Mental Health Community Service User Survey 2018
Management Report

Cambridgeshire and Peterborough NHS Foundation Trust

Produced by Quality Health Ltd
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### Background

The National Service User Survey (NPS) programme was introduced in 2001 by the Department of Health, and subsequently moved to the Healthcare Commission, and then to the Care Quality Commission in April 2009.

The Department has set out a rolling programme of service user surveys, and acute and non-acute Trusts are also involved in the programme.

Some Mental Health organisations were first surveyed in 2003 (voluntarily), and since then all such organisations have been surveyed on a compulsory basis. The 2009 national survey was a survey of mental health inpatients. Then, in 2010 the CQC reverted to the Community Mental Health Service Users Survey, with substantial revisions to the content of the questionnaire but using the same basic methodology, i.e. postal survey, with samples drawn from all adults aged 18 and over from both the CPA and Non-CPA portions of the organisation’s service user records. All surveys since 2011 have followed this methodology. Whilst new questions have been added to the structure in 2018, none of them are evaluative/scored so will not appear in any scoring. There are however, some changes to existing questions that makes them no longer comparable, this is indicated on the longitudinal charts with a text box and in the DRT with a "-".

The question content of the National Service User Surveys is determined nationally, as is the content of the covering letters that are sent to service users. A national REC approval letter covers the ethical issues. Send-out is normally undertaken on the organisation’s behalf by their approved contractor under Data Security Agreements made between the contractor and the organisation.

The comparative data displayed in this report is from the 53 Mental Health Trusts and Community Interest Companies with mental health functions surveyed by Quality Health this year (95% of the total number of surveyed organisations). Those organisations which undertook larger samples have had that data incorporated into the dataset for this Management Report. All your data is also accessible to you through the Quality Health reporting and analysis system SOLAR.
Introduction

The National Service User Survey was undertaken for Cambridgeshire and Peterborough NHS Foundation Trust between February and June 2018.

The sample for the survey was generated at random on the agreed national protocol from all clients on the CPA and Non-CPA Register seen between 1st September and 30th November 2017.

A small number of people were included in some samples who said that they had not been in contact with mental health services for a number of years, or that they had never been in contact with these services.

In Cambridgeshire and Peterborough NHS Foundation Trust, 1% of respondents said that they had never seen anyone from NHS mental health services.

Response Rate

Of the 257 completed surveys returned from the basic sample of 850, 29 were excluded for the following reasons:

- Moved / not known at this address 19
- Ineligible 0
- Deceased 10

The response rate was 31% (257 usable responses from a usable sample of 821).
Observations and Recommendations

Summary

The overall results for the Trust present a mixed picture. There are scores in the top 20% range, but many are in the intermediate and some in the bottom range.

Your Care and Treatment

Service users who report they feel they are seen often enough for their needs is in the intermediate 60% range of all Trusts surveyed. This suggests there is room for improvement.

**Recommendation:** Ensure service users are seen often enough for their needs. Review where this is not happening and take action.

Your Health and Social Care Workers

Scores in this section show some decline and are both in the middle 60% of Trusts.

**Recommendation:** Ensure that adequate time is given to service users during appointments.

**Recommendation:** Ensure that service users’ views are taken into account and they are engaged with effectively when discussing their condition and care.

Organising Your Care

Some service users report that they have not been told who is in charge of organising their care and services. This score is in the intermediate 60% range. However, the score for how well care is organised is in the top 20% range.

**Recommendation:** Continue to ensure there is clarity and consistency in the organisation and with service users as to job titles and the roles and responsibilities of the staff members involved in care.

Planning Your Care

All scores in this section have declined. Many service users report that they did not agree what care they would receive, this score is in the middle 60%. Some service users also report that their personal circumstances were not taken into account, this score is in the bottom 20% of Trusts.

**Recommendation:** Healthcare professionals should use and adapt the person-centred approach to meet the needs of individual patients so that all patients have the opportunity to be involved in decisions about their care at the level they wish. Seek to always take personal circumstances into account.

Reviewing Your Care

Some service users report not having an official 12 month review meeting. In addition, the score for joint decision making is in the bottom 20%, having fallen since 2017.

**Recommendation:** Promote shared decision-making and self-management so that people using mental health services are actively involved in shared decision-making and supported in self-management.

Changes in Who You See

The Trust’s score for explaining the reason for change has declined but remains in the top 20%. In addition, some service users still report that a change in who they see has had a negative impact on their care. The Trust scores in the intermediate 60% range.

**Recommendation:** Audit service user care to monitor continuity in who the service is seeing over a period of time. Take steps to ensure that patients are clear about why changes may be necessary, and make it clear who is in charge during a period of change.
Observations and Recommendations

Crisis Care
Most service users report that they know how to make contact with the out of hours service. This score is in the 20% range. However, some service users report not getting the level of service they had wanted from the out of hours service. This score is at the lower end of the intermediate range.

Recommendation: Review range and level of support provided by the out of office hours service. Consider more detailed engagement with patients to understand better what help they needed and their response to the help that was available.

Medicines
Some service users still report not being involved as much as they want in decisions about their medicines, this score is in the middle 60% range. There has been a big improvement in service users reporting they have had a 12 month review, and this is now one of the top performing Trusts.

Recommendation: Seek ways to improve participation of service users in decisions about their medication, paying attention to establishing what level of involvement in decision-making the patient would like. This may include healthcare professionals reviewing their consultation style and adapting this to the needs of the individual service user.

NHS Therapies
Some service users report not fully understanding these therapies, and not feeling involved in deciding which ones to use.

Recommendation: Seek ways to improve participation of service users in decisions about their therapies and further ensure these are explained to them in a way they understand.

Support and Wellbeing
Many scores in this section have declined since 2017, and four of the six scores are in the bottom 20% of Trusts.

Recommendation: Review how you offer advice, information and access, for meeting service users’ physical health needs e.g. disability, long standing condition, injury.

Recommendation: Review the support and advice offered for finding work or keeping work and access to employment services in light of the links to improved outcomes and numbers of service users who would welcome support on these matters.

Recommendation: Ensure that service users have access to support and aftercare pathways that identify links to a range of organisations that promote social inclusion and reintegration and offer meaningful activities locally.

Recommendation: Review the reason why there are a high number of people who said they wanted support from other people with similar experiences of the same mental health needs and why they are not receiving this.

Overall
The overall rating of care is in the intermediate 60% range of all Trusts surveyed by Quality Health. In addition, the score for respect and dignity is also in the intermediate 60% range.

Recommendation: Examine the reasons for poor scores on overall experience. Drill down into data to look for areas of care which are scored low and for any pockets of poor ratings from different groups or

Recommendation: Consider why some service users do not feel they are treated with respect and dignity by NHS Mental Health Services. Look for specific areas which may impact on this score. Communication is often key.
Reading the Report

Important Note – Standardised and Raw Data

Throughout the report, a combination of standardised and raw data has been used to provide the Trust with a comprehensive view of the survey results.

Each type of data has a distinct and different purpose and it is important that the Trust has access to both to be able to assess the survey outcomes.

Standardised Data

*Used in both the Benchmark Charts and Tables and the Longitudinal Charts.*

This data provides the Trust with an indication of how scores rank when directly compared with the average scores, whilst suppressing any differences that may be present due to local variation in terms of patient demographic profile. Standardising the data in this way ensures that any comparisons drawn are reliable when determining variations in scores and top and bottom performers.

The process undertaken to standardise the data is based on national methodology used by the CQC to produce the national benchmark reports and should be useful to provide an indication of what a Trust’s national results are likely to be. However, please be advised that there will be minor differences between the numbers in this report and a Trust’s official national benchmark report as Quality Health only has access to a proportion of the data whilst the national standardisation process will be based on the full dataset available for all Trusts.

Raw Data

*Used in the Compositional Charts.*

This data provides the Trust with an unadjusted view of exactly how service users have responded to the survey. This view of the data is important to ensure the Trust has full visibility of the survey results as a dataset in its own right. Comparisons with the unadjusted survey averages are also provided for information.

Important Note - Scored Questions

For each scored question in the survey, the individual (standardised) responses are converted into scores on a scale from 0% to 100%. A score of 100% represents the best possible response and a score of 0% the worst. The higher the score for each question, the better the trust is performing.

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

For full details of the scoring please refer to the Scored Questionnaire which can be accessed here: [http://www.nhssurveys.org/survey/2063](http://www.nhssurveys.org/survey/2063)
The benchmark charts (example below) use data which has been standardised by age and gender. This means that the results have been adjusted to match the profile of all service users who have completed the 2018 survey and any variations due to local differences have been suppressed.

The black circle represents the score for the Trust. If the circle is in the green section of the bar, it means that the Trust is among the top 20% of Trusts surveyed by Quality Health for that question. The line on either side of the circle shows the 95% confidence interval (the degree of uncertainty surrounding the Trust's score).

Under each benchmark chart is a data table, detailing the following:

- The first column shows the question number and question text
- The second column shows the lowest score achieved across all Trusts in the Quality Health database
- The third column shows the highest value in the lowest scoring 20% of Trusts (i.e. the threshold or end of the red segment of the chart)
- The fourth column shows the lowest value in the highest scoring 20% of Trusts (i.e. the threshold or start of the green segment on the chart)
- The fifth column displays the highest score achieved across all Trusts in the Quality Health database
- The sixth column shows the base size or number of respondents for the question/Trust
- The seventh column shows the Trust's score for this year (as depicted by the black circle on the chart)
- The final column shows a RAG rating indicator. If a Trust's score falls within the lowest 20% of scores for that question, a red dot will be displayed. If a Trust's score falls within the intermediate 60% of scores for that question, an amber dot will be displayed. If a Trust's score falls within the highest 20% of scores for that question, a green dot will be displayed.
Reading the Report (continued)

**Longitudinal Charts - Standardised Data - Scored Questions Only**

Each scored question has a longitudinal chart showing the 2016, 2017 and 2018 scores for the Trust plotted against the equivalent score for all Trusts surveyed by Quality Health. These charts also use data which has been standardised by age and gender.

2016 scores used in the longitudinal charts may vary slightly from those in 2016’s report as the data has had additional cleansing applied which was introduced in 2017. This is to ensure scores are comparable to 2017/18 scores. Also, data for trusts who were not surveyed by Quality Health in 2017 has been provided by the Co-ordination Centre. This data has been added to the dataset before standardisation which may affect weighting but should bring score weighting closer to the weighting applied to national results by the Co-ordination Centre.

**Compositional Charts - Raw Data - Scored Questions Only**

The compositional chart uses raw, unstandardised data as reported in the Detailed Results Table (frequency tables) at the end of this report. It shows the range of responses to the specified question for the organisation and for all similar organisations in the Quality Health database (survey average). The vertical scale is always 0-100%. These charts exclude any non-specific responses such as don’t know / can’t remember.