DEVELOPMENT REPORT FOR THE COMMUNITY MENTAL HEALTH SURVEY 2017

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT SURVEY PROGRAMME

Picker

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About the National Patient Survey Co-ordination Centre

The NHS Patient Survey Co-ordination is managed by the Picker Institute on behalf of the Care Quality Commission (CQC). We are responsible for designing, co-ordinating, and reporting on the findings of surveys of NHS patients and service users conducted as part of the NHS patient survey programme for England.

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1 Introduction

The Community Mental Health survey has been conducted almost every year since 2004 as part of the NHS Patient Survey Programme (NPSP) co-ordinated by Picker Institute Europe on behalf of the Care Quality Commission (CQC). Its purpose is to understand, monitor and improve service users' experiences of NHS mental health services. In 2016, over 13,000 participants from 58 NHS trusts and social enterprises told us about their experiences by taking part in the survey.

Information drawn from the questions in the survey will be used by the CQC in its assessment of trusts in England. The results are also used by NHS England and the Department of Health for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (domain 4: Ensuring patients have a positive experience), the NHS England overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards.

This year, the survey had a minor review to consider whether any changes were needed to the questionnaire, to ensure it remains up to date. Its last major redevelopment took place in 2014[1] when the survey was updated in order to reflect changes in policy, best practice and patterns of service use.

The methodological approach remains unchanged from the 2016 survey. Trusts submitted a randomly drawn sample of 850 service users who were seen during the sampling period of 1st September to 30th November 2016 and who fulfilled the additional inclusion and exclusion criteria set out in the survey instruction manual.

Of all surveys in the NPSP, the Community Mental Health Survey has historically generated the lowest response rate. In tandem with this, response rates to all the surveys within the programme have decreased since its inception. Response to the 2016 Community Mental Health Survey was 28%, down from 41% in the first survey undertaken in 2004. Further to this, as seen in the 2016 survey, service users aged 18 to 35 are far less likely to respond than other age groups. In order to address falling response rates and to boost response from lesser-heard groups, making the results more representative, a pilot study was set up to run alongside the standard survey to test four new or redesigned interventions (more detail in Section 4).

2 Amendments to the questionnaire for 2017

Summary of Development

Proposed amendments to the 2017 questionnaire were based on the following:

- Analysis of the 2016 survey data to examine ceiling and floor effects (questions where the vast majority of respondents report a very positive or negative experience), question non-response rates (questions people have not answered, for example, because it was not relevant to them) and correlations (questions that people tend to answer in the same way suggesting a similar or the same underlying concept), and;

[1] Report available at: www.nhssurveys.org/surveys/750

- Consultation with the Community Mental Health Survey Advisory Group, including stakeholders from CQC, NHS England, and the Department of Health as well as trust and third sector representatives, regarding any other topics that should be addressed either from a policy or service user perspective.

Following the above analysis and consultation, no changes were made to any of the questions or response options for 2017. As the questionnaire had undergone significant redevelopment in 2014 there were no strong reasons to change the questionnaire for 2017 which also meant the results could be directly comparable to the 2016 survey.

The only change made to the 2017 questionnaire was the addition of CQC's helpline on the front page which has been introduced across all the surveys in the programme.

2.1 Proposed changes that were not made

A request was made to reintroduce two questions which were previously removed when developing the 2016 questionnaire, to enable space for two new questions. The rationale at the time for removing these questions is summarised below each:

Do the people you see through NHS mental health services help you **feel hopeful** about the things that are important to you?

1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No

During the development of the 2016 survey, analysis was undertaken on the data from the 2015 survey to identify patterns of response at item level. The question above was identified as being well correlated with another question and thus was a candidate for removal. Stakeholders elected to keep the other question asking 'Do the people you see through NHS mental health services help you with what is important to you?' as it was an example of trusts actively helping service users.

In the last 12 months, did NHS mental health services give you any **help or advice** with **finding support** for **finding** or **keeping accommodation**?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No, but I would have liked help or advice with finding support
4 ☐ I have support and did not need help/advice to find it
5 ☐ I do not need support for this

While this question was easily understood by respondents and measured what is was intended to, the question was not relevant to a significant proportion of respondents. This was one of several questions which asked about mental health services signposting service users to other resources. Although the cognitive interviews showed that there was no strong indication as to which question to remove, stakeholders highlighted the 'accommodation' question for removal from the 2016 survey.

Discussions around the redevelopment of this year's survey concluded that there were no strong reasons for reintroducing either of these questions. It was agreed that question 39 'Do the people you see through NHS mental health services help you with what is important to you?' was more outcome orientated and covers how services actually help people. Furthermore, in order to reintroduce these two questions, others would have had to have been removed. It was felt that the 2017 questionnaire should remain unchanged, in order to make it directly comparable to the previous year.

3 Additional changes to the 2017 survey

A couple of changes to survey protocol were introduced for the 2017 survey which reflect changes being made to other surveys within the programme:

3.1 Sample declaration form

In order to streamline the process by which samples are signed off, the sample declaration form is now in Excel. Rather than being printed out and signed, the new version will be completed and signed off by the trust contact drawing the sample and sent to their Caldicott Guardian for approval before being emailed to the trust's contractor. The person drawing the sample and the Caldicott Guardian will both sign off the sample by completing the '*Declaration Agreement'* tab of the form.

There have been some additions to help improve clarification and reduce error. Firstly, to confirm the number of dissenters, there has been a box added (box C) to section A for the total number of eligible service users minus those who have indicated dissent where this figure should equal box 'A' minus box 'B'.

Secondly, instructions have been added throughout the form to reduce any errors in figures. For example, the sentence 'Ensure you remove any dissenters before now applying all the inclusion and exclusion criteria' is presented before section B to ensure trusts apply the eligibility criteria before moving forward:

Lastly, to keep in line with other NHS surveys, the exclusion and inclusion criteria has been added to the checklist for the person drawing the sample to confirm they have applied each criteria to the drawn sample.

3.1 Submission of sample file to contractors

In line with the protocol adopted across the other surveys in the programme, trusts are required to submit both sample and mailing data as one file to their contractors. This was introduced in response a major error that had occurred whereby there was an apparent resorting of records in one file and not the other, rendering the data unusable. Trusts are now also instructed to submit their data as a password-protected file using their contractor's secure File Transfer Protocol (FTP) site for an added level of security.

4 2017 Pilot study

In addition to the overall low response rates for the mental health survey, service users aged 18-35 and to a lesser extent, those from Black and minority ethnic groups continue to be underrepresented. With the aim of improving overall survey response rates and representativeness, a pilot study will run alongside the 2017 Community Mental Health survey.

Various proposals for pilot interventions were shared initially at an advisory group meeting attended by the Co-ordination Centre at Picker Institute Europe, CQC, NHS England, a mental health trust representative, a patient representative and a representative from Mind.. The various advantages, disadvantages and implications of the various approaches were discussed before four interventions were selected: a redesigned questionnaire, redesigned covering letters, a new pre-approach mailer and a targeted CQC flyer. In order to have a positive impact on response rates, it was felt that the survey materials should be made more informal (e.g. by introducing colour) and more engaging (e.g. by including empowering messages or targeting specific demographic groups).

The questionnaire was redesigned to include more colour, have a more informal font, and less information on the covering page. The redesigned covering letters also include more colour, a more informal font, reduced text on the front page and the use of more informal and encouraging wording. The new pre-approach mailer is a folded down card, gum-sealed on the other three sides and sent to recipients a week prior to the first survey pack being sent out. This was introduced in response to feedback which suggested that some service users are reluctant to open mail which appears official or they may delay opening it. The pre-approach would let recipients know about the purpose of the survey and that a questionnaire about their experiences would follow in around a week's time. Two versions of the CQC flyer were introduced broadly aimed at those aged 18-35 and those aged 36+, to attempt to drive up response rates, particularly from the younger age group. The text in both versions is identical, but the flyers differ in the images that feature. Images were chosen to reflect the two age groups and also represented people of different ethnicities.

Ten trusts volunteered for participation in the pilot, submitting a sample for the standard survey as usual (to be used also in the pilot analysis as the non-intervention 'control' group), plus an additional sample for the pilot. The interventions will be tested alone and in pairs, to assess any altered effect if interventions are combined. Analysis will consider the basic impact of each intervention (singularly and in combination) on response rates, and will also examine the impact of the interventions on the representativeness of the response population.

Once the pilot is complete, depending on the cost-effectiveness of the interventions, it is likely that successful interventions will be introduced as standard to future surveys of community mental health and would be considered for other surveys in the programme. Further information on the pilot methods and findings will be provided in the pilot report on publication of the results.