



Statistical bulletin:
Overall Patient Experience Scores
2018 Community Mental Health Survey update

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2018 Community Mental Health Survey update

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Overall Patient Experience Scores: 2018 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 2017. Fieldwork for the survey took place between February and June 2018.

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 produces 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 2018 Adult Inpatient Survey, expected in May/June 2019.**

1 Overall Patient Experience Scores: 2018 Community Mental Health Survey update

The Overall Patient Experience Score for NHS community mental health services for 2018-19 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 is **74.3 out of 100**. Questions from three domains are not comparable to previous years², therefore these domains as well as the overall patient experience score are not comparable to previous years. The **“Building closer relationships”** domain has seen a **significant decrease** in score in 2018-19 and this score represents the **lowest of the last five years**.

Table 1: Patient experience scores for the Community Mental Health Survey, England, 2014-15 to 2018-19

	2014-15	2015-16	2016-17	2017-18	2018-19	95% confidence interval (2018-19)
Access & waiting	-	-	-	-	83.5	0.53
Safe, high quality, coordinated care	-	-	-	-	69.7	0.70
Better information, more choice	-	-	-	-	69.2	0.64
Building closer relationships	78.2	76.2	76.7	76.2	74.9	S 0.51
Overall patient experience score	-	-	-	-	74.3	0.49

Source: NHS Patient Survey Programme, Care Quality Commission

Further details of the methodology can be found in the accompanying Methods, reasoning and scope paper at:

<http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/>.

The full set of tables is shown at the end of this publication.

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 Question 8 – ‘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?’ (Access & waiting domain) and question 9 - ‘How well does this person organise the care and services you need?’ (‘Safe, high quality, coordinated care’ domain) are not comparable to previous years due to a change in the response options to the preceding question in the survey. In question 28 - ‘Were you involved as much as you wanted to be in deciding what therapies to use?’ (‘Better information, more choice’ domain) ‘treatments and therapies’ was changed to ‘therapies’.

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 in the case of 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**, calculated by averaging a subset of the scored survey questions. The scores represent the extent to which the patient’s experience could be improved. A score of 0 reflects considerable scope for improvement, whereas a score of 100 refers to the most positive patient experience. Where there are a number of response options, they are placed at equal intervals on the scale.

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:

³ Annex A details the 2018 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.

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

The scoring mechanism is applied to respondent level results before being standardised to match the 2018 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 2018 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 12,700 patients to estimate the typical experience for all NHS community 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 2018 Community Mental Health Survey has a confidence interval of plus or minus 0.49. This means that the true value is likely to lie in a range from 0.49 below our estimate to 0.49 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.

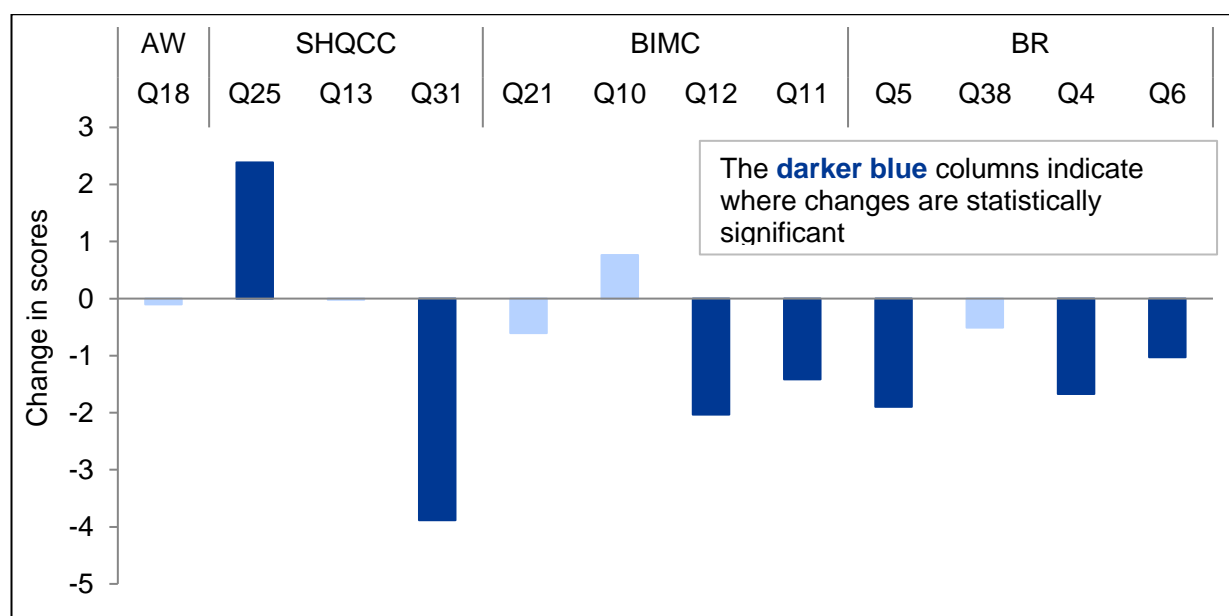
3 2018 Community Mental Health Survey update

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 2017-18 to those in 2018-19, with reference to the specific questions that feed into each domain.

Figure 1 below presents the difference in the question scores between 2017-18 and 2018-19. Ten of the questions within the domains have seen a decrease from 2017-18 to 2018-19, while two have seen an increase.

Figure 1: Change between question scores from 2017-18 to 2018-19, England⁴



Access & waiting: two survey questions, domain score 83.5 in 2018-19.

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 is comparable with last year's score: a similar proportion of patients report knowing who to contact out of hours in the event of a crisis (score 70.4 in 2018 and 70.5 in 2017).

The other question is not comparable to previous years.

Safe, high quality coordinated care: four survey questions, domain score is 69.7 in 2018-19.

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

⁴ Questions 8, 9 and 28 have been excluded from this figure as they are not comparable to previous years.

any physical health needs. It also assesses how well the person in charge of organising the patient's care fulfils this role.

One of the four scored questions has significantly increased: a greater proportion of patients say an NHS mental health worker checked how they were getting on with their medicines (score increasing from 76.3 to 78.7).

One of the four scored questions has significantly decreased: a smaller proportion of patients report that NHS mental health services gave them help or advice with finding support for their physical health needs (score decreasing from 50.1 to 46.2).

One question has remained the same as last year and one question is not comparable to previous years.

Better information, more choice: five survey questions, domain score is 69.2 in 2018-19

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.

Two of the five scored questions have significantly decreased: smaller proportions of patients report that:

- their agreement on what care they will receive takes their personal circumstances into account (score decreasing from 76.5 to 74.4).
- they were involved as much as they wanted to be in agreeing what care they will receive (score decreasing from 74.3 to 72.9).

One question has shown a slight but not significant decrease compared to last year. One question has shown a slight but not significant increase and one question is not comparable to last year.

Building closer relationships: four survey questions, domain score significantly decreased from 76.2 to 74.9 in 2018-19

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: smaller proportions of patients report:

- that the people they saw understood how their mental health needs affected other areas of their life (score decreasing from 71.4 to 69.5).
- that they were given enough time to discuss their needs and treatment (score decreasing from 75.4 to 73.7).
- being told who is in charge of organising their care and services (score decreasing from 74.6 to 73.5).

One question has shown a slight decrease though not significant.

3.2 Trends in the scores

Surveys of community mental health services were carried out between 2004-2008 and 2010-2018. 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 scoring⁵ 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**.

In 2018-19, three questions (one from the 'Access & waiting' domain, one from the 'Safe, high quality, coordinated care' domain and one from the 'Better information, more choice' domain) are not comparable to previous years. Therefore, these domain scores and the overall patient experience score are not comparable to previous years.

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 2018 Community

⁵ 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.

Mental Health Survey, the number of responses from the White Gypsy or Irish Traveller ethnic group is 18 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 2018 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: African, White & Black African, Arab 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, 2018-19

Ethnicity	Overall score	Confidence interval	Number of respondents
White British	74.3	0.54	10,624
Any other mixed background	68.6	4.40	62
Bangladeshi	68.8	6.86	48
Indian	71.7	3.06	230
Any other White	72.2	2.48	340
Pakistani	73.8	2.45	135
Caribbean	73.8	2.85	144
White Irish	76.6	2.02	100
White & Black Caribbean	78.1	2.15	108
White & Asian	78.7	4.07	65
Any other Asian background	78.7	3.26	95
Any other Black background	79.3	3.56	44
African	79.6	S 3.26	151
White & Black African	82.7	S 2.93	31
Arab	82.9	S 4.70	30
Any other ethnic group	84.5	S 5.66	36
White Gypsy or Irish Traveller	*	*	18
Chinese	*	*	28

Ethnic group is unknown for 506 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*

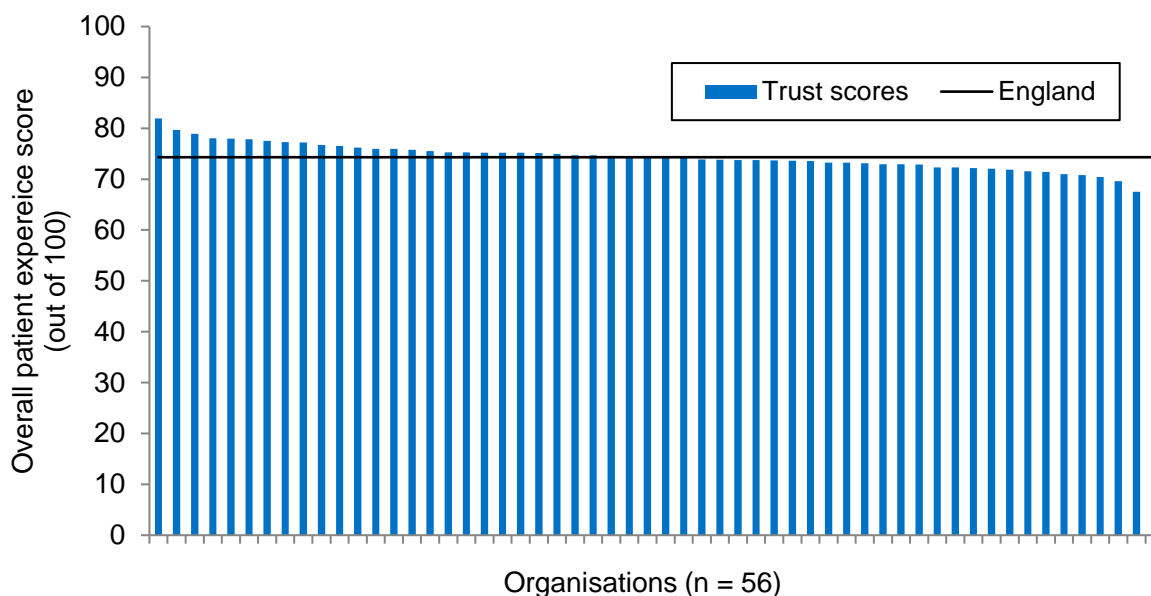
3.4 Variation at NHS organisational level

We need to be cautious when considering these statistics at trust level due to the larger size of the confidence intervals (i.e. there is more uncertainty around the estimates at trust level than at national level). At national level, results are based on 12,795 responses and we can be confident that the true score lies within a small range (in this case, plus or minus 0.49). For trust level data, the total number of responses is on average around 228. At this level, the level of confidence that we can have in the overall patient experience scores can range between plus or minus 2.6 to 4.7 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 2018 survey. Scores range from 67.5 to 81.9, with an average score of 74.3.

There are 9 trusts with scores that are significantly above the England average and 5 trusts with scores that are significantly below the England average.

Figure 2: Trust level Overall Patient Experience Scores, England, 2018-19



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.

There were 9 trusts that recorded a significant decrease in the 'Building closer relationships' domain score between 2017-18 and 2018-19. No trusts recorded a significant increase. This is based on 49 trusts that were comparable. The other domains and the overall patients experience scores were not comparable to previous years due to question changes.

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 2017-18 and 2018-19. North Essex Partnership University NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust merged to form Essex Partnership University NHS Foundation Trust. This means that historical comparisons for the new trust are not possible.

Black Country Partnership NHS Foundation Trust 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. The trust has taken part in 2018 but there is no comparable data for 2017.

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 2018 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 2017.

Trusts were given the choice of sampling in September, October or November 2017. 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 June 2018.

Sample sizes and response rates vary depending on the survey setting and by question. Around 12,790 service users responded to the 2018 Community Mental Health Survey, providing a response rate of 28%⁶ (26% in 2017). 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 2018 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/1162>

⁶ The response rate quoted is an adjusted response rate. 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 2018 survey is largely unchanged. Full details are available in the Quality and Methodology Report found here:

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

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 2018 Community Mental Health Survey saw some changes to the design and content of the questionnaire and covering letters.

Due to a change in the response options for question 7 “Is the person in charge of organisation your care and services...”. The following questions are not comparable to previous years:

- Q8: 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? (Access & waiting domain)
- Q9: How well does this person [in charge of organising care & services] organise the care and services you need? (Safe, high quality, coordinated care domain)

The ‘Treatments’ section of the survey was split into ‘Medicines’ and ‘NHS therapies’ in 2018, as part of this change, the following question was changed and is not comparable to previous years:

- Q28: Were you involved as much as you wanted to be in deciding what therapies to use? (Better information, more choice domain) had the words ‘treatments and therapies’ changed to just ‘therapies’

CQC’s Survey Development Report, which outlines the changes that were proposed, and changes to protocol for the 2018 survey is available here:

<http://www.nhssurveys.org/survey/2031>

7 Historical sampling errors

During the sample checking for the 2018 survey, it was found that five trusts had made errors in drawing their sample for the 2017 survey. These five trusts were excluded from any trust-level historical comparisons produced for the 2018 survey (i.e. comparing 2018 data against 2017 data) and their 2017 results were removed from the NHS Surveys website. CQC did not revise the 2017 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 retrospectively excluded the trusts results from the England Overall Patient Experience Scores for the 2017 Community Mental Health survey update.

For more information on the sampling errors investigated in the 2018 survey please see the sampling errors report located at <http://www.nhssurveys.org/surveys/1146>.

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 Adult Inpatient Survey scores in June 2018.

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.

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/

Adult Inpatient Survey: national scores (2016-17¹ to 2017-18)

Domain	2016-17 ¹	2017-18	95% confidence interval (2017-18)
Access & waiting	82.9	83.5	0.19
Safe, high quality, coordinated care	72.3	72.6	0.23
Better information, more choice	68.0	68.6	0.27
Building closer relationships	85.5	85.8	0.15
Clean, friendly, comfortable place to be	81.1	81.4	0.13
Inpatient overall patient experience score	78.0	78.4	0.14

Source: NHS Patient Survey Programme

Notes:

1. The 2017-18 scores for the Safe, high quality, coordinated care domain and the overall score have been calculated using a slightly different methodology. For this publication, the 2016-17 scores have been recalculated using the same methodology for comparison purposes. These scores are not comparable with the scores for previous years shown in the table below.

Adult Inpatient Survey: national scores (2007-08 to 2016-17)²

Domain	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16 ¹	2016-17
Access & waiting	83.8	84.9	85.0	84.2	83.8	84.3	84.6	83.8	84.5	82.9
Safe, high quality, coordinated care	64.9	65.3	64.4	64.6	64.8	65.4	66.1	65.5	66.3	66.1
Better information, more choice	66.7	67.7	66.8	67.2	67.2	68.2	68.8	68.9	69.3	68.0
Building closer relationships	83.0	83.2	82.9	83.0	83.0	84.6	84.7	84.6	85.4	85.5
Clean, friendly, comfortable place to be	78.1	79.2	79.1	79.4	79.4	79.8	80.1	80.1	81.1	81.1
Inpatient overall patient experience score	75.3	76.0	75.6	75.7	75.6	76.5	76.9	76.6	77.3	76.7

Source: NHS Patient Survey Programme

Notes:

1. The 2015-16 scores were updated in the 2016 publication to exclude three trusts where a historical sampling error was discovered after the 2015 publication, this is in line with revisions made to the 2015 Adult Inpatient Survey by CQC.
2. The scores in this table are not comparable with the scores in the table above owing to printing errors in the 2017 questionnaire.

Outpatient Survey: national scores

Domain	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.

Emergency department survey: national scores (2016-17)

Domain	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 to 2014-15)

Domain	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).

Community Mental Health Survey: national scores (2014-15 to 2018-19 comparable domain)

Domain	2014-15 ¹	2015-16 ²	2016-17	2017-18	2018-19	2018-19 95% confidence interval
Access & waiting	-	-	-	-	83.5	0.53
Safe, high quality, coordinated care	-	-	-	-	69.7	0.70
Better information, more choice	-	-	-	-	69.2	0.64
Building closer relationships	78.2	76.2	76.7	76.2	74.9	S 0.51
Community Mental Health Overall Patient Experience Score	-	-	-	-	74.3	0.49

Source: NHS Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2017-18 to 2018-19.

Some questions from the 'Access & waiting', 'Safe, high quality, coordinated care' and 'Better information, more choice' domains are not comparable to previous years due to question changes in the survey. Therefore, these domain scores as well as the overall patient experience score are also not comparable to previous years. Full scores for all domains in previous years are provided in the following table: Community Mental Health Survey: national scores (2014-15 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 the table below.

Community Mental Health Survey: national scores (2014-15 to 2017-18)

Domain	2014-15	2015-16 ¹	2016-17	2017-18
Access & waiting	82.2	81.9	82.4	83.7
Safe, high quality, coordinated care	71.4	70.3	71.1	70.3
Better information, more choice	71.5	70.4	70.8	70.6
Building closer relationships	78.2	76.2	76.7	76.2
Community Mental Health Overall Patient Experience Score	75.8	74.7	75.2	75.2

Source: NHS Patient Survey Programme

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 a table below.

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>

Notes: 1. 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.

Community Mental Health Survey: national scores (2011-12 to 2013-14)

Domain	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: 2018 Community Mental Health Survey update – Scoring regime for 2018-19

The table below presents the 2018 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: 2018 Community Mental Health Survey update – Scoring regime for 2018-19

No.	2018 Question Wording	Scoring
Domain: Access & waiting		
8	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=not scored
18	Do you know who to contact out of hours if you have a crisis?	1=100 2=0 3=not scored
Domain: Safe, high quality, coordinated care		
25	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=not scored
9	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
13	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=not scored
31	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 4,5,6=not scored
Domain: Better information, more choice		
21	Were you involved as much as you wanted to be in decisions about which medicines you receive?	1=100 2=50 3=0 4,5=not scored
10	Have you agreed with someone from NHS mental health services what care you will receive?	1=100 2=50 3=0
12	Does this agreement on what care you will receive take your personal circumstances into account?	1=100 2=50 3=0 4=not scored
11	Were you involved as much as you wanted to be in agreeing what care you will receive?	1=100 2=50 3=0 4,5=not scored
28	Were you involved as much as you wanted to be in deciding what NHS therapies to use?	1=100 2=50 3=0 4,5=not scored

Domain: Building closer relationships		
5	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=not scored
38	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
4	Were you given enough time to discuss your needs and treatment?	1=100 2=50 3=0 4=not scored
6	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=not scored