

National Cancer Patient Experience Survey 2022

National report (Quantitative)

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This report sets out the national headline findings. 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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Introduction and methodology

Introduction

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.

Survey methods

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

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

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

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Understanding the results

Note on question comparability

The questionnaire was redeveloped for the 2021 National Cancer Patient Experience Survey. Year on year comparisons between 2021 and 2022 are included in this report.

National year on year comparisons do not include patients residing outside England. This is because the statistical significance tests use deprivation data, which is not comparable between England and other UK nations.

Scoring methodology

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

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

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.

Sub-group comparisons

Sub-group comparisons allow us to explore differences in how people experience cancer care. Some of the groups may be quite small and so caution should be taken when looking at results. See '[About the Respondents](#)' for information on the number of responses for sub-groups. For detailed sub-group analysis at a national level, please see the national Excel tables or online reporting tool available at www.ncpes.co.uk.

Suppression rules

Data is suppressed for two reasons: to ensure unreliable results based on very small numbers of respondents are not released, and to prevent individuals being identifiable in the data.

In cases where a result is based on fewer than 10 responses, the result has been suppressed. For example, where fewer than 10 people answered a question from a particular organisation, the results are not shown for that question for that organisation.

For organisations with an eligible population of 1,000 or fewer, data relating to the respondent and their condition has been suppressed where 5 people or fewer were in a particular category. In instances where only one has been suppressed, the next lowest category has been suppressed to prevent back calculation from the total number of responses.

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

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Headline findings



Overall experience

8.88

Respondents' average rating of care scored from very poor to very good (scale from 0 to 10) (**8.91** in 2021).



Support from your GP practice

65.4%

of respondents who had contacted their GP practice said that the referral for diagnosis was explained in a way they could completely understand (**64.2%** in 2021).



Diagnostic tests

78.3%

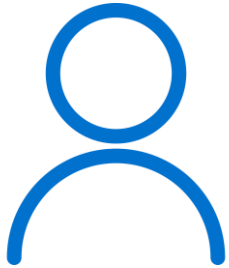
said that the results of diagnostic tests were explained to them in a way they could completely understand (**78.7%** in 2021).



Finding out that you had cancer

75.9%

said that when they were first told that they had cancer, they had been given the option of having a family member, carer or friend with them (**70.1%** in 2021).



Support from a main contact person

91.5%

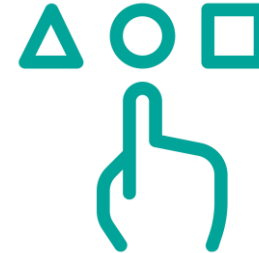
said they had a main contact person within the team looking after them who would support them through treatment (**91.9%** in 2021).



Support from hospital staff

75.5%

said they definitely received the right amount of support for their overall health and wellbeing from hospital staff (**75.7%** in 2021).



Deciding on the best treatment

80.0%

said family and/or carers were definitely involved as much as they wanted them to be in decisions about their treatment options (**74.7%** in 2021).



Care planning

71.1%

said that before their treatment started, they had a discussion with a member of the team looking after them about their needs or concerns (**71.7%** in 2021).



Financial support

67.5%

of respondents said they were offered information about how to get financial help or any benefits they might be entitled to (**69.5%** in 2021).



Hospital care

78.5%

of respondents who had an overnight stay said they had confidence and trust in all of the team looking after them (**80.9%** in 2021).



Your treatment

78.0%

said they felt the length of waiting time at the clinic or day unit used for cancer treatment was about right (**79.0%** in 2021).



Immediate and long-term side effects

59.0%

said the possible long-term side effects, including the impact on their day-to-day activities, were definitely explained in a way they could understand (**59.5%** in 2021).



Support while at home

57.9%

said their family or someone else close to them were given all the information necessary to help care for them at home (**55.4%** in 2021).



Care from your GP practice

44.6%

of respondents who said their GP practice was involved in their care while they were having treatment said they got the right amount of support from staff at their practice (**43.7%** in 2021).



Living with and beyond cancer

62.4%

said they were given enough information about the possibility of the cancer coming back or spreading, such as what to look out for and what to do if they had concerns (**62.5%** in 2021).



Administration of care

86.7%

said the administration of their care was 'very good' or 'good' (**88.2%** in 2021).

The five scores with the largest positive change

Question	2021	2022	Change
Q12 - Patient was told they could have a family member, carer or friend with them when told diagnosis	70.1%	75.9%	+5.8%
Q22 - Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	74.7%	80.0%	+5.3%
Q32 - Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	60.6%	65.6%	+5.0%
Q52 - Patient has had a review of cancer care by GP practice	18.0%	20.7%	+2.7%
Q49 - Care team gave family, or someone close, all the information needed to help care for the patient at home	55.4%	57.9%	+2.6%

The five scores with the largest negative change

Question	2021	2022	Change
Q34 - Patient was always able to get help from ward staff when needed	76.2%	72.5%	-3.7%
Q07 - Patient felt the length of time waiting for diagnostic test results was about right	81.9%	78.4%	-3.5%
Q35 - Patient was always able to discuss worries and fears with hospital staff	66.8%	64.2%	-2.7%
Q31 - Patient had confidence and trust in all of the team looking after them during their stay in hospital	80.9%	78.5%	-2.3%
Q29 - Patient was offered information about how to get financial help or benefits	69.5%	67.5%	-2.0%

4 About the respondents

Overall response rate

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%.

This is in comparison to a 55% response rate seen for the 2021 iteration of the survey.

Respondents by survey mode

Response mode	Number of respondents	Proportion of respondents
Paper	49,968	81.6%
Online	11,246	18.4%
Phone	44	0.1%
Translation service	10	0.0%
Total	61,268	100.0%

Number of responses by Male/Female/Non-binary/Other¹

	No. of responses	% of responses
Female	31,638	51.6%
Male	26,402	43.1%
Non-binary	13	0.0%
Prefer to self-describe	13	0.0%
Prefer not to say	83	0.1%
Not given	3,119	5.1%
Total	61,268	100.0%

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

	No. of responses	% of responses
Same sex registered at birth	57,750	94.3%
Different sex registered at birth	102	0.2%
Prefer not to say	151	0.2%
Not given	3,265	5.3%
Total	61,268	100.0%

¹ Self-reported in Q64 of the survey.

² Self-reported in Q65 of the survey.

Number of responses by ethnic background¹

Ethnicity	No. of responses	% of responses
White	53,849	87.9%
Asian	1,618	2.6%
Black	1,009	1.6%
Mixed	539	0.9%
Other ²	338	0.6%
Not given	3,915	6.4%
Total	61,268	100.0%

Number of responses by tumour group³

Tumour group	No. of responses	% of responses
Breast	14,023	22.9%
Haematological	8,636	14.1%
Colorectal / LGT	7,500	12.2%
Prostate	6,346	10.4%
Urological	4,544	7.4%
Lung	3,957	6.5%
Gynaecological	2,828	4.6%
Upper gastro	2,808	4.6%
Skin	2,301	3.8%
Head and Neck	1,627	2.7%
Sarcoma	507	0.8%
Brain / CNS	227	0.4%
Other	5,964	9.7%
Total	61,268	100.0%

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

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

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

Number of responses by IMD quintile (deprivation)¹

Quintile	No. of responses	% of responses
1 (most deprived)	7,178	11.7%
2	10,334	16.9%
3	13,201	21.5%
4	14,546	23.7%
5 (least deprived)	15,623	25.5%
Outside England	386	0.6%
Total	61,268	100.0%

Number of responses for long-term condition status²

Long-term condition	No. of responses	% of responses
Yes	37,520	61.2%
No	19,465	31.8%
Not given	4,283	7.0%
Total	61,268	100.0%

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

² Self-reported in Q67 of the survey.

Number of responses by long-term condition¹

Long-term condition	No. of responses	% of responses
Joint problem, such as arthritis	18,235	29.8%
Breathing problem, such as asthma	10,795	17.6%
Deafness or hearing loss	9,228	15.1%
Diabetes	7,251	11.8%
Heart problem, such as angina	6,098	10.0%
Neurological condition	3,177	5.2%
Mental health condition	2,936	4.8%
Blindness or partial sight	1,722	2.8%
Dementia or Alzheimer's disease	592	1.0%
Learning disability	496	0.8%
Other long-term condition	7,655	12.5%

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

Number of responses by age

Age	No. of responses	% of responses
16-24	148	0.2%
25-34	508	0.8%
35-44	1,731	2.8%
45-54	5,058	8.3%
55-64	13,162	21.5%
65-74	21,078	34.4%
75-84	16,785	27.4%
85+	2,798	4.6%
Total	61,268	100.0%

¹ Self-reported in Q63 of the survey.

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Overall experience

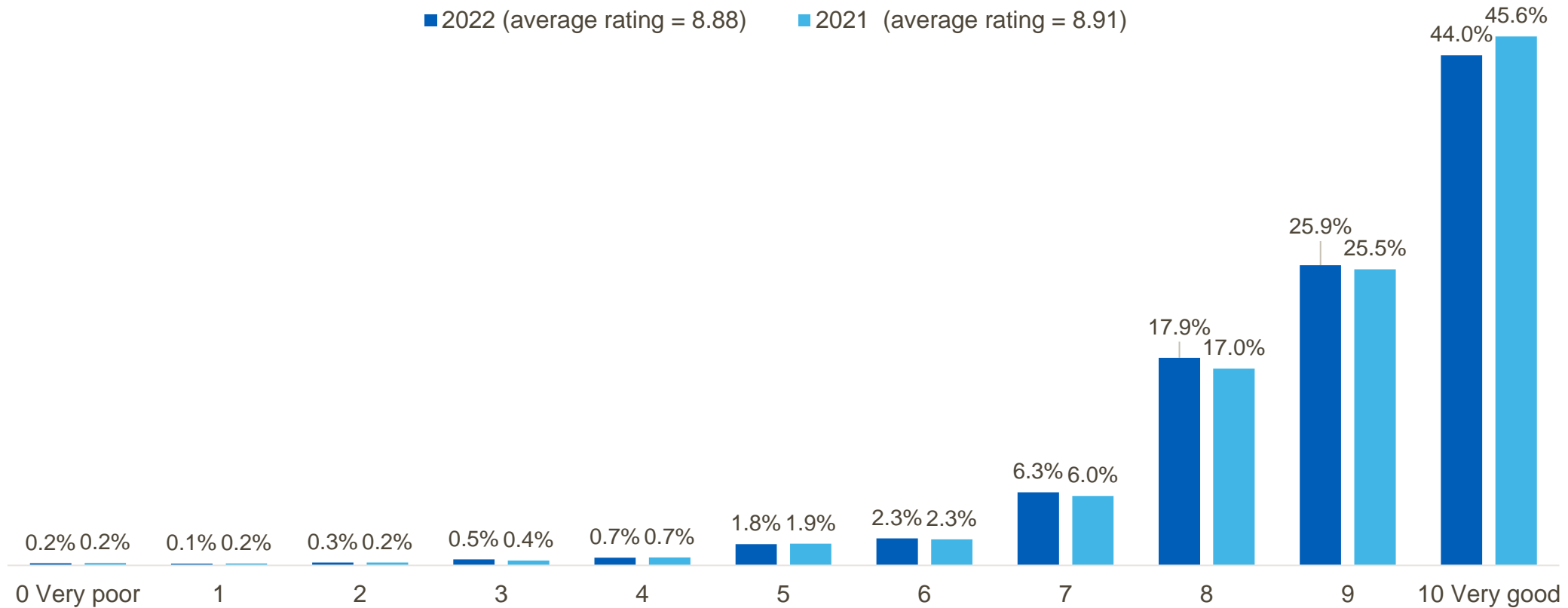
Respondents were asked to rate their experience overall on a scale of 0 (very poor) to 10 (very good).

The average rating of care given nationally by respondents was 8.88. This is down from 8.91 in 2021.

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

Year on year comparisons* for Q59 'Overall, how would you rate your care? (scale from 0 to 10)'

■ 2022 (average rating = 8.88) ■ 2021 (average rating = 8.91)



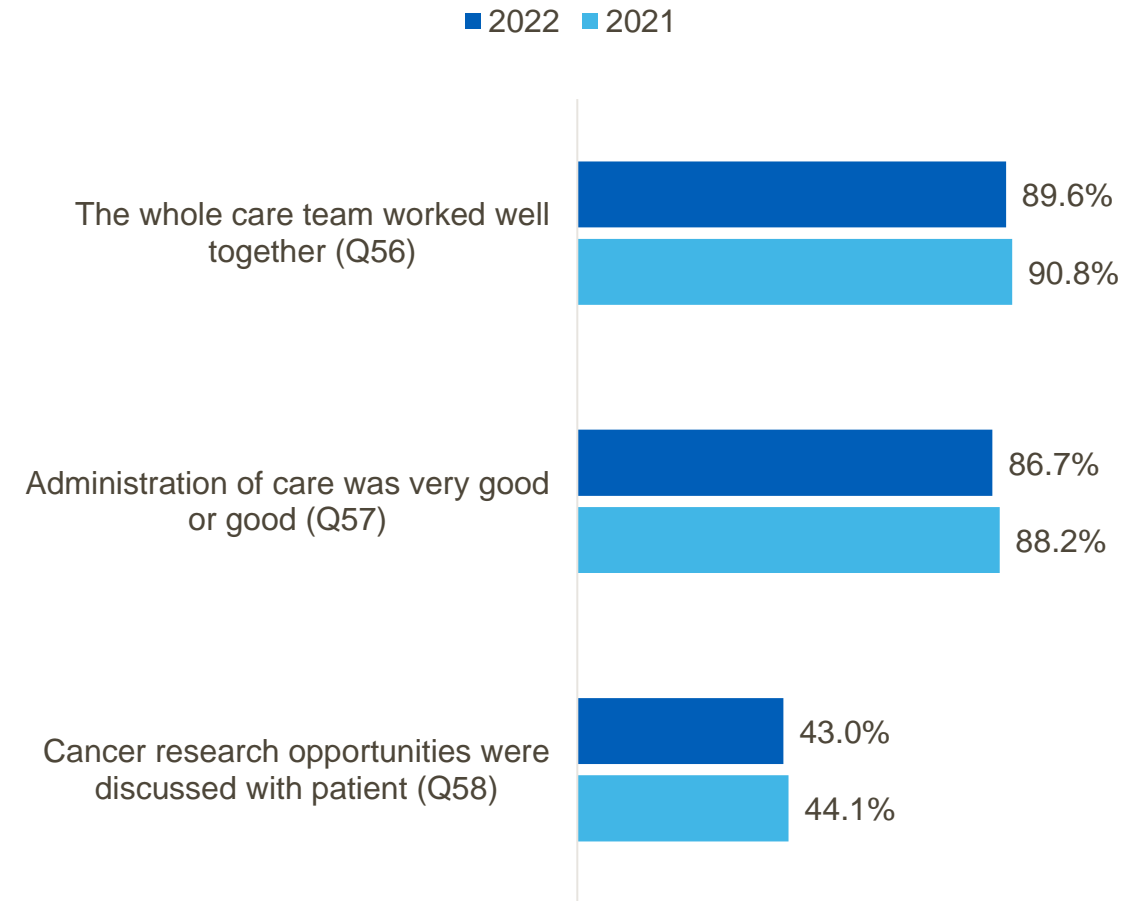
*Year on year comparisons seen up to and including section 18 are based on England-only results
 Number of responses. Q59: 2022 (57,694) 2021 (56,154)

Most respondents (89.6%) felt the whole care team worked well together to provide the best possible care for them. This score is down from 90.8% in 2021.

When asked how they would rate the administration of their care (getting letters at the right time, doctors having the right notes/ tests results, etc), 86.7% of respondents said the administration of their care was ‘very good’ or ‘good’ (down from 88.2% in 2021).

43% (down from 44.1% in 2021) of respondents said that cancer research opportunities that they could take part in were discussed with them.

Year on year comparisons for the overall experience questions



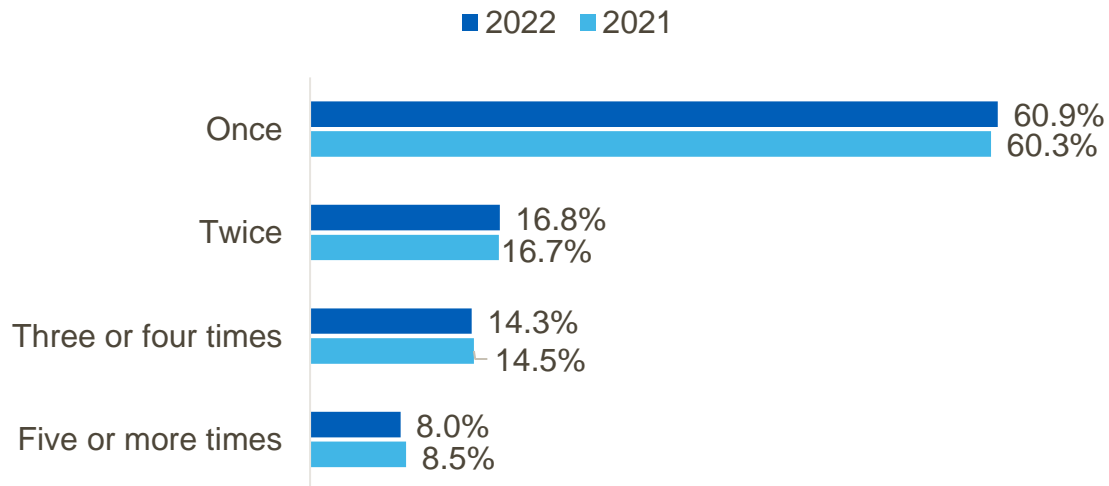
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Support from your GP practice

The first section in the questionnaire asked respondents about the support they received from their GP practice before they knew they had cancer.

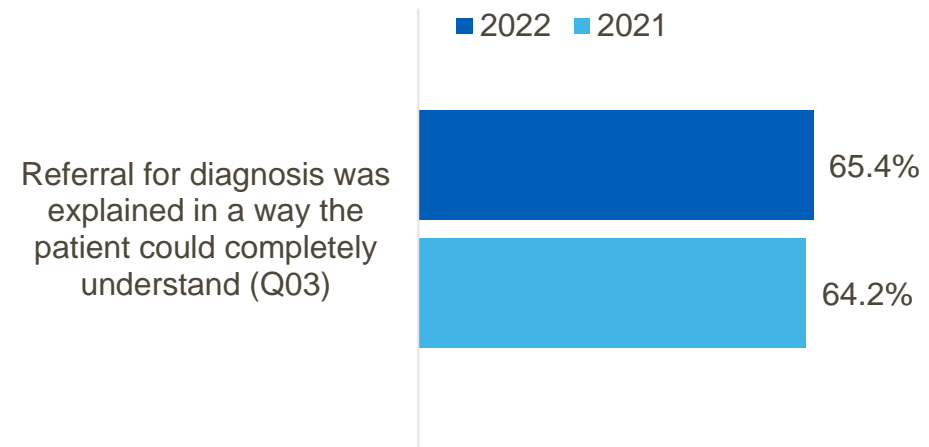
Respondents were asked how many times they spoke to a healthcare professional at their GP practice about health problems caused by cancer before they were diagnosed. 77.7% of those who had contacted their GP practice said they only spoke to a healthcare professional once or twice before their cancer diagnosis. This score compares with 77.0% in 2021.

Year on year comparison for Q2 'Patient only spoke to primary care professional once or twice before cancer diagnosis'



65.4% of respondents who had contacted their GP practice said that the referral for diagnosis was explained in a way they could completely understand. This is an increase from 64.2% in 2021.

Year on year comparison for Q3 'Patient only spoke to primary care professional once or twice before cancer diagnosis'



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Diagnostic tests

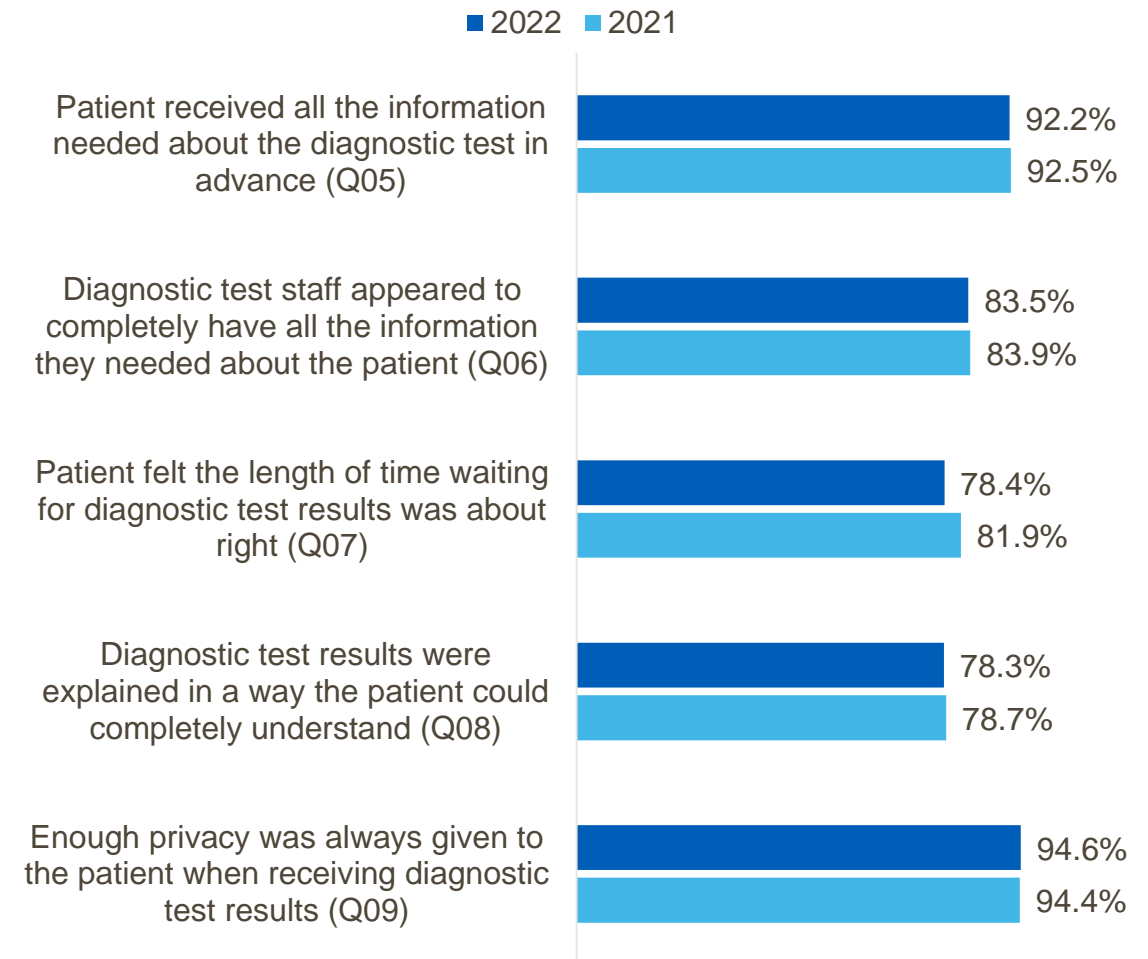
Of those respondents who had tests that helped to diagnose their cancer, 92.2% (92.5% in 2021) said they received all the information needed in advance. And 83.5% (83.9% in 2021) said that healthcare staff they saw appeared to completely have all the information they needed about them.

When asked how they felt about the length of time they had to wait for their test results, 78.4% felt the length of time was about right. This score is lower than 81.9% in 2021.

78.3% (78.7% in 2021) of respondents who received a test said that the results were explained to them in a way they could completely understand.

Respondents were asked whether enough privacy was always given when receiving diagnostic test results. 94.6% said this was always the case. This compares to 94.4% seen in 2021.

Year on year comparisons for questions related to diagnostic tests



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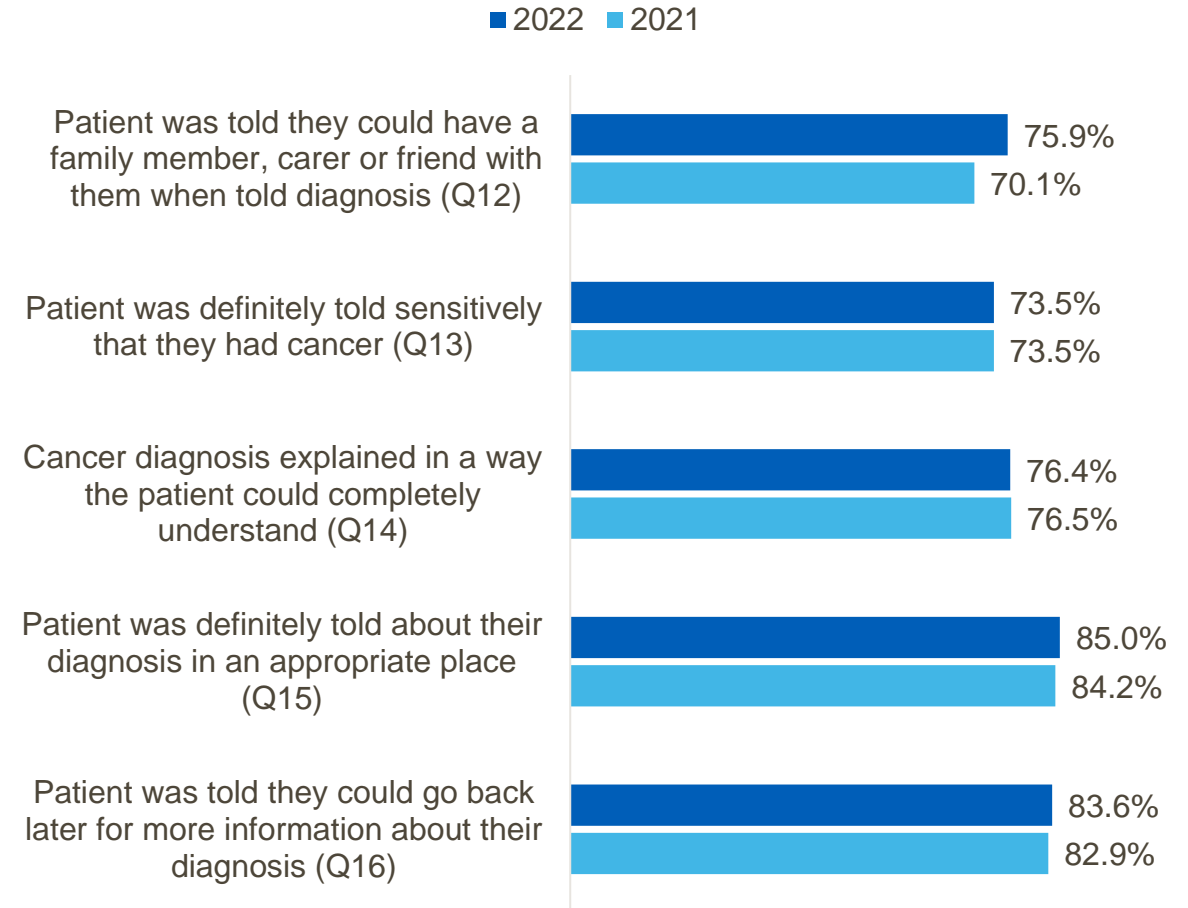
Finding out that you had cancer

Just over three-quarters of all respondents (75.9%) said that when they were first told that they had cancer, they had been given the option of having a family member, carer or friend with them. This is an increase from 70.1% in 2021.

When asked how they felt about the way they were told they had cancer, 73.5% said they were told sensitively. Overall, 85.0% (up from 84.2% in 2021) said that they were definitely told about their diagnosis in a place that was appropriate for them.

76.4% (compared with 76.5% in 2021) said their cancer diagnosis was explained in a way they could completely understand. 83.6% (up from 82.9% in 2021) said they were told they could go back later for more information about their diagnosis after they had had time to reflect on what it meant.

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



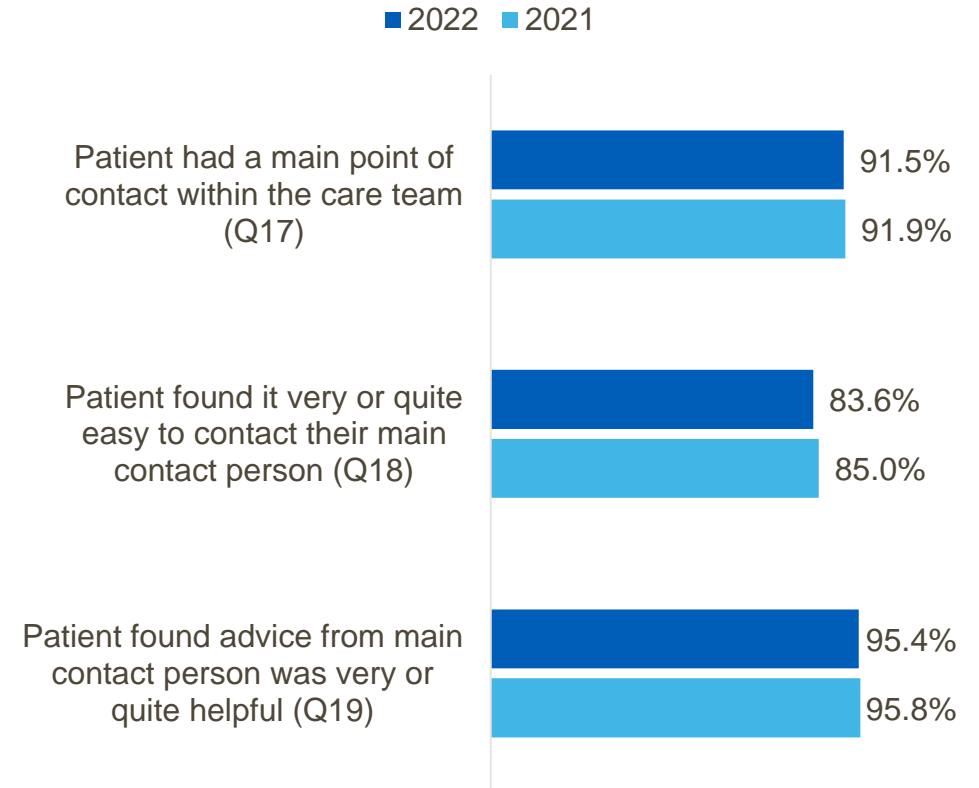
9

Support from a main contact person

Nine out of ten respondents (91.5%) said they had a main contact person within the team looking after them who would support them through treatment. This score compares with 91.9% in 2021.

Of these respondents, 83.6% said it was 'very' or 'quite easy' to contact their main contact person, a decrease from 85.0% in 2021. And 95.4% (down from 95.8% in 2021) said that they found the advice from their main contact person to be 'very' or 'quite helpful'.

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



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Deciding on the best treatment

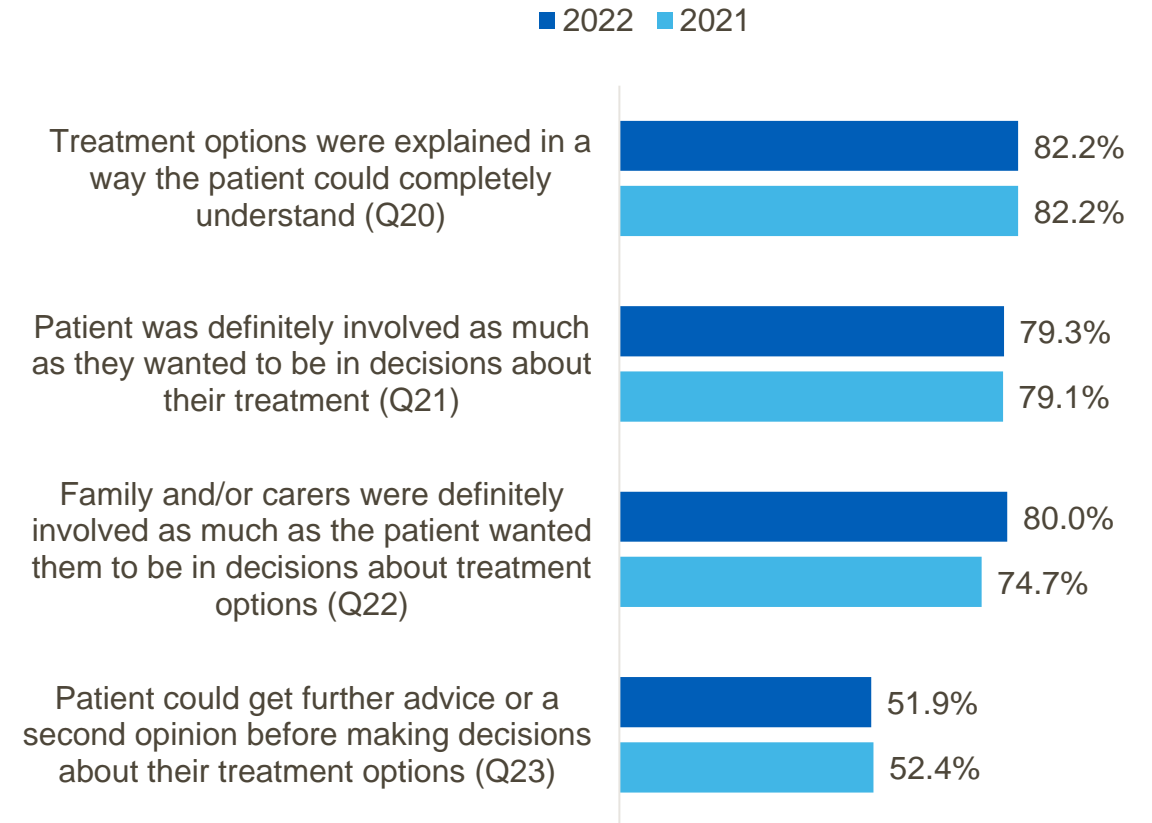
82.2% of respondents said treatment options were explained to them in a way that they could completely understand before their cancer treatment started. This score is unchanged from 2021.

When respondents were asked if they were involved as much as they wanted to be in decisions about treatment options, 79.3% said ‘yes definitely’ (79.1% in 2021).

80.0% of respondents said that their family and/or carers were able to be involved in decisions about their treatment options. This is an increase from 74.7% in 2021.

Just over a half of all respondents (51.9%) said that they could get further advice or a second opinion before making decisions about their treatment options. This compares with 52.4% seen in 2021.

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



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Care planning

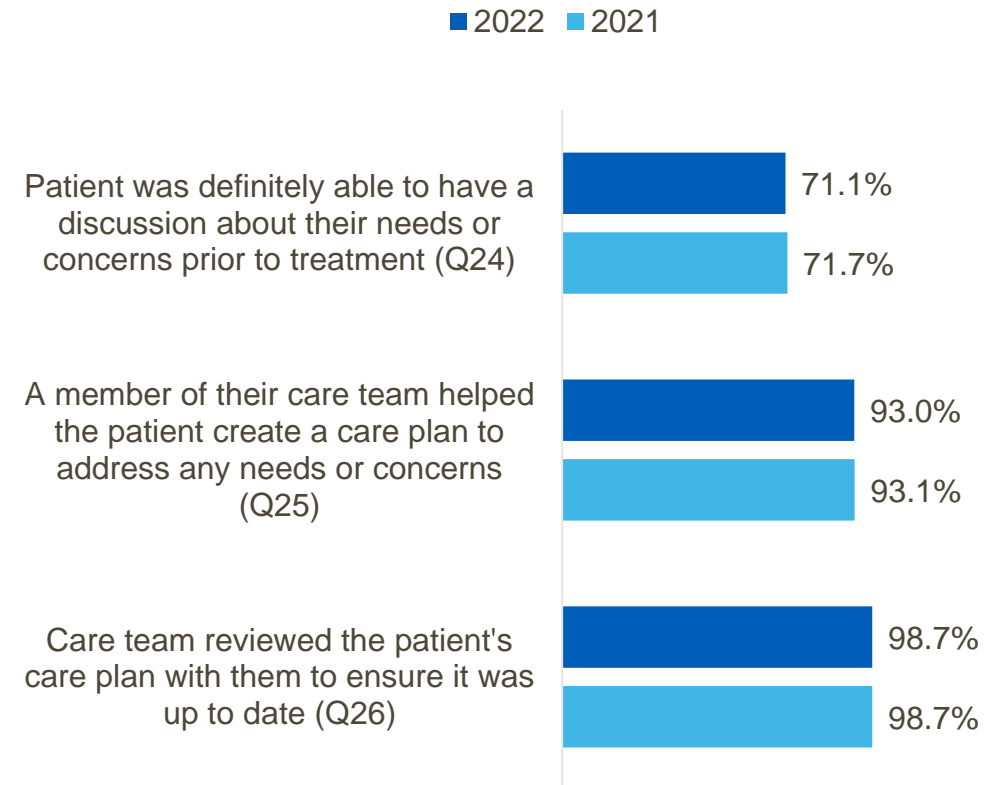
Respondents were asked questions about how they were supported during their cancer care.

71.1% (71.7% in 2021) said that before their treatment started, they definitely had a discussion with a member of the team looking after them about their needs or concerns.

Of those who had a discussion about needs and concerns, 93.0% (93.1% in 2021) said that their care team had helped them to create a care plan to address these.

98.7% said a member of the team looking after them reviewed the plan with them to make sure it continued to reflect their needs or concerns. This is unchanged from the 98.7% of respondents in 2021.

Year on year comparisons for questions about care planning



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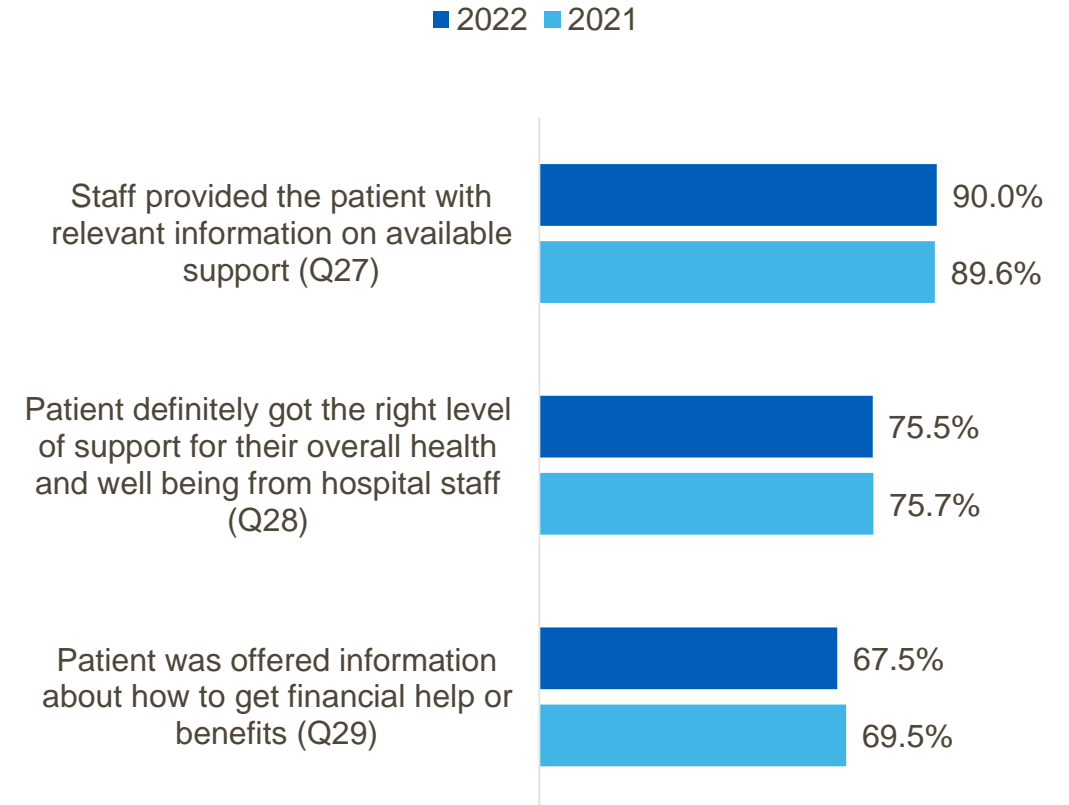
Support from hospital staff

90.0% of respondents said hospital staff gave them relevant information about support available for people with cancer. This compares with 89.6% in 2021.

When asked whether they got the right amount of support for their overall health and wellbeing from hospital staff, three-quarters of respondents (75.5%) said this was definitely the case, compared to 75.7% in 2021.

And when asked whether or not hospital staff gave them information about how to get financial help or any benefits they might be entitled to, of those respondents who needed this information, 67.5% said 'yes'. This is down from 69.5% in 2021.

Year on year comparisons for questions about support from hospital staff



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Hospital care

Of those who had stayed overnight for cancer care in the 12 months prior to receiving the questionnaire, 78.5% said they had confidence and trust in all of the team looking after them, down from 80.9% in 2021.

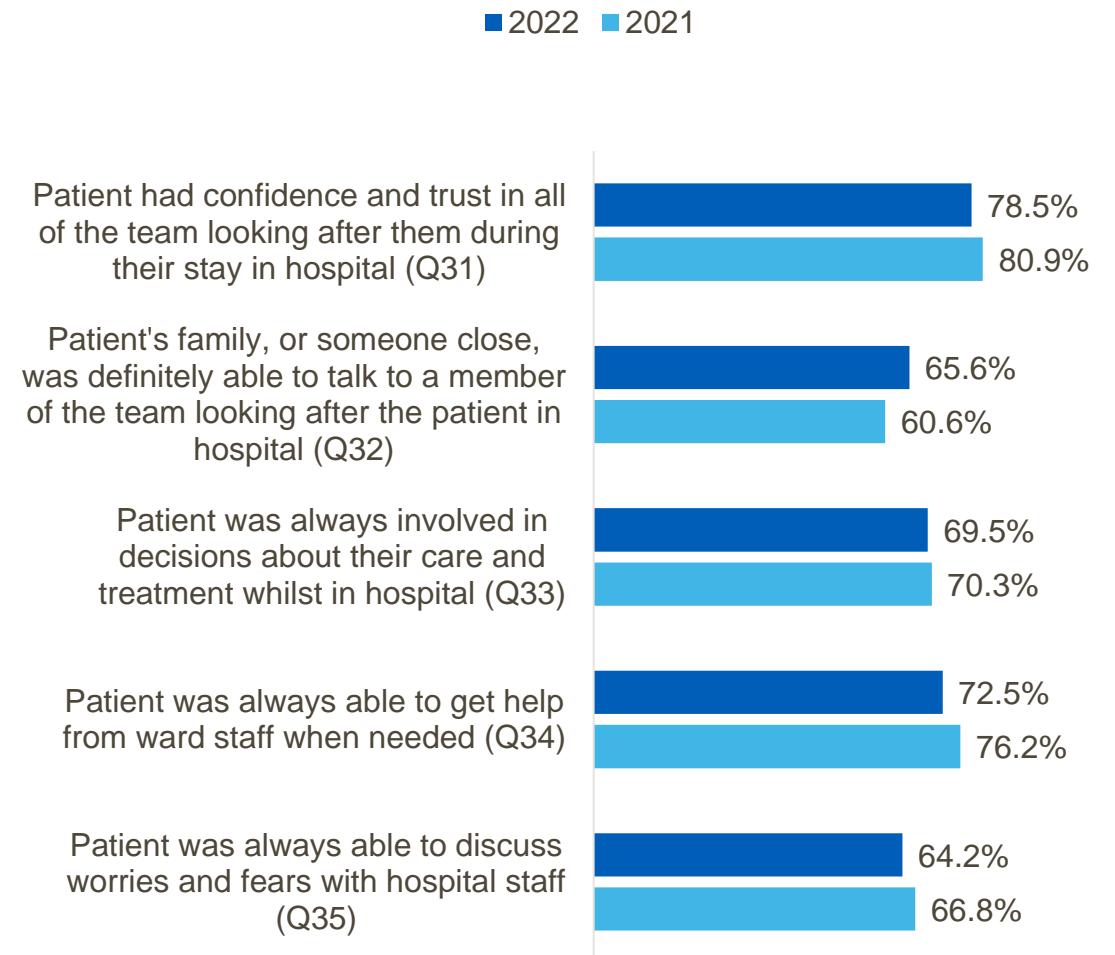
65.6% respondents who had stayed overnight said family or someone else close to them were definitely able to talk to someone on the team looking after them if they wanted to. This is an increase from 60.6% of respondents in 2021.

69.5% (70.3% in 2021) of respondents said they always felt involved in decisions about their care and treatment whilst in hospital.

72.5% said they could always get help from hospital staff when they needed it, up from 76.2% in 2021.

During their hospital stay, 64.2% (down from 66.8% in 2021) of respondents said they could always talk to the hospital staff about their worries and fears if they needed to.

Year on year comparisons for questions about hospital care



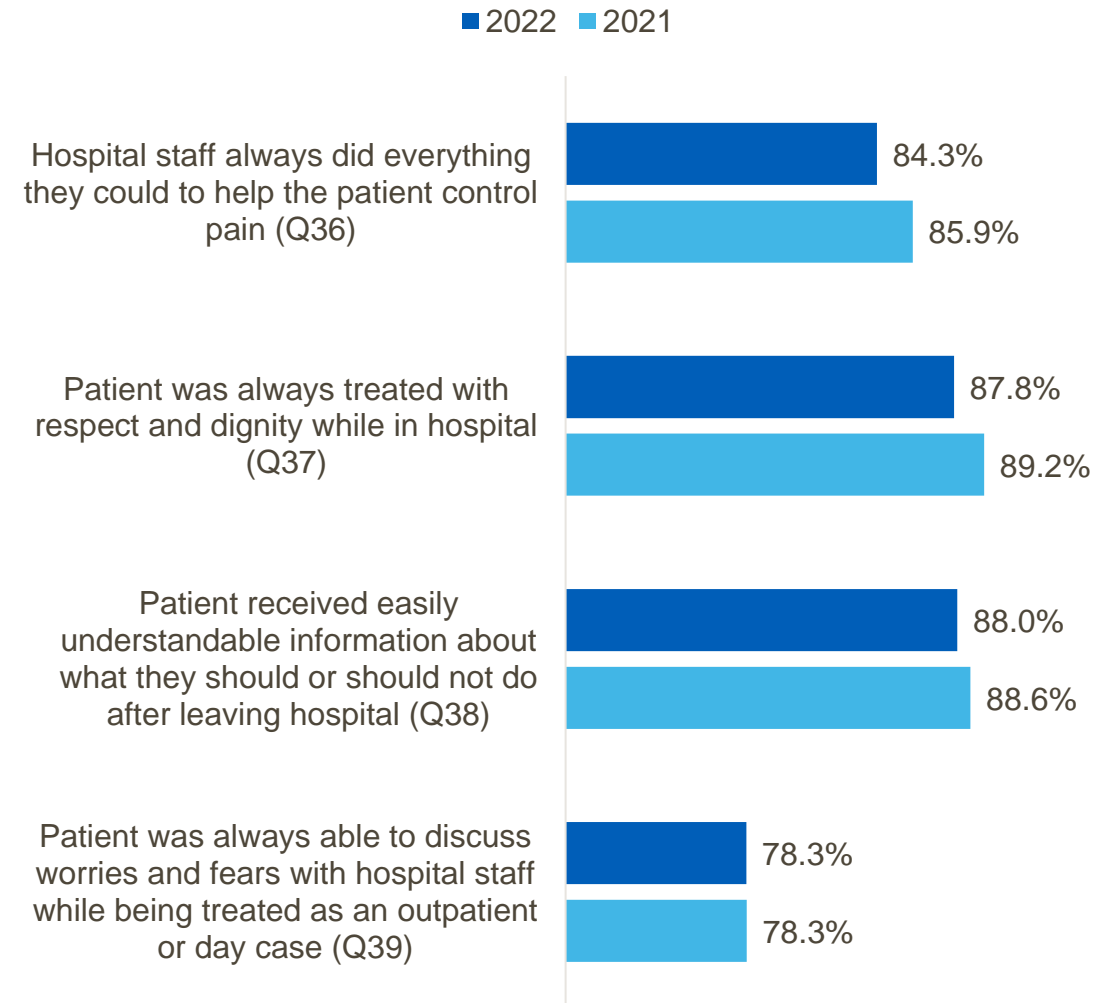
When asked ‘Did the hospital staff do everything you wanted to help control your pain?’, 84.3% (down from 85.9% in 2021) of respondents said this was definitely the case.

87.8% of respondents felt that they were always treated with respect and dignity while they were in the hospital. This is down from 89.2% in 2021.

88.0% of respondents felt they were given clear written information about what they should or should not do after leaving hospital and that this information was easy to understand, compared to 88.6% in 2021.

Respondents who had been treated as an outpatient or day case were asked if they were able to talk to hospital staff about their worries or fears if they needed to. 78.3%, in both 2021 and 2022, said ‘yes this was always the case’.

Year on year comparisons for questions about hospital care

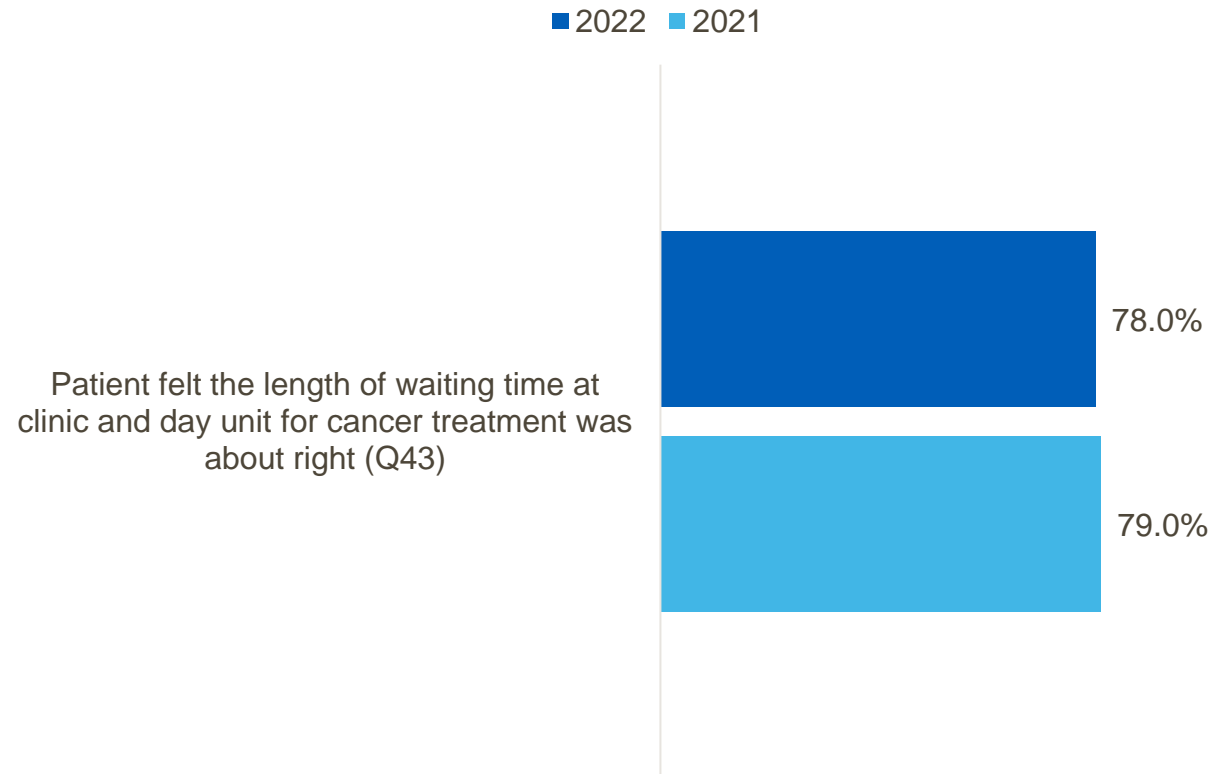


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Your treatment

78.0% of respondents felt the length of waiting time at the clinic or day unit for cancer treatment was about right. This is down from 79.0% seen in 2021.

Year on year comparisons for questions about your treatment



Before treatment

Of those who had **surgery** (n = 33,725), 89.3% said that before their treatment had started, they had the information they needed in a way they could understand.

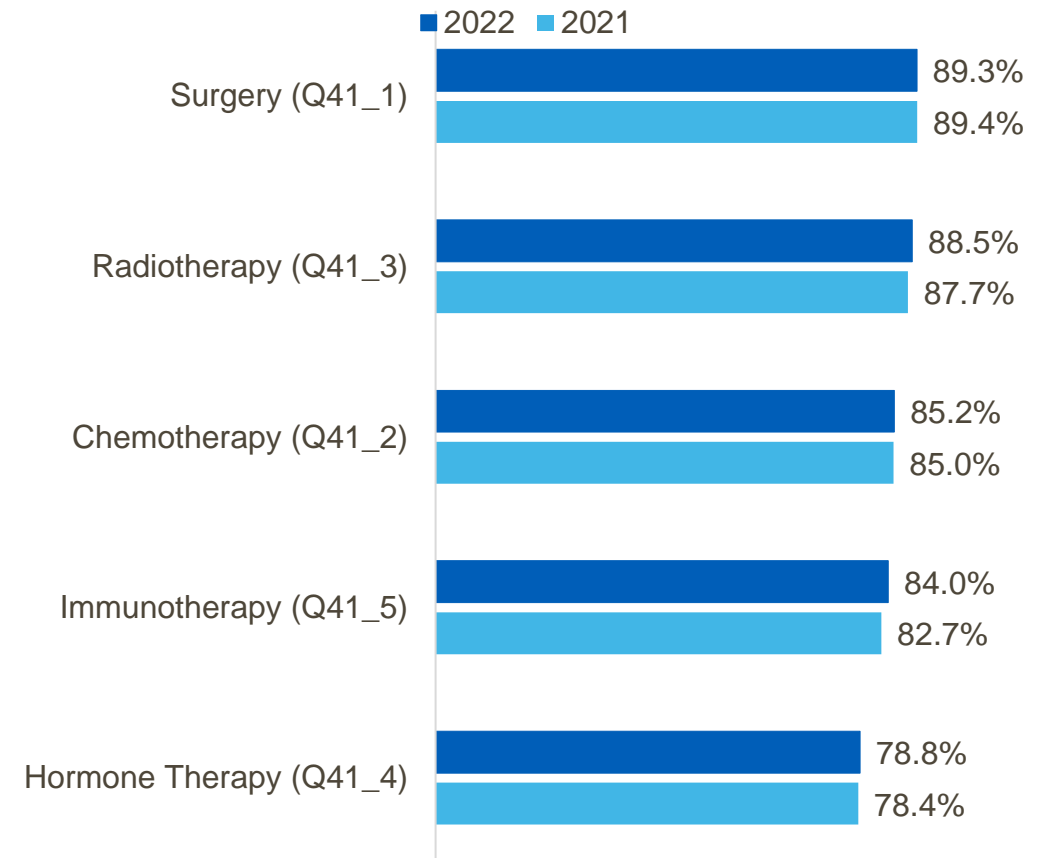
Of those who had **radiotherapy** (n = 20,579), 88.5% said that before their treatment had started, they had the information they needed in a way they could understand.

Of those who had **chemotherapy** (n = 30,433), 85.2% said that before their treatment had started, they had the information they needed in a way they could understand.

Of those who had **immunotherapy** (n = 8,434), 84.0% said that before their treatment had started, they had the information they needed in a way they could understand.

Of those who had **hormone therapy** (n = 11,300), 78.8% said that before their treatment had started, they had the information they needed in a way they could understand.

Year on year comparisons for questions about your treatment



During treatment

Of those who had **surgery** (n = 33,725), 84.9% said that once their treatment had started, they were given enough information about their progress in a way they could understand.

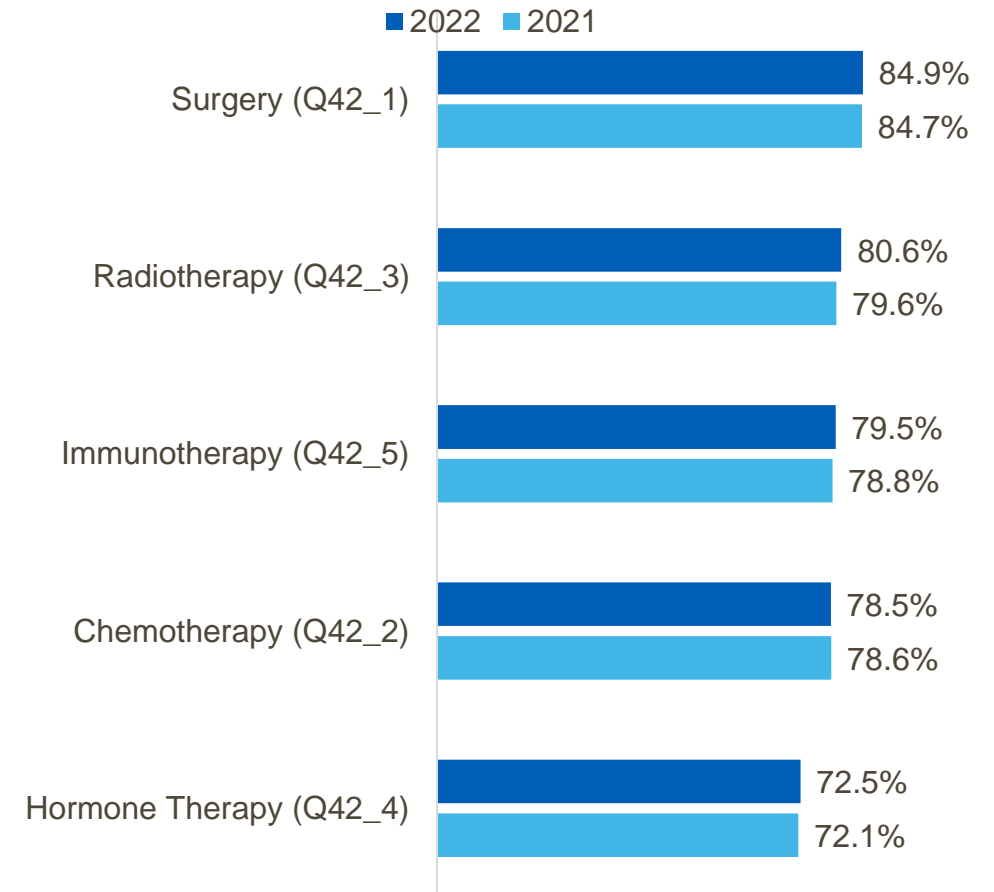
Of those who had **radiotherapy** (n = 20,579), 80.6% said that once their treatment had started, they were given enough information about their progress in a way they could understand.

Of those who had **immunotherapy** (n = 8,434), 79.5% said that once their treatment had started, they were given enough information about progress in a way they could understand.

Of those who had **chemotherapy** (n = 30,433), 78.5% said that once their treatment had started, they were given enough information about their progress in a way they could understand.

Of those who had **hormone therapy** (n = 11,300), 72.5% said that once their treatment had started, they were given enough information about progress in a way they could understand.

Year on year comparisons for questions about your treatment



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Immediate and long-term side effects

Overall, 74.2% of respondents said that before they started their treatment(s), the possible side effects of the treatment(s) were definitely explained in a way they could understand. This score compares with 74.3% seen in 2021.

When asked if they were offered practical advice and support in dealing with the immediate side effects of their treatment(s), 69.3% said they 'always were'. This compares to 69.9% seen in 2021.

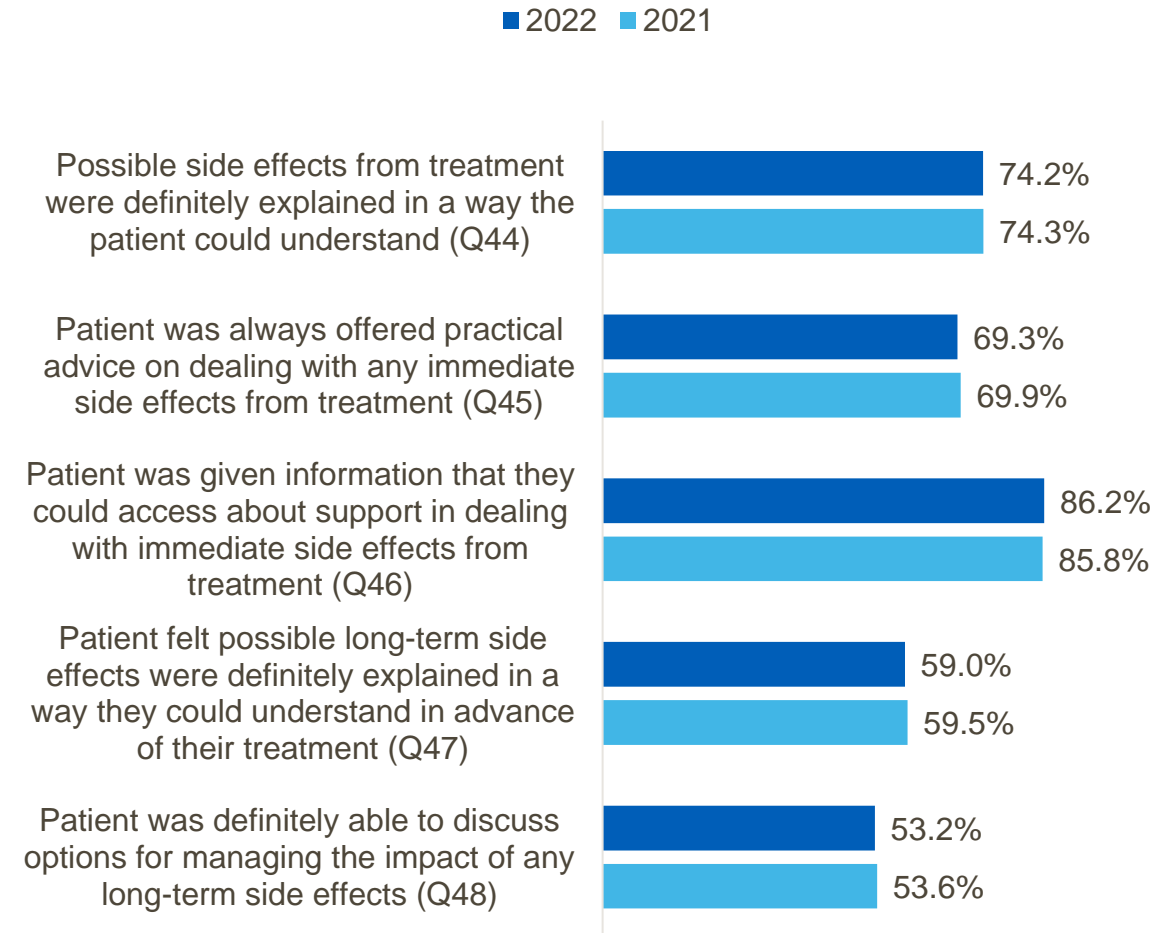
86.2% (85.8% in 2021) said they were given information that they could access about support in dealing with immediate side effects from treatment.

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

59.0% (59.5% in 2021) said the possible long-term side effects, including the impact on their day-to-day activities, were definitely explained in a way they could understand.

53.2% said they were definitely able to discuss options for managing the impact of any long-term side effects. This score compares with 53.6% seen in 2021.

Year on year comparisons for questions about immediate and long term side effects



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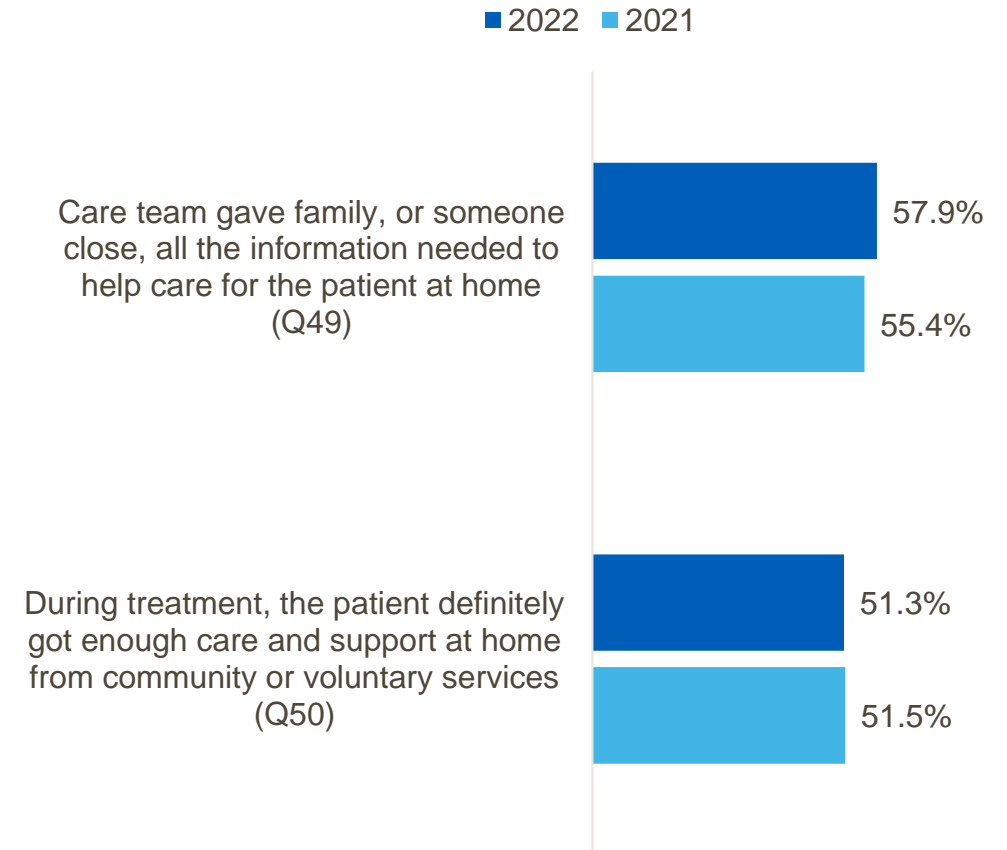
Support while at home

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

57.9% said their family or someone else close to them were given all the information they needed to help care for them at home. This is up from 55.4% seen in 2021.

When asked if during their cancer treatment they could get enough care and support at home from community or voluntary services, 51.3% (51.5% in 2021) said 'yes definitely'.

Year on year comparisons for questions about support while at home



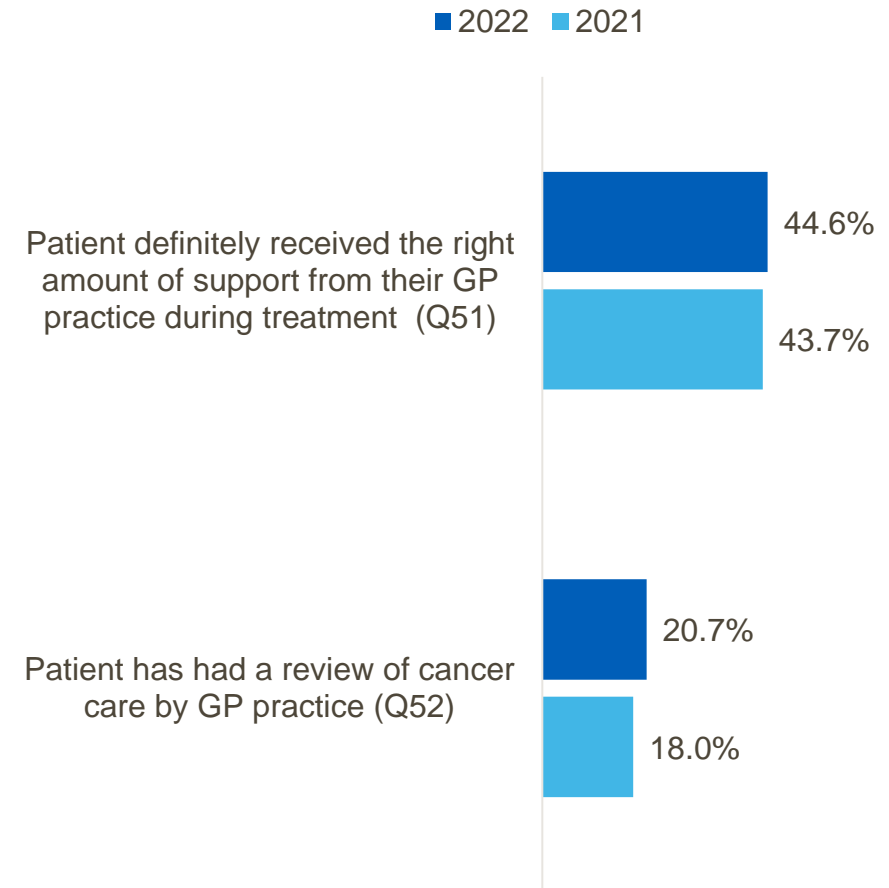
17

Care from your GP practice

Respondents were asked if they got the right amount of support from staff at their GP practice while they were having cancer treatment. Of those that said their GP practice was involved in their cancer treatment, 44.6% said this was definitely the case. This compares with 43.7% in 2021.

20.7% of all respondents said they had a review of their cancer care by a member of staff at their GP practice. This is up from the 18.0% seen in 2021.

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



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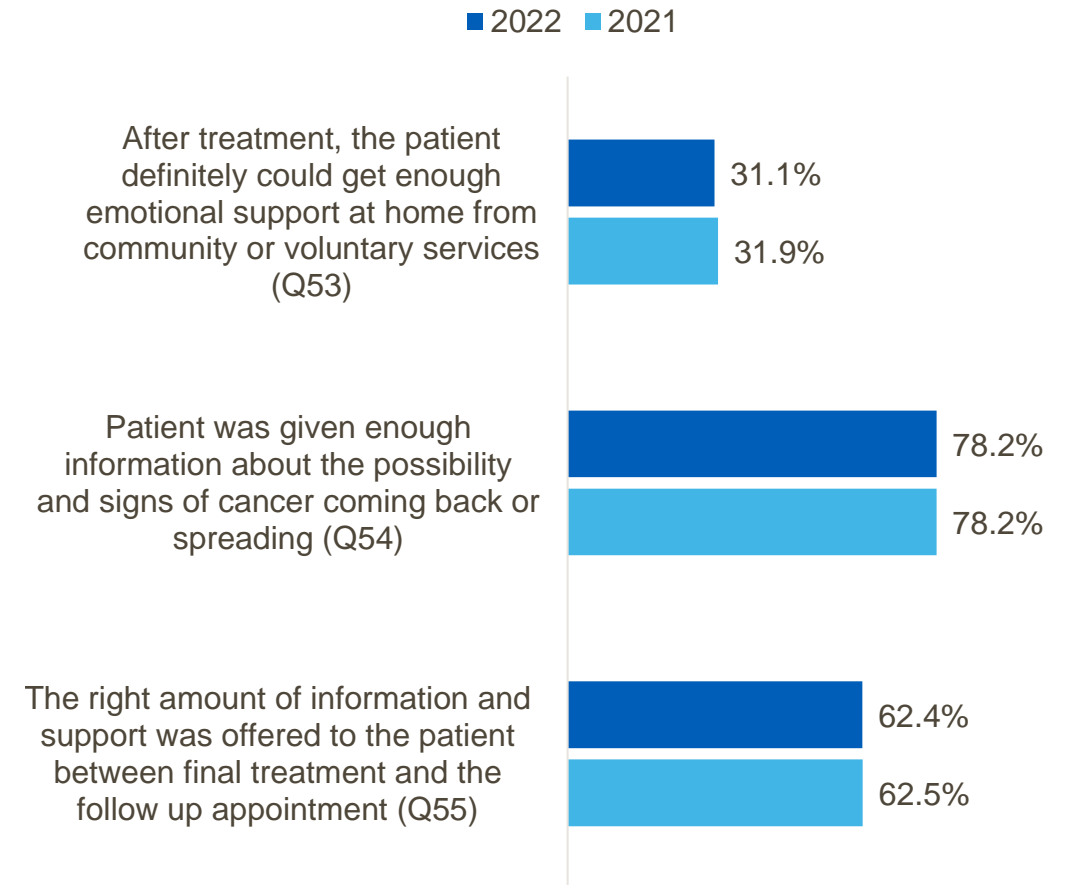
Living with and beyond cancer

Respondents were asked whether once their cancer treatment had finished, they could get emotional support at home from community or voluntary services. 31.1% of respondents that needed care and support said this was definitely the case. This score compares with 31.9% in 2021.

78.2% said they were given enough information about the possibility of the cancer coming back or spreading, such as what to look out for and what to do if they had concerns. This score is unchanged from 2021.

Respondents were also asked if during the time between their final treatment and their first follow-up appointment, they were provided information and support that was right for them. 62.4% (62.5% in 2021) said this was the case.

Year on year comparisons for questions about living with and beyond cancer



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Sub-group comparisons

Sub-group comparisons

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

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

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

Differences between the scores for 2021 and 2022 for each sub-group are explored. Change has been commented on where there would be no overlap between 95% confidence intervals around the scores i.e., we can be confident that the difference is not down to chance.

Considerations

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

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

More information

See '[About the Respondents](#)' for information on the number of responses for each sub-groups.

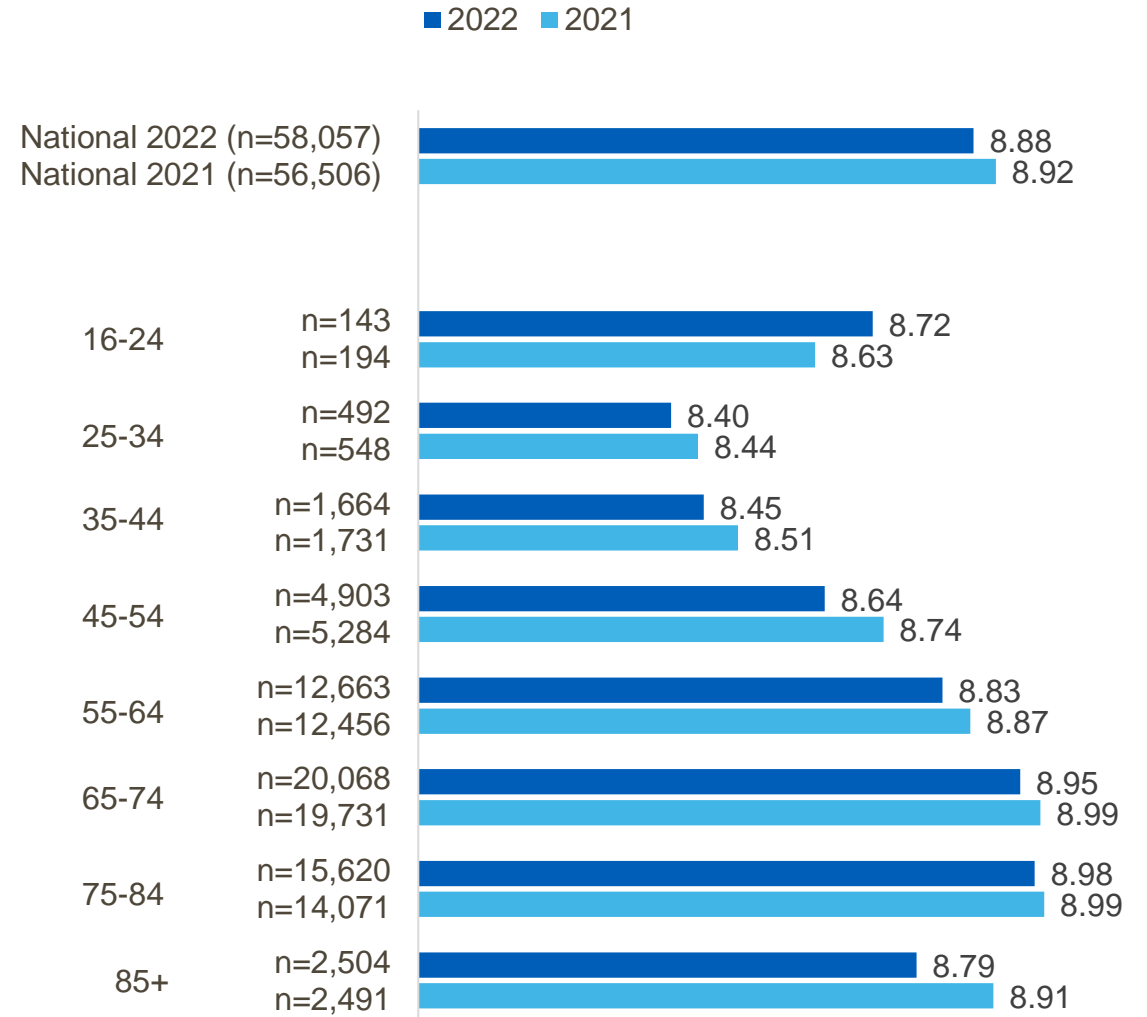
For a detailed breakdown of sub-group analysis at the national level, please refer to the national Excel tables or online reporting tool available at www.ncpes.co.uk

Overall experience of care was looked at by age.

The average rating of care of respondents in the **45-54** age group decreased from 8.74 in 2021 to 8.64 in 2022.

The overall experience care of respondents in the **85+** age group was also seen to have decreased from 8.91 in 2021 to 8.79 in 2022.

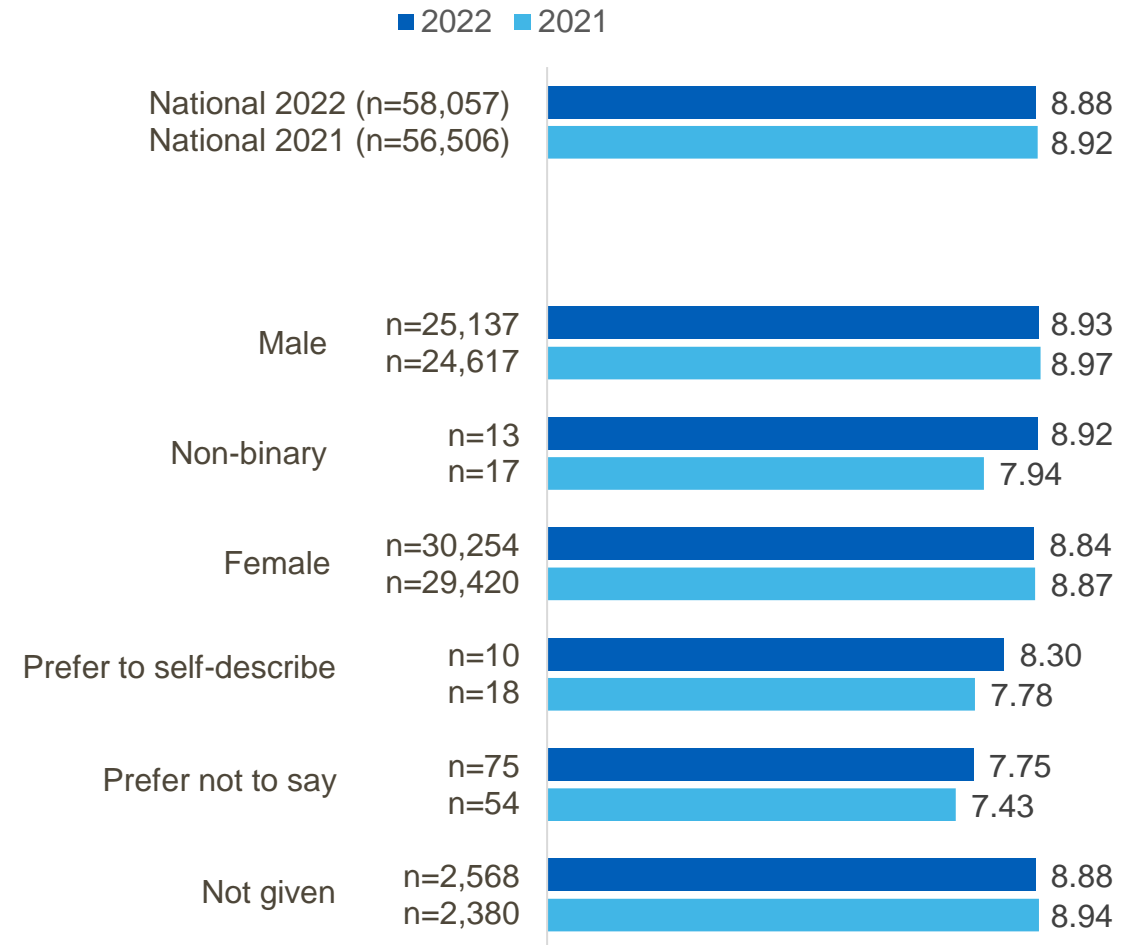
Overall experience by age (Q59)



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

The average rating of care reported by **male** respondents saw a decrease from 2021. In 2022 the average rating of care by males was 8.93 and in 2021 it was 8.97.

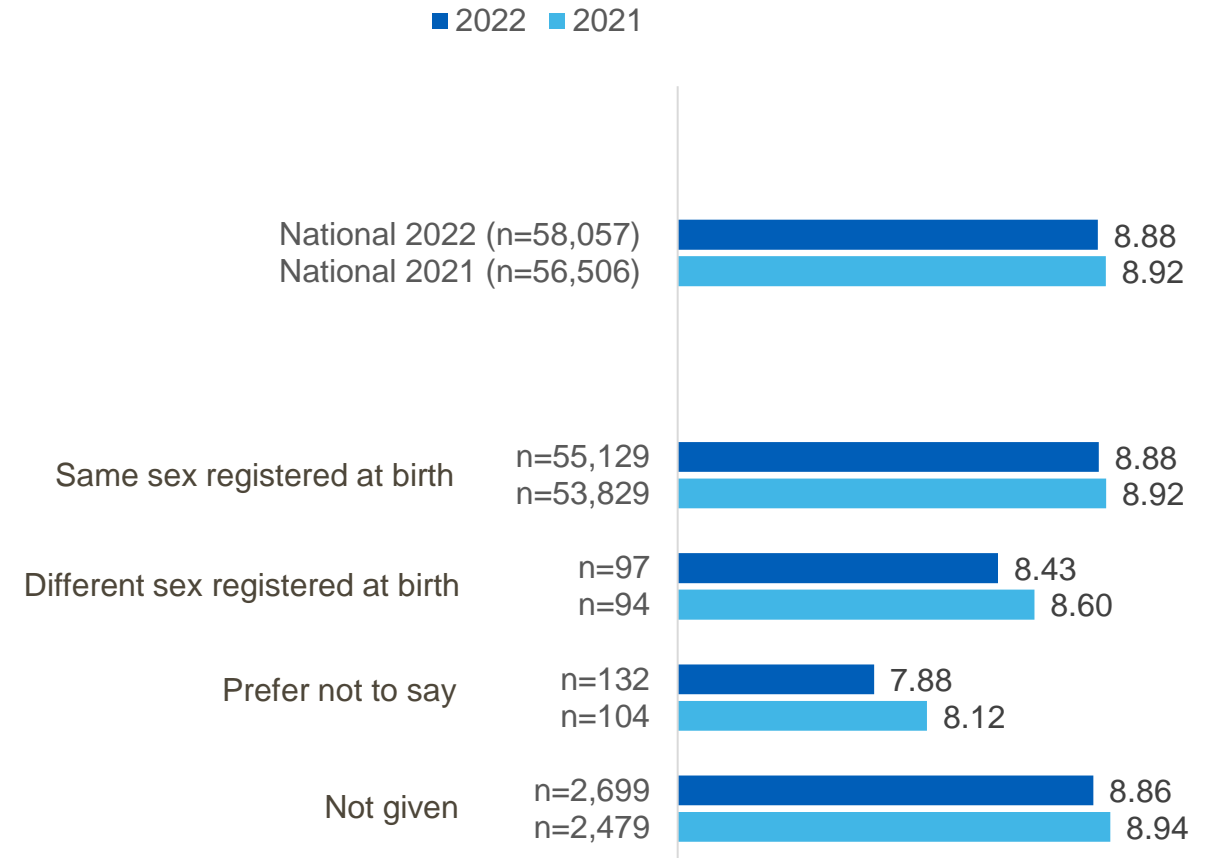
Overall experience by Male/Female/Non-binary/Other (Q59)



Overall experience of care was looked at by sex registered at birth.

The average rating of care reported by respondents in the [same sex registered at birth](#) group saw a decrease from 2021. In 2021, the average rating of care given by respondents was 8.92 and in 2022 this had decreased to 8.88.

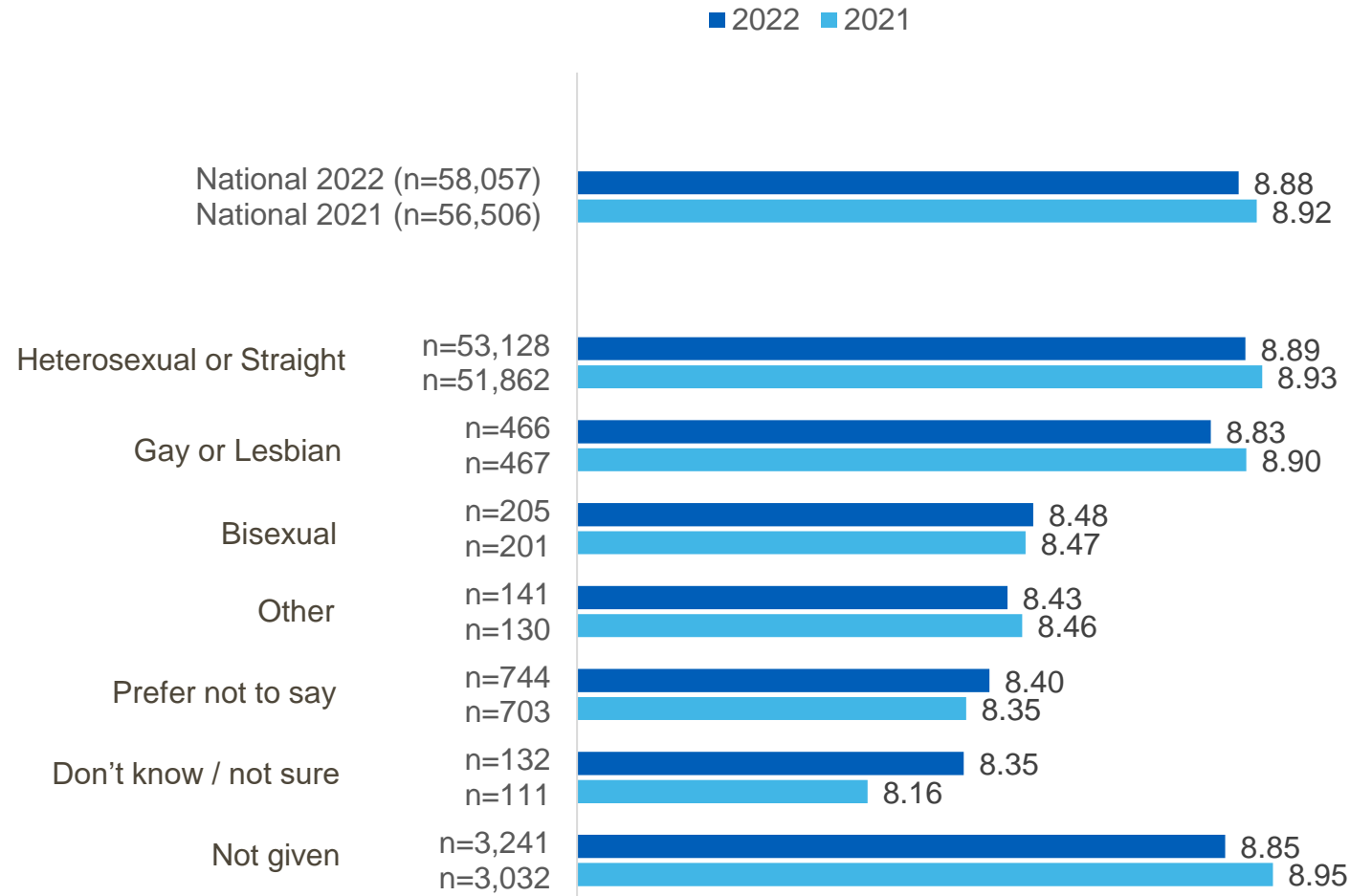
Overall experience by sex registered at birth (Q59)



Overall experience of care was looked at by sexual orientation.

The average rating given by respondents in the [heterosexual or straight](#) group decreased from 8.93 in 2021 to 8.89 in 2022.

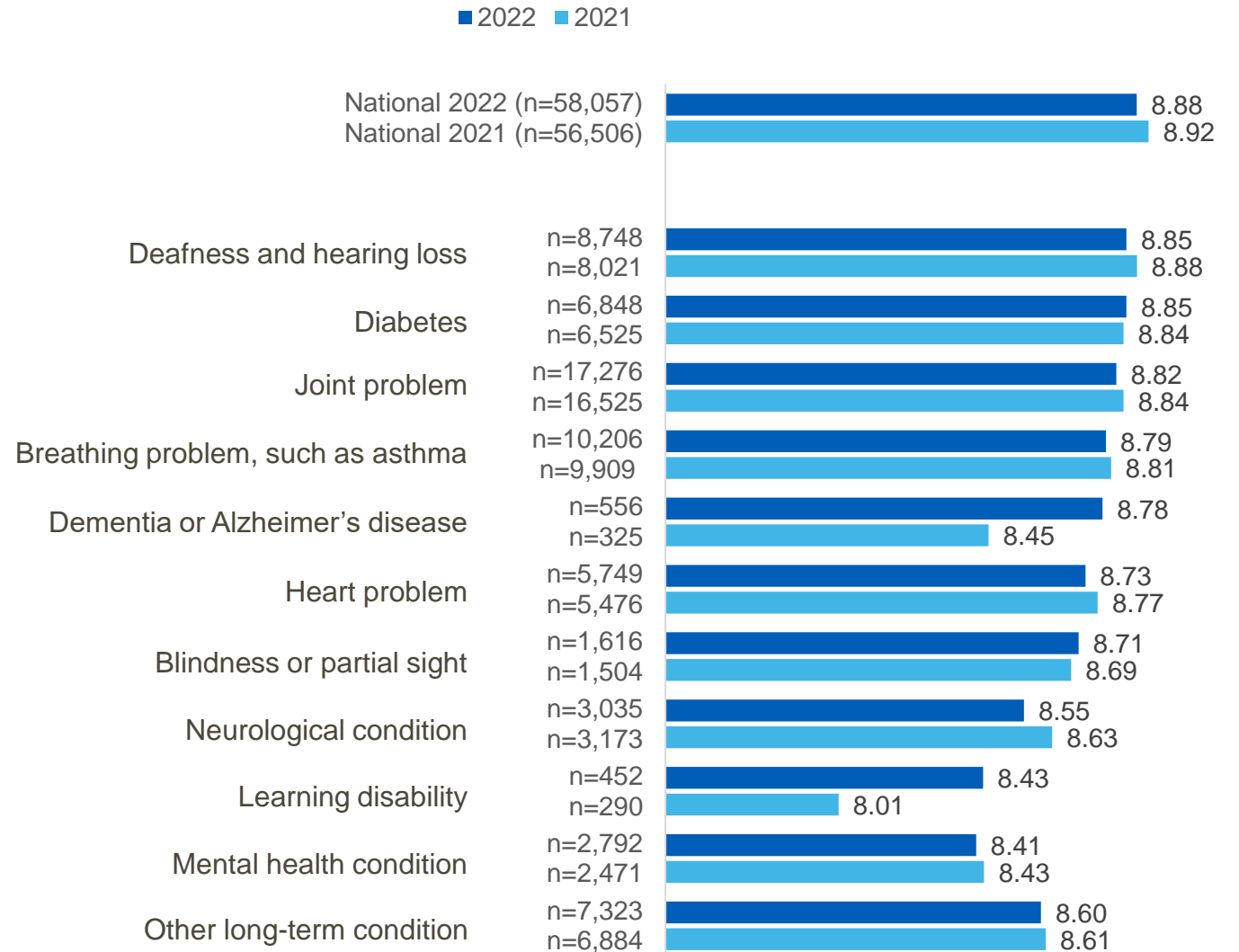
Overall experience by sexual orientation (Q59)



Overall experience of care was looked at by long-term condition.

Respondents with **dementia or Alzheimer's disease** reported a higher rating of their overall experience of care in 2022 (8.78) than in 2021 (8.45).

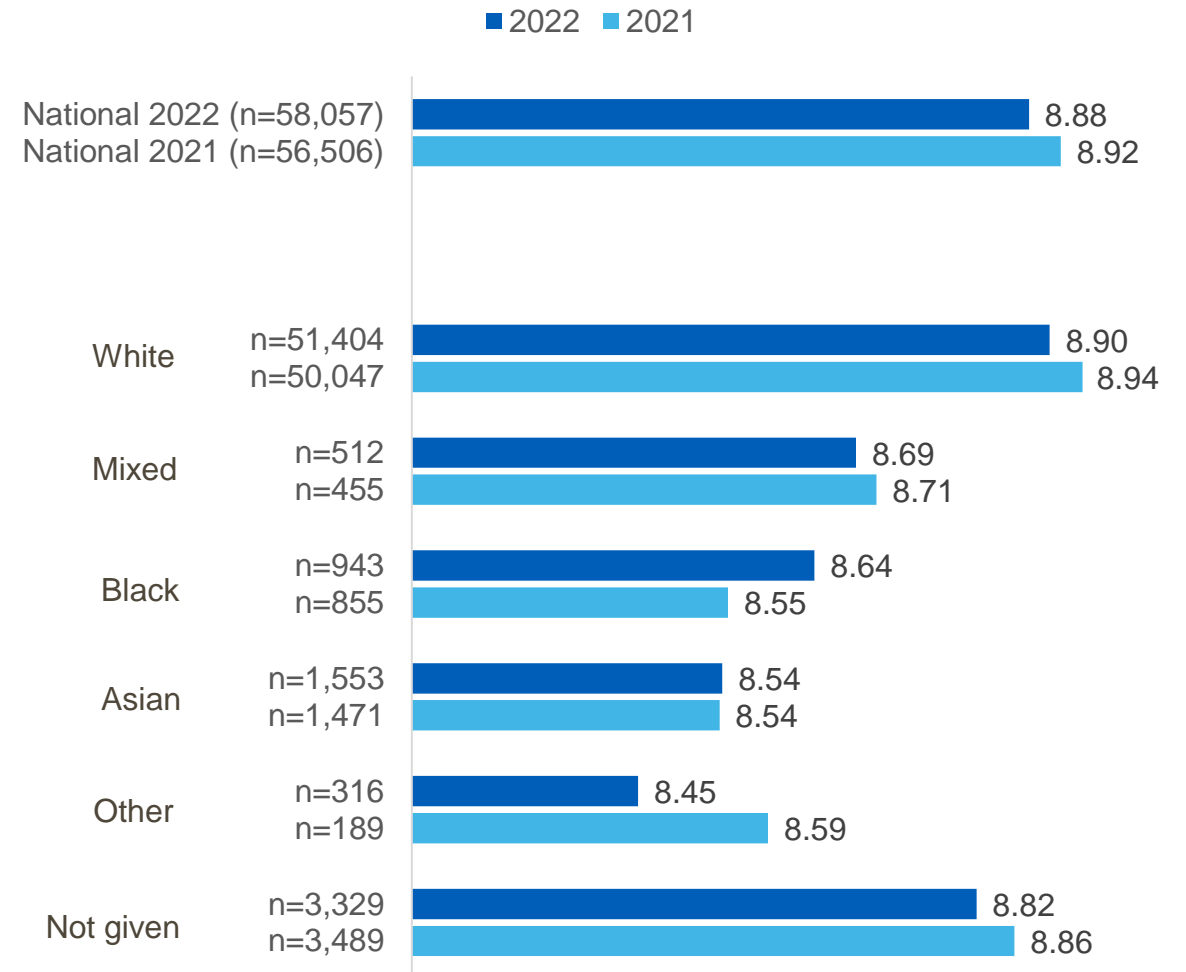
Overall experience by long-term condition (Q59)



Overall experience of care was looked at by ethnicity.

Respondents from **white** ethnic backgrounds reported a lower rating of their overall experience of care in 2022 (8.90) than in 2021 (8.94).

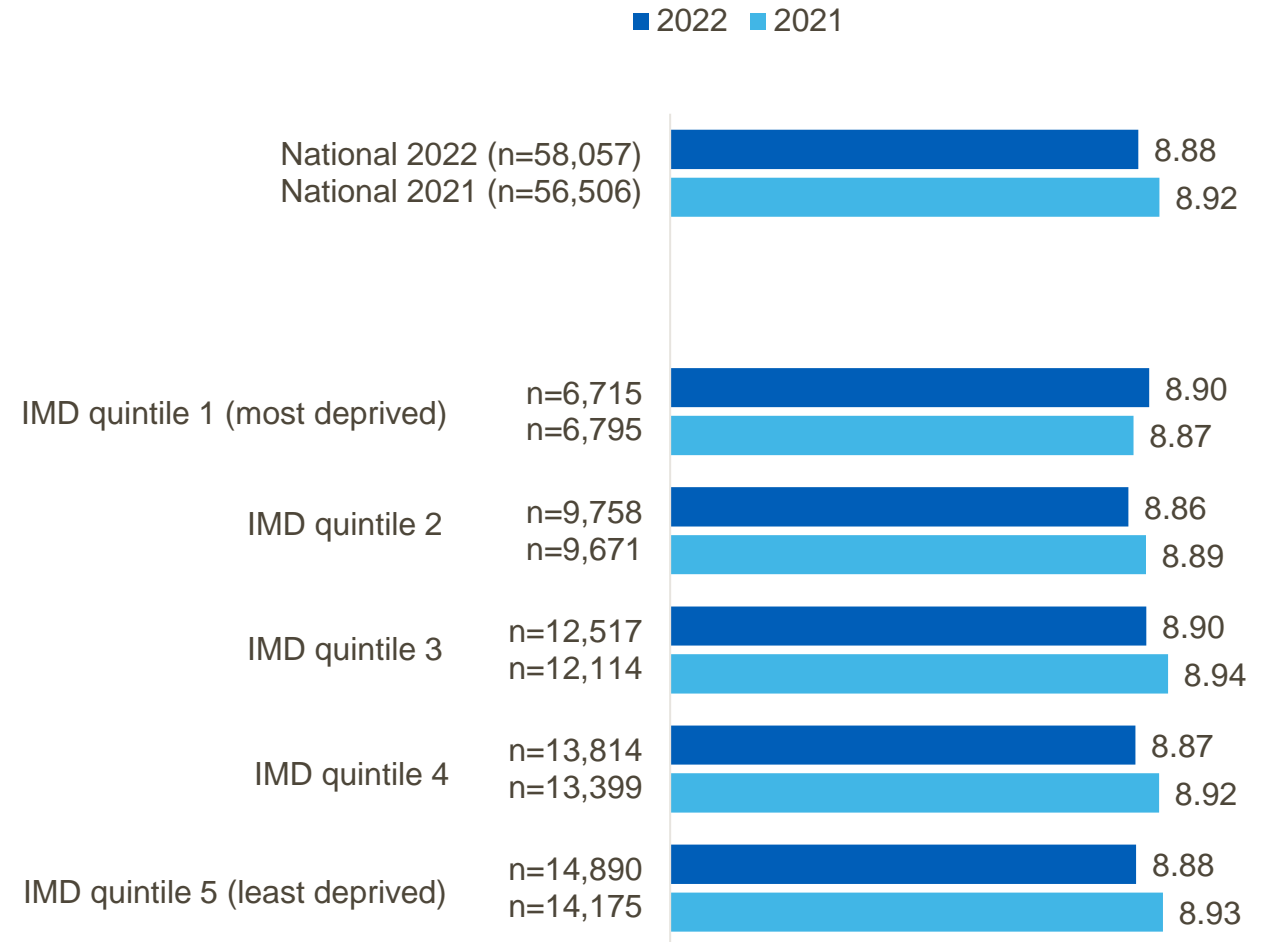
Overall experience by ethnicity (Q59)



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

Respondents in the **least deprived** group (IMD Quintile 5) gave a score of 8.88 for the overall care they received in 2022, this is lower than the score of 8.93 in 2021.

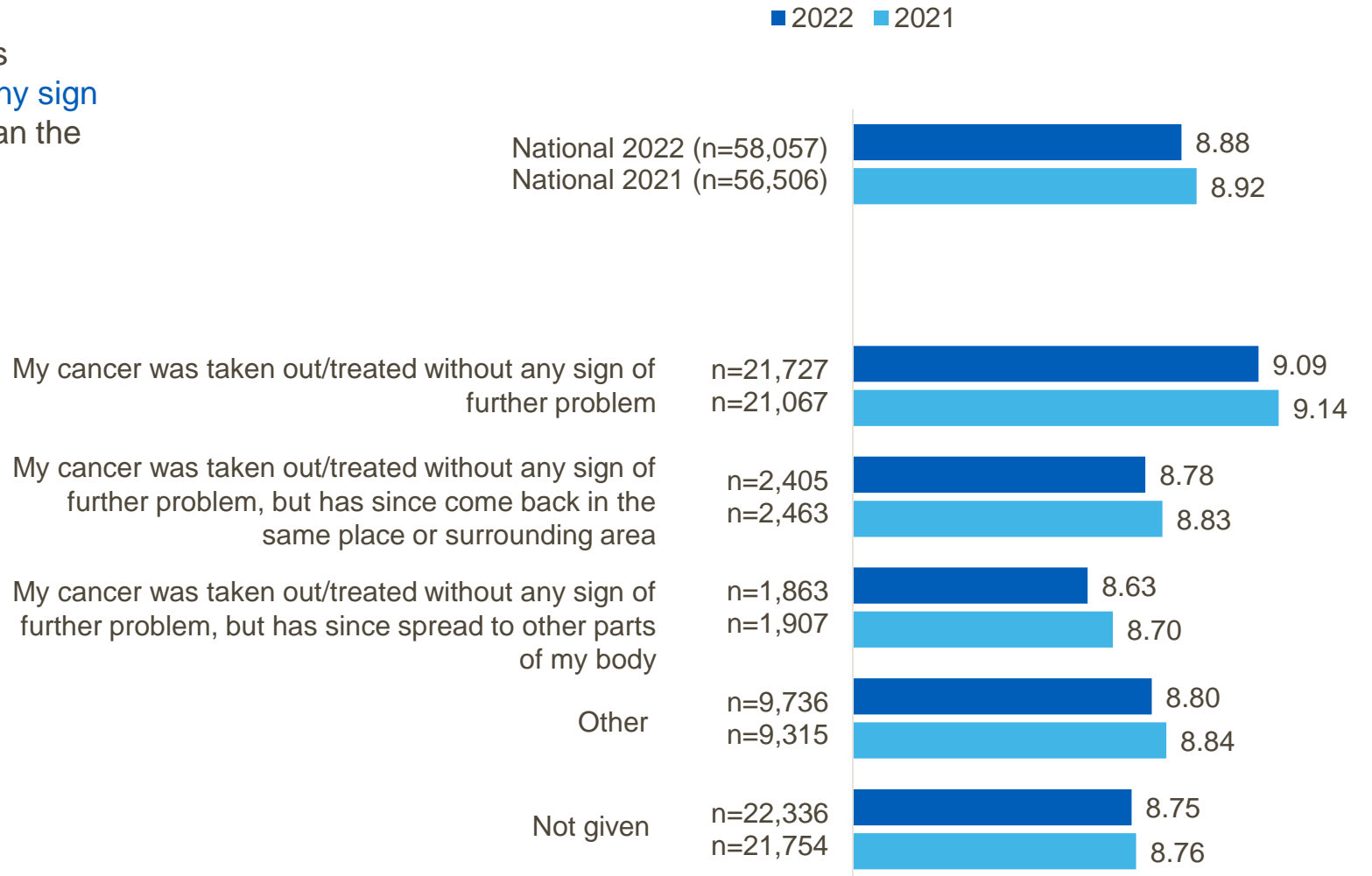
Overall experience by IMD Quintile (Q59)



Overall experience of care was looked at cancer outcome.

The overall experience of care for respondents whose cancer was taken out/treated without any sign of further problem in 2022 (9.09) was lower than the 9.14 score achieved in 2021.

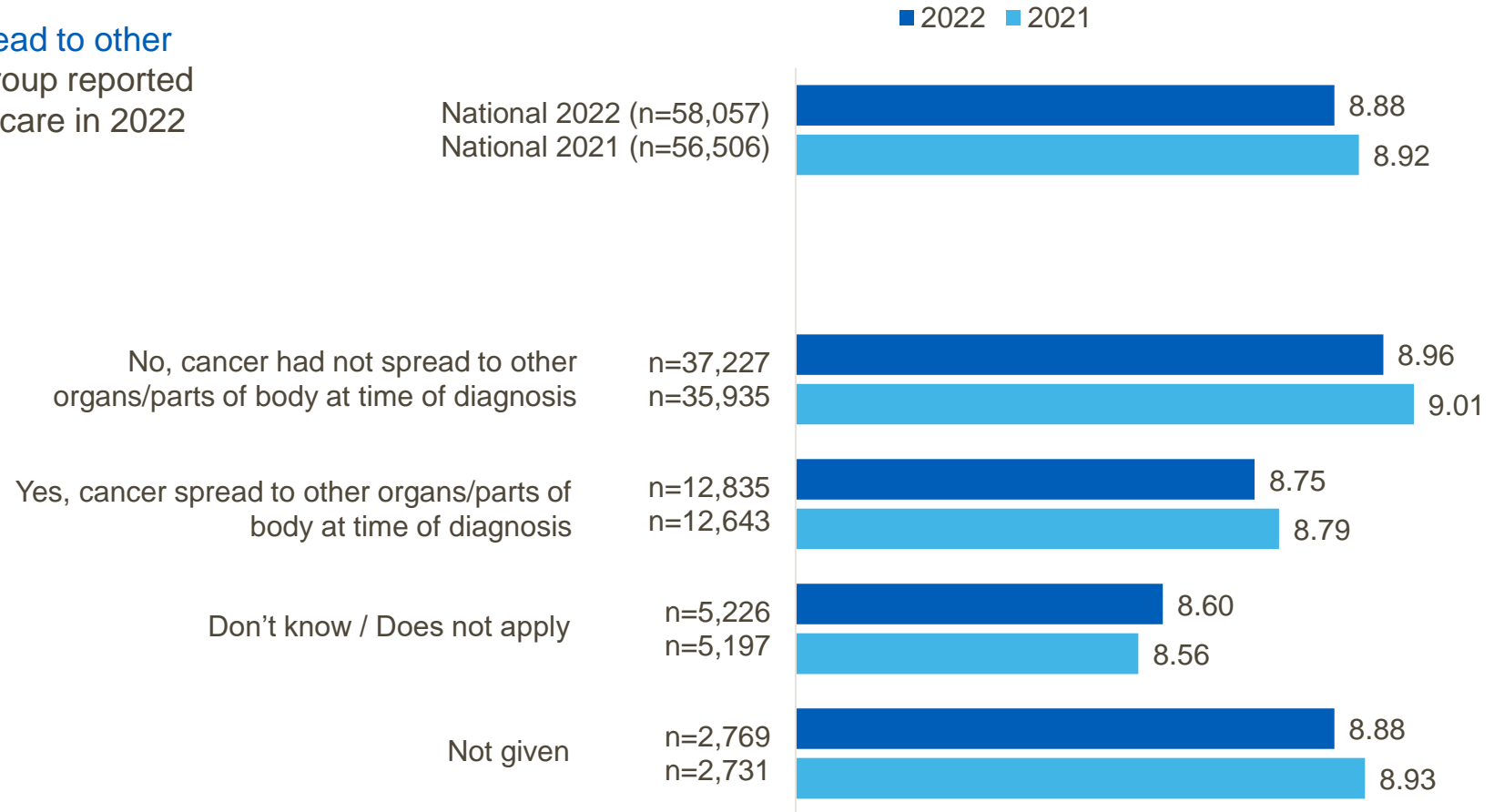
Overall experience by cancer outcome (Q59)



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

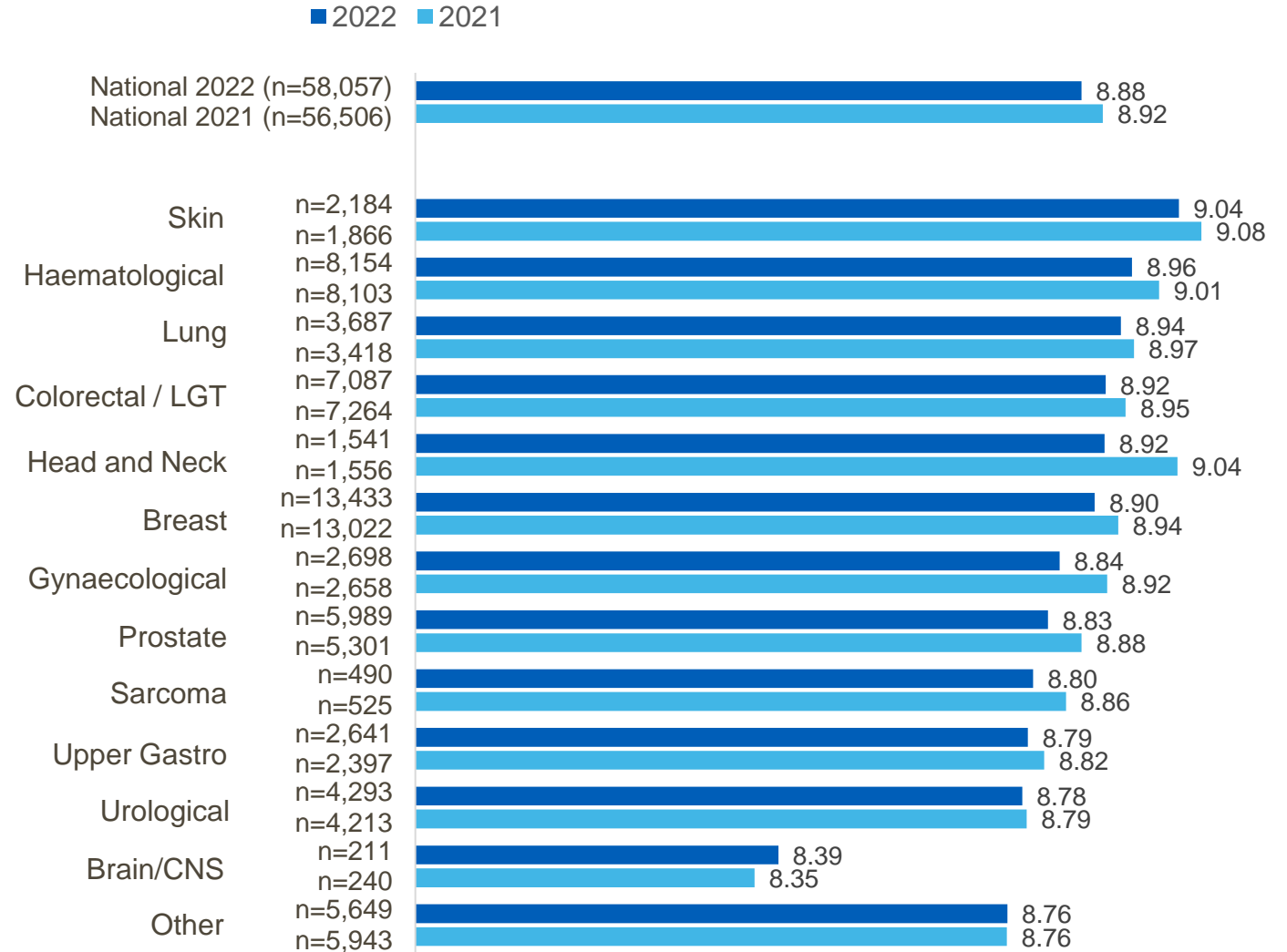
Respondents in the [no, cancer had not spread to other organs/parts of body at time of diagnosis](#) group reported a lower rating of their overall experience of care in 2022 (8.96) compared to 2021 (9.01).

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



Overall experience of care was looked at by tumour group.

Overall experience by tumour group (Q59)



Further information

This research was carried out in accordance with the international standard for organisations conducting 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 national headline findings. 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