

Survey of people who use
community mental health services
2017



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2017
Isle of Wight NHS Trust

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National NHS patient survey programme

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The Care Quality Commission

Our purpose:

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

- We register health and adult social care providers.
- We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.
- We use our legal powers to take action where we identify poor care.
- We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

Our values:

- Excellence – being a high-performing organisation
- Caring – treating everyone with dignity and respect
- Integrity – doing the right thing
- Teamwork – learning from each other to be the best we can

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To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences.

The 2017 survey of people who use community mental health services involved 56¹ providers of NHS mental health services in England (including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide mental health services). We received responses from more than 12,000 people, a response rate of 26%.

People aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1 September 2016 and 30 November 2016. For more information on the sampling criteria for the survey please see the instruction manual for the survey (see 'Further Information' section). Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between February and June 2017.

Similar surveys of community mental health services were carried out between 2004 and 2008, and 2010 to 2016.² However, the survey has undergone two major redevelopments ahead of the 2010 and 2014 surveys to reflect changes in policy, best practice and patterns of service. This means that the 2017 survey is only comparable with the 2014, 2015 and 2016 surveys. Surveys carried out between 2010 and 2013 are comparable with each other but not with any other surveys, due to the re-development in 2010.

The community mental health survey is part of a wider programme of NHS patient surveys which covers a range of topics including acute adult inpatient, children's inpatient, A&E (emergency department) and maternity services. To find out more about the programme and to see the results from previous surveys, please see the links in the 'further information' section.

CQC will use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Survey data will be used in CQC's Insight, an intelligence tool which indicates potential changes in quality of care to support decision making about our regulatory response. Survey data

¹One trust was excluded due to having a high proportion of dissenters.

²In 2009 a survey of mental health inpatients took place.

will also form a key source of evidence to support the judgements and inspection ratings published for trusts.

NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. NHS Improvement will use the results to inform their oversight model for NHS.

Interpreting the report

This report shows how a trust scored for each evaluative question in the survey, compared with other trusts. It uses an analysis technique called the '**expected range**' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. For more information on the expected range, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

This report shows the same data as published on the CQC website (available at the following link: www.cqc.org.uk/cmhsurvey). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'better', 'worse' or 'about the same' as the majority of other trusts for each question and section.

A 'section' score is also provided, labelled S1-S10 in the 'section scores'. The scores for each question are grouped according to the sections of the questionnaire, for example, 'health and social care workers', 'organising care' and so forth. Please note that Q3 (*In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?*) is in section nine ('Overall views of care and services') as this was the only question that could be scored in the 'Care and Treatment' section of the questionnaire.

Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have a higher proportion of male service users than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of people.

To account for this, we 'standardise' the data. Results have been standardised by the age and gender of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-gender profile reflects the 'national' age-gender distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this standardisation will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trusts in any way, for example, they may be 'routing questions' designed to filter out respondents to whom the following questions do not apply. An example of a routing question is Q24 (*In the last 12 months, have you been receiving any medicines for your mental health needs?*).

For full details of the scoring please see the technical document (see 'further information' section).

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the orange section of the graph, its result is 'about the same' as most other trusts in the survey;
- If your trust's score lies in the red section of the graph, its result is 'worse' than would be expected when compared with most other trusts in the survey;
- If your trust's score lies in the green section of the graph, its result is 'better' than would be expected when compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is 'better' or 'worse'. If there is no text the score is 'about the same'. These groupings are based on a rigorous statistical analysis of the data, as described in the following 'methodology' section.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on a statistic called the **'expected range'** which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no red and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no red section). This could be because there were few respondents and / or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section³). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see 'further information' section).

Tables

At the end of the report you will find tables containing the data used to create the graphs, the response rate for your trust and background information about the people that responded.

Scores from last year's survey are also displayed where available. The column called 'change from 2016' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2016. A statistically significant difference means that the change in the result is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test with a significance level of 0.05.

Please note that comparative data is not shown for sections as the questions contained in each section can change year on year.

Comparisons are also not able to be shown if a trust has merged with other trusts since the 2016 survey, or if a trust committed a sampling error in 2016.

³A section score is not able to be displayed as it will include fewer questions compared with other trusts hence it is not a fair comparison.

Notes on specific questions

This section provides information about the analysis of particular questions:

Q9 and Q10:

Q9 *Do you know how to contact this person if you have a concern about your care?*

Q10 *How well does this person organise the care and services you need?*

Respondents who stated at Q8 that their GP is in charge of organising their care and services have been removed from the base for these questions. This is because results will not be attributable to the mental health trust.

Q14:

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?

As the question specifies a time period of 'the last 12 months' respondents who stated at Q2 they had been in contact with mental health services for less than a year have been removed from the base for this question. This is because it is not fair to penalise trusts for not having reviewed a person's care, if they have not been in contact with services for long enough to have reasonably expected them to have had a care review.

Q15 and Q16:

Q15 *Were you involved as much as you wanted to be in discussing how your care is working?*

Q16 *Did you feel that decisions were made together by you and the person you saw during this discussion?*

Last year we revised the analysis rules for Q15 and Q16, to be consistent with that applied to Q14.

This approach removes respondents who stated at Q2 they had been in contact with mental health services for less than a year from the results for Q15 and Q16 (as well as for Q14) because we cannot be certain that respondents were referring to a care review.

Further information

The results for England, and trust level results, can be found on the CQC website. You can also find a 'technical document' here which describes the methodology for analysing the trust level results:

www.cqc.org.uk/cmhsurvey

The results from previous community mental health surveys that took place between 2004 and 2008, and between 2010 and 2013 are available at the link below.⁴ Please note that due to redevelopment work, results from the 2017 survey are only comparable with 2014, 2015 and 2016.⁵

www.nhssurveys.org/surveys/290

Full details of the methodology for the survey, including questionnaires, letters sent to people who use services, instructions for trusts and contractors to carry out the survey, and the survey development report, are available at:

www.nhssurveys.org/surveys/1014

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys can be found at:

www.cqc.org.uk/content/surveys

More information on how CQC monitor trusts that provide mental health services is available at:

www.cqc.org.uk/content/monitoring-trusts-provide-mental-health-services

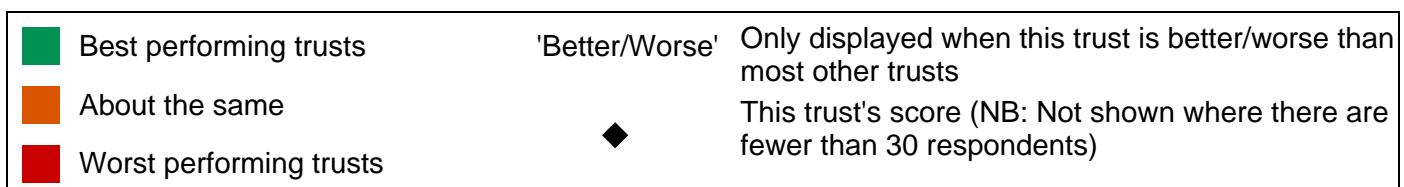
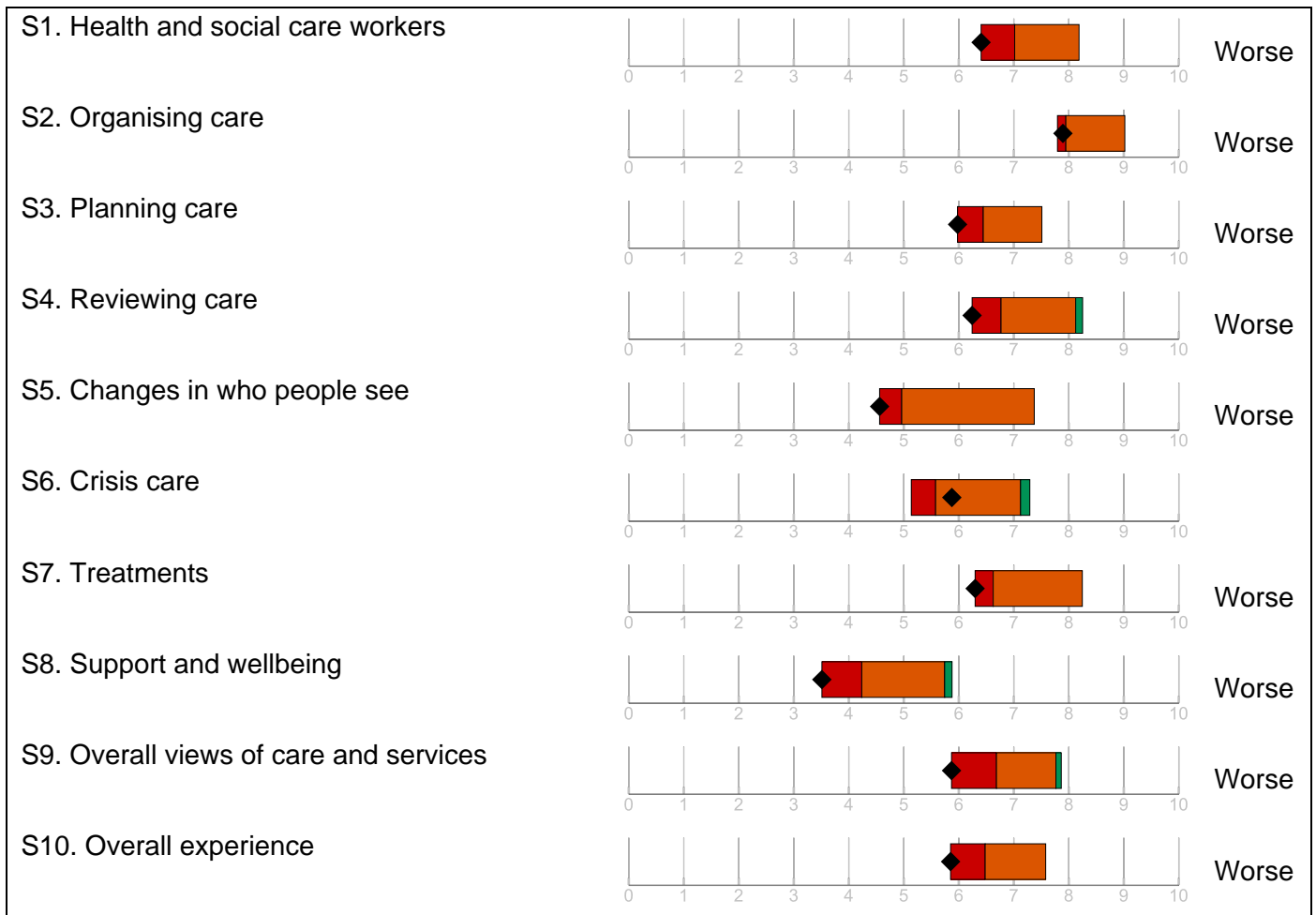
⁴In 2009 a survey of mental health inpatient services took place.

⁵Please note that the survey was also substantially redeveloped in 2010. This means that surveys carried out between 2010 and 2013 are comparable with each other but not with any other surveys.

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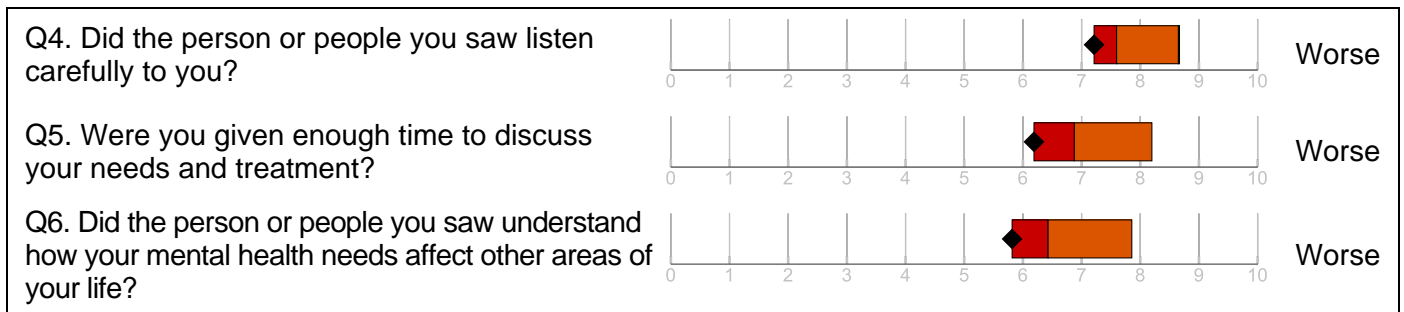
Section scores



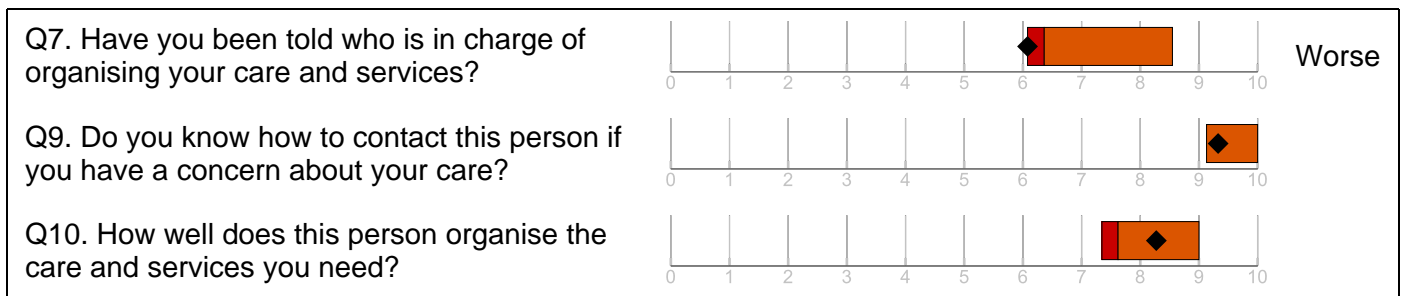
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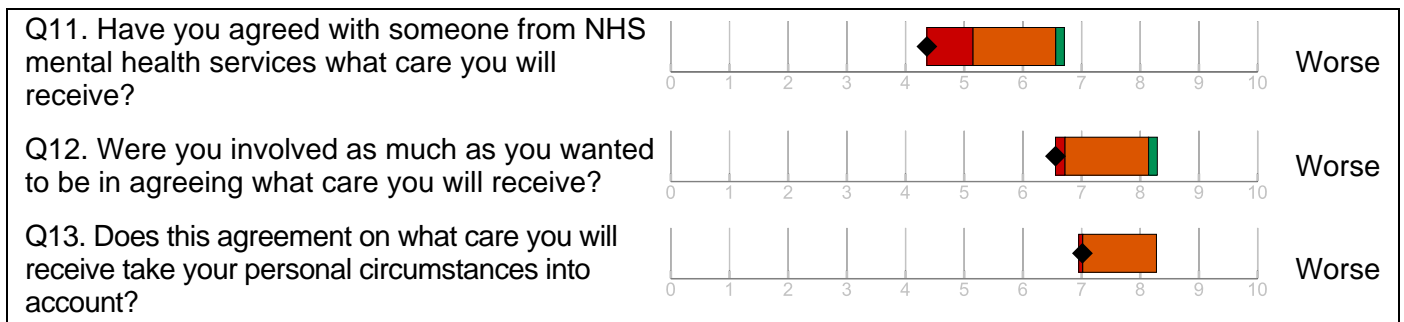
Health and social care workers



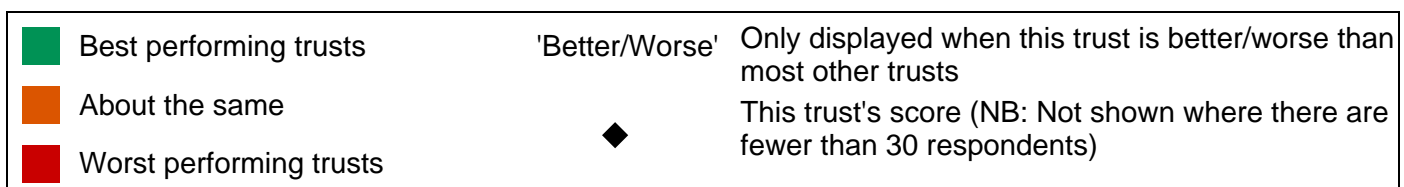
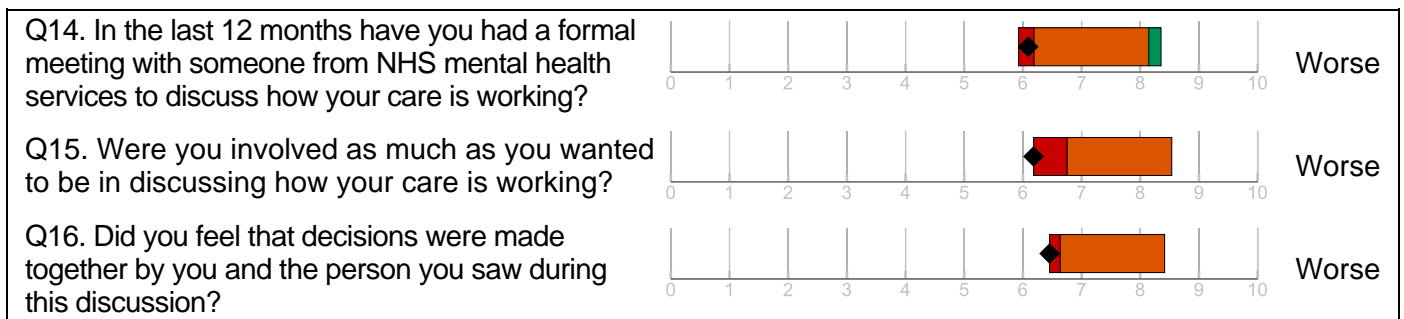
Organising care



Planning care



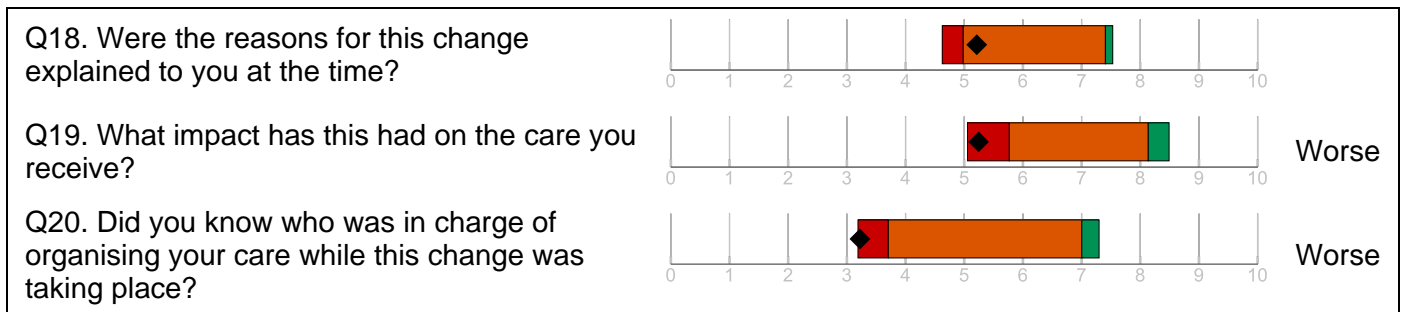
Reviewing care



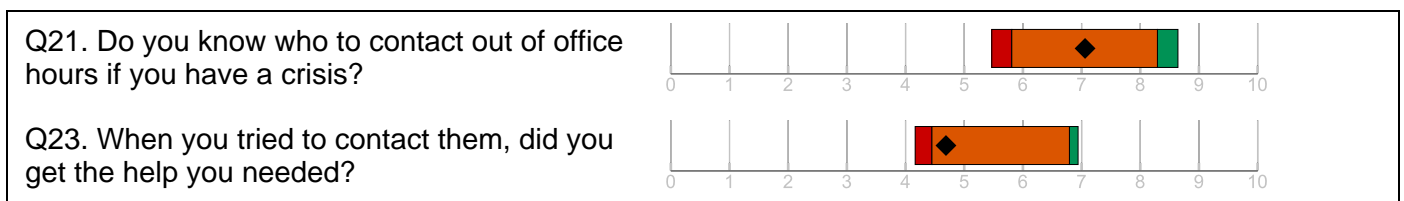
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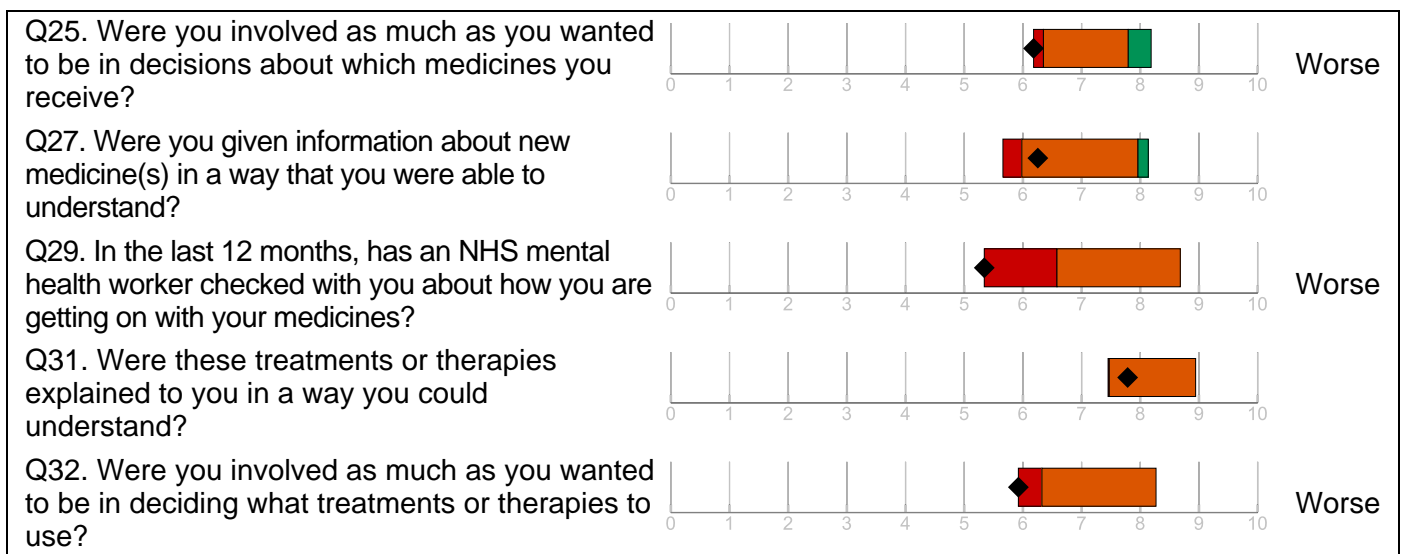
Changes in who people see



Crisis care



Treatments

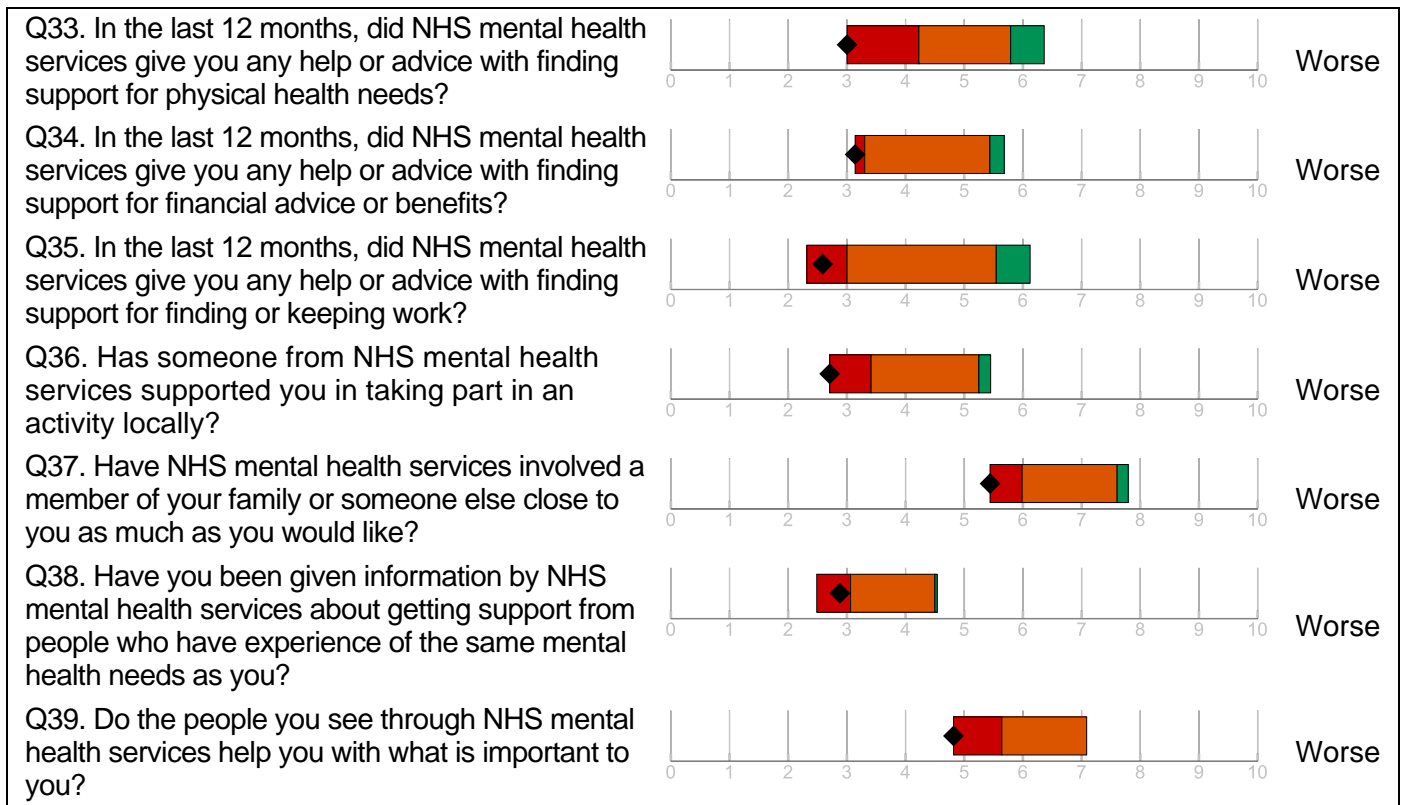


	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

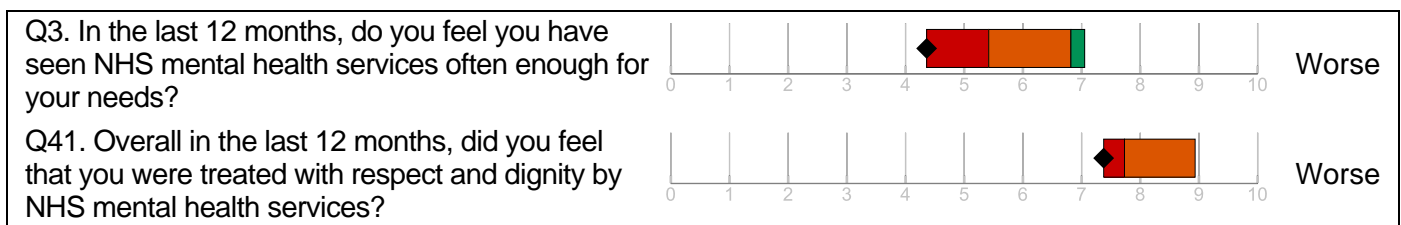
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Support and wellbeing






Overall views of care and services



Overall experience



	Best performing trusts	'Better/Worse' Only displayed when this trust is better/worse than most other trusts ◆ This trust's score (NB: Not shown where there are fewer than 30 respondents)
	About the same	
	Worst performing trusts	

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	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
Health and social care workers						
S1	Section score	6.4	6.4	8.1		
Q4	Did the person or people you saw listen carefully to you?	7.2	7.2	8.7	192	7.7
Q5	Were you given enough time to discuss your needs and treatment?	6.2	6.2	8.1	184	6.8
Q6	Did the person or people you saw understand how your mental health needs affect other areas of your life?	5.8	5.8	7.8	183	6.2
Organising care						
S2	Section score	7.9	7.8	9.0		
Q7	Have you been told who is in charge of organising your care and services?	6.1	6.1	8.5	166	6.8
Q9	Do you know how to contact this person if you have a concern about your care?	9.3	9.2	10.0	80	9.2
Q10	How well does this person organise the care and services you need?	8.3	7.3	8.9	82	7.8
Planning care						
S3	Section score	6.0	6.0	7.5		
Q11	Have you agreed with someone from NHS mental health services what care you will receive?	4.4	4.4	6.7	193	5.2 ↓
Q12	Were you involved as much as you wanted to be in agreeing what care you will receive?	6.6	6.6	8.3	115	7.1
Q13	Does this agreement on what care you will receive take your personal circumstances into account?	7.0	7.0	8.2	112	7.5
Reviewing care						
S4	Section score	6.2	6.2	8.3		
Q14	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?	6.1	5.9	8.4	148	5.8
Q15	Were you involved as much as you wanted to be in discussing how your care is working?	6.2	6.2	8.4	87	7.0
Q16	Did you feel that decisions were made together by you and the person you saw during this discussion?	6.5	6.5	8.3	85	7.3

↑ or ↓ Indicates where 2016 score is significantly higher or lower than 2017 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

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	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
Changes in who people see						
S5 Section score	4.6	4.6	7.3			
Q18 Were the reasons for this change explained to you at the time?	5.2	4.6	7.5	85	5.6	
Q19 What impact has this had on the care you receive?	5.2	5.1	8.5	76	6.6	
Q20 Did you know who was in charge of organising your care while this change was taking place?	3.2	3.2	7.3	74	4.4	
Crisis care						
S6 Section score	5.9	5.1	7.3			
Q21 Do you know who to contact out of office hours if you have a crisis?	7.1	5.5	8.6	181	6.9	
Q23 When you tried to contact them, did you get the help you needed?	4.7	4.2	6.9	69	5.0	
Treatments						
S7 Section score	6.3	6.3	8.2			
Q25 Were you involved as much as you wanted to be in decisions about which medicines you receive?	6.2	6.2	8.2	135	7.1	↓
Q27 Were you given information about new medicine(s) in a way that you were able to understand?	6.3	5.7	8.1	68	6.0	
Q29 In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	5.3	5.3	8.4	118	6.7	↓
Q31 Were these treatments or therapies explained to you in a way you could understand?	7.8	7.5	8.9	68	7.5	
Q32 Were you involved as much as you wanted to be in deciding what treatments or therapies to use?	5.9	5.9	8.2	68	6.9	

↑ or ↓

Indicates where 2016 score is significantly higher or lower than 2017 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

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Isle of Wight NHS Trust

	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
Support and wellbeing						
S8 Section score	3.5	3.5	5.9			
Q33 In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	3.0	3.0	6.4	108	3.7	
Q34 In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	3.1	3.1	5.7	109	3.3	
Q35 In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	2.6	2.3	6.1	52	3.9	
Q36 Has someone from NHS mental health services supported you in taking part in an activity locally?	2.7	2.7	5.5	91	3.4	
Q37 Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	5.4	5.4	7.8	111	5.5	
Q38 Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?	2.9	2.5	4.5	122	2.9	
Q39 Do the people you see through NHS mental health services help you with what is important to you?	4.8	4.8	7.0	187	5.3	
Overall views of care and services						
S9 Section score	5.9	5.9	7.9			
Q3 In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	4.4	4.4	7.1	193	4.9	
Q41 Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	7.4	7.4	8.8	189	7.7	
Overall experience						
S10 Section score	5.9	5.9	7.5			
Q40 Overall...	5.9	5.9	7.5	186	6.1	

↑ or ↓

Indicates where 2016 score is significantly higher or lower than 2017 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

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Background information

The sample	This trust	All trusts
Number of respondents	196	12139
Response Rate (percentage)	24	26
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	38	43
Female	62	57
Age group (percentage)	(%)	(%)
Aged 18-35	21	14
Aged 36-50	27	21
Aged 51-65	22	25
Aged 66 and older	30	40
Ethnic group (percentage)	(%)	(%)
White	94	87
Multiple ethnic group	1	2
Asian or Asian British	1	4
Black or Black British	0	3
Arab or other ethnic group	1	1
Not known	3	4
Religion (percentage)	(%)	(%)
No religion	38	24
Buddhist	1	1
Christian	52	64
Hindu	0	1
Jewish	1	1
Muslim	1	3
Sikh	0	0
Other religion	4	3
Prefer not to say	5	4
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	89	88
Gay/lesbian	3	2
Bisexual	2	2
Other	2	1
Prefer not to say	5	6