

## 2015 Community Mental Health Survey Benchmark Reports: Q&A

This document is provided to answer some of the questions you may have on the benchmark reports, and on the underlying data. A technical document is also available on the CQC website which goes into further detail on the statistical techniques used to categorise trust scores, and a Quality and Methodology outlines further details on the survey. Both documents can be found here: [www.cqc.org.uk/cmhsurvey](http://www.cqc.org.uk/cmhsurvey)

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## The Benchmark Reports

### ***What are the red, green and orange sections in the chart?***

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 orange section in the charts represents the **expected range** for a score for a trust. This is the range within which we would expect a particular trust to score if it performed 'about the same' as most other trusts in the survey. If a score falls above or below the expected range it will be in the 'better' or 'worse' category, represented by green and red areas respectively. The calculation of the expected range takes into account the number of respondents from each trust as well as the scores for all other trusts, and allows us to identify which scores we can confidently say are 'better' or 'worse' than the majority of other trusts (see the technical guidance for more details, available from: [www.cqc.org.uk/cmhsurvey](http://www.cqc.org.uk/cmhsurvey) and sent to trust survey leads prior to publication).

### ***How do I know which category my trust's score is in if the diamond representing the score appears to be on the threshold in the benchmark charts?***

Text to the right of the graphs clearly states if a trust score for a particular question, or section, is 'better' or 'worse' compared with most other trusts that took part in the survey. If there is no text present, the result is 'about the same'.

### ***How do I refer to these scores and categories when reporting on the results for my trust?***

We have produced a brief guide on how to refer to the findings when disseminating the scored data. This was provided to trust survey leads prior to publication, and is available on request from the surveys team at: [patient.survey@cqc.org.uk](mailto:patient.survey@cqc.org.uk).

## About the Scores

### ***Why do you use scores and not percentages?***

The percentage data is provided to trusts for their own information as it can only be used to understand the results for individual trusts.

The percentage data is not suitable for making comparisons between trusts because the results are not **standardised**, meaning that differences in the profiles of respondents are not taken into account. Any differences across trusts that are shown in non-standardised data may be in part due to differences in the characteristics of respondents. We know that age and gender are two such characteristics and so we adjust for this in the data to make fairer comparisons across trusts with differing population profiles.

A further advantage of using scored data is that it allows for all response options to be taken into account, rather than looking at just a subset of responses from the question. For example, if you look at the table below, from looking at the 'yes definitely' responses only, you would think that trust A and trust B are performing similarly. However, taking into account the other responses, it may be seen that trust B has the more positive result.

Q4: Did the person or people you saw listen carefully to you?

	Trust A	Trust B
Yes definitely	59%	59%
Yes to some extent	10%	39%
No	31%	2%

Scored standardised data is therefore considered to be the fairest way to include survey data in the Commission’s regulatory activities, as well as by other stakeholders such as NHS England and the Department of Health for their measures and assessments.

In the past the percentage results or scores have been used to present data in a league table form, or to identify the ‘best’ or ‘worse’ trusts. Such use would be misleading and inaccurate, as the differences have not been tested for significance.

***Why are the scores presented out of ten?***

The scores are presented out of ten to emphasise that they are scores and not percentages.

***How are the scores calculated?***

For each question in the survey that can be scored, the **standardised** individual responses are converted into scores on a scale of 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.

For example, Q4 is scored as per the example below. The option of ‘No’ was allocated a score of 0, as this suggests that the respondents’ experiences need to be improved. A score of 10 was assigned to the option ‘Yes, definitely’, as it reflects a positive experience. The remaining option, ‘Yes, to some extent’, was assigned a score of 5 as respondent did not feel fully listened to. Hence it was placed on the midpoint of the scale. The ‘don’t know / can’t remember’ response option is not scored as this does not evaluate trusts in any way.

<i>4. Did the person or people you saw listen carefully to you?</i>	
Yes, definitely	10
Yes, to some extent	5
No	0
Don’t know / can’t remember	Not applicable

For more detailed information on the methodology, including the scores assigned to each question, please see the technical document referred to in the ‘further information section’.

***Why aren’t all questions scored?***

Not all questions are appropriate for scoring as they do not evaluate trust performance. For example, they may be ‘routing questions’ designed to filter out respondents for whom the following questions do not apply. For example, Q23 (In the last 12 months have you been receiving any medicines for your mental health needs?) is a routing question, as those who have not taken any medication are instructed not to answer Q24 to Q28 which

ask about medication. Other questions that can't be scored are descriptive (for example, Q1: When was the last time you saw someone from mental health services?) or demographic questions (such as Q44: Are you male or female?).

## About the Analysis

### ***What is the 'expected range'?***

The better / about the same / worse categories are based on a statistic called the 'expected range' which is calculated for each question for each trust. This is the range within which we would expect a particular trust to score if it performed about the same as most other trusts in the survey. The range takes into account the number of respondents from each trust as well as the distribution of scores for all other trusts, and allows us to identify which scores we can confidently say are 'better' or 'worse' than the majority of other trusts. Analysing the survey information in such a way allows for fairer conclusions to be made in terms of each trust's performance. This approach presents the findings in a way that takes account of all necessary factors, yet is presented in a simple manner.

If a trust is categorised as 'better' or 'worse' than average then we can be **very confident** that it would continue to appear better or worse than average if the survey was repeated with a different sample

More detail on this is available in the technical document.

### ***Why is the data standardised by the age and gender of respondents?***

The reason for 'standardising' data is that we know that the views of a respondent can reflect not only their experience of NHS services, but can also relate to certain demographic characteristics, such as their age and gender. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than do men. Because the mix of people who use services varies across trusts (for example, one trust may serve a considerably older population than another), this could potentially lead to the results for a trust appearing better or worse than they would if they had a slightly different profile people who use services. To account for this we 'standardise' the data. Standardising data adjusts for these differences and enables the results for trusts with different population profiles to be compared more fairly than could be achieved using non-standardised data.

### ***Why are there no confidence intervals surrounding the score?***

As the 'expected range' calculation takes into account the number of respondents at each trust who answer a question, as well as the scores for all other trusts, it is not necessary to present confidence intervals around each score.

## Understanding the Data

### ***Why do most trusts appear to be performing 'about the same'?***

The expected range is a conservative statistic. It accounts for the possibility that there is variation across trusts for other reasons, aside from differences in trust performance. There may be significant variation between trusts due to certain factors that are not within the trusts' control. The technique used takes this into account, and so if a trust is found to be performing 'better' or 'worse' compared with most other trusts that took part in the

survey, you can be very confident that this is the case and it is extremely unlikely to have occurred by chance.

Even though your trust may appear to be performing 'about the same' compared to most other trusts nationally, the results should still be useful to you locally, for example you may want to:

- Identify particular areas you may wish to improve on ahead of the next survey
- Compare your results with those of other similar trusts.
- Look at your results by different respondent groups to understand their different experiences, for example, by age, gender, ethnic group, etc.
- Undertake follow up activity with people who use your services such as interviews, workshops or focus groups to get more in depth information into areas in which you would like to improve.

Please remember that for points 2-3 above, to do this accurately you should undertake an appropriate **significance test**.

The survey instruction manual provides more information on making use of survey data. The guidance manual is available on the NHS surveys website, please see the further information section.

### ***Why does the number of trusts performing 'better' or 'worse' at each question vary?***

It is important to be aware that the ranges of performance on different questions varies and this has an influence on how much a trust needs to differ from the average by, in order to be considered 'better' or 'worse' than the average. This means that the number of trusts to performing 'better' or 'worse' at each question will vary.

### ***Why has no trust come out as performing better or worse for a particular question?***

In some cases there will be no red and/or no green area in the graph. This can occur in the analysis of the data and is an acceptable consequence of the statistical technique that is used. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (hence no green section) or the lowest possible for all trusts score (hence no red section). This could be because there were few respondents or there was a great deal of variation in their answers.

### ***Is the lowest scoring trust the worst trust in the country, for each question? And likewise the highest scoring trust the best?***

If a trust is in the 'better' or 'worst' category this means that they are performing either better or worse compared with *most other trusts* that took part in the survey. However, a trust is not necessarily *the best*, or *the worst*, and this could not be determined without undertaking an appropriate test for statistical significance.

If you took the scores and ordered them by size, you would most likely find that the highest and lowest ones would change if you ran the survey again. This is because the scores are estimates – we have only had questionnaires from some people who used services during the sampling period, not everyone. If another sample of people who use services were surveyed, and you put the scores in order again, you would find that there would probably be a different trust at the top and at the bottom. By analysing the data the way we have, we can say which trusts are likely to always be above average and those

that will always be below average, so they should be looked at as a group, rather than in order of scores. This is the fairest way to present the data as it means that individual trusts are not pulled out as the very 'best' or very 'worst', when that may not be the case and it may be that if everyone who used services were surveyed, different trusts would be shown to be the very 'best' or 'worst'.

***We are categorised as 'about the same' for a question yet a trust with a slightly lower score than us is categorised as 'better'. Why is this?***

The 'expected range' calculation is carried out for each trust, and as it is dependent on the number of respondents, the range itself is likely to be slightly different for one trust, compared with another. Hence if this scenario has occurred, it is likely that your trust came out as 'about the same' because your trust had fewer respondents to the question which creates a greater degree of uncertainty around the result, or because there was more variation in the answers from respondents. The trust with the lower score would likely have had more respondents to the question, and so their expected range would have been narrower.

***Why is the badge score for one of my sections 'worse' yet all of the questions that fall into that section are 'about the same'?***

This can happen because the calculation of the section scores is a separate calculation and not an average of all questions that make up a particular section. If this has occurred, it is likely that your trust scored very lowly or even on the threshold for all or most of the questions that are in a section.

The thresholds for 'worse', 'about the same' and 'better' are based on the score variance. For sections, this is a composite of the separate question variances, but not a straightforward sum, because it also depends on the correlation between questions. It does not therefore follow that a trust that is above the threshold on separate questions will also be above the threshold when those questions are combined.

The 'expected range' is dependent on the (sampling) variance of the trust's results – with a more reliable score (as would normally be the case for section scores) it is easier to be significantly different from the 'average' group than for a less reliable score.

***How do I calculate an overall score for my trust?***

It is important to remember that there is no overall indicator or figure for 'service user experience', so it is not accurate to say that a trust is the 'best in the country' or 'best in the region' *overall*. Adding up the number of 'better' and 'worse' categories to find out which trust did better or worse overall is misleading: we do not provide a single overall rating for each NHS trust as this would be too simplistic. The survey assesses a number of different aspects of people's experiences (such as the health and social care workers, treatments etc.) and trust performance varies across these different aspects. This means that it is not possible to compare the trusts overall. It is better to look at the trusts that are similar to yours, or particular trusts against which you want to compare yourself, and see how they perform across the particular aspects that are of interest to you.

***Why do the results and / or number of respondents provided by CQC differ from those provided to me by our approved contractor?***

CQC do not see the reports provided to you by your approved contractor and therefore cannot comment on these. You should raise any queries directly with your approved contractor. However, likely reasons for any discrepancies are:

- The approved contractor may have cleaned the data differently to CQC. In particular, CQC remove respondents from the base of a question that do not analyse the performance of a trust - we refer to these as 'non specific responses', such as 'don't know or can't remember'. A guide to data cleaning is available at: <http://www.nhssurveys.org/surveys/858>
- Trust level data published by CQC has been 'standardised' by age and gender to enable fairer comparisons between the results of trusts which may have different population profiles. Approved Contractors may not have done this or may have applied a different standardisation. To be able to standardise the data, information is needed on both age and gender, if either of these pieces of information is missing, or not able to be determined, the respondent must be dropped from the analysis as it is not possible to apply a weight.
- CQC analyses trust level data by scoring (and standardising) the responses to each question. Each response option that evaluates performance is scored on a scale of 0-10. Approved Contractors may have analysed and / or scored the data in a different way.
- The Approved Contractor will not be able to make comparisons against *all* trusts that took part in the survey, only against those that commissioned them. Therefore any 'national' results they publish will not be based on all trusts and any thresholds they calculate may be different.

## Comparing Results

### ***Why is statistical significance relevant?***

Survey scores are estimates – we have only received questionnaires from some people who used services during the sampling period, not everyone, as the survey uses a random sample of 850 and of these, some choose not to respond. If another sample of people were surveyed, you may find the results would change slightly. This is why it is important to test results for statistical significance.

A statistically significant difference means that any difference in the results is very unlikely to have occurred by chance. Without significance testing you cannot be sure that a difference between two results would still occur if you repeated the survey again. If a result is not significant then you cannot be sure of its accuracy. If a significant difference is present then it is likely that it is a true difference, and if the survey was repeated again that you would see the same outcome.

### ***Which trusts are performing best / worst?***

With the analysis technique used, all we can say is that a particular trust is 'significantly worse' or 'significantly better' than most other trusts.

We cannot say, for example, that a trust that has a score of 4.5 (Trust A) is any better than a trust with a score of 4.3 (Trust B). To do so we would need to carry out a statistical test to determine whether this difference is statistically significant. If a difference is not significant, to say one trust is better than another is unfair and inaccurate.

We have compiled a list of all trusts that performed 'better' or 'worse' when comparing data across all trusts, for each scored question in the survey, which is available from the surveys team on request upon publication ([patient.survey@cqc.org.uk](mailto:patient.survey@cqc.org.uk)). This can be used to identify at a glance which trusts are in each group, rather than searching through each individual trust page or benchmark report. Please note the 'interpretation' information at

the beginning of the document, which explains how the information should be most appropriately reported.

### ***How can I make comparisons to other trusts or previous surveys?***

The purpose of the expected range is to arrive at a judgement of how a trust is performing compared with all other trusts that took part in the survey. To use the data in another way: to make comparisons to other trusts, or to the results from previous surveys, you will need to undertake an appropriate statistical test to ensure that any difference in scores is statistically significant. A statistically significant difference means that you can be very confident that the difference is real and not due to chance.

For advice on making accurate comparisons you may like to speak to someone within your trust with statistical expertise, or your approved contractor (if used) should be able to advise on this. The guidance documents issued with previous benchmark reports included some advice on using confidence intervals to check for statistically significant differences across scores, see for example section four in the following document:  
**<http://www.nhssurveys.org/surveys/606>**

### ***Which surveys years are comparable?***

The results for all questions from the 2015 survey are comparable with the 2014 survey.

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:

- 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. This means that to compare results to earlier surveys it is necessary to exclude older respondents from the analyses.
- In 2012 the sampling criteria changed to **exclude** 16 and 17 year olds as the National Information Governance Board which awarded section 251 approval<sup>1</sup> at that time did not grant approval for the inclusion of 16 and 17 year olds in the survey. This means that to fairly compare the results to surveys carried out in 2010 and 2011 it is necessary to exclude respondents aged 16 and 17 from those older survey datasets.
- The survey underwent 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 2015 survey is only comparable with the 2014 survey. Surveys carried out between 2010 and 2013 are comparable with each other but not with any previous surveys.

### ***Why are results from the 2015 and 2014 survey not comparable to those from previous years?***

The questionnaire was substantially redeveloped and updated for the 2014 survey in order to reflect changes in policy, best practice and patterns of service. New questions were developed and existing ones modified. This means that the results from the 2014 survey are not comparable with the results from previous surveys. For more information, please see the development report which is available at:  
**[www.nhssurveys.org/survey/1542](http://www.nhssurveys.org/survey/1542)**

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<sup>1</sup> For more information on section 251 approval please see: **[www.hra.nhs.uk/about-the-hra/our-committees/section-251/what-is-section-251/](http://www.hra.nhs.uk/about-the-hra/our-committees/section-251/what-is-section-251/)**



### ***Why can't I sort the scores for all trusts and rank the trusts in order of performance?***

It is not appropriate to sort the scores by size for two reasons:

1) Firstly, due to the analysis technique applied (where the number of respondents is taken into account) it is possible that one trust may score higher than another - though the higher scoring trust is classed as 'about the same' and the second, lower scoring, trust is put into the 'better' category. This may occur if the second trust has a considerably larger number of respondents, as it will be assumed that their score is more reliable, and hence more likely to remain high if the survey were repeated.

2) Secondly, the statistical technique does not measure how different individual trust scores are from one another (i.e. whether statistically significant), and so it would be too simplistic to attempt to sort by scores alone, without running more analysis on the data. The banding technique used is helpful in identifying which trusts are likely always to be in the 'better', 'worse', or 'about the same' category, no matter how many surveys are sent out.

### ***Can I see results for my local clinic / site etc.?***

The survey data is presented at trust level only. At present we are unable to provide data at a more granular level for two reasons. Some sites may have too few respondents to achieve sufficient numbers of respondents (we set the cut off limit as 30 respondents per organisation). Given that the survey is used by other stakeholders such as NHS England, the Department of Health and others to measure trends over time, we are currently unable to change the sampling to accommodate this, without affecting the comparability across years. However, trusts are able to increase their sample size to enable this at a local level. Advice on how to do this is in the survey guidance manual.

## **Further information**

The full results for England, and the 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](http://www.cqc.org.uk/cmhsurvey)**

The **trust results** from previous community mental health surveys that took place between 2004 and 2008 and between 2010 and 2014<sup>2</sup> are available at the link below. Please note that due to redevelopment work, results from the 2015 survey are only comparable with those from 2014<sup>3</sup>:

**[www.nhssurveys.org/surveys/290](http://www.nhssurveys.org/surveys/290)**

The **results for England** from previous community mental health surveys that took place 2004-8 and 2010-2014 are available at the below link. Please note that due to redevelopment work, results from the 2015 survey are only comparable with 2014<sup>4</sup>:

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<sup>2</sup> In 2009 a survey of mental health inpatient services took place

<sup>3</sup> Please note that the survey was also substantially redeveloped in 2010. This means that results from the 2010 survey are not comparable with those from 2004-2008.

<sup>4</sup> Please note that the survey was also substantially redeveloped in 2010. This means that results from the 2010 survey are not comparable with those from 2004-2008.

**<http://www.nhssurveys.org/surveys/872>**

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

**[www.nhssurveys.org/surveys/820](http://www.nhssurveys.org/surveys/820)**

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/public/reports-surveys-and-reviews/surveys](http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys)**

More information on how CQC regulate monitor and inspect mental health trusts in England is available at:

**[www.cqc.org.uk/content/monitoring-trusts-provide-mental-health-services](http://www.cqc.org.uk/content/monitoring-trusts-provide-mental-health-services)**

### **Further Questions**

We welcome all feedback and questions. Please contact the surveys team at CQC: **[patient.survey@cqc.org.uk](mailto:patient.survey@cqc.org.uk)**

**CQC Surveys team  
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