National Cancer Patient Experience Survey 2023

National Results Webinar

15-August-2024

CPES@PickerEurope.ac.uk

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Agenda

Welcome and introduction

Clare Lerway, Senior Insight Associate, Picker

Opening statement

Neil Churchill, Director for People and Communities, NHS England

The lived experience

Cheryl Tackie, Lived Experience Representative

Overview of 2023 NCPES results

AJ Poots Senior Insight Associate, Picker

Key Driver Analysis

Jenny King, Chief Research Officer, Picker

The National Cancer Programme perspective

Jodie Moffat, Deputy Director of Policy and Strategy, National Cancer Programme, NHS England

Close and request for feedback

Clare Lerway, Senior Insight Associate, Picker

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Objectives

- Understand the national picture
- To celebrate areas of success in cancer care
- To share knowledge and experiences
- Answer your questions

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Opening statement

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Overview of 2023 NCPES results

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Split publication for NCPES 2023

Publication 1

- 24 July 2024
- National, Trust and Cancer Alliance quantitative data (including Excels, PDF reports and infographic)
- Freetext workbooks
- Easy read reporting

Publication 2

- January 2025 (TBC)
- Integrated Care Board quantitative data (Cancer Alliance reports republished with ICB data)
- National qualitative report
- Long format data tables
- The online dashboard

Publication 1: Visit the NCPES website to find results

National Reports

- Quantitative overview of national results (standard)
- Quantitative overview of national results (Easy Read version)
- Infographic
- National level data tables – Excel

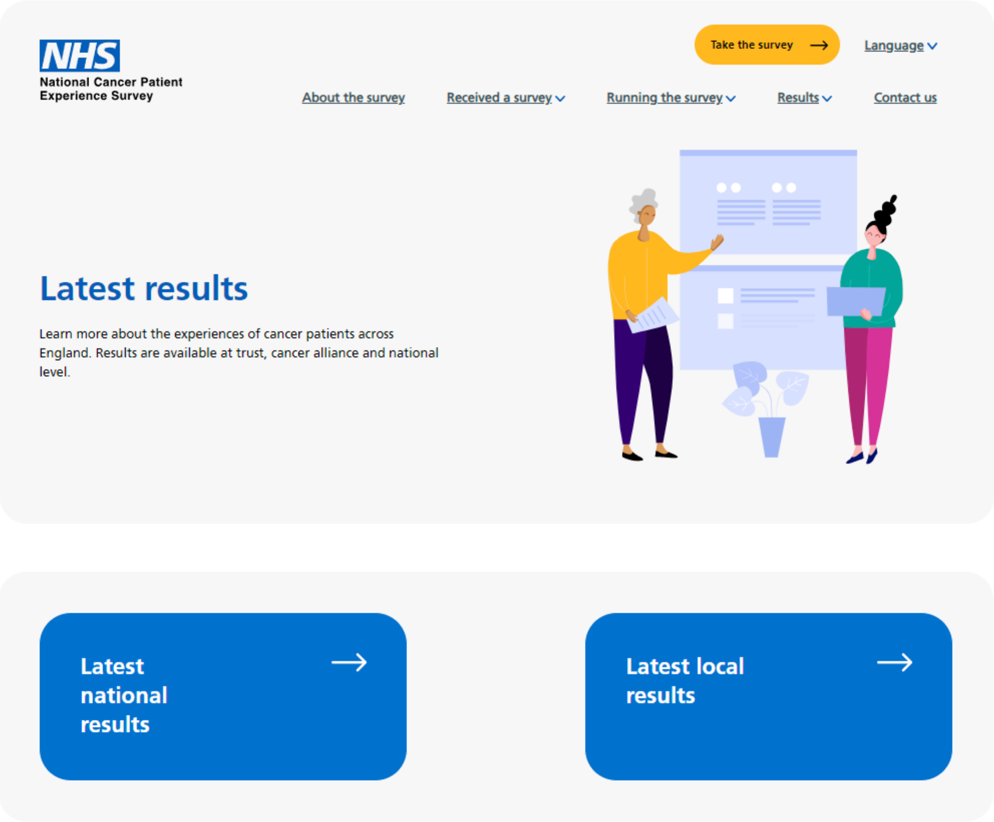
Alliance Reports

- Cancer Alliance Level Reports – PDF – Quantitative
- Cancer Alliance data tables – Excel

Trust Reports

- Trust Reports – PDF – Quantitative
- Trust data tables – Excel
- Free text workbooks – Excel

www.ncpes.co.uk/latest-results



Latest results

Learn more about the experiences of cancer patients across England. Results are available at trust, cancer alliance and national level.

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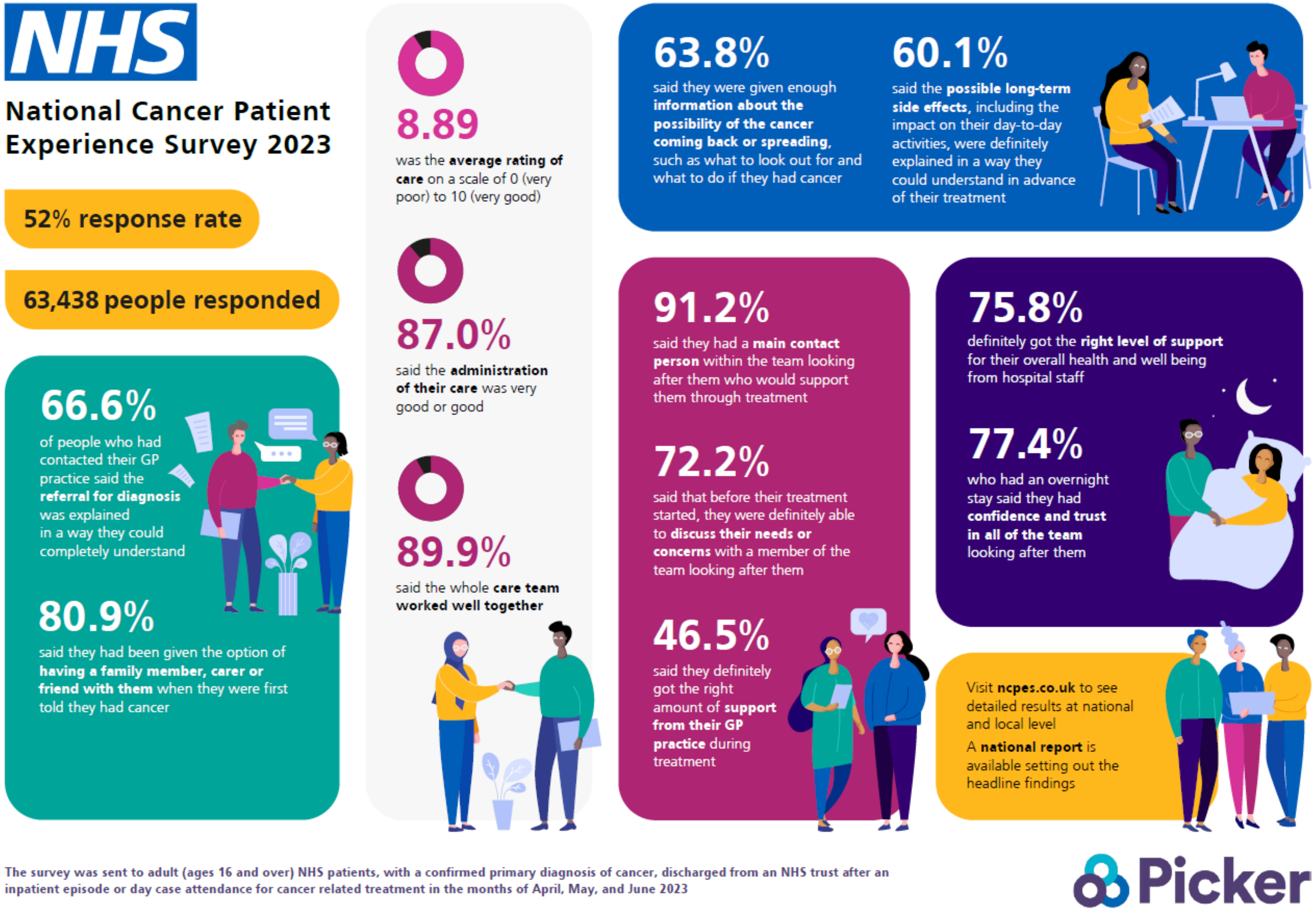
Infographic



NHS

National Cancer Patient Experience Survey 2023

52% response rate

63,438 people responded

66.6%
of people who had contacted their GP practice said the **referral for diagnosis** was explained in a way they could completely understand

80.9%
said they had been given the option of **having a family member, carer or friend with them** when they were first told they had cancer

8.89
was the **average rating of care** on a scale of 0 (very poor) to 10 (very good)

87.0%
said the **administration of their care** was very good or good

89.9%
said the whole **care team worked well together**

63.8%
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 cancer

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 in advance of their treatment

91.2%
said they had a **main contact person** within the team looking after them who would support them through treatment

72.2%
said that before their treatment started, they were definitely able **to discuss their needs or concerns** with a member of the team looking after them

46.5%
said they definitely got the right **amount of support from their GP practice** during treatment

75.8%
definitely got the **right level of support** for their overall health and well being from hospital staff

77.4%
who had an overnight stay said they had **confidence and trust in all of the team** looking after them

Visit **ncpes.co.uk** to see detailed results at national and local level

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The survey was sent to adult (ages 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

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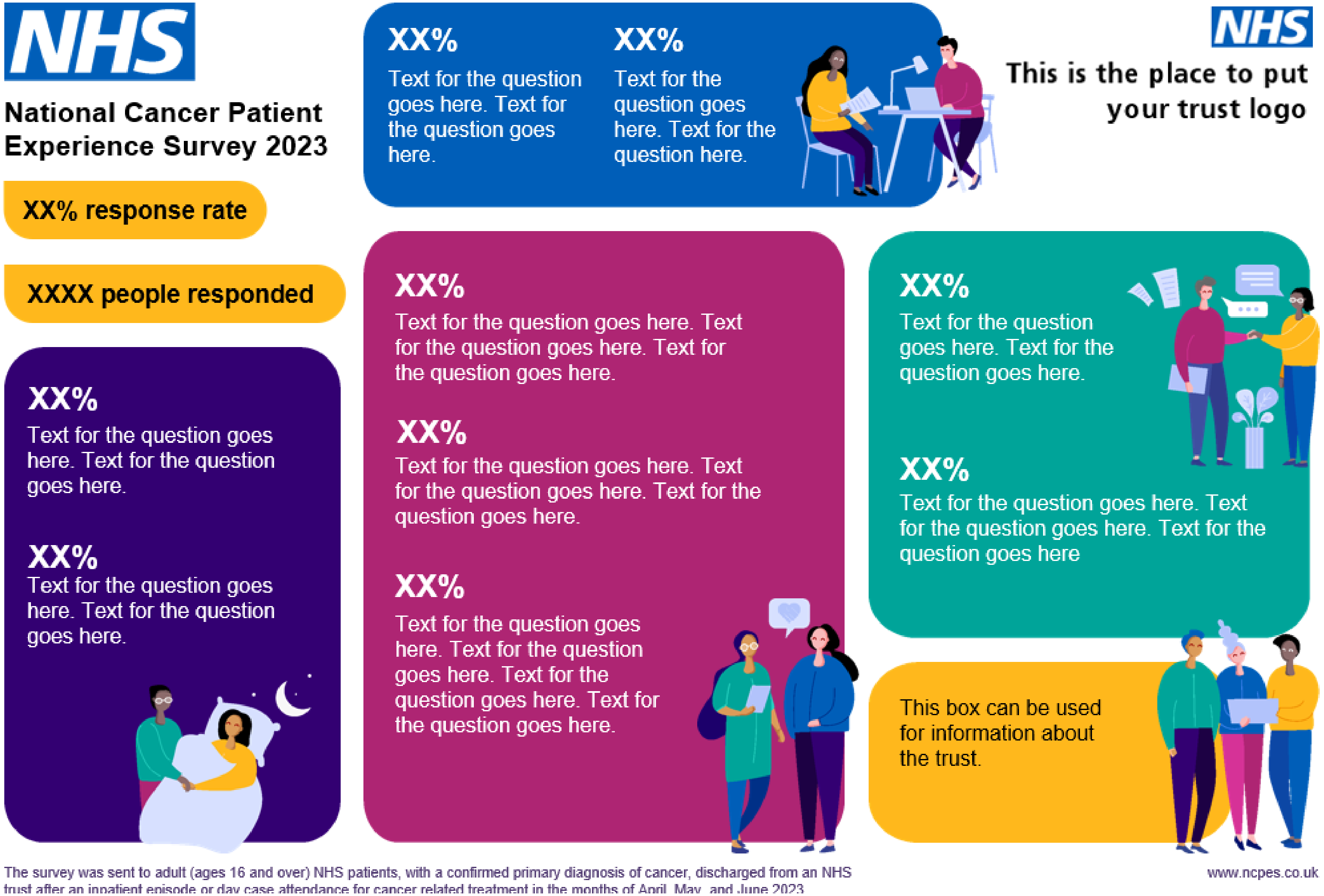
Infographic template



NHS

National Cancer Patient Experience Survey 2023

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NHS
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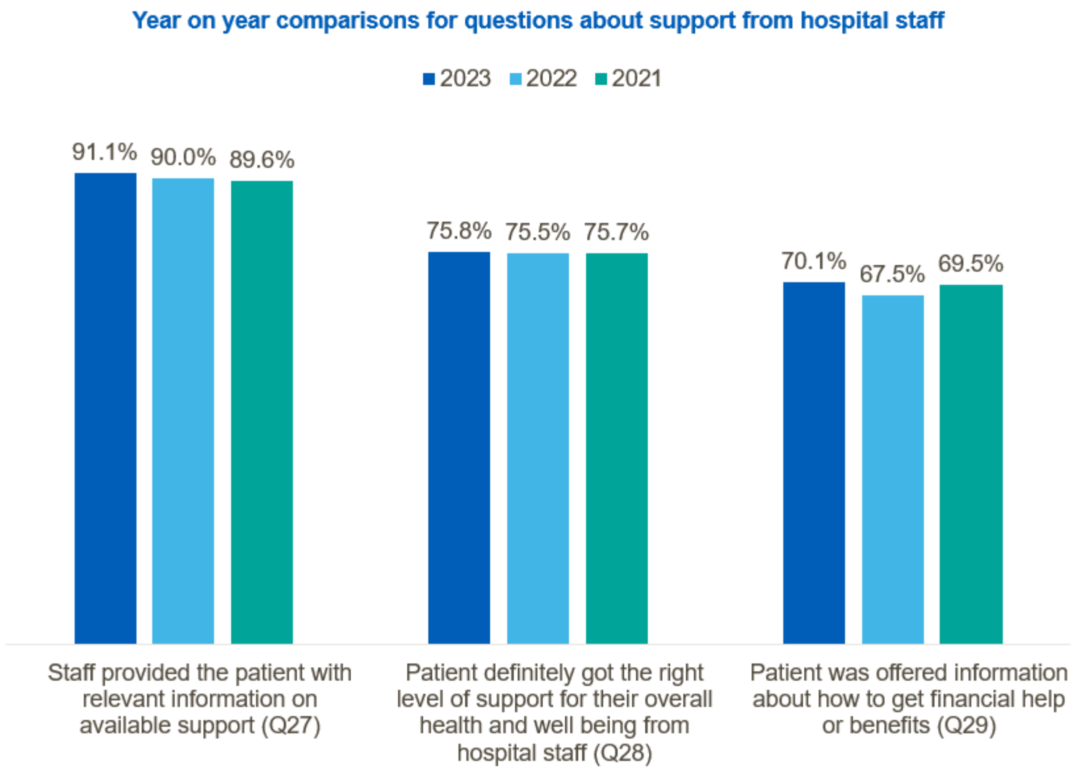
Continuation of trend data

- The NCPES Advisory Group oversaw review of the questionnaire for NCPES 2021 and continues to advise

- Year on year comparisons between 2021, 2022 and 2023 are included in reporting



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Sub-group comparisons

Comparing the overall experience by sub-group allows us to explore the differences in how people experienced their cancer care.

The following subgroup breakdowns are available to explore:

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

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NCPES – who is eligible?

- All acute and speciality NHS Trusts in England that provide adult cancer services

- Adults who were:
  - > 16 years
  - Confirmed diagnosis of cancer
  - Admitted to hospital as an inpatient for cancer related treatment **or** a day case patient for cancer related treatment

- Discharged between 01 April 2023 and 30 June 2023

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Respondents

Response rate of **52%** (63,438 / 121,121 patients surveyed responded)

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

	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 age

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%

Respondents

Number of responses by ethnic background

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	208	0.3%
Not given	4,513	7.1%
Total	63,438	100.0%

Number of responses by tumour group

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%

Respondents

Number of responses by long-term condition

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%

What are the biggest changes since the last survey?

The 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%**

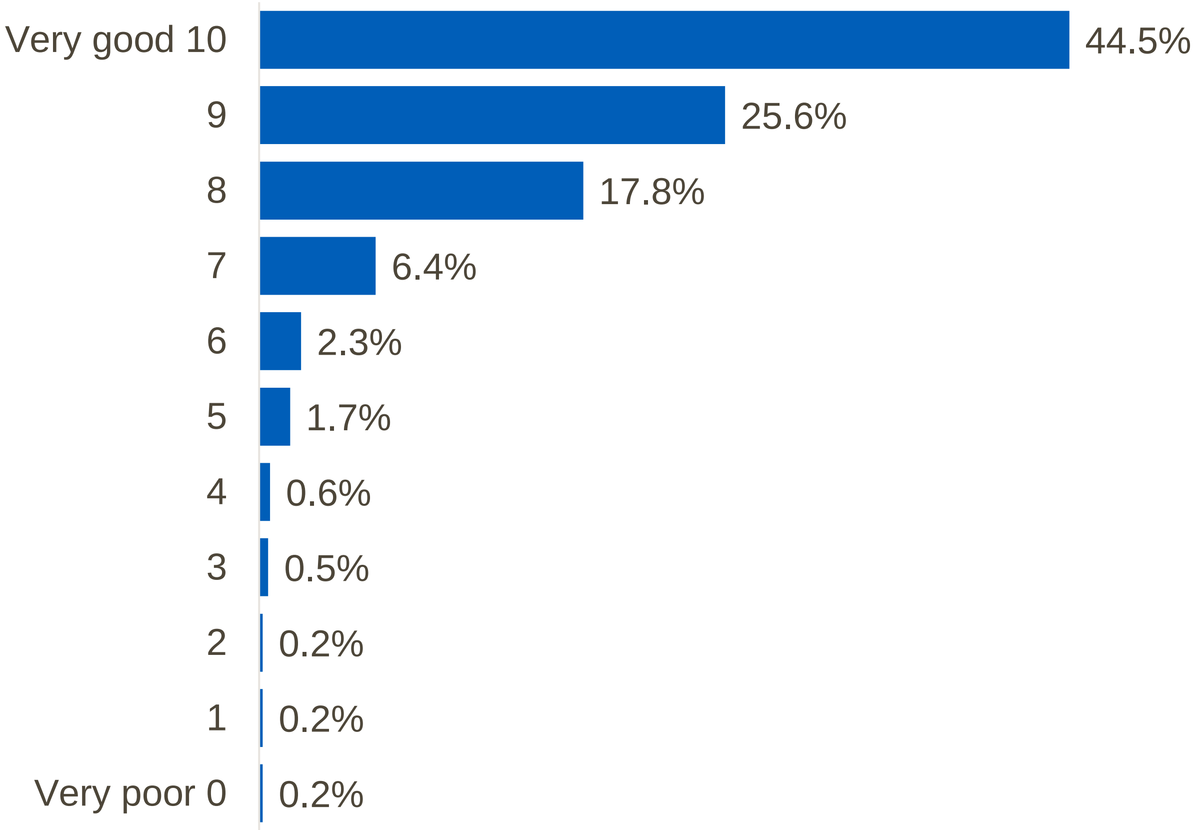
The scores with the largest negative change

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%**

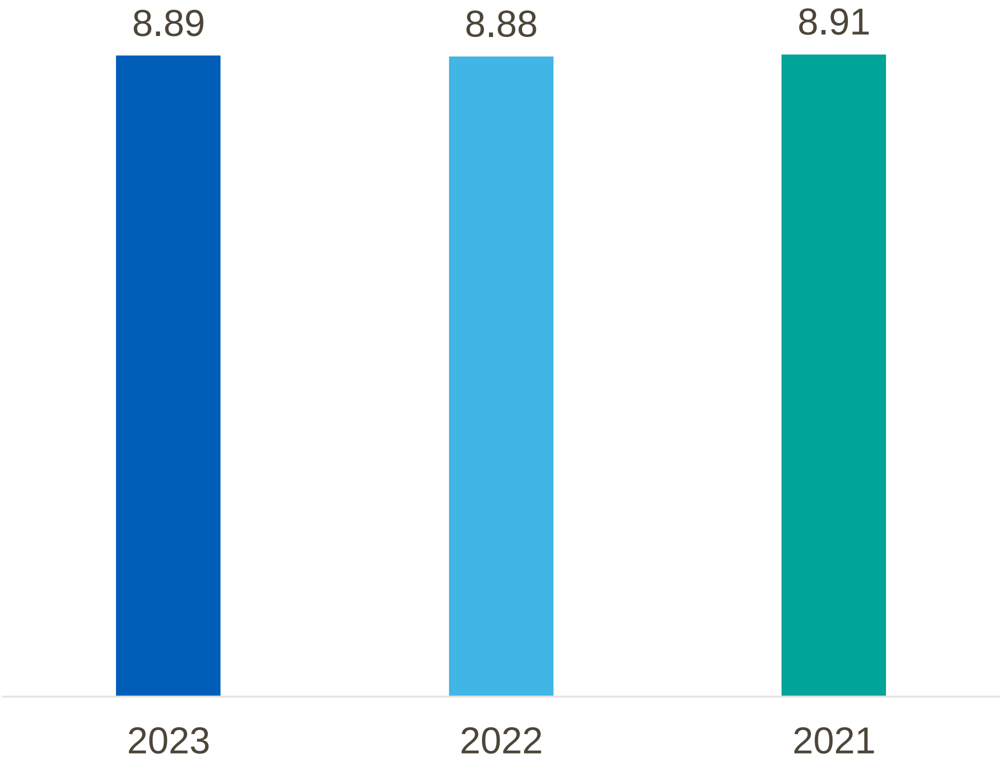
Headline findings

Overall experience

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)



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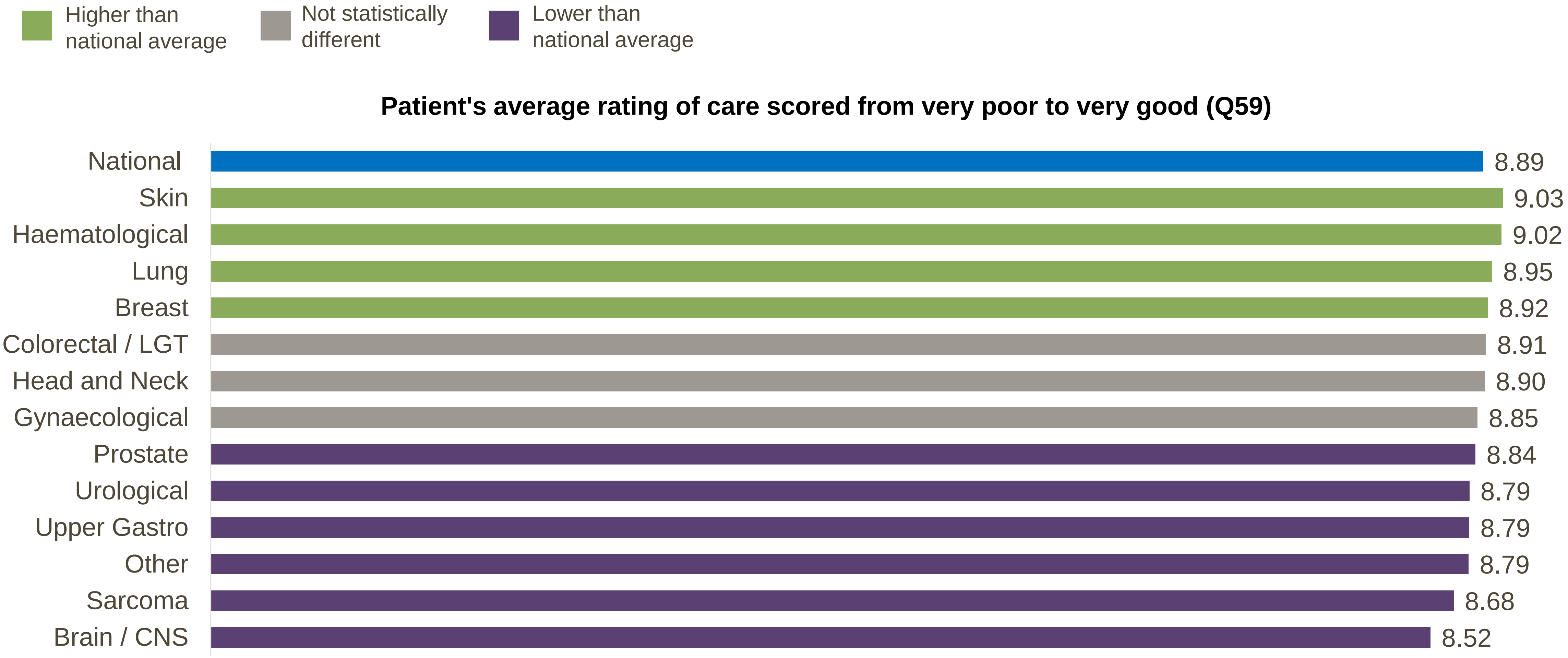
Overall experience by tumour group



Patient's average rating of care scored from very poor to very good (Q59)

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Overall experience by ethnicity and Male/Female/non-binary/Other

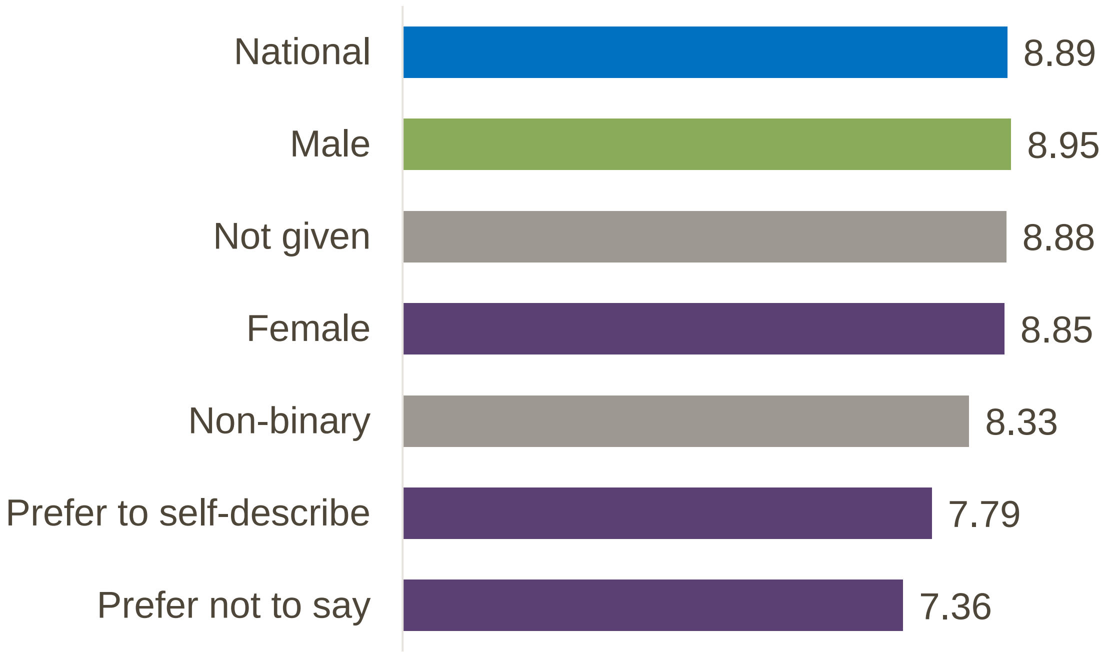
🟩 Higher than national average

▨ Not statistically different

🟪 Lower than national average

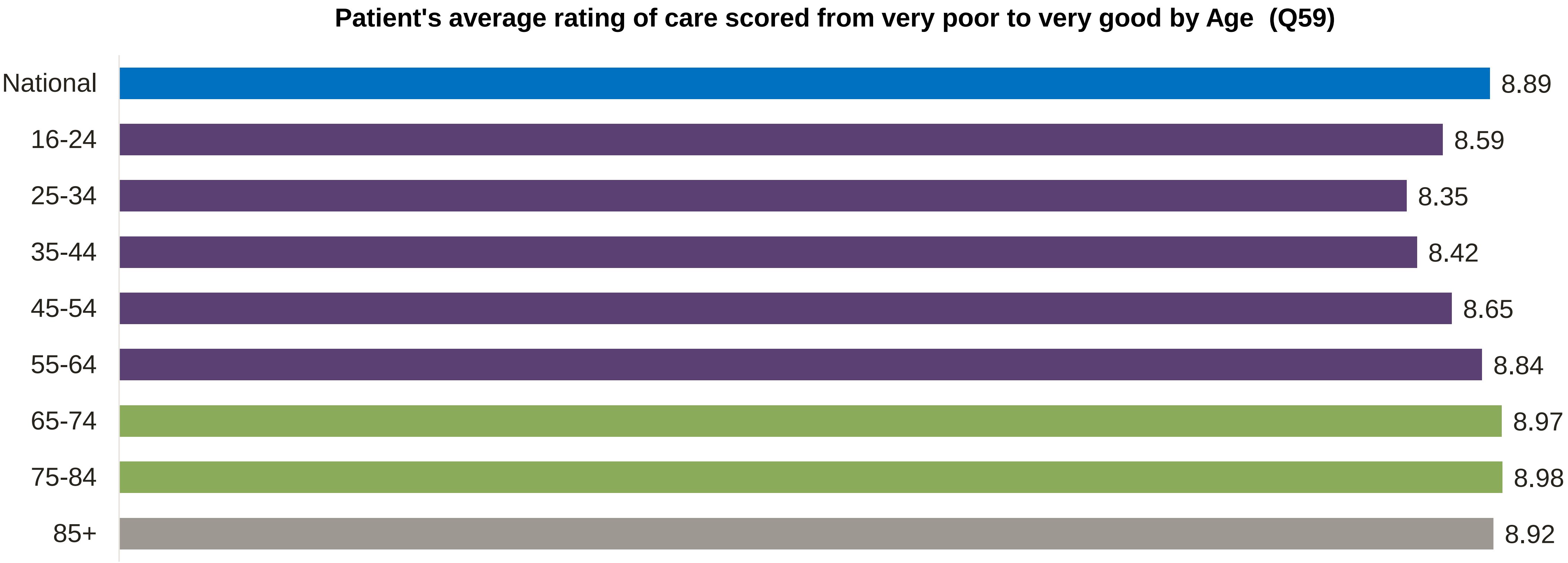
Patient's average rating of care scored from very poor to very good by Ethnicity (Q59)

Patient's average rating of care scored from very poor to very good by Male/Female/Non-binary/Other (Q59)



Overall experience by age

🟩 Higher than national average
▨ Not statistically different
🟪 Lower than national average



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Overall experience by long-term condition

🟩 Higher than national average

⬜ Not statistically different

🟪 Lower than national average

Patient's average rating of care scored from very poor to very good by long-term condition (LTC) (Q59)

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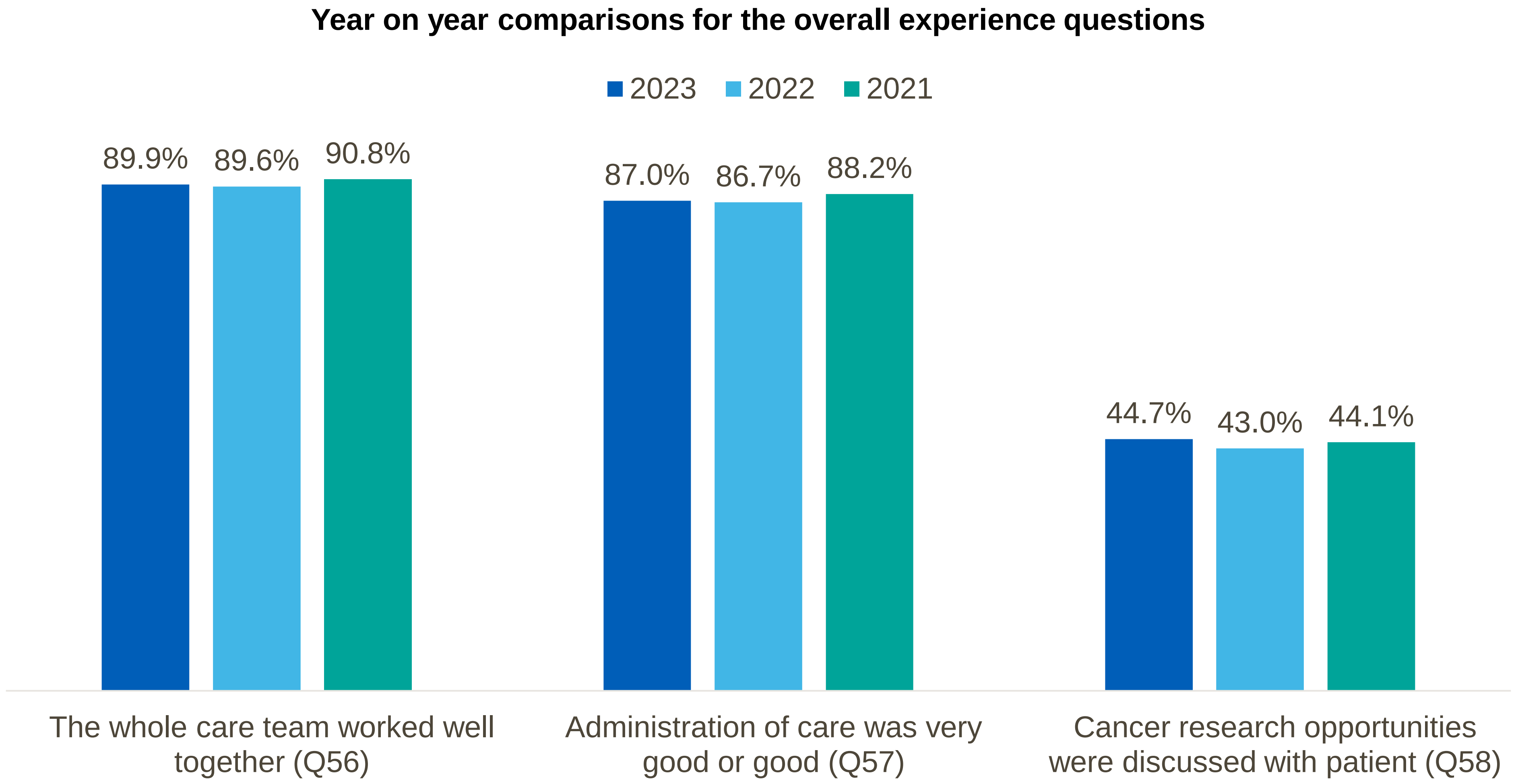
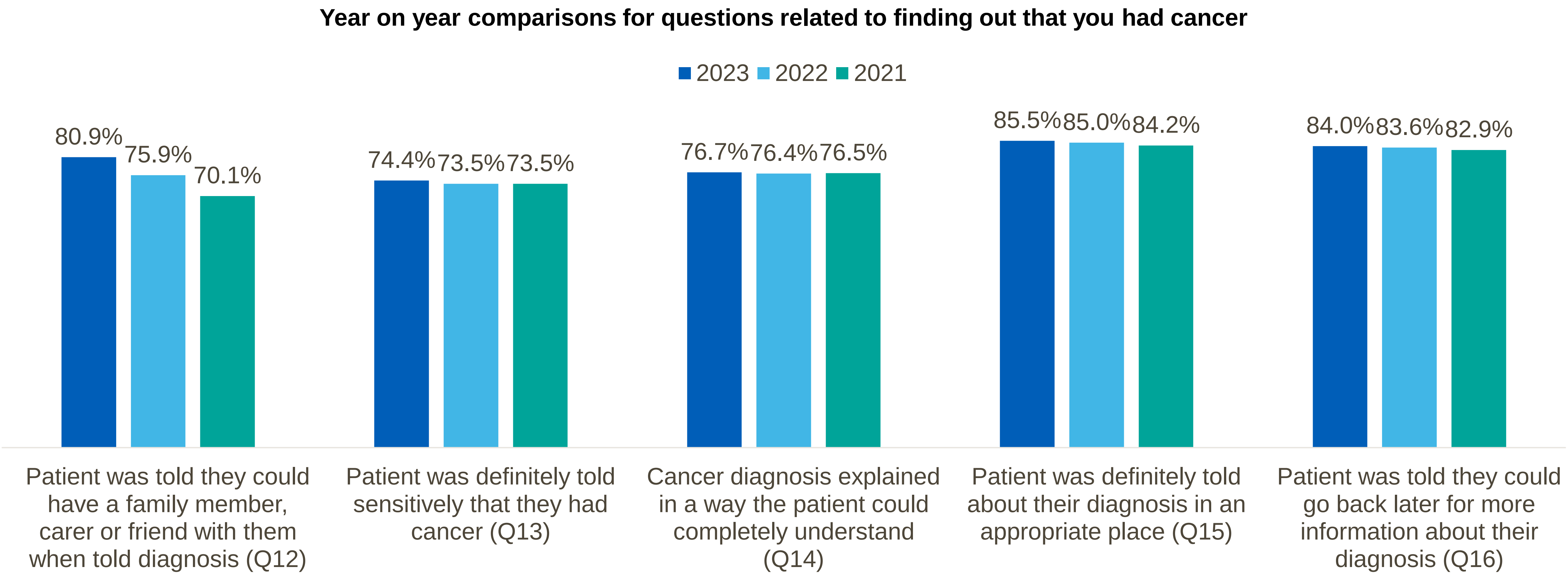
Overall experience



Finding out that you had cancer



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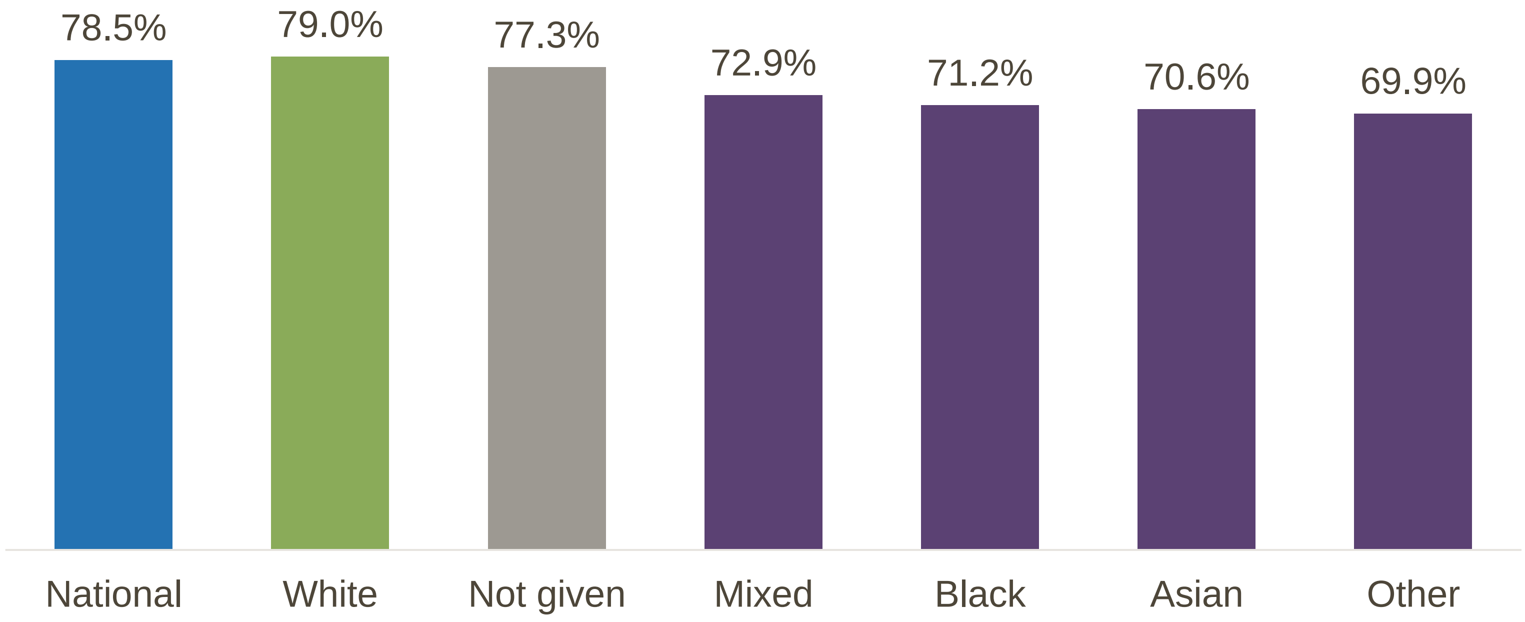
Diagnostic tests

🟩 Higher than national average

⬜ Not statistically different

🟪 Lower than national average

Diagnostic test results were explained in a way the patient could completely understand by Ethnicity (Q08)



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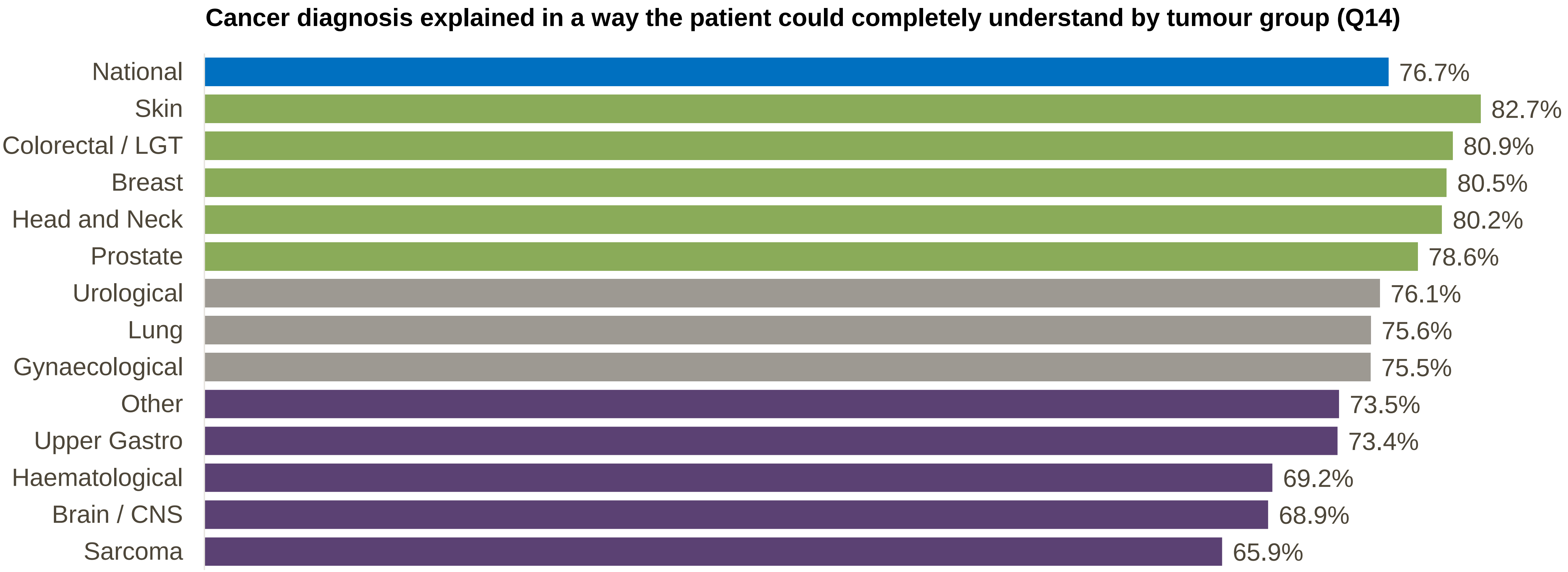

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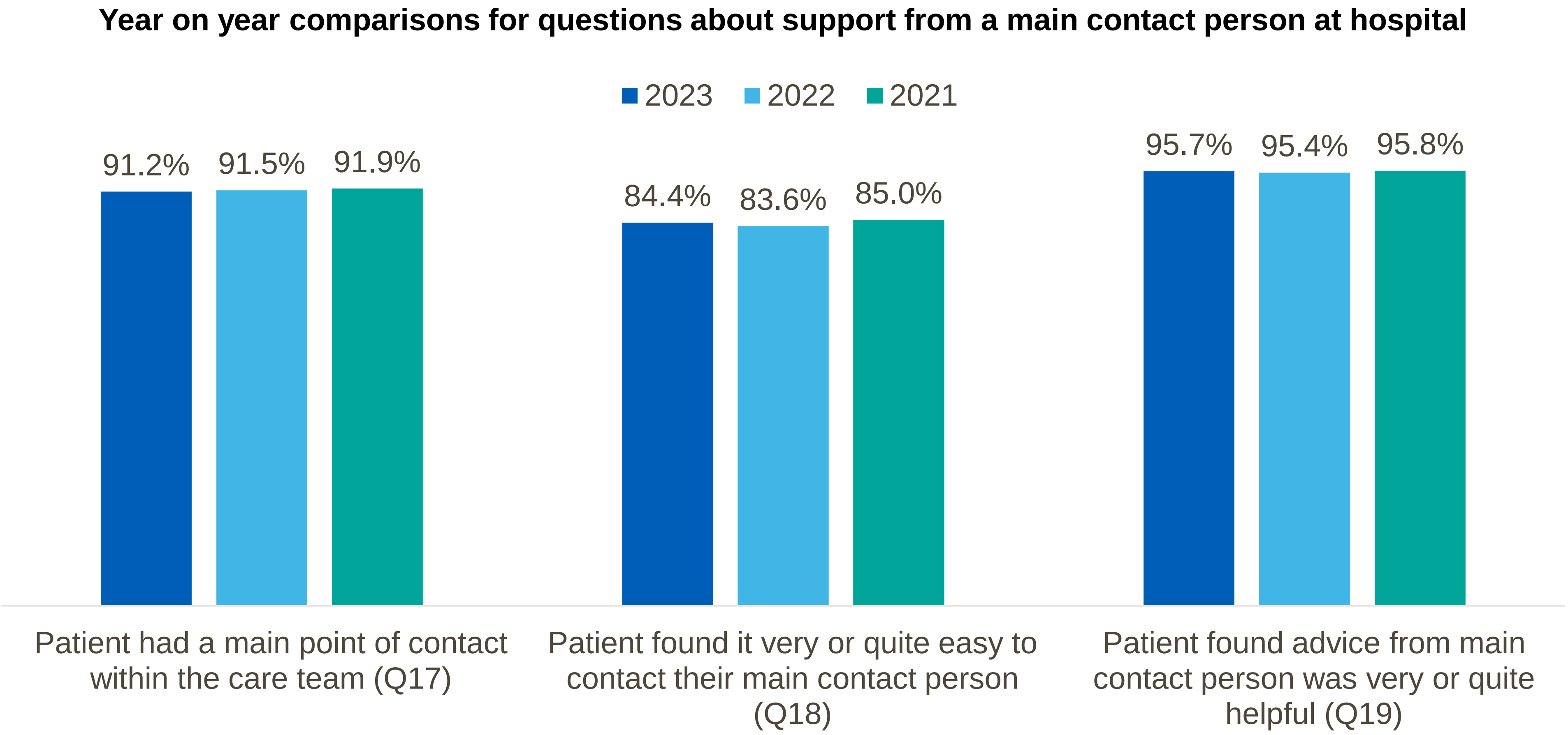
Support from a main contact person



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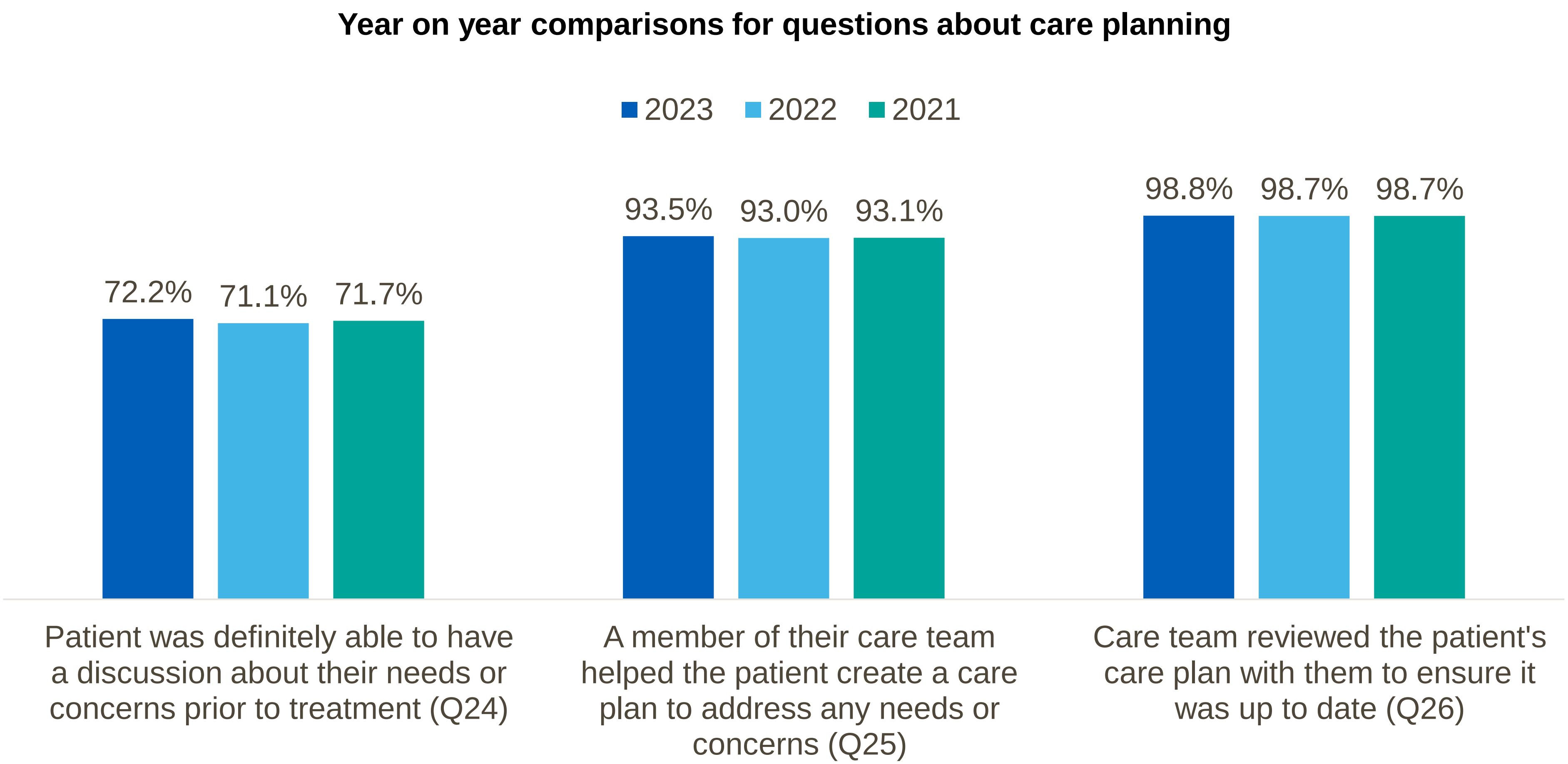
Care planning



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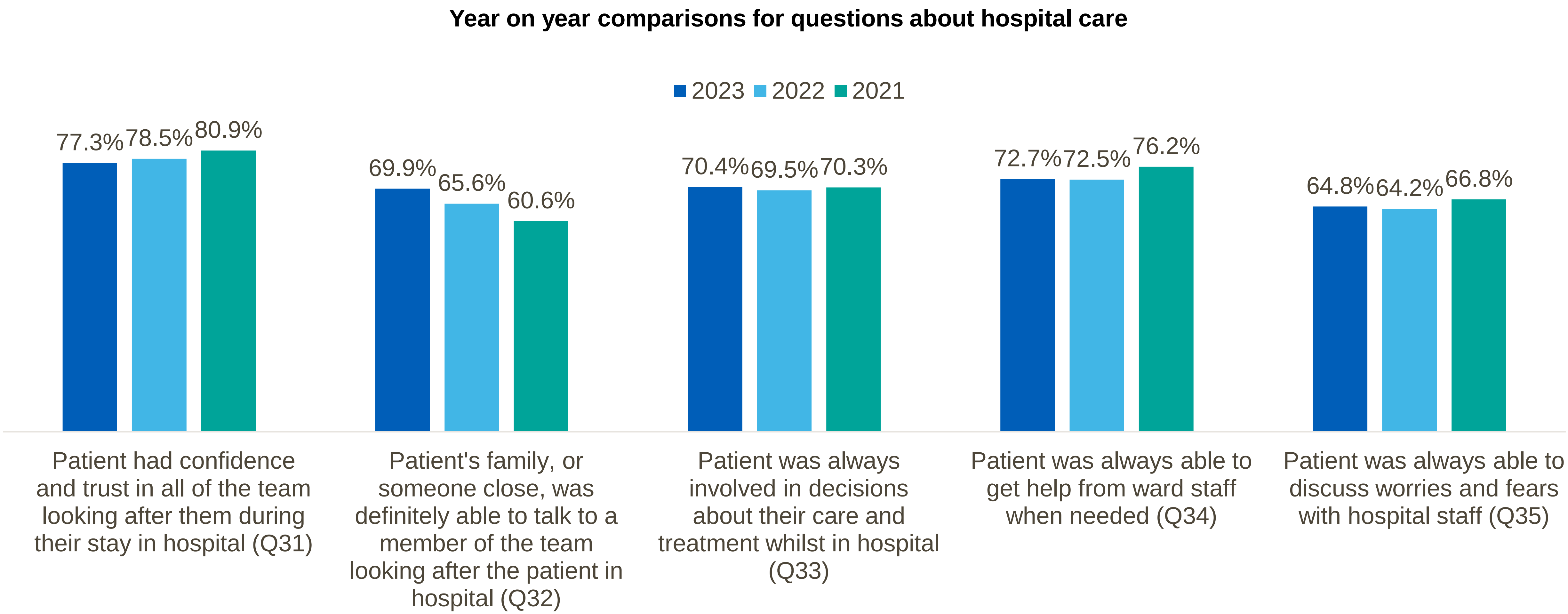
Hospital care



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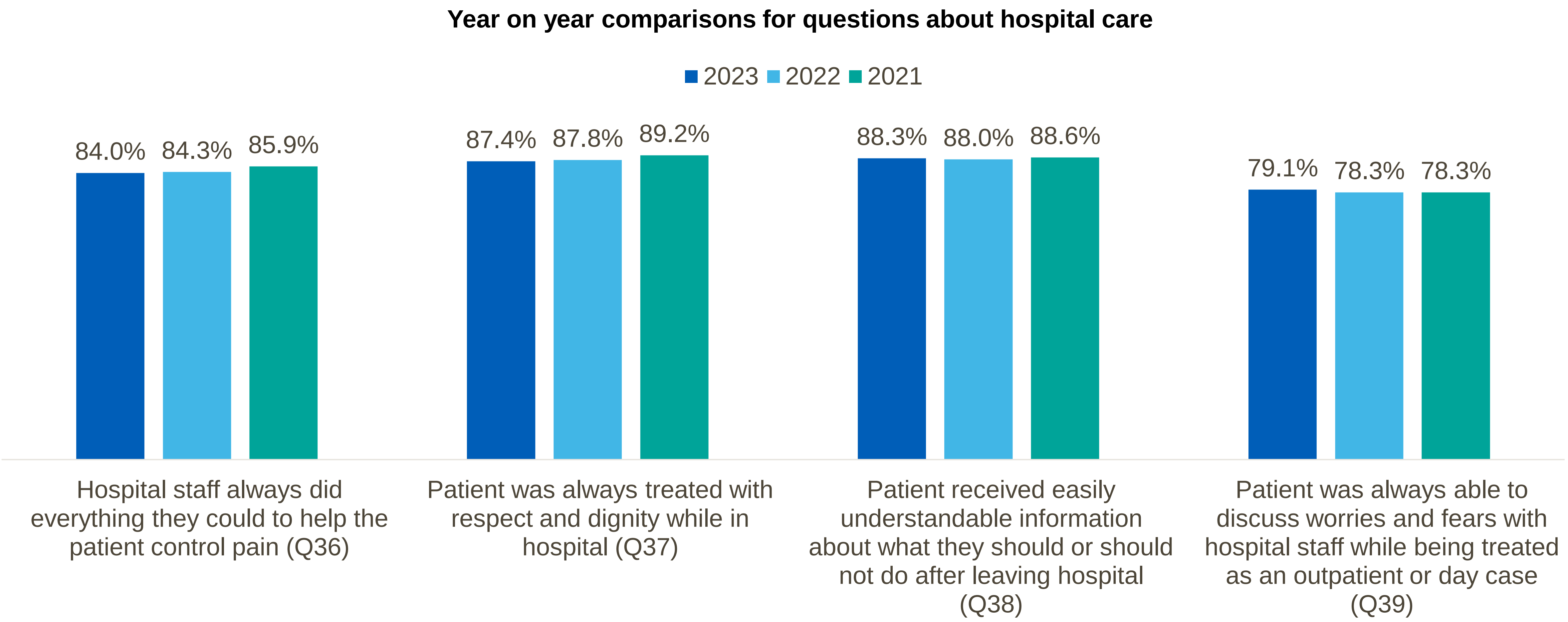

Hospital care

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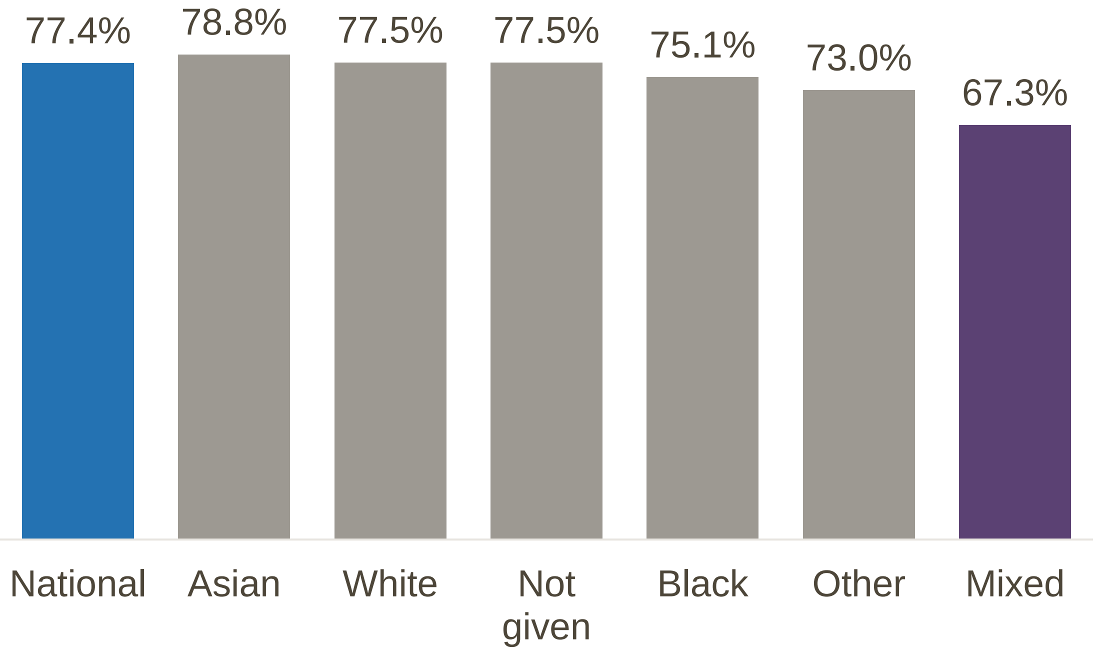
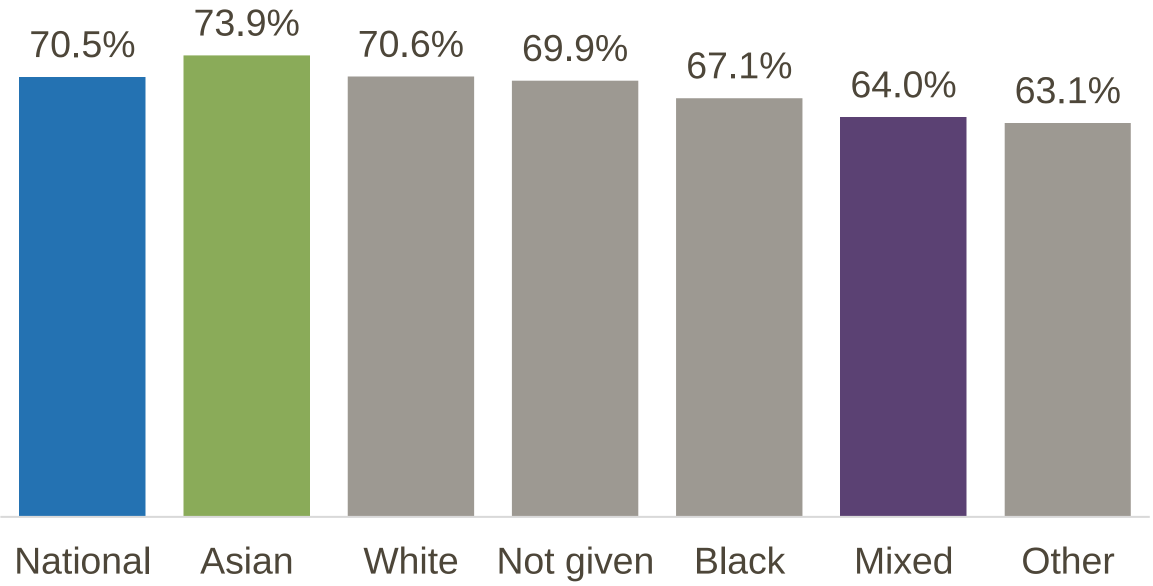
Patient had confidence and trust in all of the team looking after them during their stay in hospital (Q31)



Patient was always involved in decisions about their care and treatment whilst in hospital (Q33)



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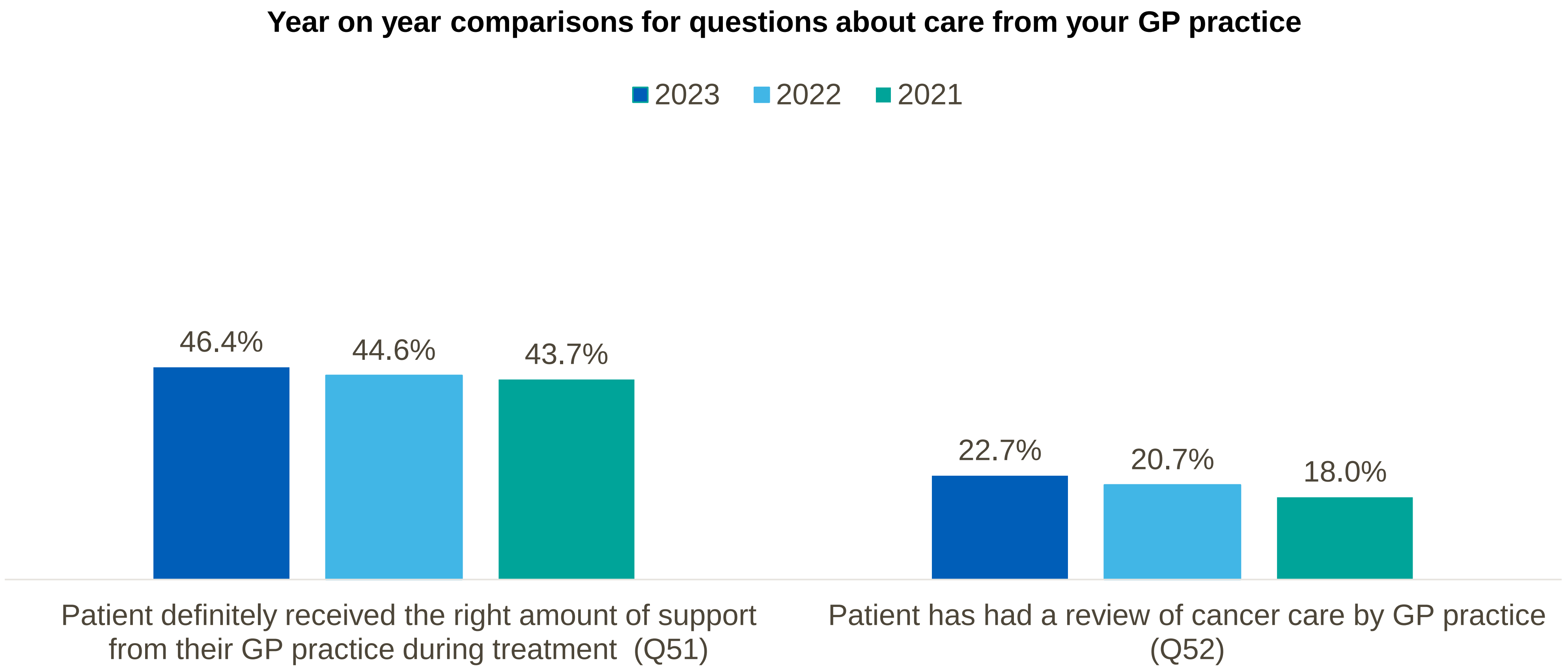
Care from your GP practice



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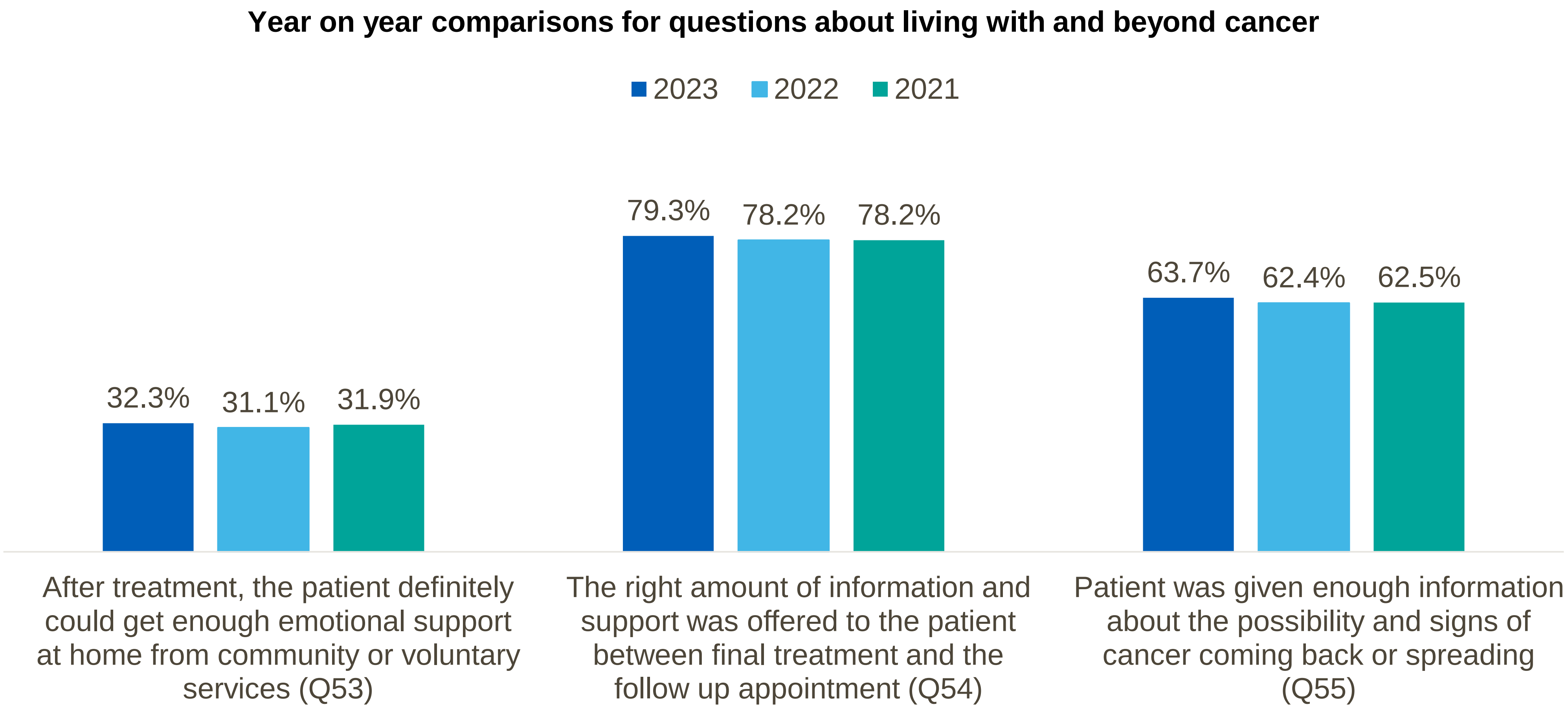
Living with and beyond cancer



Additional resources

There are additional resources available to support with interpreting results

- **Reporting Outputs Demonstration Workshop Recording:** Video demonstration of:
  - Trust level free text workbooks
  - Trust and national level
  - Response rate outputs
  - NCPES online dashboard
- It is available on *the NCPES website: Using results* page: **https://www.ncpes.co.uk/using-results/**

- **Making Data Count, Step 9 Training – Making Qualitative Data Count:** NHS England deliver Step 9 of the Make Data Count series, which focuses on qualitative data and analysis. More information can be found on the Making Data Count Workspace in *NHS Future:* **https://future.nhs.uk/**

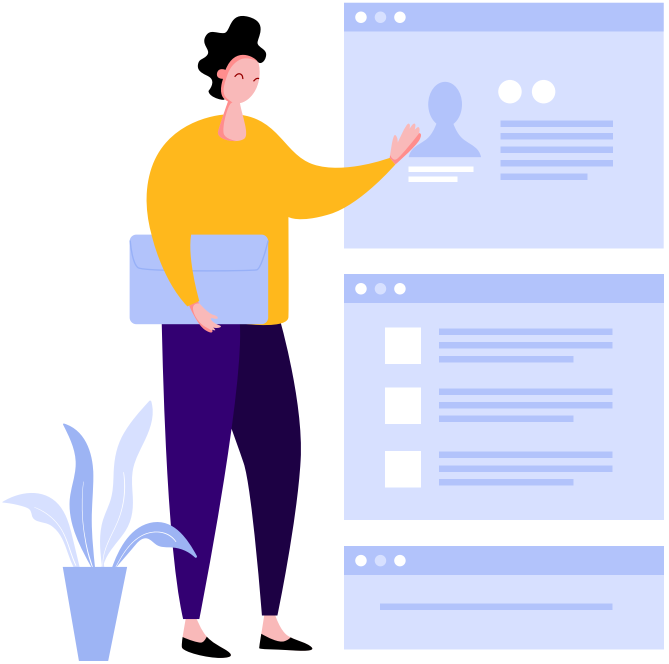
Upcoming

Publication 2: January 2025

- Remaining results, ICB and online dashboard will be published
- Additional webinar will take place in January
- Call out for case studies - please get in touch: **england.insight-queries@nhs.net**

2024 Cancer Patient Experience Survey

- Sampling period starts now
- New promotional materials for the survey – please help us to promote the survey
- Cancer Alliances will have access to freetext workbooks



Further Guidance

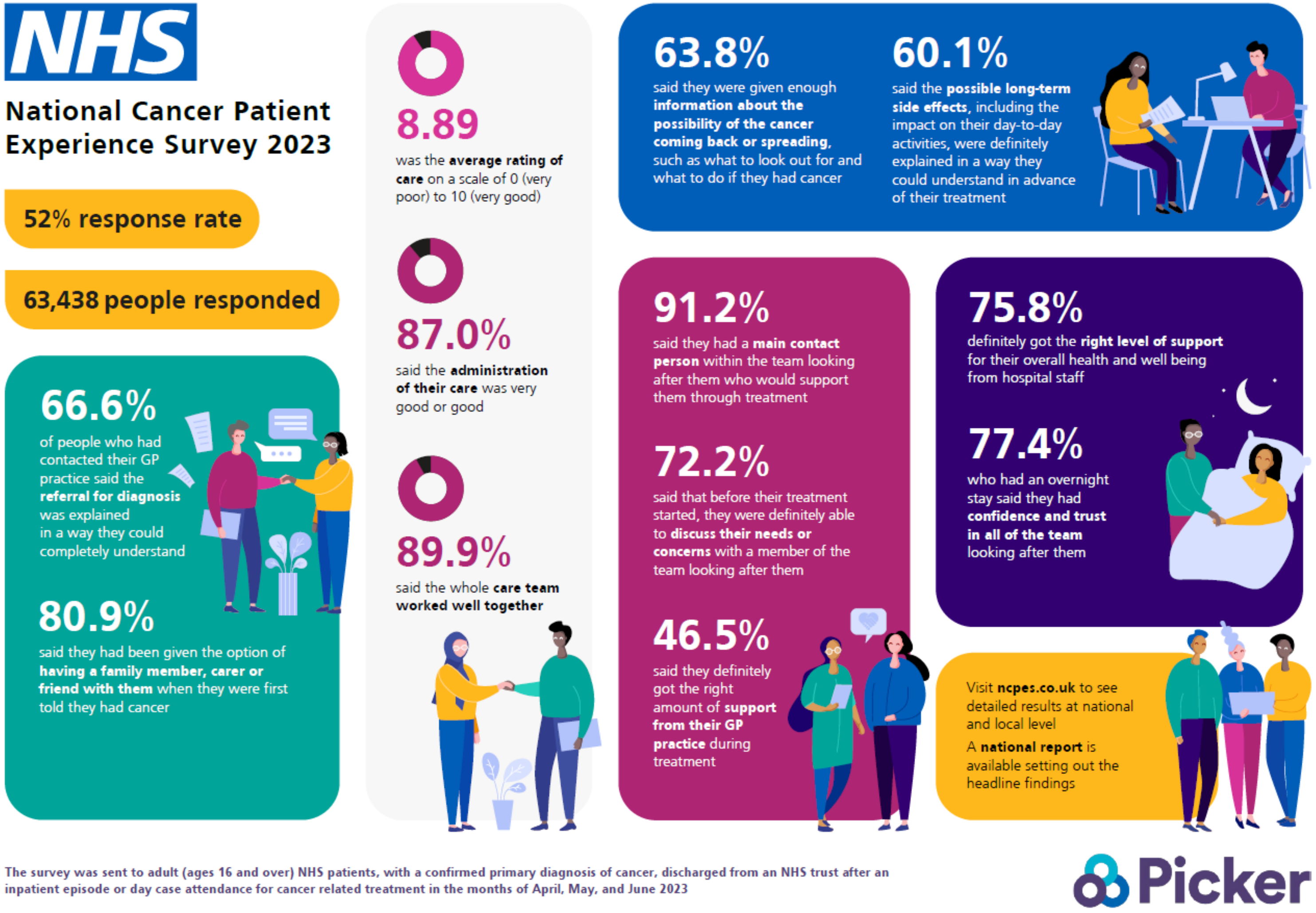
For guidance on scoring, suppression and how to use the reports please refer to the Technical Document on the NCPES website

https://www.ncpes.co.uk/survey-instructions/

Or email the team:

CPES@pickereurope.ac.uk

Questions?



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Key Driver Analysis

Jenny King
Chief Research Officer, Picker

CPES@PickerEurope.ac.uk

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Key Driver Analysis – Agenda

In this presentation I'll take you through a piece of work to explore which factors are correlated with a high rating of care in the **Cancer Patient Experience Survey 2022**.

We will cover:

- The approach taken to the analysis
- The questions we included in the analysis (including the outcome variable and potential drivers)
- Results from the analysis
- Summary and next steps

1

Key Driver Analysis – What it is and how it works

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Key driver analysis is used to identify what factors or ‘drivers’ are associated with a specific outcome. In this case, we wanted to understand which factors are correlated with a high rating of care in the Cancer Patient Experience Survey 2022.

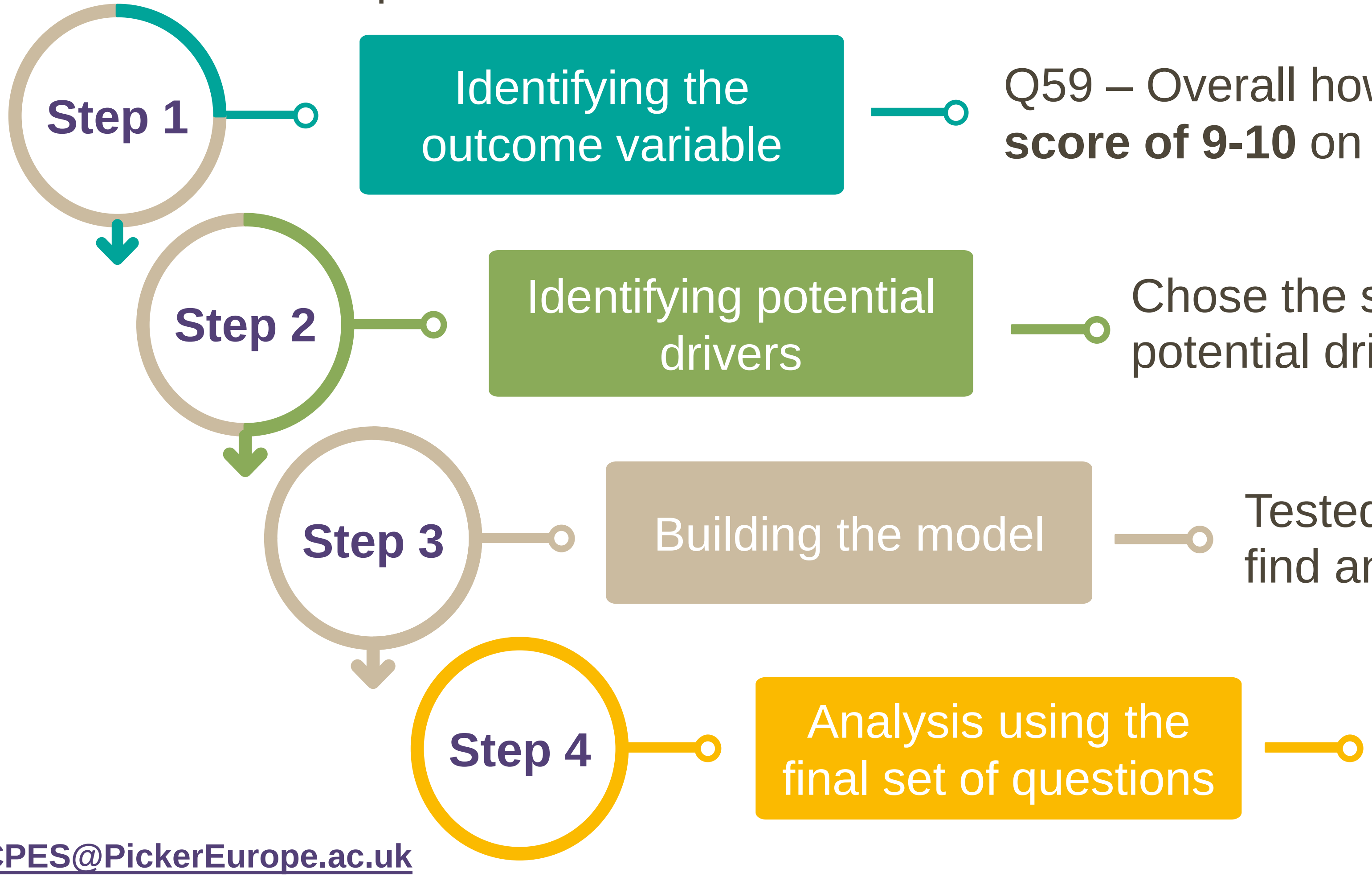
The main objectives of this key driver analysis were:

- Through secondary analysis of data from the Cancer Patient Experience Survey 2022, explore which questions are most strongly associated with a high rating of care.
- Using national level analysis, support local prioritisation of improvements on aspects that drive a high rating of care.
- Use the findings from the analysis to inform topics of focus by the NHS England Cancer Experience of Care Improvement Collaborative.
- Produce a national level analysis that can be built on in the future to explore how priorities may differ by subgroup.
- Update insight gathered from key driver analysis carried out on data from the National Cancer Patient Experience Survey 2015.

Key Driver Analysis – What it is and how it works

A logistic regression that evaluated the relationship between questions was used.

There were four steps.



Step 1

Identifying the outcome variable

Q59 – Overall how would you rate your care? A **score of 9-10** on the response scale

Step 2

Identifying potential drivers

Chose the scored survey questions that act as potential drivers of a high rating of care

Step 3

Building the model

Tested different versions of the model to find an optimal fit

Step 4

Analysis using the final set of questions

Final analysis run on a sub-set of questions

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2

Scored questions used in the final analysis

Scored questions used in the final analysis

In total, 10 scored questions out of 60 were included in the final analysis.

- Q13 - Patient was definitely told sensitively that they had cancer
- Q14 - Cancer diagnosis explained in a way the patient could completely understand
- Q17 - Patient had a main point of contact within the care team
- Q21 - Patient was definitely involved as much as they wanted to be in decisions about their treatment
- Q28 - Patient definitely got the right level of support for their overall health and well being from hospital staff
- Q43 - Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right
- Q44 - Possible side effects from treatment were definitely explained in a way the patient could understand
- Q52 - Patient has had a review of cancer care by GP practice
- Q56 - The whole care team worked well together
- Q57 - Administration of care was very good or good

3

Results:
What did we find?

Results

All of the questions included in the analysis had an observed Odds Ratio (OR)[1] greater than one and that was statistically significant.

This tells us that as the positive score on one of these questions increases, the likelihood of a high rating of care also increases.

The three questions identified as having the strongest relationship with a high rating of care are:

Q57 Administration of care was 'very good' or 'good' (OR = 4.79)

Q28 Patient definitely got the right level of support for their overall health and well being from hospital staff (OR = 4.27)

Q56 The whole care team worked well together (OR = 3.94)

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[1] The odds ratio (OR) in logistic regression quantifies the relationship between the probability of the presence of an outcome and one of its predictors. It represents the odds of the outcome occurring given a unit change in the predictor variable. If the OR is greater than 1, it indicates that the likelihood of the outcome increases as the predictor variable increases. Conversely, if the OR is less than 1, it suggests that the likelihood of the outcome decreases as the predictor variable increases.

Results

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]
Q57	Administration of care was very good or good	*14. Your overall NHS care*	<0.001	4.79
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	*07. Support from hospital staff*	<0.001	4.27
Q56	The whole care team worked well together	*14. Your overall NHS care*	<0.001	3.94
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*09. Your treatment*	<0.001	2.05
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	*10. Immediate and long term side effects*	<0.001	1.96

[1] The p-value associated with the OR indicates whether the observed OR is statistically significant or not. It tests the null hypothesis that the true OR is equal to 1 (indicating no effect of the predictor variable on the outcome variable). A low p-value typically less than 0.05 at a confidence level of 95% suggests that the observed OR is statistically significant, meaning that there is evidence to reject the null hypothesis and conclude that the predictor variable has a significant effect on the outcome variable.

Results

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	*05. Deciding on the best treatment*	<0.001	1.79
Q17	Patient had a main point of contact within the care team	*04. Support from a main contact person*	<0.001	1.46
Q14	Cancer diagnosis explained in a way the patient could completely understand	*03. Finding out you had cancer*	<0.001	1.41
Q13	Patient was definitely told sensitively that they had cancer	*03. Finding out you had cancer*	<0.001	1.35
Q52	Patient has had a review of cancer care by GP practice	*12. Care from your GP practice*	<0.001	1.14

[1] The p-value associated with the OR indicates whether the observed OR is statistically significant or not. It tests the null hypothesis that the true OR is equal to 1 (indicating no effect of the predictor variable on the outcome variable). A low p-value typically less than 0.05 at a confidence level of 95% suggests that the observed OR is statistically significant, meaning that there is evidence to reject the null hypothesis and conclude that the predictor variable has a significant effect on the outcome variable.

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Summary: Main points

Summary

- The full report of this analysis can be found at **https://www.ncpes.co.uk/latest-national-results/**
- Although it is important to note that the correlation identified through this analysis does not imply causation, focussing improvement efforts on the strongest predictors of a high rating of care has the potential to improve overall care experiences.
- This analysis updates insight gathered from key driver analysis carried out on data from the National Cancer Patient Experience Survey 2015. Whilst the questionnaire has since been updated, the 2015 analysis also found questions focussed on care administration and team working to be strong predictors of a positive overall care rating[1].
- Although we have identified questions strongly associated with a high rating of care, it is important not to dismiss other aspects of care as of less importance to people with cancer.
- We are now carrying out analysis to explore how priorities may differ for a selection of subgroups. This work is in the early stages with publication date to be determined. It will be made available on the CPES website.

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[1] Gomez-Cano M, Lyratzopoulos G, Abel GA. Patient Experience Drivers of Overall Satisfaction With Care in Cancer Patients: Evidence From Responders to the English Cancer Patient Experience Survey. J Patient Exp. 2020 Oct;7(5):758-765. doi: 10.1177/2374373519889435. Epub 2019 Nov 25. PMID: 33294612; PMCID: PMC7705845.

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Reflections and questions

The National Cancer Programme perspective

Jodie Moffat

Deputy Director of Policy and Strategy, National Cancer Programme, NHS England

CPES@PickerEurope.ac.uk

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Closing remarks

Clare Lerway

Senior Insight Associate, Picker

CPES@PickerEurope.ac.uk

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We welcome your feedback

Please provide your feedback on this webinar:

Please get in touch with your case studies as well:
england.insight-queries@nhs.net

Thank you.

CPES@PickerEurope.ac.uk

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