



Feedback report

Cancer services in Suffolk

Published February 2025

healthwatch
Suffolk

About this report

A brief introduction to this report and Healthwatch Suffolk.



About Healthwatch Suffolk

We collect and share lived experience to improve standards of health and social care in Suffolk, regionally and nationally.

Our independent role is enshrined in law, supported by trusted data and embedded in local integrated care systems by established relationships with partners. Our service is founded on long-standing values of transparency, accountability, and accessibility. We want everybody to feel equally valued, listened to, seen, and heard.

For more information about our role, and how we are inclusive, please [visit our website](#).



Our core purpose is to...

Collect and share lived experience to influence better standards of health and social care.



We live and breathe...

Co-production in everything possible. We are inclusive, transparent, accessible, and accountable. We believe passionately that listening and responding to lived experience is vital to create health and care services that meet people's needs.

This report

The NHS in Suffolk and North East Essex (SNEE) is committed to improving rates of early cancer (stages 1 and 2) diagnosis locally, with the aim of meeting the NHS Long-Term Plan target of 75% early diagnosis by March 2028. To achieve this, it has asked the NHS Confederation to complete a review of current services and experiences.

Improving rates of early cancer diagnosis in Suffolk is important because cancer that's diagnosed at an early stage, when it is not too large and has not spread, is more likely to be treated successfully. That is why the NHS has asked the NHS Confederation to engage with stakeholders across Suffolk and North East Essex to better understand how services are currently working.

The NHS Confederation review will enable the NHS and our wider health and care system to consider things that could be done to improve rates of early cancer diagnosis locally.

This report aims to include people's experiences of cancer care and support in this review, alongside other evidence that the NHS Confederation will gather to inform future services.

Data source

Healthwatch Suffolk has not completed research about cancer support in Suffolk.

Instead, following agreement with NHS and NHS Confederation leads, a time-limited call (less than two weeks) for feedback

was launched online and shared with local partners.

People were encouraged to share experiences of cancer support against services listed on the Healthwatch Suffolk Feedback Centre (www.healthwatchsuffolk.co.uk/services). Generally, feedback included in this report was recorded by:

- Healthwatch Suffolk Engagement and Community Officers (ECOs) working in the community as a part of their day-to-day core Healthwatch activity.
- Visitors to the Healthwatch Suffolk website (from searches online, or through links available on service websites or social media).

See our analysis of this data from page 12.

This briefing is inclusive of feedback gathered by Healthwatch Suffolk during the call as well as adhoc feedback gathered between January 2023 and January 2025.

It is important to note that the quantity of data available to us is not sufficient to claim that the feedback is representative of every person accessing support for cancer in Suffolk. However, the feedback is nonetheless important, and likely to be a fair reflection of many people's experiences.

For more information

Please contact info@healthwatchsuffolk.co.uk, or call freephone 0800 448 8234 to connect with our team.

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“My doctor notices things without me saying anything. I was in surgery last year, and as I walked out the door, he called me back and asked what that was on the back of my leg. He referred me to get it checked and it turned out to be skin cancer and I was in hospital within days. I am very grateful to them.”

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The feedback

Analysis of feedback recorded on the Healthwatch Suffolk Feedback Centre (www.healthwatchsuffolk.co.uk/services).



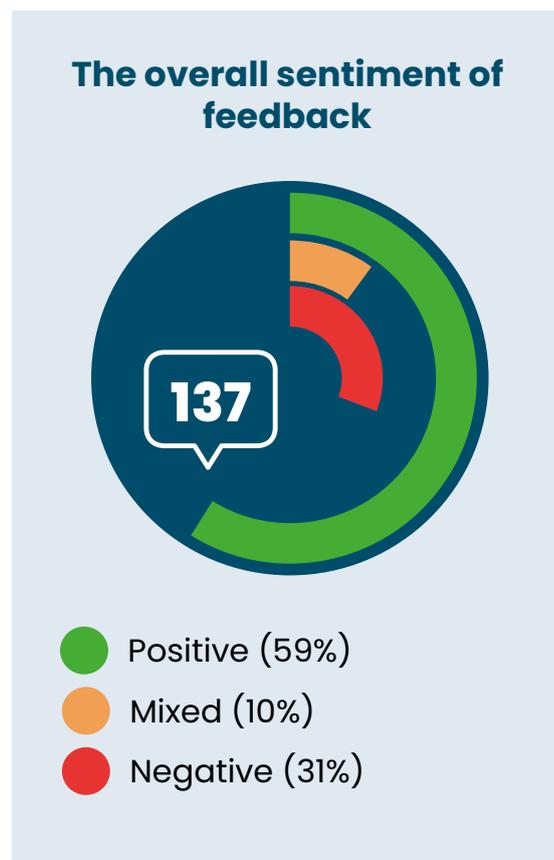
Summary (overall sentiment)

All comments included in this report were recorded between January 2023 and January 2025. Out of more than 4,700 comments exported within the period (regarding all services in Suffolk), 137 reviews were relevant to this analysis.

Comments were included if they:

- were listed against a specific cancer service (e.g. cancer services, oncology);
- mentioned cancer or other related search terms about cancer diagnosis or treatment (e.g. 'mammogram', 'biopsy').

Of the **137** comments included, **59%** were positive, **10%** were mixed, and **31%** were negative in sentiment. Please see table one below for more information about the sentiment of feedback as it related to broad aspects of people's experiences (treatment, diagnosis, monitoring and surgery).



	Positive	Neutral	Negative	Comments
Diagnosis	70%	9%	21%	56
Treatment and care	47%	4%	49%	45
Monitoring	57%	19%	24%	21
Surgery	62%	15%	23%	13

One comment in the analysis did not align with any of the four service areas. Instead, the feedback addressed the experience of family members after a patient's death from cancer.

Service Breakdown

This analysis included feedback listed against **38** different services across Suffolk. This included comments about acute hospitals (**98** comments), GP practices (**36** comments) and community-based services (**two** comments).

The table below shows a breakdown of the overall sentiment of comments about hospitals and GP practices.

	Positive	Neutral	Negative	Comments
Acute hospitals (all)	61%	14%	25%	98
GP practices	56%	0%	44%	36

Feedback report: Cancer services and support in Suffolk

Healthwatch Suffolk

Most comments were about the West Suffolk Foundation Trust and the East Suffolk and North Essex Foundation Trust. A breakdown of comments and overall sentiment for these services is shown below.

	Positive	Neutral	Negative	Comments
East Suffolk and North Essex Foundation Trust	60%	15%	25%	53
West Suffolk Foundation Trust	55%	18%	27%	33

Theme summary

The table below shows a summary of the overall sentiment of comments across the four main themes explored within this briefing.

	Positive	Neutral	Negative	Comments
Access and timeliness Feedback about the speed of access to diagnostic services, treatment and follow-up care.	43 (67%)	2 (3%)	19 (30%)	64
Staff in services Feedback about the interactions people had with staff in all services (e.g., primary and secondary care).	55 (90%)	2 (3%)	4 (7%)	61
Communication Comments referring to communication with people and loved ones, including the provision of information and advice from all services.	22 (47%)	4 (8%)	21 (45%)	47
Patient monitoring Comments referring to how well current or former cancer patients felt their condition had been monitored.	17 (65%)	3 (12%)	6 (23%)	26



“After my GP did an urgent referral after I had concerns about cancer, I was seen in two weeks and then operated on really quickly too, as a day case. Everything was done in under two months. Staff have been great at all points.”



“

“Discharged after being told I had an anomaly on my chest but was given no detail by the consultant and there was no mention of it on the discharge notes.

When I got home, I had to get my doctor to chase it up with the hospital.

It turned out that it could be cancer, but nothing was mentioned to me or my surgery about this.”

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Themes

Access and timeliness

This theme considers people's ability to access services as well as the speed of their diagnosis, treatment, and follow-up care. Of the comments received, 43 were positive, 19 were negative, and two were neutral or mixed.

It is important to note that many people reported positive experiences across cancer care pathways or services. Most of the negative comments about access to services were concerned with diagnostic checks or scans, whilst those living with a diagnosis of cancer appeared more likely to reflect that access to services and support was meeting their needs or expectations.

Feedback is highlighted below under the following sub-themes:

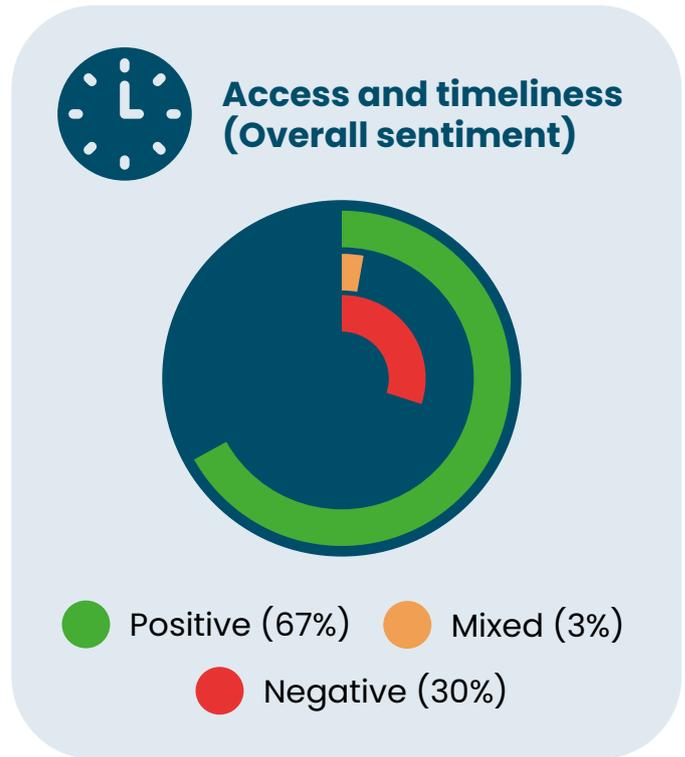
- Access to cancer tests and diagnostic services
- Access to cancer treatment services
- Service timeliness

Access and timeliness - tests and diagnostic services

Experiences varied regarding access to initial cancer tests and support. Of the **14** comments received, half described quick referrals and timely tests following concerns, often leading to prompt operations and treatment.

"Appointment to attend further tests just 12 days from initial mammogram. Operation for lumpectomy three weeks from diagnosis."

"They were very quick and responsive at a very concerning time for me. I had very strange symptoms and called the surgery. The [staff member] ordered bloods and had concerns, suspected a stroke. It was not that, but they ordered an MRI – had this within a week, and a tumour was found,



thankfully benign."

"My [spouse] went to the practice feeling tired and had general unwellness. The doctor did some tests, including a PSA test for prostate. It came back being a little higher than usual, so they sent them for a scan which found they had aggressive prostate cancer... if the GP had been less astute it could have been a very different story."

However, an equal number of comments reported difficulties in securing referrals or facing long waits for cancer tests. In some cases, patients were denied access to services such as mammograms, prostate checks, or other examinations despite concerns due to symptoms or family history.

"I used the breast problem link via AskMyGP to report my concern with breast pain and a swollen lump. A breast consultant called and told me over the phone that this is NOT cancerous as there is never pain with breast cancer, and I was sent a video about breast pain management. I was hoping for an



“If the GP had been less astute it could have been a very different story.”



examination and mammogram, but they said they are getting too many referrals from GPs and clinics have been overrun with cases that do not need further investigation.”

“I’ve phoned but not been able to see a GP and keep being given a pharmacist or nurse, but I don’t feel the issues are being addressed... I asked for a prostate check, but they weren’t willing to check even when I have some symptoms.”

“Still awaiting cervical smear and referrals for colonoscopy and hysteroscopy although having HPV diagnosis and previous cancerous cells.”

A few comments suggested delayed diagnosis (or not receiving a diagnosis at all) had affected patient outcomes, with severe potential consequences for people’s health.

“My parent visited their GP every month for around a year to be routinely told they had a bladder infection and sent away with antibiotics. After a year, they were eventually referred to the hospital for a scan where they were told it had advanced so much that they now have terminal bladder cancer.”

“There was an immediate assumption that the problem was an underlying condition and not something new. I didn’t feel listened to by the GPs, I knew it was a new issue. If I hadn’t kept going back who knows what would’ve happened as I ended up having treatment and an operation for cancer.”

“I have experienced a complete lack of care at this surgery. Phone calls instead of seeing me. No GP even speaking with me and I ended up in hospital, diagnosed with

cancer, which was quite far on, but treating it still now.” (Diagnosis)

Access and timeliness - cancer treatment

While the theme of access to cancer tests was primarily based on experience of diagnosis, this theme refers to whether patients regularly received the necessary blood tests, check-ups, and ongoing treatment as part of their cancer care.

Seven comments were positive overall. People reported:

- Access to regular blood testing.
- Good access to appointments in services when they were needed.
- Regular access to cancer monitoring (e.g., MRI scans).

Examples of positive feedback included:

“I have regular check-ups and treatment at the hospital, and it has all been very good. I’m very happy with how my cancer is being monitored with regular MRI scans too.”

“Regular bloods are taken linked to my cancer treatment in hospital. Never have I had any issues with this... It is done in a timely manner and I have had no incidences of not getting it done or having to go elsewhere.”

“We have regular access to blood tests that are linked to various medication and treatment at the hospital. It is very important that these are done in a certain timeframe due to the cancer treatment, and we are never let down.”

There were no reports of people with a diagnosis struggling to access essential cancer services. However, there were three negative comments which described specific challenges:

- Two patients with cancer had trouble transferring their care between different services.
- One patient could not access in-person contact with their consultant.

These comments are shown below.

"I can call at any time, and my specialist nurse will get back to me but my consultant hasn't seen me (in just under a year), even though my cancer has spread."

"I have been trying for months since moving from a different location to transfer to the breast cancer care unit. I would have thought my new GP should have done this, but nothing seems to be done in this health Board area. I spoke to someone in the unit months ago who assured me I would be contacted. Nothing."

"They said they would not accept them as a new patient. I found an address online and wrote a letter explaining that my family member has cancer, has moved house, and needs to be accepted as a new patient at this surgery. I did not get a reply, but interestingly, they were contacted by the surgery and accepted. Now that's worked out fine, but I should not have had to get involved."

Access and timeliness - timeliness

The theme of 'Timeliness' included feedback about how quickly cancer services had provided a diagnosis, treatment or follow-up care, ensuring that patients received the support they needed without unnecessary delays.

Most feedback about timeliness was positive (33), with comments praising the quick scheduling of operations after a diagnosis, and the efficiency of referrals and cancer tests.

"We took (the patient) into the urgent treatment centre on a Sunday with a lump on his testicle. By the Thursday, he had been in for an operation to remove the lump which unfortunately was cancerous."

"Dermatology called me in for photos of lesion on my right ear within a couple of weeks from seeing GP and plastic surgery for removal again within about two weeks. Excellent service."

However, nine comments highlighted negative experiences, with patients describing long wait times, delays in referrals, or difficulties accessing cancer tests. For some, these delays had extended diagnosis and treatment by up to a year.

"I was referred for a cancer scan, but have been waiting a month and have heard nothing and this has been really difficult."



"I was quickly seen after a referral from my GP and was seen within two weeks and then operated on as a day case very quickly by the team at the hospital." (Treatment)



"I had long waits to get scans and it has really delayed and drawn out the diagnosis and treatment. I've then had a 34-day wait to start treatment and have the operation I needed. This was followed by a further four-week wait for oncology. I have little confidence in the system and feel I have been dismissed all along."

"I went three times with recurrent earache and sore throat and had to insist on an ENT referral eventually, which the GP forgot to send until I chased it up three months later! Once it got sent, I was seen within two weeks and diagnosed with SCC of left tonsil – a year after seeing GP!"

“

"Patient not referred to hospital. Patient found to have cancer. This delay caused serious setbacks in this person's treatment." (Diagnosis)

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Staff in services

Sixty-one comments mentioned experiences of interaction with staff in services. Overall, patients were highly positive about staff attitudes and support from staff across the cancer pathway (diagnosis, treatment, surgery and monitoring; 55 comments).

Many of these comments described staff in general terms, such as 'professional', 'reassuring', 'attentive', 'exceptional', 'kind', 'great', 'lovely', 'personable', and 'caring'. There were only four negative comments about staff, and two that were mixed or neutral. Feedback is highlighted below under the following sub-themes:

- Staff during the diagnosis of cancer
- Staff during treatment and operations
- Macmillan staff

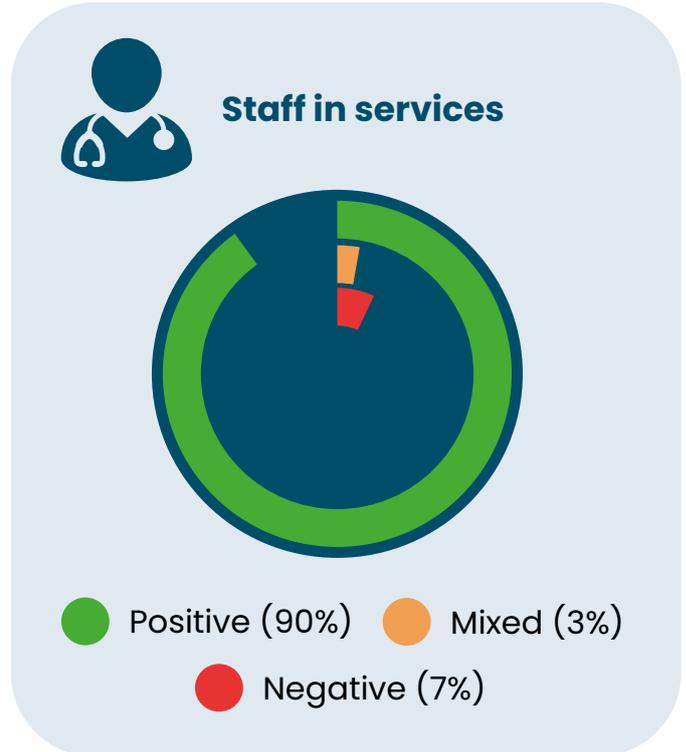
Staff in services: Diagnosis

Eleven comments described how staff had been supportive, informative or proactive when addressing concerns or confirming a diagnosis. Many appreciated the extra steps staff took to ensure their comfort, such as offering them a cup of tea or staying beyond their shift to provide support.

"They were very efficient and remained looking after me long after their shift ended. I was next seen by two others. Again, they were kind, explaining everything and what treatment would follow. I don't know the names of the nurses and staff, but without exception, they were so professional, kind and understanding, dedicated."

"Staff are brilliant and very caring... the aftercare is excellent, and they make me wait and give me a cup of tea before I leave."

"The day unit nurses are lovely, and consultants work so hard even when



running really late with clinic. They still stay and see people, and remain friendly and polite."

One person specifically praised a staff member for their proactive approach in spotting a potential skin cancer while the patient was visiting the surgery for another reason. This proactive approach meant that the patient received a timely diagnosis and treatment.

"My doctor notices things without me saying anything. I was in surgery last year, and as I walked out the door, he called me back and asked what that was on the back of my leg. He referred me to get it checked, and it turned out to be skin cancer, and I was in hospital within days. I am very grateful to them."

However, there was one negative comment about staff during the cancer diagnosis process. In this case, the patient had felt dismissed after not receiving the support or information they would have expected following a diagnosis.

"I asked, 'When I've had time to take this in, can I ring you to discuss my questions?' I was shocked by their reply. [They said], 'No, not really. If you read the booklets, you'll find answers to everything'. Then, they said they had to get back to clinic, so they showed me out... I feel unheard, dismissed and largely disrespected."

Staff in services: Treatment and operations

Most comments about staff focused on cancer treatment and operations, particularly in oncology departments or during chemotherapy. These comments praised staff for their kindness, support and empathy, and some emphasised that positive interactions with staff made their treatment journey feel more manageable.

For example, one patient shared how staff had helped them to feel better during a traumatic procedure, while others described how meaningful positive staff interactions had been to them.

"Traumatic experience regarding the procedure. All staff were very reassuring and professional. They were able to reduce the trauma I was feeling and explained each step of the surgery in clear and professional terms."

"Absolutely amazing treatment - 'My Angels' is what I call them. I have been

going for chemotherapy, which is very hard going on my own. They are so caring and personable to me."

Alongside positive comments about how staff had been supportive during cancer treatment, one comment described how staff had provided holistic care focused on other aspects of their health and wellbeing. They described an experience where staff had recognised a non-cancer related injury and supported the patient to have this addressed while in the hospital.

"On one occasion they noticed that I had gone in with a hurt hip (something I did at home, I hurt it). The pain was still with me the following week, and they noticed again, so they got a doctor to come and see me whilst in this department. It was recommended that I went and got an X-Ray and so one of the staff wheeled me down to X-Ray, staying with me. It turned out I had broken my hip! Surgery followed not long after. If it was not for their attentiveness, I am not sure how long I would have gone in pain, not realising what I had done."

However, there were three negative comments regarding staff during cancer treatment. Two were limited in explanation but described staff as 'rude' or 'disrespectful'. One comment from a partner of somebody undergoing cancer treatment suggested they felt ignored by staff in services. In addition, this person felt that staff were insensitive to the patient when sharing bad news.

"I am constantly asked who I am to justify why I am at appointments... One doctor wouldn't even talk with me and ignored the fact I was even there."

Staff in services - Macmillan staff

Eight comments mentioned Macmillan cancer nurses. While most highlighted the excellent support, care and advice they provided, two patients expressed disappointment that they did not receive the level of contact they had



"I found very good communication with patients, the oncologist themselves also had such a kind attitude. I cannot tell you how important it is."



hoped for or expected from the service.

“The care provided by Macmillan staff has also been very supportive and ensured we had all information needed.”

“We were told that we would be contacted by the Macmillan team, but that didn’t happen.”

“A good friend of mine was seen in hospital by the Macmillan team. She was a very unwell lady with multiple health issues, including cancer. She was brought home, and I was so upset to see that the Macmillan nurses did not come out to her before she then died.”

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“Three years ago, Mum was diagnosed with cancer. In her appointment with the consultant they got to a point when she was told approximately how long she had left and at that point she got up and walked out.

“From that point forward, it became really difficult as no one every made contact again to try and get her to engage with care and support. It’s like they just forgot her. It was then so difficult for us as a family to get her the help she desperately needed.”

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Communication

This theme explores how effectively cancer services shared information with patients and their families, and how patients felt about the way they were communicated with. Unlike other themes, which were largely positive, this theme had a more balanced mixed of feedback, with 22 positive comments, 21 negative comment, and four neutral or mixed comments.

Feedback is highlighted below under the following sub-themes:

- Information and advice
- Patient involvement
- Type of communication
- Diagnosis delivery

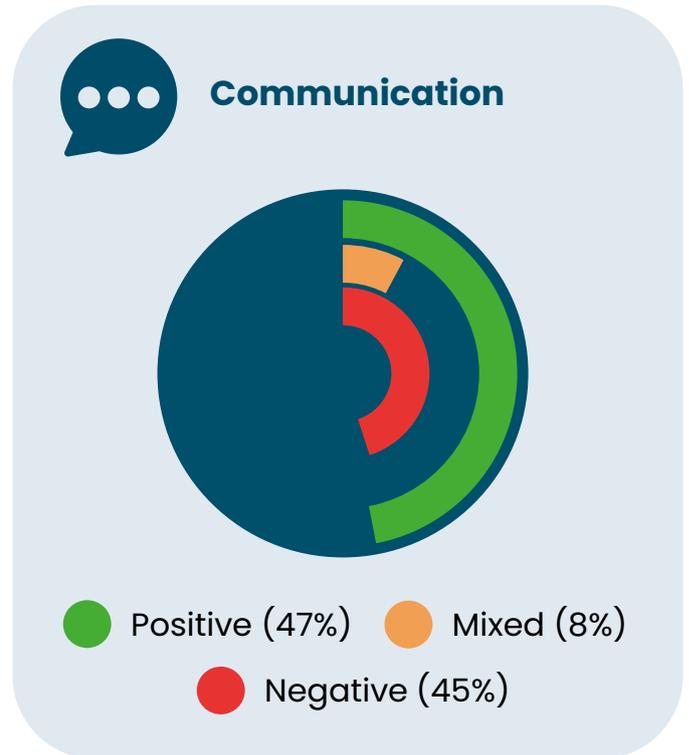
Communication – information and advice

Twelve comments focused on the quality of information and advice provided by cancer services to patients and their families.

Seven comments were positive, sharing that services were easily contactable and provided patients and families with regular information and updates about their condition and treatment. These comments also highlighted that staff had explained things clearly and ensured patients understood aspects of their care.

“Surgeon and anaesthetist visited me following the procedure with the findings of the surgery and explained what they had been able to remove and the biopsy tests that would be performed.”

“I don’t have anything negative to say at all; there is always someone on the end of the phone for me as needed, whether it be emotional support or medical concerns. They offer first-class treatment, and they give regular scans. I had an operation five years ago. Staff are brilliant and informative.”



“I have access to a specialist nurse who gets back to me and even though the message says it may be in 48 hours it is always quicker.”

Four comments were negative, describing instances where staff had either not given information or advice to patients or where patients felt information was poor or incorrect. It was clear that, in some instances, lack of communication had affected people’s confidence regarding treatment options.

“I had a lump removed. All seemed to go well, and I came home. But sadly, I’ve never been offered a follow-up appointment. It would be helpful if I was given some kind of feedback to help me with my concerns as to what it was.”

“I was supposed to have a skin cancer review, but I have been waiting for the last almost five years. I’ve heard nothing, and I feel left in the dark with it. If everything was okay, why didn’t they communicate with me?”

"The main issue was that I was given a large bag (on discharge from hospital), and I asked what it was and was told it was my medication, which included an injectable medication. I had not been shown how to do this. I later phoned the GP and the hospital, but neither were able to come and show me how to do this. I just wanted to be sure I was doing it correctly."

Communication - patient involvement

Thirteen comments addressed whether people had felt involved in decisions about their cancer care. Eleven were positive, emphasising that people felt listened to, that they had been offered options regarding their treatment and care, and that staff had supported their choices.

"When I said I didn't think I wanted to continue with (my treatment), they talked me through all the statistics based on the outcome of my operation, and we came to a mutual decision."

"The nurse specialist has been absolutely fantastic, they have been so good and very understanding and able to see things from my perspective rather than putting their opinion over mine."

"I asked them at the time if they could do it without a skin graft... during the process I remained awake and they decided that they could join the existing skin together rather than have a skin graft."

One negative comment shared an experience where they were not given information about

their cancer, causing them to feel excluded. Another comment was mixed, explaining that staff had not been understanding of their decision not to continue with their treatment.

"Staff urged me strongly to have further treatment. I chose not to take up on this treatment, but it was being pushed at me quite hard. I had made my decision, but I would have really preferred it if the staff would have listened to me more and tried to really understand me in it all and where I was coming from, and to have been more patient-centred and patient-focused."

Communication - delivery of a diagnosis

Seven comments were negative regarding how patients had been informed about bad news, such as the possibility of cancer. Three patients felt the way staff delivered the news had been insensitive.

"I am very disappointed with how I was given some potentially bad news. I don't feel it was handled well at all and I'm thinking of moving surgeries due to it. The way I was told I potentially have cancer was done in such an off-hand way."

"A [staff member] wouldn't then look at my partner when they were giving really bad news, they really haven't been sensitive at all and appear to need basic training."

Other comments highlighted instances where people were not initially informed about potential cancer and found out through unexpected ways. Two people learned they had been referred for suspected cancer



"Staff urged me strongly to have further treatment. I chose not to take up on this treatment, but it was being pushed at me quite hard..."



through automated phone messages.

"The only area that could improve is after seeing a GP I was told I was being referred to the hospital, but it was only when I called the unit at the hospital which was the suspected cancer unit, that I found out I was being referred for a suspected cancer. At no point in the discussion with the doctor was it mentioned, and it was quite a shock and was hard to hear that on a phone message."

"I was referred to the hospital but wasn't told which department it would be so when I called it was quite shocking to hear a message saying welcome to the suspected cancer unit. I wonder if a different name could be found as it was very hard to hear."

Another couple of comments indicated people had not been informed about potential cancer diagnosis and found out in other ways.

"Firstly – my cancer diagnosis was stumbled upon by a locum GP. He looked through my notes for something else, opened a discharge letter (meant only for GP – I was certainly not copied in), and then read out that a cancer had been found. I was shocked. He was surprised and said, 'Haven't they told you?'"

"Discharged after being told I had an anomaly on my chest but was given no detail by the consultant, and there was no mention of it on the discharge notes. When I got home, I had to get my doctor to chase it up with the hospital and it turned out that it could be cancer, but nothing was mentioned to me or my surgery about this."

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“Excellent bowel cancer care and treatment. I was referred and seen within the two weeks. I had scans and biopsy with in four weeks, and the operation I needed the following month, followed by chemotherapy. At all times the staff were great and I couldn’t fault anything. There did however seem to be more of a delay when my reversal operation was needed and it was cancelled twice.”

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Monitoring cancer

Lastly, this theme included feedback about how well current or former cancer patients felt their condition had been monitored, including access to regular check-ups and reviews.

Seventeen comments were positive, six were negative, and three were neutral or mixed. Positive comments described satisfaction with having regular check-ups and reassurance that their cancer was being closely monitored.

"I have regular check-ups and treatment at the hospital, and it has all been very good. I'm very happy with how my cancer is being monitored with regular MRI scans too. The staff have also been lovely and so supportive along the way."

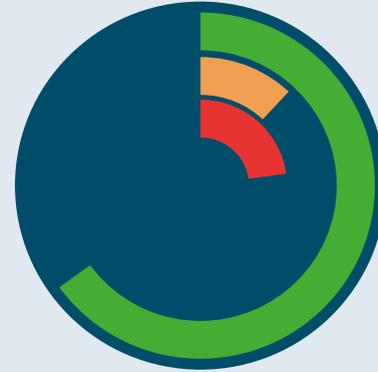
"They have on an ongoing basis looked after me well with my skin cancer. Having had to go in for removals three times, and they continue to keep an eye on me. All very thorough and very prompt in sorting things. I get a review regularly."

However, negative comments included reports that people were not being invited for routine annual health checks, not receiving scans as often as they were supposed to, or that people felt disconnected from their consultants. A few also noted that aftercare was lacking, leaving them without the continued support they had expected post-discharge.

"I have had cancer in the past and I am on the list to get a routine annual health check. This check used to happen automatically; they just called for me, but not anymore it seems. I have to instigate the annual check myself. I was told that I need to get an annual PSA check, and when I asked the front desk staff for an appointment, they seemed flustered and gave me the feeling that I was a bit of a hassle to them with my request. I know they are busy, but these things are supposed to be done and shouldn't have



Monitoring (follow-on care)



● Positive (65%) ● Mixed (12%)
● Negative (23%)

to have the patient remind them."

"Two years (after my operation), I was told that I wasn't needed to come back any longer. I feel that I have been cut off abruptly without the aftercare that I wanted."

"I'm meant to have regular scans every three to four months, but it's been six months."

"I don't feel they care a great deal about some people. They don't seem to pay any attention to my husband. He has prostate cancer and they never check on him. I think he at least needs to be called for an annual check."

Other themes

There were a few other important themes within comments about cancer services worth noting, including holistic care needs and family involvement and support.

Holistic care needs

Some patients expressed concerns about how their general comfort and wellbeing was managed during hospital stays, including access to food, personal hygiene, and the ward environment.

"Little access to food, the person lost weight and was there to build up."

"I was on a drip that was attached to the wall so when I needed the toilet I couldn't easily go. The commodes were not emptied overnight, and the smell wasn't good."

"The only issue is how hot it gets on the ward, and although we had fans at the bottom of the bed, it wasn't enough, and they really need a mobile air con unit. There was one shift overnight that wouldn't allow the ward doors to stay open due to the possible noise, but the heat was quite unbearable, and we really needed them open."

However, one comment was positive about how services were proactive in accommodating for a disability, which meant the patient could be as comfortable as possible at their appointment.

"I have an unusual disability of severe light sensitivity and was apprehensive about having a mammogram. It was a great relief to find that the room lighting was already dimmed when I arrived. I greatly appreciated the thoughtful and caring approach of the radiographer during my appointment."

Family involvement and support

Several comments mentioned the involvement and support for family members. Some experiences have been discussed earlier in this report. Overall, positive feedback highlighted how families were supported throughout the process.

"They have always gone one step further and made sure my wife was both involved and also understood everything that was happening, checking our understanding along the way and providing brilliant explanations... during COVID, staff were amazing; keeping my wife regularly updated while I was having treatment on the ward."

"Caring, adaptable and accessible for advice all during my partner's cancer treatment and ultimate demise while at home with me. Their onward care and help for me during the past two years has got me through very difficult times."

One comment highlighted several areas of improvement for patients undergoing cancer treatment in the hospital and especially for families who face the loss of loved ones in the hospital environment.

"I wanted to share my experience with the hospital so that a side room might be made available immediately for the grieving after a death, plus allowing quick freeing up of the bed for the living."

"My spouse was a cancer patient and died on the ward [a few years ago]. I was late on arrival due to grief, to say a final goodbye. They had laid them out beautifully, but a nurse was excessively hurrying me and brusque I think for being hassled by A&E for the bed. This I appreciated."

"I went to the reception desk to ask what had happened, had a bit of a turn, needed to be given a chair and glass of water. Staff

were kind but I am obviously in the way. I returned to the ward and two nurses by the body said take your time. I am trying to give his body final last hugs, recover and hurry at the same time. The hassled nurse coming by again and again, 'Can I move on', and finally in a most curt manner flung open the curtain and said, 'You have to go. Now'.

"Surely they could see I'd almost packed up. I left the ward in tears of distress, not at my husband's death but at the brusqueness of this healthcare practitioner... My grief made heavier.

"I don't want this particular nurse singled out, pulled up, reprimanded, penalised or anything else such. Yes, the hospital let me down but also let this nurse down too. This situation has simply highlighted room for practical improvement."

This person made several recommendations for consideration by services:

- That services ensure a separate room is available to allow families the opportunity to say goodbye to their loved ones with dignity.
- That mobile cabinet is available for people's belongings to be moved and dealt with by relatives quietly in such a side room or space away from the busy ward.
- That a room is available for relatives to wait in comfort when their loved ones are taken away from the wards for scans or other similar treatments or investigations. They felt this may help to prevent family members or loved ones from disturbing staff on the wards.

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“ I had a breast operation 11 days ago and received brilliant, first class treatment and care. I was referred quickly by my GP and was operated on quickly. I was told there was a shorter wait for the operation here so opted to come to this hospital for the treatment... I was very happy I was seen so quickly and with the information I was given.

“In the end, I stayed for an extra two nights and I really felt that staff listened to how I was feeling. Everyone from cleaners to consultants were all great and you can't get any better care than what I received.”

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