



Statistical bulletin: Overall Patient Experience Scores

2015 Community Mental Health Survey update

NHS Information Reader Box

| Document Purpose | For Information |
|-------------------|---|
| Gateway Reference | N/A |
| Title | Statistical bulletin. Overall Patient Experience Scores: 2015 Community Mental Health Survey update |
| Author | NHS England Analytical Team (Patients & Information, Nursing and Medical) |
| Publication Date | 21 October 2015 |
| Target Audience | Users of NHS patient experience statistics |
| Circulation List | N/A |
| Description | This is the routine statistical publication 'Overall Patient Experience Scores', updated to show the scores from the 2015 Community Mental Health Survey, which is administered by the Care Quality Commission and assesses the experiences of adult patients in acute NHS trusts. |
| Cross Ref | N/A |
| Superseded Docs | Statistical bulletin. Overall Patient Experience Scores: 2014 Adult Inpatient Survey update |
| Action Required | N/A |
| Timing | N/A |
| Contact Details | england.feedback-data@nhs.net |
| | |

Statistical bulletin: Overall Patient Experience Scores

2015 Community Mental Health Survey update

First published: 21st October 2015

Prepared by: NHS England Analytical Team

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Overall Patient Experience Scores: 2015 Community Mental Health Survey update

This publication updates this regular statistical series to include results from the latest community mental health survey, which surveyed patients aged 18 years or older who received specialist care or treatment for a mental health condition and had been seen by the trust between September and November 2014. Fieldwork for the survey took place between February and July 2015.

These statistics use a set of questions from the National Patient Survey Programme¹ to produce a set of overall index 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 planned update is for the 2015 Adult Inpatient Survey, expected in April 2016.

1 2015 Community Mental Health Survey: key findings

The Overall Patient Experience Score for NHS community mental health services for 2015-16 is shown in Table 1 below; the scores for each of the four domains used to construct the overall measure are also presented. An overview of how the scores are constructed is provided in section 2.

Overall patient experience of community mental health services significantly decreased between 2014-15 and 2015-16, down from **75.8 out of 100** to **74.8 out of 100**.

The domain scores with statistically significant changes are: 'Safe, high quality, coordinated care' (decreasing from 71.4 to 70.4); 'Better information, more choice' (decreasing from 71.5 to 70.4); and 'Building closer relationships' (decreasing from 78.2 to 76.3).

| | 2014-15 | 2015-16 | | 2015-16 95% confidence interval |
|--------------------------------------|---------|---------|---|---------------------------------------|
| Access & waiting | 82.2 | 82.1 | | +/- 0.53 |
| Safe, high quality, coordinated care | 71.4 | 70.4 | S | +/- 0.67 |
| Better information, more choice | 71.5 | 70.4 | S | +/- 0.60 |
| Building closer relationships | 78.2 | 76.3 | S | +/- 0.49 |
| Overall Patient Experience Score | 75.8 | 74.8 | S | +/- 0.47 |

Table 1: Patient experience scores for the Community Mental Health Survey, England, 2014-15 to 2015-16

Source: National Patient Survey Programme, Care Quality Commission

Further details of the methodology can be found in the accompanying methodological issue paper at: http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/.

Results marked with an **S** show a statistically significant change from 2014-15 to 2015-16 The full set of tables is shown at the end of this publication.

Due to the redevelopment of the 2014 Community Mental Health Survey, the scores for 2014-15 are **not comparable** with previous years.

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.

2 2015 Community Mental Health Survey update

2.1 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 at least 80.

Scores for different aspects of care, or for different service settings, cannot be directly compared. 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.

2.2 How the scores are constructed

The England level domain scores are an average of the trust level question scores used to feed into that domain. The overall score is an average of the domain scores.

Patient level survey data is used to calculate the trust level question scores by assigning each patient's question response option with a 'weight' between 0 and 100 (where higher weights reflect better reported experience) and calculating the average weighted score for each question for each trust. Trust scores are weighted before calculating the England average to account for the varying trust response rates, so that each has an equal influence over the England average.

For example, for the question 'How well does this person organise the care and services you need?' the following scoring applies:

| Response options | Scoring |
|------------------|---------|
| Very well | 100 |
| Quite well | 67 |
| Not very well | 33 |
| Not at all well | 0 |

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

http://www.cqc.org.uk/content/community-mental-health-survey-2015

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/

2.3 What is a confidence interval?

In these statistics, NHS England has used survey responses from nearly 13,300 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, the overall score for the 2015 Community Mental Health Survey has a confidence interval of plus or minus 0.47. This means that the true value is likely to lie in a range from 0.47 below our estimate to 0.47 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 provides the range within which the true patient experience score lies, 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. So 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.

2.4 What lies beneath these headline scores?

The headline scores (also called domain scores) are calculated by taking the average score for a small subset of scored survey questions. This section compares the headline scores in 2014-15 to those in 2015-16, with reference to the specific questions that feed into each domain.

Figure 1 below presents the difference in the question scores between 2014-15 and 2015-16. The domain for 'Building closer relationships' has undergone the greatest rate of deterioration, in particular for Q5 (Were you given enough time to discuss your needs and treatment?) and Q6 (Did the person or people you saw understand how your mental health needs affect other areas of your life?).

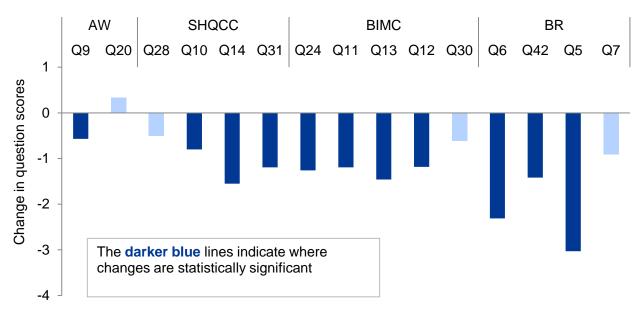


Figure 1: Change between question scores from 2014-15 to 2015-16, England

Access & waiting: two survey questions, domain score being statistically comparable changing from 82.2 to 82.1

This domain assesses whether patients know how to contact the person in charge of organising their care and who to contact out of hours in the event of a crisis. **One question score**

significantly decreased: fewer patients know how to contact the person in charge of organising their care (score decreasing from 96.9 to 96.3).

Safe, high quality coordinated care: four survey questions, domain score significantly decreasing from 71.4 to 70.4

This domain includes questions about whether, in the past 12 months, NHS mental health services have reviewed the patient's care and medicines and whether NHS mental health services have provided help or advice about finding support for any physical health needs. It also assesses how well the person in charge of organising the patient's care fulfils this role. **Three of the four scored questions have significantly decreased:** fewer patients feel that the person in charge of organising their care does this well (score decreasing from 83.5 to 82.7); fewer patients say their care was formally reviewed in the last 12 months (score decreasing from 73.8 to 72.2); and fewer patients say they got help or advice with finding support for their physical health needs (score decreasing from 50.4 to 49.2).

Better information, more choice: five survey questions, domain score significantly decreasing from 71.5 to 70.4

This domain assesses whether NHS mental health services involved patients as much as they wanted to be involved in agreeing what care they would receive and their medication, taking their personal circumstances into account. It also assesses whether NHS mental health services involved patients in deciding what treatments or therapies to use. Four of the five scored **questions have significantly decreased:** fewer patients say they agreed with NHS mental health services what care they would receive (score decreasing from 60.7 to 59.5) and fewer patients felt involved as much as they wanted to be in agreeing their care (score decreasing from 75.5 to 74.3); while fewer patients felt their care took their personal circumstances into account (score decreasing from 77.6 to 76.2); and fewer patients say they were involved as much as they wanted to be in deciding which medicines to receive (score decreasing from 70.4 to 69.2).

Building closer relationships: four survey questions, domain score significantly decreasing from 78.2 to 76.3

This domain captures feedback about the interpersonal relationships between the patient and the person or people they saw from NHS mental health services. **Three of the four scored questions have significantly decreased:** fewer patients say they were given enough time to discuss their needs and treatment (score decreasing from 78.3 to 75.3); while fewer patients feel that NHS mental health services understood how their mental health needs affected other areas of their life (score decreasing from 73.1 to 70.8); and fewer patients feel they were treated with respect and dignity by NHS mental health services in the last 12 months (score decreasing from 84.3 to 82.9).

2.5 Trends in the scores

Surveys of community mental health services were carried out between 2004-2008 and 2010-2015. Over time there have been a number of changes made to the survey including revisions to the eligible age range, adjustments to the scoring regime and major redevelopments that saw revisions to the survey methodology and the questionnaire content. These changes affect historical comparability:

i) The 2004 and 2005 surveys included people aged 16-65 years. In 2006 the age range for the survey was extended to include people aged over 65

ii) The 2010 survey underwent a major redevelopment to reflect changes in policy, best practice and patterns of service, meaning that the results prior to 2010 were not comparable

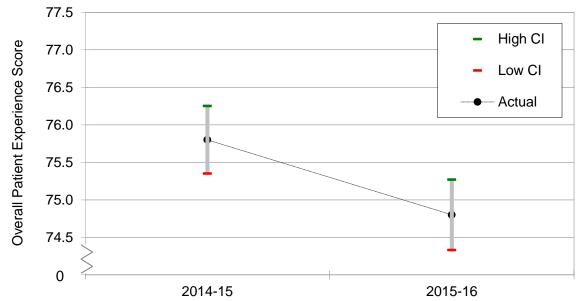
iii) In 2012 the survey's sampling criteria changed to exclude 16 and 17 year olds

iv) In 2013 the scoring methodology was changed in to remove CPA-based scoring² on certain questions

v) In 2014 the survey was subject to a second major redevelopment to reflect changes in policy and patterns of service, meaning that the **results prior to 2014 were not comparable**.

Figure 2 below plots the Overall Patient Experience Score from 2014-15 to 2015-16 (note that the graph does not start at zero, so changes over time are exaggerated).

Figure 2: Overall Patient Experience Score for the Community Mental Health Survey, England, 2014-15 to 2015-16



The chart shows Overall Patient Experience Scores with associated 95% confidence intervals.

2.6 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) The overall score 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, for the 2015 Community Mental Health Survey, the number of responses from the White Gypsy or Irish Traveller ethnic group is 25 nationally.

² Care Programme Approach (CPA) describes the framework, introduced in 1990, that aims to support and co-ordinate effective mental health care for people using secondary mental health services

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.

Table 2 below presents the Overall Patient Experience Scores for each ethnic group represented by the 2015 Community Mental Health Survey. We use a two-tailed t-test and a 5% threshold of significance to determine whether there are statistically significant differences in scores across the ethnic groups. As White British is the dominant ethnic group, other groups are compared with it.

This shows that a number of ethnic groups have significantly higher overall scores compared to the White British group, reflecting more positive experiences. These are: White Irish, White & Asian, Chinese, African and Any other group. Conversely, none of ethnic groups have significantly lower overall scores compared to the White British group, which would reflect less positive experiences.

| | Overall score | | Confidence interval | Number of respondents |
|--------------------------------|------------------|---|------------------------|--------------------------|
| White British | 74.8 | | 0.51 | 11,066 |
| White Irish | 80.6 | S | 1.88 | 139 |
| White Gypsy or Irish Traveller | * | | * | 16 |
| Any other White | 75.5 | | 2.11 | 304 |
| White & Black Caribbean | 76.3 | | 3.18 | 93 |
| White & Black African | 70.0 | | 4.38 | 37 |
| White & Asian | 86.0 | S | 2.21 | 59 |
| Any other mixed background | 77.6 | | 3.51 | 52 |
| Indian | 74.4 | | 2.71 | 224 |
| Pakistani | 78.4 | | 2.35 | 124 |
| Bangladeshi | 73.1 | | 4.72 | 53 |
| Chinese | 86.7 | S | 3.25 | 38 |
| Any other Asian background | 73.2 | | 3.61 | 86 |
| African | 84.6 | S | 2.21 | 184 |
| Caribbean | 76.6 | | 2.59 | 166 |
| Any other Black background | 79.0 | | 4.72 | 39 |
| Arab | 81.6 | | // | 32 |
| Any other ethnic group | 86.4 | S | // | 33 |

Table 2: Overall Patient Experience Scores for the Community Mental Health Survey for each ethnic group, England, 2015-16

Ethnic group is unknown for 547 respondents

Notes: Results marked with * are not available due to small sample sizes of less than 30 respondents Results marked **S** are significantly different from White British Confidence intervals marked with // could not be calculated using the current methodology

2.7 Variation at NHS organisational level

We need to be cautious when considering these statistics at trust level due to the larger size of the confidence intervals (i.e. the range within which we can be sure the true score lies is wider for trusts than at national level). At national level, results are based on nearly 13,300 responses and we can be confident that the true score lies within a small range (in this case, plus or minus 0.47). For trust level data, the total number of responses is on average around 240. At this level, the level of confidence that we can have in the scores can range between plus or minus 3 to 5 points. This means it can be difficult to assess whether scores for an individual trust are

significantly different from the average.

Figure 2 shows the Overall Patient Experience Score for each trust, with the higher scores towards the left and the lower towards the right. There were 55 participating organisations in the 2015 survey. Scores range from 67.8 to 81.4.

There are 8 trusts with scores that are significantly above the England average and 10 trusts with scores that are significantly below the England average.

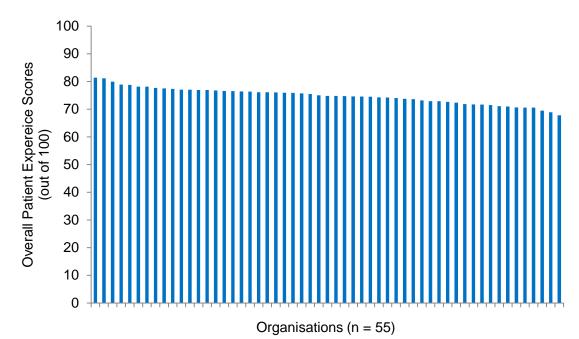


Figure 2: Trust level Overall Patient Experience Scores, England, 2015-16

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 7 points higher on any other domain as well (formally there is a positive correlation of around 0.71).

Due to the relatively large confidence intervals around trust level scores, there are relatively few statistically significant organisational level changes in results between years. A change is identified as significant over time using a t-test with a 5% threshold of statistical significance.

Table 3 below shows the number of trusts that recorded significant increases or decreases in their overall and domain scores between 2014-15 and 2015-16.

| | Increase | Decrease |
|--------------------------------------|----------|----------|
| Overall scores | 0 | 3 |
| Access & waiting | 3 | 5 |
| Safe, high quality, coordinated care | 0 | 4 |
| Better information, more choice | 0 | 6 |
| Building closer relationships | 1 | 12 |

Note: Changes are based on the 53 trusts with comparable data in 2014-15 and 2015-16

At England level, significant decreases were seen in the 'Overall score' and the three domains 'Safe, high quality, coordinated care', Better information, more choice' and 'Building closer relationships'. This is reflected at trust level with more decreases than increases in trust scores overall and in each of the three respective domains. However, it is important to note that not all changes in trust scores reflect the changes at England level: 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/

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 can be affected when trusts have merged in the period between surveys.

3 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:

england.feedback-data@nhs.net

4 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 2015 Community Mental Health Survey if they were aged 18 years or older, had received specialist care or treatment for a mental health condition and had been seen by the trust between 1 September and 30 November 2014.

Trusts were given the choice of sampling in September, October or November 2014. Trusts counted back from their chosen month, including every consecutive discharge, until they had selected 850 patients. Fieldwork for the survey took place between February and July 2015. Two trusts³ were not eligible for inclusion and therefore did not participate in the survey as they were unable to provide an adequate sample, while one trust⁴ was excluded after committing sampling errors that would introduce bias to the results.

³ Northamptonshire Healthcare NHS Foundation Trust and Somerset Partnership NHS Foundation Trust.

⁴ Nottinghamshire Healthcare NHS Trust

Sample sizes and response rates vary depending on the survey setting and by question. Nearly 13,300 service users responded to the 2015 Community Mental Health Survey, providing a response rate of 29% (this was also 29% in 2014). 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 2015 Community Mental Health Survey can be found at:

http://www.cqc.org.uk/content/community-mental-health-survey-2015

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:

http://www.nhssurveys.org/surveys/820

5 Overview of survey changes for 2015

The most recent major redevelopment took place ahead of the 2014 survey to reflect changes in policy, best practice and patterns of service use. The methodological approach adopted for the 2015 survey remains unchanged, so **results are comparable to those in 2014** but are **not comparable with results prior to 2014**.

Each year minor adjustments are made to the questionnaire in order to fulfil different strategic requirements as well as part of a process of continual improvement. The 2015 Community Mental Health Survey saw the removal of one question, formally Q4: "*How easy was the actual journey to see this person or people?*"

These changes have not impacted the survey's current time series. Full information about the changes and the evidence base is available in the Survey Development Report, available here:

http://www.nhssurveys.org/survey/1542

6 Full set of tables: Overall Patient Experience Scores

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, which is now responsible for the publication of the series, agrees with the adopted methodology.

This publication updates the patient experience scores, last updated with the adult inpatient scores in May 2015.

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.

| | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 | | 2014-15 95% confidence interval |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---|--|
| Access & waiting | 83.8 | 84.9 | 85.0 | 84.2 | 83.8 | 84.3 | 84.6 | 83.8 | S | 0.20 |
| Safe, high quality, coordinated care | 64.9 | 65.3 | 64.4 | 64.6 | 64.8 | 65.4 | 66.1 | 65.5 | S | 0.25 |
| Better information, more choice | 66.7 | 67.7 | 66.8 | 67.2 | 67.2 | 68.2 | 68.8 | 68.9 | | 0.28 |
| Building closer relationships | 83.0 | 83.2 | 82.9 | 83.0 | 83.0 | 84.6 | 84.7 | 84.6 | | 0.17 |
| Clean, friendly, comfortable place to be | 78.1 | 79.2 | 79.1 | 79.4 | 79.4 | 79.8 | 80.1 | 80.1 | | 0.15 |
| Inpatient Overall Patient Experience Score | 75.3 | 76.0 | 75.6 | 75.7 | 75.6 | 76.5 | 76.9 | 76.6 | S | 0.17 |

Results marked with an **S** show a statistically significant change from 2013-14 to 2014-15

Details of the methodology can be found in the accompanying 'Methods, Reasoning and Scope' guidance at www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

| | 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 |

Results marked with an ${\bf S}$ 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.

Details of the methodology can be found in the accompanying 'Methods, Reasoning and Scope' guidance at www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

| | 2004-05 | 2008-09 | 2012-13 | 2012-13 adjusted ² | 2014-15 | | 2014-15 95% confidence interval |
|---|---------|---------|---------|----------------------------------|---------|---|--|
| Access & waiting ¹ | 69.4 | 66.6 | 64.3 | 67.0 | 67.7 | S | 0.22 |
| Safe, high quality, coordinated care | 74.7 | 75.1 | 74.5 | 74.5 | 76.0 | S | 0.35 |
| Better information, more choice | 73.5 | 74.4 | 74.8 | 74.8 | 75.8 | S | 0.47 |
| Building closer relationships | 80.4 | 81.3 | 80.8 | 80.8 | 81.9 | S | 0.25 |
| Clean, friendly, comfortable place to be | 81.0 | 81.4 | 82.2 | 82.2 | 84.2 | S | 0.24 |
| Accident and emergency Overall Patient Experience Score | 75.8 | 75.7 | 75.4 | 75.9 | 77.2 | S | 0.28 |

Results marked with an **S** show a statistically significant change from 2012-13 to 2014-15

Notes:

1. For 2014-15, the scoring regime used for the question "Overall, how long did your visit to the A&E department last?" (Question 9) has been amended based on expert advice.

2. The adjusted 2012-13 scores allow direct comparison with 2014-15 (see note 1).

Details of the methodology can be found in the accompanying 'Methods, Reasoning and Scope' guidance at www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

| 2014-15¹ | 2015-16 | | 95% confidence interval |
|----------------------------|------------------------------|---|---|
| 82.2 | 82.1 | | 0.53 |
| 71.4 | 70.4 | S | 0.67 |
| 71.5 | 70.4 | S | 0.60 |
| 78.2 | 76.3 | S | 0.49 |
| 75.8 | 74.8 | S | 0.47 |
| _ | 82.2 71.4 71.5 78.2 | 82.2 82.1 71.4 70.4 71.5 70.4 78.2 76.3 | 82.2 82.1 71.4 70.4 S 71.5 70.4 S 78.2 76.3 S |

Results marked with an S show a statistically significant change from 2014-15 to 2015-16

Due to redevelopment of the 2014 Community Mental Health Survey, the scores for 2014-15 are **not comparable** with previous years. Results from 2011-12 to 2013-14 are presented in Table 2 below.

Details of the methodology can be found in the accompanying 'Methods, Reasoning and Scope' guidance at: *www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/*

Notes:

1. Details of the 2014-15 survey changes are available in the Survey Development Report published by the Coordination Centre at: *http://www.nhssurveys.org/surveys/750*

Information about the resulting changes to the Overall Patient Experience Score for 2014-15 has been published by NHS England and is available at:

http://www.england.nhs.uk/statistics/2014/09/18/overall-patient-experience-scores-2014-community-mental-health-survey

| Table 2 | 2011-12 | 2012-13 | 2012-13 adjusted ¹ | 2013-14 |
|--|---------|---------|----------------------------------|---------|
| Access & waiting | 71.1 | 72.4 | 72.4 | 72.4 |
| Safe, high quality, coordinated care | 72.1 | 71.3 | 68.0 | 67.4 |
| Better information, more choice | 68.3 | 69.1 | 65.8 | 65.4 |
| Building closer relationships | 84.7 | 84.7 | 82.4 | 81.1 |
| Community mental health Overall Patient Experience Score | 74.1 | 74.4 | 72.2 | 71.6 |

Notes:

1. The scoring regime was changed in 2013-14 to remove CPA-based scoring on certain questions. Due to this change, the 2013-14 scores are not comparable with previous years. To allow for direct comparison between 2013-14 and 2012-13, an adjusted score for 2012-13 has been calculated, incorporating the new scoring regime. Details of the change are available at: http://www.nhssurveys.org/Filestore/MH13/MH13_Recommendation_to_discontinue_CPA-differentiated_scoring_v1.pdf

2. Over time there have been a number of changes made to the survey including revisions to the eligible age range and major developments to revise the methodology and the questionnaire content which affect historical comparability, for further details please see: http://www.nhssurveys.org/surveys/872