

Cancer Services Review

July 2026



Contents

Foreword	3
Executive summary	4
About this review	6
What we did	7
Who responded	9
Theme 1 – Travel and mainland dependency	11
Theme 2 – Coordination and communication	14
Theme 3 – Diagnosis and GP referrals	17
Theme 4 – Signposting and support awareness	20
Theme 5 – Aftercare and life after treatment	22
Theme 6 – Cancer infrastructure on the Island	24
Theme 7 – Virtual appointments	26
Theme 8 – End of life care	28
What is working well	31
Recommendations	33
About Healthwatch Isle of Wight	39
Acknowledgements and partnerships	40
Appendix – demographic data	41



Wessex
Cancer Alliance



1. Foreword

At Healthwatch Isle of Wight, we are committed to ensuring that the voices of local people are heard and play a central role in shaping and improving health and care services. This review of cancer services has provided a valuable opportunity for Island residents to share their experiences and influence the future of cancer care.

We would like to extend our sincere thanks to the 229 people who participated in the survey and generously shared their experiences. Their feedback highlights not only the high standard of care many people receive, but also the challenges that can make an already difficult journey even more complex.

The findings presented in this report offer important insight into what matters most to patients, carers, and families. They also identify opportunities for improvement across the cancer pathway - from diagnosis and treatment through to ongoing support and aftercare.

This report is more than a summary of experiences; it is a call to action. We hope it will inform future planning and support continued collaboration between healthcare providers, commissioners, support organisations, and the people who rely on these services.

Above all, we hope that the voices captured in this report will contribute to meaningful and lasting improvements in cancer services for Island residents, both now and in the future.

Jo Smith

Manager, Healthwatch Isle of Wight

Nathan Holt

Healthwatch Officer (Engagement), Isle of Wight

Nikki Stewart

Healthwatch Officer, Isle of Wight

Sandy Ciccognani

Healthwatch Engagement Officer, Isle of Wight



2. Executive Summary

229 people shared their experiences. This is what they told us.

Healthwatch Isle of Wight was asked by Wessex Cancer Alliance to find out what Island residents think about local cancer services. We wanted to hear from patients, carers, and family members who had direct experience of cancer services in the last 18 months.

Between February and April 2026, we received 229 responses to our survey. People told us about every stage of their cancer journey, from first noticing symptoms to life after treatment. Their responses were honest, detailed, and often deeply moving.

This report shares what we found. It highlights what is working well and, importantly, where things need to change.

What people told us is working well

- Respondents consistently praised the cancer nurses at St Mary's Hospital. When they were involved, people told us they felt supported and cared for.
- Many respondents described the on-Island chemotherapy team as outstanding.
- Respondents gave consistent praise to the Lighthouse Clinic in Newport for skin and melanoma care.
- Respondents described local organisations including Wessex Cancer Support, Mountbatten Isle of Wight, and the Daisy Ring Bus as making a real difference.
- Respondents told us that when things worked well, they worked really well, describing staff across the Island as kind, professional, and going above and beyond.

What needs to change

- The biggest concern, raised by most people, was travel to the mainland for treatment. Respondents told us the absence of radiotherapy on the Island has a huge impact on patients and their families.
- Respondents told us that information sharing between hospitals, departments, and GPs is often poor, and that nobody had overall responsibility for their care.
- Some respondents told us that GPs dismissed symptoms for too long, particularly in women and younger patients, which they felt led to delays in diagnosis.
- Many people told us they found out about practical support, such as ferry discounts and travel cost refunds, by chance, and that it was not always offered to them at the point of diagnosis.
- Many respondents told us they felt unsupported at the end of treatment, with no clear follow-up plan and little emotional support.
- Several respondents told us they were sent to A&E when they needed urgent cancer care, which some described as distressing and, at times, unsafe for immunocompromised patients.

Our key recommendations

- NHS partners and the Wessex Cancer Alliance should provide clear, accessible information explaining why radiotherapy services are not currently delivered on the Isle of Wight, written in plain language. The information should outline the key factors influencing service location, including specialist equipment, workforce requirements, minimum patient volumes, and national standards. It should also explain how current arrangements support safe, high-quality care and how patients are supported to access treatment off-island.
- NHS Trusts should introduce a named care coordinator for every cancer patient on the Isle of Wight who requires one, with responsibility for overseeing and supporting the patient across the full treatment pathway.
- Develop a simple, one-page information resource given to every patient at diagnosis, covering all available support, including travel arrangements and health related discounts.
- Improve GP referral training, with a focus on recognising cancer symptoms in women and younger patients, actively promoting Jess's Rule across GP practices and to the wider public.
- Create a structured aftercare pathway for all cancer patients, including psychological support.
- Establish a dedicated emergency pathway for cancer patients so they are not directed to A&E when they require urgent medical support.

3. About This Review

Healthwatch Isle of Wight is the independent champion for people who use health and social care services on the Island. We listen to what people tell us about their experiences and use this to influence how services are designed and delivered.

In late 2025, Wessex Cancer Alliance commissioned Healthwatch Isle of Wight to carry out a public engagement exercise. The aim was to gather real-life evidence about the experiences of Island residents affected by cancer. The review covers the whole cancer journey - from referral and diagnosis through to treatment, support, and aftercare.

This report is the outcome of that engagement. It is based on 229 individual responses to our survey, supported by conversations at community events and with local support groups. All quotes used in this report are taken directly from respondents. Names have not been used.

Why this review matters

The Isle of Wight has a population of around 142,000 people. It is the only island in England with a significant population that does not have a fixed transport link to the mainland. This creates unique challenges for residents who need to access specialist health services.

As an island community, access to the mainland depends on ferry transport, which can be costly and is sometimes unreliable, particularly in adverse weather conditions. This creates additional challenges for residents who need to travel for specialist health services.

Cancer affects a significant proportion of the Island's population, with over 1,000 residents diagnosed each year. The wide range of cancer types is reflected in the diversity of NHS treatment services required to meet patients' needs.

The Isle of Wight NHS Trust provides a number of these services locally, including an outpatient chemotherapy unit, supported by clinical nurse specialists covering ten of the most common cancers. However, where more specialised treatment is needed, patients are referred to NHS trusts in Southampton, Portsmouth, or other mainland centres. As a result, many Island residents must travel off the Island for parts of their care. Radiotherapy, for example, is not available locally and is always delivered at specialist mainland centres.

Respondents told us this reliance on mainland services involves far more than inconvenience. Patients who are seriously ill, fatigued from treatment, or reliant on others for transport told us that travelling placed considerable strain on their health, wellbeing, and overall care experience. The voices in this report deserve to be heard. We hope this evidence will drive real change for Island residents now and in the future.



Survey collection box, The Riverside Centre, Newport

4. What we did

We used a range of methods to reach as many people as possible across the Island.

Online survey

We created a digital questionnaire covering all aspects of the cancer journey. People could complete this on any device using a QR code or web link.

Paper questionnaires

We produced paper versions of the survey and distributed them widely. Freepost returns meant there was no cost to respondents.

Community events

We attended events across the Island, including World Cancer Day at St Mary's Hospital in Newport in February 2026. We spoke with patients, carers, and health professionals at the point of care.

Support groups

We visited local cancer support groups and left materials for completion. We made personal contact with group leads to encourage participation.

Where we distributed materials

Materials were placed at locations across the Island, including:

- St Mary's Hospital, Newport, including the oncology department, the Lighthouse Clinic, and the Carers Lounge
- All GP surgeries on the Island
- Pharmacies, libraries, and leisure centres
- Cancer support groups including Applegate Breast Care Group and the Isle of Wight Prostate Cancer Support Group
- The Daisy Ring Bus and Red Funnel ferry terminals
- The Riverside Centre, Newport (drop-off point and Freepost address)
- Online via social media, including Facebook and the Healthwatch Isle of Wight website



World Cancer Day, St Mary's Hospital, February 2026

Steering Group

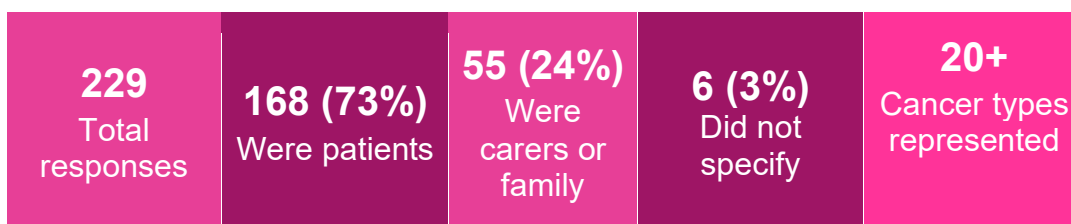
The project was supported by a steering group that met throughout the engagement period. The group included representatives from Wessex Cancer Alliance, St Mary's Hospital, and local community members with lived experience of cancer.



Steering Group meeting

5. Who Responded

229 people completed the survey. Their responses represent a wide range of cancer types, experiences, and backgrounds from across the Island.



Unless stated otherwise, percentages in this report are based on respondents who answered each individual question, with the relevant number of respondents (n) given alongside the figure.

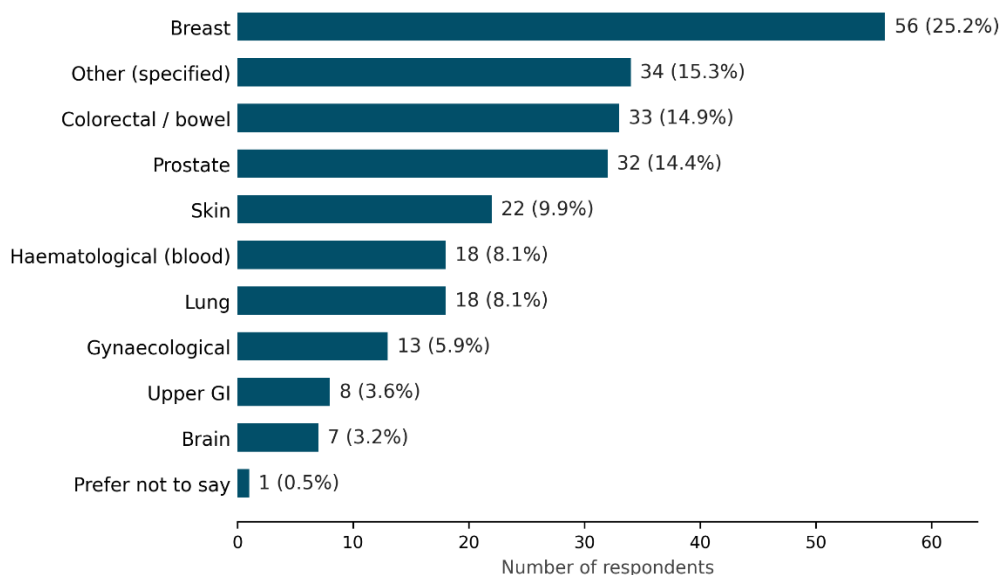
Cancer types represented

Respondents covered a wide range of cancer types. The most common were:

Cancer type	Number of respondents	% of answered
Breast	56	25.2%
Colorectal / bowel	33	14.9%

Prostate	32	14.4%
Other (including rarer cancers)	34	15.3%
Skin	22	9.9%
Haematological (blood)	18	8.1%
Lung	18	8.1%
Gynaecological	13	5.9%
Upper GI	8	3.6%
Brain	7	3.2%

Note: one respondent who specified 'ovarian' under 'Other' has been included within the Gynaecological category above, as ovarian cancer is clinically classified as a gynaecological cancer.



Cancer types represented

The 'Other' category included respondents with kidney, bladder, thyroid, pancreatic, parotid, muscle sarcoma, and maxillofacial cancers, among others.

Age profile

Most respondents were aged 55 and over. The 65 to 74 age group was the largest single cohort. This reflects the national pattern of cancer diagnosis and the age profile of the Isle of Wight population.

Gender

Women made up approximately 67% of respondents and men approximately 30%. A small number preferred to self-describe or not answer. This balance reflects the cancer types represented, especially the high number of breast cancer respondents.

Where respondents live

Respondents came from all parts of the Island. The highest numbers were from Newport (PO30) and Ryde (PO33), followed by Ventnor, Cowes, and Sandown. Representation from the west of the Island, including Freshwater, Totland, and Yarmouth, was lower despite this area facing some of the most significant travel challenges.

Other characteristics

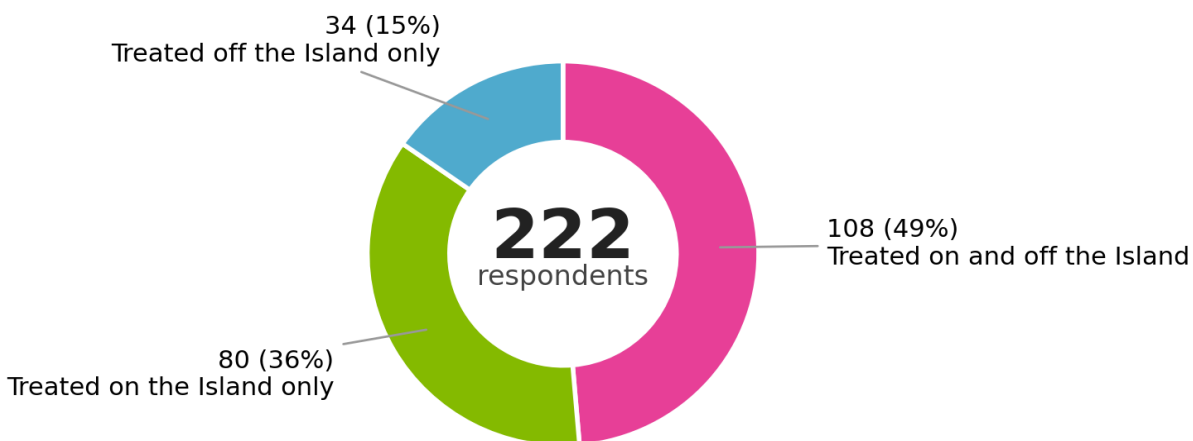
- 37% (85 respondents) indicated they had a long-term condition.
- 21% (48 respondents) identified as having a disability.
- 13% (30 respondents) identified as a carer
- The respondent population was predominantly White British, consistent with the demographic profile of the Isle of Wight.
- Ethnic minority representation was low. This is an area for future engagement.

Theme 1	Travel and Mainland Dependency Respondents told us this was the most frequently raised concern across the survey, regardless of their cancer type.
------------	--

Living on an island brings unique challenges when you are seriously ill. For many cancer patients on the Isle of Wight, getting to treatment means crossing the Solent by ferry or hovercraft, often when they are exhausted, unwell, or at their most vulnerable. Many respondents told us this was far more than an inconvenience, and some said it was the hardest part of their entire cancer journey. Respondents raised the absence of radiotherapy on the Island more often than any other concern in the entire dataset. Those who needed radiotherapy told us that daily travel to Queen Alexandra Hospital in Portsmouth or Southampton General became a reality, sometimes for weeks at a time.

108 (49%)	80 (36%) Treated on the Island only	34 (15%) Treated off the Island only
------------------	---	--

Treatment location



What people told us about travel

People spoke vividly about the realities of travelling to the mainland for treatment. Their experiences included early-morning ferry crossings, long waits in hospital car parks, and being transported on a trolley by ambulance whilst aboard a ferry. Many described returning home late at night, exhausted, only to repeat the journey the following day. For those undergoing daily radiotherapy, these demanding journeys became an integral part of everyday life for weeks at a time, adding a significant physical and emotional burden to an already challenging period.

"Going over to the mainland every day for 3 weeks was exhausting."

Patient, breast cancer

"Please, please, please have a radiotherapy department set up on the Island."

Carer, colorectal cancer

"A fully functioning oncology department on the Island with adequate staffing, funding, and equipment to be completely self-sufficient. Island residents should not have to rely on an unreliable ferry service for life-saving treatment."

Carer, kidney cancer

The impact on families and carers

The burden of travel did not fall on patients alone. Carers described taking weeks of unpaid leave, paying for hotels in Portsmouth and Southampton, and spending hours each day navigating transport connections.

"I had to take 6 weeks off work to take and collect my father from the hovercraft. He was elderly and his treatment was in December and January, and weather made travelling difficult for him."

Carer, prostate cancer

Ferry reliability and weather

Several respondents told us that bad weather affected the reliability of ferry and hovercraft services, adding a further layer of anxiety to an already stressful experience. They told us that missing a treatment appointment because of a cancelled crossing was a real concern.

"I needed to stay overnight in Portsmouth the day before my operation due to the chance of ferry cancellation on the day."

Patient, prostate cancer

✓ What was working well

- Respondents praised the Daisy Ring Bus very highly as a lifeline, telling us it reduced the complexity and cost of getting to and from QA Hospital in Portsmouth
- Respondents who knew about ferry operator healthcare discount schemes told us they valued them
- Hotel accommodation near QA Hospital was arranged for some patients during longer treatment courses
- Respondents generally described Red Funnel and Wightlink staff as helpful and understanding, particularly around accessibility needs

▲ What needs to change

- Respondents told us that chemotherapy drugs are produced at QA Hospital Portsmouth and transported to the Island by ferry, which they felt created a supply risk
- Many patients told us they did not know they were entitled to travel cost reimbursement or ferry healthcare discounts until they found out by chance
- Patients who were unwell, elderly, or reliant on public transport told us early morning mainland appointments were particularly difficult
- Patients with disabilities told us they faced particular hardship, including wheelchair users navigating multi-leg journeys

Theme 2

Coordination and Communication

Respondents told us a lack of joined-up care between hospitals, departments and GPs, left many feeling nobody had overall responsibility for their cancer journey.

Cancer care on the Isle of Wight is often delivered by multiple teams across several organisations and locations. A patient's journey may involve the Island's oncology service, St Mary's surgical teams, the Lighthouse Clinic, local GPs, and specialist centres in Portsmouth, Southampton and elsewhere on the mainland. Patients told us that when these services communicate effectively, care feels joined up and reassuring. When communication is poor, however, patients can find themselves acting as the link between services, having to seek updates, relay information and navigate the system on their own.

Coordination was one of the concerns respondents raised most consistently. 122 respondents (53%) told us they had experienced coordination or communication failures. Of those 122, some told us specifically where the problems happened, for example between services on the Island, or between the Island and mainland hospitals. The table below shows what they told us.

122 (53%)

Told us about coordination or communication failures

29

Told us about problems within Island services

"Nobody shared records with anybody else. Nobody owned a problem. All anybody did was their one specific job."

Patient, melanoma

"Communication between each team was abysmal. Each uses a different appointment system. The patient is expected to coordinate and chase everything, even when they are ill and untrained."

Patient, breast cancer

"Almost zero communication between both hospitals, GP and myself. Appointments booked on mainland for early morning. No letters coming out. Lots of appointments could have been done virtually."

Cancer, unknown

The need for a named coordinator

A significant number of respondents told us there was no named person with overall responsibility for their cancer journey. People told us they did not know who to call when problems arose, that they were passed between departments, and that they had no single point of contact.

"Have a person who takes overall control, has the medical knowledge and power to deal with issues."

Patient, melanoma

"Given the name of a specialist oncology nurse on diagnosis, who was then off long-term sick and not replaced. Therefore, no support whatsoever throughout."

Carer

Records not shared between sites

Several respondents told us that clinical teams at different sites could not access each other's patient records, which they felt led to repeated tests, missed information, and in some cases delayed or incorrect treatment decisions.

"Coordination between teams seems poor, as St Mary's cannot access the notes from Southampton and vice versa."

Patient, upper GI cancer

Where coordination broke down

Where this happened	Number of respondents	What respondents told us
Within Island services	29	Records not shared; having to coordinate their own care; no named contact
Between the Island and QA Portsmouth	22	Early morning appointments; no feedback to Island teams; not knowing what would happen next
Between the Island and Southampton	23	Unsafe waiting environments; delayed results; poor handover after mainland admission

Note: Respondents could select or comment on more than one issue, so the figures shown above do not total 122.

✓ What was working well

- Several respondents told us about excellent coordination between specific teams, particularly the colorectal and bowel cancer nursing teams
- Respondents told us that, where a named nurse was in place and accessible, they felt significantly better supported
- Some respondents told us they valued how the IOW MDT (multi-disciplinary team) coordinated complex cases carefully and promptly

▲ What needs to change

- Respondents told us that records are not routinely shared between St Mary's and mainland hospitals
- Respondents told us that, without a consistent named coordinator role, they had to manage their own pathway, often while seriously ill
- Respondents told us that locum medical staff with no knowledge of their history were a source of frustration
- Respondents told us that GPs were frequently not updated in a timely way about changes in diagnosis or treatment
- Respondents told us that letters and appointment notifications arrived very late, in some cases after the appointment had already passed

Theme 3

Diagnosis and GP Referral

Respondents told us that symptoms being dismissed or misattributed led to delays in diagnosis for a significant number of them.

For many people, getting a cancer diagnosis starts with visiting their GP. When that first contact leads to a prompt referral, the experience that follows is very different from when a prompt referral is not made. A number of respondents told us about weeks, months, or even years of visiting their GP before they felt their symptoms were taken seriously.

83 (36%)

Told us about
diagnostic delays

101 (44%)

Delays identified across Questions 5 and 7
in the survey
(These relate to delays in screening and diagnostic
services and coordination between teams)

"It took months for the GP surgery to move away from what they thought were menopause symptoms to looking at something more serious. I do not feel I was taken seriously to begin with."

Patient, colorectal cancer

"There were delays. Symptoms were repeatedly brushed off due to young age."

Carer, kidney cancer

"My diagnosis of stage 2 melanoma took 9 months, which I believe was far too long. I was asked to submit a photo and the response was: this is a seborrhoeic wart, they are benign."

Patient, melanoma

Women and younger patients

Women told us their symptoms were attributed to menopause or hormonal changes rather than prompting investigation. Younger patients told us they were told their age made cancer unlikely. In several cases, respondents told us these assumptions led directly to delays that affected the outcome of their care.

"I would not be here had I not challenged the consultant."

Patient, breast cancer

“Getting a diagnosis was the hardest part. I could not get a GP to see me face to face, so I ended up taking myself to A&E. When the cancer returned a year later into my lung, the diagnosis took too long which resulted in it spreading to my brain.”

Patient, cervical cancer

Photographs are not a clinical assessment

Several respondents told us they were asked to submit photographs of skin lesions or moles via an online form, with a response provided without any physical examination. In at least one case, a respondent told us this led to a delayed diagnosis of melanoma that had progressed significantly by the time it was correctly identified.

Diagnostic delay rates by area

The following figures show the distribution of diagnostic delay reports by PCN (primary care network) area, based on what respondents told us. Some areas are based on small numbers of respondents, so these figures should be treated with caution.

PCN Area	Total respondents	Delay reports	Rate
North East locality which covers Ryde, East Cowes, Bembridge and surrounding areas	78	25	32%
Central and West locality which covers Newport, Cowes and West Wight	29	13	45% (!)
South Wight locality which covers the Bay, Ventnor and surrounding areas.	43	15	35% (!)

Note: (!) This finding is based on a small number of responses from this area. While we have highlighted the figure, it should be interpreted with caution as it reflects the views of a limited number of respondents.

✓ What was working well

- Many respondents told us the Urgent Suspected Cancer pathway (known as the two week wait pathway) worked well when activated promptly
- Respondents praised the NHS breast screening programme for catching cancers at an early and treatable stage
- Respondents described bowel cancer screening as well organised and responsive
- Respondents singled out several GPs for praise, particularly those who acted swiftly on their clinical judgement, recognising potential concerns early and ensuring patients were referred promptly

▲ What needs to change

- Respondents told us symptoms in women were too frequently attributed to menopause, leading to delayed diagnosis
- Younger patients told us their age was used as a reason not to investigate further
- Respondents told us photographs submitted online were not an adequate substitute for physical clinical examination of skin cancers
- Respondents told us GP practices with high locum use lacked continuity and had delays in referral
- Several respondents told us about lost or delayed biopsy results

Theme 4

Signposting and Support Awareness

Respondents told us most people found out about practical support by chance, and many discovered entitlements they had missed out on for months or even years.

Being diagnosed with cancer is overwhelming. At the same time, there is a great deal of practical information that patients and carers need to navigate - from travel cost reimbursement to ferry discounts, from free prescription entitlements to local support groups. Most respondents in this survey did not receive this information proactively.

121 (53%)
Knew about cancer support groups

124 (54%)
Knew about Daisy Ring Bus

120 (52%)
Knew about ferry discounts

14 (6%)
Knew about NEPTS

38 respondents (17%) told us they were not aware of any of the listed support schemes, which suggests gaps in how information is provided at the point of diagnosis.

"Most of the information above refers to things we found out after we were well into this journey. For example, we found out we should not be paying for prescriptions two years after diagnosis."

Patient, prostate cancer

"None of the above were ever mentioned to me by any of the services."

Patient, prostate cancer

"I had to find out about the Wessex Cancer Trust by searching the internet. Such local charities are so valuable and were not suggested by any medical staff."

Patient, haematological cancer

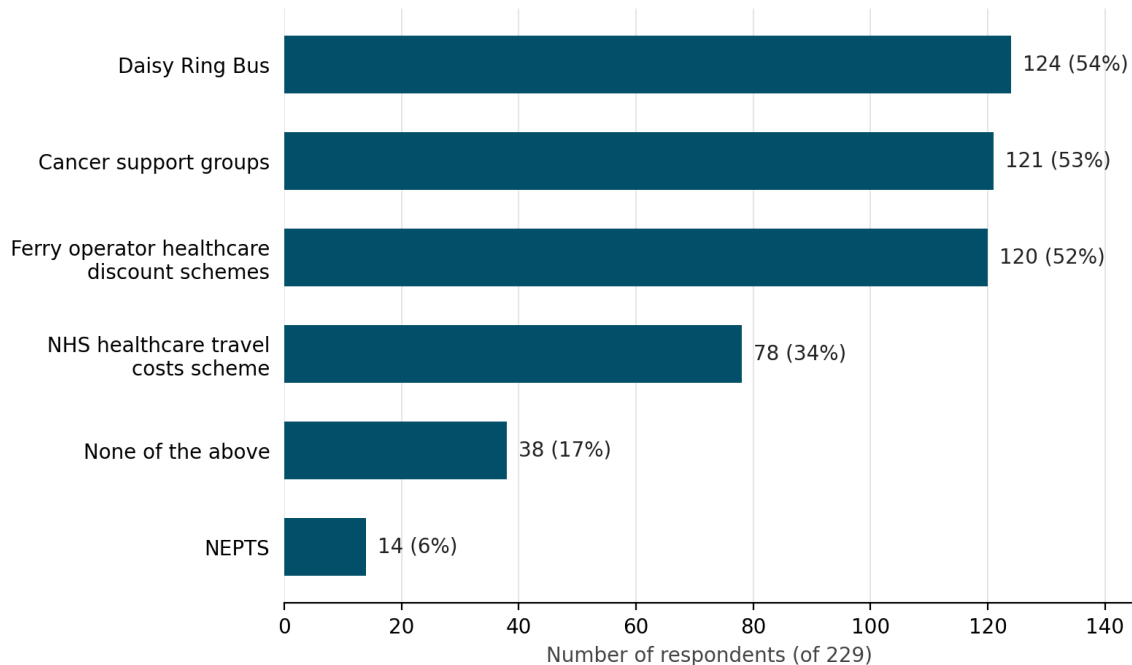
The Daisy Ring Bus

A significant number of respondents told us about the Daisy Ring Bus as a genuinely life-changing service. It provides transport for Island patients travelling to hospitals in Portsmouth and Southampton for treatment. Many people told us they only found out about it from other patients or support groups.

"The Daisy bus was a godsend and everything else went smoothly. So glad I stayed in the hotel during the week."

Patient, colorectal cancer

Support scheme awareness



✓ What was working well

- Many respondents described the Daisy Ring Bus as a vital and valued service
- Respondents consistently praised Wessex Cancer Support for practical and emotional support
- Respondents highlighted Mountbatten Isle of Wight as an outstanding source of support
- Respondents told us they appreciated ferry operator healthcare discount schemes, where they knew about them

▲ What needs to change

- Respondents told us practical support information was not always provided proactively at the point of diagnosis
- Respondents told us awareness of the NHS Healthcare Travel Costs Scheme was very low
- Respondents told us NEPTS (Non-Emergency Patient Transport Service) was almost unknown to them
- Respondents told us free prescription entitlements were not routinely communicated to them when starting treatment
- Respondents described large folders of leaflets given at diagnosis as overwhelming and not effective

Theme 5

Aftercare and Life After Treatment

Many respondents told us they felt unsupported once active treatment ended. They told us the transition from patient to survivor was rarely supported

Finishing cancer treatment should be a moment of relief. Respondents told us that, instead, it was a moment of loss for many of them. They told us the appointments stopped, the clinical contact ended, and they were left to manage the physical and emotional aftermath of their illness largely on their own.

This was one of the most emotionally powerful themes in the dataset. Respondents told us about confusion, fear, ongoing pain and side effects, and a profound sense of being forgotten.

“You see so many doctors and have so many appointments and then nothing.”

Patient, breast cancer

“Aftercare of my wellbeing once treatment ended was limited. You sort of just have to get on with life after having spent a whole year of weekly appointments.”

Patient, colorectal cancer

“I still have dark days when it would help to speak to a person who understands.”

Patient, breast cancer

Long-term physical effects

Many respondents told us about ongoing physical effects from their cancer and its treatment that were either not explained to them in advance or not adequately addressed afterwards. These included lymphoedema, neuropathy, fatigue, bowel changes, bladder problems, brain fog, and the effects of hormone therapy.

“Brain fog. Not being able to concentrate properly. I had not been aware this was even a thing. It was frightening and I felt embarrassed in social situations. Two years later things are better, but I do not feel like the old me.”

Patient, breast cancer

Patient-initiated follow-up

Several respondents told us they were placed on patient-initiated follow-up arrangements, meaning they were expected to contact services themselves if they had concerns rather than

receiving regular scheduled appointments. For some, they told us this worked well. For many others, they told us it caused significant anxiety.

"I do not like the patient-initiated follow-up. On the mainland, my mum sees a consultant every year. We do not have that here."

Patient, breast cancer

Psychological impact

A large number of respondents told us about the emotional and psychological impact of cancer, and consistently described it as underacknowledged by services. People told us about anxiety about recurrence, depression, relationship changes, and loss of identity that persisted long after treatment ended.

"It would have helped immensely if I knew there was some sort of booked telephone support every couple of weeks just to chat and ease my fears and worries. All confidence just disappears and just for someone to say how are you would have been a massive help."

Patient, breast cancer

✓ What was working well

- Those who accessed Mountbatten Isle of Wight counselling services told us they were outstanding
- Respondents told us Wessex Cancer Support provided valued emotional and practical support post-treatment
- Respondents highly praised some cancer nurses who maintained contact with them post-treatment
- Respondents described peer support groups including Applegate Breast Care Group as invaluable

▲ What needs to change

- Many patients told us they received no proactive contact from services after their final treatment appointment
- Respondents told us psychological support was not routinely offered and was rarely signposted at the end of treatment
- Respondents told us long-term physical side effects were often not adequately explained before treatment began
- Respondents told us peer support groups were not routinely recommended by clinical staff
- Carers told us they received almost no support during or after the treatment period

Theme 6

Cancer Infrastructure on the Island

Beyond radiotherapy, respondents told us about a wider set of gaps in Island cancer provision that they felt affected the safety and quality of care.

Radiotherapy was the gap respondents told us about most often, but they also described a range of other infrastructure concerns that they felt affected the safety, quality, and consistency of cancer care on the Island. Respondents told us about the lack of a dedicated oncology ward, the absence of an emergency pathway for cancer patients, and inconsistent access to oncologists.

“If you deliver chemotherapy, you should have an oncology ward to treat people and keep them safe. Several visits to A&E had nurses not following basic protocol. I felt very vulnerable.”

Patient, upper GI cancer

“Chemotherapy drugs are now made at QA and transported to the Island on the ferries. It has not been uncommon for delays in delivery due to mechanical failures or adverse weather conditions.”

Patient, breast cancer

“I do feel that the Isle of Wight needs an area for emergencies for Cancer patients, as A&E is not the best place for chemo patients waiting up to 10 hours

Carer, lung cancer

✓ What was working well

- Respondents consistently praised the Island's cancer nursing team and described it as a vital asset
- Respondents described the Lighthouse Clinic in Newport as an excellent local resource for skin cancer diagnosis
- Respondents told us on-Island chemotherapy had improved

▲ What needs to change

- Respondents told us that, because there is no radiotherapy on the Island, all patients requiring it must travel to the mainland
- Respondents told us chemotherapy drugs are transported from QA Portsmouth by ferry, which they felt created weather and logistics risk
- Respondents told us there is no dedicated oncology ward or

significantly and praised it highly where available

- Some respondents praised the Island's MDT (multi-disciplinary team) for careful and coordinated decision-making

emergency pathway, meaning cancer patients are sent to general A&E

- Respondents told us that immunocompromised patients waiting in general A&E alongside unwell members of the public was unsafe
- Respondents told us access to oncologists on the Island is inconsistent, with many consultations conducted by locums or by telephone

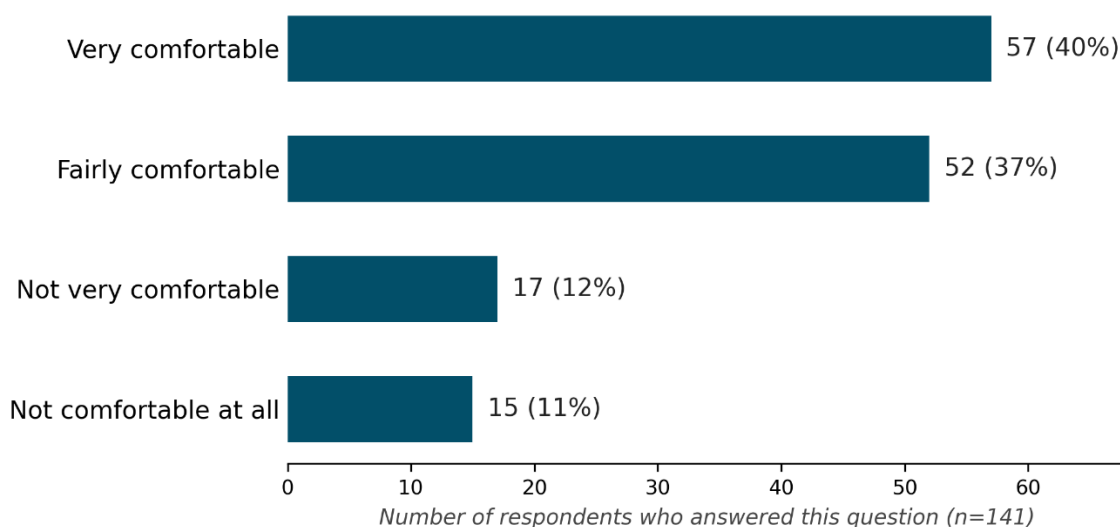
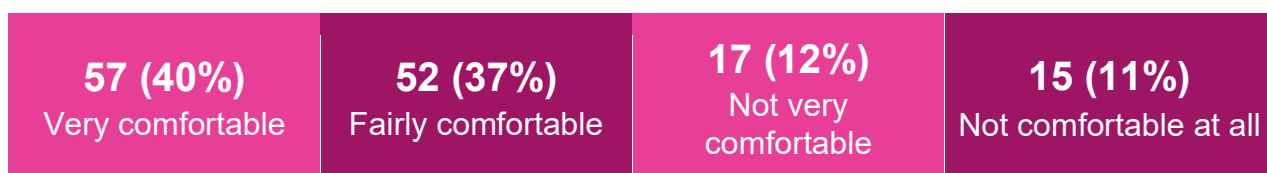
Respondents told us portacath access training was limited to chemotherapy nurses, causing access difficulties during other procedures

Theme 7

Virtual Appointments

Respondents told us virtual appointments were valued for convenience but were not appropriate for sensitive conversations or complex clinical decisions.

142 respondents (62%) told us they had used virtual appointments, either by telephone or video call, as part of their cancer care, while 71 (31%) told us they had not. A further 7 (3%) were not sure, and 9 (4%) did not answer this question. 141 respondents in total told us how comfortable they felt about virtual appointments. Views were mixed but broadly more positive than negative. Many respondents told us they appreciated the time and travel saved, particularly those who would otherwise need to cross the Solent for a short appointment.



Virtual appointment comfort levels

"It is better as there are so many appointments at the hospital. It is nice just to have a call at home without the need to travel."

Patient, colorectal cancer

"I would have preferred face-to-face appointments so that I felt seen and heard. When you are tired and going through chemotherapy it is hard to engage and remember what is being said on the phone."

Patient, breast cancer

"You need to see someone and read their body language. My wife had cancer. You need to see someone."

Carer, pancreatic cancer

✓ What was working well

- Respondents told us virtual appointments saved significant travel time and cost, particularly for Island residents
- Respondents told us telephone follow-up was well suited to routine check-in calls where the clinical relationship was already established
- Some respondents told us that, because of anxiety, they found virtual appointments less stressful than attending hospital in person

▲ What needs to change

- Respondents told us virtual appointments were not appropriate for delivering difficult news, including a cancer diagnosis
- Several respondents told us they received a cancer diagnosis by telephone, without any prior warning or support person present
- Respondents told us poor phone signal and connectivity issues affected the quality of some virtual appointments
- Older respondents and those with hearing difficulties told us telephone appointments were particularly challenging

Theme 8

End of Life Care

Respondents told us Mountbatten Isle of Wight was outstanding. However, several respondents told us that coordination across other services often broke down for patients in their final months.

The extended dataset included a number of accounts relating to end-of-life care - from patients currently in palliative care and from bereaved carers. These accounts are some of the most powerful and difficult in the entire dataset. They are included here because the voices of those who have lost someone deserve to be heard.

We have treated this section with particular care. All accounts are anonymised and no identifying detail has been included.

22 End of life accounts identified	7 Patient accounts	15 Carer or family accounts	12 Referenced both Island and mainland services
---------------------------------------	-----------------------	--------------------------------	--

What Mountbatten Isle of Wight meant to people

A large number of respondents told us about Mountbatten Isle of Wight and praised it consistently for compassionate, skilled, and person-centred care. Many families told us the hospice provided support that statutory services were not able to offer.

"The staff at Mountbatten [Isle of Wight] will always be important to me and I now do all I can to support them."

Carer, bladder cancer

"Mountbatten [Isle of Wight] were fantastic in their support and they enabled me to care for both my parents at home, which is what they wanted."

Carer

Gaps in coordination

Despite Mountbatten Isle of Wight's excellence, several respondents told us about significant failures when palliative care needed to be coordinated across multiple agencies. They told us that patients in nursing and residential care homes were particularly vulnerable to falling between services.

"Instead of having a peaceful death, she was distressed right up until the hospice nurse visited two days before she died."

Carer

Out-of-hours support

Several respondents told us they felt effectively alone in a crisis during evenings and at night. They told us that NHS 111 was unable to provide meaningful help, and that there was a lack of dedicated palliative care support available out of hours.

“The night is a frightening time to be left alone with no support. One call was ignored, which left me frantic as the alarm on my mum's drug pump was going off and I did not know what to do.”

Carer

✓ What was working well

- The overwhelming majority of respondents who used Mountbatten Isle of Wight's services told us it was exceptional
- Respondents told us that, when the palliative care team was involved early, it made a significantly positive difference
- Respondents told us district nurses showed great dedication

▲ What needs to change

- Respondents told us that patients in nursing and residential care homes were at particular risk of falling between services
- Respondents told us out-of-hours palliative care support was inadequate, leaving families unsupported during the most difficult moments
- Respondents told us communication between Southampton Hospital and Island palliative care teams was poor
- Some respondents told us their families received no support or preparation for bereavement, with Macmillan contact occurring only after the patient had already died

Mountbatten told us that referrals for people living in nursing homes are assessed in the same way regardless of whether they come from a GP, nursing home staff, or family members. All referrals are triaged to determine the level of complexity and need. Where an individual's needs are assessed as non-complex, or where they are continuing to receive active cancer treatment, referrers may be directed to other appropriate services, such as their GP or Clinical Nurse Specialist (CNS).

For individuals whose condition is deteriorating, who require symptom management, or who are approaching the end of life, Mountbatten provides advice and support regardless of where a person is living. This support is delivered in partnership with nursing home staff where appropriate.

Mountbatten does not operate a policy of routinely declining visits to people living in nursing homes. However, decisions about involvement are made on an individual basis. For example, where a person has a treatment escalation plan indicating that hospital-based care is the agreed approach, a hospice visit may not be automatically required.

The hospice also noted that, as with all palliative and end-of-life care services, decisions about how resources are deployed must take account of clinical need and available capacity. This can involve balancing the needs of individuals who are well supported in a nursing home setting against those who may be more vulnerable or isolated in other circumstances, such as people receiving end-of-life care at home.

14. What Is Working Well

This section celebrates the people and services that respondents told us made a real difference.

Throughout this report we have focused on what needs to change. But it is equally important to name and celebrate what is working well. The people who shared their experiences were generous in their praise of individuals and teams who supported them through one of the hardest experiences of their lives.

Cancer nurses

No group was praised more consistently than cancer nurses. Across every cancer type and every stage of the pathway, when a cancer nurse was present and accessible, respondents felt safer, better informed, and genuinely cared for.

“My lead nurse was my total rock throughout, always at the end of the phone or ready to talk face to face. I feel I would not have got through this terrible, painful process without her.”

Patient, gynaecological cancer

On-Island chemotherapy

The on-Island chemotherapy team at St Mary's was praised by a large number of respondents. Being able to receive chemotherapy on the Island, and return home the same day, was described as making a profound difference.

“Feeling ill after chemotherapy, but able to come straight home has been amazing. I would not have liked to get a ferry feeling so ill from treatment.”

Patient, colorectal cancer

The Lighthouse Clinic, Newport

Consistently praised for skin and melanoma care, including diagnosis, follow-up, and the quality of clinical nurse specialists. Several respondents described it as an excellent local resource that reduced the need for mainland travel. Named staff at the clinic were singled out by multiple respondents for their compassion and clinical skill.

Wessex Cancer Support

Mentioned by a large number of respondents across all cancer types as a vital and valued source of support. Counselling, complementary therapy, and peer connection were all highlighted as making a real difference. Respondents frequently described discovering the Trust through other patients rather than through clinical referral.

Mountbatten Isle of Wight Hospice

Praised overwhelmingly by respondents who accessed their services, including counselling, complementary therapy, and end of life care. Described as providing the kind of whole-person

care that statutory services were not always able to offer. Art groups, seated Pilates, poetry groups, and hydrotherapy were mentioned as particularly valuable.

The Daisy Ring Bus

Praised by a very large number of respondents as a genuinely life-changing service. Described as reducing the stress, cost, and logistical difficulty of travelling to QA Hospital Portsmouth for treatment. Several respondents said they could not have completed their treatment without it.



Staff praised by name

A number of individual members of staff were named by respondents for exceptional care. While we have not reproduced names in this report, we will share these with the relevant services so that individuals and their teams can be made aware. This level of named personal praise is rare in public engagement work and reflects something genuinely special about the way these individuals approach their roles.

15. Recommendations

These recommendations are addressed to Wessex Cancer Alliance, NHS Hampshire and Isle of Wight ICB, Isle of Wight NHS Trust, and wider system partners.

The following recommendations are based directly on what respondents told us. They are grouped by theme. Some are systemic and will require sustained effort and investment over time. Others are practical and could be implemented quickly. All of them reflect the real experiences of Island residents who took the time to share their stories with us.

Recommendation Area 1: Travel and Mainland Dependency		
Ref	Responsible Organisation(s)	Recommendation
R1.1	Wessex Cancer Alliance; Hampshire and Isle of Wight Integrated Care Board (ICB)	NHS partners and the Wessex Cancer Alliance should provide clear, accessible information explaining why radiotherapy services are not currently delivered on the Isle of Wight. This should be conveyed in plain language. The information should outline the key factors influencing service location, including specialist equipment, workforce requirements, minimum patient volumes, and national standards. It should also explain how current arrangements support safe, high-quality care and how patients are supported to access treatment off-island.
R1.2	Hampshire and IOW ICB; Isle of Wight NHS Trust	NHS partners including the Hampshire & IOW Integrated Care Board and the Isle of Wight NHS Trust should conduct an immediate review of the risk posed by chemotherapy drugs being transported to the Island by ferry. Explore alternative supply arrangements that are not weather or sea-state dependent.
R1.3	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should ensure every cancer patient is proactively informed about ferry healthcare discount schemes, the NHS Healthcare Travel Costs Scheme, and the Daisy Ring Bus at the point of diagnosis, not after.
R1.4	Portsmouth Hospitals University NHS Trust	Portsmouth Hospitals University NHS Trust should explore whether QA Hospital's appointment scheduling can better accommodate Island patients, including later morning appointments and grouped appointment days to reduce trips required.

R1.5	Hampshire and IOW ICB; Isle of Wight NHS Trust	The Hampshire & IOW Integrated Care Board and the Isle of Wight NHS Trust should work with ferry operators and local transport providers to improve information about connections between ferry terminals and hospital sites for patients without private transport.
R1.6	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should review accommodation options for patients needing extended stays on the mainland and ensure all eligible patients are proactively offered this.

Recommendation Area 2: Coordination and Communication

Ref	Responsible Organisation(s)	Recommendation
R2.1	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should introduce a named care coordinator for every cancer patient on the Isle of Wight, with responsibility for the full treatment pathway across all sites and teams.
R2.2	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should work with NHS Digital and relevant system partners to improve record sharing between St Mary's Hospital and mainland treatment centres, so that clinical information follows the patient.
R2.3	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should review the use of locum medical staff in cancer pathways and ensure continuity of clinical contact, particularly for haematology and oncology consultations.
R2.4	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should establish a clear written care plan for every cancer patient, shared with the patient, their GP, and all relevant clinical teams, updated at each significant point in the pathway.
R2.5	Isle of Wight NHS Trust; University Hospital Southampton;	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should ensure that GP practices are

	Portsmouth Hospitals University NHS Trust	updated promptly when a patient's diagnosis or treatment plan changes, and that they receive copies of all relevant correspondence from secondary care.
--	---	---

Recommendation Area 3: Diagnosis and GP Referral

Ref	Responsible Organisation(s)	Recommendation
R3.1	Wessex Cancer Alliance; Hampshire and IOW ICB	Wessex Cancer Alliance and The Hampshire & IOW Integrated Care Board should strengthen cancer awareness and diagnostic training within primary care, with a particular focus on recognising atypical presentations and reducing diagnostic bias affecting women, younger patients, and individuals with pre-existing conditions.
R3.2	GP Practices (Isle of Wight)	GP practices should review the use of online photograph submission as a triage tool for potential skin cancers and introduce clear protocols for when this is and is not appropriate.
R3.3	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should ensure that patients are always advised to bring someone with them to any appointment where they may receive a significant diagnosis, and that they are given adequate time and support at that appointment.
R3.4	Hampshire and IOW ICB	The Hampshire & IOW Integrated Care Board should review Urgent Suspected Cancer pathway (known as the two week wait pathway) activation rates across GP practices on the Island and identify any variation that may indicate under-referral.
R3.5	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should improve the process for communicating biopsy and test results, with a named person responsible for ensuring results are received, acted on, and communicated to the patient within a defined time frame.

Recommendation Area 4: Signposting and Support Awareness

Ref	Responsible Organisation(s)	Recommendation
-----	-----------------------------	----------------

R4.1	Isle of Wight NHS Trust (in partnership with people with lived experience)	In partnership with people with lived experience, the Isle of Wight NHS Trust should develop and distribute a single, clear, concise information resource to every cancer patient at the point of diagnosis covering: ferry discounts, NHS travel cost reimbursement, the Daisy Ring Bus, NEPTS, free prescriptions, local support groups, and Wessex Cancer Support.
R4.2	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should provide cancer patients with a named point of contact at the time of their diagnosis.
R4.3	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should train all clinical staff in cancer pathways to proactively offer signposting to practical and emotional support at key points in the patient journey.
R4.4	Isle of Wight NHS Trust	The Isle of Wight NHS Trust should work with Wessex Cancer Support, Mountbatten Isle of Wight, and other community partners to develop a joined-up information and referral pathway.

Recommendation Area 5: Aftercare and Life After Treatment

Ref	Responsible Organisation(s)	Recommendation
R5.1	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should develop a structured aftercare pathway for all cancer patients, including a minimum of one proactive contact within four weeks of completing active treatment.
R5.2	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should ensure that psychological support is routinely offered and accessible to all cancer patients, not only those who ask for it or are perceived as struggling.
R5.3	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should improve preparation for the end of active treatment. Patients should be given clear information about what to expect physically and

		emotionally, who to contact if they have concerns, and what ongoing monitoring and support is in place.
R5.4	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should review the provision of prosthetics and fitting services, including breast cancer patients to ensure Island patients have access to the same range and quality of service as those on the mainland.

Recommendation Area 6: Cancer Infrastructure on the Island

Ref	Responsible Organisation(s)	Recommendation
R6.1	Isle of Wight NHS Trust	The Isle of Wight NHS Trust should establish a dedicated emergency pathway for cancer patients so that those experiencing treatment-related complications are not directed to A&E.
R6.2	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should ensure that all clinical staff who may come into contact with cancer patients are trained in accessing and managing portacaths, to remove the current dependency on chemotherapy nurses.
R6.3	Isle of Wight NHS Trust	The Isle of Wight NHS Trust should explore whether a dedicated oncology ward or bay at St Mary's Hospital is feasible, providing a safe and appropriate environment for cancer patients who require admission.

Recommendation Area 7: Virtual Appointments

Ref	Responsible Organisation(s)	Recommendation
R7.1	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should develop and publish clear criteria for when face-to-face appointments will be offered to cancer patients and when virtual appointments

		are appropriate. Share these criteria with patients at the start of treatment.
R7.2	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should ensure that no patient receives a significant diagnosis or serious clinical update by telephone or video call without prior preparation, a support person being present, and adequate time for questions.
R7.3	Isle of Wight NHS Trust; University Hospital Southampton; Portsmouth Hospitals University NHS Trust	The Isle of Wight NHS Trust, University Hospital Southampton and Portsmouth Hospitals University NHS Trust should provide accessible alternatives for patients with hearing difficulties, limited digital access, or conditions that make telephone appointments difficult.

Recommendation Area 8: End of Life Care

Ref	Responsible Organisation(s)	Recommendation
R8.1	Hampshire and IOW ICB	The Hampshire & IOW Integrated Care Board should work with Mountbatten IW Hospice, residential care and nursing homes, GP practices, and community nursing teams to establish clear protocols for coordinating palliative care for patients in residential care and nursing homes, ensuring no patient falls between services.
R8.2	Hampshire and IOW ICB	The Hampshire & IOW Integrated Care Board should review out-of-hours palliative care provision on the Island and explore whether dedicated night-time support can be made available to patients and carers in the final stages of illness.

Healthwatch Isle of Wight will monitor progress against these recommendations and will publish an update in October 2026.

16. About Healthwatch Isle of Wight

Healthwatch Isle of Wight is the independent champion for people who use health and social care services on the Island. We are here to make sure that those running services hear about the experiences of the people who use them.

We are part of a national network of local Healthwatch organisations across England. We are not part of the NHS or the council. We are independent. That means we can speak honestly about what we find, without fear or favour.

What we do

- We listen to what people tell us about their experiences of health and social care.
- We use this information to influence how services are designed, delivered, and improved.
- We share our findings with the people who run services and hold them to account.
- We help people find the information they need to access services.
- We make sure that the voices of those who are often least heard are included.

How to contact us

Healthwatch Isle of Wight

The Riverside Centre, The Quay, Newport, Isle of Wight, PO30 2QR

Telephone: 01983 608608

Email: enquiries@healthwatchisleofwight.co.uk

Website: www.healthwatchisleofwight.co.uk

Your rights

If you have shared your experience with us, thank you. Your responses are anonymous. We will never share information that could identify you. All quotes used in this report have been checked to ensure they cannot be traced back to any individual.

If you would like to share your experiences of health or social care on the Isle of Wight, or find out more about our work, please get in touch. We are always listening.

17. Acknowledgements and Partnership

This report was commissioned by Wessex Cancer Alliance and delivered by Healthwatch Isle of Wight.

We would like to thank everyone who took part in this review. Sharing your experiences of cancer services takes courage and trust, and we are deeply grateful for every response we received. This report belongs to you.

Organisations and individuals who supported the engagement

- Wessex Cancer Alliance, in particular Sue Newell, Emma Leatherbarrow, Sally Rickard, and the wider WCA team
- The Healthwatch IW and WCA Steering Group, whose guidance shaped this project from start to finish, particularly those with lived experience of cancer, or those who have cared for someone with cancer
- St Mary's Hospital Isle of Wight NHS Trust, for supporting engagement at World Cancer Day
- The Lighthouse Clinic, Newport
- Wessex Cancer Support
- Mountbatten Isle of Wight
- Macmillan Cancer Support
- Isle of Wight Prostate Cancer Support Group and Applegate Breast Care Group
- Carers Isle of Wight and Age UK Isle of Wight
- Alzheimer Cafes
- The Daisy Ring Bus team
- All GP practices, pharmacies, libraries, leisure centres, village halls, and community organisations across the Island that displayed our materials
- Vectis Radio, Island Echo, and On The Wight, for covering this project

About Wessex Cancer Alliance

Wessex Cancer Alliance brings together NHS organisations and partners across Wessex to improve cancer care and outcomes for patients. The Alliance works to reduce inequalities in cancer services, improve early diagnosis, and ensure that the experiences of patients and carers shape the design of services. Website: www.wessexcanceralliance.nhs.uk. For support and information about cancer services across Wessex, please also visit our dedicated website for people affected by cancer: www.cancermatterswessex.nhs.uk

Disclaimer

This report presents the findings of a public engagement exercise carried out by Healthwatch Isle of Wight. The views expressed are those of respondents and do not represent the views of Healthwatch Isle of Wight, Wessex Cancer Alliance, or any NHS organisation. All quotes are reproduced with the consent of respondents and have been anonymised.

This report is a **draft version**. The final published version will be released following review by Wessex Cancer Alliance, stakeholders, and Healthwatch Isle of Wight.

18. Appendix: Demographic Data and Survey Analysis

Full breakdown of survey respondent demographics | Based on 229 individual responses

A1: Cancer Type

Cancer type	Responses	% of answered
Breast	56	25.2%
Other (specified)	34	15.3%
Colorectal / bowel	33	14.9%
Prostate	32	14.4%
Skin	22	9.9%
Haematological (blood)	18	8.1%
Lung	18	8.1%
Gynaecological	13	5.9%
Upper GI	8	3.6%
Brain	7	3.2%
Prefer not to say	1	0.5%

Note: one respondent who specified 'ovarian' under 'Other' has been included within the Gynaecological category above, as ovarian cancer is clinically classified as a gynaecological cancer.

A2: Respondent Type

Respondent type	Responses	% of answered
Patient	168	73%
Carer / supporter / family member	55	24%
Not answered / other	6	3%

A3: Referral Route

Referral route	Responses	% of answered
GP	142	62.0%

NHS screening programme	35	15.3%
A&E	21	9.2%
Not sure	4	1.7%
Other (self-referral, private, incidental etc.)	40	17.5%

Note: respondents could select multiple referral routes, so figures do not sum to 229 and percentages do not sum to 100%. Percentages are of 229 respondents. "Other" included self-referral, private diagnosis, and incidental findings.

A4: Where Treatment Took Place

Treatment location	Responses	% of those who answered (222)
On the Isle of Wight only	80	36%
Off the Isle of Wight only	34	15%
Both on and off the Isle of Wight	108	49%

See chart in Theme 1 (Travel and Mainland Dependency).

A5: Virtual Appointments

Virtual appointment use	Responses	% of answered
Had virtual appointments	142	62%
Did not have virtual appointments	71	31%
Not sure	7	3%
Did not answer this question	9	4%

Comfort level with virtual appointments	Responses	% of those who used them (141)
Very comfortable	57	40%
Fairly comfortable	52	37%
Not very comfortable	17	12%

Not comfortable at all	15	11%
------------------------	----	-----

A6: Support Scheme Awareness

Support scheme	Aware	% of respondents (229)
Daisy Ring Bus	124	54%
Cancer support groups	121	53%
Ferry operator healthcare discount schemes	120	52%
NHS healthcare travel costs scheme	78	34%
Non-Emergency Patient Transport Service (NEPTS)	14	6%
None of the above	38	17%

See chart in Theme 4 (Signposting and Support Awareness).

A7: Priority Themes Analysis - At a Glance

The following summary is drawn from the Survey Data Analysis: Priority Themes report, prepared for steering group circulation.

Finding	Number	Context
Respondents who told us about diagnostic delays	83 (36%)	Of 229 respondents
End of life accounts identified	22	7 patients, 15 carers
Respondents citing coordination failures (see Theme 2 for where this happened)	122 (53%)	Of 229 respondents
Stage 4 / advanced cancer accounts	10	Specific accounts identified
Highest diagnostic delay rate	50%	PO40 - Freshwater

A8: Methodology Notes

This survey used a mixed-methods approach combining quantitative (closed-question) and qualitative (open-text) data. The quantitative figures presented in this report are based on the full dataset of 229 responses. Where respondents did not answer a question, they have been excluded from the percentage calculations for that question.

The qualitative data consists of open-text responses to questions about people's experiences. These have been analysed thematically. Quotes used throughout the report are taken directly from respondents' own words. Minor spelling and grammatical variations have been retained to preserve the authenticity of responses. No quotes have been altered in any way that changes their meaning.

All responses are anonymous. No names, addresses, or any other identifying information were collected. Quotes have been reviewed to ensure they cannot reasonably be used to identify any individual.

The survey was open from February to April 2026. A short extension was offered to allow late and postal returns. Materials were distributed in both digital and paper formats. Paper responses were entered manually into the survey system.

Isle of Wight Cancer Services Review delivered by Healthwatch Isle of Wight, 2026
Commissioned by Wessex Cancer Alliance
www.healthwatchisleofwight.co.uk



Healthwatch Isle of Wight
Riverside
The Quay
Newport, Isle of Wight
PO30 2QR



www.healthwatchisleofwight.co.uk



01983 608608



enquiries@healthwatchisleofwight.co.uk



/HealthwatchIOW



@healthwatchIW



@healthwatch-isle-of-wight