%	*	91%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	76%	76%	*	77%

YOUR TREATMENT		Long-term co	ondition status	
	Yes	No	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	94%	88%	*	92%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	96%	94%	*	96%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	82%	94%	*	88%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	84%	79%	*	82%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	100%
Q42_1. Patient completely had enough understandable information about their response to surgery	91%	89%	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	93%	78%	*	87%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	73%	88%	*	78%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	75%	79%	*	76%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	100%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	78%	77%	*	77%

<b>IMMEDIATE AND LONG TERM SIDE EFFECTS</b>	3	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	73%	74%	*	72%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	70%	69%	*	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	85%	86%	*	86%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	67%	70%	*	67%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	54%	53%	*	54%

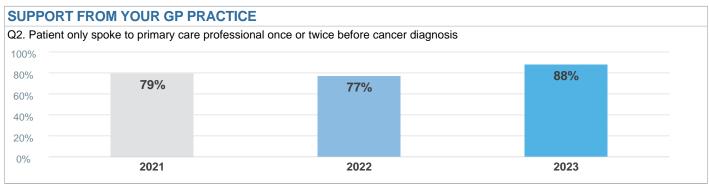
SUPPORT WHILE AT HOME	Long-term condition status				
	Yes No Not given All				
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	54%	63%	*	56%	
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	31%	56%	*	42%	

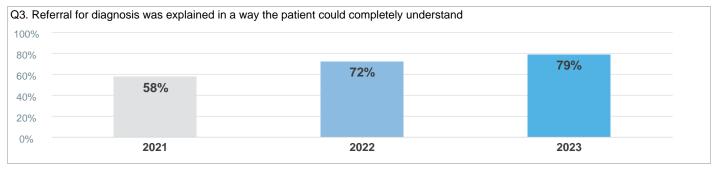
CARE FROM YOUR GP PRACTICE	Long-term condition status				
	Yes No Not given All				
Q51. Patient definitely received the right amount of support from their GP practice during treatment	50%	53%	*	51%	
Q52. Patient has had a review of cancer care by GP practice	20%	31%	*	23%	

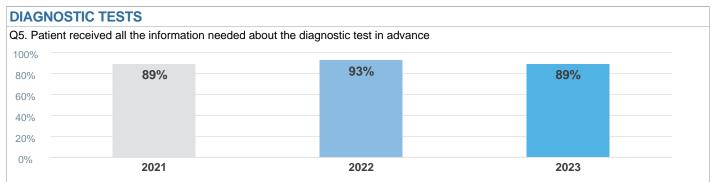
LIVING WITH AND BEYOND CANCER		Long-term condition status		
	Yes	No	Not given	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	10%	*	*	26%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	87%	74%	*	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	75%	58%	*	69%

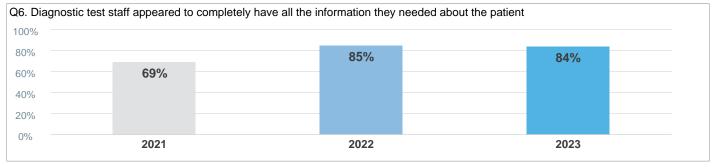
YOUR OVERALL NHS CARE	Long-term condition status				
	Yes No Not given A				
Q56. The whole care team worked well together	97%	95%	*	95%	
Q57. Administration of care was very good or good	94%	95%	*	94%	
Q58. Cancer research opportunities were discussed with patient	59%	67%	*	62%	
Q59. Patient's average rating of care scored from very poor to very good	9.0	8.7	*	8.9	

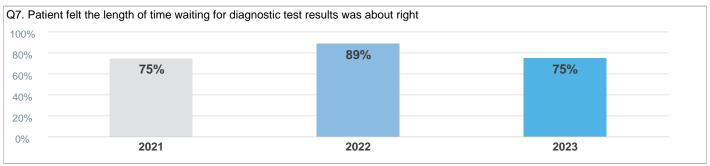




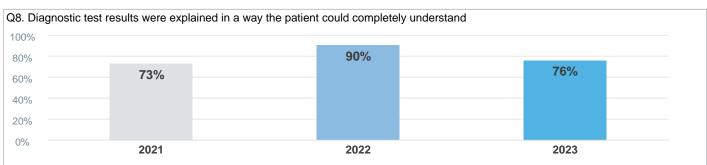


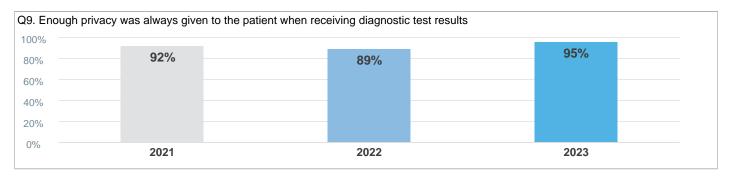


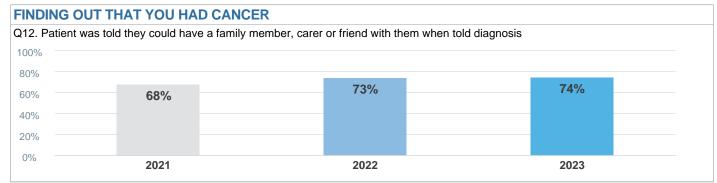


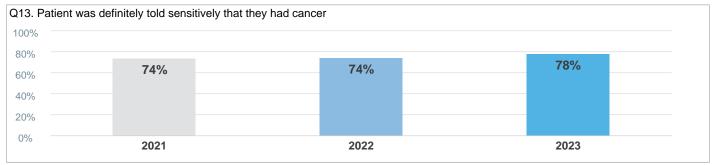


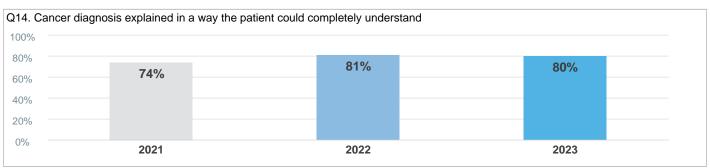


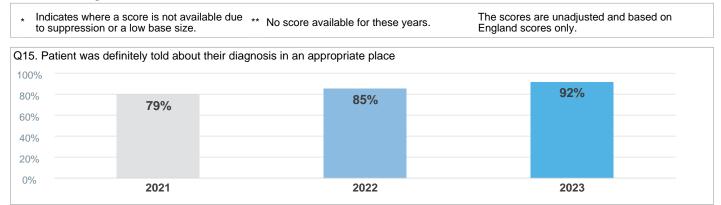


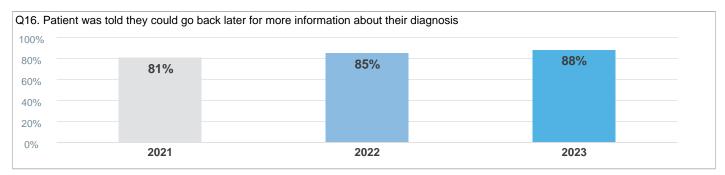


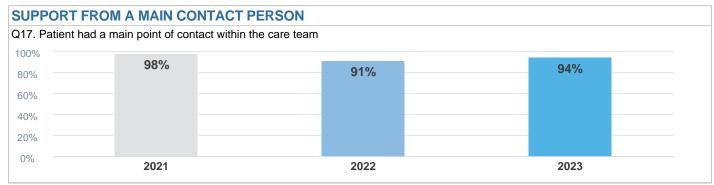


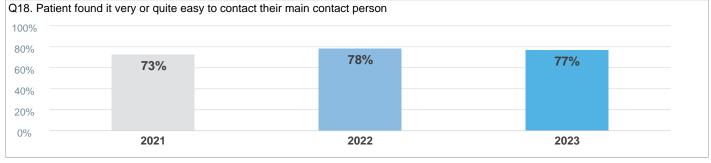


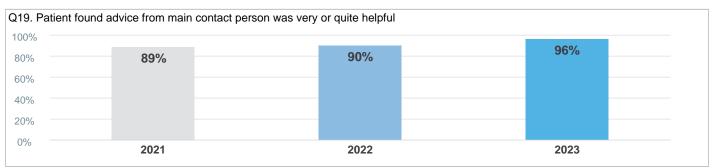




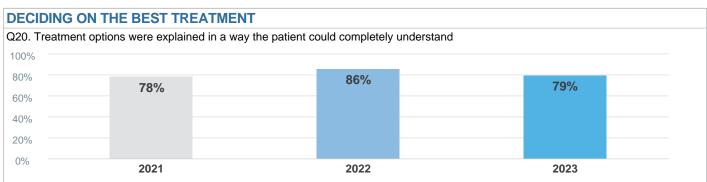


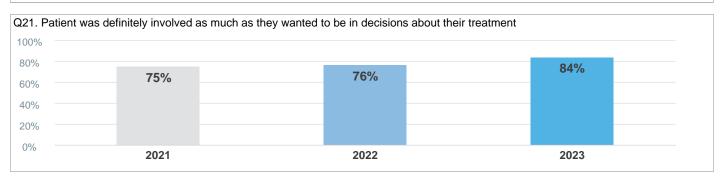


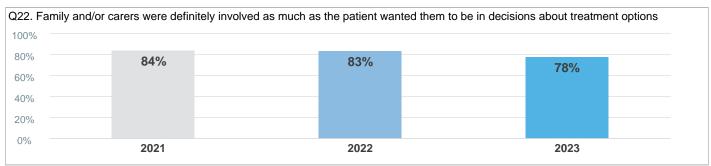


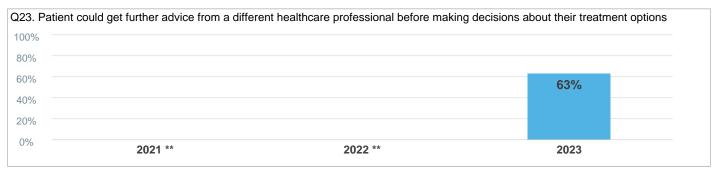


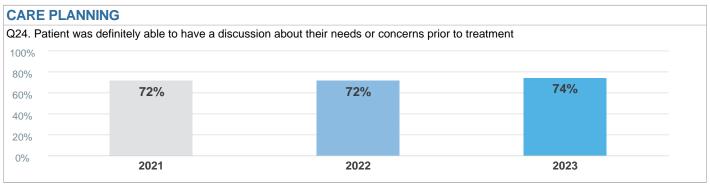




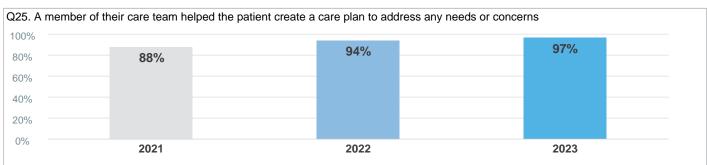


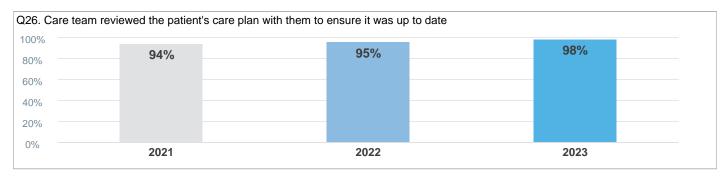


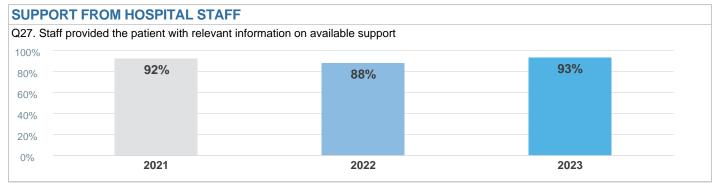


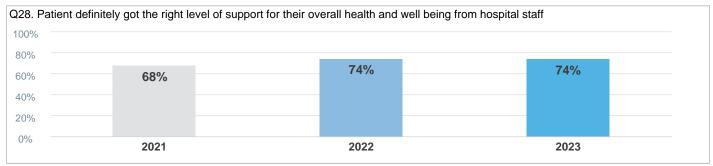


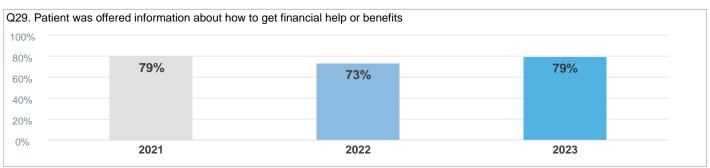




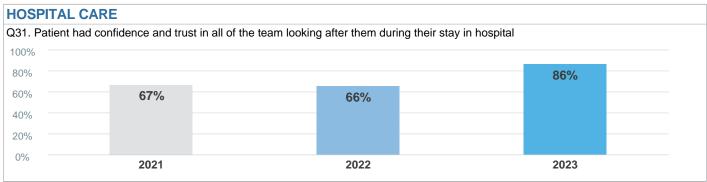


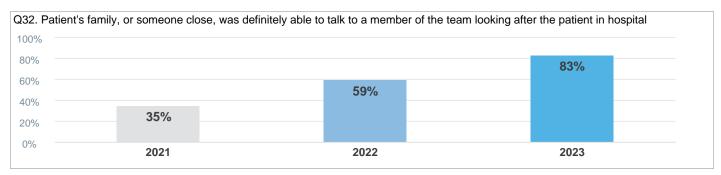


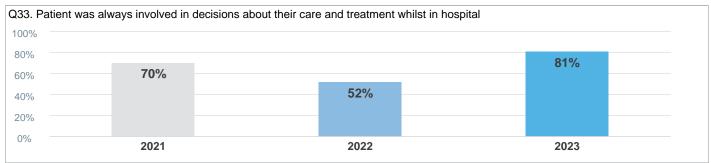


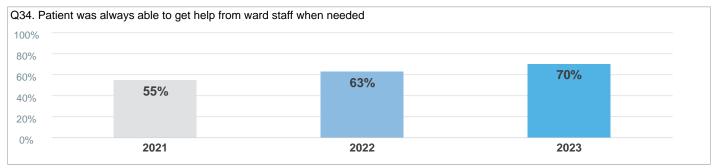


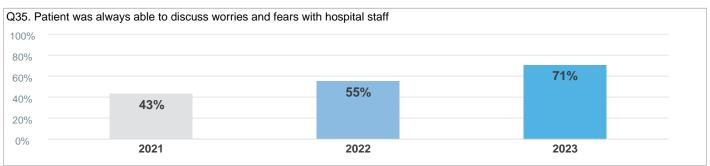












2023

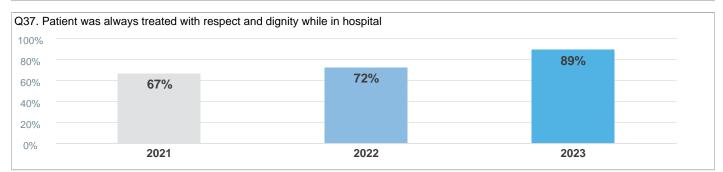
## Year on year charts

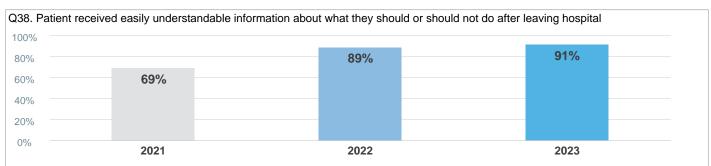
2021

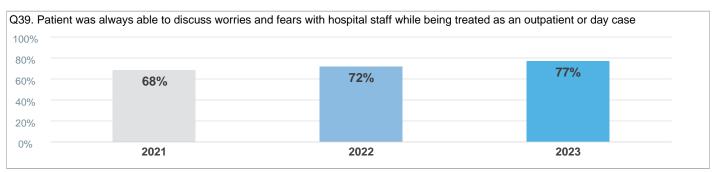
0%

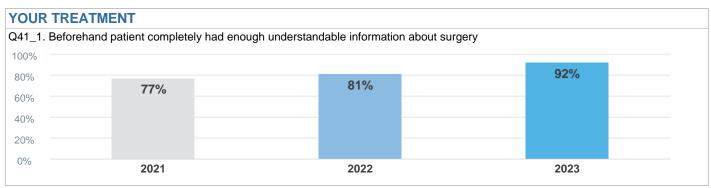


2022

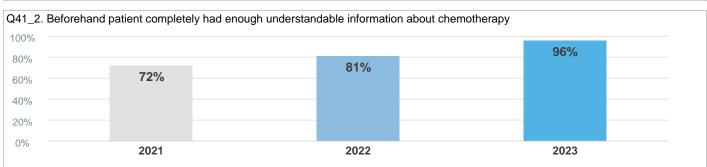


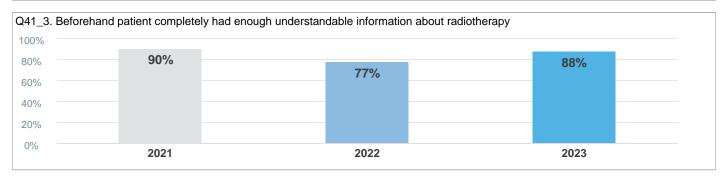


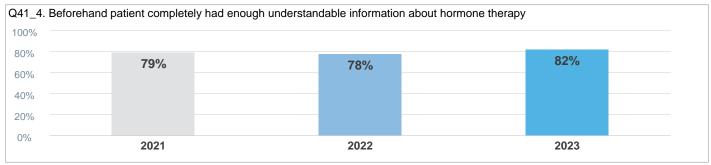


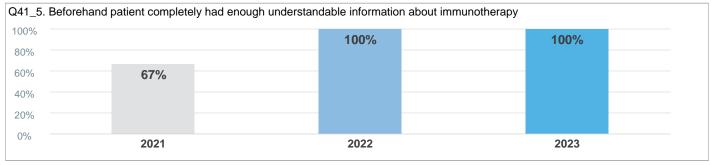


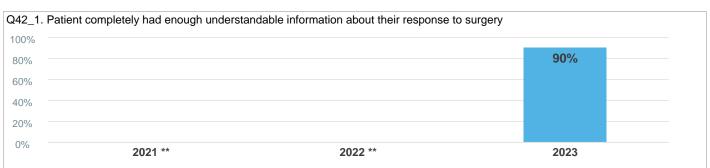


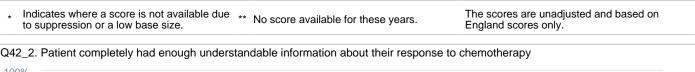


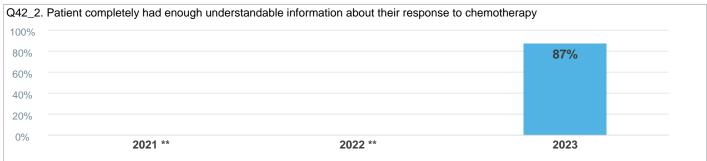


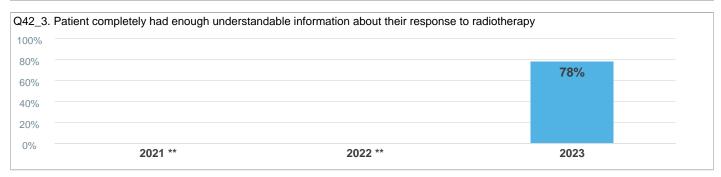


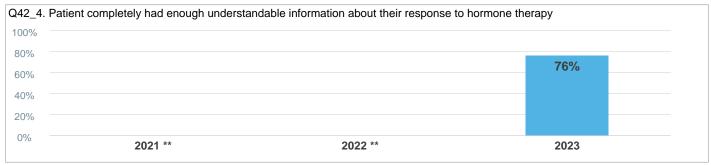


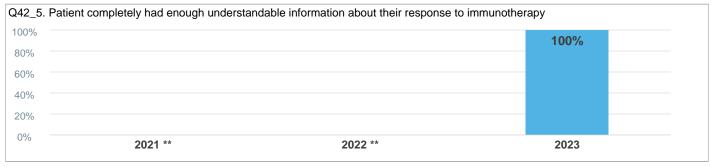


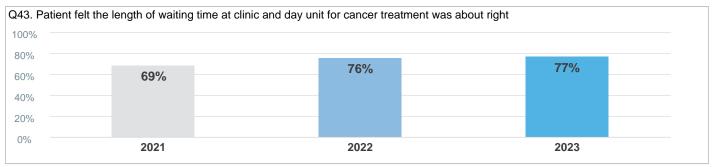


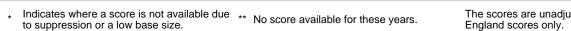




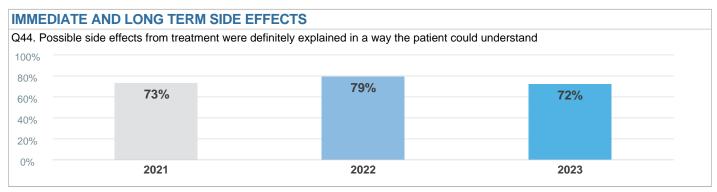


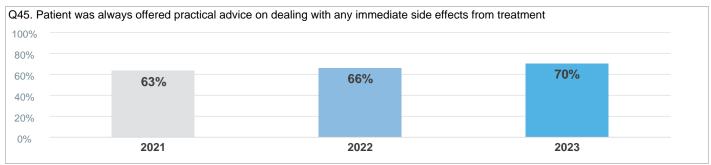


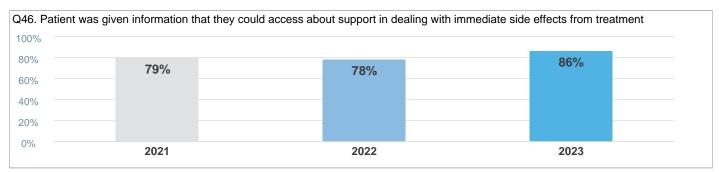


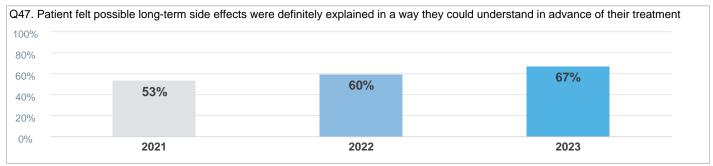


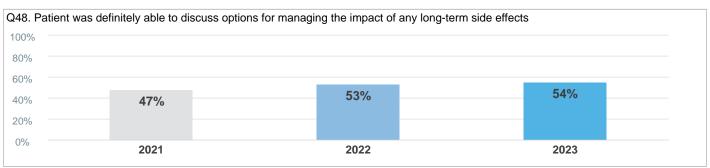
The scores are unadjusted and based on

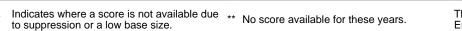












The scores are unadjusted and based on England scores only.

