Patient's Experience's of Cancer Services in and around Sandwell

Report November 2025

healthwatch Sandwell

Engaging Communities Solutions

Contents

Introduction

Sandwell includes some of the most deprived communities in the country*, and evidence shows that deprivation can influence access to services and outcomes. With The Sandwell Authority Monitoring Report stating that "*The health of people in Sandwell does not on the whole compare well with England averages due to its high levels of deprivation. Life expectancy for both men and women is lower than the England average; 76.1 years for men and 80.7 years for women compared to 79.4 years and 83.1 years nationally. Life expectancy inequality also exists within Sandwell itself – life expectancy is 8.6 years lower for men and 8 years lower for women in the most deprived areas of the borough compared to the least deprived areas.*

This work aimed to see whether people from more deprived backgrounds experience different outcomes or barriers within cancer services, and to ensure their voices are heard.

What we did

The experiences of people using cancer services, we carried out face-to face engagement with patients across Sandwell. We visited local cancer support groups to speak directly with people who had lived experience of cancer care. This approach allowed us to hear first hand about patient's experiences at different stages of their cancer journey, including diagnosis, treatment and ongoing support. By engaging in person, we were able to reach people who may be less likely to complete online surveys and ensure the voices of those from more deprived communities were included.

Who took part

Anyone who had accessed cancer services in the last 18 months was invited to take part in the survey. This included people who were currently receiving treatment as well as those who had completed treatment and were accessing support

A demographic breakdown of participants can be found on pages 13 and 14.

Our findings

Our findings have been divided into seven sections.

- Referral
- Diagnosis – Investigations and Communications
- Transport and Accessibility
- Treatment and Care
- Emotional Wellbeing and Support
- Involvement, Dignity and Respect
- Information

Each section will show what participants were asked and provide the answers that we were given. All the questions are non-mandatory, which means some participants chose to not answer.

Referral

Key Findings

While **63%** of respondents rated their referral as good or very good and described timely referrals and quick action once cancer was suspected, a significant number reported delays, lack of urgency and poor communication at GP level. With one patient telling us *"GP didn't refer me correctly and I was left waiting and had to chase myself."* Another family member told us *"My parner missed a call from the GP on a Wednesday for blood test results, we called back to be infomed the GP had left and was not back in until Monday and to expect a call on Monday. We assumed all was ok as there seemed to be no urgency. My partner received a call from the GP on Monday to say the blood test results were out of range and to go straight to A & E – they died 8 weeks later."*

Most respondents reported being seen promptly following referral. The majority of patients were seen within 2 – 4 weeks, with a smaller number waiting 4 – 6 weeks. While overall performance appears positive, the variation in waiting times and referral experience feedback highlights the importance of ongoing oversight to ensure timely access to care for all patients.

Below are a series of questions we asked, along with the responses we received.

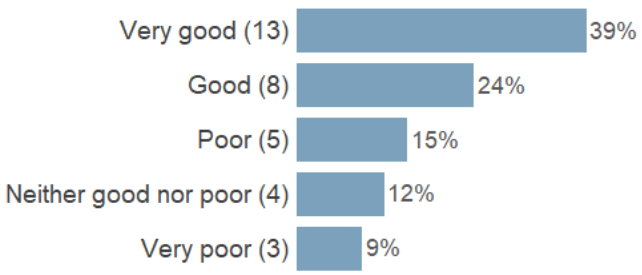
Q. How many times did you see your GP or other Health Professional before you were referred to the hospital?

Once - 12 people

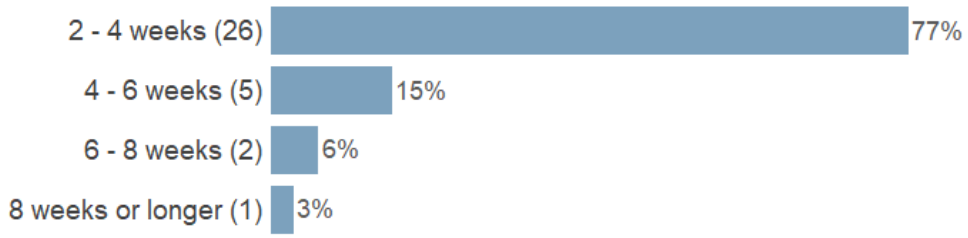
Twice - 9 people

More than three times - 10 people

Q. How would you rate the whole referral process?



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



"I was initially diagnosed with Ovarian Cancer, started to get symptoms and pain and called the GP. I explained to the GP that something just wasn't right, and the GP put me on a fast track. I was informed that I would receive a letter in 2 weeks but with no prevail. I called the hospital who sated their apology in not sending the letter."

"I received a letter inviting me to a Cancer Support Group at Sandwell Hospital - 12 months after treatment. I told them I was not happy regarding the communication around misdiagnosis, and I have been told it has been looked into."

"Very Quick and GP acted swiftly."

"Visited GP one day and 2 days later sent to City Hospital."

Diagnosis – Investigations and Communications

Key Findings

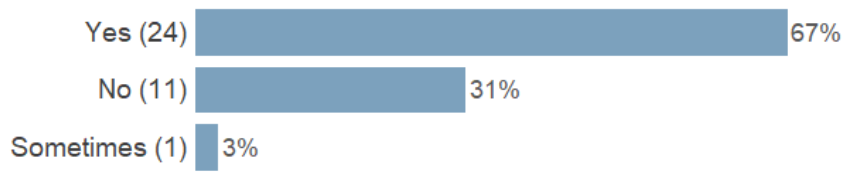
The patient experience of investigations such as scans and biopsies were mixed, with **42%** of respondents saying the service could not be improved and **36%** saying it could have been better.

While some patients felt well cared for, with one patient telling us *"Service from GP and A&E was poor. Once I was seen in rheumatology the service was excellent . All tests done with a week and diagnoses given."* Others described distressing experiences, including having multiple biopsies taken without the support of the nurse – one patient told us *"They informed me that it looked like cancer and I had over an hour of biopsies taken and yet there was no one there to support me! The person that took the biopsies apologised that there was no nurses available to support me."* and *"At the point of diagnosis I was alone – no support."*

Below are the questions we asked, along with the responses we received.

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?

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



Transport and Accessibility

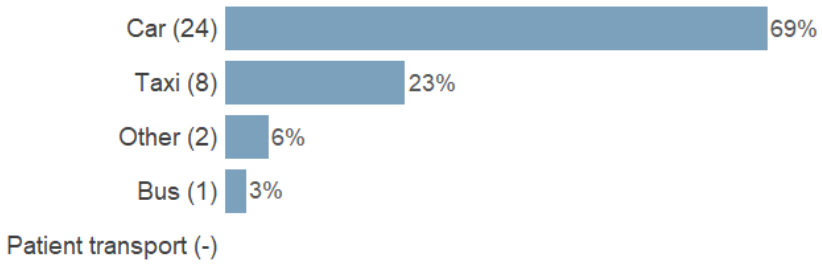
Key Findings

69% of respondents told us they travelled to their appointments by car.

When we asked those who used public transport, if it was easy to access, **60%** said no, with one patient telling us their bus was running late and another saying, *"waiting 2-3 hours after chemotherapy is awful."* Another patient told us they used hospital transport but found that it was *"too exhausting having to wait to 3 hours after four or five hours of chemotherapy."*

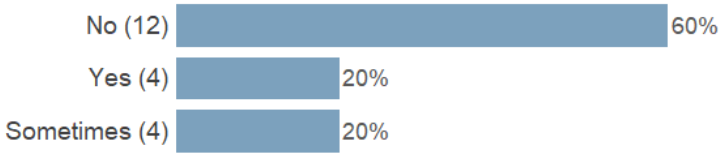
Below are the questions we asked, along with the responses we received.

Q. How do you get to your treatment?

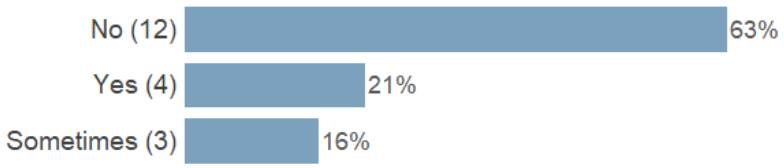


Other
- Initially patient transport, but this was too exhausting having to wait to 3 hours after four or five hours of chemotherapy.
- Still waiting.

Q. If you have used public transport, was this easy to access?



Q. Has using public transport affected your treatment?



"The bus was running late due to road works in Dudley. had to call taxi half hour late for chemo treatment."

I had to get Taxi's to and from the hospital on a regular basis and no one told me about getting any financial help. It was a friend who told me about Cancer Now through my treatment and they contacted me and gave me £100 toward travel costs. This was a big help

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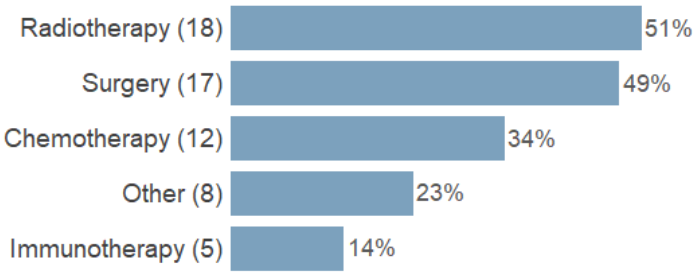
Treatment and Care

Key Findings

Overall, treatment experiences were positive. Many respondents described high-quality care from cancer teams. With respondents rating services they received as mostly Very god and good.

Below are the questions we asked, along with the responses we received.

Q. What treatment did you receive at hospital?



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

	Chemotherapy	Radiotherapy	Surgery	Other
Very good	8 (62)	9 (50%)	11 (61%)	6 (60%)
Good	4 (31)	3 (17%)	5 (28)	4 (40%)
Neither good not poor	1 (8%)	3 (17%)	1 (6%)	0
Poor	0	2 (11%)	1 (6%)	0
Very poor	0	1 (6%)	0	0

Q. Were any of your treatments cancelled?

Q. Did the hospital delay any of your treatments?

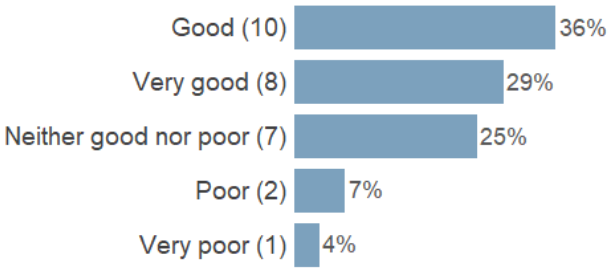
"After realising I was being mixed up with other patients I had to make a formal complaint and this did leave me with a lot of distress which added to the distress adding to the distress which I was already going through."

Emotional Wellbeing Support

Although **65%** of respondents told us that the emotional support they received was very good or good. Access to emotional support varied significantly. Some patients received excellent support through charities, while others felt emotional wellbeing was not discussed or sign posted by hospital teams. With one patient telling us, *"it took ages to find emotional support groups – in the end it wasn't the hospital that supported us."*

Below is the response to our question along with some patient comments.

Q. If you did access support for emotional wellbeing, how would you rate the support you received?



"I was told about a charity called Let's Talk Hope and was persuaded to attend. I found the support group emotionally helpful and found it good to speak to other people who have a cancer journey. I still attends today."

"Let's Talk Hope Charity have been amazing with me, and we have group chats and meet new friends. After the surgery Macmillan said that they would give some advice and support at home. They only called once to ask how I was."

Involvement, Dignity and Respect

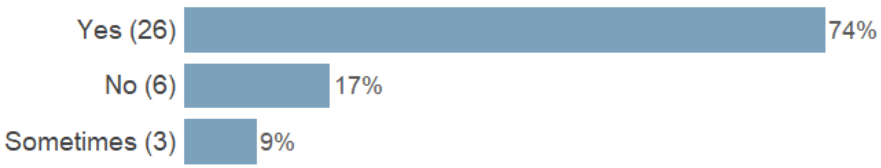
69% of respondents said they were treated with compassion and care when they were in hospital and **67%** of respondents told us they had confidence and trust in the team looking after them.

However, patient feedback also highlighted areas for improvement. One patient shared that they "did not feel I was receiving the help I needed because my cancer is terminal." Another patient told us "partner or family felt we could not share issues with NHS staff, as they always seemed too busy to help."

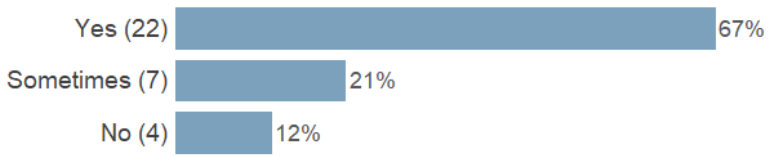
These findings suggest that while compassion and trust are strong for many patients, more consistent care needs to be demonstrated with complex or end of life needs.

Below is the response to our question along with some patient comments.

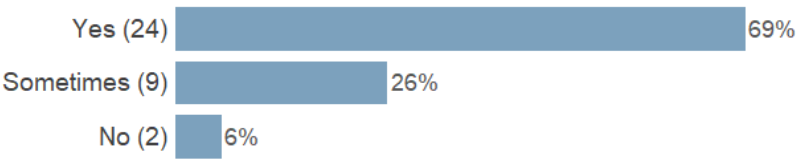
Q. Were you as involved in discussions and decision making about your care and treatment as you would have liked to have been?



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

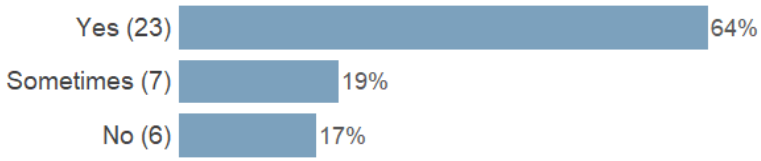


Q. Were you treated with compassion & care by all the staff that you have had an experience with?

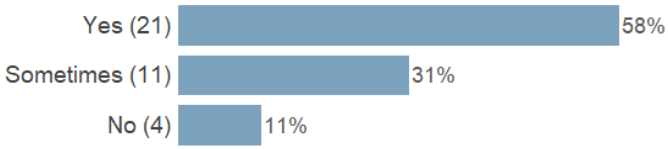


Q. Were you treated with dignity & respect by all the staff that you have had an experience with?

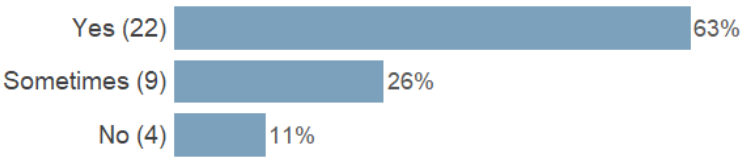
Q. Did you feel like you could share any issues, concerns, worries, or fears with the staff?



Q. Were you listened to?



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



"From Sandwell's perspective, I should have a Cancer Nurse/Cancer Navigator, who I have met once in two years of Chemo treatment. From my perspective as I am rented out to the QE Hospital, any problems I have should be dealt by them"

Information

Most respondents reported receiving information at key stages of their cancer pathway. This suggests that information provision is generally strong once patients are actively engaged in treatment. However, patient comments highlight that information was not always timely, consistent, or emotionally sensitive. Some patients described having to seek out information themselves,.

Several comments raised concerns about how information was communicated, rather than whether it was provided. Patients described distress caused by unclear or poorly worded messages, particularly around test results and appointments. Some felt unsure of who to contact with new concerns or did not have access to a named nurse or clear point of contact.

Below is what we asked, along with the responses we received.

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	25 (71%)	7 (20%)	3 (9%)
About any investigations	27 (75%)	6 (17%)	3 (8%)
About your diagnosis	30 (83%)	5 (14%)	1 (3%)
About your treatment including side effects	31 (89%)	3 (9%)	1 (3%)
Where your treatment would take place	31 (89%)	3 (9%)	1 (3%)
Any follow up care	28 (80%)	4 (11%)	3 (9%)
Contact information for services you may need	27 (77%)	6 (17%)	2 (6%)

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

"The way information was given caused a lot of anxiety. Cartain statements made me fear the worst."

Conclusion

The findings highlight how delays, communication failures, and inconsistent emotional support can have a lasting impact on patients and families. These experiences often increased anxiety, reduced trust in services, and compounded distress during an already vulnerable period.

While many patients described compassionate and high-quality care, this report highlights clear opportunities for improvement. Addressing communication, emotional support, and system coordination will improve patient experience, trust and outcomes across cancer services in Sandwell.

Recommendations

There are inconsistencies as to whether patients can access financial support for public transport to and from treatment. Some people have told us that they have accessed free taxis for their treatment, whilst some people have been accessing grants from a charity that supports patients with breast cancer.

Based on our findings, we recommend the following actions to improve services and support for those in Sandwell:

- Strengthen GP referral pathways and escalation processes
- Improve communication at diagnosis, ensuring patients are not informed while alone
- Enhance continuity of care and reduce administrative errors
- Proactively discuss and signpost emotional support
- Review transport support and appointment coordination
- Monitor consistently of care across hospital sites
- Ensure that there is a systematic approach to cancer services across hospitals and communication with patients across Black Country Trust for patients from Sandwell
- Ensure that patients understand their treatment options
- Review public transport options for cancer patients

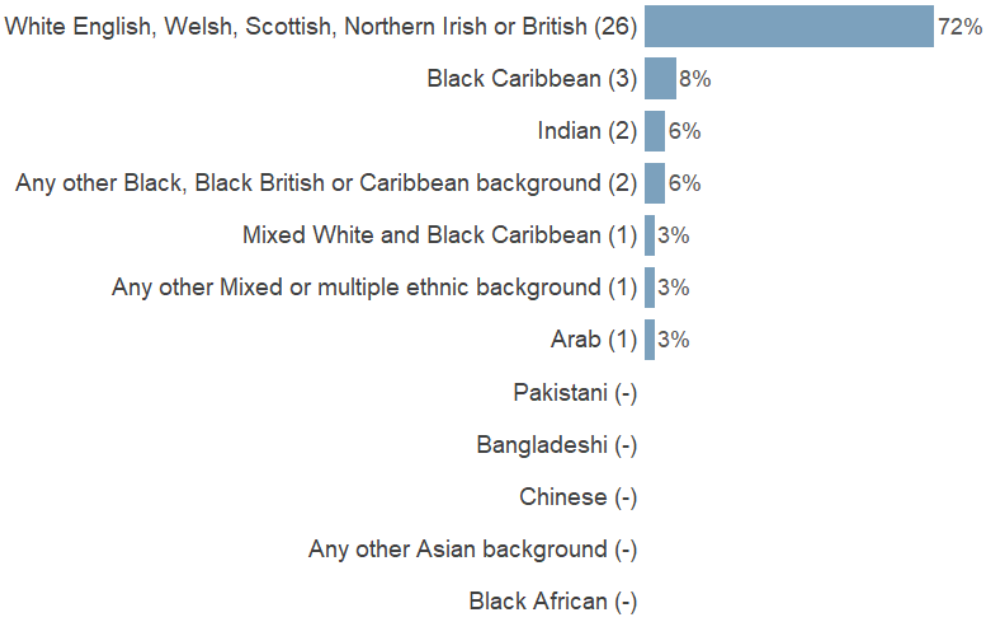
Acknowledgements

Healthwatch Sandwell would like to thank all the participants who the time to talk to us about their experiences. We would also like to thank all the support groups we attended.

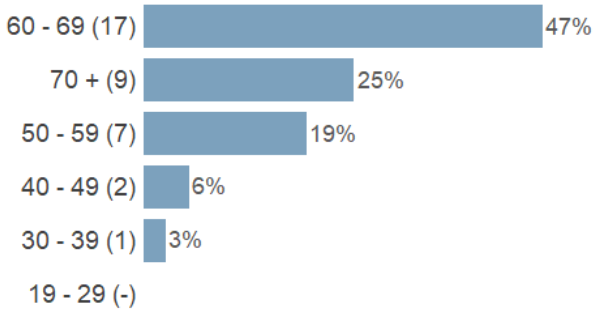
Demographics

Below is a breakdown of people who took part in our survey.

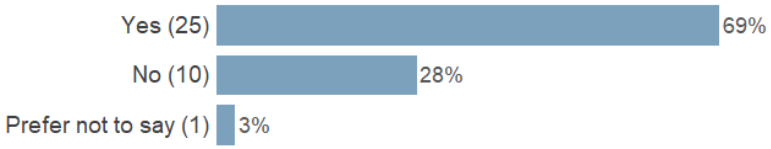
What is your ethnic background?



What is your age?



Do you have a long-term condition?



Do you have a disability?

What is the first part of your postcode?

B68
B67
B70
B69
B65
B74
B71
WS10
WS5
DY4

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