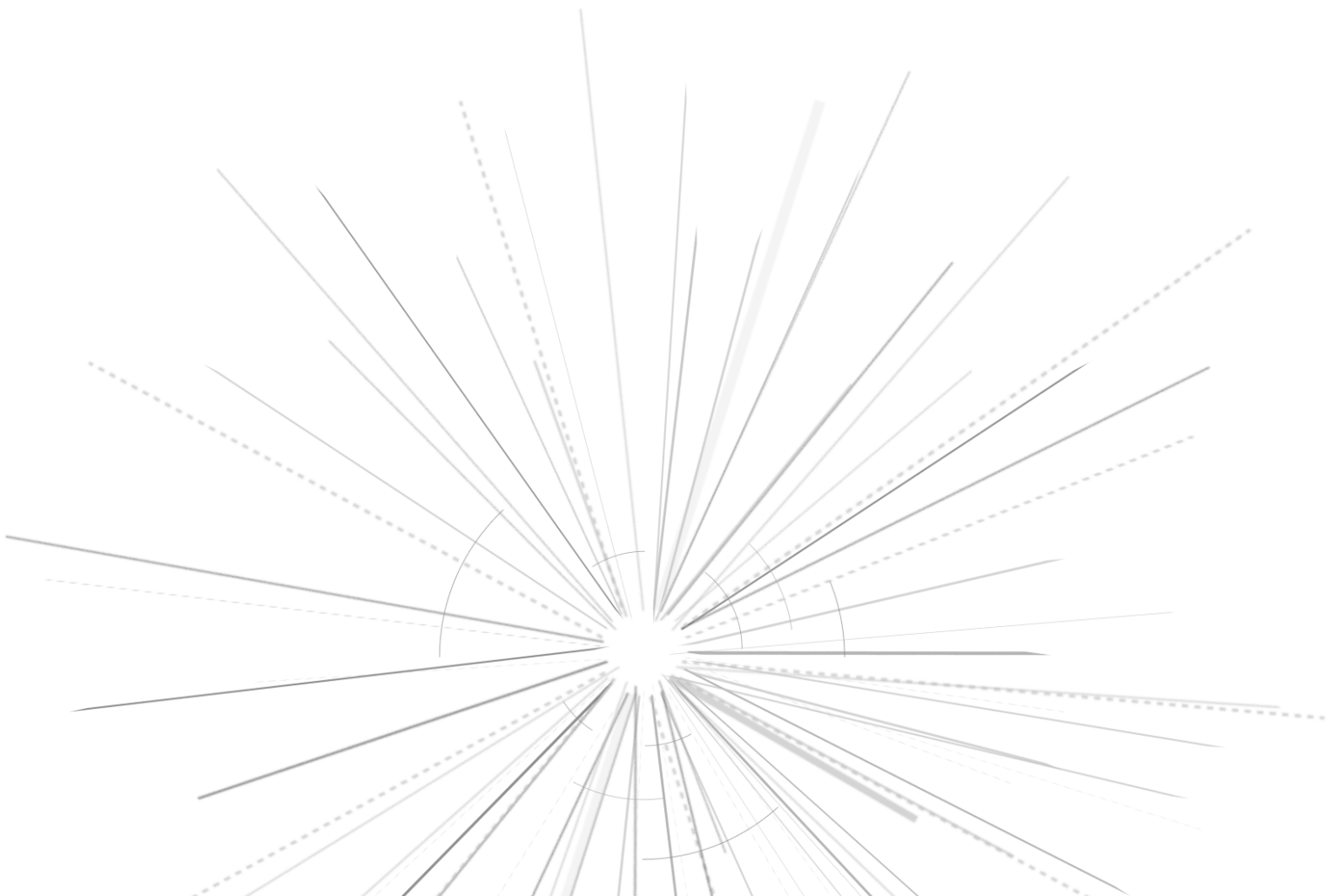

Wessex Cancer Support Client Survey Report 2026

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About the authors

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Executive Summary

Wessex Cancer Support (WCS) commissioned this survey to understand the experiences of people who accessed its services within the last two years: how they were referred, which services they valued, and what they would like to see next. The survey ran in March 2026 and generated 122 valid responses (a 19% response rate). The findings describe an organisation that is deeply valued by those it reaches, alongside clear opportunities to extend that reach and strengthen sustainability.

Satisfaction is exceptional and consistent: 91% of respondents were very or quite satisfied across all four centres and both genders, with a Net Promoter Score of +84. Respondents most often described WCS as welcoming, caring and supportive, and the outcomes they reported, improved mental wellbeing, feeling cared for, and connection with others, reflect emotional and social value the NHS is typically not resourced to provide. It is the people and culture, much of it rooted in lived experience of cancer, that respondents value most.

This loyalty comes with a narrow reach. The respondent profile is predominantly female, aged 55 or over, retired and White British, pointing to an opportunity to engage younger, working age people and men. Most found WCS through a clinical team and only 7% via online routes, a strong but people-dependent referral base, and just 15% first accessed support between diagnosis and treatment, suggesting scope to reach people earlier.

Service usage data reflects respondents who have accessed WCS since 1st January 2025. Within this group, usage is concentrated in a handful of services, with 15 of 25 used by 10 or fewer respondents. This points to an opportunity for a considered review of where WCS adds most distinctive value, though newer clients may not yet have had the chance to engage with the full range on offer. There is appetite for integrated packages, cancer-specific groups and coaching, openness to community settings, and notably a 67% willingness to contribute financially towards specialist services.

These findings are signals rather than conclusions. The sample is self-selecting and skews towards WCS's most engaged users, so the key themes are best explored through the planned PPI work. Taken with WCS's own service data, they offer a strong basis for shaping the next phase. Full recommendations follow in Section 9 and will be explored with the PPI groups.

1. Background and Approach

Wessex Cancer Support (WCS) commissioned Amanda Lees and Venetia Wynter-Blyth to conduct a survey of people who first accessed their services within the last two years.

1.1 Survey Aims

The survey aimed to understand:

- Referral routes in to WCS,
- Usage and rating of services accessed,
- Overall satisfaction and likelihood to recommend WCS,
- Views of potential future offerings (distinguishing business-as-usual activity from opportunities to explore innovative income streams for future grant writing opportunities).

1.2 Survey Design and Distribution

The survey was designed in collaboration with WCS and created in MS Forms. WCS initially emailed the survey link and covering email to consenting clients on 6th March 2026, followed by two reminders. It was closed on 27th March 2026. The survey comprised structured, multiple-choice questions covering demographics, service use, helpfulness ratings, perceived impact, brand perception, and appetite for future services.

1.3 Sample and Data Cleaning

Of 126 raw submissions, one blank response and three confirmed duplicates were removed, giving a final clean sample of 122 unique respondents (19% response rate).

Descriptive statistics were generated in Excel. Open ended responses were read and grouped into categories or themes.

2. Respondent Profile and Demographics

This section presents the demographic profile of the 122 respondents, including gender, age, cancer diagnosis, employment status, and the point at which they first accessed WCS.

Respondents were predominantly:

- Female (76%),
- Aged 55 or over (67%),
- People living with cancer themselves (85%),
- White British (91%).
- Only 10 respondents (8%) were aged 35–44,
- The largest proportion of respondents were retired (41%),
- A lower percentage were employed full-time (12%) or self employed (11%),
- Breast cancer was the most common diagnosis (38%), followed by prostate (11%),
- The majority of respondents had only accessed support from WCS,
- All four centres were represented in survey responses,
- 3% of respondents have only accessed WCS online.

2.1 Gender and Age

Respondents were predominantly female (76%), aged 55 or over (67%), people living with cancer themselves (85%) and White British (91%). Only 10 respondents (8%) were aged 35–44. This older profile has implications for service design and future outreach to younger people affected by cancer. 53 respondents (44%) reported a disability or long-term health condition, although open comments revealed that some were referring to their cancer in this answer.

Table 1: Gender, Age and Capacity Profile of Respondents

Category	Group	Count ¹	%
Gender	Female	92	76%
Gender	Male	29	24%
Age	35–44	10	8%
Age	45–54	30	25%
Age	55–64	35	29%
Age	65+	46	38%
Capacity	Living with cancer	104	85%
Capacity	Caring for someone	11	9%
Capacity	Family/friend	7	6%

¹ Please note that one respondent did not answer any of the demographics questions, so for these questions n=121.

2.2 Employment Status

The largest proportion were retired (41%) followed by employed part time (17%). A lower percentage were employed full-time (12%) or self employed (11%). 12% were unable to work due to illness, 3% were unemployed and 3% looking after home/family.

2.3 Centre and Access Mode

Just over half of responses came from people who use the Bournemouth centre, followed by Chandlers Ford, Isle of Wight and Waterside. A much lower response came from people who had accessed WCS online only. The majority (76%) were accessing support from WCS only, and not other support organisations.

Table 2: Responses by Centre

Centre	Count	%
Bournemouth	65	53%
Chandlers Ford	23	19%
Isle of Wight	17	14%
Waterside	13	10%
Online only	4	3%

2.4 Cancer Diagnosis

Breast cancer was the most common diagnosis (38%), followed by prostate (11%), bowel (11%) and blood cancers (9%).

2.5 Journey Stage at First Access

The majority were already in or had completed treatment when they first accessed WCS. Overall, only 15% came to WCS between diagnosis and treatment. There was some variation across centres (please see Table 4 below), with lower proportions of respondents from Bournemouth (11%) and Chandlers Ford (9%) accessing WCS between diagnosis and treatment, but 35% of people from the Isle of Wight and 23% from Waterside accessing at this point. This may suggest an opportunity to reach people earlier, particularly around the point of diagnosis, perhaps even at the point of suspected diagnosis, which could extend both the reach and impact of WCS's support.

Table 3: Cancer Journey Stage When First Accessing WCS

Journey Stage	Count	%
Between diagnosis and treatment	18	15%
Having treatment	41	34%
Recovering from treatment	38	31%
Living with cancer long term	21	17%
Not sure / prefer not to say	4	3%

Table 4: *Cancer Journey Stage when first accessing WCS – Break down by centre.*

Category	Count	Total %	Bournemouth % (n=65)	Chandlers Ford % (n=23)	Isle of Wight % (n=17)	Waterside % (n=13)	Online Only % (n=4)
Between diagnosis and treatment	18	15%	11%	9%	35%	23%	0%
Having treatment	41	34%	34%	35%	35%	31%	25%
Recovering from treatment	38	31%	32%	39%	12%	31%	50%
Living with cancer long term	21	17%	20%	17%	18%	8%	0%
Not sure / Prefer not to say	4	3%	4%	0%	0%	8%	25%

Centres: Bournemouth, Chandlers Ford, Isle of Wight, Waterside, Online only.

Rounding errors may cause percentages to add up to more than 100%.

3. Referral Pathways and Access

This section explores how respondents first heard about WCS, how quickly they accessed support following diagnosis, and their experience of the initial wellbeing coordinator appointment.

- The cancer treatment team was the most common route through which respondents discovered WCS,
- Few discovered WCS via social media, or online search,
- 88% of respondents had an initial appointment with a wellbeing co-ordinator,
- Of these 94% found the appointment extremely or somewhat useful.

3.1 How Respondents Discovered WCS

Overall, the top four ways of hearing about WCS were via the cancer treatment team, family or friends, a support worker or a GP or social prescriber. Roughly half of respondents from the Bournemouth and Chandlers Ford centres (48% each) stated that they had first heard about WCS from their cancer treatment team. This source of hearing about WCS was lower amongst respondents from the Isle of Wight (18%) and Waterside (8%) centres. 41% of respondents from the Isle of Wight centre had first learned of WCS from family or friends.

Table 5: *How Respondents First Heard About WCS*

Referral Source	Count	%
Cancer treatment team	48	39%
Family or friends	23	19%
A support worker	11	9%
GP or social prescriber	10	8%
Searching online	6	5%
Another organisation	5	4%
WCS charity shop	3	3%
Poster or leaflet	3	3%
Social media	3	3%

Table 6: *How respondents first heard about WCS – Broken down by Centre*

Category	Count	Total %	Bournemouth % (n=65)	Chandlers Ford % (n=23)	Isle of Wight % (n=17)	Waterside % (n=13)	Online Only % (n=4)
My cancer treatment team	48	39%	48%	48%	18%	8%	50%
Family or friends	23	19%	9%	17%	41%	38%	25%
My GP or social prescriber	10	8%	11%	9%	0%	8%	0%
A support worker	11	9%	12%	9%	0%	8%	0%
Another org. recommended you	5	4%	6%	0%	0%	8%	0%
Searching online	6	5%	5%	4%	12%	0%	0%
Social media	3	3%	0%	0%	12%	8%	0%
Poster or leaflet	3	3%	3%	0%	0%	8%	0%
WCS charity shop	3	3%	2%	0%	12%	0%	0%

Rounding errors may cause percentages to add up to more than 100%.

Strategic Note

56% of people discovered WCS through their clinical team (treatment teams, GPs/social prescriber, support workers). Whilst this is a strong referral base, it is also largely people-dependent, creating a potential single point of failure and leaving WCS's reach vulnerable to staff turnover and changes in clinical relationships. Social media and online search accounted for just 7%, suggesting a meaningful opportunity to grow awareness through a more active digital marketing presence. Realising this opportunity will require a clear strategy and compelling articulation of WCS's offer and target audience.

3.2 Time from Diagnosis to First Access

Half of respondents stated that they accessed WCS within a few months of diagnosis. Of these 3% accessed straight away, 13% within a month and 34% within a few months. 20% waited over a year. Earlier clinical referrals – at diagnosis or during treatment – could extend both the reach and impact of WCS.

Table 7: *Time Between Diagnosis and First Accessing WCS*

Time Period	Count	%
Straight away	4	3%
Within a month	16	13%
Within a few months	42	34%
Within six months	21	17%
Within a year	15	12%
Over a year	24	20%

Table 8: *Time between diagnosis and first accessing WCS – Break down by centre.*

Category	Count	Total %	Bournemouth % (n=65)	Chandlers Ford % (n=23)	Isle of Wight % (n=17)	Waterside % (n=13)	Online Only % (n=4)
Straight away	4	3%	3%	0%	6%	8%	0%
Within a month	16	13%	12%	13%	12%	15%	25%
Within a few months	42	34%	34%	17%	53%	38%	50%
Within six months	21	17%	23%	22%	6%	0%	0%
Within a year	15	12%	9%	22%	18%	0%	25%
Over a year	24	20%	18%	26%	6%	38%	0%

Rounding errors may cause percentages to add up to more than 100%.

3.3 Wellbeing Coordinator Appointment

88% of respondents had an initial appointment with a wellbeing co-ordinator, of these 102 (94%) found the appointment extremely or somewhat useful. This structured onboarding is clearly well-embedded in the service model.

Table 9: *Uptake of Initial Wellbeing Coordinator Appointment*

Response	Count	%
Yes	108	88%
No	8	7%
Not sure	6	5%

The highest proportion of people (37%) used services once a week, followed by every couple of weeks (29%), 8% stated they used services more than once a week, and 26% used services once a month or less, suggesting that for the majority, WCS forms a consistent and ongoing part of their support.

Strategic Note

It is worth noting that survey respondents may represent WCS's most engaged and loyal users. This raises an important strategic question about the sustainability and scalability of a model built primarily around high-frequency, face-to-face service delivery, and whether there is appetite to explore complementary models that could extend reach without proportionally increasing cost.

3.4 Why Respondents Chose WCS

In the section of the survey concerning access and referral respondents were also asked one open-ended question concerning their reasons for seeking help from WCS: “Why did you choose to get support from us?” Responses fell into eight distinct themes, illustrated below. Emotional support, peer connection, and access to complementary therapies were the most prominent motivations, reflecting the breadth of need that WCS meets.

Table 10: Themes: Why Respondents Chose WCS (Open Responses)

Theme	Example Quote
Emotional support	<i>"I needed some emotional support with my diagnosis and the Wessex cancer centre have been fundamental for my management of my cancer."</i>
Complementary therapies	<i>"I was seeking advice about relaxation treatments."</i>
Peer connection	<i>"To be able to talk to people who had gone through the cancer journey when my thoughts were all over the place was great."</i>
Recommendation	<i>"Because my friend said you were helpful. Also local."</i>
Counselling and talking therapy	<i>"I was keen to access counselling initially."</i>
Proximity and accessibility	<i>"You were local and we had heard great things about you. We were not sure what we needed but came along to find out. Glad we did."</i>
Exercise and fitness support	<i>"To try and return to a level of fitness and confidence I had before Breast cancer and the Chemotherapy I needed."</i>
General interest and exploration	<i>"Looking into what support was around."</i>

4. Service Usage, Helpfulness and Overall Satisfaction

This section presents findings on which services respondents used, how helpful they found them, and their overall satisfaction with WCS. Respondents were asked to rate each of 25 services on a five-point scale, or to select 'not used' if they had not accessed that service.

- Wessex Cancer Support received an excellent overall satisfaction score of 91%,
- Satisfaction is consistently high across centres and genders,
- Service usage is heavily weighted towards complementary therapies, coffee mornings and support from volunteers,
- Most accessed services were support from volunteers (56 people), reflexology (43 people), followed by coffee mornings, counselling, and reiki (all 41 people),
- Massage was the next of the most used services (40 people),
- Respondents rated services highly for helpfulness,
- Of the six most used services, massage and support from volunteers were rated as most helpful, with 95% and 91% of people rating them Very/Quite Helpful respectively,
- However, a large proportion of services were used by relatively few respondents,
- 15 of 25 services were used by 10 respondents or fewer,
- Some respondents indicated in open responses that they had not yet begun using services at the time of the survey.
- These findings represent the usage patterns by clients who first accessed WCS **from 1st January 2025 onwards**.

4.1 Overview of Service Usage

Figure 1 below shows the use of services by the survey respondents, all of whom who had first accessed WCS from January 2025 onwards.

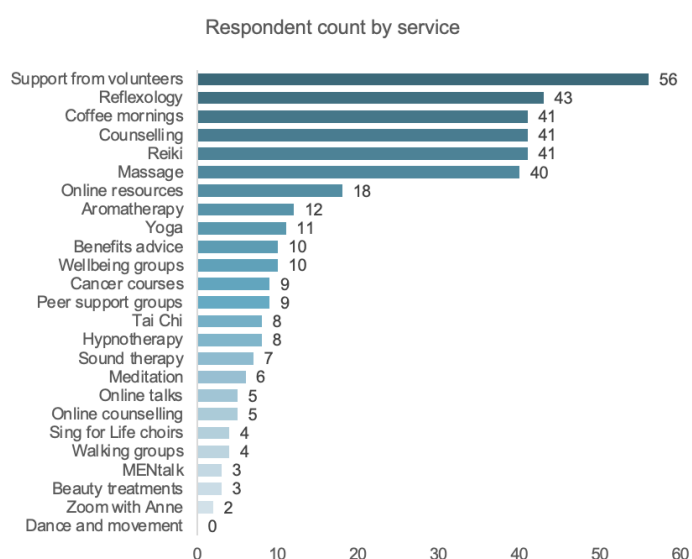


Figure 1: Overall use of services by those completing the questionnaire

The survey asked respondents to rate 25 services offered by WCS on a five-point scale, or to select 'not used' if they had not used the service. Most accessed support was in the form of support from volunteers (56 people), and reflexology (43 people), followed by coffee mornings, counselling, and reiki, all of which were rated by 41 people. Massage was the next of the most used services, with 40 users. Some respondents indicated in open responses that they had not yet begun using services at the time of the survey.

Respondents rated each service they had used on a five-point scale. The tables below report the number of users and the percentage rating the service "Very helpful" or "Quite helpful" (combined "Found helpful" rating).

Table 11: Most Used Services and Helpfulness Ratings

Service	Count	Found Helpful
Support from volunteers	56	91%
Reflexology	43	88%
Coffee mornings	41	81%
Counselling	41	76%
Reiki	41	78%
Massage	40	95%

Of the six most used services, massage and support from volunteers were rated as most helpful, with 95% and 91% of people rating them very or quite helpful respectively.

4.2 Complementary Therapies

Respondents recorded high levels of satisfaction with the majority of complementary therapies, with highest satisfaction with massage (95%), reflexology (88%), aromatherapy (83%) and reiki (78%). Reflective of the demographic profile of people accessing WCS's services, usage is female-skewed, with no men using beauty treatments and only one using hypnotherapy.

Table 12: Complementary Therapy Usage and Helpfulness by Gender

Service	Count ²	Male Users	Female Users	Found Helpful
Reflexology	43	8	34	88%
Massage	40	10	29	95%
Reiki	41	9	32	78%
Aromatherapy	12	2	10	83%
Beauty treatments	3	0	3	67%
Hypnotherapy	8	1	7	50%

² Please note, 1 respondent did not state their gender.

4.3 Wellbeing and Exercise Services

Counselling is the most widely used wellbeing service (41 users), reflecting the psychological burden of cancer. Other wellbeing and exercise services, although highly rated, are less used by survey respondents, and skewed towards female participation, with the exception of walking groups.

Table 13: *Wellbeing and Exercise Service Usage and Helpfulness by Gender*

Service	Count	Male	Female	Found Helpful
Counselling	41	7	33	76%
Wellbeing groups	10	1	9	80%
Yoga	11	1	10	100%
Meditation	6	0	6	83%
Tai Chi	8	2	6	88%
Walking groups	4	2	2	75%
Dance & movement	0	0	0	N/A

4.4 Online Support Services

Online services are used by a relatively small proportion of respondents, consistent with the strong preference for face-to-face support. Where online services are used, satisfaction is universally high at 100%. The most used of this category were online resources with 18 users in total, of which 15 were women, 2 men, and one did not state their gender. It is important to note the small samples for the online services, with all but online resources being rated by seven or fewer respondents, meaning these scores should not be taken as representative of a wider population.

Table 14: *Online Service Usage and Helpfulness*

Service	Count	Found Helpful
Online resources	18	100%
Online counselling	5	100%
Sound therapy	7	100%
Zoom with Anne	2	100%

4.5 Peer Support and Community Services

56 respondents received support from volunteers (the most accessed service overall), with 91% ranking this support very or quite helpful. Coffee mornings were also amongst the most used services, ranked very or quite helpful by 81% of respondents.

Table 15: *Peer Support and Community Service Usage and Helpfulness by Gender*

Service	Count	Male	Female	Found Helpful
Support from volunteers	56	9	46	91%
Coffee mornings	41	8	33	81%
Peer support groups	9	2	7	78%
MENtalk	3	3	–	67%
Sing for Life choirs	4	2	2	25%

4.6 Education and Advice Services

Table 16: *Education and Advice Service Usage and Helpfulness*

Service	Count	Found Helpful
Benefits advice	10	90%
Cancer courses	9	100%
Online talks	5	60%

4.7 Qualitative Feedback on Services

Respondents were invited to respond to the question, “Is there anything you’d like to tell us about the services you’ve received?” after rating each category of services. Responses from these open ended questions were analysed thematically, with the following key themes identified:

4.7.1 Welcoming, Safe and Friendly Environment

The atmosphere of the WCS centres, described as warm, friendly, supportive and safe, was highly valued.

- *“Both mum and I have found the lovely volunteers so welcoming and have made it a very positive experience. My mum has found it very beneficial.”*
- *“The best centre for mental wellbeing. When I first came to the centre I was so depressed, but after interacting with others, I felt better.”*
- *“The volunteers and therapists are an absolute god send. They really help, especially their friendly smiles when you enter the building.”*

4.7.2 Relaxation and Stress Relief

A frequently cited service benefit was the physical and emotional relaxation provided by complementary therapies - reflexology, massage, and reiki were mentioned most.

- *“Reflexology was amazing, giving me a calm space to relax & forget cancer.”*
- *“The massage relaxed me and also made me feel cared for.”*

- *“These therapies were extremely helpful and very relaxing. Helped with anxiety and tension.”*

4.7.3 Therapist and Counsellor Quality

Praise for the skill, warmth, and professionalism of individual staff and volunteers was a standout theme. The quality of the therapeutic relationship, not just the service itself, was clearly central to the experience.

- *“Counselling: My counsellor was also fantastic. We didn’t just talk about the cancer and its impact, but also discussed other fairly ‘heavy’ things going on in my life that were also impacted by the cancer. It really helped me to focus on what was important.”*
- *“It was reassuring to access a massage from a specialist therapist and increased my sense of well being reducing stress.”*

4.7.4 Group Activities

Respondents valued group activities across a range of formats; the common thread was the experience of being with others in a similar situation, which was described as uniquely supportive.

- *“The art and craft is a nice way to take your mind off things while talking to other people on a similar journey.”*
- *“I have only been to coffee morning on a Tuesday. It is good to talk and support each other. I would consider choir.”*
- *“Peer Support Creative Writing group helped me focus and write which I’d forgotten was something I used to enjoy. Also made new friends with a common interest.”*

4.7.5 Access Barriers

Further comments related to difficulties accessing services, for example due to work commitments or location.

- *“I would really like to get involved in a lot of what is on offer, whilst I am off work this will be more possible for me. However, once I return to work, it will be challenging to do anything that’s during the daytime.”*
- *“Most groups are in the day and I work full time.”*
- *“I was unable to access any treatments as I live at the other end of Dorset, and didn’t have the time to travel and have treatments.”*
- *“Some of these were not available - meditation, Tai Chi, Dance and movement and walking groups were not offered on the Island.”*

4.7.6 Just Started / Early Days with WCS

Several respondents reported that they had not yet used any services (for example had only recently undertaken the initial assessment), several stated that they were looking forward (or planning) to trying them. A smaller number stated that they hadn’t been aware of all the options.

- *“I have not used any services yet as only just had initial assessment”*

- *“Was not aware of many of the options”*
- *“I intend to use the mentalk meeting and will pop in for the occasional coffee morning and catch up.”*

Linked with this, a further set of responses related to people still being on the waiting list for services, which is worth noting as a potential source of unmet need.

4.7.7 Waiting Lists and Capacity

A lower level of responses related to a request for more sessions or greater capacity.

- *“The therapies I found very helpful, I would prefer it if they could last more than four sessions if a charge or donation was introduced.”*
- *“I found these sessions really helpful but just learning to relax took a few sessions so four sessions really didn’t feel enough.”*
- *“Shame they are limited. Might be nice to offer a reduced cost one after you have used your limit.”*

4.8 Overall Satisfaction

This subsection presents overall satisfaction ratings by gender and centre, based on a five-point scale from very satisfied to very dissatisfied.

Satisfaction is consistently high across centres and genders. Respondents who had only accessed services online were markedly less satisfied (50% very or quite satisfied), although please note the small number of respondents (n=4) in this subgroup.

Table 17: Overall Satisfaction Ratings by Gender

Rating	Count	Total (%)	Male (%)	Female (%)
Very satisfied	95	78%	86%	75%
Quite satisfied	16	13%	4%	16%
Neither/nor	5	4%	3%	4%
Quite dissatisfied	3	3%	3%	2%
Very dissatisfied	3	3%	3%	2%
%Very/Quite Satisfied	111	91%	90%	91%

Table 18: Overall Satisfaction Ratings by Centre

Rating	Bournemouth (n=65)	Chandlers Ford (n=23)	Isle of Wight (n=17)	Waterside (n=13)	Online (n=4)
Very satisfied	50	19	13	12	1
Quite satisfied	10	2	3	0	1
Neutral	3	1	0	0	1
Quite dissatisfied	1	1	0	0	1
Very dissatisfied	1	0	1	1	0
%Very/Quite Satisfied	92%	91%	94%	92%	50%

Strategic Note

Overall satisfaction of 91%, consistent across all four centres and both genders, reflects a high-performing, place-based model. The qualitative feedback reinforces this: respondents valued the centres, the staff, and the organisational culture.

However, 15 of 25 services were used by 10 of respondents or fewer. Running a portfolio of this breadth has an opportunity cost in staff time, volunteer capacity, and organisational resource. Whilst it would be important to correlate this data with charity-wide usage figures before drawing firm conclusions, the question of whether all 25 services warrant continuation is a reasonable one to ask.

In the context of the wider commissioning and voluntary sector landscape, there is a case for WCS to focus and deepen its offer rather than maintain breadth. A strategic review of the portfolio, set against what partner organisations are already providing locally, could help clarify where WCS adds most distinctive value.

Whilst the low response numbers in this category must be borne in mind, lower satisfaction among online-only users is consistent with a model that works best in person. Online service delivery is a different proposition and one that other organisations may be better placed to provide. WCS's resource and focus may be better directed at strengthening and extending its face-to-face offer, or considering whether a hybrid (mix of online and in person) or partnership model (where users are signposted to other services) would be acceptable.

5. Outcomes

This section presents respondents' self-reported outcomes from accessing WCS services. Respondents were asked to select all outcomes that applied to their experience of WCS from a predefined list of options.

- The large majority of respondents (95%) indicated that WCS had made a difference to them by selecting at least one of the listed options.
- Only 6 respondents (5%) stated that WCS hadn't made much difference to them (mainly due to still waiting for, or being unable, to access services).
- Of the options available, most selected outcomes were:
 - Improved mental health and wellbeing (64%),
 - Feeling supported and cared for (58%),
 - Connected me with other people (40%).

Respondents were asked to select all outcomes that applied to their experience of WCS from a predefined list of options.

Table 19: Self-Reported Outcomes Following WCS Support

Outcome	Count	%
Improved my mental health and wellbeing	78	64%
Made me feel supported and cared for	71	58%
Connected me with other people	49	40%
Helped me feel more in control of my life	41	34%
Reduced cancer-related worries	38	31%
Helped me understand how to support my health	36	30%
Motivated me to make positive changes	25	21%
WCS has not made much difference	6	5%

"Nothing offered was local enough to access, all the services are available at the Bournemouth end of the county. Actually finding I was unable to access anything made me feel worse."

Strategic Note

The pattern of responses is notable. The three highest-rated outcomes relate to emotional and social wellbeing, which is consistent with the service usage data in Section 4 and reflects the nature of WCS's offer. These are outcomes that the NHS is typically not resourced to provide, which strengthens the case for WCS's role as a complementary rather than duplicative part of the cancer support landscape.

Only 6 respondents felt WCS had not made much difference. Respondents were given the opportunity to explain why they felt this to be the case. Three commented that they were still waiting to access services, two that they were unable to access services due to mobility or geography and one stated that they do not

enjoy being part of a group so found going in to the Centre off-putting.

6. Future Services and Development Opportunities

This section presents respondents' preferences for how and where they access support, which future services they would find most helpful, and their willingness to make a financial contribution towards specialist services.

- A combined 79% of respondents prefer or require face-to-face support,
- A combined 21% were happy with or prefer online,
- The most wanted future service was an integrated support package (39%), followed by groups for specific cancer types (34%),
- 67% of respondents Very/Quite Willing to make a small financial contribution for specialist services,
- Current WCS centres remain the strongly preferred location (72%) for survey respondents,
- GP surgeries and community halls represented strong secondary options,
- 23% of people stated that location does not matter.

6.1 Appetite for New Services

A combined 79% of respondents prefer or require face-to-face support. This supports continued investment in WCS's physical centre infrastructure and the consideration of the offer of services face-to-face in other locations to enable access to more people. A combined 21% were happy with or prefer online.

Table 20: *Respondent Preference for Face-to-Face vs. Online Support*

Preference	Count	(%)
Face-to-face is essential for me	41	34%
I prefer face-to-face but online is helpful too	55	45%
I'm happy with either	22	18%
I prefer online	3	3%

Strategic Note

Respondents were asked to select up to four future services they would find most helpful, as shown below. It is worth noting that this question was answered by WCS's existing, predominantly older and retired client base. Appetite for evening, weekend, and more specialist services may be even stronger among the younger, working-age audience that WCS has identified as a priority for future outreach. This will be tested in the planned patient and public involvement work.

Table 21: Appetite for Future Services

Future Service	Count	%
Integrated support package (e.g. counselling + yoga + massage)	48	39%
Groups for specific cancer types (e.g. breast, lung)	41	34%
Health or psychological coaching	38	31%
Regular check-ins (e.g. monthly phone calls)	29	24%
Specialist dietetic advice and support	26	21%
Specialist oncology lymphoedema service	23	18%
Evening counselling or therapy (after 5pm)	22	18%
More online/virtual support	16	13%
Weekend peer support sessions	16	13%
Evening phone support (after 5pm)	14	11%
Help returning to work	11	9%

6.2 Business-as-Usual Extensions

Respondents were asked to rate their willingness to make a small financial contribution for services on a scale of very willing to very unwilling. As shown below, 67% willingness to pay is an important finding that suggests the value of piloting a cost-contribution model for premium or specialist services.

Table 22: Willingness to Make a Financial Contribution for Specialist Services

Willingness Level	Count	%
Very willing	36	29%
Quite willing	46	38%
Neither	33	27%
Quite unwilling	3	3%
Very unwilling	4	3%
Willing (combined)	82	67%

6.3 Innovative Income Stream Opportunities

Current WCS centres remain the strongly preferred location for services (72%) for survey respondents. Of the other options offered, GP surgeries and community halls represented strong secondary options, with 23% of people stating that location does not matter. Together these findings suggest that whilst the current centres are highly valued, there is openness to WCS extending its reach into community settings, which may also offer a lower-cost route to geographic expansion.

Table 23: *Preferred Location for Accessing WCS Services*

Location	Count	Total %
At our current centres	88	72%
At my GP surgery	33	27%
In community halls or local venues	30	25%
Location does not matter	28	23%
At the hospital	14	12%
At a local pharmacy	10	8%
In my own home	10	8%
In other NHS buildings	9	7%

7. Brand and Perception

This section presents findings on how respondents perceive WCS, what they value most about it, and their likelihood to recommend it to others.

- Respondents gave WCS a Net Promoter Score of +84, which is an exceptional score,
- “Welcoming”, “caring”, and “supportive” were the dominant descriptors of WCS, selected by over half of all respondents,
- A welcoming environment was cited as the most important factor by 73% of respondents,
- Respondents provided open comments praising WCS, highlighting its positive impact and expressing gratitude,
- Some respondents suggested a need for greater awareness, and accessibility, of services.

7.1 What Matters Most to Respondents

The survey asked people to select up to three options from a list of descriptors which best fitted their view of WCS. Welcoming, caring and supportive were the top three descriptors.

Table 24: How Respondents Describe WCS

How respondents describe WCS	Count	%
Welcoming	86	70%
Caring	78	64%
Supportive	67	55%
Professional	44	36%
Compassionate	34	28%
Understanding	31	25%
Local	23	19%
Safe	17	14%
Trustworthy	11	9%
Empowering	9	7%
Accessible	9	7%
Community-focused	6	5%
Personal	7	6%
Expert	5	4%
Flexible	6	5%

A welcoming environment is cited as the most important factor by nearly three quarters of respondents,

followed by the peer experience of volunteers who have had cancer themselves (52%) and staff with specialist knowledge (49%). The prominence of these people-centred factors reinforces what the satisfaction and outcomes data also show: the quality of WCS's offer is rooted in its relationships, its culture, and the lived experience of those who deliver it.

Table 25: Most Important Factors When Choosing a Support Organisation

Which of these things are most important to you?	Count	%
Having a welcoming environment	90	73%
Having volunteers who have had cancer themselves	64	52%
Having staff with specialist cancer knowledge	60	49%
Meeting people with similar experiences	57	46%
Being in a place that is easy to get to	45	37%
Being in a space that feels different to hospital	40	33%
Learning about other support available	25	20%

7.2 Net Promoter Score (NPS)

The NPS asks respondents to rate their likelihood to recommend WCS on a 0–10 scale. Scores of 9–10 are “Promoters”, 7–8 are “Passives”, and 0–6 are “Detractors”. $NPS = \% \text{ Promoters} - \% \text{ Detractors}$.

An NPS of +84 is exceptional. This level of loyalty means WCS users are highly likely to refer others, supporting organic growth at minimal cost. There is some difference across centres, with those who have accessed services online only giving a much lower NPS.

Table 26: Net Promoter Score Breakdown

Metric	Count (n)	% of Total	Score range
Promoters	107	87.7%	9–10
Passives	11	9.0%	7–8
Detractors	4	3.3%	0–6
Net Promoter Score	+84		

Table 27: Net Promoter Score by Centre

Centre	Respondents	Promoters (n)	Promoters (%)	NPS Score
Bournemouth	66	59	89.4%	+86
Chandlers Ford	23	17	73.9%	+70
Isle of Wight	17	16	94.1%	+94
Waterside	13	13	100.0%	+100
Online only	4	3	75.0%	+50

7.3 Open Feedback

The final open question invited respondents to share anything else about WCS. The majority of responses were positive, expressing gratitude and highlighting the personal impact of the support received.

Table 28: Themes from Open Feedback

Category of comment	Example quote
Positive comments praising the service, expressing gratitude and important impact	<i>"Finding you all has really been life changing - I don't know why I waited so long to pick up the phone."</i> <i>"Thank you for the amazing support I've had over the past year."</i> <i>"I've found the WCS very welcoming and friendly. I really enjoy the therapy sessions. Staff are very friendly."</i>
Calls to spread awareness and accessibility of WCS	<i>"Awareness somehow of what you can provide may reach out to more in the community."</i> <i>"When I took the time away from my caring and home/work responsibilities to read the materials and be interviewed, there was nothing that was accessible."</i> <i>"I would have liked the Cancer Support nurse from Bournemouth hospital, who sent details of this service, to be able to send out sooner, to know this place exists."</i> <i>"The new Bournemouth centre has steps to enter the building. I have spinal fractures caused by the cancer so sometimes my mobility is poor."</i>

Strategic Note

A smaller number of responses pointed to two areas for attention. First, awareness: some respondents felt that WCS was not well known enough in the wider community, and that people were coming to it too

late or by chance. Second, accessibility: comments referenced physical access barriers at the Bournemouth centre, geographic distance from services, and the challenge of navigating WCS's offer for those with significant caring or work responsibilities. Both themes are consistent with findings elsewhere in this report and reinforce the recommendations around earlier referral, broader outreach, and geographic reach.

8. Limitations

The following limitations to the approach should be considered when interpreting findings. Open responses indicated that some people had not yet started using services, having only completed the initial appointment with the wellbeing co-ordinator. This early stage of exposure to WCS may affect their views, and it is possible these may change following further involvement.

Whilst the survey response rate is within the expected range for service user surveys, the sample is a self-selecting one and may not be fully representative of the wider cohort of service users (for example it may represent those who feel most or least positive). The sample is also skewed towards white British, older, female respondents. Furthermore, respondents to this survey were confident to complete a survey in a digital format, which was reported to have represented a barrier for some. Additionally, in some questions sub groups are very small and should be treated with caution.

Respondents to this survey had all accessed WCS from January 2025 onwards, which affects the profile of service use reported above. Some of the services are predominantly used by longer standing clients (for example Sing for Life Choirs) which is not reflected in these results. However, the report does provide useful insight into service use by those accessing WCS more recently.

The findings of this survey should be treated as a signal rather than a definitive conclusion. They are most valuable as a prompt for further enquiry, informing the design of PPI work, identifying areas for deeper investigation, and generating hypotheses to be tested. Where possible, findings should be cross-referenced with WCS held service usage and satisfaction data, and taken together with the planned PPI work, to provide the most robust basis for strategic decision-making.

9. Conclusions and Recommendations

The following are draft conclusions and recommendations, to be finalised after PPI. In the meantime, they can be used to inform the design and planning of the upcoming groups.

Broadening the Client Base

- WCS offers services that are highly appreciated by its current client base, and achieves outstanding satisfaction and net promoter scores.
- Survey findings re-iterate the client profile of mainly female, aged 55 or over, retired or employed part time. The largest cancer type being breast cancer. This is the demographic WCS currently serves well.
- The survey response profile reinforces the opportunity to extend reach to younger, working age people affected by cancer, including men who are under-represented both in this survey, and WCS' client base. PPI groups should include voices from these groups to test whether the current offer meets their needs, or whether adaptations are required.

Enhancing Digital Marketing and Awareness

- Social media and online search accounted for just 7% of routes through which respondents discovered WCS. This points to an opportunity to invest in digital marketing, as a means to achieve targeted awareness-raising to reach people who would not otherwise encounter WCS through clinical referral. A clear value proposition and defined target audience will be essential to make this effective. The value proposition and insights to guide a digital marketing offer could be explored through PPI work.

Refining and Focusing the Service Offer

- Service usage is heavily weighted towards complementary therapies, volunteer support, and coffee mornings, and 15 of 25 services were used by 10 of respondents or fewer. There is a case for reviewing and focusing the portfolio, informed by charity-wide usage data and an assessment of what partner organisations are already providing locally. Central to this is establishing a clear value proposition - a crisp articulation of what WCS does, for whom, and what makes it distinct. This would provide the foundation for a partnership model in which WCS focuses on what it does uniquely well and signposts to, or formally partners with, organisations that may be better placed to provide other forms of support (for example online services). Any service redesign should be considered in the context of the current commissioning landscape and WCS's demographic profile. Commissioners increasingly expect evidence of focused impact and value for money. A refined, well-evidenced offer is likely to be more competitive than a broad one. PPI groups represent a good opportunity to test appetite for a more focused offer, and willingness to engage with a partnership, or hybrid, offer.

Extending Face-to-Face Reach

- Current centres are the strongly preferred location for services by the current cohort (72%), and face-to-face delivery is either preferred or essential for 79% of respondents. Community venues and GP surgeries were well regarded as alternative locations, and 23% of respondents stated location did not matter, suggesting some flexibility. PPI groups should explore which aspects of the current offer could transfer effectively to alternative community settings, and areas where expansion should be prioritised.

Exploring a Cost Contribution Model

- 67% of respondents indicated willingness to make a financial contribution towards specialist services. This is a meaningful finding that warrants further testing with PPI groups, particularly across a broader demographic. If validated, it could support the development of a tiered or cost-contribution model for premium services, representing a sustainable income stream.

Disclaimer

This document has been prepared by Amanda Lees and Venetia Wynter-Blyth and was commissioned by Wessex Cancer Support. The findings and recommendations reflect the data gathered and information available during this assignment, and should be read in that context. It should not be read as a comprehensive statement of all opportunities, weaknesses, or improvements that may exist.