

National Cancer Patient Experience Survey

This questionnaire is about your care and treatment for cancer. Its purpose is to provide information which can help the NHS monitor and improve the quality of health services for future patients.

Who should complete the questionnaire?

The questions should be answered by the person named in the letter enclosed with this questionnaire. If that person needs help to complete the questionnaire, the answers should be given from their point of view – not the point of view of the person who is helping.

Completing the questionnaire

For each question please tick clearly inside the box that is closest to your views using a black or blue pen. Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box. Please **do not** write your name or address anywhere on the questionnaire.

If you would prefer, you may also complete this survey online. To do this, please refer to the login information which can be found in the letter accompanying this survey.

IMPORTANT INFORMATION

To make sure the information we collect is useful, we need to collect some personal details from you and to access information held about you in other NHS databases. The purpose of collecting this information is to generate aggregated statistics about the care and treatment people receive. These statistics will be used to compare the differences in care and treatment by different providers and to understand what may be causing these. The results will be used to measure and improve the quality of healthcare services.

By completing this questionnaire you are giving your consent for the information provided to be used for the above purposes. Specifically, you are agreeing that:

- Your personal details and relevant health information can be held and used by an organisation contracted to NHS England to analyse the data
- Other information about you held by the Patient Demographics Service, the Secondary Users Service and other NHS databases can be held and used by an organisation contracted to NHS England to analyse the data

Your personal information will be handled securely and anonymised after analysis and before any publication.

Your personal information will not be released by NHS England or third party organisations working on its behalf unless required by law or where there is a clear overriding public interest.

You can withdraw the information you give the NHS in this questionnaire upon request, up to the point at which data are analysed and personal details removed.

If you have any queries about the questionnaire, please call the FREEPHONE helpline number **on 0800 783 1775**

Taking part in this survey is voluntary

Published reports will not contain any personal details

SEEING YOUR GP

These questions are about what happened before you went into hospital about cancer.

1.	hos you	fore you were told you needed to g spital about cancer, how many time I see your GP (family doctor) abou alth problem caused by cancer?	es did
1		None – I went straight to hospita	l
2		None – I went to hospital following cancer screening appointment	ng a
3		I saw my GP once	1
4		I saw my GP twice	1
5		I saw my GP 3 or 4 times	0
6		I saw my GP 5 or more times	0
7		Don't know / can't remember	
2.	you	w do you feel about the length of ti I had to wait before your first pointment with a hospital doctor	
1		I was seen as soon as I thought was necessary	vas 1
2		I should have been seen a bit soo	oner 0
3		I should have been seen a lot so	oner (
3.	thou you	w long was it from the time you firs ught something might be wrong win until you first saw a GP or other ctor?	
1		Less than 3 months	
2		3-6 months	
3		6-12 months	
4		More than 12 months	
5		Don't know / can't remember	

DIAGNOSTIC TESTS

<mark>tes</mark> ma	t(s) for mmog	12 months, have you cancer such as an or scan at one the covering letter?	endoscopy, biopsy,
1 🔲	Yes	→ Go to Q5	
2	No	→ Go to Q8	
diagno	stic te	out the LAST time y est for your cancer med in the covering	at one of the
<mark>yo</mark> l	ı neede	nd, did you have all ted about your test? that apply)	the information
1 🔲	Yes		
2		would have liked mo nation	ore <mark>written</mark>
3		would have liked mo al information	o <mark>re</mark>
4	<mark>l did r</mark>	not need / want any i	nformation
5	Don't	know / can't remem	ber
		ow did you feel abo	•
1 🔲	It was	about right	1
2	It was	a little too long	0
3	It was	much too long	0
4	Don't	know / can't remem	ber
		results of the test excould understand?	plained in a
1	Yes, o	completely	1
2	Yes, t	o some extent	0
3	•	did not understandtl nation	ne 0
4		not have an explanat I have liked one	ion but 0
5	<mark>l did r</mark>	not need an explanat	i <mark>ion</mark>
6	Don't	know / can't remem	ber

FINDING OUT WHAT WAS WRONG WITH YOU

8.	canc	n you were first told that you had er, had you been told you could b nily member or friend with you?	ring
1		Yes	1
2		No	0
3		It was not necessary	
4		I was told by phone or letter	
5		Don't know / can't remember	
9.		do you feel about the way you we	ere
1		It was done sensitively	1
2		It should have been done a bit me sensitively	nore 0
3		It should have been done a lot me sensitively	nore 0
10.	•	ou understand the explanation nat was wrong with you?	
1		Yes, I completely understood it	1
2		Yes, I understood some of it	0
3		No, I did not understand it	0
4		Don't know / can't remember	
11.	were	n you were told you had cancer, you given written information It the type of cancer you had?	
1		Yes, and it was easy to understa	and 1
2		Yes, but it was difficult to under	stand 0
3		No, I was not given written information about the type of cancer I had	0
4		I did not need written information	<mark>i</mark>
	П	Don't know / can't remember	

DECIDING THE BEST TREATMENT FOR YOU

	ore your cancer treatment started, r treatment options explained to y	
1 🔲	Yes, completely	1
2	Yes, to some extent	0
з 🔲	No	0
4	There was only one type of treat that was suitable for me	ment
5	Don't know / can't remember	
trea	re the possible side effects of atment(s) explained in a way you clerstand?	ould
1 🔲	Yes, definitely	1
2	Yes, to some extent	0
з 🔲	No, side effects were not explain	ed 0
4	I did not need an explanation	
5	Don't know / can't remember	
sup	re you offered practical advice and port in dealing with the side effect our treatment(s)?	
1 🔲	Yes, definitely	1
2	Yes, to some extent	0
3 🔲	No, I was not offered any practical advice or support	al O
4	Don't know / can't remember	

4

	fore you started your treatment(s), u also told about any side effects o			CLIN	NICAL N	JRSESF	PECIALIS	ST
tre	atment that could affect you in the her than straight away?		ca	ncer	cal Nurse S nurse who	makes su	re you get t	he
1	Yes, definitely	1	_		are and give with cance		o and advic	e on
2	Yes, to some extent	0	17	. We	re you given	the name	of a Clinical	
3	No, future side effects were not explained	0		Nur	se Specialis ough your tre	t who woul		u
4	I did not need an explanation		1		Yes	1	→ Go to C	18
5	Don't know / can't remember		2		No	0	→ Go to C	20
to	ere you involved as much as you w be in decisions about your care an eatment?		3		Don't know remember w easy or dif		→ Go to C	20
1 🔲	Yes, definitely	1	10	you	to contact yecialist?			
2	Yes, to some extent	0		П	Very easy		1	
3	No, but I would like to have beer involved	n more	1		Quite easy		1	
4	Don't know / can't remember	Ü	2		_	sy nor diffic	ult 0	
			3		Quite diffic		0	
			4		Very difficu		0	
			6			tried to con	tact my Clini	<mark>ical</mark>
			19	ask ofte	en you have your Clinica n have you lerstand?	ıl Nurse Sp	ecialist, how	
			1		All or most	of the time	1	
			2		Some of th	e time	0	
			3		Rarely or n	ever	0	
			4		I have not	asked any o	questions	

SUPPORT FOR PEOPLE WITH CANCER

20.	abo	hospital staff give you inforr ut support or self-help grou ple with cancer?	
1		Yes	1
2		No, but I would have liked i	nformation 0
3		It was not necessary	
4		Don't know / can't rememb	er
21.	you coul	hospital staff discuss with y information about the impa ld have on your day to day a example, your work life or e	ct cancer activities
1		Yes	1
2		No, but I would have liked or information	a discussion
3		It was not necessary / rele	vant to me
4		Don't know / can't rememb	er
22.	abo	hospital staff give you infor ut how to get financial help efits you might be entitled to	or any
1		Yes	1
2		No, but I would have liked i	nformation 0
3		It was not necessary	
4		Don't know / can't rememb	er
23.		hospital staff tell you that yo prescriptions?	ou could get
1		Yes	1
2		No, but I would have liked i	nformation 0
3		It was not necessary	
4		Don't know / can't rememb	er

OPERATIONS

24 .	an d tum	<mark>operat</mark> i our or	last 12 months, have ion (such as remove lump) at one of the label he covering letter?	<mark>al of a</mark>
1		Yes	→ Go to Q25	
2		No	→ Go to Q27	
on	e of	the ho	ut the LAST time y spitals named in the peration for your o	he covering
25.	info	rmatior	d, did you have all t n you needed about ' <mark>(Tick ALL that ap</mark>	your
1		Yes		
2		No, I v Inform	would have liked mo nation	re written
3			would have liked mo I information	ore
4		<mark>I did n</mark>	ot need / wantinfor	mation
5		Don't	know / can't remem	<mark>ber</mark>
26.	exp		peration, did a mem w it had gone in a w d?	
1		Yes, c	completely	1
2		Yes, t	o some extent	0
3		No, bu	ut I would have liked nation	l an <mark>0</mark>
4		<mark>l did n</mark>	<mark>ot need an explana</mark>	tion

HOSPITAL CARE AS AN INPATIENT

<mark>27</mark> .	<mark>oper</mark>	ration one of the office of th	last 12 months, have you he or stayed overnight for cand he hospitals named in the co	er car
1		Yes	→ Go to Q28	
2		No	→ Go to Q40	
ор <u>са</u>	eration <u>re</u> at	on or s	ut the LAST time you had stayed overnight for cance the hospitals named in the r	<u>er</u>
28.			of doctors and nurses tal you as if you weren't there?	k
1		Yes, c	often	0
2		Yes, s	sometimes	0
3		No		1
29.		•	ve confidence and trust in the	ne
1		Yes, ir	n all of them	1
2		Yes, ir	n some of them	0
3		No, in	none of them	0
30.	-		ly or someone else close to alk to a doctor , were they a	-
1		Yes, c	lefinitely	1
2		Yes, to	o some extent	0
3		No		0
4		No far	mily or friends were involved	k
5		My far a doct	mily did not want to talk to	
6			ot want my family or friends a doctor	s to

31.	-	you have confidence and trust in tl I nurses treating you?	he
1		Yes, in all of them	1
2		Yes, in some of them	0
3		No, in none of them	0
32.	•	our opinion, were there enough nu uty to care for you in hospital?	rses
1		There were always or nearly alwaenough on duty	nys 1
2		There were sometimes enough o duty	n 0
3		There were rarely or never enougon duty	gh <mark>O</mark>
33.	and	le you were in hospital did the doc I nurses ask you what name you er to be called by?	ctors
1		Yes, all of them did	1
2		Only some of them did	0
3		None of them did	0
34.		e you given enough privacy when ussing your condition or treatment	
1		Yes, always	1
2		Yes, sometimes	0
3		No	0
35.	som	ing your hospital visit, did you fin neone on the hospital staff to talk ut your worries and fears?	
1		Yes, definitely	1
2		Yes, to some extent	0
3		No	0
		I had no worries or fears	

Ь

36.	-	ou think the hospital staff did ything they could to help control yo? ?	our	41.	out _l son	hile you were being treated as an atpatient or day case, did you find ameone on the hospital staff to talk to	
1		Yes, definitely	1		abo	oout your worries and fears?	
2		Yes, to some extent	0	1		Yes, definitely 1	
3		No	0	2		Yes, to some extent 0	
4		I did not have any pain		3] No 0	
37.	with	rall, did you feel you were treated respect and dignity while you wer nospital?		4 42 .	☐ The	I did not have any worries or fears ne last time you had an outpatients	
1		Yes, always	1		арр	pointment with a cancer doctor, did the	
2		Yes, sometimes	0			otes, x-rays and test results?	,ai
3	П	No	0	1		Yes 1	
	— Wer	e you given clear written informat	ion	2] No 0	
3 0,	abou	ut what you should or should not only the street of the should not only the street of		3		I didn't have an appointment with a cancer doctor	
1		Yes	1	4		Don't know / can't remember	
2		No	0	<mark>43</mark> .	Dur	uring the last 12 months, have you had	<u> </u>
3		Don't know / can't remember				diotherapy at any of the hospitals nam the covering letter?	ed
39.	you	nospital staff tell you who to conta were worried about your condition ment after you left hospital?		1		Yes → Go to Q44 No → Go to Q46	
1		Yes	1	44	Bef	eforehand, did you have all of the	
2		No	0		info	formation you needed about your diotherapy treatment?	
3		Don't know / can't remember			П	Yes, completely 1	
		SPITAL CARE AS A DAY	′	2		Yes, to some extent 0	
	_	g about the LAST time you atten		3		No 0	
car	icer c	as a day patient or outpatient <u>f</u> c <u>are</u> at one of the hospitals namering letter		4		I did not need any information	
40	trea <mark>can</mark>	ing the last 12 months, have you be ted as an outpatient or day case for cer care at one of the hospitals not covering letter?	or				
1		Yes → Go to Q41					
2		No → Go to Q49					

45.	you your	e you started your treatment, we given enough information about radiotherapy was working in a v d understand?	whether	49	Did or so	the doctors or nurses give your far omeone close to you all the informa- oneeded to help care for you at ho	nily ation
1		Yes, completely	1	1		Yes, definitely	1
2		Yes, to some extent	0	2		Yes, to some extent	0
3		No	0	3		No	0
4		It is too early to know if my radio	therapy	4		No family or friends were involved	t k
		is working		5		My family or friends did not want need information	<mark>or</mark>
5		I did not need any information		6		I did not want my family or friends	s to be
<mark>46.</mark>		ng the last 12 months, have you h				involved	
		motherapy at any of the hospitals be covering letter?	<mark>named</mark>	50.		ing your cancer treatment, were yo	ou
1		Yes → Go to Q47			heal	n enough care and support from th or social services (for example,	
2		No → Go to Q49				rict nurses, home helps or siotherapists)?	
17	Rofe	orehand, did you have all of the		1		Yes, definitely	1
→ /.	info	rmation you needed about your motherapy treatment?		2		Yes, to some extent	0
1		Yes, completely	1	3		No	0
2		Yes, to some extent	0	4		I did not need help from health or social services	
3		No	0	5		Don't know / can't remember	
4		I did not need any information		E4	Ono	o vour concer trootment finished	
48.	give you	ce you started your treatment, we en enough information about whe r chemotherapy was working in a could understand?	ether	31.	were supp (for	te your cancer treatment finished, the you given enough care and port from health or social services example, district nurses, home to so or physiotherapists)?	
	, 	Yes, completely	1	1		Yes, definitely	1
1			,	2		Yes, to some extent	0
2		Yes, to some extent	0	3		No	0
3		No It is too early to know if my chem	0 otherapy	4		I did not need help from health or social services	
4	_	is working		5		I am still having treatment	
5		I did not need any information		6		Don't know / can't remember	

CARE FROMYOUR GENERAL PRACTICE

	eno	ar as you know, was your GP give ugh information about your conditi treatment you had at the hospital?	on and
1		Yes	1
2		No	0
3		Don't know / can't remember	
53.	gen sup	you think the GPs and nurses at your eral practice did everything they concern you while you were having cattern the transfer the transfer in	ould to
1		Yes, definitely	1
2		Yes, to some extent	0
3		No, they could have done more	0
4		My general practice was not invo	lved
	YO	UR OVERALL NHSCAR	E
54.		the different people treating and c	
	hos com	you (such as GP, hospital doctors, pital nurses, specialist nurses, amunity nurses) work well together you the best possible care?	
1	hos com	pital nurses, specialist nurses, imunity nurses) work well togethei	
1 2	hos com	pital nurses, specialist nurses, imunity nurses) work well together you the best possible care?	· to
	hos com	pital nurses, specialist nurses, amunity nurses) work well together you the best possible care? Yes, always	1
2	hos com	pital nurses, specialist nurses, amunity nurses) work well together you the best possible care? Yes, always Yes, most of the time	1 0
2	hos com	pital nurses, specialist nurses, amunity nurses) work well together you the best possible care? Yes, always Yes, most of the time Yes, some of the time	1 0 0
2 3 4 5	hosicom give	pital nurses, specialist nurses, amunity nurses) work well together you the best possible care? Yes, always Yes, most of the time Yes, some of the time No, never	to 1 0 0 0 care needs It is an your
2 3 4 5	hosicom give	pital nurses, specialist nurses, amunity nurses) work well together you the best possible care? Yes, always Yes, most of the time Yes, some of the time No, never Don't know / can't remember Ye you been given a care plan? A can is a document that sets out your digoals for caring for your cancer. It goals for caring for your cancer. It goals for plan between you and your cancer.	to 1 0 0 0 care needs It is an your
2 3 4 5	hosicom give	pital nurses, specialist nurses, amunity nurses) work well together you the best possible care? Yes, always Yes, most of the time Yes, some of the time No, never Don't know / can't remember Ye you been given a care plan? A can is a document that sets out your a goals for caring for your cancer. If goals for caring for your cancer alough the professional to help meet those and the professional to t	to 1 0 0 0 care needs It is an your

W	ill sc	ore G				– ave		e of 1	I-10	and
0 0	0 1	0 2	0 3	0 4	0 5	0 6	1 7	1 8	1 9	1 10
0	1	2	3	4	5	6	7	8	9	_10
Ve	ry po	or						Ver	y go	od
59.	Ove (Ple				•	ou rat I ber)	•	ur ca	are?	
4		Dor	ı't kn	<mark>ow/</mark>	<mark>can</mark>	t rem	<mark>nemt</mark>	<mark>oer</mark>		
3		No,	but	l wo	uld h	ave	liked	l ther	n to	0
2		No								0
1		Yes	3						•	1
58.	wou	usse	ed wi	ith y	ou w	, has heth	er y	ou		
4		Dor	n't kr	i <mark>ow</mark> /	<mark>′ can</mark>	't rer	<mark>nem</mark>	ber		
3		It w	as a	bout	righ	t				1
2		lt w	as a	little	too	long				0
1		It w	as m	uch	too l	ong				0
57.	atte	gth o	f tim g cli	e yo nics	u ha and	eel a d to appo	wait ointr	whe	n	
6		Dor	n't kn	i <mark>OW /</mark>	<mark>′ can</mark>	't rer	<mark>nem</mark>	<mark>ber</mark>		
5		Ver	y ba	d						0
4		Qui	te ba	ad						0
3		Nei	ther	goo	d no	r bad			(0
2		God	od							1
1		Ver	y go	od					•	1
50.	adm at th	ninist ne rig	ratio	n of ne, d	your docto	care care ors had c.)?	(ge	tting		

NC15CORE-09

YOUR CONDITION

We would like to understand a little bit more about your cancer and how you are now. Please answer these questions about the cancer that was treated at the hospital(s) named in the covering letter.

<mark>60</mark> .		long is it since you were first ed for this cancer?
		Less than 1 year
1		<u> </u>
2		1 to 5 years
3		More than 5 years
4		Don't know / can't remember
<mark>61</mark>	or pa	your cancer spread to other organs arts of your body at the time you affirst told you had cancer?
1		Yes → Go to Q63
2		No → Go to Q62
3		Don't know → Go to Q63
4		Does not apply to my type of cancer → Go to Q63
<mark>62</mark>	. Wh	nich of the following applies?
1		My cancer has been taken out / treated, without any sign of further problem
2		My cancer was taken out / treated without any sign of further problem, but has since come back / spread to other parts of my body
3		None of the above options apply to my type of cancer
4		I would prefer not to say
_	П	I don't know

ABOUT YOU

If you are helping someone to complete this questionnaire, please make sure this information is the patient's not your own.

63. Wha	at year were you born?
(Plea	ase write in) e.g. \[\begin{aligned} 1 & 9 & 4 & 4 \\ & & & \end{aligned} \]
64. Are	you male or female?
1 🔲	Male
2	Female
	ich of the following options best cribes how you think of yourself?
1 🔲	Heterosexual or Straight
2	Gay or Lesbian
з 🗖	Bisexual
4	Other
5	Prefer not to say
	you have any of the following long- nding conditions? (Tick ALL that apply)
1 🔲	Deafness or severe hearing impairment
2	Blindness or partially sighted
3	A long-standing physical condition
4	A learning disability
5	A mental health condition
6	A long-standing illness, such as HIV, diabetes, chronic heart disease, or epilepsy

67. Could we condition a company in the future	69. What is your ethnic group?
67. Could we send you a survey in the future to ask about your health and healthcare?	(Tick ONE only)
Yes, and I understand that this does	a. WHITE
MOT mean that I would have to take part in the future survey	English / Welsh / Scottish / Northerr Irish / British
No, I would prefer you not to contact me	₂ Irish
again	₃ Gypsy or Irish Traveller
68. Is English your first language?	Any other White background (Please write in box)
Yes	
. D No	b. MIXED / MULTIPLE ETHNIC GROUPS
2 —	White and Black Caribbean
	White and Black African
	White and Asian
	8 Any other Mixed / multiple ethnic
	background (Please write in box)
	A CIAN OR A CIAN PRITICI
	c. ASIAN OR ASIAN BRITISH Indian
	Pakistani
	Bangladeshi
	Chinese
	Any other Asian background (Please write in box)
	d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH
	African African
	Caribbean
	Any other Black / African / Caribbea
	background (Please write in box)
	e. OTHER ETHNIC GROUP
	17 Arab
	Any other ethnic group (Please write in box)

OTHER COMMENTS

Thinking about the **hospital named in the covering letter**, if there is anything else you would like to tell us about your experience of NHS cancer care, please do so here.

Please note that the comments you provide in the box below will be looked at in full by the NHS Trust, NHS England and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.

de la lacitat y de bototo publicitat y di y di todabadia				
Was there anything particularly good about your NHS cancer care?				
Was there anything that could have been improved?				
Any other comments?				