

Cancer Patient Experience Survey

2023 Results

NHS Lancashire and South Cumbria Integrated Care Board

Published November 2024

Contents

xecutive summary	3
ntroduction	4
lethodology	4
Inderstanding the results	5
urther information	6
esponse rate	8
xpected range charts	10
comparability tables	14
umour group tables	18
ge group tables	23
lale/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	Case mix adjusted scores			
	2023 score	Lower expected range	Upper expected range	England score	
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	85%	78%	83%	81%	

Questions below expected range

NHS Lancashire and South Cumbria Integrated Care Board has no scores below expected range.

Introduction

The National Cancer Patient Experience Survey 2023 is the thirteenth iteration of the survey first undertaken in 2010. It has been designed to monitor progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The survey was undertaken by Picker on behalf of NHS England and it was overseen by a national Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guided questionnaire development. The survey was commissioned and managed by NHS England. The survey provider, Picker, is responsible for designing, running and analysing the survey.

The 2023 survey involved 132 NHS trusts. Out of 121,121 people, 63,428 people responded to the survey, yielding a response rate of 52%.

Methodology

Eligibility, fieldwork and survey methods

The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2023. The fieldwork for the survey was undertaken between November 2023 and February 2024.

As in the previous eight years, the survey used a mixed mode methodology. Questionnaires were sent by post, with two reminders where necessary, but also included an option to complete the questionnaire online. A Freephone helpline and email was available for respondents to opt out, ask questions about the survey, enable them to complete their questionnaire over the phone and provide access to a translation and interpreting facility for those whose first language was not English.

Note on question comparability

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

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

How alliance and ICB results are generated

Alliance and ICB results are derived using the post code of each patient, rather than by mapping trust results to ICBs or alliances. This mapping is achieved using lookup files released by the Office for National Statistics.

Alliance and ICB results therefore reflect the experience of people referred from within the geographical footprint.

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 an ICB 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.

NHS Lancashire and South Cumbria Integrated Care Board

Unadjusted data should be used to see the actual responses from patients relating to the ICB. 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 ICB, the results are not shown for that question for that ICB.

For ICBs 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** ICB has a score suppressed. If this happens, we will suppress another ICB's results (both the ICB 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 ICB.

The same rule applies to groups in each sub-group breakdown. For example, if only one ICB has the 85+ age group suppressed for Q25 we will need to suppress another ICB'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 ICB scored for each question in the survey compared with England results. It is aimed at helping individual ICBs to understand their performance and identify areas for local and regional 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 ICB.

ICBs 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 ICB performs better than what ICBs 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 ICB's size and demographics.

Comparability tables

The comparability tables show the 2022 and 2023 unadjusted scores for this ICB 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 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 ICBs 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 other reports.

Overall response rate at response rate sections shows national level counts and response rate. For ICBs and its comparison at comparability tables section, all data is presented at the England level.

Further information

This research was carried out in accordance with the international standard for organisations conducting market and social research (accreditation to ISO20252:2019; certificate number

GB08/74322). Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality, and value in the Code of Practice for Statistics that all producers of official statistics should adhere to. You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website.

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

Response rate

Overall response rate

2,292 patients responded out of a total of 4,442 patients, resulting in a response rate of 52%.

	Sample size			Response rate
Overall response rate	4,755	4,442	2,292	52%
National	129,231	121,121	63,438	52%

Respondents by survey type

	Number of respondents
Paper	1,827
Online	465
Phone	0
Translation service	0
Total	2,292

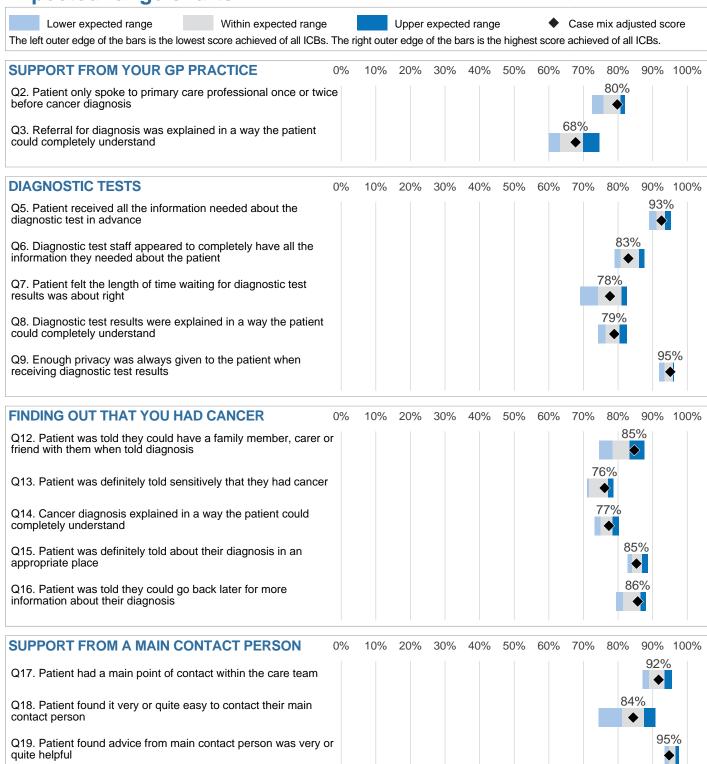
Respondents by tumour group

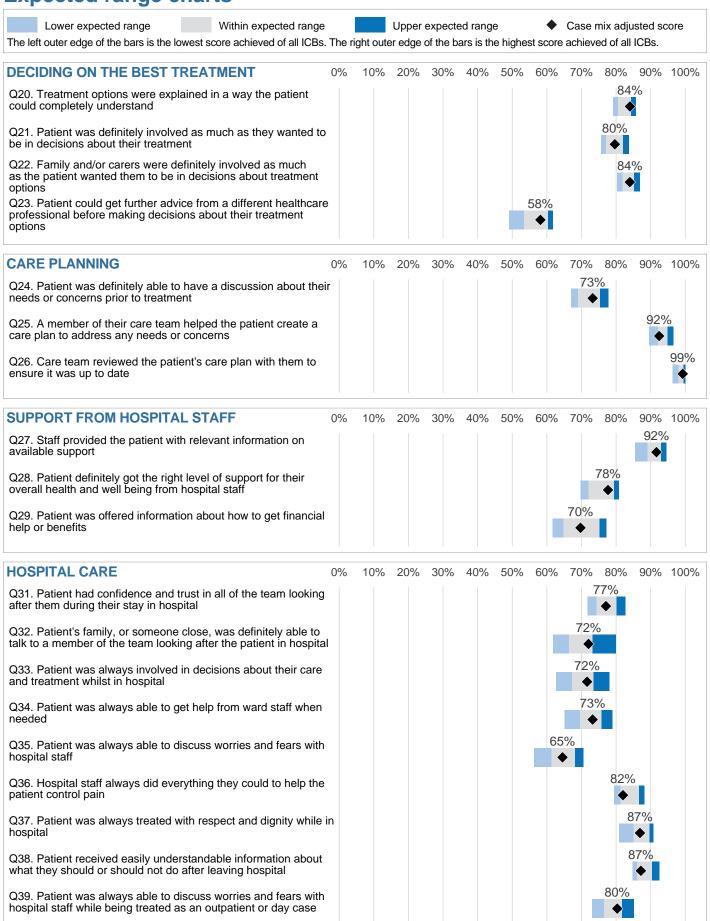
	Number of respondents
Brain / CNS	7
Breast	507
Colorectal / LGT	266
Gynaecological	93
Haematological	274
Head and neck	59
Lung	165
Prostate	340
Sarcoma	12
Skin	58
Upper gastro	89
Urological	121
Other	301
Total	2,292

Respondents by ethnicity

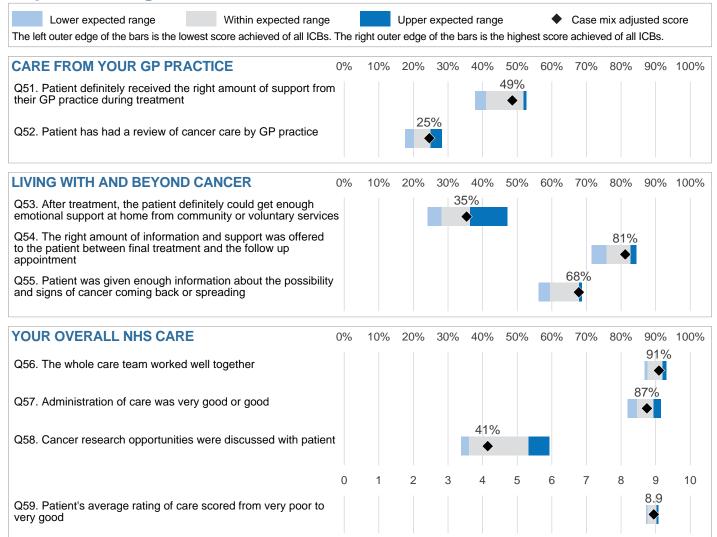
	Number of respondents
White	
English / Welsh / Scottish / Northern Irish / British	2,063
Irish	10
Gypsy or Irish Traveller	*
Roma	*
Any other White background	26
Mixed / Multiple Ethnic Groups	
White and Black Caribbean	*
White and Black African	*
White and Asian	*
Any other Mixed / multiple ethnic background	*
Asian or Asian British	
Indian	15
Pakistani	12
Bangladeshi	*
Chinese	*
Any other Asian background	*
Black / African / Caribbean / Black British	
African	6
Caribbean	*
Any other Black / African / Caribbean background	*
Other Ethnicity	
Arab	*
Any other ethnic group	*
Not given	, , , , , , , , , , , , , , , , , , ,
Not given	140
Total	2,292

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









Comparability tables



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

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

**	No score available for 2022.	(2021, 2022, and 2023).	
			Unadjusted s

	Unadjusted scores						Case n			
SUPPORT FROM YOUR GP PRACTICE	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	England score
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	1149	81%	1064	81%			80%	76%	81%	78%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	1543	70%	1499	68%			68%	63%	70%	67%

DIAGNOSTIC TESTS	Unadjusted scores							Case mix adjusted scores			
	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	England score	
Q5. Patient received all the information needed about the diagnostic test in advance	1875	94%	1765	93%			93%	91%	94%	92%	
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	1982	84%	1873	83%			83%	81%	86%	83%	
Q7. Patient felt the length of time waiting for diagnostic test results was about right	1976	78%	1868	78%		•	78%	74%	81%	78%	
Q8. Diagnostic test results were explained in a way the patient could completely understand	1992	80%	1864	79%			79%	76%	80%	78%	
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	1996	96%	1867	95%			95%	93%	96%	95%	

FINDING OUT THAT YOU HAD CANCER	Unadjusted scores							Case mix adjusted scores			
	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	England score	
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	2221	79%	2134	85%	•	A	85%	78%	83%	81%	
Q13. Patient was definitely told sensitively that they had cancer	2329	76%	2256	77%			76%	72%	77%	74%	
Q14. Cancer diagnosis explained in a way the patient could completely understand	2333	77%	2263	78%			77%	75%	78%	77%	
Q15. Patient was definitely told about their diagnosis in an appropriate place	2322	86%	2259	86%			85%	84%	87%	86%	
Q16. Patient was told they could go back later for more information about their diagnosis	2091	84%	1983	86%			86%	81%	86%	84%	

		Unadjusted scores						Case mix adjusted scores			
SUPPORT FROM A MAIN CONTACT PERSON	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	England score	
Q17. Patient had a main point of contact within the care team	2260	92%	2175	92%			92%	89%	93%	91%	
Q18. Patient found it very or quite easy to contact their main contact person	1893	84%	1793	85%			84%	81%	88%	84%	
Q19. Patient found advice from main contact person was very or quite helpful	1984	95%	1898	95%			95%	95%	97%	96%	

Comparability tables

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

▲ or ▼

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

Adjusted score below lower expected range

Adjusted score between upper and lower expected ranges Adjusted score above upper expected range

** No score available for 2022. (2021, 2022, and 2023).		Δ
---	--	---

			Unadjust	ted score	es		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	England score
Q20. Treatment options were explained in a way the patient could completely understand	2184	85%	2115	84%			84%	81%	84%	82%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	2308	80%	2226	80%			80%	77%	82%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	1998	80%	1969	84%	A	•	84%	82%	85%	83%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	**	**	1265	59%			58%	53%	60%	57%

			Unadjust	ted score	es		Case n	d scores		
CARE PLANNING	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	England score
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	2131	71%	2010	74%			73%	69%	75%	72%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	1215	93%	1187	92%			92%	92%	95%	94%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	968	99%	940	99%			99%	98%	99%	99%

			Unadjust	ted score	es		Case n	d scores		
SUPPORT FROM HOSPITAL STAFF	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	England score
Q27. Staff provided the patient with relevant information on available support	1919	90%	1881	92%			92%	89%	93%	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	2320	79%	2223	78%			78%	72%	80%	76%
Q29. Patient was offered information about how to get financial help or benefits	1270	69%	1183	69%			70%	65%	75%	70%

Comparability tables

Adjusted score below lower

* Indicates where a score is not		Change 2022-2023: Indicates where 2023 score is	expected range
available due to suppression or a low base size.	∆ or ▼	significantly higher or lower than 2022 score. Change overall: Indicates significant change overall	Adjusted score between upper and lower expected ranges
** No score available for 2022.		(2021, 2022, and 2023).	Adjusted score above upper expected range

			Unadjus	ted score	s		Case n	nix adjuste	ed scores	
HOSPITAL CARE	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	England score
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	828	80%	828	78%			77%	74%	80%	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	675	67%	697	72%		•	72%	66%	73%	70%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	808	69%	813	72%			72%	67%	74%	70%
Q34. Patient was always able to get help from ward staff when needed	812	75%	806	73%			73%	70%	76%	73%
Q35. Patient was always able to discuss worries and fears with hospital staff	792	66%	790	65%			65%	61%	68%	65%
Q36. Hospital staff always did everything they could to help the patient control pain	733	84%	703	82%			82%	81%	87%	84%
Q37. Patient was always treated with respect and dignity while in hospital	826	89%	821	87%			87%	85%	90%	87%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	803	88%	795	87%			87%	86%	91%	88%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	2081	80%	1952	81%			80%	76%	82%	79%

			Unadjus	ted score	es		Case r	d scores		
YOUR TREATMENT	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	England score
Q41_1. Beforehand patient completely had enough understandable information about surgery	1230	90%	1134	90%			90%	88%	92%	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	1056	87%	988	85%			85%	83%	88%	86%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	860	89%	814	91%			90%	87%	91%	89%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	527	83%	470	79%			78%	76%	83%	79%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	257	88%	312	83%			82%	80%	88%	84%
Q42_1. Patient completely had enough understandable information about their response to surgery	**	**	1124	87%			87%	84%	88%	86%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	**	**	981	82%			82%	79%	84%	81%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	**	**	811	88%			87%	83%	87%	85%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	**	**	453	77%			76%	72%	80%	76%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	**	**	299	81%			81%	76%	85%	81%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	2280	83%	2160	85%			85%	72%	85%	78%

Comparability tables

Adjusted score below lower expected range

*	Indicates where a score is not available due to suppression or a low base size. * No score available for 2022.	▲ or	_	significantly hig	her or low : Indicates	ates where 2023 er than 2022 sco significant chan	re.	lower ex	d score between uppected ranges discore above upp	

			Unadjust	ted score	es		Case n			
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	England score
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	2240	75%	2104	75%			75%	72%	76%	74%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	2147	71%	2002	72%			71%	67%	73%	70%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	1761	87%	1620	88%			88%	84%	90%	87%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	2097	61%	2022	62%			61%	57%	63%	60%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	1838	54%	1762	57%			56%	51%	58%	55%

			Unadjust	ted score		Case n				
SUPPORT WHILE AT HOME	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	England score
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	1542	60%	1437	62%		A	62%	57%	66%	62%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	1014	58%	940	58%			58%	47%	58%	52%

			Unadjust	ed score	s		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	England score
Q51. Patient definitely received the right amount of support from their GP practice during treatment	1369	45%	1300	49%			49%	41%	52%	46%
Q52. Patient has had a review of cancer care by GP practice	2216	20%	2133	25%	•	A	25%	20%	25%	23%

			Unadjust	ed score	s		Case n	d scores		
LIVING WITH AND BEYOND CANCER	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	England score
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	535	36%	501	36%			35%	28%	36%	32%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	1130	79%	1039	82%			81%	76%	83%	79%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	1838	65%	1702	68%			68%	59%	68%	64%

			Unadjust	ted score	S		Case n	nix adjuste	d scores	
YOUR OVERALL NHS CARE	2022 n	2022 score	2023 n	2023 score	Change 2022- 2023	Change overall	2023 score	Lower expected range	Upper expected range	England score
Q56. The whole care team worked well together	2213	91%	2144	91%			91%	88%	92%	90%
Q57. Administration of care was very good or good	2303	88%	2210	88%			87%	85%	89%	87%
Q58. Cancer research opportunities were discussed with patient	1329	36%	1234	41%	•		41%	36%	53%	45%
Q59. Patient's average rating of care scored from very poor to very good	2228	9.0	2170	9.0			8.9	8.8	9.0	8.9

SUPPORT FROM YOUR GP PRACTICE							Tumo	our gro	up					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	94%	85%	80%	60%	87%	72%	80%	*	94%	82%	72%	78%	81%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	81%	65%	68%	54%	53%	56%	73%	*	78%	61%	65%	66%	68%

DIAGNOSTIC TESTS							Tumo	our gro	up					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q5. Patient received all the information needed about the diagnostic test in advance	*	93%	93%	85%	95%	93%	93%	93%	*	88%	83%	95%	96%	93%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	82%	87%	79%	86%	85%	84%	87%	*	77%	78%	76%	82%	83%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	76%	81%	83%	82%	79%	76%	82%	*	80%	74%	78%	71%	78%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	84%	83%	68%	83%	67%	76%	79%	*	74%	71%	79%	78%	79%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	97%	96%	92%	96%	87%	94%	96%	*	92%	93%	98%	94%	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	*	88%	91%	84%	79%	88%	82%	89%	64%	83%	86%	72%	84%	85%
Q13. Patient was definitely told sensitively that they had cancer	*	81%	85%	76%	72%	71%	72%	75%	67%	82%	78%	67%	75%	77%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	80%	86%	75%	73%	78%	72%	81%	58%	84%	71%	77%	74%	78%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	88%	89%	80%	84%	86%	82%	90%	67%	83%	83%	83%	84%	86%
Q16. Patient was told they could go back later for more information about their diagnosis	*	90%	88%	84%	81%	87%	79%	90%	82%	88%	81%	80%	83%	86%

SUPPORT FROM A MAIN CONTACT PERSO	N						Tumo	our gro	up					
	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	*	89%	93%	94%	92%	93%	87%	95%	*	90%	97%	92%	90%	92%
Q18. Patient found it very or quite easy to contact their main contact person	*	83%	90%	90%	93%	79%	84%	78%	*	88%	83%	78%	82%	85%
Q19. Patient found advice from main contact person was very or quite helpful	*	95%	96%	93%	97%	90%	92%	94%	*	98%	96%	95%	95%	95%

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	*	84%	90%	86%	84%	81%	82%	82%	*	85%	78%	85%	85%	84%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	77%	86%	76%	82%	72%	81%	83%	90%	74%	80%	83%	77%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	81%	90%	85%	83%	82%	84%	84%	*	85%	90%	86%	83%	84%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	60%	66%	56%	56%	56%	52%	63%	*	59%	54%	48%	57%	59%

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	*	74%	81%	69%	73%	79%	70%	76%	80%	71%	71%	73%	68%	74%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	88%	93%	94%	94%	97%	92%	95%	*	93%	96%	93%	94%	92%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	99%	99%	100%	100%	100%	99%	99%	*	100%	100%	100%	99%	99%

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	*	91%	93%	92%	96%	85%	91%	97%	*	87%	90%	88%	86%	92%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	75%	84%	79%	81%	76%	80%	82%	80%	75%	82%	71%	73%	78%
Q29. Patient was offered information about how to get financial help or benefits	*	74%	72%	77%	64%	76%	74%	67%	*	48%	69%	55%	64%	69%

HOSPITAL CARE							Tumo	our gro	up					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	80%	83%	67%	82%	76%	81%	81%	*	70%	68%	81%	68%	78%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	68%	80%	68%	72%	65%	79%	65%	*	70%	63%	78%	69%	72%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	72%	77%	62%	69%	71%	82%	66%	*	80%	67%	74%	69%	72%
Q34. Patient was always able to get help from ward staff when needed	*	72%	77%	74%	81%	65%	83%	78%	*	60%	64%	76%	64%	73%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	65%	70%	61%	71%	64%	70%	67%	*	40%	54%	68%	55%	65%
Q36. Hospital staff always did everything they could to help the patient control pain	*	85%	87%	77%	84%	80%	93%	80%	*	*	65%	78%	78%	82%
Q37. Patient was always treated with respect and dignity while in hospital	*	86%	90%	85%	88%	91%	87%	92%	*	90%	74%	92%	80%	87%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	91%	90%	88%	91%	84%	88%	86%	*	80%	68%	85%	86%	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	79%	85%	82%	84%	69%	83%	82%	80%	80%	82%	71%	81%	81%

YOUR TREATMENT							Tumo	our gro	up					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	91%	94%	93%	88%	83%	94%	88%	*	90%	86%	88%	85%	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	84%	89%	88%	86%	79%	87%	83%	*	*	87%	85%	80%	85%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	91%	90%	87%	97%	87%	90%	94%	*	*	86%	80%	88%	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	72%	*	*	*	*	*	87%	*	*	*	*	79%	79%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	81%	*	*	74%	*	88%	*	*	93%	77%	94%	76%	83%
Q42_1. Patient completely had enough understandable information about their response to surgery	*	87%	92%	91%	88%	80%	96%	86%	*	86%	83%	83%	83%	87%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	82%	84%	88%	85%	85%	75%	86%	*	*	81%	81%	77%	82%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	88%	84%	87%	88%	84%	83%	91%	*	*	80%	71%	92%	88%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	71%	*	*	*	*	*	82%	*	*	*	*	80%	77%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	78%	*	*	79%	*	79%	*	*	85%	77%	87%	84%	81%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	83%	88%	84%	89%	91%	86%	87%	90%	75%	89%	85%	83%	85%

IMMEDIATE AND LONG TERM SIDE EFFECT	TS						Tumo	our gro	oup					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	76%	84%	70%	71%	74%	73%	75%	90%	79%	74%	74%	70%	75%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	72%	80%	75%	72%	66%	71%	71%	80%	79%	68%	69%	66%	72%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	88%	90%	88%	92%	88%	94%	88%	80%	89%	86%	77%	84%	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	63%	72%	60%	56%	67%	57%	69%	60%	62%	59%	63%	52%	62%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	55%	65%	55%	59%	59%	53%	61%	60%	61%	53%	60%	49%	57%

SUPPORT WHILE AT HOME							Tumo	our gro	up					
	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	*	60%	68%	59%	61%	54%	61%	70%	*	64%	69%	61%	56%	62%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	59%	66%	51%	67%	43%	53%	58%	*	40%	59%	49%	53%	58%

CARE FROM YOUR GP PRACTICE							Tumo	our gro	up					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	53%	46%	44%	50%	67%	48%	54%	*	41%	39%	41%	41%	49%
Q52. Patient has had a review of cancer care by GP practice	*	23%	27%	24%	21%	30%	28%	27%	55%	21%	28%	18%	24%	25%

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	*	33%	49%	21%	28%	43%	34%	42%	*	46%	23%	25%	41%	36%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	81%	88%	77%	85%	72%	78%	85%	*	87%	68%	75%	81%	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	62%	72%	67%	73%	62%	72%	64%	60%	84%	63%	77%	69%	68%

YOUR OVERALL NHS CARE							Tumo	our gro	up					
	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	*	93%	92%	86%	94%	92%	94%	90%	90%	88%	92%	88%	88%	91%
Q57. Administration of care was very good or good	*	90%	90%	87%	90%	91%	85%	86%	91%	88%	81%	85%	84%	88%
Q58. Cancer research opportunities were discussed with patient	*	39%	48%	36%	43%	44%	38%	38%	*	35%	46%	48%	37%	41%
Q59. Patient's average rating of care scored from very poor to very good	*	9.1	9.1	8.9	9.1	8.9	8.9	8.9	9.0	8.8	8.8	8.8	8.8	9.0

Age group tables

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	*	*	81%	75%	79%	79%	83%	95%	81%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	55%	87%	76%	69%	67%	65%	70%	68%

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	*	83%	88%	91%	90%	94%	94%	93%	93%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	83%	71%	75%	80%	85%	87%	79%	83%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	67%	46%	69%	72%	79%	83%	92%	78%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	67%	66%	69%	77%	81%	81%	86%	79%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	100%	89%	91%	92%	97%	97%	98%	95%

FINDING OUT THAT YOU HAD CANCER					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	100%	85%	85%	82%	86%	87%	89%	85%
Q13. Patient was definitely told sensitively that they had cancer	*	67%	65%	74%	72%	78%	79%	81%	77%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	75%	67%	72%	75%	79%	80%	79%	78%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	100%	69%	81%	83%	86%	88%	91%	86%
Q16. Patient was told they could go back later for more information about their diagnosis	*	100%	84%	86%	88%	87%	84%	77%	86%

SUPPORT FROM A MAIN CONTACT PERSO	N				Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q17. Patient had a main point of contact within the care team	*	100%	87%	93%	90%	93%	92%	89%	92%
Q18. Patient found it very or quite easy to contact their main contact person	*	50%	80%	78%	82%	84%	88%	91%	85%
Q19. Patient found advice from main contact person was very or quite helpful	*	100%	95%	91%	94%	95%	96%	95%	95%

DECIDING ON THE BEST TREATMENT					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q20. Treatment options were explained in a way the patient could completely understand	*	70%	71%	74%	85%	87%	84%	84%	84%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	67%	70%	69%	75%	83%	83%	86%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	80%	88%	76%	83%	87%	84%	88%	84%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	60%	48%	64%	62%	60%	55%	53%	59%

Age group tables

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	*	67%	74%	66%	74%	75%	74%	76%	74%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	92%	85%	87%	94%	96%	94%	92%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	95%	99%	100%	99%	99%	100%	99%

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	*	83%	86%	87%	90%	94%	94%	86%	92%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	67%	60%	63%	76%	81%	82%	74%	78%
Q29. Patient was offered information about how to get financial help or benefits	*	*	64%	73%	71%	73%	65%	53%	69%

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	*	*	59%	64%	74%	83%	80%	86%	78%
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%	66%	67%	75%	72%	82%	72%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	65%	61%	70%	75%	73%	77%	72%
Q34. Patient was always able to get help from ward staff when needed	*	*	53%	57%	68%	77%	78%	84%	73%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	47%	54%	63%	70%	66%	62%	65%
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	63%	73%	77%	88%	85%	100%	82%
Q37. Patient was always treated with respect and dignity while in hospital	*	*	65%	72%	82%	91%	93%	88%	87%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	94%	79%	83%	91%	88%	87%	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	58%	66%	71%	78%	82%	85%	84%	81%

Age group tables

YOUR TREATMENT					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	73%	86%	86%	90%	91%	92%	90%	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	84%	85%	82%	87%	86%	74%	85%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	83%	88%	90%	93%	89%	88%	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	31%	70%	80%	84%	81%	70%	79%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	68%	84%	85%	83%	90%	83%
Q42_1. Patient completely had enough understandable information about their response to surgery	*	91%	86%	77%	85%	90%	91%	80%	87%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	77%	77%	82%	83%	84%	76%	82%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	74%	84%	88%	88%	88%	91%	88%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	62%	61%	74%	83%	81%	70%	77%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	59%	80%	85%	80%	100%	81%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	83%	75%	86%	83%	86%	86%	89%	85%

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	*	83%	76%	69%	77%	77%	75%	65%	75%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	80%	71%	64%	68%	75%	72%	66%	72%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	84%	85%	85%	89%	90%	89%	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	50%	51%	54%	62%	65%	62%	59%	62%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	50%	39%	51%	54%	62%	56%	53%	57%

SUPPORT WHILE AT HOME					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	*	41%	55%	59%	68%	62%	71%	62%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	55%	59%	53%	61%	57%	62%	58%

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	*	*	48%	49%	49%	47%	50%	49%	49%
Q52. Patient has had a review of cancer care by GP practice	*	25%	23%	37%	26%	23%	24%	19%	25%

Age group tables

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	*	*	14%	44%	30%	38%	42%	30%	36%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	47%	79%	77%	83%	86%	82%	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	55%	55%	61%	63%	70%	71%	71%	68%

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	*	92%	86%	89%	88%	92%	93%	88%	91%
Q57. Administration of care was very good or good	*	92%	82%	88%	82%	89%	89%	90%	88%
Q58. Cancer research opportunities were discussed with patient	*	*	30%	36%	44%	42%	39%	47%	41%
Q59. Patient's average rating of care scored from very poor to very good	*	8.9	8.4	8.7	8.8	9.1	9.1	8.9	9.0

SUPPORT FROM YOUR GP PRACTICE			Male/Female/Non-binary/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	85%	77%	*	*	*	81%	81%	
Q3. Referral for diagnosis was explained in a way the patient could completely understand	72%	64%	*	*	*	70%	68%	

DIAGNOSTIC TESTS			Male/Fema	le/Non-bina	ry/Other		
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q5. Patient received all the information needed about the diagnostic test in advance	92%	93%	*	*	*	88%	93%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	83%	84%	*	*	*	85%	83%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	77%	79%	*	*	*	82%	78%
Q8. Diagnostic test results were explained in a way the patient could completely understand	80%	79%	*	*	*	79%	79%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	96%	95%	*	*	*	93%	95%

FINDING OUT THAT YOU HAD CANCER			Male/Fema				
	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	85%	86%	*	*	*	83%	85%
Q13. Patient was definitely told sensitively that they had cancer	78%	75%	*	*	*	77%	77%
Q14. Cancer diagnosis explained in a way the patient could completely understand	77%	78%	*	*	*	80%	78%
Q15. Patient was definitely told about their diagnosis in an appropriate place	85%	87%	*	*	*	85%	86%
Q16. Patient was told they could go back later for more information about their diagnosis	86%	86%	*	*	*	78%	86%

SUPPORT FROM A MAIN CONTACT PERSO	N		Male/Female/Non-binary/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	90%	94%	*	*	*	87%	92%	
Q18. Patient found it very or quite easy to contact their main contact person	84%	84%	*	*	*	91%	85%	
Q19. Patient found advice from main contact person was very or quite helpful	94%	95%	*	*	*	97%	95%	

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	85%	84%	*	*	*	82%	84%			
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	78%	82%	*	*	*	77%	80%			
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	83%	86%	*	*	*	84%	84%			
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	59%	59%	*	*	*	56%	59%			

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	71%	76%	*	*	*	71%	74%		
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	90%	94%	*	*	*	100%	92%		
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	100%	99%	*	*	*	96%	99%		

SUPPORT FROM HOSPITAL STAFF		Male/Female/Non-binary/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	90%	94%	*	*	*	90%	92%	
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	75%	81%	*	*	*	79%	78%	
Q29. Patient was offered information about how to get financial help or benefits	72%	66%	*	*	*	73%	69%	

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	76%	78%	*	*	*	86%	78%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	71%	72%	*	*	*	76%	72%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	70%	73%	*	*	*	76%	72%
Q34. Patient was always able to get help from ward staff when needed	71%	76%	*	*	*	71%	73%
Q35. Patient was always able to discuss worries and fears with hospital staff	62%	67%	*	*	*	59%	65%
Q36. Hospital staff always did everything they could to help the patient control pain	81%	83%	*	*	*	84%	82%
Q37. Patient was always treated with respect and dignity while in hospital	85%	89%	*	*	*	84%	87%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	88%	86%	*	*	*	94%	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	78%	83%	*	*	*	84%	81%

YOUR TREATMENT			Male/Female/Non-binary/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	91%	88%	*	*	*	94%	90%	
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	84%	86%	*	*	*	85%	85%	
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	90%	92%	*	*	*	91%	91%	
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	73%	86%	*	*	*	92%	79%	
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	79%	86%	*	*	*	94%	83%	
Q42_1. Patient completely had enough understandable information about their response to surgery	88%	86%	*	*	*	89%	87%	
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	81%	83%	*	*	*	82%	82%	
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	86%	89%	*	*	*	88%	88%	
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	72%	82%	*	*	*	83%	77%	
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	78%	84%	*	*	*	87%	81%	
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	85%	86%	*	*	*	85%	85%	

IMMEDIATE AND LONG TERM SIDE EFFECT	TS		Male/Fema	ale/Non-bina	ry/Other		
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	76%	75%	*	*	*	71%	75%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	72%	71%	*	*	*	83%	72%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	89%	87%	*	*	*	82%	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	60%	64%	*	*	*	67%	62%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	55%	58%	*	*	*	65%	57%

SUPPORT WHILE AT HOME			Male/Fema	le/Non-bina	ry/Other			
	Female Male Non-binary Prefer to self-describe Prefer not to say Not given							
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	59%	66%	*	*	*	68%	62%	
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	58%	58%	*	*	*	56%	58%	

CARE FROM YOUR GP PRACTICE			Male/Fema	le/Non-bina	ry/Other		
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	48%	49%	*	*	*	52%	49%
Q52. Patient has had a review of cancer care by GP practice	24%	25%	*	*	*	29%	25%

LIVING WITH AND BEYOND CANCER			Male/Fema	ale/Non-bina	ry/Other		
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	32%	40%	*	*	*	39%	36%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	79%	84%	*	*	*	86%	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	64%	71%	*	*	*	75%	68%

Male/Female/Non-binary/Other tables

YOUR OVERALL NHS CARE			Male/Fema	ale/Non-bina	ry/Other		
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q56. The whole care team worked well together	91%	91%	*	*	*	95%	91%
Q57. Administration of care was very good or good	88%	87%	*	*	*	88%	88%
Q58. Cancer research opportunities were discussed with patient	37%	43%	*	*	*	57%	41%
Q59. Patient's average rating of care scored from very poor to very good	9.0	8.9	*	*	*	9.2	9.0

Ethnicity tables

SUPPORT FROM YOUR GP PRACTICE				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	81%	*	71%	*	*	80%	81%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	68%	*	59%	*	*	70%	68%

DIAGNOSTIC TESTS		Ethnicity					
	White	Mixed	Asian	Black	Other	Not given	All
Q5. Patient received all the information needed about the diagnostic test in advance	93%	*	86%	*	*	87%	93%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	84%	*	56%	*	*	82%	83%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	78%	*	64%	*	*	81%	78%
Q8. Diagnostic test results were explained in a way the patient could completely understand	80%	*	72%	*	*	78%	79%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	96%	*	96%	*	*	92%	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	86%	*	93%	*	*	81%	85%	
Q13. Patient was definitely told sensitively that they had cancer	76%	*	78%	*	*	78%	77%	
Q14. Cancer diagnosis explained in a way the patient could completely understand	78%	*	82%	*	*	78%	78%	
Q15. Patient was definitely told about their diagnosis in an appropriate place	86%	*	91%	*	*	83%	86%	
Q16. Patient was told they could go back later for more information about their diagnosis	86%	*	90%	*	*	78%	86%	

SUPPORT FROM A MAIN CONTACT PERSO	N			Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q17. Patient had a main point of contact within the care team	92%	*	97%	*	*	89%	92%
Q18. Patient found it very or quite easy to contact their main contact person	84%	*	79%	*	*	90%	85%
Q19. Patient found advice from main contact person was very or quite helpful	95%	*	89%	*	*	95%	95%

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	85%	*	91%	*	*	76%	84%	
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	80%	*	78%	*	*	74%	80%	
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	84%	*	85%	*	*	81%	84%	
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	58%	*	70%	*	*	56%	59%	

Ethnicity tables

CARE PLANNING				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	74%	*	82%	*	*	72%	74%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	92%	*	95%	*	*	99%	92%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	99%	*	100%	*	*	96%	99%

SUPPORT FROM HOSPITAL STAFF				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q27. Staff provided the patient with relevant information on available support	92%	*	86%	*	*	89%	92%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	78%	*	84%	*	*	79%	78%
Q29. Patient was offered information about how to get financial help or benefits	70%	*	67%	*	*	67%	69%

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	77%	*	93%	*	*	78%	78%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	71%	*	93%	*	*	78%	72%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	72%	*	93%	*	*	68%	72%
Q34. Patient was always able to get help from ward staff when needed	73%	*	80%	*	*	72%	73%
Q35. Patient was always able to discuss worries and fears with hospital staff	65%	*	87%	*	*	63%	65%
Q36. Hospital staff always did everything they could to help the patient control pain	83%	*	80%	*	*	79%	82%
Q37. Patient was always treated with respect and dignity while in hospital	87%	*	87%	*	*	82%	87%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	87%	*	86%	*	*	88%	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	81%	*	77%	*	*	78%	81%

Ethnicity tables

YOUR TREATMENT				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	90%	*	95%	*	*	88%	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	85%	*	86%	*	*	83%	85%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	90%	*	92%	*	*	89%	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	79%	*	*	*	*	87%	79%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	82%	*	*	*	*	95%	83%
Q42_1. Patient completely had enough understandable information about their response to surgery	88%	*	80%	*	*	88%	87%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	82%	*	79%	*	*	81%	82%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	88%	*	83%	*	*	84%	88%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	77%	*	*	*	*	81%	77%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	81%	*	*	*	*	88%	81%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	86%	*	79%	*	*	83%	85%

IMMEDIATE AND LONG TERM SIDE EFFECT	S			Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	76%	*	69%	*	*	70%	75%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	72%	*	70%	*	*	77%	72%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	88%	*	86%	*	*	79%	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	62%	*	69%	*	*	61%	62%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	57%	*	62%	*	*	58%	57%

SUPPORT WHILE AT HOME				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	62%	*	74%	*	*	63%	62%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	58%	*	61%	*	*	51%	58%

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	48%	*	59%	*	*	51%	49%
Q52. Patient has had a review of cancer care by GP practice	24%	*	45%	*	*	25%	25%

Ethnicity tables

LIVING WITH AND BEYOND CANCER		Ethnicity					
	White	Mixed	Asian	Black	Other	Not given	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	36%	*	55%	*	*	33%	36%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	81%	*	88%	*	*	83%	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	67%	*	81%	*	*	70%	68%

YOUR OVERALL NHS CARE		Ethnicity					
	White	Mixed	Asian	Black	Other	Not given	All
Q56. The whole care team worked well together	91%	*	94%	*	*	93%	91%
Q57. Administration of care was very good or good	87%	*	94%	*	*	89%	88%
Q58. Cancer research opportunities were discussed with patient	40%	*	69%	*	*	48%	41%
Q59. Patient's average rating of care scored from very poor to very good	9.0	*	9.0	*	*	9.0	9.0

IMD quintile tables

SUPPORT FROM YOUR GP PRACTICE		IMD quintile					
	1 (most deprived)	2	3	4	5 (least deprived)	All	
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	74%	85%	83%	80%	82%	81%	
Q3. Referral for diagnosis was explained in a way the patient could completely understand	62%	70%	64%	70%	72%	68%	

DIAGNOSTIC TESTS			IMD q	uintile		
	1 (most deprived)	2	3	4	5 (least deprived)	All
Q5. Patient received all the information needed about the diagnostic test in advance	91%	93%	92%	92%	95%	93%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	81%	80%	85%	85%	85%	83%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	78%	77%	78%	79%	79%	78%
Q8. Diagnostic test results were explained in a way the patient could completely understand	77%	80%	80%	79%	82%	79%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	96%	93%	96%	95%	96%	95%

FINDING OUT THAT YOU HAD CANCER		IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	All		
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	87%	85%	85%	85%	85%	85%		
Q13. Patient was definitely told sensitively that they had cancer	81%	75%	74%	74%	80%	77%		
Q14. Cancer diagnosis explained in a way the patient could completely understand	78%	76%	79%	76%	81%	78%		
Q15. Patient was definitely told about their diagnosis in an appropriate place	89%	84%	82%	86%	88%	86%		
Q16. Patient was told they could go back later for more information about their diagnosis	90%	87%	82%	84%	87%	86%		

SUPPORT FROM A MAIN CONTACT PERSON			IMD quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	AII
Q17. Patient had a main point of contact within the care team	95%	91%	89%	92%	92%	92%
Q18. Patient found it very or quite easy to contact their main contact person	87%	83%	84%	84%	86%	85%
Q19. Patient found advice from main contact person was very or quite helpful	94%	95%	93%	94%	97%	95%

IMD quintile tables

DECIDING ON THE BEST TREATMENT			IMD q	uintile		
	1 (most deprived) 2 3 4				5 (least deprived)	All
Q20. Treatment options were explained in a way the patient could completely understand	87%	82%	85%	83%	84%	84%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	84%	78%	79%	80%	80%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	84%	85%	82%	85%	86%	84%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	63%	63%	56%	55%	59%	59%

CARE PLANNING		IMD quintile				
	1 (most deprived)	2	3	4	5 (least deprived)	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	78%	70%	70%	76%	73%	74%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	94%	93%	91%	92%	91%	92%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	100%	98%	100%	99%	99%	99%

SUPPORT FROM HOSPITAL STAFF			IMD q	IMD quintile					
	1 (most deprived)	2	3	4	5 (least deprived)	All			
Q27. Staff provided the patient with relevant information on available support	92%	91%	91%	92%	91%	92%			
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	80%	78%	75%	78%	79%	78%			
Q29. Patient was offered information about how to get financial help or benefits	71%	64%	69%	69%	75%	69%			

HOSPITAL CARE		IMD quintile					
	1 (most deprived)	2	3	4	5 (least deprived)	All	
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	76%	74%	76%	77%	84%	78%	
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	79%	68%	68%	71%	75%	72%	
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	73%	67%	73%	69%	78%	72%	
Q34. Patient was always able to get help from ward staff when needed	75%	67%	72%	74%	78%	73%	
Q35. Patient was always able to discuss worries and fears with hospital staff	66%	59%	63%	66%	68%	65%	
Q36. Hospital staff always did everything they could to help the patient control pain	81%	80%	82%	82%	88%	82%	
Q37. Patient was always treated with respect and dignity while in hospital	86%	84%	84%	88%	92%	87%	
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	88%	88%	85%	87%	89%	87%	
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	78%	80%	80%	81%	84%	81%	

IMD quintile tables

YOUR TREATMENT			IMD quintile				
	1 (most deprived)	2	3	4	5 (least deprived)	All	
Q41_1. Beforehand patient completely had enough understandable information about surgery	87%	89%	89%	91%	92%	90%	
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	85%	91%	78%	83%	90%	85%	
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	90%	92%	90%	90%	92%	91%	
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	88%	82%	74%	78%	76%	79%	
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	80%	88%	81%	81%	86%	83%	
Q42_1. Patient completely had enough understandable information about their response to surgery	84%	86%	89%	89%	89%	87%	
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	81%	84%	79%	79%	89%	82%	
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	87%	89%	88%	87%	88%	88%	
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	85%	83%	72%	75%	73%	77%	
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	80%	79%	84%	78%	86%	81%	
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	85%	86%	84%	85%	87%	85%	

IMMEDIATE AND LONG TERM SIDE EFFECT	ΓS		IMD q	uintile		
	1 (most deprived)	2	3	4	5 (least deprived)	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	75%	73%	73%	74%	80%	75%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	75%	68%	71%	71%	75%	72%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	88%	85%	89%	88%	89%	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	66%	60%	61%	62%	62%	62%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	61%	56%	53%	55%	61%	57%

SUPPORT WHILE AT HOME	IMD quintile					
	1 (most deprived)	2	3	4	5 (least deprived)	All
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	62%	62%	60%	63%	67%	62%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	61%	52%	52%	62%	60%	58%

CARE FROM YOUR GP PRACTICE		IMD quintile				
	1 (most deprived)	2	3	4	5 (least deprived)	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	49%	44%	46%	49%	55%	49%
Q52. Patient has had a review of cancer care by GP practice	25%	25%	20%	28%	24%	25%

IMD quintile tables

LIVING WITH AND BEYOND CANCER		IMD quintile				
	1 (most deprived)	2	3	4	5 (least deprived)	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	38%	33%	27%	43%	36%	36%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	80%	81%	76%	83%	86%	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	71%	67%	67%	66%	69%	68%

YOUR OVERALL NHS CARE		IMD quintile					
	1 (most deprived)	2	3	4	5 (least deprived)	All	
Q56. The whole care team worked well together	90%	91%	91%	92%	90%	91%	
Q57. Administration of care was very good or good	88%	89%	86%	87%	88%	88%	
Q58. Cancer research opportunities were discussed with patient	41%	40%	38%	42%	43%	41%	
Q59. Patient's average rating of care scored from very poor to very good	8.9	8.9	8.9	8.9	9.1	9.0	

SUPPORT FROM YOUR GP PRACTICE	Long-term condition status				
	Yes	No	Not given	All	
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	80%	81%	81%		
Q3. Referral for diagnosis was explained in a way the patient could completely understand	67% 70% 66%				

DIAGNOSTIC TESTS	Long-term condition status					
	Yes	No	Not given	All		
Q5. Patient received all the information needed about the diagnostic test in advance	92%	94%	90%	93%		
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	83%	83%	87%	83%		
Q7. Patient felt the length of time waiting for diagnostic test results was about right	80%	75%	80%	78%		
Q8. Diagnostic test results were explained in a way the patient could completely understand	78%	82%	80%	79%		
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	95%	96%	92%	95%		

FINDING OUT THAT YOU HAD CANCER		Long-term con	Long-term condition status	
	Yes	No	Not given	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	85%	87%	82%	85%
Q13. Patient was definitely told sensitively that they had cancer	77%	76%	76%	77%
Q14. Cancer diagnosis explained in a way the patient could completely understand	77%	80%	77%	78%
Q15. Patient was definitely told about their diagnosis in an appropriate place	86%	86%	85%	86%
Q16. Patient was told they could go back later for more information about their diagnosis	86%	87%	79%	86%

SUPPORT FROM A MAIN CONTACT PERSOI	Long-term condition status			
	Yes	No	Not given	All
Q17. Patient had a main point of contact within the care team	91%	94%	90%	92%
Q18. Patient found it very or quite easy to contact their main contact person	84%	86%	88%	85%
Q19. Patient found advice from main contact person was very or quite helpful	95%	95%	96%	95%

DECIDING ON THE BEST TREATMENT		Long-term con	dition status	
	Yes	No	Not given	All
Q20. Treatment options were explained in a way the patient could completely understand	84%	84%	82%	84%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	80%	81%	80%	80%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	84%	85%	85%	84%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	59%	58%	57%	59%

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%	76%	74%		
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	92%	92%	99%	92%		
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	99%	100%	97%	99%		

SUPPORT FROM HOSPITAL STAFF	Long-term condition status				
	Yes No Not given				
Q27. Staff provided the patient with relevant information on available support	91%	93%	87%	92%	
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	77%	80%	80%	78%	
Q29. Patient was offered information about how to get financial help or benefits	66%	78%	69%	69%	

HOSPITAL CARE		Long-term co	ondition 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	77%	78%	78%	78%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	72%	73%	73%	72%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	72%	71%	73%	72%
Q34. Patient was always able to get help from ward staff when needed	73%	75%	76%	73%
Q35. Patient was always able to discuss worries and fears with hospital staff	63%	68%	65%	65%
Q36. Hospital staff always did everything they could to help the patient control pain	82%	83%	80%	82%
Q37. Patient was always treated with respect and dignity while in hospital	87%	88%	86%	87%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	88%	85%	92%	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	81%	81%	81%	81%

YOUR TREATMENT		Long-term co	ndition status	
	Yes	No	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	91%	89%	90%	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	85%	86%	82%	85%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	90%	92%	93%	91%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	80%	78%	81%	79%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	84%	81%	83%	83%
Q42_1. Patient completely had enough understandable information about their response to surgery	88%	87%	87%	87%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	82%	83%	80%	82%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	87%	88%	91%	88%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	78%	74%	75%	77%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	81%	81%	82%	81%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	85%	86%	84%	85%

IMMEDIATE AND LONG TERM SIDE EFFECTS	3	Long-term condition status		
	Yes	No	Not given	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	73%	80%	72%	75%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	70%	74%	80%	72%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	87%	90%	81%	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	60%	67%	61%	62%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	55%	61%	61%	57%

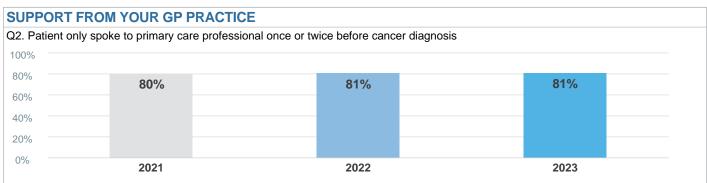
SUPPORT WHILE AT HOME	Long-term condition status				
	Yes No Not given All				
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	61%	66%	59%	62%	
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	55%	65%	53%	58%	

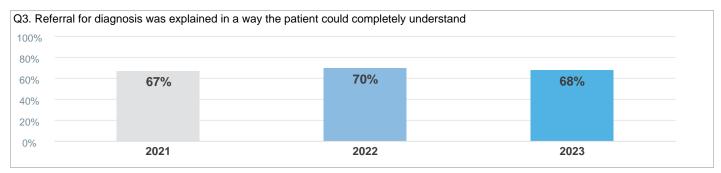
CARE FROM YOUR GP PRACTICE	Long-term condition status				
	Yes No Not given All				
Q51. Patient definitely received the right amount of support from their GP practice during treatment	47%	52%	48%	49%	
Q52. Patient has had a review of cancer care by GP practice	24%	24%	27%	25%	

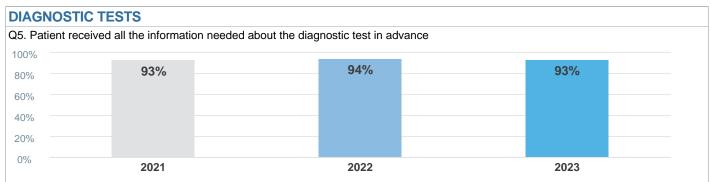
LIVING WITH AND BEYOND CANCER	Long-term condition status			
	Yes	No	Not given	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	34%	41%	35%	36%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	81%	83%	81%	82%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	67%	68%	75%	68%

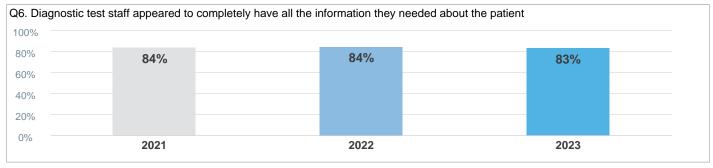
YOUR OVERALL NHS CARE	Long-term condition status				
	Yes No Not given A				
Q56. The whole care team worked well together	91%	92%	93%	91%	
Q57. Administration of care was very good or good	87%	88%	91%	88%	
Q58. Cancer research opportunities were discussed with patient	39%	42%	53%	41%	
Q59. Patient's average rating of care scored from very poor to very good	8.9	9.1	9.2	9.0	

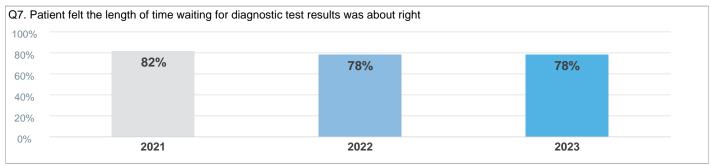


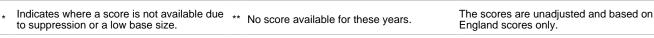


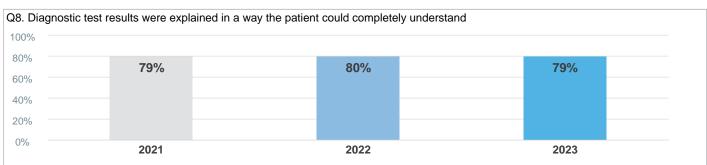


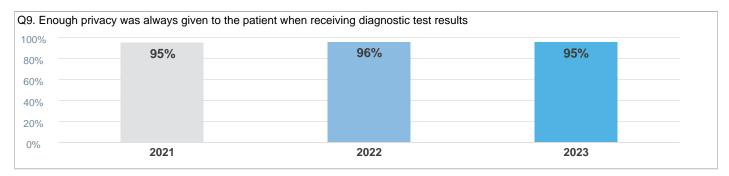


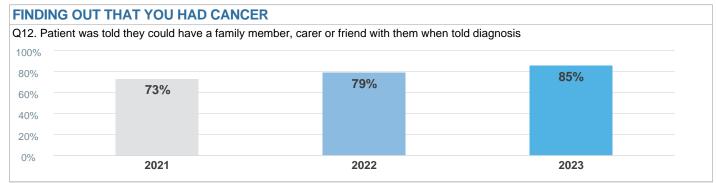


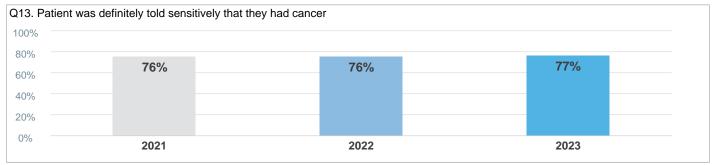


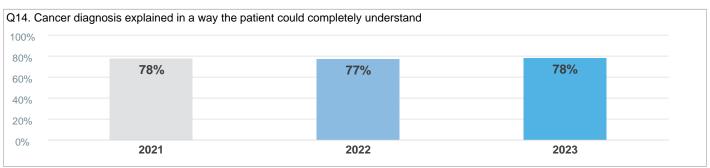


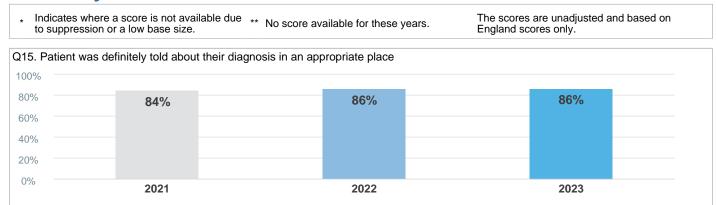


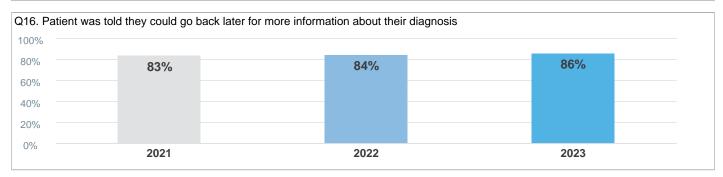


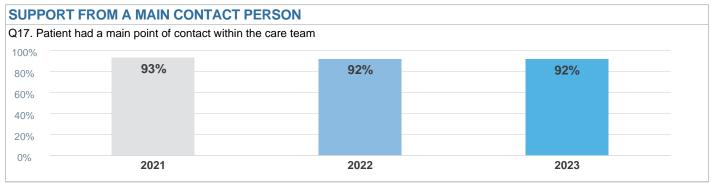


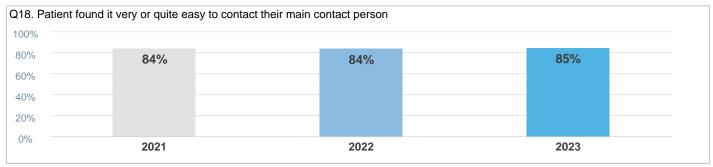


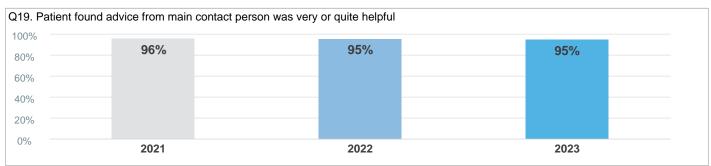




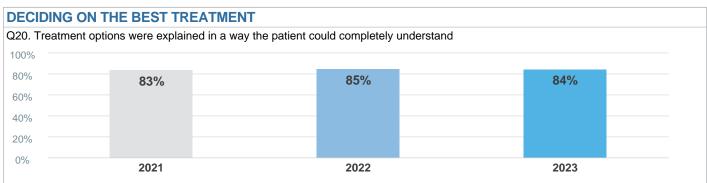


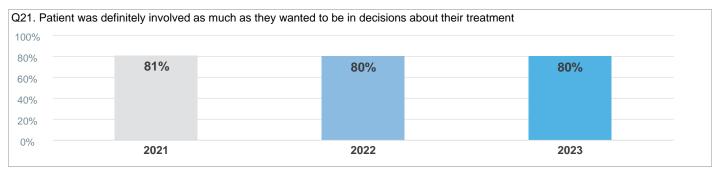


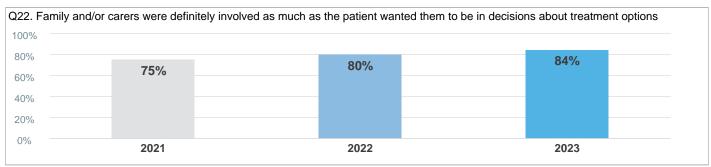


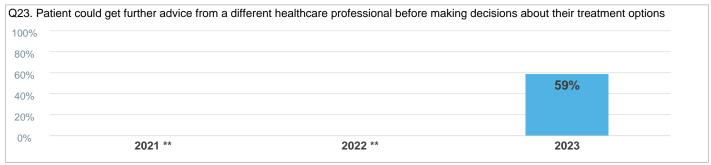


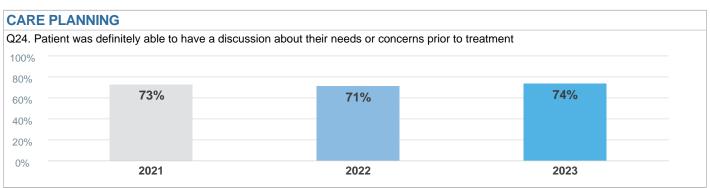




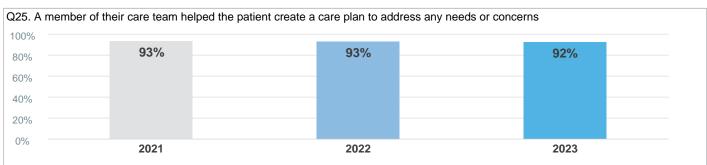


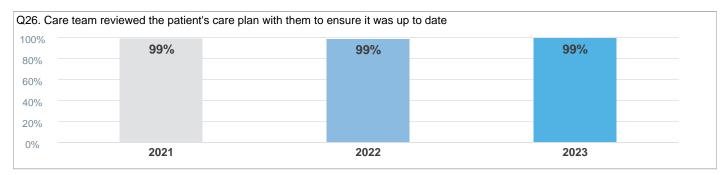


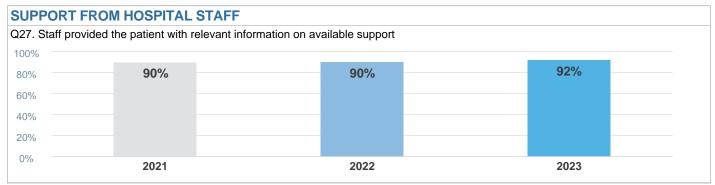


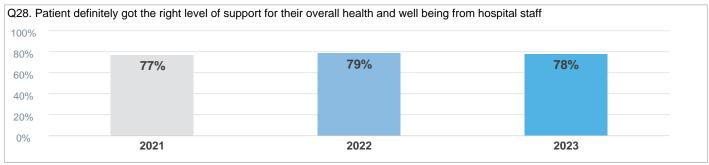


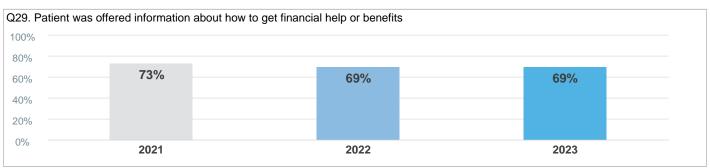




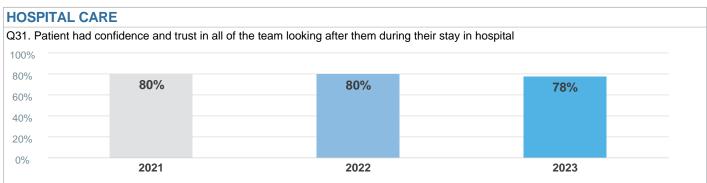


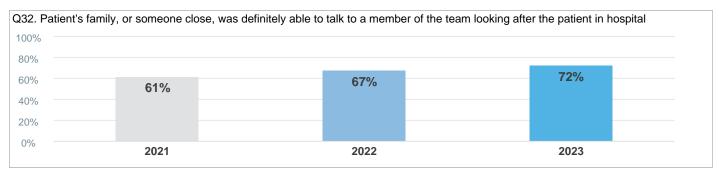


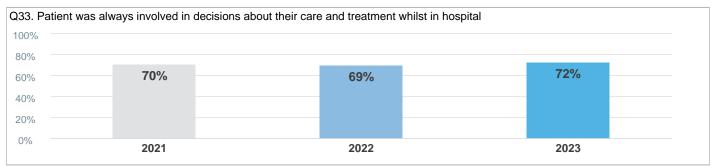


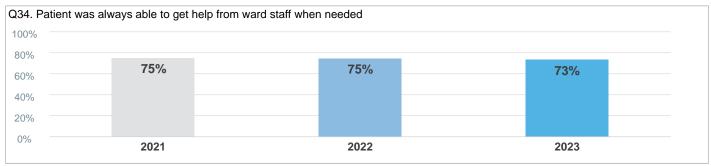


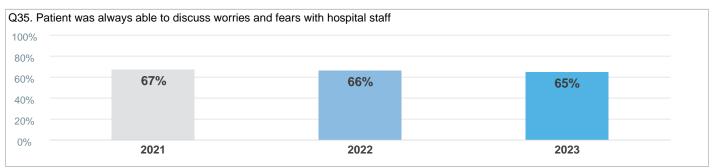








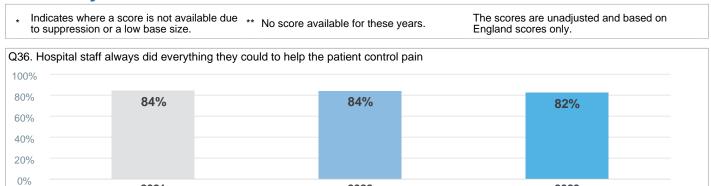




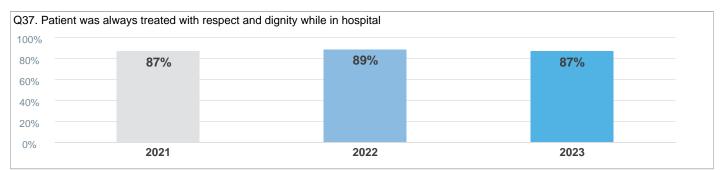
2023

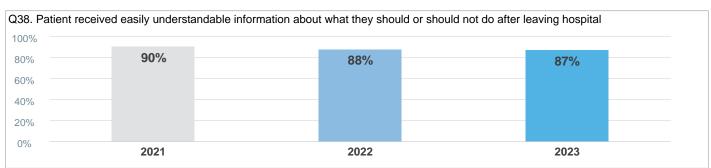
Year on year charts

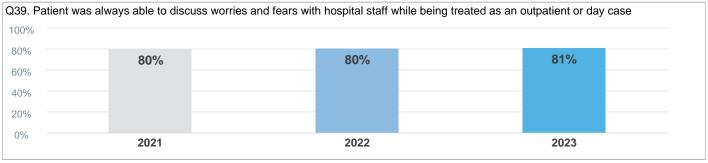
2021

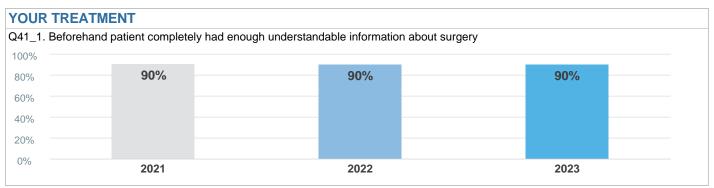


2022

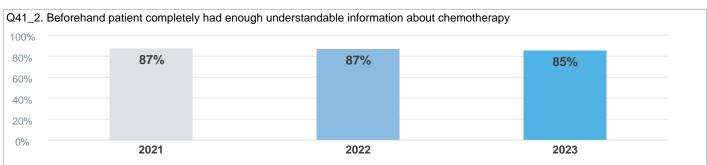


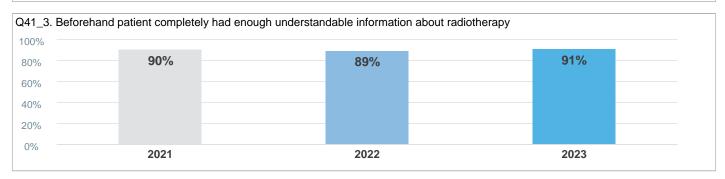


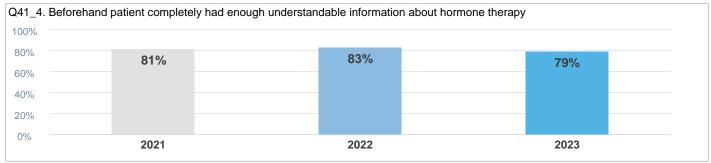


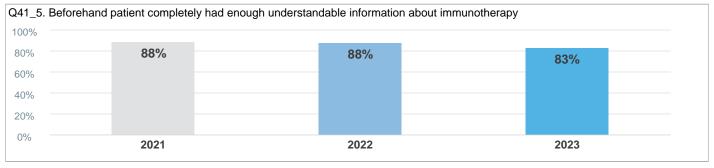


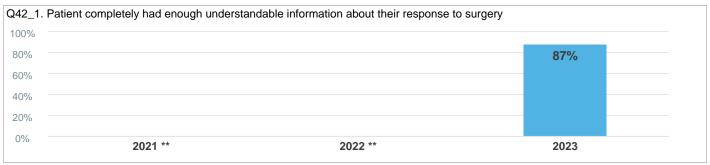






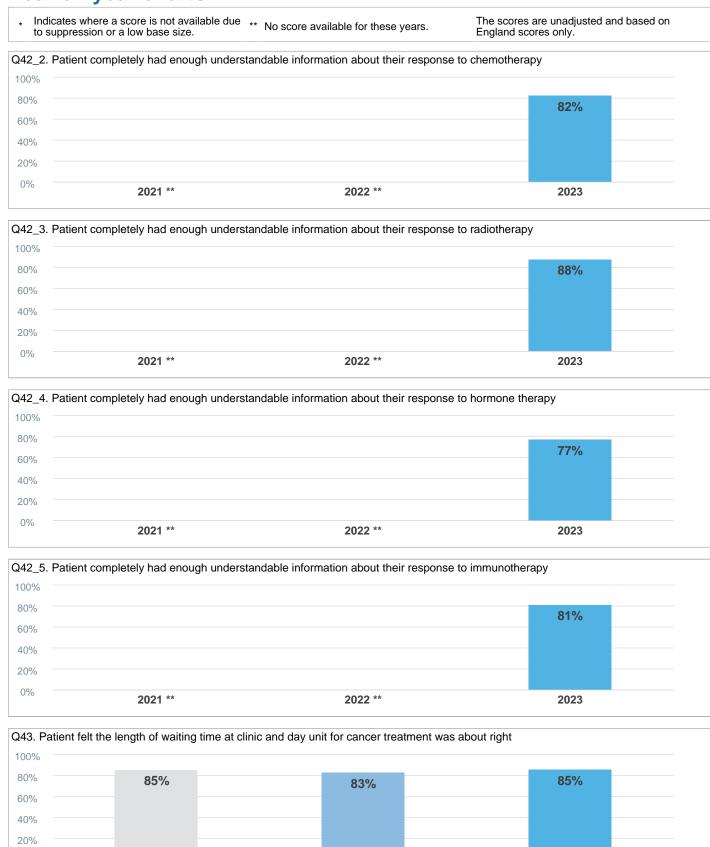






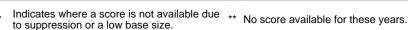
0%

2021

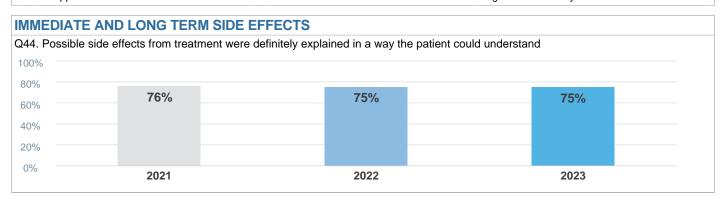


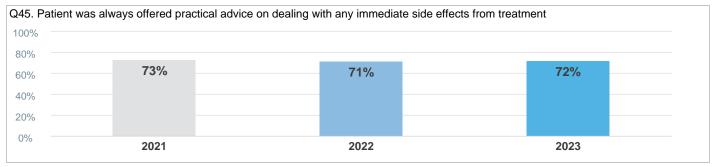
2022

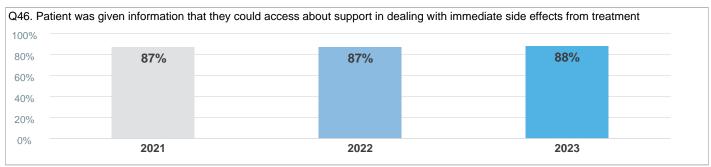
2023

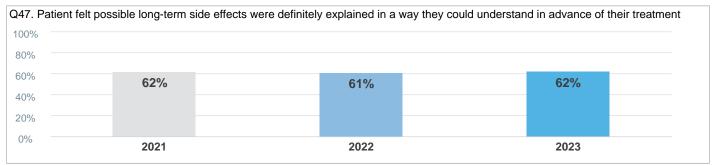


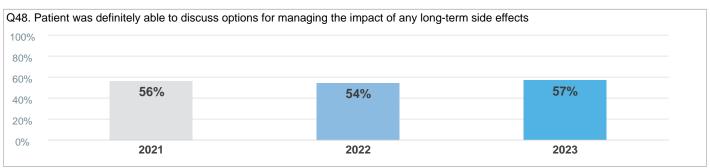
The scores are unadjusted and based on England scores only.

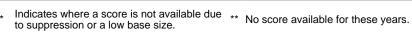




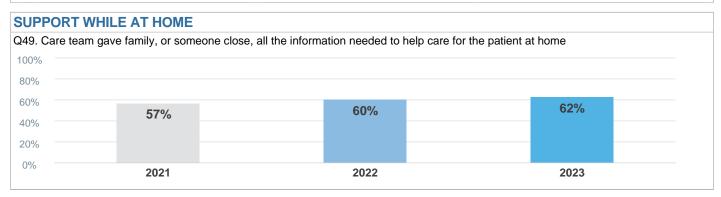


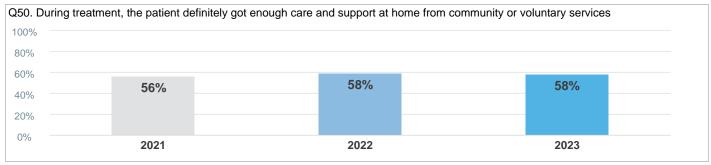


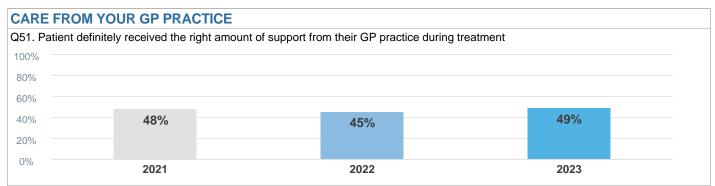


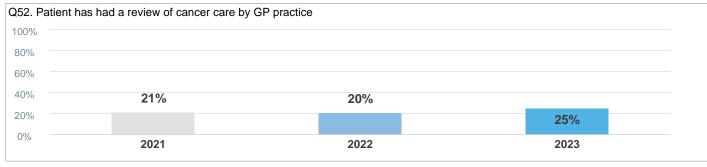


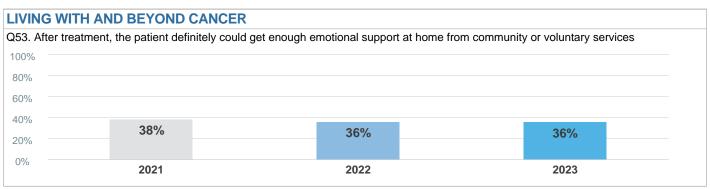
The scores are unadjusted and based on England scores only.



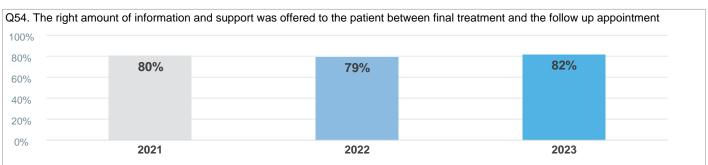


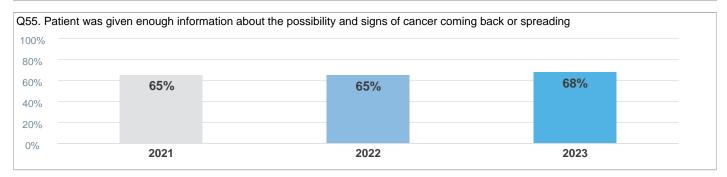


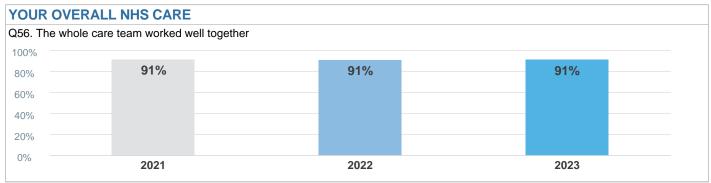


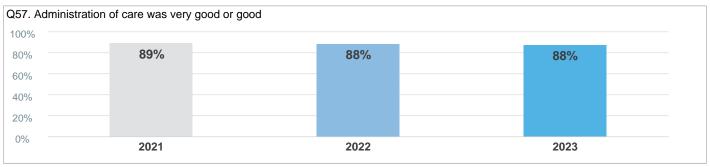


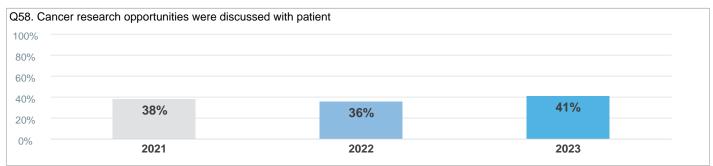












Cancer Patient Experience Survey 2023 NHS Lancashire and South Cumbria Integrated Care Board

