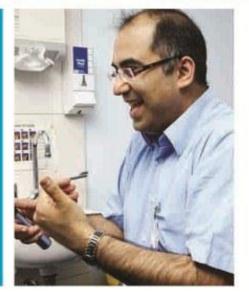


Statistical bulletin: Overall patient experience scores

2013 community mental health survey update









Overall patient experience measure: 2013 community mental health survey update

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Document Purpose	For Information
Gateway Reference	N/A
Title	Statistical bulletin. Overall patient experience measure: 2013 community mental health survey update
Author	NHS England Analytical Team
Publication Date	17 September 2013
Target Audience	Users of NHS patient experience statistics
Circulation List	N/A
Description	This is the routine statistical publication 'overall patient experience measure', updated to show the scores from the 2013 community mental health survey, which is administered by the Care Quality Commission and assesses the experiences of adult patients in acute hospitals.
Cross Ref	N/A
Superseded Docs	N/A
Action Required	N/A
Timing	N/A
Contact Details	Unify2@dh.gsi.gov.uk

Statistical bulletin: Overall patient experience scores

2013 community mental health survey update

First published: 17th September 2013

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Overall patient experience scores 2013 community mental health survey update

This publication updates this regular statistical series to include results from the community mental health survey, which surveyed patients in NHS hospitals in July, August and September 2012.

These statistics use a set of questions from the National Patient Survey Programme¹ to produce a set of overall scores that measure patient views on the care they receive.

NHS England produce separate sets of scores for different NHS services; this update focuses on the community mental health setting. The next confirmed update is for the inpatient survey, expected in April 2014.

2013 community mental health survey: key findings

Patient experience of NHS community mental health services decreased between 2012 and 2013. The overall score in 2013 was 71.6 out of 100, compared to 72.2 in 2012. There was a statistically significant change in one of the four domains; the score for 'building closer relationships' decreased from 82.4 to 81.2

	2011-12	2012-13	2012-13 adjusted ¹	2013-14		2013-14 95% confidence interval
Access & waiting	71.1	72.4	72.4	72.4		0.58
Safe, high quality, coordinated						
care	72.1	71.3	68.0	67.4		0.60
Better information, more choice	68.3	69.1	65.8	65.4		0.59
Building closer relationships	84.7	84.7	82.4	81.1	S	0.40
Overall patient experience score	74.1	74.4	72.2	71.6	S	0.44

Table 1: Patient experience scores for the community mental health survey, England, 2011-12 to 2013-14

Source: National Patient Survey Programme

1 Due to changes in the scoring methodology for some questions in 2013/14, the 2013/14 score is not directly comparable to previous years. To allow for direct comparison between 2013/14 and 2012/13, an adjusted score for 2012/13 has also been produced using the new scoring regime. This no longer gives different scores depending on whether or not a patient has received a Care Programme Approach. Further details of the methodology can be found in the accompanying overall patient experience measure 'methods, reasoning and scope' guidance at www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

Results marked with an **S** show a statistically significant change from the adjusted 2012-13 values to 2013-14. The full set of tables are shown at the end of this publication

¹ The National Patient Survey Programme is overseen by the Care Quality Commission (CQC) and covers a range of NHS settings on a rolling programme of surveys. The CQC publishes detailed results from each survey on its own website, whilst this publication provides an overall index score.

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Context and interpretation

The question that these scores seek to answer is "*has patient experience changed over time*?" These scores do not translate directly into descriptive words or ratings, but present results out of 100 for specific aspects of experience for NHS patients, after they have used the NHS. If patients reported all aspects of their care as 'good', we would expect a score of about 60. If they reported all aspects as 'very good', we would expect a score of about 80.

Scores for different aspects of care, or for different service settings, cannot be compared directly. For example, we cannot say that the NHS is 'better' at 'access & waiting' than it is at 'information and choice', or that mental health services are 'better' than outpatient services, but the results can be used to look at change over time where methods have not changed.

These statistics are conceptually different from measures of general public perception of the NHS, which are important in their own right but may be influenced by other factors such as the respondent's political views. These statistics are not a satisfaction or approval measure, but a summarised set of scores, reported by patients, on those aspects of care that matter to patients.

A narrative summary of the underlying survey data has been published by the Care Quality Commission (CQC) and is available at the following link:

www.cqc.org.uk/PatientSurveyMentalHealth2013

We have published a number of supporting documents to aid interpretation of these statistics, including a *methods, reasoning and scope* document. They can be found at:

www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

What is a confidence interval?

In these statistics, NHS England has used survey responses from around 13,500 patients to <u>estimate</u> the typical experience for <u>all</u> NHS mental health patients. Confidence intervals provide a range of values within which we are confident that the true value is likely to lie. In this publication, confidence intervals are expressed as a 'plus or minus' figure. For example, our overall score for the mental health survey has a confidence interval of plus or minus 0.44. This means that the true value is likely to lie in a range from 0.44 below our estimate to 0.44 above it.

Confidence intervals show how much variability there is in scores derived from survey data. It is important to look at the confidence intervals as well as the reported score. A more precise explanation is that the confidence interval gives the range that the true patient experience score lies in, at a given level of confidence. At the 95 per cent confidence level, on average, the confidence interval is expected to contain the true value around 95 per cent of the time.

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If we were to repeat this survey 100 times, we would expect the stated confidence interval to contain the 'true' population value at least 95 times out of 100.

What lies beneath these headline scores?

The headline scores are calculated by taking the average score for small sets of survey questions.

Access & waiting: two survey questions

This domain captures information about whether patients are able to contact their Care Coordinator (or Lead Professional) when they have a problem and whether patients have the number of someone from their local NHS Mental Health Service that they can phone out of office hours. There was a decrease in patient's ability to contact their Care Co-ordinator (decrease from 84.9 to 83.9).

Safe, high quality coordinated care: four survey questions

This domain includes questions about whether or not in the last 12 months NHS mental health or social care workers have checked with patients about how they are getting on with their medication, whether patients have in the last 12 months had a care review meeting to discuss their care, whether patients have received support in the last 12 months from anyone in NHS mental health services in getting help with their physical health needs and about how well the patients' Care Co-ordinators organise the care and services that patients need. The score for how well the Care Co-ordinators (or Lead Professionals) organise the care and services that patients need went down from 83.6 to 83.0. Patients also reported a decline in whether they have received any support in the last 12 months from anyone in NHS mental health services in getting help with their physical health needs (down from 48.9 to 47.6).

Better information, more choice: four survey questions

This domain captures feedback on whether patients views were taken into account in deciding which medication to take, whether patients were given (or offered) a written or printed copy of their NHS care plan, whether patients' views were taken into account when deciding what was in their NHS care plan, and whether patients' NHS care plans set out their goals.

Building closer relationships: five survey questions, down from 82.4 to 81.1

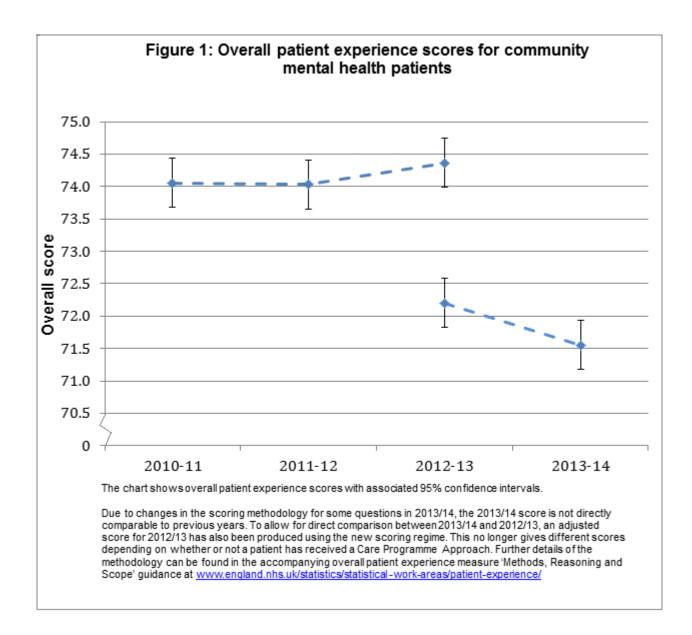
This domain assesses five questions: four about relationships with NHS healthcare workers or social care workers and one about the relationships with the Care Co-ordinator. Patients were asked whether NHS healthcare/social care workers took their views into account and whether they had trust and confidence in the NHS healthcare/social care workers. Patients were also asked whether they were treated with respect and dignity by the NHS healthcare/social care workers and whether the NHS healthcare/social care workers gave them enough time to discuss their condition and treatment. Finally, patients were asked if they know who their Care Co-ordinator is. On the questions about NHS healthcare/social care workers, the score for patients having trust and confidence decreased from 82.6 to 81.0, the score for whether the patients felt they were treated with respect and dignity went down from 92.5 to 92.1 and the score for whether patients were given enough time to discuss their condition and treatment to discuss their condition and treatment to discuss their condition and treatment for matter and confidence decreased from 82.6 to 81.0, the score for whether the patients felt they were treated with respect and dignity went down from 92.5 to 92.1 and the score for whether patients felt they were given enough time to discuss their condition and treatment also went down from

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82.4 to 80.9. On the one question about the Care Co-ordinator the score went down from 71.0 to 68.0.

Trends in the scores

For the latest collection in 2013/14 the methodology for scoring the questions has changed. For 2010, 2011 and 2012 patient responses were scored differently depending on whether or not the patient received a care programme approach (CPA). Following advice from CQC about the inconsistencies in the way different trusts decide which patients receive a CPA, the response by all patients are now scored the same. As a result data collected in 2013 is not directly comparable with previous years. This is shown by a discontinuity of the graph below. The 2012 data has been re-scored using the new methodology to assist the reader.



Variations in the scores: demographics

It is sensible to consider whether patient experience varies for patients in different demographic groups, but there are several difficulties in reporting scores for separate groups:

- i) Firstly, even for survey questions that are direct and objective, the results vary slightly by demographic group. For example, older patients tend to give more positive answers even to factual questions.
- ii) Our overall measure is adjusted to take account of these subjective variations by age and gender. When reporting on results for different groups we need to consider how these adjustments combine with the way we calculate the scores (for example, if we adjust by age, an age breakdown of results would show no differences).
- iii) For some demographic groups the number of responses is very small, and so the confidence interval on results is very large. For example, the number of responses from the Chinese ethnic group is typically fewer than 50 nationally.

These considerations mean that it is not possible to provide meaningful data on ethnic categories for NHS trust level data, but we are able to examine differences at national level.

The table below shows the overall score for each ethnic group in the 2013 data. Significance was determined using a two-tailed t-test and a 5% threshold of significance. As White British is the dominant ethnic group, other groups were compared with it. White Irish, Chinese, African and any other Black background are the only groups to have a significantly higher score than White British.

			Confidence	Number of	
White British	Overall score 71.5		Interval 0.48	respondents	11399
White Irish	75.6	S	3.18		132
White Gypsy or Irish	N1 / A		N1/A		
Traveller	N/A		N/A	N/A	
Any other White	71.3		2.54		319
White & Black Caribbean	72.9		3.12		78
White & Black African	73.3		3.41		32
White & Asian	72.8		2.95		62
Any other mixed					
background	71.9		3.25		56
Indian	70.8		2.53		215
Pakistani	69.4		3.56		146
Bangladeshi	71.8		3.26		62
Chinese	81.6	S	2.60		38
Any other Asian Background	72.8		4.44		75
African	82.3	5	2.75		152
Caribbean	74.2		2.89		192
Any other Black background	78.4	S	4.83		44
Arab	N/A		N/A	N/A	
Any other Ethnic group	75.0		3.72		41
Ethnic Group Unknown	70.1		2.28		566

Table 2: patient-experience scores for ethnic groups

N/A – results are not available due to small sample sizes

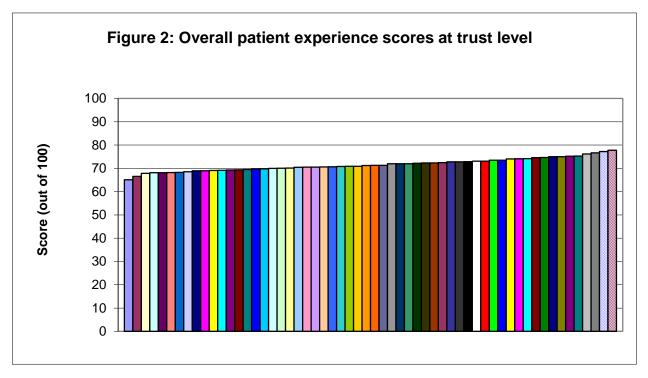
Results marked with an \boldsymbol{S} are significantly different from White British

Variation at NHS organisational level

We need to be cautious when considering these statistics at trust level, because the confidence intervals are larger (i.e. there is a larger 'plus or minus' figure within which we can be sure the true score lies). At national level, results are based on around 13,500 responses and we can be confident that the true score lies within a small range (in this case, plus or minus 0.44). For trust level data, we are typically looking at around 200 responses and we can only have confidence that scores are accurate within a range of plus or minus around 3 points.

This means it can be difficult to assess whether scores for an individual trust have changed since last year, or whether they are significantly different from the average.

Figure 2 shows the overall patient experience score for each trust, with the lower scores towards the left and the higher towards the right. There are 58 trusts in 2013 with overall scores. Scores range from 65.1 to 77.8, with an average of 71.6. 9 trusts have scores that are significantly above the average, and 9 have scores that are significantly below the average.



We may wish to consider whether different trusts have strengths and weaknesses in different areas, however trusts that score well in one domain tend to score well on other domains too. On average, if a trust scores 10 points more than another trust on one domain, it would, on average, score around 4 or 5 points higher on any other domain as well (formally there is a positive correlation of around 0.4 to 0.5).

When assessing change over time, we need to consider the confidence intervals around both this year's data and last year's. This means that statistically significant changes at organisation level are few in each year. Table 3, below, shows the number of NHS trusts that recorded increases or decreases in their overall and domain scores between 2012 and 2013.

Table 3: Number of increased and decreased scores at trust level (2013 compared to 2012)

	Increase	Decrease
Overall Scores	2	5
Access & waiting	1	3
Safe, high quality, coordinated care	1	5
Better information, more choice	4	2
Building closer relationships	3	9

* Changes are based on the 57 trusts who had comparable data in 2013 and 2012

A significant change is identified by a t-test, comparing results between 2012 and 2013, using a 5% threshold of statistical significance.

Between 2012 and 2013, the numbers of increases and decreases in each domain is in line with the change in the England level scores. For example, at England level decreases were seen in the overall score and the 'building closer relationships' domain. At trust level, more decreases than increases were seen in the overall score and each domain except the 'better information, more choice' domain. However, it is important to note that there are some trusts that are exceptions to the trend: some trusts deteriorate on a domain score that is generally improving. Results at trust level are published in our diagnostic tool, which is available at:

www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

Questions within the same domain can follow different trends, which may be hidden in the domain score. For example, the two questions in the 'access and waiting' domain changed in different ways between 2012 and 2013. For the question asking if patients can contact their Care Co-ordinator when they have a problem, there were no trusts showing an increase in score and four trusts who showed a decrease. In contrast, for the question asking patients whether they have the number of someone from their local NHS Mental Health Service that they can phone out of office hours there were 6 increases and 3 decreases in scores at trust level.

Note on the effect of trust mergers

Our scores for England are based on the average of the trust scores. We compare trust results over time, but this is affected when trusts have merged in the period between surveys.

Background information - Further documentation

<u>Methods</u>, reasoning & scope statement: This document explains how we calculate the overall patient experience scores, and why we chose this particular approach.

<u>Quality statement</u>: This document assesses the overall quality of the statistics against a set of pre-defined criteria. The aim is to assess whether the statistics meet the purpose for which they are intended. The document also has a summary of our quality assurance methods.

<u>Diagnostic tool</u>: This tool is mainly for NHS managers and others with a detailed interest in the figures, but may be of interest to other users. The tool shows the overall score for each NHS trust, and allows you to see which survey questions make up that score. It allows for comparison with other trusts in the same region, and you can create your own comparison amongst trusts.

<u>User engagement and customer service strategy</u>: A statement to explain how we aim to engage with people who use these statistics, and how we aim to ensure that the statistics meet user needs.

<u>What you told us</u>: A summary of users' experience of these statistics, and how we are tackling any issues that users have raised.

<u>Use of resources statement</u>: This document explains how much resource (staff time) we have to support this publication, and how we have ensured that the resource is targeted at meeting the needs of users.

<u>Data revisions policy</u>: The process we will follow if any revisions are required to these figures.

<u>Pre-release access List</u>: Job titles for individuals who were informed of the content of these statistics 24 hours before publication.

This documentation can be found in our patient experience series and notes and guidance pages on the NHS England website:

www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

Feedback

NHS England aims to make its National Statistics accessible, useful and appropriate for the needs of users. We welcome feedback, and comments can be sent by email to:

Unify2@dh.gsi.gov.uk

Background notes – The National Patient Survey Programme

These results are based on data from the NHS National Patient Survey Programme. These surveys are conducted on a rolling programme, with different NHS settings surveyed in different years. Settings include inpatients, outpatients, community mental health, and accident and emergency. The programme is coordinated by the Care Quality Commission (CQC), but each survey is paid for and carried out by individual NHS organisations.

The survey programme is designed to collect structured and systematic feedback on service delivery from the patients' actual experience. In this way the programme provides robust data on service issues that are important to patients, many of which would otherwise be unmeasured – e.g. staff behaviour, levels of involvement, information provision etc.

Fieldwork for each survey is usually carried out over a three-month period. Timings depend on the survey setting and are defined by CQC as part of the survey programme. Patients were eligible for the 2013 adult mental health survey if they were aged 18 years or older, were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1 July 2012 and 30 September 2012.

Sample sizes and response rates vary depending on the survey setting and by question. Just over 13,500 people responded to the mental health survey (a response rate of 29%). The CQC website includes information on the surveys and the CQC national survey publications (including percentage scores for individual questions and details of the number of respondents and response rates).

The CQC results for the mental health surveys can be found at:

www.cqc.org.uk/PatientSurveyMentalHealth2013

CQC publish trust-level reports that detail information such as the trust scores for each survey question and associated confidence intervals and response numbers, this can be found at:

www.cqc.org.uk/surveys/mentalhealth

Full set of tables: overall patient experience scores

1. The following tables show results for the 'overall patient experience scores' for England, for different years and different NHS settings. Scores are based on results from the National Patient Survey Programme and are calculated in the same way each year so that the experience of NHS patients can be compared over time. The methodology for calculating these scores was agreed initially by the Department of Health and the Care Quality Commission (formerly the Healthcare Commission). NHS England, who is now responsible for the publication of the series, agrees with the adopted methodology.

2. This publication updates the patient experience scores, last updated with inpatient patient experience scores by the Department of Health in April 2013.

4. The information in these tables has been provided separately in CSV format, available alongside this publication. One CSV file contains results for acute trusts, and a separate CSV file contains results for mental-health trusts.

Inpatient survey: national scores

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13		2012-13 95% confidence interval
Access & waiting	83.8	84.9	85	84.2	84.3	84.3	S	0.19
Safe, high quality, coordinated care	64.9	65.3	64.4	64.6	65.4	65.4	S	0.24
Better information, more choice	66.7	67.7	66.8	67.2	68.2	68.2	S	0.27
Building closer relationships	83	83.2	82.9	83.0	84.6	84.6	S	0.17
Clean, friendly, comfortable place to be	78.1	79.2	79.1	79.4	79.8	79.8	S	0.15
Inpatient overall patient experience score	75.3	76.0	75.6	75.7	75.6	76.5	S	0.16

Source: National Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2011-12 to 2012-13

Outpatient survey: national scores

	2002-03	2004-05	2009-10	2009-10 adjusted ²	2011-12		2011-12 95% confidence interval
Access & waiting ¹	68.2	69.0	72.5	73.3	74.9	S	0.17
Safe, high quality, coordinated care	83.0	82.2	83.2	83.2	83.6	S	0.18
Better information, more choice	77.2	77.3	79.1	79.1	78.6	S	0.35
Building closer relationships	86.4	86.5	87.3	87.3	87.7	S	0.18
Clean, friendly, comfortable place to be	69.7	68.5	70.9	70.9	71.3	S	0.20
Outpatient overall patient experience score	76.9	76.7	78.6	78.8	79.2	S	0.18

Source: National Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2009-10 to 2011-12

Notes:

1. The scoring regime used for the question about length of wait for an appointment (question A1 in 2002-03 and question 1 in 2004-05) has been adjusted from that published by the contractor appointed to run the NHS Survey Advice Centre, to allow comparison across years.

2. The 2009-10 score is adjusted to allow for direct comparison with 2011-12.

Accident and emergency department survey: national scores

	2004-05	2008-09	2012-13		2012-13 95% confidence interval
Access & waiting	69.4	66.6	64.3	S	0.20
Safe, high quality, coordinated care	74.7	75.1	74.5	S	0.33
Better information, more choice	73.5	74.4	74.8		0.44
Building closer relationships	80.4	81.3	80.8	S	0.24
Clean, friendly, comfortable place to be	81.0	81.4	82.2	S	0.22
Accident and emergency overall patient experience score	75.8	75.7	75.4	S	0.26

Source: National Patient Survey Programme

Results marked with an ${\bf S}$ show a statistically significant change from 2008-9 to 2012-13

Community mental health survey: national scores

	2011-12	2012-13	2012-13 adjusted ¹	2013-14		2013-14 95% confidence interval
Access & waiting	71.1	72.4	72.4	72.4		0.58
Safe, high quality, coordinated care	72.1	71.3	68	67.4		0.60
Better information, more choice	68.3	69.1	65.8	65.4		0.59
Building closer relationships	84.7	84.7	82.4	81.1	S	0.40
Community mental health overall patient ex	74.1	74.4	72.2	71.6	S	0.44

Source: National Patient Survey Programme

Results marked with an S show a statistically significant change from the adjusted 2012-2013 values to 2013-2014

Notes:

1. Due to changes in the scoring methodology for some questions in 2013/14, the 2013/14 score is not directly comparable to previous years. To allow for direct comparison between 2013/14 and 2012/13, an adjusted score for 2012/13 has also been produced using the new scoring regime. This no longer gives different scores depending on whether or not a patient has received a Care Programme Approach.