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Executive Summary

This paper outlines the position of cancer services across Thames Valley from findings reported within the 2016 National Cancer Patient Experience Survey results published in June 2017; and identifies the aspects of care patients are satisfied with or where they perceive that care could be improved.

The results suggest that most patients accessing cancer services within Thames Valley have a positive experience of overall care and support received, scoring positively outside the expected range for 15 questions. However with scores below the expected range for 37 questions, there are challenges to be addressed to improve patients’ experience of care and minimise risk to the delivery of the national cancer strategy. The results of the survey will be used by the Thames Valley Cancer Alliance to improve the quality of cancer care in Thames Valley by focusing on the areas that patients tell us are important to them and where they consider improvements could be made.

Introduction

The National Cancer Patient Experience Survey (CPES) is a survey distributed to patients who have received cancer treatments including surgical and medical treatments. Commissioned by NHS England and delivered through Quality Health, the questionnaire encompasses 59 questions about patient experiences from diagnosis and throughout treatment.

The survey aims to provide an insight into the care experienced by cancer patients across England and allows Trusts and Clinical Commissioning Groups to understand their individual performance and identify areas for local improvement. It has been designed to monitor national progress on cancer care, as well as providing information to inform commissioners, and other stakeholders, that drive local quality processes to deliver the national cancer strategy.

In 2016 a total of 72,788 people responded to the questionnaire nationally, the majority by post (92.1%) but some respondents completed their questionnaire online (7.85%) or by telephone (0.04%). This gave a total response rate of 66.4% - widely considered a good response rate, and similar to previous years the survey has been conducted. When considered nationally, this is a large data set and therefore results and statistics carry significance.

Nationally, the experience of cancer patients is generally very positive with patients rating their care as 8.74 on a scale of 0 (very poor) to 10 (very good). There are few differences between the survey questions used in 2015 and 2016; therefore some comparisons can be made, with the exception of 3 questions which have changed. Significant improvements were found on 13 questions, a significant deterioration on 1 ('Do you think the GPs and nurses at your general practice did everything they could to support you while you were having cancer treatment?') and no significant difference on the remaining 35 questions.

Trusts and Clinical Commissioning Groups can find full copy of the survey report and their individual results at: <http://www.ncpes.co.uk/index.php/reports/2016-reports/national-reports-1>

Notes on interpretation

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 2016.

Only the scores for the 52 questions in the questionnaire that relate directly to patient experience have been included in this paper.

The survey adopted the CQC standard for reporting comparative performance, based on calculation of “expected ranges”. This means that Trusts/CCGs will be flagged as outliers only if there is statistical evidence that their scores deviate (positively or negatively) from the range of scores that would be expected for Trusts/CCGs of the same size.

Data from Quality Health can be viewed by tumour type with 13 groupings in total as outlined in Table 1. Small numbers of responses from patients with a ‘Brain and central nervous system malignancy’ (n=22) and ‘sarcoma’ (n=43) across Thames Valley were received, reflective of the proportion of people living with these types of cancers. In light of small numbers, data sets for these

tumour groups are not available at a Trust level and thus not included in this report. The group ‘other’ includes all cancers which do not fall within the remaining groupings.

Table 1 Grouping respondents by cancer type

Tumour group description	<i>Detailed definition and relevant ICD10 codes</i>
Brain	Brain (C71)
Breast	Breast (C50) + DCIS (D05)
Colorectal	Colon (C18), Rectal (C19, C20), Small intestine (C17) & Anal (C21)
Gynaecological	Cervical (C53), Endometrial (C54, C55), Ovarian (C56), Vulva-vaginal (C51, C52)
Haematological	NHL (C82, C83, C85), Mult. Myeloma (C90), Leukaemia (C91 - C95), Hodgkin's (C81, C90-C95)
Head and neck	Thyroid (C73), Laryngeal (C32), Oral (C02 - C04, C06), Oropharyngeal (C01, C09, C10), Parotid (C07,C08)
Lung	Lung (C33, C34), Mesothelioma (C45)
Other	Other (All other codes)
Prostate	Prostate (C61)
Sarcoma	Bone & Soft Tissue Sarcoma (C40, C41, C46, C48, C49)
Skin	Melanoma (C43)
Upper gastro	Oesophageal (C15), Stomach (C16), Pancreatic (C25), Liver (C22) and Gall bladder (C23)
Urological	Penile (C60), Bladder (C67), Renal (C64), Testicular (C62), Ureteric (C65,C66)

Thames Valley Cancer Alliance Results

The Thames Valley Cancer Alliance encompasses 6 Trusts providing cancer services and a total of 12 clinical commissioning groups.

Sections i- vii focus on the questions included in the national Cancer Dashboard (<https://cancerdata.nhs.uk>), which brings together key cancer data and is intended to help local clinical leaders, commissioners and providers within Cancer Alliances, to identify priority areas for improvement, linking patient experience alongside other key measured outcomes.

i) Overall Experience of Care

The experience of cancer patients in England is generally very positive, on nearly half of the questions in the survey; over 80% of respondents gave positive responses. Asked to rate their overall experience of care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of 8.7.

Across Thames Valley Cancer Alliance Trust scores ranged between 8.50 (Milton Keynes University Hospital) and 8.84 (Oxford University Hospitals). No Trust was rated above the expected range for their size; two Trusts fell below their expected range (Great Western and Milton Keynes) with the remaining Trusts having a rating within their expected range. In 2015, all Trusts performed within their expected range.

Please see Table 1 for a summary of overall rating for experience of scores per Trust.

Table 2 Thames Valley Overall Experience of Care

Trust	2016 Result		2015 Result		2015 vs 2016		
	Score	Performance Rating	Score	Performance Rating			
Buckinghamshire Healthcare NHS Foundation Trust	2016 National Average 8.74	8.69	2	2015 National Average 8.70	8.6	2	↑
Frimley Health NHS Foundation Trust		8.64	2		8.7	2	↓
Great Western Hospitals NHS Foundation Trust		8.56	3		8.7	2	↓
Milton Keynes University Hospital		8.50	3		8.5	2	↑
Oxford University Hospitals NHS Foundation Trust		8.84	2		8.6	2	↑
Royal Berkshire Hospitals NHS Foundation Trust		8.64	2		8.6	2	↑

Performance rating: 1 = above expected range, 2 = within expected range, 3 = below expected range

When considering the overall experience of care per CCG in 2016, no CCG achieved a score above their expected range with 2 groups falling below their expected range (NHS Milton Keynes CCG and NHS Swindon CCG). Three were found to be above the national average (NHS Oxfordshire CCG, NHS

South Reading CCG and NHS Bracknell and Ascot CCG) and remaining CCGs scoring within their expected ranges. Please see Figure 1 for further details on individual CCG ratings.

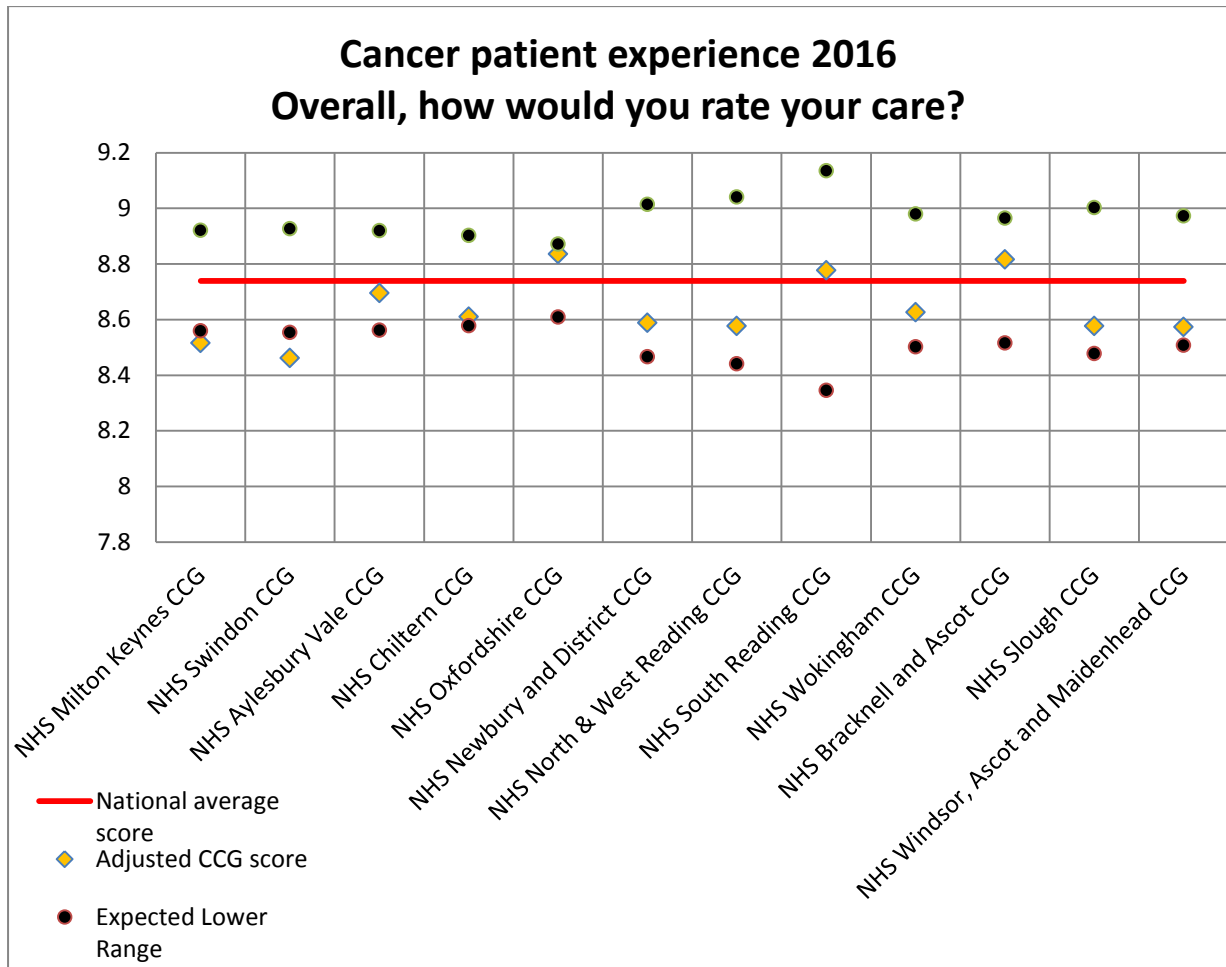


Figure 1 Overall Experience of Care for Thames Valley CCGs

Comparing 2016 and 2015, reported experience of care within CCG’s is lower than the previous year, but NHS Oxfordshire CCG have now improved from scoring below their expected range in 2015, to being within range, and above the national average in 2016.

Experience of care by tumour group across Thames Valley was compared against the national average. Due to small sample numbers no data was available for persons with ‘brain and CNS’ and ‘sarcoma’ tumour types. The scores presented in the graph below have been calculated by averaging scores across the tumour type of all Trusts within Thames Valley.

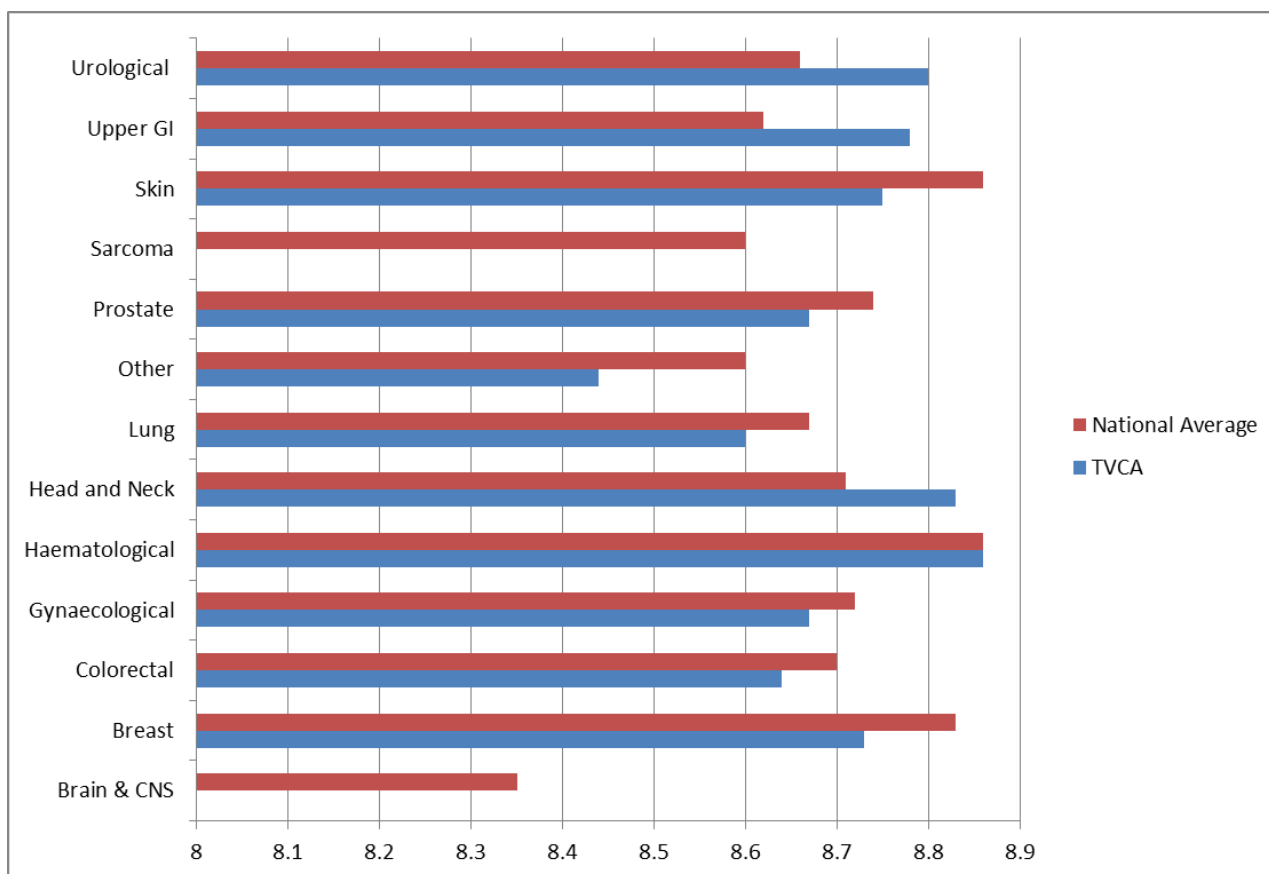


Figure 2 Overall Experience of Care per tumour group within Thames Valley

The highest experience of care was reported by patients with haematological malignancy in Thames Valley (8.86), the same as the national average. ‘Other’ tumour types scored lowest (8.44) below the national average of 8.6. Urological, Upper GI, and Head and Neck were all above the national average with remainders falling below.

Notably, Brain & CNS tumour type patient’s nationally report the lowest experience of care. As there is insufficient data to report data at Thames Valley level for brain & CNS tumours this highlights the need for systems to have a means to measure this patient group’s experience of care.

Respondent’s gender, age, ethnicity and Index of Multiple Deprivation (IMD) were collected as part of the questionnaire. This data is not available for specific Trusts, but nationally variance in response to questions per groups was evident. A summary of the national reported experience of care based on demographic is presented below.

Table 3 National Experience of Care by Demographic

Overall, how would you rate your care?			
	Score	National average	
Gender			
Male	8.77	8.74	
Female	8.71		
Ethnicity			
White	8.77		
Mixed	8.46		
Asian	8.14		
Black	8.27		
Other	8.42		
Not given	8.69		
Age			
16-24	8.71		
25-34	8.47		
35-44	8.49		
45-54	8.58		
55-64	8.66		
65-74	8.83		
75-84	8.80		
85+	8.69		
IMD			
Score 1	8.67		
Score 2	8.69		
Score 3	8.74		
Score 4	8.79		
Score 5	8.77		
Non-England Score	8.71		

Notably, there is evident variance in experience of care dependent on ethnicity. Significant differences were found between groups with those of Asian ethnicity reporting the lowest experience of care. Where a CCG has large numbers of their population reporting a non-white ethnicity, commissioners should seek assurance that services are aware of this variation as a risk.

ii) *Involvement in Decisions: Care and Treatment*

Nationally 78% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment.

Table 4 Thames Valley results for involvement in decisions

Trust	2016 Result		2015 Result		2015 vs 2016		
	Score	Performance Rating	Score	Performance Rating			
Buckinghamshire Healthcare NHS Foundation Trust	2016 National Average 77.8%	77.6%	2	2015 National Average 77.6%	77.4%	2	↑
Frimley Health NHS Foundation Trust		78.4%	2		76.3%	2	↑
Great Western Hospitals NHS Foundation Trust		79.6%	2		79.4%	2	↑
Milton Keynes University Hospital		72.3%	3		75.1%	2	↓
Oxford University Hospitals NHS Foundation Trust		78.6%	2		78.6%	2	-
Royal Berkshire Hospitals NHS Foundation Trust		77.7%	2		78.5%	2	↓

Milton Keynes University Hospital scored lower in 2016 than in 2015 (72.3% vs 75.1%), significantly below the national average resulting in a performance score of 3.

As indicated in the table below, Breast, Colorectal, Head & Neck, Skin and Urological all scored above the national average, with remainders falling below.

Table 5 Thames Valley results for involvement in decisions, by tumour group

Tumour Type	National Average	TVCA
Breast	79.0%	79.2%
Colorectal	79.0%	82.1%
Gynaecological	76.6%	69.3%
Haematological	86.5%	80.8%
Head & Neck	78.1%	81.5%
Lung	79%	73.9%
Other	73.7%	70.1%
Prostate	79.4%	76.5%
Skin	85.4%	90.4%
Upper GI	76.7%	76.1%
Urological	76.8%	79.9%

iii) Provision of Information: Name of CNS

Nationally 90% of respondents were given the name of a Clinical Nurse Specialist (CNS) to support them through their treatment

Table 6 Thames Valley results for name of Clinical Nurse Specialist (CNS)

Trust	2016 Result		2015 Result		2015 vs 2016		
	Score	Performance Rating	Score	Performance Rating			
Buckinghamshire Healthcare NHS Foundation Trust	2016 National Average 90.3%	89.9%	2	2015 National Average 89.9%	91.9%	2	↓
Frimley Health NHS Foundation Trust		90.5%	2		91.4%	2	↓
Great Western Hospitals NHS Foundation Trust		88.0%	2		90.7%	2	↓
Milton Keynes University Hospital		83.6%	3		85.5%	3	↓
Oxford University Hospitals NHS Foundation Trust		90.4%	2		89.0%	2	↑
Royal Berkshire Hospitals NHS Foundation Trust		94.7%	1		94.5%	1	↑

Comparing results in 2015 to 2016 there has been no change in performance rating of patients being given the name of a clinical nurse specialist. Although performance ratings remain unchanged, individual Trust scores have deteriorated with the exceptions of Oxford University Hospitals and Royal Berkshire Hospitals.

Considering tumour groups, Lung, Other, Skin and Urological were all found to be above the national average for patients being given the name of a CNS.

Table 7 Thames Valley results for name of CNS by tumour group

Tumour Type	National Average	TVCA
Breast	94.4%	92.4%
Colorectal	91.3%	87.3%
Gynaecological	93.6%	85.8%
Haematological	90.0%	87.0%
Head & Neck	88.3%	81.4%
Lung	93.8%	93.9%
Other	86.8%	88.9%
Prostate	88.4%	87.4%
Skin	87.8%	93.0%
Upper GI	92.4%	87.9%
Urological	81.3%	89.5%

iv) Provision of Information: Easy to Contact for CNS

Nationally when asked how easy or difficult it had been to contact their CNS 86% of respondents said that it had been ‘quite easy’ or ‘very easy’.

Table 8 Thames Valley results for ease of contacting CNS

Trust	2016 Result		2015 Result		2015 vs 2016
	Score	Performance Rating	Score	Performance Rating	
Buckinghamshire Healthcare NHS Foundation Trust	80.1%	3	80.7%	3	↓
Frimley Health NHS Foundation Trust	86.2%	2	87.3%	2	↓
Great Western Hospitals NHS Foundation Trust	82.4%	2	88.5%	2	↓
Milton Keynes University Hospital	80.6%	3	89.6%	2	↓
Oxford University Hospitals NHS Foundation Trust	87.2%	2	80.0%	3	↑
Royal Berkshire Hospitals NHS Foundation Trust	84.9%	2	87.5%	2	↓
	2016 National Average 86.3%		2015 National Average 86.6%		

Performance ratings differ between 2015 and 2016 for Milton Keynes University Hospital where in 2016 their score dropped to 80.6% from a previous 89.6%. Oxford University Hospitals have significantly improved from 80.0% to 87.2%. All Trusts were found to be lower than their previous year with the exception of Oxford University Hospitals.

For specific tumour groups, gynaecological patients reported the lowest score in ease of contacting a CNS. It should be noted, that gynaecological scores were only available for Great Western Hospitals (66.7%, n=27) and Oxford University Hospitals (71.2%, n=52) and were small numbers of patients respectively. Head & Neck, Lung, Prostate, Skin and Upper GI were all found to be above the national average with remainders falling below.

Table 9 Thames Valley results for ease of contacting CNS by tumour group

Tumour Type	National Average	TVCA
Breast	85.8%	81.8%
Colorectal	88.4%	83.8%
Gynaecological	84.2%	68.9%
Haematological	87.8%	86.0%
Head & Neck	86.6%	90.0%
Lung	87.6%	93.4%
Other	85.2%	84.9%
Prostate	83.8%	85.5%
Skin	85.3%	90.7%
Upper GI	85.9%	86.7%
Urological	85.3%	83.9%

v) Overall Interpersonal Relations: Respect and Dignity

Nationally 88% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital.

Table 10 Thames Valley results for treatment with respect and dignity

Trust	2016 Result		2015 Result		2015 vs 2016		
	Score	Performance Rating	Score	Performance Rating			
Buckinghamshire Healthcare NHS Foundation Trust	2016 National Average 88.0%	90.1%	2	2015 National Average 87.5%	88.0%	2	↑
Frimley Health NHS Foundation Trust		89.5%	2		89.9%	2	↓
Great Western Hospitals NHS Foundation Trust		87.6%	2		85.4%	2	↑
Milton Keynes University Hospital		85.5%	2		85.5%	2	-
Oxford University Hospitals NHS Foundation Trust		90.3%	1		87.8%	2	↑
Royal Berkshire Hospitals NHS Foundation Trust		92.2%	1		91.0%	2	↑

In 2016, Oxford University Hospitals and Royal Berkshire hospitals both achieved a performance rating of 1 above the national average. Great Western and Buckinghamshire both made improvements whilst Milton Keynes remains unchanged. Frimley Health scored lower in 2016 but remain at a performance rating of 2 and above the national average in both years.

The only tumour group to fall below the national average was breast.

Table 11 Thames Valley results for treatment and respect with dignity by tumour group

Tumour Type	National Average	TVCA
Breast	88.4%	86.3%
Colorectal	86.8%	88.1%
Gynaecological	87.5%	90.3%
Haematological	89.1%	93.3%
Head & Neck	87.3%	91.7%
Lung	86.7%	94.4%
Other	85.8%	87.6%
Prostate	91.0%	93.3%
Skin	91.7%	95.5%
Upper GI	86.5%	90.0%
Urological	88.7%	93.4%

vi) Care Transition: Given Contact after Patient left Hospital

94% of national respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital.

Table 12 Thames Valley results for given contact after leaving hospital

Trust	2016 Result		2015 Result		2015 vs 2016		
	Score	Performance Rating	Score	Performance Rating			
Buckinghamshire Healthcare NHS Foundation Trust	2016 National Average 93.9%	93.4%	2	2015 National Average 93.7%	91.5%	2	↑
Frimley Health NHS Foundation Trust		94.4%	2		92.2%	2	↑
Great Western Hospitals NHS Foundation Trust		94.6%	2		91.3%	2	↑
Milton Keynes University Hospital		90.7%	2		92.1%	2	↓
Oxford University Hospitals NHS Foundation Trust		95.4%	2		92.2%	2	↑
Royal Berkshire Hospitals NHS Foundation Trust		94.8%	2		94.8%	2	-

Performance ratings between 2015 and 2016 for all Trusts remain unchanged. Improvements in scores were observed in Buckinghamshire, Frimley Health, Great Western and Oxford University Hospitals. Milton Keynes scored lower in 2016 falling below the national average both years. Royal Berkshire Hospitals remained unchanged and above national averages respectively.

Breast cancer patients and colorectal cancer patients were the only two tumour types to fall below the national average with remaining tumour types all found above.

Table 13 Thames Valley results for contact after leaving hospital by tumour group

Tumour Type	National Average	TVCA
Breast	90.8%	90.3%
Colorectal	83.6%	83.4%
Gynaecological	86.7%	88.9%
Haematological	80.3%	80.5%
Head & Neck	85.3%	93.6%
Lung	81.3%	83.3%
Other	81.4%	83.5%
Prostate	89.3%	92.9%
Skin	89.1%	92.7%
Upper GI	82.4%	82.6%
Urological	85.9%	88.4%

vii) *Care Transition: Support from GP during Treatment*

62% of respondents nationally felt GPs and nurses at their general practice did everything they could to support them during cancer treatment

Table 14 Thames Valley results for support from GP during treatment

Trust	2016 Result		2015 Result		2015 vs 2016		
	Score	Performance Rating	Score	Performance Rating			
Buckinghamshire Healthcare NHS Foundation Trust	2016 National Average 61.6%	63.9%	2	2015 National Average 62.2%	66.1%	2	↓
Frimley Health NHS Foundation Trust		61.4%	2		59.3%	2	↑
Great Western Hospitals NHS Foundation Trust		64.0%	2		66.5%	2	↓
Milton Keynes University Hospital		53.6%	3		59.2%	2	↓
Oxford University Hospitals NHS Foundation Trust		67.8%	1		65.1%	2	↑
Royal Berkshire Hospitals NHS Foundation Trust		63.4%	2		64.3%	2	↓

In 2016, Milton Keynes University Hospital fell significantly below the national average resulting in a performance score of 3. Frimley Health was the second Trust in Thames Valley to fall below the national average in 2016 whilst achieving a performance score of 2. Oxford University Hospitals were the only Trust to achieve a performance score of 1. Compared to 2015, Buckinghamshire Healthcare, Great Western, Milton Keynes and Royal Berkshire all demonstrated a decrease with Oxford University Hospitals and Frimley Health showing improvements.

Gynaecological cancer patients were the only tumour type found to be below the national average.

Table 15 Thames Valley results for care from GP during treatment by tumour group

Tumour Type	National Average	TVCA
Breast	61.7%	61.9%
Colorectal	62.0%	64.5%
Gynaecological	60.8%	59.8%
Haematological	59.3%	61.6%
Head & Neck	59.1%	74.4%
Lung	61.0%	61.6%
Other	59.2%	60.1%
Prostate	66.7%	71.2%
Skin	67.2%	68.6%
Upper GI	60.8%	63.6%
Urological	63.8%	71.3%

Common themes across Thames Valley

Referring to appendix 1, NCPES questions can be grouped into 12 subject areas from seeing your GP through to overall experience of care. To consider the TVCA as a whole, a table was created to identify how many questions fell below the national average within these groups.

Table 16 Identifying number of questions falling below national average by grouping in questionnaire

Group	BHFT	FHFT	GWH	MKUH	OUH	RBH	TVCA
Seeing your GP			1				1
Diagnostic tests				1		2	3
Finding out what was wrong		1		2			3
Deciding the best treatment				2			2
CNS	2			2			4
Support for people with cancer		1		3	1		5
Operations				1			1
Inpatient care			2	1			3
Outpatient care			1	2		1	4
Homecare & support	2			3			5
Care from CP				1			1
Overall NHS care		1	1	1		2	5
Totals	4	3	5	19	1	5	37

‘Support for people with cancer’, ‘homecare and support’ and ‘Overall NHS care’ each had 5 questions falling below the national average, closely followed by ‘clinical nurse specialist’ support and ‘outpatient care’ each with 4 questions falling below average. Milton Keynes University Hospital (MKUH) notably had a total of 19 questions falling below the national average. Considering table 16 without MKUH results included, no clear area for improvement common across Thames Valley hospitals was identified. Where changes to local practices have been made or successful improvement initiatives demonstrated, these should be shared across the Alliance to facilitate collaboration, shared learning and improved patient experience of cancer care.

Clinical Nurse Specialists (CNS) have a critical role, acting as a key worker in the delivery of information, communication and co-ordination of care (Cancer Reform Strategy, 2007). Ensuring patients are introduced to a CNS at diagnosis and also have access to their CNS throughout treatment might assist in improving patients’ experience of care. The percentage of patients with an identified CNS in Thames Valley ranged from 83.6% (Milton Keynes University Hospital) to 94.7% (Royal Berkshire Hospital); the aim nationally is to ensure all patients have access to a CNS (Delivering World-Class Cancer Outcomes, 2016).

Question 19 of the NCPES asks ‘When you have had important questions to ask your Clinical Nurse Specialist, how often have you got answers you could understand?’ Across Thames Valley, no Trusts achieved a performance rating of 1 in this question with the range of responses for 2016 of 85.0% (Buckinghamshire) - 89.5% (Great Western Hospitals). Clinical areas should consider the way of working of their CNS staff to ensure all patients have access to one, and that the CNS is both easily contactable and able to respond to important questions appropriately.

Discussions with clinical leads and feedback from Clinical Alliance Groups indicate that patients are given all essential information in both verbal and written format; however the question arises how this information is being understood, heard or read? Clinical areas need to consider how and when information is given to patients to ensure patients are aware of support available and how to access this.

Further improvements in cancer care will require improved communication, information giving and sign-posting for patients. Initial findings from a series of engagement events facilitated by the Alliance have identified that significant distress to patients arises from poor administration and an inability to access a health system when required. For many patients, the challenges in contacting the right individual at the hospital to arrange or rearrange appointments have been significant. Clinical areas should ensure that patients have an identified key worker, with up to date and maintained contact details, who can also signposting patients to support groups and appropriate resources early in the cancer journey.

The number of patient responses per tumour groups varies considerably in size as shown below.

Table 17 Number of responses per tumour group across Thames Valley Trusts

	BHFT	FHFT	GWH	MKUH	OUH	RBH	TVCA
Brain	2	1	2	0	15	2	22
Breast	138	190	143	78	270	141	960
Colorectal	62	83	60	41	130	50	426
Gynaecological	18	15	35	7	83	16	174
Haematological	102	175	82	73	189	31	652
Head & Neck	3	10	1	4	66	6	90
Lung	16	29	20	21	77	10	173
Other	42	35	12	17	123	32	261
Prostate	23	77	21	27	141	75	364
Sarcoma	5	0	3	0	34	1	43
Skin	14	23	0	1	93	3	134
Upper GI	10	22	11	9	69	11	132
Urological	91	86	40	41	146	23	427
Total respondents	526	746	430	319	1436	401	3,858

Notably only 22 patients with a brain malignancy responded to the survey. Where numbers are smaller, as in the case of Brain, Head & Neck and Sarcoma, clinical leads should consider how to measure patient experience. While the development of a tool to measure patient experience tailored to each tumour group may be costly in time and resource, clinical areas should consider how service users can feedback experience such as through a local patient partnership group, support groups or other local means.

Patient Engagement Events

The Thames Valley Cancer Alliance has funded a series of engagement events to elicit a response from people affected by cancer and/or their family members, friends or carers. The events aim to discuss the local CPES results with people affected by cancer to identify priority areas or suggestions for improvement. Events have taken place between November 2017 and January 2018; findings will be collated and published.

Conclusions and Recommendations

This report has aimed to consider the CPES results across the Thames Valley geography as a whole. Data for each tumour group has been extracted and inserted into an excel sheet and provided to all Alliance tumour groups for review.

While the Alliance recognises the significant workload and role of clinical nurse specialists, their role in the patient journey is paramount, spanning all areas of the cancer journey. All areas should consider how they provide the contact details of their CNS to patients, ensuring written information and contact details given to patients is up to date and accessible such as in the form of a business card.

Each area should continue with improving the process of information giving, and consider how they can engage patients within their locality in this process. Where successful changes or initiatives have been implemented to improve patient experience, these should be shared with the Alliance and Trusts within Thames Valley.

Appendix 1 – Questions from Cancer Patient Experience Survey

Number	Category	Question
Q1	Seeing your GP	Before you were told you needed to go to hospital about cancer, how many times did you see your GP (family doctor) about the health problem caused by cancer?
Q2		How do you feel about the length of time you had to wait before your first appointment with a hospital doctor?
Q5	Diagnostic tests	Beforehand, did you have all the information you needed about your test?
Q6		Overall, how did you feel about the length of time you had to wait for your test to be done?
Q7		Were the results of the test explained in a way you could understand?
Q8	Finding out what was wrong with you	When you were first told that you had cancer, had you been told you could bring a family member or friend with you?
Q9		How do you feel about the way you were told you had cancer?
Q10		Did you understand the explanation of what was wrong with you?
Q11		When you were told you had cancer, were you given written information about the type of cancer you had?
Q12	Deciding the best treatment for you	Before your cancer treatment started, were your treatment options explained to you?
Q13		Were the possible side effects of treatment(s) explained in a way you could understand?
Q14		Were you offered practical advice and support in dealing with the side effects of your treatment(s)?
Q15		Before you started your treatment(s), were you also told about any side effects of the treatment that could affect you in the future rather than straight away?
Q16		Were you involved as much as you wanted to be in decisions about your care and treatment?
Q17	Clinical Nurse Specialist	Were you given the name of a Clinical Nurse Specialist who would support you through your treatment?
Q18		How easy or difficult has it been for you to contact your Clinical Nurse Specialist?
Q19		When you have had important questions to ask your Clinical Nurse Specialist, how often have you got answers you could understand?
Q20	Support for people with cancer	Did hospital staff give you information about support or self-help groups for people with cancer?
Q21		Did hospital staff discuss with you or give you information about the impact cancer could have on your day to day activities (for example, your work life or education)?
Q22		Did hospital staff give you information about how to get financial help or any benefits you might be entitled to?
Q23		Did hospital staff tell you that you could get free prescriptions?
Q25	Operations	Beforehand, did you have all the information you needed about your operation?
Q26		After the operation, did a member of staff explain how it had gone in a way you could understand?
Q28	Hospital care as an inpatient	Did groups of doctors and nurses talk in front of you as if you weren't there?
Q29		Did you have confidence and trust in the doctors treating you?
Q30		If your family or someone else close to you wanted to talk to a doctor, were they able to?
Q31		Did you have confidence and trust in the ward nurses treating you?
Q32		In your opinion, were there enough nurses on duty to care for you in hospital?
Q33		While you were in hospital did the doctors and nurses ask you what name you prefer to be called by?
Q34		Were you given enough privacy when discussing your condition or treatment?
Q35		During your hospital visit, did you find someone on the hospital staff to talk to about your worries and fears?
Q36		Do you think the hospital staff did everything they could to help control your pain?
Q37		Overall, did you feel you were treated with respect and dignity while you were in the hospital?
Q38		Were you given clear written information about what you should or should not do after leaving hospital?
Q39		Did hospital staff tell you who to contact if you were worried about your condition

		or treatment after you left hospital?
Q41	Hospital care as a day patient	While you were being treated as an outpatient or day case, did you find someone on the hospital staff to talk to about your worries and fears?
Q42		The last time you had an outpatients appointment with a cancer doctor, did they have the right documents, such as medical notes, x-rays and test results?
Q44		Beforehand, did you have all of the information you needed about your radiotherapy treatment?
Q45		Once you started your treatment, were you given enough information about whether your radiotherapy was working in a way you could understand?
Q47		Beforehand, did you have all of the information you needed about your chemotherapy treatment?
Q48		Once you started your treatment, were you given enough information about whether your chemotherapy was working in a way you could understand?
Q49	Homecare and support	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you at home?
Q50		During your cancer treatment, were you given enough care and support from health or social services (for example, district nurses, home helps or physiotherapists)?
Q51		Once your cancer treatment finished, were you given enough care and support from health or social services (for example, district nurses, home helps or physiotherapists)?
Q52	Care from general practice	As far as you know, was your GP given enough information about your condition and the treatment you had at the hospital?
Q53		Do you think the GPs and nurses at your general practice did everything they could to support you while you were having cancer treatment?
Q54	Your overall NHS care	Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care?
Q55		Have you been given a care plan?
Q56		Overall, how would you rate the administration of your care (getting letters at the right time, doctors having the right notes/tests results, etc.)?
Q57		Overall, how do you feel about the length of time you had to wait when attending clinics and appointments for your cancer treatment?
Q58		Since your diagnosis, has anyone discussed with you whether you would like to take part in cancer research?
Q59		Overall, how would you rate your care?

Appendix 2 – Response of Individual Trusts to CPES results

Each Trust has responded to the CPES2016 results in an individual capacity with action plans in place.

Great Western Hospitals NHS Foundation Trust

Results have been reviewed for Great Western and a plan of action is being collated. This plan has been shared with cancer clinical teams, at a team meeting and with cancer management. The results were shared at D&O Board and the lead cancer nurse presented in October at the Trust Patient Experience and Quality Committee. There are further plans to share the findings at the cancer delivery board which has COO, Divisional Directors and Tumour site clinical leads. Results will also be discussed by the lead cancer nurse at the upcoming CCG Cancer Working group.

A different approach to an action plan has been taken this year with cancer services collating/monitoring actions which will be led by the tumour sites for site specific feedback, cancer services for CNS/chemo etc. and CCG's for primary care action. The lead cancer nurse and clinical staff will also be actively participating in the TVCA Swindon engagement event on 30th November 2017 to help identify where priorities with action should be.

Oxford University Hospitals NHS Foundation Trust

OUHFT results have been distributed and discussed widely within the Divisional clinical structure and cancer multidisciplinary teams. As in previous years our overarching theme for improvement is communication: particularly information provision, and assessment and care planning. Individual MDT's are required to review their results and agree an action plan pertinent to their service. This is submitted through the cancer management team and forms part of their annual work programme.

Frimley Health Foundation Trust

Results from the CPES for 2016 for Frimley Health have been presented at the 'Cancer Unit Steering Group' and 'Cancer CNS Meetings'. The lead cancer nurse has a high level action plan, and each tumour site specific group is working on their own individual action plan. Results also plan to be presented to and discussed with the matrons. FHFT have also collaborated with the TVCA in facilitating an engagement event in response to the CPES results taking place on 7th November 2017.

Royal Berkshire NHS Foundation Trust

Results have been collated and MDT specific action plans for Colorectal and Prostate are in place with Breast MDT to follow. The RBH held a patient experience day in November 2017 where Quality Health, the organisation who facilitates the CPES, presented the results to those attending. Results have been presented at Board Level and on-going action discussed. Results have also been presented at other forums such as clinical governance, senior nurse meetings and ward meetings.

Milton Keynes University Hospital

Findings from local NCPES results have presented to and discussed with the clinical commissioning group (CCG), specialised commissioning group, Milton Keynes Cancer Patient Partnership (MKCPP) and the executive Trust team. MKUH has previously been linked to Harrogate Hospital through the NHS England Buddy programme and are acting upon several action plans which are in the process of being updated to reflect the 2016 results.

Buckingham Healthcare NHS Foundation Trust

Results have been discussed at the Oncology and Haematology Governance meeting with the Matron for Cancer & Haematology moving forward with an action plan.