



National cancer patient experience survey: London overview

21 September 2016

Introduction

The National Cancer Patient Survey (NCPES) 2015 is the fifth iteration of the survey first undertaken in 2010. It has been designed to drive improvements in a patient's experience of cancer care and inform commissioners and service providers.

The 2015 survey has been published for the first time as Official Statistics.

For the 2015 and future surveys the CQC standard for reporting comparative performance has been adopted. This is based on calculations of "expected ranges" for each question. Trusts will be flagged as outliers only if they are not scored within the expected range.

There have been a number of significant changes to the structure and question content of the 2015 survey:

- the length of the questionnaire has been reduced
- response options have been reviewed and changed to make them consistent throughout the survey
- some of the questions and / or answer options have been changed so that they are now in line with questions in other patient surveys (e.g. the Care Quality Commission national patient surveys), to improve comparability between them
- the topic areas within the questionnaire have been redesigned to capture the whole patient journey

There are 50 questions in the survey that relate directly to patient experience. Of these, 14 remain unchanged from previous years; and a further 21 have been slightly amended. Changes in the structure of the questionnaire and also the administration of the survey calendar period and length of time from sampling to field work start and completion may influence nationwide averages although it is unlikely to impact on patient group and hospital comparisons.

Fifteen questions are either new or substantially changed from previous years. These changes prevent a direct comparison being made between 2015 results and those of previous years.

The scores are shown as unadjusted or adjusted. Unadjusted data is used in the Trust and CCG reports produced by Transforming Cancer Services Together as this shows actual patient percentage scores. Case-mix adjusted data, together with expected ranges, should be used to understand whether the results are significantly higher or lower than national results. The factors taken into account in the case-mix adjustment are gender, age, ethnic group, deprivation scores and tumour group.

Transforming Cancer Services Team reports

- Trust and CCG specific reports will be sent to the relevant CCGs and strategic planning groups.
- The Transforming Cancer Services Team identified 25 questions to analyse for the Trust reports.

Trust analysis

The analysis has shown that London trusts scored well for:

1. Giving patients the name of their CNS
2. Patients being able to contact their CNS which shows a marked improvement across the London trusts
3. Hospital staff telling patients about free prescriptions
4. The majority of trusts scored 80%+ for giving patients information about what they should or should not do on leaving hospital
5. All Trusts scored 80%+ with 13 scoring 90%+ for telling patients who to contact if they were worried about their condition or treatment on leaving hospital

Across London there are four areas of patient care where patients report a poor experience:

1. Receiving information in an understandable way
 - Understanding test results.
 - Understanding their diagnosis.
 - Being given written information about the type of cancer they had.
 - Were families and other people close to the patient given all of the information they needed to help care for the patient at home
2. Decision about treatment
 - Being informed about side effects of treatment both short term and long term.
 - Being offered advice and support to help deal with the side effects.
 - Being involved in decisions about their care and treatment.

3. Access to supportive care

- Families being able to talk to a doctor.
- Patients being able to speak with a member of the hospital staff about their worries and their fears both as an inpatients and an outpatient.
- They did not feel that the people caring for them worked well together.
- Being given a care plan: this question scored very poorly ranging from 25%- 43%.

4. Supportive information

- Hospital staff giving patients information about financial help or benefits.

A number of the poorly scored questions show that patients are not receiving easily understood information across their cancer pathway.

Of great concern is the lack of information about side effects. This has the potential for creating long term psychological issues for patients and their families. It also poses the question of how staffs were able to be assured that a patient had made an informed choice and consent to treatment.

A high percentage of patients and their families reported being unable to access hospital staff as either an inpatient or outpatient to discuss worries and fears.

2016/2017 National Cancer Patient Experience Survey (NCPES)

Fieldwork timescale

The survey fieldwork period for CPES 2016 will match last year's. Patients with a primary cancer diagnosis undergoing their first treatment as an inpatient or day case during April-June 2016 are selected for the survey. The first send-out will start in October. First and second reminders will be sent out where necessary in December and subsequently in January/February.

Prior to sending out the survey and the two reminders deceased checks will be undertaken on the DBS system. No send-outs or reminders will take place over the Christmas period.

The detailed timescale is as follows:

- Deadline for data to be received from Trusts by Quality Health, 30 September
- Initial send-out begins, 24 October
- First reminders start going out, 14 November
- Final reminders start going out, 5 December
- Break in send-out for Christmas
- Send-out continues, 3 January
- Close of fieldwork, 24 March (TBC).

Reporting

Final details of reporting timescales have yet to be agreed.

The 2016 Cancer Patient Experience Survey questionnaire

The 2016 questionnaire is currently being finalised. The intention is to make as few changes as possible from the 2015 questionnaire, in order to allow a set of comparisons over time.

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