

Synthesis: Survey and focus group findings

Reading the evidence together

Synthesis

This note reads the two pieces of work together: the client survey (122 respondents, March 2026) and the two PPI focus groups (nine participants). The survey describes the people Wessex Cancer Support (WCS) reaches and serves well today, predominantly older, retired, female, and already engaged. The focus groups reach the people the survey could not, working age people, men, and carers, most of whom had limited or no prior awareness of WCS.

Where the two converge

Four findings hold across both pieces of work, and these are the ones to build on.

WCS's distinctive value is human, relational, and rooted in lived experience. The survey's strongest outcomes and descriptors are emotional and social. The focus groups, entirely independently, named peer connection and lived experience as the thing clinical staff cannot offer, however skilled. This is the gap WCS fills, and it is what people value most.

People are being reached late, and too narrowly. Only 15% of survey respondents first came to WCS between diagnosis and treatment, and only 7% found it online. The focus groups explain why: awareness is very low, and the route that actually works is a clinician pointing people to WCS within the clinical conversation itself. People point to the channels to strengthen, hospitals, discharge packs, GP surgeries, and workplaces.

The offer should be consolidated before it is broadened. The survey found 15 of 25 services used by 10 respondents or fewer. The focus groups landed in the same place, make the existing offer more accessible before spreading into new things.

There is genuine appetite to contribute. The survey recorded 67% willing to pay towards specialist services, and focus group participants said they would happily pay a modest amount for classes.

Signals to test

Some findings come from only one piece of work, and these warrant testing rather than action. From the survey: the scale of the digital marketing opportunity, and from the focus groups: the strong pull towards a single point of contact and a real person reached quickly, the need for evening and weekend provision, and carers emerging as a distinct group who need a front door of their own.

A note on online

The survey found that online services were used by a small proportion of respondents, but where they were used, satisfaction was 100%. Separately, respondents who

accessed WCS only online, rather than in person, reported lower overall satisfaction, likely reflecting lighter engagement, such as browsing information, rather than dissatisfaction with online delivery itself.

This fits with the focus groups, where working age participants were notably comfortable with online delivery. The survey's online users were mostly older existing clients. Appetite for online support appears to be audience dependent rather than a fixed preference for face-to-face contact, and the priority should be matching delivery to audience and designing online provision, through small groups and a strong sense of welcome, to replicate what makes WCS's in-person offer so valued.

Net direction

Taken together, the two sources point to a clear sequence. Reach people earlier and more visibly. Meet the urgent need for human contact quickly. Then bring people into a fuller, consolidated offer once they have the capacity to use it.

Given the scale of both samples, the right next move is a test-and-learn pilot of priority offers alongside further engagement. The discipline throughout is to build an offer that is distinctive and meets a real need, one clear enough that NHS clinicians will readily endorse and refer to it. That endorsement is what turns a good offer into one that reaches people.