

### Gateway Ref - 14944

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To all stakeholders in the National Cancer Programme

Professor Sir Mike Richards National Cancer Director National Cancer Action Team 18<sup>th</sup> Floor, Portland House Bressenden Place London SW1E 5RS

Re: National Cancer Patients' Experience Survey Programme 2010

Dear colleagues,

I now write to you all highlighting the results and to thank all of the patients and staff in Trusts for their invaluable participation in this important survey.

### **Previous National Cancer Patient Experience Surveys**

Prior to this survey, national surveys of cancer patients' experience of NHS services also took place in 2000 and 2004. One of the aims of the 2010 survey was to assess whether there has been further improvement over the past 10 years and where efforts need to be focused over the coming years.

# Who was included in the survey?

The survey included all adult cancer patients who were inpatient/day cases for cancer during January to March 2010 in 158 Trusts across England. Patients were placed into one of 13 cancer groups using their ICD10 code (cancer diagnosis code). The survey covered both inpatients and day case patients, 40% were inpatients and 60% were day cases.

# How was the survey designed and tested?

The 2010 Cancer Patient Experience Survey questionnaire drew on the 2000 and 2004 questionnaires as the basis for many of its questions. However, many new questions were added (some taken from the National Patient Survey) or developed to meet the specific requirements of the pathways through which cancer patients received treatment. Cognitive testing of the questionnaire was undertaken to ensure that patients would understand the questions being asked.

### What was the response rate?

The response rate was 67% (67,713 completed surveys) from the final sample of 101,773. The response rate compares very favourably with the response rate for the National Inpatient Survey (2009) organised by the Care Quality Commission (52%). The high response to the survey means that for most trusts there are sufficient numbers of responders to make robust comparisons between Trusts and in many instances between Cancer Groups across Trusts.

### Main findings from the 2010 survey

The results show that many patients report very positively on their care. On 33 of the 59 items for which assessments were made, positive responses were reported by at least 80% of patients. For example, 90% of patients had waited less than four weeks between referral and first hospital visit, 85% reported that staff had done everything they could to control pain, 84% had confidence and trust in all of their doctors and 82% said they were always treated with dignity and respect.

However, on 12 of the 59 items less than 70% of patients reported positively, showing the scope available for improvement. For example, only 50% of patients who said it was

necessary had received information about financial help; only 61% reported that clinicians working in hospitals and the community worked well together; only 62% reported that there were enough nurses on duty when they were admitted to hospital and only 66% reported receiving written information about their cancer.

One of the most positive aspects of this survey relates to the care given by Clinical Nurse Specialists (CNSs). 84% of patients reported that they had been given the name of a Clinical Nurse Specialist. Of these over 90% reported that the Clinical Nurse Specialist had listened carefully and that they got understandable answers from the Clinical Nurse Specialist all or most of the time. Importantly, this survey shows the impact of having a Clinical Nurse Specialist on patients' experience of care. Patients with a Clinical Nurse Specialist reported much more favourably than those without on a range of items related to information, choice and care.

The survey reveals significant variations between different patient groups. Those groups reporting less favourably on their care included those aged 16-25 years, older people (age over 75 years), those who were diagnosed more than a year ago, women, patients from black and minority ethnic groups, Non-heterosexuals, those living in London, patients living in the most deprived areas and patients with some long term conditions other than cancer.

Variations in experience of care by the NHS can be marked. Although for most items the 'middle 60%' (i.e. those Trusts between the 20<sup>th</sup> and 80<sup>th</sup> percentiles) are not widely separated, the differences between the best and the worst Trusts can be very wide, exceeding 40 percentage points in some instances. For instance in one Trust only 13% of patients reported being given written information about their operation, while in another the figure was 91%.

Based on these findings, I would strongly urge clinicians, managers and commissioners to look carefully at their local reports to assess areas where change is urgently needed. At a national level we will wish to learn more about those services that are performing very highly.

Nationally the results of this survey are being fed into the review of the Cancer Reform Strategy. The survey provides valuable data on information, choice and patients' experience of care, each of which is central to the future direction of NHS cancer care.

### How will the survey findings be reported at Trust level?

Each of the 158 Trusts that took part will receive a bespoke report on their Trusts cancer patients' experience, broken down by cancer type grouping. They will be able to benchmark cancer services within Trust's and nationally. These will be sent to Trusts during week of 13 December 2010 and made publicly available via a link from the DH website early in 2011.

If you have any questions about the survey please contact Simon Phillips in the DH Cancer Policy Team on 020 7972 4354 or email – simon.phillips@dh.gsi.gov.uk

With best wishes,

Professor Sir Mike Richards

National Clinical Director for Cancer and End of Life Care