



Statistical Bulletin: Overall Patient Experience Scores

Updated with results from the 2012 Accident & Emergency Survey (with additional commentary on 2012 Community Mental Health Survey results)

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Statistical Bulletin: Overall Patient Experience Scores

Updated with results from the 2012 Accident & Emergency Survey (with additional commentary on 2012 Community Mental Health Survey results)

Prepared by the Office of the Chief Analyst

Contents

2012 Accident & Emergency Survey: key findings	5
2012 Community Mental Health Survey	6
<u>2012 Accident & Emergency Survey</u>	
Context and interpretation	7
What is a confidence interval?	7
What lies beneath these headline scores?	8
Trends in the scores	9
Variation in the scores – demographics	10
Variation at NHS organisation level	11
Note on the effect of Trust mergers	12
<u>Tables</u>	
Table 1: Patient-experience scores for the A&E Survey, 2002-03 to 2012-13	5
Table 2: Number of increased and decreased scores at Trust-level	12
<u>Graphs</u>	
Figure 1: Overall patient-experience scores for A&E services	9
Figure 2: Overall patient-experience scores at Trust-level	11
Further documentation	13
Feedback	13
Background notes – The National Patient Survey Programme	14
Full set of tables	15



Overall Patient Experience Scores

Updated with results from the 2012 Accident & Emergency Survey

Date: 6 December 2012 Coverage: England Theme: Health and Social Care

This publication updates this regular statistical series to include results from a survey of patients who attended Accident & Emergency (A&E) departments in early 2012.

These statistics use a set of questions from the National Patient Survey Programme¹ to produce a set of overall scores that measure patient views on the care they receive.

We produce separate sets of scores for different NHS services and this update focuses on the accident & emergency setting. **The next confirmed update is for the 2012 Adult Inpatient results, expected in April 2013.**

Key findings

- Patient experience of NHS A&E services decreased between 2008 and 2012. The overall score in 2012 was 75.4 out of 100, compared to 75.7 in 2008.
- There were falls in three of the five domain scores between 2008 and 2012. "Access and waiting" fell from 66.6 to 64.3, "Safe, high quality, coordinated care" fell from 75.1 to 74.5, and "Building closer relationships" fell from 81.3 to 80.8.
- There was an improved score in one domain: "Clean, comfortable, friendly place to be" which increased from 81.4 in 2008 to 82.2 in 2012.

Table 1: Patient-experience scores for the A&E Survey, England, 2002-03 to 2012-13

	2002-03	Comparison of 2002-03 and 2004-05		2004-05	2008-09	2012-13	2012-13 95% confidence interval
Access & waiting	68.6	<i>See note 1</i>		69.4	66.6	64.3	S 0.20
Safe, high quality, coordinated care	74.7	74.7	74.7	74.7	75.1	74.5	S 0.33
Better information, more choice	72.7	72.7	73.5	73.5	74.4	74.8	0.44
Building closer relationships	78.9	78.9	80.4	80.4	81.3	80.8	S 0.24
Clean, friendly, comfortable place to be	80.3	80.3	81.0	81.0	81.4	82.2	S 0.22
Overall	75.0	<i>See note 1</i>		75.8	75.7	75.4	S 0.26

Source: National Patient Survey Programme - Further details of the methodology can be found in the accompanying "methodological issues" paper

Results marked with an **S** show a statistically significant change from 2008-09 to 2012-13

Notes:

1. There were substantial changes in the wording of a question related to arrival in the A&E department (question B1 in 2002-03 and question 3 in 2004-05). The years 2002-03 and 2004-05 not directly comparable for the access & waiting domain score or the overall score. The scoring regime for this question has also been adjusted from that published by the contractor appointed to run the NHS Survey Advice Centre.

¹ The National Patient Survey Programme is overseen by the Care Quality Commission (CQC) and covers a range of NHS settings on a rolling programme of surveys. The CQC publishes detailed results from each survey on its own website, whilst this publication provides an overall index score.

Community Mental Health Survey

We have not updated our patient-experience series for community mental health since the 2007 results. Since then, a series of changes to the survey meant that results were not comparable over time². The results between 2011 and 2012 are comparable and are presented here. These results have been used in the NHS Performance Framework³ and results of both surveys have been published by the Care Quality Commission.⁴

Overall, there was no change in reported patient experience of community mental health services between 2011 and 2012. However, there have been small changes in three of the four domains of patient experience. Whilst it is clear that there have been changes in patient experience during this period, these changes have offset one another so we cannot say that overall experience was better or worse in 2012 than it was in 2011. The main points are:

- Patient experience of community mental health services showed no change in 2012. The overall score was 74.4 out of 100 (where 80 would suggest that patients, on average, found the service ‘very good’).
- The “access & waiting” domain score increased from 71.1 in 2011 to 72.4 in 2012. Much of this can be attributed to the provision of contact numbers for patients to ring out of office hours.
- The “safe, high quality, coordinated care” score has decreased from 72.1 in 2011 to 71.3 in 2012. There was a particular decrease in support for patients with physical-health needs.
- The “better information, more choice” score has increased from 68.3 in 2011 to 69.1 in 2012. In particular, more patients indicated that their care plans set out their goals.

Patient experience scores for Community Mental Health Services, England, 2011/12 to 2012/13

	2011-12	2012-13		2012-13 95% confidence interval
Access & waiting	71.1	72.4	S	0.52
Safe, high quality, coordinated care	72.1	71.3	S	0.49
Better information, more choice	68.3	69.1	S	0.50
Building closer relationships	84.7	84.7		0.34
Overall	74.0	74.4		0.38

Source: National Patient Survey Programme - Further details of the methodology can be found in the accompanying methodological issues paper.

Results marked with an **S** show a statistically significant change from 2011-12 to 2012-13

Respondents in 2012 were 18 years and older. However, earlier data included 16 and 17 year olds. Analysis suggests this makes no material difference to the patient-experience scores.

² Changes included revising the sampling methodology for the survey and updating the content of the questionnaire to reflect changes to national policy. Further details of the key changes can be found in the CQC 2010 publication of the Community Mental Health survey results. <http://www.nhssurveys.org/surveys/515>

³ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129496.pdf

⁴ <http://www.nhssurveys.org/surveys/290>

2012 Accident & Emergency Survey

Context and interpretation

The question that these scores seek to answer is “*has patient experience changed over time?*”. These scores do not translate directly into descriptive words or ratings, but present results out of 100 for specific aspects of experience for NHS patients, after they have used the NHS. If patients reported all aspects of their care as ‘good’, we would expect a score of about 60. If they reported all aspects as ‘very good’, we would expect a score of about 80.

Scores for different aspects of care, or for different service settings, cannot be compared directly. For example, we cannot say that the NHS is ‘better’ at ‘access & waiting’ than it is at ‘information and choice’, or that inpatient services are ‘better’ than outpatient services, but the results can be used to look at change over time where methods have not changed.

These statistics are conceptually different from measures of general public perception of the NHS, which are important in their own right but may be influenced by other factors such as the respondent’s political views. These statistics are not a satisfaction or approval measure, but a summarised set of scores, reported by patients, on those aspects of care that matter to patients.

A narrative summary of the underlying survey data has been published by the Care Quality Commission (CQC) and is available at the following link:

www.cqc.org.uk/accidentandemergency

We have published a number of supporting documents to aid interpretation of these statistics, including a *methods, reasoning and scope* document. They can be found at:

www.tinyurl.com/pelanding

What is a confidence interval?

In these statistics, we are using survey responses from about 46,000 patients to estimate the typical experience for all patients in NHS A&E departments. Confidence intervals provide a range of values within which we are confident that the true value is likely to lie. In this publication, confidence intervals are expressed as a ‘plus or minus’ figure. For example, our overall score for the A&E Survey has a confidence interval of plus or minus 0.26. This means that the true value is likely to lie in a range from 0.26 below our estimate to 0.26 above it.

Confidence intervals show how much variability there is in scores derived from survey data. It is important to look at the confidence intervals as well as the reported score. A more precise explanation is that the confidence interval gives the range that the true patient experience score lies in, at a given level of confidence. At the 95 per cent confidence level, on average, the confidence interval is expected to contain the true value around 95 per cent of the time. If we were to repeat this survey 100 times, we would expect the stated confidence interval to contain the ‘true’ population value at least 95 times out of 100.

What lies beneath these headline scores?

The headline scores above are calculated by taking the average score for small sets of survey questions.

Access & waiting: three survey questions, down from 66.6 to 64.3

This domain captures information on waiting times for speaking to and being examined by a doctor or nurse, and also on the overall length of A&E visits. All three indicators suggest that patient experience has declined. The score for waiting to talk to a doctor or nurse decreased from 66.3 to 63.5. The score for waiting to be examined decreased from 64.8 to 63.4. The overall length of A&E visits has increased, as implied by the change in score from 68.6 to 66.1.

Safe, high quality coordinated care: three survey questions, down from 75.1 to 74.5

This domain includes questions about whether patients were told contrary things by different members of staff, whether patients were warned of danger signals to observe after they had been discharged, and whether patients had trust and confidence in those treating them. Declining patient experience was recorded on two questions: patients are more likely to be given contrary information by staff (down from 88.2 to 87.6) and less likely to be warned of the danger signals for their illnesses (down from 52.9 to 52.0).

Better information, more choice: four survey questions

This domain captures feedback on whether patients were involved as much as they wanted to be in their care and treatment, whether staff clearly explained the purpose of medicine to patients, whether staff explained side effects of medicine to watch for, and whether patients received the right amount of information about their condition and treatment. The score for patients' being told about medication side effects increased from 46.0 in 2008 to 47.6 in 2012.

Building closer relationships: five survey questions, down from 81.3 to 80.8

This domain assesses whether doctors or nurses spoke as if patients were not there, whether patients had enough time to discuss their health or medical problems, whether patients' conditions and treatments were explained in a way that they could understand, whether doctors and nurses listened to what patients had to say, and whether patients were able to discuss their anxieties and fears. Much of this change can be explained by a relatively large decrease in score for patients' feeling that doctors and nurses listened to their anxieties and fears (down from 69.1 to 67.6) and the score for doctors and nurses' explanation of conditions and treatments to patients (from 80.2 to 79.1). A smaller decrease was also recorded for listening to what patients had to say (score down from 86.1 to 85.8).

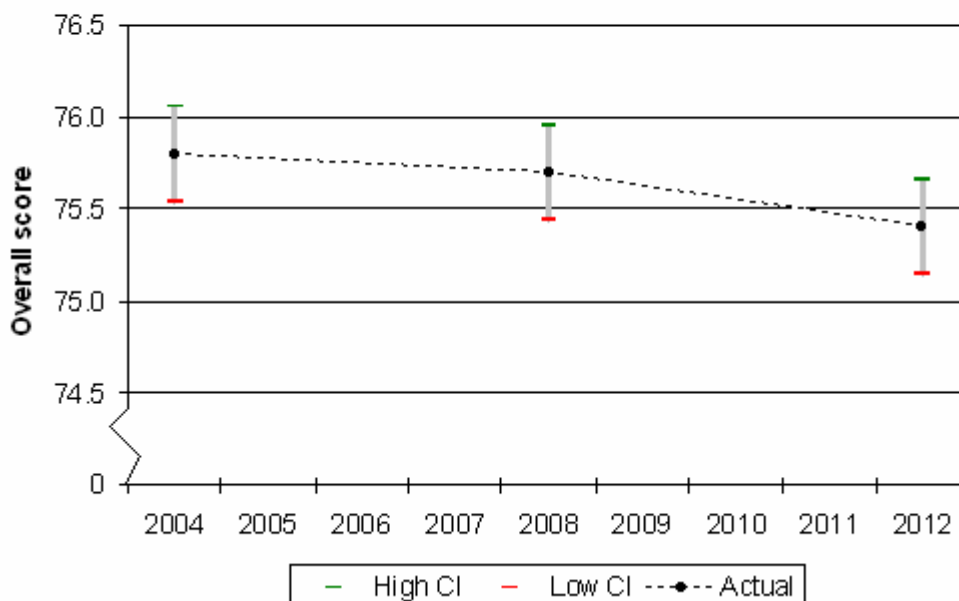
Clean, comfortable, friendly place to be: four survey questions, up from 81.4 to 82.2

This domain assesses four questions: the level of privacy for patients during examination and treatment, what hospital staff did to control the pain experienced by patients, the cleanliness of the A&E department, and whether patients were treated with dignity and respect. The increase in the domain score hides varying trends in the questions. Patients gave increased scores in 2012 for respect for privacy (up from 88.0 to 89.6) and the cleanliness of the department (up from 77.9 to 83.0). However, the score for whether patients felt that hospital staff did everything they could to help control their pain decreased from 72.6 to 69.4.

Trends in the scores

We have published results for A&E services on the same basis since 2004. Figure 1 below plots overall scores for patient experience between 2004 and 2012 (note that the graph does not start at zero, so changes over time are exaggerated). Results in 2004 and 2008 were similar, but the results in 2012 show a statistically significant decrease compared to 2008.

Figure 1: Overall patient experience scores for A&E services



Variations in the scores – demographics

It is sensible to consider whether patient experience varies for patients in different demographic groups. We know from examination of the data that, even for survey questions that (in general) ask direct and objective questions, results vary slightly by age group and gender. Older patients tend to give more positive answers, as do male patients. This difference is more marked in questions that have a subjective element: for example, “how clean was the ward?”

Our judgement is that this is unlikely to be a result of systematic differences in care, and instead represents slight differences in perception or expectation on behalf of the patient. We adjust (standardise) the data to take account of this variation.

We also need to consider variation by ethnic category of patient. Comparisons here are difficult, because some ethnic groups are few in number (for example, the Chinese ethnic group typically includes fewer than 300 responses). If we calculated scores directly for each ethnic group, the confidence intervals would be too large to provide useful information.

We have produced two separate reports about variation in patient experience scores for patients in different ethnic groups. The latest report can be found here:
www.tinyurl.com/bme2009

These two reports suggest that there is some systematic variation by ethnic group in experience for patients. Overall, patients from Black and minority ethnic groups were less likely to report a positive experience on many of the underlying survey questions. The second report noted that these patterns did not appear to change over the time period examined.

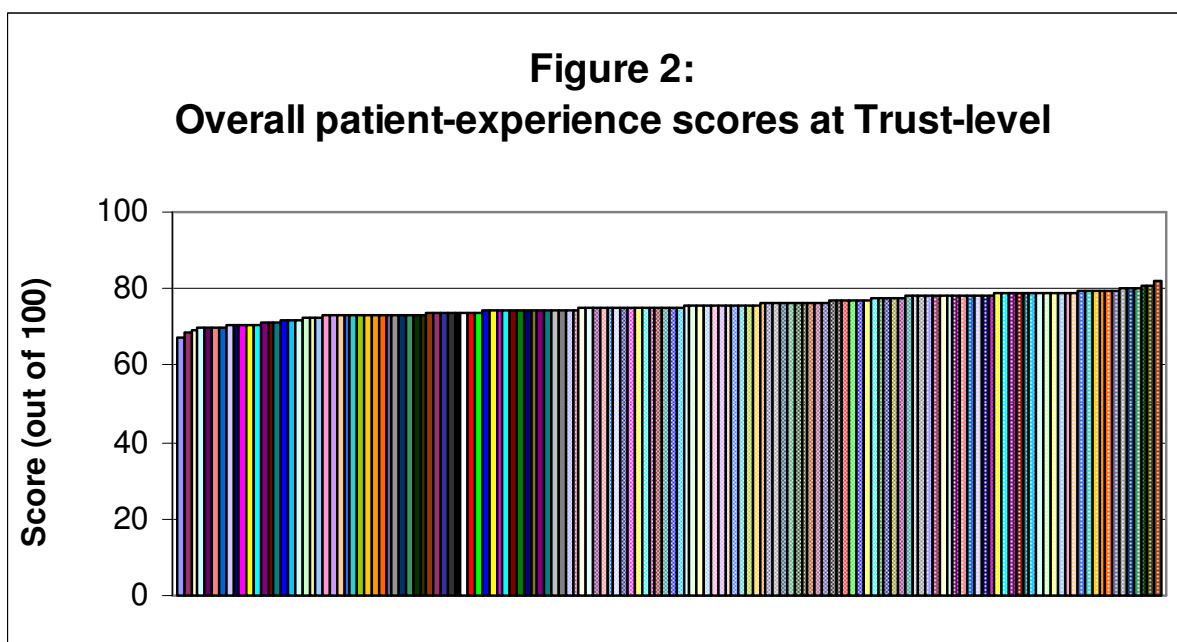
We do not routinely provide a breakdown of scores by ethnic category, although we do routinely examine the data to identify any changes to these broad patterns. An initial examination of the 2012 data suggests that there is insufficient data to provide accurate scores for all groups – particularly the “Gypsy or Irish Traveller” category, which has been added following the 2011 population census. We will review this analysis further with a view to reporting on ethnic variation in future updates.

Variation at NHS organisation level

We need to be cautious when considering these statistics at Trust level, because the confidence intervals are larger (i.e. there is a larger 'plus or minus' figure within which we can be sure the true score lies). At national level, results are based on around 46,000 responses and we can be confident that the true score lies within a small range (in this case, 0.26). For Trust-level data, we are typically looking at around 200 responses and we can only have confidence that scores are accurate within a range of plus or minus 2 to 4 points.

This means it can be difficult to assess whether scores for an individual Trust have changed since last year, or whether they are significantly different from the average.

The graph below shows the overall patient experience score for each Trust, with the lower scores towards the left and the higher towards the right. There are 142 Trusts with overall scores. Scores range from 67.1 to 82.2, with an average of 75.4. 35 Trusts have scores that are significantly above the average, and 28 have scores that are significantly below the average.



We may wish to consider whether different Trusts have strengths and weaknesses in different areas, but Trusts that score well in one domain tend to score well on other domains too. On average, if a Trust is 10 points higher on one domain, it would (on average) be around 7 points higher on any other domain (formally there is a positive correlation of around 0.7).

When assessing change, we need to consider the confidence intervals around both this year's data and last year's. This means that statistically significant changes at organisation level are few in each year. Table 2, below, shows the number of NHS Trusts that recorded increases or decreases in a domain score between 2008 and 2012.

Table 2: Number of increased and decreased scores at Trust-level (2012 compared to 2008)

	Increase	Decrease
Overall scores	6	21
Access & waiting	16	59
Safe, high quality, coordinated care	6	14
Better information, more choice	10	7
Building closer relationships	7	15
Clean, comfortable, friendly place to be	32	14

A significant change is identified by a t-test, comparing results between 2008 and 2012, using a 5% threshold of statistical significance.

Between 2008 and 2012, the numbers of increases and decreases in each domain is in line with the change in the England-level score. For example, the three domains with decreased scores at England-level also recorded more decreases than increases at Trust-level. However, it is important to note that there are some Trusts that are exceptions to the trends: some Trusts improve on a domain score that is generally deteriorating, and vice versa. Results at Trust-level are published in our diagnostic tool, which is available at <http://tinyurl.com/pe-tools>

Questions within the same domain can follow different trends, which may be hidden in the domain score. For example, two questions in the “clean, comfortable, friendly place to be” domain changed in different ways between 2008 and 2012. For the question asking patients about the cleanliness of the A&E Department, 92 Trusts showed an increase in score and only 1 Trust showed a decrease. In contrast, the question asking patients whether staff did everything they could to help control pain showed 4 increases and 37 decreases at Trust-level.

Note on the effect of trust mergers

Our scores for England are based on the average of the Trust scores. We compare Trust results over time, but this is affected when Trusts have merged in the period between surveys. For example, in the 2008 survey there were three Trusts in south London. By the 2012 survey, these three Trusts had combined to become South London Healthcare NHS Trust. Such mergers usually have a small effect on the England score and they have a small effect in this survey. Analysis has shown that, if we adjust our analysis to ignore merged trusts, the overall messages would be unchanged. However, this small effect is enough to push the score for the “better information, more choice” domain just below the threshold of significance. Therefore, if we take mergers into accounts, there would not be quite enough evidence in the data to confirm a change in results for this domain between 2008 and 2012.

Further documentation

Methodology statement: This document explains how we calculate the overall patient experience scores, and why we chose this particular approach.

Quality statement: This document assesses the overall quality of the statistics against a set of pre-defined criteria. The aim is to assess whether the statistics meet the purpose for which they are intended. The document also has a summary of our quality assurance methods.

Diagnostic tool: This tool is mainly for NHS managers and others with a detailed interest in the figures, but may be of interest to other users. The tool shows the overall score for each NHS Trust, and allows you to see which survey questions make up that score. It allows for comparison with other Trusts in the same region, and you can create your own comparison amongst Trusts. This file is also published in 'CSV' format.

User engagement and customer service strategy: A statement to explain how we aim to engage with people who use these statistics, and how we aim to ensure that the statistics meet user needs.

What you told us: A summary of users' experience of these statistics, and how we are tackling any issues that users have raised.

Use of resource statement: This document explains how much resource (staff time) we have to support this publication, and how we have ensured that the resource is targeted at meeting the needs of users.

Revisions policy: The process we will follow if any revisions are required to these figures.

Pre-release access list: Job titles for individuals who were informed of the content of these statistics 24 hours before publication.

Feedback

The Department of Health aims to make its National Statistics accessible, useful and appropriate for the needs of users. We welcome feedback, and comments can be sent by email to the lead statistician for this publication, Edward Aveyard at statsonexperience@dh.gsi.gov.uk

Background notes – The National Patient Survey Programme

These results are based on data from the NHS National Patient Survey Programme. These surveys are conducted on a rolling programme, with different NHS settings surveyed in different years. Settings include inpatients, outpatients, mental health, and accident and emergency. The programme is coordinated by the Care Quality Commission (CQC), but each survey is paid for and carried out by individual NHS organisations.

The survey programme is designed to collect structured and systematic feedback on service delivery from the patients' actual experience. In this way the programme provides robust data on service issues that are important to patients, many of which would otherwise be unmeasured – e.g. staff behaviour, levels of involvement, information provision etc.

Fieldwork for each survey is usually carried out over a three-month period. Timings depend on the survey setting and are defined by CQC as part of the survey programme. Patients were eligible for the 2012 Accident & Emergency Survey if they were aged 16 years or older and were not hospital inpatients at the time, and if they attended A&E in January, February or March 2012 (sampling month chosen by the trust). Fieldwork took place between May and September 2012.

Sample sizes and response rates vary depending on the survey setting and by question. Around 46,000 people responded to the A&E Survey (a response rate of 37%). The CQC website includes information on the surveys and the CQC national survey publications (including percentage scores for individual questions and details of the number of respondents and response rates).

www.tinyurl.com/cqcsurveys

The results for A&E surveys can be found at:

www.nhssurveys.org/surveys/296

CQC publish Trust-level reports that detail information such as the Trust scores for each survey question and associated confidence intervals and response numbers.

www.cqc.org.uk/accidentandemergency

Full set of tables: Overall Patient Experience Scores

1. The following tables show results for the “overall patient experience scores” for England, for different years and different NHS settings. Scores are based on results from the National Patient Survey Programme and are calculated in the same way each year so that the experience of NHS patients can be compared over time. The methodology for calculating these scores has been agreed by the Department of Health and the Care Quality Commission (formerly the Healthcare Commission).
2. This publication updates the patient experience scores, last updated on 24 April 2012. We have included scores from the 2012 Accident & Emergency Survey, published by the CQC on 6 December 2012.
3. This publication incorporates the results from the Community Mental Health Surveys for 2011-12 and 2012-13. The new series of results is not comparable with the series from 2003-04 to 2007-08.
4. The information in these tables has been provided separately in CSV format, available alongside this publication. One CSV file contains results for acute trusts, and a separate CSV file contains results for mental-health trusts.

Overall Patient Experience Scores.

Inpatient survey - National scores

	2007-08	2008-09	2009-10	2010-11	2011-12	2011-12 95% confidence interval
Access & waiting	83.8	84.9	85.0	84.2	83.8	0.19
Safe, high quality, coordinated care	64.9	65.3	64.4	64.6	64.8	0.23
Better information, more choice	66.7	67.7	66.8	67.2	67.2	0.26
Building closer relationships	83.0	83.2	82.9	83.0	83.0	0.16
Clean, friendly, comfortable place to be	78.1	79.2	79.1	79.3	79.4	0.14
Overall	75.3	76.0	75.6	75.7	75.6	0.15

Source: National Patient Survey Programme - Further details of the methodology can be found in the accompanying methodological issues paper.

Results marked with an **S** show a statistically significant change from 2010-11 to 2011-12

Overall Patient Experience Scores.

Outpatient survey - National scores

	2002-03	2004-05	2009-10	2009-10 adjusted	2011-12	2011-12 95% confidence interval
Access & waiting ¹²	68.2	69.0	72.5	73.3	74.9	0.17
Safe, high quality, coordinated care	83.0	82.2	83.2	83.2	83.6	0.18
Better information, more choice	77.2	77.3	79.1	79.1	78.6	0.35
Building closer relationships	86.4	86.5	87.3	87.3	87.7	0.18
Clean, friendly, comfortable place to be	69.7	68.5	70.9	70.9	71.3	0.20
Overall²	76.9	76.7	78.6	78.8	79.2	0.18

Source: National Patient Survey Programme - Further details of the methodology can be found in the accompanying methodological issues paper.

Results marked with an **S** show a statistically significant change from 2009-10 to 2011-12

Notes:

1. The scoring regime used for the question about length of wait for an appointment (question A1 in 2002-03 and question 1 in 2004-05) has been adjusted from that published by the contractor appointed to run the NHS Survey Advice Centre, to allow comparison across years.
- 2 The 2009-10 score is adjusted to allow for direct comparison with 2011-12.

Overall Patient Experience Scores.

Accident and Emergency department survey - National scores

	2002-03	Comparison of 2002-03 and 2004-05	2004-05	2008-09	2012-13	2012-13 95% confidence interval
Access & waiting	68.6	See note 1	69.4	66.6	64.3	0.20
Safe, high quality, coordinated care	74.7	74.7	74.7	75.1	74.5	0.33
Better information, more choice	72.7	72.7	73.5	74.4	74.8	0.44
Building closer relationships	78.9	78.9	80.4	81.3	80.8	0.24
Clean, friendly, comfortable place to be	80.3	80.3	81.0	81.4	82.2	0.22
Overall	75.0	See note 1	75.8	75.7	75.4	0.26

Source: National Patient Survey Programme - Further details of the methodology can be found in the accompanying "methodological issues" paper

Results marked with an **S** show a statistically significant change from 2008-09 to 2012-13

Notes:

1. There were substantial changes in the wording of a question related to arrival in the A&E department (question B1 in 2002-03 and question 3 in 2004-05). The years 2002-03 and 2004-05 not directly comparable for the access & waiting domain score or the overall score. The scoring regime for this question has also been adjusted from that published by the contractor appointed to run the NHS Survey Advice Centre.

Overall Patient Experience Scores.

Primary Care survey - National scores

	2003-04	2004-05	2005-06	2007-08
Access & waiting	68.5	69.8	69.3	69.4
Safe, high quality, coordinated care	80.1	81.5	80.4	80.9
Better information, more choice	80.7	80.7	79.7	80.5
Building closer relationships	86.2	86.2	86.0	86.4
Clean, friendly, comfortable place to be	69.0	69.0	69.5	70.1
Overall	76.9	77.4	77.0	77.5

Source:

All years except 2005-06: National Patient Survey Programme
 2005-06: Department of Health Primary Care Survey

Overall Patient Experience Scores.

Community Mental health services survey - National scores

	2011-12	2012-13	2012-13 95% confidence interval
Access & waiting	71.1	72.4	S 0.52
Safe, high quality, coordinated care	72.1	71.3	S 0.49
Better information, more choice	68.3	69.1	S 0.50
Building closer relationships	84.7	84.7	0.34
Overall	74.0	74.4	0.38

Source: National Patient Survey Programme - Further details of the methodology can be found in the accompanying methodological issues paper.

Results marked with an **S** show a statistically significant change from 2011-12 to 2012-13

Respondents in 2012 were 18 years and older. However, earlier data included 16 and 17 year olds. Analysis suggests this makes no material difference to the patient-experience scores.

EARLIER RESULTS IN SEPARATE TABLE

Overall Patient Experience Scores.

Community Mental health services survey - National scores

	2003-04	2004-05	2004-05 and 2005-06 Comparison of	2005-06	2006-07	2007-08
Access & waiting	80.5	80.3	80.3	79.7	80.1	80.4
Safe, high quality, coordinated care	69.9	70.2	70.2	70.8	71.7	72.3
Better information, more choice	60.7	61.8	See note 1	60.8	62.0	62.4
Building closer relationships	85.9	86.2	86.2	86.6	86.9	87.3
Overall	74.2	74.7	See note 1	74.5	75.2	75.6

Source: National Patient Survey Programme - Further details of the methodology can be found in the accompanying methodological issues paper.

Notes:

1. Figures for better information, more choice should not be compared for 2003-04 and 2004-05. Changes in the wording of one of the questions means that results are not comparable

MORE RECENT RESULTS IN SEPARATE TABLE