National Cancer Patient Experience Survey 2025

National report (Quantitative)

Published: July 2026

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 2025 was the fifteenth 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 2019 NHS Long Term Plan.

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 2025 survey involved 130 NHS trusts. Out of 134,285 people, 64,268 people responded to the survey, yielding a response rate of 48%.

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 2025.

Fieldwork

The fieldwork for the survey was undertaken between November 2025 and February 2026.

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, visit www.ncpes.co.uk. To explore results in detail and for more information about data quality, see the Technical Document available at www.ncpes.co.uk.

2 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, 2024 and 2025 are included in this report for most questions. The below should be noted for comparability of results:

- Q23 and Q42: In 2023 the question text was amended. These questions are not comparable to 2021 or 2022, data is only comparable for 2023, 2024 and 2025.
- Q67: In 2023 the long-term condition question was amended to include “Autism or autism spectrum condition” as a response option, and update the answer option “Neurological condition” to “Neurological condition, such as epilepsy”. These answer options are not comparable to 2021 or 2022, data is only comparable for 2023, 2024 and 2025.
- Q71: In 2023 the ethnic group question was amended to include “Roma” as a response option. The ethnic group question is still deemed comparable to previous years, but data for the “Roma” response option is only available for 2023, 2024 and 2025.
- Q59_BINARY: In 2024 the binary groupings of the overall rating of care question were changed from “0 to 6” and “7 to 10” to “0 to 7” and “8 to 10”. This means the binary groupings are only comparable for 2024 and 2025.
- Q51 and Q52: Q51 and Q52: In 2025 the question text was amended. These questions are not comparable to previous years, data is only available for 2025.

Use of National and England only data

In some cases (333 respondents in 2025), 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.
- Subgroup 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), the same applies to questions where full comparability is not available (Q23, Q42, Q51 and Q52).

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.

Statistical testing

When presenting year on year results, statistically significant differences are presented on the charts with arrows. These are present on results between 2024 and 2025 as well as over the past five years (between 2021 and 2025). 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.

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 2024 and 2025 are made for all questions.
- Comparisons over the past five years (2021 to 2025) 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

To view all outputs and supporting materials for 2025 and previous years, please visit the website www.ncpes.co.uk. This includes:

- All Excel data tables, PDF reports and the interactive dashboard available at national, integrated care board, Cancer Alliance and NHS trust level.
- Analysis of free text data available in the national qualitative thematic report. Free text workbooks are also shared directly with the NHS trust and Cancer Alliance leads.
- The Technical Document, providing more information about the methodology including significance testing, suppression and question comparability.
- Additional resources, including reports which explore key driver analysis for a high rating of care, and a video demonstration on using the outputs.
- The questionnaire, survey guidance and survey materials.

These resources will help users to explore trends over time, analyse results by demographic and clinical subgroups, and benchmark organisations against national scores and other providers.

3 Headline findings

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Headline findings (1)

Overall NHS care

8.92

Respondents' average rating of care scored from very poor to very good (scale from 0 to 10) (**8.94** in 2024).

Administration of care

86.7%

said the administration of care was very good or good (**87.6%** in 2024).

Care team working together

89.5%

said that the whole care team worked well together (**90.4%** in 2024).

Support for health and well being

76.5%

said they definitely got the right level of support for their overall health and well being from hospital staff (**77.5%** in 2024).

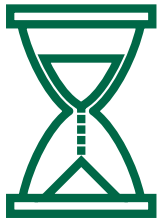
Questions from across the survey have been selected to provide an overview of experiences across the cancer care journey.

Headline findings (2)

Referral for diagnosis

68.1%

of respondents who had contacted their GP practice said that the referral for diagnosis was explained in a way they could completely understand (**67.3%** in 2024).



Length of time for diagnostic tests

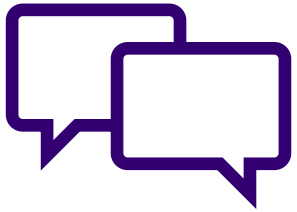
78.1%

said they felt the length of time waiting for diagnostic test results was about right (**77.5%** in 2024).

Finding out that you had cancer

75.1%

said that when they were told that they had cancer, they were definitely told sensitively (**75.0%** in 2024).



Support from a main contact person

91.4%

said they had a main contact person within the team looking after them who would support them through treatment (**91.5%** in 2024).

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

Headline findings (3)

Deciding treatment options

80.4%

of respondents said they were definitely involved as much as they wanted to be in decisions about their treatment (**80.4%** in 2024).

Care planning

72.9%

said that before their treatment started, they had a discussion with a member of the team looking after them about their needs or concerns (**73.1%** in 2024).

Waiting time for treatment

79.6%

said they felt the length of waiting time at the clinic or day unit used for cancer treatment was about right (**79.4%** in 2024).

Treatment side effects

74.1%

said that possible side effects from treatment were definitely explained in a way they could understand (**74.7%** in 2024).

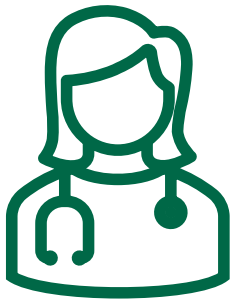
Questions from across the survey have been selected to provide an overview of experiences across the cancer care journey.

Headline findings (4)

Care while at home

64.0%

said their family or someone else close to them were given all the information necessary to help care for them at home (**63.0%** in 2024).



Support from your GP practice†

44.9%

of those who said their GP practice was involved said they definitely received the right amount of support from their GP practice during treatment.

Support from community or voluntary services

32.9%

said that after treatment, they could definitely get enough emotional support at home from community or voluntary services (**33.5%** in 2024).

Living with and beyond cancer

64.7%

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 (**64.9%** in 2024).

Questions from across the survey have been selected to provide an overview of experiences across the cancer care journey.
†The question text for Q51 was amended in 2025. This question is no longer deemed comparable to previous years.

Headline findings (5)

The five scores with the largest positive change†

Question	2024	2025	Change
Q32 - Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	70.8%	72.1%	**1.3pp**
Q38 - Patient received easily understandable information about what they should or should not do after leaving hospital	87.3%	88.4%	**1.1pp**
Q49 - Care team gave family, or someone close, all the information needed to help care for the patient at home	63.0%	64.0%	**0.9pp**
Q03 - Referral for diagnosis was explained in a way the patient could completely understand	67.3%	68.1%	**0.8pp**
Q06 - Diagnostic test staff appeared to completely have all the information they needed about the patient	83.4%	84.1%	**0.7pp**

† These changes indicate 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 2024 and 2025.

Headline findings (6)

The five scores with the largest negative change†

Question	2024	2025	Change
Q29 - Patient was offered information about how to get financial help or benefits	71.9%	70.7%	**-1.3pp**
Q28 - Patient definitely got the right level of support for their overall health and well being from hospital staff	77.5%	76.5%	**-1.0pp**
Q56 - The whole care team worked well together	90.4%	89.5%	**-0.9pp**
Q57 - Administration of care was very good or good	87.6%	86.7%	**-0.9pp**
Q59 - Patient's average rating of care scored from very poor to very good	8.94	8.92	**-0.03**

† 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 2024 and 2025.
Q59 is scored differently to other questions, as it is an overall experience score from 0 to 10.

4 About the respondents

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About the respondents (1)

Overall response rate

The 2025 survey involved 130 NHS trusts. Out of 134,285 people, 64,268 people responded to the survey, yielding a response rate of 48%.

This is in comparison to a 50% response rate seen for the 2024 iteration of the survey.

Respondents by survey mode†

Response mode	Number of respondents	Proportion of respondents†
Paper	49,415	76.9%
Online	14,819	23.1%
Phone	31	0.0%
Translation service	3	0.0%
Total	64,268	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	32,667	50.8%
Male	29,065	45.2%
Non-binary	12	0.0%
Prefer to self-describe	16	0.0%
Prefer not to say	63	0.1%
Not given	2,445	3.8%
Total	64,268	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	61,486	95.7%
No	86	0.1%
Prefer not to say	139	0.2%
Not given	2,557	4.0%
Total	64,268	100.0%

† 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	56,821	88.4%
Mixed	610	0.9%
Asian	2,031	3.2%
Black	1,239	1.9%
Other††	255	0.4%
Not given	3,312	5.2%
Total	64,268	100.0%

Number of responses by tumour group†††

Tumour group	No. of responses	% of responses
Brain / CNS	193	0.3%
Breast	14,082	21.9%
Colorectal / LGT	6,936	10.8%
Gynaecological	2,944	4.6%
Haematological	9,853	15.3%
Head and neck	1,625	2.5%
Lung	4,261	6.6%
Prostate	7,780	12.1%
Sarcoma	445	0.7%
Skin	2,620	4.1%
Upper gastro	3,020	4.7%
Urological	4,598	7.2%
Other	5,911	9.2%
Total	64,268	100.0%

† 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)	7,294	11.3%
2	10,892	16.9%
3	13,831	21.5%
4	15,510	24.1%
5 (least deprived)	16,408	25.5%
Non-England	333	0.5%
Total	64,268	100.0%

Number of responses for long-term condition status††

Long-term condition	No. of responses	% of responses
Yes	39,641	61.7%
No	20,638	32.1%
Not given	3,989	6.2%
Total	64,268	100.0%

† 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†

Long-term condition	No. of responses	% of responses
One long-term condition	19,901	31.0%
Two long-term conditions	11,937	18.6%
Three or more long-term conditions	7,803	12.1%
No long-term condition	20,638	32.1%
Not given	3,989	6.2%
Total	64,268	100.0%

Number of responses by long-term condition††

Long-term condition	No. of responses	% of responses
Breathing problem, such as asthma	10,883	16.9%
Blindness or partial sight	1,539	2.4%
Dementia or Alzheimer's disease	390	0.6%
Deafness or hearing loss	9,930	15.5%
Diabetes	7,870	12.2%
Heart problem, such as angina	6,627	10.3%
Joint problem, such as arthritis	19,447	30.3%
Learning disability	421	0.7%
Autism or autism spectrum condition	248	0.4%
Mental health condition	3,022	4.7%
Neurological condition, such as epilepsy	1,245	1.9%
Other long-term condition	9,147	14.2%

† 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 impact of long-term condition(s) (excluding cancer) on day-to-day activities†

Impact of long-term condition(s)	No. of responses	% of responses
A lot	8,303	20.9%
A little	16,175	40.8%
Not at all	12,140	30.6%
Not given	3,023	7.6%
Total	39,641	100.0%

Number of responses by age††

Age	No. of responses	% of responses
16-24	141	0.2%
25-34	475	0.7%
35-44	1,751	2.7%
45-54	4,856	7.6%
55-64	13,147	20.5%
65-74	21,295	33.1%
75-84	19,206	29.9%
85+	3,397	5.3%
Total	64,268	100.0%

† Self-reported in Q68 of the survey. Long-term condition refers to another condition excluding a cancer diagnosis. The total number of responses is less as this question is only answered by individuals who report a long-term condition.
†† Self-reported in Q63 of the survey.

5 Overall experience

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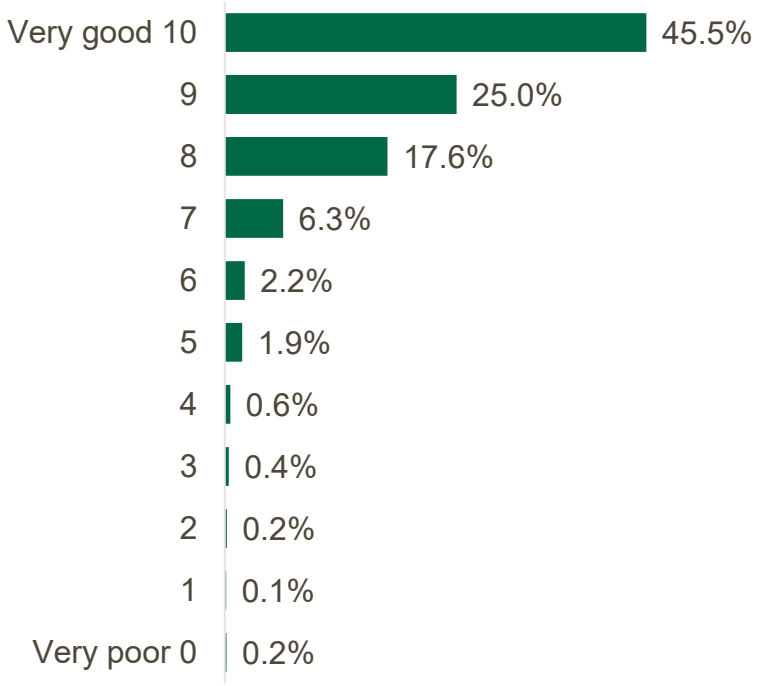
Overall experience (1)

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

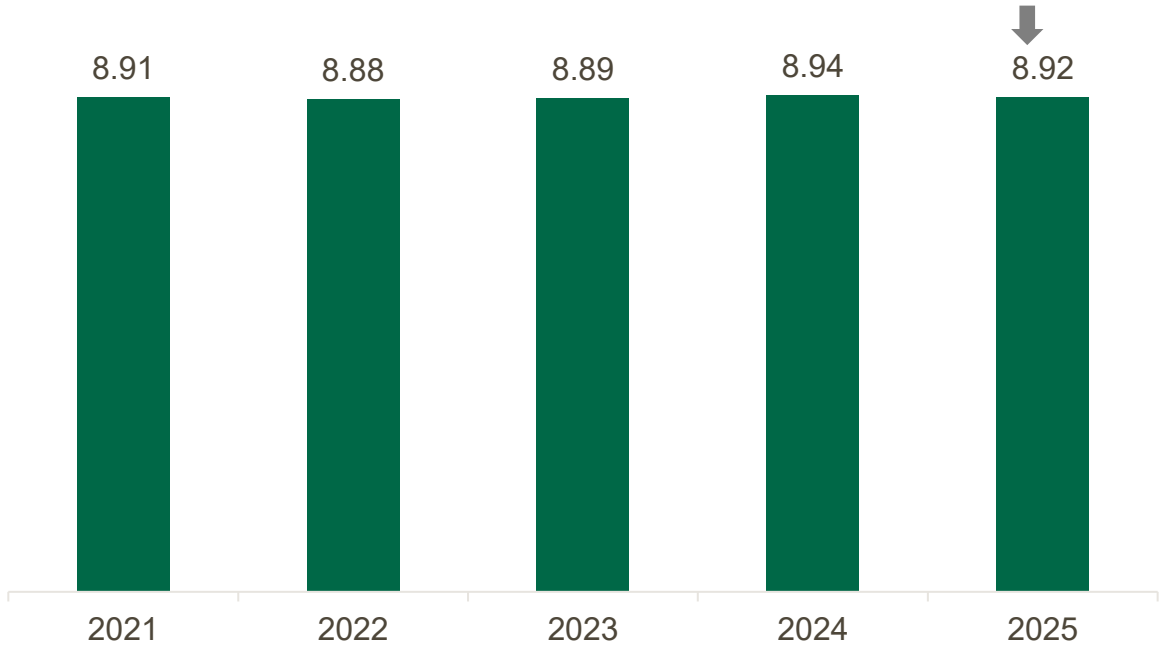
The average rating of care given nationally by respondents was 8.92. This is a decrease from 8.94 in 2024.

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

2025 result: Overall, how would you rate your care (scale from 0 to 10)? (Q59)



Patient's average rating of care scored from very poor to very good (Q59)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

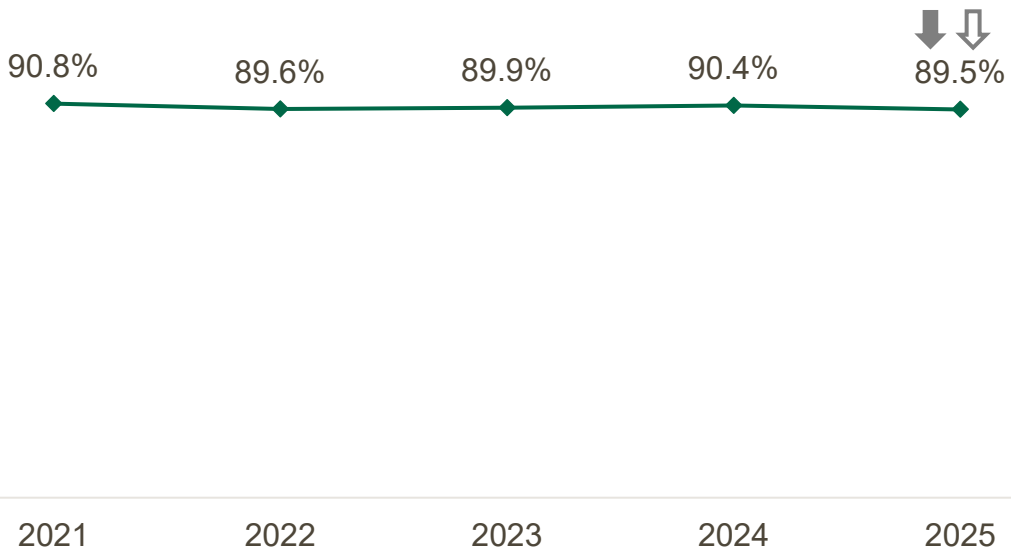
Number of responses. Q59: 2021 (56,154) 2022 (57,694) 2023 (59,872) 2024 (60,674) 2025 (61,055).

Overall experience (2)

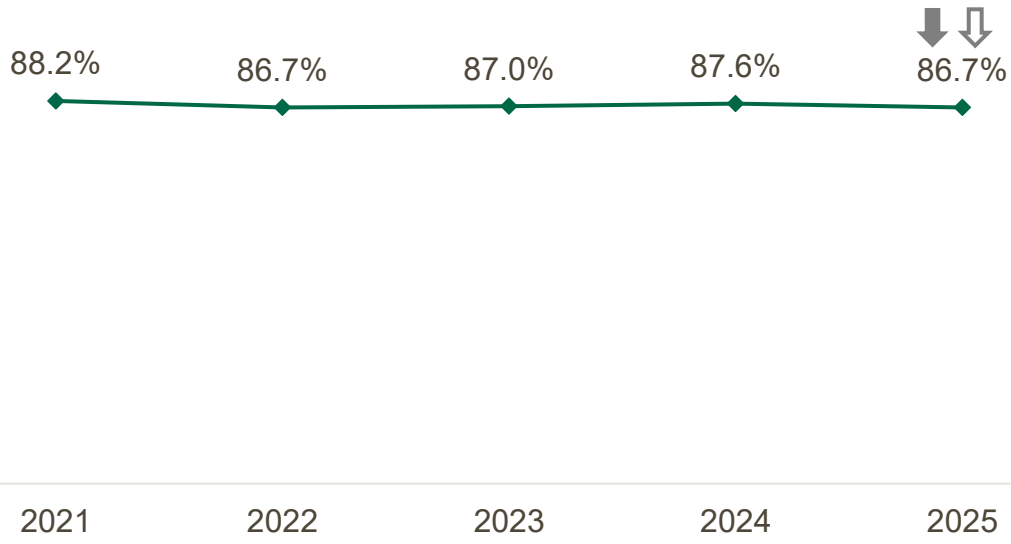
Most respondents (89.5%) felt the whole care team worked well together to provide the best possible care for them. This is a decrease from 90.4% in 2024 and over the last five years.

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), 86.7% of respondents said the administration of their care was very good or good. This is a decrease from 87.6% in 2024 and over the last five years.

The whole care team worked well together (Q56)



Administration of care was very good or good (Q57)



2024 – 2025: statistically significant increase or decrease

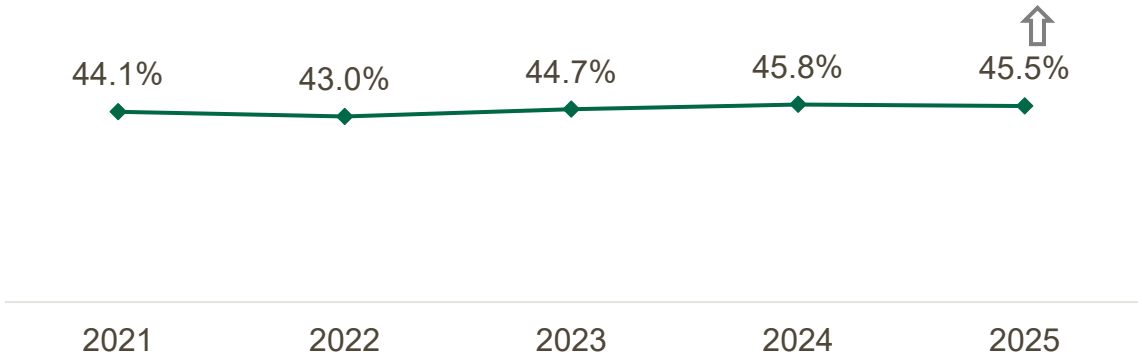
2021 – 2025: statistically significant increase or decrease

Number of responses. Q56: 2021 (55,601) 2022 (56,910) 2023 (58,587) 2024 (59,803) 2025 (59,948). Q57: 2021 (57,480) 2022 (59,178) 2023 (60,985) 2024 (62,103) 2025 (62,448).

Overall experience (3)

45.5% 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. This is similar to 45.8% in 2024 but an increase over the last five years.

Cancer research opportunities were discussed with the patient (Q58)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q58: 2021 (33,815) 2022 (35,684) 2023 (36,830) 2024 (37,140) 2025 (37,310).

6 Support from your GP practice

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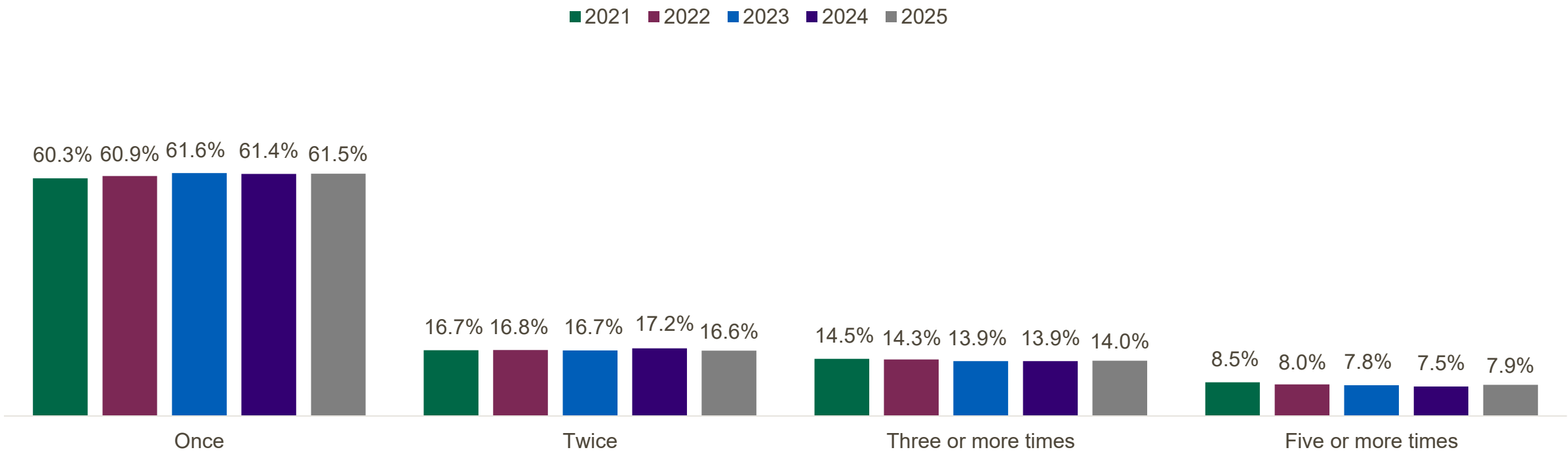
Support from your GP practice (1)

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. 61.5% of those who had contacted their GP practice said they only spoke to a healthcare professional once and 16.6% twice before their cancer diagnosis.

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)

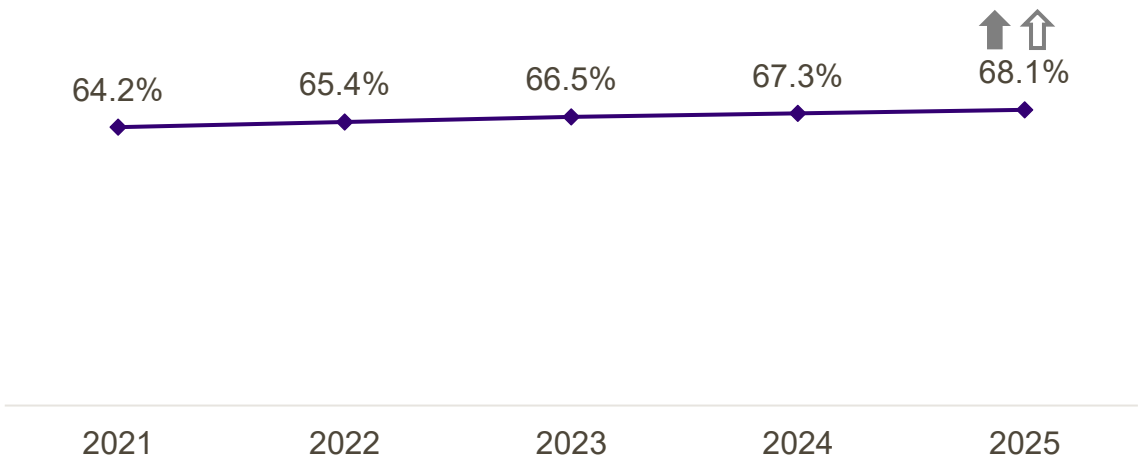


No significant difference comparison is able to be provided for this question as the results shown are for individual answer codes rather than the scored result.
Number of responses. Q02: 2021 (28,849) 2022 (29,215) 2023 (29,923) 2024 (30,116) 2025 (30,525).

Support from your GP practice (2)

68.1% of respondents who had contacted their GP practice said that the referral for diagnosis was explained in a way they could completely understand. This is an increase from 67.3% in 2024 and over the last five years.

Referral for diagnosis was explained in a way the patient could completely understand (Q03)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q03: 2021 (38,685) 2022 (39,471) 2023 (40,994) 2024 (41,594) 2025 (41,578).

7 Diagnostic tests

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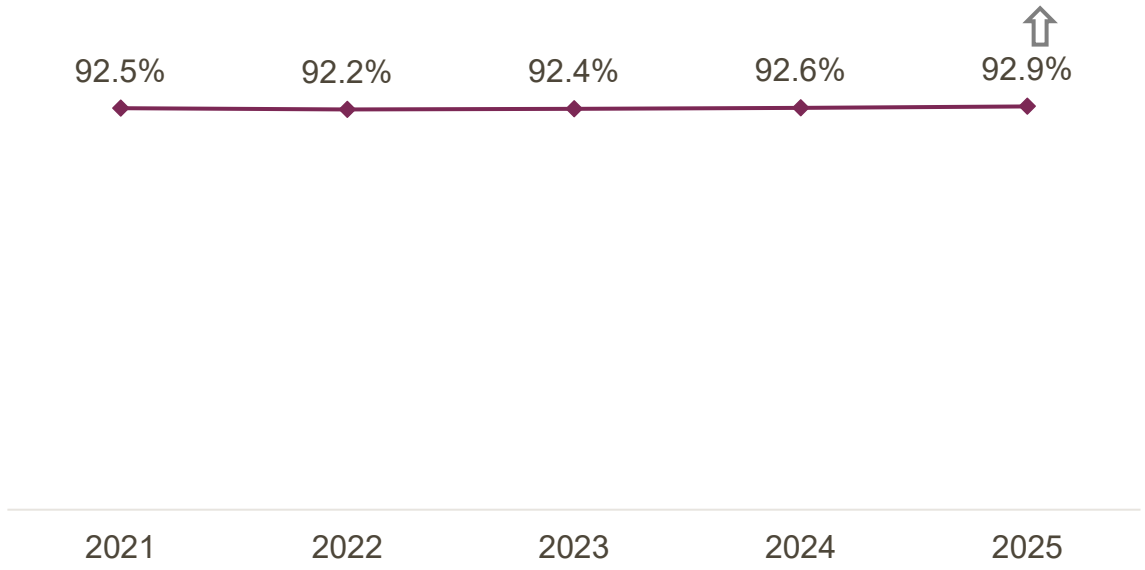
Diagnostic tests (1)

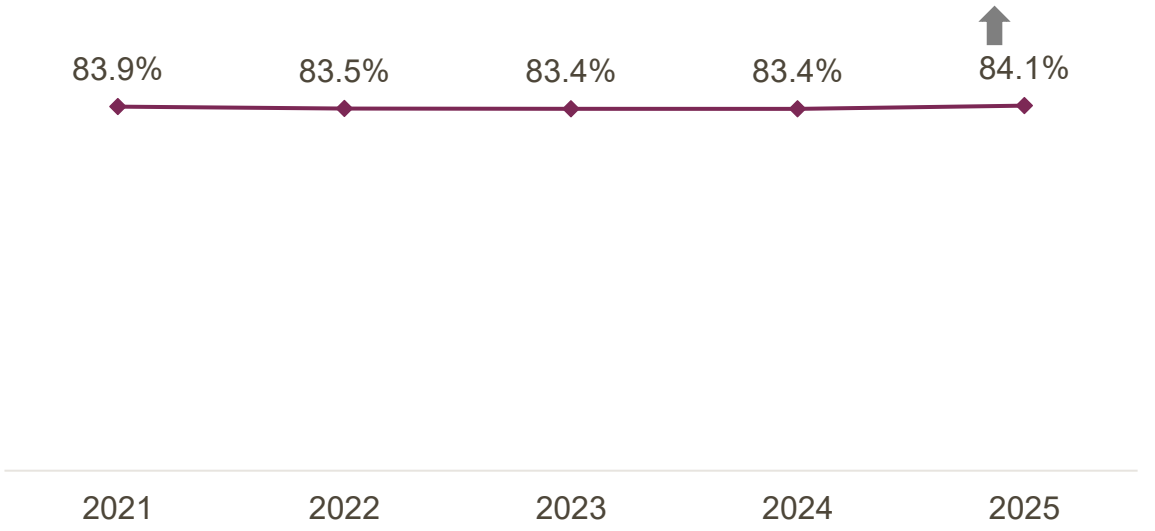
Of those respondents who had tests that helped to diagnose their cancer, 92.9% said they received all the information needed about the diagnostic test in advance. This is similar to 92.6% in 2024 but an increase over the last five years.

84.1% said that diagnostic test staff they saw appeared to completely have all the information they needed about them. This is an increase from 83.4% in 2024.

Patient received all the information needed about the diagnostic test in advance (Q05)



Diagnostic test staff appeared to completely have all the information they needed about the patient (Q06)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

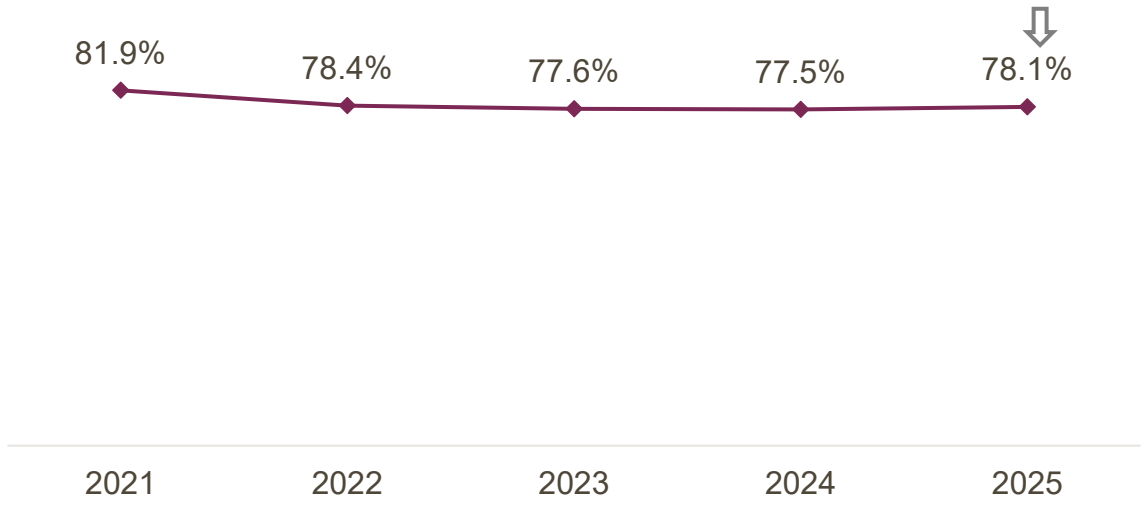
Number of responses. Q05: 2021 (46,740) 2022 (48,045) 2023 (49,349) 2024 (50,377) 2025 (49,954). Q06: 2021 (49,185) 2022 (50,528) 2023 (51,788) 2024 (52,984) 2025 (52,418).

Diagnostic tests (2)

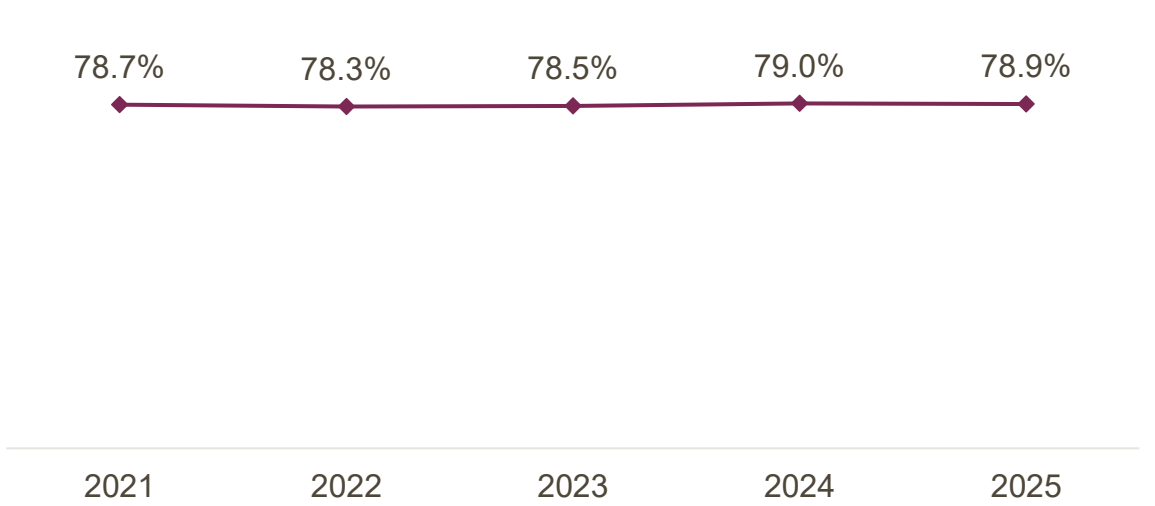
When asked how they felt about the length of time they had to wait for their test results, 78.1% felt the length of time was about right. This is similar to 77.5% in 2024 but a decrease over the last five years.

78.9% of respondents said that the diagnostic test results were explained in a way they could completely understand. This is similar to 79.0% in 2024.

Patient felt the length of time waiting for diagnostic test results was about right (Q07)



Diagnostic test results were explained in a way the patient could completely understand (Q08)



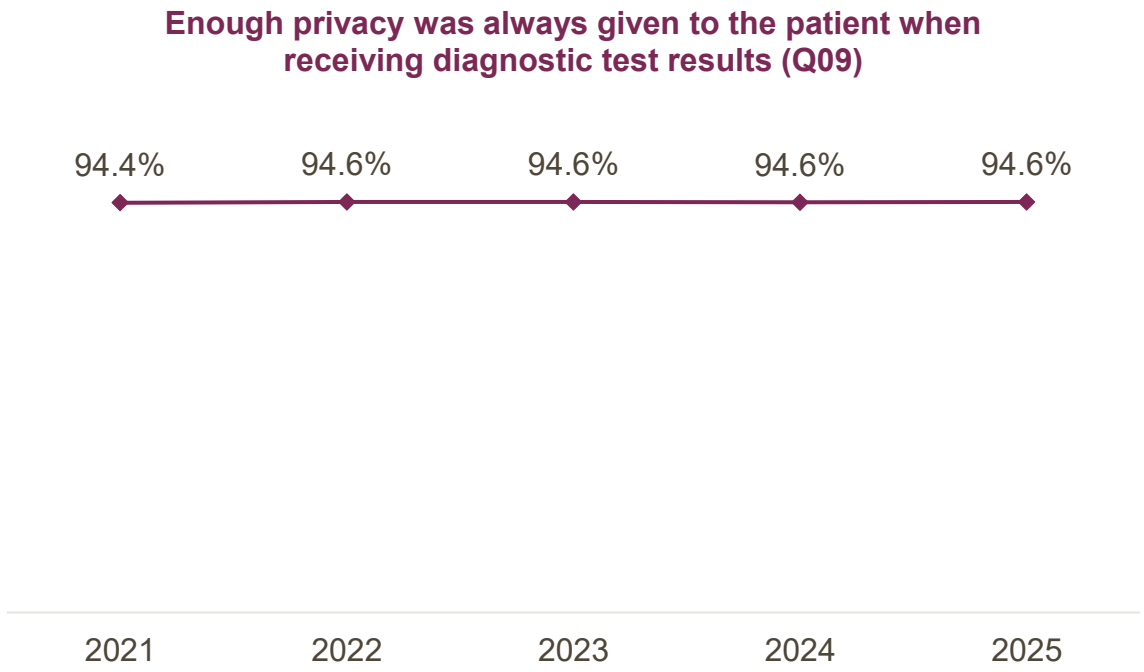
2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q07: 2021 (49,252) 2022 (50,611) 2023 (51,891) 2024 (53,081) 2025 (52,469). Q08: 2021 (49,438) 2022 (50,756) 2023 (52,056) 2024 (53,293) 2025 (52,636).

Diagnostic tests (3)

94.6% of respondents who underwent a test said enough privacy was always given to them when they received their diagnostic test results. This is similar to 94.6% in 2024.



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q09: 2021 (49,453) 2022 (50,826) 2023 (52,138) 2024 (53,375) 2025 (52,700).

8 Finding out that you had cancer

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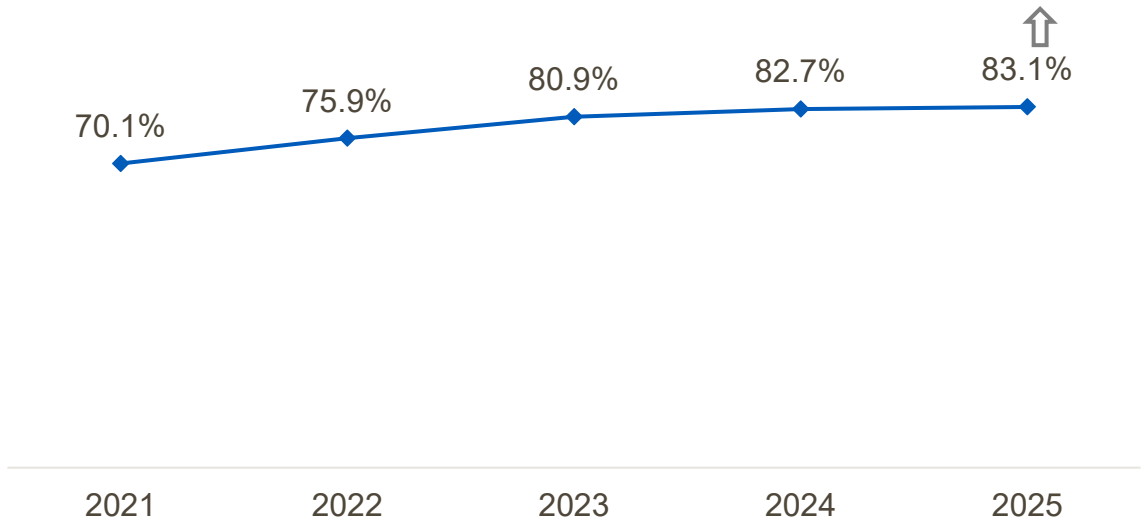
Finding out that you had cancer (1)

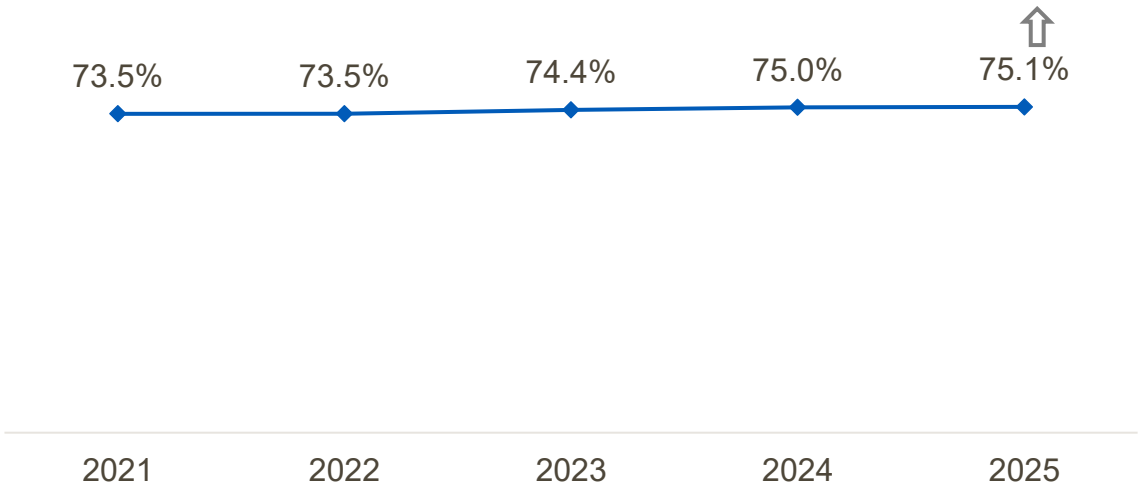
83.1% of respondents said that when they were first told that they had cancer, they had been given the option of having a family member, carer or friend with them. This is similar to 82.7% in 2024 but an increase over the last five years.

When asked how they felt about the way they were told they had cancer, 75.1% said they were definitely told sensitively. This is similar to 75.0% in 2024 but an increase over the last five years.

Patient was told they could have a family member, carer or friend with them when told diagnosis (Q12)



Patient was definitely told sensitively that they had cancer (Q13)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

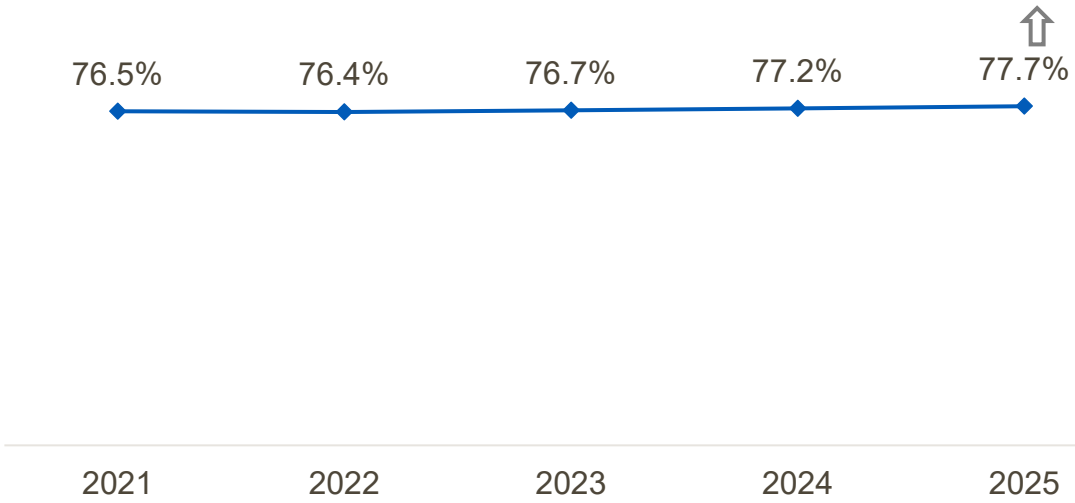
Number of responses. Q12: 2021 (54,832) 2022 (56,365) 2023 (57,979) 2024 (58,755) 2025 (58,765). Q13: 2021 (58,024) 2022 (59,901) 2023 (61,836) 2024 (62,813) 2025 (62,975).

Finding out that you had cancer (2)

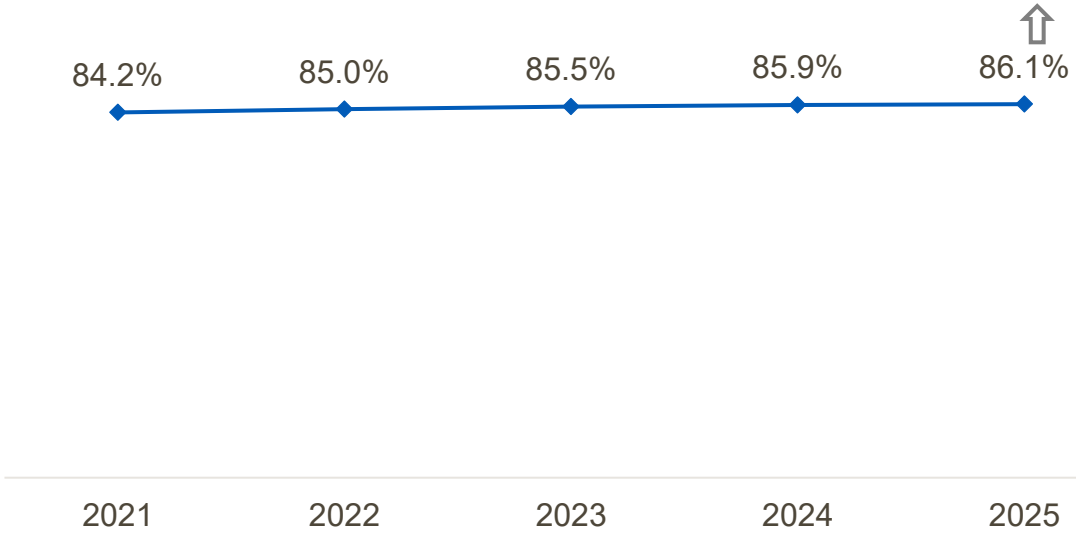
Additionally, 77.7% said their diagnosis was explained in a way they could completely understand. This is similar to 77.2% in 2024 but an increase over the last five years.

86.1% said that they were definitely told about their diagnosis in a place that was appropriate for them. This is similar to 85.9% in 2024 but an increase over the last five years.

Cancer diagnosis explained in a way the patient could completely understand (Q14)



Patient was definitely told about their diagnosis in an appropriate place (Q15)



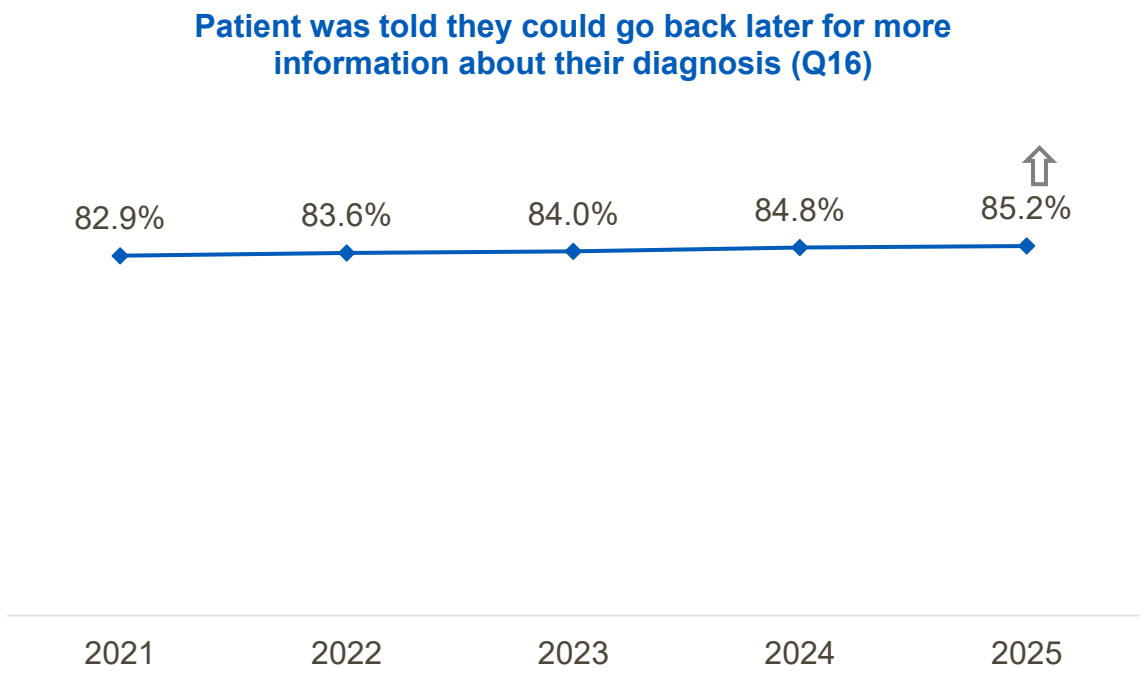
2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q14: 2021 (58,278) 2022 (60,131) 2023 (62,137) 2024 (63,031) 2025 (63,235). Q15: 2021 (57,841) 2022 (59,931) 2023 (61,929) 2024 (62,891) 2025 (63,139).

Finding out that you had cancer (3)

85.2% said they were told they could go back for more information about their diagnosis after they had time to reflect on what it meant. This is similar to 84.8% in 2024 but an increase over the last five years.



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q16: 2021 (51,484) 2022 (53,198) 2023 (54,698) 2024 (55,662) 2025 (55,611).

9 Support from a main contact person

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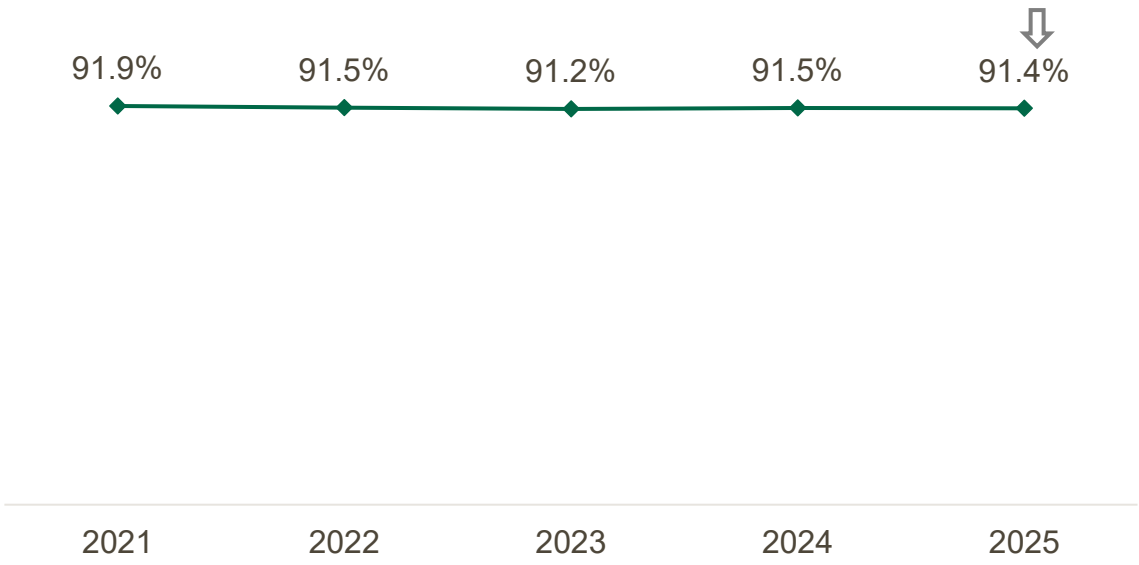
Support from a main contact person (1)

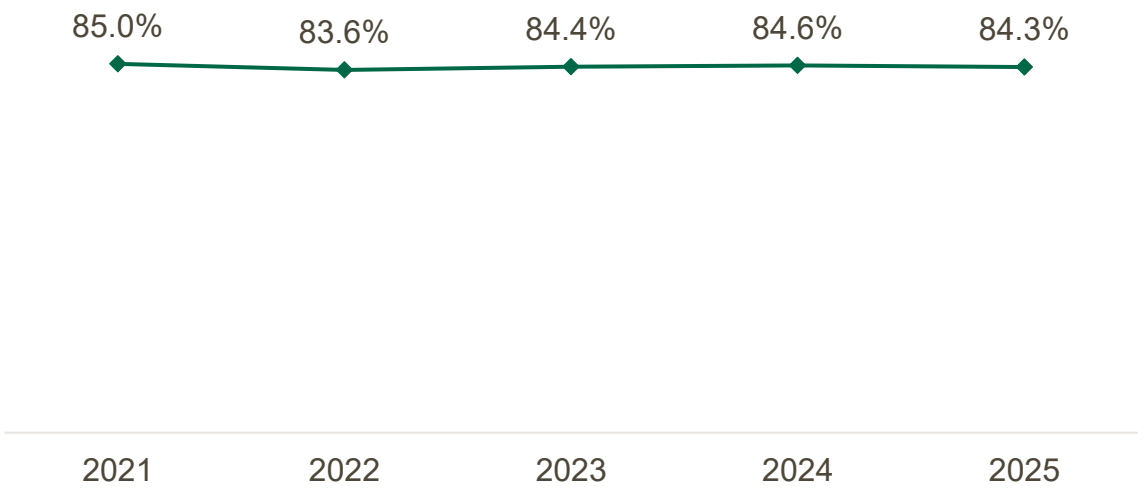
91.4% said they had a main contact person within the team looking after them who would support them through treatment. This is similar to 91.5% in 2024 but a decrease over the last five years.

Of these respondents, 84.3% said it was very or quite easy to contact their main contact person. This is similar to 84.6% in 2024.

Patient had a main point of contact within the care team (Q17)



Patient found it very or quite easy to contact their main contact person (Q18)



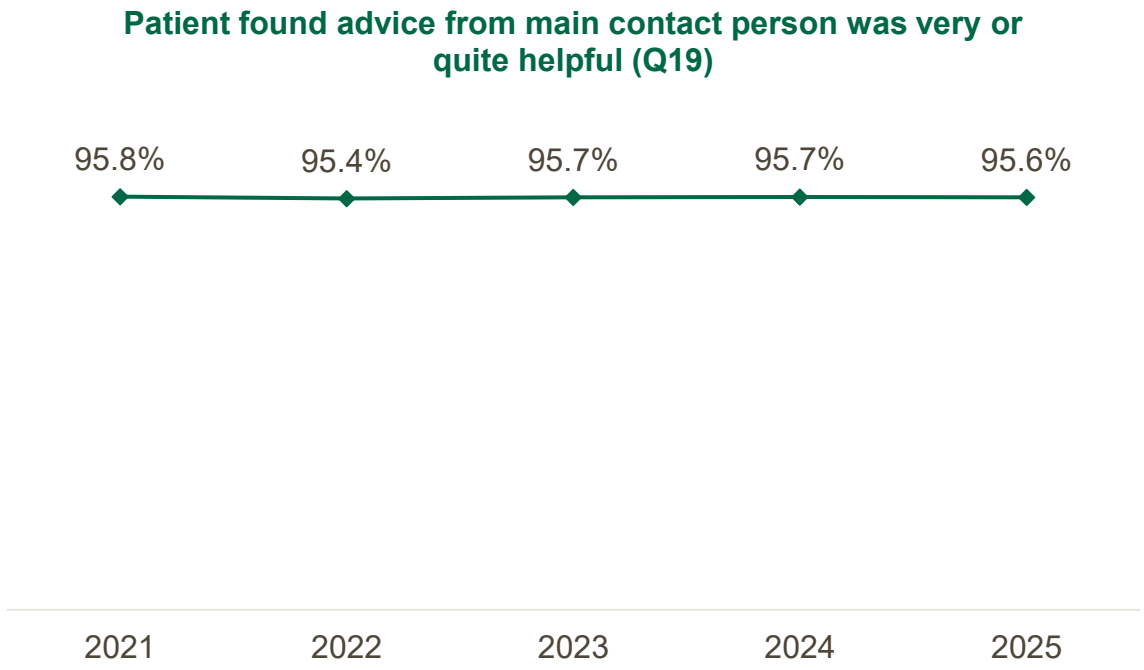
2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q17: 2021 (56,220) 2022 (58,022) 2023 (59,759) 2024 (60,674) 2025 (60,565). Q18: 2021 (47,545) 2022 (48,426) 2023 (49,434) 2024 (50,197) 2025 (50,130).

Support from a main contact person (2)

95.6% of respondents said that they found the advice from their main contact person very or quite helpful, this is similar to 95.7% in 2024.



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q19: 2021 (49,324) 2022 (50,542) 2023 (51,664) 2024 (52,609) 2025 (52,641).

10 Deciding on the best treatment

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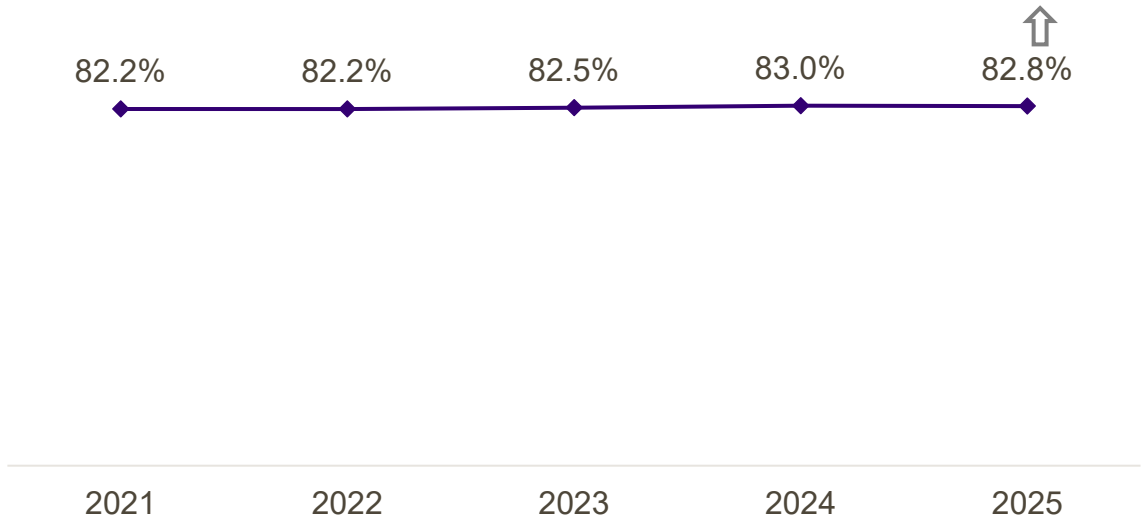
Deciding on the best treatment (1)

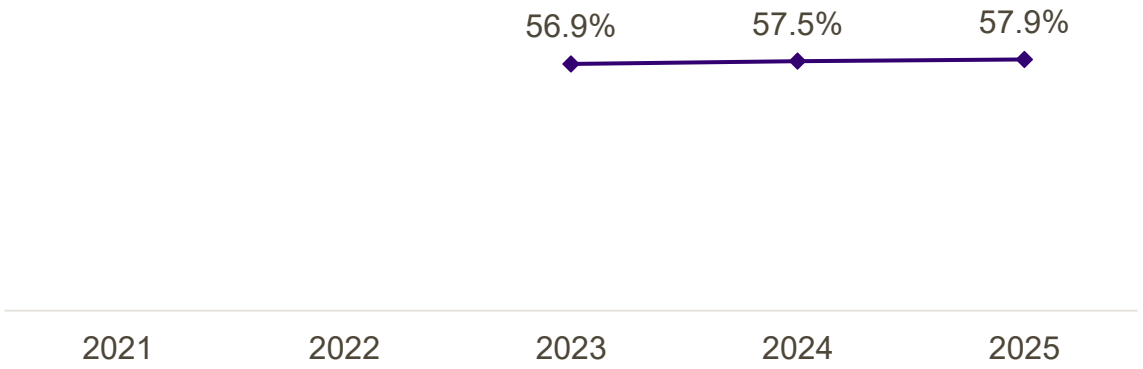
82.8% of respondents said treatment options were explained to them in a way that they could completely understand before their cancer treatment started. This is similar to 83.0% in 2024 but an increase over the last five years.

57.9% of respondents said that they could get further advice from a different healthcare professional before making decisions about their treatment options. This is similar to 57.5% in 2024.

Treatment options were explained in a way the patient could completely understand (Q20)



Patient could get further advice from a different healthcare professional before making decisions about their treatment options (Q23)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

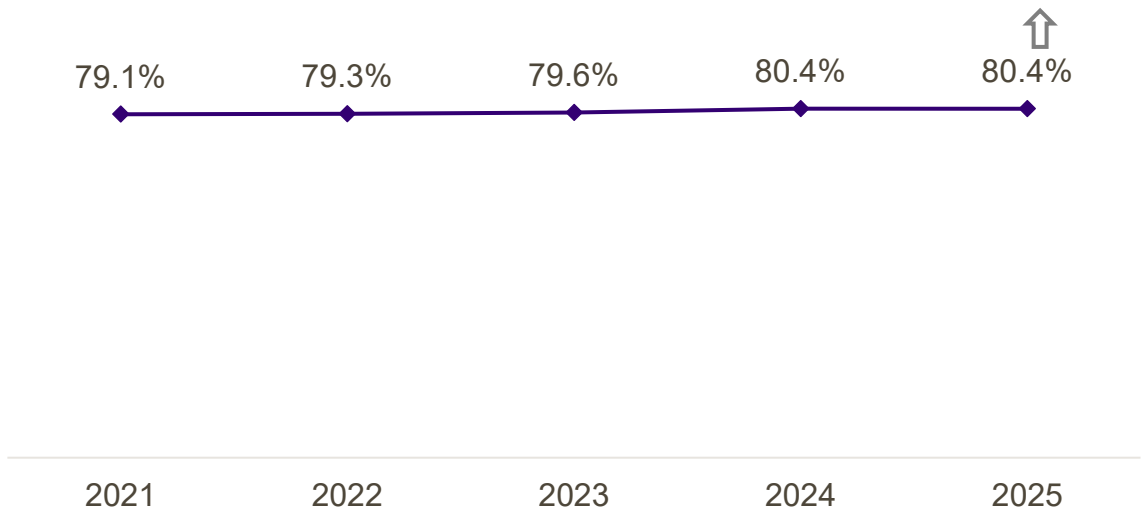
The question text for Q23 was amended in 2023. This question is no longer deemed comparable to 2021 and 2022.
Number of responses. Q20: 2021 (54,374) 2022 (56,234) 2023 (58,191) 2024 (59,296) 2025 (59,303). Q23: 2023 (33,580) 2024 (33,839) 2025 (33,837).

Deciding on the best treatment (2)

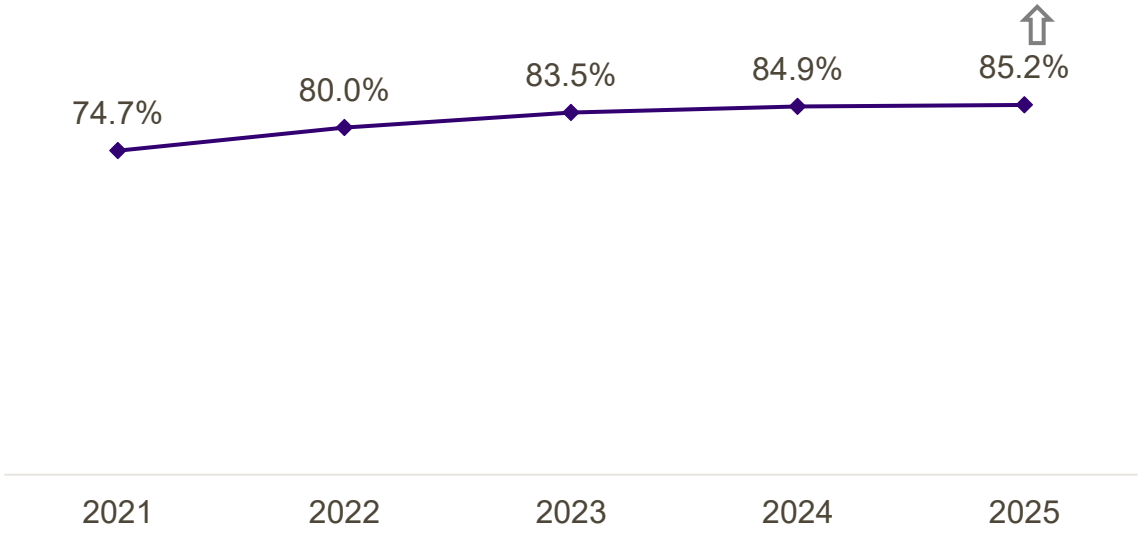
When respondents were asked if they were involved as much as they wanted to be in decisions about treatment, 80.4% said they definitely were. This is similar to 80.4% in 2024 but an increase over the last five years.

85.2% 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 similar to 84.9% in 2024 but an increase over the last five years.

Patient was definitely involved as much as they wanted to be in decisions about their treatment (Q21)



Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options (Q22)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q21: 2021 (57,506) 2022 (59,481) 2023 (61,229) 2024 (62,319) 2025 (62,486). Q22: 2021 (47,515) 2022 (50,259) 2023 (53,211) 2024 (54,564) 2025 (54,933).

11 Care planning

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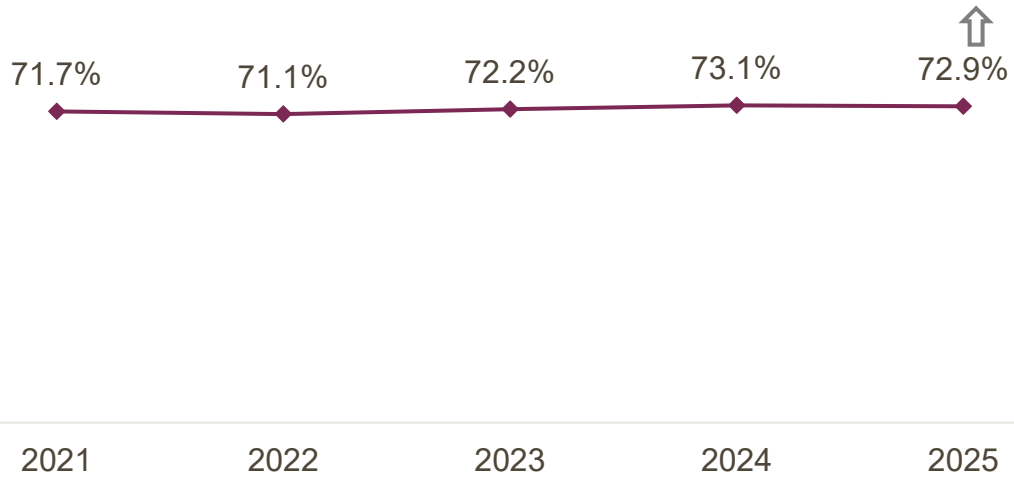
Care planning (1)

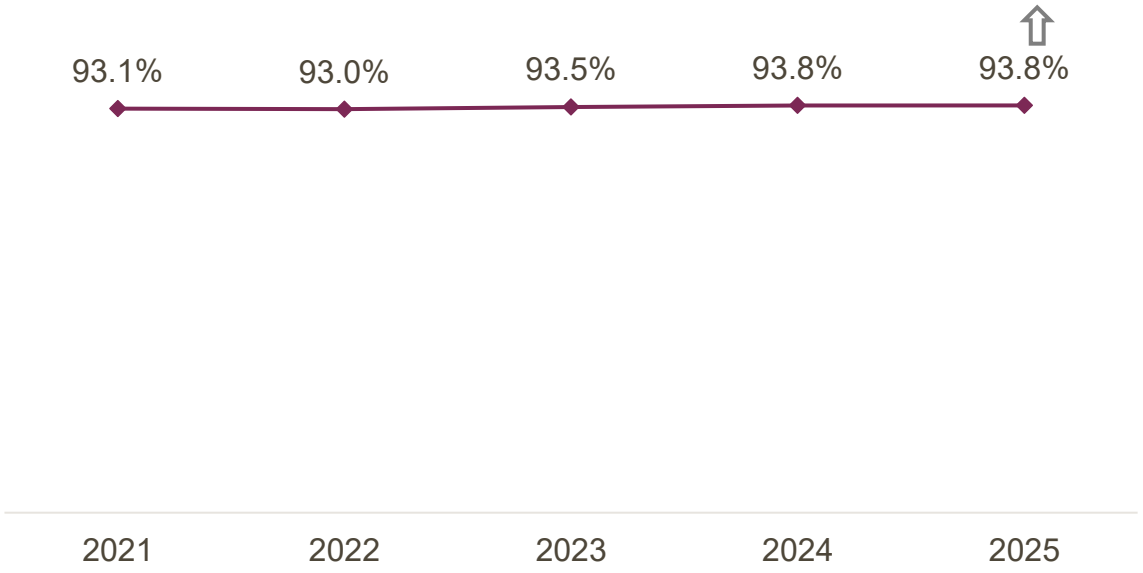
Respondents were asked questions about how their care was planned. 72.9% said that before their treatment started, they definitely had a discussion with a member of the team looking after them about their needs or concerns. This is similar to 73.1% in 2024 but an increase over the last five years.

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 93.8% in 2024 but an increase over the last five years.

Patient was definitely able to have a discussion about their needs or concerns prior to treatment (Q24)



A member of their care team helped the patient create a care plan to address any needs or concerns (Q25)



2024 – 2025: statistically significant increase or decrease

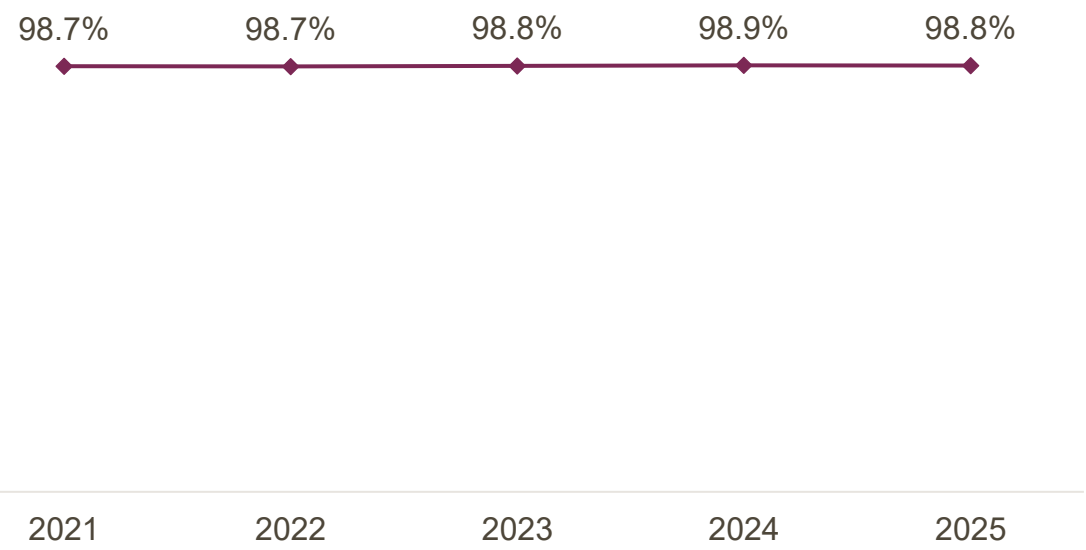
2021 – 2025: statistically significant increase or decrease

Number of responses. Q24: 2021 (52,197) 2022 (53,813) 2023 (55,578) 2024 (56,667) 2025 (56,654). Q25: 2021 (30,395) 2022 (31,263) 2023 (32,776) 2024 (33,700) 2025 (33,988).

Care planning (2)

98.8% said a member of the team looking after them reviewed the plan with them to make sure it was up to date. This is similar to 98.9% in 2024.

Care team reviewed the patient's care plan with them to ensure it was up to date (Q26)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q26: 2021 (23,911) 2022 (24,536) 2023 (25,837) 2024 (26,986) 2025 (27,201).

12 Support from hospital staff

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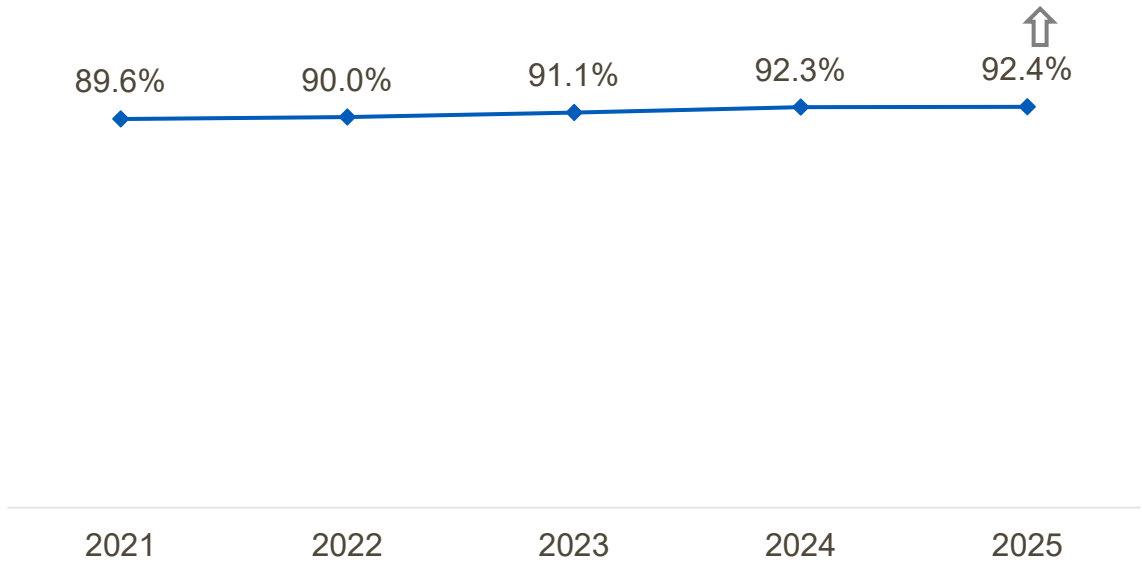
Support from hospital staff (1)

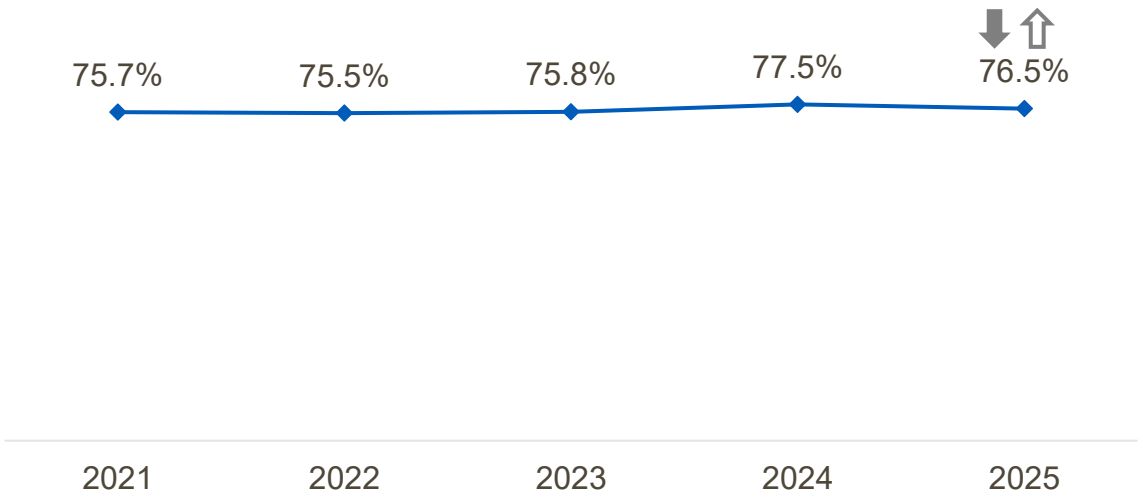
Respondents were asked questions about how they were supported by hospital staff during their cancer care. 92.4% of respondents said staff provided them with the relevant information on available support. This is similar to 92.3% in 2024 but an increase over the last five years.

76.5% said they definitely got the right level of support from hospital staff for their overall health and wellbeing. This is a decrease from 77.5% in 2024 but an increase over the last five years.

Staff provided the patient with relevant information on available support (Q27)



Patient definitely got the right level of support for their overall health and well being from hospital staff (Q28)



2024 – 2025: statistically significant increase or decrease

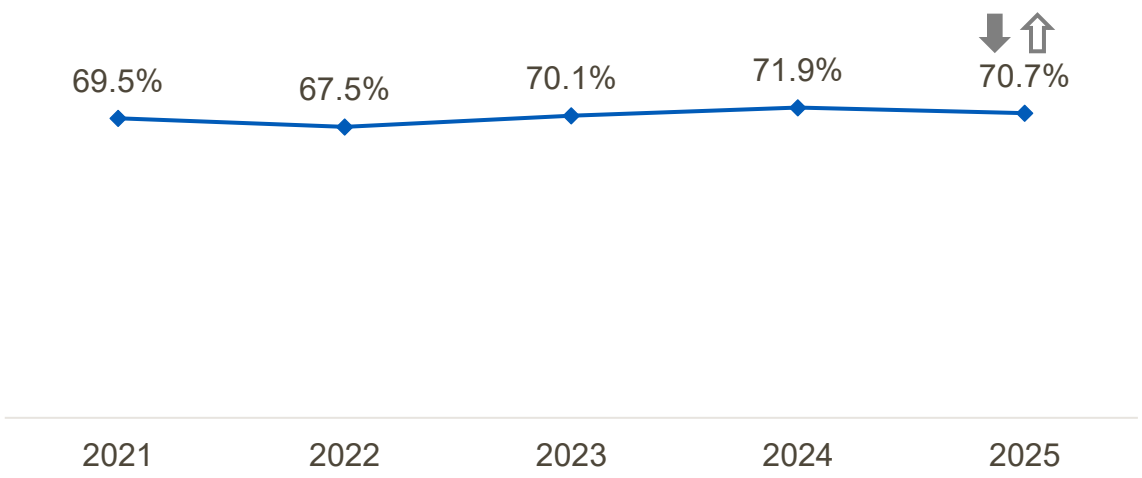
2021 – 2025: statistically significant increase or decrease

Number of responses. Q27: 2021 (47,531) 2022 (49,783) 2023 (52,091) 2024 (53,603) 2025 (53,850). Q28: 2021 (57,668) 2022 (59,645) 2023 (61,467) 2024 (62,426) 2025 (62,570).

Support from hospital staff (2)

70.7% said that they were offered information about how to get financial help or benefits, this is a decrease from 71.9% in 2024 but an increase over the last five years.

Patient was offered information about how to get financial help or benefits (Q29)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q29: 2021 (29,197) 2022 (31,553) 2023 (32,922) 2024 (33,447) 2025 (32,603).

13 Hospital care

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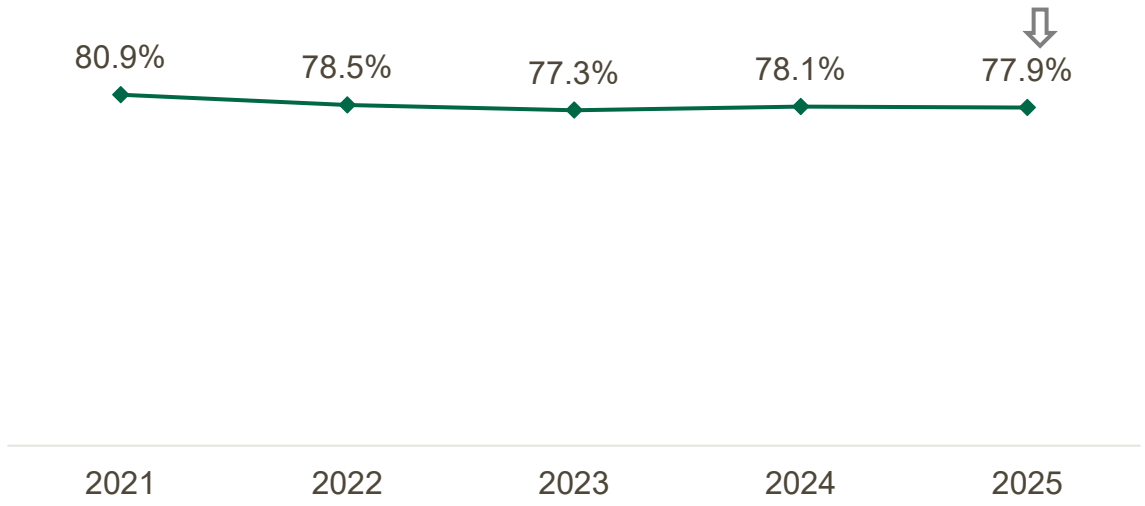
Hospital care (1)

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

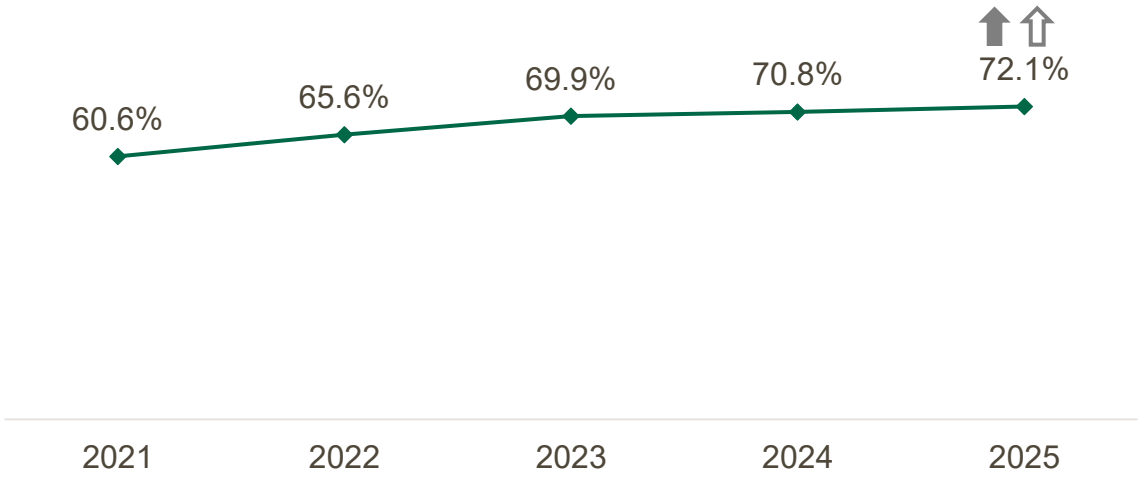
77.9% said they had confidence and trust in all of the team looking after them. This is similar to 78.1% in 2024 but a decrease over the last five years.

72.1% said family or someone else close to them were definitely able to talk to someone on the team looking after them if they wanted to. This is an increase from 70.8% in 2024 and over the last five years.

Patient had confidence and trust in all of the team looking after them during their stay in hospital (Q31)



Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital (Q32)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

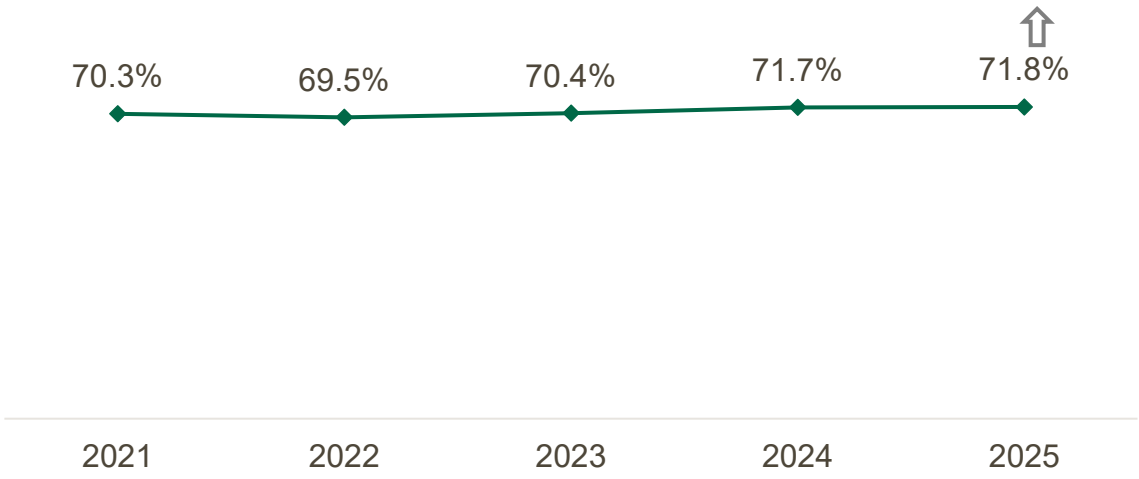
Number of responses. Q31: 2021 (26,540) 2022 (25,929) 2023 (26,465) 2024 (26,814) 2025 (25,746). Q32: 2021 (21,059) 2022 (20,693) 2023 (21,866) 2024 (22,496) 2025 (21,535).

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.

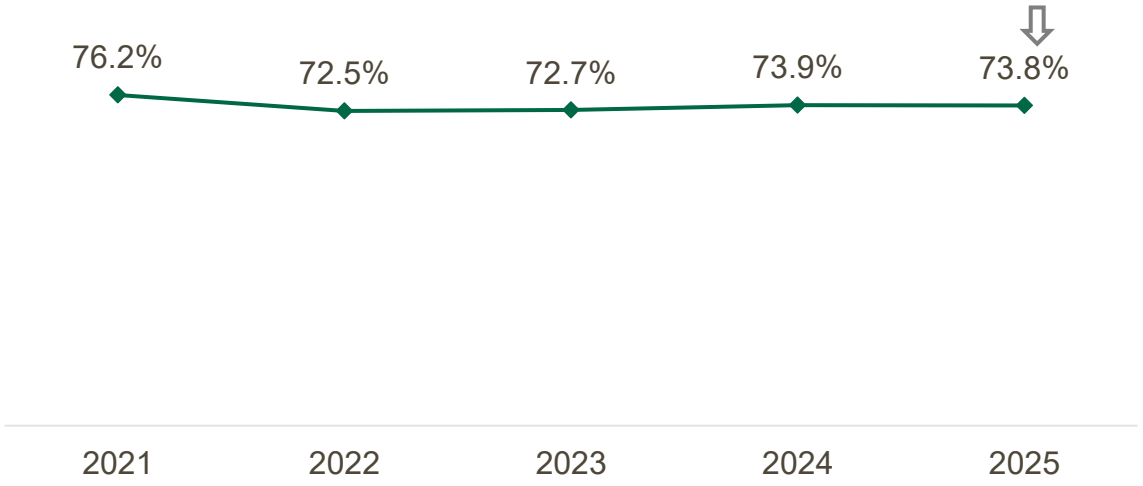
71.8% said they always felt involved in decisions about their care and treatment whilst in hospital. This is similar to 71.7% in 2024 but an increase over the last five years.

Patient was always involved in decisions about their care and treatment whilst in hospital (Q33)



73.8% said they could always get help from ward staff when they needed it. This is similar to 73.9% in 2024 but a decrease over the last five years.

Patient was always able to get help from ward staff when needed (Q34)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q33: 2021 (26,017) 2022 (25,462) 2023 (25,944) 2024 (26,403) 2025 (25,356). Q34: 2021 (26,007) 2022 (25,418) 2023 (25,851) 2024 (26,254) 2025 (25,263).

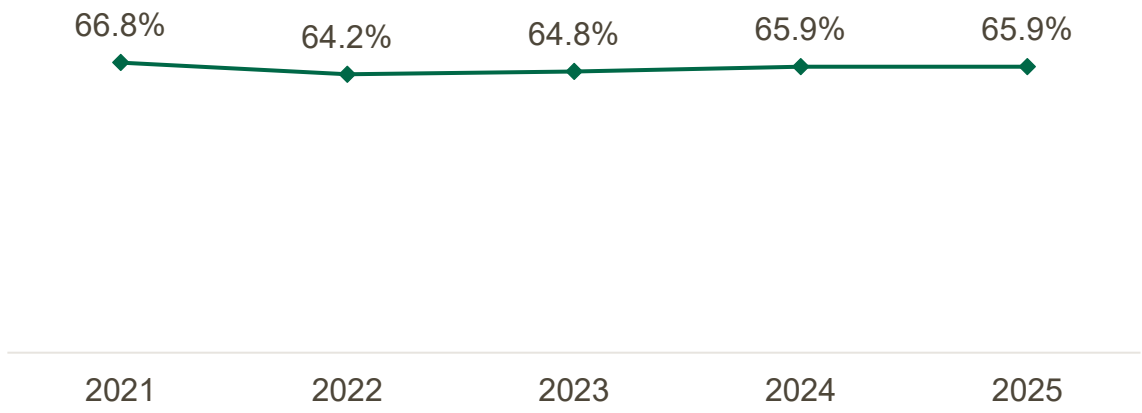
Hospital care (3)

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

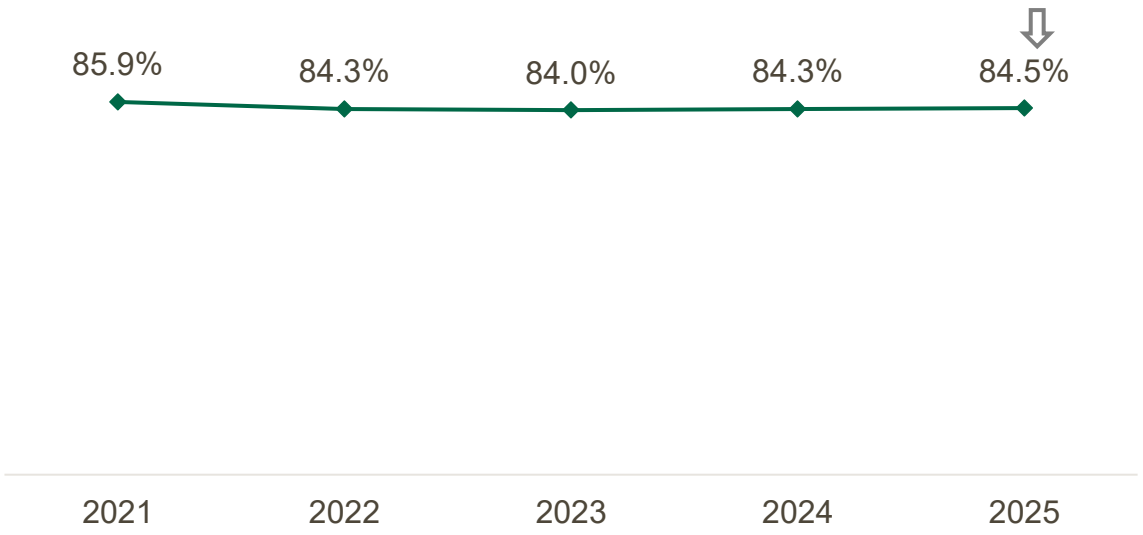
65.9% said they could always talk to the hospital staff about their worries and fears if they needed to. This is similar to 65.9% in 2024.

When asked if the hospital staff did everything they could to help control pain, 84.5% said this was always the case. This is similar to 84.3% in 2024 but a decrease over the last five years.

Patient was always able to discuss worries and fears with hospital staff (Q35)



Hospital staff always did everything they could to help the patient control pain (Q36)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

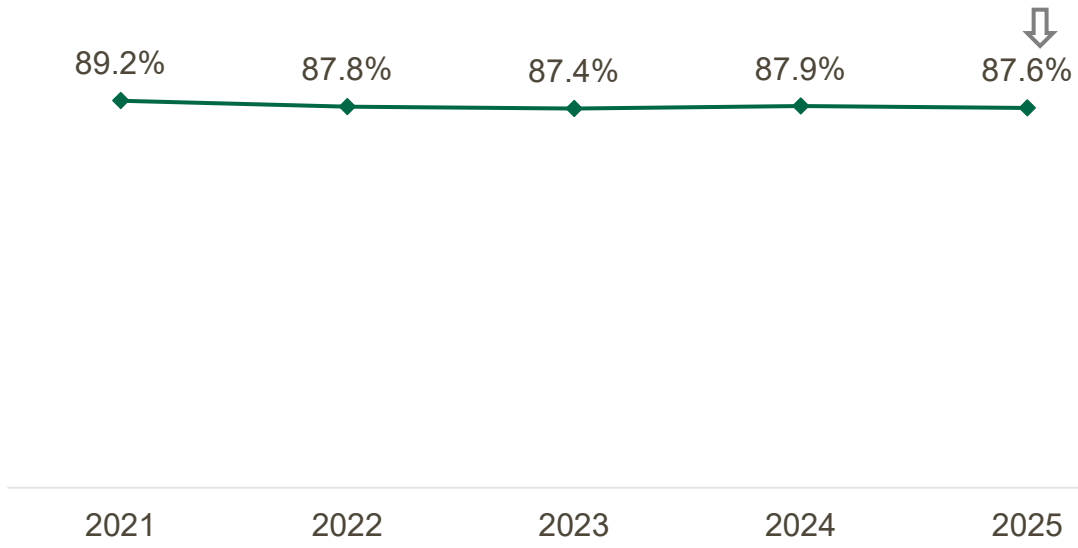
Number of responses. Q35: 2021 (25,365) 2022 (24,668) 2023 (25,148) 2024 (25,506) 2025 (24,527). Q36: 2021 (23,042) 2022 (22,380) 2023 (22,850) 2024 (23,227) 2025 (22,353).

Hospital care (4)

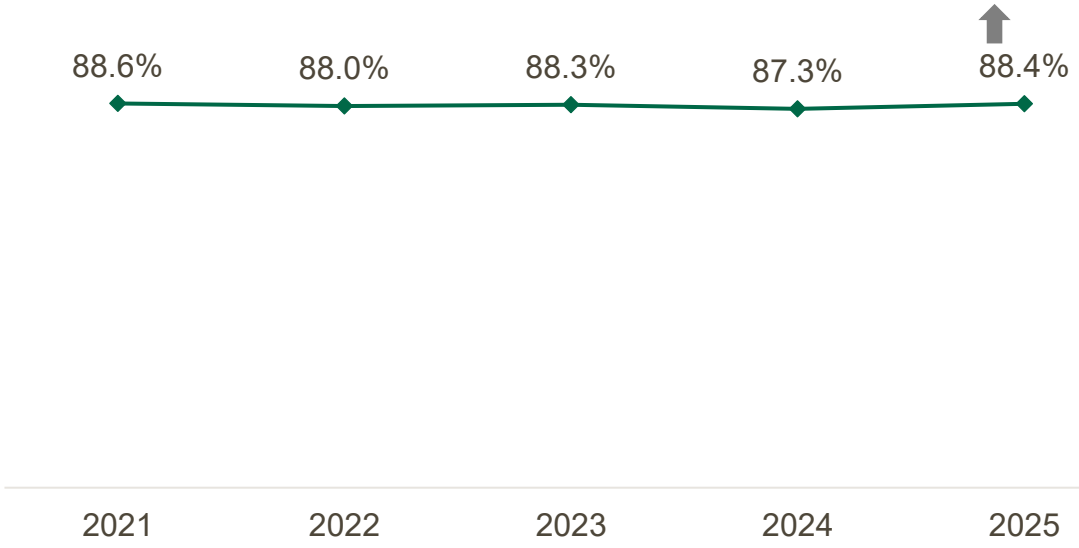
87.6% felt that they were always treated with respect and dignity while they were in the hospital. This is similar to 87.9% in 2024 but a decrease over the last five years.

88.4% felt they were given easily understandable information about what they should or should not do after leaving hospital. This is an increase from 87.3% in 2024.

Patient was always treated with respect and dignity while in hospital (Q37)



Patient received easily understandable information about what they should or should not do after leaving hospital (Q38)



2024 – 2025: statistically significant increase or decrease

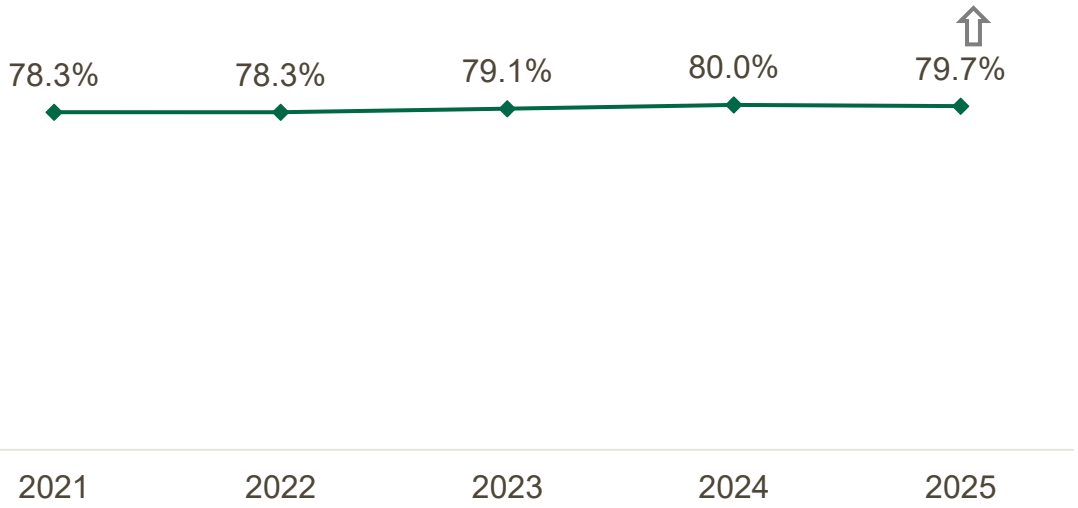
2021 – 2025: statistically significant increase or decrease

Number of responses. Q37: 2021 (26,419) 2022 (25,823) 2023 (26,328) 2024 (26,697) 2025 (25,656). Q38: 2021 (25,801) 2022 (25,223) 2023 (25,676) 2024 (26,063) 2025 (25,056).

Hospital care (5)

Of those who had been treated as an outpatient or day case, 79.7% said they were always able to talk to hospital staff about their worries or fears if they needed to. This is similar to 80.0% in 2024 but an increase over the last five years.

Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case (Q39)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q39: 2021 (50,271) 2022 (52,383) 2023 (54,199) 2024 (55,107) 2025 (55,360).

14 Your treatment

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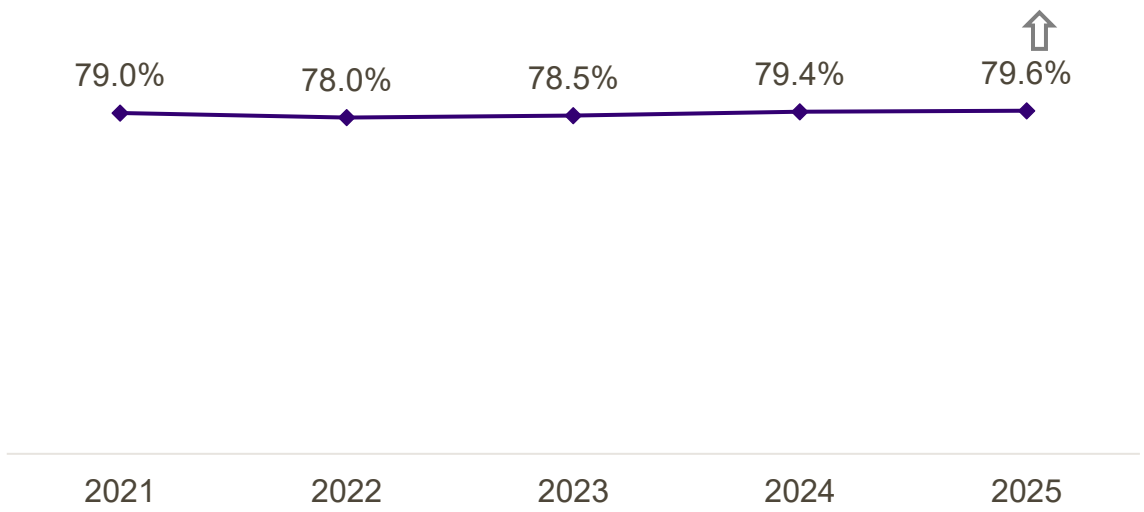
Your treatment (1)

79.6% felt the length of waiting time at the clinic or day unit for cancer treatment was about right. This is similar to 79.4% in 2024 but an increase over the last five years.

Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right (Q43)



2024 – 2025: statistically significant increase or decrease

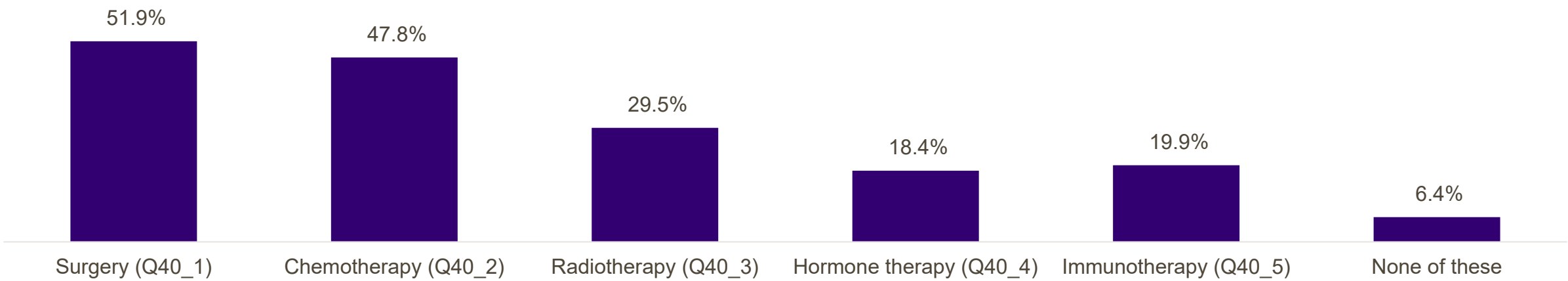
2021 – 2025: statistically significant increase or decrease

Number of responses. Q43: 2021 (56,727) 2022 (58,646) 2023 (59,445) 2024 (61,320) 2025 (61,789). .

Your treatment (2)

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

2025: Treatment patient has had in the last 12 months (Q40)



51.9% of patients said they had surgery.

47.8% of patients said they had chemotherapy.

29.5% of patients said they had radiotherapy.

18.4% of patients said they had hormone therapy.

19.9% of patients said they had immunotherapy.

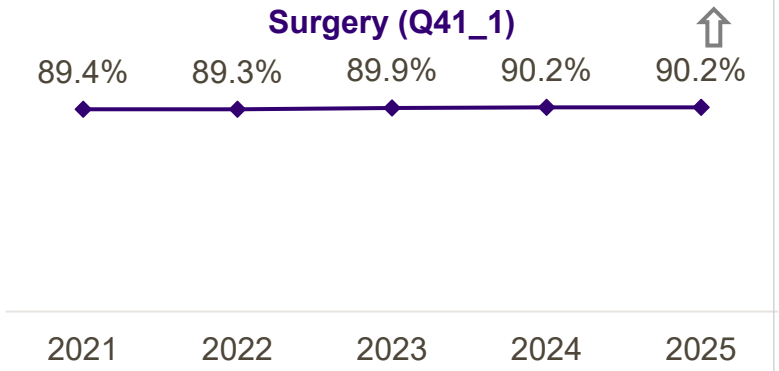
6.4% of patients said they had none of these treatments.

Number of responses. Q40: surgery (32,862) chemotherapy (30,244) radiotherapy (18,678) hormone therapy (11,675) immunotherapy (12,570) none of these (4,062).

Your treatment (3)

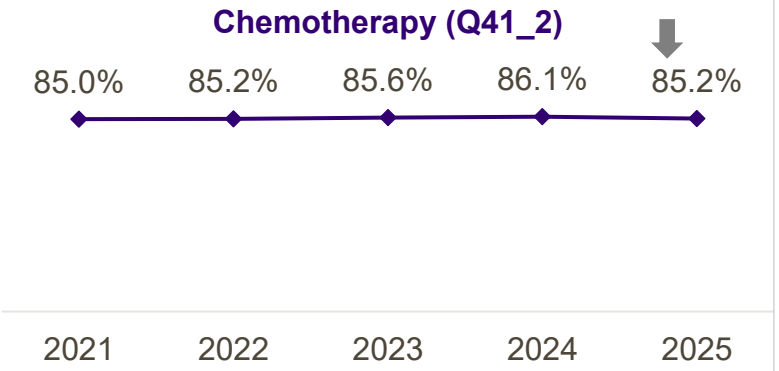
Beforehand patient completely had enough understandable information about their treatment (Q41)

Surgery (Q41_1)



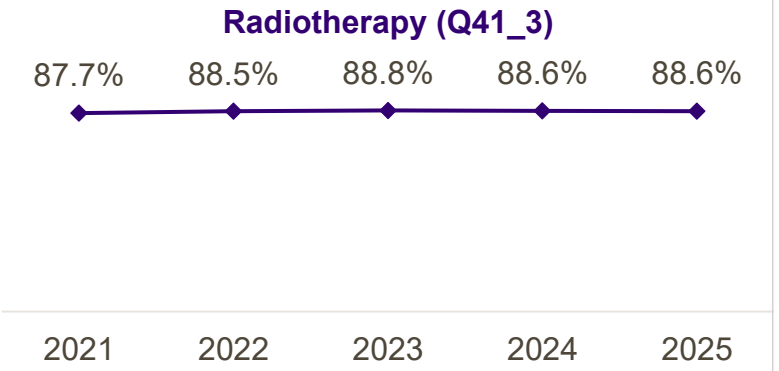
Surgery: 90.2% said before their treatment started they completely had enough understandable information, similar to 90.2% in 2024 but an increase over the past five years.

Chemotherapy (Q41_2)



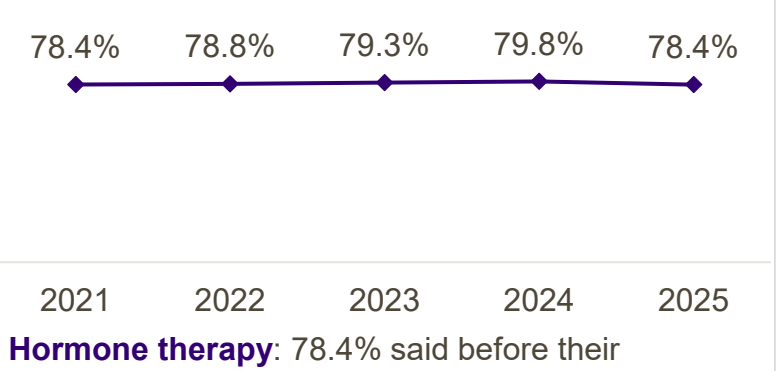
Chemotherapy: 85.2% said before their treatment started they completely had enough understandable information, a decrease from 86.1% in 2024.

Radiotherapy (Q41_3)



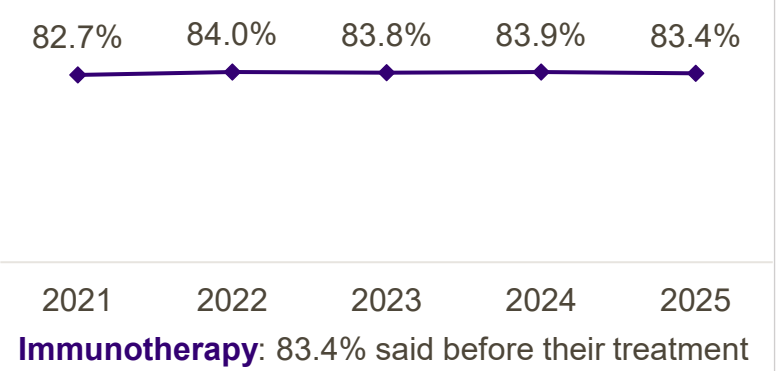
Radiotherapy: 88.6% said before their treatment started they completely had enough understandable information, similar to 88.6% in 2024.

Hormone therapy (Q41_4)



Hormone therapy: 78.4% said before their treatment started they completely had enough understandable information, similar to 79.8% in 2024.

Immunotherapy (Q41_5)



Immunotherapy: 83.4% said before their treatment started they completely had enough understandable information, similar to 83.9% in 2024.

2024 – 2025: statistically significant increase or decrease

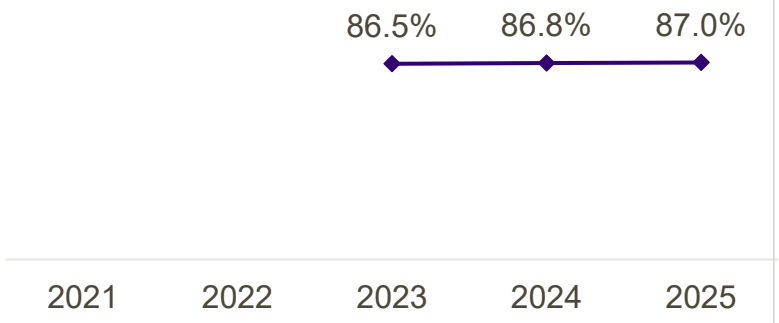
2021 – 2025: statistically significant increase or decrease

Number of responses. Q41_1: 2021 (32,439) 2022 (32,643) 2023 (31,774) 2024 (33,125) 2025 (31,941). Q41_2: 2021 (28,914) 2022 (29,597) 2023 (29,684) 2024 (29,712) 2025 (29,422). Q41_3: 2021 (17,758) 2022 (18,460) 2023 (17,848) 2024 (18,426) 2025 (18,073). Q41_4: 2021 (9,840) 2022 (10,478) 2023 (10,802) 2024 (10,749) 2025 (11,166). Q41_5: 2021 (7,492) 2022 (8,037) 2023 (9,757) 2024 (10,938) 2025 (12,143).

Your treatment (4)

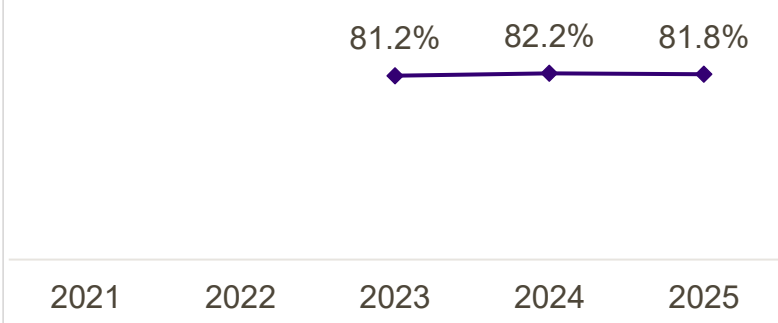
Patient completely had enough understandable information about their response to their treatment (Q42)

Surgery (Q42_1)



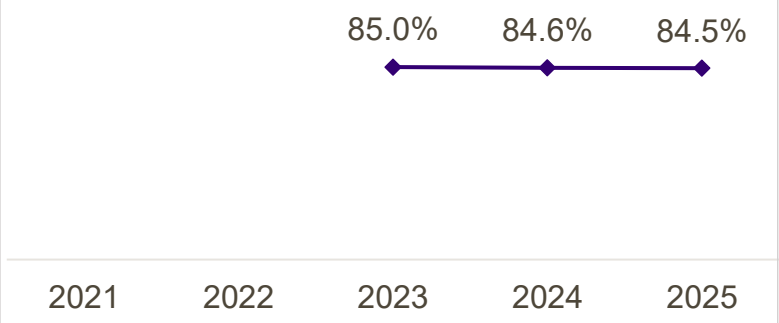
Surgery: 87.0% said they completely had enough understandable information about their response to treatment, similar to 86.8% in 2024.

Chemotherapy (Q42_2)



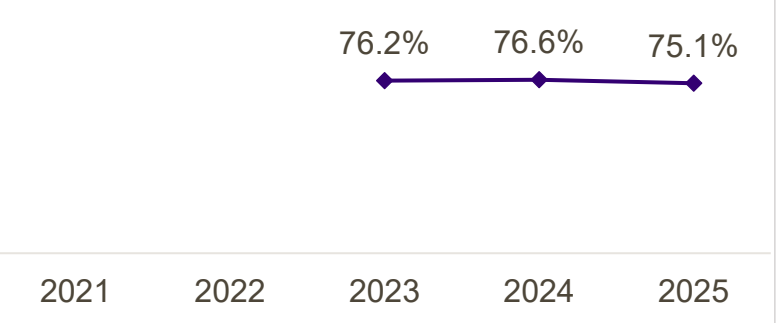
Chemotherapy: 81.8% said they completely had enough understandable information about their response to treatment, similar to 82.2% in 2024.

Radiotherapy (Q42_3)



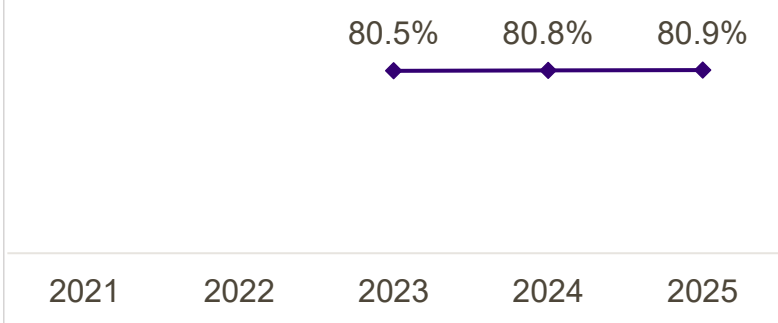
Radiotherapy: 84.5% said they completely had enough understandable information about their response to treatment, similar to 84.6% in 2024.

Hormone therapy (Q42_4)



Hormone therapy: 75.1% said they completely had enough understandable information about their response to treatment, similar to 76.6% in 2024.

Immunotherapy (Q42_5)



Immunotherapy: 80.9% said they completely had enough understandable information about their response to treatment, similar to 80.8% in 2024.

2024 – 2025: statistically significant increase or decrease

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) 2025 (31,611). Q42_2: 2023 (29,547) 2024 (29,603) 2025 (29,335). Q42_3: 2023 (17,720) 2024 (18,276) 2025 (18,027). Q42_4: 2023 (10,651) 2024 (10,612) 2025 (11,054). Q42_5: 2023 (9,658) 2024 (10,870) 2025 (12,008).

15

Immediate and long-term side effects

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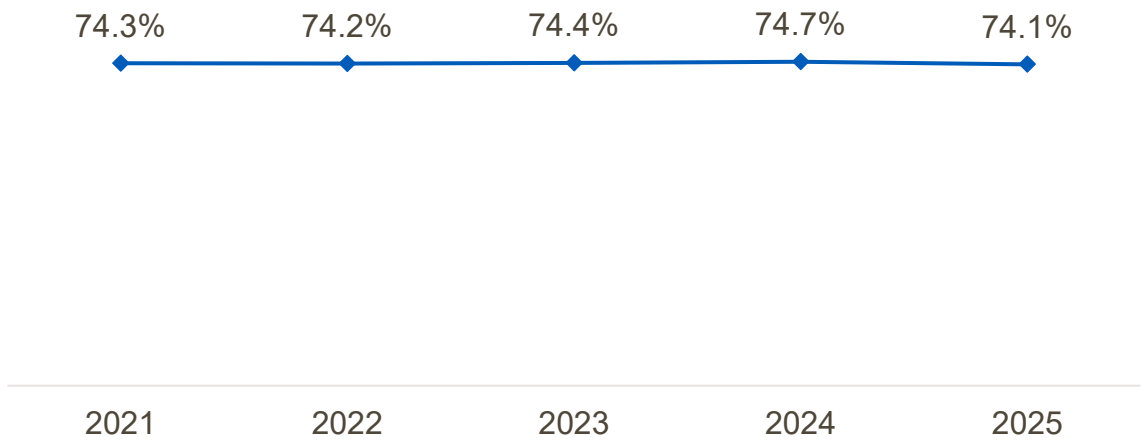
Immediate and long-term side effects (1)

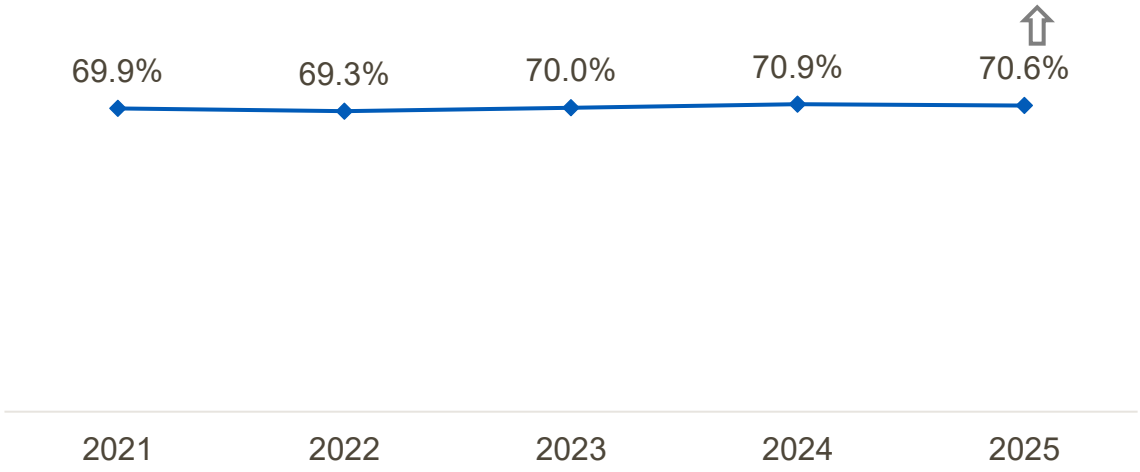
74.1% said that before they started their treatment(s), the possible side effects were definitely explained in a way they could understand, similar to 74.7% in 2024.

When asked if they were offered practical advice in dealing with the immediate side effects of their treatment(s), 70.6% said they always were. This is similar to 70.9% in 2024 but an increase over the past five years.

Possible side effects from treatment were definitely explained in a way the patient could understand (Q44)



Patient was always offered practical advice on dealing with any immediate side effects from treatment (Q45)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

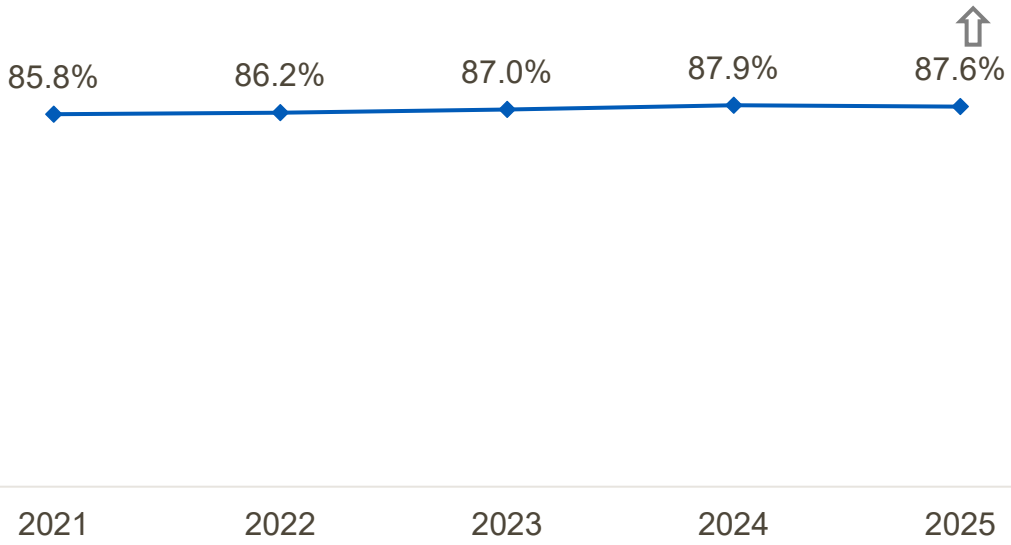
Number of responses. Q44: 2021 (55,165) 2022 (56,998) 2023 (58,021) 2024 (59,817) 2025 (60,263). Q45: 2021 (52,533) 2022 (54,324) 2023 (55,106) 2024 (57,012) 2025 (57,551).

Immediate and long-term side effects (2)

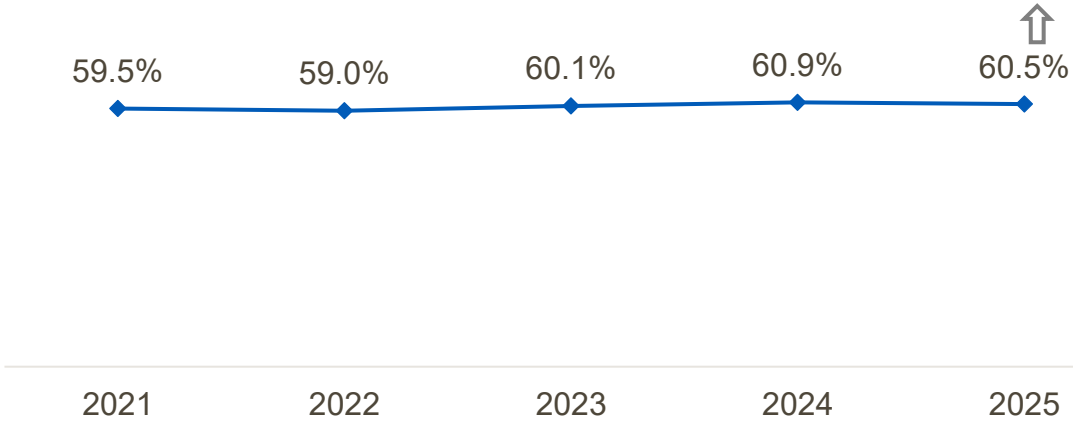
87.6% said they were given information that they could access about support in dealing with immediate side effects from treatment. This is similar to 87.9% in 2024 but an increase over the past five years.

Respondents were asked questions about the long-term side effects of their treatment. 60.5% 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 similar to 60.9% in 2024 but an increase over the past five years.

Patient was given information that they could access about support in dealing with immediate side effects from treatment (Q46)



Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment (Q47)



2024 – 2025: statistically significant increase or decrease

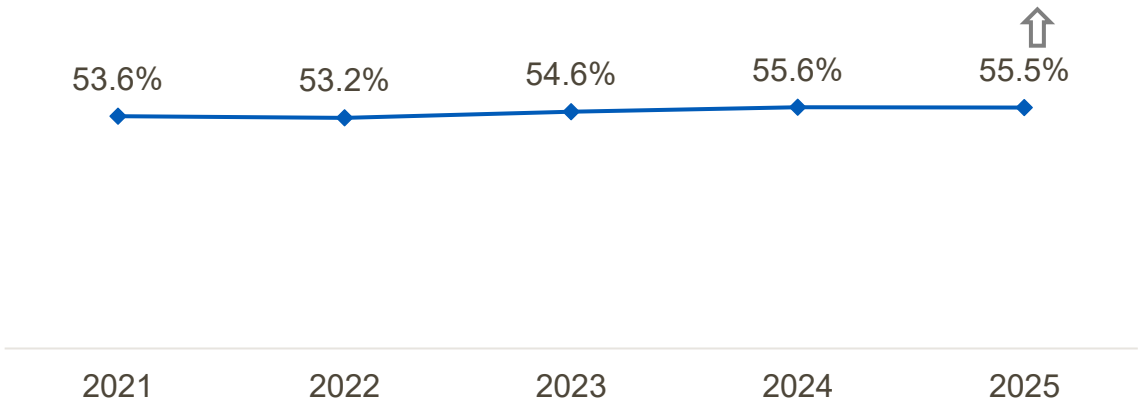
2021 – 2025: statistically significant increase or decrease

Number of responses. Q46: 2021 (42,138) 2022 (43,744) 2023 (44,350) 2024 (46,808) 2025 (46,963). Q47: 2021 (51,820) 2022 (53,446) 2023 (55,268) 2024 (56,350) 2025 (56,652).

Immediate and long-term side effects (3)

55.5% said they were definitely able to discuss options for managing the impact of any long-term side effects. This is similar to 55.6% in 2024 but an increase over the past five years.

Patient was definitely able to discuss options for managing the impact of any long-term side effects (Q48)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q48: 2021 (44,368) 2022 (45,956) 2023 (47,807) 2024 (48,996) 2025 (49,766).

16 Support while at home

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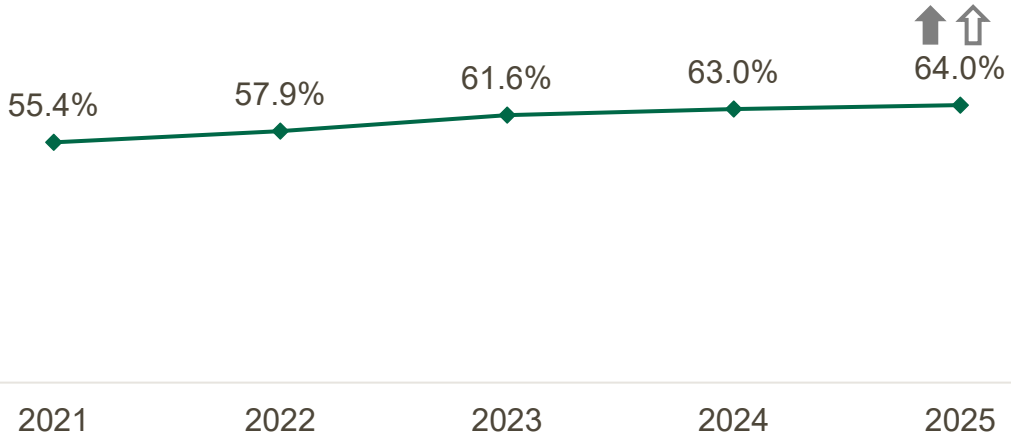
Support while at home

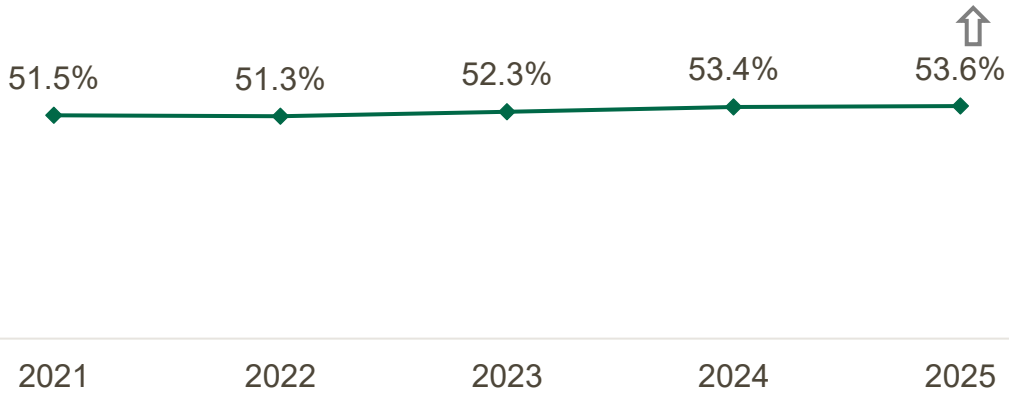
Respondents were asked about the support they were given while at home. 64.0% said their family or someone else close to them were given all the information they needed to help care for them at home. This is an increase from 63.0% in 2024 and over the last five years.

53.6% said they definitely got enough care and support at home from community or voluntary services during their cancer treatment. This is similar to 53.4% in 2024 but an increase over the past five years.

Care team gave family, or someone close, all the information needed to help care for the patient at home (Q49)



During treatment, the patient definitely got enough care and support at home from community or voluntary services (Q50)



⇩⇧ **2024 – 2025:** statistically significant increase or decrease

⇩⇧ **2021 – 2025:** statistically significant increase or decrease

Number of responses. Q49: 2021 (37,748) 2022 (39,522) 2023 (40,936) 2024 (43,503) 2025 (43,408). Q50: 2021 (22,671) 2022 (22,930) 2023 (23,573) 2024 (23,934) 2025 (24,093).

17 Care from your GP practice

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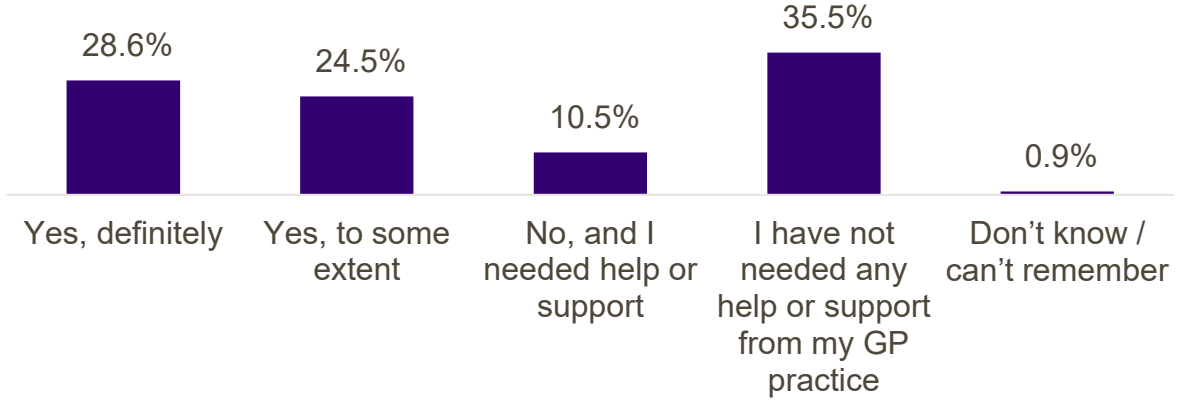
Care from your GP practice (1)

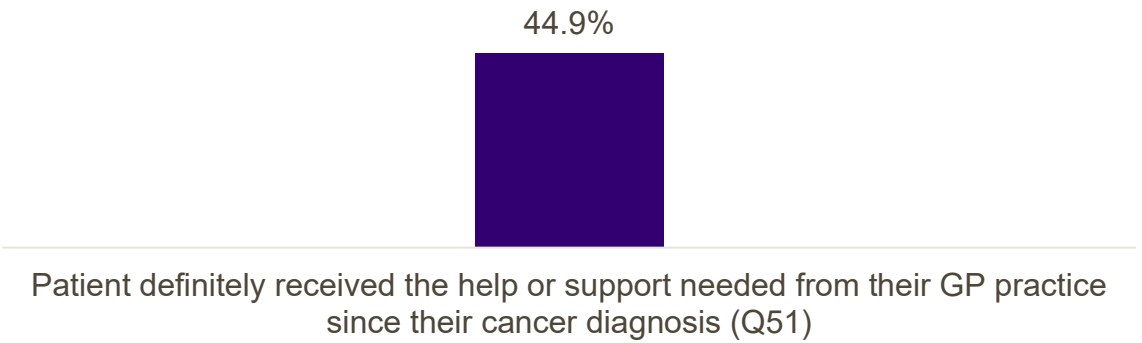
Respondents were asked if they had the help or support needed from their GP practice since their cancer diagnosis. 28.6% said they definitely received help or support, 24.5% said they received help or support to some extent, and 10.5% said no and they needed help or support. 35.5% said that they have not needed any help or support and 0.9% said they don't know or can't remember.

44.9% said that they had definitely received the help or support needed from their GP practice since their cancer diagnosis.

2025 result: Since your cancer diagnosis, have you had the help or support you needed from your GP practice (Q51)



2025: Patient definitely received the help or support needed from their GP practice since their cancer diagnosis (Q51)



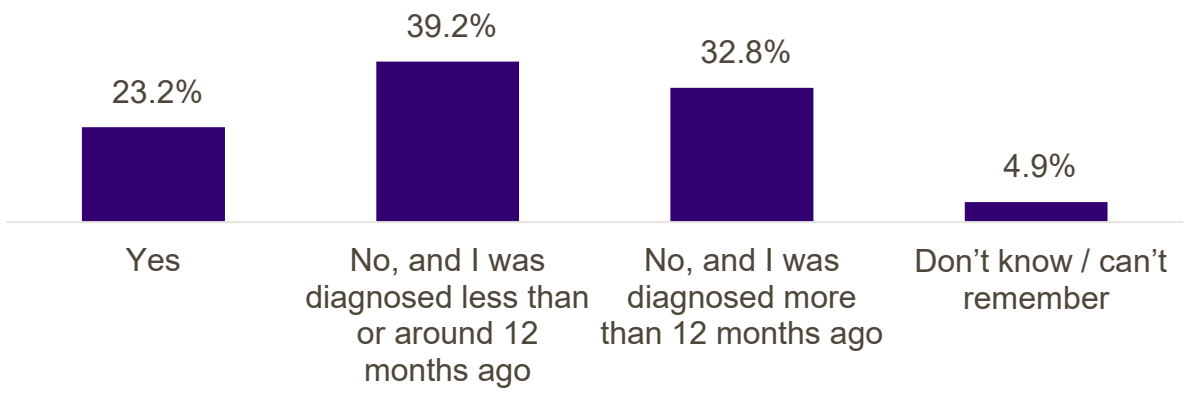
Please note, the scoring for Q51 excludes those answering that they did not need any help or support from their GP practice and don't know/can't remember. The question text for Q51 was amended in 2025. This question is no longer deemed comparable to previous years.
Number of responses. Q51: 2025 (39,788).

Care from your GP practice (2)

Respondents were asked if they have had a cancer care review with someone from their GP practice since their cancer diagnosis. 23.2% have had a review, 39.2% have not but were diagnosed less than or around 12 months ago, 32.8% have not and were diagnosed more than 12 months ago and 4.9% don't know or can't remember.

41.4% of patients have had a cancer care review with someone from their GP practice, excluding patients who have not had a review but were diagnosed less than or around 12 months ago.

2025 result: Since your cancer diagnosis, have you had a cancer care review with someone from your GP practice about any concerns you have or any information, support or care you need? (Q52)



2025: Patient has had a cancer care review with someone from their GP practice (excluding patients who have not had a review but were diagnosed less than or around 12 months ago) (Q52)

Please note, the scoring for Q52 excludes those answering that they were diagnosed less than or around 12 months ago and don't know/can't remember. The question text for Q52 was amended in 2025. This question is no longer deemed comparable to previous years.
Number of responses. Q52: 2025 (34,814).

18 Living with and beyond cancer

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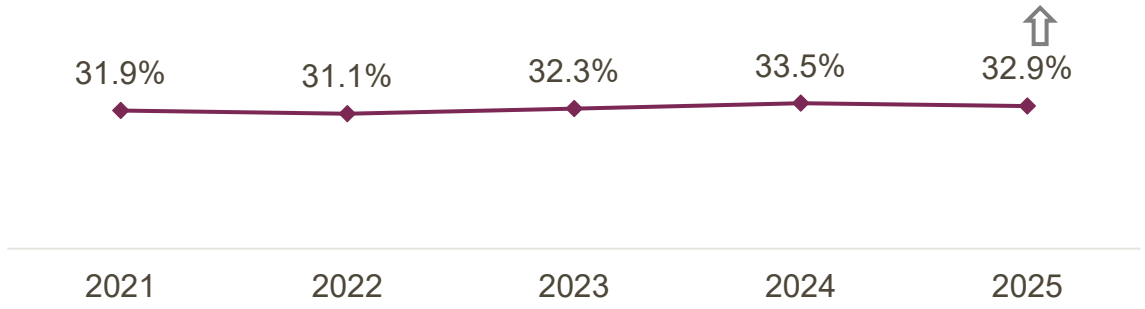
Living with and beyond cancer (1)

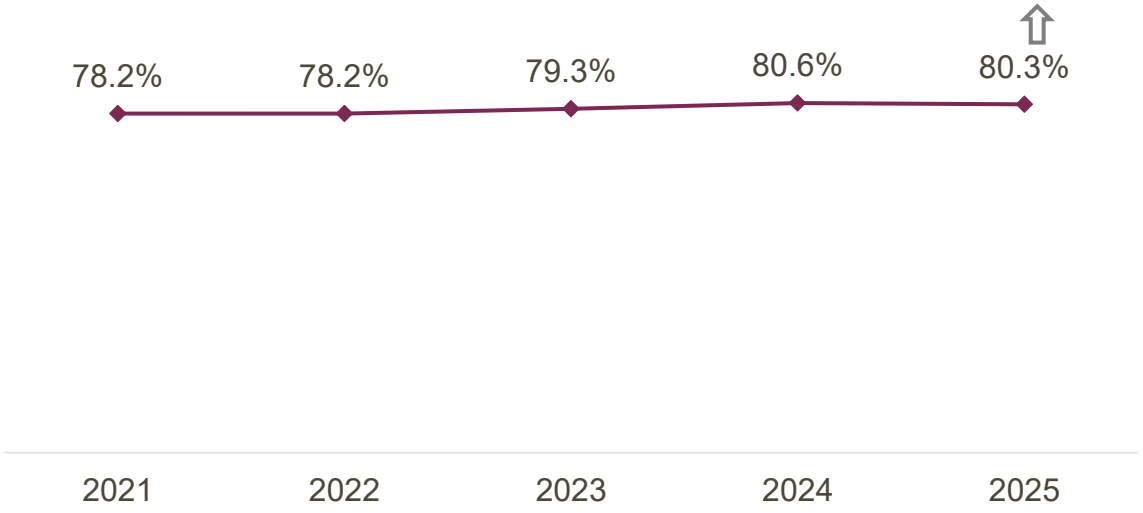
Respondents were asked if once their cancer treatment had finished they could get emotional support at home from community or voluntary services. 32.9% of respondents that needed care and support said they could definitely get this. This is similar to 33.5% in 2024 but an increase over the last five years.

After treatment, the patient definitely could get enough emotional support at home from community or voluntary services (Q53)



Respondents were asked if during the time between their final treatment and their follow-up appointment they were offered the right amount of information. 80.3% said that they were given the right amount of information. This is similar to 80.6% in 2024 but an increase over the last five years.

The right amount of information and support was offered to the patient between final treatment and the follow-up appointment (Q54)



2024 – 2025: statistically significant increase or decrease

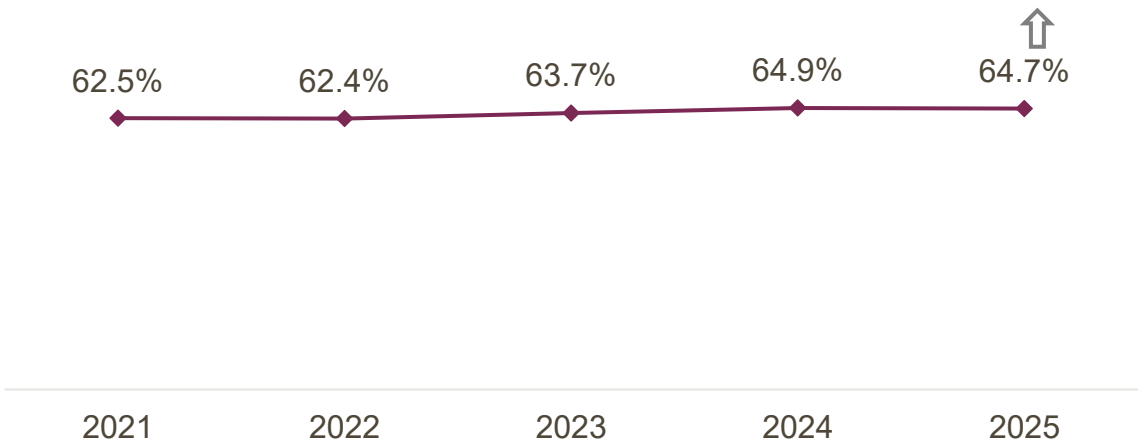
2021 – 2025: statistically significant increase or decrease

Number of responses. Q53: 2021 (12,846) 2022 (13,246) 2023 (13,163) 2024 (13,365) 2025 (13,779). Q54: 2021 (26,764) 2022 (27,676) 2023 (27,621) 2024 (28,499) 2025 (28,347).

Living with and beyond cancer (2)

64.7% said they were given enough information about the possibility and signs of cancer coming back or spreading. This is similar to 64.9% in 2024 but an increase over the last five years.

Patient was given enough information about the possibility and signs of cancer coming back or spreading (Q55)



2024 – 2025: statistically significant increase or decrease

2021 – 2025: statistically significant increase or decrease

Number of responses. Q55: 2021 (45,774) 2022 (47,153) 2023 (48,501) 2024 (49,150) 2025 (49,509).

19 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
- Impact of long-term condition(s) (excluding cancer) on day-to-day activities
- 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 2025 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

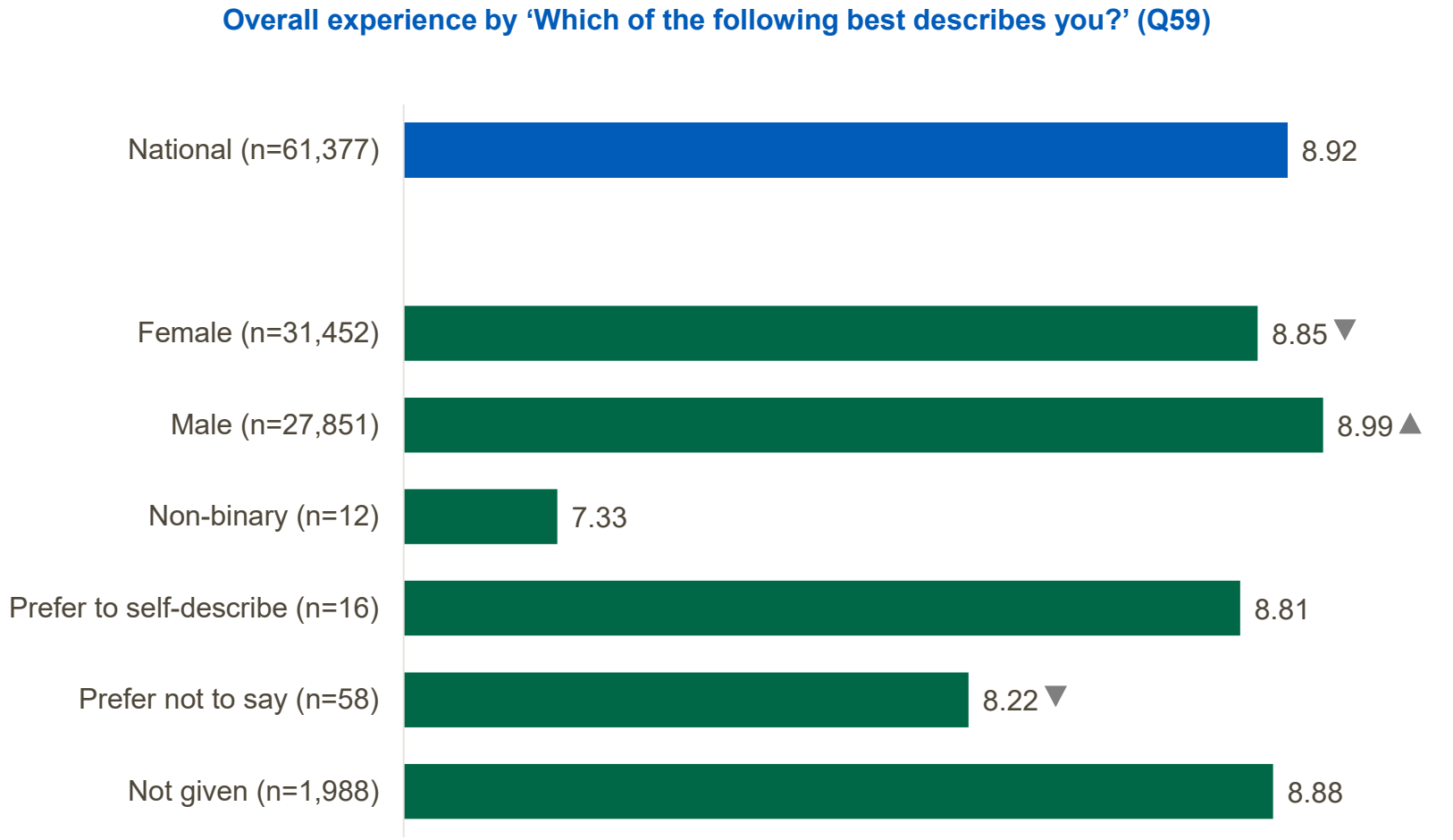
See 'About the respondents' for information on the number of responses for each subgroups.

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.

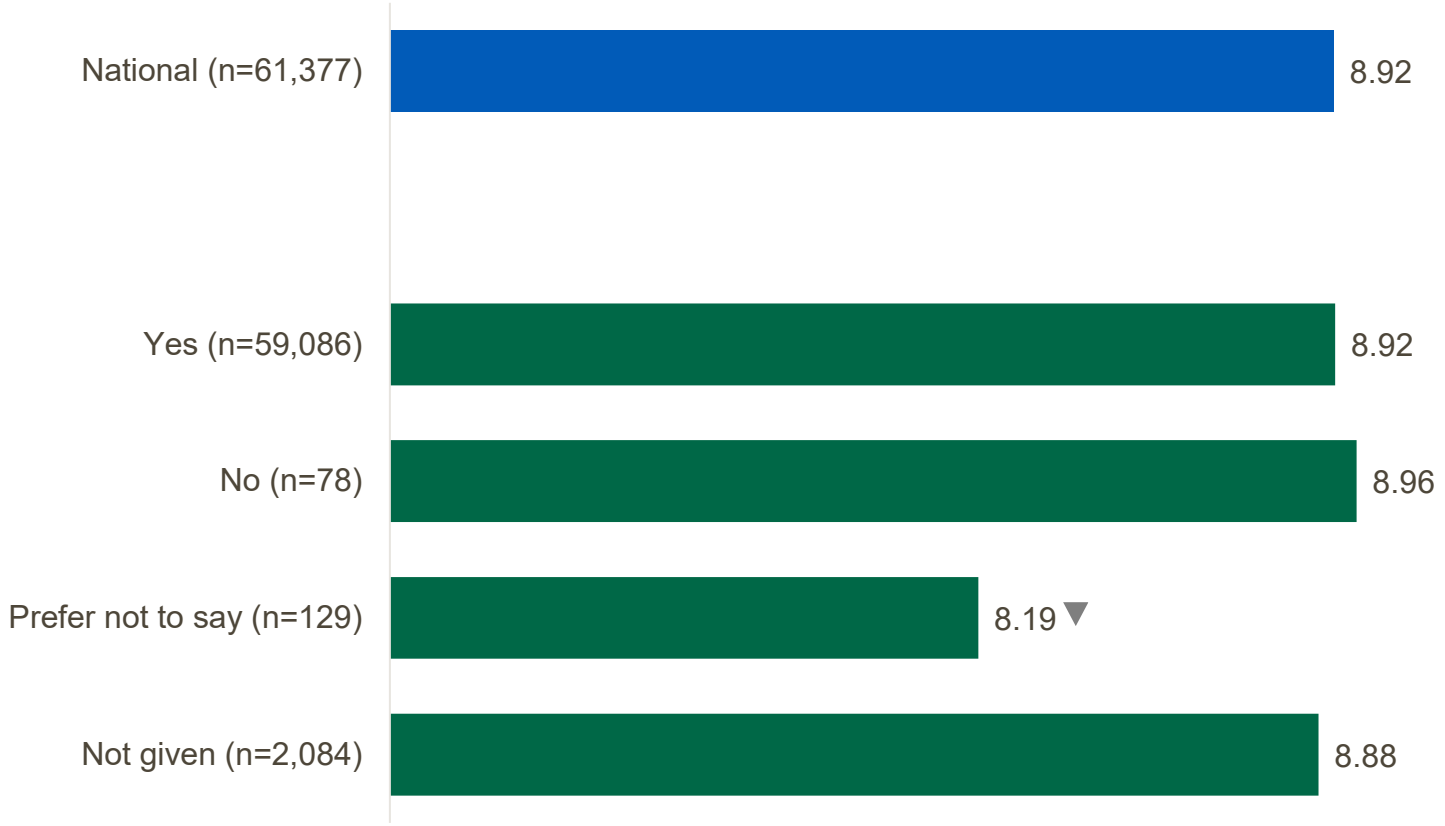
Those who describe themselves as female or who preferred not to say, report a **lower** overall experience than the national average.



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.

Overall experience by ‘Is your gender identity the same as the sex you were registered at birth?’ (Q59)

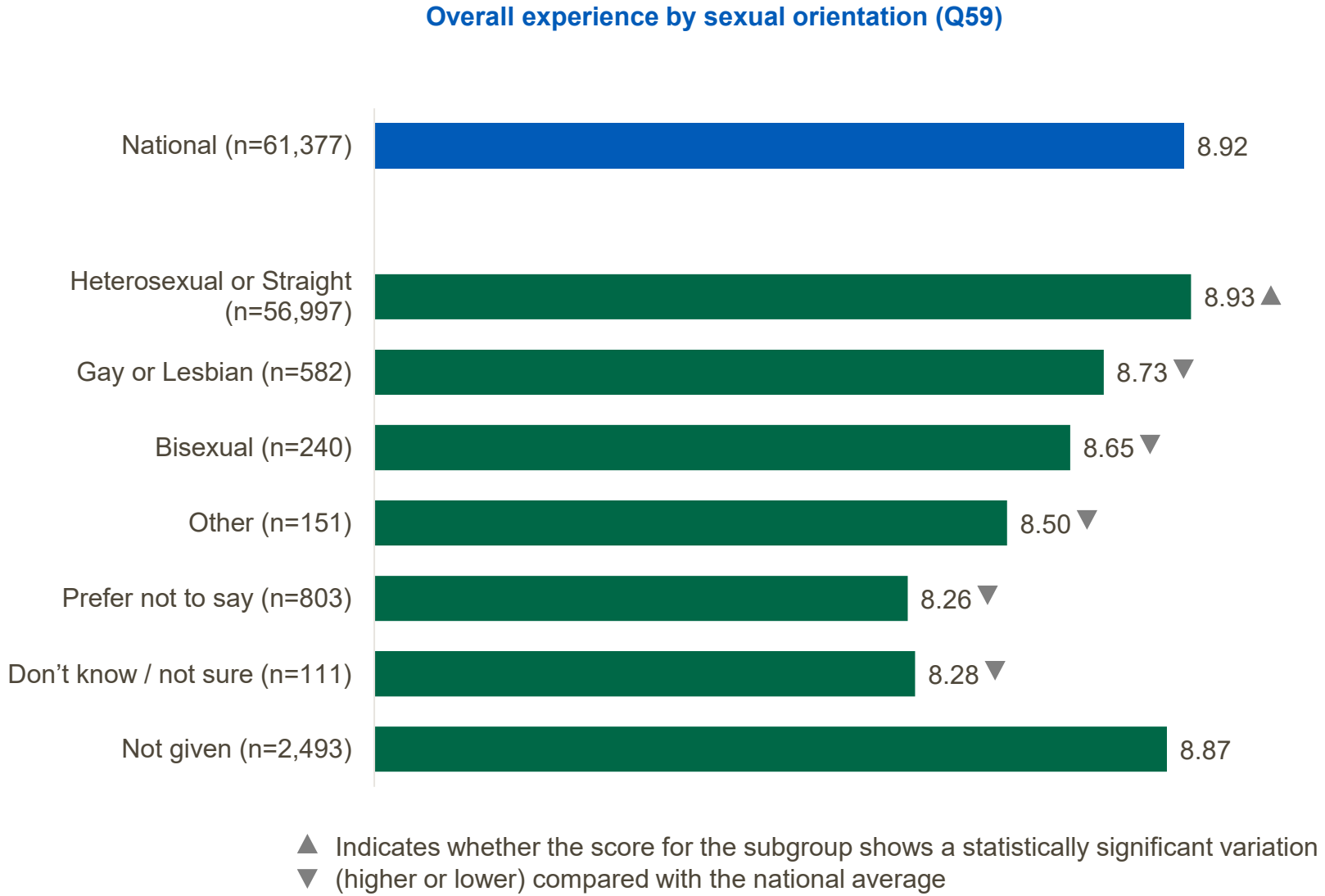


▲ Indicates whether the score for the subgroup shows a statistically significant variation
▼ (higher or lower) compared with the national average

Overall experience by sexual orientation

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

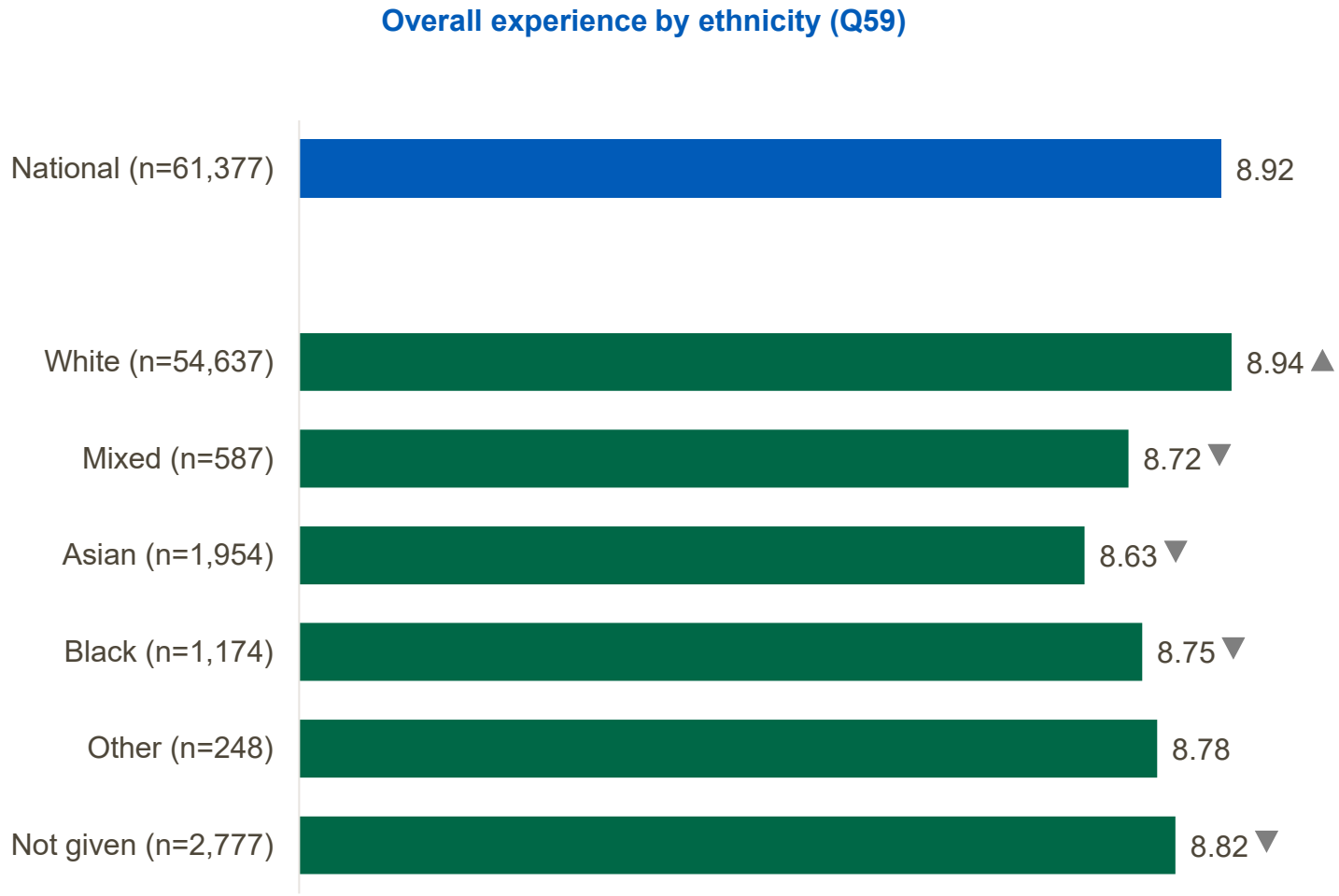
Those who identify as gay or lesbian, bisexual, other, who preferred not to say or don't know / not sure, report a **lower** overall experience than the national average.



Overall experience by 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.

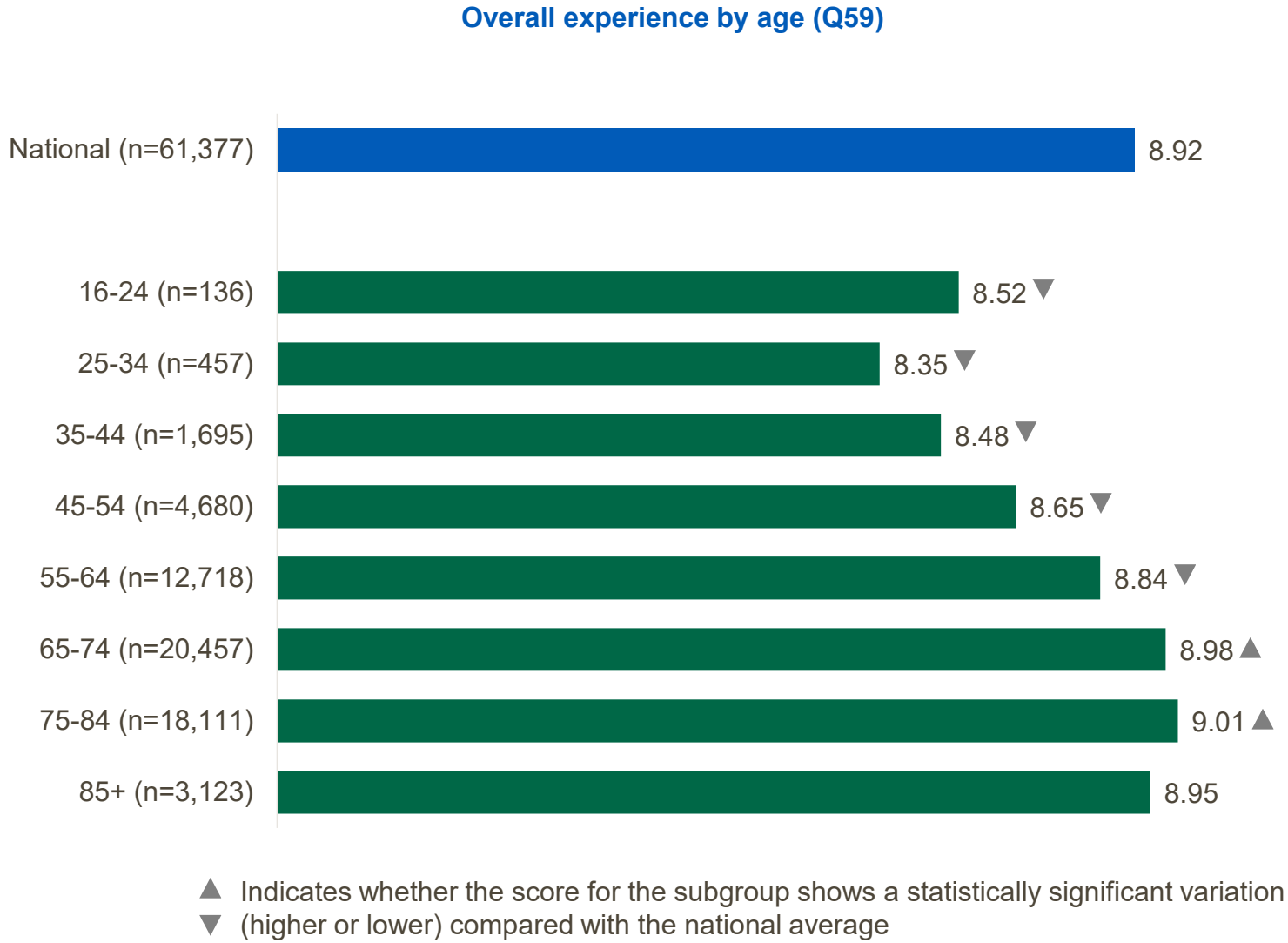


▲ Indicates whether the score for the subgroup shows a statistically significant variation
▼ (higher or lower) compared with the national average

Overall experience by age

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

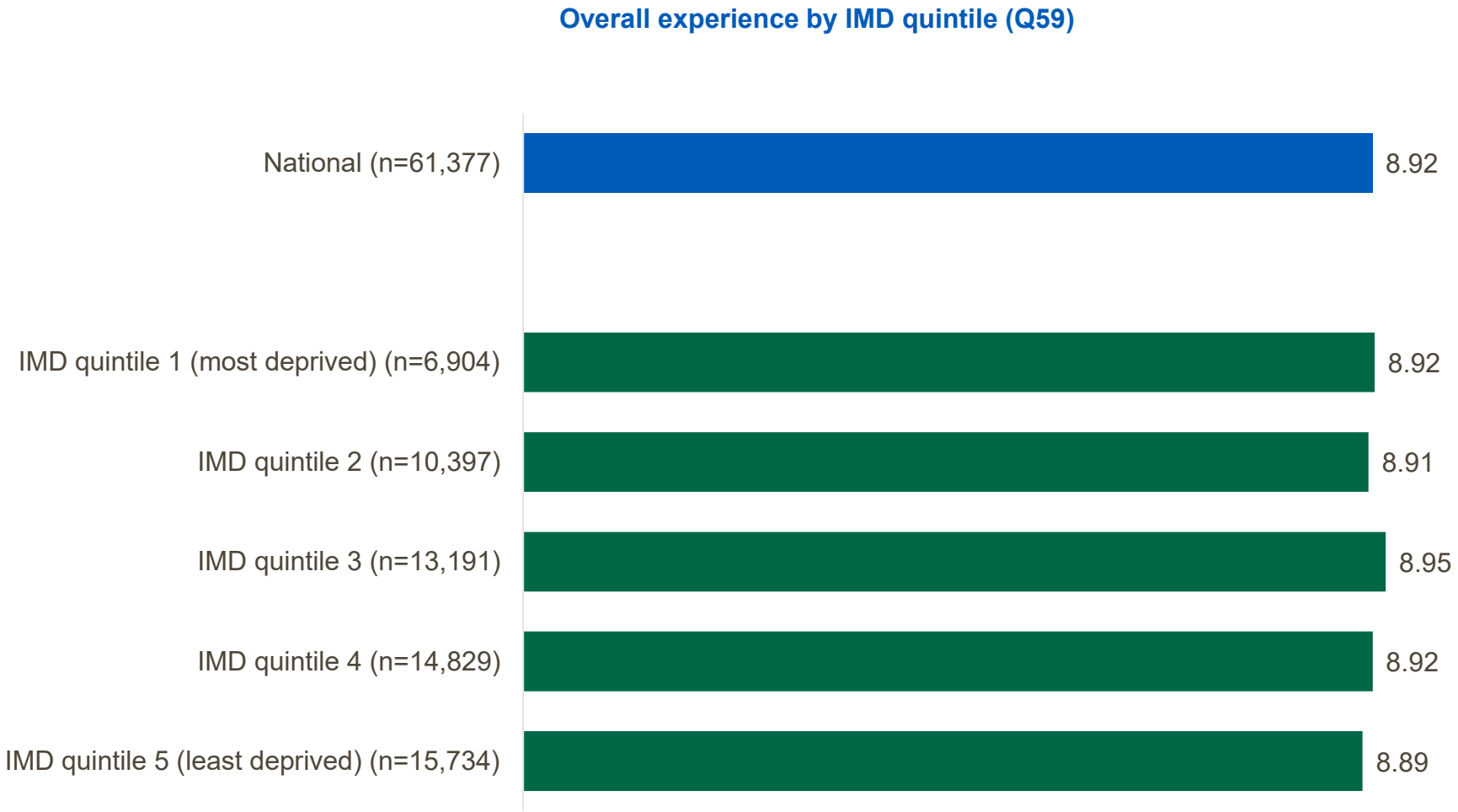
Those aged between 16 and 64 report a **lower** overall experience than the national average.



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.

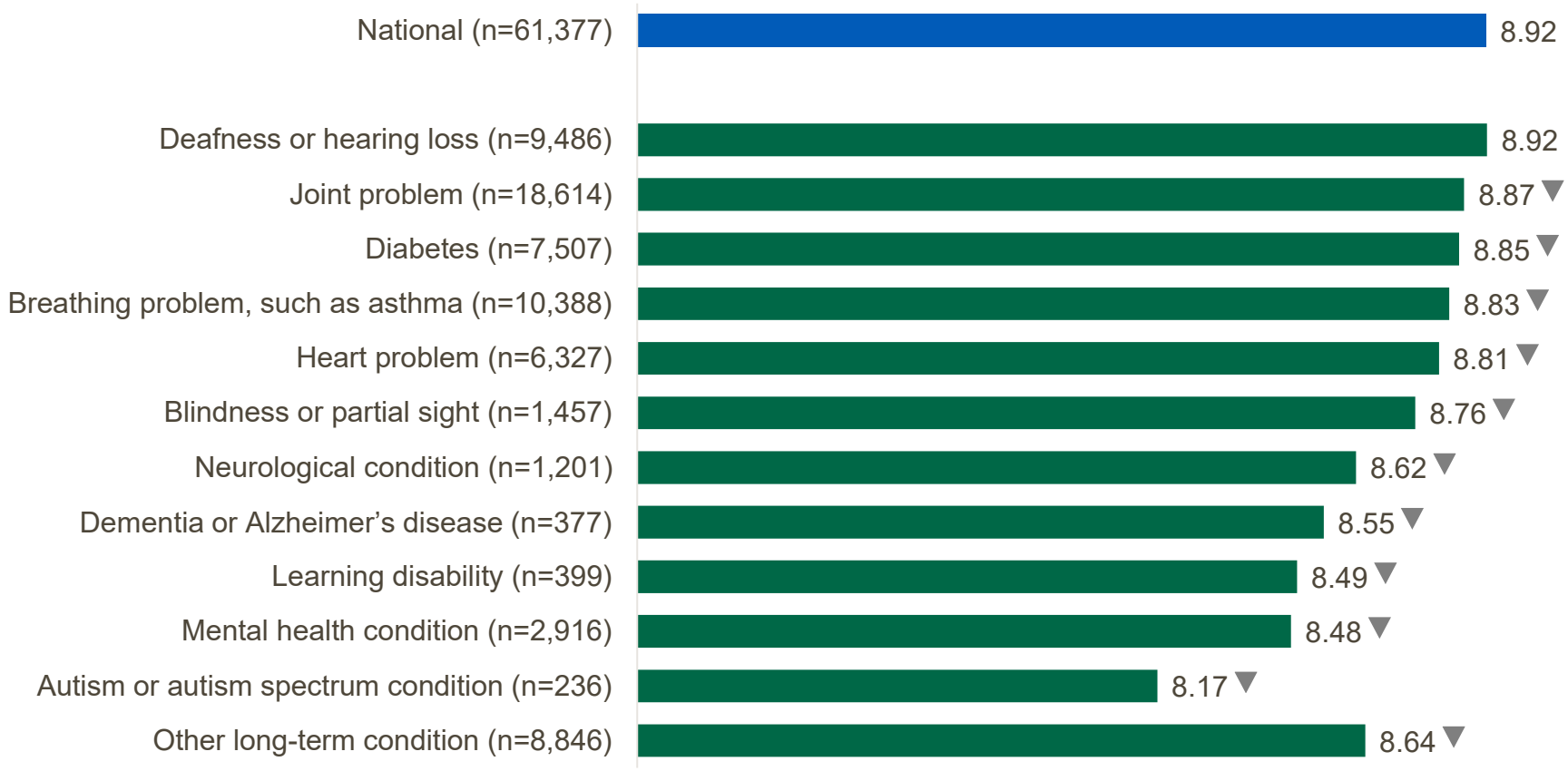
There is no significant difference between IMD quintile 1 and 5.



Overall experience by long-term condition

Other than respondents with deafness or hearing loss, 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

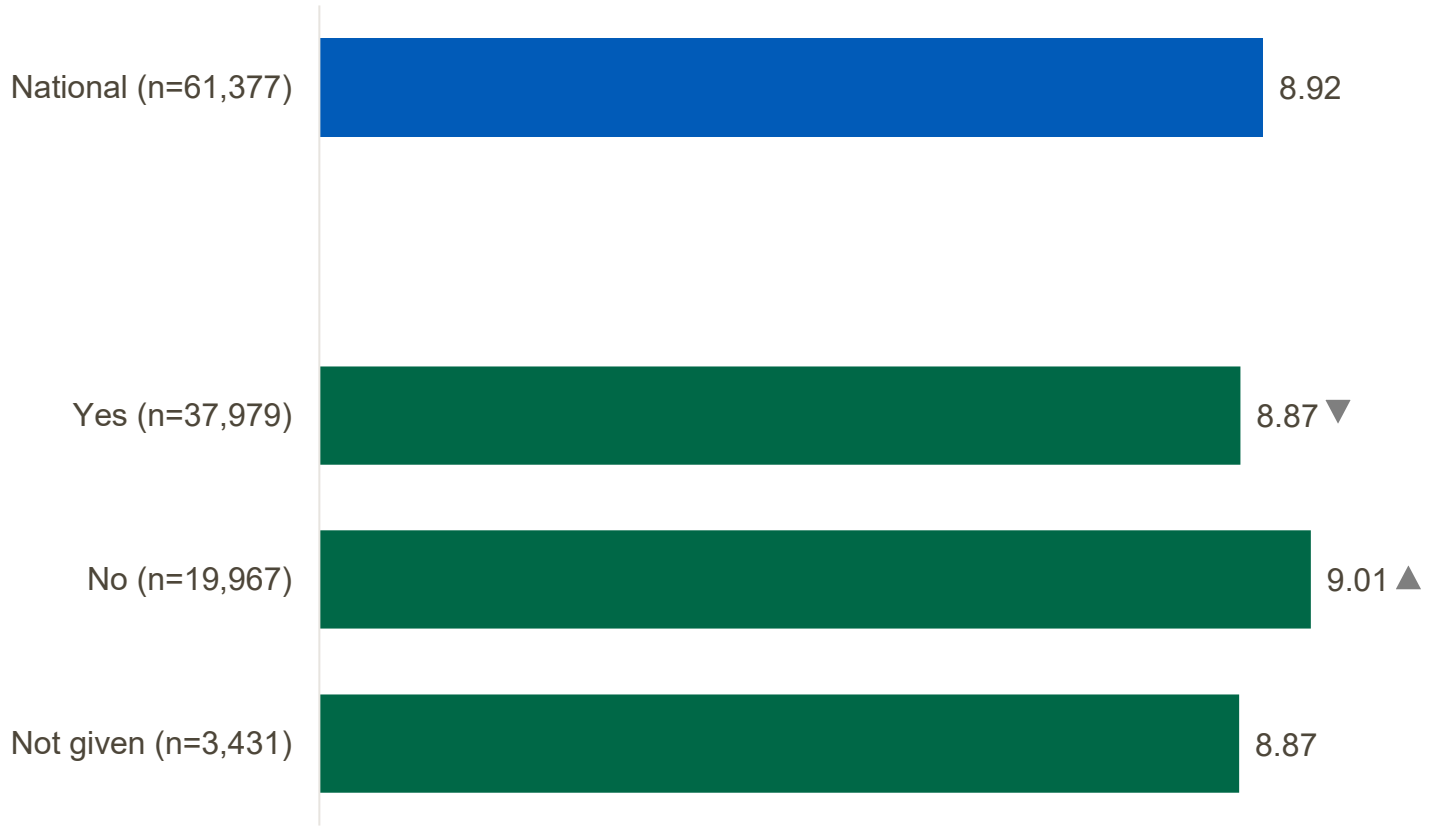
Long-term condition refers to another condition in addition to a cancer diagnosis.

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

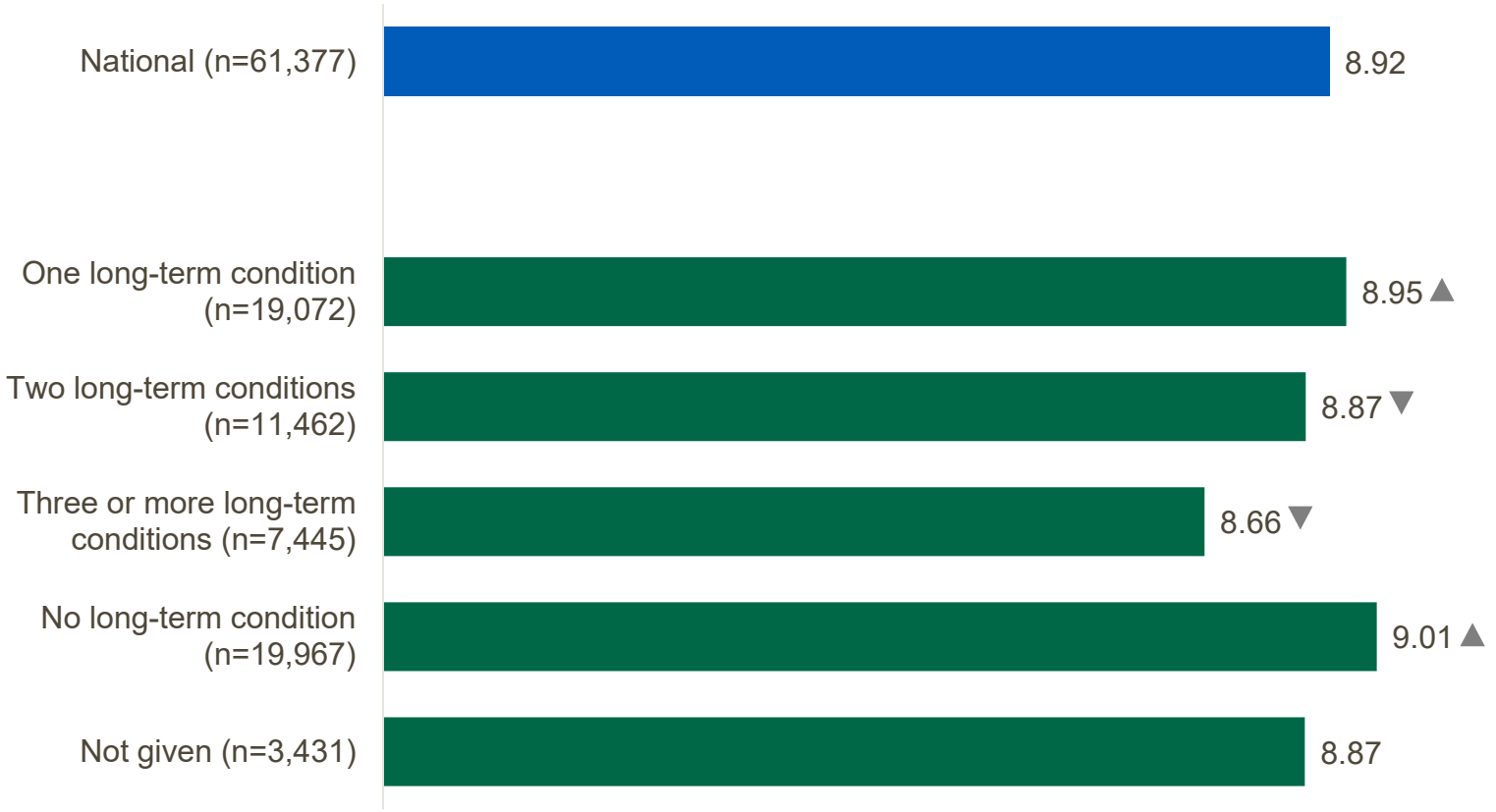
Long-term condition refers to another condition in addition to a cancer diagnosis.

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.

Overall experience by number of long-term conditions (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 impact of long-term condition(s) (excluding cancer) on day-to-day activities

Those whose long-term condition does not affect their day-to-day activities report a **higher** overall experience than the national average.

Those whose long-term condition does affect their day-to-day activities report a **lower** overall experience than the national average.

Overall experience by impact of long-term condition(s) (excluding cancer) on day-to-day activities (Q59)

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

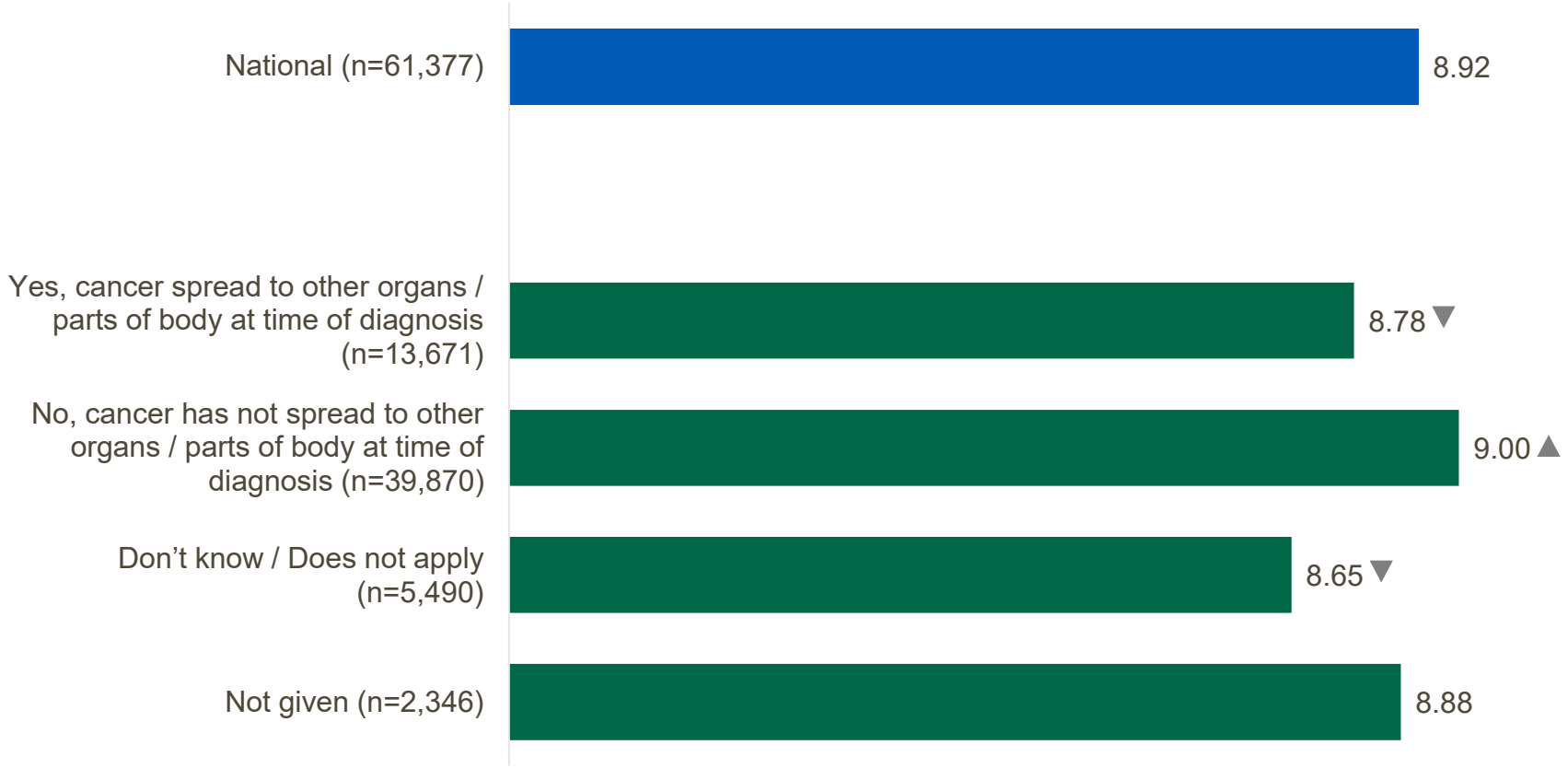
Long-term condition refers to another condition in addition to a cancer diagnosis.

Overall experience by 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)

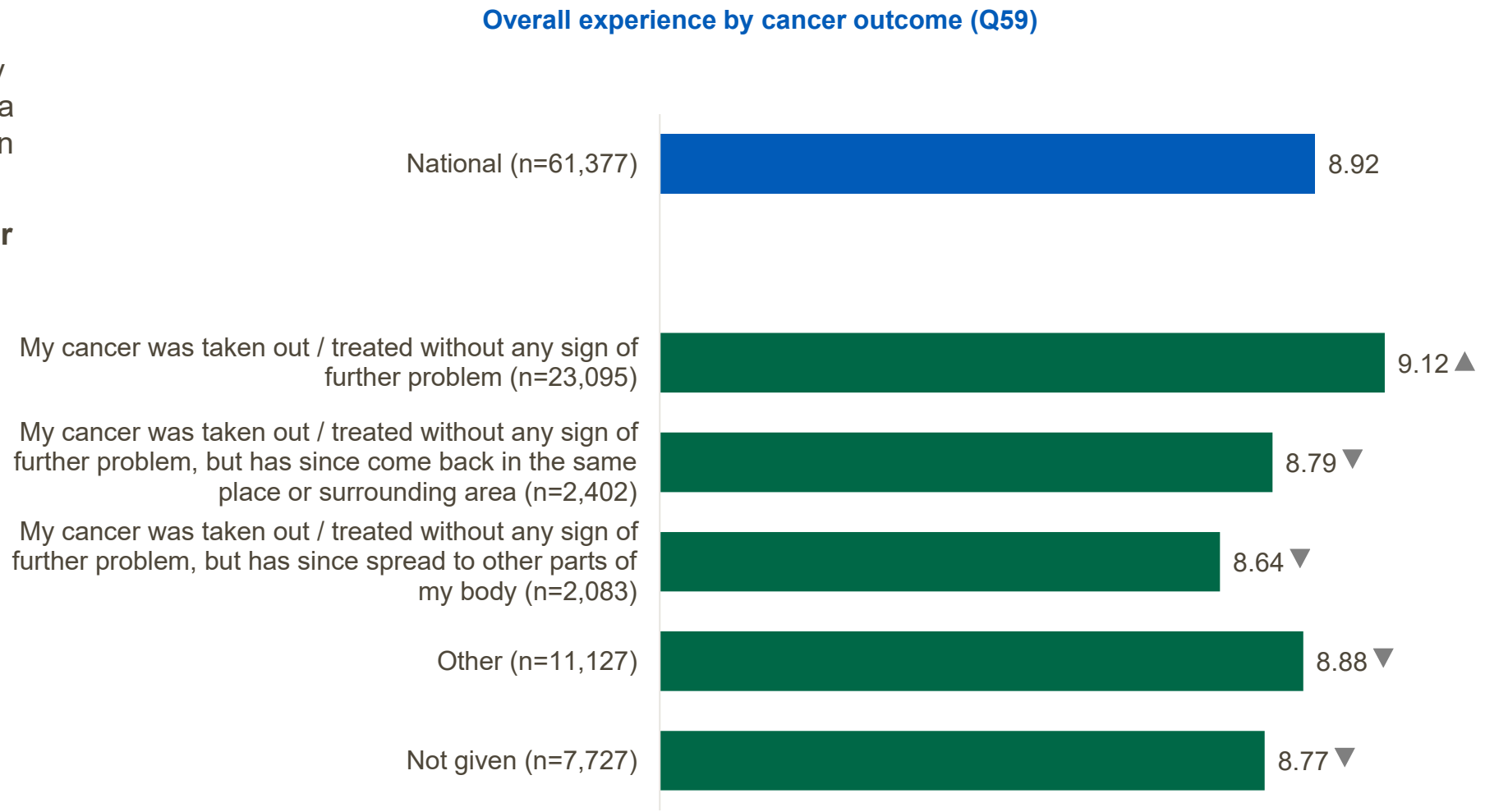


▲ Indicates whether the score for the subgroup shows a statistically significant variation
▼ (higher or lower) compared with the national average

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.

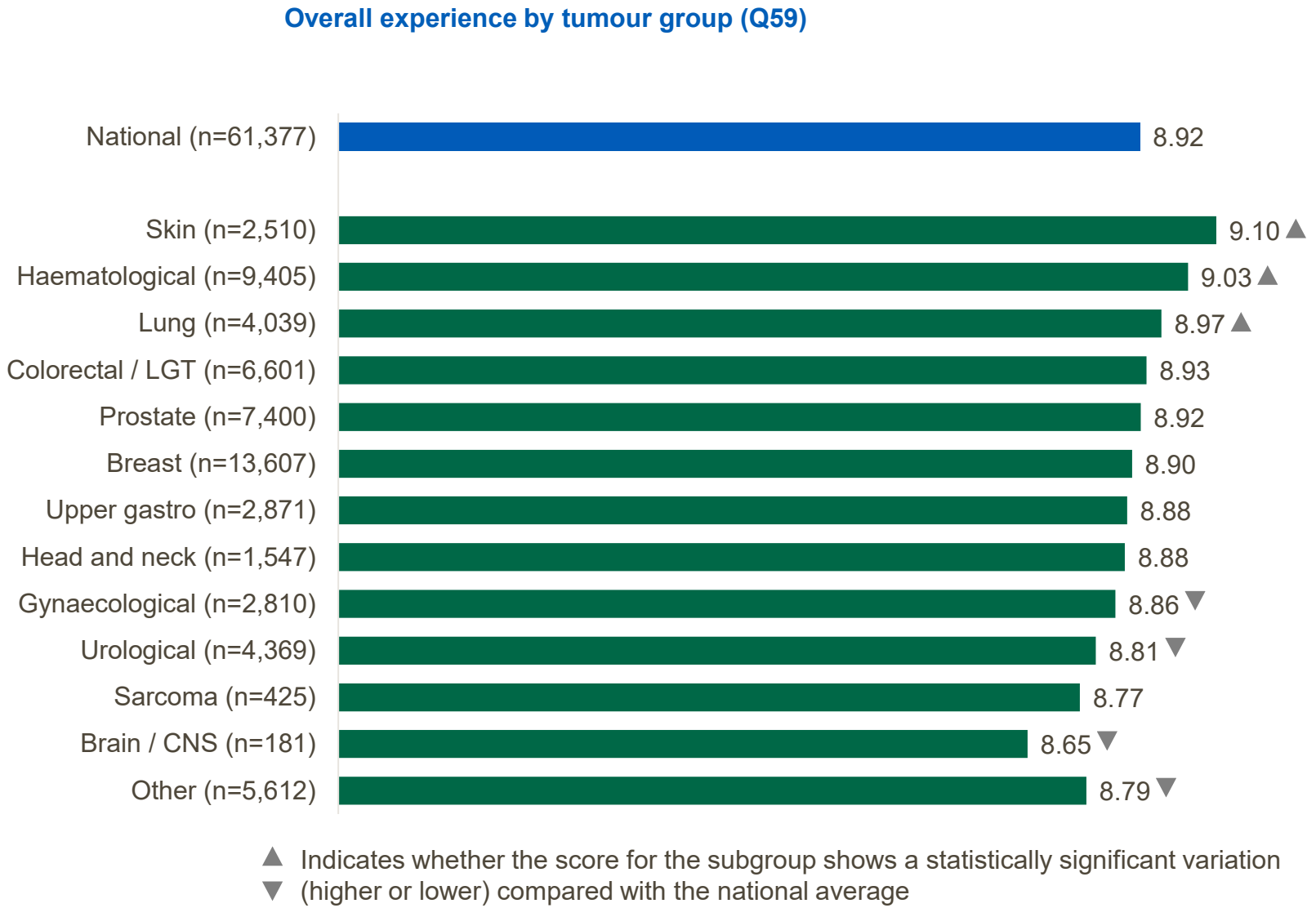


▲ Indicates whether the score for the subgroup shows a statistically significant variation
▼ (higher or lower) compared with the national average

Overall experience by tumour group

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

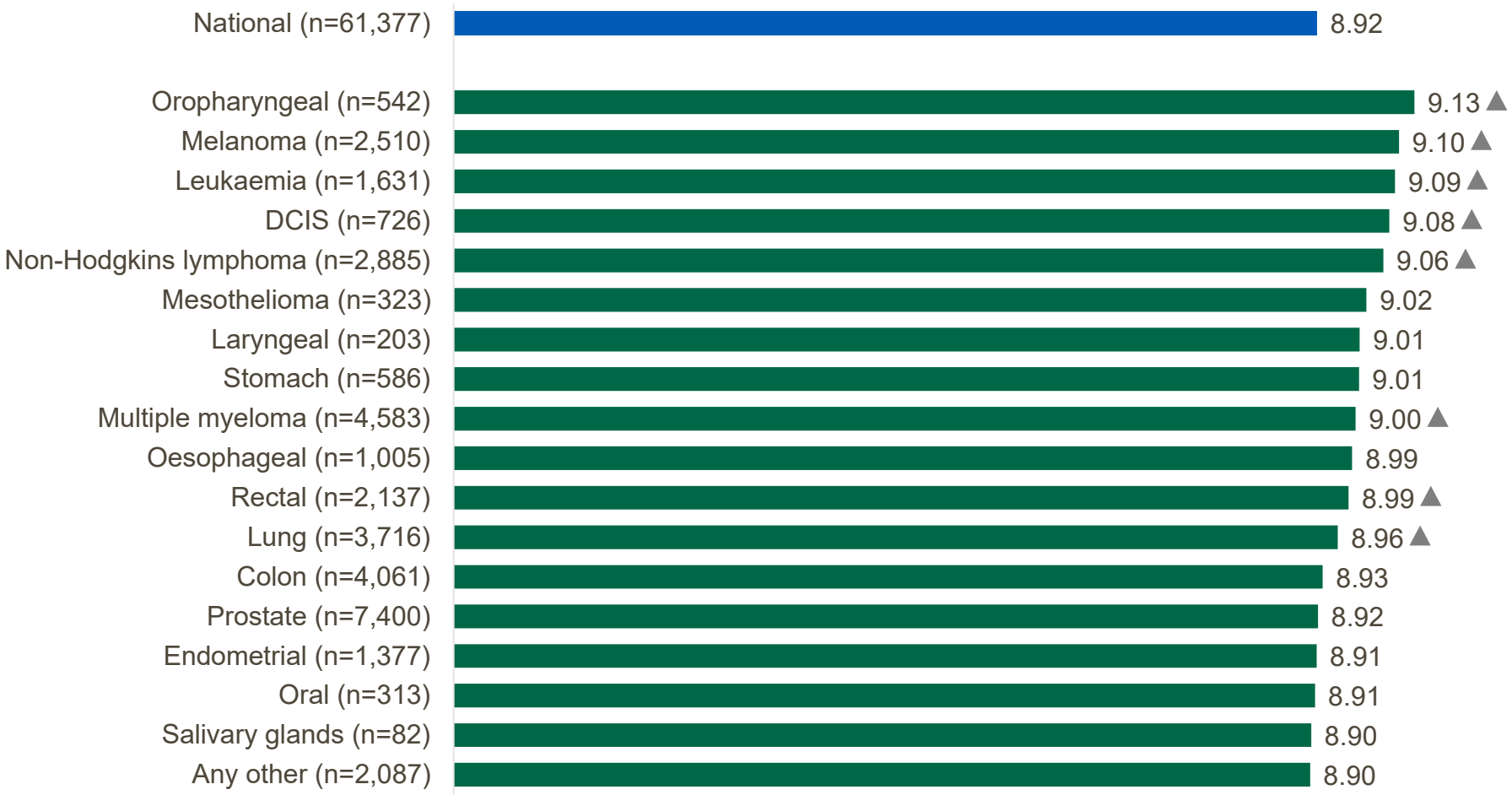
Those with brain / CNS, urological, gynaecological and other tumour groups report a **lower** overall experience than the national average.



Overall experience by cancer type (1)

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

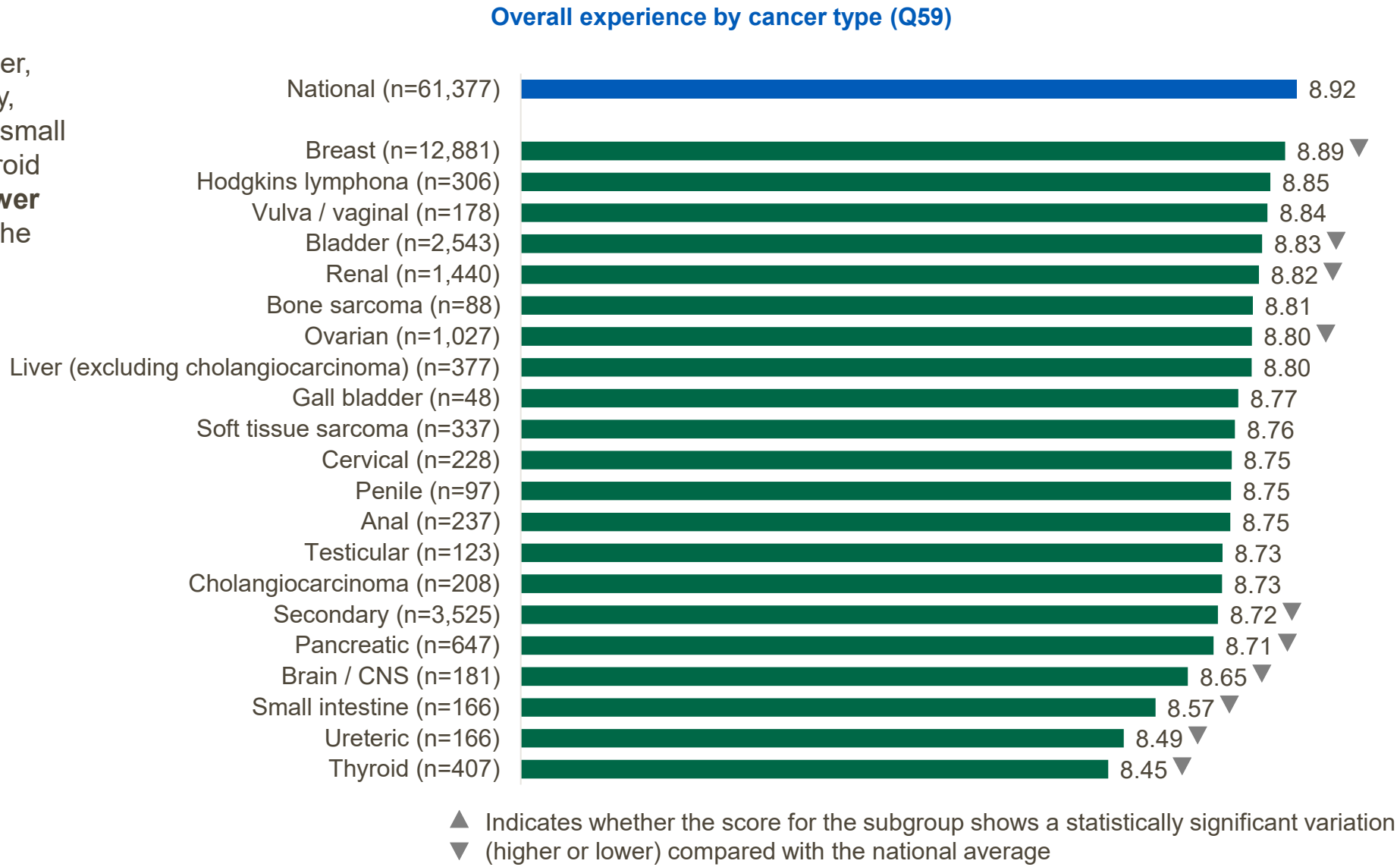
Overall experience by cancer type (Q59)



▲ 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)

Those with breast, bladder, renal, ovarian, secondary, pancreatic, brain / CNS, small intestine, ureteric, or thyroid cancer types report a **lower** overall experience than 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