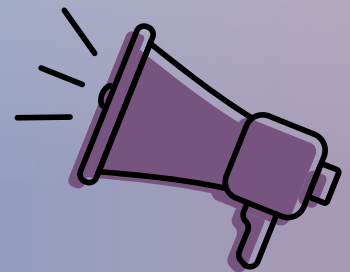




**National Cancer Patient
Experience Survey
2024/25 report
Making a
difference together**



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About the survey

The National Cancer Patient Experience Survey takes place every year and we use the results to help improve cancer care. It is sent to people over the age of 16 years who had hospital treatment between April and June in that year. Each hospital in our area receives detailed results and produces their own action plans.

About the report

Last year we produced our first report to share the Wessex-wide results of the survey and outline what we will do about them. This year we are pleased to be able to share what we, together, have done as a result of the 2022 findings and say what we will do this year following the 2023 responses.



2022 Results – voices heard, actions taken

We committed to	Actions taken
Continue offering Advanced Communication Skills training	<p>We secured funding for cancer care staff to attend 10 courses of advanced Communications training</p> <p>We are working with a local university to make this part of ongoing training for cancer care staff</p>
Promote Health literacy	<p>Our whole team attended health literacy awareness training</p> <p>We have drafted and launched a new Health Literacy Policy</p> <p>We have set up a ‘Reader Panel’ who will review our health information to make it easier for people to understand</p>
Provide training and mentoring with primary care staff including Practice Nurses and Cancer Care Coordinators	<p>We offered all Cancer Care Coordinators a supervision and training package, as well as offering education evenings for Practice Nurses</p> <p>We have developed e-learning packages for prevention, screening and early diagnosis</p> <p>We provided mentoring for Cancer Care Reviews</p>
Work with partners to ensure people can access support close to home	<p>We have been engaging with patients, care givers and cancer charities and community support groups to understand their needs and identify the support the Alliance can provide</p> <p>We are continuing to work on developing a wellbeing hub to support people during and after cancer treatment</p>
Identify what psychological support people might need to help them	<p>We have supported a psychological support project in Portsmouth, that was coproduced with patients, and will be sharing the learning from this across Wessex</p>
Work with hospitals, GPs and other partners to improve administration of care through increasing coordination particularly for the supportive workforce	<p>We held our first conference for our supportive cancer workforce, to share and learn from each other and patients</p>

2022 Results – voices heard, actions taken

	<p>We have held similar developmental days for our Multi-Disciplinary Team coordinator/ facilitators, where we have had high attendance from across the area.</p> <p>We provide an education programme for the supportive workforce, which covers personal resilience, emotional support for patients, health inequalities, personalised care and communication</p>
<p>Work with specialist research nurse to increase involvement in Wessex</p>	<p>We appointed specialist nurse, currently scoping research activity and capacity across the Wessex region to get an accurate picture of the key challenges and priorities. This will lead to an action plan looking at improving access to and uptake of clinical trials</p> <p>We have linked up with local research partners and now more regularly share opportunities to get involved in research with our patient, care-giver and public involvement network</p> <p>As the result of a Wessex-wide stakeholder day, including patient and care-givers, we are making a commitment to improving access to research and innovation in our new 5 year clinical strategy.</p>
<p>Improve access, outcomes and experience for people with a learning disability</p>	<p>We set up an improving cancer care for people with learning disability steering group, and identified priorities including a project with Cancer Research UK on improving awareness of bowel cancer</p>
<p>Work with people experiencing homelessness</p>	<p>Our Right by You team recruited a new homelessness link worker and we continue to provide personalised support to people experiencing homelessness while undergoing cancer treatment in Southampton and Portland</p>
<p>Work with people from different ethnic backgrounds to understand experiences of cancer care</p>	<p>We have focussed our engagement activities on racially minoritised communities over the last year, with a particular spotlight on Black women and breast cancer.</p> <p>Our 'Know the Signs' cancer awareness campaign was supported by Dorset Race Equality Council and Communities Against Cancer, enabling us to reach racially minoritised communities in ways they designed for themselves.</p>

2023 Results

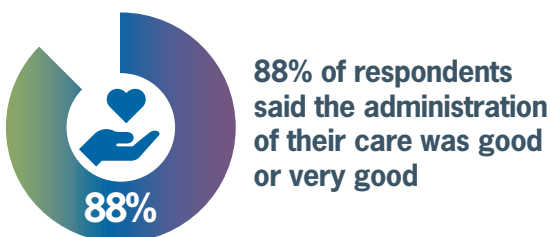
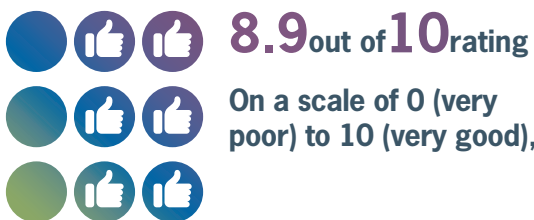
Our respondents

3686 surveys completed in Wessex. This was an increase of over 450 people since 2022, and with a higher response rate than the national average.

We have an even response rate between men and women. We need to acknowledge that respondents are likely to be from more affluent areas and there are low response rates from racially minoritized, LGBTQ+ and younger adults. As we look through the results, we see some statistically significant differences in views for some groups and from people with different types of cancer. We reflect on these through the report and actions.



Completed surveys in Wessex



In summary

The results are generally very positive. There are, however, areas where we need to do more work or exploration. These are:

- Communication – particularly with people who might need reasonable adjustments. There are several areas where people with hearing or sight loss are reporting poorer experiences.
- There has been a slight decline in inpatients and day case patients reporting being able to get help and support in hospital, particularly affecting women.
- While many people feel they have enough support in the community, this is not everyone's experience.
- Younger cancer patients (under 50) are underrepresented in the survey but show poorer experience of care. We need to better understand what might be affecting this.



2023 Results

Headline findings

We received 3,686 completed surveys in Wessex with an 8.9 out of 10 overall rating of care which is the same as the England average. There were 7 questions that had a statistically significant increase since the 2022 survey.

- Q3 Referral for diagnosis was explained in a way the patient could completely understand (GP)
- Q12 Patient was told they could have a family member/carer/friend with them when told diagnosis
- Q22 Family and/or carers were involved as much as the patient wanted them to be in decisions about treatment options
- Q27 Staff provided the patient with relevant information on available support
- Q32 Patients family, or someone close, was able to talk to a member of the team looking after the patient in hospital
- Q49 Care team gave family, or someone close, all the information needed to help care for the patient at home
- Q52 Patient has had a review of cancer care by GP practice

Three questions showed a significant decrease since the last survey:

- Q7 Patient felt the length of time waiting for diagnostic test results was about right
- Q34 Patient was always able to get help from ward staff when needed
- Q39 Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case

We did better than the English average score for three questions:

- Q7 Patient felt the length of time waiting for diagnostic test results was about right
- Q14 Cancer diagnosis was explained in a way the patient could completely understand
- Q42 Patient had enough understandable information about their response to chemotherapy

We did worse than the English average score for one question:

- Q41 Beforehand patient had enough understandable information about their response to radiotherapy

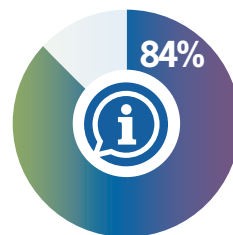


What we learned from the survey

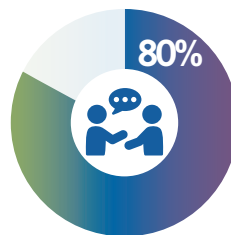
Getting Diagnosed



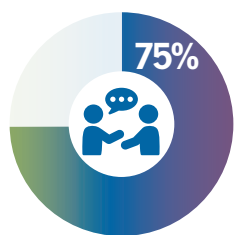
Most people only spoke to their family doctor once or twice before a cancer diagnosis, but this was different for some people. People who are Black, people with breathing problems and those with mental ill health were more likely to see their GP 3 or more times. People subsequently diagnosed with haematological and lung cancers or sarcoma and whose cancer had spread to other body parts were also likely to report visiting their GP more before being referred.



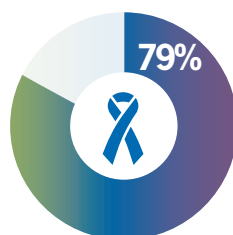
84% of people felt diagnostic test staff completely had all the information they needed about them, but this was lower for people with hearing loss, visual impairments or mental ill health.



80% of respondents felt their test results were explained in a way they completely understood, but people with learning disability (55%), Autism (40%) and sarcoma (55%) were less likely to agree.



Three-quarters of respondents felt their referral for diagnosis was explained in a way they completely understood.



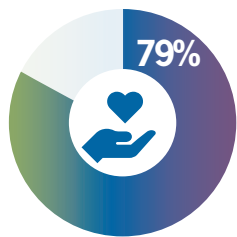
Similarly, 79% of respondents said their cancer diagnosis was explained in a way they completely understood. This was significantly lower for people aged 35-44, people in the most deprived areas and people with some long-term conditions.



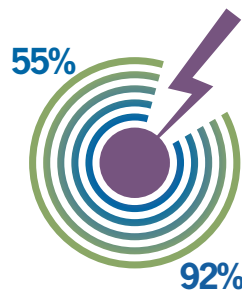
Younger adults were less likely to say they received information about their diagnostic tests in advance.

What we learned from the survey

Having treatment



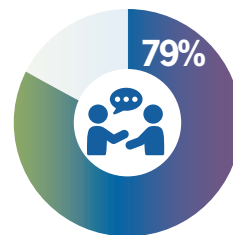
79% of respondents had confidence and trust in all the team looking after them during their stay in hospital. This was lower for women (73%) than men (84%) and for younger people, with confidence rising with age.



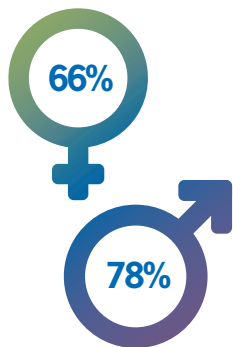
In terms of controlling pain, younger people were less likely to say that hospital staff always did everything they could to help control pain with 55% of people aged 25-34 agreeing compared to 92% of people aged 75-84.



There was a positive change in the patient's family being able to talk to a member of the team looking after the patient in hospital.



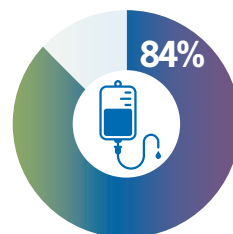
There was a statistically significant reduction in the proportion of patients who said they were always able to discuss worries and fears with hospital staff while being treated as a day case, although this is still 79%. Women were less likely to agree than men (77% vs 82%) as well as younger people, people with lung conditions, diabetes, mental ill health and those with urological cancers.



However, there was a negative change in patients reporting they were always able to get help from ward staff when needed, particularly women (66%) compared to men (78%) with people aged 55-64, those with mental ill health and epilepsy less likely to agree.



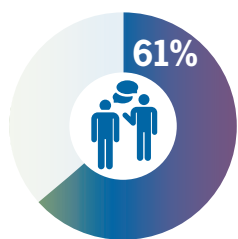
Women were less likely to agree that they could always discuss worries and fears with ward staff than men (59% of women versus 71% of men).



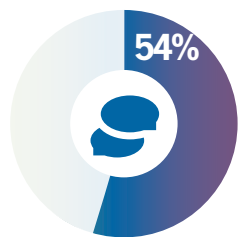
Generally, there were high levels of satisfaction with information provided about treatments and treatment response. However, having enough information about radiotherapy beforehand was lower than expected (86%) and lower than the England average, but information about a patient's response to chemotherapy was higher than expected (84%).

What we learned from the survey

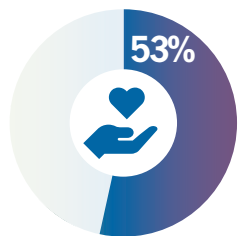
Side effects & support outside hospital



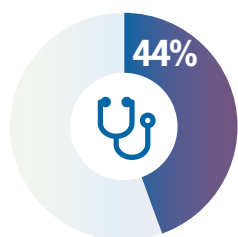
Around 61% of people felt possible longer-term side effects were explained in a way they could understand in advance of their treatment. This is an increase of 1% since the previous year.



54% of people agreed that they were able to discuss options for managing the impact of any long-term side effects. This decreased by 1% since the previous year.



53% of people who said they needed it felt they received enough care and support at home from community or voluntary services. This was lower for people with long term conditions including hearing loss, heart problems and mental health conditions and those with sarcoma. This was 7% lower than the previous year.



44% (England 46%) of people agreed that they received the right amount of support from their GP practice during treatment. Nearly half of the people who responded said their GP practice wasn't involved.

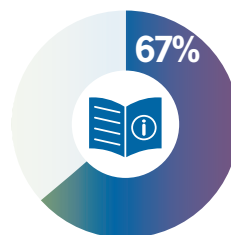
After treatment



22% of people said they had had a review of their cancer care by their GP practice, sustaining an increasing trend with a 3% increase on the previous results.



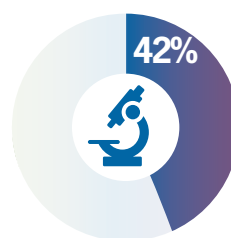
While most people said they didn't need emotional support after treatment, of those that felt they needed it, 34% said they could definitely get enough support from community or voluntary services, only 22% of people with hearing loss agreed.



Two thirds of respondents said they were given enough information about the possibility and signs of cancer coming back or spreading. This was lower for breast and lung cancers.



Administration of care was rated as good or very good by 88% of respondents with 92% of colorectal patients agreeing.



42% of people said that cancer research opportunities were discussed with them. This is higher than last year's 39% but lower for women (37%) than men (47%).

Taking action

In 2025/26, we will:

- Work with community representatives and people with lived experience to understand and tackle differences in experience for people with hearing and visual impairments through cancer care.
- Work with Women's Health Hubs in Hampshire/ Isle of Wight and Dorset to highlight differences in experience of care for women, considering the issues identified in the survey.
- Continue to build capacity in clinical trials and ensure patient information and communication is improving.
- Support improvements to cancer care reviews and sharing best practice between secondary and primary care.
- Work with local charity and community organisations to enable more cancer patients to access support closer to home.
- Work with local and national charities to understand the reasons for differences in experience of care for younger patients, carrying out specific projects to reach those whose voices are missing from our patient experience work.

In conclusion

We will report back on progress with this action plan on an annual basis.

Your views help us make cancer care better for everyone.

If you have any questions or comments, or would like a translation or accessible format of this report, please email: wessexcanceralliance@wca.uhs.nhs.uk





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