The Patient Experience of Cancer Services in Walsall

Report

March 2025

Engaging Communities Solutions

healthwatch Walsall

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Introduction

Our mission is to ensure that the voices of local people are heard and acted upon when it comes to health and social care services. As the independent champion for service users, we gather feedback directly from the public to influence and improve the quality of care provided in Walsall. Our work empowers people to share their experiences, both positive and negative, so that we can work with service providers to create meaningful change.

For this project, we aimed to understand the patient experience of cancer services in Walsall. Cancer is a life changing diagnosis and the quality of care and support received by patients is critical to their physical and mental well-being. By listening to patient stories, we gained insight into what is working well and where improvements can be made.

In July 2023 Healthwatch England published their findings of experiences about trying to get cancer care. https://www.healthwatch.co.uk/blog/2023-07-31/hidden-wait-cancer-care Thanks to this insight, the NHS has simplified their process so people can better understand what to expect. Healthwatch England urged NHS England to tackle these issues and to understand the importance of seeing the person behind the cancer. Recommendations from their work included:

- NHS England must support teams to improve GP access so people can get the referrals they need.
- First appointments must work for patients, allowing them to choose the type, time, place and healthcare professional.
- Communications must be accessible.
- NHS England must improve online referral trackers and give patients access.

NHS England took the recommendations seriously and announced a new plan to simplify the care timeline. Cancer patient waiting times https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

Healthwatch Walsall wanted to look at Cancer services in our area. Our aim was to understand not only waiting times from initial referral but also the overall quality of care and treatment received throughout their journey. This included experiences during the diagnostic process, hospital visits, and ongoing medical treatment.

What we did

We wanted to know whether people in Walsall were happy with their treatment and care, if they were treated with compassion, listened to and if they felt safe and cared for throughout their cancer journey. Were people provided with the support and information they needed?

To understand the patient experience of cancer services in Walsall, we used a variety of methods to gather feedback from those who are accessing treatment. We conducted an online survey to reach a wide range of individuals and make it accessible for those unable to provide feedback in person. Additionally, we visited local support groups, the chemotherapy ward, and other key settings where cancer patients access care. These visits allowed us to speak directly with individuals, capturing their experiences face-to-face.

To shape our questions and to ensure we were gathering the right information to give a good overall reflection on services, we first looked at the NHS National Patient Cancer Survey.
You can read the result from NHS Nation Patient Cancer Survey here -
https://www.ncpes.co.uk/latest-local-results/?search_word=Walsall&organisation_type=

Who took part

Our project was aimed at anyone who had accessed services within the last 18 months. This allowed us to speak with people who had been accessing for some time, but we also spoke with patients who were relatively new to cancer services too. We carried out our engagement from mid September to the end of November and we spoke with 85 patients.
A demographic breakdown of who took part can be found on page 20.

Highlights and Key Findings

49% of respondents said they were seen at hospital within 2-4 weeks of their initial referral, which is the target timescale to be seen within the NHS. The percentage that said that they were seen in timescale is lower than the national target. Further details on waiting times and NHS national targets can be found here https://wmcanceralliance.nhs.uk/professionals-area/performance-standards/west-midlands-dashboard

Just **over half** of initial referrals were from GP services, and these were mainly rated as **very good or good**. However, **12%** said that the referral process was poor or very poor. One patient shared their frustration about visiting their GP on several occasions and facing a very long period of time before being referred to cancer services by another practitioner.

58% of patients said the way they received a diagnosis could not have been improve but **31%** said that it could have been improved. However, feedback showed; patients who faced significant challenges, experiences in delays receiving results, a lack of sensitivity from staff and patients feeling inadequately supported.

76% of patients said they did not experience delays; but around a quarter of people said that they did experience delays. Staff shortages and pharmacy issues were cited as the reasons patients did experience delays.

Our Findings Explained

Participants were asked a series of questions, providing them with the opportunity to share detailed insights about their experiences. All questions were optional, allowing participants the freedom to skip any question they chose not to answer. As a result, the total number of responses may vary across different questions.

The findings presented below reflect insights gathered from surveys and interviews, supplemented by patient comments and feedback. To ensure clarity, we will share our key findings on each section, followed by the question we asked what respondents answered, the number of respondents and percentages will also be shown. We have organised the findings into the following key themes:

- Patient initial referral into cancer services.
- Receiving a diagnosis.
- Treatment.
- Staff consideration and care.
- Emotional support during care.
- Waiting times and access to services.
- Information given throughout.

To read all patient comments and feedback on each section, please refer to appendix 1.

Patient initial referral into cancer services

Key Findings

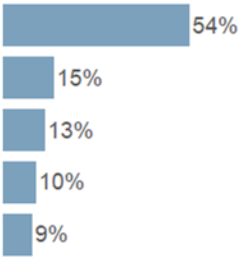
54% of patients were referred to cancer services through GP appointments, with Urgent and Emergency Care accounting for **18%** of referrals. **85%** of the patients who were referred to cancer services through their GP were referred after their first visit but 15% were not and the number of visits ranged from 2 up to 6 visits before they were referred.

Although **77%** rated their referral as very good or good, there were some who faced significant challenges. One individual reported originally being referred in August 2023 and being discharged, they repeatedly visited their GP with ill health and said that *"they made me feel like there was nothing wrong with me"*. In February 2024, the patient was seen by a different GP at an out of hours appointment and was referred immediately to cancer services. In March 2024 they found out from a biopsy they did have cancer.

We asked, we were told...

Q. How were you first referred to cancer services?

GP appointment – 43
Urgent and Emergency Care Centre Walsall – 12
Already seeing a health professional for an existing condition – 10
Any other way – 8 (see below)
National screening programme - 7



If you chose, any other way, please state in the box below.

- Self referral to breast unit - advised by GP
- From surgery at Walsall hospital
- A&E
- Other surgery

- Queen Elizabeth (QE)
- Collapsed at home and ambulance to A&E at the Manor.

Q. Were you referred to cancer services after your first visit to the GP?

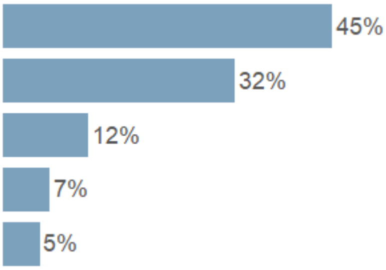
Yes - 35
No - 6

Q. How many times did you see your GP before you were referred to the hospital? Of the 6 people who answered no to the question above only 5 people expanded on this.

- 1 person said at least 6
- 2 people said twice
- 2 people said between 3-4 times

Q. How would you rate the whole referral process?

Very good – 34
Good – 24
Neither good nor poor – 9
Very poor – 5
Poor - 4



Receiving Your Diagnosis

68% of respondents told us they were informed about their planned care but **a fifth** of people were not. **58%** of respondents felt their experience could not have been improved but **31%** said that they felt that their experience could have been improved.

While some patients reported excellent communication and clear explanations, others faced significant challenges. Communication seemed to be a problem, including communication around next steps, leaving some patients feeling unsupported or uninformed about their diagnosis and treatment. There were also some delays in follow up appointments following their referrals.

When it came to being diagnosed, experiences were varied again. While some respondents told us they received efficient and compassionate care, many shared concerns about delays in receiving results and a lack of sensitivity during difficult conversations, with one respondent telling us *"very cold response from a registrar, no feeling, no patient support. A nurse stepped in and made things better. The info they gave me at the beginning was also incorrect, they told me it was not treatable, and it is. Information needs to be given more sensitively"*

Others shared that they experienced painful or traumatic procedures, with patients feeling unprepared or inadequately supported. In some cases, misdiagnosis or missed diagnoses led to prolonged distress and a sense of being overlooked.

One patient shared the following with us*; "no one told me to my face. I was given two types of medication to take. One was antibiotic and no one told what the other ones were for. I read the medication and read that it was for a cancer, no one had told me of the diagnosis which I and my family thought was insensitive and overall disgusting. I rang my GP to find out, this was because I could not get through to the department at the Manor. I was asked to go to the doctor straight away and was told that my greatest fear was true that I had cancer."*

Another patient told us *"they missed it initially (cancer) then I was just told - we have got to talk to you about something. They had done a biopsy in the April and forgot to tell me it was cancerous. I found out in the August".*

These findings highlight gaps in consistency and communication that need addressing.

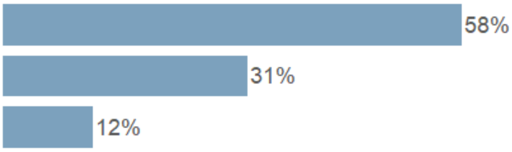
We asked, we were told

Q. When you were given a diagnosis at the hospital, were you told what your planned care would be?

Yes - 51
No – 15
Sometimes - 9

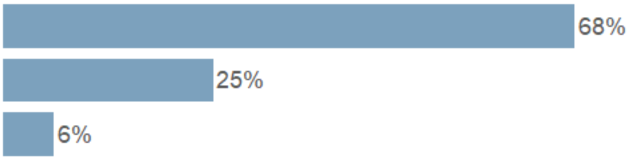
Q. Thinking about when you were being diagnosed, you may have had a blood test, a scan, a biopsy, or another investigation, during any of these did you feel your experience could have been improved?

No - 45
Yes – 24
Sometimes - 9



Q. At the point of diagnosis, were you given information on how long you would have to wait to access treatment?

Yes - 54
No – 20
Sometimes - 5



Treatment

Key Findings

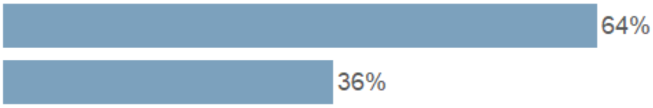
64% of patients reported that their treatment was carried out at Walsall Manor Hospital, with a smaller proportion **36%** receiving treatment elsewhere. **76%** of treatments were not cancelled, but **24%** of treatments were cancelled. Similarly, **25%** of patients reported delays in their treatment, primarily due to factors such as machine maintenance, staffing shortages, delays in pharmacy services and referral processes. Personal health conditions, such as high blood pressure and illness, were also mentioned as contributing factors.

Positive comments highlighted excellent care from oncologists and specialist nurses, as well as successful treatment at other hospitals like Wolverhampton New Cross and Queen Elizabeth (QE). However, patients often raised concerns about poor communication during treatment delays, lack of organised scheduling, and a lack of support in making informed decisions about their care. Some also worried about the accuracy of their diagnosis and delays in important procedures, like cancer surgeries, which they felt had a negative impact on their outcomes. While many shared positive experiences of excellent care, issues like inefficiency and communication gaps were common frustrations.

We asked, we were told...

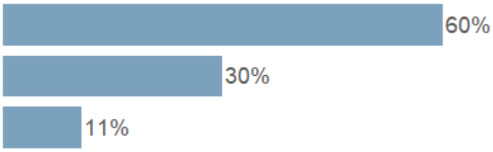
Q. Was all of your treatment carried out at Walsall Manor Hospital?

Yes - 52
No – 29



Q. If you answered no, what other hospital did you attend for treatment?

Queen Elizabeth 22
New Cross – 11
Other - 4

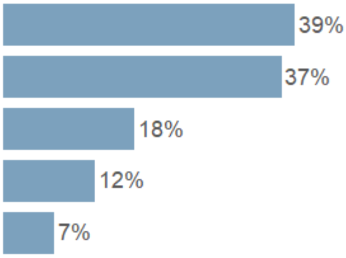


Q. If you chose other, please state here.

- Little Aston Bupa
- City Hospital, Sandwell

Q. What treatment did you receive at the hospitals you attended?

Chemotherapy – 22
Surgery - 21
Radiotherapy – 10
Immunotherapy – 7
Other - 4



Q. How would you rate the treatment and care you received?

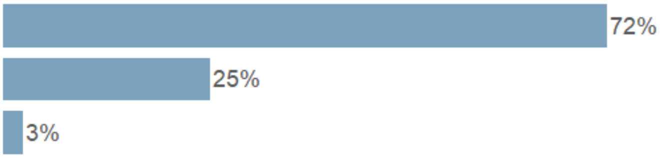
Treatment	Very good	Good	Neither good nor poor	Poor	Very poor
Chemotherapy	39 (71%)	6 (11%)	5 (9%)	1 (2%)	4 (7%)
Radiotherapy	10 (40%)	4 (16%)	3 (12%)	6 (24%)	2 (8%)
Surgery	28 (54%)	11 (21%)	5 (10%)	5(10%)	3 (6%)
Other	16 (62%)	4 (15%)	1 (4%)	4 (15%)	1 (4%)

Q. Were any of your treatments cancelled?

No – 59
Yes - 19

Q. Did the hospital delay any of your treatments?

No – 55
Yes – 19
Sometimes - 2



Staff consideration and care

Key Findings

65% of patients felt involved in discussions about their care. **76%** expressed confidence in the care they received, with patients saying *"Walsall brill!".*
However, **22%** reported feeling excluded from decision-making with patients saying *"I wasn't involved in decisions about my care, apart from my final chemotherapy treatment, where I was told I had to make decisions of which treatment to have and when to stop, with very little information provided by my oncologist. Macmillan were helpful in this instance".* **13%** of people said that they did not have confidence in the care that they received.

Some patients highlighted a lack of clarity regarding treatment options and outcomes, leaving them anxious and unsupported during critical stages. Others noted inconsistencies in communication, with mixed messages from different staff members and delays in follow-ups. One person told us *"Administration wasn't very good at Manor, appointments changed, things were in disarray, consultant phone calls never happened"*

While many staff were praised for their compassion and care, particularly on the chemotherapy ward, with patients' telling us *"My care couldn't have been improved. The nurses and Drs are amazing. But the girls on the chemo ward are angels. They are so busy but always make sure they do everything they can for everyone. They are wonderful." "Chemo ward at Manor wonderful." "Staff at Walsall amazing" "Excellent team looking after you at Walsall."*
Concerns were raised about other areas, such as unclean inpatient wards, long waits for pain management, and a lack of emotional and mental health support, one person said *"When I was on a ward in hospital when unwell, I asked to use the bathroom and if someone could help me - they put a nappy on me. I am perfectly capable of going to the toilet and using it, I was just very unwell so needed support. I believe they did this because it made things easier for them. This is undignifying" and "No compassion on the wards. Sent to ambulatory care one evening - I couldn't breathe. Then there were no beds so was sent back down to A&E and sat in a corridor for over 4 hours. There were others there too"*

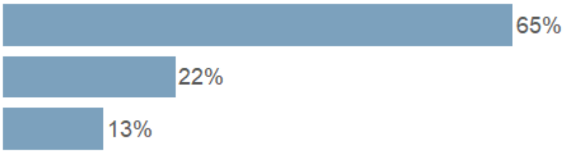
Additionally, some patients experienced serious diagnostic or treatment delays, resulting in worsening conditions and feelings of neglect. The emphasis on a lack of personalised care was a recurring frustration, with several patients expressing fears about symptoms being overlooked or dismissed. One person told us *"So much could have been improved, staff attitude, support, the way the Dr dismisses you, the phone number for support that doesn't work, the way they sent me away with cancer and did not check back even though they say I was not discharged. I am making a complaint when I have the energy to. The chemo ward staff are perfect, you really cannot fault them, the rest of the cancer service team at Walsall should use the chemo ward staff as an example of how it should be."*

Overall, while there were examples of excellent care, issues related to communication, emotional support, and continuity of care need improvement.

We asked, we were told….

Q. Were you as involved in discussions and decision making about your care and treatment as you would have liked to have been?

Yes - 50
No – 17
Sometimes - 10



Q. Did you have confidence and trust in all the team looking after you?

Yes - 61
No – 10
Sometimes - 9

Q. Were you treated with compassion and care by all the staff that you have had an experience with?

Yes - 60
Sometimes - 10
No - 9

Q. Were you treated with dignity and respect by all the staff that you have had an experience with?

Yes - 58
No – 10
Sometimes - 10

Q. Did you feel like you could share any issues, concerns, worries, or fears with the staff?

Yes - 57
No – 14
Sometimes - 7

Q. Were you listened to?

Yes - 59
No – 12
Sometimes - 8

Q. Was everything done by staff to support you through your treatment regime?

Yes - 59
No – 17
Sometimes - 4

Emotional Well-Being

Key Findings

65% of patients were able to access emotional support while waiting for a diagnosis and **62%** during treatment. Some patients praised the hospital staff around emotional support, with some telling us *"Chemo ward staff always open to discuss anything and support" "Amazing, people calling and coming to see you too with advice and support"* one patient said, *"Macmillan Hub has provided everything I need".*

21% - 24% of patients told us they didn't recall being offered support and **14% - 20%** said they weren't offered any support at all. These percentages are broken down in the table below. One patient told us *"Would have liked to access but felt like I didn't have the right support to access the service"* and another saying *"More communication. Need to push for access to emotional help. I said I needed support and was told - we will leave that with you".*

Healthwatch staff observation confirmed that this was the view voiced by a particular member of staff during a support group we attended.

The above feedback shows there is room to improve consistency of support offered across all stages of care.

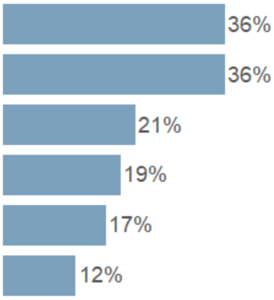
We asked, we were told…

Q. Were you offered emotional support if you needed it, whilst you were awaiting any of the following.

	Yes	I don't recall	No
Diagnosis	47 (65%)	15 (21%)	10 (14%)
Further investigation or treatment	40 (56%)	17 (24%)	14 (20%)
During treatment	45 (62%)	15 (21%)	13 (18%)
Another time during your treatment or care	43 (60%)	17 (24%)	12 (17%)

Q. What support did you access?

Counselling – 15
Macmillan – 15
Alternative/holistic therapies – 9
Psychological therapies – 8
Referral to support groups – 7
Other - 5



Waiting times and access to services

Key Findings

48% of respondents reported receiving their screening invitations on time, regarding hospital referrals, but **14%** said that they did not. **49%** of respondents were seen at hospital within 2-4 weeks, **34%** waited 4-6 weeks, **14%** waited 6-8 weeks and **4%** waited for more than 8 weeks.

At hospital appointments, **61%** were seen on time but 20% said that they were not and and19% said that they were sometimes seen on time. Of those whose appointments were cancelled, **57%** reported timely rescheduling but just **over a third** of people said that their appointment was not rescheduled in a timely manner.

Patient feedback highlighted frustrations with delays, miscommunication, and inconsistent appointment management, particularly with telephone consultations and pharmacy-related issues. One patient told us *"Appointments at Manor were cancelled and even sent to see a consultant who no longer worked there"* another said *"Waited over an hour at an appointment. My partner had to go and get the Dr, there was no reason given to us why we were kept waiting for so long and we didn't get an apology either. This happened twice."* However, patients also expressed appreciation for the care provided by clinical staff, such as chemotherapy ward teams, we heard comments like *"It isn't the chemo ward's fault, it is the pharmacy that causes delays. Immunotherapy didn't come down, had to reschedule for 1 week later. Girls on chemo ward are amazing, lovely they are!"* and *"These nurses (chemo) need a pay rise, fantastic they are!"*

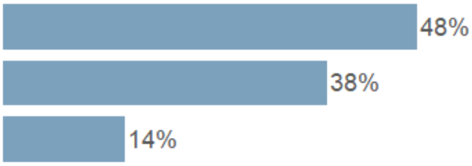
Concerns were raised about systemic inefficiencies, including cancelled or contradictory appointments and delayed follow-ups. Several respondents reported distressing experiences, including long delays for urgent referrals, lack of communication, and dismissive attitudes from healthcare providers. One patient gave the following feedback *"I was informed by Walsall Manor Hospital that I had a PSA reading of 840 which was over a month from the time I had biopsies carried out. Again, I have nothing but utter disgust of the way I was treated. My cancer traces were detected by the galleria trial if it was not for them, I would be dead"*

These insights emphasise the need for improved communication, timely follow-ups, and better coordination across departments to enhance patient experiences.

We asked, patients told us…

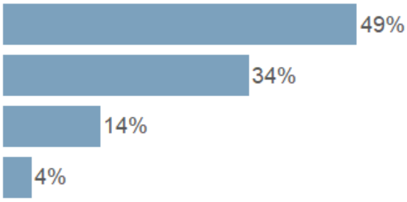
Q. Did you receive your screening invitation when you expected it?

Yes – 37
Can't recall – 29
No - 11



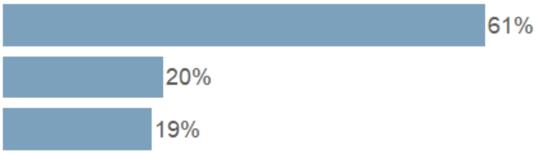
Q. How long did you have to wait from the time you were referred to being first seen at the hospital?

2 to 4 weeks – 36
4 to 6 weeks – 25
6 to 8 weeks – 10
8 weeks or longer - 3



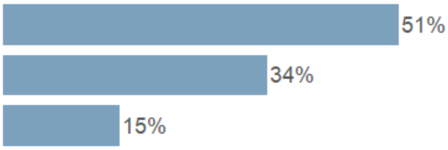
Q. When you were at the hospital for your scheduled appointment, were you seen when you were told you would be?

Yes – 45
No – 15
Sometimes - 14



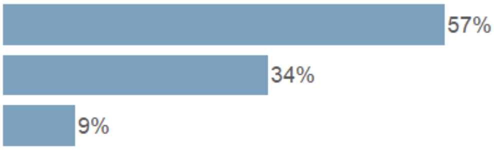
Q. If you had a telephone appointment scheduled, were you called on time?

Yes – 27
No – 18
Sometimes - 8



Q. If any of your appointments were cancelled, were they rescheduled in timely fashion?

Yes – 30
No – 18
Sometimes - 5



Information

Key Findings

Many patients felt left in the dark, often having to chase follow-up appointments or seek clarity about their treatment plans. Some didn't get the information they needed about what to expect during or after treatment, with one patient learning about a lifelong side effect only after it happened, they gave us specific details, but these have not been included to maintain anonymity. Several patients mentioned issues with contact numbers for support - either the numbers didn't work, or there was no one available after hours, leaving them to turn to NHS 111 for help, one patient said *"Contact services - number doesn't always work. Rings out. And you can only call on the day, sometimes you need to speak to someone on an evening."*

Another patient told us the information they received about wig fitting was not what she expected – *"The wigs. Not good, not good quality either. No choice for black women, very little. Too expensive for what you get. You can get a lot nicer at shops in Walsall, I asked for the voucher so I could choose a wig which was more like me and my style, but they said no, and I had to choose from the hospital. I used to have long hair - dreadlocks - they gave me a short black wig – I look nothing like myself, even my family say I don't look like me. When I have the money, I will get a new one. Not fair the white people get more choice."*

Others shared experiences of feeling dismissed, particularly when they self-referred or were discharged while still undergoing treatment, which added to their stress and confusion, one patient gave us the following feedback *"When I self referred, I was told I wouldn't have cancer due to my age and was given no information. I had no information regarding follow up care and was left with unanswered questions about what to expect next, despite asking my oncologist. I was given post cancer information from the breast unit and was discharged by them, while I was still undergoing treatment which I found extremely unhelpful."*

Some patients praised the care they received, especially the staff on chemotherapy wards, who were described as responsive and compassionate. We heard comments like *"anything you need they will sort it for you, if you need to ask anything, ask the chemo nurses."* We also received some feedback about the Macmillan Hub, patients told us they got all the information they needed from there*, "The Macmillan Hub is really supportive, if they don't know the answer – they know someone who does."*

Overall, it's clear that more needs to be done to ensure patients are given clear, consistent, and reliable information at every stage. This includes better explanations of side effects, what to expect during treatment, and ensuring support services are accessible when patients need them most. Small changes, like fixing contact issues and providing tailored information, could make a huge difference to people going through such a challenging time.

We asked, we were told…

Q. Were you given enough information by your care provider at any of the following times?

	Yes	No	Can't recall
At the point of referral	45 (61%)	17 (23%)	12 (16%)
About any investigations	49 (67%)	16 (22%)	8 (11%)
About your diagnosis	51 (66%)	20 (26%)	6 (8%)
About your treatment including side effects	51 (67%)	18 (24%)	7 (9%)
Where your treatment would take place	59 (77%)	12 (16%)	6 (8%)
Any follow up care	51 (66%)	16 (21%)	10 (13%)
Contact information for services you may need	47 (64%)	19 (26%)	8 (11%)

Q. Was the information provided to you in a way you could understand?

Yes – 54

No – 11

Sometimes - 9

Conclusion

Just over half of initial referrals were from GP services, these were mainly rated as very good or good, but it is worth noting that this was not the case for one patient who visited their GP on several occasions and faced a very long period of time before being referred to cancer services by another practitioner.

We received individual feedback from patients who faced significant challenges during their diagnosis, including experiences in delays receiving results, a lack of sensitivity from staff and patients feeling inadequately supported.

76% of patients said they did not experience cancellations but **almost a quarter** of patients did experience cancellations and delays. Staff shortages and pharmacy issues were given as the reasons patients did experience delays.

There was a mixed response to how patients were treated by staff, there were inconsistences in communication, with patients receiving contrasting information from staff members, patients felt they could have received a higher level of care, and others expressed fear of their symptoms being overlooked.

There is room for improvement around consistency of emotional support given across all stages of care.

Key findings highlighted frustrations with delays, miscommunication, and inconsistent appointment management. There was varied experiences shared with us around information given to patients during their cancer journey, one theme that arose was around incorrect contact numbers being given to patients, along with lack of information about opening hours, this left patient feeling unsupported between 5 pm and 9 am. We also found there was an inconsistency of communication throughout patient journeys.

Following on from our work around Black and Asian maternity experiences, we would feel it is worthy to highlight that there was a discrepancy in the options of wig availability for Black women, leaving them feeling depersonalised and not like their former selves. Loss of hair is a huge issue, particularly for women undergoing chemotherapy and the ability to have sufficient choice to look and feel like yourself is of paramount importance.

Oncologists and chemo nurses on the ward and the Macmillan Hub were highly praised by service users.

Recommendations

- GP referrals to be standardised across all practices.
- As there were a number of people who said that they had needed multiple visits to the GP before being referred it is recommended that GPs ensure that where there are any potential cancer markers a referral is made for the cancer pathway.
- Consistent and sensitive care to be given when a patient is receiving a diagnosis. This should allow sufficient time for patients to be given the information they need in a way they understand.
- Pharmacy services to ensure timely delivery of medication for patients attending their chemotherapy appointment enabling them to start on time.
- As some people felt that they were not as involved in decisions about their treatment an care as they would like all staff should ensure that they are providing accessible information and sufficient support to patients for them to be as involved in decision making as they would like.
- Consistent communication by all practitioners.
- Emotional support to be offered at every stage of the cancer pathway and patients to be encouraged and supported to access services.
- Appointment management to be improved by the Trust to minimise patient delays and confusion.
- The Trust to update patient information leaflets, to make sure telephone numbers listed are correct and to provide details about how to access information out of hours.
- The Trust to provide equity of choice of wigs for Black and Ethnic Minority patients.
- High level of service provision provided by the chemotherapy ward to be replicated across all other departments a service user would access through all of their cancer journey.

Acknowledgements

We would like to thank all the patients that participated in this work and the staff at Walsall Manor Hospital who supported us during our visits.

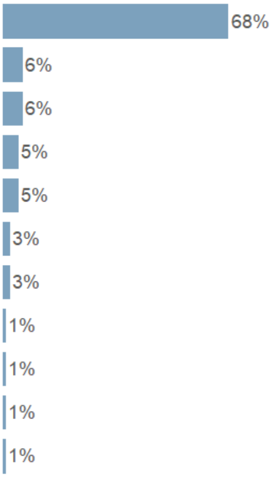
For full patient comments and feedback, please see appendix 1.

Demographics

Questions were not mandatory, leaving participants the choice to not answer resulting in misalignment between the numbers shown and the questions answered.

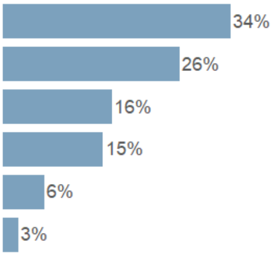
What is your ethnic background?

White English, Welsh, Scottish, Northern Irish or British - 54
Indian – 5
Black Caribbean – 5
Pakistani – 4
Any other Asian background – 4
Black African – 2
White Irish – 2
Bangladeshi – 1
Chinese – 1
Mixed White and Asian – 1
Any other mixed or multiple ethnic background – 1



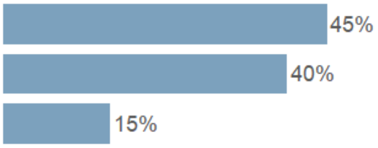
What is your age?

60 to 69 – 27
70+
50 to 59 – 13
40 to 49 – 12
30 to 39 – 5
19 to 29 - 2



Do you have a long-term condition?

Yes – 33
No – 29
Prefer not to say - 11



The Patient Experience of Cancer Services in Walsall Report

Appendix 1

Engaging Communities Solutions

healthwatch Walsall

Initial referral – full list of patients comments and feedback

“waiting times”

“waiting times ridiculous”

“treated poor”

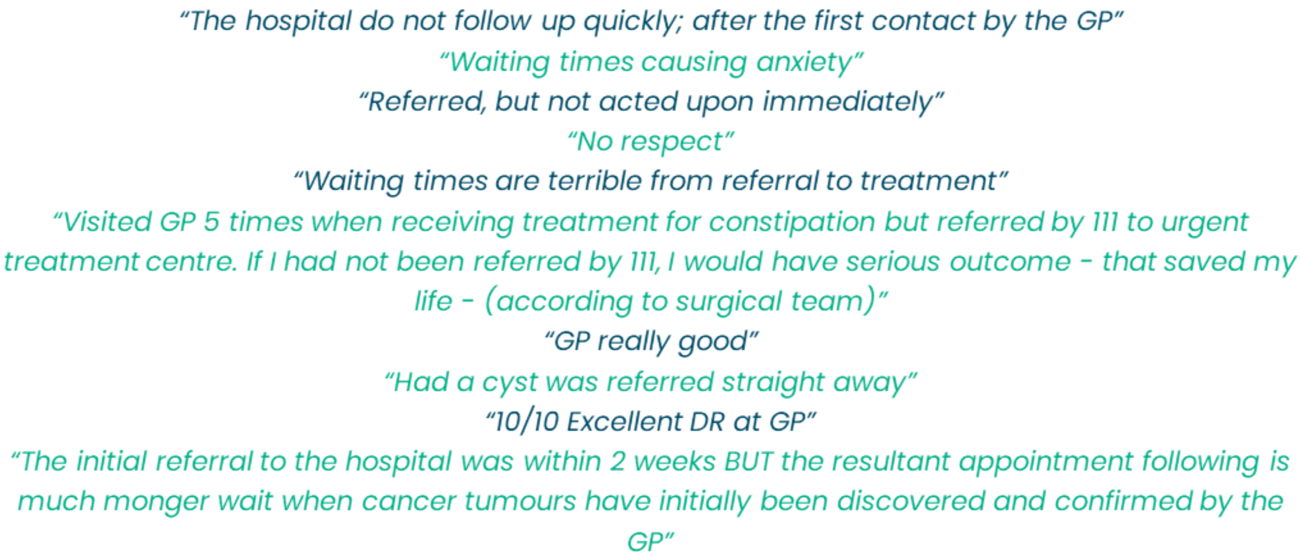
“I asked the Dr to refer me and always had no. Said I was fine. Had multiple courses of antibiotics until I saw a different Dr at my surgery who referred me immediately”

“Acknowledge that family bowel cancer treatment, should have prompted earlier screening”

“Overlooked, sitting for hours. Not good response from the consultant, meant to go up to the ward for out of hours scan - they said I needed seeing quickly. When I got there, the ward knew nothing. I had disappeared off the system? Waited 3 days, Friday - Monday. My partner had to chase it up. When I originally got to the ward, they were not expecting me, but the consultant had sent something to the ward to say I needed an urgent scan. I was in A and E from 11 am till 10 pm”

“Long wait to see cancer services at the hospital”

“None”



“The hospital do not follow up quickly; after the first contact by the GP”

“Waiting times causing anxiety”

“Referred, but not acted upon immediately”

“No respect”

“Waiting times are terrible from referral to treatment”

“Visited GP 5 times when receiving treatment for constipation but referred by 111 to urgent treatment centre. If I had not been referred by 111, I would have serious outcome - that saved my life - (according to surgical team)”

“GP really good”

“Had a cyst was referred straight away”

“10/10 Excellent DR at GP”

“The initial referral to the hospital was within 2 weeks BUT the resultant appointment following is much monger wait when cancer tumours have initially been discovered and confirmed by the GP”

Diagnosis

“Told when the surgery would be and what it entailed”

“Didn't have any options for care discussed with me, would have been nice to feel like I was able to make decisions about my care”

“Sat with consultant and a nurse who gave diagnosis. Discussed options then I was taken into a room with the nurse to discuss further. They explained the next steps”

“Told I would be treated within 1 month, but it was 6”

“Chose to come to the Manor. As they are excellent. Saw a clinical nurse specialist. All info given. Also had appointment with a nurse at the QE - when came to Walsall they explained everything”

“Waiting times, had to ring to chase up scan results”

“I wasn't sure what would happen next, they told me at my next appointment. Sometimes they think someone else has gave info but they haven’t”

“Service excellent. Outstanding at this point”

“Under the hospital for 3 years for breast cancer but they constantly denied it had returned.

“Hospital ignored my plea that I thought breast cancer had returned - this has happened twice when I had insisted, I had breast cancer, but it was denied by the hospital on many occasions even though I had breast tumours following a mastectomy”

“The tests where horrific I am traumatised”

“Because I was originally with a different Trust I had to go to Russell’s Hall for initial further scans before I was transferred, Russell’s Hall is miles away”

“Better communication”

“Firstly, I had a biopsy which came back benign. I was then discharged, was still so ill and poorly, consistently asked for another referral and more tests. Was declined. Then when I did go back eventually the Dr almost tried to justify the mistake”

“They are amazing at Walsall Hospital, that is why I have stayed here”

“Only because originally, they wanted me to wait to get the cyst removed, then when they removed it after I asked them to - it was tested and was cancerous”

“Maybe female Doctors”

“Very painful. Treatment and care could be improved”

“Had a camera. Told me that day. Same day they did a CT scan as I was going on holiday. They moved heaven and earth to get me in”

“Colonoscopy and biopsies were quite painful. More pain relief at the time”

“There was no advance notice that I would need biopsies and only found out at the next hospital appointment. No advance notice of painful mammograms and biopsies.”

“Mammogram showed no breast cancer, but PET scan showed secondary breast cancer. The mammogram is NOT reliable and not used as and when there is a query situation. Left for routine "yearly" breast scans which should be more often if symptoms are present”

“Pathology and scan results could have been explained better, particularly at diagnosis. Better communication is needed across all staff and departments. More time and understanding during appointments from staff, especially with oncologist. Some staff were very helpful, but this was often overshadowed by departments being understaffed”

Treatment and Consideration and Care - patient comments and feedback

"I wasn't consulted at first around discussion but then it changed, and I was"

"I did not know about the stoma and bag until a week after the operation"

"While waiting for ileostomy reversed, I was asked by the registrar why I wanted to go on the 'pool list'. I was told my reversal could be a lot quicker so obviously said YES. BUT what he didn't tell me was that I would now come off MY surgeon list, which I knew nothing about. Therefore, I had to beg for an appointment to see my surgeon as it had been 9 months and not the promised 3 months to which my surgeon carried my reversal out within 3 weeks"

"On the whole, we received good information and support but not helpful advice on the stoma reversal"

"No confidence in the team"

"Wasn't seen. Then had another cancer nurse who was good. Had some treatment but it was not suitable for me. Had to go cold turkey, no support given after. Still can't get dressings for breast from pharmacy"

"Just scared something might go unnoticed like it has before"

"Gynae lady is amazing. But I have no idea why I am doing chemo, I know I have to, but I don't know why. No information given to me to tell me what my choices were or to tell me what the chemo would do or what would happen if I didn't have it"

"Anxious putting your life in someone else's hands"

"I don't think any of the processes moved fast enough. We are advised generally that it is best to report concerns in a timely manner to give a better treatment outcome, but this does not work if concerns are dismissed. My concerns were dismissed e.g. tumours in breast, lymphedema/seroma, inflamed breast, infection and hospitalisation after surgery, inflammation to breast for 3 months, inflamed/raised "scar tissue". All these things, symptoms I raised with the breast cancer clinic and these symptoms were dismissed. I now have secondary/thirdly/fourthly breast cancer metastases possibly travelled to my bones"

"The breast cancer department seem to follow routines of "treatment" regardless of the individual's symptoms or fears. They should look at the whole person and the multiple co-morbidities and understand the anxiety and fears of the patient. The nursing staffs' hands are tied by the doctors' decisions, whether they think the decisions are right or wrong"

"When I returned from the hospital where I had my treatment Walsall Manor had never heard of me because my specialist had moved on"

"I felt very dismissed by my oncologist and staff at the chemotherapy unit"

"Ward 29 was horrendous, dirty, toilets not cleaned for 3 days (I left something on the sink, and it wasn't cleaned away) food is disgusting, it is manic on the ward, the staff are so busy. Some of the staff are really rude too. Aircon machine leaking across the floor too. Unsafe patients there and not kept from others, making us worry"

"Breast care nurses are fantastic"

"When I was on an inpatient ward, I was in so much pain, I called my husband and asked him to call me an ambulance to New Cross, this is as I was lying in bed at hospital. I finally got meds - over 2 hours later. This is not chemo ward, they are amazing"

"I had a reaction to a medication, around 5 nurses were around me in seconds! Great care - chemo ward"

Continued ...

"When I was diagnosed, I went into the room and the Dr asked me "do you know what lymphoma is?" I said "yes" he answered "that's what you've got" he also went on to tell me about another patient who was a lot younger than me who had it, as if that would make me feel better - like 'it could be worse' He also totally dismissed my questions, he said I was "never discharged" but I was, if I was not then where were the calls, emails, letters, any kind of contact at all? Why were my numerous visits to the GP not flagged? If I was not discharged, then where was the follow up? I have had lymphoma this whole time and they missed it. I have not had an explanation at all. I was also told by this Dr "someone else will be looking after you now"

"The staff always seemed too busy to deal with my concerns"

"NHS staff in hospital could do with a bit of help. Second time I was in, I was completely ignored, made a mess and no one would help me. I was told off for needing help getting out of bed. I couldn't even reach the floor. When my daughter came, she cleaned me up etc."

"Surgeon invited my husband to come into the hospital, but a nurse was particularly pouted in saying he should not be in - not visiting time"

"Mixed communication from staff. Drs say one thing, different Dr something else, then a nurse tell you something different. Not enough energy to follow things up"

"Only issue pharmacy didn't have something. Only called 30 mins before to say. Everyone friendly and helpful here though"

"Manor, breast team nice - bowel team are VILE! Could cut the atmosphere with a knife. Not compassionate at all, New Cross way better than Walsall"

"They have changed appointments to make things quicker and easier for me"

"I was told I would hear from the hospital in 2-3 days, when I called chemo ward to enquire, I was told - they shouldn't have said that. Wasn't very nice"

"My valid concerns of still having breast cancer when I was told I DID NOT have breast cancer were not heeded. The result, I now have terminal cancer"

"The staff at Walsall Manor have been in denial of my breast cancer symptoms for 2 years and now being in palliative care with little prospect of survival or treatment, I feel I have actually been neglected and there is now no chance of a cure or remission of the cancer. The emphasis should be on following care and not just on how quickly to a first diagnosis. Needs to be continuous care and attention and not just sticking to the breast cancer department routines"

"Everyone's been so lovely. Breast care nurse is lovely. Never once felt stupid for asking questions. Never seem a hassle and they put you at ease"

"There is a quick response from GP to hospital for first cancer consultation. After that first phase, the service deteriorates to be point of being "fobbed off" in my case being told I do not have cancer, and all is clear but have scar tissue to my breast when the tumours were confirmed as cancerous. The cancer is now inoperable due to ignoring my symptoms at the hospital at the time"

Waiting times and access to services – patient comments and feedback

"I sometimes waited over an hour for chemo (telephone appointment) but understood there were delays because everything didn't always go as planned, phone calls were usually within half an hour of the given time, but I was informed this may happen"

"Phone calls were usually an hour or more later than scheduled"

"Only the pharmacy issue"

"Sometimes appointments on phone and in person sent with same Dr. Which appointment do you go to? The one in person or wait for the phone call?? They didn't call anyway"

"Never had one as promised"

"Chemotherapy appointments changed a lot and I would be given contradicting appointment days/times by different staff when enquiring about appointments in person or by phone"

"Appointment cancelled all the time and changed. Also, I was not in system and yearly appointment not sent for specialist by GP"

"I think the attention to breast cancer should be almost immediate by the medical staff and not to dismiss valid concerns raised by the patient. They should be investigated immediately and addressed for treatment in a timely manner"

"Urgent referral to Orthopaedic depart resulted in an appointment, resulted in a delay, which was then cancelled. Next appointment was 4 months later. Pain injection did not work. Promised further investigation but was dismissed for these investigations and referred to palliative care for the 24/7 excruciating pain for 12 months. No resolution or confirmed diagnosis so far. The further investigations were supposed to be nerve tests - this did not happen"

"Whole journey so far (as about to start final course of chemo) has been ok - no delays and always been on time as planned. Cannula site on hand for the chemo is often very painful so possibly could discuss option for alternative or different site"

"Just waiting time for surgery"

"Administration wasn't very good at Manor, appointments changed, things were in disarray, consultant phone calls never happened, but after referral, everything at New Cross has been excellent"

"I didn't receive any communications from the navigation team and was told I would"

"I can't fault anyone, welcoming, friendly, reception remember your name. They got me in so quick. I also had to reschedule an appointment to go to a wedding and they accommodated me. Only problem is waiting for drugs from the pharmacy"

"Walsall Manor was the best, New Cross absolutely appalling. A few appointments moved around and does effect when you have your meds prior to colonoscopy"

"Delay for biopsy at Manor, referred to New Cross"

Information – patients comments and feedback

“I've had to chase follow up blood tests and also what the protocol is after the hormone treatment”

“I didn't receive any”

“Contact info for services - the number doesn't even work. It actually does not work, I was so poorly one evening, I called the number they gave me for questions etc and it did not work. I had to call NHS 111 for advice. Why are they giving a card out with a number on that does not work?”

“Contact services - number doesn't always work. Rings out. And you can only call on the day, sometimes you need to speak to someone on an evening”

“Some contact services do not work after 5 pm. They give you a number to call in case you are ill - haematology. No one answers after 5 pm, so you have no one to ask anything about, you end up calling 111. I saw someone give a patient this card recently and I knew it wouldn't work. Sad.”

“Always offered help and info - if I didn't have it they would get it. If I don't understand they help and explain more at my appointments”

“Needed information about what was about to happen with chemotherapy. I assumed it was at the Manor Hospital”

“More info on stomas needed!!!”

“I had a reaction to a medication, around 5 nurses were around me in seconds! Great care - chemo ward”

“Given loads of info”

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We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.

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