National Cancer Patient Experience Survey 2024

National report (Quantitative)

Published: July 2025

Contents

This report sets out the national headline findings. Detailed national, Alliance, ICB and trust-level results are available at www.ncpes.co.uk

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

1 Introduction and methodology

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Introduction and methodology

Introduction

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

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

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

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

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

Eligibility

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

Fieldwork

The fieldwork for the survey was undertaken between November 2024 and February 2025.

Survey methods

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

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

For more information on the methodology and to explore results in detail visit www.ncpes.co.uk. For more information about data quality, see the Technical Document available at www.ncpes.co.uk.

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Understanding the results

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Understanding the results (1)

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 question text for Q23 and Q42 were amended. These questions 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.

National year on year comparisons do not include patients residing outside England (the same applies to Q23 and Q42 where only 2023 and 2024 data is shown).

Use of National and England only 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.

In this report, national level data (England and Non-England) is used for:

- About the respondents.
- Sub-group comparisons.

In this report, England only level data is used for:

- Year on year results (as statistical testing across years includes IMD data specific to England).

Understanding the results (2)

Scoring methodology

Sixty-one questions from the questionnaire are scored, as these questions relate directly to patient experience.

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

For each scored question, each response option has been identified as either a positive, negative, or neutral response.

Scores are calculated by dividing the number of positive responses by the total number of positive and negative responses. Neutral scores (e.g., 'Don't know / can't remember') are excluded from this calculation.

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.

Suppression rules

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

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

For organisations with an eligible population of 1,000 or fewer, data relating to the respondent and their condition has been suppressed where 5 people or fewer were in a particular category.

In instances where only one has been suppressed, the next lowest category has been suppressed to prevent back calculation from the total number of responses.

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

Understanding the results (3)

Descriptive text

Charts are presented with descriptive text summarising the results.

Where year on year results are shown, the following approach is taken to describing results:

- Comparisons between 2023 and 2024 are made for all questions.
- Comparisons over the past four years (2021 to 2024) are made only where the difference is statistically significant.

Statistically significant differences are described as an ‘increase’ or ‘decrease’.

Where there is no statistically significant difference, comparisons are described as ‘similar to’.

Subgroup comparisons

Subgroup comparisons allow us to explore differences in how people experience cancer care. Some of the groups may be quite small and so caution should be taken when looking at results. See ‘About the respondents’ for information on the number of responses for subgroups.

For detailed subgroup analysis at a national level, please see the national Excel tables or interactive reporting tool available at www.ncpes.co.uk.

Full reporting

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

Statistical testing

When presenting year on year results, statistically significant differences are presented on the charts with arrows. These are present on results between 2023 and 2024 as well as over the past four years (between 2021 and 2024). The arrows indicate a statistically significant increase or decrease. No arrow indicates no statistically significant change.

When presenting subgroup comparisons, arrows have been used to denote whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average.

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Headline findings

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Headline findings (1)

Picker

NHS England

Overall NHS care

8.94

Respondents’ average rating of care scored from very poor to very good (scale from 0 to 10) (**8.89** in 2023).

Administration of care

87.6%

said the administration of care was very good or good (**87.0%** in 2023).

Care team working together

90.4%

said that the whole care team worked well together (**89.9%** in 2023).

Support for health and well being

77.5%

said they definitely got the right level of support for their overall health and well being from hospital staff (**75.8%** in 2023).

Questions from across the survey have been selected to provide an overview of experiences across the cancer care journey.

Headline findings (2)

Referral for diagnosis

67.3%

of respondents who had contacted their GP practice said that the referral for diagnosis was explained in a way they could completely understand (**66.5%** in 2023).

Length of time for diagnostic tests

77.5%

said they felt the length of time waiting for diagnostic test results was about right (**77.6%** in 2023).

Finding out that you had cancer

75.0%

said that when they were told that they had cancer, they were definitely told sensitively (**74.4%** in 2023).

Support from a main contact person

91.5%

said they had a main contact person within the team looking after them who would support them through treatment (**91.2%** in 2023).

Questions from across the survey have been selected to provide an overview of experiences across the cancer care journey.

Headline findings (3)

Picker

NHS England

Deciding treatment options

80.4%

of respondents said they were definitely involved as much as they wanted to be in decisions about their treatment
(**79.6%** in 2023).

Care planning

73.1%

said that before their treatment started, they had a discussion with a member of the team looking after them about their needs or concerns
(**72.2%** in 2023).

Waiting time for treatment

79.4%

said they felt the length of waiting time at the clinic or day unit used for cancer treatment was about right
(**78.5%** in 2023).

Treatment side effects

74.7%

said that possible side effects from treatment were definitely explained in a way they could understand
(**74.4%** in 2023).

Questions from across the survey have been selected to provide an overview of experiences across the cancer care journey.

Headline findings (4)

Picker

NHS England

Care while at home

63.0%

said their family or someone else close to them were given all the information necessary to help care for them at home (**61.6%** in 2023).

Support from your GP practice

47.7%

of those who said their GP practice was involved said they definitely received the right amount of support from their GP practice during treatment (**46.4%** in 2023).

Support from community or voluntary services

33.5%

said that after treatment, they could definitely get enough emotional support at home from community or voluntary services (**32.3%** in 2023).

Living with and beyond cancer

64.9%

said they were given enough information about the possibility of the cancer coming back or spreading, such as what to look out for and what to do if they had concerns (**63.7%** in 2023).

Questions from across the survey have been selected to provide an overview of experiences across the cancer care journey.

Headline findings (5)

The five scores with the largest positive change†

Question	2023	2024	Change
Q29 - Patient was offered information about how to get financial help or benefits	70.1%	71.9%	**1.9pp**
Q12 - Patient was told they could have a family member, carer or friend with them when told diagnosis	80.9%	82.7%	**1.8pp**
Q28 - Patient definitely got the right level of support for their overall health and well being from hospital staff	75.8%	77.5%	**1.7pp**
Q49 - Care team gave family, or someone close, all the information needed to help care for the patient at home	61.6%	63.0%	**1.4pp**
Q59 - Patient's average rating of care scored from very poor to very good	8.89	8.94	**0.05**

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† These changes indicate a statistically significant difference at the 99% confidence level ($p<0.01$), as determined by the longitudinal logistic regression model or linear regression for Q59.
Change 'pp' refers to percentage point change between 2023 and 2024.
Q59 is scored differently to other questions, as it is an overall experience score from 0 to 10.

Headline findings (6)

The scores with the largest negative change†

Question	2023	2024	Change
Q38 - Patient received easily understandable information about what they should or should not do after leaving hospital	88.3%	87.3%	**-1.0pp**

† There is one significant negative change from 2023 to 2024. The change indicates a statistically significant difference at the 99% confidence level ($p<0.01$), as determined by the longitudinal logistic regression model.
Change 'pp' refers to percentage point change between 2023 and 2024.

4 About the respondents

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About the respondents (1)

Overall response rate

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%.

This is in comparison to a 52% response rate seen for the 2023 iteration of the survey.

Respondents by survey mode†

Response mode	Number of respondents	Proportion of respondents†
Paper	50,392	78.7%
Online	13,618	21.3%
Phone	35	0.1%
Translation service	10	0.0%
Total	64,055	100.0%

† The percentages presented have been rounded to one decimal for accuracy, so small proportions of respondents may be shown as ‘0.0%’.

About the respondents (2)

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

	No. of responses	% of responses
Female	32,231	50.3%
Male	29,019	45.3%
Non-binary	22	0.0%
Prefer to self-describe	14	0.0%
Prefer not to say	62	0.1%
Not given	2,707	4.2%
Total	64,055	100.0%

Number of responses by ‘Is your gender identity the same as the sex you were registered at birth?’††

	No. of responses	% of responses
Yes	60,965	95.2%
No	95	0.1%
Prefer not to say	148	0.2%
Not given	2,847	4.4%
Total	64,055	100.0%

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† Self-reported in Q64 of the survey.
†† Self-reported in Q65 of the survey.

About the respondents (3)

Number of responses by ethnicity†

Ethnicity	No. of responses	% of responses
White	56,789	88.7%
Mixed	568	0.9%
Asian	1,790	2.8%
Black	1,098	1.7%
Other††	265	0.4%
Not given	3,545	5.5%
Total	64,055	100.0%

Number of responses by tumour group†††

Tumour group	No. of responses	% of responses
Brain / CNS	245	0.4%
Breast	13,826	21.6%
Colorectal / LGT	7,279	11.4%
Gynaecological	2,854	4.5%
Haematological	9,152	14.3%
Head and neck	1,692	2.6%
Lung	4,324	6.8%
Prostate	7,806	12.2%
Sarcoma	512	0.8%
Skin	2,748	4.3%
Upper gastro	2,886	4.5%
Urological	4,770	7.4%
Other	5,961	9.3%
Total	64,055	100.0%

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† Ethnic background is self-reported in Q71 of the survey.
†† 'Other' includes Arab and any other ethnic group not listed in Q71.
††† Detailed mapping of 3-digit ICD codes to tumour group can be found in the Technical Document, available on the survey website: www.ncpes.co.uk

About the respondents (4)

Number of responses by IMD quintile (deprivation)†

Quintile	No. of responses	% of responses
1 (most deprived)	7,621	11.9%
2	10,945	17.1%
3	13,902	21.7%
4	15,315	23.9%
5 (least deprived)	15,883	24.8%
Non-England	389	0.6%
Total	64,055	100.0%

Number of responses for long-term condition status††

Long-term condition	No. of responses	% of responses
Yes	39,842	62.2%
No	20,024	31.3%
Not given	4,189	6.5%
Total	64,055	100.0%

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

†† Self-reported in Q67 of the survey. Long-term condition refers to another condition in addition to a cancer diagnosis.

About the respondents (5)

Number of responses for number of long-term condition status†

Long-term condition	No. of responses	% of responses
One long-term condition	20,004	31.2%
Two long-term conditions	11,868	18.5%
Three or more long-term conditions	7,970	12.4%
No long-term condition	20,024	31.3%
Not given	4,189	6.5%
Total	64,055	100.0%

Number of responses by long-term condition††

Long-term condition	No. of responses	% of responses
Breathing problem, such as asthma	11,184	17.5%
Blindness or partial sight	1,541	2.4%
Dementia or Alzheimer's disease	371	0.6%
Deafness or hearing loss	9,847	15.4%
Diabetes	7,872	12.3%
Heart problem, such as angina	6,412	10.0%
Joint problem, such as arthritis	19,252	30.1%
Learning disability	400	0.6%
Autism or autism spectrum condition	221	0.3%
Mental health condition	3,724	5.8%
Neurological condition, such as epilepsy	1,200	1.9%
Other long-term condition	9,307	14.5%

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† Self-reported in Q67 of the survey. Long-term condition refers to another condition in addition to a cancer diagnosis.

†† Self-reported in Q67 of the survey. Q67 is a multi-choice question and so percentages across response options will add up to more than 100%. Long-term condition refers to another condition in addition to a cancer diagnosis.

About the respondents (6)

Number of responses by age†

Age	No. of responses	% of responses
16-24	146	0.2%
25-34	465	0.7%
35-44	1,690	2.6%
45-54	5,091	7.9%
55-64	13,277	20.7%
65-74	21,322	33.3%
75-84	18,769	29.3%
85+	3,295	5.1%
Total	64,055	100.0%

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† Self-reported in Q63 of the survey.

5 Overall experience

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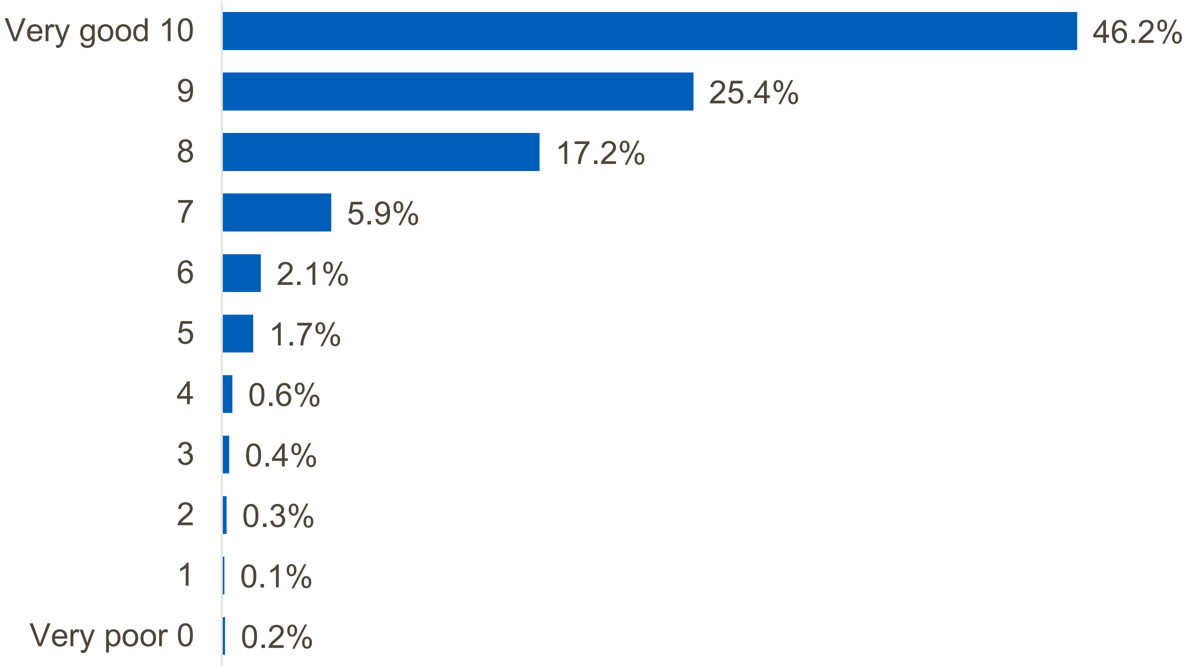
Overall experience (1)

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

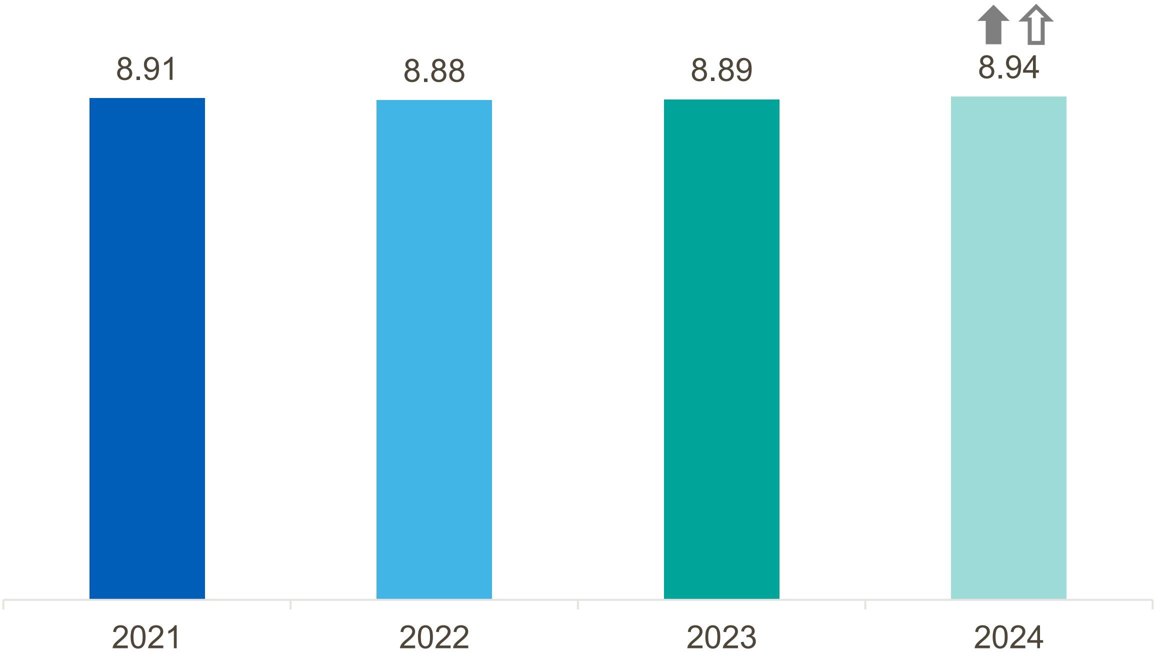
The average rating of care given nationally by respondents was 8.94. This is an increase from 8.89 in 2023 and over the last four years.

The results in Section 19 of the report show the overall experience of respondents broken down by different subgroups.

2024 results for ‘Overall, how would you rate your care? (scale from 0 to 10)’ (Q59)



Year on year comparisons for ‘Patient's average rating of care scored from very poor to very good’ (Q59)



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

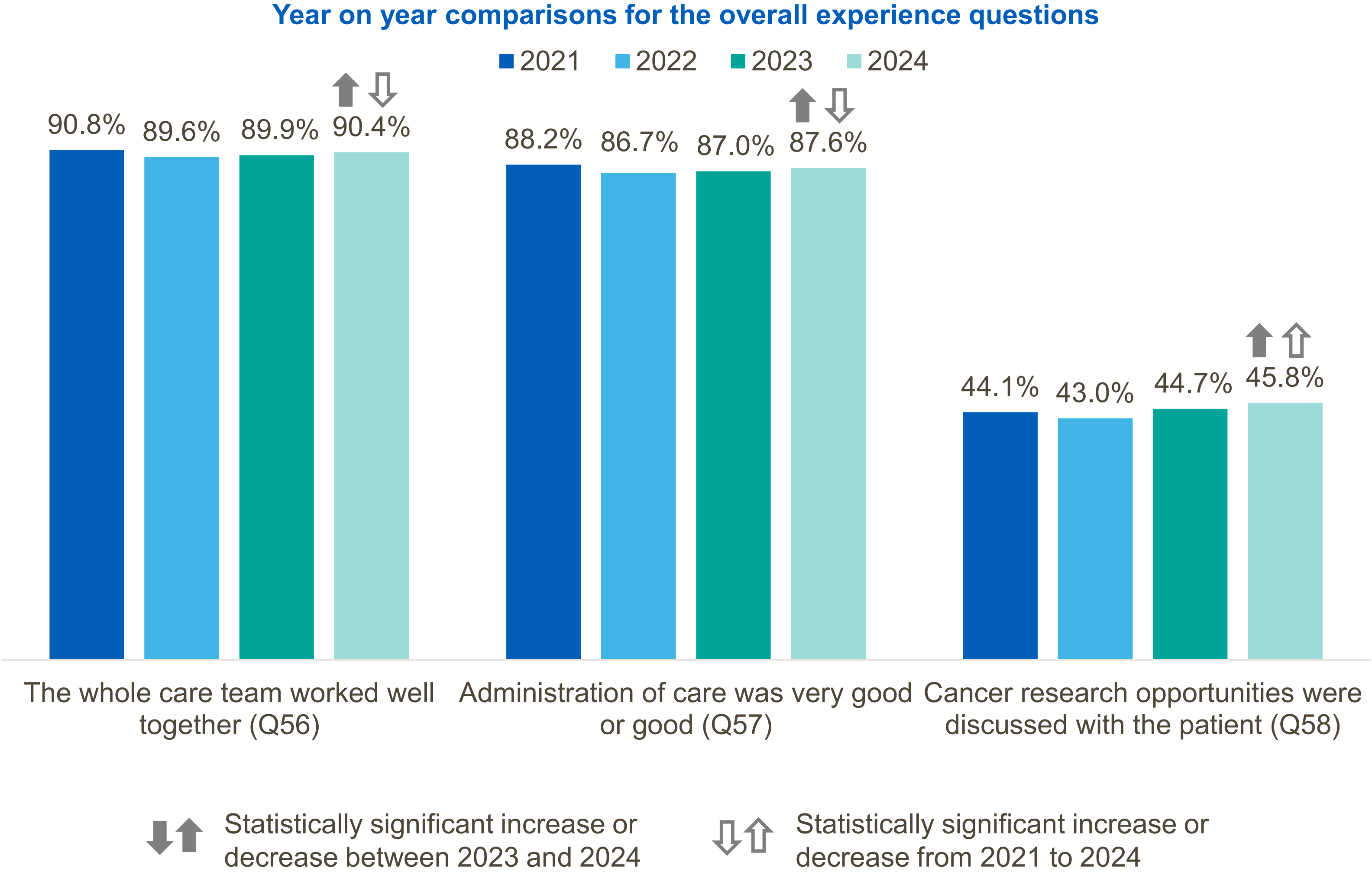
Number of responses. Q59: 2021 (56,154) 2022 (57,694) 2023 (59,872) 2024 (60,674).

Overall experience (2)

Most respondents (90.4%) felt the whole care team worked well together to provide the best possible care for them. This is an increase from 89.9% in 2023, but a decrease over the last four years.

When asked how they would rate the administration of their care (getting letters at the right time, doctors having the right notes / tests results, etc), 87.6% of respondents said the administration of their care was very good or good. This is an increase from 87.0% in 2023, but a decrease over the last four years.

45.8% of respondents said that cancer research opportunities that they could take part in (for example: clinical trials, tissue donation, additional scans, sharing data) were discussed with them, an increase both from 44.7% in 2023 and over the last four years.



Number of responses. Q56: 2021 (55,601) 2022 (56,910) 2023 (58,587) 2024 (59,803). Q57: 2021 (57,480) 2022 (59,178) 2023 (60,985) 2024 (62,103). Q58: 2021 (33,815) 2022 (35,684) 2023 (36,830) 2024 (37,140).

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Support from your GP practice

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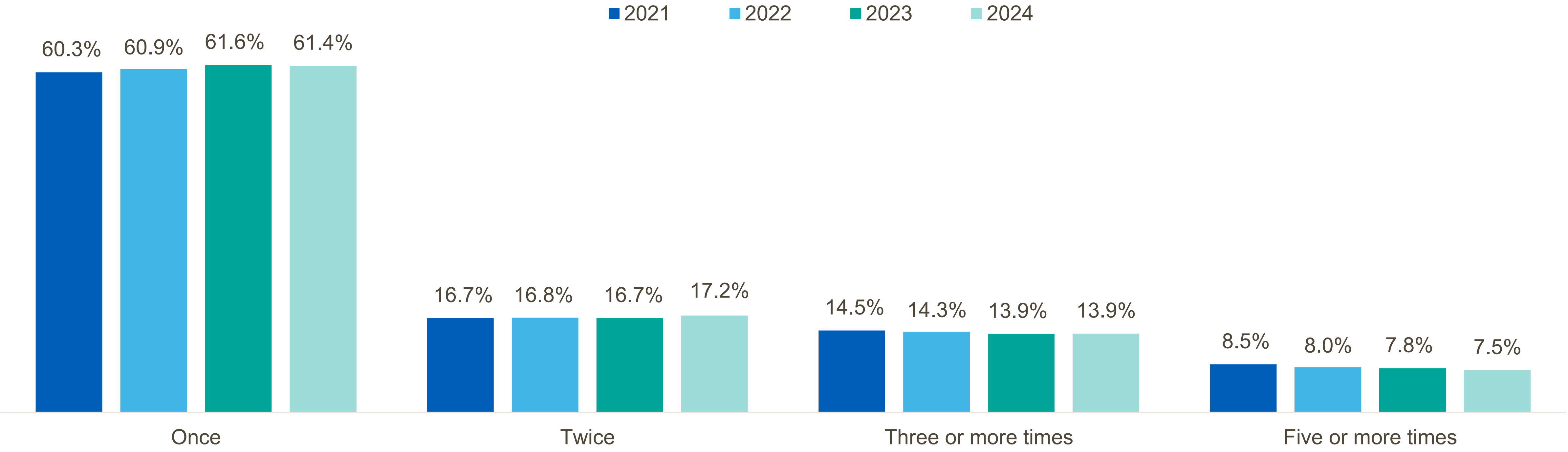
Support from your GP practice (1)

Respondents were asked how many times they spoke to a healthcare professional at their GP practice about health problems caused by cancer before they were diagnosed. 61.4% of those who had contacted their GP practice said they only spoke to a healthcare professional once and 17.2% twice before their cancer diagnosis.

Year on year comparisons for 'Before you were diagnosed, how many times did you speak to a healthcare professional at your GP practice about health problems caused by cancer?' (Q02)

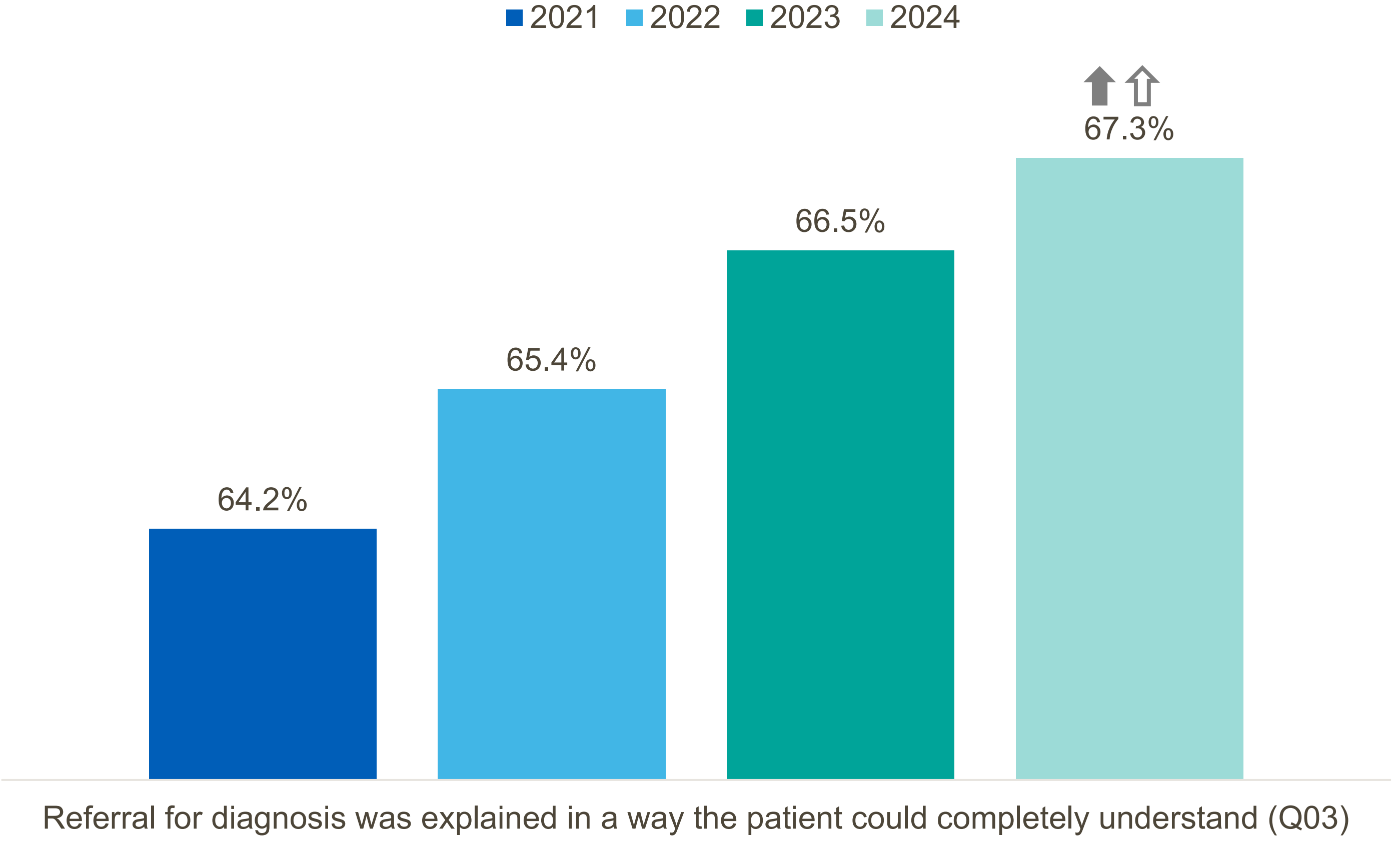


No significant difference comparison is able to be provided for this question as the results shown are for individual answer codes rather than the scored result.
Number of responses. Q02: 2021 (28,849) 2022 (29,215) 2023 (29,923) 2024 (30,116).

Support from your GP practice (2)

67.3% of respondents who had contacted their GP practice said that the referral for diagnosis was explained in a way they could completely understand. This is an increase both from 66.5% in 2023 and over the last four years.

Year on year comparisons for 'Referral for diagnosis was explained in a way the patient could completely understand' (Q03)



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q03: 2021 (38,685) 2022 (39,471) 2023 (40,994) 2024 (41,594).

7 Diagnostic tests

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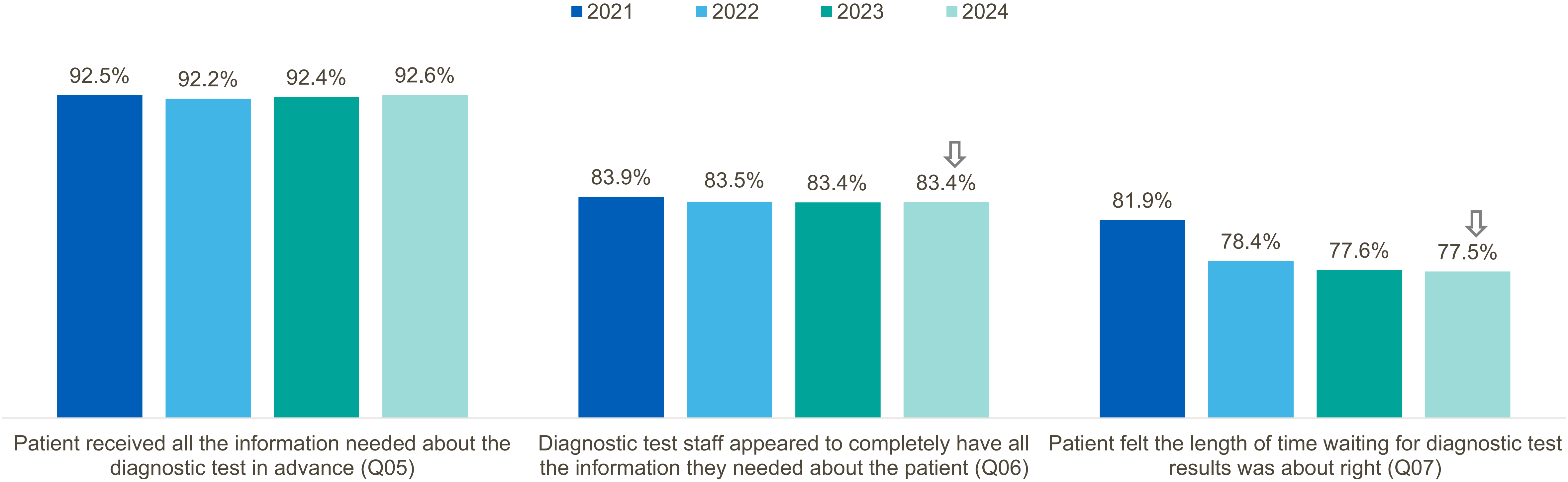
Diagnostic tests (1)

Of those respondents who had tests that helped to diagnose their cancer, 92.6% said they received all the information needed about the diagnostic test in advance, similar to 92.4% in 2023. 83.4% said that diagnostic test staff they saw appeared to completely have all the information they needed about them. This is similar to 83.4% in 2023 but a decrease over the last four years.

When asked how they felt about the length of time they had to wait for their test results, 77.5% felt the length of time was about right. This is similar to 77.6% in 2023 but a decrease over the last four years.

Year on year comparisons for questions related to diagnostic tests



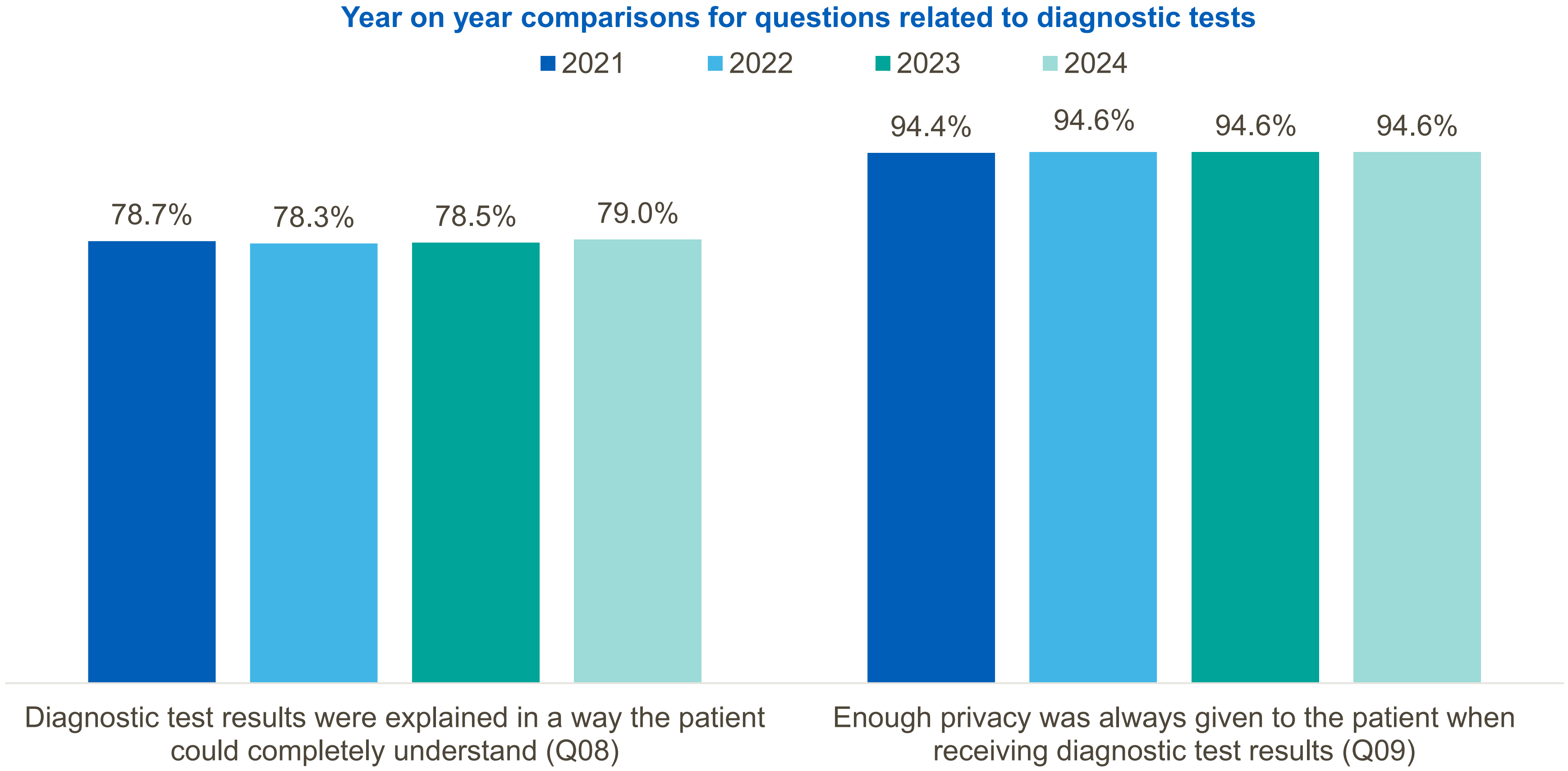
⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q05: 2021 (46,740) 2022 (48,045) 2023 (49,349) 2024 (50,377). Q06: 2021 (49,185) 2022 (50,528) 2023 (51,788) 2024 (52,984). Q07: 2021 (49,252) 2022 (50,611) 2023 (51,891) 2024 (53,081).

Diagnostic tests (2)

79.0% of respondents said that the diagnostic test results were explained in a way they could completely understand, similar to 78.5% in 2023. 94.6% of respondents who underwent a test said enough privacy was always given to them when they received their diagnostic test results, similar to 94.6% in 2023.



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q08: 2021 (49,438) 2022 (50,756) 2023 (52,056) 2024 (53,293). Q09: 2021 (49,453) 2022 (50,826) 2023 (52,138) 2024 (53,375).

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Finding out that you had cancer

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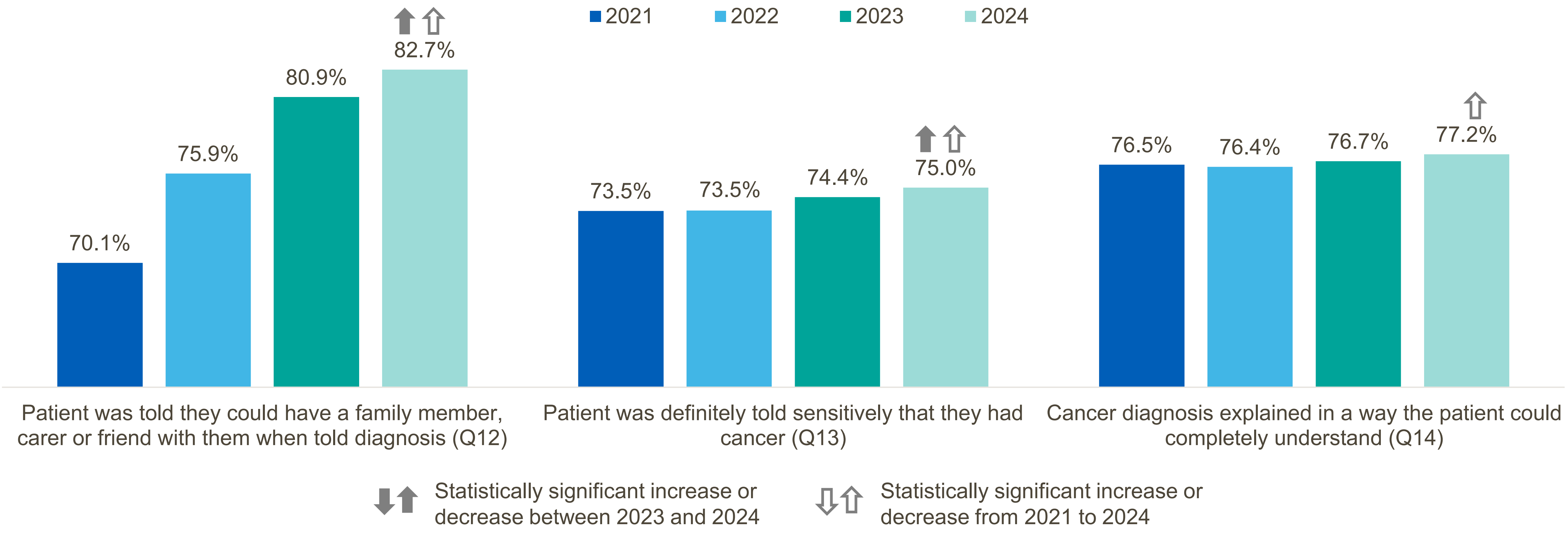
Finding out that you had cancer (1)

82.7% of respondents said that when they were first told that they had cancer, they had been given the option of having a family member, carer or friend with them. This is an increase from 80.9% in 2023 and over the last four years.

When asked how they felt about the way they were told they had cancer, 75.0% said they were definitely told sensitively. This is an increase from 74.4% in 2023 and over the last four years. Additionally, 77.2% said their diagnosis was explained in a way they could completely understand. This is similar to 76.7% in 2023 but an increase over the last four years.

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



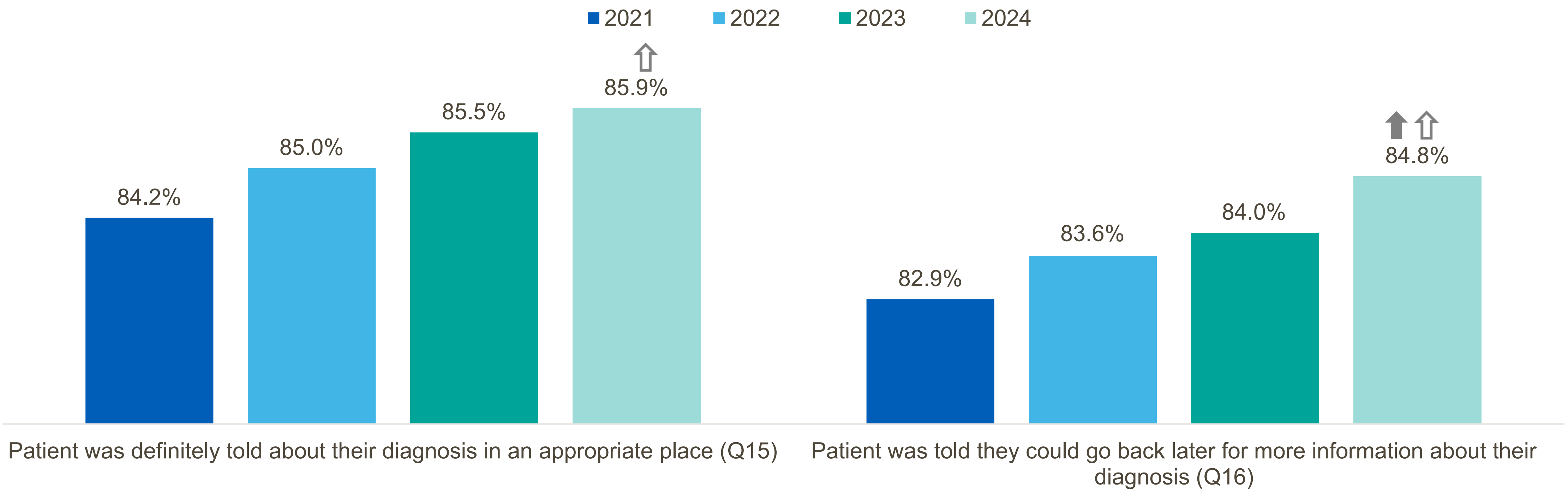
Number of responses. Q12: 2021 (54,832) 2022 (56,365) 2023 (57,979) 2024 (58,755). Q13: 2021 (58,024) 2022 (59,901) 2023 (61,836) 2024 (62,813). Q14: 2021 (58,278) 2022 (60,131) 2023 (62,137) 2024 (63,031).

Finding out that you had cancer (2)

85.9% said that they were definitely told about their diagnosis in a place that was appropriate for them. This is similar to 85.5% in 2023 but an increase over the last four years.

84.8% said they were told they could go back for more information about their diagnosis after they had time to reflect on what it meant, an increase from 84.0% in 2023 and over the last four years.

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



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q15: 2021 (57,841) 2022 (59,931) 2023 (61,929) 2024 (62,891). Q16: 2021 (51,484) 2022 (53,198) 2023 (54,698) 2024 (55,662).

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Support from a main contact person

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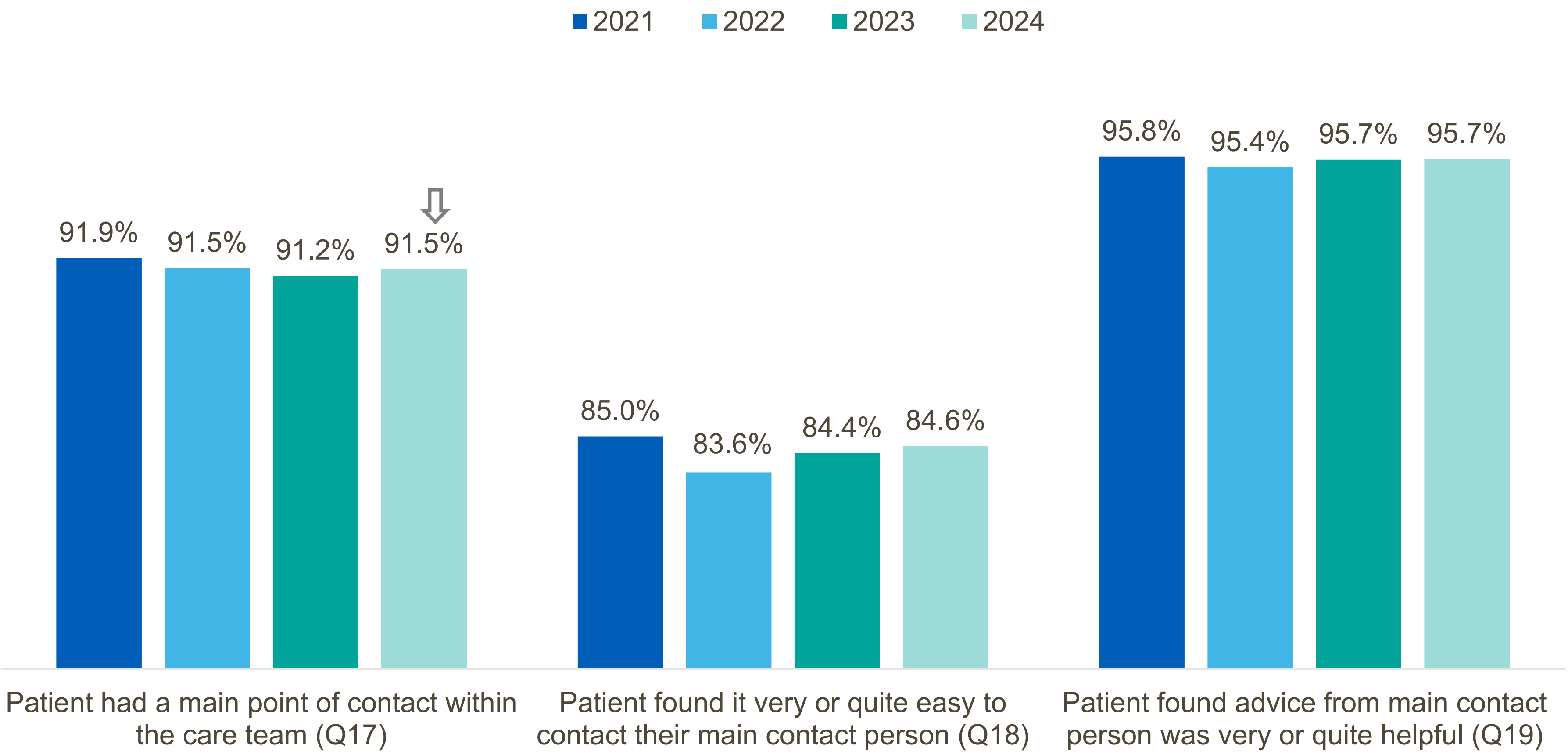
Support from a main contact person

91.5% said they had a main contact person within the team looking after them who would support them through treatment. This is similar to 91.2% in 2023 but a decrease over the last four years.

Of these respondents, 84.6% said it was very or quite easy to contact their main contact person, similar to 84.4% in 2023.

95.7% of respondents said that they found the advice from their main contact person very or quite helpful, similar to 95.7% in 2023.

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



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q17: 2021 (56,220) 2022 (58,022) 2023 (59,759) 2024 (60,674). Q18: 2021 (47,545) 2022 (48,426) 2023 (49,434) 2024 (50,197). Q19: 2021 (49,324) 2022 (50,542) 2023 (51,664) 2024 (52,609).

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Deciding on the best treatment

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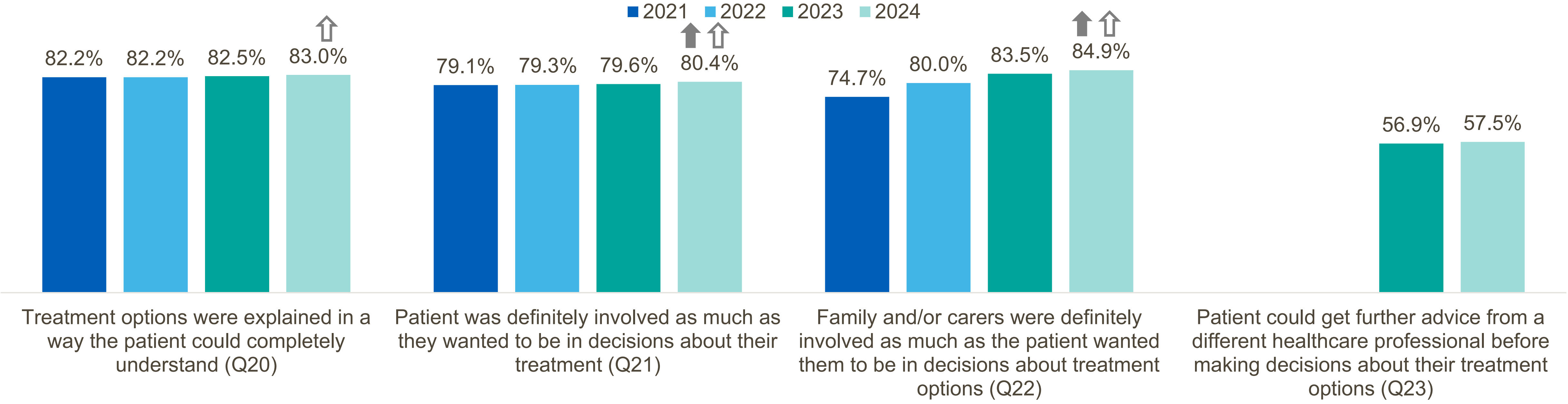
Deciding on the best treatment

83.0% of respondents said treatment options were explained to them in a way that they could completely understand before their cancer treatment started. This is similar to 82.5% in 2023 but an increase over the last four years.

When respondents were asked if they were involved as much as they wanted to be in decisions about treatment, 80.4% said they definitely were. This is an increase from 79.6% in 2023 and over the last four years. 84.9% of respondents said that their family and / or carers were definitely involved as much as the patient wanted them to be in decisions about their treatment options. This is an increase from 83.5% in 2023 and over the last four years.

57.5% of respondents said that they could get further advice from a different healthcare professional before making decisions about their treatment options, similar to 56.9% in 2023.

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



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

The question text for Q23 was amended in 2023. This question is no longer deemed comparable to 2021 and 2022.
Number of responses. Q20: 2021 (54,374) 2022 (56,234) 2023 (58,191) 2024 (59,296). Q21: 2021 (57,506) 2022 (59,481) 2023 (61,229) 2024 (62,319). Q22: 2021 (47,515) 2022 (50,259) 2023 (53,211) 2024 (54,564). Q23: 2023 (33,580) 2024 (33,839).

11 Care planning

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Care planning

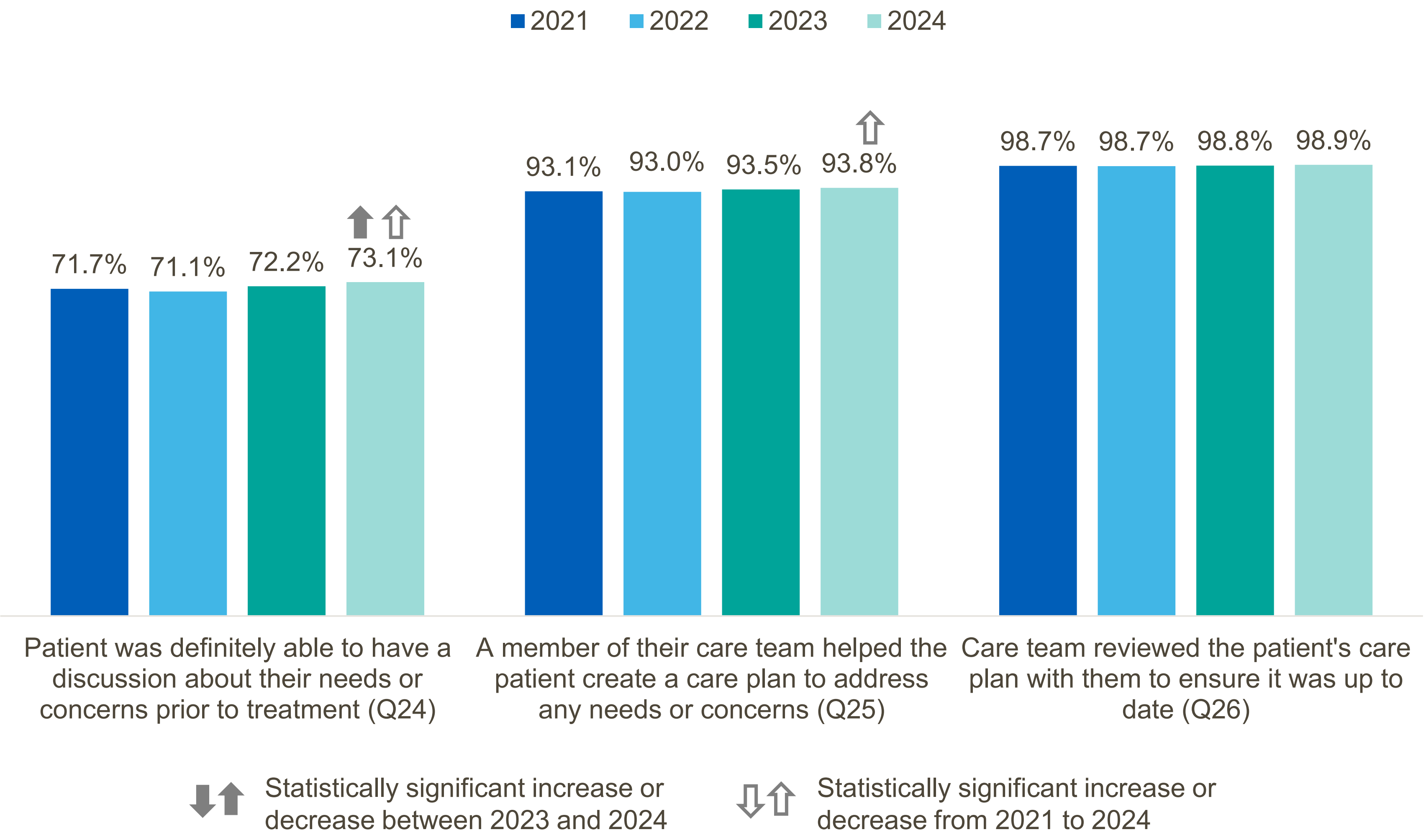
Respondents were asked questions about how their care was planned.

73.1% said that before their treatment started, they definitely had a discussion with a member of the team looking after them about their needs or concerns. This is an increase from 72.2% in 2023 and over the last four years.

Of those who had a discussion about needs and concerns, 93.8% said that their care team had helped them to create a care plan to address these. This is similar to 93.5% in 2023 but an increase over the last four years.

98.9% said a member of the team looking after them reviewed the plan with them to make sure it was up to date, similar to 98.8% in 2023.

Year on year comparisons for questions about care planning



Number of responses. Q24: 2021 (52,197) 2022 (53,813) 2023 (55,578) 2024 (56,667). Q25: 2021 (30,395) 2022 (31,263) 2023 (32,776) 2024 (33,700). Q26: 2021 (23,911) 2022 (24,536) 2023 (25,837) 2024 (26,986).

12

Support from hospital staff

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Support from hospital staff

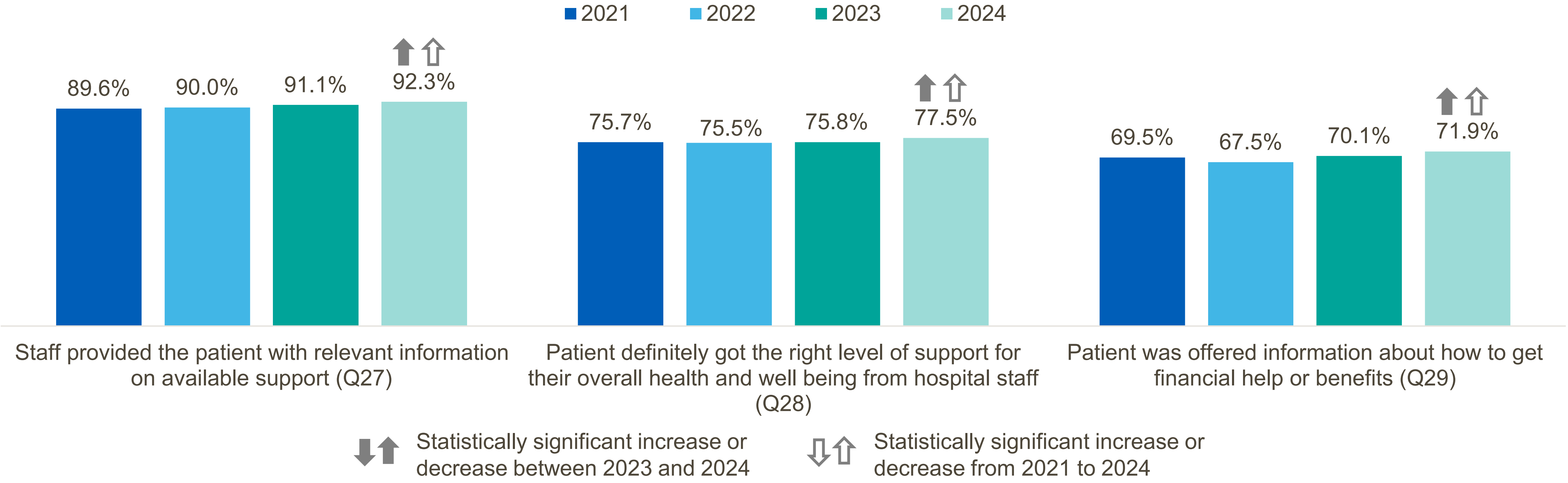
Respondents were asked questions about how they were supported by hospital staff during their cancer care.

92.3% of respondents said staff provided them with the relevant information on available support, an increase from 91.1% in 2023 and over the last four years.

77.5% said they definitely got the right level of support from hospital staff for their overall health and wellbeing. This is an increase from 75.8% in 2023 and over the last four years.

71.9% said that they were offered information about how to get financial help or benefits, an increase from 70.1% in 2023 and over the last four years.

Year on year comparisons for questions about support from hospital staff



Number of responses. Q27: 2021 (47,531) 2022 (49,783) 2023 (52,091) 2024 (53,603). Q28: 2021 (57,668) 2022 (59,645) 2023 (61,467) 2024 (62,426). Q29: 2021 (29,197) 2022 (31,553) 2023 (32,922) 2024 (33,447).

13 Hospital care

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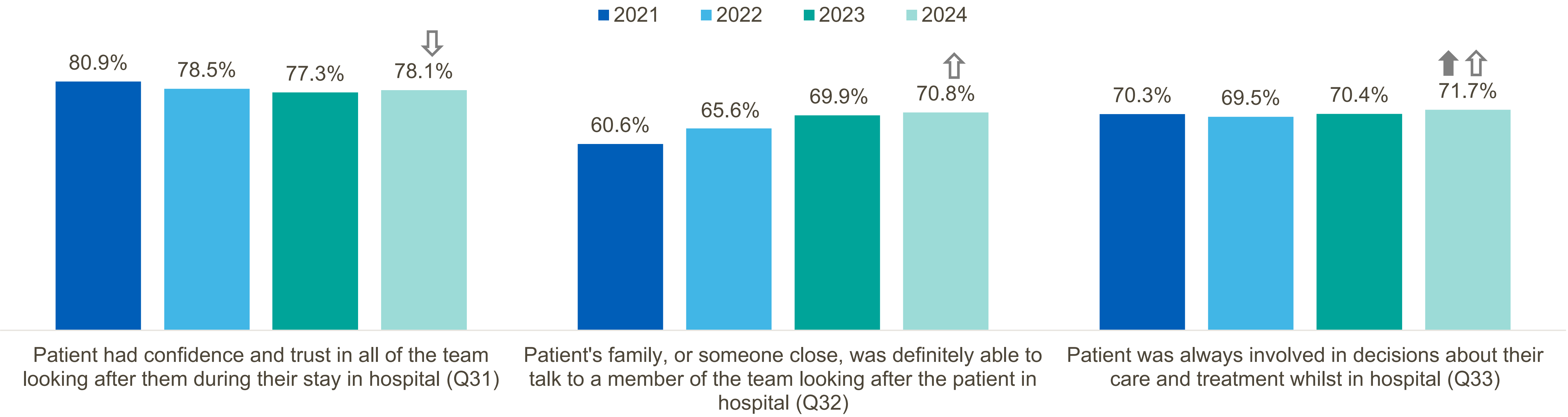
Hospital care (1)

The following questions were asked to patients who had stayed overnight for cancer care in the 12 months prior to receiving the questionnaire.

- 78.1% said they had confidence and trust in all of the team looking after them, similar to 77.3% in 2023 but a decrease over the last four years.
- 70.8% said family or someone else close to them were definitely able to talk to someone on the team looking after them if they wanted to. This is similar to 69.9% in 2023 but an increase over the last four years.
- 71.7% said they always felt involved in decisions about their care and treatment whilst in hospital. This is an increase from 70.4% in 2023 and over the last four years.

Year on year comparisons for questions about hospital care



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

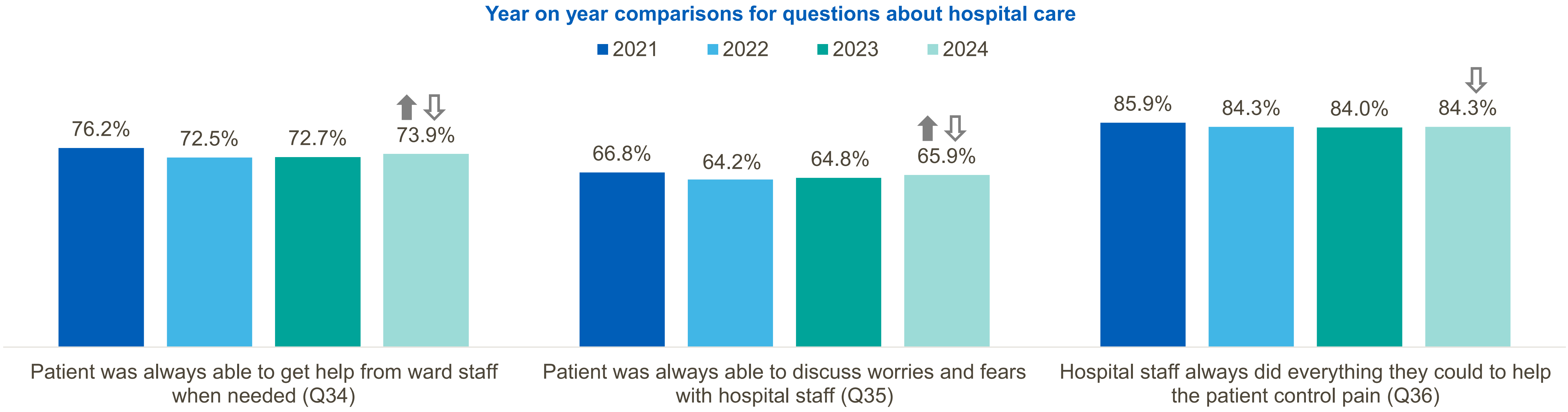
⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q31: 2021 (26,540) 2022 (25,929) 2023 (26,465) 2024 (26,814). Q32: 2021 (21,059) 2022 (20,693) 2023 (21,866) 2024 (22,496). Q33: 2021 (26,017) 2022 (25,462) 2023 (25,944) 2024 (26,403).

Hospital care (2)

The following questions were asked to patients who had stayed overnight for cancer care in the 12 months prior to receiving the questionnaire.

- 73.9% said they could always get help from ward staff when they needed it. This is an increase from 72.7% in 2023 but a decrease over the last four years.
- 65.9% said they could always talk to the hospital staff about their worries and fears if they needed to. This is an increase from 64.8% in 2023 but a decrease over the last four years.
- When asked if the hospital staff did everything they could to help control pain, 84.3% said this was always the case. This is similar to 84.0% in 2023 but a decrease over the last four years.


Year on year comparisons for questions about hospital care

⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q34: 2021 (26,007) 2022 (25,418) 2023 (25,851) 2024 (26,254). Q35: 2021 (25,365) 2022 (24,668) 2023 (25,148) 2024 (25,506). Q36: 2021 (23,042) 2022 (22,380) 2023 (22,850) 2024 (23,227).

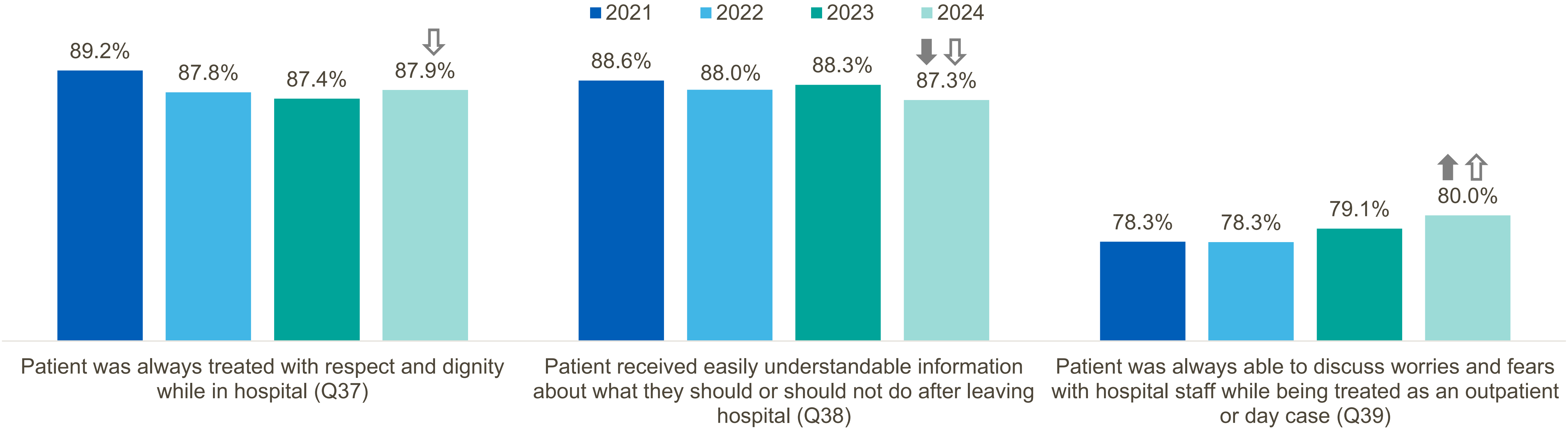
Hospital care (3)

87.9% felt that they were always treated with respect and dignity while they were in the hospital. This is similar to 87.4% in 2023 but a decrease over the last four years.

87.3% felt they were given easily understandable information about what they should or should not do after leaving hospital. This is a decrease from 88.3% in 2023 and over the last four years.

Of those who had been treated as an outpatient or day case, 80.0% said they were always able to talk to hospital staff about their worries or fears if they needed to. This is an increase both from 79.1% in 2023 and over the last four years.

Year on year comparisons for questions about hospital care



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q37: 2021 (26,419) 2022 (25,823) 2023 (26,328) 2024 (26,697). Q38: 2021 (25,801) 2022 (25,223) 2023 (25,676) 2024 (26,063). Q39: 2021 (50,271) 2022 (52,383) 2023 (54,199) 2024 (55,107).

14 Your treatment

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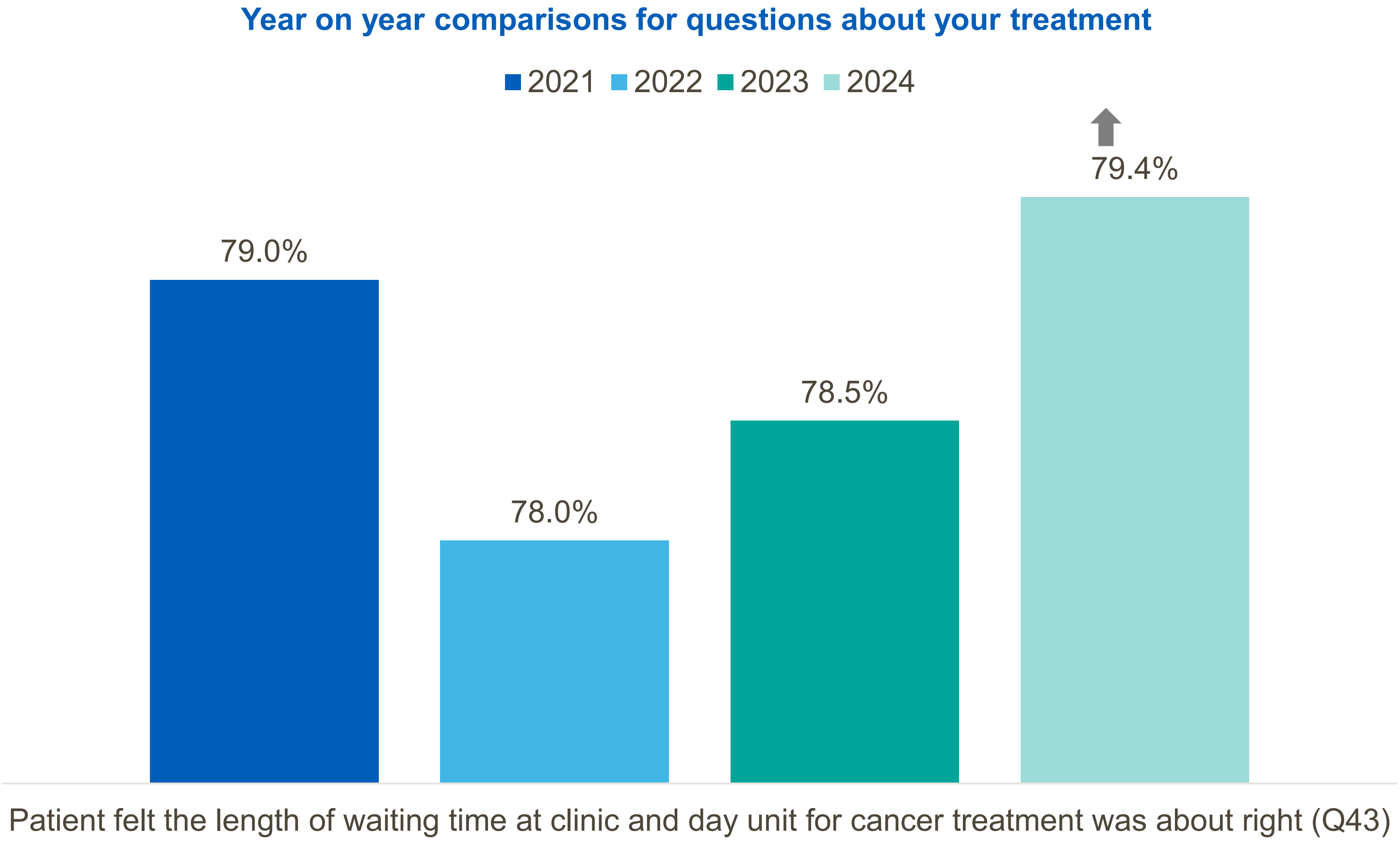
Your treatment (1)

79.4% felt the length of waiting time at the clinic or day unit for cancer treatment was about right, an increase from 78.5% in 2023.



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

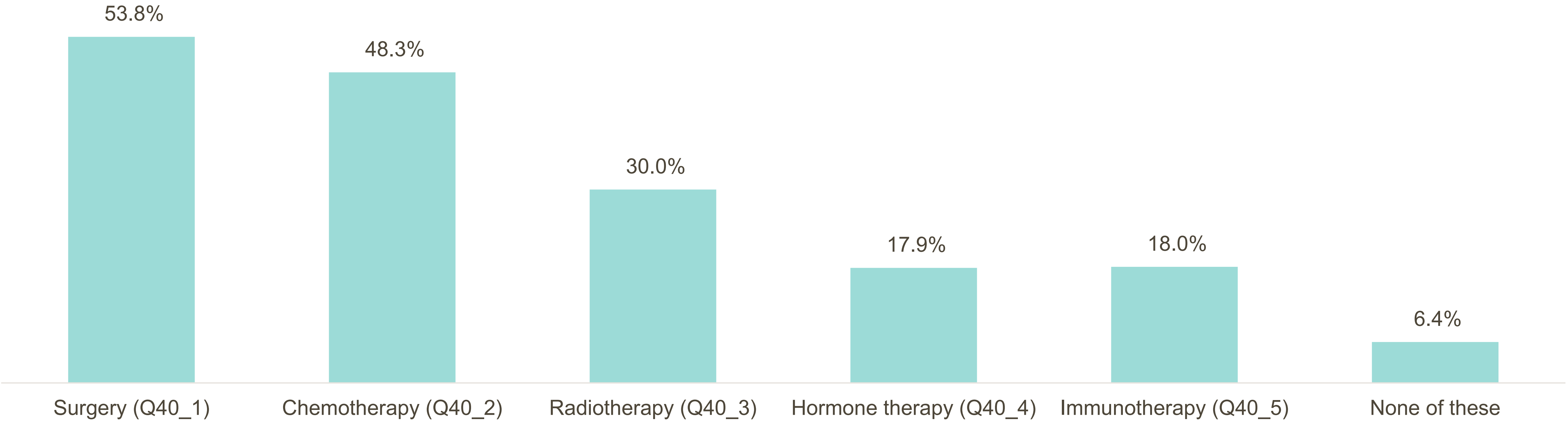
⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q43: 2021 (56,727) 2022 (58,646) 2023 (59,445) 2024 (61,320).

Your treatment (2)

Respondents were asked if they had surgery, chemotherapy, radiotherapy, hormone therapy, immunotherapy or none of these in the last 12 months.

2024 results for breakdown of what treatment was undertaken in the last 12 months (Q40)



53.8% of patients said they had surgery.

48.3% of patients said they had chemotherapy.

30.0% of patients said they had radiotherapy.

17.9% of patients said they had hormone therapy.

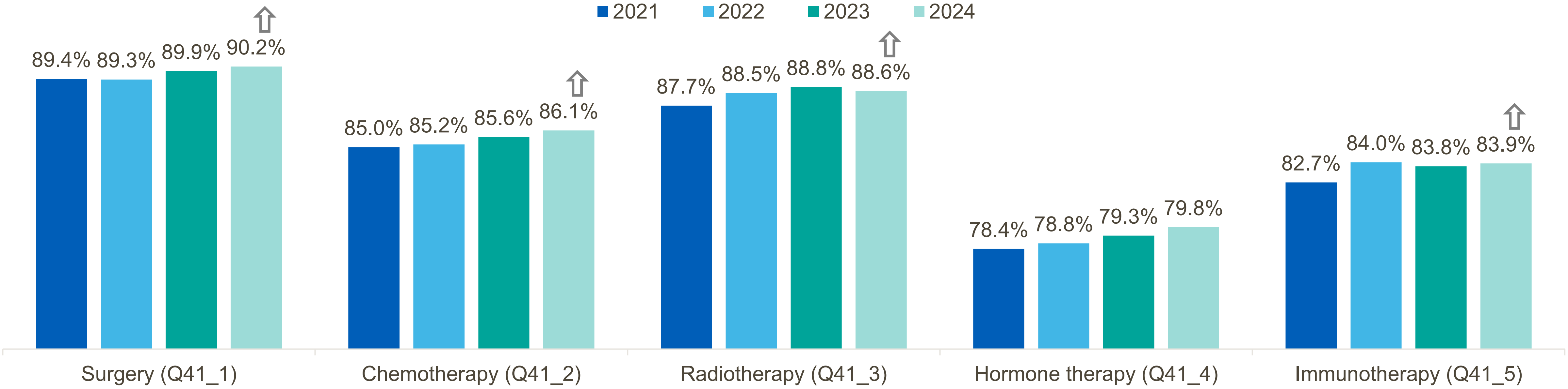
18.0% of patients said they had immunotherapy.

6.4% of patients said they had none of these treatments.

Number of responses. Q40: surgery (33,970) chemotherapy (30,474) radiotherapy (18,974) hormone therapy (11,294) immunotherapy (11,387) none of these (4,016).

Your treatment (3)

Before treatment - Year on year comparisons for ‘Before your treatment started were you given all the information you needed about the treatment in a way that you could understand?’ (Q41)



Of those who had surgery, 90.2% said that before their treatment started, they completely had enough understandable information. This is similar to 89.9% in 2023 but an increase over the past four years.

Of those who had chemotherapy, 86.1% said that before their treatment started, they completely had enough understandable information. This is similar to 85.6% in 2023 but an increase over the past four years.

Of those who had radiotherapy, 88.6% said that before their treatment started, they completely had enough understandable information. This is similar to 88.8% in 2023 but an increase over the past four years.

Of those who had hormone therapy, 79.8% said that before their treatment started, they completely had enough understandable information, similar to 79.3% in 2023.

Of those who had immunotherapy, 83.9% said that before their treatment started, they completely had enough understandable information. This is similar to 83.8% in 2023 but an increase over the past four years.

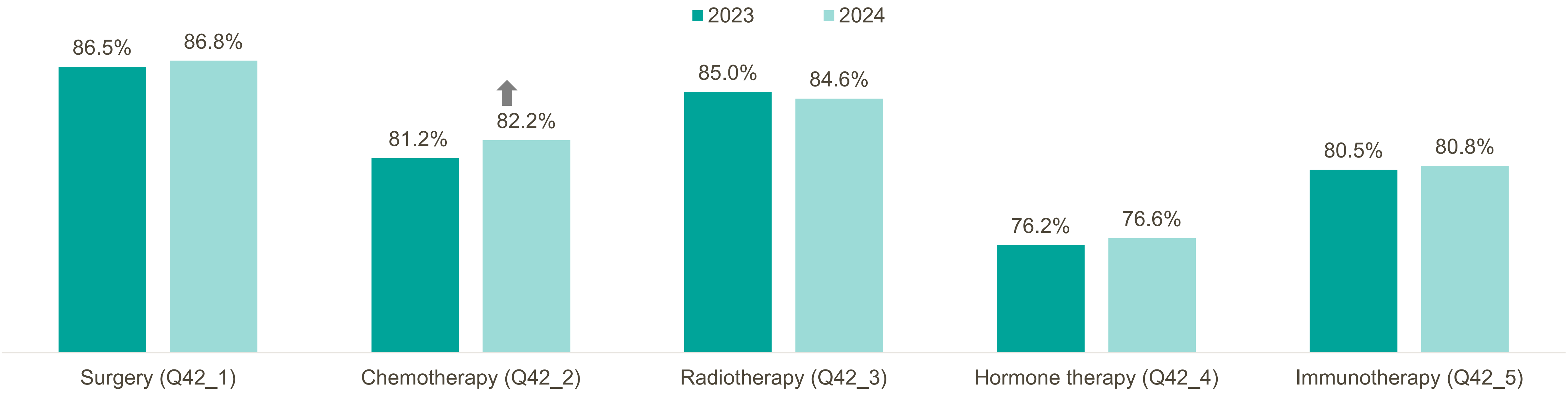
⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q41_1: 2021 (32,439) 2022 (32,643) 2023 (31,774) 2024 (33,125). Q41_2: 2021 (28,914) 2022 (29,597) 2023 (29,684) 2024 (29,712). Q41_3: 2021 (17,758) 2022 (18,460) 2023 (17,848) 2024 (18,426). Q41_4: 2021 (9,840) 2022 (10,478) 2023 (10,802) 2024 (10,749). Q41_5: 2021 (7,492) 2022 (8,037) 2023 (9,757) 2024 (10,938).

Your treatment (4)

During treatment – 2023 and 2024 results for ‘Once your treatment had started, were you given enough information about your response to treatment in a way that you could understand?’ (Q42)



Of those who had surgery, 86.8% said that once their treatment had started, they completely had enough understandable information about their response to treatment, similar to 86.5% in 2023.

Of those who had chemotherapy, 82.2% said that once their treatment had started, they completely had enough understandable information about their response to treatment. This is an increase from 81.2% in 2023.

Of those who had radiotherapy, 84.6% said that once their treatment had started, they completely had enough understandable information about their response to treatment, similar to 85.0% in 2023.

Of those who had hormone therapy, 76.6% said that once their treatment had started, they completely had enough understandable information about their response to treatment, similar to 76.2% in 2023.

Of those who had immunotherapy, 80.8% said that once their treatment had started, they completely had enough understandable information about their response to treatment, similar to 80.5% in 2023.

⬇⬆ Statistically significant increase or decrease between 2023 and 2024

The question text for Q42 was amended in 2023. This question is no longer deemed comparable to 2021 and 2022.
Number of responses. Q42_1: 2023 (31,400) 2024 (32,702). Q42_2: 2023 (29,547) 2024 (29,603). Q42_3: 2023 (17,720) 2024 (18,276). Q42_4: 2023 (10,651) 2024 (10,612). Q42_5: 2023 (9,658) 2024 (10,870).

Picker

NHS England

15

Immediate and long-term side effects

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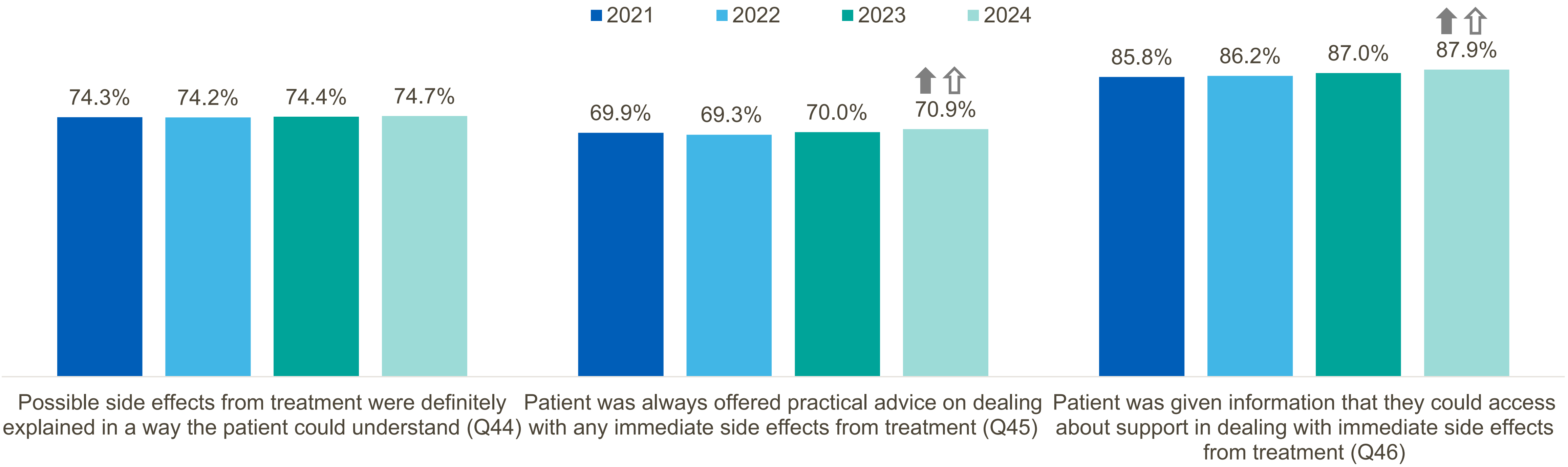
Immediate and long-term side effects (1)

74.7% said that before they started their treatment(s), the possible side effects were definitely explained in a way they could understand, similar to 74.4% in 2023.

When asked if they were offered practical advice in dealing with the immediate side effects of their treatment(s), 70.9% said they always were. This is an increase from 70.0% in 2023 and over the last four years.

87.9% said they were given information that they could access about support in dealing with immediate side effects from treatment, an increase from 87.0% in 2023 and over the last four years.

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



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q44: 2021 (55,165) 2022 (56,998) 2023 (58,021) 2024 (59,817). Q45: 2021 (52,533) 2022 (54,324) 2023 (55,106) 2024 (57,012). Q46: 2021 (42,138) 2022 (43,744) 2023 (44,350) 2024 (46,808).

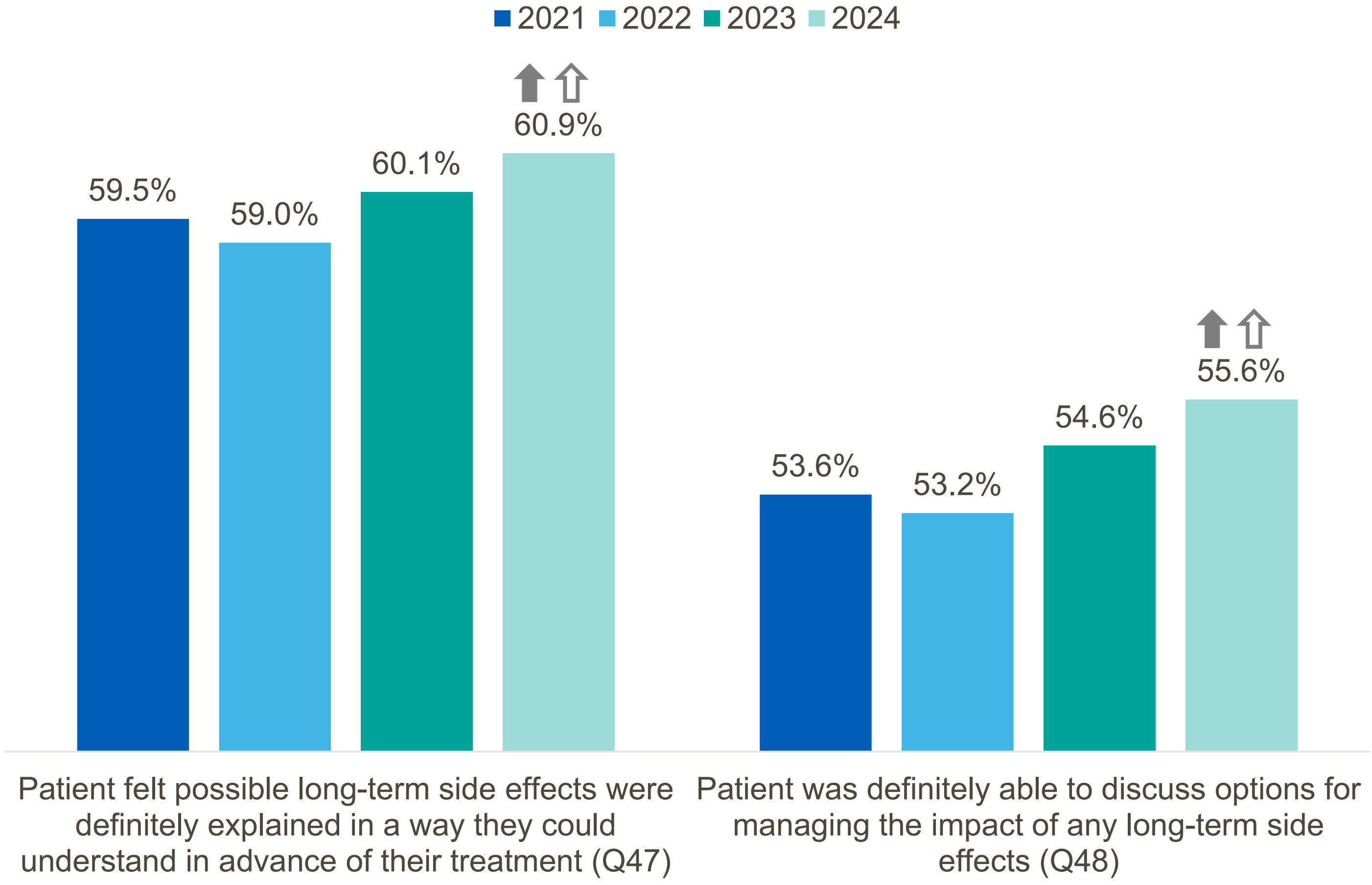
Immediate and long-term side effects (2)

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

60.9% said the possible long-term side effects, including the impact on their day-to-day activities, were definitely explained in a way they could understand. This is an increase from 60.1% in 2023 and over the last four years.

55.6% said they were definitely able to discuss options for managing the impact of any long-term side effects. This is an increase from 54.6% in 2023 and over the last four years.

Year on year comparisons for questions about long-term side effects



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q47: 2021 (51,820) 2022 (53,446) 2023 (55,268) 2024 (56,350). Q48: 2021 (44,368) 2022 (45,956) 2023 (47,807) 2024 (48,996).

16 Support while at home

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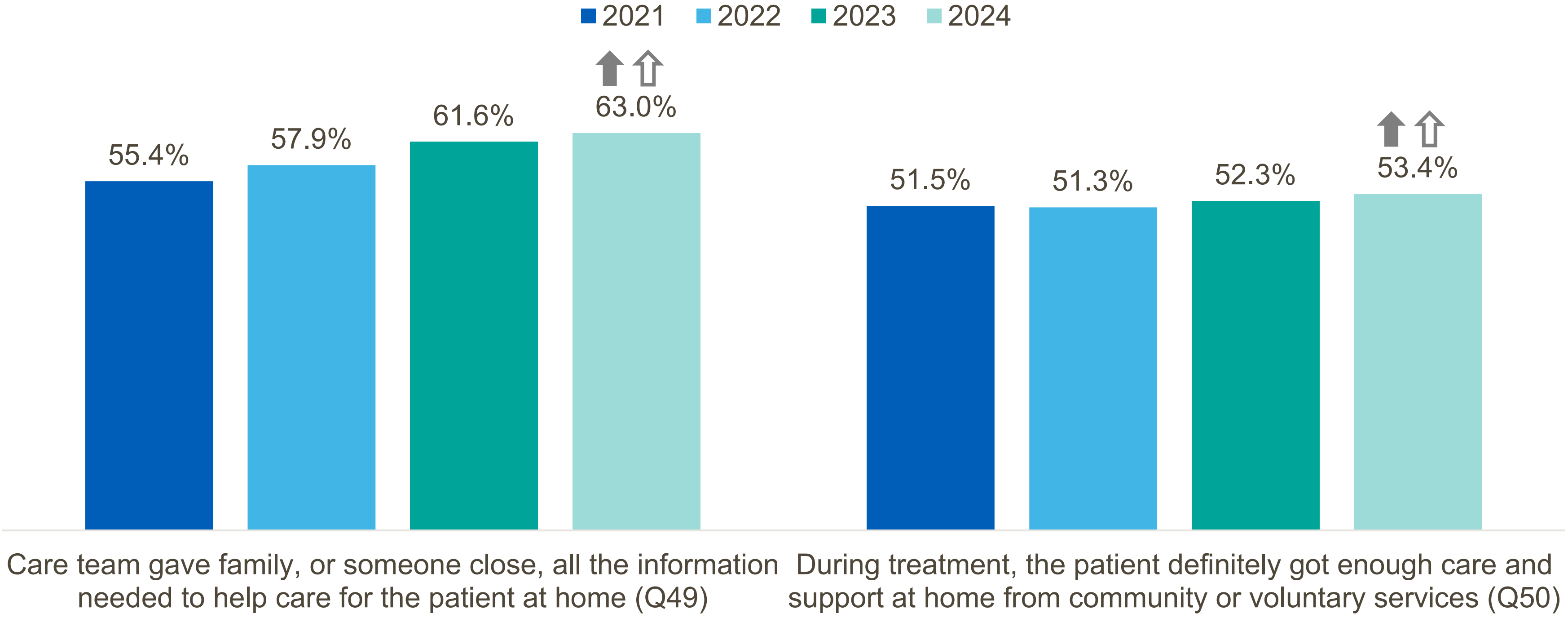
Support while at home

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

63.0% said their family or someone else close to them were given all the information they needed to help care for them at home, an increase from 61.6% in 2023 and over the last four years.

53.4% said they definitely got enough care and support at home from community or voluntary services during their cancer treatment. This is an increase from 52.3% in 2023 and over the last four years.

Year on year comparisons for questions about support while at home



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q49: 2021 (37,748) 2022 (39,522) 2023 (40,936) 2024 (43,503). Q50: 2021 (22,671) 2022 (22,930) 2023 (23,573) 2024 (23,934).

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Care from your GP practice

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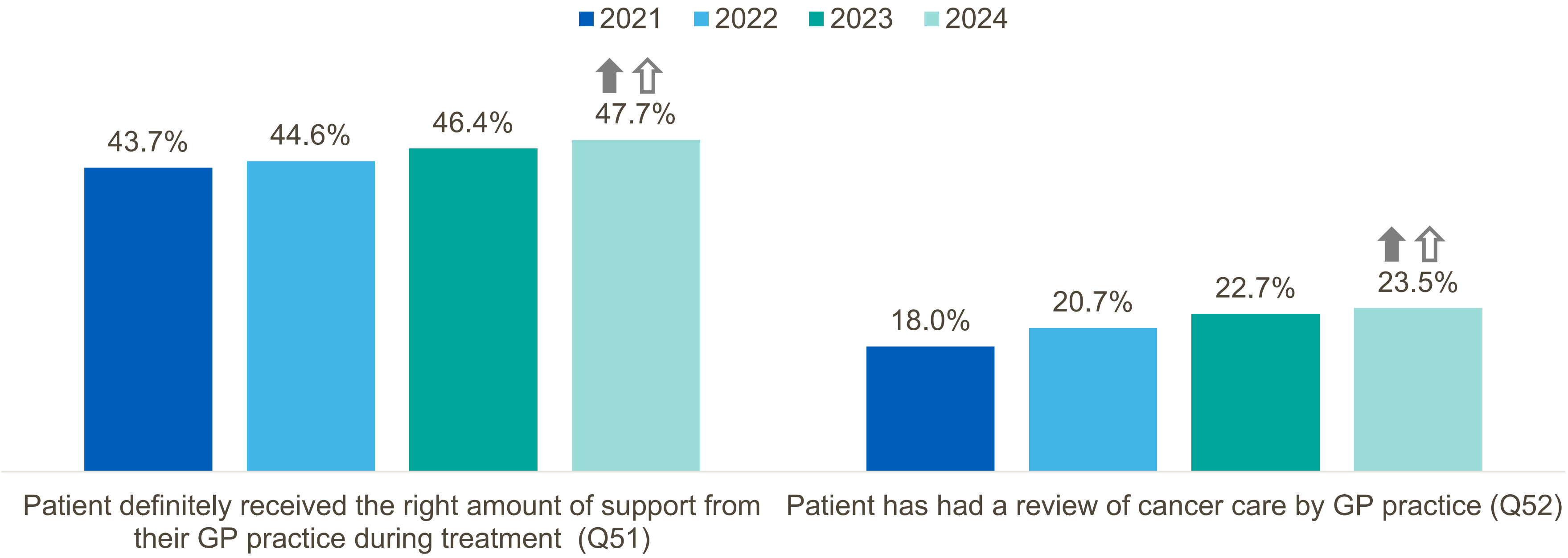
Care from your GP practice

Patients were asked if they got the right amount of support from staff at their GP practice during treatment. 40.1% of respondents answered that their GP practice was not involved and 0.8% answered don't know/can't remember. These individuals have been excluded from the scoring.

Of those that said their GP practice was involved in their cancer treatment, 47.7% said they definitely received the right amount of support from staff at their GP practice while they were having cancer treatment. This is an increase both from 46.4% in 2023 and over the last four years.

23.5% of all respondents said they had a review of their cancer care by a member of staff at their GP practice, an increase from 22.7% in 2023 and over the last four years.

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



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q51: 2021 (32,094) 2022 (34,018) 2023 (35,610) 2024 (36,594). Q52: 2021 (55,569) 2022 (57,130) 2023 (58,654) 2024 (59,465).

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Living with and beyond cancer

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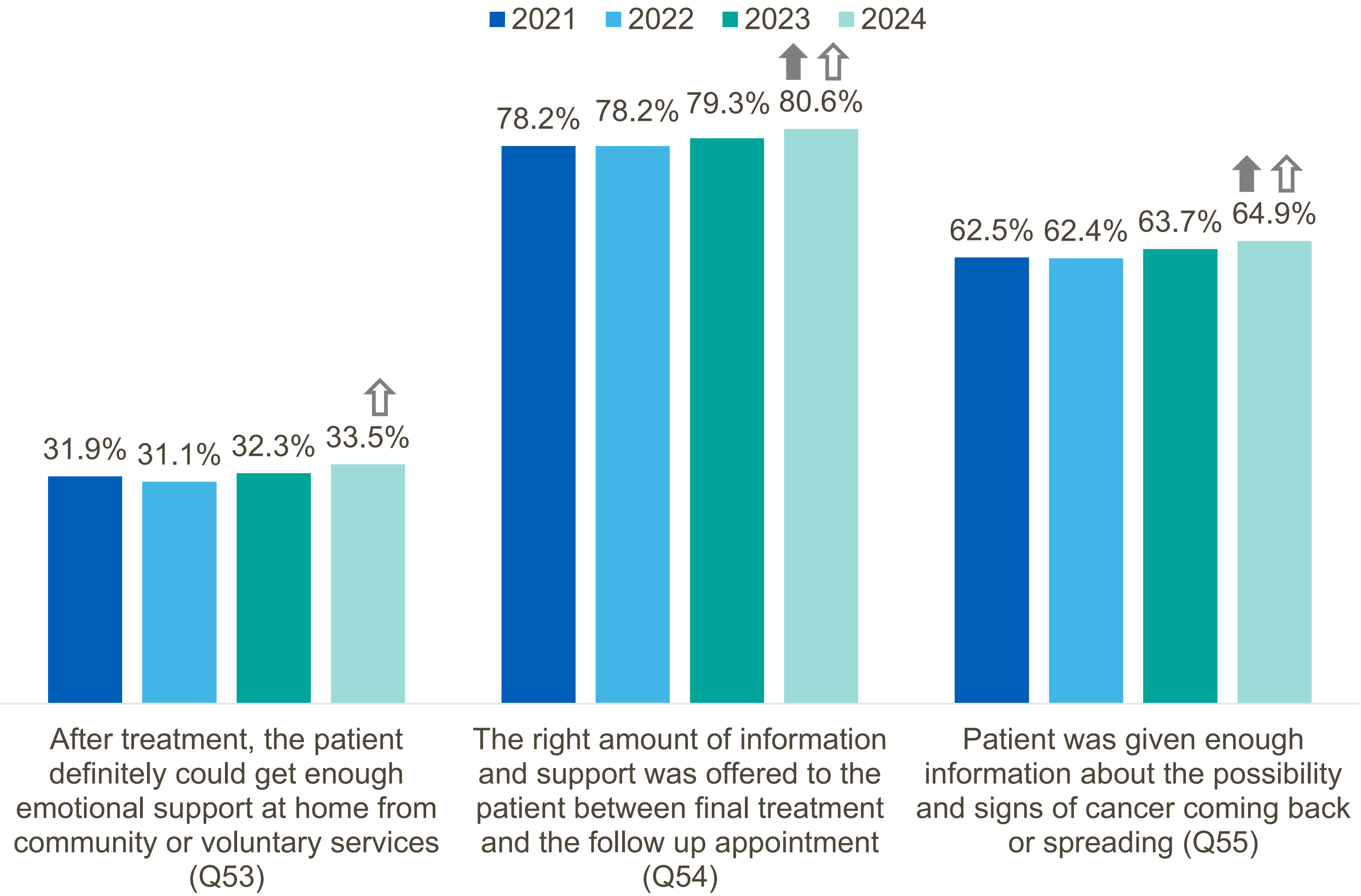
Living with and beyond cancer

Respondents were asked if once their cancer treatment had finished they could get emotional support at home from community or voluntary services. 33.5% of respondents that needed care and support said they could definitely get this. This is similar to 32.3% in 2023 but an increase over the last four years.

Respondents were asked if during the time between their final treatment and their follow-up appointment they were offered the right amount of information. 80.6% said that they were given the right amount of information, an increase from 79.3% in 2023 and over the last four years.

64.9% said they were given enough information about the possibility and signs of cancer coming back or spreading, an increase from 63.7% in 2023 and over the last four years.

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



⬇⬆ Statistically significant increase or decrease between 2023 and 2024

⇩⇧ Statistically significant increase or decrease from 2021 to 2024

Number of responses. Q53: 2021 (12,846) 2022 (13,246) 2023 (13,163) 2024 (13,365). Q54: 2021 (26,764) 2022 (27,676) 2023 (27,621) 2024 (28,499). Q55: 2021 (45,774) 2022 (47,153) 2023 (48,501) 2024 (49,150).

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Subgroup comparisons

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Understanding subgroup comparisons

Subgroup comparisons

Subgroup comparisons allow us to explore differences in how people experience cancer care.

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

- Which of the following best describes you?
- Is your gender identity the same as the sex you were registered at birth?
- Sexual orientation
- Ethnicity
- Age
- IMD quintile
- Long-term condition
- Long-term condition status
- Number of long-term conditions
- Cancer spread to other parts of the body
- Cancer outcome
- Tumour group
- Cancer type

Considerations

This section explores variations in overall experience using national level 2024 survey data and compares results across different patient subgroups. Only statistically significant differences from the national average are described in the narrative. Arrows are used in the figures to indicate whether a subgroup's score is significantly higher or lower than the national average.

Please note that some subgroups have relatively small base sizes, so results should be interpreted with caution.

All x-axes in the subgroup comparison charts are set from 7.0 to 9.5 to more clearly highlight differences in scores.

Any differences observed between subgroups may be influenced by a range of underlying factors other than the specific sociodemographic group being looked at.

More information

See '[About the respondents](#)' for information on the number of responses for each subgroups.

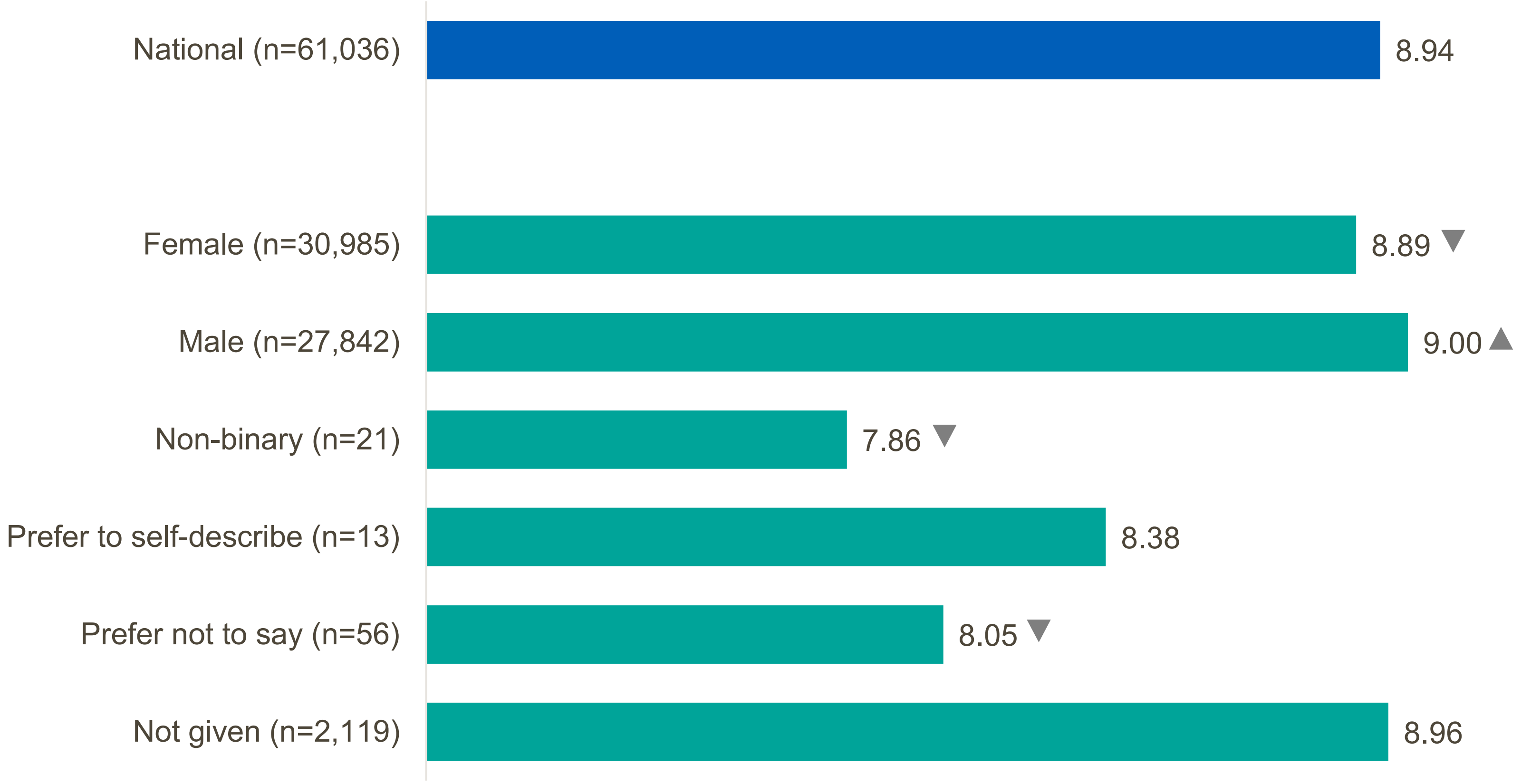
For a detailed breakdown of subgroup analysis at the national level, please refer to the national Excel tables or interactive reporting tool available at www.ncpes.co.uk.

Overall experience by ‘Which of the following best describes you?'

Those who describe themselves as male report a **higher** overall experience than the national average.

Those who describe themselves as female, non-binary, or who preferred not to say, report a **lower** overall experience than the national average.

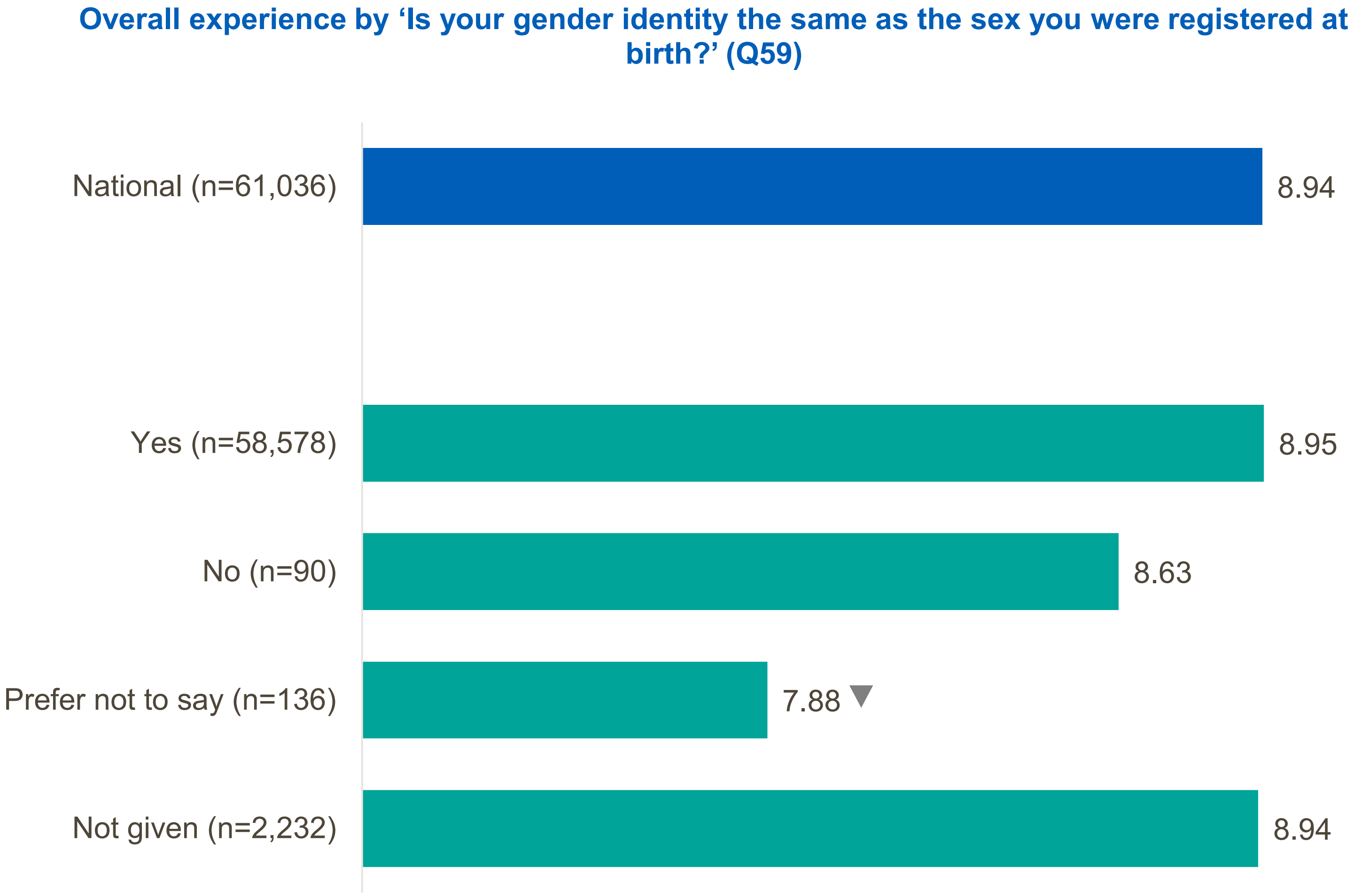
Overall experience by ‘Which of the following best describes you?’ (Q59)



▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

Overall experience by ‘Is your gender identity the same as the sex you were registered at birth?’

Those who preferred not to say if their gender identity is the same as the sex they were registered at birth, report a **lower** overall experience than the national average.



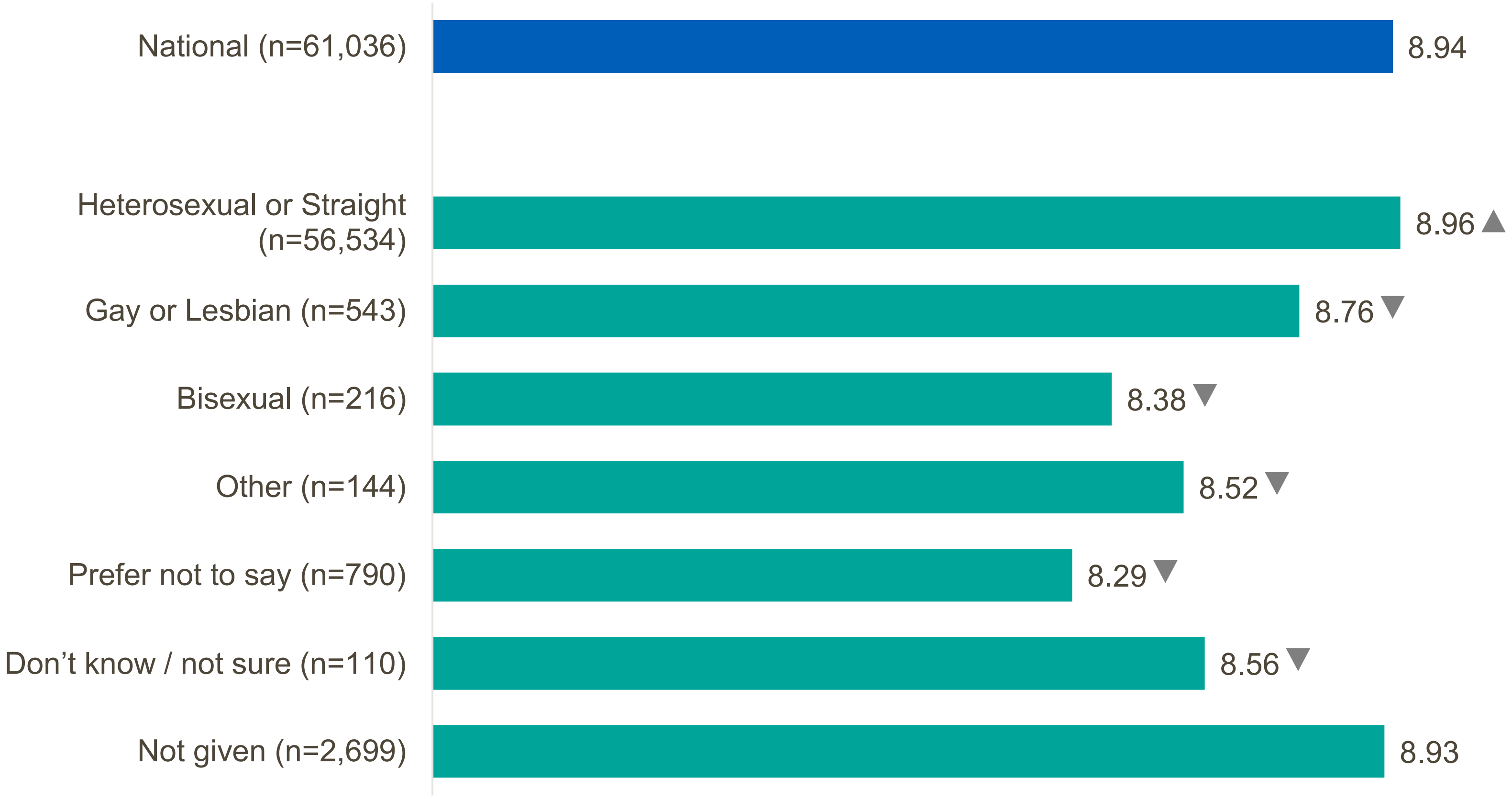
▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

Overall experience by sexual orientation

Those who identify as heterosexual or straight report a **higher** overall experience than the national average.

Those who identify as gay or lesbian, bisexual, other, who preferred not to say or don't know / not sure, report a **lower** overall experience than the national average.

Overall experience by sexual orientation (Q59)

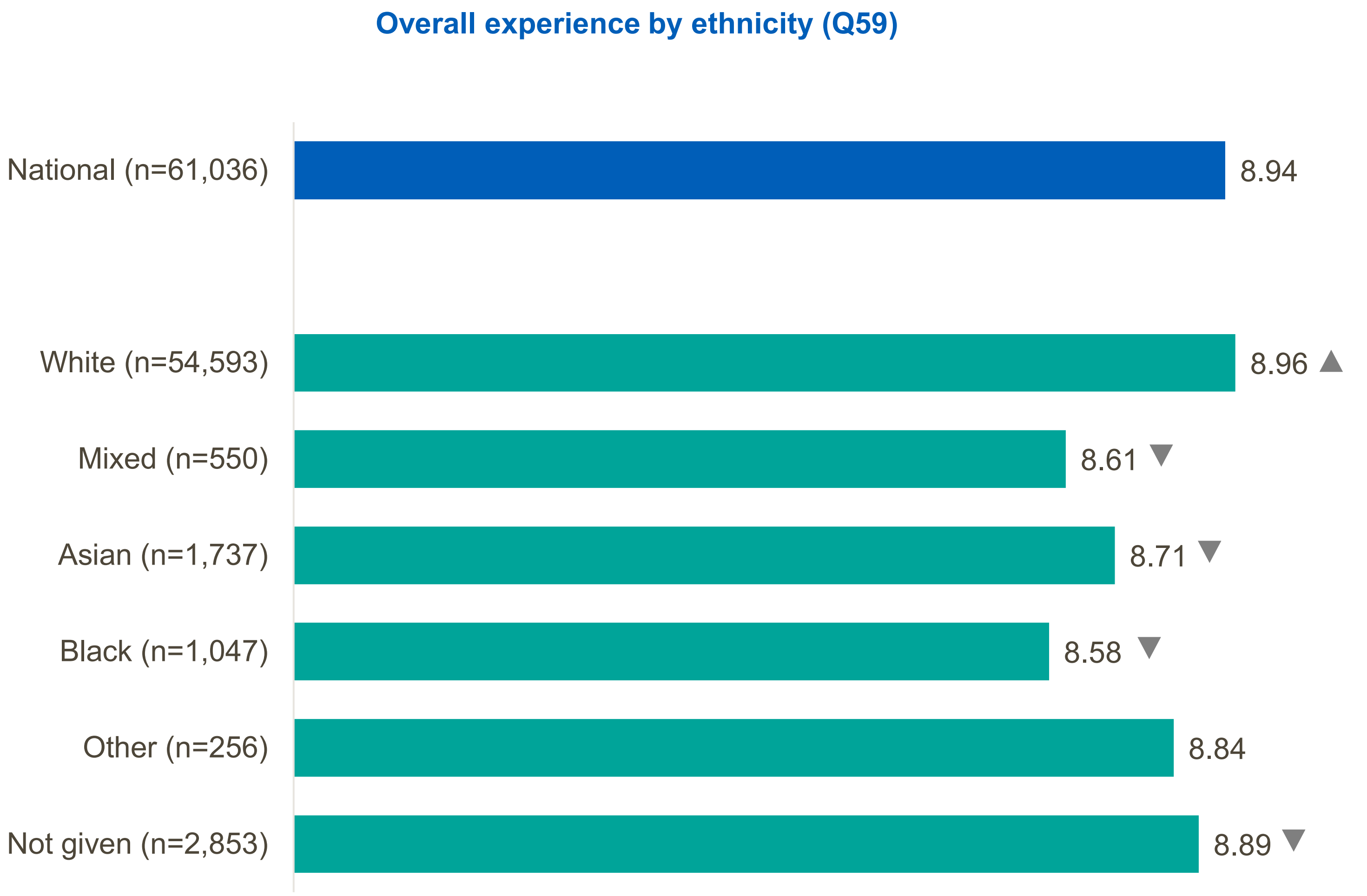


▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

Overall experience by ethnicity

Those who self-reported as White report a **higher** overall experience than the national average.

Those who self-reported as Mixed, Asian, Black, or not given, report a **lower** overall experience than the national average.

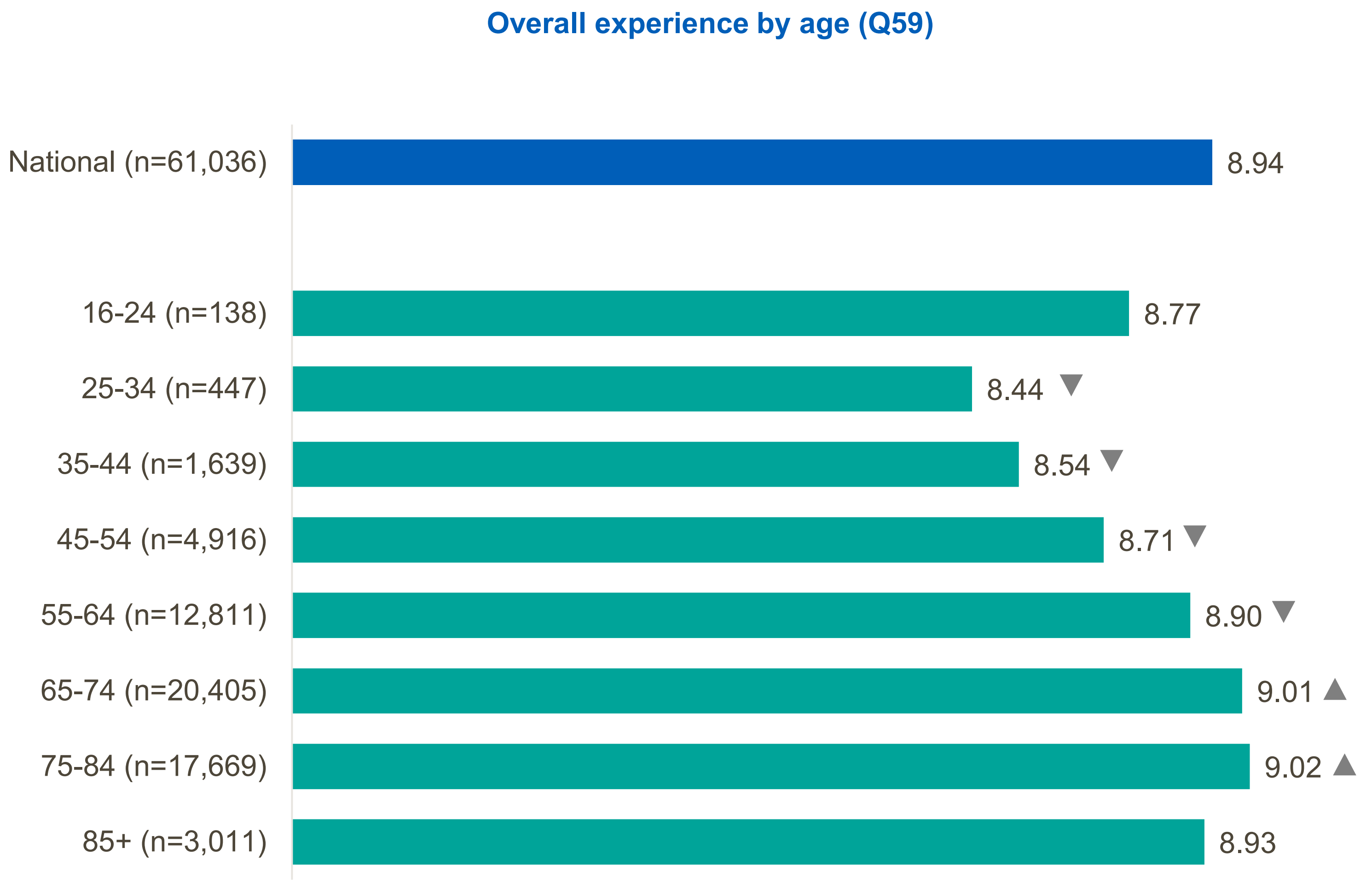


▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

Overall experience by age

Those aged between 65 and 84 report a **higher** overall experience than the national average.

Those aged between 25 and 64 report a **lower** overall experience than the national average.

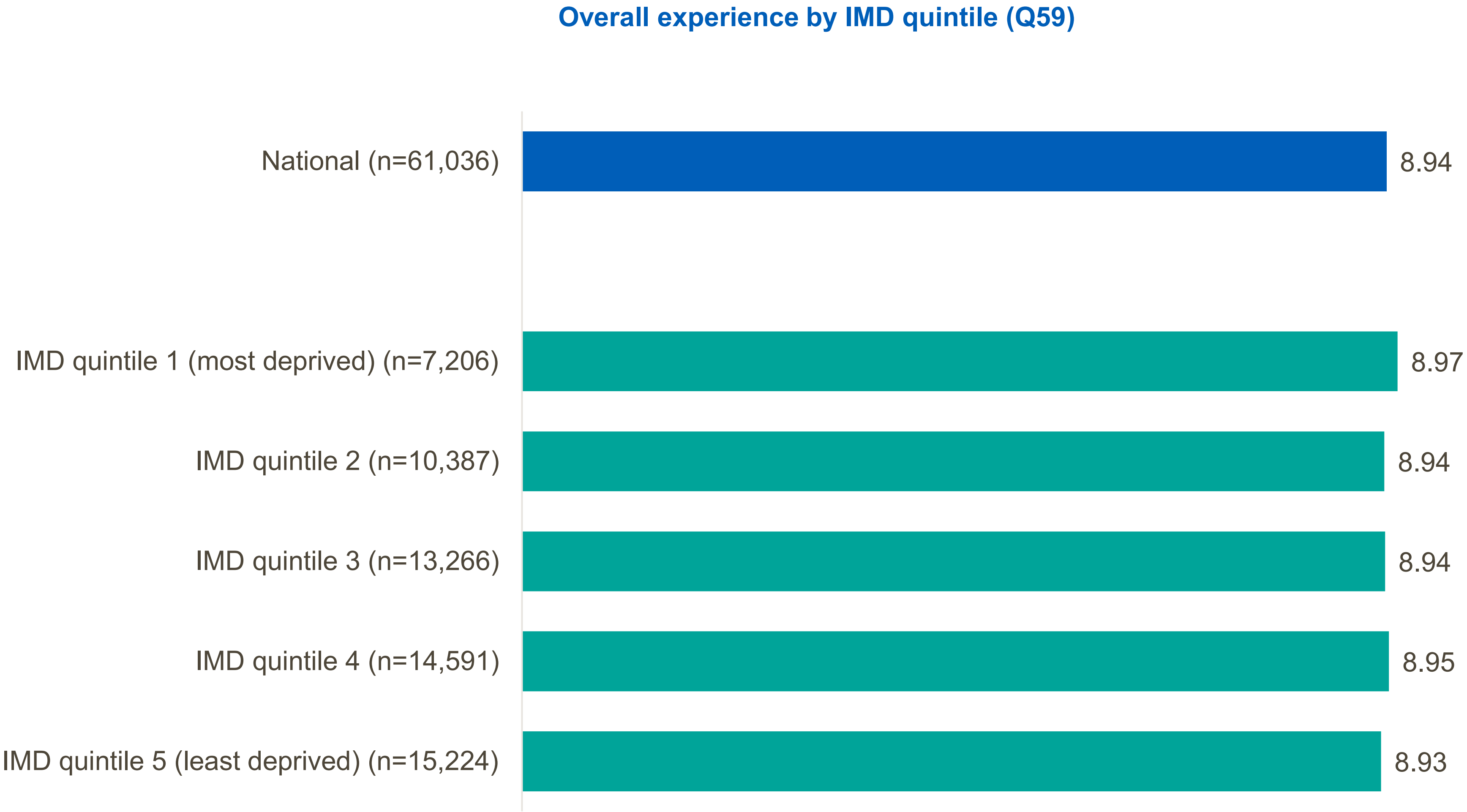


▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

Overall experience by IMD quintile

Significance testing was calculated between the IMD quintiles, rather than against the national average, as with other subgroups in this section.

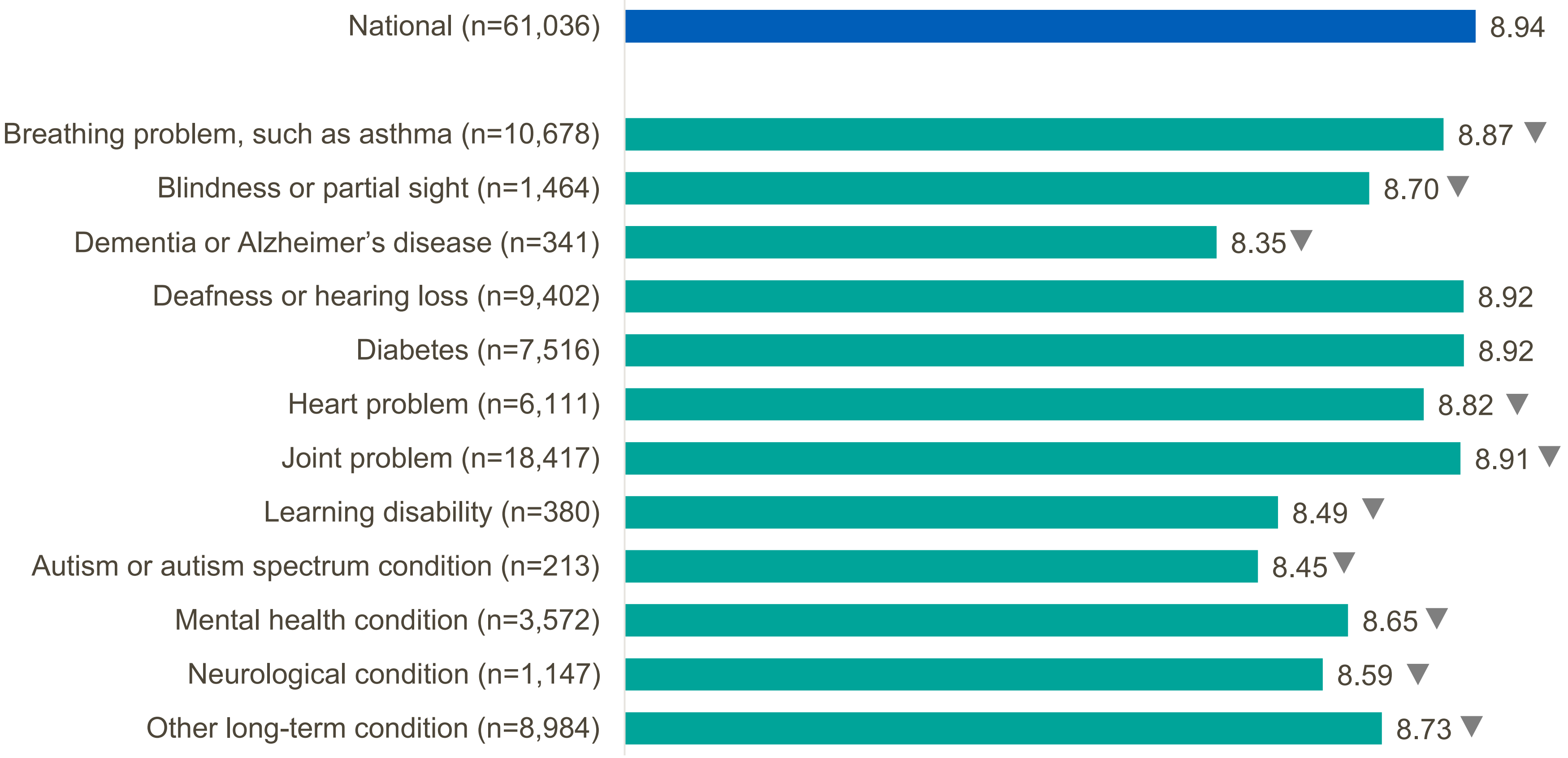
There is no significant difference between IMD quintile 1 and 5.



Overall experience by long-term condition

Other than respondents with deafness or hearing loss and diabetes, all other respondents with a long-term condition report a **lower** overall experience than the national average.

Overall experience by long-term condition (Q59)



▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

Long-term condition refers to another condition in addition to a cancer diagnosis.

Overall experience by long-term condition status

Those who do not have a long-term condition report a **higher** overall experience than the national average.

Those who have a long-term condition report a **lower** overall experience than the national average.

Overall experience by long-term condition status (Q59)

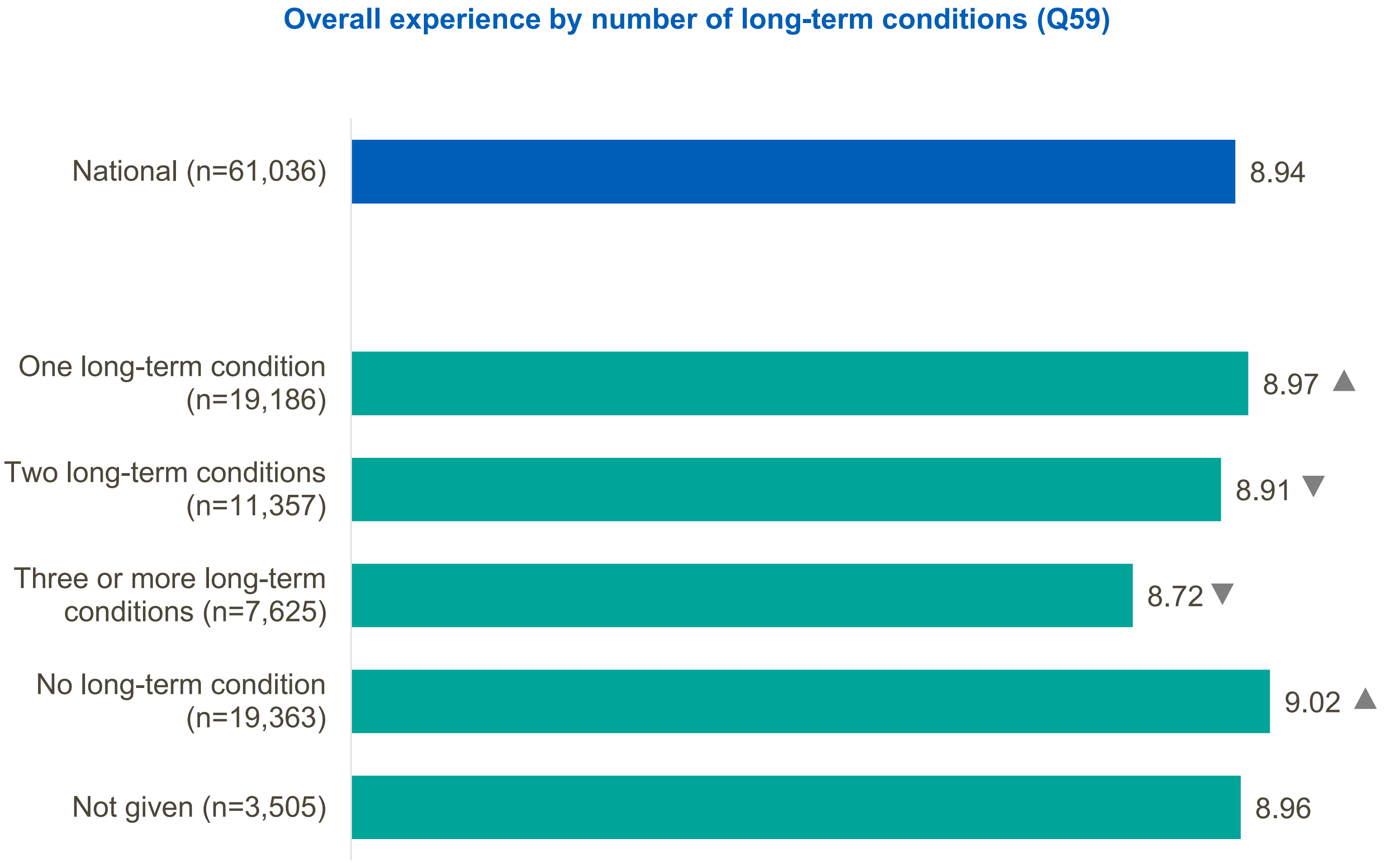
▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

Long-term condition refers to another condition in addition to a cancer diagnosis.

Overall experience by number of long-term conditions

Those who do not have a long-term condition or have one long-term condition report a **higher** overall experience than the national average.

Those who have two, three or more long-term conditions report a **lower** overall experience than the national average.



▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

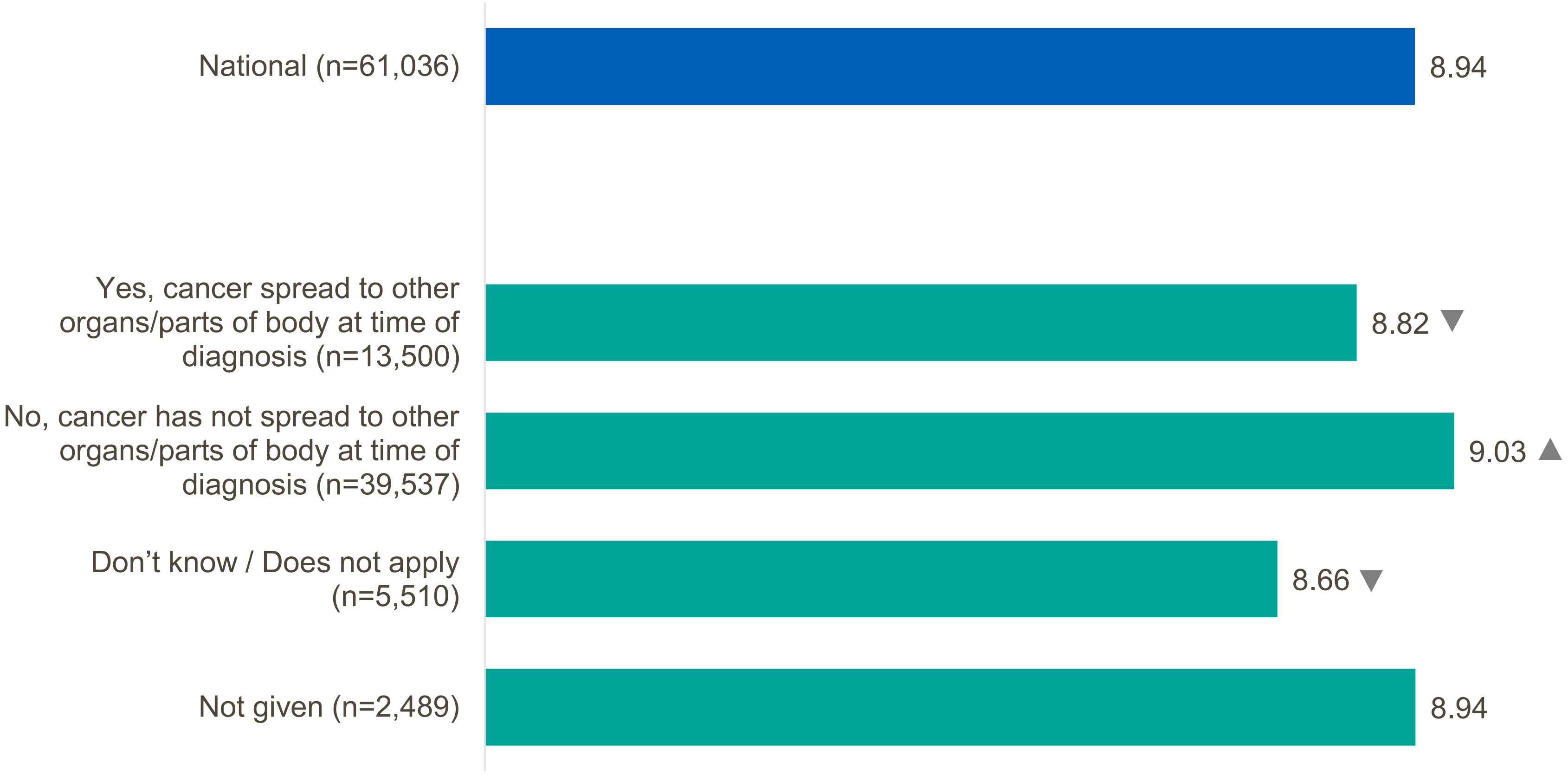
Long-term condition refers to another condition in addition to a cancer diagnosis.

Overall experience by cancer spread to other parts of body

Those whose cancer did not spread to other organs / parts of the body at the time of diagnosis report a **higher** overall experience than the national average.

Those whose cancer has spread to other organs / parts of the body at the time of diagnosis or those who answered don't know / does not apply, report a **lower** overall experience than the national average.

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



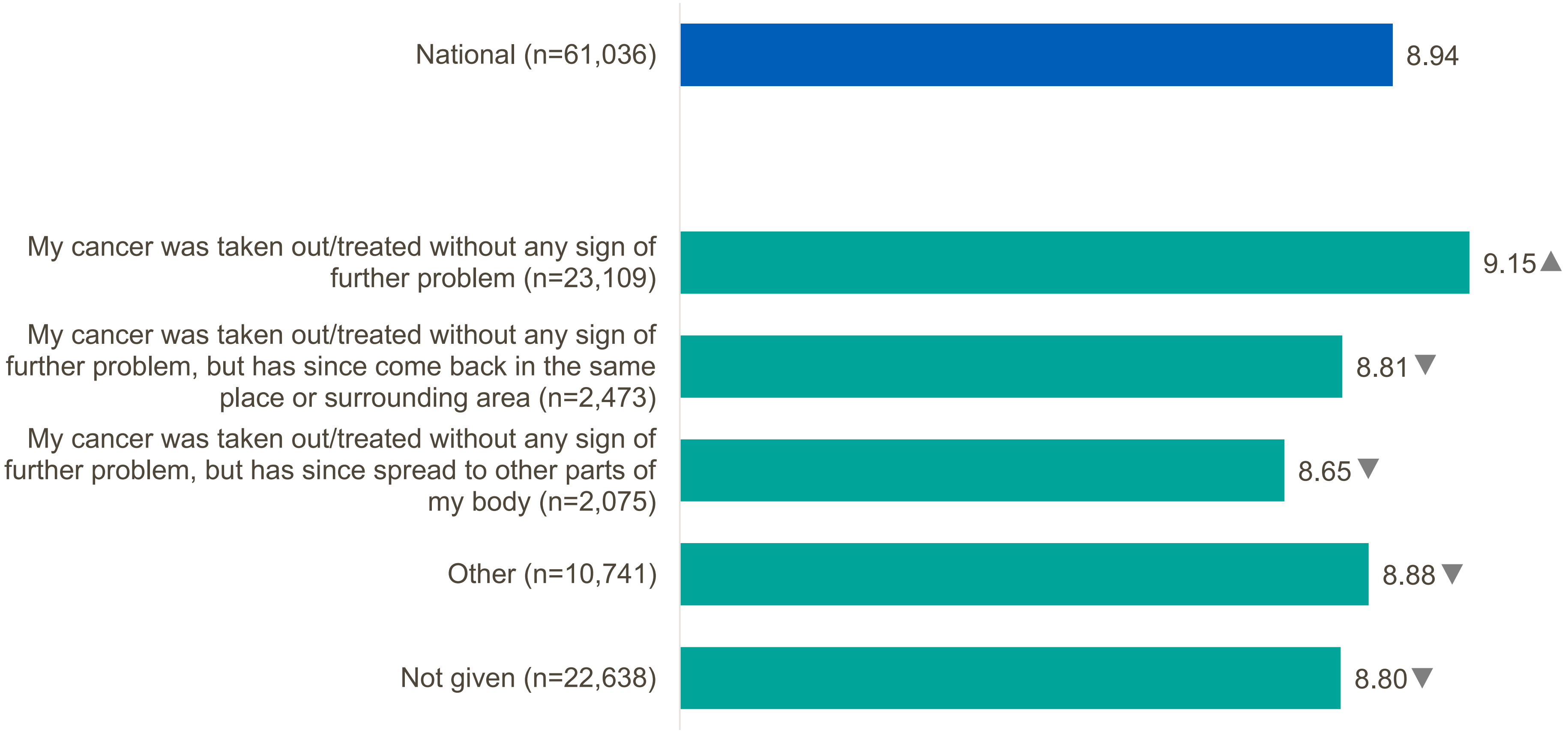
▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

Overall experience by cancer outcome

Those whose cancer was taken out / treated without any sign of further problem report a **higher** overall experience than the national average.

All other groups report a **lower** overall experience than the national average.

Overall experience by cancer outcome (Q59)



▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

Overall experience by tumour group

Those with breast, haematological, lung or skin tumour groups report a **higher** overall experience than the national average.

Those with brain / CNS, gynaecological, sarcoma, upper gastro, urological and other tumour groups report a **lower** overall experience than the national average.

Overall experience by tumour group (Q59)

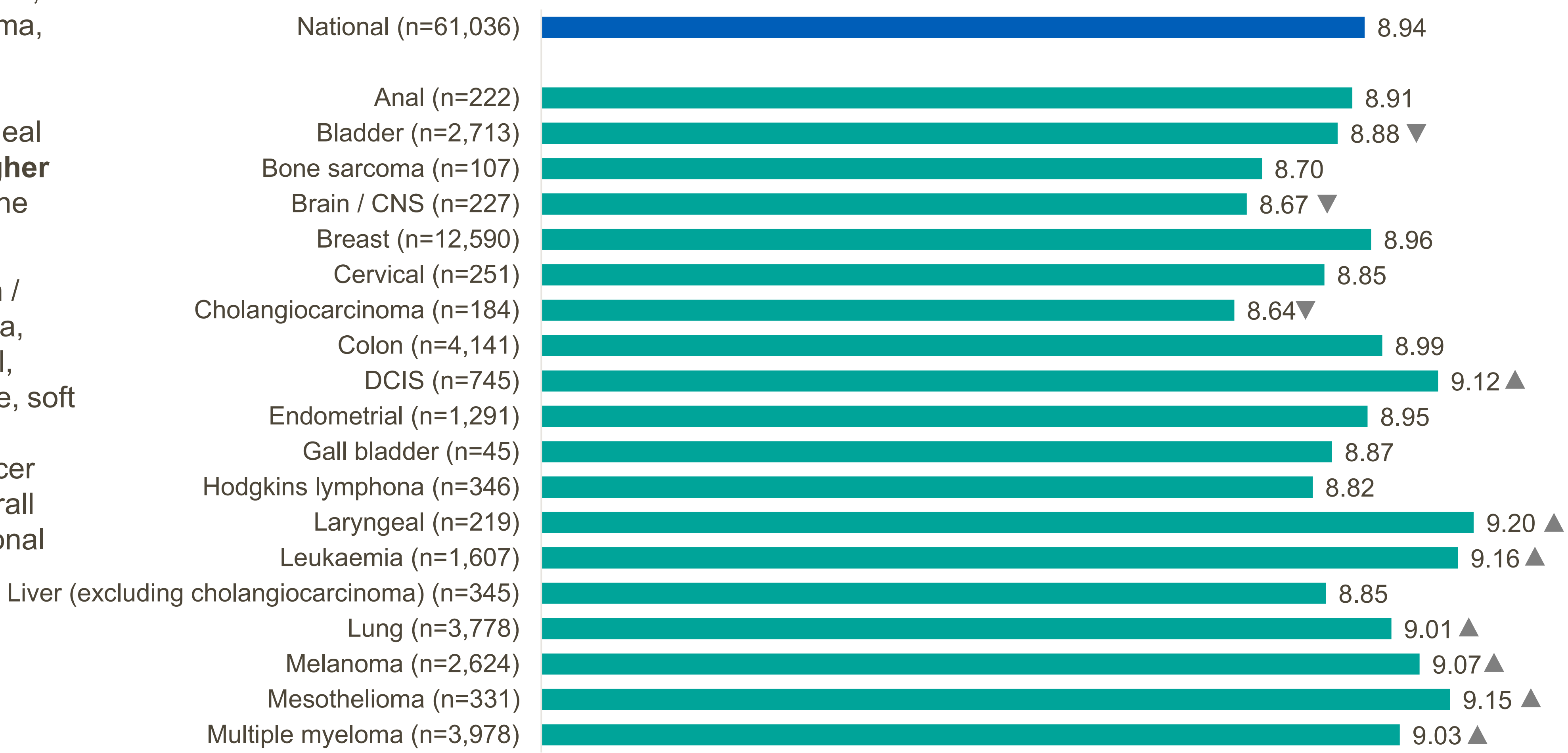
▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

Overall experience by cancer type (1)

Those with DCIS, laryngeal, leukaemia, lung, melanoma, mesothelioma, multiple myeloma, non-Hodgkins lymphoma or oropharyngeal cancer types report a **higher** overall experience than the national average.

Those with bladder, brain / CNS, cholangiocarcinoma, ovarian, pancreatic, renal, secondary, small intestine, soft tissue sarcoma, thyroid, ureteric or any other cancer types report a **lower** overall experience than the national average.

Overall experience by cancer type (Q59)

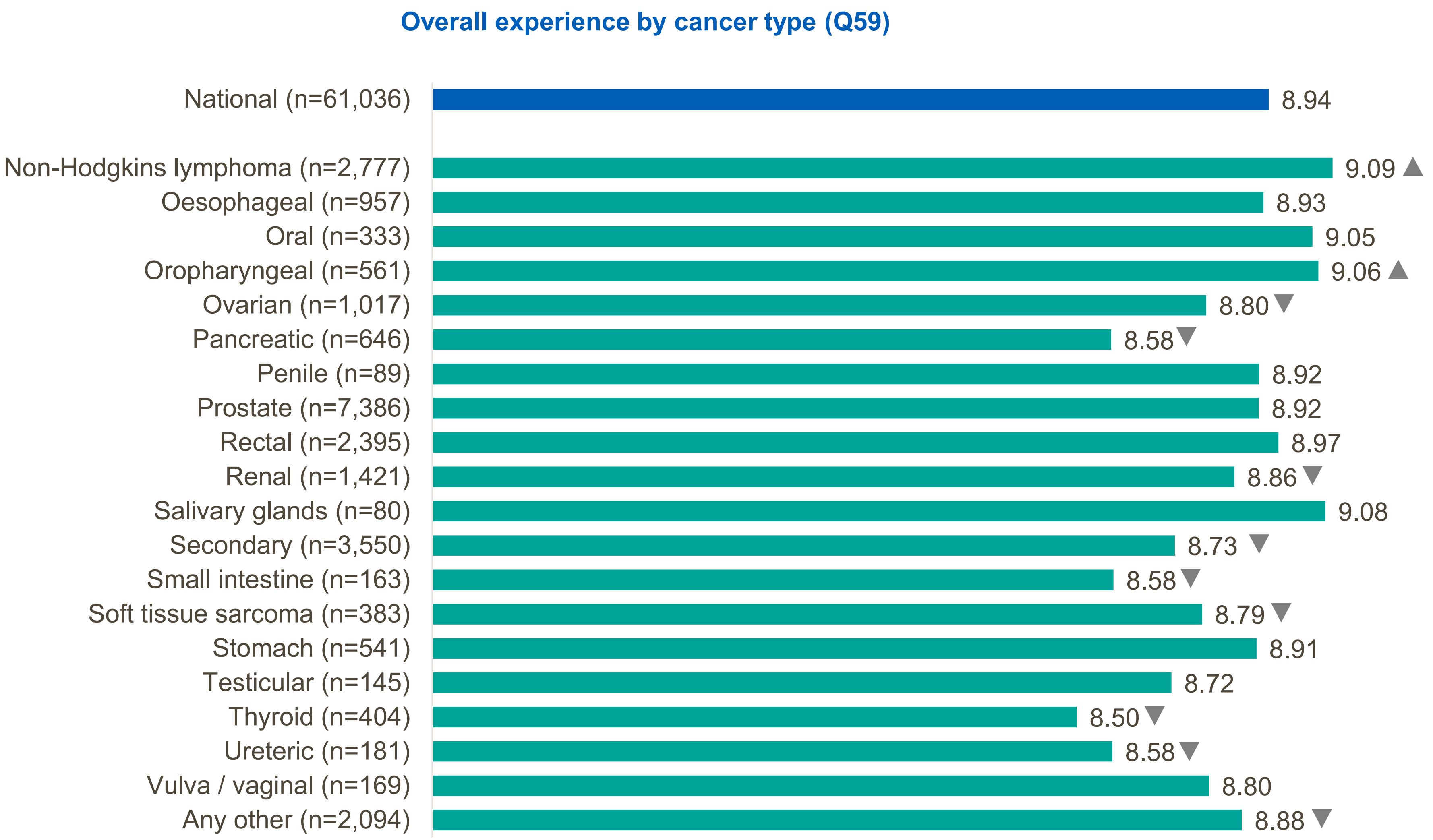


▲ Indicates whether the score for the subgroup shows a statistically significant variation
▼ (higher or lower) compared with the national average

Overall experience by cancer type (2)

Picker

NHS England



▲ ▼ Indicates whether the score for the subgroup shows a statistically significant variation (higher or lower) compared with the national average

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.

PDF reports and Excel tables at national, trust, ICB and Cancer Alliance level, as well as more information on the methodology are available at www.ncpes.co.uk.

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

This report sets out the national headline findings. Detailed national, Alliance, ICB and trust-level results will be made available at www.ncpes.co.uk

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