



Statistical bulletin:
Overall Patient Experience Scores

2017 Community Mental Health Survey update

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2017 Community Mental Health Survey update

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Overall Patient Experience Scores: 2017 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 2016. Fieldwork for the survey took place between February and June 2017.

These statistics use a set of questions from the NHS Patient Survey Programme¹ to produce a set of overall index scores that measure patient views on the care they receive. NHS England produce separate scores to measure four different NHS services: inpatients, outpatients, community mental health and accident and emergency. This update focuses on the community mental health setting. **The next planned update is for the 2017 Adult Inpatient Survey, expected in May 2018.**

1 Overall Patient Experience Scores: 2017 Community Mental Health Survey update

The Overall Patient Experience Score for NHS community mental health services for 2017-18 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 has not changed between 2016-17 and 2017-18, and remains at **75.2 out of 100**. Three of the domain scores have decreased, none of which are significant decreases, while one domain has seen a significant increase.

Table 1: Patient experience scores for the Community Mental Health Survey, England, 2014-15 to 2017-18

	2014-15	2015-16 ²	2016-17	2017-18	2017-18 95% confidence interval
Access & waiting	82.2	81.9	82.4	83.7	S 0.54
Safe, high quality, coordinated care	71.4	70.3	71.1	70.3	0.73
Better information, more choice	71.5	70.4	70.8	70.6	0.66
Building closer relationships	78.2	76.2	76.7	76.2	0.52
Overall patient experience score	75.8	74.7	75.2	75.2	0.50

Source: NHS 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/>.

The 'Access & waiting' domain has shown a statistically significant increase from 2016-17 to 2017-18

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 NHS 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 2015-16 data was revised in 2016 in line with revisions made to the 2015 Community Mental Health Survey by CQC after an error was uncovered

2 Methodology

2.1 Context and interpretation

The question that the Overall Patient Experience Scores seek to answer is “*has patient experience changed over time?*”

This is done using a series of questions (15 questions from the Community Mental Health Survey) arranged across four domains, each of which measures one aspect of care:

1. Access & waiting
2. Safe, high quality, coordinated care
3. Better information more choice
4. Building closer relationships

There is a fifth domain included in other surveys that are a part of the ‘NHS Patient Survey Programme’, called ‘Clean, comfortable, friendly place to be’ which is not assessed as part of the Community Mental Health Survey.

Both the overall score and the domains are presented as a **score out of 100**. These scores do not translate directly into descriptive words or ratings, but present measures 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 Patient Experience 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 ‘score’ between 0 and 100 (where higher scores reflect better reported experience) and calculating the average score for each question³ for each trust. 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

³ Annex A details the 2017 Community Mental Health Survey scoring regime for each of the 15 questions that feed into the four domain scores and the Overall Patient Experience Score.

The scoring mechanism is applied to respondent level results before being standardised to match the 2017 survey profile for age and gender. Weighted scores are then aggregated up to trust level to calculate trust scores, and the average of the trust scores is used to calculate the England level score, taking into account the varying trust responses rates.

The Care Quality Commission (CQC) has published a Statistical Release report presenting the underlying survey data, along with all the results for the 2017 Community Mental Health Survey, and is available at the following link:

<http://www.cqc.org.uk/cmhsurvey>

NHS England has published a number of supporting documents to aid interpretation of the Overall Patient Experience Score 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 around 12,150 patients to estimate the typical experience for all 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 2017 Community Mental Health Survey has a confidence interval of plus or minus 0.50. This means that the true value is likely to lie in a range from 0.50 below our estimate to 0.50 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.

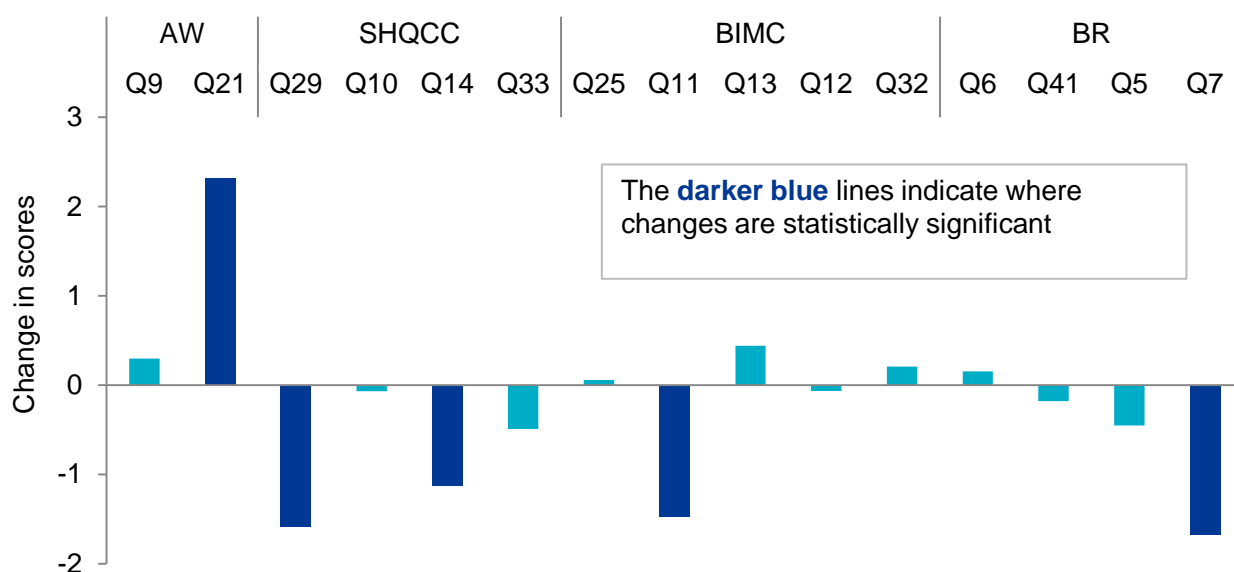
3 2017 Community Mental Health Survey update

3.1 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 2016-17 to those in 2017-18, with reference to the specific questions that feed into each domain.

Figure 1 below presents the difference in the question scores between 2016-17 and 2017-18. Nine of the questions within the domains have seen a decrease from 2016-17 to 2017-18, while 6 have seen an increase.

Figure 1: Change between question scores from 2016-17 to 2017-18, England



Access & waiting: two survey questions, domain score has seen a significant increase, changing from 82.4 in 2016 to 83.7 in 2017.

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 of the two scored questions has significantly increased: a greater proportion of patients report knowing who to contact out of hours in the event of a crisis (score increasing from 68.2 to 70.5).

Safe, high quality coordinated care: four survey questions, domain score is not significantly different, changing from 71.1 in 2016 to 70.3 in 2017.

This domain includes questions about whether, in the past 12 months, NHS mental health services have; reviewed the patient's care and medicines, have arranged a formal meeting to discuss how the patient's care is working, and 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

Two of the four scored questions have significantly decreased: a smaller proportion of patients say an NHS mental health worker checked how they were getting on with their medicines (score decreasing from 77.9 to 76.3). In addition a smaller proportion of patients report

having a formal meeting to discuss how their care was working (score decreasing from 72.8 to 71.7).

Better information, more choice: five survey questions, domain score is not significantly different, changing from 70.8 in 2016 to 70.6 in 2017

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.

One of the five scored questions has significantly decreased: a smaller proportion of patients say they agreed with someone from NHS mental health services what care they will receive (score decreasing from 60.0 to 58.6).

Building closer relationships: four survey questions, domain score is not statistically different, changing from 76.7 to 76.2

This domain captures feedback about the interpersonal relationships between the patient and the person or people they saw from NHS mental health services.

One of the four scored questions has significantly decreased: a smaller proportion of patients report being told who was in charge of organising their care and services (score decreasing from 76.2 to 74.6).

3.2 Trends in the scores

Surveys of community mental health services were carried out between 2004-2008 and 2010-2017. 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:

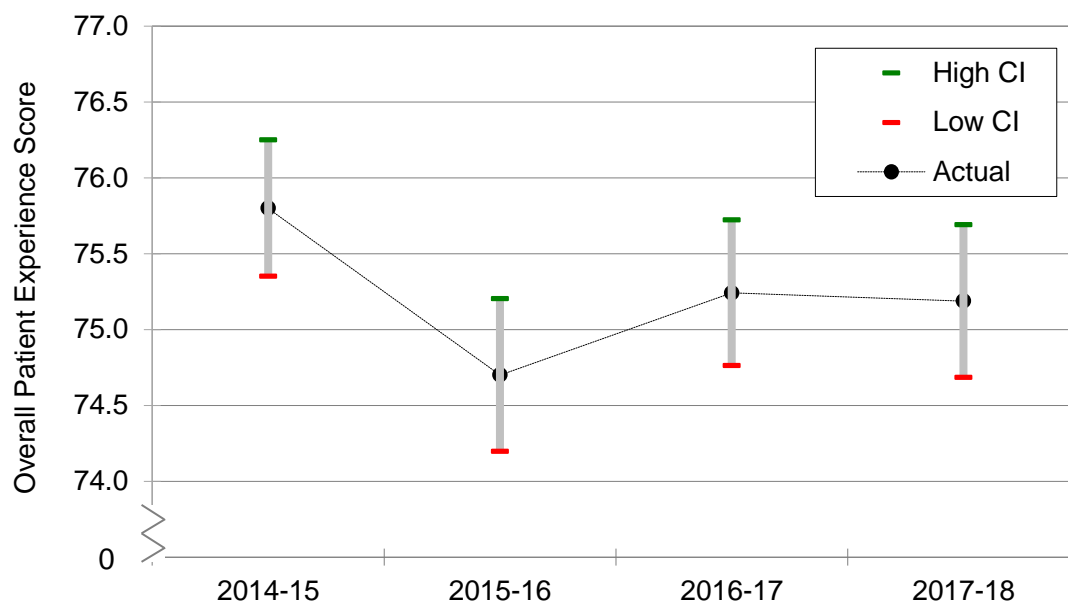
- i) The 2004 and 2005 surveys included people aged 16-65 years. In 2006 the age range for the survey was extended to include people aged over 65
- ii) The 2010 survey underwent a major redevelopment to reflect changes in policy, best practice and patterns of service, meaning that the results prior to 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 scoring⁴ 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.**

Given the changes, the latest 2017 Community Mental Health Survey is comparable to the previous three publications. Figure 2 below plots the Overall Patient Experience Score from

⁴ 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.

2014-15 to 2017-18 (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 2017-18



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

3.3 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, in the 2017 Community Mental Health Survey, the number of responses from the White Gypsy or Irish Traveller ethnic group is 13 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.

Table 2 below presents the Overall Patient Experience Score for each ethnic group represented in the 2017 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, Any other White background, White & Black Caribbean, Any other mixed background, Indian, Pakistani, Bangladeshi, Chinese, African, and Any other ethnic group. Conversely, none of the ethnic groups have significantly lower overall scores compared to the White British group, which would reflect less positive experiences.

Table 2: Overall Patient Experience Score for the Community Mental Health Survey for each ethnic group, England, 2017-18

Ethnicity	Overall score		Confidence interval	Number of respondents
White British	74.9		0.55	10,152
White Irish	86.3	S	2.75	98
White Gypsy or Irish Traveller	*		*	13
Any other White	78.5	S	2.34	286
White & Black Caribbean	84.3	S	1.63	76
White & Black African	*		*	29
White & Asian	75.3		2.30	60
Any other mixed background	83.4	S	3.18	59
Indian	80.5	S	2.74	198
Pakistani	80.7	S	4.34	103
Bangladeshi	83.7	S	3.77	39
Chinese	82.4	S	1.70	41
Any other Asian background	78.8		3.02	110
African	83.2	S	2.56	158
Caribbean	76.3		2.99	146
Any other Black background	76.6		4.56	44
Arab	*		*	27
Any other ethnic group	82.2	S	4.01	50

Ethnic group is unknown for 450 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*

3.4 Variation at NHS organisational level

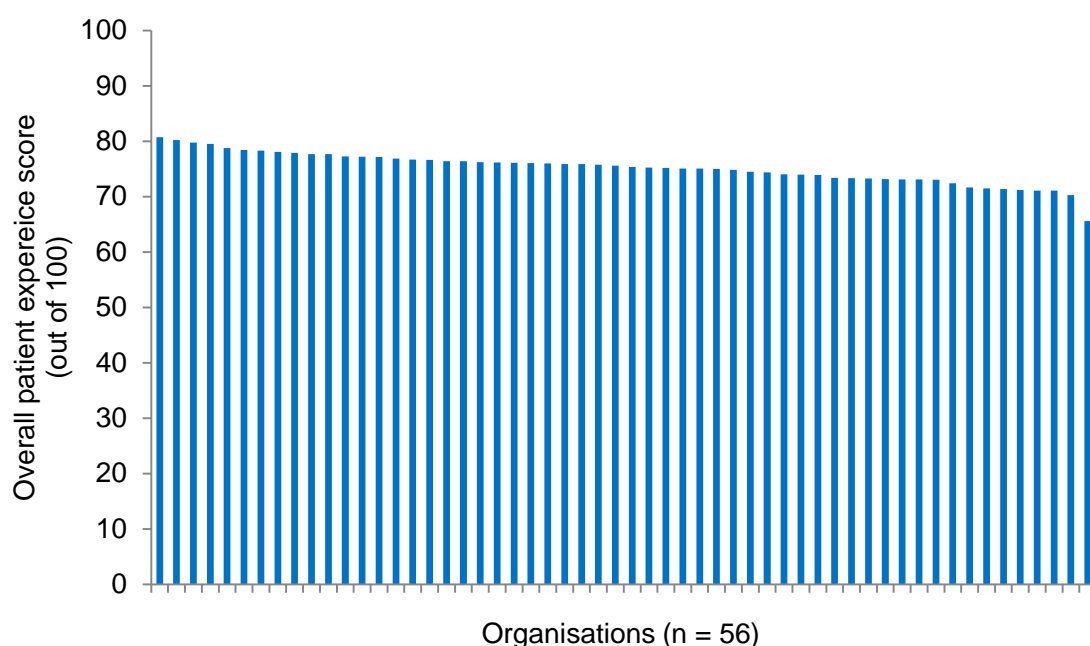
We need to be cautious when considering these statistics at trust level due to the larger size of the confidence intervals (i.e the range within which we can be sure the true score lies is wider for trusts than at national level). At national level, results are based on around 12,150 responses and we can be confident that the true score lies within a small range (in this case, plus or minus 0.50). For trust level data, the total number of responses is on average around 217. At this level, the level of confidence that we can have in the scores can range between plus or minus 3 to 4.5 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 56 participating organisations in the 2017 survey. Scores range from 65.6 to 80.7, with an average score of 75.2.

There are 7 trusts with scores that are significantly above the England average and 7 trusts

with scores that are significantly below the England average.

Figure 2: Trust level Overall Patient Experience Scores, England, 2017-18



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 almost 6 points higher on any other domain as well (a positive correlation of around 0.58), and on average 8 points higher for the overall score (a positive correlation of around 0.83).

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 2016-17 and 2017-18.

Table 3: Number of increased and decreased scores at trust level, 2016-17 to 2017-18

	Increase	Decrease
Overall scores	1	2
Access & waiting	7	0
Safe, high quality, coordinated care	1	0
Better information, more choice	0	3
Building closer relationships	4	3

Note: Changes are based on the 50 trusts with comparable data in 2016-17 and 2017-18

Results at trust level are published in our diagnostic tool, which is available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/sup-info/>

Note on the effect of trust mergers and service changes

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. There was one trust merger between the 2016-17 and 2017-18 results. Greater Manchester Mental Health NHS Foundation Trust merged with Manchester Health and Social Care Trust. This means that historical comparisons for Greater Manchester Mental Health NHS Foundation Trust are not possible.

In addition, East London NHS Foundation Trust had taken over additional services from another provider which had an impact in terms of the trust's demographic profile. As such, historical comparisons are not possible.

Excluded Trusts

Black Country Partnership NHS Foundation Trust (TAJ) was excluded from taking part in the 2017 survey due to having an extremely high proportion of dissenters (57%). This means this trust had a large proportion of people who have opted out of participating in the survey.

4 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

5 Background notes – The NHS Patient Survey Programme

These results are based on data from the NHS 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 2017 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 2016.

Trusts were given the choice of sampling in September, October or November 2016. 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 2017.

Sample sizes and response rates vary depending on the survey setting and by question. Around 12,150 service users responded to the 2017 Community Mental Health Survey,

providing a response rate of 26%⁵ (28% in 2016). 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 2017 Community Mental Health Survey can be found at:

<http://www.cqc.org.uk/cmhsurvey>

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/1014>

⁵ The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable or if someone had died from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

6 Overview of survey changes

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 2017 survey is largely unchanged, however a new weighting strategy has been applied for the analysis of the national level results as presented in the CQC statistical release. Full details are available in the Quality and Methodology Report found here:

<http://www.cqc.org.uk/cmhsurvey>

This new weighting strategy introduced in 2017 has been applied to historical analysis of national level results from 2014. Therefore 2017 **results are comparable to those from 2016, 2015 and 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 2017 Community Mental Health Survey saw no changes to the questions or response options, therefore results are directly comparable to the 2016 survey. The only change made to the 2017 survey was the addition of CQC's helpline on the front page.

CQC's Survey Development Report is available, which outlines the changes that were proposed, changes to protocol, and discussion of a 2017 pilot study:

<http://www.nhssurveys.org/survey/1951>

The 2016 Community Mental Health Survey saw the following updates:

- Mailing letters: Changes were made to the three mailing letters that accompany the questionnaires. These were re-written in a more informal tone, whilst retaining all key information.
- Section name change: The 'Other areas of life' section was renamed in the 2016 survey to 'Support & Wellbeing'. It was thought the original title may suggest that that the questions in the section pertained to aspects not related to the person's mental health. It was felt that the new name covered the theme of the questions in this section, and the new name tested well with participants.
- Removal of three questions:
 - o formerly Q34: "In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?"
 - o formerly Q38: "Do the people you see through NHS mental health services understand what is important to you in your life?"
 - o formerly Q40: "Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?"

The removal of questions Q38 and Q40 means the 2016-17 results for Q39 ("Do the people you see through NHS mental health services help you with what is important to you?") are not comparable to 2015-16.

- Addition of two questions:
 - o Q18: "Were the reasons for this change explained to you at the time?"
 - o Q31: "Were these treatments or therapies explained to you in a way you could understand?"
- Amendment to the response categories for Q17: "In the last 12 months, have the people you see for your care or services changed?". This change means the 2016-17 results for Q19 and Q20 are not comparable to 2015-16 as they are routed from Q17.

These changes made for the 2016 did not impact the survey's time series. Full information about the 2016 changes and the evidence base is available in CQC's Survey Development Report at:

<http://www.nhssurveys.org/survey/1730>

7 Historical sampling errors

During the sample-checking for the 2017 survey, it was found that three trusts had made errors in drawing their sample from the previous year (2016). These three trusts were excluded from any trust-level historical comparisons produced for the 2017 survey (i.e. comparing 2017 data against 2016 data) and their 2016 results were removed from the NHS Surveys website. CQC did not revise the 2016 Community Mental Health survey results for England, as exclusion of these trusts did not have a material impact on the England figures for the Community Mental Health Survey. In line with this decision, NHS England have not excluded the trusts results from the England Overall Patient Experience Scores for the 2016 Community Mental Health survey update.

For more information on the sampling errors investigated in the 2016 survey please see the sampling errors report located at <http://nhssurveys.org/survey/1982>.

8 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 NHS 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, which were last updated with the Emergency Department scores in October 2017.

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.

Adult inpatient survey: national scores

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16		2015-16 95% confidence interval
Access & waiting	83.8	84.9	85.0	84.2	83.8	84.3	84.6	83.8	84.5	S	0.17
Safe, high quality, coordinated care	64.9	65.3	64.4	64.6	64.8	65.4	66.1	65.5	66.3	S	0.21
Better information, more choice	66.7	67.7	66.8	67.2	67.2	68.2	68.8	68.9	69.3	S	0.24
Building closer relationships	83.0	83.2	82.9	83.0	83.0	84.6	84.7	84.6	85.4	S	0.14
Clean, friendly, comfortable place to be	78.1	79.2	79.1	79.4	79.4	79.8	80.1	80.1	81.1	S	0.12
Inpatient Overall Patient Experience Score	75.3	76.0	75.6	75.7	75.6	76.5	76.9	76.6	77.3	S	0.14

Source: NHS Patient Survey Programme

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

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/

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: NHS 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 scores are adjusted to allow for direct comparison with 2011-12.

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

Emergency department survey: national scores

	2016-17	2016-17 95% confidence interval
Access & waiting	65.1	0.23
Safe, high quality, coordinated care	78.6	0.33
Better information, more choice	77.7	0.45
Building closer relationships	83.6	0.23
Clean, friendly, comfortable place to be	85.7	0.23
Accident and Emergency Overall Patient Experience Score	78.2	0.26

Source: NHS Patient Survey Programme

Notes: The 2016-17 Emergency Department scores are **not comparable** with previous Overall Patient Experience Scores for the Accident and Emergency Survey. This is due to a number of changes in the survey's sampling methodology, including changes to the sampling approach, the sample size and the sampling month.

Accident and emergency department survey: national scores

	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	0.22
Safe, high quality, coordinated care	74.7	75.1	74.5	74.5	76.0	0.35
Better information, more choice	73.5	74.4	74.8	74.8	75.8	0.47
Building closer relationships	80.4	81.3	80.8	80.8	81.9	0.25
Clean, friendly, comfortable place to be	81.0	81.4	82.2	82.2	84.2	0.24
Accident and Emergency Overall Patient Experience Score	75.8	75.7	75.4	75.9	77.2	0.28

Source: NHS Patient Survey Programme

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/

Community Mental Health Survey: national scores

Table 1	2014-15 ¹	2015-16 ²	2016-17	2017-18		2017-18 95% confidence interval
Access & waiting	82.2	81.9	82.4	83.7	S	0.54
Safe, high quality, coordinated care	71.4	70.3	71.1	70.3		0.73
Better information, more choice	71.5	70.4	70.8	70.6		0.66
Building closer relationships	78.2	76.2	76.7	76.2		0.52
Community Mental Health Overall Patient Experience Score	75.8	74.7	75.2	75.2		0.50

Source: NHS Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2016-17 to 2017-18.

The 'Access & waiting' domain has shown a statistically significant increase from 2016-17 to 2017-18.

Due to redevelopment of the 2014 community mental health survey, the scores for 2014-15 or after 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 overall patient experience score '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 Development Report published by the Coordination Centre at: <http://www.nhssurveys.org/surveys/750>
Information about the resulting changes to the overall patient experience scores 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>

2. 2015-16 data was revised in 2016 in line with revisions made to the 2015 Community Mental Health Survey by CQC after an error was uncovered.

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

Source: NHS Patient Survey Programme

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>

9 Annex A- Overall Patient Experience Scores: 2017 Community Mental Health Survey update – Scoring regime for 2017-18

The table below presents the 2017 Community Mental Health Survey question number and wording together with the scoring regime for each of the 15 questions that feed into the four domain scores and the Overall Patient Experience Score.

Overall Patient Experience Scores: 2017 Community Mental Health Survey update – Scoring regime for 2017-18

No.	2017 Question Wording	Scoring
Domain: Access & waiting		
9	Do you know how to contact this person [the person in charge of organising the respondents care and services] if you have a concern about your care?	1=100 2=0 3=M
21	Do you know who to contact out of hours if you have a crisis?	1=100 2=0 3=M
Domain: Safe, high quality, coordinated care		
29	In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? (That is, have your medicines been reviewed?)	1=100 2=0 3=M
10	How well does this person [in charge of organising care & services] organise the care and services you need?	1=100 2=67 3=33 4=0
14	In the last 12 months, have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	1=100 2=0 3=M
33	In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc.)?	1=100 2=50 3=0 4=M 5=M 6=M
Domain: Better information, more choice		
25	Were you involved as much as you wanted to be in decisions about which medicines you receive?	1=100 2=50 3=0 4=M 5=M
11	Have you agreed with someone from NHS mental health services what care you will receive?	1=100 2=50 3=0
13	Does this agreement on what care you will receive take your personal circumstances into account?	1=100 2=50 3=0 4=M
12	Were you involved as much as you wanted to be in agreeing what care you will receive?	1=100 2=50 3=0 4=M 5=M
32	Were you involved as much as you wanted to be in deciding what treatments or therapies to use?	1=100 2=50 3=0 4=M 5=M

Domain: Building closer relationships		
6	Did the person or people you saw understand how your mental health needs affect other areas of your life?	1=100 2=50 3=0 4=M
41	Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	1=100 2=50 3=0
5	Were you given enough time to discuss your needs and treatment?	1=100 2=50 3=0 4=M
7	Have you been told who is in charge of organising your care and services? [This person can be anyone providing your care, and maybe called a 'care coordinator' or 'lead professional']	1=100 2=0 3=M