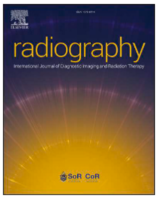
Radiography 32 (2026) 103305

Contents lists available at ScienceDirect

Radiography

journal homepage: www.elsevier.com/locate/radi



Listening to and learning from patients: A review of the results from the 2023 national radiotherapy patient experience survey in England

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ARTICLE INFO

Article history:
Received 8 June 2025
Received in revised form
13 December 2025
Accepted 16 December 2025
Available online xxx

ABSTRACT

Introduction: Emphasised through the radiotherapy service specification alongside a range of policies, there is a need to ensure the patient voice is listened to and heard. Ensuring patients are ‘cared about’ throughout their radiotherapy treatment is essential. Reviewing the expectations of patients and capturing their experiences of radiotherapy, enables improvement to our radiotherapy services.

Methods: An online survey including open and closed questions about patient experience was distributed to adult external beam radiotherapy patients (EBRT), attending radiotherapy within 10 Radiotherapy Operational Delivery Networks in England. Patients completing radiotherapy treatment 4th - 29th September 2023 were eligible to participate.

Results: A 30.6 % response rate was gained (calculated from RTDS data). Over 2500 responses were received, with 2486 suitable for analysis.

Respondents stated ‘complete understanding’ of knowledge of late effects of radiotherapy was 58.6 %, with early effects at 73.7 %. Most patients (93.8 %) were happy or very happy with information received prior to EBRT starting. The vast majority (95 %) stated they were treated with dignity and respect, with a few describing examples where this had not been the case.

Conclusion: The majority of patients responding to this survey indicated they experienced high quality care:*‘… the staff, from top to bottom, are quite exceptional. They represent the very best of the NHS and I am truly grateful.’*

From a service improvement perspective, also highlighted was the need to review delivery and content of information given both pre- and post-radiotherapy treatment.

Implications for practice: The need for a biennial National Radiotherapy Patient Experience Survey is required. This needs to be available in a range of alternative formats to ensure all voices can be heard.

Introduction

Ensuring patient voices are heard within healthcare services is central to enabling personalised care, giving people choice and control over how their care is planned and delivered.[1] Listening to patient voices is a core aspect of service improvement, gaining prominence in policy and national expectations in recent years.[2,3] The NHS Outcomes Framework[4] aims to improve care quality, with The Radiotherapy Service Specification[5] including three indicators directly related to patient experience, specifically requiring feedback from service users. The service specification mandates providers and networks to ensure patient views inform the whole radiotherapy work programme; to ensure optimal service provision for patients. Current mandated surveys, such as the National Cancer Patient Experience Survey (NCPES) and Adult Inpatient Survey, are valuable

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https://doi.org/10.1016/j.radi.2025.103305
1078-8174/

although limited from a radiotherapy perspective. Capturing radiotherapy patient experience is critical for service evaluation, supporting ethical accountability and providing evidence to inform policy, assess service objectives, and identify improvements. In addition to enabling person-centred care at the individual level, ensuring radiotherapy services are person-focused[6] individuals requires patient feedback to drive positive change. Merchat et al.[7] warn that the technical focus of radiotherapy has often silenced patient voices. Consequently, there is growing interest in capturing patient perspectives of their radiotherapy experience,[8,9] with Patient Reported Experience Measures (PREMS) being recognised as a key part of the 'radiotherapy data jigsaw'.[10]

Literature review

Surveys such as the NCPES 2023[11] and the Adult Inpatient Survey 2023[12] are valuable, though both have limitations from a radiotherapy perspective. As most radiotherapy is outpatient-based, key elements of patient experience are not captured. Additionally, the NCPES includes only two radiotherapy-specific questions (information before and during treatment). Gaps in understanding patient experience risk undermining person-centred care, as organisations will take the decisions they have the information to take.[13]

In 2012, a radiotherapy patient experience survey was commissioned by the National Radiotherapy Implementation Group (NRIG) in England, providing insight into patient experiences. Despite a recommendation that the 'national survey … is repeated at regular intervals',[14] no national radiotherapy survey has occurred since.

Understanding patient expectations is essential when reviewing services and identifying improvements,[15,16] as patient experience is significantly shaped by the disparity between expectations of care and the reality of care received With Calman[17] advocating for the necessity of narrowing the gap between expectations and reality in order to improve quality of life, Radiotherapy Operational Delivery Networks (ODNs), now Specialised Services Clinical Networks (SSCN) were established in 2019 to improve care experience, equity of quality, and reduce service variation.[5] This included capturing and learning from patient experience to inform service development and close expectation gaps. While technical standardisation improves service quality, a one size fits all approach may not meet diverse patient expectations. There may also be a policy to practice gap, impacting patients experience.

Across England's 11 radiotherapy networks, 51 NHS Trusts deliver external beam radiotherapy. This works represents the first national radiotherapy patient experience survey since 2012, undertaken to ensure that patients' perspectives meaningly inform the design, delivery and ongoing develop of services.

The radiotherapy national patient experience survey (NPES)

The 2012 National Radiotherapy Survey was delivered by Quality Health, funded by the NHS National Cancer Action Team on behalf of the National Radiotherapy Improvement Group. It was developed by a working group including lay representatives and pilot tested with patients.[14] The 2021 North West Radiotherapy Patient Experience Survey[18] adapted this questionnaire, adding items on consent, on-treatment experience, and treatment completion. It was validated by the Quality Improvement and Clinical Audit committees of the three Trusts in the North West Radiotherapy Operational Delivery Network.

Both the 2012 National Survey[14] and 2021 North West Survey[18] informed development of the 2023 National Radiotherapy Patient Experience Survey. The new questionnaire was designed and agreed upon by a multidisciplinary steering group comprising a Consultant Clinical Oncologist, Radiotherapy Service Managers Group, Clinical Scientist, Patient Researcher, and ODN programme managers. It was reviewed by the National Radiotherapy Service Managers Group, a Patient Representative Group, and a range of clinical and non-clinical stakeholders across England to ensure the data collected would be valuable and relevant to developing and delivering radiotherapy services.

Methods

Ethical approval

Ethical approval was received from XXX, and NHS Health Research Authority (HRA) **IRAS XXX.**

The online survey was created using the SmartSurvey® platform. It comprised 43 questions across 9 sections (Table 1), including closed, multiple-choice, and open questions with unlimited free-text responses. These free-text responses aimed to enrich the data by allowing respondents to share personal perspectives alongside selecting pre-determined options.

Distribution and recruitment of patients

Ten of the eleven Radiotherapy Operational Delivery Networks in England agreed to participate and facilitated distribution across services, resulting in 43 of 51 NHS radiotherapy providers distributing it to adult external beam radiotherapy (EBRT) patients. Providers were asked to confirm whether they would use electronic and/or paper-based formats, with a preference for electronic.

Thirty-nine of the 43 teams confirmed recruitment methods: all used QR codes; 27 offered paper surveys; 13 used text messaging; and 10 enabled use of electronic devices in departments. As it was an electronic survey, 'champions' in each department promoted and facilitated completion and liaised with the NPES team.

Patients completing EBRT between 4th and 29th September 2023 were eligible. The survey closed on 6th October 2023 to allow those treated within the window time to respond.

Results

A total of 2505 responses were received, with a median completion time under 10 min (09m:46s). In 38 responses, the radiotherapy centre was not specified. Of these, 19 were excluded as no questions ($n = 17$) or only one question ($n = 2$) was answered. The remaining 19, with most questions having been answered, are included as 'Not specified.' Responses per centre ranged from 4 to 165. For analysis, the total number of useable responses was 2486.

Using national RTDS data[19] from September 2023, there were 9058 unique radiotherapy episodes in England. Excluding the non-participating ODN ($n = 935$) yields 8123 potential respondents, giving a response rate of 30.6 %. 90 % of respondents identified as White British or Other White Background.

Respondent demographic data is shown in Table 2 and Fig. 1, with treatment area and fractionation detail in Table 3 and Fig. 2.

Comparing this survey respondents to the radiotherapy data set, evidences that this survey has received an over-representation of responses from those receiving radiotherapy to the breast or to the prostate.

The vast majority of patients reported positive experience of their overall care. This work was undertaken from a quality improvement perspective and to listen to patients, and in doing so highlight areas for consideration and improvement (Fig. 3).

Table 1
Structure of national radiotherapy patient experience survey.

	Survey sections	Number of Questions	Response Options
1.	Radiotherapy centre details	1	Multiple choice
2.	Consent	4	Multiple choice and free text
3.	Written information provided before your radiotherapy	3	Multiple choice and free text
4.	Online information about radiotherapy	2	Multiple choice and free text
5.	Coming to the hospital for radiotherapy	5	Multiple choice and free text
6.	About your radiotherapy appointments	10	Multiple choice and free text
7.	About your experience of your radiotherapy appointments	5	Multiple choice and free text
8.	About your experience of having radiotherapy	3	Multiple choice and free text
9.	About you	10	Multiple choice and free text
	TOTAL number of questions	**43**	

While the survey focuses on reporting objective aspects of patient experience through descriptive statistics, qualitative data has been included to capture the subjective perspectives that numbers alone cannot convey, thereby enriching the overall insight into patients experiences of radiotherapy. Quotes have been chosen to evidence the voice of the patients who chose to respond, to provide depth of detail in support of the descriptive, quantitative data. Using a directed content analytic approach[20] to the qualitative data gathered, patient responses were reviewed in line with areas of exploration within the experience survey (see Table 4).

Consent: When giving consent, 86.5 % of respondents (n = 2151) stated they completely understood the aim of radiotherapy (range 67 %–90 %), with only 8 in the population completing the survey stating, ‘not at all’. Eleven patients suggested they had not been able to ask questions. These were across a range of departments. A distinction was made in this survey between knowledge of acute and late effects of radiotherapy; a contrast to the 2012 survey.[14] Almost three quarters (73.7 %) of respondents (n = 1832) completely understood the early/short-term effects of radiotherapy, with 19.7 % (n = 489) understanding them ‘to some extent’, reducing to 58.6 % (n = 1458) completely understanding, when considering late effects and 31.1 % (n = 773) ‘to some extent’.

Patient information: The majority (93.8 %) of patients were happy (27.7 %) or very happy (66.1 %) with the information received in advance of their first appointment. Only 20 patients (0.8 %) suggested they did not receive any information prior to their first appointment; a further 11 were unhappy with information received, of which 3 detailed incorrect fraction/treatment detail information provided and 2, incorrect bladder/bowel preparation information being provided. A total of 152 patients (6 %) highlighted that they had not accessed the hospital or cancer centre website as they had no access to the internet. This is important to note, as 13 % of those aged 76–85 years declared no internet, 5.2 % of those aged 66–75 years and 3.6 % of those aged 56–65 years similarly. A further 752 patients (30.2 %) chose not to access web-based information for a range of reasons, 120 of whom suggested they did not know there was information on the hospital or cancer centre website. Many commented that the information from the consultant or team was felt to include everything needed.

Radiotherapy appointments: Across the survey, 63.4 % (1576 responses) stated treatment always started within 30 min of the given appointment time; 97 patients (3.9 %) said they were never informed of delays, and a further 86 (3.5 %) that they were rarely informed. Participants also commented on the impact of the delay, especially on bladder and bowel preparation:

> *‘More communication about delays to appointments.’* (response 48)
>
> *‘If running late inform you quicker, so to take your water correctly.’* (response 2437)

Inconsistency was noted, with some linacs regularly displaying delay times, whilst others did not. One patient suggested an electronic smartphone app to display individual appointments and times.

95.5 % of patients received their radiotherapy within core hours (defined within the survey as being 9am – 6pm; Monday to Friday), with no significant difference being shown between preferences for and against weekend appointments.

Table 2
Demographics of study population (n = 2486).

Variable	Category	% (Your Data)	ONS England (%)
Sex	Female	49	50.7
	Male	44	49.3
	Did not wish to disclose	1	
	No response	3	
	Other	3	0.02
Sexual orientation	Heterosexual	76	89.4
	Homosexual	1	1.8
	Bisexual	1	1.3
	Asexual	7	*
	Did not wish to disclose	7	6.9
	No response	8	
Disability (self-reported)	No	69	77.5
	Yes	26	22.5
	No response	5	
Description of disability (‘Yes’)	Mobility disability	13	
	Chronic condition	3	
	Hearing	3	
	Vision	2	
	Mental health	1	
	Other	3	

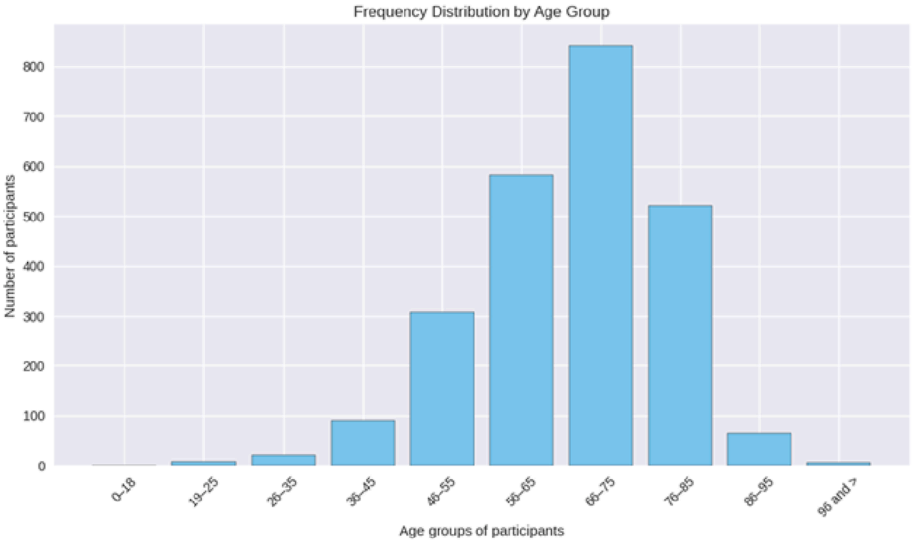

Figure 1. Age profile of respondents.

I would prefer ...	No **%**	Yes **%**
Monday to Friday 9am – 6pm	48.7	51.3
Saturday between 9am and 1pm	51.3	48.7
Saturday between 1pm and 6pm	55.7	44.3
Sunday between 9am and 1pm	54.8	45.2
Sunday between 1pm and 6pm	58.1	41.9

Experience of Radiotherapy: The majority of patients (n = 1955; 78 %) rated the changing facilities as 'always' allowing them to maintain their dignity, with 215 'mostly' (9 %), 'rarely' (0.3 %), 'never' (1 %), skipped (7 %) and 'I don't know' (6 %). Experiences within the radiotherapy treatment room were also positively described, with 95 % stating they were treated with dignity and respect.

Open text comments such as this one were common:

> *'Treated with respect and dignity at all times.'* (response 39)

However also acknowledging that:

> *'Dignity is a relative term when one has spent seven months removing one's clothing so strangers can peer at one.'* (response 664)

The vast majority of comments relating to interactions with therapeutic radiographers were positive:

> *'Absolutely everyone I came into contact with was professional, caring, courteous and efficient.'* (response 2283)

However, some patients waiting outside linac control areas observed the teams going about their activities and commented:

> *'They did not interact or speak to people waiting or even acknowledge you even when you were going every day! The group is quite intimidating.'* (response 2303)

Continuity of team members was highlighted by some patients:

> *'I would have liked to have seen some of the same staff ... '* (response 623)

There were multiple references to the 'nurses' providing the radiotherapy treatment, alongside many positive comments about individuals who had made a difference.

A supportive feel to the waiting room was acknowledged, acknowledging the importance of peer support:

> *'Having other men in the waiting room with the same condition helped, it allowed us as a group to discuss any worries and fears.'* (response 200)

As well as practical considerations:

> *'Surprised cafe closes at 4pm.'* (response 1251)

Compared to the ONS data, white participants were overrepresented (90 % compared to 81.7 % in the population), while Asian or Asian British were the most significantly underrepresented (3 % compared to 9.3 % in the population) leading to the recognition of the likelihood for underrepresented voices.

Discussion

The national (2012[14]), regional (2021[18]) and current (2023) radiotherapy patient experience surveys allow observations on patient experience and trends, despite difference in cohort demographic and response numbers. Confidence in the consent process is consistently high (98–99 %), with understanding of treatment aims being stable over all surveys. In 2012,[14] 99 % reported complete or partial understanding of their treatment, comparable to 100 % in 2021[18] survey (83 % complete, 17 % partial) and 87 % complete understanding in this survey. This reflects both changes in survey categorisation and a possible reduction in "complete" clarity. From 2023, the consent domain expanded to include questions about opportunities for questions (97–99 % positive) and provision of consent forms (63–70 %). The 2021[14] and current 2023 surveys also distinguished between acute (78–99 % complete understanding) and late (62–65 %), effects revealing a knowledge gap regarding radiation late effects. The surveys revealed a significant reduction in the number of treatment fractionations >10, from 70 % in 2012 to 51 % in 2023, perhaps

Table 3
Survey respondents: area being treated.

	Count	%	% from RTDS
Abdomen	87	3.5	
Bladder	66	2.7	
Brain	86	3.5	
Breast	788	31.7	26.1
Head and neck	287	11.5	
Limb (arm/leg)	37	1.5	
Lung/chest	189	7.6	10.7
Pelvis/gynaecological	125	5.0	
Prostate	672	27.0	22.1
Rectum/Bowel	97	3.9	
Spine	48	1.9	
Other	68	2.7	

evidencing consistent increased use of SABR and hypofractionation treatment regimes.

Pleasingly, care, communication, and dignity ratings remained consistently high (>90 %) across all three surveys.

In 2021, The Royal College of Radiologists (RCR)[21] launched a suite of national, standardised radiotherapy consent forms. The release saw parity with standardised consent forms for systemic anti-cancer therapies and importantly makes a distinction between acute and late effects. Kenney-Herbert et al.[22] state that although the majority of radiotherapy providers use site-specific radiotherapy consent forms, no consensus exists in terms of effects that are included and discussed.

Also discussed by Durnin et al.,[23] the variability in access to information alongside preferences for how this is provided also varies between individuals. This was evidenced through this patient experience survey, for example:

> *'This is something that is very intimate and should be discussed in person.'* (response 238)
>
> *'I felt overwhelmed with information but a lot of it seemed to be information for information's sake and not personalised to me and my concerns.'* (response 468)

This need for a personalised approach to care in terms of when, where and how much information is preferred is sometimes in contrast with the 'need' for professionals to provide the 'what' to enable consent to be fully informed. Having standardised forms will positively enhance the evidencing of consent conversations being held but where we, as professionals and as individuals, hold the responsibility for how that communication is enabled.

The concept of information being provided for information's sake also resonates with Ashmore et al.,[24] where patients reported practitioners using generic phrasing or clichés such as 'it will get worse before it gets better.' The standardised approach of selecting from a 'library' of possible responses, as opposed to a person-centred and personalised response, may not address the patient needs and could leave the person feeling unheard.

El Haddad et al.[25] report that human interaction positively influences patient experience and reduces anxiety, with O'Neill et al.[30] also acknowledging the importance of the therapeutic radiographer (or radiation therapist) in supporting patients throughout their treatment, emphasising through their review the importance of continuity of care across the radiotherapy treatment course.

Many comments were though positive in how approachable the teams were:

> *'Every member of the team have patiently taken the time to answer any questions I have. If they did not immediately know the answer they would find out and come back to me. I feel the team go the extra mile to provide an excellent service.'* (response 1309)

Though it was also acknowledged that:

> *'It's knowing the right questions to ask.'* (response 454)

In considering the radiotherapy experience, within open text responses several patients commented on their surprise at male therapeutic radiographers being present. They recognised they should not have been surprised, but suggested they could have been better psychologically prepared if this had been made clear:

> *'My first appointment there were 2 male radiographers. I felt very nervous and uncomfortable removing my gown without a female present. … I feel this is very important and changes need to be made to improve patient experience.'* (response 244)
>
> *'My first session the radiographers were 2 males. I felt quite intimidated when they stood over me either side and both opened my gown together. I would have felt more comfortable if just one*

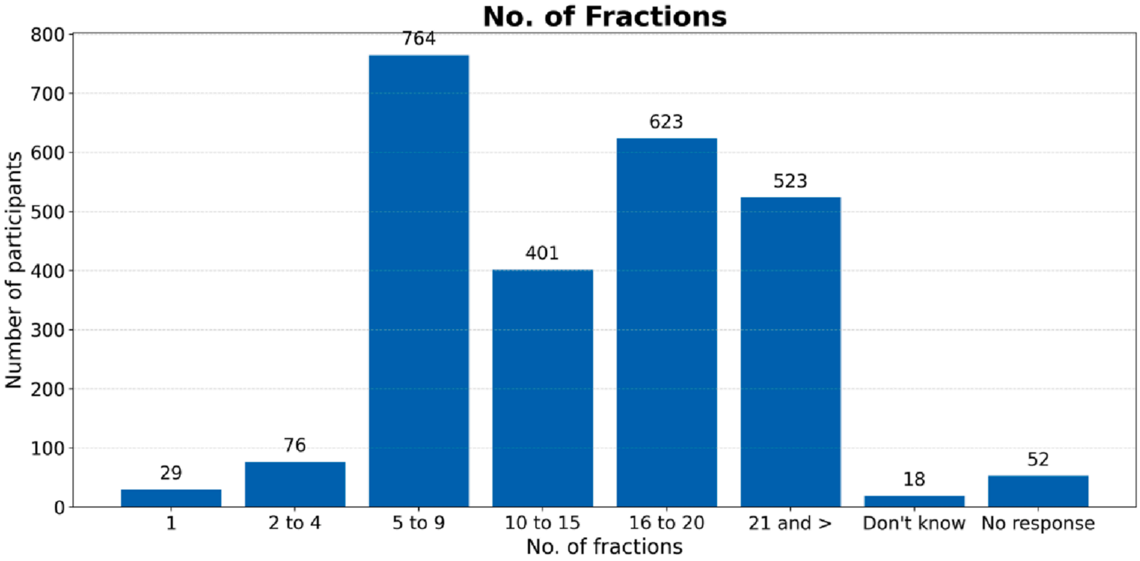

Figure 2. Survey respondents: numbers of fractions received.

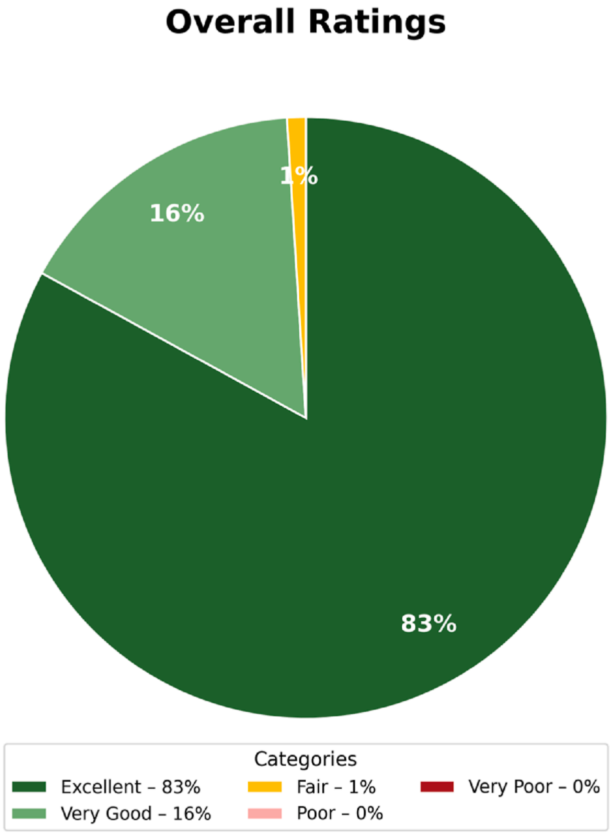

Figure 3. Patient perception of overall care.

> *had done it … I had stupidly assumed the staff would be female.'* (response 1649)

Ashmore et al.[24] describe how patients at times accept minor 'lapses in dignified care' as 'inevitable … embedded into structures and routines of care.' The neglect of seemingly small things represents what Ashmore and colleagues term a 'micro-infringement of dignity' and can negatively impact patient experience and relationships.

> *'No gowns available … staff provided white roll to cover and maintain my dignity.'* (response 542)

Though a minority, some patients felt they had been treated with less dignity, some of which is also explored by Leotin[31] in the detailing of her personal experience:

> *'The gowns I had to wear was very exposed … especially when I had to sit outside in the reception area with other people … '* (response 2215)
>
> *'Sometimes seems like production line and I am a number rather than a person.'* (response 109)
>
> *'Some of the senior staff were quite brisk and didn't always ask before exposing me within the treatment room.'* (response 2005)
>
> *'Each time I wished I could be given something to cover myself on the healthy side. I found it all very undignified.'* (response 1446)
>
> '*Made me feel like a number not an ill patient.'* (response 1667)

Some comments revealed relatively low expectations, such as '*just pleased to receive treatment*.' El Haddad et al.[25] discuss that people can be satisfied with care by individuals, but that the system itself might not meet expectations, questioning how the healthcare system influences the relationship with the clinician. The ever-present focus on productivity, efficiency and cancer waiting time targets has also contributed to what Montori and Allwood[26] describe as the 'industrialisation of healthcare', warning that balance is needed to avoid turning 'patients into widgets and clinicians into production line workers'; the importance of careful and kind care is emphasised within their work[27] continuing the emphasis on the importance of an individual approach.

How we acknowledge the time patients spend traveling and waiting for their EBRT, is important in improving the quality of care being offered. Simple communication solutions have been reported elsewhere in relation to the improved communication of

Table 4
Quotes to support themes from survey.

Theme	Quote	Insight
Consent	*'I was told to sign and it was all very quick. I didn't really understand what I was agreeing to.'* *'I didn't feel like I could say no, it was just expected I'd go along with it.'*	Recognition of consent as a process, rather than a point of time, and that it needs to cater for patients' requirements as well as that of the organisation.
Patient information	*'More written information about the process would have been helpful'* *'The information was too technical. I needed plain language.'*	Recognising patients' information requirements and preferences for how and when this information is shared.
Coming to hospital	*'Travelling every day was exhausting. I live 45 min away and had no one to drive me.'* *'Parking was a nightmare – expensive and often full.'* *'I was lucky to have a car, but the cost of petrol every day added up quickly.'* *'Some kind of transport support for rural patients would be appreciated.'*	The travel burden and associated financial impact on patients as a factor for radiotherapy access, alongside impact on patient quality of life could be considered.
Radiotherapy appointments	*'Appointment times changed often, and I wasn't notified until the last minute.'* *'I wish I had been given a consistent time it made arranging work and childcare very hard.'* *'Late running was common, which caused a lot of stress.'* *'When appointments were delayed, no one told me why or for how long.'*	Recognition of the commitments of radiotherapy patients outside of their EBRT appointment, to enable planning for the duration of a treatment course. The need for communication within a radiotherapy department, at point of arrival.
Experience of radiotherapy	*'The staff were brilliant – very kind and reassuring.'* *'Staff were amazing, but it felt very rushed and procedural.'* *'Felt like just another number – very impersonal.'*	Enabling therapeutic radiographers to offer quality of care, alongside the drivers for patient throughput is a challenge.

Table 5
Table of recommendations.

Recommendation	Detail
Distribution of a biennial national radiotherapy (RT) patient experience survey (PES)	This approach could be funded centrally and facilitated and coordinated through radiotherapy networks.
Development of provider implementation plans, such as 'you said, we did'	Such an approach, ensures patient experience shapes improvements, fostering trust and demonstrates a commitment to responsive, person centred radiotherapy.
Creation of a standardised approach to RT PES to expand to devolved UK nations and other countries with similar health care systems.	To enable the facilitation of comparison with other nations with similar health care systems.
Enable survey availability in alternative formats including other languages and alternative formats	This approach would improve accessibility, intending to improve inclusivity and empower all patients to share their experience and views. This is turn, allows radiotherapy services to better understand and address the diverse needs of the people and communities they serve.
Development of PES measures, beyond conventionally medicalised or organisation e.g. PROMs, time toxicity, and patient narratives.	Integrating patient reported data with conventionally medicalised measures provides a more holistic view capturing clinical metrics and real life impact on patients' quality of life, experience, and satisfaction.

waiting times at arrival, for example Yannitsos et al.[29] who details the provision of a monitor displaying waiting times at the registration desk as a solution to their departmental survey of patient experience.

Gupta et al.[28] include the requirement for travel and waiting in hospitals within what they refer to as 'time toxicity', presenting their considered need for this to be measured as part of treatment trials, to enable discussion of how time will be spent whilst undertaking a treatment course. Whilst this work was linked to those with advanced cancers, given EBRT requires predominantly regular fractionated treatment attendance, consideration and recognition of the time requirement and how this is communicated to patients should be a core feature of radiotherapy service enhancement. Similarly, and perhaps linked to this, timeliness for the review and re-consideration for the hours of radiotherapy service delivery in line with patient preference might be appropriate, recognising the impact this would have on workforce and technology.

Conclusion

The responses to this National Radiotherapy Patient Experience survey, indicate that the majority of patients experienced high quality care, with therapeutic radiographers (although sometimes referred to as 'nurses') and oncologists being thanked and praised for their support.

> ' *… the staff, from top to bottom, are quite exceptional. they represent the very best of the NHS and I am truly grateful'* (response 2501)
>
> *Why can't the rest of the NHS be as patient focused as this?* (response 1510)

Individuals, teams, and services should be congratulated for this achievement, especially as the survey was undertaken during a challenging period of industrial action and operational pressures. However, the focus of this work was undertaken through a quality improvement lens, with responses also indicating areas for attention and improvement. This national survey reveals patient expectations of the radiotherapy service, with their satisfaction being related to the difference between expected service and that received.[15]

The survey's responses make a specific case for reviewing and improving the delivery and content of information provision pre and post radiotherapy. This includes clarifying the understanding of consent for treatment including the intended benefits as well as the likely and potential acute and late effects.

This was an unfunded project and as such resources to develop the survey in languages other than English were not available. It is recognised that a systematic approach and intention to enable access by all is required in future, in line with the good practice guide for Increasing Diversity in Research Participation.[32] Similarly, recognising the proportion of respondents from those receiving radiotherapy to the breast or to the prostate, requires us to recognise the need for the breadth of patient voice.

A national patient experience survey would be a valuable resource for service leads and professionals to compare and contrast radiotherapy services against other providers of similar size and configuration, identifying beacons of best practice and benchmarking services against national averages. It would enable us, as a radiotherapy community, to ensure that patient experiences inform the design, delivery and development of radiotherapy services ensuring the requisite variety to deliver person centred care. Within this recommendation, enabling access to the survey in a range of languages and other accessible formats might encourage a wider representative sample of responses (see Table 5 for recommendations).

This paper serves as a call to action for the radiotherapy community to commit to undertaking a biennial National Radiotherapy Patient Experience Survey to inform policy and practice, guarding against, what Merchant et al.[7] calls, 'the silencing of patient voices' ensuring radiotherapy patients continue to be '*cared about*'[6] and that patients as people are prioritised.[33]

Ethics approval and consent to participate

Ethical approval for this study was obtained from Birmingham City University, and NHS Health Research Authority (HRA) (IRAS 328186).

Written informed consent was obtained for anonymised participant information to be published in this article.

Availability of data

Data required for this study may be made available by the author(s) upon reasonable request.

Author contributions

Conceptualisation: DH, MB, KL, HPW.
Methodology: DH, MB, KL.
Formal Analysis: DH, MB, KL, PB, LMc, HW, HS, HPW.

Data Curation: MB, KL, LMc, HW.
Writing – Original Draft: DH, PB, HPW.
Writing – Review & Editing: DH, MB, KL, PB, LMc, HW, HS, HPW.
Supervision: DH, HPW.
Project Administration: LMc.

Generative AI use

Not applicable.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Conflict of interest statement

None.

Acknowledgements

Thank you to the participating Trusts, clinical champions and digital colleagues. National Radiotherapy Advisory Group, Radiotherapy Service Mangers and Radiotherapy Network managers for their support and contribution. A special thanks and appreciation goes to the 2486 patients for sharing their experience and views with the aim of improving services and experiences for others.

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