NHS Community Mental Health Survey

Findings from the mixed-mode methodology pilot

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1 Executive summary

1.1 Background and methodology

The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), allows patients and the public to feed back on their recent experiences of services. The programme currently comprises the Community Mental Health Survey, Maternity Survey, Adult Inpatient Survey, Children and Young People's Survey and Urgent and Emergency Care Survey.

The strategic direction for the NPSP sets out CQC's ambitions to create a digital method of survey delivery. The CQC commissioned Ipsos MORI to advise on and transform the existing programme from a paper-based method to a mixed-mode solution.

This pilot was conducted to analyse the feasibility of transitioning the NHS Community Mental Health Survey to a mixed-mode methodology. The Maternity Survey and Adult Inpatient Survey have both now transitioned to mixed-mode methodology following successful pilots. The Children and Young People's Survey has remained a paper-based survey following its mixed-mode pilot in 2019, as further investigations are required before this survey can be successfully transitioned to mixed-mode. The Urgent and Emergency Care Survey is also being piloted for a mixed-mode methodology in 2022.

The mainstage Community Mental Health Survey currently includes three mailings containing paper questionnaires in the first and third mailings, and service users do not have the option to complete the questionnaire online.

An experimental approach was taken to the pilot, in which two variants of the push-to-web approach (combining both online and paper methodologies) were tested. In addition, the pilot included a control group – which used the current mainstage protocol – to enable comparison of the experimental approaches with the current paper-based approach.

Table 1.1: Methodology of Control and Experiment groups

Week	Control	Pilot 1	Pilot 2
Week 1	Letter with paper questionnaire	Letter with URL	Letter with URL
Week 2	Letter only	SMS	SMS
Week 3	N/A	Letter with URL	Letter with URL and paper questionnaire
Week 4	Letter with paper questionnaire	SMS	SMS
Week 5	N/A	Letter with paper questionnaire (No URL)	Letter with paper questionnaire (No URL)

1.2 National level

In general, push-to-web surveys tend to deliver lower response rates than equivalent mail ones. The pilot findings are therefore encouraging as Pilot 2 (push-to-web with a paper questionnaire included in the second and the final mailing) achieved a comparable response rate to the control group. Whilst Pilot 1 (push-to-web with a paper questionnaire only included in the final mailing) achieved a lower response rate than the control, it was more successful than Pilot 2 in encouraging service users to complete the survey online.

The availability of a mobile number is an important driver of response (across demographic groups) with service users being more likely to respond to the survey when a mobile number was available for them (and thus an SMS message could be sent reminding them to complete the survey).

After controlling for demographic characteristics through regression analysis, experiment group and availability of mobile number are significantly related to response rate. The differences in these are not related to demographic differences in the sample profile.

There are demographic differences in the profile of service users responding in each of the experimental groups – most notably in relation to age, super cluster and IMD which were also shown to be important in determining response rates once experimental group is controlled for. No one experimental group better matches the sample profile compared to the others. These demographic differences will need to be considered as part of any move to a mixed-mode methodology.

In terms of question responses, the control group consistently provided more positive responses than the combined pilot groups (a pattern which remains in place even once the data are weighted) thus suggesting that a transition to a mixed-mode methodology would impact on trend data.

1.3 Trust level

Differences at trust level are generally consistent with differences at the national level in terms of response rates, mode of completion and question responses. There is more variation in the demographic profile at the trust level due to the smaller sample sizes compared with the national level but similar patterns are evident between the experimental groups.

This corroborates the national level analysis and suggests that a move to mixed-mode methods would not lead to additional variation between trusts.

1.4 Para data

The para data from the online survey suggests that the service users involved in the pilot seem to have found the survey straightforward to complete – it was generally completed in one sitting and took 10 minutes or less to finish. No survey questions appear to have a particularly high break-off rate.

The days the reminders arrived, particularly the SMS reminders, were associated with peaks in online survey completion rates. This suggests that the SMS reminders were a particularly effective way of encouraging service users to take part online.

Smart phones were the device most commonly used to access the online survey therefore, any future online survey will need to ensure it is designed using 'mobile-first' principles.

1.5 Next steps

Decisions need to be made on the potential of moving the Community Mental Health Survey to a mixed-mode methodology.

Assuming a break in trends and a shift in demographic profile can be accommodated, the findings from this pilot suggest that transitioning to a mixed-mode methodology would result in acceptable response rates and data quality, though a contact schedule similar to Pilot 2 would be advised.

2 Introduction

The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), allows patients and the public to feed back on their recent experiences of services. The programme currently comprises the Community Mental Health Survey, Maternity Survey, Adult Inpatient Survey, Children and Young People's Survey and Urgent and Emergency Care Survey.

The NPSP is designed to capture the views of representative samples of patients in a systematic way from all eligible NHS trusts in England. The data feeds into CQC's regular monitoring tools and is also used by a range of other stakeholders such as NHS England, Department of Health and Social Care, Clinical Commissioning Groups and NHS trusts themselves. Other statistics users include local authorities, academics, researchers and third sector organisations.

The strategic direction for the NPSP sets out CQC's ambitions to create a digital method of survey delivery. To improve accessibility to the survey, address falling response rates and reduce non-response bias the CQC is exploring transitioning the NPSP to a mixed-mode methodology using online methods alongside the current postal approach. The CQC commissioned Ipsos MORI to advise on and transform the existing programme from a paper-based method to a mixed-mode solution.

This report presents findings from the NHS Community Mental Health Survey mixed-mode methodology pilot. The pilot had two key aims:

1. to assess the feasibility of conducting the survey using a mixed-mode methodology designed to encourage online response (a "push-to-web" approach);

2. to compare findings obtained using this push-to-web methodology and the current postal method, to establish the impact of the change in methodology on trend data and overall data quality and non-response bias.

Specifically, the pilot tested the effectiveness of the following new interventions:

sending invitation and reminder letters asking participants to complete the survey online;

sending SMS reminders;

administering the questionnaire online (instead of by paper questionnaire).

There are several potential benefits and risks associated with the push-to-web approach, as outlined below. The aim of the pilot was to ensure any methodological changes make the most of these benefits and minimise the risks.

The key potential benefits of a push-to-web approach are outlined in the following section.

Making the survey more cost-effective: Push-to-web surveys require fewer paper questionnaires to be printed. Fewer postal responses also saves money on return postage, scanning and paper storage.

Better data quality: When setting up an online survey, it is possible to introduce validation rules to ensure participants follow routing correctly and do not select incompatible answer codes. In paper-based surveys, these responses must be cleaned manually. This means responses to online surveys tend to be better quality, as less data needs to be removed.

The key risks of moving to a push-to-web approach are as follows.

Impact on response rates: Push-to-web surveys tend to have lower response rates than traditional postal surveys. It has been suggested this may be because some participants would prefer not to participate online and are deterred from responding even when later mailings allow them to take part by paper. Although response rates do not necessarily correlate with non-response bias[1], a lower response rate may mean that a larger initial sample is required to get the same number of responses, which can impact on cost.

Impact on coverage and non-response bias: Surveys that use an online-only methodology introduce coverage bias (those who cannot complete a survey online will not take part) and non-response bias (those who are unwilling to complete a survey online will not take part). Overall, participants in online surveys tend to be younger and better educated than participants that respond by other survey methods. CQC analysis shows that an age response bias exists in the Community Mental Health Survey. Older service users are more likely to respond compared with other age groups. Therefore, when trying to achieve a representative sample, it is important to offer alternative completion methods (such as paper) in addition to online, i.e. to use a mixed-mode methodology.[2] Alternative methods normally mitigate increases in coverage bias, but it is important to monitor for any differences.

Impact on trends: With any change to survey methods, there is a risk of disruption in trend data. This is due to the introduction of new mode effects and differences in the profile of participants. It is important to monitor this to ensure that any changes in the data across waves are due to a real change, and not simply the change in mode.

This pilot received Section 251 approval for the sharing of patient details for the purpose of the pilot and underwent review by an independent ethics panel comprising research ethics experts, patient representatives and statistical experts.

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[1] E.g. Groves, R. and Peytcheva, E. (2008), The impact of nonresponse rates on nonresponse bias: a meta-analysis. Public Opinion Quarterly 72, 167-189

[2] E.g. Messer, B. L. and Dillman, D. A. (2011). Surveying the general public over the Internet using address based sampling and mail contact procedures. Public Opinion Quarterly, 75, 429-457

3 Methodology

This pilot was conducted to analyse the feasibility of transitioning the NHS Community Mental Health Survey to a mixed-mode methodology. The Maternity Survey and Adult Inpatient Survey have both now transitioned to mixed-mode methodology following successful pilots. The Children and Young People’s Survey has remained a paper-based survey following its mixed-mode pilot in 2019, as further investigations are required before this survey can be successfully transitioned to mixed-mode. The Urgent and Emergency Care Survey is also being piloted for a mixed-mode methodology in 2022. The mainstage Community Mental Health Survey currently includes three mailings containing paper questionnaires in the first and third mailings, and service users do not have the option to complete the questionnaire online.

An experimental approach was taken to the pilot, in which two variants of the push-to-web approach were tested. In addition, the pilot included a control group – which used the current mainstage protocol – to enable comparison of the experimental approaches with the current approach.

As a note, fieldwork for the survey is normally conducted using approved contractors and trusts themselves. However, for the purposes of the pilot, all fieldwork was conducted centrally by Ipsos MORI.

3.1 Sampling

3.1.1 Selection of trusts for pilot survey

The pilot was designed to achieve a sample size of c.14,000 across 20 trusts. Based on expected response rates, this sample size was considered large enough to enable comparison between the old and new methodologies with reasonable statistical confidence.

All 55 trusts offering Community and Mental Health services were contacted to invite their participation in the pilot. 21 trusts responded positively to the invite, though three trusts withdrew their participation prior to the commencement of fieldwork citing competing time pressures and an inability to adequately prepare for their involvement.

3.1.2 Drawing the pilot samples

Trusts drew service user samples using largely the same protocol as for the mainstage survey (the only deviation being the inclusion of mobile numbers where available and the sampling period). This meant drawing a sample of all service users who were:

- Aged 18 and over at the time of drawing the sample; AND
- Were seen by someone face-to-face at the trust or via video-conference (e.g. using Attend Anywhere, MS Teams, Zoom, etc.) or telephone call between 1st May and 31 July 2021 (the sampling period); AND
- Had at least one other contact (face-to-face, video conference, phone or email) either before, during or after the sampling period.

After all eligible service users from the trust were compiled, a random selection of these service users was performed by each trust to select 700 records.

As is done for the mainstage, trusts displayed posters during the sampling period, to ensure service users had the opportunity to opt-out of their details being shared for the purpose of the survey. Trusts were also encouraged to issue local press releases and make use of social media to raise awareness of the survey.

The Demographic Batch Service (DBS) and internal checks by trusts were used to ensure that all service users were alive and that the trust did not have a record of their death from a subsequent admission or visit to the hospital. Due to the sensitivity of the Community Mental Health Survey, trusts were required to conduct local and DBS checks at the time of drawing the sample and again in advance of the first mailing. Trusts were then required to repeat local checks prior to all subsequent mailings/ SMS messages and were encouraged to conduct further DBS checks also.

The sample was stratified by trust, gender, age and IMD before being randomly allocated into three groups – a control and two pilot groups. The groups were assigned so that 50% were in the control group, with the remaining 50% being assigned equally between the pilot groups (i.e. 25% of the selected sample per pilot group). The groups were then assessed across the sample variables provided, including gender, age, ethnicity, and IMD quintiles, to ensure there was an equal split across the three groups.

3.2 Data collection methods

The pilot sample (n = 12,574) was randomly allocated to three groups, with the following contact protocols.

1. **A control group** (n = 6,283) that received three paper mailings with questionnaires included in the first and third mailing, as in the current mainstage survey.
2. **Pilot group 1** (n = 3,149) received three mailings (with a paper questionnaire included only in the third mailing), and an SMS reminder after each mailing that did not include a paper questionnaire (the first and second mailings).
3. **Pilot group 2** (n = 3,142) received three mailings (with a paper questionnaire included in both the second and third mailings), and an SMS reminder after the first and second mailing.

Table 3.1 Methodology of Control and Pilot groups

Week	Control	Pilot 1	Pilot 2
Week 1	Letter with paper questionnaire	Letter with URL	Letter with URL
Week 2	Letter only	SMS	SMS

Week 3	N/A	Letter with URL	Letter with URL and paper questionnaire
Week 4	Letter with paper questionnaire	SMS	SMS
Week 5	N/A	Letter with paper questionnaire (No URL)	Letter with paper questionnaire (No URL)

When designing the experimental contact protocols, there were several considerations.

Firstly, it was important to note that a secondary data collection mode, typically paper-based, is currently essential to increase response rates and reduce the forms of non-coverage and non-response bias typically observed in online surveys. However, to ensure a reasonably large proportion of the sample respond online rather than by post, the paper questionnaire was not included in early mailings for the pilot groups.

SMS reminders were incorporated into the contact protocol for those who had a mobile number available (around 68% for the pilot conditions). This has been demonstrated to improve response rates in the 2019 Adult Inpatient and 2019 Maternity Pilot Studies, and Dillman[3] - the world-leading authority on push-to-web survey methods - strongly recommends using additional contact modes where these are available. To maximise the effectiveness of the SMS reminders, they were carefully integrated with the postal reminders and included a direct link to the survey questionnaire, thereby bypassing the need for recipients to type in the URL.

Finally, research has demonstrated that, in general, web-led sequential mixed-mode surveys deliver lower response rates than equivalent mail ones. Although on the basis of the previous pilots conducted by the Coordination Centre for Mixed Methods the target population response rates were not expected to be unacceptably low, a second pilot group was created to test the impact of one countermeasure, which would be to include a copy of the paper questionnaire with the second mailing.

Fieldwork ran for 12 weeks from 28th September 2021 to 20th December 2021 and fieldwork timings for each group are summarised in the following table.

Table 3.2: Fieldwork timings for the Community Mental Health pilot

Mailing	Control	Pilot 1	Pilot 2
M1	28-Sep	28-Sep	28-Sep
SMS1	N/A	05-Oct	05-Oct
M2	05-Oct	12-Oct	12-Oct
SMS2	N/A	19-Oct	19-Oct
M3	19-Oct	26-Oct	26-Oct

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[3] See, for example, Dillman, D.A., Smyth, J.D. & Christian, L.M. (2014). *Internet, Phone, Mail and Mixed-Mode Surveys: The Tailored Design Method, 4th Edition*. John Wiley & Sons Inc.

3.3 Material design

In addition to piloting the mixed-mode methodology, the questionnaire and supporting materials were adapted to bring them in line with industry best practice and ensure they were appropriate for the pilot methodologies, as described below. The updated questionnaire and materials were used in both the pilot and the control sample groups to ensure that any difference in response rate could be attributed to the change in methodology rather than the materials.

3.3.1 Questionnaire

The questionnaire was kept as similar as possible to the 2021 Community Mental Health mainstage questionnaire, for consistency. However, to ensure the questionnaire was more appropriate for those taking part online, some questions were altered slightly. Some demographic questions were also updated to bring them in line with the other NPSP mixed-mode surveys. Full details on the questionnaire changes can be found in the appendices.

The online survey was set-up to be device-agnostic, meaning that it could be used on a variety of devices, such as mobile phones, tablets and desktops. Service users were able to either click the link provided in the SMS reminders, or log-in using the details provided in their letter.

3.3.2 Supporting materials

The supporting materials for the pilot were adapted from existing materials utilised on previous CQC pilot programmes. This is because these materials have undergone thorough testing to optimise the push-to-web methodology.

For the community mental health pilot, the following materials were reviewed and refined, or developed:

- **Covering letters:** consisting of an initial invitation letter and two further reminder letters
- **Text for the SMS reminders:** two versions to be sent 7 days after the previous mailing (where mobile phone numbers were available)

Scoping interviews with service users and mental health charity stakeholders were conducted in March 2021 to obtain feedback about how to optimise the survey materials. While many of the existing features of the materials were retained, it was necessary to adapt the content to make them more appropriate for community mental health service users.

Following the re-development of the materials, the following changes were executed:

- Service users reported that receiving an SMS 3-days after a letter could feel overwhelming, therefore we extended the timings to provide a 7-day gap between contacts.

- The original SMS message did not include any opt out instructions which service users would have expected to be provided with. It was also reported that service users would prefer the option to opt-out without having to speak to someone via a helpline. Therefore, the SMS message was revised to include opt-out instructions via an email mechanism.

- Service users noted that if their condition was particularly bad one day it would be helpful to know that they could complete the survey at another time. We therefore included a deadline for completing the survey in later reminder letters.

Copies of all materials are included in the appendices.

3.4 Analysis

3.4.1 Data cleaning

Before analysis commenced, data were cleaned according to the same rules as the mainstage survey. For more information on this please refer to the 2021 mainstage survey documentation[4]. However, where multiple completes for one individual were provided, the online survey was given priority, followed by the most complete paper survey.

Only minimal cleaning was necessary for the data from the online questionnaire. This is because routing was automated, and multi-coding was disabled at single-code questions and for incompatible responses at multi-code questions.

One open-ended question was included on the online survey to gather feedback on any issues experienced completing the survey online. These free-text comments were analysed (with the findings reported in section 6.4) and reviewed according to a safeguarding protocol.

3.4.2 Weighting

As part of the analysis process, the data were weighted to reflect the weighting specification used on the 2021 Community Mental Health mainstage survey. Analysis was conducted to compare question responses between the three experiment groups on both unweighted and weighted data. The results of this analysis (discussed in due course) resulted in all analyses presented in this report being conducted on unweighted data, as agreed with the CQC.

3.4.3 Regression analysis

Regression analysis was used to model the data to gain a better understanding of which experimental variables drive response rates, taking account of socio-demographic differences between the control and pilot groups.

3.4.4 Significance testing

Throughout the report, where significant differences are shown in the tables, an asterisk (*) will be used to specify a significant difference compared to the control, and a circumflex (^) will be used to specify a significant difference between the pilot groups.

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[4] https://nhssurveys.org/wp-content/surveys/05-community-mental-health/03-instructions-guidance/2021/Data%20Cleaning%20Guidance.pdf

4 National level analysis

4.1 Summary of national level analysis

Pilot group 2 (push-to-web with a paper questionnaire included in the second and the final mailing) achieved a response rate comparable to the control group. Pilot group 1 (push-to-web with a paper questionnaire only included in the final mailing) achieved a lower response rate than the control.

The availability of mobile number in the sample was also an important predictor of response rate, with higher response rates secured among service users where a mobile number was provided for them in the sample. The availability of a mobile number was equally important for Pilot group 1 as it was for Pilot group 2.

After controlling for demographic characteristics through regression analysis, experiment group and availability of mobile number are significantly related to response rate. The differences in these are not related to demographic differences in the sample profile.

The regression analysis also shows that, after controlling for experimental group, there are some demographic differences which impact on response rates. Most notably, super cluster[5], age and IMD.

There are demographic differences in the profile of service users responding in each of the experimental groups with no one group better matching the sample profile compared to the others. Both pilot groups better reflect the sample profile for younger service users but are less representative for the oldest age group compared to the control. The profile of the control group more closely reflects that of the drawn sample compared to either of the pilot groups when looking at super cluster. And Pilot group 1 reflects the IMD profile of the sample more closely than either Pilot group 2 or the control. Any consideration of a move to a mixed-mode methodology will need to take consideration of these shifts in demographic profile associated with a change in survey mode.

Looking just at the pilot groups, there are mode differences with Pilot 1 seeing a greater proportion of completes online compared to Pilot 2. For both pilot groups, service users with a mobile number in the sample were more likely to complete online. This remained true even after controlling for demographic variables in the regression analysis.

Consistently, the control group provided more positive responses than the combined pilot groups and this pattern remains once the data are weighted. This suggests that a transition to a mixed-mode methodology would impact on trend data.

4.2 Response rate

In this section of the report, we examine response rates to the survey – looking initially at how these differ according to experiment group, then considering the impact of mobile number

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[5] Super clusters are combined care cluster codes which form the groups, non-psychotic, psychotic and cognitive impairment or dementia.

availability on response rates, before examining the impact of experimental group on the likelihood of responding once other factors such as demographics are controlled for.

4.2.1 Response rate by experiment group

The table below shows the breakdown of response across the three experimental groups. The adjusted response rates were 23.9% for the control group, 19.5% for pilot group 1, and 24.8% for pilot group 2. Adjusted response rates are calculated on the base of eligible issued sample (i.e. the total issued sample minus the total number of postal 'undeliverable' and 'other ineligible' cases[6]).

Table 4.1: Overall response rates by experimental group

	Control		Pilot 1		Pilot 2	
	N	%	*N*	%	*N*	%
Issued	***6,283***	**100**	***3,149***	**100**	***3,142***	**100**
Undeliverable	*139*	2.2%	*60*	1.9%	*56*	1.8%
Other ineligible	*39*	0.6%	*17*	0.5%	*23*	0.7%
Issued (eligible)	***6,105***	**100**	***3,072***	**100**	***3,063***	**100**
Opt-out	*62*	1.0%	*53*	1.7%	*48*	1.6%
Died after fieldwork started	*33*	0.5%	*18*	0.6%	*14*	0.5%
No response	*4,552*	74.6%	*2,403*	78.2%	*2,240*	73.1%
Complete (online + paper)	***1,458***	**23.9%**	***598***	**19.5%**	***761***	**24.8%**
Completed (online)	**-**	**-**	***358***	**11.7%**	***311***	**10.2%**
Completed (paper)	***1458***	**23.9%**	***240***	**7.8%**	***450***	**14.7%**

A one-way analysis of variance (ANOVA) was conducted to determine whether the differences in adjusted response rates between the experimental groups were statistically significant. The ANOVA demonstrated that there was a statistically significant difference in adjusted response rate between the experimental groups F(2, 12251)=14.821, $p<.01$. A Bonferroni post-hoc test confirmed that there was a statistically significant difference in adjusted response rate between Pilot group 1 and the control group ($p<.01$), and between Pilot group 1 and Pilot group 2

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[6] Because the initial invitation was sent by post only postal 'undeliverables' were treated as ineligible. SMS and email undeliverables were treated as eligible since they could still have received the postal invitation. Other ineligible includes reported as deceased.

(*p*<.01). However, there was no statistically significant difference between Pilot group 2 and the control group (p=.977).

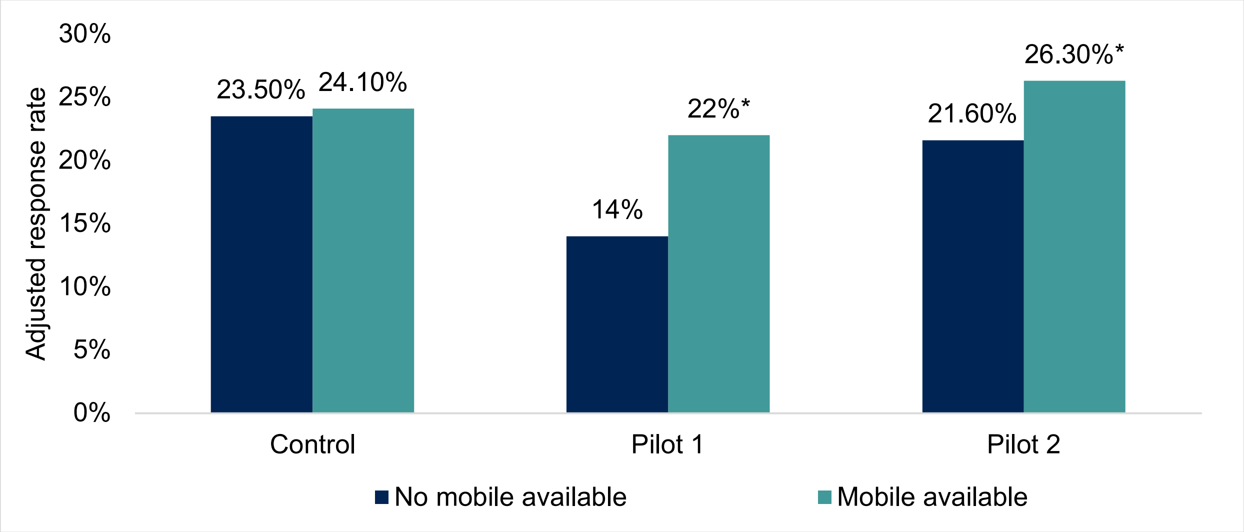
These findings indicate that, overall, Pilot group 2 produces comparable levels of response to the control. Pilot group 1, however, produces significantly lower levels of response than the control.

4.2.2 Response rate by availability of mobile number

SMS reminders were incorporated into the contact regime for both Pilot group 1 and Pilot group 2, so that service users with a mobile number in the sample (68.3% of Pilot 1 and 67.6% of Pilot 7) received SMS reminders.

The chart below shows the adjusted response rates for those with and without mobile numbers in the sample by the three experimental groups.

Figure 4.1: Adjusted response rate by mobile availability within experimental group



Base: No mobile available (Control = 2,003, Pilot 1 = 978, Pilot 2 = 986); Mobile available (Control = 4,108, Pilot 1 =2,093, Pilot 2 = 2,086).

* Indicates statistically significant difference compared to where mobile is not available at 5% significance level (2 sided test, no control for other variables).

Looking at just the pilot groups, binary logistic regression[8] identified a statistically significant positive main effect of mobile availability on adjusted response rate (OR=1.630, p=.001). Patients were 1.63 times more likely to respond to the survey when a mobile number was available for them in the sample than when it was not.

However, there is no statistically significant interaction effect between pilot group and mobile availability on adjusted response rate (OR=.809, p=.231). This indicates that the impact of

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[7] Within the control group sample, 67.1% of service users had mobile numbers available. However, these mobile numbers were not used, as SMS were not included within the control group survey protocol.

[8] The binary logistic regression controlled for differences in age, gender, ethnicity, super cluster, IMD and trust across the pilot groups, by including these variables in the analysis as covariates.

mobile availability on likelihood to respond does not differ across the two pilot groups – mobile availability is similarly important in both Pilot group 1 and Pilot group 2.

As shown in the following table, the higher response rate among those with a mobile number in the sample is consistent across demographic groups. Chi-square tests of independence demonstrate that, for many demographic groups, there are statistically significant differences in likelihood to respond by whether or not a mobile number is available in the sample. This indicates that for these demographic groups the inclusion of a mobile number is an important driver of response.

It should be noted that the base size for some of the demographic groups tested is small (particularly for ethnic minority groups in the 'no mobile available' cells). This may mean that there are differences between some groups that the analysis is not powerful enough to identify.

Table 4.2: Adjusted response rate by mobile availability and demographics (pilot groups combined)

	Mobile available	No mobile available	Percentage point difference	Base (Mobile)	Base (No mobile)
Gender					
Male	23.1%*	17.3%	5.80	*1,761*	*836*
Female	24.9%*	18.1%	6.80	*2,412*	*1,126*
Ethnicity					
White	24.4%*	18.8%	5.60	*3,103*	*1,482*
Mixed	24.1%	16.1%	8.00	*83*	*31*
Asian or Asian British	23.3%	14.5%	8.80	*163*	*55*
Black or Black British	17.3%	7.4%	9.90	*220*	*68*
Arab or other ethnic group	27.8%	18.6%	9.20	*151*	*43*
Super cluster					
Non-psychotic	28.9%*	21.6%	7.30	*1,611*	*435*
Psychotic	23.5%*	18.4%	5.10	*1,106*	*488*
Cognitive impairment or dementia	20.5%	16.7%	3.80	*542*	*528*
IMD quintile					
1 (most deprived)	19.5%	15.7%	3.80	*1,167*	*421*
2	23.1%*	12.6%	10.50	*1,012*	*437*
3	26.9%*	18.0%	8.90	*740*	*428*
4	27.1%	21.4%	5.70	*702*	*355*
5 (least deprived)	28.3%	23.6%	4.70	*558*	*322*
Age					
18-35	17.2%*	10.2%	7.00	*1,380*	*420*
36-50	24.7%*	15.4%	9.30	*1,043*	*311*
51-65	32.5%*	24.0%	8.50	*816*	*358*
66-80	32.0%*	24.3%	7.70	*581*	*415*
81 or over	17.3%	15.7%	1.60	*359*	*460*

* Indicates statistically significant difference compared to where mobile is not available at 5% significance level (2 sided test, no control for other variables).

4.2.3 Response rate controlling for demographics

A logistic regression was run to explore the impact of experimental group on likelihood of responding, controlling for the availability of a mobile number, demographic characteristics and trust. With the control group as the control category in the regression, Pilot group 1 were significantly less likely to respond than the control group, after controlling for whether a mobile number was available, super cluster, gender, ethnicity, age, index of multiple deprivation (IMD), mode of contact and trust. There was no significant difference in likelihood of responding between Pilot group 2 and the control group.

In a regression with Pilot group 2 as the control group to allow for a comparison between Pilot group 1 and Pilot group 2, after controlling for the same factors as the previous regression, the likelihood of responding was significantly lower for Pilot group 1 than Pilot group 2.

In both models, the analysis shows that after controlling for multiple factors, including experimental group:

- those with a mobile number were significantly more likely to respond than those without a mobile number
- those with psychotic illness or cognitive impairment and dementia (super cluster) were significantly less likely to respond than those with a non-psychotic illness
- those aged over 35 were more likely to respond than those in the youngest age group, with the likelihood of responding increasing with age up to age 80
- those in more affluent areas (IMD) were significantly more likely to respond than those in the least affluent areas
- those who had a consultation by video were significantly more likely to respond than those with a face-face contact
- there were some significant differences in likelihood of responding by trust.

A regression with an interaction term between age and super cluster was run, since there is an association between type of illness and age, but this interaction was not statistically significant so has been excluded from the final model.

The table below shows the response rate for each demographic subgroup by experimental group. It shows that there were no demographic groups for which response was higher for Pilot group 1 compared with the control. Chi-square tests of independence (which do not control for other factors) demonstrate that, for many demographic groups, likelihood to respond was significantly lower for Pilot group 1 than the control group, while for others the difference was not statistically significant.

Table 4.3: Adjusted response rate by demographic group by experimental group

	Control	Pilot 1	Pilot 2	Base: control	Base: Pilot 1	Base: Pilot 2
Gender						
Male	25.3%	18.1%*^	24.4%	*2,580*	*1,294*	*1,303*
Female	22.8%	20.5%^	25.0%*	*3,524*	*1,773*	*1,765*
Ethnicity						
White	25.1%	19.9%*^	25.4%	*4,605*	*2,305*	*2,280*

Mixed	23.6%	19.0%	25.5%	*110*	*63*	*51*
Asian or Asian British	19.9%	18.0%	24.3%	*181*	*111*	*107*
Black or Black British	17.1%	14.8%	15.1%	*310*	*142*	*146*
Arab or other ethnic group	26.0%	23.6%	27.6%	*173*	*89*	*105*
Super cluster						
Non-psychotic	24.8%	24.0%^	30.6%*	*2,060*	*1,019*	*1,027*
Psychotic	24.8%	18.1%*^	25.7%	*1,529*	*784*	*810*
Cognitive impairment or dementia	25.9%	17.0%*	20.1%*	*1,052*	*529*	*541*
IMD quintile						
1 (most deprived)	19.6%	17.0%	20.1%	*1,595*	*796*	*792*
2	22.1%	18.3%	21.6%	*1,457*	*731*	*718*
3	24.8%	20.7%*^	26.6%	*1,197*	*589*	*579*
4	27.5%	21.3%*^	29.1%	*1,025*	*534*	*523*
5 (least deprived)	29.3%	22.1%*^	30.7%	*836*	*421*	*459*
Age						
18-35	14.1%	14.5%	16.7%	*1,792*	*901*	*899*
36-50	22.2%	19.2%^	25.9%	*1,346*	*671*	*683*
51-65	30.3%	25.5%*^	34.2%	*1,175*	*581*	*593*
66-80	36.3%	25.7%*^	32.0%	*982*	*506*	*490*
81 or over	23.8%	14.6%*	18.2%*	816	412	407

* Indicates statistically significant difference compared to the control at 5% significance level (2 sided test, no control for other variables).

^ Indicates statistically significant difference compared to pilot group 2 at 5% significance level (2 sided test, no control for other variables).

4.2.4 Proxy responses

Some service users were helped to complete the survey – either by a friend/ relative or a health professional (considered a ‘proxy response’). In the majority of cases, the survey was completed by the person named on the letter. This was true irrespective of the experimental group. No significant differences were observed in proxy responses between the three experimental groups, meaning the option to complete online did not appear to affect who completed the survey.

Table 4.4: Proxy responses by experimental group

	Control (n=1,405)	Pilot 1 (n=581)	Pilot 2 (n=743)
The person named on the letter (the service user / client)	69.2%	72.6%	72.8%

A friend or relative of the service user / client	18.3%	16.5%	15.7%
Both service user / client and friend / relative together	10.0%	7.9%	8.9%
The service user / client with the help of a health professional	2.6%	2.9%	2.6%

A chi-squared test of independence demonstrated there to be an association between proxy response and super care cluster. Service users with a cognitive impairment and/or dementia were more likely to have a friend or relative involved in the completion of the survey, while non-psychotic and psychotic service users were more likely to respond themselves.

Table 4.5: Proxy responses by super cluster

	Non-psychotic (n=1,047)	Psychotic (n=698)	Cognitive impairment and dementia (n=451)
The person named on the letter (the service user / client)	82.3%	74.9%	33.5%
A friend or relative of the service user / client	9.0%	10.5%	48.1%
Both service user / client and friend / relative together	7.7%	8.0%	17.1%
The service user / client with the help of a health professional	1.0%	6.6%	1.3%

4.3 Mode of completion

The two pilot groups were initially offered the survey online, with Pilot group 1 receiving a paper questionnaire at mailings two and three, and Pilot group 2 receiving a paper questionnaire at mailing three. In this section we explore the relationship between experimental group and mode of completion, overall and by whether or not a mobile number was available and then controlling for demographic factors.

4.3.1 Mode of completion by experiment group

Both pilot approaches successfully encouraged participants to complete the survey online, with 59.9% of Pilot group 1 participants and 40.9% of Pilot group 2 participants taking part online.

A chi-square test of independence demonstrated that there was a statistically significant difference between Pilot group 1 and Pilot group 2 participants in likelihood to respond online X2(2, N=1,359) = 48.36 ($p < .01$). Pilot group 1 participants (who received a paper questionnaire in the third mailing) were more likely to respond online than Pilot 2 participants (who received a paper questionnaire in the second and third mailing).

Table 4.6: Proportion of responses completed online and on paper by pilot group

	Pilot 1	Pilot 2
Base	*598*	*761*
Paper	40.1%	59.1%*
Online	59.9%	40.9%*

Total	100%	100%

* Indicates statistically significant difference compared Pilot 1 at the 5% significance level (2 sided test, no control for other variables).

4.3.2 Mode of completion by availability of mobile number

Both pilot approaches achieved a higher proportion of responding participants taking part online when a mobile number was available.

A two-way analysis of variance (ANOVA) was conducted to determine whether the impact of mobile number availability on online completion differed by experimental group. The ANOVA revealed no interaction between the experimental group and mobile availability F(1, 1355)=0.35, p=.853. This indicates that the impact of mobile number availability on likelihood to respond online does not differ across the two pilot groups – mobile availability is similarly important in both Pilot group 1 and Pilot group 2.

Table 4.7: Proportion of online returns by mobile availability

	Pilot 1	Pilot 2
Base: Mobile number available	461	548
Base: No mobile number available	137	213
Mobile number in sample	65.5%	47.4%
No mobile number in sample	40.9%	23.9%

4.3.3 Mode of completion controlling for demographics

A logistic regression was run to explore the impact of experimental group on mode of completion (Pilot group 1 and Pilot group 2 only) controlling for the availability of a mobile number, demographic characteristics and trust.

Responding service users in Pilot group 2 were significantly less likely than those in Pilot group 1 to complete the survey online, after controlling for whether a mobile number was available, super cluster, gender, ethnicity, age, index of multiple deprivation, mode of contact and trust.

The analysis shows that after controlling for multiple factors, including experimental group among those who took part in the survey:

- those with a mobile number were significantly more likely to respond online than those without a mobile number
- those with psychotic illness were significantly less likely to respond online than those with a non-psychotic illness
- those aged over 50 were less likely to respond online than those in the youngest age group.

4.4 Profile of participants

In this section of the report, we consider the profile of participants responding for each experimental group to understand the impact of a move to a mixed-mode methodology on coverage and non-response bias.

As shown in the regression section, after controlling for multiple factors including experimental group, likelihood to respond is affected by super cluster, age and IMD – it is these three demographics therefore that are of particular interest and discussed below:

- **Age:** Both pilot groups appear to better represent the youngest age group (18-35) but, at the same time, represent the oldest age group (81+) less well compared to the control group.
- **Super cluster:** The control group most closely reflects the sample profile for super cluster. For both pilot groups, there is a higher proportion of service users with a non-psychotic illness, and lower proportion of those with a cognitive impairment or dementia, compared to the sample profile.
- **IMD:** The profile of Pilot group 1 best reflects that of the sample for IMD compared to either Pilot group 2 or the control.

Table 4.8: Profile of participants who responded to the pilot (after all mailings)

	Control	Pilot 1	Pilot 2	Sample
Age	***1,458***	***598***	***761***	***12,574***
18-35	17.4%*	21.9%*	19.7%*	29.5%
36-50	20.5%	21.6%	23.3%	22.1%
51-65	24.4%*	24.7%*	26.7%*	19.0%
66-80	24.4%*	21.7%*	20.6%*	16.0%
81+	13.3%	10.0%*	9.7%*	13.5%
Gender	***1458***	***598***	***761***	***12559***
Male	44.7%	39.1%	41.8%	42.5%
Female	55.1%	60.9%	58.0%	57.5%
Ethnicity	***1458***	***598***	***761***	***12574***
White British	79.3%*	76.6%	76.1%	74.7%
Mixed	1.8%	2.0%	1.7%	1.8%
Asian or Asian British	2.5%	3.3%	3.4%	3.3%
Black or Black British	3.6%*	3.5%	2.9%*	4.9%
Arab or other ethnic group	3.1%	3.5%	3.8%	3.0%
Not stated	9.7%*	11.0%	12.1%	12.3%
Super Cluster	***1170***	***482***	***637***	***9684***
Non-psychotic	43.6%	50.8%*	49.3%*	43.4%
Psychotic	32.4%	29.5%	32.7%	32.9%
Cognitive impairment and dementia	23.2%	18.7%*	17.1%	22.6%

Variance	0.8%	1.0%	0.9%	1.1%
IMD quintile	***1458***	***598***	***761***	***12570***
1 - 20% most deprived	21.4%*	22.6%	20.9%*	26.0%
2	22.1%	22.4%	20.4%*	23.7%
3	20.4%	20.4%	20.2%	19.3%
4	19.3%*	19.1%	20.0%*	17.0%
5 – 20% least deprived	16.8%*	15.6%	18.5%*	14.1%

* Indicates statistically significant difference compared to the control at 5% significance level.

4.6 Trend data

Clear patterns can be observed in question responses between the control and pilot groups. Consistently, the control group provided more positive responses than the combined pilot groups.

Significant differences between the control and combined pilot groups are found in 16 of the 38 survey questions (excluding demographics), with 27 answer codes showing significant differences between the two groups across the unweighted data. This equates to 23% of response codes (excluding demographics and responses such as ‘Don’t know/ can’t remember’).

The findings are as follows. Details of the question responses are shown in Appendix G.

- Responses in the control group were more positive than the combined pilot groups in 17 cases (with a mean difference of 4.7 percentage points).
- Responses in the combined pilot groups were more positive than the control group in just one case where participants were more likely to say NHS mental health services had given them help or advice with finding support for financial advice/benefits ‘to some extent’.
- Nine of the differences were neutral with a mean difference of 5.1 percentage points. These were questions which did not require participants to provide an opinion, though the statements typically showed a more negative experience for those in the pilot groups (such as being less likely to have met someone from NHS mental health services in the last 12 months to discuss how their care is working).

This pattern of control group responses being more positive remains even once the data are weighted. This reflects the Adult Inpatients Pilot, where the control group was quite consistently found to be more positive than the pilot groups.

The results therefore suggest a transition to a mixed-mode methodology would impact on trend data.

5 Trust level analysis

When reviewing the pilot results, it is important to check if the national findings are also visible at trust level, as this helps confirm that any changes present are as a result of the change of method and not due to chance. If certain types of trusts are exhibiting different results, this might suggest there is something about that type of trust that is causing a specific impact.

5.1 Response rates

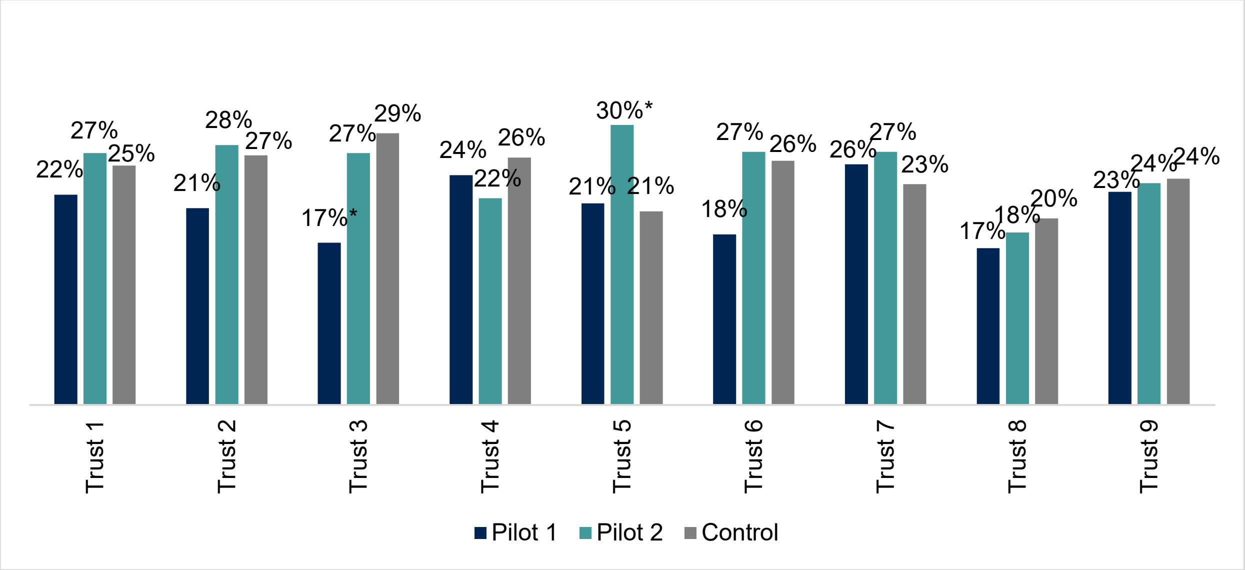
5.1.1 Response rate by experiment group

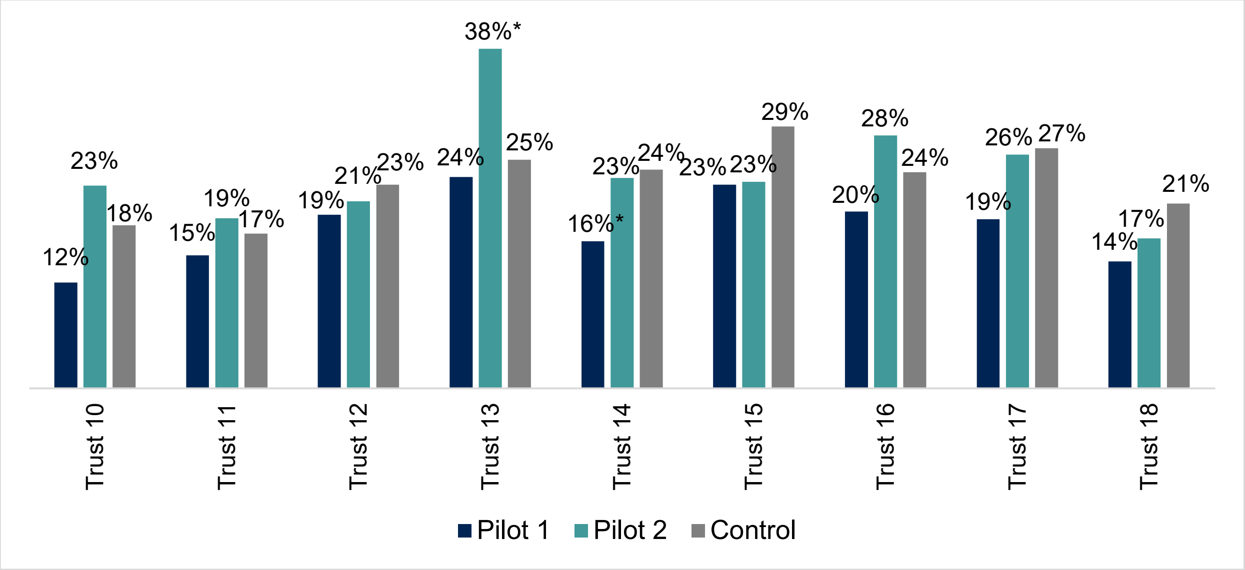
Looking at trust level data, adjusted response rates for Pilot 1 are significantly lower than the control group in two trusts. There are no trusts in which response rate for Pilot 1 is significantly higher than the response rate of the control group.

In contrast, adjusted response rates for Pilot 2 are significantly higher than the control group in two trusts. There are no trusts in which response rate for Pilot 2 is significantly lower than the response rate of the control group.

This small number of statistically significant differences is likely due to the low base sizes by trust. However, as can be seen in the following chart, the general trend across the experimental groups by trust is generally consistent with the national findings; response rates to Pilot 2 are higher than response rates to Pilot 1.

Figure 5.1: Response rates by experimental group within trust





* Indicates statistically significant difference compared to the control at the 5% significance level.

5.1.2 Response rate by availability of mobile number

The table below shows the adjusted response rate for those with and without mobile numbers, split by experimental group, by trust. This analysis should be taken as indicative only given the relatively small base sizes for some trusts.

For 15 of the 18 trusts, response rates in the pilot groups were higher for those with a mobile number in the sample compared to those without. The average difference in response rates for those with/ without a mobile number in the pilot groups is 8 percentage points.

When looking at the control group, higher adjusted response rates for those with a mobile number compared to those without are seen in 10 of the 18 trusts, with the average difference in response rates between the two groups being 2 percentage points.

This suggests that the findings at the national level apply to the trust level also – such that availability of mobile number (and therefore the ability to send SMS reminders) boost response rates.

Table 5.1: Adjusted response rate by availability of mobile number and trust

Trust	Control			Pilot groups overall		
	Mobile	No mobile	Difference (percentage points)	Mobile	No mobile	Difference (percentage points)
Trust 1	25.0%	27.0%	2.0%	24.9%	23.2%	-1.7%
Trust 2	27.0%	25.3%	-1.7%	27.2%	15.9%*	-11.3%
Trust 3	37.5%	28.0%	-9.5%	20.0%	22.1%	2.1%

Trust 4	27.0%	22.8%	-4.2%	23.5%	21.4%	-2.1%
Trust 5	21.5%	17.3%	-4.2%	29.7%	12.5%*	-17.2%
Trust 6	28.2%	12.2%*	-16.0%	23.8%	12.5%	-11.3%
Trust 7	23.4%	33.3%**	9.9%	26.7%	0.0%**	-26.7%
Trust 8	19.9%	19.7%	-0.2%	19.6%	9.0%*	-10.6%
Trust 9	24.0%	0.0%	-24.0%	23.3%	0.0%	-23.3%
Trust 10	19.0%	14.7%	-4.3%	18.2%	12.3%	-5.9%
Trust 11	16.7%	17.3%	0.6%	13.6%	17.3%	3.7%
Trust 12	28.4%	21.2%	-7.2%	33.3%	17.3%*	-16.0%
Trust 13	23.6%	33.3%	9.7%	31.4%	27.1%	-4.3%
Trust 14	22.4%	27.0%	4.6%	18.4%	22.0%	3.6%
Trust 15	26.2%	34.8%	8.6%	24.0%	20.5%	-3.5%
Trust 16	22.6%	27.7%	5.1%	26.4%	16.7%	-9.7%
Trust 17	26.5%	27.3%	0.8%	24.2%	16.7%	-7.5%
Trust 18	22.3%	17.6%	-4.7%	18.7%	10.1%*	-8.6%

* Indicates statistically significant difference compared to where mobile is available at 5% level (2 sided test, no control for other variables).

** Indicates small base size (<30).

5.1.3 Response rates by demographics

To assess whether demographic differences in profile at the national level are reflected at the trust level, analysis has focused on two key demographic groups where the differences between experimental groups were most notable at the national level. Given the small sample sizes, the differences are not always considered statistically significant but they are indicative of a pattern. The findings are as follows:

- **Age:** At the national level, a higher proportion of 18-35 year olds was secured in the pilot groups compared to the control. This pattern is also evident at the trust level, with 13 of the 18 trusts having a higher proportion of 18-35 year olds in the combined pilot groups compared to the control.

- **Super cluster:** At the national level, the pilot groups both had higher levels of participants with a non-psychotic illness compared to the control group. This pattern is also evident at trust level, with 13 of the 18 trusts having a higher proportion of participants with a non-psychotic illness in the combined pilot groups compared to the control group.

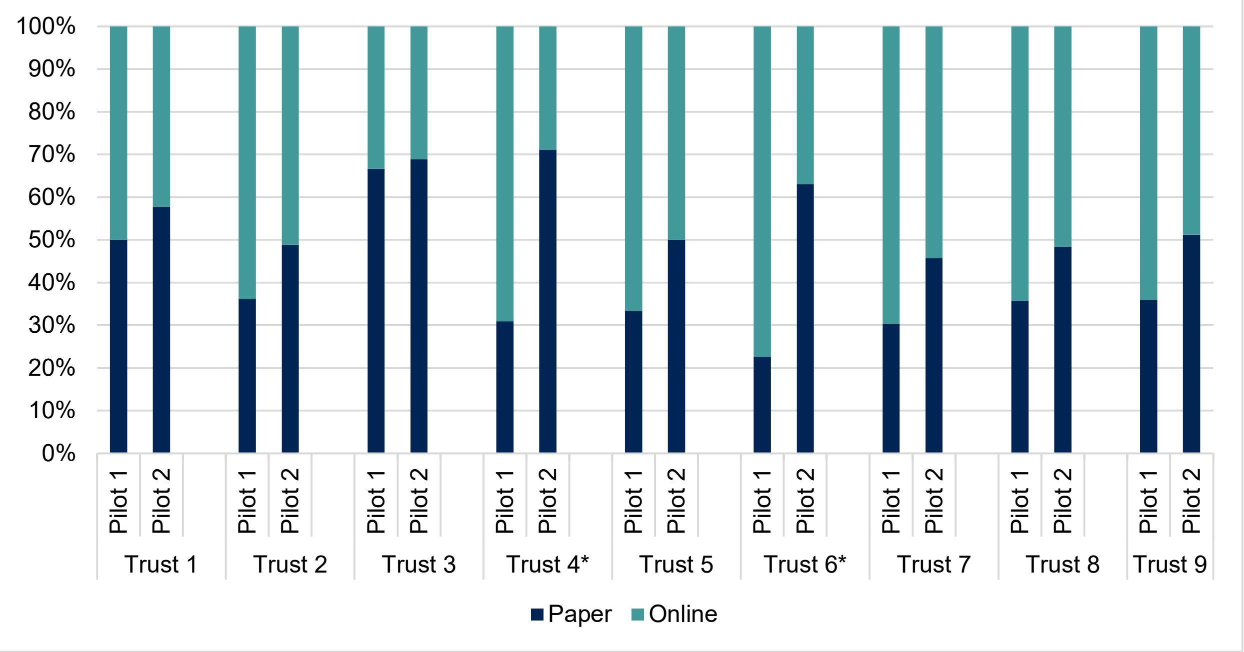
This suggests that demographic differences in profile at the trust level reflect those seen at the national level.

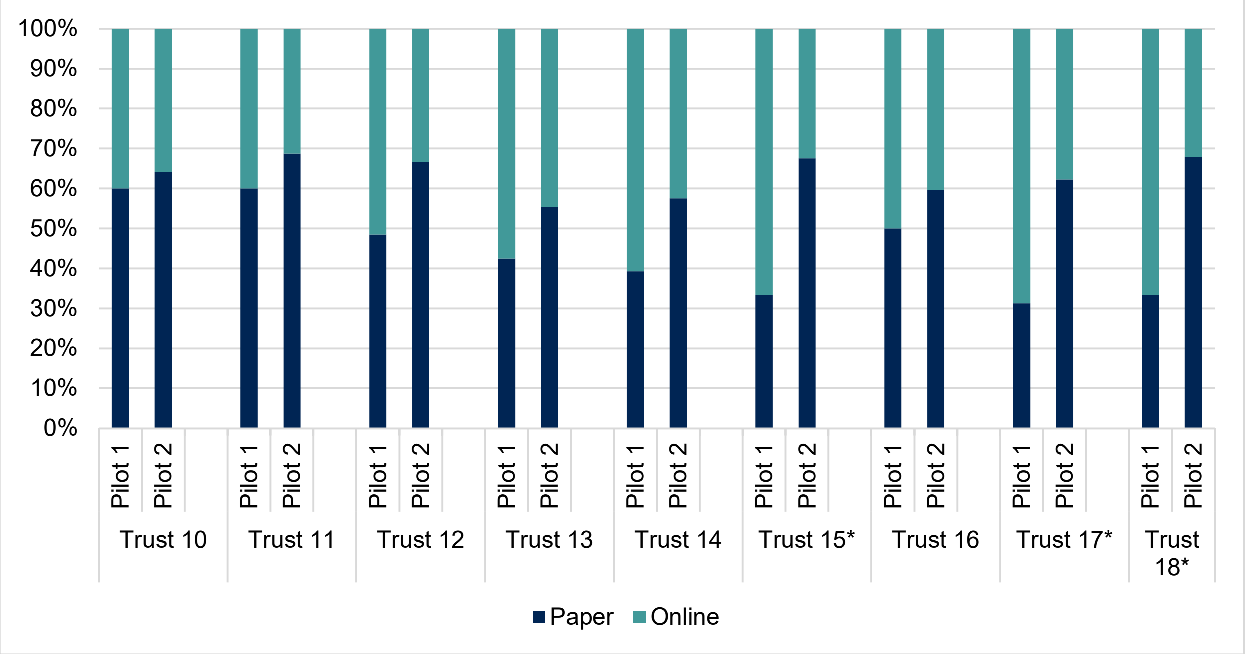
5.2 Mode of completion

Looking at trust level data, the proportion of responses that were submitted online was significantly higher for Pilot group 1 than for Pilot group 2 within five trusts. There are no trusts in which the proportion of online completes in Pilot 1 is significantly lower than in Pilot 2.

This small number of statistically significant differences is likely due to the low base sizes by trust. However, as can be seen in the following chart, the trend across the experimental groups by trust is generally consistent with the national findings; participants are more likely to respond online in Pilot group 1 compared to Pilot group 2.

Figure 5.2: Online response by experimental group within trust





* Indicates statistically significant difference between Pilot 1 and Pilot 2 at 5% significance level.

5.3 Trend data

As discussed in Section 4.6, there was a clear pattern at the national level of responses among the control group being more positive than among the combined pilot groups. This pattern at the national level is also reflected at the trust level.

Only the questions that showed significant differences between the control and combined pilot groups at the national level were analysed at the trust level (16 questions in total) and unweighted data was used.

Across these 16 questions, and the 18 participating trusts, 93 significant differences between the control and combined pilot groups were found in question response codes. This equates to 9.2% of the possible number of differences.

On balance, the control group was more positive than the combined pilot groups as shown below:

- Responses in the control group were more positive than the combined pilot groups in 42 cases.
- Responses in the combined pilot groups were more positive than the control group in 21 cases.
- 30 of the differences were neutral (meaning participants were not required to provide an opinion). As with the national-level analysis, though these questions were considered neutral, they typically showed a more negative experience for those in the pilot groups (such as being less likely to be informed how their care and treatment would change as a result of the coronavirus pandemic).

The figure below shows the number and proportion of answer codes where a significant difference was found by trust (based on only the questions where at least one answer code showed significant differences at the national level). The mean number of answer codes found to be significant is 5.2.

Table 5.2: Number of significant differences by trust (based on only the questions where *at least one* answer code showed significant differences at the national level)

	Number answer codes found to be significant	Proportion of answer codes found to be significant (n =56)
Trust 1	0	0.0%
Trust 2	2	3.6%
Trust 3	2	3.6%
Trust 4	16	28.6%
Trust 5	4	7.1%
Trust 6	8	14.3%
Trust 7	5	8.9%
Trust 8	2	3.6%
Trust 9	2	3.6%
Trust 10	1	1.8%
Trust 11	9	16.1%
Trust 12	6	10.7%
Trust 13	9	16.1%
Trust 14	3	5.4%
Trust 15	4	7.1%
Trust 16	1	1.8%
Trust 17	17	30.4%
Trust 18	2	3.6%

Given the bias towards more positive responses among the control group, the analysis outlined above suggests that the transition to a mixed-mode methodology could impact on trend data (thus reflecting findings found at the national level).

6 Para data analysis

When conducting an online survey, a large amount of para data is available which, when analysed, can offer additional insight into how participants engage with the survey and help identify any potential problems.[9]

Overall, the service users involved in the pilot seem to have found the survey straightforward to complete – it was generally done in one sitting and took 10 minutes or less to finish.

6.1 Dates and times of accessing the survey online

For online completions, the median length of time to complete the survey was 10 minutes in pilot group 1 and 9 minutes in pilot group 2. The survey was expected to take around 20 minutes to complete so this is considerably shorter than anticipated. The response rate and break-off points suggest the current length is reasonable for completion online.

Figure 6.1: Time taken to complete survey (online completes only)

Length	Number	%
0-2 mins	11	1.6%
3-5 mins	98	13.9%
6-8 mins	191	27.1%
9-11 mins	147	20.8%
12-14 mins	90	12.7%
15-17 mins	58	8.2%
18-20 mins	24	3.4%
21-30 mins	58	8.2%
31-40 mins	9	1.3%
41-50 mins	9	1.3%
51 mins - 1 hour	2	0.3%
More than 1 hour	9	1.3%

Of those who completed the online survey, the majority of service users did so in one go in both pilot group 1 (78.3%) and pilot group 2 (78.8%). In pilot group 1, a further 2.7% accessed the survey twice and 19.0% accessed it three times or more. In pilot group 2, 3.5% accessed the survey twice and 17.7% accessed it three times or more.

Service users accessing the online survey three times or more were more likely to have a cognitive impairment/ dementia compared to those who completed the survey online in one

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[9] Please note: Analysis examining time taken to complete the survey and online break-offs were conducted using the uncleaned online data file. This was done to ensure we were able to capture cases where a participant may have started the survey but not completed it.

sitting. Those accessing the online survey three times or more had an older age profile compared to those completing it in one sitting. It should be noted that few of these differences are considered statistically significant due to the relatively small number of service users accessing the link three times or more, though are indicative of the different profile of this group of service users.

The days with most online responses submitted seem to correspond with the SMS message reminder dates; over a quarter of online completes (184) were received on 5th October (the day of the first SMS reminder) and another peak of online completes (74) were received on 19th October (the day of the second SMS reminder). This includes completes via the link on the letters as well as those who accessed the survey using the link in the SMS message: on 5th October, 155 surveys were completed via the link in the SMS message and 29 were completed via the link on the letter. On 5th October, 147 were completed via smartphone and 14 were completed via desktop. There were also peaks in responses on dates when paper reminders were received. Specifically, the two days following the second invitation arrival (14th & 15th October) where 40 surveys were completed.

6.2 Online break-offs

Overall, of the 1,318 service users who accessed the online survey, 706 service users completed the survey online (54%), (again this analysis is based on uncleaned data). 517 service users who accessed the survey did not complete the survey using either the online or paper method (39%) and 95 service users accessed it online but went on to complete it on paper (7%). Of those service users who did not complete the survey, the majority accessed no further than the introduction page (123 service users).

No questions appear to have a particularly high break-off rate - the only questions where more than 8 individuals broke off was Question 1 (asking “When was the last time you saw someone from NHS mental health services?” - where 46 service users dropped out). It is possible that service users closed the survey at Question 1 due to not being able to recall the last time they saw someone from NHS mental health services and being put off. This might be reduced by reviewing the wording and/or response options at Question 1. Overall, the low break off rates indicate that service users are happy with both the content of the questionnaire and the length. Break off is typically found if participants consider content to be too sensitive or intrusive, or the survey too long or burdensome, and this does not appear to be an issue here.

6.3 Online survey access modes

The most popular device for accessing the online survey was via a smartphone. In pilot group 1, 58.4% of online survey completions were by smartphone, while 56.9% of service users completed the survey via smartphone in pilot group 2. This reaffirms the importance of ensuring any future survey is designed to be “mobile first” meaning service users can easily complete the survey on a smartphone.[10]

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[10] For more details on "mobile first" design, see here: https://www.ipsos.com/ipsos-mori/en-uk/mobile-first-best-practice-guide

Table 6.2: Devices used of those who completed the online survey

Device used	Pilot 1 (n=358)	Pilot 2 (n=311)
Smartphone	58.4%	56.9%
Desktop	23.5%	25.7%
Other	11.5%	10.6%
Tablet	6.7%	6.8%

Service users completing the survey online were as likely to use the SMS link as they were to use the log-in details provided on the letter. In pilot group 1, 48.3% completed the survey via the SMS link, compared to 51.7% who completed via the log-in details provided on the letter. Similarly, 50.2% of online completions in pilot group 2 were through the SMS link compared to 49.8% via the log-in details on the letter.

Service users with a cognitive impairment and/or dementia were more likely to access the online survey via log-in details provided on the letter as opposed to making use of the SMS link (63.5% versus 36.5%, though note this is based on 63 service users only).

6.4 Free-text analysis

Participants completing the survey online were able to provide free-text comments to the following, “Please let us know if you experienced any issues completing the survey”. 141 participants submitted a free-text comment in response to this statement. The comments predominately focused on the care individuals had received (58 comments, equating to 41%), experiences of completing the survey online (46 comments, 33%), or the questionnaire itself (30 comments, 21%).

Where participants left feedback regarding the care they had received, in the vast majority of cases this was to relay a negative experience though a small number of the free-text comments highlighted good care or named specific individuals that had helped them with their mental health.

Where comments were left regarding experiences of completing the survey online, the majority were simply to say they had not experienced any issues (38 of the 46 comments made about online completion). Three participants relayed a difficulty they had experienced in accessing the survey through the information provided. All other comments were made by single individuals and covered issues such as not being IT literate, finding it easier to complete by phone, and finding the survey hard to read.

Feedback on the questionnaire itself mainly focused on question answer choices not adequately reflecting participants’ experiences (13 of the 30 comments made about the questionnaire referenced this). Other comments made reference to the survey being confusing (four comments), the survey being too long (two comments), questions being too vague (two comments), questions being irrelevant (two comments), and finding the survey stressful or distressing to complete (two comments).

Other comments were left in the free-text box, such as providing clarity on who had completed the survey (six comments), voicing a concern that the survey was not meaningful (three comments), and confirming that they do not view themselves as having a mental health condition (two comments).

Only two comments were made about the survey administration which were not specific to online completion – one participant felt they had been ‘hassled’ to complete the survey, and one participant expressed a concern that the return envelope for the paper questionnaire included a reference to ‘community mental health’ which they felt should not have been the case.

7 Next steps

The findings from this pilot will help inform key decisions around the future of the Community Mental Health Survey.

This decision will be based on the following key elements; response rates and online response rates of the experimental groups, the cost[11] and sample size associated with the revised response rates, the impact on comparability of results between trusts, demographic profile differences, question response differences and impacts on trends.

7.1 Is moving the Community Mental Health survey to mixed-mode methodology feasible?

The pilot demonstrated that:

- Pilot 2 achieved a similar response rate to the control group. Uptake of the online survey has been successful, indicating that there appears to be some appetite for taking part online amongst service users. However, the lower response rate for Pilot 1 compared to Pilot 2 suggests that waiting until the final mailing to send a paper questionnaire will result in a lower response rate. **Moving to a mixed-mode methodology without impacting on the sample sizes required would therefore entail a contact schedule which mirrors that used in Pilot 2**.

- The move to a mixed-mode methodology will impact on the demographic profile of participants – in some ways becoming more representative, but in other ways (most notably super cluster), becoming less representative. **Moving towards a mixed-mode methodology therefore depends on how these changes stack against other priorities for the survey such as maintenance of response rate and push towards online completion.**

- In terms of question responses, the control group was consistently more positive than the pilot groups – a pattern which persisted once the data were weighted, and which was also seen at the trust level. This suggests that a **moving to a mixed-mode methodology would lead to a break in trends**.

- In general, analyses were consistent at trust level as well as national level, which suggests **moving to mixed-mode methods would not impact trust comparability**.

Based on the above, it would seem feasible to move to a mixed-methodology for running the Community Mental Health survey, assuming a break in trends and shift in demographic profile can be accommodated. If maintenance of the response rate is a priority, then a contact schedule similar to that used in Pilot 2 would be best. If there is a wish to drive participants online, then a contact schedule similar to that used in Pilot 1

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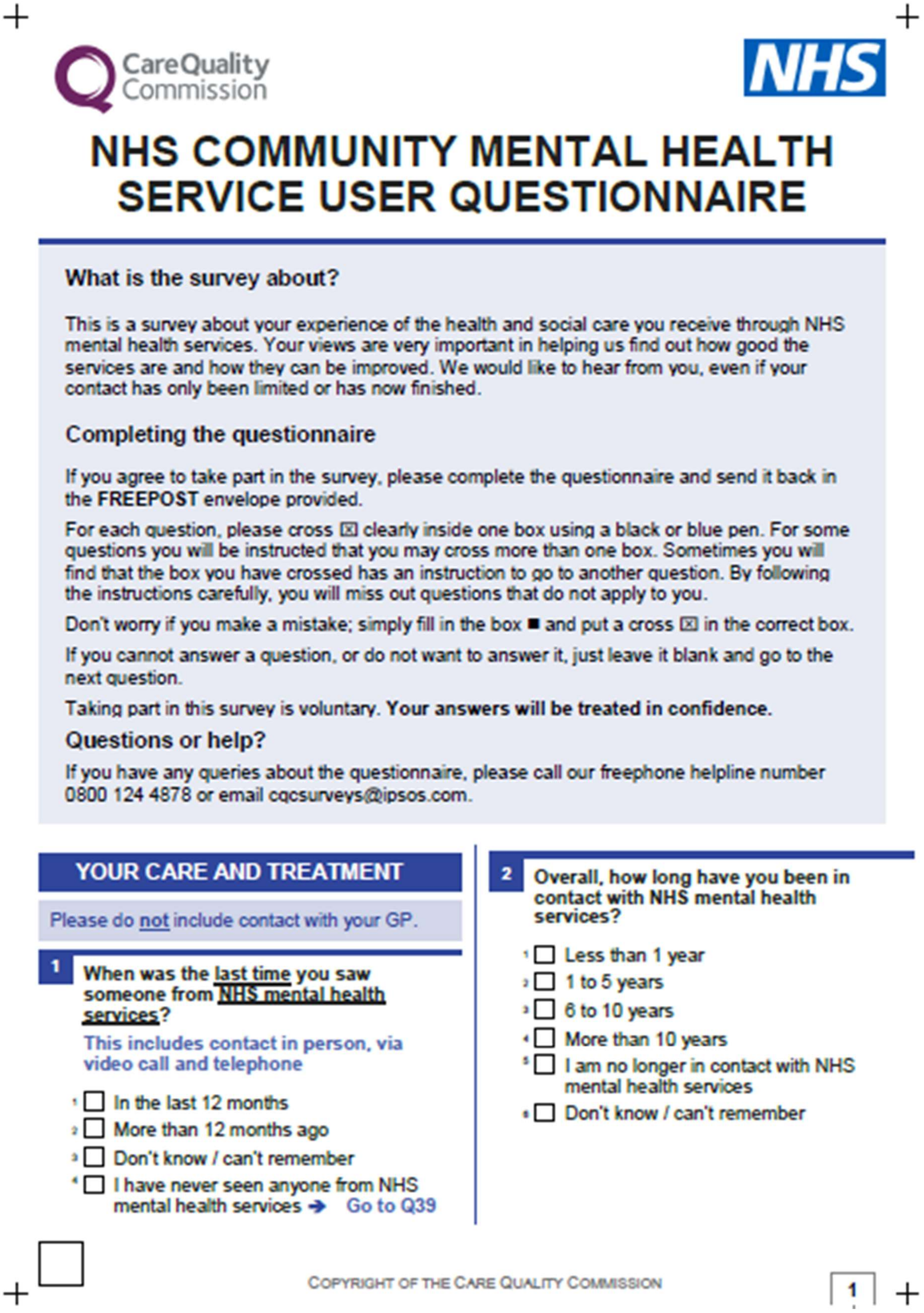
[11] Cost-benefit analysis to be conducted and reported on separately.

would be advised, though larger starting samples would be required to achieve similar numbers of responses given the lower response rate associated with this approach.

Appendices

Appendix A: Questionnaire (paper version)



Care Quality Commission

NHS

NHS COMMUNITY MENTAL HEALTH SERVICE USER QUESTIONNAIRE

What is the survey about?

This is a survey about your experience of the health and social care you receive through NHS mental health services. Your views are very important in helping us find out how good the services are and how they can be improved. We would like to hear from you, even if your contact has only been limited or has now finished.

Completing the questionnaire

If you agree to take part in the survey, please complete the questionnaire and send it back in the **FREEPOST** envelope provided.

For each question, please cross ☒ clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box. Sometimes you will find that the box you have crossed has an instruction to go to another question. By following the instructions carefully, you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply fill in the box ■ and put a cross ☒ in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

Taking part in this survey is voluntary. **Your answers will be treated in confidence.**

Questions or help?

If you have any queries about the questionnaire, please call our freephone helpline number 0800 124 4878 or email cqcsurveys@ipsos.com.

YOUR CARE AND TREATMENT

Please do not include contact with your GP.

1 When was the last time you saw someone from NHS mental health services?

This includes contact in person, via video call and telephone

- ☐ In the last 12 months
- ☐ More than 12 months ago
- ☐ Don't know / can't remember
- ☐ I have never seen anyone from NHS mental health services → Go to Q39

2 Overall, how long have you been in contact with NHS mental health services?

- ☐ Less than 1 year
- ☐ 1 to 5 years
- ☐ 6 to 10 years
- ☐ More than 10 years
- ☐ I am no longer in contact with NHS mental health services
- ☐ Don't know / can't remember

3 **In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?**

This includes contact in person, via video call and telephone

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ It is too often
5 ☐ Don't know

4 **In the last 12 months, were care and services available when you needed them?**

1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No
4 ☐ Service(s) were available, but not the service I needed
5 ☐ Don't know / can't remember

5 **Were you informed how the care and treatment you were receiving would change due to the coronavirus pandemic?**

1 ☐ Yes, definitely
➔ Go to Q6
2 ☐ Yes, to some extent
➔ Go to Q6
3 ☐ No
➔ Go to Q6
4 ☐ My care and treatment did not change
➔ Go to Q7
5 ☐ I did not receive care and treatment before the pandemic
➔ Go to Q7
6 ☐ Don't know / can't remember
➔ Go to Q7

6 **Do you feel changes in your care and treatment due to the coronavirus pandemic affected your mental health?**

1 ☐ Yes, my mental health improved
2 ☐ Yes, my mental health got worse
3 ☐ No, the changes did not affect my mental health
4 ☐ Don't know / not sure

YOUR HEALTH AND SOCIAL CARE WORKERS

Thinking about the most recent time you saw someone from **NHS mental health services** for your mental health needs...

This does not include your GP.

7 **Were you given enough time to discuss your needs and treatment?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

8 **Did the person or people you saw understand how your mental health needs affect other areas of your life?**

This includes contact in person, via video call and telephone

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

9 **Did the person or people you saw appear to be aware of your treatment history?**

This includes contact in person, via video call and telephone

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember
5 ☐ Not applicable – I had no treatment prior to this

ORGANISING YOUR CARE

In this section, you may include contact with your GP.

10 **Have you been told who is in charge of organising your care and services?**

This person can be anyone providing your care, and may be called a “care coordinator” or “lead professional”

1 ☐ Yes ➔ Go to Q11
2 ☐ No ➔ Go to Q14
3 ☐ Not sure ➔ Go to Q14

11 **Is the main person in charge of organising your care and services...**

1 ☐ A GP
2 ☐ Another type of NHS health or social care worker (e.g. a community psychiatric nurse, psychotherapist, mental health support worker etc).
3 ☐ Don’t know / not sure

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

1 ☐ Yes
2 ☐ No
3 ☐ Not sure

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

1 ☐ Very well
2 ☐ Quite well
3 ☐ Not very well
4 ☐ Not at all well

PLANNING YOUR CARE

Please do not include contact with your GP.

14 **Have you agreed with someone from NHS mental health services what care you will receive?**

1 ☐ Yes, definitely ➔ Go to Q15
2 ☐ Yes, to some extent ➔ Go to Q15
3 ☐ No ➔ Go to Q17

15 **Were you involved as much as you wanted to be in agreeing what care you will receive?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No, but I wanted to be
4 ☐ No, but I did not want to be
5 ☐ Don’t know / can’t remember

16 **Does this agreement on what care you will receive take into account your needs in other areas of your life?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don’t know / can’t remember

REVIEWING YOUR CARE

Please do not include contact with your GP.

17 **In the last 12 months, have you had a specific meeting with someone from NHS mental health services to discuss how your care is working?**

1 ☐ Yes ➔ Go to Q18
2 ☐ No ➔ Go to Q19
3 ☐ Don’t know / can’t remember ➔ Go to Q19

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

This includes contact in person, via video call and telephone

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I did not want to be involved in making decisions
5 ☐ Don’t know / can’t remember

Please turn over

CRISIS CARE

Please do not include contact with your GP.

A crisis is if you need urgent help because your mental or emotional state is getting worse very quickly. **You may have been given a number to contact, such as a 'Crisis Helpline' or a 'Crisis Resolution Team'.**

19 **Would you know who to contact out of office hours within the NHS if you had a crisis?**

This should be a person or a team within NHS mental health services.

1 ☐ Yes ➔ Go to Q20
2 ☐ No ➔ Go to Q21
3 ☐ Not sure ➔ Go to Q21

20 **Thinking about the last time you tried to contact this person or team about a crisis, did you get the help you needed?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I could not contact them
5 ☐ I have not tried contacting them
6 ☐ Don't know / can't remember

MEDICINES

Please do not include medicines prescribed only by your GP.

21 **In the last 12 months, have you been receiving any medicines for your mental health needs?**

1 ☐ Yes ➔ Go to Q22
2 ☐ No ➔ Go to Q27

22 **Has the purpose of your medicines ever been discussed with you?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

23 **Have the possible side effects of your medicines ever been discussed with you?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

24 **Do you feel your medicines have helped your mental health?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Not sure

25 **Have you been receiving any medicines for your mental health needs for 12 months or longer?**

1 ☐ Yes ➔ Go to Q26
2 ☐ No ➔ Go to Q27
3 ☐ Not sure ➔ Go to Q27

26 **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 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

NHS TALKING THERAPIES

Talking therapies include any NHS treatment for your mental health that involves working with a trained therapist and do not **involve medicines.**

27 **In the last 12 months, have you received any NHS talking therapies for your mental health needs that do not involve medicines?**

1 ☐ Yes
➔ Go to Q28
2 ☐ No, but I would have liked this
➔ Go to Q32
3 ☐ No, but I did not mind
➔ Go to Q32
4 ☐ This was not appropriate for me
➔ Go to Q32
5 ☐ Don't know / can't remember
➔ Go to Q32

28 **Were these NHS talking therapies explained to you in a way you could understand?**

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ No explanation was needed

29 **Were you involved as much as you wanted to be in deciding what NHS talking therapies to use?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No, but I wanted to be
4 ☐ No, but I did not want to be
5 ☐ Don't know / can't remember

30 **Do you feel your NHS talking therapies have helped your mental health?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Not sure

31 **Overall, how did you feel about the length of time you waited before receiving NHS talking therapies?**

1 ☐ The waiting time was appropriate
2 ☐ The waiting time was too long
3 ☐ The waiting time was too short
4 ☐ I did not have to wait for NHS talking therapies

SUPPORT AND WELLBEING

Please do not include help from your GP.

32 **In the last 12 months, did NHS mental health services support you with your physical health needs?**

This might be an injury, a disability, or a condition such as diabetes, epilepsy, etc.

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No, but I would have liked support
4 ☐ I have support and did not need NHS mental health services to provide it
5 ☐ I do not need support for this
6 ☐ I do not have physical health needs

If support was provided by a non-NHS organisation, we are interested to know **if NHS mental health services helped you to find this support.** This may be through posters, flyers and leaflets.

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

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 or advice to find it
5 ☐ I do not need support for this

Please turn over

34 **In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?**

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 or advice to find it
5 ☐ I do not need support for this
6 ☐ I am not currently in or seeking work

35 **Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?**

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No, not as much as I would like
4 ☐ No, they have involved them too much
5 ☐ My friends or family did not want to be involved
6 ☐ I did not want my friends or family to be involved
7 ☐ This does not apply to me

OVERALL

Please do not include contact with your GP.

36 **Overall, how were your experiences of community mental health services?**

Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience.

1 ☐ 0 – I had a very poor experience
2 ☐ 1
3 ☐ 2
4 ☐ 3
5 ☐ 4
6 ☐ 5
7 ☐ 6
8 ☐ 7
9 ☐ 8
10 ☐ 9
11 ☐ 10 – I had a very good experience

37 **Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?**

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

38 **Aside from in this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?**

1 ☐ Yes
2 ☐ No
3 ☐ Not sure

ABOUT YOU

This information will not be used to identify you. We use it to monitor whether different people are having different experiences of NHS services.

All the questions should be answered **from the point of view of the person named on the letter.** This includes the following background questions on gender and year of birth.

39 **Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?**

Please cross X in all the boxes that apply to you.

1 ☐ Autism or autism spectrum condition
2 ☐ Breathing problem, such as asthma
3 ☐ Blindness or partial sight
4 ☐ Cancer in the last 5 years
5 ☐ Dementia or Alzheimer's disease
6 ☐ Deafness or hearing loss
7 ☐ Diabetes
8 ☐ Heart problem, such as angina
9 ☐ Joint problem, such as arthritis
10 ☐ Kidney or liver disease
11 ☐ Learning disability
12 ☐ Mental health condition
13 ☐ Neurological condition
14 ☐ Stroke (which affects your day-to-day life)
15 ☐ Another long-term condition
16 ☐ None of the above
➔ Go to Q41
17 ☐ I would prefer not to say
➔ Go to Q41

40 **Do any of these conditions reduce your ability to carry out day-to-day activities?**

1 ☐ Yes, a lot
2 ☐ Yes, a little
3 ☐ No, not at all

41 **Who was the main person or people that filled in this questionnaire?**

1 ☐ The person named on the letter (the **service user / client**)
2 ☐ **A friend or relative** of the service user / client
3 ☐ **Both** service user / client and friend / relative together
4 ☐ The service user / client with the help of a health professional

42 **What was your year of birth?**

Please write in e.g.

1	9	6	8

The following two questions ask about your sex and gender. Your answers will help us understand whether experiences vary between different groups of the population. Your answers will be kept confidential and not linked to your medical records.

43 **At birth were you registered as…**

1 ☐ Male
2 ☐ Female
3 ☐ Intersex
4 ☐ I would prefer not to say

44 **Is your gender the same as the sex you were registered as at birth?**

1 ☐ Yes
2 ☐ No, **please write your gender below**

☐

3 ☐ I would prefer not to say

Please turn over ☞

45 **What is your religion?**

1 ☐ No religion
2 ☐ Buddhist
3 ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
4 ☐ Hindu
5 ☐ Jewish
6 ☐ Muslim
7 ☐ Sikh
8 ☐ Other
9 ☐ I would prefer not to say

46 **Which of the following best describes how you think of yourself?**

1 ☐ Heterosexual / straight
2 ☐ Gay / lesbian
3 ☐ Bisexual
4 ☐ Other
5 ☐ I would prefer not to say

47 **What is your ethnic group?**

Please cross X in ONE box only.

a. WHITE

1 ☐ English / Welsh / Scottish / Northern Irish / British
2 ☐ Irish
3 ☐ Gypsy or Irish Traveller
4 ☐ Any other White background, **please write in**

☐

b. MIXED / MULTIPLE ETHNIC GROUPS

5 ☐ White and Black Caribbean
6 ☐ White and Black African
7 ☐ White and Asian
8 ☐ Any other Mixed / multiple ethnic background, **please write in**

☐

c. ASIAN / ASIAN BRITISH

9 ☐ Indian
10 ☐ Pakistani
11 ☐ Bangladeshi
12 ☐ Chinese
13 ☐ Any other Asian background, **please write in**

☐

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

14 ☐ African
15 ☐ Caribbean
16 ☐ Any other Black / African / Caribbean background, **please write in**

☐

e. OTHER ETHNIC GROUP

17 ☐ Arab
18 ☐ Any other ethnic group, **please write in**

☐

19 ☐ I would prefer not to say

THANK YOU VERY MUCH FOR YOUR HELP.

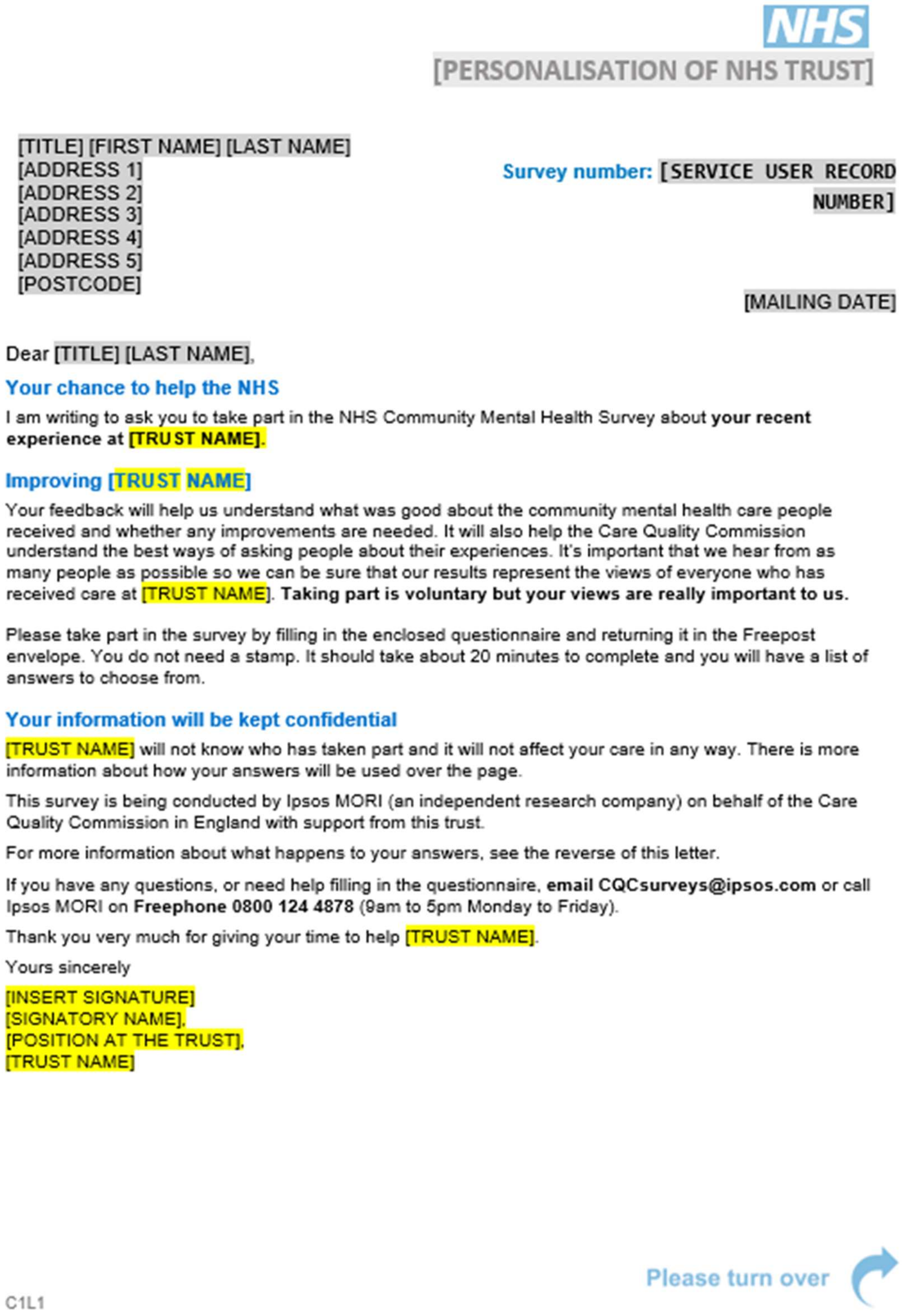
Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the **FREEPOST** envelope provided. No stamp is needed.

If you have concerns about the care you or others have received, please contact Care Quality Commission (CQC) on **03000 61 61 61**

Appendix B: Control Invitation Letters

Appendix B.1: Mailing 1



NHS
[PERSONALISATION OF NHS TRUST]

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: [SERVICE USER RECORD NUMBER]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Your chance to help the NHS

I am writing to ask you to take part in the NHS Community Mental Health Survey about **your recent experience at [TRUST NAME].**

Improving [TRUST NAME]

Your feedback will help us understand what was good about the community mental health care people received and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences. It's important that we hear from as many people as possible so we can be sure that our results represent the views of everyone who has received care at [TRUST NAME]. **Taking part is voluntary but your views are really important to us.**

Please take part in the survey by filling in the enclosed questionnaire and returning it in the Freepost envelope. You do not need a stamp. It should take about 20 minutes to complete and you will have a list of answers to choose from.

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission in England with support from this trust.

For more information about what happens to your answers, see the reverse of this letter.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 124 4878** (9am to 5pm Monday to Friday).

Thank you very much for giving your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]
[SIGNATORY NAME],
[POSITION AT THE TRUST],
[TRUST NAME]

Please turn over

C1L1

Why are you carrying out this survey and why have I been invited?

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

The NHS Community Mental Health Survey will use the feedback you provide to help the trust improve community mental health services, so they better meet the needs of service users. The overall findings from this study will be published in the spring of 2022 and you will be able to see these results by visiting the website at https://nhssurveys.org/. Last year's survey can be found online at: https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2020

Your name has been chosen as you used the community mental health services of [TRUST NAME] between 1st May – 31st July 2021.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [**privacy statement on Trust website**]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

The contact details you provided to the trust as part of your care have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will keep your contact details confidential and destroy them once the survey is over.

What happens to my answers?

Your answers are anonymised and then put together with the answers of other people to provide results for your trust and England as a whole. Your information will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 124 4878** or **email CQCsurveys@ipsos.com stating "opt-out" and your Survey ID number** (this number is written on the front page of this letter).

How can I take part?

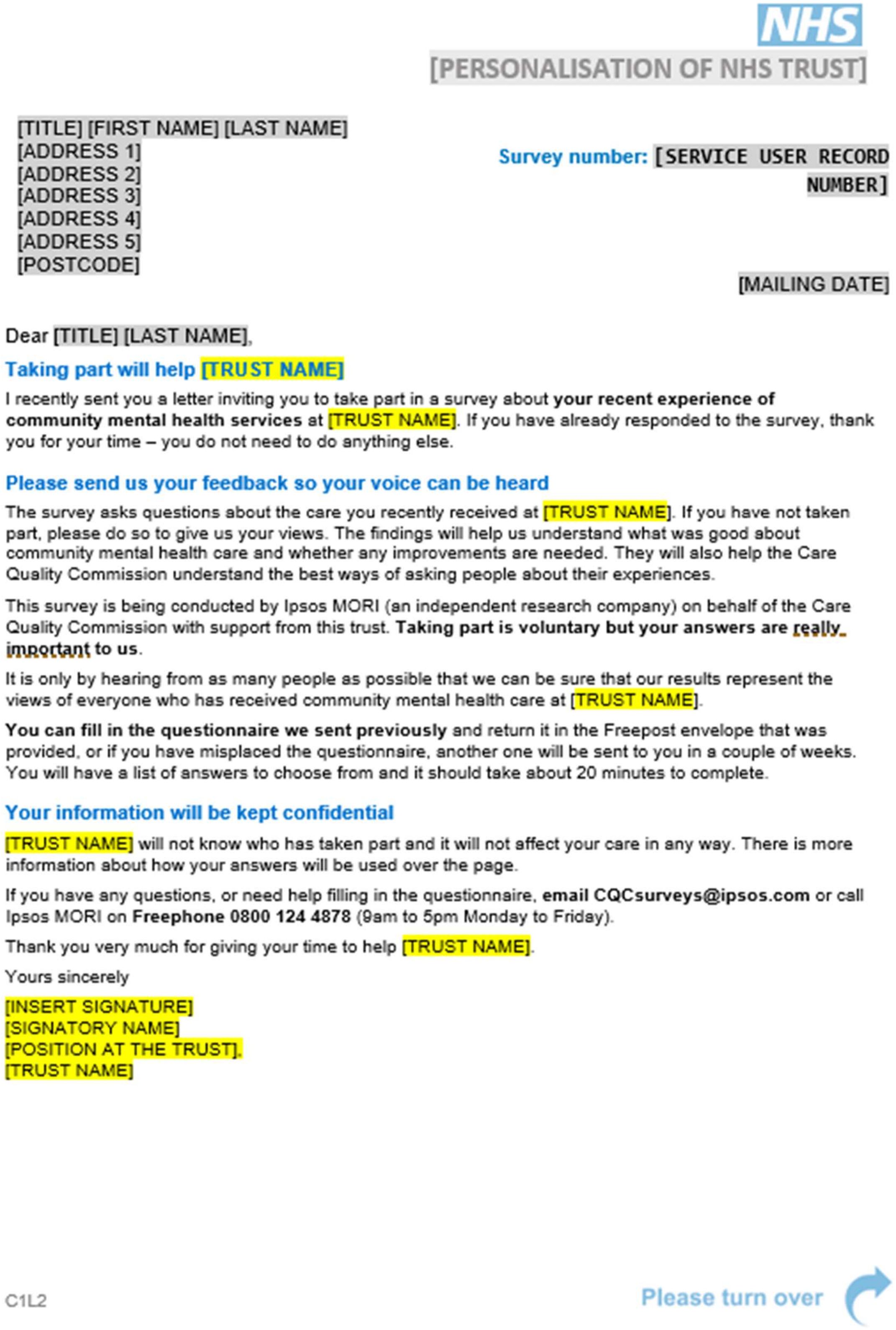
If you would like someone to help you complete the survey it's fine to ask a friend, relative or carer to help, but please make sure the answers are only about your experiences.
If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint, please call **Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.**

C1L1

Appendix B.2: Mailing 2



NHS
[PERSONALISATION OF NHS TRUST]

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: [SERVICE USER RECORD NUMBER]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Taking part will help [TRUST NAME]

I recently sent you a letter inviting you to take part in a survey about **your recent experience of community mental health services at** [TRUST NAME]. If you have already responded to the survey, thank you for your time – you do not need to do anything else.

Please send us your feedback so your voice can be heard

The survey asks questions about the care you recently received at [TRUST NAME]. If you have not taken part, please do so to give us your views. The findings will help us understand what was good about community mental health care and whether any improvements are needed. They will also help the Care Quality Commission understand the best ways of asking people about their experiences.

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. **Taking part is voluntary but your answers are really important to us.**

It is only by hearing from as many people as possible that we can be sure that our results represent the views of everyone who has received community mental health care at [TRUST NAME].

You can fill in the questionnaire we sent previously and return it in the Freepost envelope that was provided, or if you have misplaced the questionnaire, another one will be sent to you in a couple of weeks. You will have a list of answers to choose from and it should take about 20 minutes to complete.

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 124 4878** (9am to 5pm Monday to Friday).

Thank you very much for giving your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]
[SIGNATORY NAME]
[POSITION AT THE TRUST],
[TRUST NAME]

C1L2

Please turn over

Why are you carrying out this survey and why have I been invited?

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

The NHS Community Mental Health Survey will use the feedback you provide to help the trust improve community mental health services, so they better meet the needs of service users. The overall findings from this study will be published in the spring of 2022 and you will be able to see these results by visiting the website at https://nhssurveys.org/. Last year's survey can be found online at: https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2020

Your name has been chosen as you used the community mental health services of [TRUST NAME] between 1st May – 31st July 2021.

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The contact details you provided to the trust as part of your care have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will keep your contact details confidential and destroy them once the survey is over.

What happens to my answers?

Your answers are anonymised and then put together with the answers of other people to provide results for your trust and England as a whole. Your information will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 124 4878** or **email CQCsurveys@ipsos.com stating "opt-out" and your Survey ID number** (this number is written on the front page of this letter).

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend, relative or carer to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

When do I need to complete the survey by?

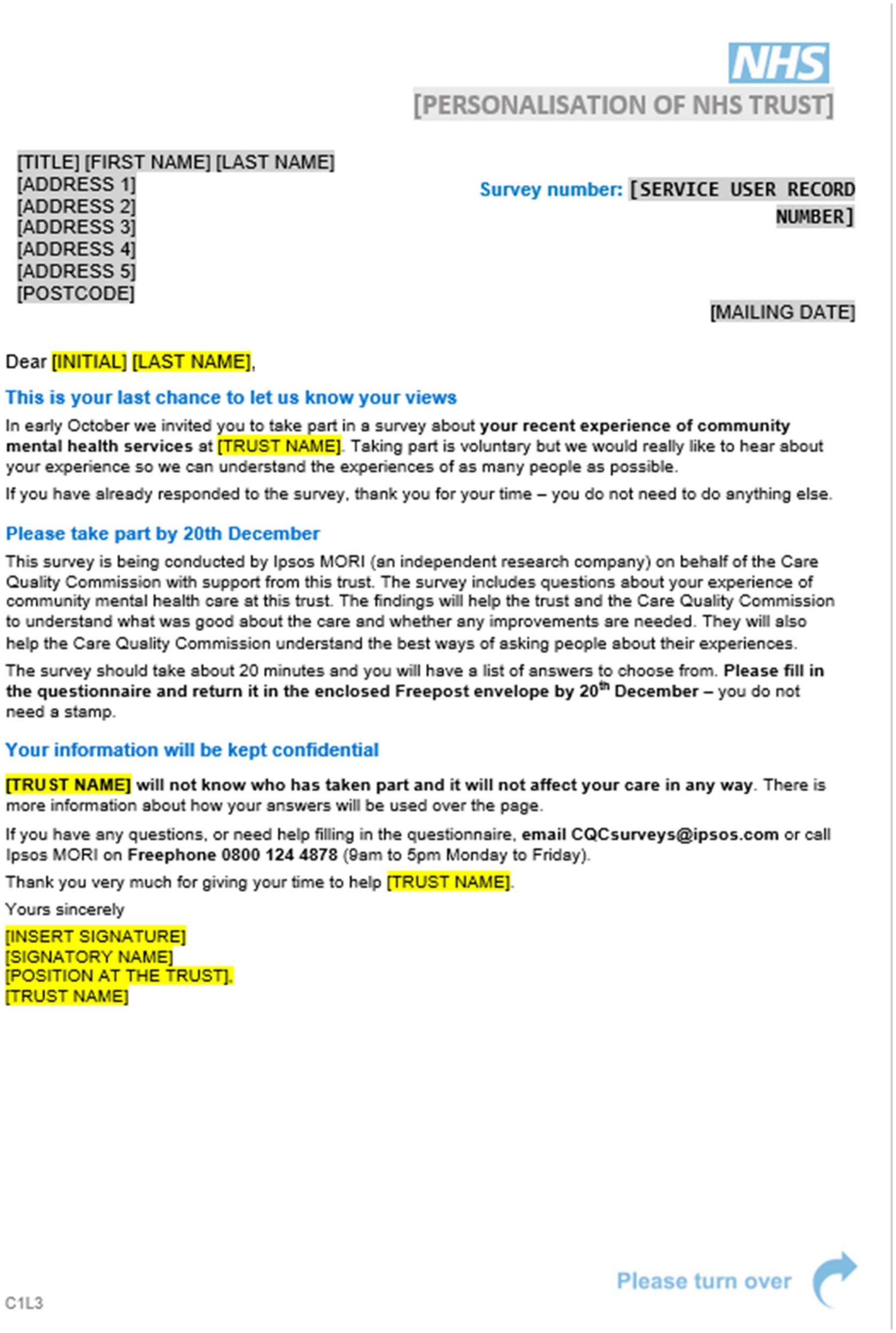
Please complete the survey as soon as you can. If you are not able to complete the survey today, please do so by 20th December at the latest.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint, please call **Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.**

C1L2

Appendix B.3: Mailing 3



NHS
[PERSONALISATION OF NHS TRUST]

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: [SERVICE USER RECORD NUMBER]

[MAILING DATE]

Dear [INITIAL] [LAST NAME],

This is your last chance to let us know your views

In early October we invited you to take part in a survey about **your recent experience of community mental health services** at [TRUST NAME]. Taking part is voluntary but we would really like to hear about your experience so we can understand the experiences of as many people as possible.

If you have already responded to the survey, thank you for your time – you do not need to do anything else.

Please take part by 20th December

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. The survey includes questions about your experience of community mental health care at this trust. The findings will help the trust and the Care Quality Commission to understand what was good about the care and whether any improvements are needed. They will also help the Care Quality Commission understand the best ways of asking people about their experiences.

The survey should take about 20 minutes and you will have a list of answers to choose from. **Please fill in the questionnaire and return it in the enclosed Freepost envelope by 20th December** – you do not need a stamp.

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 124 4878** (9am to 5pm Monday to Friday).

Thank you very much for giving your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]
[SIGNATORY NAME]
[POSITION AT THE TRUST].
[TRUST NAME]

Please turn over

C1L3

Why are you carrying out this survey and why have I been invited?

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

The NHS Community Mental Health Survey will use the feedback you provide to help the trust improve community mental health services, so they better meet the needs of service users. The overall findings from this study will be published in the spring of 2022 and you will be able to see these results by visiting the website at https://nhssurveys.org/. Last year's survey can be found online at: https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2020

Your name has been chosen as you used the community mental health services of [TRUST NAME] between 1st May – 31st July 2021.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [**privacy statement on Trust website**]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

The contact details you provided to the trust as part of your care have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will keep your contact details confidential and destroy them once the survey is over.

What happens to my answers?

Your answers are anonymised and then put together with the answers of other people to provide results for your trust and England as a whole. Your information will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 124 4878 or email CQCsurveys@ipsos.com stating "opt-out" and your Survey ID number** (this number is written on the front page of this letter).

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend, relative or carer to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

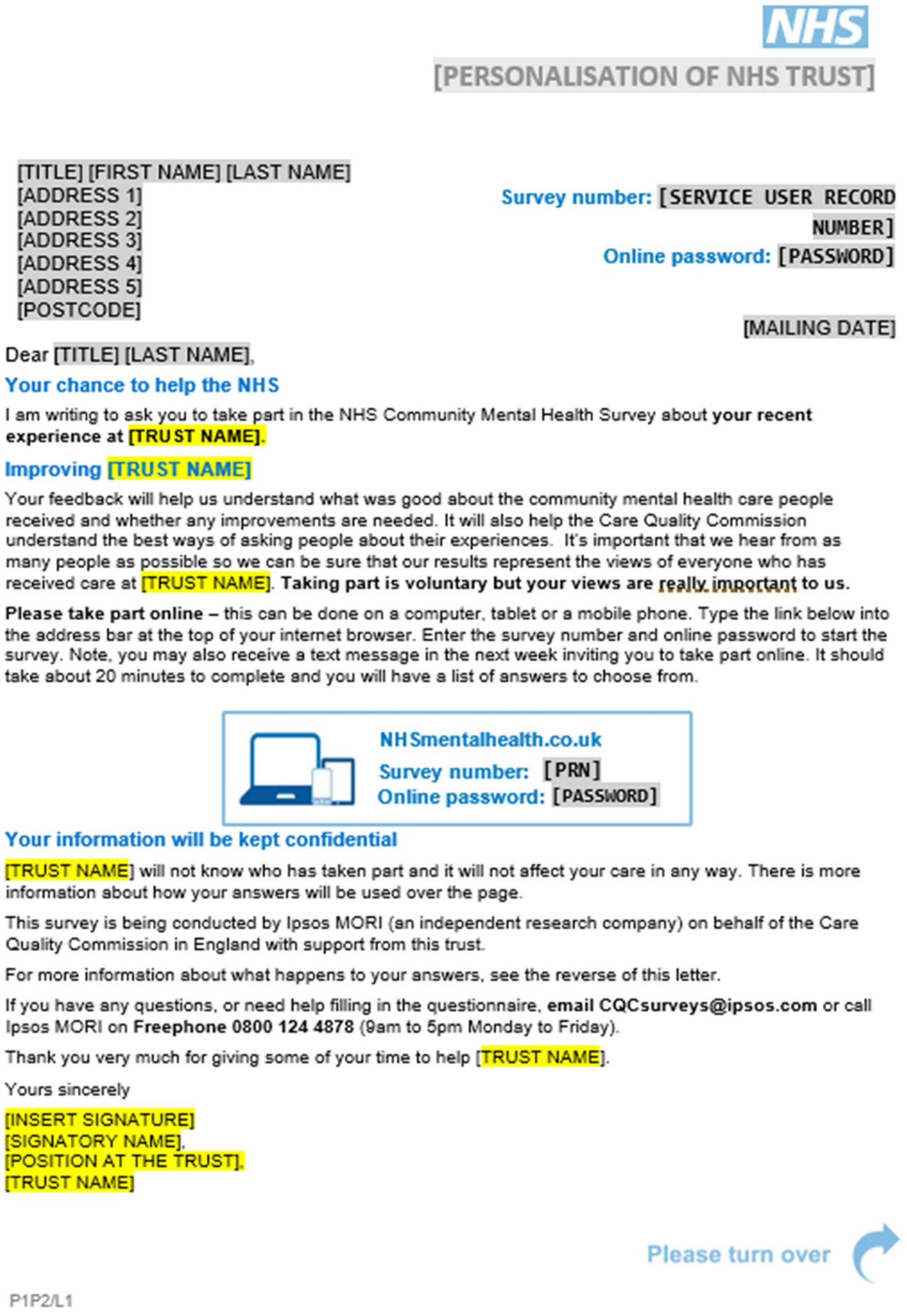
Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint, please call **Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.**

C1L3

Appendix C: Pilot Invitation Letters

Appendix C.1: Mailing 1 (Pilot groups 1 and 2)



NHS
[PERSONALISATION OF NHS TRUST]

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: [SERVICE USER RECORD NUMBER]
Online password: [PASSWORD]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Your chance to help the NHS

I am writing to ask you to take part in the NHS Community Mental Health Survey about **your recent experience at [TRUST NAME].**

Improving [TRUST NAME]

Your feedback will help us understand what was good about the community mental health care people received and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences. It's important that we hear from as many people as possible so we can be sure that our results represent the views of everyone who has received care at [TRUST NAME]. **Taking part is voluntary but your views are really important to us.**

Please take part online – this can be done on a computer, tablet or a mobile phone. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey. Note, you may also receive a text message in the next week inviting you to take part online. It should take about 20 minutes to complete and you will have a list of answers to choose from.

NHSmentalhealth.co.uk
Survey number: [PRN]
Online password: [PASSWORD]

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission in England with support from this trust.

For more information about what happens to your answers, see the reverse of this letter.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 124 4878** (9am to 5pm Monday to Friday).

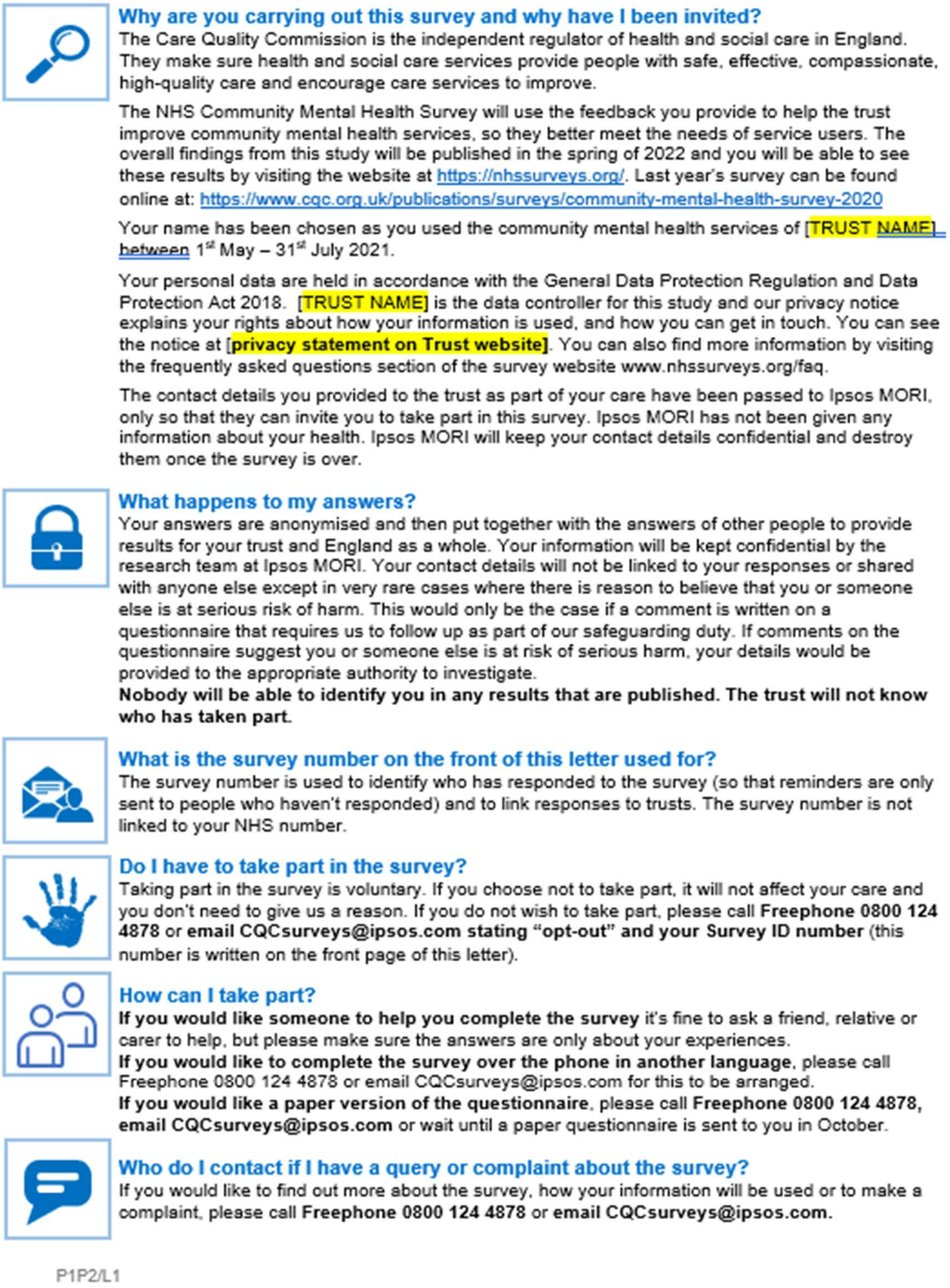
Thank you very much for giving some of your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]
[SIGNATORY NAME].
[POSITION AT THE TRUST].
[TRUST NAME]

Please turn over

P1P2/L1



Why are you carrying out this survey and why have I been invited?

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

The NHS Community Mental Health Survey will use the feedback you provide to help the trust improve community mental health services, so they better meet the needs of service users. The overall findings from this study will be published in the spring of 2022 and you will be able to see these results by visiting the website at https://nhssurveys.org/. Last year's survey can be found online at: https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2020

Your name has been chosen as you used the community mental health services of [TRUST NAME] between 1st May – 31st July 2021.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [**privacy statement on Trust website**]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

The contact details you provided to the trust as part of your care have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will keep your contact details confidential and destroy them once the survey is over.

What happens to my answers?

Your answers are anonymised and then put together with the answers of other people to provide results for your trust and England as a whole. Your information will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 124 4878** or **email CQCsurveys@ipsos.com stating "opt-out" and your Survey ID number** (this number is written on the front page of this letter).

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend, relative or carer to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

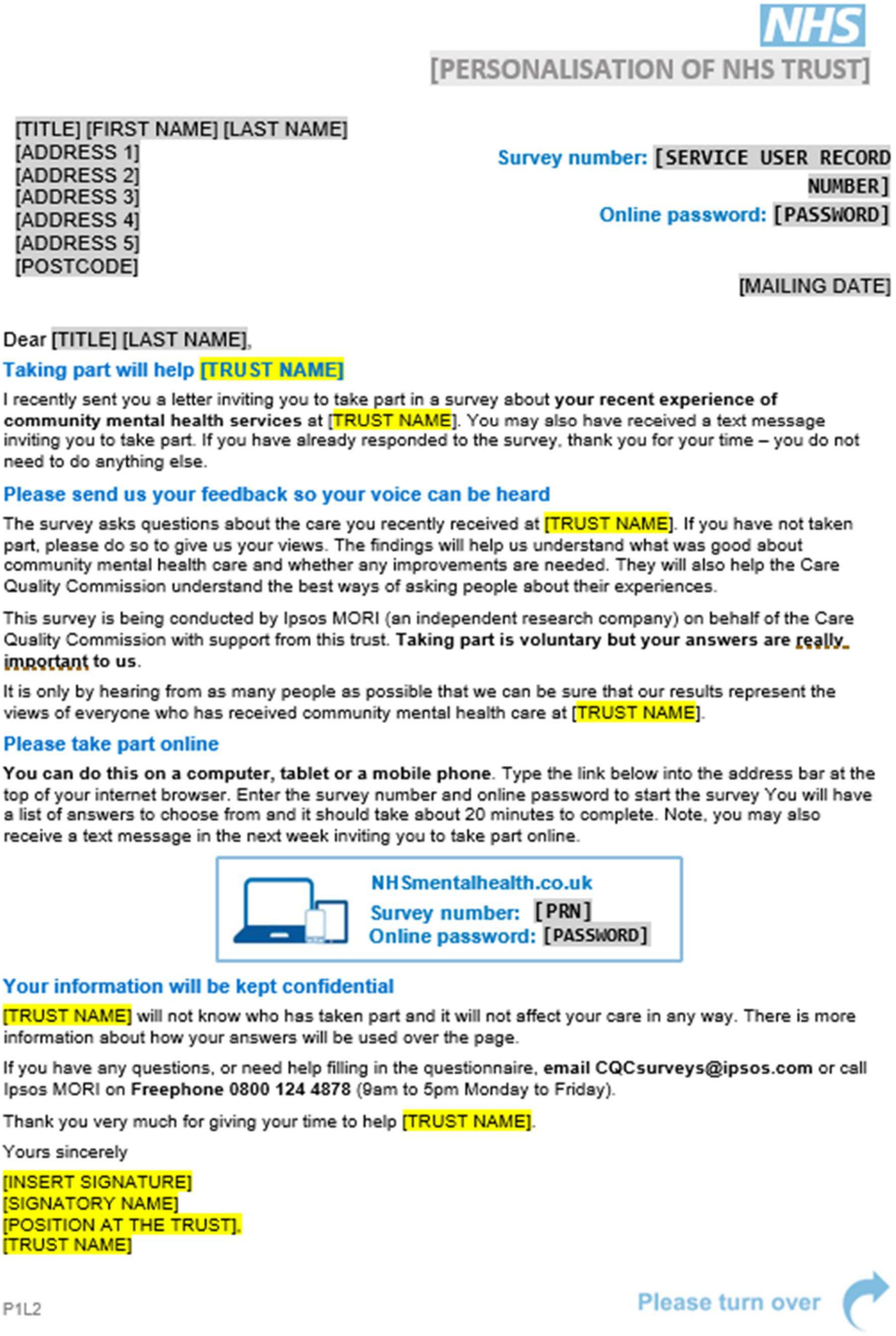
If you would like a paper version of the questionnaire, please call **Freephone 0800 124 4878, email CQCsurveys@ipsos.com** or wait until a paper questionnaire is sent to you in October.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint, please call **Freephone 0800 124 4878** or **email CQCsurveys@ipsos.com.**

P1P2/L1

Appendix C.2: Mailing 2 (Pilot group 1)



NHS
[PERSONALISATION OF NHS TRUST]

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: `[SERVICE USER RECORD NUMBER]`
Online password: `[PASSWORD]`

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Taking part will help [TRUST NAME]

I recently sent you a letter inviting you to take part in a survey about **your recent experience of community mental health services** at [TRUST NAME]. You may also have received a text message inviting you to take part. If you have already responded to the survey, thank you for your time – you do not need to do anything else.

Please send us your feedback so your voice can be heard

The survey asks questions about the care you recently received at [TRUST NAME]. If you have not taken part, please do so to give us your views. The findings will help us understand what was good about community mental health care and whether any improvements are needed. They will also help the Care Quality Commission understand the best ways of asking people about their experiences.

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. **Taking part is voluntary but your answers are really important to us.**

It is only by hearing from as many people as possible that we can be sure that our results represent the views of everyone who has received community mental health care at [TRUST NAME].

Please take part online

You can do this on a computer, tablet or a mobile phone. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey You will have a list of answers to choose from and it should take about 20 minutes to complete. Note, you may also receive a text message in the next week inviting you to take part online.

NHSmentalhealth.co.uk
Survey number: `[PRN]`
Online password: `[PASSWORD]`

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 124 4878** (9am to 5pm Monday to Friday).

Thank you very much for giving your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]
[SIGNATORY NAME]
[POSITION AT THE TRUST],
[TRUST NAME]

P1L2

Please turn over

Why are you carrying out this survey and why have I been invited?

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

The NHS Community Mental Health Survey will use the feedback you provide to help the trust improve community mental health services, so they better meet the needs of service users. The overall findings from this study will be published in the spring of 2022 and you will be able to see these results by visiting the website at https://nhssurveys.org/. Last year's survey can be found online at: https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2020

Your name has been chosen as you used the community mental health services of [TRUST NAME] between 1st May – 31st July 2021.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [**privacy statement on Trust website**]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

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What happens to my answers?

Your answers are anonymised and then put together with the answers of other people to provide results for your trust and England as a whole. Your information will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

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If you would like a paper version of the questionnaire, please call **Freephone 0800 124 4878, email CQCsurveys@ipsos.com** or wait until a paper questionnaire is sent to you in October.

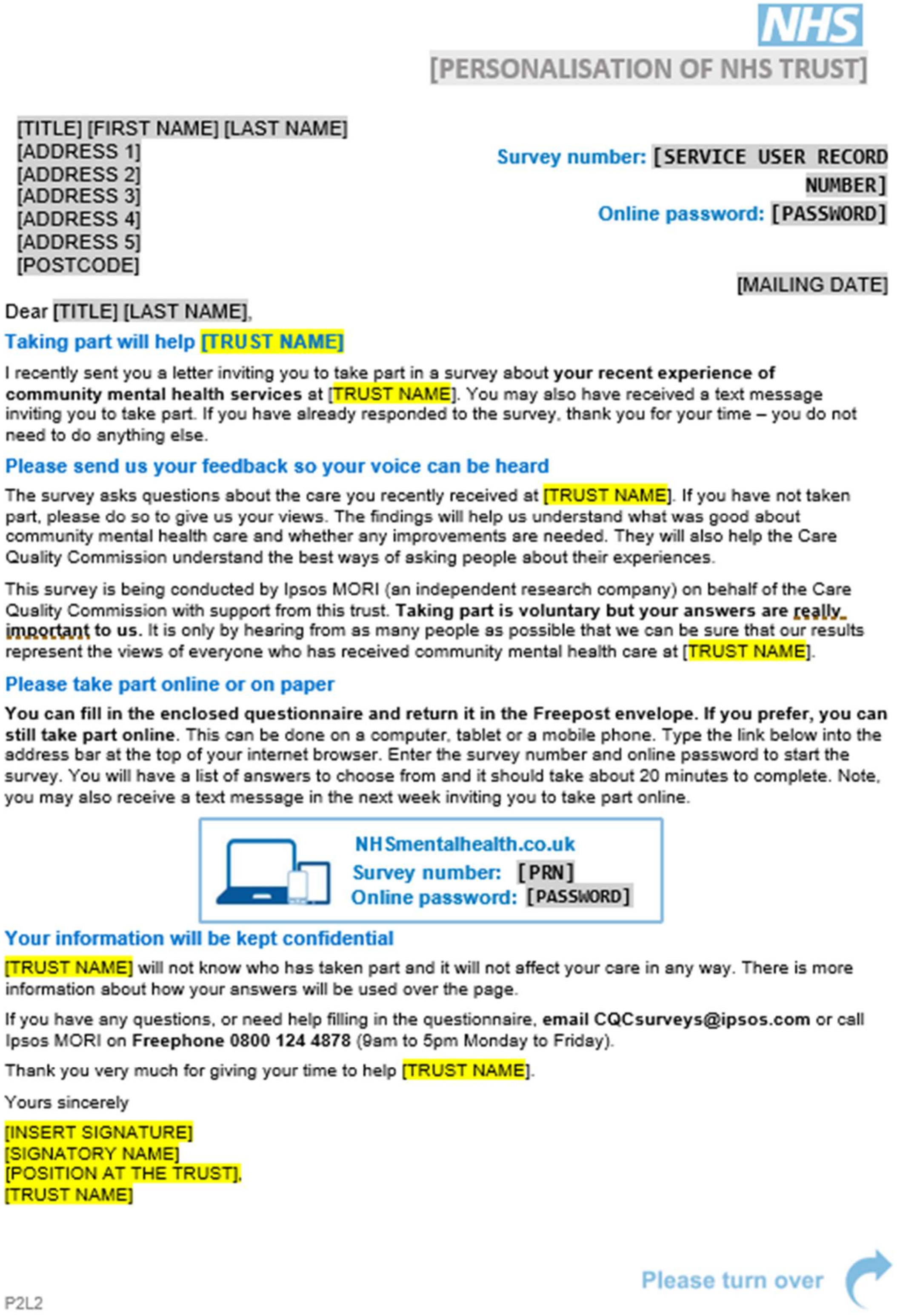
When do I need to complete the survey by?

Please complete the survey as soon as you can. If you are not able to complete the survey today, please do so by 20th December at the latest.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint, please call **Freephone 0800 124 4878** or **email CQCsurveys@ipsos.com.**

Appendix C.3: Mailing 2 (Pilot group 2)



NHS
[PERSONALISATION OF NHS TRUST]

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: `[SERVICE USER RECORD NUMBER]`
Online password: `[PASSWORD]`

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Taking part will help [TRUST NAME]

I recently sent you a letter inviting you to take part in a survey about **your recent experience of community mental health services** at [TRUST NAME]. You may also have received a text message inviting you to take part. If you have already responded to the survey, thank you for your time – you do not need to do anything else.

Please send us your feedback so your voice can be heard

The survey asks questions about the care you recently received at [TRUST NAME]. If you have not taken part, please do so to give us your views. The findings will help us understand what was good about community mental health care and whether any improvements are needed. They will also help the Care Quality Commission understand the best ways of asking people about their experiences.

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. **Taking part is voluntary but your answers are really important to us.** It is only by hearing from as many people as possible that we can be sure that our results represent the views of everyone who has received community mental health care at [TRUST NAME].

Please take part online or on paper

You can fill in the enclosed questionnaire and return it in the Freepost envelope. If you prefer, you can still take part online. This can be done on a computer, tablet or a mobile phone. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey. You will have a list of answers to choose from and it should take about 20 minutes to complete. Note, you may also receive a text message in the next week inviting you to take part online.

NHSmentalhealth.co.uk
Survey number: `[PRN]`
Online password: `[PASSWORD]`

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 124 4878** (9am to 5pm Monday to Friday).

Thank you very much for giving your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]
[SIGNATORY NAME]
[POSITION AT THE TRUST],
[TRUST NAME]

Please turn over

P2L2

Why are you carrying out this survey and why have I been invited?

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

The NHS Community Mental Health Survey will use the feedback you provide to help the trust improve community mental health services, so they better meet the needs of service users. The overall findings from this study will be published in the spring of 2022 and you will be able to see these results by visiting the website at https://nhssurveys.org/. Last year's survey can be found online at: https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2020

Your name has been chosen as you used the community mental health services of [TRUST NAME] between 1st May – 31st July 2021.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [**privacy statement on Trust website**]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

The contact details you provided to the trust as part of your care have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will keep your contact details confidential and destroy them once the survey is over.

What happens to my answers?

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Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

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Do I have to take part in the survey?

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How can I take part?

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If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

When do I need to complete the survey by?

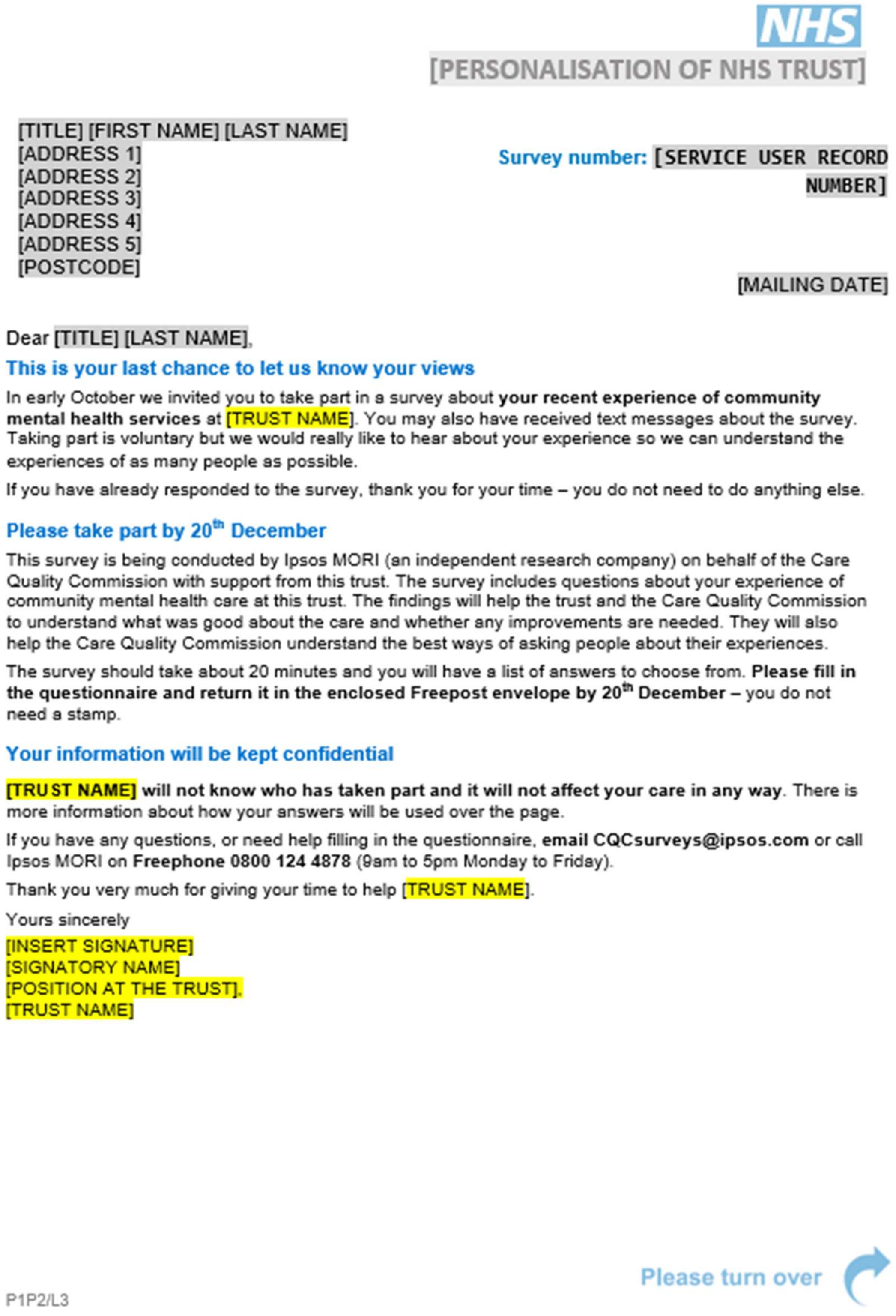
Please complete the survey as soon as you can. If you are not able to complete the survey today, please do so by 20th December at the latest.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint, please call **Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.**

P2L2

Appendix C.4: Mailing 3 (Pilot groups 1 and 2)



[PERSONALISATION OF NHS TRUST]

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: [SERVICE USER RECORD NUMBER]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

This is your last chance to let us know your views

In early October we invited you to take part in a survey about **your recent experience of community mental health services** at [TRUST NAME]. You may also have received text messages about the survey. Taking part is voluntary but we would really like to hear about your experience so we can understand the experiences of as many people as possible.

If you have already responded to the survey, thank you for your time – you do not need to do anything else.

Please take part by 20th December

This survey is being conducted by Ipsos MORI (an independent research company) on behalf of the Care Quality Commission with support from this trust. The survey includes questions about your experience of community mental health care at this trust. The findings will help the trust and the Care Quality Commission to understand what was good about the care and whether any improvements are needed. They will also help the Care Quality Commission understand the best ways of asking people about their experiences.

The survey should take about 20 minutes and you will have a list of answers to choose from. **Please fill in the questionnaire and return it in the enclosed Freepost envelope by 20th December** – you do not need a stamp.

Your information will be kept confidential

[TRUST NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, **email CQCsurveys@ipsos.com** or call Ipsos MORI on **Freephone 0800 124 4878** (9am to 5pm Monday to Friday).

Thank you very much for giving your time to help [TRUST NAME].

Yours sincerely

[INSERT SIGNATURE]
[SIGNATORY NAME]
[POSITION AT THE TRUST],
[TRUST NAME]

Please turn over

P1P2/L3

Why are you carrying out this survey and why have I been invited?

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

The NHS Community Mental Health Survey will use the feedback you provide to help the trust improve community mental health services, so they better meet the needs of service users. The overall findings from this study will be published in the spring of 2022 and you will be able to see these results by visiting the website at https://nhssurveys.org/. Last year's survey can be found online at: https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2020

Your name has been chosen as you used the community mental health services of [TRUST NAME] between 1st May – 31st July 2021.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [**privacy statement on Trust website**]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

The contact details you provided to the trust as part of your care have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will keep your contact details confidential and destroy them once the survey is over.

What happens to my answers?

Your answers are anonymised and then put together with the answers of other people to provide results for your trust and England as a whole. Your information will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 124 4878 or email CQCsurveys@ipsos.com stating "opt-out" and your Survey ID number** (this number is written on the front page of this letter).

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend, relative or carer to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

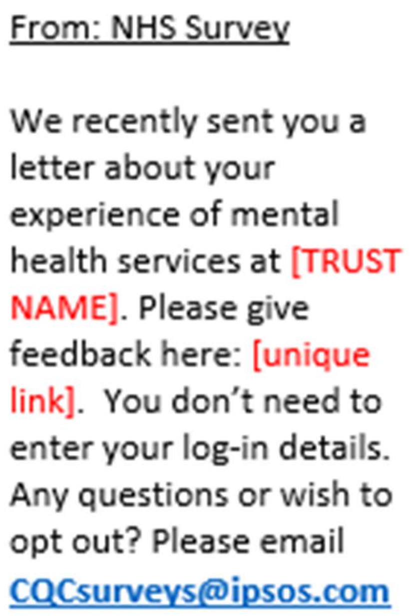
Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint, please call **Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.**

P1P2/L3

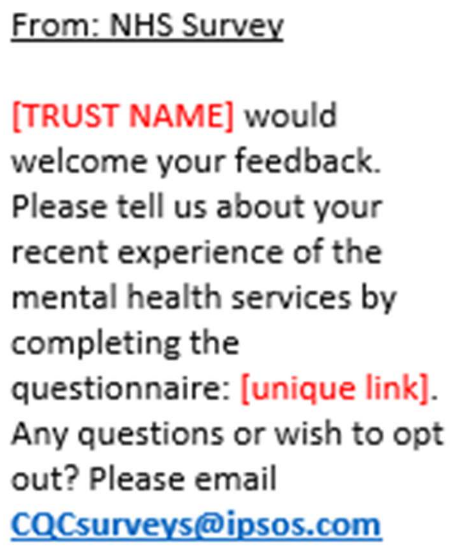
Appendix D: SMS

Appendix D.1: SMS 1


From: NHS Survey

We recently sent you a letter about your experience of mental health services at [TRUST NAME]. Please give feedback here: [unique link]. You don't need to enter your log-in details. Any questions or wish to opt out? Please email CQCsurveys@ipsos.com

Appendix D.2: SMS 2


From: NHS Survey

[TRUST NAME] would welcome your feedback. Please tell us about your recent experience of the mental health services by completing the questionnaire: [unique link]. Any questions or wish to opt out? Please email CQCsurveys@ipsos.com

Appendix E: Dissent Poster

How was your experience?

NHS Community Mental Health Survey 2021

Your trust is conducting a survey to find out what service users think about their care.

This is part of a national programme to **improve the quality of care and service users' experiences.** Taking part in the survey is **voluntary** and all answers are **confidential**.

If you are selected to take part, you will receive a questionnaire in the post and text message reminders.

If you **do not** want to take part, or have any questions about the survey please contact;

- Trust phone number (required)
- Trust email address (if available)
- Trust Address (if available)

Appendix F: Changes to the questionnaire

The following changes were made to the mainstage 2020 Community Mental Health questionnaire to ensure its suitability for online completion and adherence to best-practice guidelines:

- It was put into the Coordination Centre for Mixed Method's template
- Q36 (overall experience) was updated to be appropriate for an online survey. This was to match the format of this question shown in the Maternity and Inpatients surveys.
- The freetext questions were removed (and an additional one added to the online survey to capture any issues associated with online completion)
- The gender question was updated to be inclusive
- The two long term condition questions were updated to match the approach followed on the Inpatient survey.
- Text on a small number of questions was updated based on the questionnaire review conducted as part of the initial scoping stage.

Appendix G: Question responses (unweighted)

Participants who stated that they didn't know / couldn't remember (or similar) have been excluded from each question reported here.

		Control (n= 1,393)	Pilot 1 (n= 566)	Pilot 2 (n= 729)
Q1. When was the last time you saw someone from NHS mental health services? (This includes contact in person, via video call and telephone)	In the last 12 months	94.5%	95.9%	94.8%
	More than 12 months ago	5.5%	4.1%	5.2%

		Control (n= 1,361)	Pilot 1 (n= 557)	Pilot 2 (n= 697)
Q2. Overall, how long have you been in contact with NHS mental health services?	Less than 1 year	23.1%	25.7%	23.5%
	1 to 5 years	35.0%	37.3%	33.0%
	6 to 10 years	13.3%	13.1%	13.2%
	More than 10 years	28.6%	23.9%	30.3%

		Control (n= 1,394)	Pilot 1 (n= 578)	Pilot 2 (n= 736)
Q3. In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? (This includes contact in person, via video call and telephone)	Yes, definitely	41.2%	38.2%	36.7%
	Yes, to some extent	31.9%	29.9%	30.3%
	No	26.5%	31.3%	32.5%
	It is too often	0.4%	0.5%	0.5%

		Control (n= 1,383)	Pilot 1 (n= 572)	Pilot 2 (n= 729)
Q4. In the last 12 months, were care and services available when you needed them?	Yes, always	49.0%	43.4%	43.6%
	Yes, sometimes	28.9%	29.5%	27.7%
	No	17.4%	21.7%	22.4%
	Service(s) were available, but not the service I needed	4.8%	5.4%	6.3%

		Control (n=1,148)	Pilot 1 (n=475)	Pilot 2 (n=621)
Q5. Were you informed how the care and treatment you were receiving would change	Yes, definitely	48.1%	38.7%	44.9%
	Yes, to some extent	30.5%	38.9%	31.9%

due to the coronavirus pandemic?	No	21.4%	22.3%	23.2%

		Control (n=990)	Pilot 1 (n=413)	Pilot 2 (n=541)
Q6. Do you feel changes in your care and treatment due to the coronavirus pandemic affected your mental health?	Yes, my mental health improved	6.0%	5.1%	7.6%
	Yes, my mental health got worse	47.0%	56.4%	51.6%
	No, the changes did not affect my mental health	47.1%	38.5%	40.9%

		Control (n=1,364)	Pilot 1 (n=574)	Pilot 2 (n=731)
Q7. Were you given enough time to discuss your needs and treatment?	Yes, definitely	52.6%	53.1%	50.2%
	Yes, to some extent	30.2%	28.6%	30.2%
	No	17.2%	18.3%	19.6%

		Control (n=1,369)	Pilot 1 (n=568)	Pilot 2 (n=715)
Q8. Did the person or people you saw understand how your mental health needs affect other areas of your life? (This includes contact in person, via video call and telephone)?	Yes, definitely	50.8%	49.3%	49.7%
	Yes, to some extent	32.2%	31.0%	29.5%
	No	17.0%	19.7%	20.8%

		Control (n=1,295)	Pilot 1 (n=537)	Pilot 2 (n=684)
Q9. Did the person or people you saw appear to be aware of your treatment history? (This includes contact in person, via video call and telephone)	Yes, completely	47.8%	45.6%	49.7%
	Yes, to some extent	37.9%	37.6%	31.4%
	No	14.3%	16.8%	18.9%

		Control (n=1,198)	Pilot 1 (n=491)	Pilot 2 (n=619)
Q10. Have you been told who is in charge of organising your care and services? (This person can be anyone providing	Yes	72.7%	69.7%	66.4%

your care, and may be called a “care coordinator” or “lead professional”)	No	27.3%	30.3%	33.6%

		Control (n=859)	Pilot 1 (n=337)	Pilot 2 (n=405)
Q11. Is the main person in charge of organising your care and services...	A GP	21.0%	16.6%	18.8%
	Another type of NHS health or social care worker (e.g. a community psychiatric nurse, psychotherapist, mental health support worker etc).	78.3%	77.2%	78.3%

		Control (n=659)	Pilot 1 (n=263)	Pilot 2 (n=317)
Q12. Do you know how to contact this person if you have a concern about your care?	Yes	97.0%	95.4%	95.6%
	No	3.0%	4.6%	4.4%

		Control (n=680)	Pilot 1 (n=277)	Pilot 2 (n=332)
Q13. How well does this person organise the care and services you need?	Very well	56.9%	51.3%	58.4%
	Quite well	32.4%	35.0%	30.4%
	Not very well	6.9%	10.5%	7.8%
	Not at all well	3.8%	3.2%	3.3%

		Control (n=1,405)	Pilot 1 (n=586)	Pilot 2 (n=742)
Q14. Have you agreed with someone from NHS mental health services what care you will receive?	Yes, definitely	40.1%	39.9%	38.1%
	Yes, to some extent	39.2%	37.0%	36.9%
	No	20.6%	23.0%	24.9%

		Control (n=1,060)	Pilot 1 (n=428)	Pilot 2 (n=529)
Q15. Were you involved as much as you wanted to be in agreeing what care you will receive?	Yes, definitely	52.3%	48.1%	49.1%
	Yes, to some extent	38.2%	41.8%	38.2%
	No, but I wanted to be	9.5%	10.0%	12.7%

		Control (n=1,038)	Pilot 1 (n=422)	Pilot 2 (n=517)

Q16. Does this agreement on what care you will receive take into account your needs in other areas of your life?	Yes, definitely	41.8%	41.9%	42.7%
	Yes, to some extent	43.4%	42.2%	39.7%
	No	14.8%	15.9%	17.6%

		Control (n=1,049)	Pilot 1 (n=422)	Pilot 2 (n=548)
Q17. In the last 12 months, have you had a specific meeting with someone from NHS mental health services to discuss how your care is working?	Yes	71.1%	64.2%	66.6%
	No	28.9%	35.8%	33.4%

		Control (n=722)	Pilot 1 (n=260)	Pilot 2 (n=355)
Q18. Did you feel that decisions were made together by you and the person you saw during this discussion? (This includes contact in person, via video call and telephone)	Yes, definitely	57.5%	57.3%	56.3%
	Yes, to some extent	33.8%	33.5%	29.6%
	No	8.7%	9.2%	14.1%

		Control (n=1,275)	Pilot 1 (n=523)	Pilot 2 (n=659)
Q19. Would you know who to contact out of office hours within the NHS if you had a crisis? This should be a person or a team within NHS mental health services	Yes	73.2%	74.4%	73.7%
	No	26.8%	25.6%	26.3%

		Control (n=663)	Pilot 1 (n=274)	Pilot 2 (n=358)
Q20. Thinking about the last time you tried to contact this person or team about a crisis, did you get the help you needed?	Yes, definitely	43.7%	39.8%	45.8%
	Yes, to some extent	30.2%	27.0%	29.3%
	No	23.7%	29.9%	23.2%
	I could not contact them	2.4%	3.3%	1.7%

		Control (n=1,419)	Pilot 1 (n=596)	Pilot 2 (n=742)

Q21. In the last 12 months, have you been receiving any medicines for your mental health needs?	Yes	85.2%	79.2%	79.8%
	No	14.8%	20.8%	20.2%

		Control (n=1,177)	Pilot 1 (n=458)	Pilot 2 (n=578)
Q22. Has the purpose of your medicines ever been discussed with you?	Yes, definitely	61.3%	59.6%	61.2%
	Yes, to some extent	31.4%	33.6%	32.0%
	No	7.2%	6.8%	6.7%

		Control (n=1,159)	Pilot 1 (n=450)	Pilot 2 (n=565)
Q23. Have the possible side effects of your medicines ever been discussed with you?	Yes, definitely	41.5%	37.1%	45.3%
	Yes, to some extent	34.2%	34.9%	30.8%
	No	24.3%	28.0%	23.9%

		Control (n=1,082)	Pilot 1 (n=416)	Pilot 2 (n=543)
Q24. Do you feel your medicines have helped your mental health?	Yes, definitely	40.7%	39.4%	43.3%
	Yes, to some extent	43.8%	41.1%	42.7%
	No	15.5%	19.5%	14.0%

		Control (n=1,178)	Pilot 1 (n=458)	Pilot 2 (n=575)
Q25. Have you been receiving any medicines for your mental health needs for 12 months or longer?	Yes	85.5%	85.2%	85.4%
	No	14.5%	14.8%	14.6%

		Control (n=963)	Pilot 1 (n=377)	Pilot 2 (n=470)
Q26. 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?)	Yes	76.2%	75.6%	73.2%
	No	23.8%	24.4%	26.8%

		Control (n=826)	Pilot 1 (n=372)	Pilot 2 (n=465)

Q27. In the last 12 months, have you received any NHS talking therapies for your mental health needs that do not involve medicines?	Yes	58.8%	56.7%	54.2%
	No, but I would have liked this	41.2%	43.3%	45.8%

		Control (n=472)	Pilot 1 (n=206)	Pilot 2 (n=250)
Q28. Were these NHS talking therapies explained to you in a way you could understand?	Yes, completely	62.5%	68.4%	58.8%
	Yes, to some extent	32.2%	27.2%	36.0%
	No	5.3%	4.4%	5.2%

		Control (n=439)	Pilot 1 (n=185)	Pilot 2 (n=229)
Q29. Were you involved as much as you wanted to be in deciding what NHS talking therapies to use?	Yes, definitely	49.0%	51.9%	45.0%
	Yes, to some extent	37.1%	37.8%	36.2%
	No, but I wanted to be	13.9%	10.3%	18.8%

		Control (n=414)	Pilot 1 (n=182)	Pilot 2 (n=222)
Q30. Do you feel your NHS talking therapies have helped your mental health?	Yes, definitely	42.0%	36.8%	38.7%
	Yes, to some extent	41.8%	41.2%	45.5%
	No	16.2%	22.0%	15.8%

		Control (n=410)	Pilot 1 (n=176)	Pilot 2 (n=226)
Q31. Overall, how did you feel about the length of time you waited before receiving NHS talking therapies?	The waiting time was appropriate	56.6%	52.8%	56.2%
	The waiting time was too long	42.7%	46.0%	42.5%
	The waiting time was too short	0.7%	1.1%	1.3%

		Control (n=835)	Pilot 1 (n=348)	Pilot 2 (n=467)
Q32. In the last 12 months, did NHS mental health services support you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?	Yes, definitely	32.8%	25.0%	31.3%
	Yes, to some extent	31.5%	31.9%	26.6%
	No, but I would have liked support	35.7%	43.1%	42.2%

		Control (n=793)	Pilot 1 (n=352)	Pilot 2 (n=437)
Q33. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	Yes, definitely	26.7%	24.1%	24.9%
	Yes, to some extent	24.0%	33.0%	26.3%
	No, but I would have liked help or advice with finding support	49.3%	42.9%	48.7%

		Control (n=412)	Pilot 1 (n=187)	Pilot 2 (n=232)
Q34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?	Yes, definitely	25.0%	20.9%	26.7%
	Yes, to some extent	30.6%	35.3%	26.7%
	No, but I would have liked help or advice with finding support	44.4%	43.9%	46.6%

		Control (n=966)	Pilot 1 (n=405)	Pilot 2 (n=488)
Q35. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	Yes, definitely	53.2%	44.2%	49.6%
	Yes, to some extent	24.0%	25.4%	26.0%
	No, not as much as I would like	19.2%	26.4%	21.7%
	No, they have involved them too much	3.6%	4.0%	2.7%

		Control (n=1,398)	Pilot 1 (n=587)	Pilot 2 (n=737)
Q36. Overall, how were your experiences of community mental health services?	0 (I had a very poor experience)	5.9%	8.9%	8.4%
	1	1.8%	1.7%	3.5%
	2	3.6%	3.9%	4.6%
	3	4.0%	5.1%	4.6%
	4	5.0%	4.4%	4.2%
	5	10.9%	8.7%	9.9%
	6	6.3%	7.8%	7.9%
	7	11.9%	11.8%	10.7%
	8	16.1%	12.9%	13.6%
	9	9.6%	11.2%	8.1%

	10 (I had a very good experience)	24.7%	23.5%	24.4%

		Control (n=1,413)	Pilot 1 (n=591)	Pilot 2 (n=741)
Q37. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	Yes, always	73.2%	67.9%	68.0%
	Yes, sometimes	19.3%	24.2%	22.3%
	No	7.4%	8.0%	9.7%

		Control (n=1,194)	Pilot 1 (n=489)	Pilot 2 (n=623)
Q38. Aside from in this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	Yes	18.9%	19.8%	22.5%
	No	81.1%	80.2%	77.5%

Appendix H: Overall adjusted response rate by trust

	Control	Pilot 1	Pilot 2
Trust 1	25.4%	22.4%	26.8%
Trust 2	26.5%	20.9%	27.6%
Trust 3	28.9%	17.2%*^	26.8%
Trust 4	26.3%	24.4%	22.0%
Trust 5	20.6%	21.4%	29.8%*
Trust 6	25.9%	18.1%*	26.9%
Trust 7	23.5%	25.6%	26.9%
Trust 8	19.8%	16.7%	18.3%
Trust 9	24.0%	22.7%	23.6%
Trust 10	18.1%	11.8%	22.5%^
Trust 11	17.2%	14.8%	18.9%
Trust 12	22.6%	19.3%	20.8%
Trust 13	25.4%	23.5%*^	37.8%
Trust 14	24.3%	16.4%*	23.4%
Trust 15	29.1%	22.7%	23.0%
Trust 16	24.0%	19.7%	28.1%
Trust 17	26.7%	18.8%*	26.0%
Trust 18	20.5%	14.1%	16.7%

* Indicates statistically significant difference compared to the control at 5% significance level.

^ Indicates statistically significant difference compared to experiment group 2 at 5% significance level.

Appendix I: Mode of completion by trust

	Pilot 1		Pilot 2	
	Paper	**Online**	**Paper**	**Online**
Trust 1	50.0%	50.0%	57.8%	42.2%
Trust 2	36.1%	63.9%	48.9%	51.1%
Trust 3	66.7%	33.3%	68.9%	31.1%
Trust 4	31.0%	69.0%*	71.1%*	28.9%
Trust 5	33.3%	66.7%	50.0%	50.0%
Trust 6	22.6%	77.4%*	63.0%*	37.0%
Trust 7	30.2%	69.8%	45.7%	54.3%
Trust 8	35.7%	64.3%	48.4%	51.6%
Trust 9	35.9%	64.1%	51.2%	48.8%
Trust 10	60.0%	40.0%	64.1%	35.9%
Trust 11	60.0%	40.0%	68.8%	31.3%
Trust 12	48.5%	51.5%	66.7%	33.3%
Trust 13	42.5%	57.5%	55.4%	44.6%
Trust 14	39.3%	60.7%	57.5%	42.5%
Trust 15	33.3%	66.7%*	67.5%*	32.5%
Trust 16	50.0%	50.0%	59.6%	40.4%
Trust 17	31.3%	68.8%*	62.2%*	37.8%
Trust 18	33.3%	66.7%*	67.9%*	32.1%

* Indicates statistically significant difference between experiment group 1 and experiment group 2 at 5% significance level.

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About the Social Research Institute

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.250 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methods and communications expertise, helps ensure that our research makes a difference for decision makers and communities.

Ipsos MORI