National Cancer Patient Experience Survey 2022

Key Driver Analysis for a High Rating of Care

Subgroup Level

Contents

This report sets out the results from the key driver analysis only. Detailed national, alliance, system-level and trust-level results are available at www.ncpes.co.uk

An interactive reporting tool allowing you to explore the survey data in more detail is available at www.ncpes.co.uk/interactive-results

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Top drivers of a high rating of care

Top three drivers of a high rating of care

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This key driver analysis focused on understanding whether there are differences among patients with certain characteristics in what drives a high rating of care. The questions that feature in the top three drivers of a high rating of care for the different age, long term condition, and tumour group categories are seen below.

Q57 is one of the top three drivers of a high rating of care for the following categories:

- All tumour groups
- All age groups
- Those with and without long term conditions

Q28 is one of the top three drivers of a high rating of care for the following categories:

- All tumour groups except the Sarcoma and Skin groups
- All age groups
- Those with and without long term conditions

Q56 is one of the top three drivers of a high rating of care for the following categories:

- All tumour groups
- All age groups except the 16-34 group
- Those with and without long term conditions

Q43 is one of the top three drivers of a high rating of care for the following categories:

- The Sarcoma tumour group
- The 16-34 age group

Q44 is one of the top three drivers of a high rating of care for the following categories:

- The Skin tumour group

Each of these questions were found to have a strong relationship with a high rating of care. In each case as the positive score on one of these questions increases the likelihood of a high rating of care also increases.

Results tell us that by focussing improvement efforts on Q28, Q56, Q57 in particular there is the potential to improve care experiences for people from different age groups, tumour groups and those with and without long term conditions. These three questions were also identified in the national key driver analysis as having the strongest relationship with a high rating of care.

2 **About the Cancer Patient Experience Survey**

Introduction

The key driver analysis featured in this report uses data from the National Cancer Patient Experience Survey 2022. The results therefore align with the national level key driver analysis which also made use of data from the 2022 survey (the latest data available when the analysis was run).

The National Cancer Patient Experience Survey 2022 was the twelfth iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on experience of cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The questionnaire was reviewed in 2021 to reflect changes to cancer services and commitments to cancer care as detailed in the NHS Long Term Plan which is available at www.longtermplan.nhs.uk/online-version/.

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

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

The 2022 survey involved 133 NHS trusts. Out of 115,662 people, 61,268 people responded to the survey, yielding a response rate of 53%.

Eligibility

The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2022.

Fieldwork

The fieldwork for the survey was undertaken between November 2022 and February 2023.

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Survey methods

The survey used a mixed mode methodology. Questionnaires were sent by post, with two reminders where necessary, but also included an option to complete the questionnaire online.

A Freephone helpline and email were available for respondents to opt out, ask questions about the survey, enable them to complete their questionnaire over the phone and provide access to a translation and interpreting facility for those whose first language was not English.

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

Scoring methodology

Sixty-one questions from the questionnaire are scored, as these questions relate directly to patient experience. These scored questions are referred to as evaluative questions throughout this report.

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

For each scored question, each response option has been identified as either a positive, negative, or neutral response. Scores are calculated by dividing the number of positive responses by the total number of positive and negative responses. Neutral scores (e.g., 'Don't know / can't remember') are excluded from this calculation.

Please note that 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.

Glossary of key terms and definitions

A glossary of key terms and definitions can be found in the Technical Appendix.

3　About Key Driver Analysis

What is key driver analysis?

Key driver analysis is used to identify what factors or 'drivers' are associated with a specific outcome. Following analysis at a national level of drivers of high rating of care, this work focused on understanding whether there are differences among patients with certain characteristics.
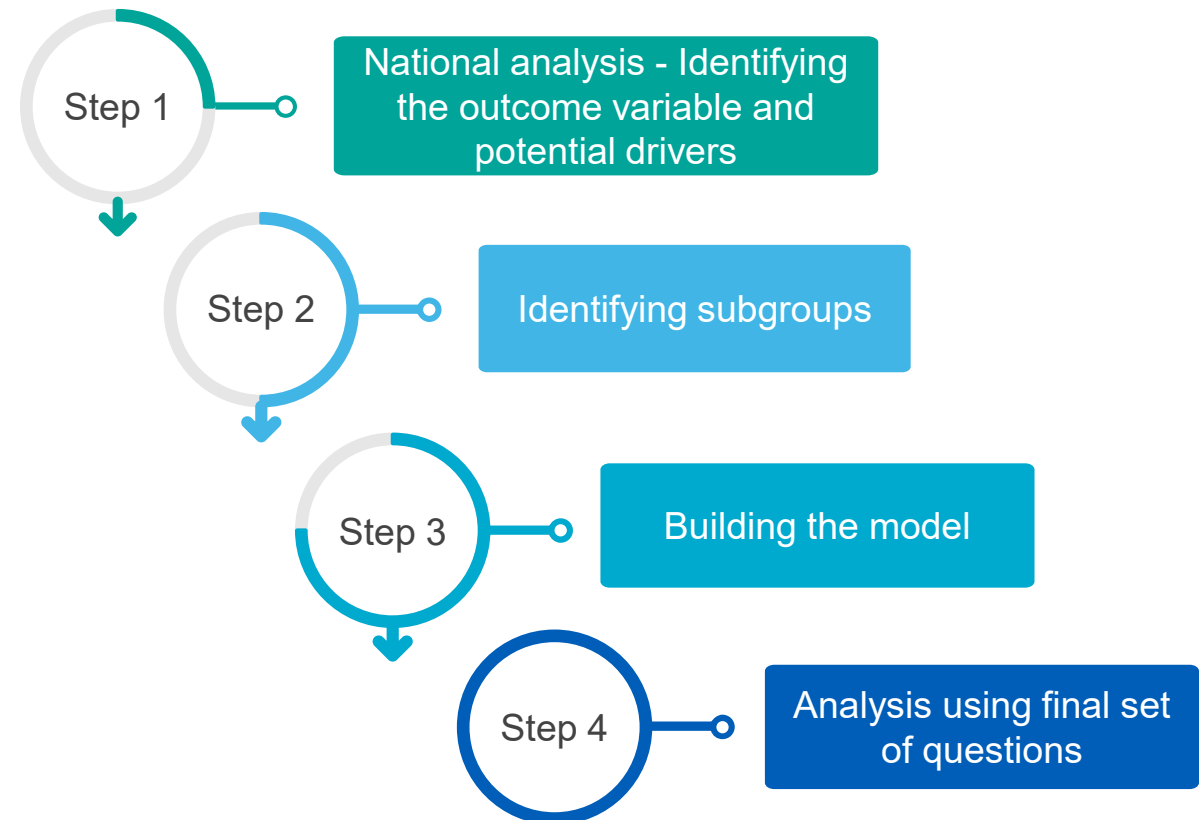
Key driver analysis is useful in guiding improvement efforts however it is important to note that this correlation does not imply causation.

The main objectives of this key driver analysis were:

- Through secondary analysis of data from the Cancer Patient Experience Survey 2022, explore which questions are most strongly associated with a high rating of care.

- To support local prioritisation of improvements on aspects that drive a high rating of care.

- Use the findings from the analysis to inform topics of focus by the NHS England Cancer Experience of Care Improvement Collaborative.

- Update insight gathered from key driver analysis[1] carried out on data from the National Cancer Patient Experience Survey 2015.

How does key driver analysis work?

A logistic regression that evaluated the relationship between questions in the Cancer Patient Experience Survey 2022 was used. The four main steps to this process are outlined below. Further information about each of these steps is included on the next page.

Step 1 — National analysis - Identifying the outcome variable and potential drivers

Step 2 — Identifying subgroups

Step 3 — Building the model

Step 4 — Analysis using final set of questions

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

Step 1. Identifying the outcome variable and potential drivers

Here, we chose the outcome variable (or dependent variable) from the list of questions included in the Cancer Patient Experience Survey 2022 questionnaire.

The classification for a high rating of care was also determined. See slide 12 for more information on the outcome variable.

We also chose an initial list of survey questions (or independent variables) that acted as our potential drivers. Selection of these questions was based on the following criteria:

- Questions should be evaluative. These are the questions that ask patients about the quality of their experience.

- Questions should have a low level of item non-response. Item non-response is where respondents miss a question. Similarly, it is important to only include questions which are applicable to the majority of respondents, as opposed to questions relevant to only a subset of people (such as those who have received a particular treatment). This both helps to ensure that there is a suitable level of data for our analysis and that where strong associations are found, we are highlighting the key drivers that are most important to the majority of people accessing cancer services.

- Questions should have a low level of neutral responses such as 'Don't know / can't remember'.

Step 2. Identifying subgroups

Subgroup variables were added to the final regression model used in the national analysis, to assess their relevance to Q59. Subgroups that were statistically significant predictors (those identified or supported by the data) were retained, while those that were not were excluded to keep the analysis focused on data-driven findings.

Subgroups were retained based on statistical significance, sample size, and practical or policy relevance.

More information about the selection of subgroups can be found in section 4.

Step 3. Building the model per subgroup

Once the outcome variable and the initial list of survey questions (or independent variables) was confirmed, the logistic regression model was built and tested.

Here we ran different iterations of the model to find an optimal fit for each subgroup. A balance needed to be struck between the number of questions included in the analysis and the number of cases included. The more cases included in the analysis the more confident we can be that the results are representative of the national picture.

Information about **step 4** can be found on the next slide.

Step 4. Analysis run on the final set of questions for each subgroup

Step 3 resulted in a number of the chosen questions being excluded. One reason for exclusion was where a high p-value was found indicating no effect of the question on the outcome variable.

Once testing of the logistic regression model was complete, the final analysis was conducted using the agreed questions.

The relationship between a high rating of care and each of the drivers was presented using regression coefficients. A regression coefficient is a statistical measure of the strength of a linear relationship between two variables.

The full set of evaluative questions not selected and reasons for exclusion can be found in the Technical Appendix.

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What is our outcome (or dependent) variable?

For this analysis it was decided that the outcome was a high rating of care as identified by Q59 on the questionnaire.

59 Overall, how would you rate your care?
(Please circle a number)

0 1 2 3 4 5 6 7 8 9 10

Very poor   Very good
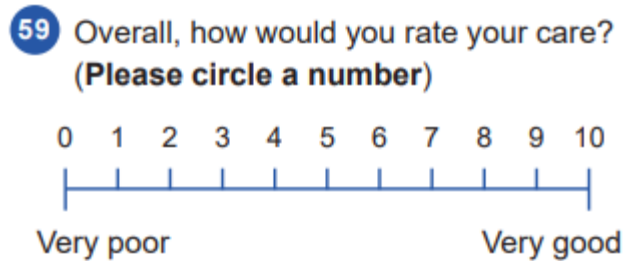
The chart to the right shows the 2022 results for this question.

How to determine a high rating of care?

To determine the classification of a high rating of care we were informed by:

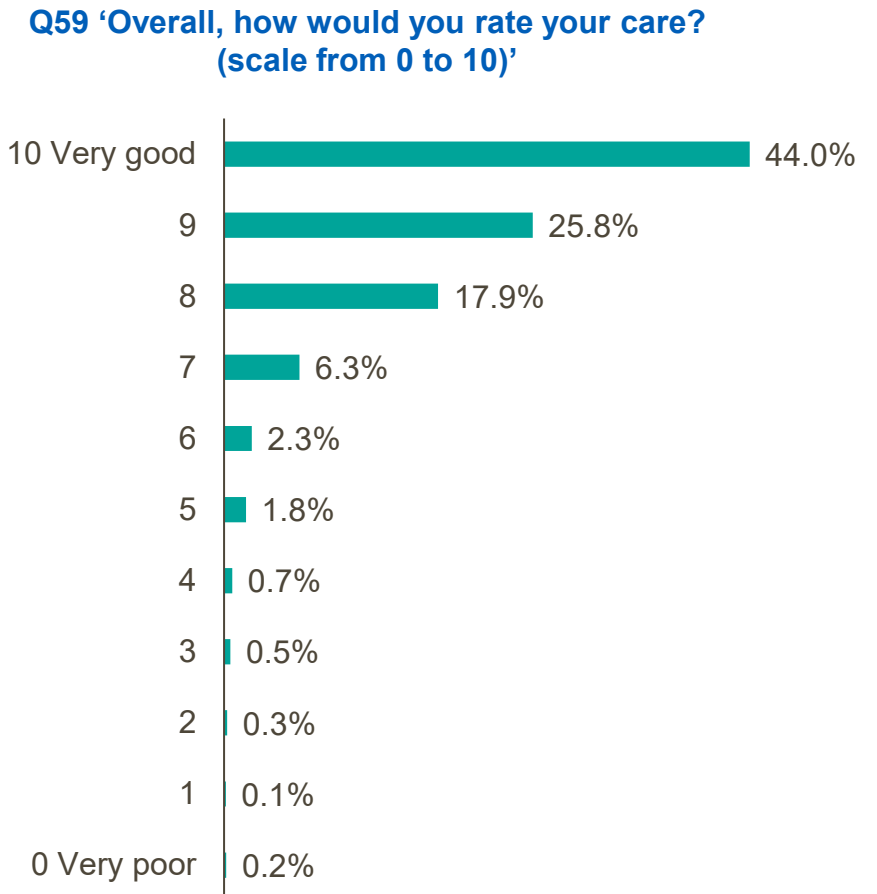- A review of the results from the 2022 survey for Q59

- Secondary analysis carried out on content of Cancer Patient Experience Survey free text comments in relation to scores provided to the overall rating of care question

- The approach taken by other validated national patient experience surveys that use the same or a similar question (such as the CQC NHS Patient Survey Programme)

- The net promoter score used across customer experience

The high rating of care classification used in this analysis

As a result of this review, it was agreed that a high rating of care would be classified by a **score of 9-10** on the response scale.

A binary version of Q59 with the groups 0-8 and 9-10 was derived and used as the outcome variable in the analysis.

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

Score	Percentage
10 Very good	44.0%
9	25.8%
8	17.9%
7	6.3%
6	2.3%
5	1.8%
4	0.7%
3	0.5%
2	0.3%
1	0.1%
0 Very poor	0.2%

Independent variables used in the final analysis

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Included evaluative questions

Of the 23 scored questions answered by all respondents, 13 evaluative questions were included in the final subgroup analysis. Ten of these 23 questions were removed from the analysis due to a high proportion of missing values. The table on the right lists the 13 selected questions, along with the questionnaire sections in which each question appears.

Excluded evaluative questions

The set of evaluative questions not selected can be found in the Technical Appendix.

Question number	Question reporting text	Section	Question included in the national analysis
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	No
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	Yes
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	Yes
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	No
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	Yes
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	No
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	Yes
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	Yes
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	Yes
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	Yes
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	Yes
Q56	The whole care team worked well together	14. Your overall NHS care	Yes
Q57	Administration of care was very good or good	14. Your overall NHS care	Yes

4 Identifying Subgroups For Key Driver Analysis

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Identifying subgroups for Key Driver Analysis

We began by populating the possible list of subgroups to be included in the analysis. This was informed by the set of subgroups[1] used in CPES reporting:

- Age group
- Male/Female/Non-binary/Other
- Ethnicity
- Tumour group
- IMD quintile
- Long term condition (yes/no)[2]
- Cancer spread
- Cancer outcome
- Gender same as sex registered at birth
- Sexual orientation

The selected subgroup variables were incorporated into the final regression model from the national analysis to assess their relevance to Q59.

[1] Cancer type not included due to insufficient responses in a number of the categories.

[2] Long-term condition included as yes/no as the number of responses for individual conditions was considered too small. As the question is multi-code there is an overlap in answers selected which does not work well within the model.

Selection of subgroups for inclusion in the analysis was guided by multiple factors. Subgroups that were statistically significant predictors in the national key driver analysis regression model were retained, as they demonstrated meaningful variation with overall experience.

Additionally, we considered the number of responses in each subgroup to ensure robust sample sizes. Where necessary, categories were combined to increase sample size while maintaining the appropriateness of grouping.

Finally, we assessed the actionability and relevance of the subgroups, focusing on their usability for improving the overall experience. Subgroups that did not meet these criteria were excluded from further analysis.

Three subgroups used in final analysis

Three subgroups were selected for inclusion in the final analysis. These were:

- Age group
- Long term condition (yes/no)
- Tumour group

The table on the next page details the information used to make this selection.

Identifying subgroups for the analysis

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This table outlines the reasons for the inclusion or exclusion of each subgroup from the final subgroup model.

Subgroup	Reasons for inclusion or exclusion of subgroup from analysis	Decision
Age group	The 85+ age group demonstrated significant differences across multiple categories in the regression model for predicting the outcome variable (Q59), supporting the need for further analysis. Due to insufficient responses, the 16-24 age group was combined with the 25-34 age group for analysis.	**Include**
Long term condition (yes/no)	Significant differences were observed between individuals with and without long-term conditions in the regression model for predicting the outcome variable (Q59). Individual long-term conditions were not analysed as separate subgroups due to small base sizes.	**Include**
Tumour group	The majority of individual categories in tumour group were identified as significant predictors to the outcome variable (Q59), supporting their inclusion in the analysis.	**Include**
Cancer spread	The findings of this analysis were considered more difficult to action from a policy / practice perspective. It was therefore decided not to proceed with inclusion of this subgroup.	Exclude
Cancer outcome	The findings of this analysis were considered more difficult to action from a policy / practice perspective. It was therefore decided not to proceed with inclusion of this subgroup.	Exclude
Ethnicity	Whilst some significant differences were observed, the age, long term condition, and tumour group subgroups as a collection were considered to have a greater number of significant differences for further exploration.	Exclude
Gender same as sex registered at birth	No significant differences were observed between categories in the regression model for predicting the outcome variable (Q59). Small response counts in some groups limited the scope for additional analysis. It was therefore decided not to proceed with inclusion of this subgroup.	Exclude
IMD quintile	The findings of this analysis were considered more difficult to action from a practice perspective. It was therefore decided not to proceed with inclusion of this subgroup.	Exclude
Male/Female/Non-binary/Other	No significant differences were observed between male and female respondents in the regression model for predicting the outcome variable (Q59). Small response counts in some groups limited the scope for additional analysis. It was therefore decided not to proceed with inclusion of this subgroup.	Exclude
Sexual orientation	Small response counts in some groups limited the scope for additional analysis. It was therefore decided not to proceed with inclusion of this subgroup.	Exclude

Subgroups used in the final analysis

The tables on this slide show the categories included for the three chosen subgroups:

- **Age group**. This subgroup has six categories. Due to insufficient responses (n = 170), the 16-24 age group was combined with the 25-34 age group for analysis.

- **Long term condition**. This subgroup has two categories and is derived from Q67 in the survey which asks people to select from a list any long term conditions they have in addition to their cancer diagnosis.

- **Tumour group**. This subgroup has twelve categories. Due to insufficient responses (n = 242), the Brain / CNS tumour group was excluded from the analysis. It was not considered appropriate to combine the Brain / CNS tumour group with another tumour group for the purpose of analysis.

Age group
16-34 years
35-54 years
55-64 years
65-74 years
75-84 years
85+ years

Long term condition
Yes
No

Tumour group
Breast
Colorectal / LGT
Gynaecological
Haematological
Head and Neck
Lung
Prostate
Sarcoma
Skin
Upper Gastro
Urological
Other

5 **Key Driver Analysis - Age Group**

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The three questions identified for each age category as having the strongest relationship with a high rating of care, as determined by the highest odds ratios seen, are below. In each case as the positive score on one of these questions increases the likelihood of a high rating of care also increases. This is true for each age category.

Whilst the top three drivers are similar for most age groups, Q43 is in the top three as a key driver for the 16-34 category and not for the other groups.

Q28, Q56, Q57 were the three questions identified in the national analysis as having the strongest relationship with a high rating of care (this can be seen below the main the table). The results for the full set of questions included in the analysis can be found in the rest of this section.

	Q57 - Administration of care was very good or good	Q28 - Patient definitely got the right level of support for their overall health and well being from hospital staff	Q56 - The whole care team worked well together	Q43 - Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right
16-34	1	2		3
35-54	2	3	1	
55-64	1	2	3	
65-74	1	2	3	
75-84	1	2	3	
85+	3	2	1	
National	1	2	3	

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	9.15	4.38	19.13
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	3.54	2.03	6.17
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.18	1.33	3.58
Q56	The whole care team worked well together	14. Your overall NHS care	0.12	2.17	0.82	5.79
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.02	1.99	1.12	3.52
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.14	1.58	0.86	2.92
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.17	1.52	0.83	2.75
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.18	1.5	0.83	2.73
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.38	1.29	0.73	2.29
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.56	1.21	0.63	2.31
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.70	1.14	0.58	2.25
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.79	0.86	0.29	2.58
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.04	0.49	0.25	0.97

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

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Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	5.70	4.21	7.71
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	4.45	3.47	5.71
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	3.72	3.16	4.38
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.12	1.81	2.50
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.78	1.48	2.14
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	1.75	1.46	2.11
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.00	1.53	1.23	1.89
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.00	1.43	1.18	1.74
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.09	1.26	0.96	1.66
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.13	1.19	0.95	1.49
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.13	1.15	0.96	1.37
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.83	1.02	0.85	1.22
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.76	0.97	0.79	1.18

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

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Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	5.05	4.23	6.03
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	4.35	3.82	4.95
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	4.33	3.54	5.29
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.32	2.04	2.63
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	2.15	1.87	2.46
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.65	1.42	1.92
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.00	1.43	1.21	1.69
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.00	1.39	1.12	1.72
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.01	1.25	1.07	1.46
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.02	1.20	1.03	1.40
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.06	1.18	0.99	1.41
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.04	1.16	1.01	1.34
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.50	0.95	0.83	1.10

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	5.01	4.32	5.82
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	4.39	3.94	4.90
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	3.54	3.03	4.13
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.11	1.90	2.35
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	1.84	1.65	2.05
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.55	1.36	1.77
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.00	1.49	1.29	1.71
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.00	1.47	1.22	1.76
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.00	1.41	1.25	1.60
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.00	1.31	1.16	1.48
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.00	1.22	1.08	1.38
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.46	1.06	0.91	1.23
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.49	1.04	0.93	1.17

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

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Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	4.26	3.58	5.06
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	4.08	3.57	4.66
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	3.35	2.77	4.06
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	1.98	1.74	2.25
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	1.82	1.61	2.07
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.73	1.48	2.02
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.00	1.51	1.24	1.84
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.00	1.47	1.27	1.71
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.00	1.32	1.13	1.54
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.02	1.22	1.04	1.44
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.13	1.12	0.97	1.29
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.39	1.09	0.90	1.31
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.24	0.92	0.79	1.06

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	6.37	3.54	11.46
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	4.61	3.16	6.73
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	4.03	2.35	6.92
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	2.47	1.78	3.43
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.33	1.65	3.30
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	2.13	1.38	3.29
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.15	1.37	0.89	2.12
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.17	1.36	0.87	2.12
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.41	1.23	0.75	2.00
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.35	1.22	0.81	1.84
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.66	1.09	0.75	1.59
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.90	0.97	0.61	1.55
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.79	0.93	0.52	1.64

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

6 Key Driver Analysis - Long-term Condition

The three questions identified for each long term condition category as having the strongest relationship with a high rating of care, as determined by the highest odds ratios seen, are below. In each case, as the positive score on one of these questions increases the likelihood of a high rating of care also increases. This is true for each category.

These results show that the drivers of a high rating of care are the same across the two long term condition categories.

Q28, Q56, Q57 were the three questions identified in the national analysis as having the strongest relationship with a high rating of care (this can be seen below the main the table).

The results for the full set of questions included in the analysis can be found in the rest of this section.

	Q57 - Administration of care was very good or good	Q28 - Patient definitely got the right level of support for their overall health and well being from hospital staff	Q56 - The whole care team worked well together
Yes	1	2	3
No	1	2	3
National	1	2	3

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	4.60	4.12	5.13
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	4.05	3.74	4.39
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	3.78	3.36	4.24
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.10	1.94	2.27
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	1.89	1.74	2.05
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.81	1.65	1.99
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.00	1.46	1.28	1.66
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.00	1.32	1.19	1.46
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.00	1.31	1.20	1.44
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.00	1.28	1.16	1.40
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.00	1.16	1.06	1.27
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.36	1.05	0.94	1.18
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.66	0.98	0.90	1.07

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

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Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	5.01	4.32	5.82
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	4.48	4.01	5.00
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	4.10	3.43	4.90
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.24	2.01	2.49
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	1.93	1.72	2.17
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.53	1.34	1.74
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.00	1.41	1.22	1.63
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.00	1.33	1.17	1.51
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.00	1.30	1.09	1.55
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.00	1.28	1.12	1.46
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.01	1.23	1.06	1.43
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.12	1.10	0.97	1.24
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.54	1.04	0.92	1.17

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

7

Key Driver Analysis - Tumour Group

The three questions identified for each tumour group category as having the strongest relationship with a high rating of care, as determined by the highest odds ratios seen, are below. In each case, as the positive score on one of these questions increases the likelihood of a high rating of care also increases. This is true for each category. The top three drivers are similar for most groups. However, Q43 was seen as a top three key driver for the Sarcoma group and not for the other tumour groups, and Q44 was a top three key driver for the Skin tumour group and not for other the other tumour groups. Q28, Q56, Q57 were the three questions identified in the national analysis as having the strongest relationship with a high rating of care (this can be seen below the main the table). The results for the full set of questions included in the analysis can be found in the rest of this section.

	Q57: Administration of care was very good or good	Q28: Patient definitely got the right level of support for their overall health and well being from hospital staff	Q56: The whole care team worked well together	Q43: Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	Q44: Possible side effects from treatment were definitely explained in a way the patient could understand
Breast	2	1	3		
Colorectal / LGT	2	3	1		
Gynaecological	1	3	2		
Haematological	1	2	3		
Head and Neck	2	1	3		
Lung	3	1	2		
Prostate	1	2	3		
Sarcoma	3		1	2	
Skin	1		2		3
Upper Gastro	2	1	3		
Urological	1	3	2		
Other	1	2	3		
National	1	2	3		

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	4.34	3.84	4.91
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	4.14	3.47	4.94
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	4.07	3.32	4.98
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.43	2.16	2.73
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	1.94	1.71	2.20
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.77	1.52	2.05
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.00	1.53	1.24	1.89
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.00	1.41	1.21	1.64
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.00	1.36	1.16	1.61
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.00	1.29	1.12	1.49
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.03	1.25	1.02	1.53
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.02	1.21	1.03	1.41
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.20	0.91	0.79	1.05

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

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Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	5.40	4.10	7.10
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	5.03	3.89	6.50
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	4.46	3.69	5.40
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	1.87	1.55	2.26
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	1.82	1.50	2.22
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.00	1.59	1.23	2.05
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.01	1.49	1.09	2.04
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.46	1.17	1.83
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.01	1.35	1.09	1.68
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.09	1.22	0.97	1.54
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.13	1.16	0.95	1.42
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.86	1.02	0.79	1.33
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.95	0.99	0.79	1.24

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

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NHS England

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	5.56	3.77	8.21
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	3.99	2.60	6.13
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	3.87	2.89	5.18
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	2.28	1.62	3.22
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	1.98	1.47	2.68
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	1.83	1.37	2.44
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.09	1.41	0.95	2.09
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.27	1.26	0.84	1.89
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.18	1.25	0.90	1.72
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.20	1.25	0.89	1.75
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.54	1.21	0.67	2.18
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.51	1.13	0.79	1.62
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.29	0.84	0.60	1.16

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	4.94	3.84	6.35
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	3.75	3.15	4.47
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	3.09	2.42	3.94
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.14	1.83	2.51
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	1.69	1.43	2.00
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.00	1.63	1.25	2.14
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.00	1.53	1.27	1.85
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.49	1.23	1.80
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.00	1.38	1.13	1.70
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.00	1.33	1.10	1.60
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.32	1.11	0.90	1.37
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.94	1.01	0.81	1.26
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.48	0.94	0.78	1.13

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	6.36	4.19	9.66
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	3.45	2.01	5.91
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	3.39	1.95	5.90
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	2.22	1.33	3.71
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.15	1.40	3.32
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.13	1.64	0.87	3.09
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.11	1.55	0.91	2.62
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.07	1.53	0.96	2.42
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.12	1.42	0.91	2.22
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.21	1.41	0.82	2.42
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.53	1.16	0.72	1.88
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.70	1.09	0.71	1.68
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.40	0.78	0.43	1.40

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

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Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	5.26	4.03	6.86
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	4.92	3.36	7.19
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	4.45	3.06	6.46
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.48	1.92	3.22
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	2.20	1.70	2.84
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.71	1.26	2.32
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.01	1.56	1.14	2.15
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.11	1.34	0.94	1.91
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.10	1.29	0.95	1.74
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.40	1.14	0.84	1.55
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.45	1.11	0.84	1.47
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.49	1.11	0.82	1.50
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.99	1.00	0.65	1.55

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	4.55	3.51	5.91
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	4.18	3.41	5.13
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	4.05	2.95	5.56
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.24	1.79	2.79
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	2.22	1.81	2.72
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.81	1.41	2.32
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.02	1.47	1.08	2.02
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.01	1.31	1.07	1.60
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.09	1.25	0.97	1.61
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.07	1.22	0.98	1.51
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.14	1.20	0.94	1.51
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.28	1.12	0.91	1.38
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.26	0.85	0.64	1.13

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	6.11	2.24	16.68
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	3.90	2.11	7.20
Q57	Administration of care was very good or good	14. Your overall NHS care	0.01	3.25	1.31	8.08
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.01	2.56	1.23	5.31
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.03	2.22	1.09	4.53
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.19	1.78	0.76	4.19
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.21	1.62	0.76	3.47
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.34	1.50	0.66	3.42
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.49	1.38	0.56	3.39
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.71	1.14	0.57	2.30
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.96	1.02	0.49	2.13
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.42	0.63	0.20	1.97
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.11	0.51	0.22	1.16

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	6.79	4.18	11.02
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	5.09	2.82	9.18
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	2.78	1.89	4.11
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	2.58	1.74	3.82
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	2.54	1.62	4.01
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.03	1.61	1.06	2.45
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.01	1.58	1.10	2.28
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.32	1.26	0.80	1.97
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.21	1.25	0.88	1.77
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.47	1.20	0.73	1.96
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.60	1.17	0.64	2.14
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.58	1.15	0.69	1.92
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.52	1.15	0.75	1.75

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

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Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	5.43	4.06	7.26
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	4.36	3.01	6.31
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	3.02	2.00	4.58
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	1.79	1.34	2.39
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.01	1.59	1.13	2.24
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.01	1.53	1.10	2.12
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.04	1.46	1.02	2.08
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.02	1.42	1.05	1.91
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.16	1.27	0.91	1.76
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.27	1.24	0.85	1.80
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.45	1.23	0.72	2.12
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.22	1.21	0.89	1.66
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.26	1.21	0.87	1.68

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	5.12	3.72	7.07
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	4.73	3.28	6.83
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	4.55	3.56	5.83
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.69	2.09	3.46
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	2.12	1.65	2.71
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.73	1.30	2.29
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.01	1.43	1.10	1.86
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.03	1.42	1.03	1.95
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.09	1.28	0.96	1.71
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.95	1.01	0.74	1.38
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.92	0.99	0.78	1.25
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.77	0.95	0.70	1.30
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.30	0.87	0.67	1.13

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

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Question number	Question reporting text	Questionnaire section	P value[1]	Odds ratios[1]	Lower 95% Confidence Interval[2]	Upper 95% Confidence Interval[2]
Q57	Administration of care was very good or good	14. Your overall NHS care	0.00	6.03	4.54	8.00
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	0.00	3.45	2.83	4.20
Q56	The whole care team worked well together	14. Your overall NHS care	0.00	2.55	1.89	3.45
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	0.00	2.06	1.70	2.48
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	0.00	1.82	1.49	2.22
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	0.00	1.71	1.34	2.20
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	0.00	1.50	1.20	1.88
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	0.00	1.43	1.15	1.79
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	0.03	1.41	1.04	1.91
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	0.00	1.40	1.12	1.76
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	0.11	1.19	0.96	1.48
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	0.79	0.96	0.74	1.26
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	0.40	0.91	0.73	1.13

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

[2] The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio

8 Summary

The analysis in this report used data from the Cancer Patient Experience Survey 2022. Results tell us that by focussing improvement efforts on Q28, Q56, Q57 in particular there is the potential to improve care experiences for people from different age groups, tumour groups and those with and without long term conditions. These three questions were also identified in the national key driver analysis as having the strongest relationship with a high rating of care.

The correlation identified through this analysis does not imply causation, however focussing improvement efforts on the strongest predictors of a high rating of care has the potential to improve overall care experiences.

It is also important to remember that differences in experiences of care can be seen for different groups and that should be factored into the design of initiatives and interventions aimed at improving care. And although we have identified questions strongly associated with a high rating of care for different subgroups, it is important not to dismiss other aspects of care as of less importance to people with cancer.

The design of this analysis required subgroups, and the categories within each subgroup, to have a sufficient number of responses. For smaller categories such as the 16-24 age group (which was merged with the 25-34 age group for this analysis) or individual cancer types, qualitative research could be considered for gathering insights into drivers of a high rating of care.

This analysis updates insight gathered from key driver analysis carried out on data from the National Cancer Patient Experience Survey 2015. Whilst the questionnaire has since been updated, the 2015 analysis also found questions focussed on care administration and team working to be strong predictors of a positive overall care rating[1].

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

9 Technical Appendix

Glossary

Categories: These are the individual groups within a subgroup. For example, the age subgroup is formed of six categories which are age bands.

Evaluative questions: These are questions that ask patients about the quality of their experience. They are also referred to as scored questions.

Independent variables: The independent variables in this analysis are the evaluative questions selected as potential drivers. Key driver analysis measures the relative importance of independent variables (the evaluative questions) in contributing to the outcome variable (a high rating of care).

Key driver analysis: Key driver analysis is a statistical technique that is used to identify what factors or 'drivers' are associated with a specific outcome. This subgroup level key driver analysis focused on understanding whether there are differences among patients with certain characteristics in what drives a high rating of care. This follows work to understand key drivers of a high rating of care at a national level.

Missing data: Missing data in this analysis included responses classed as non-specific or neutral (such as where "not applicable" or "Don't know / can't remember" are used) and item non-response (the proportion of missing responses to a question) for example where a question is skipped.

95% confidence interval: The 95% confidence interval (CI) is used to estimate the precision of the odds ratio. A large CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odd ratio.

Outcome variable: This is also referred to as the dependent variable and was the focus of analysis. We wanted to understand which factors were correlated with the outcome variable a high rating of care.

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

Subgroups: These are groups of people based on characteristics such as age, ethnicity, long term condition and tumour group.

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

Considerations and limitations

Correlation vs Causation: Key driver analysis provides insights into variable relationships, helping identify factors for positive care ratings. However, its crucial to note that correlation does not imply causation and establishing direct causation is challenging.

Assumption of linearity: The model used assumes linearity, implying that a change in an individual question score corresponds to a constant change in the overall care score. Caution is needed when inferring causation and linearity solely from key drivers, as improvements in highlighted areas may not consistently guarantee a positive impact on overall care ratings.

Confounding factors: Confounding variables, such as cancer type or English not being a patient's first language, may lead to biased or misleading results, hindering accurate insights into patient care improvements.

Guided quality improvement: Despite the challenge in establishing causation, key driver analysis can help design targeted quality improvement strategies by suggesting that improving closely related areas may have a beneficial effect on overall care ratings.

Level of reporting: The aim of this work was to produce a national level analysis focussed on key drivers of a high rating of care. Regional and sub-group differences were not explored. How priorities may differ by region or sub-group are areas for potential future exploration.

Evaluative questions not selected

The full set of evaluative questions not selected and reasons for exclusion can be found on the following pages.

Excluding certain questions introduces the risk of **omitted variable bias**, potentially skewing or biasing the relationships among included variables. This lack of completeness in the model may lead to overestimation or underestimation of coefficients, affecting the accuracy of results.

Whilst a number of questions were not included in the analysis it does not mean that they cover topics that are of less importance to people with cancer. It is important to remember that the questionnaire for the Cancer Patient Experience Survey has been designed to measure what matters to people and to deliver actionable insights for quality improvement, service evaluation and assessment, and for supporting patient choice.

Thirteen evaluative questions that are selected

Question number	Question reporting text	Questionnaire section	Valid	Missing	% of missing data
Q12	Patient was told they could have a family member, carer or friend with them when told diagnosis	03. Finding out you had cancer	56717	4551	7.43%
Q13	Patient was definitely told sensitively that they had cancer	03. Finding out you had cancer	60279	989	1.61%
Q14	Cancer diagnosis explained in a way the patient could completely understand	03. Finding out you had cancer	60512	756	1.23%
Q15	Patient was definitely told about their diagnosis in an appropriate place	03. Finding out you had cancer	60312	956	1.56%
Q17	Patient had a main point of contact within the care team	04. Support from a main contact person	58387	2881	4.70%
Q20	Treatment options were explained in a way the patient could completely understand	05. Deciding on the best treatment	56592	4676	7.63%
Q21	Patient was definitely involved as much as they wanted to be in decisions about their treatment	05. Deciding on the best treatment	59854	1414	2.31%
Q28	Patient definitely got the right level of support for their overall health and well being from hospital staff	07. Support from hospital staff	60023	1245	2.03%
Q43	Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	09. Your treatment	59018	2250	3.67%
Q44	Possible side effects from treatment were definitely explained in a way the patient could understand	10. Immediate and long term side effects	57359	3909	6.38%
Q52	Patient has had a review of cancer care by GP practice	12. Care from your GP practice	57496	3772	6.16%
Q56	The whole care team worked well together	14. Your overall NHS care	57271	3997	6.52%
Q57	Administration of care was very good or good	14. Your overall NHS care	59555	1713	2.80%

Ten evaluative questions not selected due to high proportion of missing data

Question number	Question reporting text	Questionnaire section	Valid	Missing	% of missing data
Q16	Patient was told they could go back later for more information about their diagnosis	03. Finding out you had cancer	53544	7724	12.61%
Q22	Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	05. Deciding on the best treatment	50561	10707	17.48%
Q24	Patient was definitely able to have a discussion about their needs or concerns prior to treatment	06. Care Planning	54146	7122	11.62%
Q27	Staff provided the patient with relevant information on available support	07. Support from hospital staff	50095	11173	18.24%
Q39	Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	08. Hospital care	52688	8580	14.00%
Q45	Patient was always offered practical advice on dealing with any immediate side effects from treatment	10. Immediate and long term side effects	54661	6607	10.78%
Q46	Patient was given information that they could access about support in dealing with immediate side effects from treatment	10. Immediate and long term side effects	44012	17256	28.16%
Q47	Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	10. Immediate and long term side effects	53782	7486	12.22%
Q48	Patient was definitely able to discuss options for managing the impact of any long-term side effects	10. Immediate and long term side effects	46229	15039	24.55%
Q55	Patient was given enough information about the possibility and signs of cancer coming back or spreading	13. Living with and beyond cancer	47459	13809	22.54%

Subgroup Key Driver Analysis case summary

The base size provided in this table refers to the regression model's base size, which is based on complete cases from the dataset. This means that only cases with no missing data for the questions included in the model are considered. The percentage of cases included in the regression model reflects the proportion of complete cases relative to the total number of respondents in each category.

Category	Number of cases	Total cases	% of cases
Age			
16-34 years	447	656	68.14%
35-54 years	5002	6789	73.68%
55-64 years	9647	13162	73.29%
65-74 years	14879	21078	70.59%
75-84 years	10545	16785	62.82%
85+ years	1395	2798	49.86%
LTC			
Yes	25320	37520	67.48%
No	14132	19465	72.60%
Tumour group			
Breast	10549	14023	75.23%
Colorectal / LGT	5082	7500	67.76%
Gynaecological	1897	2828	67.08%
Haematological	5761	8636	66.71%
Head and Neck	1121	1627	68.90%
Lung		3957	67.25%
Prostate	4218	6346	66.47%
Sarcoma	352	507	69.43%
Skin	1375	2301	59.76%
Upper Gastro	1981	2808	70.55%
Urological	2809	4544	61.82%
Other	3965	5964	66.48%

Further information

This research was carried out in accordance with the international standard for organisations conducting social research (accreditation to ISO20252:2012; certificate number GB08/74322). The 2022 survey data has been produced and published in line with the Code of Practice for Official Statistics.

For more information on the methodology and for all other outputs at national, trust, integrated care board and cancer alliance level, please see the PDF reports, Excel tables and dashboards at www.ncpes.co.uk.

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

This report sets out the results from the key driver analysis only. Detailed national, alliance, system-level and trust-level results are available at www.ncpes.co.uk

An interactive reporting tool allowing you to explore the survey data in more detail is available at www.ncpes.co.uk/interactive-results