

## **National Cancer Patient Experience Survey**

2024 Results

# The Walton Centre NHS Foundation Trust

Published July 2025

### **Contents**

Executive summary	<u>3</u>
<u>Introduction</u>	<u>5</u>
Methodology	<u>5</u>
Understanding the results	<u>7</u>
Further information	<u>8</u>
Response rate	<u>9</u>
Expected range charts	<u>11</u>
Comparability tables	<u>15</u>
Tumour group tables	20
Age group tables	<u>25</u>
Which of the following best describes you	<u>29</u>
Ethnicity tables	<u>34</u>
IMD quintile tables	<u>38</u>
Long-term condition status tables	<u>42</u>
Year on vear charts	46

### **Executive summary**

**Questions above expected range** 

The Walton Centre NHS Foundation Trust has no scores above expected range.

### **Executive summary**

Questions below expected range

The Walton Centre NHS Foundation Trust has no scores below expected range.

### Introduction

The National Cancer Patient Experience Survey 2024 is the fourteenth iteration of the survey first undertaken in 2010. It has been designed to monitor progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

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

The 2024 survey involved 131 NHS trusts. Out of 127,021 people, 64,055 people responded to the survey, yielding a response rate of 50%.

### Methodology

#### Eligibility, fieldwork and survey methods

The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2024. The fieldwork for the survey was undertaken between November 2024 and February 2025.

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

#### Note on question comparability

The questionnaire was redeveloped for the 2021 National Cancer Patient Experience Survey. Year on year comparisons between 2021, 2022, 2023 and 2024 are included in this report for most questions. There were three changes to the questionnaire over the last two years:

- In 2023 the guestion text for Q23 and Q42 were amended. These guestions are no longer deemed comparable to 2021 and 2022. Data is only comparable for 2023 and 2024.
- In 2023 the long-term condition question (Q67) was amended to include "Autism or autism" spectrum condition" as a response option. And the "Neurological condition" answer option was updated to include an example condition changing it to "Neurological condition, such as epilepsy". These changes see the answer option "Neurological condition, such as epilepsy" as no longer being deemed comparable to 2021 and 2022. Data is only comparable for 2023 and 2024.
- In 2023 the ethnic group question (Q71) was amended to include "Roma" as an answer option. The ethnic group question is still deemed comparable to 2021 and 2022. Data for the answer option is only available for 2023 and 2024.

#### Case mix adjustment

Both unadjusted and adjusted scores are presented in this report. Case mix adjusted scores allow us to account for the impact that differing patient populations might have on results. By using the case mix adjusted estimates we can obtain a greater understanding of how a trust is performing given their patient population. The factors taken into account in this case mix adjustment are 'Which of the following best describes you?', age, ethnicity, deprivation, and cancer type.

Unadjusted data should be used to see the actual responses from patients relating to the trust. Case mix adjusted data, together with expected ranges, should be used to understand whether the results are significantly higher or lower than national results taking account of the patient mix.

#### How trust results are derived

Trust results are derived using the NHS trust where each patient received cancer related treatment. Trust results are presented at the 'National' level, meaning results include patients with addresses in England and elsewhere in the UK. Some patients may receive care at a trust which is not near to where they live.

#### Scoring methodology

Sixty-one questions from the questionnaire are scored as these questions relate directly to patient experience. For all but one question (Q59), the score shows the percentage of respondents who gave the most favourable response to a question. For Q59, respondents rate their overall care on a scale of 0 to 10, of which the average was calculated for this question's score. The percentages in this report have been rounded to the nearest percentage point. Therefore, in some cases the figures do not appear to add up to 100%.

In 2022, following a review of the scoring methodology, a change was made to the scoring of Q12 such that the response option "No, I was told by letter or email" is no longer considered neutral and is now scored as negative.

The full scoring for all questions at a trust level is available in the trust Excel tables available at www.ncpes.co.uk. Excel tables are also available at a national, ICB and Cancer Alliance level.

#### Statistical significance

In the reporting of 2024 results, appropriate statistical tests have been undertaken to identify unadjusted scores for which the change over time is 'statistically significant'. A statistically significant difference means that the change in the result is very unlikely to have occurred by chance.

#### **Suppression**

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

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

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

#### Additional suppression

Additional suppression happens if only one trust has a score suppressed. If this happens, we will suppress another trust's results (both the trust level and subgroup results for the question) based on the next lowest number of respondents for the score. We do this so that the national score cannot be used to work out the score for the individual trust.

The same rule applies to groups in each subgroup breakdown. For example, if only one trust has the 85+ age group suppressed for Q25 we will need to suppress another trust's results for the 85+ age group on Q25. This suppression is based on the 85+ age group with the next lowest number of respondents for Q25.

### **Understanding the results**

This report shows how this trust scored for each question in the survey compared with national results. It is aimed at helping individual trusts to understand their performance and identify areas for local improvement. Below is a description of the type of results presented within this report and how to understand them.

#### **Expected range charts**

The expected range charts in this report show a bar with the lowest and highest score received for each question nationally. Within this bar, an expected range is given (within the grey bar) and a black diamond represents the actual score for this trust.

Trusts whose score is above the upper limit of the expected range (in the dark blue) are positive outliers, with a score statistically significantly higher than the national mean. This indicates that the trust performs better than what trusts of the same size and demographics are expected to perform. The opposite is true if the score is below the lower limit of the expected range (in the light blue); these are negative outliers. For scores within the expected range (in the grey), the score is what we would expect given the trust's size and demographics.

#### **Comparability tables**

The comparability tables show the 2023 and 2024 unadjusted scores for this trust for each scored question. The Change 2023-2024 and Change overall columns show whether the scores show a statistically significant variation between years. This is shown between 2023-2024 and as an overall between 2021-2024. An upwards arrow indicates a statistically significant increase, a downwards arrow indicates a statistically significant decrease, and no arrow indicates no statistically significant change.

The adjusted 2024 score will also be presented for each scored question along with the lower and upper expected range and national score. Scores above the upper limit of the expected range will be highlighted dark blue, scores below the lower limit of the expected range will be highlighted light blue, and scores within the lower and upper limit of the expected ranges will be highlighted grey.

#### Subgroup breakdowns

Unadjusted scores are shown for tumour group, 'Which of the following best describes you?', age, IMD quintile, long-term condition status and ethnicity breakdowns. Unadjusted scores for the same subgroup across different trusts may not be comparable, as they do not account for the impact that differing patient populations might have on results.

#### **Tumour group tables**

The tumour group tables show the unadjusted scores for each scored question for each of the 13 tumour groups. Central nervous system is abbreviated as 'CNS' and lower gastrointestinal tract is abbreviated as 'LGT' throughout this report.

#### Age group tables

The age group tables show the unadjusted scores for each scored question for each of the eight age groups.

#### 'Which of the following best describes you?'

These tables show the unadjusted scores for the following groups male; female; non-binary; prefer to self-describe; and prefer not to say.

The ethnicity tables show the unadjusted scores for six ethnicity groups.

#### Long-term condition status tables

The long-term condition status tables show the unadjusted scores for two groups: those who indicate they have one or more long-term conditions and those who indicate that they have no long-term conditions.

#### IMD quintile tables

The IMD quintile tables show the unadjusted scores for five quintiles based on relative disadvantage, with quintile 1 being the most deprived and quintile 5 being the least deprived.

#### Year on year charts

The year on year charts show four columns representing the unadjusted scores of the last four years (2021, 2022, 2023 and 2024) for each scored question.

### National level and England level data

In some cases (389 respondents in 2024), patients from outside England (from Wales, Scotland, Northern Ireland, the Channel Islands or the Isle of Man) are referred to English NHS trusts for treatment. These patients are described as 'Non-England' in the data.

#### National level data (England and Non-England) is used for:

- · Response rate section
- National column in comparability tables section
- Subgroup tables section (Tumour group tables, Age group tables, 'Which of the following best describes you?', Ethnicity tables, IMD quintile tables and Long-term condition status tables).

#### England only level data is used for:

- Expected range charts section (as case mix adjustment includes IMD data specific to England)
- · Comparability tables section
- Year on year charts section.

### **Further information**

This research was carried out in accordance with the international standard for organisations conducting market and social research (accreditation to ISO20252:2019; certificate number GB08/74322). Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality, and value in the Code of Practice for Statistics that all producers of official statistics should adhere to. You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website.

The 2024 questionnaire and survey guidance can be found on the website at www.ncpes.co.uk, and more information on the methodology in the Technical Document can be viewed on the website at www.ncpes.co.uk. For all other outputs at trust level, please see the Excel tables and dashboards at www.ncpes.co.uk.

### Response rate

#### **Overall response rate**

11 patients responded out of a total of 39 patients, resulting in a response rate of 28%.

	Sample size	Adjusted sample	Completed	Response rate
Overall response rate	42	39	11	28%
National	135,429	127,021	64,055	50%

### Respondents by survey type

	Number of respondents
Paper	6
Online	5
Phone	0
Translation service	0
Total	11

#### Respondents by tumour group

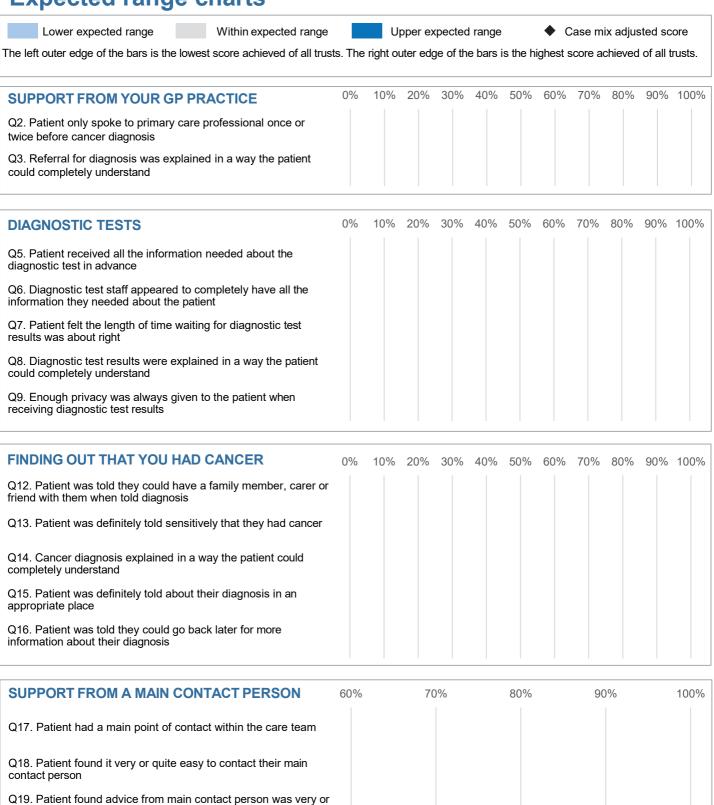
	Number of respondents
Brain / CNS	*
Breast	0
Colorectal / LGT	0
Gynaecological	0
Haematological	0
Head and neck	0
Lung	0
Prostate	0
Sarcoma	0
Skin	0
Upper gastro	0
Urological	0
Other	*
Total	11

### Respondents by ethnicity

	Number of respondents
White	
English / Welsh / Scottish / Northern Irish / British	9
Irish	*
Gypsy or Irish Traveller	*
Roma	*
Any other White background	*
Mixed / Multiple Ethnic Groups	
White and Black Caribbean	*
White and Black African	*
White and Asian	*
Any other Mixed / multiple ethnic background	*
Asian or Asian British	'
Indian	*
Pakistani	*
Bangladeshi	*
Chinese	*
Any other Asian background	*
Black / African / Caribbean / Black British	
African	*
Caribbean	*
Any other Black / African / Caribbean background	*
Other Ethnic Group	'
Arab	*
Any other ethnic group	*
Not given	
Not given	*
Total	11

### **Expected range charts**

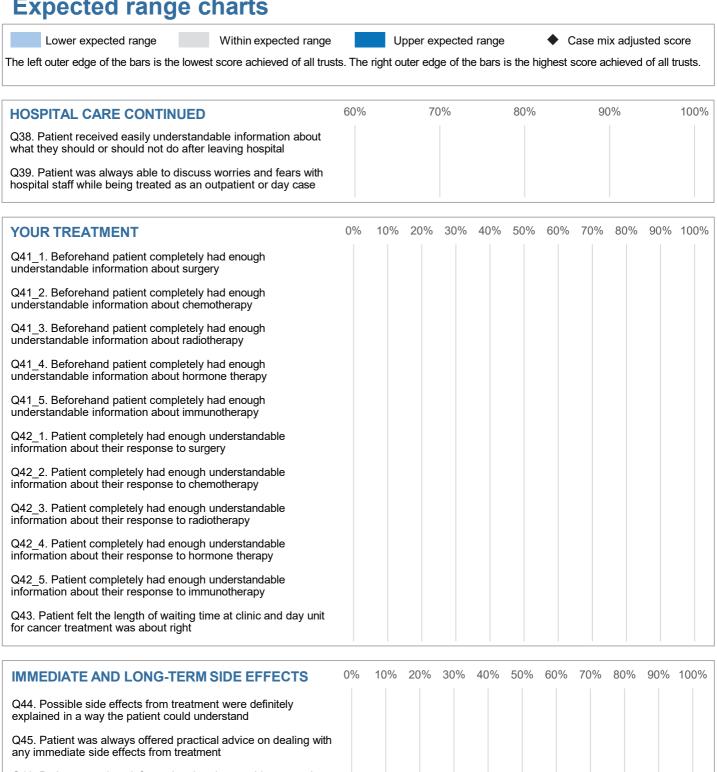
quite helpful



### **Expected range charts**

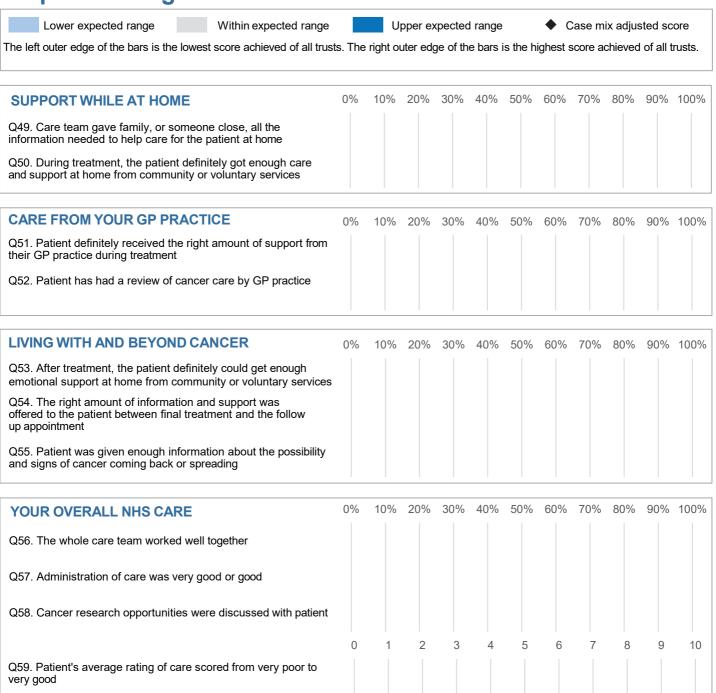


### **Expected range charts**



			1 1	1
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand				
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment				
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment				
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment				
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects				

### **Expected range charts**



### **Comparability tables**

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

Change 2023-2024: Indicates where 2024 score is significantly higher or lower than 2023 score.

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

- No score available.

Change overall: Indicates significant change overall (2021, 2022, 2023 and 2024).

SUPPORT FROM YOUR GP PRACTICE	Unadjusted scores							Case mix adjusted scores			
	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score	
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	*	*			*	*	*	79%	
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*			*	*	*	67%	

	Unadjusted scores							Case mix adjusted scores			
DIAGNOSTIC TESTS	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score	
Q5. Patient received all the information needed about the diagnostic test in advance	10	100%	*	*			*	*	*	93%	
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	10	90%	*	*			*	*	*	83%	
Q7. Patient felt the length of time waiting for diagnostic test results was about right	10	90%	*	*			*	*	*	77%	
Q8. Diagnostic test results were explained in a way the patient could completely understand	10	90%	*	*			*	*	*	79%	
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	10	100%	*	*			*	*	*	95%	

			Unadjust	ed score	es		Case n			
FINDING OUT THAT YOU HAD CANCER	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	*	*			*	*	*	83%
Q13. Patient was definitely told sensitively that they had cancer	10	90%	*	*			*	*	*	75%
Q14. Cancer diagnosis explained in a way the patient could completely understand	10	90%	*	*			*	*	*	77%
Q15. Patient was definitely told about their diagnosis in an appropriate place	10	100%	*	*			*	*	*	86%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*			*	*	*	85%

	Unadjusted scores							Case mix adjusted scores			
SUPPORT FROM A MAIN CONTACT PERSON	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score	
Q17. Patient had a main point of contact within the care team	*	*	*	*			*	*	*	91%	
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*			*	*	*	85%	
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*			*	*	*	96%	

### **Comparability tables**

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

Change 2023-2024: Indicates where 2024 score is significantly higher or lower than 2023 score.

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

- No score available.

Change overall: Indicates significant change overall (2021, 2022, 2023 and 2024).

			Unadjust	ed score	:S		Case n			
DECIDING ON THE BEST TREATMENT	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score
Q20. Treatment options were explained in a way the patient could completely understand	*	*	*	*			*	*	*	83%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*			*	*	*	80%
Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*			*	*	*	85%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	*			*	*	*	58%

	Unadjusted scores							Case mix adjusted scores			
CARE PLANNING	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score	
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	*			*	*	*	73%	
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*			*	*	*	94%	
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*			*	*	*	99%	

			Unadjust	ed score	s		Case n	nix adjuste	d scores	
SUPPORT FROM HOSPITAL STAFF	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score
Q27. Staff provided the patient with relevant information on available support	*	*	*	*			*	*	*	92%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*			*	*	*	78%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*			*	*	*	72%

### **Comparability tables**

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

Change 2023-2024: Indicates where 2024 score is significantly higher or lower than 2023 score.

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

Change overall: Indicates significant change overall (2021, 2022, 2023 and 2024). - No score available.

			Unadjust	ted score	es		Case n	nix adjuste	d scores	
HOSPITAL CARE	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	*			*	*	*	78%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*			*	*	*	71%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*			*	*	*	72%
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*			*	*	*	74%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*			*	*	*	66%
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*			*	*	*	84%
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*			*	*	*	88%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*			*	*	*	87%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*			*	*	*	80%

			Unadjus	ted score	es		Case n	nix adjuste	d scores	
YOUR TREATMENT	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	*			*	*	*	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*			*	*	*	86%
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*			*	*	*	89%
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*			*	*	*	80%
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*			*	*	*	84%
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	*			*	*	*	87%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*			*	*	*	82%
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*			*	*	*	85%
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*			*	*	*	77%
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*			*	*	*	81%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	10	90%	*	*			*	*	*	79%

### **Comparability tables**

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

Change 2023-2024: Indicates where 2024 score is significantly higher or lower than 2023 score.

Adjusted score below lower expected range

- No score available.

Change overall: Indicates significant change overall (2021, 2022, 2023 and 2024).

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

			Unadjust	ed score	es		Case n	nix adjuste	d scores	
IMMEDIATE AND LONG-TERM SIDE EFFECTS	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	10	70%	*	*			*	*	*	75%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	10	70%	*	*			*	*	*	71%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*			*	*	*	88%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*			*	*	*	61%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*			*	*	*	56%

			Unadjust	ed score	es		Case n	nix adjuste	d scores	
SUPPORT WHILE AT HOME	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	*	*	*			*	*	*	63%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*			*	*	*	53%

CARE FROM YOUR GP PRACTICE			Unadjust	ed score	s		Case m	nix adjuste		
	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*			*	*	*	48%
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*			*	*	*	23%

			Unadjust	ed score	s		Case m	nix adjuste	d scores	
LIVING WITH AND BEYOND CANCER	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	*			*	*	*	34%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*			*	*	*	81%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*			*	*	*	65%

### **Comparability tables**

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

- No score available.

Change 2023-2024: Indicates where 2024 score is significantly higher or lower than 2023 score.

Change overall: Indicates significant change overall (2021, 2022, 2023 and 2024).

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

			Unadjust	ted score	:S		Case m	nix adjuste	d scores	
YOUR OVERALL NHS CARE	2023 n	2023 score	2024 n	2024 score	Change 2023- 2024	Change overall	2024 score	Lower expected range	Upper expected range	National score
Q56. The whole care team worked well together	10	90%	*	*			*	*	*	90%
Q57. Administration of care was very good or good	10	70%	*	*			*	*	*	88%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*			*	*	*	46%
Q59. Patient's average rating of care scored from very poor to very good	10	9.0	*	*			*	*	*	8.9

SUPPORT FROM YOUR GP PRACTICE						Т	umou	r grou	p					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	₹
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*	*	*	*	*	*

DIAGNOSTIC TESTS						Т	umou	r grou	р					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*	*	*	*	*	60%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	*	*	*	*	*	*	*	*	*	*

FINDING OUT THAT YOU HAD CANCER						Т	umou	r grou	р					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	*	*	*	*	*	*	*	*	*	64%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*	*	*	*	*	64%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	*	*	*	*	*	*	*	*	*	60%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	*	*	*	*	*	*	*	*	*	*

SUPPORT FROM A MAIN CONTACT PERSOI	1					Т	umou	r grou	р					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	₽
Q17. Patient had a main point of contact within the care team	*	*	*	*	*	*	*	*	*	*	*	*	*	100%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	*	*	*	*	*	*	*	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	*	*	*	*	*	*	*	*	*

DECIDING ON THE BEST TREATMENT						Т	umou	r grou	p					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q20. Treatment options were explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	70%
Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	*	*	*	*	*	*	*	*	*	60%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	*	*	*	*	*	*	*	*	*	*	*

CARE PLANNING						Т	umou	r grou	р					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	64%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	*	*	*	*	*	*	*	*	*

SUPPORT FROM HOSPITAL STAFF						Т	umou	r grou	р					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	¥
Q27. Staff provided the patient with relevant information on available support	*	*	*	*	*	*	*	*	*	*	*	*	*	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	*	*	*	*	*	*	*	*	*	64%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	*	*	*	*	*	*	*	*	*

HOSPITAL CARE						Т	umou	r grou	р					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	₹
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	*	*	*	*	*	*	*	*	*	90%

YOUR TREATMENT						Т	umou	r grou	р					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	Ā
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	*	*	*	*	*	*	*	*	*	*	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	*	*	*	*	*	*	*	*	*	90%

IMMEDIATE AND LONG-TERM SIDE EFFECT	S					Т	umou	r grou	р					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	₹
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	*	*	*	*	*	*	*	*	*	*	*	80%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	60%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	90%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	55%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	*	*	*	*	*	*	*	*	60%

SUPPORT WHILE AT HOME						Т	umou	r grou	р					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	₹
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	*	*	*	*	*	*	*	*

CARE FROM YOUR GP PRACTICE						Т	umou	r grou	р					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	*	*	*	*	*	*	*	*	9%

LIVING WITH AND BEYOND CANCER						Т	umou	r grou	p					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	*	*	*	*	*	*	*	*	*	*

YOUR OVERALL NHS CARE						Т	umou	r grou	р					
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	ΙΨ
Q56. The whole care team worked well together	*	*	*	*	*	*	*	*	*	*	*	*	*	73%
Q57. Administration of care was very good or good	*	*	*	*	*	*	*	*	*	*	*	*	*	82%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	*	*	*	*	*	*	*	*	8.2

SUPPORT FROM YOUR GP PRACTICE					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	*	*	*	*	*	*	*
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*

DIAGNOSTIC TESTS					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	*	*	*	*	*	*	*
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	*	*	*	*	*
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	*	*	*	*	*
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	60%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	*	*	*	*	*

FINDING OUT THAT YOU HAD CANCER					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	*	*	*	*	*	*	*
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	*	*	*	*	64%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	64%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	*	*	*	*	60%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	*	*	*	*	*

SUPPORT FROM A MAIN CONTACT PERSON	I				Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q17. Patient had a main point of contact within the care team	*	*	*	*	*	*	*	*	100%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	*	*	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	*	*	*	*

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

CARE PLANNING					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	*	*	*	*	*	64%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	*	*	*	*
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	*	*	*	*

SUPPORT FROM HOSPITAL STAFF					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q27. Staff provided the patient with relevant information on available support	*	*	*	*	*	*	*	*	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	*	*	*	*	64%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	*	*	*	*

HOSPITAL CARE					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	*	*	*	*	*	*
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*	*	*
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*	*	*
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*	*	*
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*	*	*
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*	*	*
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*	*	*
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*	*	*
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	*	*	*	*	90%

YOUR TREATMENT					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	*	*	*	*	*	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	*	*	*	*	*	*
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	*	*	*	*	90%

IMMEDIATE AND LONG-TERM SIDE EFFECT	S				Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	*	*	*	*	*	*	80%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	*	*	*	*	60%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	*	*	*	*	90%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	*	*	*	*	55%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	*	*	*	60%

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

CARE FROM YOUR GP PRACTICE					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*	*	*	*	*	*
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	*	*	*	9%

LIVING WITH AND BEYOND CANCER				Age					
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	*	*	*	*	*	*
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	*	*	*	*	*
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	*	*	*	*	*

YOUR OVERALL NHS CARE					Age				
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	All
Q56. The whole care team worked well together	*	*	*	*	*	*	*	*	73%
Q57. Administration of care was very good or good	*	*	*	*	*	*	*	*	82%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	*	*	*	*
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	*	*	*	8.2

SUPPORT FROM YOUR GP PRACTICE		V	Vhich of the	following be	st describes	you?	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	*	*	*	*	*
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*	*	*	*

DIAGNOSTIC TESTS		Which of the following best describes you?								
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All			
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	*	*	*	*	*			
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	*	*	*			
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	*	*	*			
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	*	*	60%			
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	*	*	*			

FINDING OUT THAT YOU HAD CANCER		٧	Which of the following best describes you?						
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All		
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	*	*	*	*	*		
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	*	*	64%		
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	*	*	64%		
Q15. Patient was definitely told about their diagnosis in appropriate place	*	*	*	*	*	*	60%		
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	*	*	*		

SUPPORT FROM A MAIN CONTACT PERSON	V	Which of the following best describes you?					
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q17. Patient had a main point of contact within the care team	*	*	*	*	*	*	100%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	*	*

DECIDING ON THE BEST TREATMENT		\	Which of the	following be	st describes	escribes you?		
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All	
Q20. Treatment options were explained in a way the patient could completely understand	*	*	*	*	*	*	*	
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	*	*	70%	
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	*	*	60%	
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	*	*	*	*	

CARE PLANNING		\	Which of the	following be	st describes	you?	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	*	*	*	64%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	*	*
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	*	*

SUPPORT FROM HOSPITAL STAFF		1	Which of the	following be	st describes	you?	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q27. Staff provided the patient with relevant information on available support	*	*	*	*	*	*	91%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	*	*	64%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	*	*

HOSPITAL CARE		\	Which of the	following be	st describes	you?	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	*	*	*	*
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	*	*	90%

YOUR TREATMENT		١	Which of the	following be	st describes	you?	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	*	*	*	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	*	*	*	*
Q42_2. Patient completely had enough understandable nformation about their response to chemotherapy	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable nformation about their response to radiotherapy	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable nformation about their response to hormone therapy	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable nformation about their response to immunotherapy	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	*	*	90%

<b>IMMEDIATE AND LONG-TERM SIDE EFFECT</b>	S	\	Which of the following best describes you?					
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All	
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	*	*	*	*	80%	
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	*	*	60%	
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	*	*	90%	
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	*	*	55%	
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	*	60%	

SUPPORT WHILE AT HOME		V	Vhich of the	following be	st describes	you?	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	*	*	*	*	*	*
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	*

CARE FROM YOUR GP PRACTICE		V	Which of the	following be	st describes	you?	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*	*	*	*
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	*	9%

LIVING WITH AND BEYOND CANCER		Which of the following best describes you?							
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All		
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	*	*	*	*		
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	*	*	*		
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	*	*	*		

YOUR OVERALL NHS CARE		V	Which of the	following be	st describes	you?	
	Female	Male	Non- binary	Prefer to self- describe	Prefer not to say	Not given	All
Q56. The whole care team worked well together	*	*	*	*	*	*	73%
Q57. Administration of care was very good or good	*	*	*	*	*	*	82%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	*	*
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	*	8.2

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

DIAGNOSTIC TESTS	Ethnicity								
	White	Mixed	Asian	Black	Other	Not given	All		
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	*	*	*	*	*		
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	*	*	*		
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	*	*	*		
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	*	*	60%		
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	*	*	*		

FINDING OUT THAT YOU HAD CANCER	Ethnicity								
	White	Mixed	Asian	Black	Other	Not given	All		
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	*	*	*	*	*		
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	*	*	64%		
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	*	*	64%		
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	*	*	60%		
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	*	*	*		

SUPPORT FROM A MAIN CONTACT PERSON	l			Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q17. Patient had a main point of contact within the care team	*	*	*	*	*	*	100%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	*	*

DECIDING ON THE BEST TREATMENT				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q20. Treatment options were explained in a way the patient could completely understand	*	*	*	*	*	*	*
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	*	*	70%
Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	*	*	60%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	*	*	*	*

CARE PLANNING				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	*	*	*	64%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	*	*
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	*	*

SUPPORT FROM HOSPITAL STAFF		Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	All	
Q27. Staff provided the patient with relevant information on available support	*	*	*	*	*	*	91%	
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	*	*	64%	
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	*	*	

HOSPITAL CARE				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	*	*	*	*
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	*	*	90%

YOUR TREATMENT				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	*	*	*	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	*	*	*	*
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable nformation about their response to immunotherapy	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	*	*	90%

<b>IMMEDIATE AND LONG-TERM SIDE EFFECTS</b>	S	Ethnicity							
	White	Mixed	Asian	Black	Other	Not given	All		
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	*	*	*	*	80%		
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	*	*	60%		
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	*	*	90%		
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	*	*	55%		
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	*	60%		

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

CARE FROM YOUR GP PRACTICE	M YOUR GP PRACTICE							
	White	Mixed	Asian	Black	Other	Not given	All	
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*	*	*	*	
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	*	9%	

## **Ethnicity tables**

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

YOUR OVERALL NHS CARE				Ethnicity			
	White	Mixed	Asian	Black	Other	Not given	All
Q56. The whole care team worked well together	*	*	*	*	*	*	73%
Q57. Administration of care was very good or good	*	*	*	*	*	*	82%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	*	*
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	*	8.2

## **IMD** quintile tables

SUPPORT FROM YOUR GP PRACTICE			IME	quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	*	*	*	*	*
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*	*	*	*

DIAGNOSTIC TESTS			IME	) quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	*	*	*	*	*
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	*	*	*
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	*	*	*
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	*	*	60%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	*	*	*

FINDING OUT THAT YOU HAD CANCER	IMD quintile							
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All	
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	*	*	*	*	*	
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	*	*	64%	
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	*	*	64%	
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	*	*	60%	
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	*	*	*	

SUPPORT FROM A MAIN CONTACT PERSON	1		IME	) quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q17. Patient had a main point of contact within the care team	*	*	*	*	*	*	100%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	*	90%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	*	*

## **IMD** quintile tables

DECIDING ON THE BEST TREATMENT			IME	) quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q20. Treatment options were explained in a way the patient could completely understand	*	*	*	*	*	*	*
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	*	*	70%
Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	*	*	60%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	*	*	*	*

CARE PLANNING	IMD quintile								
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All		
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	*	*	*	64%		
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	*	*		
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	*	*		

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

HOSPITAL CARE	IMD quintile									
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All			
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	*	*	*	*			
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*			
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*			
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*			
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*			
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*			
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*			
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*			
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	*	*	90%			

## **IMD** quintile tables

YOUR TREATMENT			IMD	quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	*	*	*	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	*	*	*	*
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	*	*	90%

<b>IMMEDIATE AND LONG-TERM SIDE EFFECT</b>	S		IMD	) quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	*	*	*	*	80%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	*	*	60%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	*	*	90%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	*	*	55%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	*	60%

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

CARE FROM YOUR GP PRACTICE	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*	*	*	*
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	*	9%

## **IMD** quintile tables

LIVING WITH AND BEYOND CANCER			IMD	IMD quintile			
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	*	*	*	*
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	*	*	*
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	*	*	*

YOUR OVERALL NHS CARE	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non- England	All
Q56. The whole care team worked well together	*	*	*	*	*	*	73%
Q57. Administration of care was very good or good	*	*	*	*	*	*	82%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	*	*
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	*	8.2

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

DIAGNOSTIC TESTS		ition status		
	Yes	No	Not given	All
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	*	*
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	60%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*

FINDING OUT THAT YOU HAD CANCER	Long-term condition status				
	Yes	No	Not given	All	
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	*	*	
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	64%	
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	64%	
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	60%	
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	

SUPPORT FROM A MAIN CONTACT PERSON	Long-term condition status				
	Yes	No	Not given	All	
Q17. Patient had a main point of contact within the care team	*	*	*	100%	
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	90%	
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	

DECIDING ON THE BEST TREATMENT	Long-term condition status				
	Yes	No	Not given	All	
Q20. Treatment options were explained in a way the patient could completely understand	*	*	*	*	
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	70%	
Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	60%	
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	*	

CARE PLANNING	Long-term condition status							
	Yes No Not given A							
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	64%				
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*				
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*				

SUPPORT FROM HOSPITAL STAFF	Long-term condition status						
	Yes No Not given All						
Q27. Staff provided the patient with relevant information on available support	*	*	*	91%			
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	64%			
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*			

HOSPITAL CARE		Long-term cond	dition status	
	Yes	No	Not given	All
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	*
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	90%

YOUR TREATMENT		Long-term condition status		
	Yes	No	Not given	All
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*
Q42_1. Patient completely had enough understandable nformation about their response to surgery	*	*	*	*
Q42_2. Patient completely had enough understandable nformation about their response to chemotherapy	*	*	*	*
Q42_3. Patient completely had enough understandable nformation about their response to radiotherapy	*	*	*	*
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*
Q42_5. Patient completely had enough understandable nformation about their response to immunotherapy	*	*	*	*
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	90%

<b>IMMEDIATE AND LONG-TERM SIDE EFFECTS</b>	Long-term cond			
	Yes	No	Not given	All
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	*	80%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	60%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	90%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	55%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	60%

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

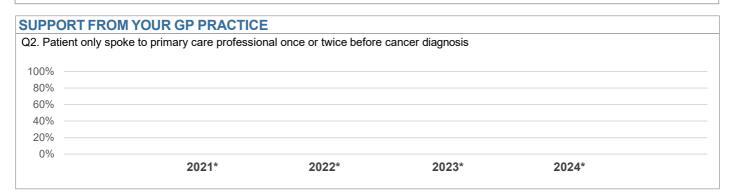
CARE FROM YOUR GP PRACTICE	Long-term condition status			
	Yes	No	Not given	All
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*
Q52. Patient has had a review of cancer care by GP practice	*	*	*	9%

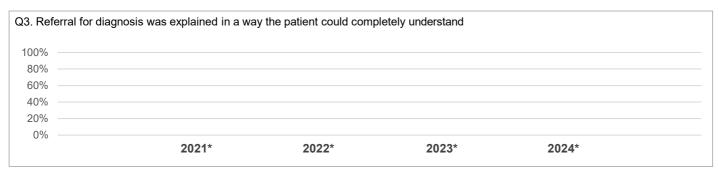
LIVING WITH AND BEYOND CANCER		Long-term condi		
	Yes	No	Not given	All
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	*
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*

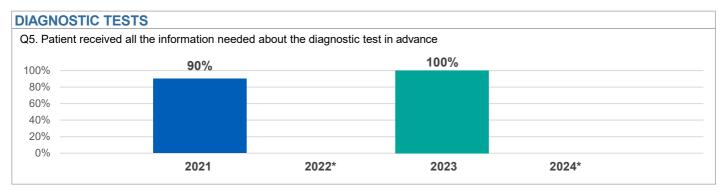
YOUR OVERALL NHS CARE	Long-term condition status				
	Yes	No	Not given	All	
Q56. The whole care team worked well together	*	*	*	73%	
Q57. Administration of care was very good or good	*	*	*	82%	
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	8.2	

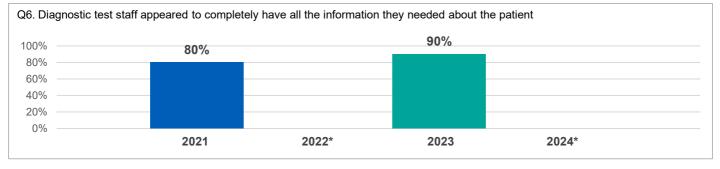
### Year on year charts

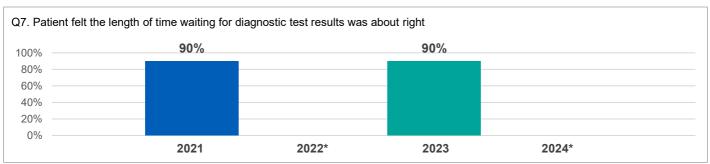
- Indicates where a score is not available due to suppression or a low base size.
- No score available.



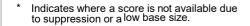




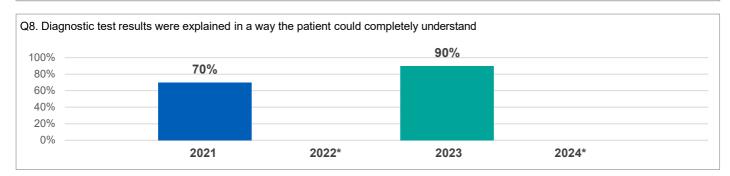


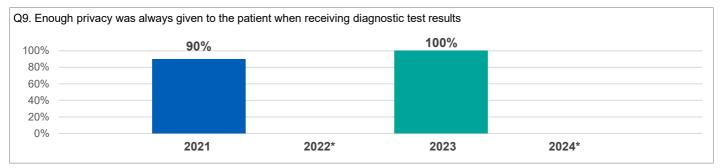


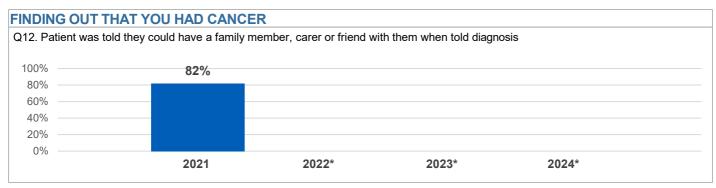
### Year on year charts

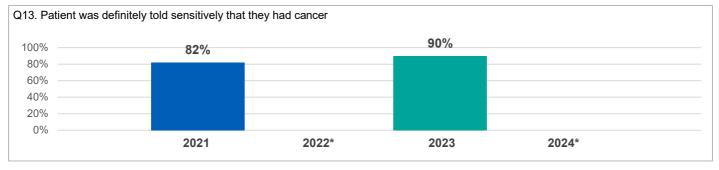


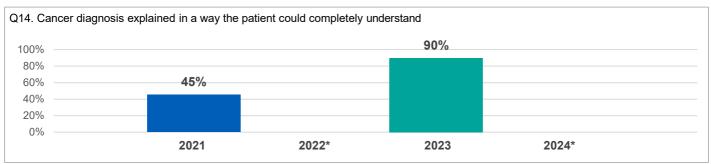




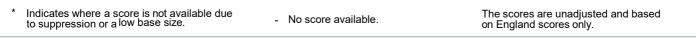


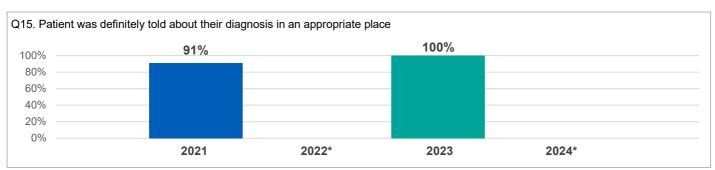


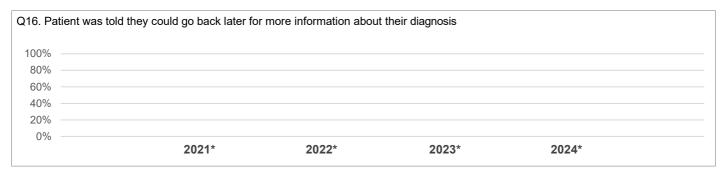




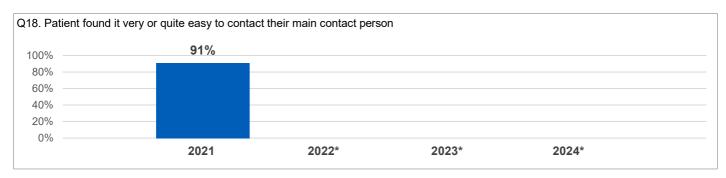
### Year on year charts

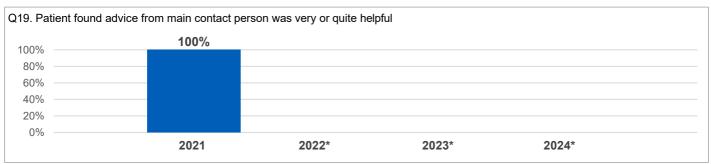






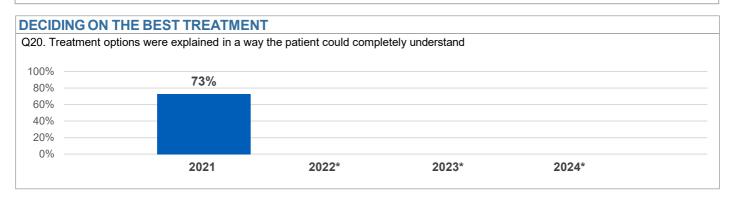


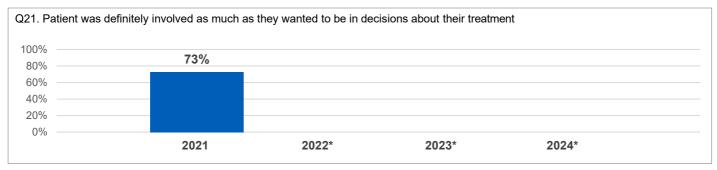


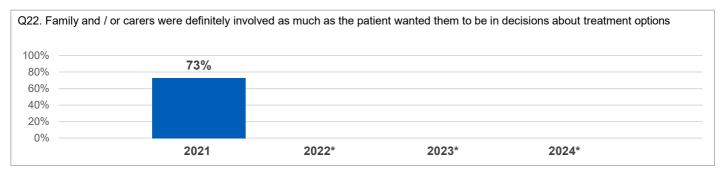


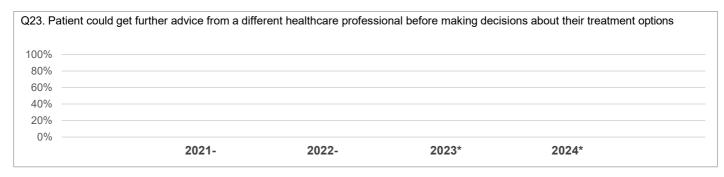
### Year on year charts

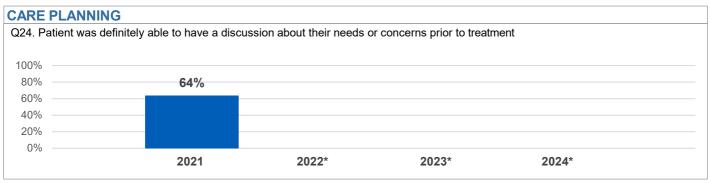
- Indicates where a score is not available due to suppression or a low base size.
- No score available.





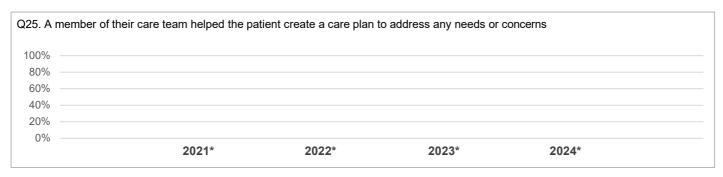


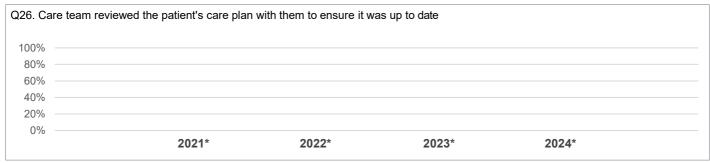


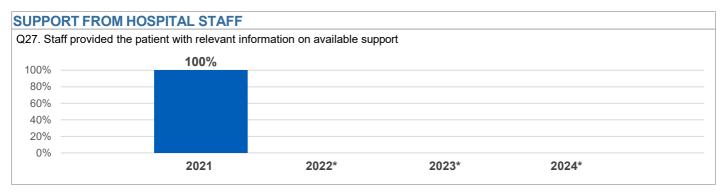


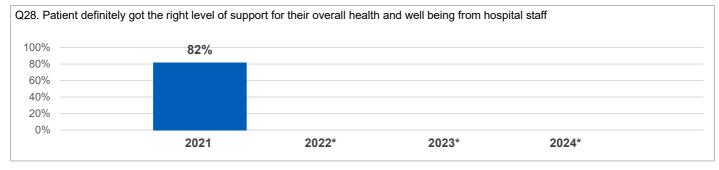
### Year on year charts

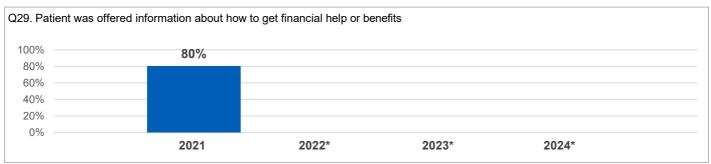
- Indicates where a score is not available due to suppression or a low base size.
- No score available.







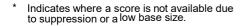




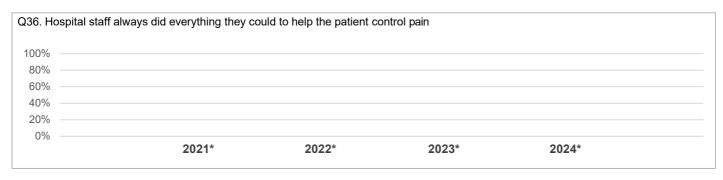
### Year on year charts

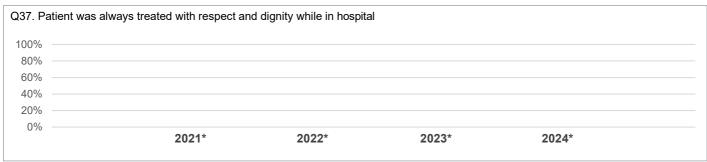
* Indicates where a sco to suppression or a lo	ore is not available due ow base size.	- No score available.	T	he scores are unadjusted and based n England scores only.
IOSPITAL CARE				
	ence and trust in all of the	team looking after them durir	ng their stay in hos	pital
100%				
80%				
40%				
20%				
0%				
	2021*	2022*	2023*	2024*
Q32. Patient's family, or	someone close, was defir	nitely able to talk to a member	of the team lookir	ng after the patient in hospital
100%				
80%				
60%				
40%				
0%				
0 70	2021*	2022*	2023*	2024*
100%	s involved in decisions ab	out their care and treatment \	whilst in hospital	
100%	s involved in decisions ab	out their care and treatment v	whilst in hospital	2024*
100% — — — — — — — — — — — — — — — — — —		2022*		2024*
100% — 80% — 40% — 20% — 0% — 234. Patient was always	2021*	2022*		2024*
100% — 80% — 40% — 20% — 0% — 20% — 100% — 100% — 100% — 100%	2021*	2022* rd staff when needed		2024*
100%	<b>2021</b> * s able to get help from wa	2022* rd staff when needed		2024*
100% — 80% — 90% —	<b>2021</b> * s able to get help from wa	2022* rd staff when needed		2024*
100% — 80% — 60% — 20% — 0% — 80% — 80% — 80% — 80% — 80% — 80% — 60% — 80% —	<b>2021</b> * s able to get help from wa	2022* rd staff when needed		2024*
100% — 80% — 40% — 20% — 234. Patient was always 100% — 80% — 60% — 40% — 40%	2021* s able to get help from wa	2022* rd staff when needed	2023*	
100% — 80% — 40% — 20% — 90% —	<b>2021</b> * s able to get help from wa	2022* rd staff when needed		2024*
100% — 80% — 40% — 20% — 0% — 80% — 60% — 40% — 20% — 60% — 40% — 20% — 0% — 0% — 60	2021* s able to get help from wa	2022* rd staff when needed	2023*	
100% — 80% — 60% — 40% — 20% — 60% — 40% — 80% — 60% — 40% — 20% — 60% — 60% — 40% — 20% — 0% — 60% —	2021* s able to get help from wa 2021* s able to discuss worries a	2022*  rd staff when needed  2022*  and fears with hospital staff	2023*	
100%	2021* s able to get help from wa	2022*  rd staff when needed  2022*  and fears with hospital staff	2023*	
100%	2021* s able to get help from wa 2021* s able to discuss worries a	2022*  rd staff when needed  2022*  and fears with hospital staff	2023*	
100%	2021* s able to get help from wa 2021* s able to discuss worries a	2022*  rd staff when needed  2022*  and fears with hospital staff	2023*	
100%	2021* s able to get help from wa 2021* s able to discuss worries a	2022*  rd staff when needed  2022*  and fears with hospital staff	2023*	

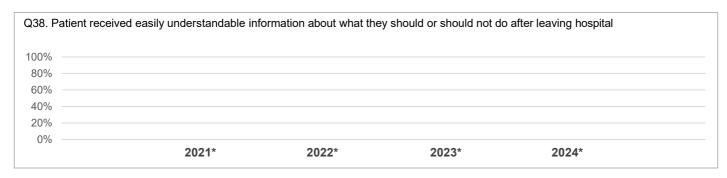
### Year on year charts

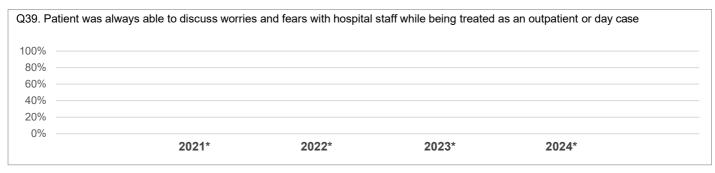


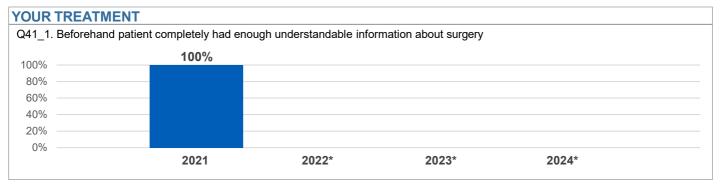
- No score available.









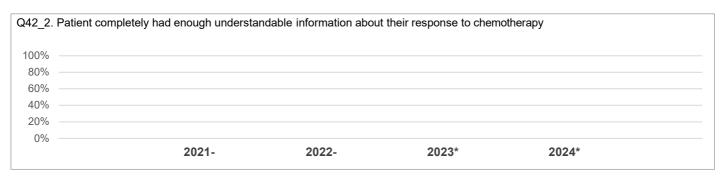


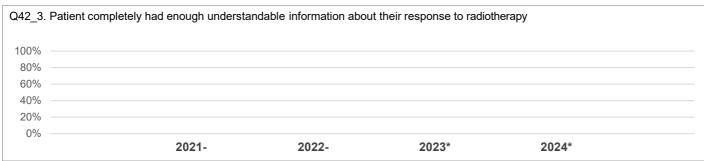
## Year on year charts

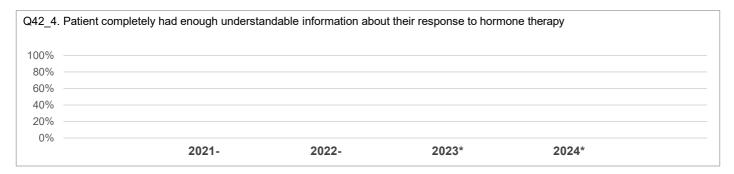
* Ind	dicates where a score is not available due suppression or a low base size.	- No score available.	-	The scores are unadjusted and based on England scores only.			
0/1 2	Q41_2. Beforehand patient completely had enough understandable information about chemotherapy						
Q41_2	. Deforement patient completely had enough	i understandable imormatic	on about chemother	ару			
100%							
80%							
60%							
40%							
20%							
0%		0000		000.4%			
	2021*	2022*	2023*	2024*			
Q41_3	. Beforehand patient completely had enough	understandable informatio	on about radiothera	ру			
100%							
80%							
60%							
40%							
20%							
0%	0004*	00004	2222#	000.4*			
	2021*	2022*	2023*	2024*			
Q41_4	. Beforehand patient completely had enough	n understandable informati	on about hormone t	therapy			
100%							
80%							
60%							
40%							
20%							
0%	2021*	2022*	2023*	2024*			
044.5							
Q41_5	. Beforehand patient completely had enough	n understandable information	on about immunoth	erapy			
100%							
80%							
60%							
40%							
20%							
0%							
	2021*	2022*	2023*	2024*			
Q42_1	. Patient completely had enough understand	able information about the	ir response to surge	ery			
100%							
80%							
60%							
40%							
20%							
0%	2021-	2022-	2023*	2024*			
	<b>202</b> 1-	-v		<b>44</b> 47			

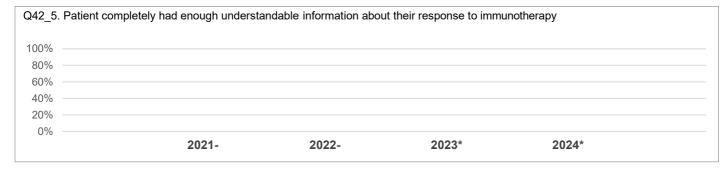
### Year on year charts

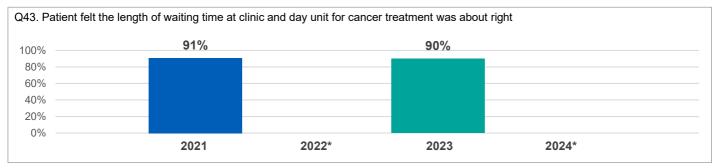
- Indicates where a score is not available due to suppression or a low base size.
- No score available.





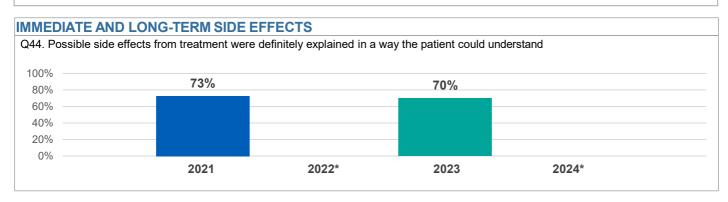


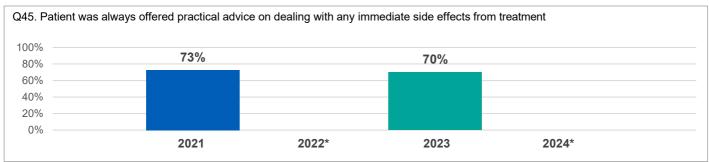


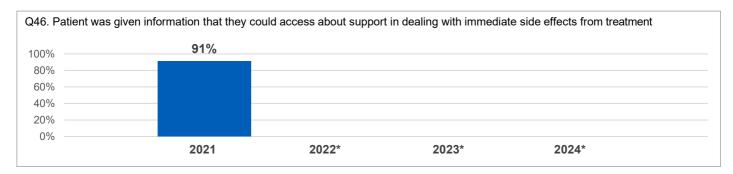


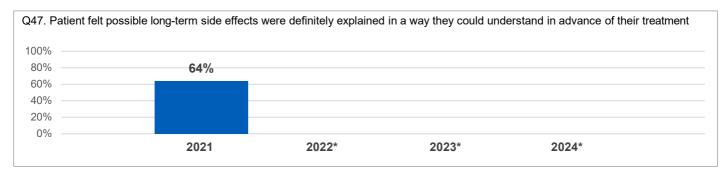
### Year on year charts

- Indicates where a score is not available due to suppression or a low base size.
- No score available





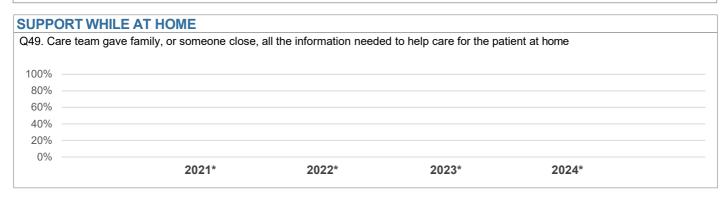


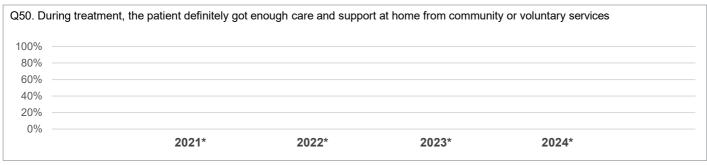


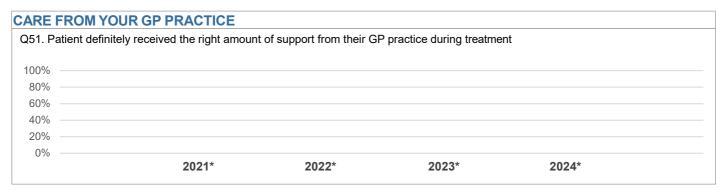


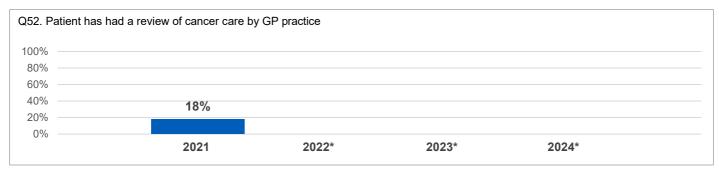
### Year on year charts

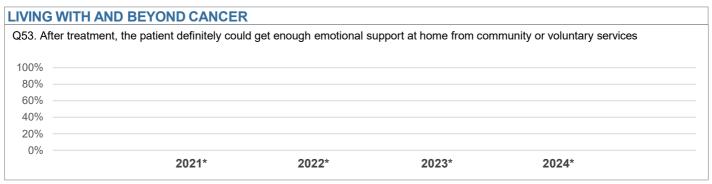
- Indicates where a score is not available due to suppression or a low base size.
- No score available





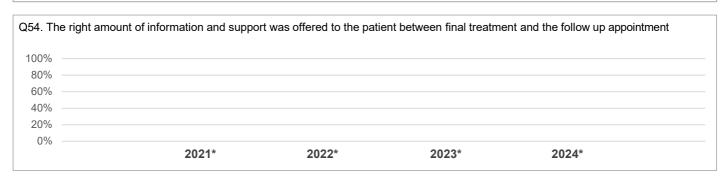


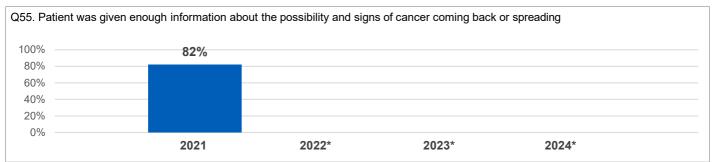


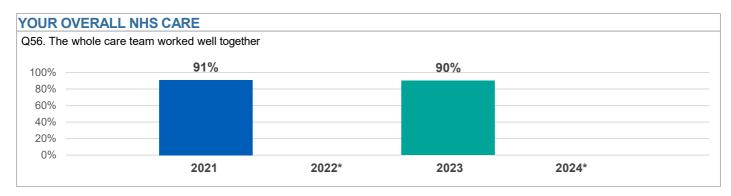


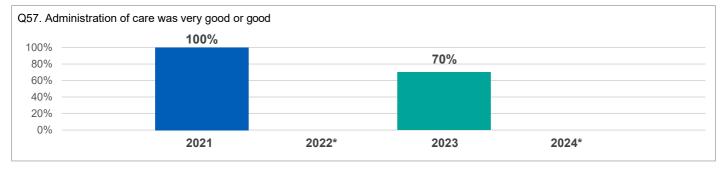
### Year on year charts

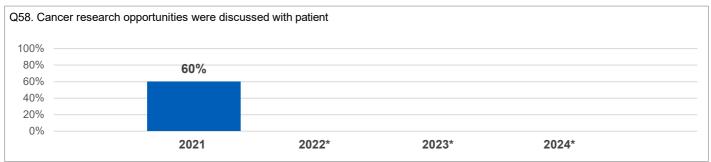
- Indicates where a score is not available due to suppression or a low base size.
- No score available.











## Year on year charts

