National Cancer Patient Experience Survey 2023

National report (Quantitative)

Published: July 2024

Contents

This report sets out the national headline findings. Detailed national, alliance and trust-level results are available at www.ncpes.co.uk

Picker

NHS England

1

Introduction and methodology

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Introduction and methodology

Introduction

The National Cancer Patient Experience Survey 2023 was the thirteenth iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on experience of 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 questionnaire was reviewed in 2021 to reflect changes to cancer services and commitments to cancer care as detailed in the NHS Long Term Plan which is available at www.longtermplan.nhs.uk/online-version/.

The survey was overseen by a National Cancer Patient Experience Survey Advisory Group. This group advises on the principles and objectives of the survey programme and supports questionnaire development.

The survey was commissioned and managed by NHS England. The survey provider, Picker, was responsible for technical design, implementation and analysis of the survey.

The 2023 survey involved 132 NHS trusts. Out of 121,121 people, 63,438 people responded to the survey, yielding a response rate of 52%.

Eligibility

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.

Fieldwork

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

Survey methods

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 were 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.

For more information on the methodology and to explore results in detail visit www.ncpes.co.uk.

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Understanding the results

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Understanding the results

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 was 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” 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.

National year on year comparisons do not include patients residing outside England (the same applies to Q23 and Q42 where only 2023 data is shown).

Use of National and England only 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:

- Single year results for National and Trust.
- Unadjusted results (including ‘About the respondents’ data and unadjusted scores) for National and Trust.

England only level data is used for:

- Adjusted results for Trust (as case-mix adjustment includes IMD data specific to England).
- Year on year results for all outputs (as statistical testing includes IMD data specific to England).
- All Cancer Alliance and Integrated Care Board (ICB) results (as mapping is based on patient postcode and these geographies are specific to England).

Understanding the results

Scoring methodology

Sixty-one questions from the questionnaire are scored, as these questions relate directly to patient experience.

For all but one question (Q59), scores are presented as the percentage of positive responses out of all scored responses. For Q59, respondents rated their overall care on a scale of 0 to 10, of which the average was calculated for this question's presented score.

For each scored question, each response option has been identified as either a positive, negative, or neutral response.

Scores are calculated by dividing the number of positive responses by the total number of positive and negative responses. Neutral scores (e.g., 'Don't know / can't remember') are excluded from this calculation.

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.

Suppression rules

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 organisation, the results are not shown for that question for that organisation.

For organisations 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.

For further detail on additional suppression rules please see the Technical Document available at www.ncpes.co.uk.

Understanding the results

Descriptive text

Charts are presented with descriptive text summarising the results.

Where year on year results are shown, the following approach is taken to describing results:

- Comparisons between 2023 and 2022 are made for all questions.
- Comparisons over the past three years (2023 to 2021) are made only where the difference is statistically significant.

Statistically significant differences are described as an ‘increase’ or ‘decrease’.

Where there is no statistically significant difference, comparisons are described as ‘similar to’.

Sub-group comparisons

Sub-group comparisons allow us to explore differences in how people experience cancer care. Some of the groups may be quite small and so caution should be taken when looking at results. See ‘About the Respondents’ for information on the number of responses for sub-groups.

For detailed sub-group analysis at a national level, please see the national Excel tables available at www.ncpes.co.uk.

3 Headline findings

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Headline findings

Overall experience

8.89

Respondents’ average rating of care scored from very poor to very good (scale from 0 to 10) (**8.88** in 2022).

Referral from your GP practice

66.5%

of respondents who had contacted their GP practice said that the referral for diagnosis was explained in a way they could completely understand (**65.4%** in 2022).

Diagnostic tests

78.5%

said that the results of diagnostic tests were explained to them in a way they could completely understand (**78.3%** in 2022).

Finding out that you had cancer

80.9%

said that when they were first told that they had cancer, they had been given the option of having a family member, carer or friend with them (**75.9%** in 2022).

Questions from across the survey have been selected to provide an overview of experiences across the cancer care journey.

Headline findings

Support from hospital staff

75.8%

said they definitely got the right amount of support for their overall health and wellbeing from hospital staff
(**75.5%** in 2022).

Support from a main contact person

91.2%

said they had a main contact person within the team looking after them who would support them through treatment
(**91.5%** in 2022).

Deciding treatment options

83.5%

said family and/or carers were definitely involved as much as they wanted them to be in decisions about their treatment options
(**80.0%** in 2022).

Care planning

72.2%

said that before their treatment started, they had a discussion with a member of the team looking after them about their needs or concerns
(**71.1%** in 2022).

Questions from across the survey have been selected to provide an overview of experiences across the cancer care journey.

Headline findings

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NHS England

Financial support

70.1%

of respondents said they were offered information about how to get financial help or any benefits they might be entitled to (**67.5%** in 2022).

Hospital care

77.3%

of respondents who had an overnight stay said they had confidence and trust in all of the team looking after them (**78.5%** in 2022).

Your treatment

78.5%

said they felt the length of waiting time at the clinic or day unit used for cancer treatment was about right (**78.0%** in 2022).

Long-term side effects

60.1%

said the possible long-term side effects, including the impact on their day-to-day activities, were definitely explained in a way they could understand (**59.0%** in 2022).

Questions from across the survey have been selected to provide an overview of experiences across the cancer care journey.

Headline findings

Picker

NHS England

Care while at home

61.6%

said their family or someone else close to them were given all the information necessary to help care for them at home (**57.9%** in 2022).

Support from your GP practice

46.4%

of respondents who said their GP practice was involved in their care while they were having treatment said they got the right amount of support from staff at their practice (**44.6%** in 2022).

Living with and beyond cancer

63.7%

said they were given enough information about the possibility of the cancer coming back or spreading, such as what to look out for and what to do if they had concerns (**62.4%** in 2022).

Administration of care

87.0%

said the administration of their care was very good or good (**86.7%** in 2022).

Questions from across the survey have been selected to provide an overview of experiences across the cancer care journey.

Headline findings

The five scores with the largest positive change

Question	2022	2023	Change
Q12 - Patient was told they could have a family member, carer or friend with them when told their diagnosis	75.9%	80.9%	**+5.0%**
Q32 - Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	65.6%	69.9%	**+4.2%**
Q49 - Care team gave family, or someone close, all the information needed to help care for the patient at home	57.9%	61.6%	**+3.7%**
Q22 - Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	80.0%	83.5%	**+3.5%**
Q29 - Patient was offered information about how to get financial help or benefits	67.5%	70.1%	**+2.6%**

These changes indicate a statistically significant difference at the 99% confidence level ($p<0.01$), as determined by the longitudinal logistic regression model.

Headline findings

The scores with the largest negative change[1]

Question	2022	2023	Change
Q31 - Patient had confidence and trust in all of the team looking after them during their stay in hospital	78.5%	77.3%	**-1.2%**
Q7 - Patient felt the length of time waiting for diagnostic test results was about right	78.4%	77.6%	**-0.8%**

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[1] There are two significant negative changes from 2022 to 2023. These changes indicate a statistically significant difference at the 99% confidence level ($p<0.01$), as determined by the longitudinal logistic regression model.

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About the respondents

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About the respondents

Overall response rate

The 2023 survey involved 132 NHS trusts. Out of 121,121 people, 63,438 people responded to the survey, yielding a response rate of 52%.

This is in comparison to a 53% response rate seen for the 2022 iteration of the survey.

Respondents by survey mode[1]

Response mode	Number of respondents	Proportion of respondents[1]
Paper	50,482	79.6%
Online	12,925	20.4%
Phone[1]	26	0.0%
Translation service[1]	5	0.0%
Total	63,438	100.0%

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[1] The percentages presented have been rounded to one decimal for accuracy, so small proportions of respondents may be shown as '0.0%'.

About the respondents

Number of responses by 'Which of the following best describes you?'[1]

	No. of responses	% of responses
Female	31,714	50.0%
Male	28,090	44.3%
Prefer not to say	74	0.1%
Prefer to self-describe	29	0.0%
Non-binary	18	0.0%
Not given	3,513	5.5%
Total	63,438	100.0%

Number of responses by 'Is your gender identity the same as the sex you were registered at birth?'[2]

	No. of responses	% of responses
Gender same as sex registered at birth	59,517	93.8%
Prefer not to say	152	0.2%
Gender different to sex registered at birth	91	0.1%
Not given	3,678	5.8%
Total	63,438	100.0%

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[1] Self-reported in Q64 of the survey.

[2] Self-reported in Q65 of the survey.

About the respondents

Number of responses by ethnic background[1]

Ethnicity	No. of responses	% of responses
White	55,383	87.3%
Asian	1,668	2.6%
Black	1,085	1.7%
Mixed	581	0.9%
Other[2]	208	0.3%
Not given	4,513	7.1%
Total	63,438	100.0%

Number of responses by tumour group[3]

Tumour group	No. of responses	% of responses
Breast	14,036	22.1%
Haematological	9,149	14.4%
Prostate	7,586	12.0%
Colorectal / LGT	7,469	11.8%
Other	6,015	9.5%
Urological	4,587	7.2%
Lung	4,279	6.7%
Gynaecological	2,930	4.6%
Upper Gastro	2,846	4.5%
Skin	2,223	3.5%
Head and Neck	1,573	2.5%
Sarcoma	503	0.8%
Brain / CNS	242	0.4%
Total	63,438	100.0%

[1] Ethnic background is self-reported in Q71 of the survey.

[2] 'Other' includes Arab and any other ethnic group not listed in Q71.

[3] Detailed mapping of 3-digit ICD codes to tumour group can be found in the Technical Document, available on the survey website: www.ncpes.co.uk

About the respondents

Number of responses by IMD quintile (deprivation)[1]

Quintile	No. of responses	% of responses
1 (most deprived)	7,545	11.9%
2	10,692	16.9%
3	13,690	21.6%
4	15,272	24.1%
5 (least deprived)	15,896	25.1%
Outside England	343	0.5%
Total	63,438	100.0%

Number of responses for long-term condition status[2]

Long-term condition	No. of responses	% of responses
Yes	38,172	60.2%
No	20,019	31.6%
Not given	5,247	8.3%
Total	63,438	100.0%

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[1] Indices of Multiple Deprivation (IMD) classifies geographic areas into five quintiles based on relative disadvantage. Patient postcode from sample data is used to map to the Indices of Multiple Deprivation (IMD).

[2] Self-reported in Q67 of the survey.

About the respondents

Number of responses by long-term condition[1]

Long-term condition	No. of responses	% of responses
Joint problem, such as arthritis	18,730	29.5%
Breathing problem, such as asthma	10,962	17.3%
Deafness or hearing loss	9,506	15.0%
Diabetes	7,420	11.7%
Heart problem, such as angina	6,003	9.5%
Mental health condition	2,918	4.6%
Blindness or partial sight	1,555	2.5%
Neurological condition, such as epilepsy	1,210	1.9%
Dementia or Alzheimer’s disease	411	0.6%
Learning disability	411	0.6%
Autism or autism spectrum condition	195	0.3%
Other long-term condition	8,565	13.5%

Number of responses by age[2]

Age	No. of responses	% of responses
16-24	170	0.3%
25-34	495	0.8%
35-44	1,705	2.7%
45-54	5,220	8.2%
55-64	13,452	21.2%
65-74	21,255	33.5%
75-84	18,054	28.5%
85+	3,087	4.9%
Total	63,438	100.0%

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[1] Self-reported in Q67 of the survey. Q67 is a multi-choice question and so percentages across response options will add up to more than 100%.

[2] Self-reported in Q63 of the survey.

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Overall experience

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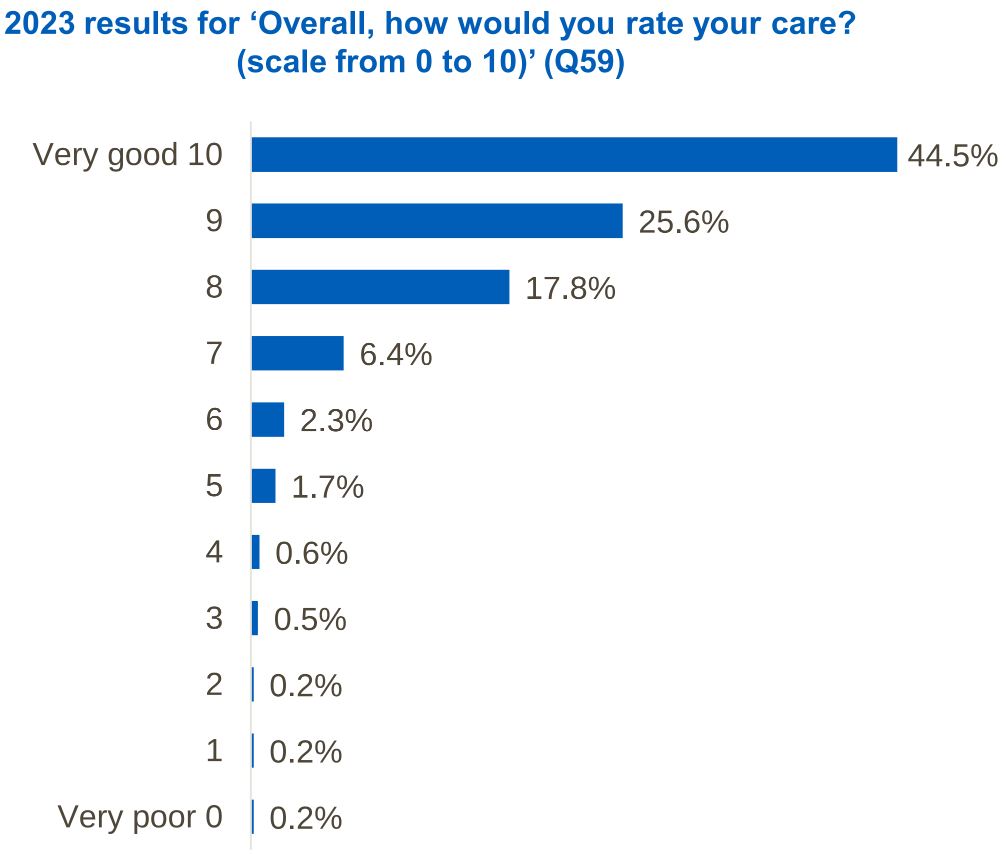
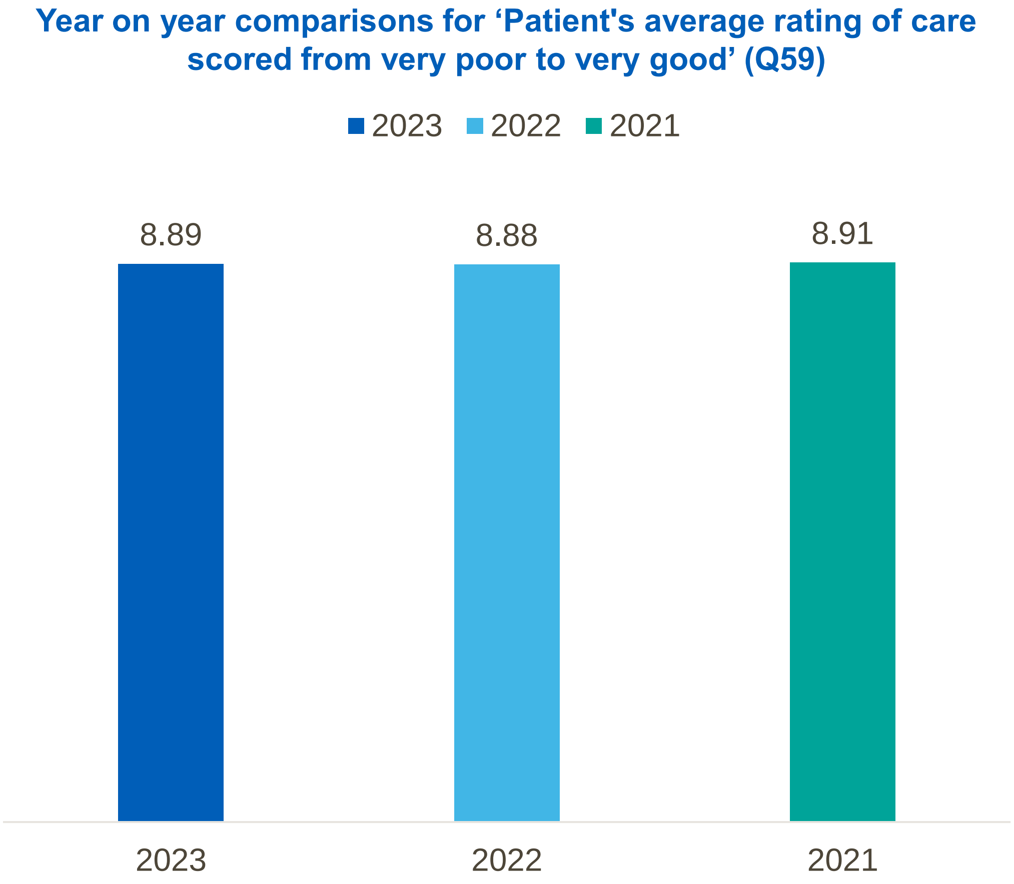
Overall experience

Respondents were asked to rate their care overall on a scale of 0 (very poor) to 10 (very good).

The average rating of care given nationally by respondents was 8.89. This is a decrease over the last three years but similar to 8.88 in 2022.

The results in Section 19 of the report show the overall experience of respondents broken down by different sub-groups.


2023 results for 'Overall, how would you rate your care? (scale from 0 to 10)' (Q59)


Year on year comparisons for 'Patient's average rating of care scored from very poor to very good' (Q59)

Number of responses. Q59: 2023 (59,872) 2022 (57,694) 2021 (56,154).

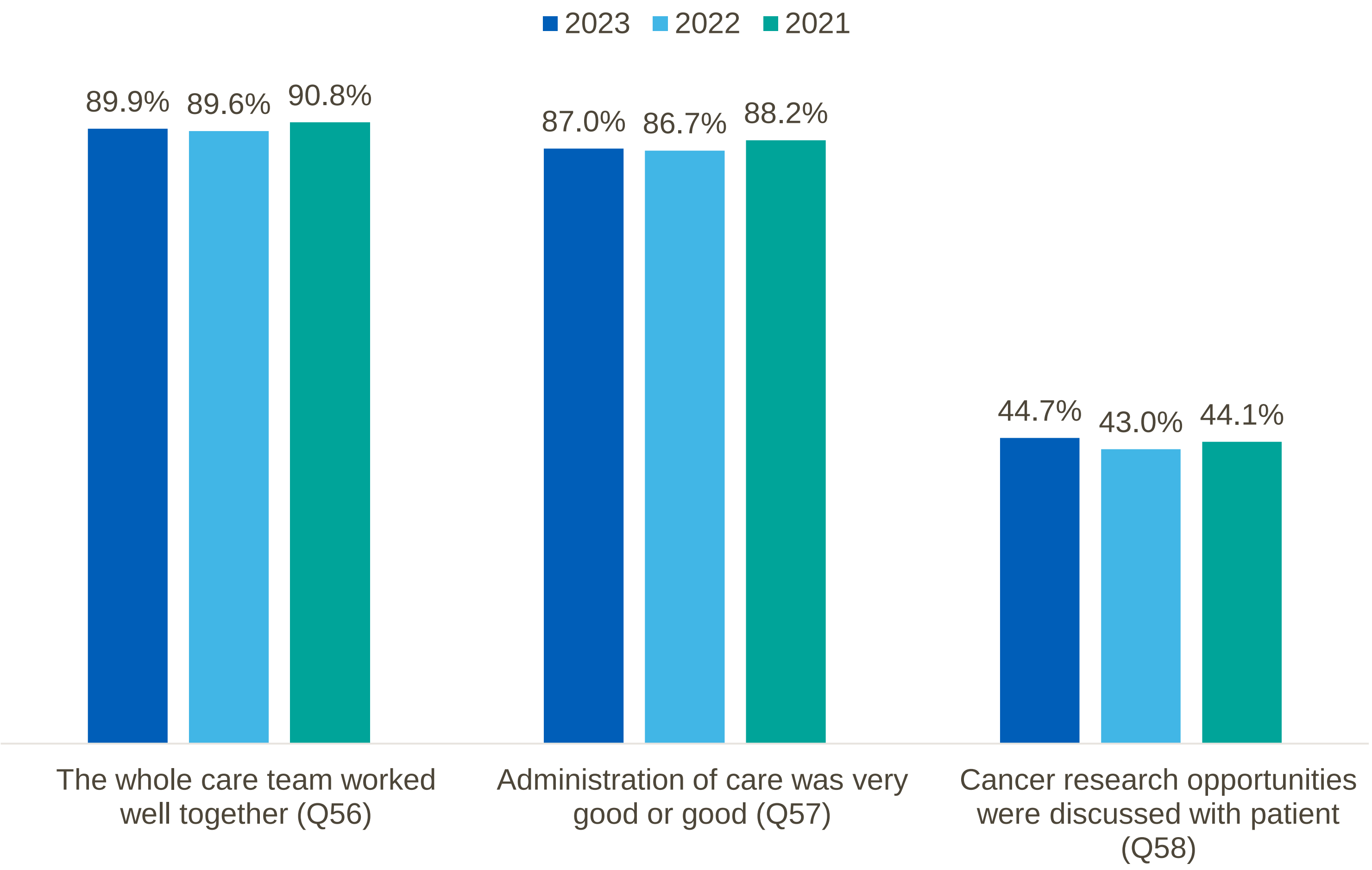
Overall experience continued

Most respondents (89.9%) felt the whole care team worked well together to provide the best possible care for them. This is a decrease over the last three years but similar to 89.6% in 2022.

When asked how they would rate the administration of their care (getting letters at the right time, doctors having the right notes/tests results, etc), 87.0% of respondents said the administration of their care was very good or good. This is a decrease over the last three years but similar to 86.7% in 2022.

44.7% of respondents said that cancer research opportunities that they could take part in (for example: clinical trials, tissue donation, additional scans, sharing data) were discussed with them, an increase from 43.0% in 2022.

Year on year comparisons for the overall experience questions



Number of responses. Q56: 2023 (58,587) 2022 (56,910) 2021 (55,601). Q57: 2023 (60,985) 2022 (59,178) 2021 (57,480). Q58 2023 (36,830) 2022 (35,684) 2021 (33,815)

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Support from your GP practice

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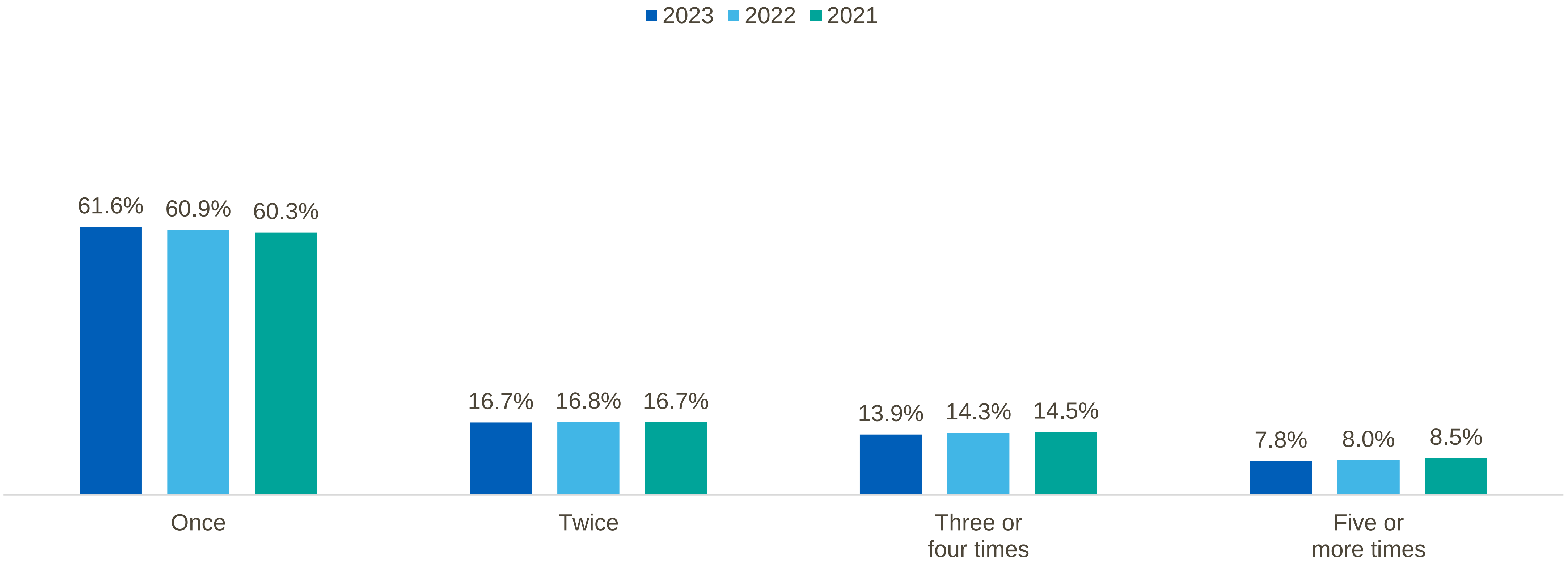
Support from your GP practice

Respondents were asked how many times they spoke to a healthcare professional at their GP practice about health problems caused by cancer before they were diagnosed. 78.3% of those who had contacted their GP practice said they only spoke to a healthcare professional once or twice before their cancer diagnosis. This is an increase over the last three years but similar to 77.7% in 2022.

Year on year comparisons for 'Before you were diagnosed, how many times did you speak to a healthcare professional at your GP practice about health problems caused by cancer?' (Q02)

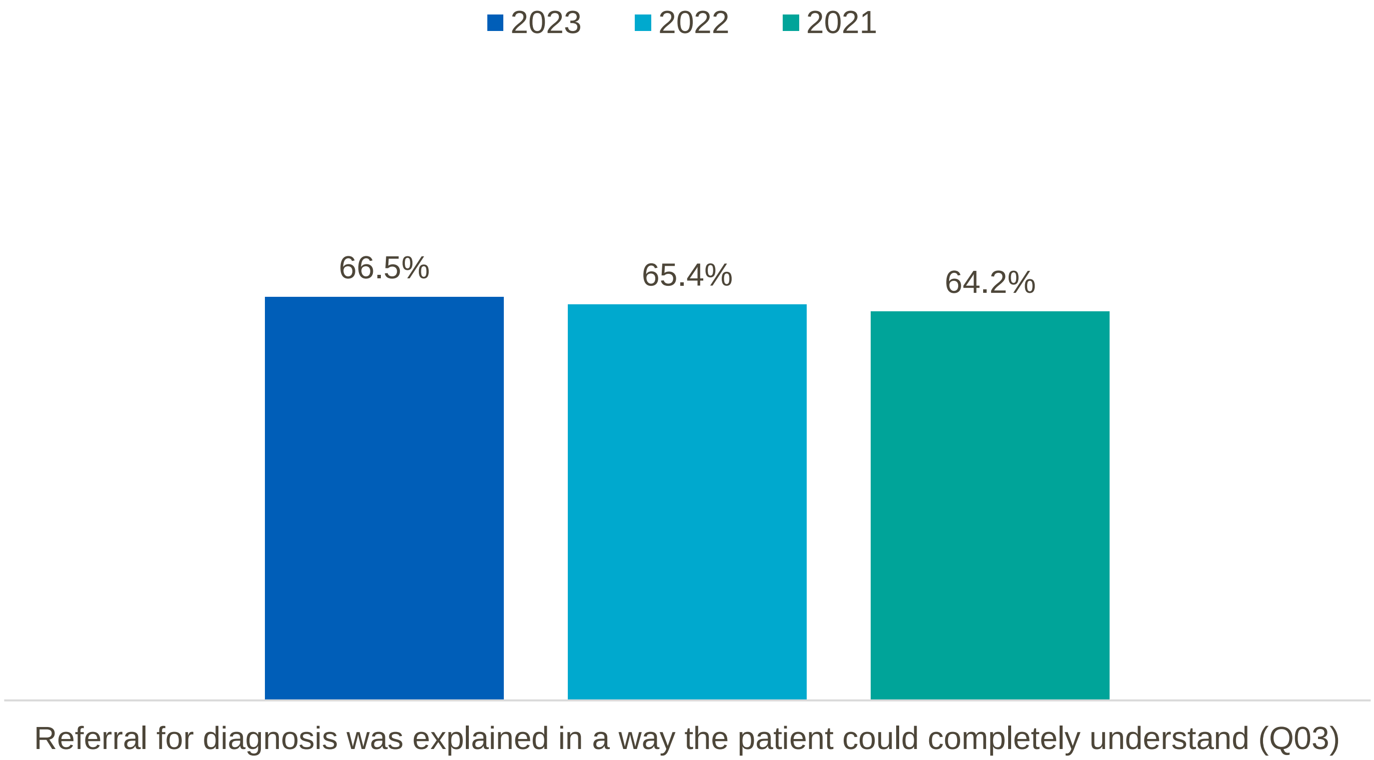


Number of responses. Q02: 2023 (29,923) 2022 (29,215) 2021 (28,849).

Support from your GP practice continued

66.5% of respondents who had contacted their GP practice said that the referral for diagnosis was explained in a way they could completely understand. This is an increase both over the last three years and from 65.4% in 2022.

Year on year comparisons for 'Referral for diagnosis was explained in a way the patient could completely understand' (Q03)



Number of responses Q03: 2023 (40,994) 2022 (39,471) 2021 (38,685).

7 Diagnostic tests

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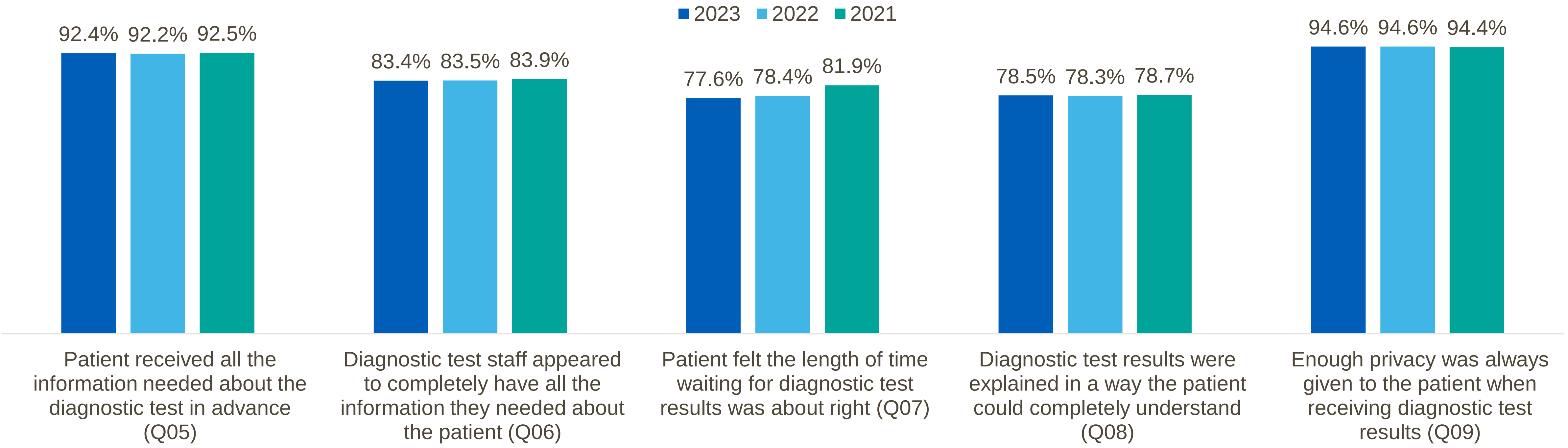
Diagnostic tests

Of those respondents who had tests that helped to diagnose their cancer, 92.4% said they received all the information needed about the diagnostic test in advance (similar to 92.2% in 2022). 83.4% said that diagnostic test staff they saw appeared to completely have all the information they needed about them (a decrease over the last three years but similar to 83.5% in 2022).

When asked how they felt about the length of time they had to wait for their test results, 77.6% felt the length of time was about right. This is a decrease both over the last three years and from 78.4% in 2022.

78.5% of respondents said that the diagnostic tests results were explained in a way they could completely understand (similar to 78.3% in 2022). 94.6% of respondents who underwent a test said enough privacy was always given to them when they received their diagnostic test results (compared with the same proportion in 2022).

Year on year comparisons for questions related to diagnostic tests



Number of responses Q05: 2023 (49,349) 2022 (48,045) 2021 (46,740). Q06: 2023 (51,788) 2022 (50,528) 2021 (49,185). Q07: 2023 (51,891) 2022 (50,611) 2021 (49,252). Q08: 2023 (52,056) 2022 (50,756) 2021 (49,438). Q09: 2023 (52,138) 2022 (50,826) 2021 (49,453).

8

Finding out that you had cancer

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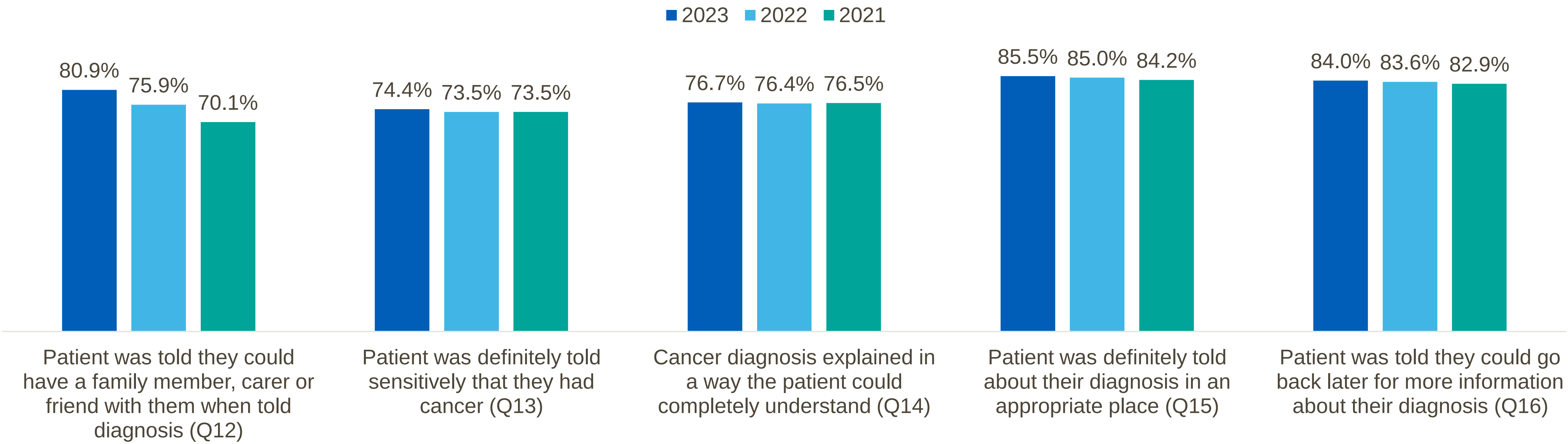
Finding out that you had cancer

80.9% of respondents said that when they were first told that they had cancer, they had been given the option of having a family member, carer or friend with them. This is an increase both over the last three years and from 75.9% in 2022.

When asked how they felt about the way they were told they had cancer: 74.4% said they were definitely told sensitively (an increase both over the last three years and from 73.5% in 2022), 76.7% said their diagnosis was explained in a way they could completely understand (similar to 76.4% in 2022), and 85.5% said that they were definitely told about their diagnosis in a place that was appropriate for them (an increase both over the last three years and from 85.0% in 2022).

84.0% said they were told they could go back for more information about their diagnosis after they had time to reflect on what it meant (an increase over the last three years but similar to 83.6% in 2022).

Year on year comparisons for questions related to finding out that you had cancer



Number of responses Q12: 2023 (57,979) 2022 (56,365) 2021 (54,832). Q13: 2023 (61,836) 2022 (59,901) 2021 (58,024). Q14: 2023 (62,137) 2022 (60,131) 2021 (58,278). Q15: 2023 (61,929) 2022 (59,931) 2021 (57,841). Q16: 2023 (54,698) 2022 (53,198) 2021 (51,484).

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Support from a main contact person

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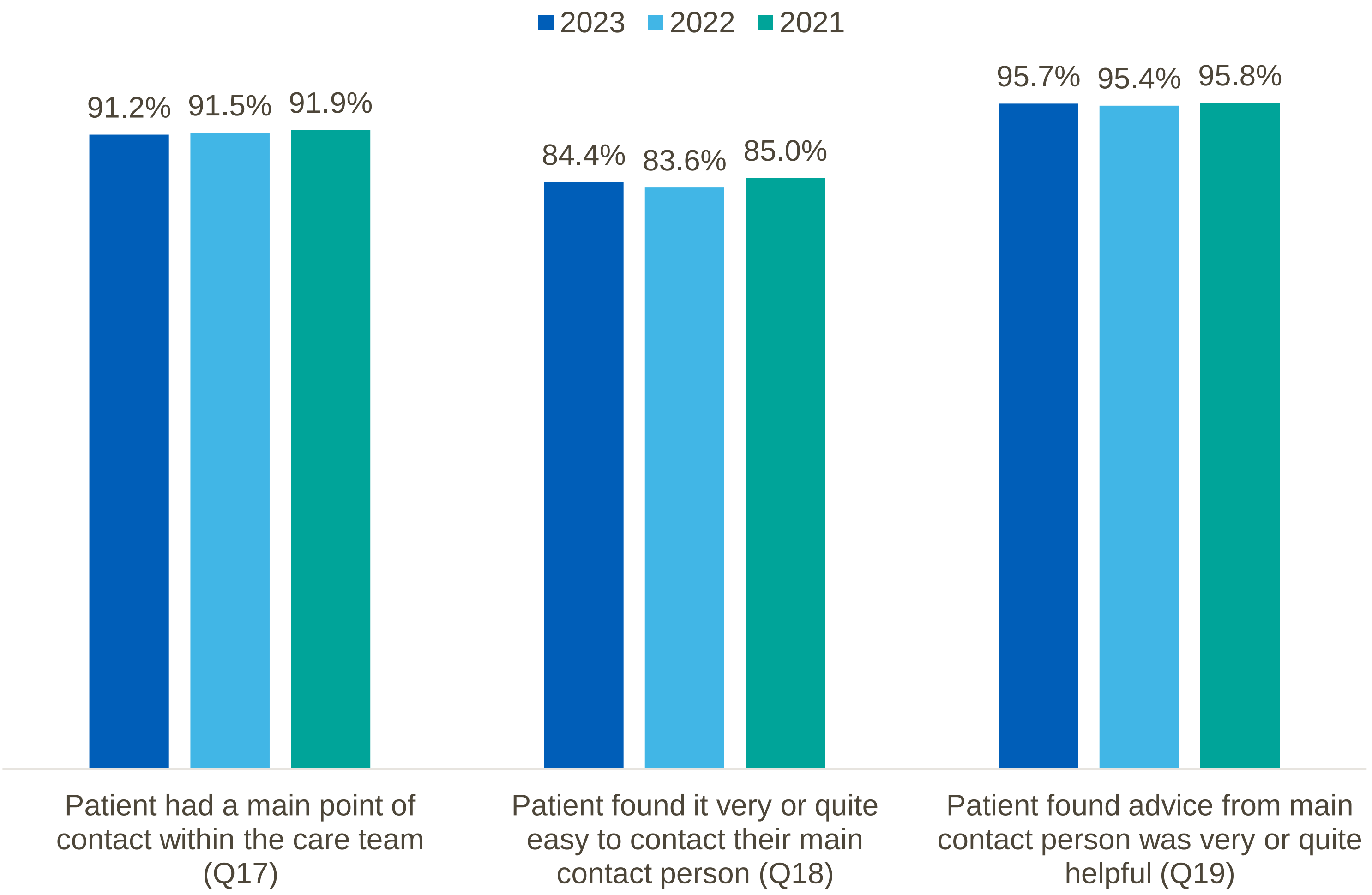
Support from a main contact person

91.2% said they had a main contact person within the team looking after them who would support them through treatment, a decrease over the last three years but similar to 91.5% in 2022.

Of these respondents, 84.4% said it was very or quite easy to contact their main contact person. This is a decrease over the last three years but an increase from 83.6% in 2022.

95.7% of respondents said that they found the advice from their main contact person very or quite helpful, similar to 95.4% in 2022.

Year on year comparisons for questions about support from a main contact person at hospital



Number of responses. Q17: 2023 (59,759) 2022 (58,022) 2021 (56,220). Q18: 2023 (49,434) 2022 (48,426) 2021 (47,545). Q19: 2023 (51,664) 2022 (50,542) 2021 (49,324).

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Deciding on the best treatment

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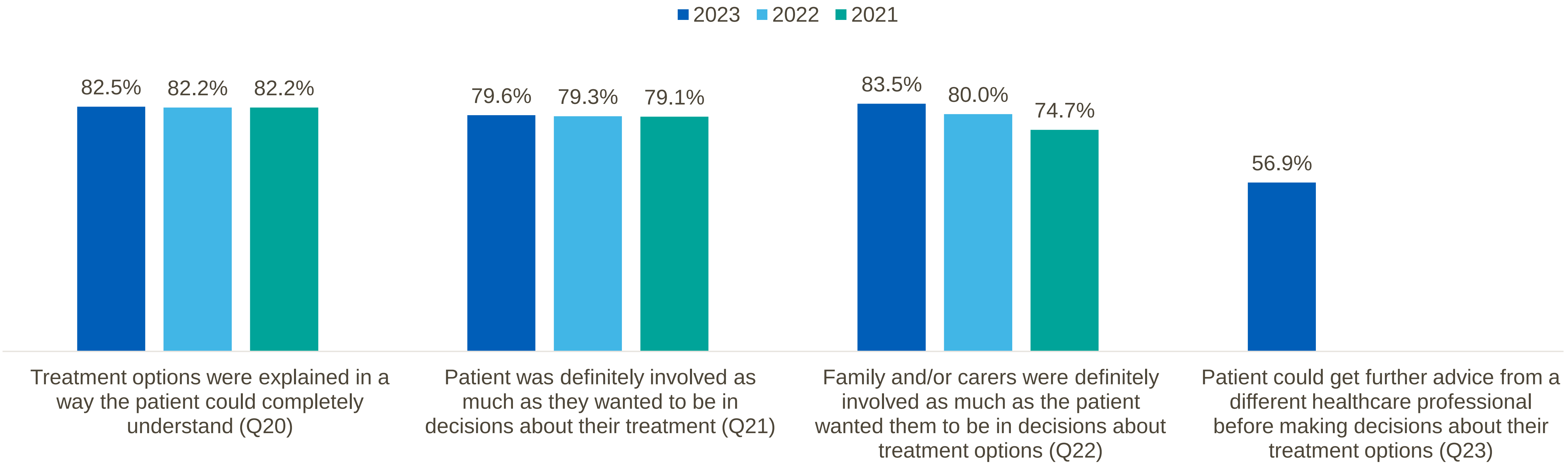
Deciding on the best treatment

82.5% of respondents said treatment options were explained to them in a way that they could completely understand before their cancer treatment started, similar to 82.2% in 2022.

When respondents were asked if they were involved as much as they wanted to be in decisions about treatment, 79.6% said they definitely were (similar to 79.3% in 2022). 83.5% of respondents said that their family and/or carers were definitely involved in decisions about their treatment options, an increase both over the past three years and from 80.0% in 2022.

56.9% of respondents said that they could get further advice from a different healthcare professional before making decisions about their treatment options.

Year on year comparisons for questions about deciding on the best treatment



The question text for Q23 was amended in 2023. This question is no longer deemed comparable to 2021 and 2022.

Number of responses Q20: 2023 (58,191) 2022 (56,234) 2021 (54,374). Q21: 2023 (61,229) 2022 (59,481) 2021 (57,506). Q22: 2023 (53,211) 2022 (50,259) 2021 (47,515). Q23: 2023 (33,580)

11 Care planning

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Care planning

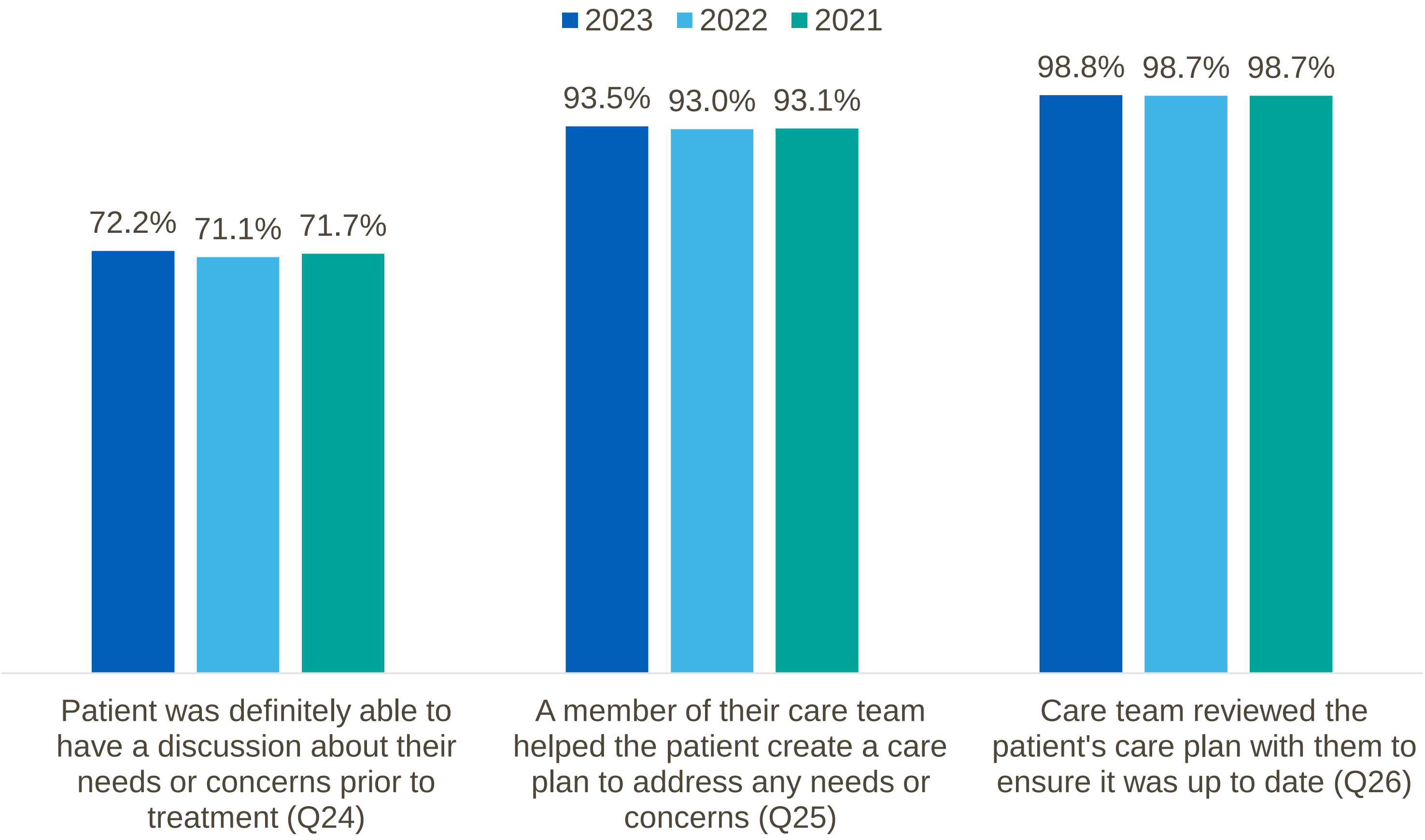
Respondents were asked questions about how their care was planned.

72.2% said that before their treatment started, they definitely had a discussion with a member of the team looking after them about their needs or concerns (an increase from 71.1% in 2022).

Of those who had a discussion about needs and concerns, 93.5% said that their care team had helped them to create a care plan to address these, similar to 93.0% in 2022.

98.8% said a member of the team looking after them reviewed the plan with them to make sure it was up to date, similar to 98.7% in 2022.

Year on year comparisons for questions about care planning



Number of responses. Q24: 2023 (55,578) 2022 (53,813) 2021 (52,197). Q25: 2023 (32,776) 2022 (31,263) 2021 (30,395). Q26: 2023 (25,837) 2022 (24,536) 2021 (23,911).

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Support from hospital staff

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Support from hospital staff

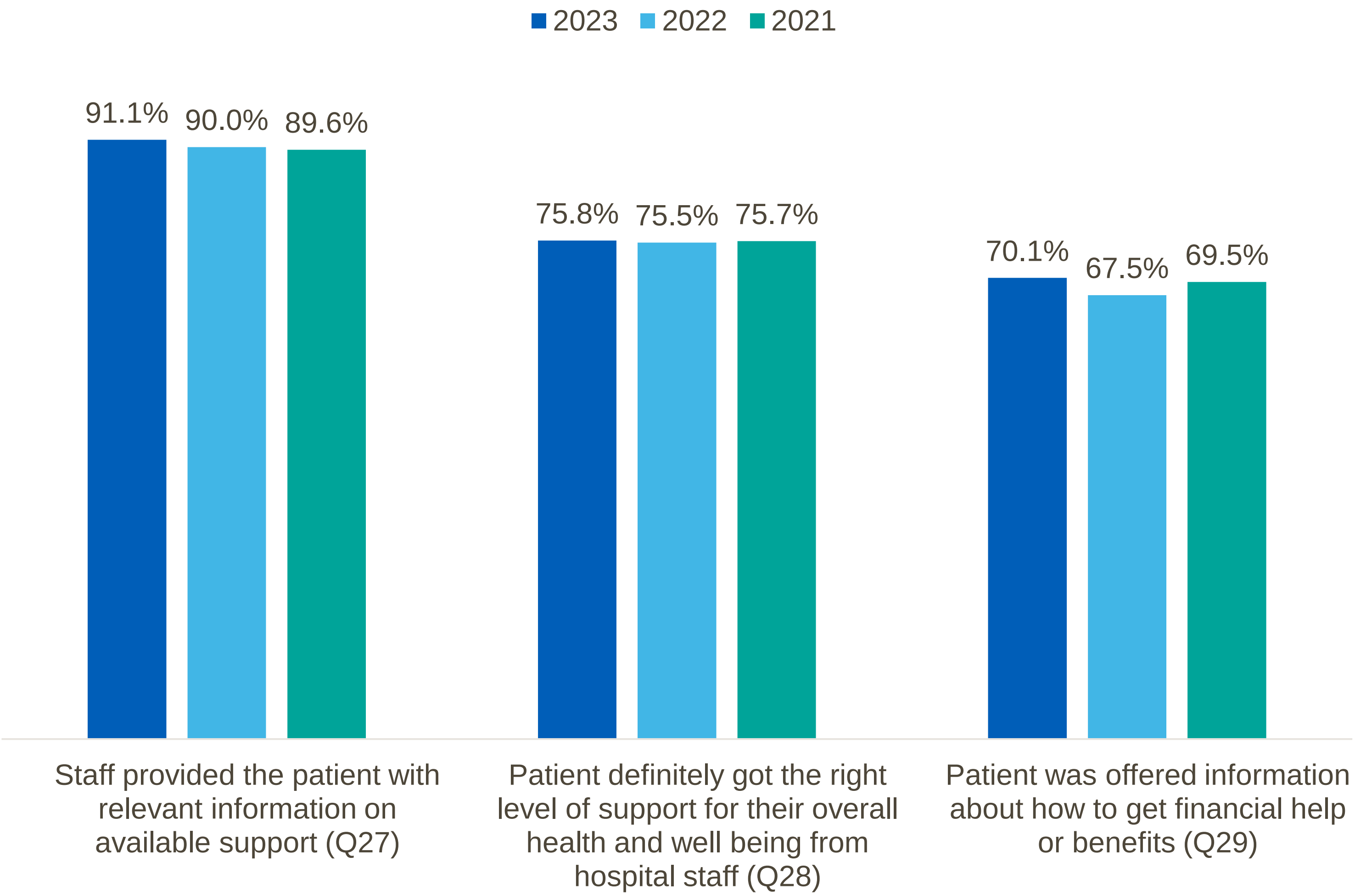
Respondents were asked questions about how they were supported by hospital staff during their cancer care.

91.1% of respondents said staff provided them with the relevant information on available support, an increase both over the last three years and from 90.0% in 2022.

75.8% said they definitely got the right level of support from hospital staff for their overall health and wellbeing, similar to 75.5% in 2022.

70.1% said that they were offered information about how to get financial help or benefits, an increase both over the last three years and from 67.5% in 2022.

Year on year comparisons for questions about support from hospital staff



Number of responses. Q27: 2023 (52,091) 2022 (49,783) 2021 (47,531). Q28: 2023 (61,467) 2022 (59,645) 2021 (57,668). Q29: 2023 (32,922) 2022 (31,553) 2021 (29,197).

13 Hospital care

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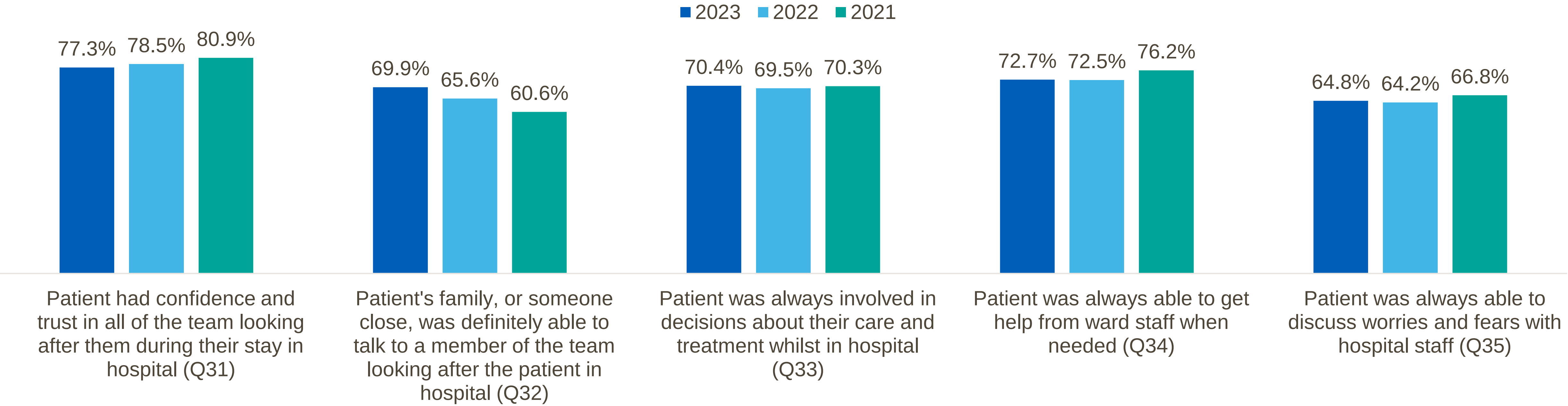
Hospital care

The following questions were asked to patients who had stayed overnight for cancer care in the 12 months prior to receiving the questionnaire.

- 77.3% said they had confidence and trust in all of the team looking after them (a decrease both over the last three years and from 78.5% in 2022).
- 69.9% said family or someone else close to them were definitely able to talk to someone on the team looking after them if they wanted to (an increase both over the last three years and from 65.6% in 2022).
- 70.4% said they always felt involved in decisions about their care and treatment whilst in hospital (similar to 69.5% in 2022).
- 72.7% said they could always get help from ward staff when they needed it (a decrease over the last three years but similar to 72.5% in 2022).
- 64.8% said they could always talk to the hospital staff about their worries and fears if they needed to (a decrease over the last three years but similar to 64.2% in 2022).

Year on year comparisons for questions about hospital care



Number of responses Q31: 2023 (26,465) 2022 (25,929) 2021 (26,540). Q32: 2023 (21,866) 2022 (20,693) 2021 (21,059). Q33: 2023 (25,944) 2022 (25,462) 2021 (26,017). Q34: 2023 (25,851) 2022 (25,418) 2021 (26,007). Q35: 2023 (25,148) 2022 (24,668) 2021 (25,365).

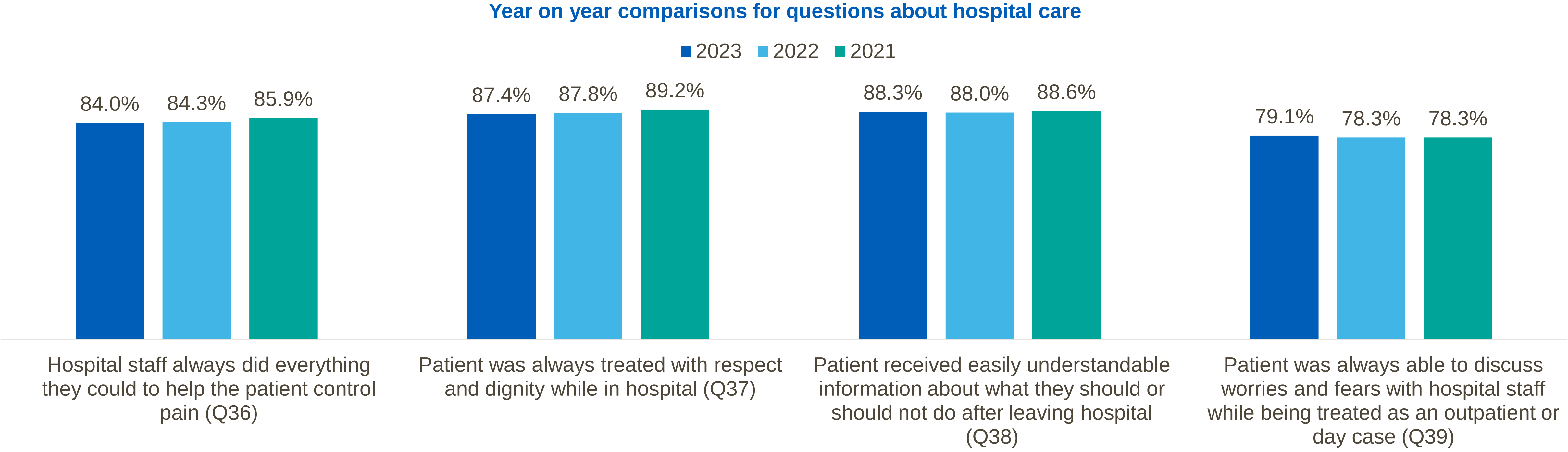
Hospital care continued

When asked if the hospital staff did everything they could to help control pain, 84.0% said this was always the case (a decrease over the last three years but similar to 84.3% in 2022).

87.4% felt that they were always treated with respect and dignity while they were in the hospital (a decrease over the last three years but similar to 87.8% in 2022).

88.3% felt they were given easily understandable information about what they should or should not do after leaving hospital, similar to 88.0% in 2022.

Of those who had been treated as an outpatient or day case, 79.1% said they were always able to talk to hospital staff about their worries or fears if they needed to. This is an increase from 78.3% in 2022.



Number of responses Q36: 2023 (22,850) 2022 (22,380) 2021 (23,042). Q37: 2023 (26,328) 2022 (25,823) 2021 (26,419). Q38: 2023 (25,676) 2022 (25,223) 2021 (25,801). Q39: 2023 (54,199) 2022 (52,383) 2021 (50,271).

14 Your treatment

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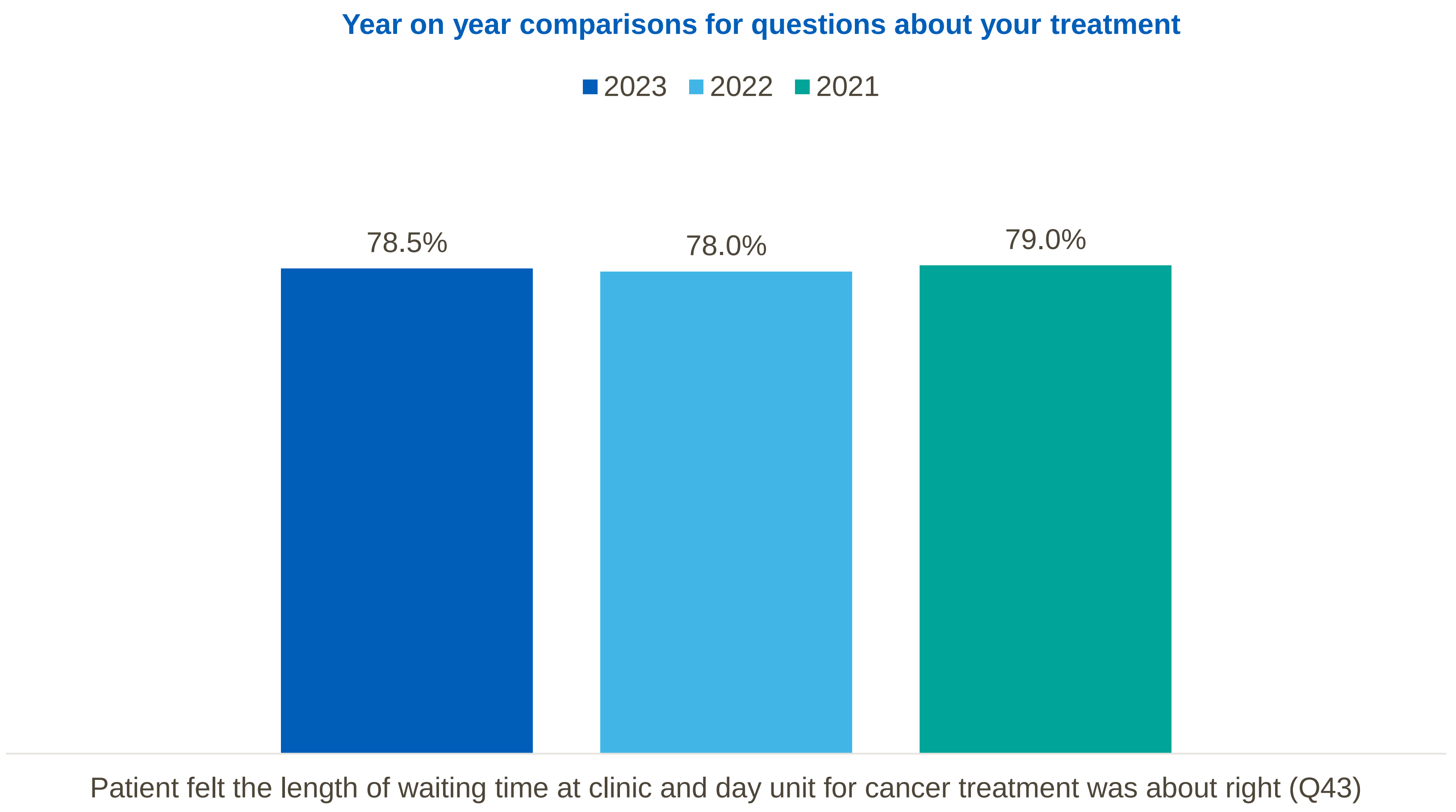
Your treatment

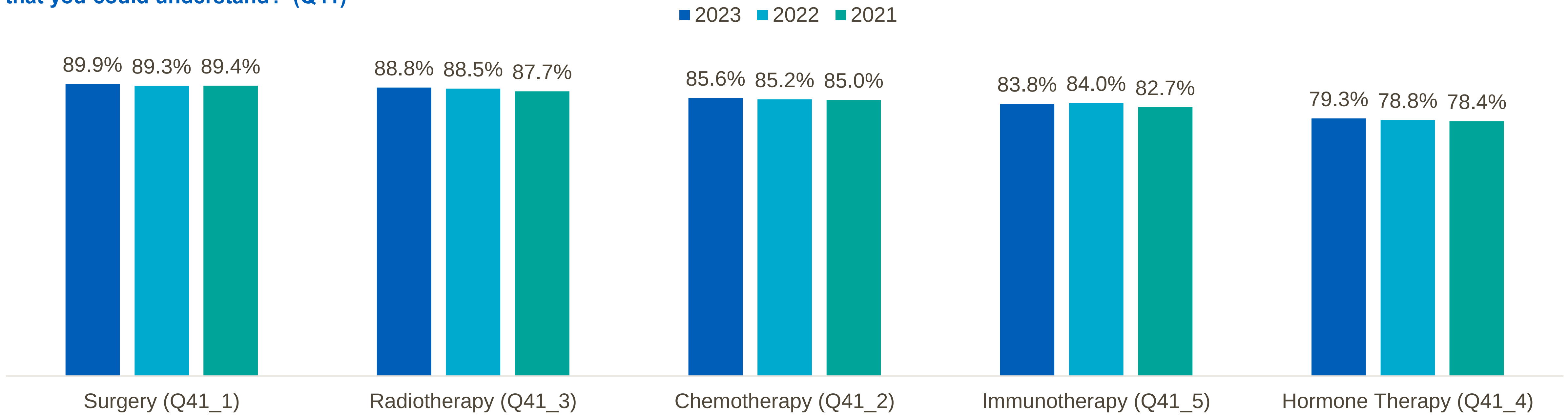
78.5% felt the length of waiting time at the clinic or day unit for cancer treatment was about right, a decrease over the last three years but similar to 78.0% in 2022.



Number of responses. Q43: 2023 (59,445) 2022 (58,646) 2021 (56,727).

Your treatment continued

Before treatment - Year on year comparisons for ‘Before your treatment started were you given all the information you needed about the treatment in a way that you could understand?’ (Q41)



Of those who had surgery (n = 33,009), 89.9% said that before their treatment started, they completely had enough understandable information. This is similar to 89.3% in 2022.

Of those who had radiotherapy (n = 18,727), 88.8% said that before their treatment started, they completely had enough understandable information. This is an increase over the past three years but similar to 88.5% in 2022.

Of those who had chemotherapy (n = 30,929), 85.6% said that before their treatment started, they completely had enough understandable information. This is similar to 85.2% in 2022.

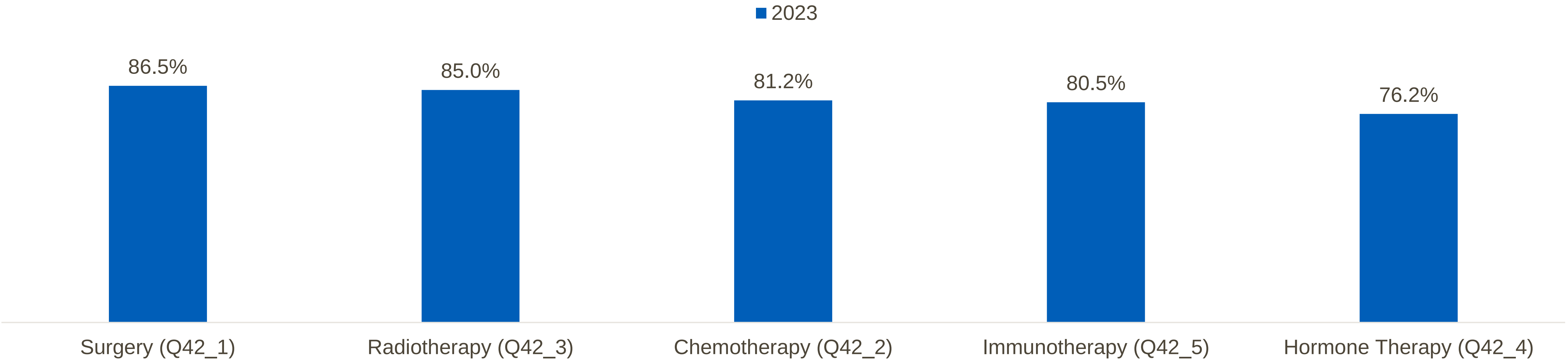
Of those who had immunotherapy (n = 10,295), 83.8% said that before their treatment started, they completely had enough understandable information. This is similar to 84.0% in 2022.

Of those who had hormone therapy (n = 11,457), 79.3% said that before their treatment started, they completely had enough understandable information. This is similar to 78.8% in 2022.

Number of responses Q41_1: 2023 (31,774) 2022 (32,643) 2021 (32,439). Q41_2: 2023 (29,684) 2022 (29,597) 2021 (28,914). Q41_3: 2023 (17,848) 2022 (18,460) 2021 (17,758). Q41_4: 2023 (10,802) 2022 (10,478) 2021 (9,840). Q41_5: 2023 (9,757) 2022 (8,037) 2021 (7,492).

Your treatment continued

During treatment – 2023 results for 'Once your treatment had started, were you given enough information about your response to treatment in a way that you could understand?' (Q42)



Of those who had surgery (n = 33,009), 86.5% said that once their treatment had started, they completely had enough understandable information about their response to treatment.

Of those who had radiotherapy (n = 18,727), 85.0% said that once their treatment had started, they completely had enough understandable information about their response to treatment.

Of those who had chemotherapy (n = 30,929), 81.2% said that once their treatment had started, they completely had enough understandable information about their response to treatment.

Of those who had immunotherapy (n = 10,295), 80.5% said that once their treatment had started, they completely had enough understandable information about their response to treatment.

Of those who had hormone therapy (n = 11,457), 76.2% said that once their treatment had started, they completely had enough understandable information about their response to treatment.

The question text for Q42 was amended in 2023. This question is no longer deemed comparable to 2021 and 2022.

Number of responses Q42_1: 2023 (31,400). Q42_2: 2023 (29,547). Q42_3: 2023 (17,720). Q42_4: 2023 (10,651). Q42_5: 2023 (9,658).

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Immediate and long-term side effects

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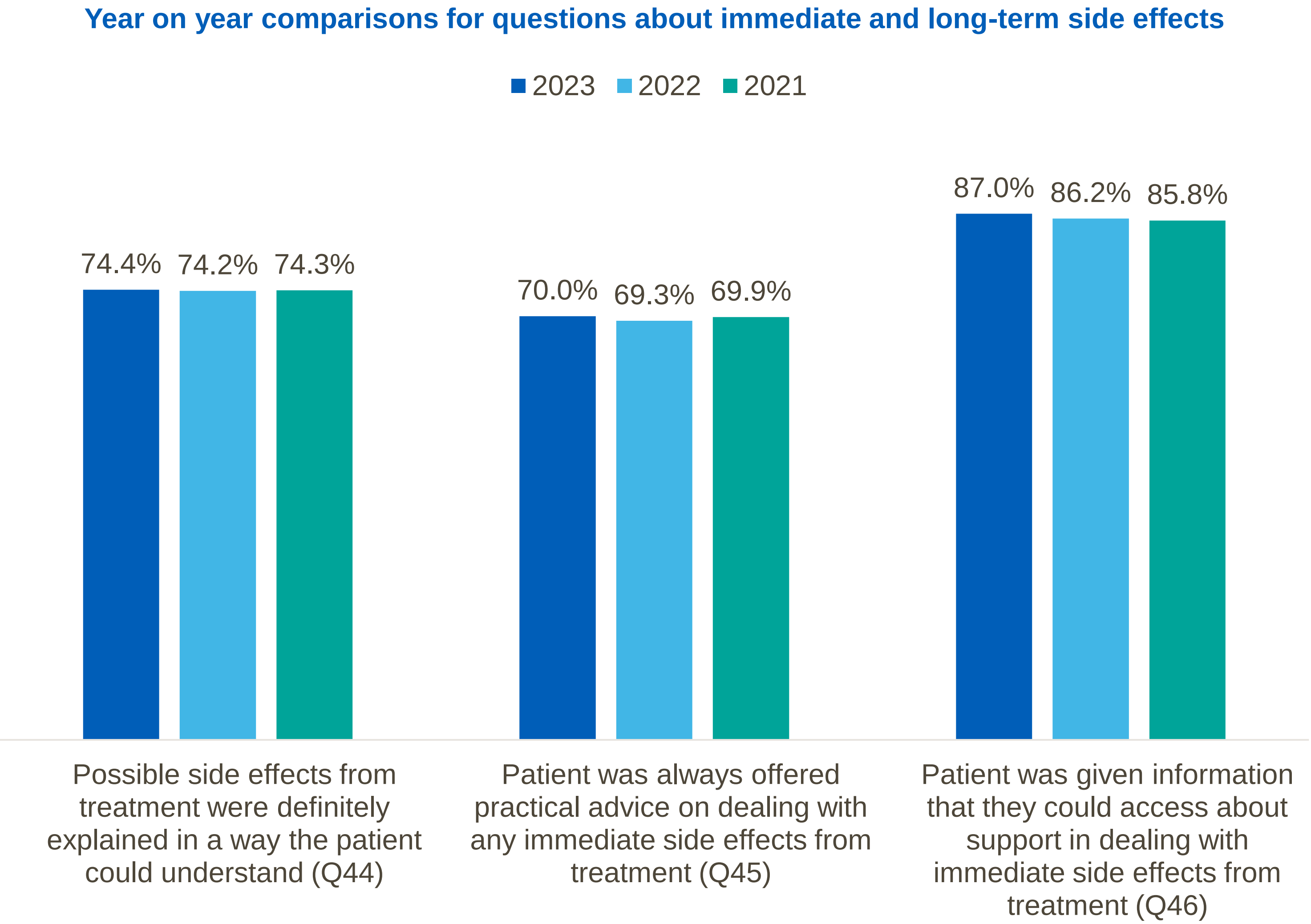
Immediate and long-term side effects

74.4% said that before they started their treatment(s), the possible side effects were definitely explained in a way they could understand, similar to 74.2% in 2022.

When asked if they were offered practical advice in dealing with the immediate side effects of their treatment(s), 70.0% said they always were, an increase from 69.3% in 2022.

87.0% said they were given information that they could access about support in dealing with immediate side effects from treatment, an increase both over the last three years and from 86.2% in 2022.



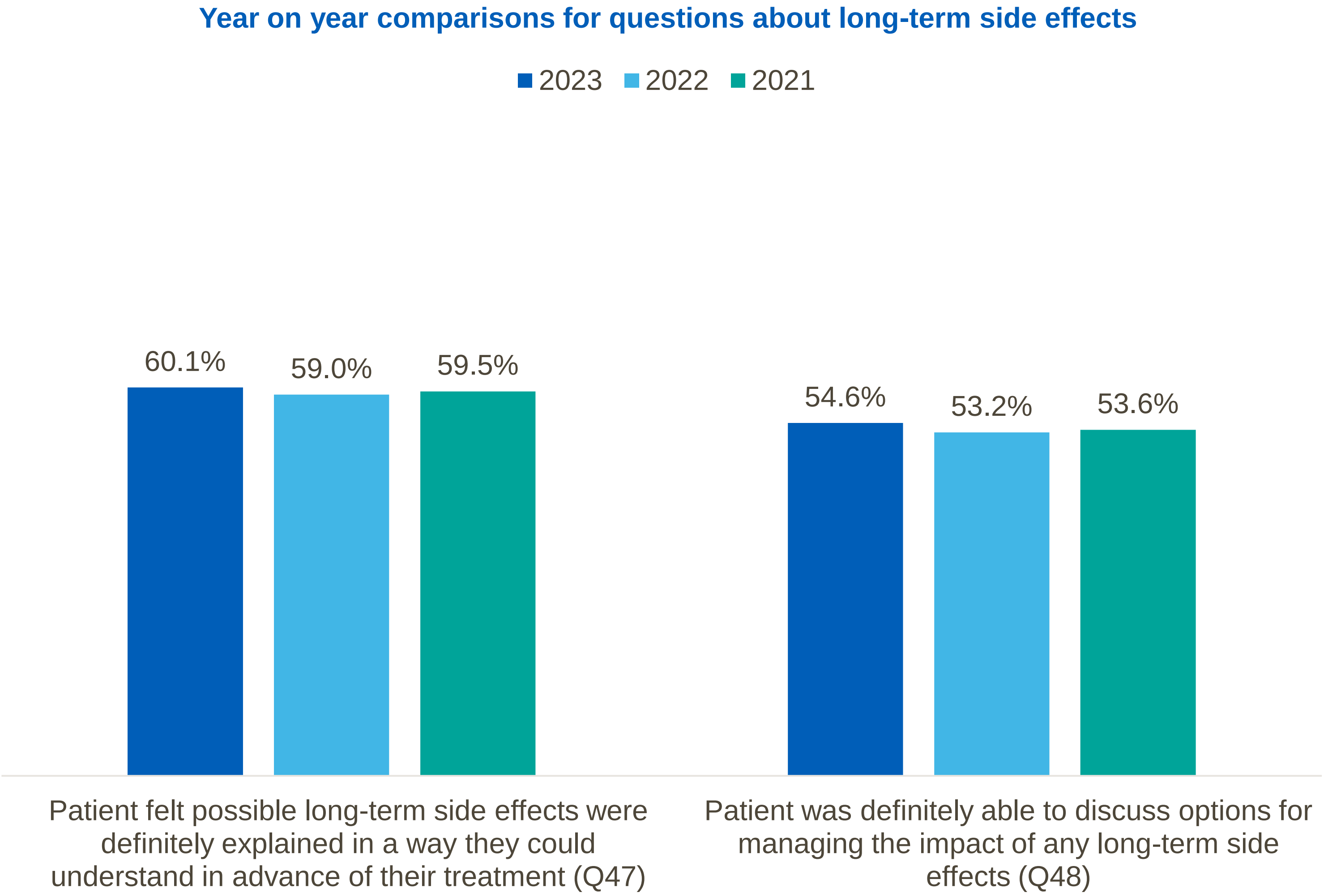
Number of responses. Q44: 2023 (58,021) 2022 (56,998) 2021 (55,165). Q45: 2023 (55,106) 2022 (54,324) 2021 (52,533). Q46: 2023 (44,350) 2022 (43,744) 2021 (42,138).

Immediate and long-term side effects continued

Respondents were asked questions about the long-term side effects of their treatment.

60.1% said the possible long-term side effects, including the impact on their day-to-day activities, were definitely explained in a way they could understand. This is an increase from 59.0% in 2022.

54.6% said they were definitely able to discuss options for managing the impact of any long-term side effects. This is an increase both over the last three years and from 53.2% in 2022.



Number of responses. Q47: 2023 (55,268) 2022 (53,446) 2021 (51,820). Q48: 2023 (47,807) 2022 (45,956) 2021 (44,368).

16 Support while at home

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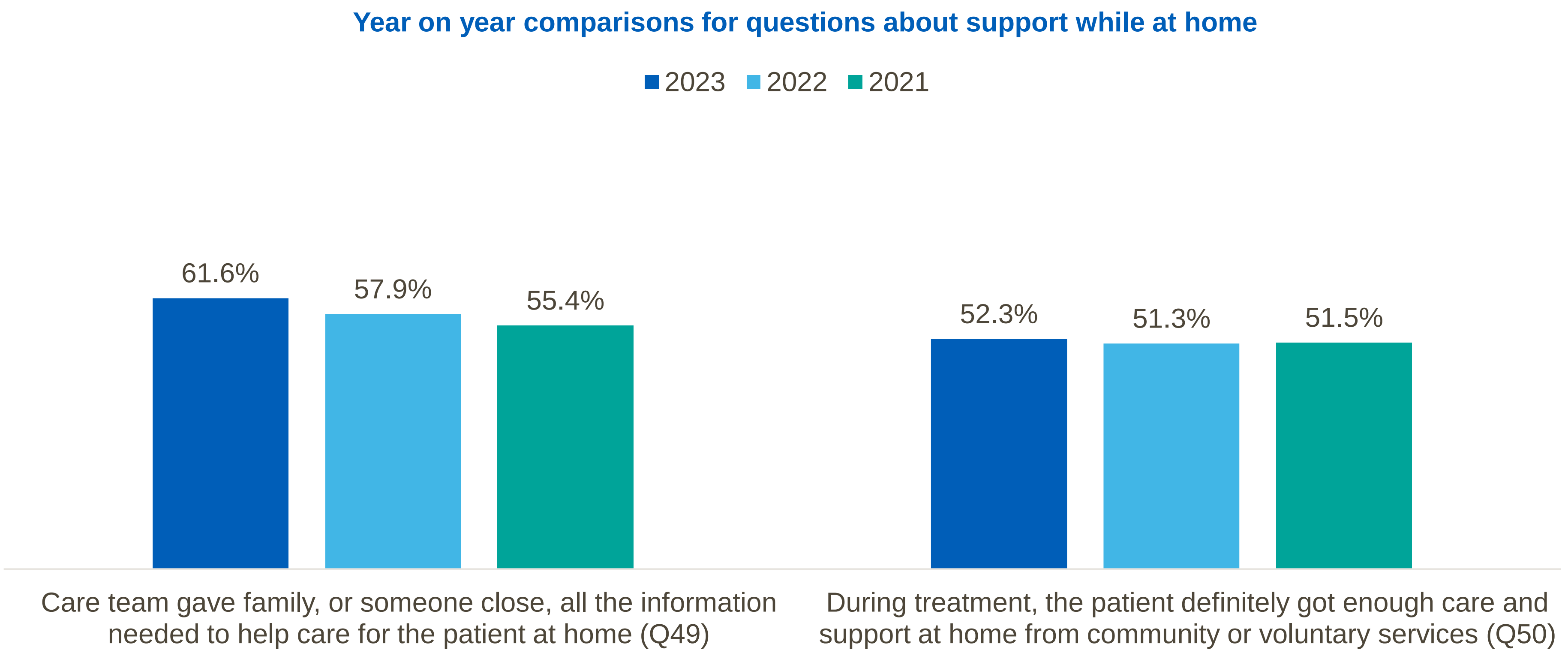
Support while at home

Respondents were asked two questions about the support they were given while at home.

61.6% said their family or someone else close to them were given all the information they needed to help care for them at home, an increase both over the last three years and from 57.9% in 2022.

52.3% said they definitely got enough care and support at home from community or voluntary services during their cancer treatment, similar to 51.3% in 2022.



Number of responses. Q49: 2023 (40,936) 2022 (39,522) 2021 (37,748). Q50: 2023 (23,573) 2022 (22,930) 2021 (22,671).

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Care from your GP practice

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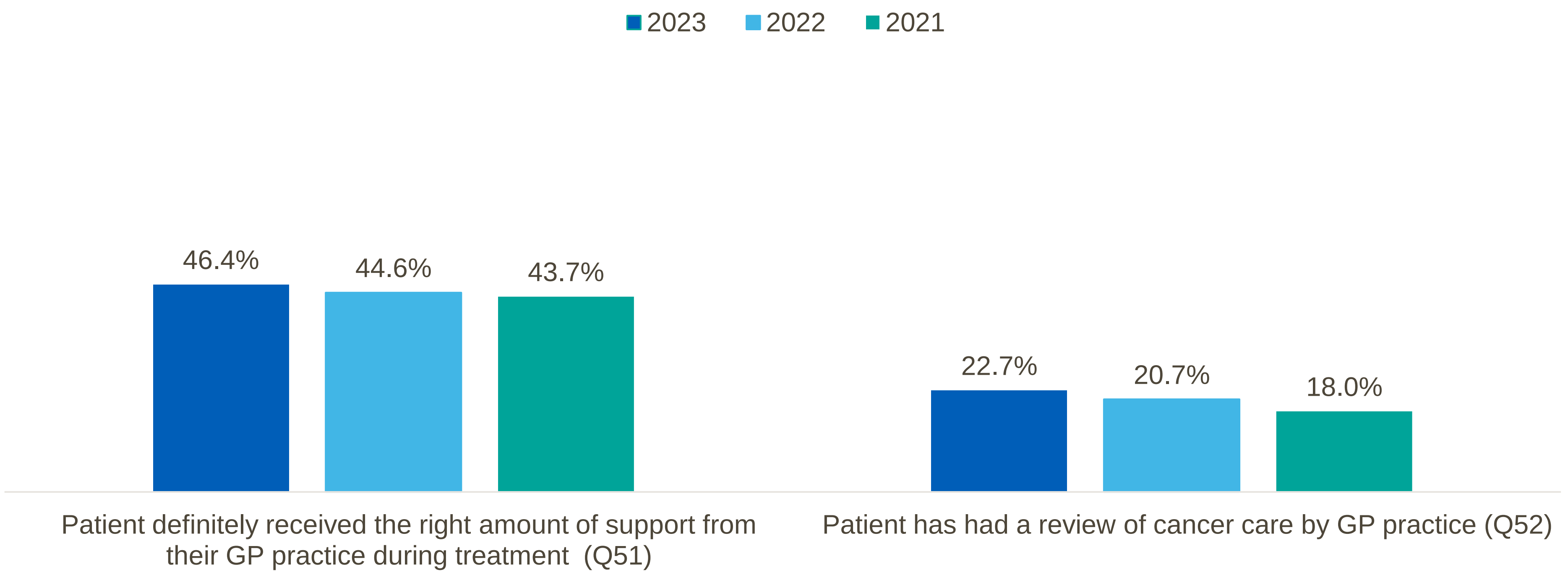
Care from your GP practice

Of those that said their GP practice was involved in their cancer treatment, 46.4% said they definitely received the right amount of support from staff at their GP practice while they were having cancer treatment. This is an increase both over the last three years and from 44.6% in 2022.

22.7% of all respondents said they had a review of their cancer care by a member of staff at their GP practice, an increase both over the last three years and from 20.7% in 2022.

Year on year comparisons for questions about care from your GP practice



Number of responses. Q51: 2023 (35,610) 2022 (34,018) 2021 (32,094). Q52: 2023 (58,654) 2022 (57,130) 2021 (55,569).

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Living with and beyond cancer

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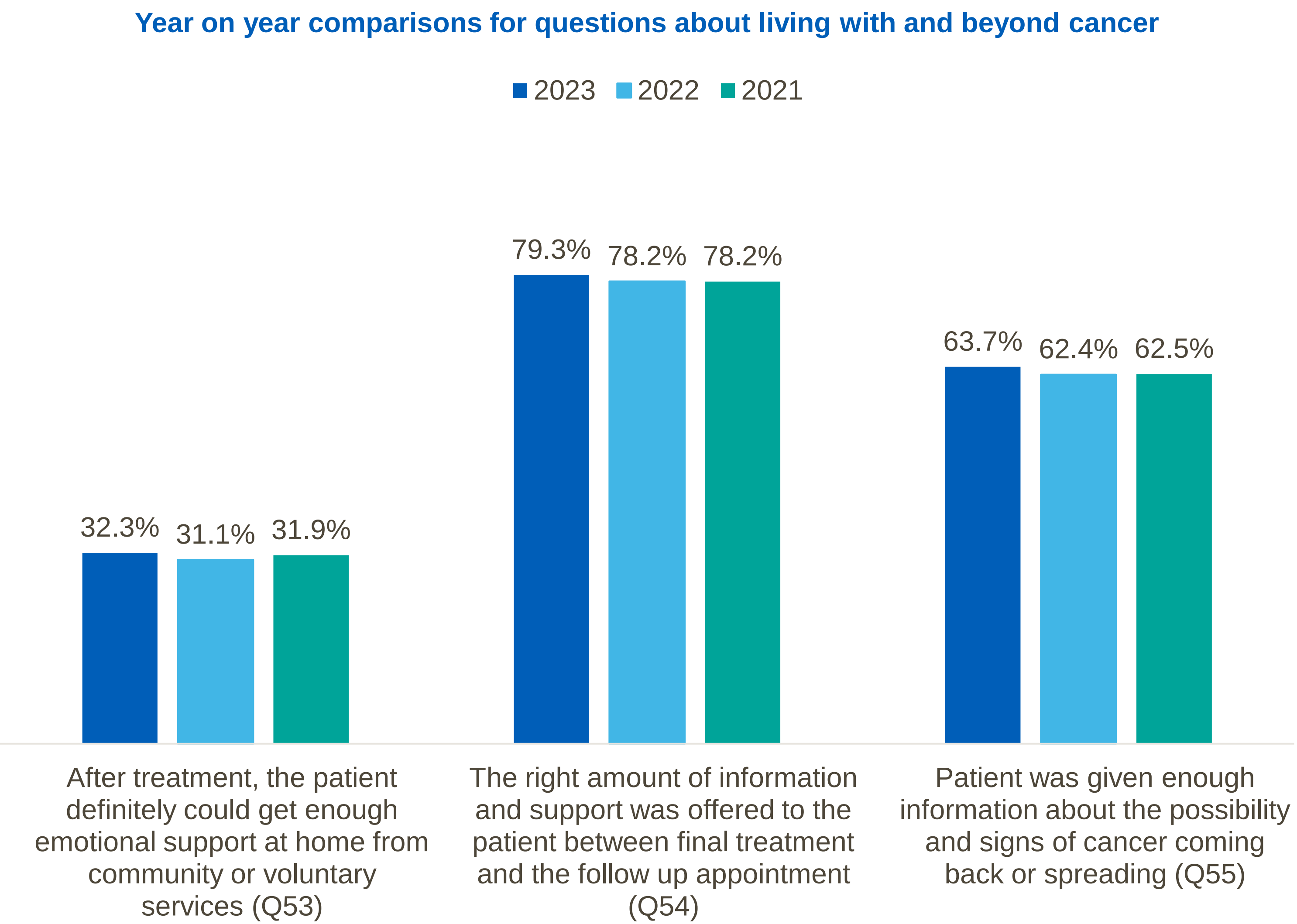
Living with and beyond cancer

Respondents were asked whether once their cancer treatment had finished, they could get emotional support at home from community or voluntary services. 32.3% of respondents that needed care and support said they could definitely get this, similar to 31.1% in 2022.

Respondents were asked if during the time between their final treatment and their follow-up appointment they were offered the right amount of information. 79.3% said that they were given the right amount of information, an increase both over the last three years and from 78.2% in 2022.

63.7% said they were given enough information about the possibility and signs of cancer coming back or spreading, an increase both over the last three years and from 62.4% in 2022.



Number of responses. Q53: 2023 (13,163) 2022 (13,246) 2021 (12,846). Q54: 2023 (27,621) 2022 (27,676) 2021 (26,764). Q55: 2023 (48,501) 2022 (47,153) 2021 (45,774).

19

Sub-group comparisons

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Understanding sub-group comparisons

Sub-group comparisons

Sub-group comparisons allow us to explore differences in how people experience cancer care.

The analysis in the following slides explores results for Q59, overall experience of care on a scale of 0 (very poor) to 10 (very good), by the following sociodemographic factors:

- Age
- Male/Female/Non-binary/Other
- Gender same as sex registered at birth
- Sexual orientation
- Long-term condition
- Ethnicity
- IMD quintile
- Cancer outcome
- Cancer spread to other parts of the body
- Tumour group

Considerations

National level data is used to compare sub-groups in this following section, and differences between the scores for 2023 and 2022 for each sub-group are explored. Change has been commented on where there would be no overlap between 95% confidence intervals around the scores i.e., we can be confident that the difference is not down to chance.

Some of the groups have small base sizes, so caution should be taken when interpreting the results.

All the x-axis in the sub-group comparison section are set from 7.0 to 9.5 to better highlight the changes in the results.

It is also important to note that differences in results between different groups of patients may be influenced by factors other than the sociodemographic group being looked at.

More information

See ‘About the Respondents’ for information on the number of responses for each sub-groups.

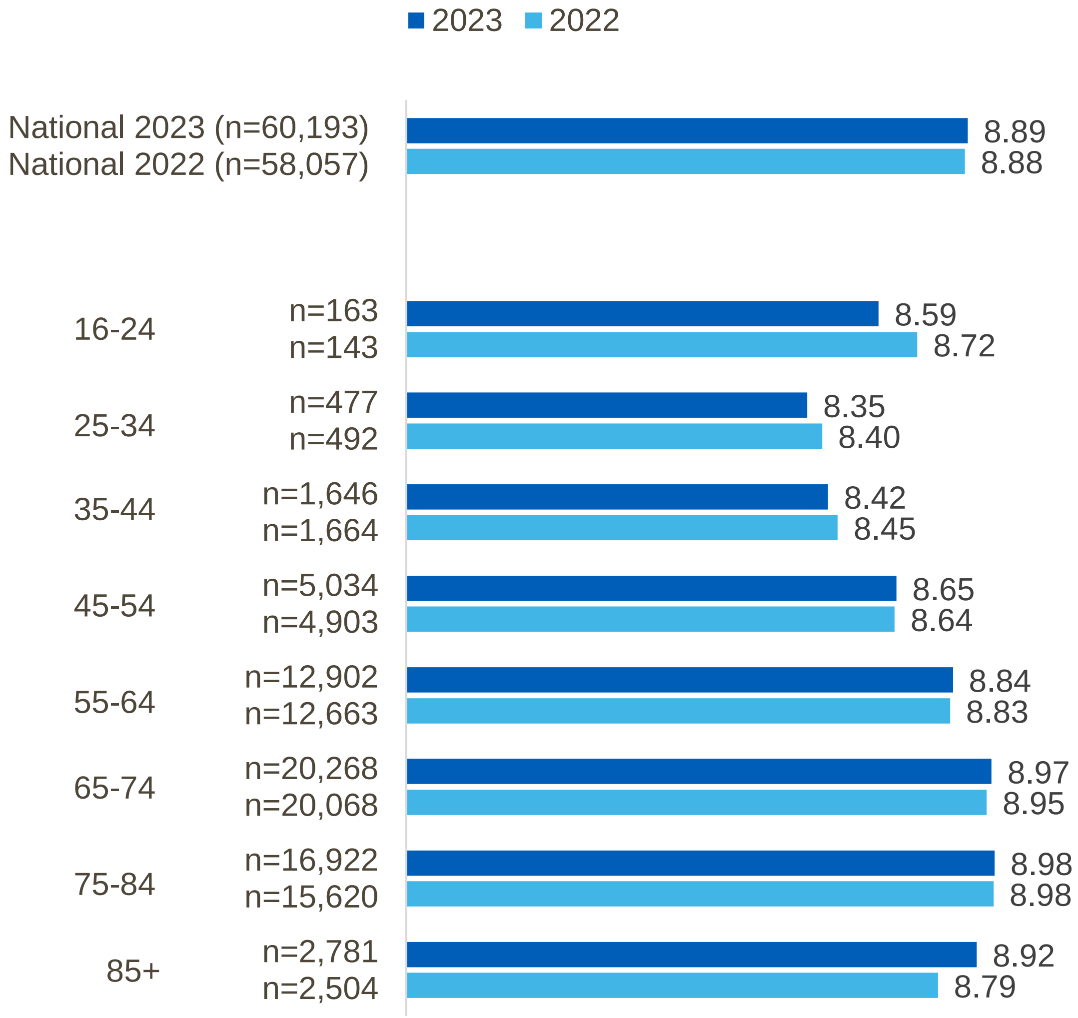
For a detailed breakdown of sub-group analysis at the national level, please refer to the national Excel tables available at www.ncpes.co.uk

Overall experience by age

Overall experience of care was reviewed by age.

The overall experience care of respondents in the 85+ age group increased to 8.92 in 2023 from 8.79 in 2022.

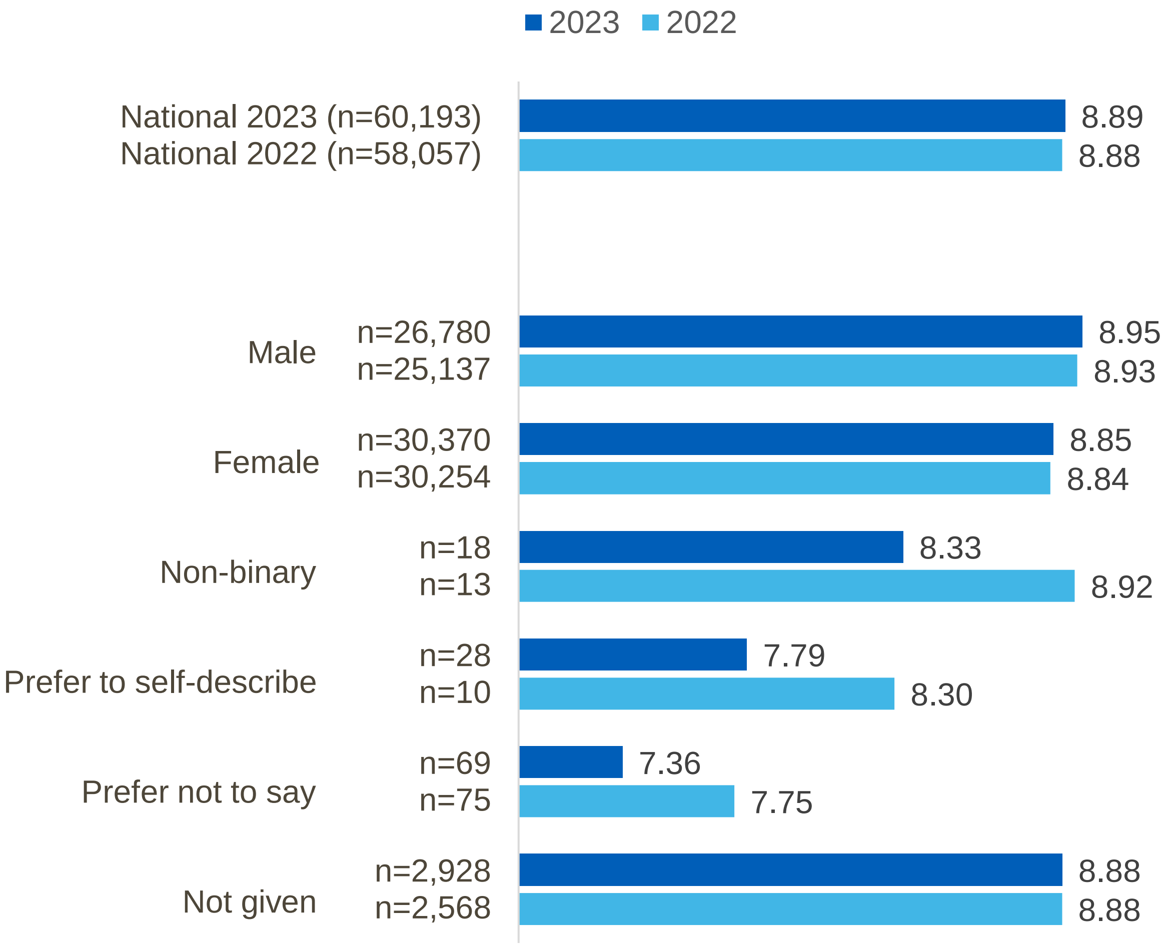
Overall experience by age (Q59)



Overall experience by Male/Female/Non-binary/Other

Overall experience of care was reviewed by Male/Female/Non-binary/Other.

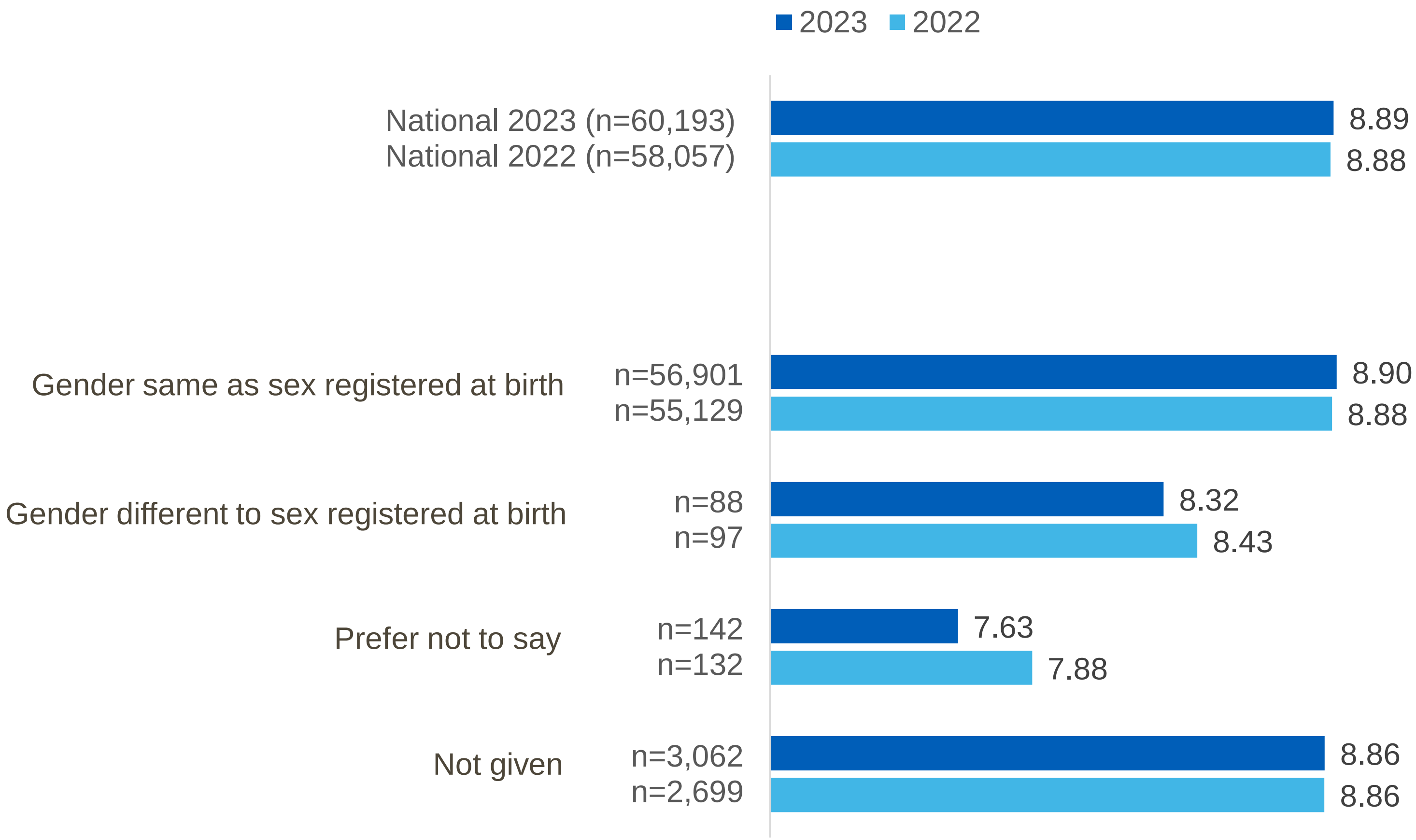
Overall experience by Male/Female/Non-binary/Other (Q59)



Overall experience by gender same as sex registered at birth

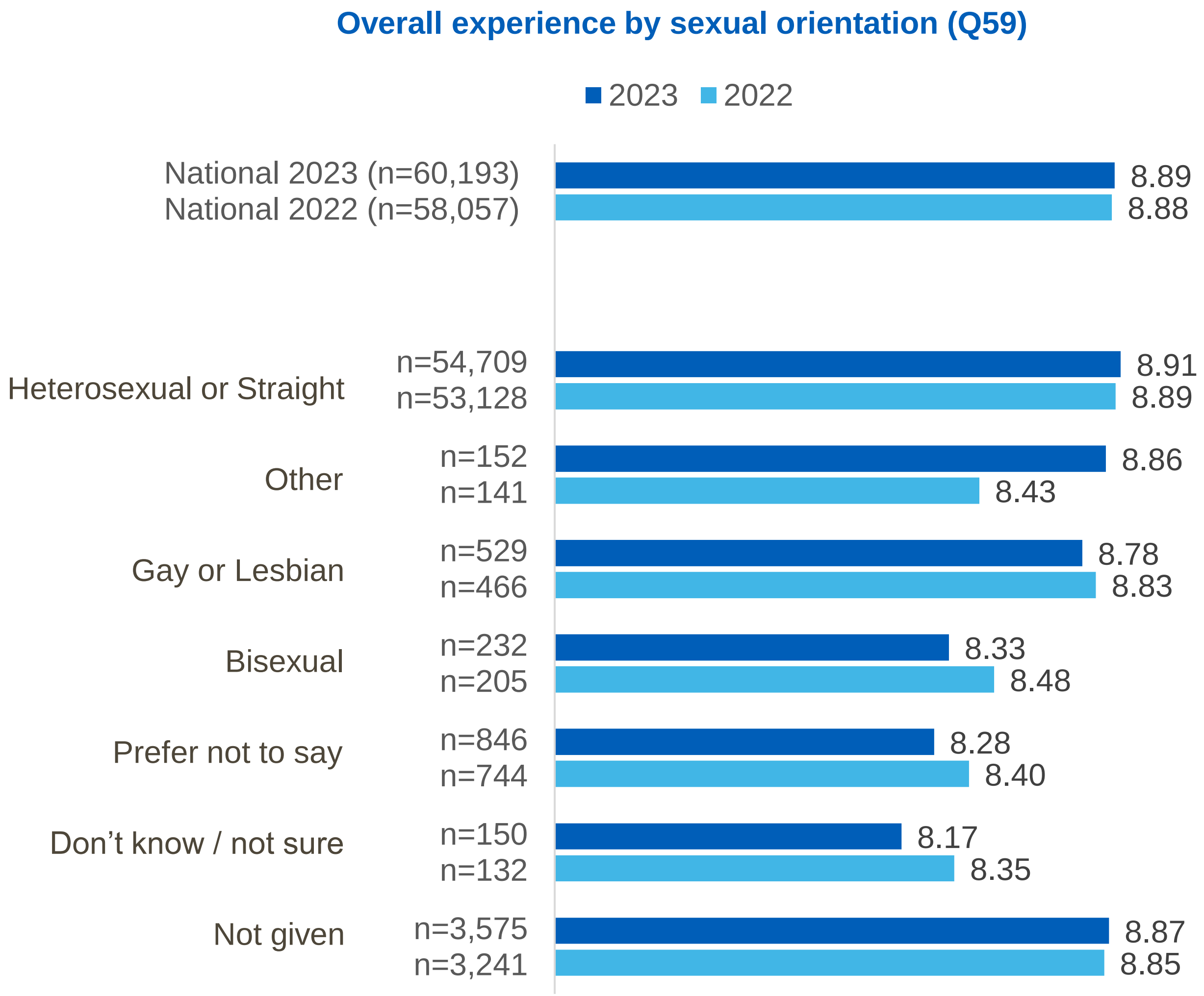
Overall experience of care was reviewed by gender same as sex registered at birth.

Overall experience by gender same as sex registered at birth (Q59)



Overall experience by sexual orientation

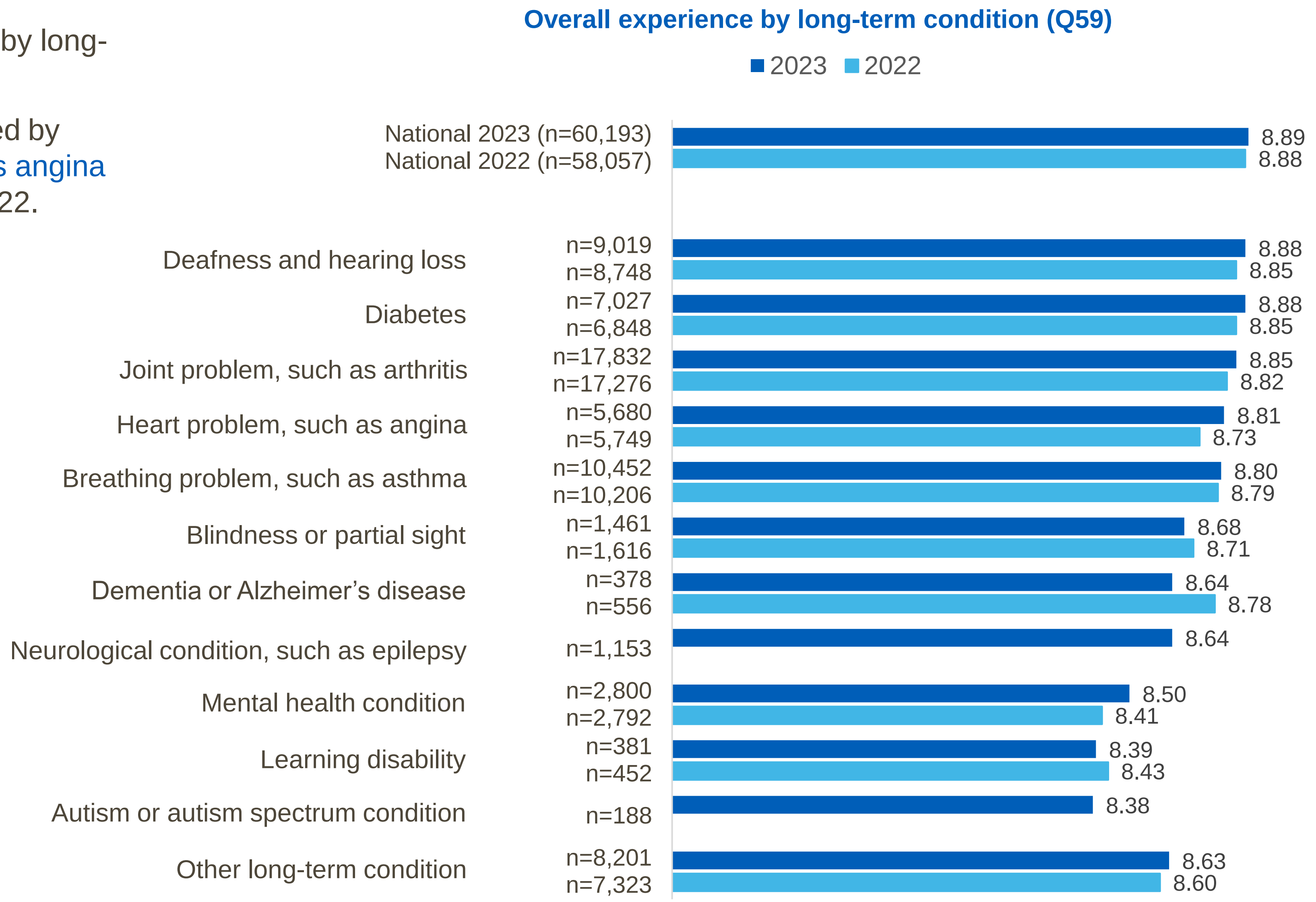
Overall experience of care was reviewed by sexual orientation.



Overall experience by long-term condition

Overall experience of care was reviewed by long-term condition.

The average overall rating of care reported by respondents with heart problems, such as angina increased to 8.81 in 2023 from 8.73 in 2022.

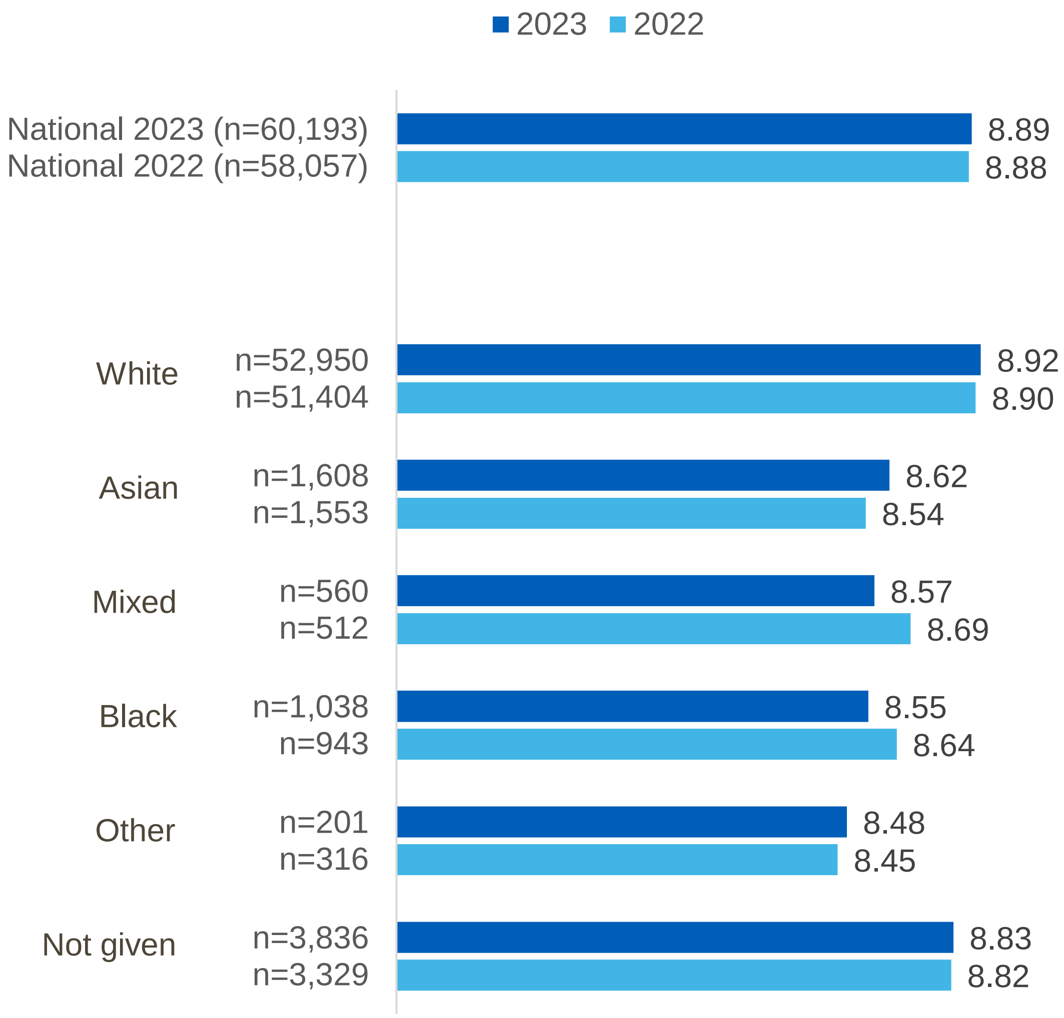


The long-term condition question (Q67) was amended to include “Autism or autism spectrum condition” as a response option. And the “Neurological condition” answer option was updated to include an example condition changing it to “Neurological condition, such as epilepsy”. These changes see the answer option “Neurological condition, such as epilepsy” no longer being deemed comparable to 2021 and 2022.

Overall experience by ethnicity

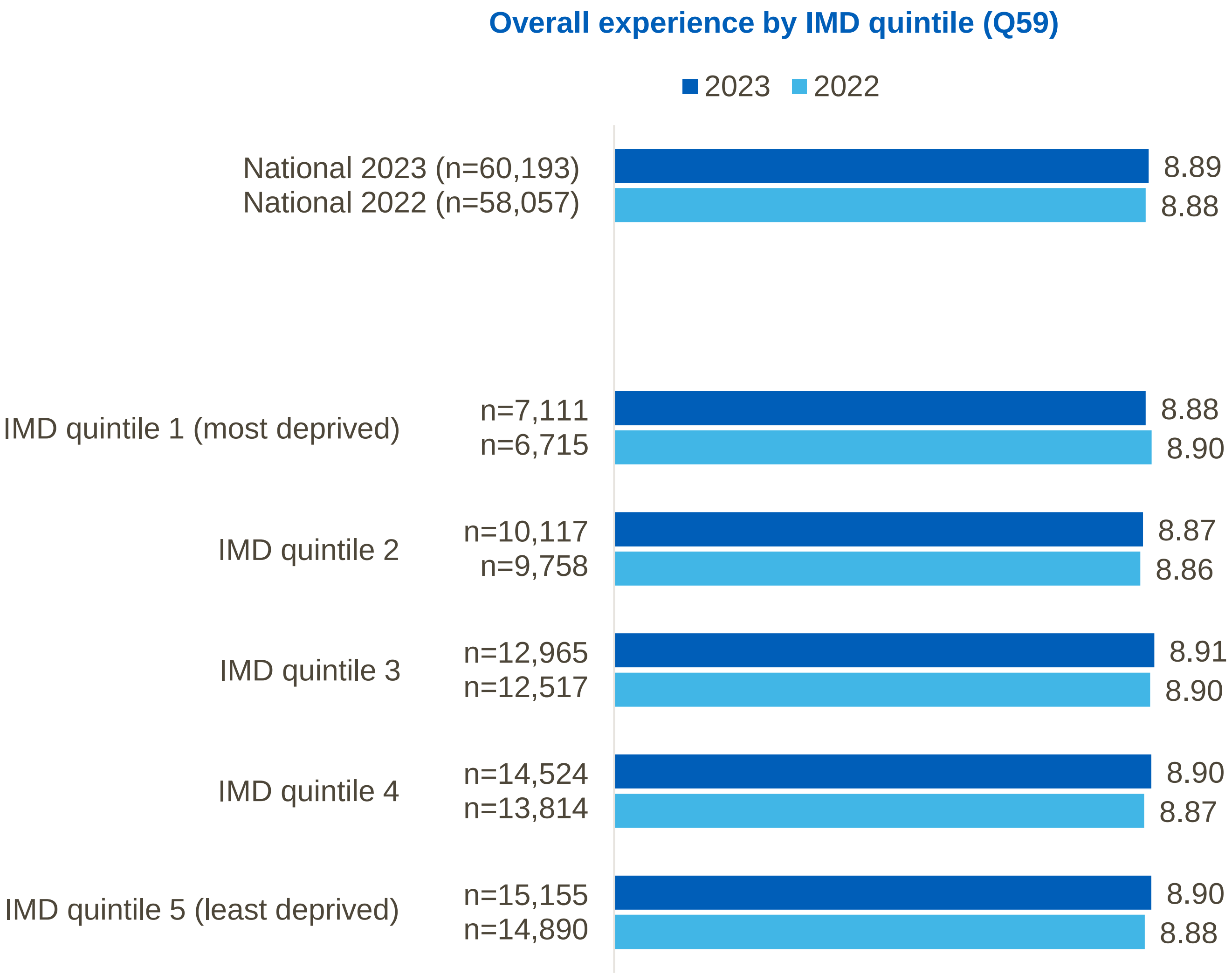
Overall experience of care was reviewed by ethnicity.

Overall experience by ethnicity (Q59)



Overall experience by IMD quintile

Overall experience of care was reviewed by IMD quintile (a measure of relative deprivation).



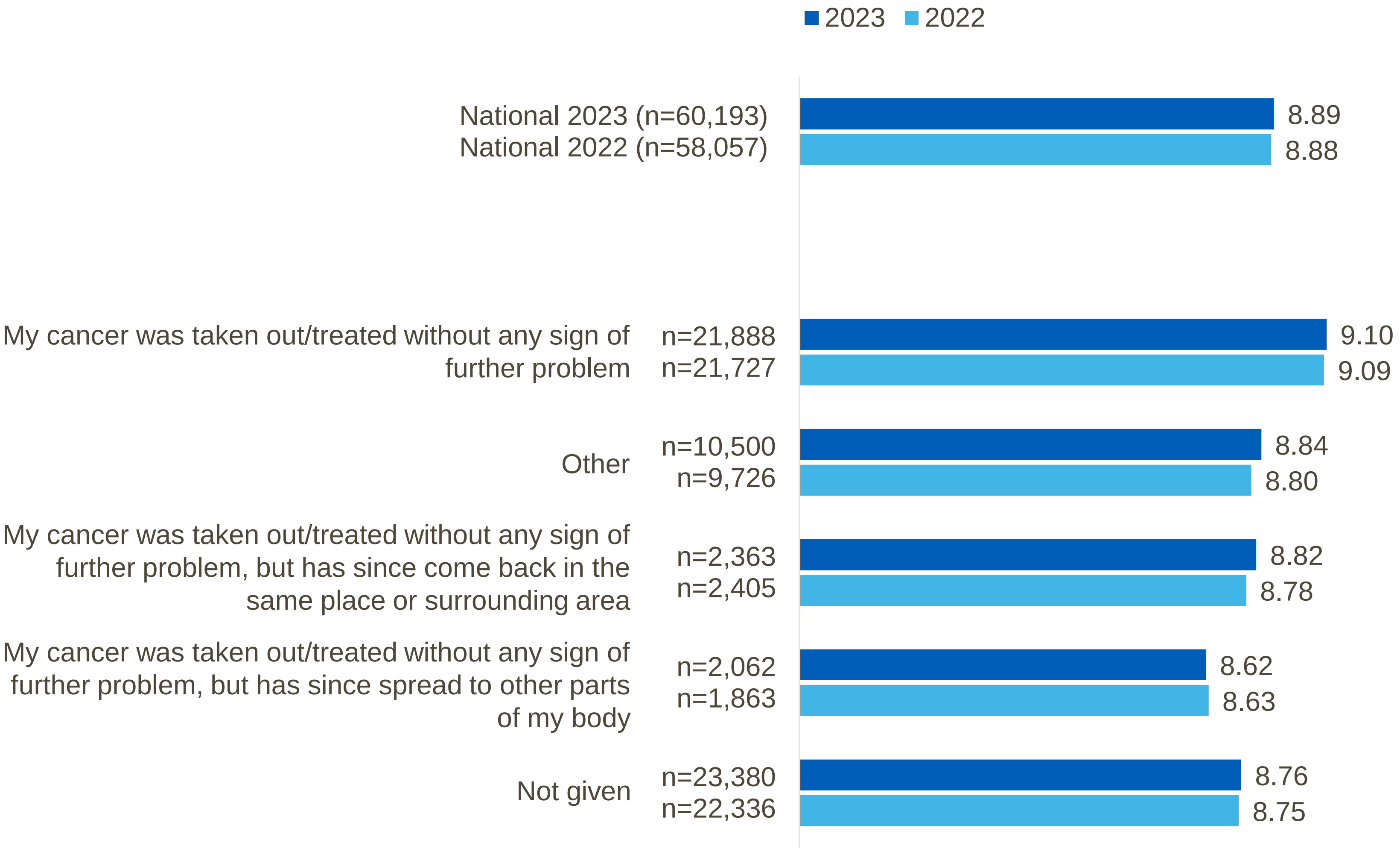
Overall experience by cancer outcome

Overall experience of care was reviewed by cancer outcome.

The average rating of care for respondents whose cancer was taken out/treated without any sign of further problem, but who said it has since spread to other parts of the body has decreased to 8.62 in 2023 from 8.63 in 2022.

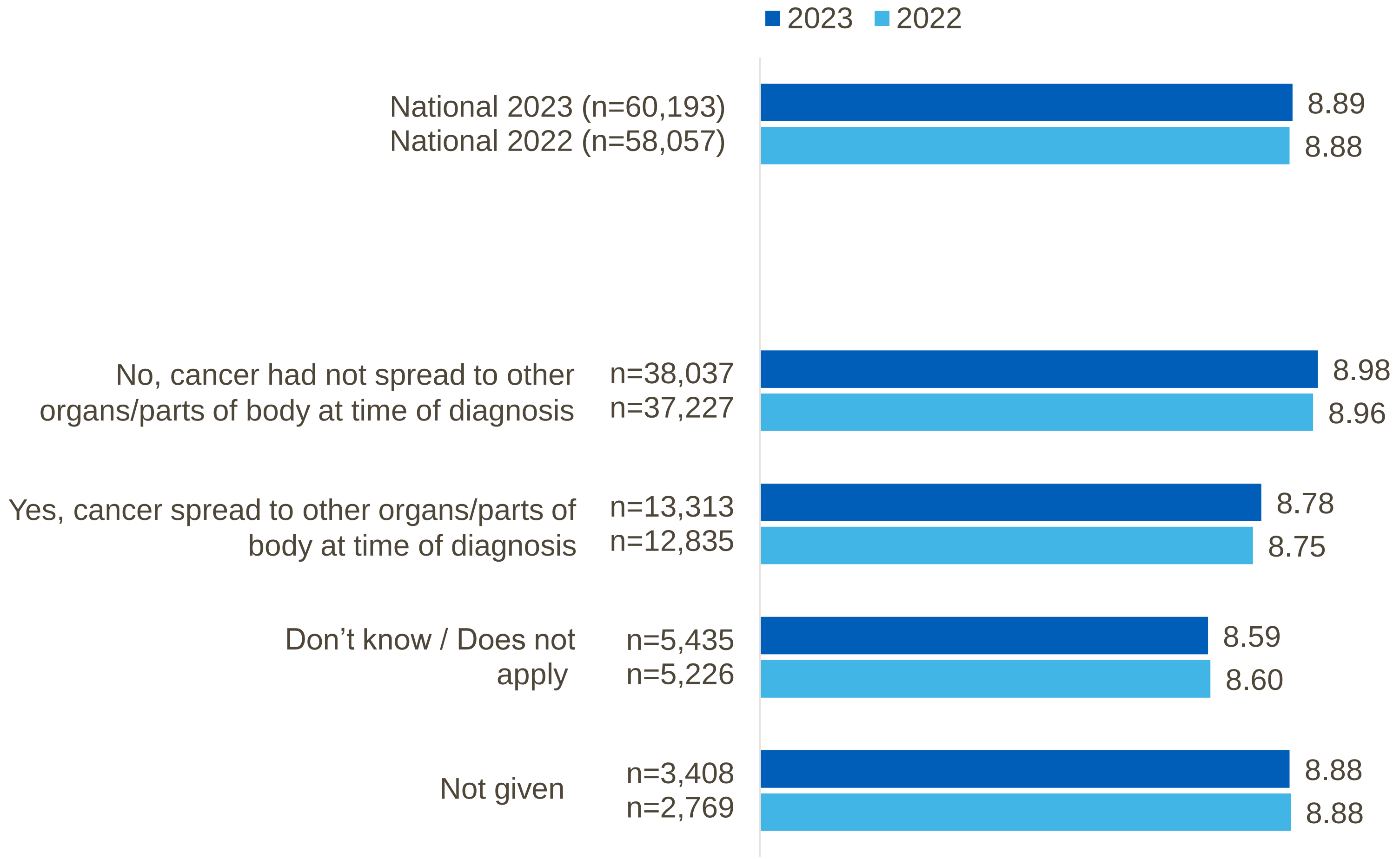
The average rating of care reported by respondents whose cancer was taken out/treated without any sign of further problem, but has since come back in the same place or surrounding area increased to 8.82 in 2023 from 8.78 in 2022.

Overall experience by cancer outcome (Q59)



Overall experience by cancer spread to other parts of body

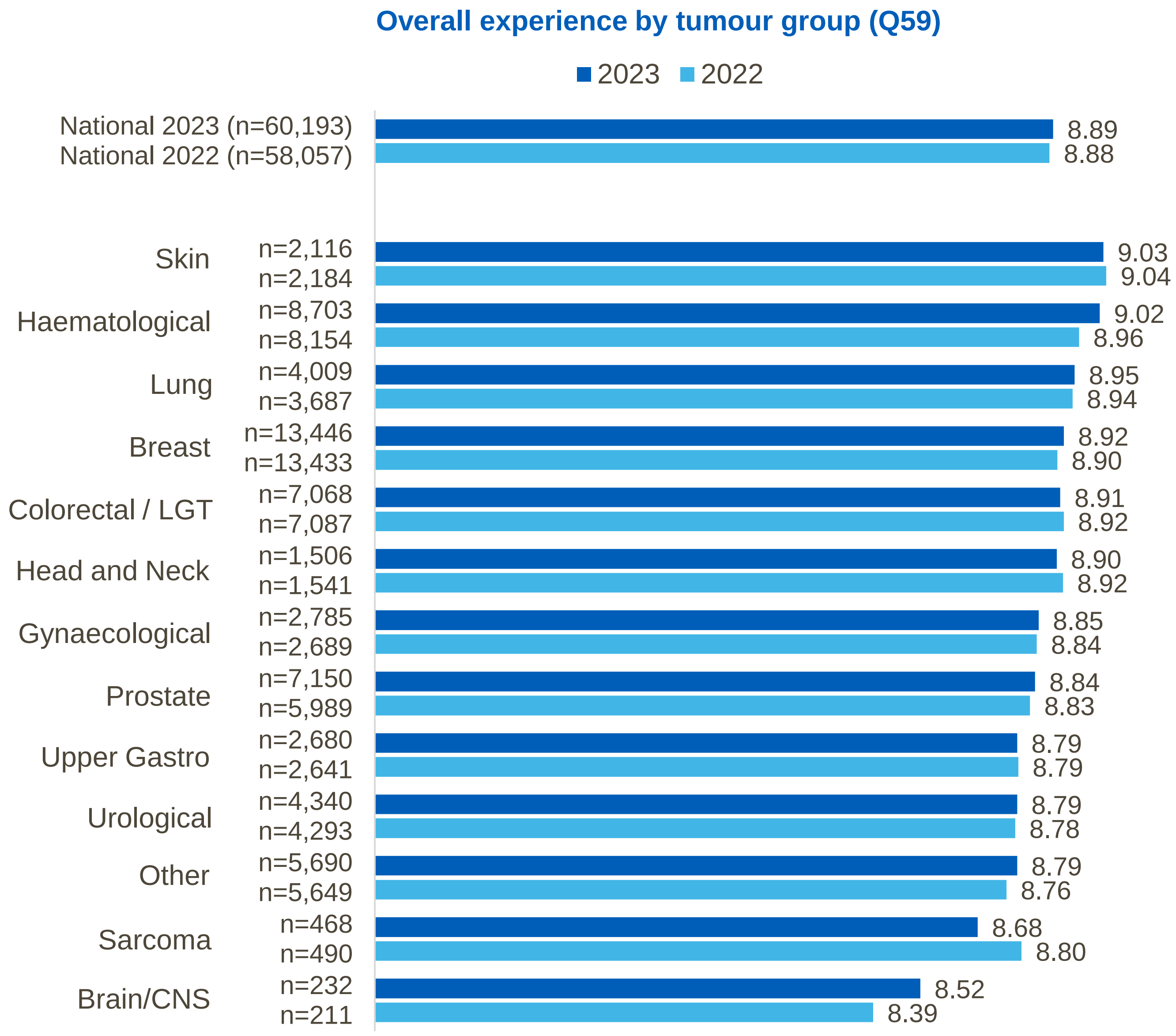
Overall experience of care was reviewed by cancer spread to other parts of the body.



Overall experience by cancer spread to other organs/parts of body at time of diagnosis (Q59)

Overall experience by tumour group

Overall experience of care was reviewed by tumour group.


Overall experience by tumour group (Q59)

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.

PDF reports and Excel tables at national, trust, and cancer alliance level, as well as more information on the methodology are available at www.ncpes.co.uk.

For frequently asked questions (FAQs) about the survey, go to www.ncpes.co.uk/faqs/.

This report sets out the national headline findings. Detailed national, alliance and trust-level results will be made available at www.ncpes.co.uk