

National Cancer Patient Experience Survey 2025-2029

Statement of Requirements

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1. BACKGROUND TO THE REQUIREMENTS

1.1. CONTEXT

- 1.1.1. The National Cancer Patient Experience Survey (NCPES) was first carried out in 2010 and has been carried out each year since 2012. The NCPES was developed in response to the Cancer Reform Strategy (2007): https://webarchive.nationalarchives.gov.uk/ukgwa/20130104165259/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081006. NCPES also supports the objectives set out in "Achieving world-class cancer outcomes: a strategy for England 2015-2020": www.england.nhs.uk/publication/achieving-world-class-cancer-outcomes-a-strategy-for-england-2015-2020/. More broadly, this survey supports NHS England's ambition of strengthening patient and public participation in all its work, in line with the NHS Constitution: www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england.
- 1.1.2. The NCPES has been designed to monitor national progress on experience of cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.
- 1.1.3. The NCPES is commissioned by the Insight and Voice team at NHS England.
- 1.1.4. The NCPES highlights where care is working well and how NHS cancer services across England can be improved. The results highlight variation in experience in different parts of the country and across demographic groups and cancer types and provide an opportunity to track progress over time. The results also provide an important national read out on experience of care in cancer. The results are used by the NHS England National Cancer Programme and at a local level to implement changes to drive improvement of cancer care.
- 1.1.5. The survey is supported by the Cancer Patient Experience Survey Advisory Group (CPESAG), which includes cancer patients and carers of cancer patients; clinicians; cancer charity representatives; NHS Cancer Programme team members; and NHS England Insight and Voice team members.
- 1.1.6. The 2024 questionnaire includes seventy-one (71) quantitative questions and two (2) qualitative questions; the paper version is twelve (12) pages and can be downloaded

at www.ncpes.co.uk/survey-instructions. The survey asks people about their experiences of cancer services. We also ask respondents to provide data on protected characteristics and individual health status, asking for information about any long-term conditions they have and a range of socio-demographic characteristics.

- 1.1.7. The most recently published NCPES (2023) involved 132 NHS Trusts. Out of 121,121 people, 63,438 people responded to the survey, yielding a response rate of 52%. More information about the NCPES response rate is available in the Technical Document at <https://www.ncpes.co.uk/latest-national-results/>.
- 1.1.8. The NCPES is an England-wide survey covering all acute and specialist NHS Trusts in England that provide adult cancer services. It's carried out once a year, with the fieldwork carried out during Autumn/Winter and results published in Summer as an Official Statistic.
- 1.1.9. The sample is currently compiled by individual Trusts from the Patient Administration System and includes all adult patients (aged 16 and over), with a confirmed primary diagnosis of cancer, discharged from an NHS trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June that year. For a full description of the sample, including the exclusions, see the 2024 sampling instructions at www.ncpes.co.uk/survey-instructions.
- 1.1.10. Under Section 251 of the NHS Act 2006, the survey requires approvals from the Confidentiality Advisory Group and the Data Alliance Partnership Board. Further information can be found here: <https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/confidentiality-advisory-group> and here: <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions>. More information about data protection legislation and information governance relating to NCPES can be found in Appendix 9.1.
- 1.1.11. The survey is conducted primarily by post with up to two (2) reminders sent to non-responders. The questionnaire is also available online, and people are encouraged to complete the survey online if they are able to. A large print or Braille version of the questionnaire can be requested. Additionally, the online questionnaire has been translated into three (3) additional languages.

- 1.1.12. A national freephone helpline is made available for patients by the Supplier and provides support to complete the survey in different languages. Details of the languages can be found in Section 3.8 and details of call volumes can be found in Appendix 9.2.
- 1.1.13. Aggregated survey results are published at national, Integrated Care Board (ICB), Cancer Alliance and NHS Trust level on the NCPES website: www.ncpes.co.uk.
- 1.1.14. Trust level reports containing the free text comments are made available to individual Trusts (without redaction).
- 1.1.15. The survey data is also used by the National Disease Registration Services to carry out further analysis by linking the data to the National Cancer Registration and Analysis Service.

2. SCOPE OF THE PROCUREMENT

2.1. SCOPE OF PROCUREMENT

- 2.1.1. NHS England is looking to award a contract for sixty-nine (69) months: 1 January 2025 – 1 September 2030. This contract length is designed to allow for delivery of five (5) cycles of the NCPES and includes the delivery of results following the final cycle.
- 2.1.2. The contracting authority will be NHS England who will be conducting this tender in line with their policy and procedures. Additionally, this tendering exercise will be conducted in line with Public Procurement Guidance which incorporates key principles of Transparency, Integrity, Fairness, Value for Money and Non-Discrimination.
- 2.1.3. The maximum available budget for this contract is £3,081,000 (excluding VAT).
- 2.1.4. The contract currently in place covers the 2022, 2023 and 2024 NCPES. In the event of a change of Supplier, it has been confirmed that Transfer of Undertakings Protection of Employment (TUPE) will not apply. An Exit Strategy will be in place by January 2025 to protect the continuity of NCPES. See Appendix 9.3 for more detail.

2.2. AIMS AND OBJECTIVES

- 2.2.1. That high quality NCPES quantitative data and outputs are produced in line with the Official Statistics Code of Practice (<https://code.statisticsauthority.gov.uk>), and that data is reliable, representative and comparable between reporting units (Trusts, ICBs, and Cancer Alliances).
- 2.2.2. That high quality NCPES qualitative data are produced at Trust level and shared in a report format which promotes and supports local level service improvement.
- 2.2.3. That NCPES data outputs are produced and published as soon after the conclusion of fieldwork as is possible, by July of each year, unless otherwise agreed with NHS England. Production and publication to these timings must not compromise data quality and must be in line with Official Statistic requirements:
<https://code.statisticsauthority.gov.uk>.
- 2.2.4. That all sampled survey participants, including non-English speakers and those with additional audio-visual needs, are provided equal opportunity to respond to the

survey, such that non-response biases arising from unequal opportunity are minimised.

- 2.2.5. That comparability of NCPES data over time series are maintained unless decisions are made by NHS England that exclude this possibility, such as methodological or questionnaire changes.
- 2.2.6. That the questions in the survey and the reporting, through annual review with NHS England, reflect the delivery of cancer care and treatment in England and the experiences of cancer patients in England.
- 2.2.7. It is expected that the Supplier will carry out one full redevelopment of NCPES, in line with this Statement of Requirements, relating to redevelopment of the data collection materials and data collection methodology. If more than one full redevelopment is required during the Contract term, a formal variation process will be followed and costed separately.
- 2.2.8. That the Supplier will carry out the services in line with the agreed survey timetable to protect the comparability of the data to previous years, unless agreed otherwise by NHS England.
- 2.2.9. That all published documents, including data reports and survey support documentation, include the NHS logo, in line with NHS identity guidelines: www.england.nhs.uk/nhsidentity/. The Supplier may also include their logo on documents with agreement from NHS England. There are some exceptions to this, for example the survey invitation letters will typically include the logo of the NHS Trust, and not the logo of the Supplier or NHS England.

2.3. OVERVIEW OF THE REQUIREMENT

- 2.3.1. The required Service is the delivery of five (5) cycles of the NCPES on behalf of NHS England, with yearly sampling, data collection, and publication meeting Official Statistic standards.
- 2.3.2. Detail on the Service Requirement is included in the following Sections:
 - Project management (Section 3.1);
 - Advisory Group (Section 3.2);
 - Data protection processes (Section 3.3);
 - Data collection materials (Section 3.4);

- Communications (Section 3.5);
- Sampling (Section 3.6);
- Data collection (Section 3.7);
- Support for survey recipients (Section 3.8);
- Data processing and quality assurance (Section 3.9);
- Data outputs (Section 3.10);
- NCPES website (Section 3.11);
- Requirements to meet strategic objectives (Section 3.12);
- Social value (Section 3.13); and
- Skills and knowledge transfer and exit strategy (Section 3.14).

2.3.3. As with other surveys in the sector, the NCPES faces challenges of declining response rate, increasing postage costs, and non-response bias. In addition, the availability of mobile number in NHS Trust samples has improved over the past few years. In this context, NHS England require the Supplier to pilot a methodology which aims to address these challenges where possible, likely incorporating digital contact with patients (e.g., text message or email). Throughout the five year duration of this contract, it is anticipated that one full redevelopment of the data collection materials and data collection methodology will be required. If more than one full redevelopment is required during the Contract term, a formal variation process will be followed and costed separately. To mitigate multiple impacts on the data continuity of NCPES, it is anticipated that these changes are implemented in the same cycle of NCPES. Decisions impacting on data continuity will be made by NHS England. Additional detail on the redevelopment requirements are included in this Statement of Requirements.

2.4. SUPPLIER EXPERIENCE

2.4.1. In order to deliver high quality Official Statistics data and compliance with the processing of sensitive data, the Supplier will be expected to:

- have demonstrable expertise in research methods and data collection, specifically in the delivery of large-scale postal and online surveys, including expertise in survey sampling, data cleaning and manipulation, maximising response rates and representativeness, questionnaire and material design including cognitive testing, and qualitative data categorisation and/or analysis;
- have demonstrable expertise in the production and quality assurance of high-quality, accurate and reliable data outputs, in line with the Official Statistics Code of Practice,

and in the communication of data findings to different audiences to support policy and decision makers;

- have sufficient research and logistical capacities to organise fieldwork and deliver data for the national survey within the stipulated timeframe;
- comply with the UK's Market Research Society Code of Conduct (<https://www.mrs.org.uk/standards/code-of-conduct>) and other relevant professional standards;
- provide advice on all aspects of quantitative research methods and information governance relating to the survey;
- demonstrate the ability to lead a public and stakeholder engagement phase to co-produce data collection materials during the redevelopment year of NCPES;
- show an understanding of the cancer policy and service landscape in England;
- demonstrate the ability to engage and work alongside an Advisory Group, including patients and wider stakeholders, in the design and development of a national survey and its outputs, and;
- ensure adequate project management is in place, including dedicated involvement of staff with the appropriate expertise, for all meetings with and presentations to NHS England.

3. REQUIREMENTS

3.1. PROJECT MANAGEMENT

- 3.1.1. The Supplier will be responsible for overall management and oversight of all aspects of the survey, using project management techniques as appropriate.
- 3.1.2. The Supplier will produce and share a detailed timetable and project plan of the full NCPES cycle each year. This will be in a format requested by NHS England and will be shared with the NHS England project team. Official Statistics require advance notice of publication dates and times, and this must be borne in mind when designing the timetable for delivery of the survey. The timetable will detail resource allocation to each task and will explain how the survey will deliver the results to the specified deadlines, with reference to the risk log.
- 3.1.3. The Supplier will deliver project milestones to the agreed project timetable, ensuring it meets the obligation of the set Key Performance Indicator (KPI 1).
- 3.1.4. The Supplier will maintain an up-to-date log of potential issues and risks in Microsoft Excel and the file structure will be agreed by NHS England. This will be reviewed at key points by the Supplier and NHS England. See Section 6 (Contract Management and Monitoring) for detail on the reporting of risks and issues. The risk log will include data security considerations and any issues that could affect the timing or delivery of the survey across the full survey lifecycle, from data collection to data processing and publishing. The log will also describe how risks are being mitigated and assign ownership to each risk.
- 3.1.5. The Supplier will maintain an up-to-date log of decisions (specifying the required NHS England governance for each decision), lessons learned, future improvements in Microsoft Excel; the file structure will be agreed by NHS England. This will be reviewed at key points by the Supplier and NHS England. The improvement log will detail changes to be considered to improve the survey and its delivery, with clear timelines for implementation.
- 3.1.6. The Supplier will produce and share a Business Continuity plan with NHS England. This will be updated every six (6) months and detail how delivery of the survey will be ensured in the event of the actualisation of risks to the project, including detail on the continuity plan for any supplier organisations worked with to deliver the survey. The Supplier shall ensure the Business Continuity plan is reviewed in the event of any

changes to the risk log and shared with NHS England within ten (10) working days of any changes to the risk log.

- 3.1.7. The Supplier will identify key project staff to deliver the requirements of NCPES, providing contact details and information on the responsibilities of each team member to NHS England.
- 3.1.8. The Supplier would be responsible for managing the relationship with any sub-contractors used to deliver the survey. The Supplier will notify NHS England before using any sub-contractors and will ensure that the use of sub-contractors does not have any impact on the quality or timeliness of NCPES delivery. The Supplier must notify NHS England of any sub-contractors processing Personal Data and provide the required Information Governance assurances for NHS England and Section 251 approval.
- 3.1.9. The Supplier will identify a senior member of the team to work closely with NHS England, should any issues arise and to be responsible for ensuring steps are taken to mitigate against similar issues.
- 3.1.10. The Supplier will identify a project manager and, if necessary, an additional day-to-day contact with responsibility for liaison with NHS England.
- 3.1.11. The Supplier will ensure adequate project management is in place, including dedicated involvement staff with the appropriate expertise, for all meetings with and presentations to NHS England.
- 3.1.12. The Supplier, including the project manager and day-to-day contact (if different), will host a routine weekly teleconference or videoconference with members of the NHS England project team. Other Supplier staff may attend the meeting if required. The Supplier will use the meeting to ensure that NHS England is kept up to date with developments and progress in delivering the survey, and to ensure that issues are raised and can be addressed in a timely manner.
- 3.1.13. The Supplier will share a concise written weekly project update with the NHS England project team one working day before the weekly project meeting. The Supplier will share minutes with the NHS England project team two working days after the weekly meeting.
- 3.1.14. Regular meetings will be timetabled, and additional meetings agreed with NHS England as the need arises.

- 3.1.15. The Supplier will respond promptly to queries from the NHS England project team, with initial responses sent within twenty-four (24) hours, either with a resolution, or for more complex queries providing a timeframe for resolution. It is expected that more complex queries will be resolved within two (2) weeks.
- 3.1.16. The Supplier will provide ongoing expertise and authoritative advice with regard to survey changes throughout the contract period.
- 3.1.17. Once the Supplier is appointed, in the event of any decision to alter the survey approach from those defined in this Statement of Requirements, the Supplier will agree with NHS England the revised specification. The scope and cost of the revised survey will be agreed with NHS England via a Contract Variation issued by NHS England Commercial Contract Management Team prior to commencement. Budget may be repurposed with agreement from the Supplier and NHS England in the event that requirements are no longer being delivered.

3.2. NATIONAL CANCER PATIENT EXPERIENCE SURVEY ADVISORY GROUP

- 3.2.1. The National Cancer Patient Experience Survey Advisory Group comprises around forty-five (45) members who represent different stakeholder groups and who bring a particular area of expertise to discussions about the future of the survey. Members include cancer patients and carers of cancer patients; clinicians; cancer charity representatives; NHS Cancer Programme team members; and NHS England Insight and Voice team members.
- 3.2.2. Approximately four (4) Advisory Group meetings will be held each year. Advisory Group Sub-Group meetings may be held, when required, to focus on specific areas of improvement to the survey, such as reporting, data collection, and questionnaire design. Approximately fifteen (15) Sub-Group meetings will be held in total across five years. NHS England intend to hold all Advisory Group meetings remotely. Each meeting is expected to last for two (2) hours unless otherwise agreed with NHS England.
- 3.2.3. The Supplier shall note NHS England responsibilities in relation to the Advisory Group as outlined below:
- managing all required contact with the Advisory Group, including sending out and manage invitations and encouraging attendance;
 - maintaining membership of the Advisory Group;

- drafting and sending the agenda in advance of the meeting to the attendees, along with any other papers that have been agreed;
- providing facilities for teleconference and videoconference for the meeting;
- chairing the meeting;
- taking minutes of each meeting and circulating them to the Advisory Group;
- approving all presentation materials produced by the Supplier for use at Advisory Group meetings;
- facilitating the involvement of Advisory Group members in any additional engagement and co-production proposed by the Supplier.

3.2.4. The Supplier responsibilities in relation to the Advisory Group are outlined below:

- attending each Advisory Group meeting held throughout the survey contract;
- working with NHS England to agree an agenda item for each meeting;
- prepare suitable presentation materials, such as PowerPoint slides or any other information required, where required for any agenda items, and ensure these are shared with NHS England twelve (12) working days in advance of the meeting to be circulated to the attendees;
- in proposing an agenda item, the Supplier shall take proactive steps to ensure the Advisory Group has the opportunity to consider and provide advice on any significant developments of any aspect of the survey, particularly considering engagement with cancer patients (the Supplier shall ensure as a minimum this includes involvement in the redevelopment of data collection materials, methodology, and reporting outputs); and
- the Supplier may propose engaging the Advisory Group, including cancer patients, outside of the regular meetings. NHS England can facilitate involving Advisory Group members in this additional engagement and co-production if required. The Supplier must agree all additional requirements of the Advisory Group members with NHS England in a timely manner to enable appropriate support and management before engagement begins.

3.3. DATA PROTECTION PROCESSES

3.3.1. The Supplier will ensure that all handling of information strictly adheres to UK General Data Protected Regulation (UK GDPR) and the Data Protection Act 2018 and must act only under instruction from the Data Controller, NHS England. The Supplier must be able to demonstrate how they will comply with UK GDPR and the Data Protection Act, such that all Personal Data is used in a responsible and secure

manner. Stringent technical and organisational measures must be taken to ensure Personal Data are securely stored and viewed only by personnel directly involved in the National Cancer Patient Experience Survey, and to ensure against unlawful processing, accidental loss, damage, or destruction.

3.3.2. The Supplier must have appropriate compliance with the Data Protection Act 2018. This includes (but is not limited to) having the following in place:

- that the bidding organisation has an active registration with the Information Commissioner's Office and can provide their registration number;
- that the bidding organisation can demonstrate which appropriate security assurances it has in place (i.e. Data Security and Protection Toolkit, Cyber Essentials, ISO27001:2013 or an equivalent other standard);
- that the bidding organisation can name their appointed Data Protection Officer, where applicable, and can provide a link to an active and appropriate Privacy Notice on their website; and,
- that the bidding organisation can list their appropriate policies and procedures in place which ensure ongoing compliance with current data protection legislation.

3.3.3. The Supplier will be required to agree to a Data Processing Agreement ("DPA") with NHS England as part of the contract and work with NHS England to provide all the information necessary to complete a Data Protection Impact Assessments ("DPIA"). A template DPA is shared for information only as attachment 'Document 6 - Draft Data Processor Agreement (Appendix 3 to the Form of Tender)', this does not need to be completed as part of the bidding process but will be agreed within 2 weeks of contract signature.

3.3.4. The Supplier will ensure all Personal Data for the NCPES 25-29 contract is held and processed within the UK or EEA at all times. In the event of any Personal Data being transferred to the Supplier from the NCPES 22-25 contract, as part of the Exit Strategy, this must be held and processed only within the UK.

3.3.5. The Supplier will work with NHS England to obtain the required survey assurances and approvals. The Supplier will support completion of the Data Alliance Partnership Board application and associated documents including the Data Protection Impact Assessment and Processor Assurance Checklist. Further information about the process can be found at <https://digital.nhs.uk/data-and-information/information->

standards/information-standards-and-data-collections-including-extractions. Please note that on 27 April 2023 data collection for the survey was approved by the Data Alliance Partnership Board. The Data Alliance Partnership Board (DAPB) approves the assurance period for this collection for a period of assurance of 3 years until 30 April 2026.

- 3.3.6. The Supplier will draft the Section 251 application and work with NHS England to submit the application and obtain approval from the Confidentiality Advisory Group. The current form and accompanying guidance can be found at www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/confidentiality-advisory-group/. In the event of any changes to the data collection materials or methodology, it is likely that an updated Section 251 application will be required. To support the timely submission of a Section 251 application which covers the pilot, NHS England will be carrying out qualitative engagement with cancer patients to seek their views on alternative methodologies. This information will be available by January 2025 and will be shared with the Supplier. Section 251 support is required before Trusts submit any patient samples to the Supplier.
- 3.3.7. The Supplier will ensure that any access to survey Personal Data is restricted to the minimum necessary information being made available to the minimum number of personnel who have a legitimate and justified need to access this data. All personnel given access to personal data will have undergone training in the law of data protection, in their duty of confidentiality under contract and in the care and handling of Personal Data. Personal Data, including all information used for selecting and contacting the survey sample, must be stored securely, with encryption, and with restricted access.
- 3.3.8. The Supplier will ensure that Personal Data passed to telephone helpline staff are limited to those items required in order to contact the appropriate respondent and to fulfil the purpose of call, which may require administering the questionnaire over the telephone. Helpline staff will be presented with only one interview record at a time and will not be able to search or access other records. Once the call has been completed (which may include the submission of an online survey on the respondent's behalf) the staff member will not be able to re-access the data.
- 3.3.9. The Supplier will ensure that all correspondence to sampled patients adheres to Fair Processing requirements, clearly and fully explaining how the individual was selected, how their Personal Data has and will be used, how any information they

provide via the survey will be used, and if and when they will be contacted again as part of the survey.

- 3.3.10. The Supplier will ensure that all personal identifiable information and data collected through the survey, including self-reported information about long-standing conditions and other demographic data, is stored in line with NHS England requirements.
- 3.3.11. The Supplier will need to transfer any confidential or sensitive data to NHS England using a secure File Transfer System that requires specific login rights. Named recipients of the data for quality assurance of the aggregated reports must be agreed with NHS England in advance of the data transfer.
- 3.3.12. The Supplier will take appropriate actions to ensure that published data cannot be used to identify individuals. The Supplier will work with NHS England to make decisions around data disclosure, considering rules applying to publication of Official Statistics and Disclosure Control Guidance:
<https://analysisfunction.civilservice.gov.uk/wp-content/uploads/2018/03/Guidance-for-tables-produced-from-surveys-4.pdf>.
- 3.3.13. The Supplier, as Data Processor, will ensure that all Personal Data are removed from all the Data Processor's systems once the survey is completed and based upon UK GDPR rules. Electronic copies stored locally on isolated hard drives or servers must be securely deleted using appropriate electronic shredding software that meets HM Government standards. This must be done at the first available opportunity following publication of the Official Statistics, within a maximum period of twelve (12) months. Evidence of all destruction must be provided to NHS England.
- 3.3.14. The Supplier will be responsible for securely holding the personal information of survey respondents who answer 'Yes' to the question 'Can we contact you in the future to tell you about other surveys or research about your healthcare experiences?', and in line with agreed retention dates, deleting the personal details of those who answer 'No' or request deletion at a later date.
- 3.3.15. NHS England remain Data Controller of the personal information of survey respondents who answer 'Yes' to the question 'Can we contact you in the future to tell you about other surveys or research about your healthcare experiences?'. If external organisations request to use this information for a follow-up survey, they must seek agreement of NHS England, and the Supplier for this contract may be approached to carry out the survey as a data processor on behalf of NHS England.

Further surveys or research are out of the scope of the contract and therefore should not be included in costs.

3.3.16. The Supplier must support NHS England in processing any Subject Access or similar requests.

3.3.17. The Supplier will manage data sharing requests for additional analysis by NHS England or relevant external parties. The Supplier will ensure that a Data Sharing Agreement is in place and that the minimum necessary information is made available for the additional analysis to take place. Please cost for five (5) requests per year. This could be bespoke analysis, for example conducted at an unpublished geographical level, or could be a request to access the record level data.

3.4. DATA COLLECTION MATERIALS

3.4.1. People selected for the survey will have, as a minimum, the option of completing the questionnaire by paper, online, or by receiving assistance via the telephone helpline.

3.4.2. The Supplier will produce all data collection materials required for the purpose of collecting survey data. The Supplier will design all data collection materials drawing on social research best-practice. The Supplier will ensure that the survey response rate is maximised by the design and content of the data collection materials, including considering any personalisation and tailoring required to messaging to encourage different audiences to take part. The Supplier will agree the design of all data collection materials with the NHS England project team.

3.4.3. The Supplier will use insight from previous reviews of the NCPES questionnaire and cognitive testing, and other existing and/or validated data collection instruments, to inform the design of data collection materials, particularly the questionnaire.

3.4.4. The Supplier will be responsible for questionnaire design, including providing question wording and response options, as well as rationale for the recommendations, and for graphic design of the questionnaire.

3.4.5. Please cost assuming the questionnaire includes two open-ended questions for each year of NCPES. The Supplier would be required to capture all free text comments (from both paper and online completes). Redaction, anonymisation or cleaning of the comments would not be required. The Supplier would be required to review all comments for safeguarding concerns. In the NCPES 2023, 77,926 comments were received from patients. This is the total number of comments across the two

questions asked and the average word count of all comments is 43 words. Of these comments, 64,790 were on paper and required transcription, with an average word count of 39 words for paper comments. See Section 3.10 for detail on the qualitative reporting requirements.

- 3.4.6. The Supplier will ensure that the survey facilitates the analysis of data by way of different demographic variables in order to understand the experiences of different demographic groups. As far as it is relevant to do so, the questionnaire must collect data on the protected characteristics defined in the Equality Act 2010. The Supplier shall include in the publishable survey reporting analysis based upon cancer type and outcomes, ethnicity, deprivation, age, geography, and any additional variables requested by NHS England ahead of publication.
- 3.4.7. The Supplier will ensure that the design and printing of all data collection materials facilitate accurate data collection, data capture and data processing, and that the questionnaire is clear and easy to complete in all formats, with branding that meets NHS England requirements. Any designed materials may require NHS England corporate communications approval prior to use.
- 3.4.8. The Supplier will produce the below data collection materials for Year 1 of this Contract. For the questionnaire, covering letters, and accessibility sheet, the 2024 versions will be used as a starting point to maintain trends, though the Supplier can suggest improvements which will not impact the trend series. Copies of the covering letters and accessibility sheet can be found in Appendix 9.4, the questionnaire can be found on the NCPES website: www.ncpes.co.uk/survey-instructions/.
- A paper questionnaire.
 - Three covering letters.
 - An accessibility sheet.
 - A facility for survey recipients to complete the survey online via a unique login or a unique hyperlink.
- 3.4.9. For the pilot and for subsequent years of NCPES, the Supplier will be responsible for producing the below data collection materials to incorporate any improvements and, where required, to reflect changes to the data collection methodology.
- A paper questionnaire.
 - Covering letters.
 - An accessibility sheet.

- A facility for survey recipients to complete the survey online via a unique login or a unique hyperlink.
- Any additional materials required. These are dependent on the Supplier methodology but will likely also include covering letters and SMS or email reminders.

3.4.10. The Supplier will seek to maintain the comparability of NCPES data over time as far as possible. However, the Supplier will also recognise that the questionnaire may need to evolve to reflect changing policy needs. The Supplier may also identify weaknesses in the current questionnaire and should suggest improvements to the questionnaire and other data collection materials throughout the Contract. Decisions impacting on data continuity will be made alongside NHS England.

3.4.11. For Years 2, 3, 4 and 5 of NCPES the questionnaire and data collection materials will be reviewed each year. For one of these years, a full review and redevelopment of the questionnaire and other data collection materials should be assumed. For other years, the Supplier should assume changes to 10% of the questionnaire. Cognitive testing will be required for any changes made to the questionnaire; the Supplier should cost for fifteen (15) 30-minute interviews to reflect the proportion of changes. This is a variable cost as if fewer changes are made and/or fewer interviews carried out, the Supplier will be required to amend costs so they are proportionally lower.

3.4.12. For the full review and redevelopment of the data collection materials, the following requirements apply:

- The Supplier will ensure that the data collection materials are as clear as possible and written in plain English, aiming to achieve a Crystal Mark from the Plain English Campaign. At least two rounds of feedback with the Plain English campaign will be required: one before cognitive testing commences and one of the final version of the questionnaire.
- A key requirement will be for the Supplier to conduct engagement with patients and stakeholders to inform the design of data collection materials, to understand how to best engage individuals with the survey and motivate them to take part. This engagement is also key to ensure the questionnaire focuses on delivering actionable insight or policy changes as an outcome of patient feedback.

- At a minimum, the Supplier will engage the following groups in the design of data collection materials (including the questionnaire and other relevant patient-facing materials):
 - The NCPES Advisory Group: As outlined in Section 3.2, the Supplier must take proactive steps to ensure the Advisory Group has the opportunity to consider and provide advice on any significant developments of any aspect of the survey. At a minimum this must include involvement in developing data collection materials and reporting outputs. NHS England can facilitate involving Advisory Group members outside of meetings if required. The Supplier must agree all additional engagement with the Advisory Group with NHS England in a timely manner to enable appropriate support and management before engagement begins; and
 - Primary qualitative research with additional stakeholders and patients: This will include stakeholders within NHS England, and clinical and management leaders working at national, Trust, Cancer Alliance and Integrated Care Boards (“ICB”) level. The Supplier will recruit and lead on engagement with these stakeholders. NHS England will facilitate contact with stakeholders where possible. The Supplier will propose a suitable methodology for engaging stakeholders throughout the material design process.
- The Supplier will undertake cognitive testing of data collection materials based upon a recruitment criterion agreed with NHS England. Please cost the cognitive testing based on thirty (30) 1-hour interviews and including recruitment and reporting costs. This is a variable cost based on the number of interviews and a revised cost would need to be provided if thirty (30) interviews were not carried out. Multiple rounds of cognitive testing will be conducted to allow iterative refinement of the data collection materials, and cognitive testing will include testing of individual questions and of how they function in the context of the full survey. The Supplier will be responsible for recruitment of interviews, providing incentives, and carrying out interviews. Between each round of cognitive testing, the Supplier will analyse findings and share these with NHS England, so that changes to the questionnaire can be agreed between rounds.

- The Supplier will deliver a minimum of two (2) material design workshops with the NHS England project team to discuss recommendations for the questionnaire and other data collection materials.
- The Supplier will share a materials development note bringing together findings from the above engagement and cognitive testing. The note will provide a clear rationale for any updates to the data collection materials.

3.4.13. NHS England will own all relevant intellectual property of the questionnaire and data collection materials.

3.4.14. See Section 3.8 for information on the accessible formats required for data collection.

3.5. COMMUNICATIONS

3.5.1. The Supplier will be responsible for updating the communications toolkit and resources annually to align with changes to the survey, but no overall redesign is required. The communication materials are not printed and there will be no cost of printing, distribution and placement for either the Supplier or NHS England. The Supplier will be responsible for uploading communication materials to the NCPES website. Examples of the current materials can be viewed at: www.ncpes.co.uk/promoting-the-survey. The Supplier and NHS England will be responsible for digitally sharing the communication materials with stakeholders to encourage promotion of the survey. Stakeholders, such as NHS Trusts, will be responsible for displaying communication materials.

NHS England are aiming to produce case studies that demonstrate how the NCPES has been used to improve experiences of care. The Supplier should provide optional costings for one (1) video case study and one (1) written case study for publication and dissemination.

3.6. SAMPLING

3.6.1. The sample for the survey will continue to include all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS trust after an inpatient episode or day case attendance for cancer related treatment in the

months of April, May and June that year. The sample will be compiled by individual Trusts from the Patient Administration System.

- 3.6.2. The NCPES has been granted permanent exemption from the National Data Guardian opt-out: <https://digital.nhs.uk/services/national-data-opt-out/programmes-to-which-the-national-data-opt-out-should-not-be-applied>.
- 3.6.3. The Supplier will be responsible for designing opt-out (dissent) posters for Trusts to display. The Supplier will also be responsible for ensuring that opt-out (dissent) posters are shared electronically with Trusts ahead of the survey sampling period and that Trusts are aware of their responsibilities to record opt-outs. Trusts will be required to keep records of those who have opted out ahead of the survey sample being drawn and ensure that those patients are not included in the sample submitted to the Supplier. The current opt-out (dissent) poster is available on the NCPES website in English and other languages and can be utilised: www.ncpes.co.uk/survey-instructions/.
- 3.6.4. The Supplier will put a Data Sharing Agreement in place with each participating Trust ahead of the sampling data being transferred to them. NHS England will support production of a template which will be approved by the NHS England Information Governance team, but it will be the responsibility of the Supplier to ensure agreements are signed.
- 3.6.5. The Supplier will be responsible for producing documentation each year to support NHS Trusts in the collation of samples. At a minimum, this will include the below documents. 2024 materials can be utilised and are available on the NCPES website: www.ncpes.co.uk/survey-instructions/.
- Survey handbook
 - Sampling instructions
 - Declaration form
 - Sampling patient list spreadsheet
- 3.6.6. The Supplier will be responsible for the production and dissemination of this documentation to NHS Trusts. The guidance will be approved by NHS England before it is disseminated on or before the first working day in July of each survey year. Please note that the sampling instructions need to be submitted as part of the Section 251 application.

- 3.6.7. The supplier will run two (2) online workshops for NHS Trust staff to explain the sampling instructions and allow opportunities for questions. Each workshop will last one (1) hour. The content of each workshop will be identical. The Supplier will be responsible for producing slides, presenting at the workshop, providing an opportunity for questions and responding appropriately.
- 3.6.8. The Supplier will collect declaration forms and survey samples from NHS Trusts, sending reminders where necessary to ensure the sample is received on time. The Supplier will also collect information from NHS Trusts to personalise the invitation letters (logo, signatory name, and image of signatory).
- 3.6.9. The Supplier will be responsible for ensuring samples are received and quality assured on time, to enable all Trusts into field by the earliest possible point. The Supplier will be responsible for ensuring there are no errors in the final sample. At a minimum, the Supplier will ensure that all necessary data checks as outlined in the 2024 Sampling Instructions are completed.
- 3.6.10. The Supplier will liaise with NHS Trusts as required to ensure the sample has been drawn accurately and provide support with queries. NHS England can support with sending reminders to NHS Trusts if the Supplier is not able to obtain a response.
- 3.6.11. The Supplier will take steps to improve the sample submission process and quality of sampling data received from Trusts, both to improve the quality of data produced and to provide assurance that patients who do not have cancer are not included in the sample.
- 3.6.12. The Supplier will be required to pilot a data collection methodology which may involve the use of SMS and/or email contact with patients. Currently, mobile number and email address are submitted by NHS Trusts in the NCPES sample, though NHS Trusts are made aware that this information is not currently used to contact patients. Appendix 9.5 includes information on the coverage and quality of these variables. If mobile number or email address information is used for the NCPES methodology in future, the Supplier will be expected to work with NHS Trusts to improve the coverage and quality of these variables to maximise the success of the data collection methodology.
- 3.6.13. The Supplier will not be required to keep a record of the NHS numbers of people who ask to be permanently excluded from the survey. Patients requesting a permanent opt out will be advised to contact the NHS Trust.

3.7. DATA COLLECTION

3.7.1. The Supplier will be responsible for printing of all data collection materials, postage out, postage return, set-up and hosting of the online survey, and collection of data from online and paper completes.

3.7.2. The Supplier will arrange for hard copies of the covering letters and questionnaire to be printed and posted out to the full survey sample in line with the proposed methodology and timings agreed with NHS England. For the purposes of costing, assume:

- the questionnaire will be a maximum of twelve (12) A4 pages (i.e. six (6) double side pages);
- each covering letter will be a maximum of two (2) A4 pages (i.e. one (1) double sided page);
- printing for the questionnaire and covering letters will use a minimum of two (2) colours (printing will not be in black and white only);
- printing for the accessibility sheet can be in black and white only;
- postage out will be 2nd class; though if the Supplier can obtain adMail rates this should be used for the purposes of costing and Contract delivery; and
- where a questionnaire is included in a mailing, it will be accompanied by a Freepost return envelope.

3.7.3. The Supplier will host an online survey on the survey website for the duration of fieldwork, which survey recipients can choose to complete.

3.7.4. The Supplier will accurately and electronically record and collate survey responses from paper, online and telephone completes.

3.7.5. The Supplier will be responsible for ensuring respondents are removed at the latest possible date from the sample for the first mailing and all subsequent reminder mailings (removing completes, opt-outs, and patients who are no longer eligible e.g., deceased patients). The Supplier will ensure that any patient requests for removal from the survey sample are actioned within one working day, avoiding any reminders for that survey year being sent wherever possible.

- 3.7.6. Ahead of each mailing, the Supplier will be responsible for running checks to identify any patients who have passed away and ensure that they are removed from the mailing. The Supplier should cost for covering any cost incurred for these checks. The timings for these checks will be agreed with NHS England. The burden for running deceased checks must not be on NHS Trusts.
- 3.7.7. The current data collection methodology will be used for Year 1 of the contract (running alongside a pilot which we anticipate taking place in Year 1). The methodology for subsequent years is dependent on the outcome of the pilot. Currently, mailing 1 (week 1) includes a letter with online survey details, paper questionnaire, and accessibility sheet. Mailing 2 (week 4) includes a letter with online survey details. Mailing 3 (week 8) includes a letter with online survey details, paper questionnaire, and accessibility sheet. Fieldwork closes after 12 weeks. The survey is usually paused from around the end of the first full week in December and resumes in early January. If it is not possible for a Trust to align with these fieldwork timings (for example, if their initial sample is not signed off on time), a different timeline of data collection may be required for that Trust. This scenario is unlikely and would only be required for a minority of Trusts.
- 3.7.8. For continuity and comparability with previous years, Suppliers are expected to replicate existing fieldwork timetables unless this is not logistically feasible, or unless an alternative approach is believed to be compelling and agreed by NHS England.
- 3.7.9. NHS England are interested in updating the data collection methodology to encourage online completion and/or maximise response rate. This may involve using SMS reminders whilst continuing to provide paper to minimise bias. NHS England are currently exploring how to improve the coverage of mobile numbers.
- 3.7.10. The Supplier will be required to design an updated data collection methodology and pilot this; we anticipate this taking place in Year 1 of this Contract unless the Supplier provides a rationale for alternative timescales. The Supplier will be required to evaluate the success of the updated methodology, at a minimum considering impact on response rate, online completion, non-response bias, responses to NCPES, cost-effectiveness and any other logistical impacts.
- 3.7.11. It is anticipated that the survey's updated methodology will be mixed mode and push-to-web – providing participants the option of completing on paper or online (in the form of an online survey link) and may also include SMS or email reminders. This

method is proposed to minimise selection bias and ensure a key part of the population are not excluded. Based on the evidence we currently have, NHS England expect that any methodology would provide participants the option of completing on paper or online, unless any clear evidence can be provided or collected to show that removing a paper component will not have an impact on overall survey response rate, inclusivity, representativeness, or the quality of the survey data. However, Suppliers will be encouraged to suggest methodologies which increases online completion, without impacting non-response bias or response rate, and increase the likelihood of achieving representation and inclusivity; these must be evidenced.

3.7.12. If the pilot is successful, NHS England anticipate implementing the updated survey methodology and the implementation timings will be agreed between the Supplier and NHS England. The Supplier will be responsible for implementing the updated survey methodology.

3.7.13. If SMS or email reminders are included in the Supplier methodology, the Supplier will be responsible for sending SMS or email reminders to the timings agreed with NHS England.

3.8. SUPPORT FOR SURVEY RECIPIENTS

3.8.1. The Supplier will host and manage an email inbox for the duration of the contract. The Supplier will respond to any queries received from members of the public, clinicians, or other non-project team stakeholders in a timely manner, with initial responses sent within two (2) working days. The Supplier will seek additional information from NHS England as required in a timely manner. The Supplier will maintain a log of queries and responses and will share this on request. The Supplier will notify NHS England of any non-routine queries in the weekly project meeting.

3.8.2. The Supplier will provide a dedicated Freephone helpline and inbox during the fieldwork period for survey recipients. Details regarding helpline services, staffing, opening times and reporting will be agreed with NHS England, but the Freephone helpline is expected to be available to survey recipients, as a minimum, Monday to Friday 9am – 5pm, and an opportunity to leave a voicemail message at other times. A trained member of staff will deal with the query within one (1) working day of the message being left. Details of past call and email volumes are detailed in Appendix 9.2.

- 3.8.3. The Supplier will be responsible for managing all contact they receive from recipients of the survey in a timely manner, with initial responses within two (2) working days and final responses as soon as possible thereafter. The Supplier will seek advice from a nominated NHS England contact in respect of issues that they are initially unable to respond to. All queries and responses will be logged, and NHS England will be notified of the content of any non-routine queries.
- 3.8.4. The Supplier will ensure that the helpline delivers the following requirements:
- a single helpdesk call number is provided;
 - the helpdesk number is free (the Supplier should cost for providing a Freephone to ensure there is no charge to participants);
 - a single email contact address to enable call back from the helpline is provided;
 - a helpdesk management tool is in place to allow the recording and capture of incident data;
 - the helpdesk management tool allows the recording of free text notes about an incident;
 - the helpdesk management tool facilitates the production of reports on call volumes and topics;
 - the helpdesk management tool retains all closed incident data; and
 - the helpdesk management tool enables all management report information to be retained for the lifetime of the contract.
- 3.8.5. The Supplier will share a summary of call volumes and topics recorded by the helpline at the end of fieldwork. The Supplier will include recommendations for any changes to the survey process or materials based on the feedback received from participants via the helpline. For example, this may include updates to FAQs, data collection materials, or helpline processes.
- 3.8.6. The helpline and helpline staff will be based in the UK or EEA unless agreed otherwise with NHS England and staffed by people able to respond to general queries about the NCPES, including how and why survey recipients should respond.
- 3.8.7. Helpline staff will also be available to assist survey recipients in completing the questionnaire including by completing the survey online by transcribing their responses on their behalf.

- 3.8.8. All relevant precautions shall be made to protect the confidential information of respondents calling the helpline. Helpline staff, including those assisting by transcribing survey responses online, will receive appropriate training in order to assure that respondent confidentiality is protected and that UK GDPR and the Data Protection Act 2018 is not breached. We also expect that any helpline staff would receive training on how to deal with sensitive calls appropriately. Helpline staff would not be expected to provide any clinical advice but would be expected to be able to signpost callers to additional support if required or escalate to NHS England (as per agreed communication and safeguarding protocols).
- 3.8.9. The Supplier shall ensure online survey functionality will include the ability to adjust the colour contrast and make the font size larger, and the interface will be device agnostic.
- 3.8.10. The Supplier shall note people selected for the survey will be able to request a copy of the questionnaire and covering letter in large print or Braille format. The Supplier will be responsible for providing these formats when requested. The Supplier will ensure that alternative versions of the questionnaire are made available within two (2) working days (where alternative versions need to be posted, these should be posted within two working days) upon request, and that access to these alternative versions is made as easy as possible for the people in question. Information on the volumes requested in the current contract can be found in Appendix 9.2.
- 3.8.11. The Supplier will make helpline support available in each of the twenty-two (22) languages listed in 3.8.12 as a minimum, including telephone completion of questionnaires on the respondent's behalf. Foreign language helpline calls may be answered by a voicemail message, with trained translators/interpreters responding to each message within forty-eight (48) hours of the message being left. The Supplier will be responsible for ensuring the language helpline is accessible and that the initial contact to the language helpline is in each non-English language, unless the Supplier can provide evidence of an alternative approach that will mitigate any barriers for non-English speakers.

Additionally, the Supplier will continue to maintain and update the supporting online information for the fourteen (14) languages highlighted in bold below. An example of the supporting information can be found at: <https://www.ncpes.co.uk/tomar-la-encuesta-online/>. NHS England do not anticipate making changes to the existing content, but

minor updates will be required for accuracy in the event of a change of Supplier (for example, to update the Freephone number).

1. **Arabic**
2. **Bengali**
3. Chinese (Cantonese)
4. **Chinese (Mandarin)**
5. English
6. **French**
7. **Gujarati**
8. Hindi
9. **Italian**
10. Kurdish
11. Persian
12. **Polish**
13. **Portuguese**
14. **Punjabi**
15. **Romanian**
16. Russian
17. **Spanish**
18. Somali
19. **Tamil**
20. Thai
21. **Turkish**
22. **Urdu**

3.8.12. The Supplier will continue to make the questionnaire available online in the following languages as a minimum. The translations will be provided to the Supplier by NHS England for the 2024 questionnaire and Suppliers should therefore not cost for these translations.

1. Bengali
2. Polish
3. Punjabi

3.8.13. The Supplier should cost for translating the online questionnaire into the above three (3) languages, and the questionnaire and FAQs into four (4) additional languages

which will be agreed with NHS England, to take place at the point of the full redevelopment of the questionnaire.

- 3.8.14. The Supplier will implement a safeguarding protocol that will be agreed with NHS England Safeguarding team. The Supplier will ensure that adequate support is provided for people who are distressed by receiving the survey and that appropriate safeguarding measures are in place where an individual may be at risk of harm or the victim of a crime (this may include breaking confidentiality to escalate the safeguarding concern to the appropriate authority).
- 3.8.15. The Supplier will ensure that telephone, email, and postal contact details for queries are provided on the NCPES website.
- 3.8.16. The Supplier will suggest any further appropriate services that can maximise the inclusivity of the survey.

3.9. DATA PROCESSING AND QUALITY ASSURANCE

- 3.9.1. The NCPES is an Official Statistic and statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality, and value in the Code of Practice for Statistics that all producers of Official Statistics should adhere to. This means that the handling of data and publishing of results are subject to access restrictions set in legislation and that changes to survey methodology and reporting may require consultation with stakeholders to ensure they meet their needs.
- 3.9.2. The Supplier will be responsible for maintaining the Official Statistic status of NCPES and adhering to the Code of Practice for Statistics from the start of the contract. The Code of Practice for Statistics can be found here: <https://www.statisticsauthority.gov.uk/code-of-practice>. The Supplier is expected to report any instances of non-compliance to NHS England within two (2) working days of the non-compliance issue being discovered.
- 3.9.3. The Supplier will take steps to minimise error in the processing and collation of the paper questionnaire responses into a standard electronic format and in the further data cleaning and manipulation of respondent-level data to achieve final datasets. Data cleaning and manipulation will be in line with the data cleaning guidance and data analysis plan, also produced by the Supplier and agreed by NHS England.

- 3.9.4. The Supplier will deliver the cleaned data sets to NHS England as soon as possible after the close of fieldwork to allow for qualitative insight to be delivered alongside the quantitative data publication. These datasets are:
- One dataset containing the current year of data, along with free text variables, any sample information requested by NHS England, and the mode of survey completion (paper, online or telephone).
 - One dataset containing data for all comparative years, with no free text variables.
- 3.9.5. The Supplier will produce the required reporting outputs in line with the data analysis plan, which will incorporate weighting, case-mix adjustment, application of statistical disclosure control and measurements of uncertainty.
- 3.9.6. The Supplier will be responsible for quality assurance of the data and reporting outputs, including documenting steps taken in the production of the data and outputs, and responding flexibly to any findings from the quality assurance process (such as implementing corrections). The supplier will share proof of any relevant accreditation it details within its bid, such as ISO 9001 Quality Management System as an example.
- 3.9.7. The Supplier will designate at least one senior analytical member of staff to work closely with NHS England to quality assure the data and survey results. The Supplier must ensure that sufficient resource is in place across the team to fulfil quality assurance requirements.
- 3.9.8. The Supplier will produce a quality assurance strategy. The Supplier will take steps to improve the quality assurance strategy throughout the contract, such as implementing additional quality assurance processes based on learnings or errors identified through delivery. The quality assurance strategy will be approved by NHS England.
- 3.9.9. The Supplier will provide NHS England with information on the quality assurance that has been completed on each version of the reporting outputs, for example through the use of shared quality assurance logs between NHS England and the Supplier.

3.10. DATA OUTPUTS

3.10.1. The Supplier will publish data as soon as feasible after the conclusion of fieldwork, taking steps throughout the contract to reduce the time lag between the conclusion of fieldwork and publication. The quantitative data shall be published, and qualitative Trust workbooks shared with Trusts, by the latest of July of each survey year unless otherwise stated by NHS England.

3.10.2. The Supplier will be required to produce the below suite of data outputs. The Supplier can utilise existing 2024 templates for these data outputs; these are available on the NCPES website: www.ncpes.co.uk/latest-results/. More information about the Exit Strategy relating to these outputs can be found in Appendix 9.3.

- A national report;
- Individual NHS Trust reports;
- Individual ICB reports;
- Individual Cancer Alliance reports;
- Excel tables at national, NHS Trust, ICB and Cancer Alliance level;
- Long format data tables;
- National infographic (single and social media assets of each question);
- Infographic template;
- Interactive dashboard;
- Free text qualitative workbooks; and,
- Technical document.

3.10.3. Suppliers will be required to change the number of reports produced during the contract should Trusts/ICBs/Cancer Alliances merge or separate. Any changes to report numbers will be agreed with NHS England.

3.10.4. The Supplier will be expected to update the NCPES interactive dashboard each year to coincide with the publication of other data outputs: www.ncpes.co.uk/interactive-results/. The dataset and HTML/CSS code that determines the “look and feel” of the interactive tool will be shared with the Supplier. However, the Supplier for this Contract will be required to develop or use existing code which drives the functionality of the dashboard. In the event that the Supplier develops code for this Contract, NHS England will own the Intellectual Property for this code. Information about the Exit Strategy in relation to the existing dashboard can be found in Appendix 9.3.

- 3.10.5. The free text qualitative workbooks will be produced by the Supplier. An individual workbook will be produced and shared with each NHS Trust. The workbook will provide Trusts with the qualitative data for their Trust organised into key topics/categories using explicit language. A semantic analysis is anticipated to deliver this using machine learning methods/text mining algorithms to automate the analysis due to volume of data. The Excel workbook will be designed to aid Trusts in sampling and exploring the qualitative data further. The intention is not to quantify the qualitative data collected in the free text survey questions.
- 3.10.6. Each year, a degree of review and refinement of the outputs will be required, and the Supplier will be responsible for these updates. Suggestions to improve the outputs may be made by NHS England or other stakeholders, and the Supplier will also be required to identify and suggest improvements. Each year, the Supplier will also update the quantitative data outputs to incorporate an additional year of data. The Supplier will consider how best to represent trends following any additional years of data or changes to the data collection methodology and will recommend an approach to NHS England for consideration and agreement.
- 3.10.7. NHS England are planning to engage stakeholders to request feedback on the current suite of NCPES outputs. Following this engagement, the Supplier may be required to undertake more extensive redevelopment of the outputs. Costs for a full review of the outputs should not be included in the costs for this Contract as the scope of the work is dependent on the outcome of the planned engagement.
- 3.10.8. All outputs produced by the Supplier must be accessible, impactful, easy to understand, and ready for the agreed publication date. The Supplier must aim to produce outputs which adhere to the relevant accessibility standards and NHS style and content guides as agreed with NHS England.
- 3.10.9. The Supplier will be responsible for all data cleaning, structuring for data analysis, and carrying out all analysis required to produce the above outputs.
- 3.10.10. Please note that NHS England also produce the below outputs, which are outside the scope of this contract and do not need to be included in Supplier costs.
- Easy read reports;
 - National qualitative thematic reports; and,
 - Response rate analysis at national and NHS Trust level.

3.10.11. An online webinar will be held after publication each year. It is typically two (2) to three (3) hours. The aim is to share the survey results with stakeholders, including NHS Trusts, Cancer Alliances, ICBs and cancer charities.

The Supplier will be responsible for:

- Chairing the online webinar and facilitating discussions;
- Presenting the NCPES results during the webinar, ensuring that the Supplier team in attendance at the webinar are present to fulfil the role of presenting or answering questions;
- Inviting NHS Trusts to the webinar by sharing an email invite and sign-up link; and,
- Supporting NHS England to agree the webinar agenda.

NHS England will be responsible for:

- Presenting at the webinar and agreeing input with any internal speakers (such as the National Cancer Programme);
- Signing off the webinar agenda; and,
- Publicising the webinar to encourage sign-up.

3.10.12. Each year, the Supplier will provide NHS England with an analysis of questionnaire performance which considers ceiling effects, floor effects, number of neutral responses, don't know / can't remember responses, not applicable responses, and missing responses.

3.10.13. The Supplier will not be required to print any reporting outputs for dissemination.

3.11. NATIONAL CANCER PATIENT EXPERIENCE SURVEY WEBSITE

3.11.1. The current website will be made available to the Supplier, which includes the transfer of the ownership of the domain name and transfer of web hosting. The website hosting and maintenance is sub-contracted to a website agency; this contract can be transferred to the Supplier, or the Supplier can arrange their own hosting and maintenance.

3.11.2. Throughout the duration of the contract, the Supplier will be fully responsible for the hosting, management, maintenance and updating of the NCPES website. This will include as a minimum the publication of survey materials and outputs, provision of facilities for online survey completion, provision of support for survey recipients

including FAQs and alternative questionnaire formats. The website should also contain an archive of previous survey outputs and materials. The Supplier will be required to provide analytics to NHS England on website usage, such as number of page views and document downloads. Website analytics for the current NCPES website are included in Appendix 9.6.

3.11.3. The Supplier will ensure that the website includes information for survey recipients on the nature of the survey, its history and uses, and a list of frequently asked questions and responses, to be agreed with NHS England. Questions to be addressed include why we run the survey, how to complete the survey, how to access alternative versions of the survey, where and how the results can be accessed, what happens with the results, and what happens to the personal data of patients in the sample. All Fair Processing requirements will be complied with.

3.11.4. The current NCPES website is compliant with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018: www.ncpes.co.uk/accessibility/. The Supplier will be expected to maintain this compliance when making any updates to the website.

3.11.5. In future, the Supplier may be required to revise the website in future in accordance with Government Digital Service guidelines. This will involve working with NHS England to obtain the relevant approvals and meet the relevant guidelines. The Supplier may be required in future to work with NHS England to redesign the appearance of the website in accordance with NHS England branding guidelines. In addition, NHS England may wish to migrate the website to an NHS-owned web domain. The Supplier will work with NHS England to manage these processes if they are required. The Supplier should not provide a cost for these elements as, if required, these would be outside the scope of this contract.

3.11.6. The Supplier shall maintain an open source website which must be transferred to NHS England at the end of the contract. All relevant intellectual property required to maintain the main website will be provided and will be owned by NHS England. The Supplier will work with NHS England to manage the process of transferring the website at the end of the contract in accordance with the Exit Strategy.

3.12. REQUIREMENTS TO MEET STRATEGIC OBJECTIVES

3.12.1. It is imperative that the Supplier works with NHS England to develop a survey that will lead to the achievement of NHS England's strategic objectives over the course of

the contract. Responses to the tender must include a plan for fulfilling these objectives through both continual improvement throughout the contract and the proposed redevelopment, and how they will be implemented across the contract.

3.12.2. The three strategic objectives are (i) data quality, (ii) cost savings, and (iii) impact.

1) Data quality:

To deliver data which is high-quality, accurate, reliable, and valued by stakeholders, the Supplier shall embed the following principles in the survey.

- **Representativeness:** The survey respondents should be as representative as possible of the sampling frame of cancer patients. This may be achieved through the data collection methodology and reporting;
- **Inclusivity:** The Supplier will strive to incorporate accessibility and inclusivity into the survey design. This may be achieved through providing support for participants or through other methods to encourage response from underrepresented demographic groups and cancer types; and
- **Response:** The Supplier will take steps to maintain and, where possible, increase the response rate of NCPES. This may include focusing on improving response rate of demographic and cancer type groups where non-response is more prevalent.

2) Cost savings:

The Supplier will take steps to increase the proportion of respondents completing the survey online, thereby making savings in printing and postage costs, while using an approach that minimises any impact on data quality. The Supplier will also consider if there are any other changes to the survey that could lead to a reduction in running costs.

3) Impact:

Through the redevelopment of NCPES and engagement with stakeholders and cancer patients, the Supplier will ensure that the questionnaire and data outputs are designed to increase the impact of NCPES data among its different audiences.

3.13. SOCIAL VALUE

3.13.1. The Supplier will deliver social value as part of this contract, in line with the Social Value Model: <https://www.gov.uk/government/publications/procurement-policy-note-0620-taking-account-of-social-value-in-the-award-of-central-government-contracts>.

The Supplier will be evaluated against technical questions relating to 'Tackling economic inequality' and 'Fighting climate change'

3.13.2. The Supplier will be required to comply with the with the NHS England roadmap to achieve net zero: <https://www.england.nhs.uk/greenernhs/get-involved/suppliers/>. In line with the requirement implemented in April 2024: the Supplier will be required to publish a Carbon Reduction Plan for their UK Scope 1 and 2 emissions and a subset of Scope 3 emissions as a minimum (aligning with PPN 06/21). From April 2027: the Supplier will be required to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target, for all of their Scope 1, 2 and 3 emissions. From April 2028: New requirements will be introduced overseeing the provision of carbon foot printing for individual products supplied to the NHS. The NHS will work with the Supplier and regulators to determine the scope and methodology.

3.14. SKILLS AND KNOWLEDGE TRANSFER, AND EXIT STRATEGY

3.14.1. The Supplier will be transparent and open when new knowledge arising from the survey suggests beneficial innovation in the delivery of cancer care and treatment in general and will proactively share such knowledge with NHS England.

3.14.2. The Supplier will establish and share with NHS England an Exit Strategy to protect the continuity of the National Cancer Patient Experience Survey beyond the agreed contract. This will be updated annually and will detail all aspects of Supplier handover and safeguarding of current survey methodological processes through a change of Supplier. The initial Exit Strategy will be provided to NHS England and approved subject to acceptance, within six (6) months of the Commencement Date. In the event of a change of Supplier, the Supplier for this contract will be required to cooperate with NHS England to implement the Exit Strategy.

3.14.3. The Supplier will, upon the conclusion of the contract, transfer all relevant information and facilities to NHS England and/or a change of Supplier including:

- a detailed, complete technical report covering the NCPES methodology including specification of any further work required to complete the service (had the contract not been terminated), including relevant strategic improvement plans;
- all intellectual property and other facilities of the website belonging to NHS England, such that it can be hosted by an alternative Supplier without loss of

content or functionality, as well as any other relevant facilities owed, including helpline Freephone numbers;

- all intellectual property of data collection materials, including the questionnaire;
- service performance delivery statistics, including visits to the website, pages viewed, average session duration, documents downloaded;
- a detailed survey timetable, up-to-date and completed risk register and any project review notes;
- a written document summarising learnings from delivering this contract;
- details of the sampling methodology (where full detail is not in technical report);
- national response rates broken down by online and paper (used to determine sample sizes for the next survey);
- documents detailing outcomes of questionnaire development, questionnaire performance, and cognitive testing and decisions taken as a result;
- copies of all survey materials for most recent contract;
- weighting and/or case-mix adjustment schemes and reasons for decisions taken (where full detail is not in technical report); and
- all reporting outputs and underlying coding scripts.

3.14.4. To transfer skills to NHS England staff, the Supplier will work closely with staff within NHS England such that there is a consistent skills and knowledge transfer to enhance in-house capability in the following areas: operational running of large-scale national surveys, survey sampling, quantitative survey methods, including innovative digital research techniques, questionnaire design, question testing, stakeholder engagement, information governance, data collection, data processing, website construction and management.

4. TIMESCALES AND IMPLEMENTATION

- 4.1.1. NHS England is looking to award a contract for sixty-nine (69) months: 1 January 2025 – 1 September 2030. This contract length is designed to allow for delivery of five (5) cycles of NCPES and includes the delivery of results following the final cycle.
- 4.1.2. The 2025-2029 contract will commence in January 2025. This will overlap with the existing 2022-2025 contract which will terminate in September 2025 at the close of the 2024 survey.
- 4.1.3. An indicative timetable for certain key dates in fieldwork and data delivery for the contract are detailed below for Year 1 of the survey. A detailed timetable will be agreed between the Supplier and NHS England on appointment.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Contract mobilisation																				
Section 251 submission Approval required before sample submission can begin																				
Methodology pilot Agreement of pilot methodology																				
Sampling period During these months patients are eligible to be sampled, therefore Trusts must display dissent posters																				
Sample sign-off NHS Trusts prepare sample list and send to Supplier for quality assurance and sign-off. Submission typically begins mid-August and ends mid-September																				

Fieldwork preparation Supplier creation of final sample and preparation for fieldwork																				
Fieldwork Three mailings are typically sent in November, December, and January, with fieldwork closing in February Pause in mailout over Christmas period																				
Analysis and preparing reports																				
Results publication																				
Results workshops																				

5. ROLES AND RESPONSIBILITIES

NHS ENGLAND RESPONSIBILITIES

- comments on all draft materials;
- sign-off of all final materials;
- coordination in the organisation of meetings, as required;
- monitoring progress against agreed milestones and help troubleshoot any arising issues; and,
- collaboratively produce a quality assurance strategy with the Supplier and provide final approval.

SUPPLIER RESPONSIBILITIES

- attendance at meetings with NHS England as and when required;
- provision of clear quality assurance information on all aspects of the programme to project meetings or as required by NHS England on a monthly basis;
- provision of clear quality assurance processes for delivery, with sufficient resource to provide quality assurance and respond flexibly to any findings from the quality assurance process (such as implementing corrections);
- collaboratively produce a quality assurance strategy and logs with NHS England;
- provision of high quality statistical, research and logistical resources and capacities to collate the survey sample, organise fieldwork, use specialist software to analyse and deliver data for the national survey;
- compliance with the Code of Practice for statistics;
- ensure sufficient internal quality assurance processes in the production of the survey data and results, including those derived from statistical models.
- provision of timely and on-going evaluation information related to the programme to project meetings or as required by NHS England on a weekly basis;
- direct communication and coordination with participants and stakeholders as and when required; and,
- contribute to discussion on the development of the survey and its delivery, including providing feedback on lessons learned and how the survey could be improved in the future within the available resources.

6. CONTRACT MANAGEMENT AND MONITORING

6.1. MANAGEMENT INFORMATION AND GOVERNANCE

6.1.1. The programme governance will drive the programme forward and enable the delivery of benefits and outcomes by ensuring that there is:

- timely decision making, addressing and controlling change;
- due process and sufficient evidence of review and challenge of decisions;
- appropriate evidence and 'audit trail' for key decisions;
- where appropriate, an organisation-wide view;
- strategic steer on the future direction and running of the programme;
- problem solving and relationship management;
- assurance meetings and KPI monitoring;
- design and implementation of the programme governance strategies and supporting the SRO in implementation and control;
- reports in consultation with the team for the approval of the SRO in a concise and transferable format; and
- highlights key risks and issues, actions for escalation.

6.1.2. Governance routes report through the Nursing Directorate governance arrangements as defined by NHS England. The survey is also supported by the Cancer Patient Experience Survey Advisory Group (CPESAG).

6.1.3. NHS England and the Supplier will fulfil the below roles and functions to ensure strong programme governance and reporting. The Supplier and NHS England will be required to identify named individuals for Table 6.1 at the stage of Contract Award.

Table 6.1. Management Levels for Governance, Escalation and Dispute

Level	NHS England	Supplier
Responsible officer to act as contract manager		
Overall project manager for NCPES and day-to-day contact		
At least one professional analyst with the responsibility of quality assuring survey data and producing Official Statistics		
1 st contact for Escalation or Dispute		
2 nd contact for Escalation or Dispute		

3 rd contact for Escalation or Dispute, and individual with overall accountability and responsibility for the design, approval of and compliance of the programme and its documentation (Senior Responsible Officer (SRO))		
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6.2. PROGRAMME REPORTING AND MEETINGS

6.2.1. The Supplier shall ensure relevant Key Stakeholders from their organisation attend programme meetings. Date and times to be agreed with the Supplier following contract award and Contract Kick Off Meeting. Table 6.2 summarises the anticipated dates for Year 1 of the Contract.

Table 6.2. Year 1 Returns

Meeting	Period	Month of report submission and meeting date
Monthly	January 2025	February 2025
Monthly	February 2025	March 2025
Quarterly (Quarter 1)	January, February, March 2025	April 2025
Monthly	April 2025	May 2025
Monthly	May 2025	June 2025
Quarterly (Quarter 2)	April, May, June 2025	July 2025
Monthly	July 2025	August 2025
Monthly	August 2025	September 2025
Quarterly (Quarter 3)	July, August, September 2025	October 2025
Monthly	October 2025	November 2025
Monthly	November 2025	December 2025
Annual	January to December 2025	January 2026

6.3. MONTHLY PROGRAMME REPORTING AND MEETINGS

6.3.1. Programme Reporting will be completed via a monthly KPI report. Programme Assurance Meetings with the NHS England team will occur at least monthly; meetings will take place online and be scheduled for 30 minutes.

6.3.2. Programme Reporting will include KPIs as outlined in Table 6.3 plus the following elements:

- communicating planned activities versus actual achievements, critical risks and issues, and statistical summary information on tasks, budget, and plan;
- achievements, successes, and benefits;
- providing control to monitor and measure change and performance;
- early discussion and communication of problems, issues, or need for help;
- potential changes to time, cost, or scope of deliverables;
- current resource position with recommendations for decision / approval; and
- reports should look forwards as well as reporting what has happened.

6.4. QUARTERLY PROGRAMME REPORTING AND MEETINGS

6.4.1. The Supplier will hold quarterly Contract Review meetings with NHS England representatives. The meetings will take place online and will be expected to last for two (2) hours unless otherwise agreed with NHS England. The meetings will be used to discuss issues and developments and to agree on any changes to any aspects of the survey. When a quarterly meeting takes place, it will replace the monthly meeting of that month.

6.4.2. For the duration of the contract, the Supplier shall produce for the formal quarterly Contract Review meetings as a minimum the following information:

- a Highlight Report that tracks performance against key performance indicators;
- quarterly KPI returns on a template as agreed by the NHS England;
- a risk register; and
- a finance report.

6.4.3. Quarterly returns are to be submitted ten (10) working days after each preceding quarter.

6.5. ANNUAL REPORTING AND MEETINGS

6.5.1. The Supplier shall note Annual Review Meetings will take place every January after a 12-month delivery period. The format for Annual Review Meetings will be in the same format as quarterly meetings. The Annual Review Meeting will replace the Quarterly meeting of that Quarter. Annual report to be provided by the deadline proposed in the table above for Quarter 4; i.e. tenth working day in January.

- 6.5.2. Reports from Year Two onwards shall include year on year comparisons for each respective quarter and include trends.
- 6.5.3. The Supplier shall provide relevant insurance certificates to NHS England annually as and when the Supplier's insurance are renewed for the following:
- i. Employers Liability;
 - ii. Public Liability; and
 - iii. Professional Indemnity or other relevant insurance.
- 6.5.4. The Annual Review Meeting will also be used to share any learnings regarding survey delivery with NHS England. For example, general recommendations for improvements, efficiencies, or different ways of working with NHS England. The Supplier shall make recommendations for subsequent survey years. The Supplier must develop and maintain a log of lessons throughout the Contract. The Supplier must share a written document summarising final learnings at the end of the Contract.

6.6. PERFORMANCE AND MEASUREMENT

- 6.6.1. The Supplier shall monitor the quality of the service provision to ensure NHS England satisfaction in accordance with the key performance indicators ("KPIs") outlined in Table 6.3.
- 6.6.2. The Supplier shall note that areas of underperformance and where KPIs are not met may lead to a performance review. The NHS England project board will determine any action to be taken. For example, quarterly/monthly payments due to the Supplier may be withheld until improvements on KPI has been shown. A formal Improvement Notice may be issued by the Authority and the Supplier will be required to submit an Action Plan demonstrating how improvements shall be made to address performance issues. Release of withheld payments will be linked to the satisfactory completion of agreed timescales and targets in the Plan as agreed by the Authority.
- 6.6.3. The KPIs will be reviewed by NHS England and the Supplier throughout the contract to ensure they remain fit for purpose. Variations can be made to the KPIs if required and mutually agreed by the Supplier and NHS England.

Table 6.3. Key Performance Indicators

KPI	Description of KPI	Measurement	KPI Tolerances	Action
KPI 1	Production of project timetable and completion of timetabled tasks to the deadlines agreed. Updates can be made to timetable tasks throughout the year if agreed with NHS England. Delays agreed with or due to NHS England will not be counted as missing deadlines.	Quarterly target. Measured monthly.	Over 95% of deadlines met.	Issue raised and escalated; NHS England project board will determine any action.
KPI 2	The Supplier will respond promptly to queries from the NHS England project team and other stakeholders. For NHSE: initial responses sent within 24 hours, either with a resolution, or for more complex queries providing a timeframe for resolution (with more complex queries expected to be resolved within two (2) weeks). For other stakeholders: initial responses within two (2) working days and final responses as soon as possible thereafter.	Quarterly target. Ongoing measurement.	100%.	Issue raised and escalated; NHS England project board will determine any action.
KPI 3	That there are no data security breaches or breaches to UK GDPR or Data Protection Act principles. Any breaches will be reported to NHS England within 24 hours of the breach occurring.	Quarterly target. Measured throughout the year.	100%.	Issue raised and escalated; NHS England project board will determine any action.

KPI	Description of KPI	Measurement	KPI Tolerances	Action
KPI 4	That all accessibility options and helpline support requirements detailed in this Specification are offered to all of the survey sample from the opening of fieldwork.	Quarterly target. Measured throughout survey set-up and fieldwork period; communications report to be shared with information on accessibility options, and volumes and topics of helpdesk queries; percentage of time against the agreed contract that the support desk is staffed.	That ahead of fieldwork all of the accessibility options and helpline support required are available from the start of fieldwork of the survey and continue to be offered throughout fieldwork.	Issue raised and escalated; NHS England project board will determine any action.
KPI 5	To publish the survey data following all Official Statistics rules in July each year (unless another date is agreed with NHS England). Any instances of non-compliance to with the Code of Practice should be reported to NHS England within two (2) working days.	Annual target. Measured after survey publication, with progress reviewed throughout the survey reporting stage.	That the survey is published on the agreed date and obtains Official Statistic status. That issues of non-compliance are reporting within two (2) working days.	Issue raised and escalated; NHS England project board will determine any action.

KPI	Description of KPI	Measurement	KPI Tolerances	Action
KPI 6	That data and outputs (such as the questionnaire and reporting outputs) delivered to NHS England are high-quality, accurate and reliable, through the completion of the shared quality assurance log for each output delivered. The outputs and quality assurance log will be agreed between the Supplier and NHS England.	Quarterly target. Measured monthly.	100% of outputs delivered with completed quality assurance log.	Issue raised and escalated; NHS England project board will determine any action.

7. CONTRACT TERM

- 7.1.1. The Contract term is sixty-nine (69) months from the Commencement date. The estimated Contract end date is 1 September 2030.
- 7.1.2. We intend for the contract to run for the whole term, but it shall be noted that a Termination Clause has been included in the Terms and Conditions.

8. BUDGET

- 8.1.1. The maximum budget for this contract is £3,081,000 excluding VAT. The Supplier will be excluded from further evaluation if the maximum budget is exceeded.
- 8.1.2. Payments will be based upon a payment schedule, with payments provided at the point of key milestones and deliverables being completed. The exact schedule and timings will be agreed between the Supplier and NHS England, but it is anticipated that five (5) payments will be made per cycle of NCPES. The anticipated invoicing schedule for Year 1 is outlined below as an example:
- Invoice 1 – Milestone of Section 251 & set-up (activity delivered in the period of Jan-March 2025)
 - Invoice 2 – Milestone of sample period (activity delivered April-June 2025)
 - Invoice 3 – Milestone of sampling (activity delivered Aug-September 2025)
 - Invoice 4 – Milestone of fieldwork (Activity delivered Oct 2025-Jan 2026)
 - Invoice 5 – Milestone of reporting (Activity delivered Feb-June 2026)
- 8.1.3. The assigned Supplier team will be based at its own premises (the base location) and NHS England will not be responsible for any expenses incurred. NHS England will not be responsible for the cost of any materials produced by the team at the Supplier's premises.

8.2. PRICING MODEL

- 8.2.1. Ahead of each survey year, including Year 1, suppliers will calculate estimates of required fieldwork volumes and costs, using the data from the most recent survey. The volume and cost will be agreed with NHS England before the survey starts each year.
- 8.2.2. At the end of each survey fieldwork period, reconciliation will take place if required. If fieldwork costs are higher than estimated, NHS England will provide additional funding to the Supplier with no cap applied. If fieldwork costs are lower than estimated, the Supplier will return funding to NHS England with no cap applied.
- 8.2.3. Suppliers must not apply any mark-up to postage costs; postage costs must be passed through directly to NHS England. For transparency, if requested the Supplier must be able to evidence to NHS England that no mark-up has been applied to the costs and will be expected to provide this at the level of cost per unit.
- 8.2.4. In the event of any future decision to alter the survey approach from those defined in the Statement of Requirements, for example a change in methodology to encourage online

completion, the Supplier will agree with NHS England the revised specification for the following survey year. The scope and cost of the revised survey will be agreed with NHS England via a contract amendment prior to commencement. The funding model will continue to work in the same way, with all fieldwork costs directly passed through to NHS England with no mark-up applied.

8.3. PRICING SUBMISSION REQUIREMENTS

- 8.3.1. For evaluation purposes, the Supplier must provide costs for printing, postage, scanning and the sending of any digital (SMS or email) reminders per item. The required breakdown is detailed in the cost schedule. The sample size volumes provided are approximate based on the 2023 survey and predictions for this Contract. This means that the predicted volumes ahead of Year 1 of this Contract, while unknown at this stage, are likely to change.
- 8.3.2. For evaluation purposes only, all suppliers should use the information in Table 8.1 to provide costs for data collection. Suppliers will be asked to account for inflation in their costing approach to ensure that delivery of the NCPES is feasible within the overall budget envelope each year. Suppliers must not apply any mark-up to postage costs.
- 8.3.3. Suppliers should provide fixed prices, where requested. These should be held across the five (5) years of the contract. These costs will be payable by NHS England only where the elements are commissioned. All fixed prices are detailed in the cost schedule.
- 8.3.4. The Supplier must also provide costs for the below items. These are potential future variations of the contract. Whether they will be required will need to be agreed with NHS England once the Supplier for this contract has been appointed.
- One (1) written case study
 - One (1) video case study
- 8.3.5. Please refer to the Commercial Questionnaire for more detailed instructions on the submission requirements.

Table 8.1. Fieldwork cost assumptions

		For information only			To be used for costing assumptions				
		2021	2022	2023	2025	2026	2027	2028	2029
Sample size and completes	Starting sample size	117,133	123,632	129,234	132,234	134,234	136,234	138,234	140,234
	Total number of responses	59352	61268	63438	Supplier to provide.				
	Number of responses – online	10,589	11,246	12,925					
	Proportion of responses online	17.84%	18.36%	20.37%					
	Number of responses – paper	48,667	49,968	50,482					
	Proportion of responses on paper	82.00%	81.56%	79.58%					
	Number of responses – telephone or translation	96	54	31					
	Response rate	55%	53%	52%					
Data collection	Mailing 1 volume (letter and questionnaire)	117,133	123,632	129,234					
	Proportion in M1	100%	100%	100%					
	Mailing 2 volume (letter only)	100,423	106,188	115,950					
	Proportion in M2	86%	86%	90%					
	Mailing 3 volume (letter and questionnaire)	70,261	84,787	79,033					
	Proportion in M3	60%	69%	61%					
	Cost per unit	n/a	n/a	n/a	Supplier to provide unit price for 2025. Value for money will be assessed as part of the overall scoring of cost. Each year, Supplier to assume 10% inflation of the postage unit cost. Each year, Supplier to include a 10% contingency amount of total data collection costs (this will be automatically calculated in the Commercial Questionnaire)				

9. APPENDICES

9.1. NCPES DATA PROTECTION LEGISLATION AND INFORMATION GOVERNANCE

What is the legal and statutory basis for carrying out the survey?

NHS England's lawful basis for carrying out the survey is covered as a 'public task' under Article 6(1)(e) of the UK General Data Protection Regulation (UK GDPR). This provides a lawful basis for processing personal data where:

"...processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller."

In addition, NHS England's lawful basis for processing special category personal data (such as data about health, racial or ethnic origin or sexual orientation) is covered under Article 9(2)(h):

"9(2)(h) processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3..."

The survey supports NHS England to deliver the following general duties stated within the Health and Social Care Act 2012:

13E Duty as to improvement in quality of services

13E(1) The board must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with -
13E(1)(a) the prevention, diagnosis or treatment of illness
(13E(3)(c) the quality of the experience undergone by patients.

The 2002 Control of Patient Information Regulations allow the processing of confidential patient information relating to patients referred for the diagnosis or treatment of neoplasia for medical purposes approved by the Secretary of State which includes the monitoring and audit of health and health related care provision and outcomes (2b).

Is consent required for the survey?

Consent is **not** required for the survey.

Section 251 of the NHS Act 2006 provides a lawful basis for processing confidential patient information **without** consent.

Will opt outs apply to the survey?

Patients will be able to opt out of the survey ahead of their details being shared with the survey contractor regardless of whether the National Data Guardian (NDG) opt out applies to the survey. They will be able to do this by responding to a privacy notice presented by the Trust. Trusts are

asked to keep records of those who have opted out ahead of the survey sample being drawn and ensure that those patients are not included in the sample submitted to the survey contractor.

In addition, the survey covering letter, first and second reminder letter, and questionnaire front cover will emphasise that participation in the survey is entirely voluntary and provide details of how to opt out of the survey. Patients will be provided with contact details of the survey contractor to allow them to opt out of the survey.

The NCPES is exempt from the National Data Guardian opt-out:

<https://digital.nhs.uk/services/national-data-opt-out/programmes-to-which-the-national-data-opt-out-should-not-be-applied>.

How will the General Data Protection Regulation impact on the Survey?

The EU GDPR has been effective since 25 May 2018 and the UK GDPR since 1 January 2021, and therefore consideration has been given to data subject's rights and how this will impact on the NCPES as follows:

Right to be informed

Privacy information contained within the questionnaire, covering letter and reminder letters have been updated to ensure that our lawful basis for processing as well as the purposes for processing personal data, our retention periods for that personal data, and who it will be shared with are clear to the survey recipient.

Right of access

Survey recipients will have the right to request:

- confirmation that their data is being processed; and
- access to their personal data.

While this information will be contained within the privacy information as noted above, the right to access will be upheld to allow those requesting access to ensure that they are fully aware of the data being used and to allow them to verify the lawfulness of the processing.

Right to access requests will be responded to without delay and at the latest within one month of receipt.

Right to rectification

Survey recipients will have the right to have inaccurate personal data rectified, or completed if it is incomplete. Requests for rectifications will be responded to within one calendar month.

Right to erasure

Survey recipients will have the right to erasure of personal data at any point during the survey fieldwork up to the point at which data are analysed and personal details are removed. Names and addresses of survey recipients will be destroyed three months after completion of the survey unless an erasure request is made sooner. Respondents who state as part of their survey return that they would be willing to be contacted again in future to participate in further surveys, will also have the right to erasure should they make a request.

Right to restrict processing

Processing information is made clear to patients in the questionnaire front cover, invitation, and reminder letters. Survey recipients agree to their personal data being processed for the purposes required for the survey when they complete and return their questionnaire. Survey recipients will have the right to request the restriction of their data for processing purposes in producing the survey data at any point during the survey fieldwork up to the point at which data are analysed and personal details are removed. Requests will be responded to within one calendar month.

Survey responses will be suppressed in the following scenarios:

- In cases where a result is based on fewer than 10 responses, the result has been suppressed. For example, where fewer than 10 people answered a question from a particular organisation, the results are not shown for that question for that organisation.
- For organisations with an eligible population of 1,000 or fewer, data relating to the respondent and their condition has been suppressed where 5 people or fewer were in a particular category.
- In instances where only one has been suppressed, the next lowest category has been suppressed to prevent back calculation from the total number of responses.

Right to data portability

Right to data portability will not apply to the survey for the following reasons:

- the individual has not provided the data to NHS England as the data controller;
- the processing is not based on the performance of a contract; and
- processing is not carried out by automated means.

Right to object

The Control of Patient Information Regulations 2002 provide a lawful basis for carrying out the survey. Therefore, individuals wishing to object must have an objection “on grounds relating to his or her particular situation.” We will stop processing the data unless:

- we can demonstrate compelling legitimate grounds for the processing, which override the interests, rights, and freedoms of the individual; or
- the processing is for the establishment, exercise or defence of legal claims.

Right to automated decision making including profiling

Automated decision making and profiling does not apply to the survey.

9.2. NCPES HELPLINE STATISTICS

	Survey Year		
	2021	2022	2023
Number of helpdesk calls	3,043	3,192	2,835
Number of helpdesk emails	247	171	392
Number of alternative language requests	5	10	11
Number of accessible survey format requests	2	1	7

9.3. EXIT STRATEGY

In the event of a change in Supplier, handover of the contract will be completed by the beginning of the 2025–2029 contract term (1 January 2025), with ongoing support from the previous contract Supplier, if required, until the end of that contract term (September 2025).

1. Transfer of the NCPES website

The current website will be made available to the Supplier, which includes the transfer of the ownership of the domain name and transfer of web hosting. The website hosting and maintenance is sub-contracted to a website agency; this contract can be transferred to the Supplier, or the Supplier can arrange their own hosting and maintenance. A one-hour virtual learning session can be held on the use of the content management system.

2. Transfer of the online reporting tool

The dataset and HTML/CSS code that determines the “look and feel” of the interactive tool will be shared with the Supplier, including the user interface, static text, and associated visualisations of these elements. The code would be provided to the replacement supplier and the existing tool would be kept online by the previous supplier for up to 12 months from the point of contract term end (in the form the online reporting tool exists at that point) to enable the replacement supplier to bring their platform online.

The following elements would not be transferred:

- The code developed to drive the functionality of the online reporting tool and associated connection to the online reporting tool front end. The Supplier will be required to develop code which drives the functionality of the dashboard, and NHS England will own the Intellectual Property for this code.
- The domain (<https://nhssurveys.co.uk>).

3. Transfer of documents and records

A summary of key documents and data that will be provided to facilitate the transfer of information and data is set out below. Documents will be the most up-to-date versions and from 2022 to 2025 unless otherwise specified:

- **Initiation** – any technical reports including specification of any further work to be completed.
- **Survey approvals** – the Section 251 application and annual review submissions.
- **Project management** – project timelines, project logs and details of sub-contracted work.
- **Survey development** – documents detailing questionnaire changes, outcomes of engagement work and survey development report.
- **Materials** – dissent posters, data sharing agreement, information leaflets, survey materials (covering letter, questionnaire, multi-language sheet), translations and accessible versions of survey materials, communications toolkits and resources, images/icons/illustrations.
- **Sampling and methods** – survey methodology, sample and response rate data, findings of scoping work and pilots, sampling instructions and materials, NHS trust contact details and aggregate data from historical Trust sample submissions.
- **Helpline** – service performance delivery statistics for the helpline and mailbox.
- **Website** – website domain name, security certificate, service performance delivery statistics, outputs related to WCAG 2.1 AA accessibility and outputs related to load or penetration testing.
- **Implementation documentation** – including survey handbook, data entry spreadsheet and data cleaning guidance.

- **Reporting** – including analysis plan, technical document, scored questionnaire, final datasets (including quality assurance logs and details on data cleaning approaches), data file cleaning and analysis scripts (including all statistical testing and suppression), final versions and templates of all reporting and analytical outputs (2019–2025), quality assurance specifications, written summary for any data editing and syntax for derived variables, free text responses.

9.4. COVERING LETTERS AND ACCESSIBILITY SHEET

First covering letter

Dear <First Name> <Surname>

Your chance to tell us about your experience of cancer care in the NHS

I am writing to ask you to take part in the National Cancer Patient Experience Survey. You are being invited to take part in this survey because you recently had treatment for your cancer at <Site name> of the <NHS trust name>.

This national survey will help improve cancer services in your area

Your views are very important in helping us understand how NHS cancer services can be improved. The questionnaire asks about your experiences of your cancer care. Even if you have filled in a questionnaire before, it's still really important that we hear from you. **It should take you less than 20 minutes.**

Please return the completed questionnaire using the FREEPOST envelope. No stamp is needed.

Want to complete it online?

You can also complete the questionnaire online at **www.ncpes.co.uk/take-part** or you can scan the QR code on the right using your tablet or smart phone.

<insert QR code>

You will need to put in the following case sensitive details to start the questionnaire:

Access code: <insert password>

Your information will be treated as confidential

Please see the back of this letter for details on how we use your information.

You can call the [supplier] Freephone helpline on 0800 103 2804 if you need help completing this questionnaire. We have also included a language support leaflet with this letter.

Thank you very much for giving some of your time to help improve your local NHS cancer services.

Yours sincerely

Insert Signature here

Signatory Name
Job Title
Trust name

Why are you carrying out this survey?

The results are used to understand where NHS cancer care is working well or can be improved. For previous survey results, visit www.ncpes.co.uk/about-the-survey.

How did you get my details?

Your personal details and some information about your cancer treatment have been used to identify you for this survey. An independent group, which includes members of the public, gave their support for confidential patient information to be used to identify people diagnosed with cancer and invite them to take part in this survey. Your details were provided to [supplier] by the NHS trust where you had your cancer care. [supplier] is an independent organisation that NHS England has appointed to carry out this survey. Strict data security arrangements are in place to keep your information safe. For more information about data protection, visit www.ncpes.co.uk/help-support.

This survey has been granted exemption from the National Data Guardian opt-out by the Department of Health and Social Care. For more information, visit www.digital.nhs.uk/services/national-data-opt-out.

Do I have to take part?

Taking part is voluntary. If you do not want to take part, it will not affect your care and you do not need to give a reason. If you do not want to receive reminders about this survey, please return the blank questionnaire or contact [supplier] on Freephone [supplier] or [supplier].

How will my personal data be used and what are my rights?

NHS England is the data controller responsible for how your personal data is used. Your personal information will be held in line with the UK General Data Protection Regulation. The published National Cancer Patient Experience Survey results will not identify you. NHS England's Privacy Notice explains how your personal information will be used, your rights, and how to contact them: www.england.nhs.uk/contact-us/privacy-notice. We will use the survey data – with your NHS Number, postcode and date of birth, but not name or full address – for further analysis linked to the National Disease Registration Service database.

What happens to my answers?

Your anonymised survey answers may be shared with approved researchers, but only in a way that does not identify you and subject to strict rules about data processing. By participating in the survey, you give permission for your data to be shared in this way.

What happens if I agree to be contacted about future surveys or research (Question 69)?

If you tick 'yes' to question 69 to agree to be contacted about future surveys or research, you may be invited to share your experiences to help improve health and care services. This may be run by a non-NHS organisation, but your contact details will never be shared with these organisations. NHS England will keep your personal details for up to 20 years and then decide whether to keep them for longer. If you tick 'no' to question 69, we will delete your name, address, date of birth and NHS number from our records 12 months after publication of the survey results.

For help with completing the questionnaire or any questions

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

You can also contact the team at [supplier] at Freephone [supplier] (9am to 5pm Monday to Friday or leave an answerphone message) or email [supplier].

Second covering letter

Dear <First Name> <Surname>

Please don't forget to tell us about your experience of NHS cancer care

A few weeks ago we sent you a questionnaire about your experiences of cancer care at <Site name> of the <NHS trust name>, but we haven't received your response yet. Please send us your feedback as soon as you can so that your voice can be heard.

Many people have already responded to the questionnaire but we would really like to hear from you too.

To take part:

Please complete the paper questionnaire as soon as possible and return in the FREEPOST envelope provided. No stamp is needed.

You can also complete the questionnaire online at **www.ncpes.co.uk/take-part** or you can scan the QR code on the right using your tablet or smart phone.

<insert QR code>

You will need to put in the following case sensitive details to start the questionnaire:

Access code: <insert password>

Your information will be treated as confidential

If we do not hear from you in 2-3 weeks, we will send you another copy of the questionnaire and another FREEPOST envelope. After that we will not send you any further mailings regarding this survey. If you have recently returned your questionnaire, thank you, and please accept our apologies for sending you this reminder.

For more information or help filling in the questionnaire, please see the back of this letter. You can also call the [supplier] Freephone helpline on [supplier].

Your views are important in helping us understand how NHS cancer services can be improved

We look forward to hearing from you soon.

Yours sincerely

Insert Signature here

Signatory Name

Job Title

Trust name

Please turn over for more information

Why are you carrying out this survey?

The results are used to understand where NHS cancer care is working well or can be improved. For previous survey results, visit www.ncpes.co.uk/about-the-survey.

How did you get my details?

Your personal details and some information about your cancer treatment have been used to identify you for this survey. An independent group, which includes members of the public, gave their support for confidential patient information to be used to identify people diagnosed with cancer and invite them to take part in this survey. Your details were provided to [supplier] by the NHS trust where you had your cancer care. [supplier] is an independent organisation that NHS England has appointed to carry out this survey. Strict data security arrangements are in place to keep your information safe. For more information about data protection, visit www.ncpes.co.uk/help-support.

This survey has been granted exemption from the National Data Guardian opt-out by the Department of Health and Social Care. For more information, visit www.digital.nhs.uk/services/national-data-opt-out.

Do I have to take part?

Taking part is voluntary. If you do not want to take part, it will not affect your care and you do not need to give a reason. If you do not want to receive reminders about this survey, please contact [supplier] on Freephone [supplier] or [supplier].

How will my personal data be used and what are my rights?

NHS England is the data controller responsible for how your personal data is used. Your personal information will be held in line with the UK General Data Protection Regulation. The published National Cancer Patient Experience Survey results will not identify you. NHS England's Privacy Notice explains how your personal information will be used, your rights, and how to contact them: www.england.nhs.uk/contact-us/privacy-notice. We will use the survey data – with your NHS Number, postcode and date of birth, but not name or full address – for further analysis linked to the National Disease Registration Service database.

What happens to my answers?

Your anonymised survey answers may be shared with approved researchers, but only in a way that does not identify you and subject to strict rules about data processing. By participating in the survey, you give permission for your data to be shared in this way.

What happens if I agree to be contacted about future surveys or research (Question 69)?

If you tick 'yes' to question 69 to agree to be contacted about future surveys or research, you may be invited to share your experiences to help improve health and care services. This may be run by a non-NHS organisation, but your contact details will never be shared with these organisations. NHS England will keep your personal details for up to 20 years and then decide whether to keep them for longer. If you tick 'no' to question 69, we will delete your name, address, date of birth and NHS number from our records 12 months after publication of the survey results.

For help with completing the questionnaire or any questions

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

You can also contact the team at [supplier] at Freephone [supplier] (9am to 5pm Monday to Friday or leave an answerphone message) or email [supplier].

Third covering letter

Dear <First Name> <Surname>

Please take this opportunity to make a difference

A few weeks ago we sent you a questionnaire about your experience of cancer care at <Site name> of the <NHS trust name>. As we don't seem to have heard from you yet, we have enclosed another copy of the questionnaire.

Many people have already completed the questionnaire and **we would really like to hear from you too**. Your views are important in helping us understand how NHS cancer services can be improved.

If you have not already completed and returned the questionnaire, this will be your last opportunity to take part in this year's Cancer Patient Experience Survey and to give your views about your recent experience of cancer care. We will not contact you again or send you any further reminders this year. **Please complete the questionnaire by the xx January 2025.**

To take part:

Please complete the enclosed questionnaire as soon as possible and return it in the FREEPOST envelope provided. No stamp is needed.

You can also complete the questionnaire online at **www.ncpes.co.uk/take-part** or you can scan the QR code on the right using your tablet or smart phone.

<insert QR code>

You will need to put in the following case sensitive details to start the questionnaire:

Access code: <insert password>

Your information will be treated as confidential

For more information or help filling in the questionnaire, please see the back of this letter. You can also call the [supplier] Freephone helpline on [supplier].

We look forward to hearing from you soon – thank you for your time.

Yours sincerely

Insert Signature here

Signatory Name
Job Title
Trust name

Please turn over for more information

Why are you carrying out this survey?

The results are used to understand where NHS cancer care is working well or can be improved. For previous survey results, visit www.ncpes.co.uk/about-the-survey.

How did you get my details?

Your personal details and some information about your cancer treatment have been used to identify you for this survey. An independent group, which includes members of the public, gave their support for confidential patient information to be used to identify people diagnosed with cancer and invite them to take part in this survey. Your details were provided to [supplier] by the NHS trust where you had your cancer care. [supplier] is an independent organisation that NHS England has appointed to carry out this survey. Strict data security arrangements are in place to keep your information safe. For more information about data protection, visit

www.ncpes.co.uk/help-support.

This survey has been granted exemption from the National Data Guardian opt-out by the Department of Health and Social Care. For more information, visit

www.digital.nhs.uk/services/national-data-opt-out.

Do I have to take part?

Taking part is voluntary. If you do not want to take part, it will not affect your care and you do not need to give a reason. If you do not want to receive reminders about this survey, please return the blank questionnaire or contact [supplier] on Freephone [supplier] or [supplier].

How will my personal data be used and what are my rights?

NHS England is the data controller responsible for how your personal data is used. Your personal information will be held in line with the UK General Data Protection Regulation. The published National Cancer Patient Experience Survey results will not identify you. NHS England's Privacy Notice explains how your personal information will be used, your rights, and how to contact them: www.england.nhs.uk/contact-us/privacy-notice. We will use the survey data – with your NHS Number, postcode and date of birth, but not name or full address – for further analysis linked to the National Disease Registration Service database.

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Your anonymised survey answers may be shared with approved researchers, but only in a way that does not identify you and subject to strict rules about data processing. By participating in the survey, you give permission for your data to be shared in this way.

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For help with completing the questionnaire or any questions

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

You can also contact the team at [supplier] at Freephone [supplier] (9am to 5pm Monday to Friday or leave an answerphone message) or email [supplier].

Accessibility sheet



If you want a copy of the questionnaire in large print or Braille, call free on 0800 103 2804. If you take part online, you can use a screen reader.

Can someone help me take part in the survey?

Yes. If you need help taking part, you can call on Freephone 0800 103 2804 (Monday to Friday from 09:00 to 17:00). Or email You can also ask a friend or relative to help you.

Can I take part in another language?

	বাংলায় অনলাইনে www.ncpes.co.uk/bengali - এ অংশগ্রহণ করুন। অথবা বিনামূল্যে কল করুন 0800 103 2804।
	ਪੰਜਾਬੀ (ਭਾਰਤ) ਵਿੱਚ www.ncpes.co.uk/punjabi 'ਤੇ ਔਨਲਾਈਨ ਹਿੱਸਾ ਲਓ। ਜਾਂ 0800 103 2804 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।
	Weź udział w polskiej ankiecie online na stronie www.ncpes.co.uk/polish . Lub zadzwoń pod bezpłatny numer 0800 103 2804.
اتصل مجاناً على الرقم 0800 103 2804 للمشاركة باللغة العربية. للحصول على مزيد من المعلومات، تفضل بزيارة www.ncpes.co.uk/arabic .	
拨打免费电话号码 0800 103 2804 并以普通话参加调查问卷。如需更多信息，请访问 www.ncpes.co.uk/chinese 。	
Appelez le 0800 103 2804 gratuitement pour participer en français . Pour plus d'informations, consultez www.ncpes.co.uk/french .	
ગુજરાતીમાં ભાગ લેવા માટે 0800 103 2804 પર ફોન કરો. વધુ માહિતી માટે, www.ncpes.co.uk/gujarati ની મુલાકાત લો.	
Chiama gratuitamente il 0800 103 2804 per partecipare in italiano . Per ulteriori informazioni, visita www.ncpes.co.uk/italian .	

Ligue grátis para o 0800 103 2804 para participar em português . Para obter mais informações, vá a www.ncpes.co.uk/portuguese .
Sunați gratuit la 0800 103 2804 pentru a participa în limba română . Pentru mai multe informații, accesați www.ncpes.co.uk/romanian .
اردو (پاکستان) میں حصہ لینے کے لیے 0800 103 2804 پر مفت کال کریں۔ مزید معلومات کے لیے، www.ncpes.co.uk/urdu ملاحظہ کریں۔
Llame gratis al 0800 103 2804 para participar en español . Para obtener más información, visite www.ncpes.co.uk/spanish .
தமிழில் பங்கேற்க 0800 103 2804-இல் கட்டணமின்றி அழைத்துடுங்கள். மேலும் தகவல்களுக்கு, www.ncpes.co.uk/tamil -ஐப் பார்வையிடவும்.
Türkçe dilinde katılmak için 0800 103 2804 numarayı ücretsiz olarak arayın. Daha fazla bilgi için, www.ncpes.co.uk/turkish sayfasını ziyaret edin
免費打電話去 0800 103 2804，用廣東話參與問卷調查。
हिंदी में भाग लेने के लिए 0800 103 2804 पर निःशुल्क कॉल करें।
يعطوندى بکه بى بىرامبىر به 0800 103 2804 بۇ بەشدارىكردن له كوردى (سۆزلى).
برای شرکت کردن به زبان فارسی، با شماره رایگان 0800 103 2804 تماس بگیرید.
Позвоните по бесплатному номеру 0800 103 2804, чтобы принять участие на русском языке .
Si bilaash ah u wac lambarka 0800 103 2804 si aad ugaga qaybqaadato luuqadda Soomaaliga .
โทรศัพท์ไปที่ 0800 103 2804 เพื่อมีส่วนร่วมด้วยภาษาไทย

9.5. EMAIL AND PHONE NUMBER AVAILABILITY

The sample provided by NHS Trusts includes the following variables:

- Trust Code
- Patient Record Number (PRN)
- Title
- Initials / First name
- Surname
- Address Fields
- Postcode
- NHS Number
- Date of Birth
- Gender
- Ethnicity
- Day of Admission
- Month of Admission
- Year of Admission
- Day of Discharge
- Month of Discharge
- Year of Discharge
- ICD-11 Code
- ICD10 Code
- Main Specialty
- Sub ICB Location code
- Patient classification – the type of admission
- Site code
- Site name
- Patient email address, if available
- Patient mobile phone number, if available

For the contact information, Initials / First name and Surname needs to be populated for each record. NHS Trusts will also only include patients with enough address information to have a reasonable chance of the questionnaire being delivered.

For 2023, Trusts were asked to submit email address and mobile number information, but were made aware that the data would be used to explore the digital potential for the survey further and would not be used to make contact with patients. As this was not being used to make contact with patients, the quality assurance of these variables differed to other sample variables. However, the current Supplier carried out analysis on the completeness and quality.

Mobile number:

- Out of the total sample size (128,989), 93,481 phone numbers were provided (73%).
- When looking at accuracy of data, 107 (0.11%) of the 93,481 mobile numbers provided contained text only or a mix of text and numbers (such as 'none' or 'no texts' or 'No 8/2/23') rather than an actual phone number.
- Records were checked to see if trusts had included any landline numbers, rather than mobile numbers. 364 records (0.4%) appeared to be landline numbers.
- A further check on accuracy looked at length of number. Of the 93,481 mobile numbers provided: 93,373 (99.9%) were either 10 (first zero removed), 11 (expected for a UK telephone number), 12 (44 used), 13 (such as 44 and a space used), or 14 (such as 44 and two spaces used) characters long.

- Records longer than this (n=45) tended to be a combination of number and text, for example a phone number followed by an indication of who that number belonged to (such as wife, husband, son, daughter).
- Based on number length alone, all trusts had over 95% of their mobile numbers flagged as being of a usable length.

Availability of phone numbers by age, gender and ethnicity:

The availability of mobile phone numbers was looked at by age, gender and ethnicity variables as present in the sample data.

No difference in availability of mobile phone numbers was found between males and females (72% and 73% respectively).

When looking at ethnicity, 71% of people in the White British group had a mobile number available compared to 90% in the Black other group. All groups had more than 70% of people with a mobile number available.

Ethnicity from sample	Total sample size	Phone number N	Phone number %
A = White British	91126	64625	70.9
B = White Irish	942	710	75.4
C = White other	4976	3929	79.0
D = Mixed White and Black Caribbean	216	181	83.8
E = Mixed White and Black African	117	97	82.9
F = Mixed White and Asian	165	122	73.9
G = Mixed other	357	291	81.5
H = Asian Indian	1599	1154	72.2
J = Asian Pakistani	903	686	76.0
K = Asian Bangladeshi	315	273	86.7
L = Asian other	1164	937	80.5
M = Black Caribbean	1188	941	79.2
N = Black African	1116	918	82.3
P = Black other	622	557	89.5
R = Chinese	410	323	78.8
S = Any other ethnic group	2159	1713	79.3
Z = Not stated	17689	13063	73.8
(blank)	3925	2961	75.4

Green = 75% or more available

Red = less than 50% available

Looking at age, the 85+ age group had the fewest people with a mobile number available (54% up from 49% last year). The 25-34 age group had the most people with a mobile number available (80% up from 75% last year).

Age group	Total sample size	Phone number N	Phone number %
16-24	813	628	77.2
25-34	2132	1699	79.7
35-44	6327	4946	78.2
45-54	14429	11274	78.1
55-64	29625	22868	77.2
65-74	37905	27882	73.6
75-84	31282	20677	66.1
85+	6476	3507	54.2

Green = 75% or more available

Red = less than 50% available

Email address:

- Out of the total sample size (128,989), 34,826 email addresses were provided (27%).
- A validity checker was used to validate the email format. This checker scanned for '@' followed by '[word]' followed by '.'. This is a standard check for email validity. Of the 34,826 email addresses provided, 5 (0.01%) were identified as being invalid. It is likely that this number is higher where typos in domain have occurred. Four of these records had an incorrect domain name and one record had no domain name.

9.6. NCPEs WEBSITE ANALYTICS

Please note that the below website information totals from July 2023 to current (August 2024).

Website page views:

Page title and screen name	Views	Language
Latest results - National Cancer Patient Experience Survey	10335	
Tell us about your experience of cancer care - National Cancer Patient Experience Survey	9657	
Latest national results - National Cancer Patient Experience Survey	7286	
Latest local results - National Cancer Patient Experience Survey	7008	
Take the survey online - National Cancer Patient Experience Survey	8085	
Survey instructions - National Cancer Patient Experience Survey	2688	
Interactive results - National Cancer Patient Experience Survey	1890	
About the survey - National Cancer Patient Experience Survey	2309	
Past results - National Cancer Patient Experience Survey	1499	
Promoting the survey - National Cancer Patient Experience Survey	1365	
2021 survey results - National Cancer Patient Experience Survey	874	
Help & support - National Cancer Patient Experience Survey	1227	
FAQs - National Cancer Patient Experience Survey	497	
Contact us - National Cancer Patient Experience Survey	343	
2022 survey results - National Cancer Patient Experience Survey	178	
2020 survey results - National Cancer Patient Experience Survey	207	
2019 survey results - National Cancer Patient Experience Survey	211	
2018 survey results - National Cancer Patient Experience Survey	111	
2015 survey results - National Cancer Patient Experience Survey	75	
2016 survey results - National Cancer Patient Experience Survey	59	
Using results - National Cancer Patient Experience Survey	96	
Accessibility - National Cancer Patient Experience Survey	41	
Tomar la encuesta onlineÂ - National Cancer Patient Experience Survey	38	Spanish
Completa il sondaggio online Â - National Cancer Patient Experience Survey	27	Italian
ØƒÛfŭ...Ü„ Øªø¹ø¨ø¡ø© Ù‡ø°ø§ øšü,,øšø³øªø¨ÜšøšÜ† ø¹ø¨ø± øšÜ,,ø¥Ü†øªø±Ü†øª - National Cancer Patient Experience Survey	68	Arabic
2017 survey results - National Cancer Patient Experience Survey	51	
Cookies and privacy - National Cancer Patient Experience Survey	31	
RÃ©pondre Ã l'enquÃ¢te en ligne - National Cancer Patient Experience Survey	37	French
PrzystÅ…p do sondaÅ¼u internetowegoÅ Å - National Cancer Patient Experience Survey	37	Polish
ãœ¨çºžă□,ăŽèˆfæY¥ - National Cancer Patient Experience Survey	26	Chinese
ø³ø±Ü·Ü· Ü©Ü· øφÜ† Ü,,øšø¡Ü† Ü,,ÜœÜ° - National Cancer Patient Experience Survey	81	Urdu
àª_àª°à« □ àªµà«† àª“àª” à²à³⁄àª^àª” à²àª« - National Cancer Patient Experience Survey	9	Gujarati
à®†à®£à¬`à®¯à®@à¬ □ à®µà®´à®¿à®¯à®¾à®•à®•à¬ □ à®•à®ºà¬ □à®¤à¬ □à®¤à®¾à®¯à¬ □à®µà®¿à®²à¬ □ à®•à®²à®¯à¬ □à®¤à¬ □à®•à¬ Šà®³à¬ □à®•À - National Cancer Patient Experience Survey	9	Tamil
Ankete ĀşevrimiĀşi olarak katÄ±lÄ±n - National Cancer Patient Experience Survey	18	Turkish

Completați sondajul online - National Cancer Patient Experience Survey	24	Romanian
à ...à ²à ³⁄₄à ±à ³à§± à œà °à ¿à ªà§± à ...à ,à ¶ à ²à ¿à ³ - National Cancer Patient Experience Survey	14	Bengalli
Preencher o inquérito online - National Cancer Patient Experience Survey	8	Portuguese
à²±à³²à³⁄₄à³²à³² à³,à³²à³²à©±à³²-à³£ à³²à³²à© - National Cancer Patient Experience Survey	3	Punjabi

Dashboard page views:

Page path and screen class	Views
/cpes/subgroups_trend/national	2071
/cpes/subgroups_trend/trust	1690
/cpes/subgroups_trend/alliance	1468
/cpes/how-to-use/	1825
/cpes/subgroups_trend/icb	732
/cpes/org_comparisons/alliance	437
/cpes/org_comparisons/trust	427
/cpes/org_comparisons/icb	152
/cookies-and-privacy	2

END OF DOCUMENT