



# Scottish Cancer Patient Experience Survey 2015/16

## Exploring Differences in Cancer Patient Experiences

Health and Social Care Analysis Division

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Scottish Care Experience  
Survey Programme

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## EXECUTIVE SUMMARY

Almost 5,000 people took part in the 2015 Scottish Cancer Patient Experience Survey. It covered all aspects of the cancer care journey, from thinking that something might be wrong, through to the support received after acute care and treatment. [National results](#) revealed that the vast majority of people – 94 per cent – had a positive experience of cancer care overall. They also highlighted some areas of care with less positive experiences which require service improvement.

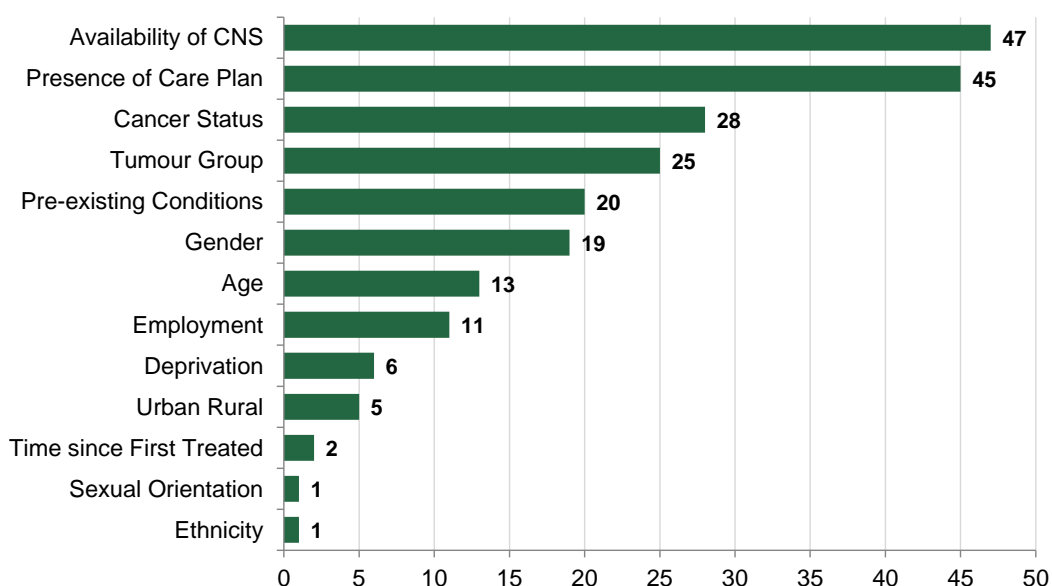
This secondary analysis examines the relationship between the self-reported experiences of service users and a range of factors. This analysis will help our understanding of the differences in cancer care experiences between different groups of patients and will assist in identifying where to target future improvements.

Responses to 47 of the survey questions were analysed to determine whether the likelihood of someone reporting a positive experience was affected by a range of factors – see [Annex A](#) for a summary of the results. **Figure 1** shows the total number of questions associated with difference in experience by factor.

The key findings of this analysis are:

- Those who **did not have an easily contactable Clinical Nurse Specialist (CNS)** were significantly **more negative** for **all** questions.
- Those who **did not have a care plan** were significantly **more negative** for **45 out of the 47** of questions analysed.
- Those whose cancer had **remained or spread following treatment** were significantly **more negative** for **28 out of the 47** questions analysed.
- **Tumour group** affected **25 out of the 47** questions analysed, **however** there was a fairly even mix of significantly more positive and significantly more negative depending on both the specific tumour group and question.

**Figure 1: Total no. of questions (of the 47 questions analysed) associated with difference in experience by factor**



# INTRODUCTION

The following report outlines the results of secondary analysis of the first Scottish Cancer Patient Experience Survey, which was jointly funded by the Scottish Government and Macmillan Cancer Support. This analysis examines the relationship between self-reported experiences of service users and a range of factors. All the factors that were analysed are detailed in **Table 1**.

Investigating differences in experiences is important in helping Scottish Ministers to achieve their ambitions of a fairer society and tackling inequalities. The Chief Medical Officer's annual report "Realising Realistic Medicine"<sup>1</sup> also highlighted the importance of reducing unnecessary variation in practice and outcomes.

A summary of the results of this analysis by factor is provided in this report and a note of which factors were more positive or more negative for each question looked at is provided in **Annex A**.

## Background

The Scottish Cancer Patient Experience Survey was run for the first time in 2015. The survey was sent to a sample of 7,949 cancer patients in Scotland aged 16 or over. A total of 4,385 valid survey packs were returned, giving a response rate of 61 per cent. Further details on the sampling strategy for the survey can be found in the Technical Report at [www.gov.scot/Resource/0050/00508351.pdf](http://www.gov.scot/Resource/0050/00508351.pdf).

**National results** and individual reports for NHS Health Boards and Cancer Networks were **published in June 2016**. The results highlight that the vast majority of people – 94 per cent – had a positive experience of care overall. They also show that while many aspects of care provision are working well, some areas of care received results which are less positive and require service improvement. More information on the survey and results are available at [www.gov.scot/cancersurvey](http://www.gov.scot/cancersurvey).

The Scottish Cancer Patient Experience Survey is one of a suite of national surveys that form the Scottish Care Experience Survey Programme. The surveys aim to provide local and national information on the quality of health and care services from the perspective of those using them. They allow local health and care providers to compare with other areas of Scotland and to track progress in improving the experiences of people using their services.

More information on the Scottish Care Experience Survey Programme can be found at [www.gov.scot/Topics/Statistics/Browse/Health/careexperience](http://www.gov.scot/Topics/Statistics/Browse/Health/careexperience).

## Methodology

A statistical technique was used to allow all available factors that may have an effect on the likelihood of someone reporting a positive experience to be taken into account. This approach does not look at one factor in isolation but takes into account all those which may have an effect.

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<sup>1</sup> [www.gov.scot/Resource/0051/00514513.pdf](http://www.gov.scot/Resource/0051/00514513.pdf)

This report focuses on results that are statistically significant at the 5% level – that is results that can be said to be attributable to the group, rather than random variation, with 95% confidence. Full details of the methodology used are available at [www.gov.scot/Resource/0052/00522933.pdf](http://www.gov.scot/Resource/0052/00522933.pdf).

Analysis was performed on all questions about patient experience which had distinct positive and non-positive responses. For each factor, responses by sub-category were compared against a reference group. The sub-categories for some factors, such as ethnicity, had to be grouped together due to small sample sizes. Details of the factors, sub-categories and reference groups used are given in **Table 1**.

The analysis identified differences in the experiences of individuals from different sub-categories, however, it is important to note that it is difficult to fully explain differences in the experience of service users as variation is a complex issue.

The variation reported here could reflect real intergroup differences in the services received **or** intergroup differences in subjective factors such as expectations or perceptions. **Or** a combination of both. Due to the complexity of the findings, readers are advised to consider overall patterns and avoid over-interpretation of the individual results for a specific factor.

**Table 1: Factors used for analysis**

Factor	Sub-category	% Resp.	Ref. Group
Availability of CNS (Clinical Nurse Specialist)	Had an easy to contact CNS	74	Easily contactable CNS
	Had a neutral to contact CNS	5	
	Had a difficult to contact or no CNS	21	
Presence of Care Plan	Had a Care Plan	22	Had a Care Plan
	Did not have a Care Plan	78	
Cancer Status	Cancer has remained or spread	22	Has not remained or spread
	Cancer has <b>not</b> remained or spread	78	
Tumour Group	Breast	25	Breast
	Lower GI (including Colorectal)	15	
	Gynaecological	7	
	Haematological	8	
	Head & Neck	5	
	Lung	6	
	Prostate	12	
	Skin	3	
	Upper GI	4	
	Urological	6	
Other (including Brain & Sarcoma)	2		

Pre-existing Condition	Deafness/severe hearing impairment	7	No long-term conditions
	Blindness/severe vision impairment	1	
	Physical disability	4	
	Learning disability	0	
	Mental health condition	1	
	Chronic pain lasting at least 3 months	4	
	Another long-term condition	13	
	Multiple long-term conditions	18	
	No long-term conditions	51	
Gender	Male	43	Female
	Female	57	
Age	16-24	0	75+
	25-34	1	
	35-44	4	
	45-54	13	
	55-64	24	
	65-74	35	
	75+	22	
Employment Status	Work Full Time (FT)	17	Work Full Time
	Work Part Time (PT)	10	
	Retired	62	
	Don't work due to illness/disability	8	
	Other	3	
Deprivation (SIMD 2016)	SIMD 1 (most deprived)	16	SIMD 1
	SIMD 2	18	
	SIMD 3	20	
	SIMD 4	22	
	SIMD 5 (least deprived)	24	
Urban-rural	UR1 – Large urban areas	32	UR1 – Large urban
	UR2 – Other urban areas	34	
	UR3 – Accessible small towns	11	
	UR4 – Remote small towns	4	
	UR5 – Accessible rural	12	
	UR6 – Remote rural	7	
Time since treatment	First treated < 1 year ago	6	1 or more years ago
	First treated 1 or more years ago	94	
Sexual orientation	Heterosexual	99	Heterosexual
	Not heterosexual	1	
Ethnicity	White	99	White
	Non-white	1	

## CLINICAL NURSE SPECIALIST (CNS)

A CNS is a specialist nurse who helps individuals diagnosed with cancer to get the right care and provides them with help and advice on coping with cancer.

Respondents were asked if they were given the name of a CNS who would support them through their treatment and how easy or difficult it had been for them to contact their CNS. Based on the responses to these questions, respondents were grouped into three sub-categories:

1. Had an easy to contact CNS
2. Had a neither easy nor difficult (neutral) to contact CNS
3. Had a difficult to contact CNS or not given the name of a CNS

The analysis shows that **having an easy to contact CNS can have a significantly positive relationship with an individual's experience of cancer care.**

**Every question** analysed had a significant difference for this factor.

People who had a **difficult to contact CNS or did not have a CNS** were **more negative** about their experiences for **45 out of the 47** questions analysed compared to people with an easy to contact CNS. The two questions which did not show any significant difference asked whether:

- they had confidence and trust in the ward nurses treating them;
- the last time they had an outpatient appointment with a cancer doctor, they had the right documents (e.g. medical notes, x-rays, test results).

People who had a **neutral to contact CNS** were **more negative** about their experiences for **42 out of the 47** questions analysed compared to people with an easy to contact CNS. The five questions which did not show any significant difference asked whether:

- they had been told they could bring a family member or friend with them when they were first told they had cancer;
- when they were told they had cancer, they were given written information about the type of cancer they had;
- they had confidence and trust in the doctors treating them;
- in their opinion, there were enough nurses on duty to care for them in hospital;
- anyone had discussed taking part in cancer research with them since their diagnosis.

## CARE PLAN

A care plan is a document that sets out an individual's needs and goals when undergoing treatment for cancer. It is an agreement or plan between the individual and their health professional to help meet those goals. Respondents were asked in the survey whether they had been given a care plan.

The national report found that those who reported that they had a care plan responded statistically more positively than those that did not across all questions analysed. This finding is reinforced by this secondary analysis which shows that **there is a significantly positive relationship between knowing you have a care plan and having a positive experience of cancer care.**

People who reported that they had **not been given a care plan** or **didn't know/understand what a care plan is** were **more negative** than those who had a care plan for **45 out of the 47** questions analysed.

The two questions which did not show any significant difference asked whether:

- groups of doctors or nurses talked in front of them as if they weren't there;
- the last time they had an outpatient appointment with a cancer doctor, they had the right documents (e.g. medical notes, x-rays, test results).

## CANCER STATUS

Respondents were asked whether their cancer had spread to other organs or parts of the body at the time they were first told they had cancer and whether their cancer had been taken out/treated without any sign of further problems. Based on the responses to these questions, each respondent was assigned to one of two sub-categories – those whose cancer had remained or spread and those whose had been taken out/treated without any sign of further problems.

This factor was found to affect **28 out of the 47** questions analysed – around three fifths. Of these, **27 questions were more negative** for those whose **cancer had remained or spread**. These questions showed no clear associations to specific areas of care.

The question asking whether anyone had discussed taking part in **cancer research** with them since their diagnosis showed **more positive** results for those whose **cancer had remained or spread**.



## TUMOUR GROUP

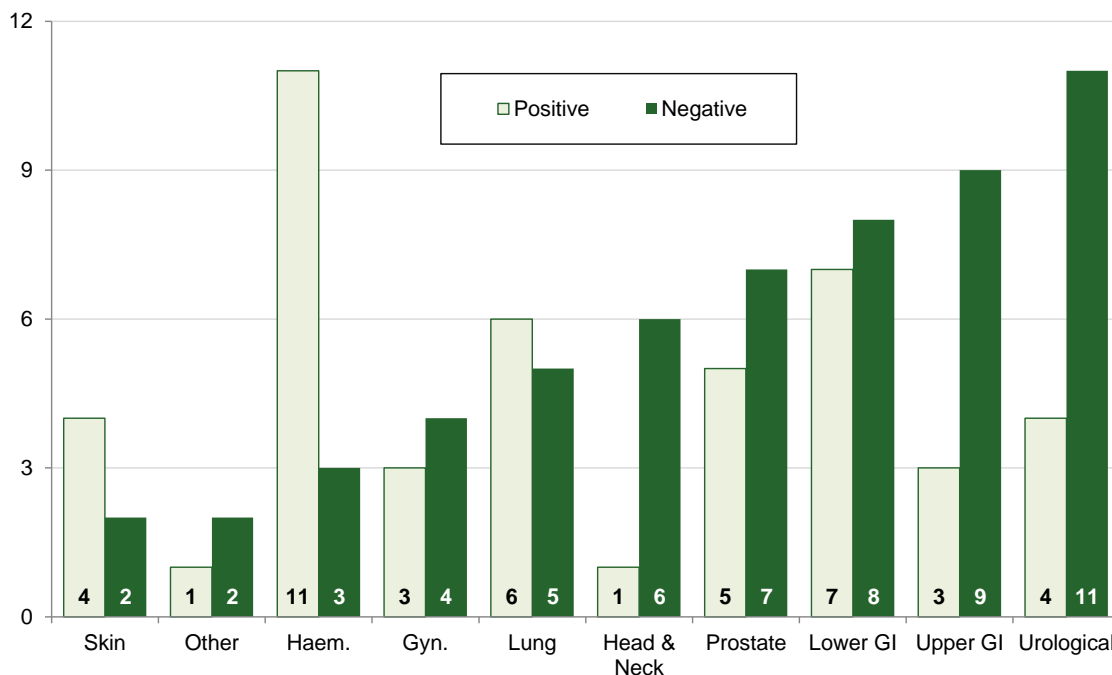
Respondents were grouped based on where the cancer started in the body. Tumour groups with too small a sample size, such as brain and sarcoma, were combined into an 'Other' category. Those with a Breast tumour were used as the reference group here as they were the largest group in the sample.

A respondent's tumour group was significant for **25 out of the 47** questions analysed – made up of a mix of **12 questions more positive** for at least one tumour group and **16 questions more negative** for at least one tumour group. This mix may, at least in part, be due to the fact that the ease of identification and treatment required will vary according to the type of cancer an individual has.

**Figure 2** shows that, compared to those with Breast tumours:

- people with **Urological** tumours are **more negative** for the most questions (11), followed by those with **Upper GI** (9) and **Lower GI** (8) tumours;
- people with **Haematological** tumours are **more positive** for the most questions (11) followed by those with **Lower GI** (7) and **Lung** (6) tumours.

**Figure 2: No. of questions affected by tumour group when compared to those with Breast tumours**



Looking at the different sections of the questionnaire we can see some patterns:

- Compared to those with a Breast tumour, people with other types of cancer were generally **more negative** about their **cancer diagnosis** – particularly people diagnosed with **Urological** and **Prostate** tumours. Only **one** question was responded to **more positively** (by people with Skin, Prostate and Haematological tumours) and **one** had a mix of **both** (more positive for people with Lower GI and Prostate tumours; more negative for those with Haematological tumours).

- On the other hand, people tended to be more positive about **Deciding on Treatment** when compared to experiences for people with a Breast tumour, particularly for those with **Haematological**, **Lung** and **Lower GI** tumours.
- The section on **Support for People with Cancer** contained three questions – **one** was **more negative** and **two had a mix** of being more negative and more positive for people with different tumour types. Those with **Urological** tumours were **more negative** for **all** three questions in this section.
- **Inpatient Care** was the section with the most questions but the responses for **half** of them showed **no significant difference between tumour groups**. Of the half that showed a significant difference, people with Breast Cancer were generally the most positive about their experiences. Only **one** question was answered **more positively by people with other types of cancer** and the others were all **more negative**, particularly for those with **Upper GI** and **Lower GI** tumours.
- **Half** of the questions on **Outpatient Care** (including radiotherapy and chemotherapy) were responded to **more positively** when comparing to those with a Breast tumour, particularly for people with **Haematological** tumours. The other **half** showed **no significant difference**.
- A question asking whether anyone had discussed taking part in **cancer research** with them since their diagnosis was **more negative** for those with **Skin, Head & Neck** and **Gynaecological** tumours compared to response from people with a Breast tumour.
- Questions about **Clinical Nurse Specialists, Operations, Home & GP Care** and **Overall Care** showed **no significant difference** between people with different tumour types compared to those with a Breast tumour.

The national report looked at the statistically significant differences between tumour groups in isolation. Both sets of analysis show similar patterns with variation across tumour groups, however the analysis discussed in this report gives a fuller picture by including additional factors that may affect a person's experience.

## PRE-EXISTING CONDITIONS

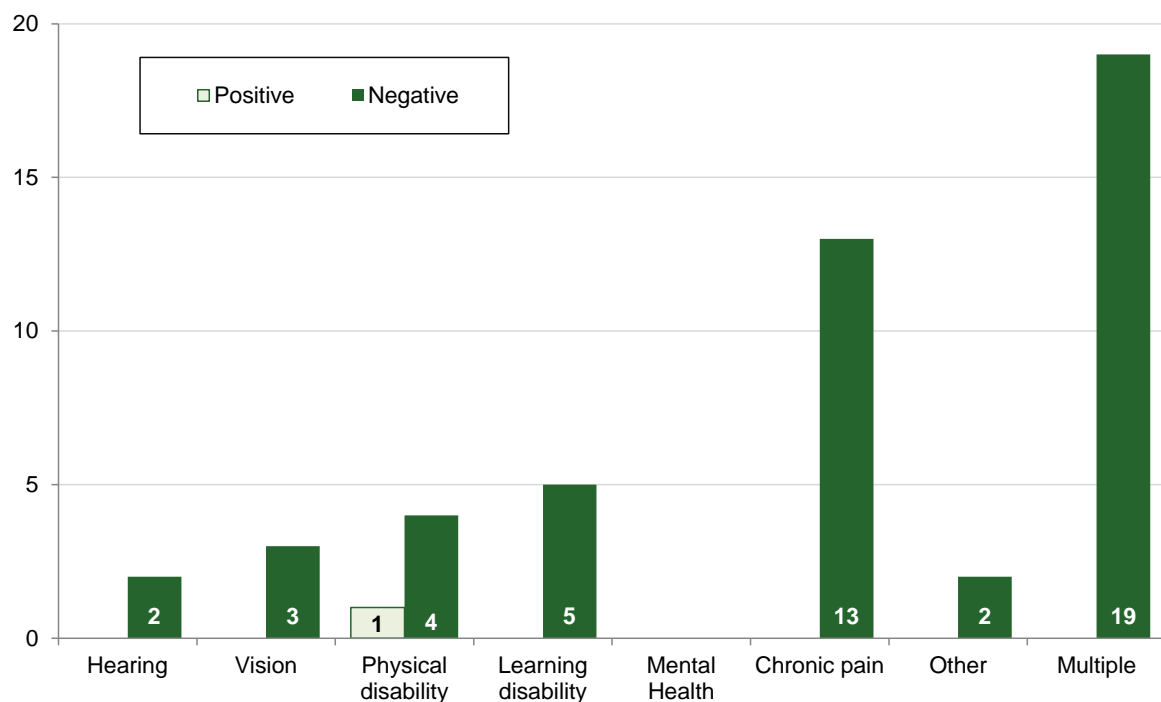
Respondents were asked to select all the pre-existing health conditions they had from a list provided. Those who selected only one condition have been assigned to that sub-category and those who selected more than one condition have been categorised as having multiple conditions. Individuals who selected that they had none of the conditions listed were used as the reference group.

This factor affected the likelihood of responding positively to **20 out of the 47** questions analysed. Only one of these questions was answered **more positively by people with a pre-existing condition** – whether anyone had discussed taking part in **cancer research** with them since their diagnosis; those with a **physical disability** were **more positive** compared to those with no pre-existing conditions.

All of the other questions were **more negative** for people with at least one pre-existing condition. These questions are spread across the survey with no clear patterns related to particular areas of care.

Looking at the distribution of number of questions affected by pre-existing health conditions, as shown in **Figure 3**, those with **multiple conditions** are **more negative** for the most questions, followed by those with **chronic pain** lasting for more than 3 months. Those with **mental health conditions** do not show any significant difference compared to those with no pre-existing conditions for any questions.

**Figure 3: No. of questions affected by pre-existing health conditions when compared to those with no pre-existing conditions**



## GENDER

Males were more positive than females for **19 out of the 47** questions analysed – around two fifths. No clear areas of care stood out within the analysis, with the significant responses appearing sporadically throughout the survey. The other 28 questions did not show any significant differences by gender.

Similar analysis carried out on the Scottish Inpatient Experience Survey<sup>2</sup> and various English Patient Experience Surveys (Inpatient, A&E, Outpatient & Primary Care Trusts) also showed males to be more positive than females about their care.

<sup>2</sup> <http://www.gov.scot/Resource/0051/00516313.pdf>

## AGE

For the purposes of this analysis, respondents were grouped into age bands with those aged 75 and over being used as the reference group. Age was a factor for **13 out of the 47** questions analysed – just over a quarter.

Responses to 12 of these questions were more negative for different combinations of age groups. Most significantly, two questions were **more negative for all age groups** (16 to 74). These questions asked how the respondents felt about:

- the way they had been told they had cancer; and
- the length of time they had to wait when attending clinics/appointments.

Those who were **aged 16 to 24** and **35 to 54** were **more negative** when asked how they would **rate their care overall** compared to those who were 75 and over.

Respondents **aged 25 to 64** responded **more positively** than those aged over 75 when asked whether anyone had discussed with them whether they would like to take part in **cancer research** since their diagnosis.

## EMPLOYMENT

Employment status, using those who work full time as the reference group, was a significant factor for **11 out of the 47** questions analysed – almost a quarter. All but one of these questions were **more positive** for those not working full time compared to those who were. Respondents who were **retired** were **most likely to be more positive** – this being the case for 8 of the questions compared to the other categories who were more positive for two questions each.

Those who **don't work due to illness or disability** were **more negative** about whether hospital staff did everything they could to help **control their pain**.

## DEPRIVATION

The Scottish Index of Multiple Deprivation (SIMD) identifies small area concentrations of multiple deprivation across Scotland (datazones) and ranks them from most deprived to least deprived. More information on SIMD can be found at [www.gov.scot/Topics/Statistics/SIMD](http://www.gov.scot/Topics/Statistics/SIMD).

Survey respondents were assigned to one of five categories of even size, or quintiles, based on the SIMD ranking of their postcode. Those in the first quintile, SIMD 1, are in the most deprived 20 per cent of datazones and those in the last quintile, SIMD 5, are in the least deprived 20 per cent of datazones.

The analysis carried out for this report showed that, compared to people living in SIMD 1, those living in less deprived areas responded differently in **6 out of the 47** questions.

Of the six questions showing a significant difference, only one was **more negative**. When asked about the length of time they had to wait before their **first appointment with a hospital doctor** people living in **less deprived areas (SIMD 3, 4 and 5)** were **more negative** than those in SIMD 1.

The other five questions were **more positive** for those in at least one of the other quintiles when compared to those in SIMD 1:

- Overall rating of administration of care – **SIMD 2**;
- Whether they understood the explanation of what was wrong – **SIMD 5**;
- Whether their GP was given enough information about their condition and the treatment they had received at the hospital – **SIMD 4 & 5**;
- How often they got answers they could understand when they had important questions to ask their CNS – **SIMD 2, 4 & 5**;
- Whether groups of doctors and nurses talked in front of them as if they weren't there – **SIMD 2, 4 & 5**;

The national report for the survey included some initial analysis looking at statistically significant differences between the SIMD quintiles, as described above, in isolation<sup>3</sup>. This initial analysis showed that 14 out of the 50 questions initially analysed were significantly different and, in the majority of cases (10 out of 14), those living in the least deprived areas were more positive.

The difference in results between the two sets of analysis is due to the more complex nature of this secondary analysis which includes additional factors that may affect a person's experience. Despite these differences, the overall findings from both sets of analysis show similar patterns – in general, people living in less deprived areas were more positive about their care.

## URBAN RURAL

The Scottish Government Urban Rural Classification<sup>4</sup> provides a standard definition of urban or rural areas in Scotland. The 6-fold Urban Rural Classification was used in this analysis to identify the types of areas that survey respondents lived in: Large urban areas; Other urban areas; Accessible small towns; Remote small towns; Accessible rural; and Remote rural. It was a factor in **5 out of the 47** questions analysed.

Compared to people living in large urban areas, those living in **other urban** and **remote rural** areas were **more positive** when asked if the doctors and nurses asked them what **name they preferred** to be called by whilst in hospital.

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<sup>3</sup> <http://www.gov.scot/Publications/2016/06/3957/17>

<sup>4</sup> [www.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification](http://www.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification)

The other four questions affected were **more negative** for at least one type of area when compared to those living in large urban areas:

- Length of time they had to wait for their diagnostic test to be done – **accessible small town** and **accessible rural**;
- Whether anyone had discussed with them whether they would like to take part in cancer research since their diagnosis – **other urban** and **remote rural**;
- Whether they thought the GPs and nurses at their General Practice did everything they could to support them while they were having cancer treatment – **other urban**; and
- Whether hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital – **remote rural**.

## TIME SINCE FIRST TREATMENT

The length of time since the respondent's first treatment was a factor for only **2 out of the 47** questions analysed. Compared to people whose first treatment was a year or more ago, those whose first treatment was less than a year ago were:

- **more positive** when asked whether, during their hospital visit, they found someone on the hospital staff to **talk to about their worries or fears**;
- **more negative** when asked whether, once they started radiotherapy treatment, they were given enough information about whether their **radiotherapy was working** in a way they **could understand**.

## SEXUAL ORIENTATION

Those who did not identify as heterosexual were **more negative** than those who did for **1 out of the 47** questions analysed. The question asked whether hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital.

## ETHNICITY

Respondents who were non-white were **more negative** than those who were white for **1 out of the 47** questions analysed. The question asked if the doctors and nurses asked them what name they preferred to be called by whilst in hospital.

## ANNEX A: SUMMARY OF RESULTS

**Table A1: Factors significantly associated with responses to ‘Diagnosis’ questions**

Diagnosis		
Question	Positive Factors	Negative Factors
Length of time to wait before first appointment with a hospital doctor	Males; Retired;	No care plan; CNS not easily contactable; cancer has come back/spread; SIMD 3, 4 and 5; Upper GI, Urological & Other;
Had all the information needed about the diagnostic test beforehand	Retired;	No care plan; CNS not easily contactable; cancer has come back/spread; Vision, Physical dis., Learning dis., Multiple conditions; Gynaecological;
Length of time waited for test to be done	Retired;	No care plan; CNS not easily contactable; UR3, UR5; Upper GI, Lower GI, Urological, Prostate, Gynaecological;
Results were explained in an understandable way	-	16-54; No care plan; CNS not easily contactable; cancer has come back/spread; Hearing, Multiple conditions; Head & Neck, Urological, Prostate;
Had been told could bring a family member or friend when first told had cancer	Males;	35-74; No care plan; Difficult to contact/no CNS; Skin, Head & Neck, Lung, Urological, Prostate, Gynaecological, Haematological
Way were told had cancer	Males;	16-74; No care plan; CNS not easily contactable; cancer has come back/spread; Lung, Upper GI, Lower GI, Urological, Prostate;
Understood explanation of what was wrong	SIMD 5;	No care plan; CNS not easily contactable; cancer has come back/spread; Haematological;
Given written information about the type of cancer when first told	Skin, Prostate, Haematological;	No care plan; Difficult to contact/no CNS; cancer has come back/spread; Multiple conditions

**Table A2: Factors significantly associated with responses to ‘Deciding Treatment’ questions**

<b>Deciding Treatment</b>		
<b>Question</b>	<b>Positive Factors</b>	<b>Negative Factors</b>
Treatment options explained before treatment started	-	25-34, 45-54; No care plan; CNS not easily contactable; cancer has come back/spread; Chronic pain, Multiple conditions;
Possible side effects of treatment(s) explained in an understandable way	Lung, Lower GI, Urological, Prostate, Haematological;	No care plan; CNS not easily contactable; cancer has come back/spread; Hearing, Physical dis., Chronic pain, Other, Multiple conditions;
Offered practical advice and support in dealing with side effects of treatment(s)	Haematological;	No care plan; CNS not easily contactable; cancer has come back/spread;
Told about any side effects of the treatment(s) that could affect in the future rather than straightaway before treatment started	Skin, Lung, Lower GI, Urological, Prostate, Gynaecological, Haematological;	No care plan; CNS not easily contactable; Chronic pain, Multiple conditions;
Involved as much as wanted to be in decisions about care and treatment	Skin, Lung, Lower GI, Haematological;	25-54; No care plan; CNS not easily contactable; cancer has come back/spread; Learning dis., Chronic pain, Multiple conditions;

**Table A3: Factors significantly associated with responses to ‘Clinical Nurse Specialist’ questions**

<b>CNS</b>		
<b>Question</b>	<b>Positive Factors</b>	<b>Negative Factors</b>
How often got understandable answers when asked CNS important questions	SIMD 2, 4 and 5;	No care plan; CNS not easily contactable; Learning dis., Chronic pain, Multiple conditions;



**Table A4: Factors significantly associated with responses to ‘Support’ questions**

<b>Support</b>		
<b>Question</b>	<b>Positive Factors</b>	<b>Negative Factors</b>
Hospital staff gave information about support or self-help groups for people with cancer	Males;	No care plan; CNS not easily contactable; Chronic pain, Multiple conditions; Head & Neck, Lung, Upper GI, Lower GI, Urological;
Hospital staff discussed/gave information about the impact cancer could have on day-to-day activities	Males; Haematological;	No care plan; CNS not easily contactable; Learning dis., Chronic pain, Multiple conditions; Urological;
Hospital staff gave information about how to get financial help or benefits entitled to	Lung, Upper GI, Gynaecological, Haematological;	No care plan; CNS not easily contactable; Urological;

**Table A5: Factors significantly associated with responses to ‘Operations’ questions**

<b>Operations</b>		
<b>Question</b>	<b>Positive Factors</b>	<b>Negative Factors</b>
Had all the information needed about operation beforehand	-	No care plan; CNS not easily contactable; cancer has come back/spread;
Member of staff explained how operation had gone in an understandable way afterwards	Males;	No care plan; CNS not easily contactable; cancer has come back/spread; Multiple conditions;

**Table A6: Factors significantly associated with responses to ‘Inpatient Care’ questions**

<b>Inpatient Care</b>		
<b>Question</b>	<b>Positive Factors</b>	<b>Negative Factors</b>
Groups of doctors and nurses didn't talk in front of me as though weren't there	Males; SIMD 2, 4 and 5;	16-24; CNS not easily contactable; Physical dis., Multiple conditions; Lung, Upper GI, Lower GI, Urological, Prostate;
Had confidence and trust in doctors giving treatment	Retired;	No care plan; Difficult to contact/no CNS; cancer has come back/spread;
Family or someone else close able to talk to a doctor if they wanted to	Retired;	No care plan; CNS not easily contactable;
Had confidence and trust in nurses giving treatment	Males;	25-64; No care plan; CNS neutral to contact; cancer has come back/spread; Physical dis., Multiple conditions; Head & Neck, Upper GI, Lower GI, Urological, Prostate;
Enough nurses on duty to provide care in hospital	Males;	25-64; No care plan; Difficult to contact/no CNS; cancer has come back/spread; Upper GI, Lower GI, Prostate;
Doctors and nurses asked name preferred to be called by while in hospital	Males; Retired, Other; UR2, UR6; Head & Neck, Lung, Upper GI, Lower GI, Urological, Haematological;	No care plan; CNS not easily contactable; Non-white;
Given enough privacy when discussing condition or treatment	Males;	25-64; No care plan; CNS not easily contactable; cancer has come back/spread; Upper GI, Lower GI;
Found someone on hospital staff to talk to about worries/fears during hospital visit	Treated < 1 year ago; Retired, Don't work due to illness/disability;	No care plan; CNS not easily contactable; cancer has come back/spread;

Hospital staff did everything they could to help control pain	-	16-24, 35-44; No care plan; CNS not easily contactable; cancer has come back/spread; Don't work due to illness/disability;
Overall, felt treated with respect and dignity while in hospital	Males;	No care plan; CNS not easily contactable; cancer has come back/spread;
Given clear written information about what should/should not do after leaving hospital	Males; Work PT, Don't work due to illness/disability, Other;	No care plan; CNS not easily contactable; Chronic pain, Multiple conditions;
Told who to contact if worried about condition or treatment after leaving hospital by hospital staff	Work PT;	No care plan; CNS not easily contactable; Not heterosexual; Learning dis., Chronic pain, Multiple conditions; UR6;

**Table A7: Factors significantly associated with responses to 'Outpatient Care' questions**

Outpatient Care		
Question	Positive Factors	Negative Factors
Found someone on the hospital staff to talk to about worries/fears whilst being treated	Skin, Upper GI, Lower GI, Prostate, Gynaecological, Haematological;	No care plan; CNS not easily contactable;
At last outpatients appointment, cancer doctor had all the right documents	-	CNS neutral to contact; cancer has come back/spread;
Had all the information needed about radiotherapy treatment beforehand	-	No care plan; CNS not easily contactable; cancer has come back/spread;
Given enough information about whether radiotherapy was working in an understandable way once treatment had started	Males;	No care plan; CNS not easily contactable; Treated < 1 year ago;
Had all the information needed about chemotherapy treatment beforehand	Haematological;	No care plan; CNS not easily contactable;
Given enough information about whether chemotherapy was working in an understandable way once treatment had started	Lung, Lower GI, Urological, Haematological, Other;	No care plan; CNS not easily contactable;

**Table A8: Factors significantly associated with responses to ‘Home/GP Care & Support’ questions**

<b>Home/GP Care &amp; Support</b>		
<b>Question</b>	<b>Positive Factors</b>	<b>Negative Factors</b>
Doctors or nurses gave family/ someone close all the information needed to help care at home	Males;	No care plan; CNS not easily contactable; cancer has come back/spread;
Given enough care and support from health or social services during treatment	Males;	No care plan; CNS not easily contactable; Chronic pain, Other, Multiple conditions;
Given enough care and support from health or social services once treatment finished	Males;	No care plan; CNS not easily contactable;
GP given enough information about condition and treatment had at hospital	Retired; SIMD 4 and 5;	No care plan; CNS not easily contactable; cancer has come back/spread;
GPs and nurses at General Practice did everything they could to support while having treatment	Males;	No care plan; CNS not easily contactable; Chronic pain, Multiple conditions; UR2;

**Table A9: Factors significantly associated with responses to ‘Cancer Research’ questions**

<b>Cancer Research</b>		
<b>Question</b>	<b>Positive Factors</b>	<b>Negative Factors</b>
Someone has discussed taking part in cancer research since diagnosis	25-64; cancer has come back/spread; Physical dis.;	No care plan; Difficult to contact/no CNS; UR2, UR6; Skin, Head & Neck, Gynaecological;

**Table A10: Factors significantly associated with responses to ‘General’ questions**

<b>General</b>		
<b>Question</b>	<b>Positive Factors</b>	<b>Negative Factors</b>
Different people in my treatment and care worked well together to give best possible care	Males;	No care plan; CNS not easily contactable; cancer has come back/spread; Vision, Chronic pain, Multiple conditions;
Overall rating of administration of care	SIMD 2;	No care plan; CNS not easily contactable; cancer has come back/spread;
Length of time to wait when attending clinics and appointments for treatment (overall)	-	16-74; No care plan; CNS not easily contactable; cancer has come back/spread;
Overall rating of care	-	16-24, 35-54; No care plan; CNS not easily contactable; cancer has come back/spread; Vision, Chronic pain, Multiple conditions;

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### **Correspondence and Enquiries**

For enquiries about this publication, please contact:

Health Analytical Services  
St Andrew's House  
EH1 3DG  
Telephone: 0131 244 7552  
E-mail: [patientexperience@gov.scot](mailto:patientexperience@gov.scot)

For general enquiries about Scottish Government statistics, please contact:

Office of the Chief Statistician  
Telephone: 0131 244 0442  
E-mail: [statistics.enquiries@gov.scot](mailto:statistics.enquiries@gov.scot)

### **How to access background or source data**

The data collected for this report:

- are available in more detail through Scottish Neighbourhood Statistics
- are available via an alternative route
- may be made available on request, subject to consideration of legal and ethical factors. Please contact [patientexperience@gov.scot](mailto:patientexperience@gov.scot) for further information.
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The Chief Statistician  
3WR, St. Andrew's House  
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