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Healthcare Commission

Variations in the experiences of patients in England: Analysis of the Healthcare Commission's 2003/2004 national surveys of patients

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Contents

About the Healthcare Commission

The Healthcare Commission exists to promote improvement in the quality of healthcare and public health in England. We are committed to making a real difference to the delivery of healthcare and to promoting continuous improvement for the benefit of patients and the public. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

The Healthcare Commission was created under the Health and Social Care (Community Health and Standards) Act 2003. The organisation has a range of new functions and takes over some responsibilities from other commissions.

The Healthcare Commission replaces the Commission for Health Improvement (CHI), which ceased to exist on March 31st 2004, takes over responsibility for independent healthcare functions previously carried out by the National Care Standards Commission, which also ceased to exist on March 31st 2004 and carries out the elements of the Audit Commission's work relating to the efficiency, effectiveness and economy of healthcare.

We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare with others.

We have created an entirely new approach to assessing and reporting on the performance of healthcare organisations – our annual health check – which will look at a much broader range of issues in our assessments, enabling us to focus on what really matters.

Executive summary

Introduction

The Healthcare Commission is responsible for a national programme of surveys of patients across the NHS in England. These surveys highlight wide variations in the experiences between different groups of patients and it is important to understand the reasons behind such variations, so that healthcare providers can identify where to target efforts to improve the quality of care. This report includes an analysis that examines national variations in the experiences of patients, using a range of variables (for example, age, gender, ethnicity) based on the survey of patients undertaken during 2003/2004, and builds on a similar analysis for the surveys carried out in the preceding year.[1]

Methods

We created five domains that comprised a number of questions relating to five areas of interest linked to patients' experiences:

- Access and waiting
- Safe, high quality, coordinated care
- Better information, more choice
- Building relationships
- Clean comfortable, friendly place to be

Each patient who took part in a particular survey was awarded a mean score for each domain. These scores were used in multiple regression analyses as the outcome variables for each survey, and a number of patient and other characteristics were identified as independent explanatory variables influencing the responses of patients. The analysis was used to establish:

a) the independent explanatory effect of each variable
b) the relative importance of the different selected variables in explaining variations in the experiences of patients

Results

A total of 568 NHS organisations and 312,344 patients took part in the surveys, the results of which are summarised on page 4.

Adult inpatient survey
The most significant factor explaining variations in patients' experiences in this survey was self-reported health status – those with a poorer health status were associated with more negative responses to questions. Elective patients (patients whose treatment is planned in advance), those admitted to specialist trusts, those outside London, older people and men responded more positively, whereas respondents from black and minority ethnic groups, particularly south Asian groups, responded more negatively, although the differences were small in relation to other factors. The variables included in the analysis explain between 11% and 16% of the variation in experience for each domain, which is a higher percentage than for the other surveys.

Young patient survey
More positive responses came from younger children, elective admissions, day cases, those admitted to specialist centres and people outside London. Black and minority ethnic groups generally responded more negatively, although the differences between ethnic groups varied between domains. Responses were more negative for people experiencing more admissions and who considered themselves to be disabled. The method of admission explained a large part of the variation in responses for the domain concerning access and waiting. The findings were broadly similar to those from the adult inpatient survey, although less of the variation in patients' experience was explained, ranging from 4% to 10% across different domains.

Ambulance user survey
The results of this survey showed little variation between patients. Older people were more positive than younger people. There were differences between ethnic groups for most domains, with south Asians and Africans responding more negatively.

Mental health services user survey
People using mental health services who responded positively were older, on the enhanced rather than the standard care programme approach, not in paid work and served by trusts outside London. Those who rated their mental health as poor, or who had been detained, were more likely to respond negatively, as were people from south Asian ethnic groups in the domain concerning information. The percentage of variation in the experiences of patients accounted for by these variables ranged from 7% to 11% between domains.

Primary care trusts survey
Responses were more positive for older people and those outside London, especially respondents from the north and south west. In general, responses were more negative for people with poor self-reported health status, those from deprived areas, and black and minority ethnic groups, south Asians in particular. For some domains, women and people with more years of education responded more negatively. The variables included in the analysis explained 6% to 12% of the variation in the experiences of patients.

Conclusion

The patterns of variations in the experiences of patients observed in the 2003/2004 surveys were generally similar to those reported in 2002/2003. The strongest explanatory variables were peoples' age and their self-reported health status, which together accounted for a large part of the variation in responses. Older people responded more positively to the surveys and those with poorer self-reported health status responded more negatively.

Factors relating to the care of patients and their treatment are also important; for example in the inpatient surveys, elective patients (those whose treatment is planned in advance) are generally more positive than emergency patients. Across all the surveys there are consistent regional variations – people in London respond more negatively than those elsewhere, as reported for other surveys, which could be attributed to several reasons. Black and minority ethnic groups, south Asians in particular, respond more negatively in some surveys and for some issues. However, ethnicity accounts for a smaller part of the overall variation between respondents than some other factors. Although there are strong and consistent variations between patient groups, a relatively small proportion of variation - around 10% for most surveys - is explained by the factors considered in the analysis. There are a number of other factors that could contribute to the variations, but the findings do indicate areas where the experiences of patients can be improved.

Acknowledgements

The Healthcare Commission is grateful to those who responded to the surveys and the NHS organisations who facilitated them. Our patient survey programme is funded by the Department of Health and we have contracted the Picker Institute Europe to design and develop the surveys. We are grateful for their support and contribution to this work.

If you would like further information about this report, e-mail feedback@healthcarecommission.org.uk

Introduction

Improving the experiences of patients and ensuring that all patients receive a good standard of care are central to the role of the Healthcare Commission and the agenda for the NHS. The Healthcare Commission is responsible for a national programme of surveys of patients, which ask about their experiences of using services across the NHS in England. The results of the surveys are used by healthcare providers to identify how services can be improved, by the Healthcare Commission to assess the performance of organisations, and by the Government to monitor the progress of the NHS in improving the experiences of patients. They are also available to patients and the public if they would like to know about the quality of care provided by their local services. The surveys are implemented by individual NHS organisations, and are developed and coordinated by the NHS patient survey advice centre at the Picker Institute Europe.

An understanding of the variations in the experiences between different groups of patients is important so that healthcare providers can identify where to target efforts to improve care. It is also important to understand the impact of the characteristics of patients on survey responses, to ensure that survey results for individual healthcare organisations are interpreted appropriately. Analyses of survey results[1-3] indicate that this is a complex issue, and that a number of factors may influence patients' responses to the surveys. These include demographic characteristics such as age, gender and ethnic group, the type of service being used, patients' perceptions of their own health, and the level of deprivation in the area where they live.

This report provides an analysis of the surveys undertaken within the Healthcare Commission's programme of surveys of NHS trusts during 2003/2004. A total of 568 NHS organisations and 312,378 patients took part in the surveys (table 1). Two of the surveys, the adult inpatient and primary care services surveys, have been carried out previously. The young patient survey, the survey of mental health service users and the ambulance survey were the first national patient surveys carried out for these services.

The questionnaires cover issues that are priorities for patients, and were developed and tested in partnership with them. Each trust that took part identified 850 eligible people. Questionnaires were sent to the patients, followed by up to two reminders. Response rates to the surveys varied from 63% for the adult inpatient survey to 42% for the mental health survey. The results of all the surveys included in this report have been published on the Healthcare Commission's website: www.healthcarecommission.org.uk[4]

Table 1: NHS trusts and people participating in the 2003/2004 surveys				
Survey	**Trusts**	**People eligible to take part**	**Number of respondents**	**Response rate**
Adult inpatient	169 acute and specialist trusts providing inpatient care for adults	People over the age of 18 who had an overnight stay, excluding psychiatric and maternity patients	88,308	63%
Young patient	150 acute and specialist trusts providing inpatient or day case care for people under the age of 18, excluding trusts with few cases	Children and young people under the age of 18 who were admitted to a ward, including people treated as day cases	62,277	50%
Ambulance	31 ambulance trusts	Patients using urgent or emergency ambulance services	12,282	51%
Mental health	81 mental health trusts and PCTs providing adult mental health services	People of working age using mental health services (as part of the care programme approach)	27,398	42%
Primary care	303 primary care trusts and care trusts responsible for primary care services	People registered with a GP	122,113	49%

Note: some trusts conducted more than one survey

The analysis in this report addresses the following questions:

- Are the explained variations in the experiences of patients in the 2003/2004 surveys similar to those reported for the earlier surveys? For those surveys which have been repeated, are the same factors significant? For the new surveys (mental health, young patient and ambulance) how do the experiences of patients differ between groups of patients?

- How much variation in the experiences of patients is explained by the variables that have been considered? What is the relative importance of different factors? Are the factors that are most important different for different aspects of care and different services?

The remainder of this report explains the methods that have been used, describes the main results and discusses the implications of the findings for the NHS and for the Healthcare Commission.

Methods used in the surveys

Each survey contained between 27 and 89 individual questions. Responses to questions were scored between 0 and 100, reflecting the gradient of negative or positive experiences of services. Higher scores reflect a more positive experience than lower scores. The questions were grouped into domains of patients' experiences, developed jointly by the Department of Health and the Healthcare Commission, as follows:

- Access and waiting (access)
- Safe, high quality, coordinated care (coordination)
- Better information, more choice (information)
- Building relationships (relationships)
- Clean, comfortable, friendly place to be (environment)

To make graphs and tables easier to read, the titles for each domain have been shortened to those shown in brackets.

The questions used in the analysis and the scoring are the same as those used for the 2004 performance indicators, except for the mental health survey, where some additional questions have been added. See appendix A for the questions included for each survey.

We included a number of patient characteristics in the analysis, including factors related to care (table 2). Characteristics of patients are shown in appendix B.

Table 2: Variables included in analysis

Variable	Adult inpatient	Young patient	Ambulance	Mental health	Primary care
Age	✔	✔	✔	✔	✔
Gender	✔	✔	✔	✔	✔
Ethnic group	✔	✔	✔	✔	✔
Government office region	✔	✔	✔	✔	✔
Social factors*	✔			✔	✔
Disability		✔			
Self-reported health status	✔	✔		✔	✔
Trust type	✔	✔			
Type of care/treatment pathway**	✔	✔		✔	

* Age at last year of education for inpatient and PCT surveys, local area deprivation for PCT survey, employment status and whether living alone for mental health survey.

** Admission method for inpatient and young patient surveys; whether inpatient or day case, and number of recent admissions for young patient survey; care programme approach status, number of admissions and whether detained under the Mental Health Act for mental health survey.

Multiple linear regression is a statistical technique used to examine the independent relationship between the characteristics of patients and the responses they give. Analyses were undertaken for each domain within a survey to establish:

a) the explanatory effect of each variable on the experiences of patients after taking account of the effects of other independent variables
b) the proportion of overall variation in the experiences of patients explained by the selected variables

In the multiple regression analysis, not all patient characteristics were included in each domain's model between surveys. Additionally, the characteristics that were included also differed from one domain to another. The characteristics not included in a model were found not to account for a statistically significant proportion of the overall variation in patients' experiences. For each model, a baseline group was defined; this baseline describes the characteristics of patients used as the basis for comparison for all other patient groups included in the model. For example 'males admitted as emergencies, who are white British, and rated their health as excellent' would be a suitable baseline group for a model with these variables. Forward stepwise regression analysis was used to select the characteristics that accounted for a significant proportion of the total variation in the experiences of patients.

The final model derived shows how much variation in the experience of patients is explained by the factors included in the regression analysis. The remaining unexplained variation may be the result of factors that were not possible to examine, for example, other patient characteristics, length of stay, and specific factors related to the type of service or quality of care. Unexplained variation may also be the result of personality traits (a respondent may be predisposed to answer more positively or negatively, irrespective of their experience of care), and random variation introduced by the method of measurement (for example inconsistent responses by individual respondents). A large amount of the unexplained variation will simply be a result of the unique experience of each patient surveyed.

To aid interpretation of the regression models, the impact of each of the variables on the domain models was assessed, by comparing the amount of variation explained by the model with and without each variable. Differences in the percentage of variation explained were plotted alongside each other in the graphs, to show the relative importance of each variable for the domains.

Further details of the method are given in appendix C.

National and subgroup scores of patients' experiences are not included in this report, as the analysis showed that the patterns were similar to those in the first report on variations in patients' experience published in 2003.

Results

This section focuses on results from the multivariate analysis. The full results of the regression analyses are given in appendix D.

Adult inpatient survey

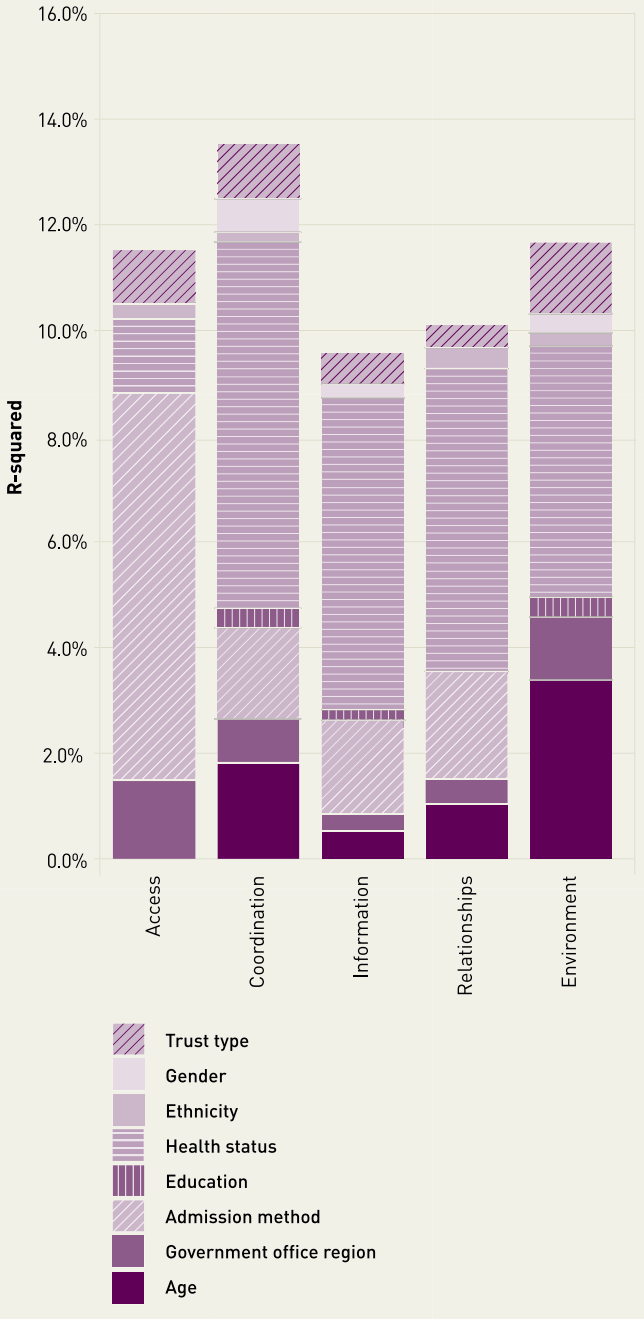
The variables included in the analysis explained between 11% and 16% of the variation, a higher proportion than for the other surveys (appendix D, table 1).

There was consistency across the themes. Respondents who were more positive about their experience were elective patients, those admitted to specialist trusts, those outside London (particularly people from the north east, and Yorkshire and Humber), older people and men. Respondents from ethnic groups, particularly south Asian groups, responded more negatively, although the differences were small relative to other factors.

Self-reported health status was a major explanatory factor, as respondents with a poorer health status responded more negatively. Health status accounted for the greatest part of the variation between respondents for all the domains except for the access domain, for which the method of admission was most important. It should be noted that the questions asked about access differed between emergency and elective patients, reflecting their different pathways.

The findings from the 2003/2004 surveys are broadly similar to those from the analysis of the 2002/2003 results.

Figure 1. Comparison of incremental R-squared values, by domain (inpatient survey 2004)



Source: Healthcare Commission adult inpatient survey, 2004

Young patient survey

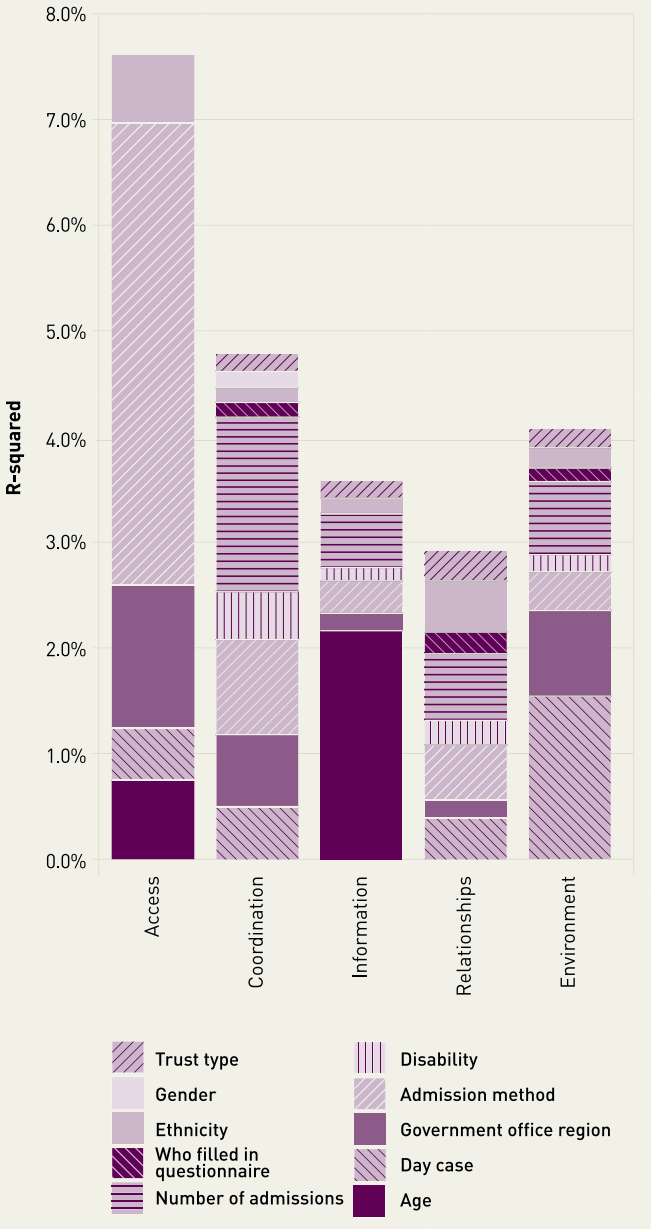
The findings were broadly similar to those from the adult inpatient survey, although less of the variation was explained, ranging from 10% in the access domain to 5% in the relationships domain (appendix D, table 2). The proportion of black and minority ethnic respondents was higher for this survey than for others, accounting for 12% of respondents.

Responses were more positive in the access, information and relationships domains for younger children, elective admissions, day cases and people from outside London. People from black and minority ethnic groups generally responded more negatively, although the differences between ethnic groups varied from theme to theme. Ethnic group was particularly important for the relationships and access domains.

For the coordination, information, relationships and environment domains, responses were more negative from people experiencing more admissions and who considered themselves to be disabled. In contrast, these groups responded more positively to the access domain. As with the adult inpatient survey, questions on access were different for emergency and elective patients, and the method of admission explained a large part of the variation in responses for the access domain.

Where the questionnaire was completed by the parent alone, rather than by the child or the parent and child together, responses were generally more positive, although this did not affect the access domain. Responses to all themes except access were also more positive from respondents who had been admitted to specialist children's hospitals.

Figure 2. Comparison of incremental R-squared values, by domain (young patients survey 2004)



Source: Healthcare Commission young patients survey, 2004

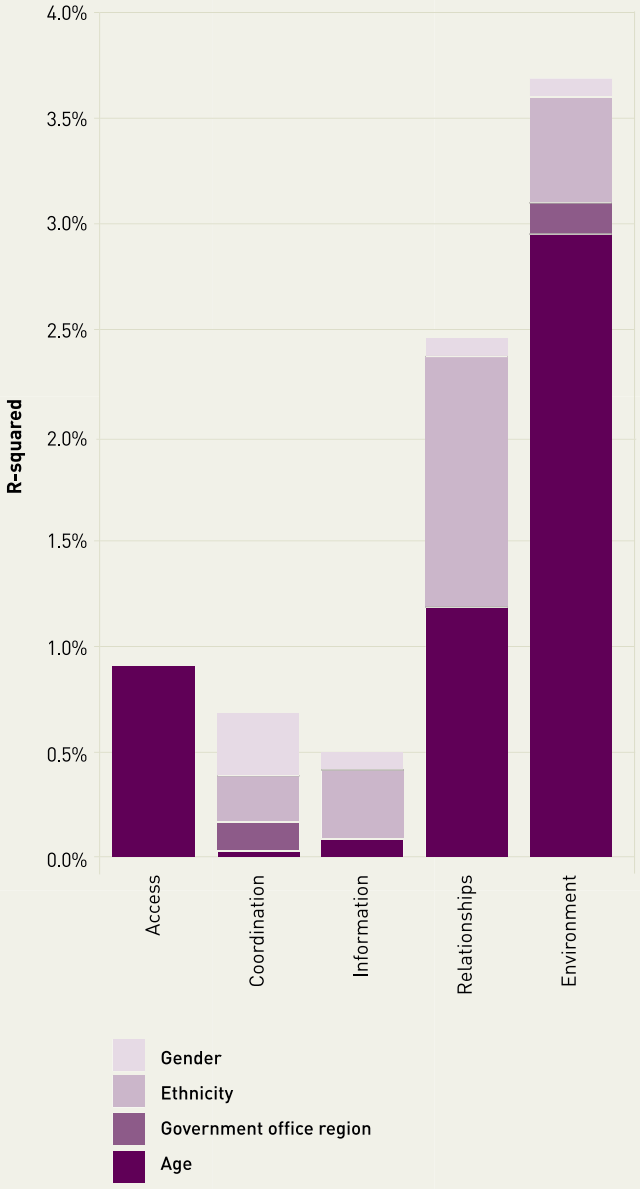
Ambulance user survey

The survey of ambulance users included questions about patients' experiences of calling an ambulance and being transported to hospital. Given the relatively brief experience of care, the survey was limited to four pages. As a result, only four variables were available for analysis of the ambulance patient survey results: gender, ethnic group, region and age. There was a low proportion of black and minority ethnic group respondents to this survey (less than 6%). This is explained by the structure of the sample: equal numbers of respondents were selected from each ambulance trust, but these vary considerably in size, and the larger ambulance trusts, such as London, tend to cover the metropolitan areas where the majority of the black and minority ethnic population live.

It should be noted that the results of the ambulance user survey show very little variation between organisations or between patients. Although there were some differences in reported experiences between the different patient groups, these accounted for less than 1% of the variation for the access, coordination and information domains, 3% for relationships and 4% for environment (appendix D, table 3).

As with the other surveys, older people were more positive than younger patients, across all the domains. There were differences between ethnic groups for all the domains except access, with south Asian and African people, in particular, responding more negatively.

Figure 3. Comparison of incremental R-squared values, by domain (ambulance users survey 2004)



Source: Healthcare Commission ambulance patients survey, 2004

Mental health services user survey

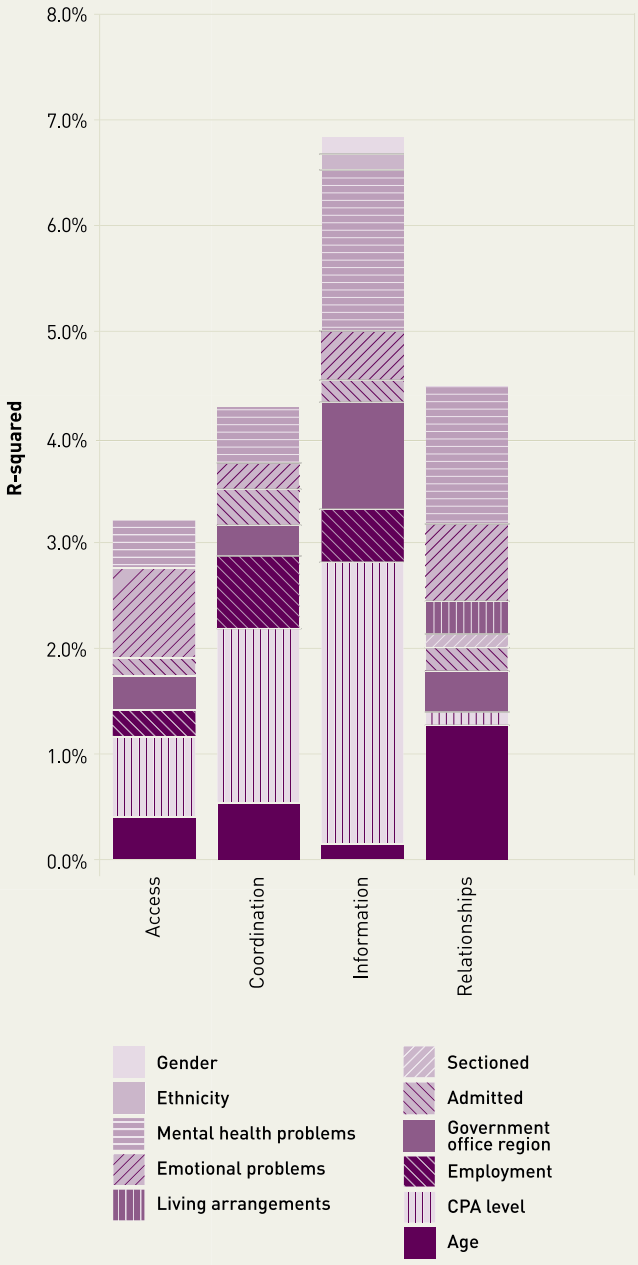
This survey included people aged between 16 and 64 who were on the trust's care programme approach (CPA), and who had contact with the trust in the previous three months (excluding current inpatients). The CPA is intended to ensure that there is support and follow up for people with long term mental health needs. People using mental health services who have complex needs require services from a number of different healthcare professionals and are on enhanced CPA, while others are on standard CPA. The CPA level was unknown for 20% of respondents. Of the remainder, 62% were on standard CPA and 38% on enhanced CPA. However, the proportion of people on enhanced CPA varied considerably between trusts, from 6% to 99%, reflecting differences in information systems and definitions of CPA used by trusts.

In this particular survey, there is no environment domain, because the survey was not specific to a care setting, and so did not include questions about this aspect of care.

The proportion of variation accounted for by the variables ranged from approximately 7% for the access and coordination variables, to 10% for information and 11% for relationships (appendix D, table 4).

Some factors were important for all the domains. People using mental health services who were more likely to respond positively were older, and on enhanced, rather than standard CPA. Those who rated their mental health as poor and those bothered by emotional problems were more likely to respond negatively. Relative to these factors, ethnicity had relatively little explanatory impact on scores for patients' experiences.

Figure 4. Comparison of incremental R-squared values, by domain (mental health patients survey 2004)



Source: Healthcare Commission mental health patients survey, 2004

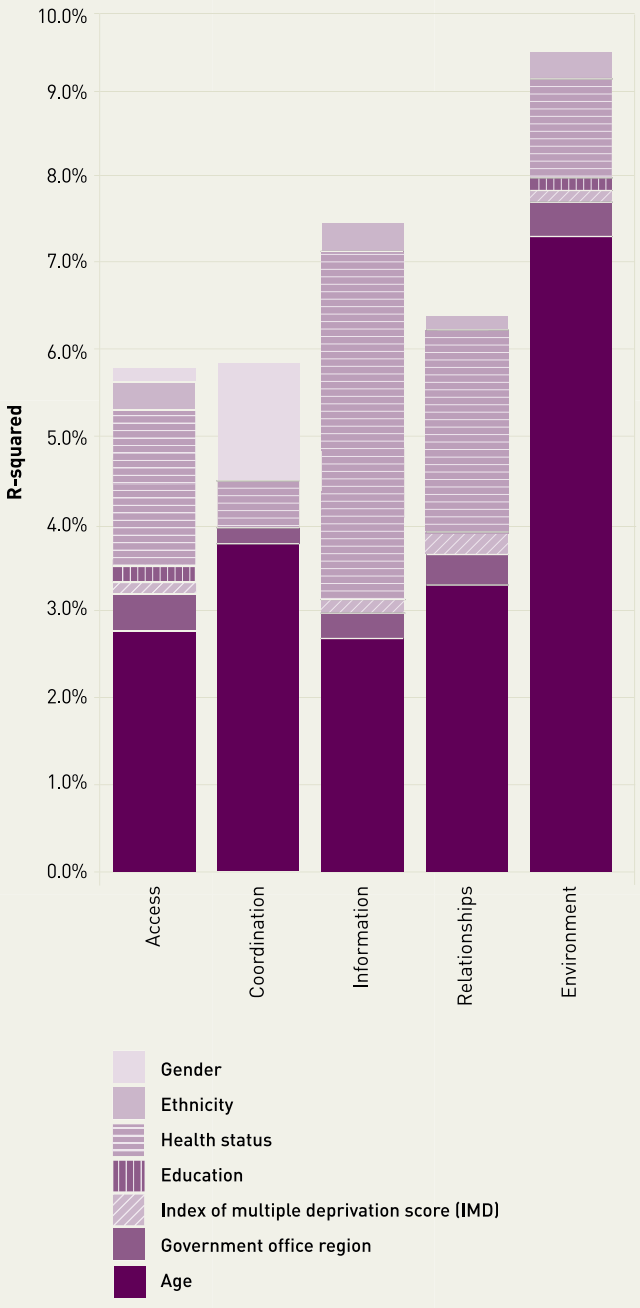
For all themes, responses were generally more positive from people using services provided by trusts outside London. After adjusting for other factors, those not in paid work responded more positively for the access, coordination and information domains. For coordination, those with more admissions responded more positively, while the opposite was true for relationships. For the information domain, women and those who had been admitted were more positive, while people who had been detained were more negative, as were people from south Asian ethnic groups. The relationships theme showed a number of differences from the other themes: people who had been admitted more often or detained under the Mental Health Act in the last year were more likely to respond negatively, but CPA level did not affect responses.

Primary care trusts survey

The variables included in the analysis explained 6% to 8% of the variation for most themes, except for the environment domain, for which 12% of the variation was explained (appendix D, table 5).

Responses to the primary care trusts survey were more positive, across all the domains, for older people and those outside London, especially respondents from the north and south west, and were more negative for people from more deprived areas and black and minority ethnic groups. South Asian groups, in particular, responded more negatively to the access, environment, relationships and information domains. Education was a factor for access and environment domains, as people with more years of education were more negative.

Figure 5. Comparison of incremental R-squared values, by domain (primary care trusts survey 2004)



Source: Healthcare Commission primary care trusts survey, 2004

In general, women were more negative than men, except for the coordination and information domains, where they were much more positive. People who reported that their health status was poor also responded more negatively to the survey, particularly for the information domain. However, these relationships were reversed for the coordination domain, where patients with poorer health status responded more positively. Two of the questions in the coordination domain, on blood pressure checks and medicine reviews, are likely to obtain more positive responses from people with chronic illnesses, which may explain the different pattern for this domain.

The findings for 2003/2004 are broadly similar to the results for the 2002/2003 surveys. Self-reported health status, which was found to be an important factor, was not available in the 2002/2003 surveys.

Conclusion

The analysis reported here largely follows the same method as that used to analyse the 2002/2003 patient surveys. However, an exception is the use of a stepwise selection technique for the multiple linear regression analysis. Some additional variables have been included in this analysis, notably region, and health status for the PCT survey; additionally, the surveys of mental health service users, young patients and ambulance patients have been undertaken for the first time.

The findings of the 2003/2004 surveys are broadly consistent with the analysis of earlier surveys. Age and self-reported health status together account for a large part of the variation in responses.

Older people responded more positively, which may reflect lower expectations of quality of care among older people. People with poorer self-reported health status responded more negatively; this could reflect the greater complexity of their needs, or a greater exposure to health services, providing more opportunities for them to have negative experiences. Factors related to the care of patients and their treatment are also important, partly because some questions are more relevant to some groups of patients than others. In this instance, elective patients are generally more positive than emergency patients, while for mental health, people on the enhanced care programme approach are more positive than those on a standard care programme approach.

Across the surveys there are consistent regional variations: people in London responded more negatively than people elsewhere, as reported also for the earlier patient surveys. Regional variations have also been found in responses to other surveys of public services.[1-3] One possible explanation for these variations is that they are related to workforce factors, and the greater difficulty for trusts in London and the south east to recruit and retain staff. Responses to questions about nursing from the inpatient survey show strong negative correlations with the proportion of ward staffing supplied by bank and agency nurses and by the skill mix of nurses, while satisfaction with A&E is negatively correlated to vacancy rates in A&E departments.[5] The level of ethnic diversity is also greater in London and reported by others to be a significant factor in responses to surveys.[2,3]

Black and minority ethnic groups responded more negatively on some issues and for some surveys: responses are most negative from ethnic groups, particularly south Asian groups, for the access, information and relationships domains, and for the PCT survey as a whole. Overall, ethnicity accounts for a smaller part of the overall variation in the experiences of patients between respondents than some other factors.

Although there are strong and consistent variations between patient groups, a relatively small proportion of variation – around 10% for most themes and surveys – is explained by the factors considered in the analysis. There are a number of possible reasons for this. The analysis does not take account of factors specific to care and treatment of individuals, which will vary widely. Individuals will also vary in their natural tendency to respond positively or negatively to survey questions.[6,7] Unexplained variation may also be a result of random variation introduced by the method of measurement used (i.e. inconsistent responses by individual respondents).

This analysis indicates that care must be taken in interpreting the survey results both for individual trusts and as markers of performance. Response rates vary geographically and between population subgroups. Variations in the age of patients, the care pathway and health status are all likely to have an impact on the results for trusts. Factors such as ethnicity, which account for a relatively small proportion of variation overall, could have a significant impact on the results for particular trusts with a high proportion of minority ethnic respondents. There are also complex interactions between the independent variables, and there may be other factors that influence the way that patients respond.

When carrying out future surveys, we hope to undertake a more detailed investigation of the variation in experience between patients with different health problems and those receiving different care. We also intend to undertake further analytical work to understand the factors underlying variations in the experiences of patients.

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Appendix A

Questions included in analysis

Adult inpatient survey

Access and waiting

3. Following arrival at the hospital, how long did you wait before admission to a room or ward and bed? (emergency admissions only)
4. How do you feel about the length of time you were on the waiting list before your admission to hospital? (waiting list only)
7. Was your admission date changed by the hospital? (waiting list only)
9. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward? (all types of admission)

Safe, high quality, coordinated care

17. Did you have confidence and trust in the doctors treating you?
20. Did you have confidence and trust in the nurses treating you?
22. In your opinion, were there enough nurses on duty to care for you in hospital?
23. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?
30. How many minutes after you used the call button did it usually take before you got the help you needed?
37. How long was the delay (of your discharge on the day you left hospital)? (Scored negatively only if delay was due to medicines, doctor or ambulance, as reported in Q36)
40. Did a member of staff tell you about any danger signals you should watch for after you went home?

Better information, more choice

24. Were you involved as much as you wanted to be in decisions made about your care and treatment?
25. How much information about your condition and treatment was given to you?
38. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?
39. Did a member of staff tell you about medication side effects to watch for when you went home?

Building relationships

16. When you had important questions to ask a doctor, did you get answers that you could understand?
18. Did doctors talk in front of you as if you weren't there?
19. When you had important questions to ask a nurse, did you get answers that you could understand?
21. Did nurses talk in front of you as if you weren't there?
26. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?

Clean, comfortable, friendly place to be

13. In your opinion, how clean was the hospital room or ward that you were in?
15. How would you rate the hospital food?
29. Were you given enough privacy when being examined or treated?
34. Do you think the hospital staff did everything they could to help control your pain?
43. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Young patient survey

Access and waiting

3. Following arrival at the hospital, how long did you wait before you were admitted to a bed on a ward? (emergency admissions only)
5. How do you feel about the length of time you were on the waiting list before admission to hospital? (waiting list only)
7. Was your admission date changed by the hospital? (waiting list only)
10. Did you feel that you had to wait a long time to get to a bed on a ward?

Safe, high quality, coordinated care

20. Did you feel that the hospital ward was a safe and secure place?
31. Did you have confidence and trust in the doctors treating you?
37. Did you have confidence and trust in the nurses treating you?
40. In your opinion, were there enough nurses on duty to care for you in hospital?
42. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you during your hospital stay?
50. How many minutes after you used the call button did it usually take before you got the help you needed?
69. Did a member of staff tell you about what danger signals you should watch for after you went home?

Better information, more choice

11. For most of your stay in hospital, what type of ward were you on? (will be analysed in conjunction with Q12 "What type of ward would you prefer to stay on?")
29. Did doctors give you (the patient) information about your care and treatment in a way that you could understand?
44. Were you (the patient) involved as much as you wanted to be in decisions about your care and treatment?
56. Before the operation, did the surgeon explain to you (the patient) what would be done during the operation?
67. Did a member of staff tell you about medication side effects to watch for when you went home?
68. Were you given enough information about how to use the medicine(s) (e.g. when to take it, how long you should take it for or whether it should be taken with food)?

Building relationships

30. If you had any worries or fears about your condition or treatment, did a doctor discuss them with you?
32. Did doctors talk in front of you as if you were not there?
36. If you had any worries or fears about your condition or treatment, did a nurse discuss them with you?
39. Did nurses talk in front of you as if you were not there?
58. Before the operation, did the surgeon or any of the other doctors answer your questions about the surgery in a way you could understand?
59. Before the operation, did a doctor or nurse discuss your worries or fears about the surgery or operation with you (the patient)?

Clean, comfortable, friendly place to be

13. In your opinion, how clean was the hospital room or ward that you were in?
19. How would you rate the hospital food you were given?
27. Did you feel friends or other relatives were welcome to visit you?
47. Were you given enough privacy when you were being examined or treated?
53. Do you think the hospital staff did everything they could to help control your pain?
73. Did you feel that you were treated with respect and dignity while you were in the hospital?
86. How would (parents) rate the facilities for parents or guardians staying overnight?

Ambulance users survey

Access and waiting

3. Did the ambulance call taker listen carefully?
4. Did the ambulance call taker easily understand your location?

Safe, high quality, coordinated care

7. Did the ambulance crew listen carefully?
8. Did the ambulance crew ask about your previous medical history?
9. Did you have trust and confidence in the ambulance crew's professional skills?

Better information, more choice

11. Did the ambulance crew explain your care and treatment in a way you could understand?
14. If friends or relatives were with you, were they given enough information about your care and treatment?

Building relationships

6. Was the ambulance call taker reassuring?
10. Was the ambulance crew reassuring?
12. Did the ambulance crew talk in front of you as if you weren't there?

Clean, comfortable, friendly place to be

13. Did the ambulance crew do everything they could to help control your pain?
17. How clean was the ambulance?
18. Did the ambulance driver take care to make the journey as comfortable as possible?
24. Overall, did the ambulance crew treat you with respect and dignity?

Mental health service users survey

Access and waiting

D1. In the last 12 months have you had any talking therapy (e.g. counselling) from NHS mental health services?
E10. Can you contact your care coordinator if you have a problem?
F9. In the last 12 months, have any appointments been cancelled or changed by mental health services?
G1. Do you have the number of someone in mental health services that you can call out of office hours?

Safe, high quality, coordinated care

B3. Did you have trust and confidence in the psychiatrist you saw?
B6. The last two times you had an appointment with a psychiatrist, was it with the same psychiatrist both times or with two different psychiatrists?
B9. Did you have trust and confidence in the community psychiatric nurse (CPN)?
E4. In the last 12 months have you had a care review?
E7. Did you find the care review helpful?

Better information, more choice

C2. Do you have a say in decisions about the medication you take?
E1. Have you been given (or offered) a written or printed copy of your care plan?
E2. Do you understand what is in your care plan?
E5. Were you told that you could bring a friend or relative to your care review meetings?
E6. Were you given a chance to express your views at the (care review) meeting?
E8. Have you been told who your care coordinator is?
F7. In the last 12 months have you received any information about local support groups for mental health service users?
J2. Do you have enough say in decisions about your care and treatment?
J3. Has your diagnosis been discussed with you?

Building relationships

B2. Did the psychiatrist listen carefully to you?
B4. Did the psychiatrist treat you with respect and dignity?
B5. (When you last saw a psychiatrist) were you given enough time to discuss your condition and treatment?
B8. Did the CPN listen carefully to you?
B10. Did the CPN treat you with respect and dignity?

Primary care trusts survey

Access and Waiting

A2. The last time you saw a doctor from your GP surgery did you have to wait for an appointment? (i.e. how long did you wait?)
A3. How do you feel about the length of time you had to wait for an appointment?
B4. How long after your appointment time did you have to wait to be seen?
H2. In the last 12 months, have you ever been put off going to your GP surgery/health centre because the opening times are inconvenient for you?

Safe, high quality, coordinated care

C6. Did you have confidence and trust in the doctor?
D7. In the last 12 months, have you seen anyone at your GP surgery to check how you are getting on with this medicine (i.e. have your medicines been reviewed)?
J7. Did you have confidence and trust in the dentist?
K4. In the last 12 months have you had your blood pressure taken by anyone from your GP surgery/health centre?

Better information, more choice

C4. Were you involved as much as you wanted to be in decisions about your care and treatment (when you last saw a doctor)?
C5. Did the doctor explain the reasons for any treatment or action in a way that you could understand?
D2. Were you involved as much as you wanted to be in decisions about the best medicine for you?
D4. Were you given enough information about any side effects the medicine(s) might have?
E3. Did someone explain the results in a way you could understand?
G3. Were you involved as much as you wanted to be in decisions about your care and treatment (when you last saw a health professional who is not a doctor)?
G4. Did (the other health professional) explain the reasons for any treatment or action in a way that you could understand?
J5. Did the dentist explain the reasons for any treatment or action in a way that you could understand?

Building relationships

C2. Did the doctor listen carefully to what you had to say?
C3. Were you given enough time to discuss your health or medical problem with the doctor?
C8. If you had questions to ask the doctor, did you get answers that you could understand?

Clean, comfortable, friendly place to be

B2. When you arrived, how would you rate the courtesy of the receptionist?
B5. Did someone tell you how long you would have to wait (in GP reception)?
C7. Did the doctor treat you with respect and dignity?
H1. In your opinion, how clean is the surgery/health centre?

Appendix B

Characteristics of respondents

Adult inpatient survey

Variable	Categories	Percentage	Number
Age	Age (mean)	61.8	88,434
Gender	Male	45.9	40,576
	Female	54.1	47,843
Ethnicity	White British	91.5	78,069
	White Irish	1.8	1,518
	White other	1.8	1,513
	Mixed	0.5	440
	Indian	1.2	999
	Pakistani	0.7	563
	Bangladeshi	0.2	177
	Caribbean	1.0	829
	African	0.6	547
	Chinese	0.2	153
	Other	0.6	488
Age at completing full time education	Still in full time education	0.9	784
	Left full time education aged <= 16 years	70.7	59,290
	Left full time education aged 17 to 18 years	16.0	13,397
	Left full time aducation aged >= 19 years	12.4	10,373
Self reported health status	Excellent health during the past 4 weeks	7.5	6,419
	Very good health during the past 4 weeks	18.9	16,102
	Good health during the past 4 weeks	27.3	23,201
	Fair health during the past 4 weeks	31.4	26,685
	Poor health during the past 4 weeks	11.6	9,893
	Very poor health during the past 4 weeks	3.3	2,807
Trust type	General trust	75.3	66,589
	Teaching trust	14.5	12,789
	Specialist trust	10.3	9,100
Method of admission	Emergency	50.3	42,354
	Elective	45.5	38,322
	Other admission	4.2	3,572
Government office region	London	17.0	15,039
	North east	4.9	4,316
	North west	16.2	14,336
	Yorkshire and the Humber	8.3	7,327
	East Midlands	5.5	4,832
	West Midlands	11.5	10,204
	East of England	10.9	9,665
	South east	14.5	12,840
	South west	11.2	9,919

Young patient survey

Variable	Categories	Percentage	Number
Age	Age (mean)	8.0	62,336
Gender	Male	55.6	34,676
	Female	44.4	27,660
Ethnicity	White British	87.8	53,097
	White Irish	0.4	247
	White other	1.7	1,030
	Mixed	2.8	1,701
	Indian	1.4	828
	Pakistani	1.7	1,020
	Bangladeshi	0.7	417
	Caribbean	0.8	455
	African	1.4	823
	Chinese	0.3	164
	Other	1.2	709
Disability status	Not disabled	92.2	56,463
	Disabled	7.8	4,808
Trust type	General trust	83.3	51,939
	Teaching trust	13.9	8,660
	Children's specialist trust	2.8	1,738
Method of admission	Emergency	51.7	31,617
	Elective	39.2	23,925
	Other admission	9.1	5,559
Number of admissions to hospital during last six months	1 admission in the past 6 months	74.3	44,230
	2-3 admissions in the past 6 months	21.0	12,533
	>= 4 admissions in the past 6 months	4.7	2,794
Person that filled in questionnaire	Young person filled in questionnaire	16.2	9,921
	Parent/guardian filled in questionnaire	66.1	40,608
	Both young person and parent/guardian filled in questionnaire	17.3	10,601
	Someone else filled in questionnaire	0.5	300
Overnight stay (inpatient) vs. day case	Inpatient	66.0	41,096
	Day case	34.0	21,197
Government office region	London	16.9	10,556
	North east	4.6	2,874
	North west	13.3	8,309
	Yorkshire and the Humber	9.8	6,114
	East Midlands	6.4	3,968
	West Midlands	10.4	6,464
	East of England	11.5	7,167
	South east	16.1	10,018
	South west	11.0	6,867

Ambulance user survey

Variable	Categories	Percentage	Number
Age	Age (mean)	62.8	12,296
Gender	Male	46.1	5,666
	Female	53.9	6,622
Ethnicity	White British	94.2	11,253
	White Irish	1.4	166
	White other	1.4	170
	Mixed	0.4	47
	Indian	0.7	89
	Pakistani	0.6	69
	Bangladeshi	0.2	20
	Caribbean	0.3	39
	African	0.3	40
	Chinese	0.1	14
	Other	0.3	36
Government office region	London	2.7	337
	North east	3.2	390
	North west	11.9	1,464
	Yorkshire and the Humber	9.1	1,122
	East Midlands	6.9	857
	West Midlands	12.9	1,595
	East of England	9.8	1,206
	South east	27.2	3,353
	South west	16.4	2,019

Mental health service user survey

Variable	Categories	Percentage	Number
Age	Age (mean)	44.5	27,325
Gender	Male	42.6	11,652
	Female	57.4	15,717
Ethnicity	White British	89.7	23,880
	White Irish	1.4	369
	White other	2.3	610
	Mixed	1.2	329
	Indian	1.2	313
	Pakistani	0.7	190
	Bangladeshi	0.3	68
	Caribbean	1.2	332
	African	0.9	241
	Chinese	0.2	48
	Other	0.9	245
Living with others vs living alone	Living with others	68.0	18,636
	Living alone	32.0	8,762
Current paid work situation	Currently in paid work	21.9	5,620
	Not currently in paid work	70.5	18,116
	Not currently in paid work, but work on a casual/voluntary basis	5.9	1,507
	Not currently in paid work, but am a full time student	1.8	463
Emotional problems during the past four weeks	Not at all bothered by emotional problems during the past 4 weeks	11.6	3,076
	Slightly bothered by emotional problems during the past 4 weeks	18.4	4,884
	Moderately bothered by emotional problems during the past 4 weeks	21.2	5,643
	Quite a lot bothered by emotional problems during the past 4 weeks	30.7	8,167
	Extremely bothered by emotional problems during the past 4 weeks	18.2	4,830
Mental health status	Excellent mental health	7.0	1,850
	Very good mental health	11.4	3,018
	Good mental health	21.7	5,728
	Fair mental health	35.0	9,250
	Poor mental health	18.3	4,843
	Very poor mental health	6.6	1,734
Care programme approach level	Standard care programme approach	61.8	13,499
	Enhanced care programme approach	38.2	8,338

Mental health service user survey (continued)

Variable	Categories	Percentage	Number
No of admissions to hospital as a mental health patient during the last 12 months	No admissions as a mental health patient in the last 12 months	80.0	20,972
	1 admission as a mental health patient in the last 12 months	14.9	3,912
	2-3 admissions as a mental health patient in the last 12 months	4.4	1,155
	> 3 admissions as a mental health patient in the last 12 months	0.7	171
Not detained vs detained under the Mental Health Act in the last 12 months	Not detained under the Mental Health Act in the last 12 months	92.4	23,960
	Detained under the Mental Health Act in the last 12 months	7.6	1,980
Government office region	London	11.5	3,152
	North east	4.5	1,232
	North west	10.9	2,974
	Yorkshire and the Humber	11.4	3,112
	East Midlands	6.3	1,725
	West Midlands	15.3	4,181
	East of England	9.8	2,695
	South east	19.6	5,363
	South west	10.8	2,965

Primary care trusts survey

Variable	Categories	Percentage	Number
Age	Age (mean)	52.8	122,152
Gender	Male	41.2	50,317
	Female	58.8	71,835
Ethnicity	White British	92.1	109,791
	White Irish	1.1	1,344
	White other	2.3	2,696
	Mixed	0.6	674
	Indian	1.2	1,378
	Pakistani	0.4	527
	Bangladeshi	0.2	242
	Caribbean	0.6	691
	African	0.6	686
	Chinese	0.3	395
	Other	0.6	746
Age at completing full time education	Still in full time education	3.6	4,224
	Left full time education aged <= 16 years	59.3	70,379
	Left full time education aged 17-18 years	19.5	23,205
	Left full time education aged >= 19 years	17.6	20,896
Self reported health status	Excellent health during the past 4 weeks	12.8	15,400
	Very good health during the past 4 weeks	26.2	31,416
	Good health during the past 4 weeks	30.1	36,059
	Fair health during the past 4 weeks	22.3	26,772
	Poor health during the past 4 weeks	7.0	8,403
	Very poor health during the past 4 weeks	1.5	1,839
Government office region	London	6.9	8,455
	North east	5.4	6,619
	North west	13.5	16,402
	Yorkshire and the Humber	11.2	13,593
	East Midlands	10.1	12,354
	West Midlands	10.0	12,197
	East of England	14.4	17,518
	South east	16.9	20,542
	South west	11.6	14,104
Index of multiple deprivation (IMD) deciles	1st	11.0	13,378
	2nd	10.9	13,308
	3rd	10.7	12,993
	4th	10.6	12,852
	5th	10.0	12,149
	6th	10.3	12,540
	7th	9.6	11,679
	8th	9.6	11,657
	9th	9.0	10,962
	10th	8.4	10,265

Appendix C

Further details of method

Forward stepwise regression
Forward stepwise regression is a statistical technique used to select variables that significantly contribute in a multiple regression model. The statistical package 'Stata' was used to determine whether to accept or reject each variable in the model on the basis of its statistical significance. If the variable is found to improve the model significantly, then the variable is kept in the model. In this analysis we have used forward stepwise regression to build the multiple regression models. However, the patient variables of age, gender and admission method were forced into the model irrespective of their significance, to maintain consistency with the other analyses.

It may be the case that for some levels of a variable, statistical significance is not reached, but overall the variable itself does significantly contribute to the regression analysis and therefore will remain in the model. Another reason why some variables will not be statistically significant in the final regression model is that the stepwise regression routine can only be used with 'fixed-effects' regression models in Stata. The rest of the analyses, however, use what is known as a 'random-effects' regression model – this type of model takes account of some of the variation which comes about because of the trust a patient was seen at. Again, this is desirable because (in theory) it should allow us to present a truer picture of the actual differences between different groups. The downside is that a variable that is statistically significant in a fixed effects model may not be when one produces the same model using random effects regression.

For each table in appendix D, the estimates show the change in the expected domain score for each level of a variable found to significantly contribute to the model relative to its baseline. For example, using the access domain model in table 1 and the method of admission reports an estimate of 15.69; this measures the average increase in patient experience for those patients whose admission was elective compared to emergency.

Incremental R-squared
For each survey, the chart reports a figure referred to as 'incremental R-squared'. This chart is derived from the random-effects multiple regression models. Each bar has been divided into several parts. Each part represents the amount of extra variation (R-squared) the model can take account of when a variable is added to the model containing all other variables. For example, if a model includes the variables age, sex, admission method, ethnic group, and health status – then the incremental R-squared for sex is calculated by estimating the R-squared for this model and subtracting the R-squared for the model including age, admission method, ethnic group and health status only. If the R-squared for the full model is 0.15 and the R-squared for the reduced model excluding sex is 0.11, then the incremental R-squared attributed to sex is 0.04. The model including sex is able to explain an extra 4% of the variance in the dependent variable.

The incremental R-squared value for each domain is plotted in bar charts to aid interpretation of the multiple regression models. The larger the portion of the bar, the more 'important' one can deem the variable to be in determining patients' scores for that domain. However, the incremental R-squared figures do not add up exactly to the overall R-squared figures of the final models. This is because the overall R-squared shows how much variation the model determinants explain in the domain score when their effects are combined. By removing a variable to calculate its incremental R-squared, the combined effects of the remaining variables will also change.

Appendix D

Table 1: Regression coefficients for the adult inpatient survey

Baseline: White British male, admitted as an emergency, in excellent health, treated in an ordinary acute trust within the London government office region, still in full time education.

Characteristic	Access			Coordination			Information			Relationships			Environment		
	coef	p		coef	p		coef	p		coef	p		coef	p	
Age	0.04	0	***	0.16	0	***	0.12	0	***	0.13	0	***	0.19	0	***
Female	-1.11	0.000	***	-3.03	0.000	***	-2.62	0.000	***	-0.24	0.086		-2.06	0.000	***
Elective	15.69	0.000	***	5.44	0.000	***	7.94	0.000	***	6.13	0.000	***	1.55	0.000	***
Other admission	18.91	0.000	***	3.00	0.000	***	5.62	0.000	***	3.47	0.000	***	0.82	0.006	**
Very good health during the past 4 weeks	-1.01	0.012	*	-3.46	0.000	***	-3.90	0.000	***	-2.87	0.000	***	-2.80	0.000	***
Good health during the past 4 weeks	-3.03	0.000	***	-7.25	0.000	***	-9.10	0.000	***	-6.10	0.000	***	-5.59	0.000	***
Fair health during the past 4 weeks	-5.63	0.000	***	-11.56	0.000	***	-15.58	0.000	***	-10.42	0.000	***	-8.63	0.000	***
Poor health during the past 4 weeks	-9.76	0.000	***	-17.25	0.000	***	-23.25	0.000	***	-15.69	0.000	***	-12.59	0.000	***
Very poor health during the past 4 weeks	-14.02	0.000	***	-22.65	0.000	***	-28.48	0.000	***	-20.73	0.000	***	-16.85	0.000	***
North east	13.48	0.000	***	7.04	0.000	***	6.21	0.000	***	4.80	0.000	***	6.44	0.000	***
North west	4.95	0.000	***	3.83	0.000	***	2.97	0.000	***	3.23	0.000	***	5.14	0.000	***
Yorkshire and the Humber	10.93	0.000	***	4.60	0.000	***	4.65	0.000	***	4.21	0.000	***	5.37	0.000	***
East Midlands	7.33	0.000	***	2.32	0.002	**	3.92	0.000	***	2.53	0.000	***	3.57	0.000	***
West Midlands	5.53	0.000	***	2.91	0.000	***	3.25	0.000	***	2.18	0.000	***	4.23	0.000	***
East of England	3.92	0.009	**	1.05	0.084		1.85	0.011	*	1.22	0.011	*	3.41	0.000	***
South east	4.34	0.002	**	2.21	0.000	***	2.49	0.000	***	2.30	0.000	***	3.35	0.000	***
South west	6.80	0.000	***	3.68	0.000	***	4.96	0.000	***	3.66	0.000	***	5.43	0.000	***
Teaching trust	1.52	0.177		1.04	0.023	*	2.08	0.000	***	0.94	0.009	**	0.57	0.254	
Specialist trust	10.13	0.000	***	6.52	0.000	***	7.18	0.000	***	5.15	0.000	***	6.28	0.000	***
White Irish	0.62	0.398		1.60	0.002	**	1.77	0.022	*	0.00	0.998		1.11	0.013	*
White other	-1.94	0.007	**	-1.04	0.037	*	-1.07	0.160		-1.64	0.002	**	-1.09	0.013	*
Mixed	-3.61	0.006	**	-1.76	0.056		-5.73	0.000	***	-4.60	0.000	***	-0.40	0.626	
Indian	-4.75	0.000	***	-2.12	0.001	***	-4.11	0.000	***	-6.73	0.000	***	-1.18	0.035	*
Pakistani	-7.19	0.000	***	-2.07	0.016	*	-4.72	0.000	***	-7.34	0.000	***	-1.25	0.099	
Bangladeshi	-7.96	0.000	***	-5.46	0.000	***	-2.69	0.245		-9.40	0.000	***	-2.99	0.027	*
Caribbean	-1.36	0.184		0.67	0.343		-1.71	0.114		0.33	0.660		0.70	0.263	
African	0.36	0.770		-0.77	0.372		-1.34	0.305		-1.73	0.057		3.47	0.000	***
Chinese	-0.01	0.996		-1.78	0.250		-2.74	0.242		-5.46	0.001	***	-1.83	0.181	
Other	-2.95	0.021	*	-0.38	0.668		-2.03	0.134		-5.57	0.000	***	0.02	0.980	
Left full time education aged <= 16 years	3.57	0.000	***	3.03	0.000	***	4.94	0.000	***	2.55	0.001	***	2.08	0.001	***
Left full time education aged 17-18 years	3.35	0.001	***	0.83	0.241		2.94	0.006	**	2.19	0.003	**	0.07	0.906	
Left full time education aged >= 19 years	2.82	0.006	**	-0.27	0.705		2.08	0.054		2.52	0.001	***	-0.91	0.147	
Constant	61.81	0.000	***	69.97	0.000	***	67.22	0.000	***	73.74	0.000	***	69.46	0.000	***
R-squared	0.143			0.155			0.113			0.120			0.124		

* p<0.05; ** p<0.01; *** p<0.001

Table 2: Regression coefficients for the young patients survey

Baseline: White British male, admitted as an emergency, who has been admitted once in the last six months, as an inpatient (where admitted as inpatient/day case was significant in the model), to an ordinary acute trust in the London government office region, who was not disabled, and filled in the questionnaire themselves (where the individual who filled in the questionnaire was significant in the model).

Characteristic	Access		Coordination		Information		Relationships		Environment	
	coef	p	coef	p	coef	p	coef	p	coef	p
Age	-0.43	0.000 ***	0.09	0.000 ***	-0.89	0.000 ***	-0.06	0.007 **	0.04	0.052
Female	-0.02	0.926	-0.96	0.000 ***	-0.79	0.000 ***	-0.60	0.000 ***	-0.83	0.000 ***
Elective	13.26	0.000 ***	4.11	0.000 ***	2.39	0.000 ***	3.23	0.000 ***	2.14	0.000 ***
Other admission	3.07	0.000 ***	0.31	0.259	0.63	0.049 *	0.50	0.083	0.59	0.017 *
2-3 admissions in the past 6 months	-0.32	0.216	-4.99	0.000 ***	-3.04	0.000 ***	-3.33	0.000 ***	-2.82	0.000 ***
>= 4 admissions in the past 6 months	2.59	0.000 ***	-7.86	0.000 ***	-3.82	0.000 ***	-4.74	0.000 ***	-4.09	0.000 ***
White Irish	-0.64	0.697	-0.17	0.883	-0.87	0.535	-0.16	0.898	0.90	0.403
White other	-4.44	0.000 ***	-0.81	0.173	-1.44	0.040 *	-3.58	0.000 ***	-0.36	0.502
Mixed	-2.67	0.000 ***	-1.72	0.000 ***	-2.39	0.000 ***	-2.03	0.000 ***	-1.10	0.008 **
Indian	-5.25	0.000 ***	-2	0.003 **	-1.32	0.091	-5.84	0.000 ***	-0.83	0.168
Pakistani	-5.41	0.000 ***	-1.77	0.004 **	-3	0.000 ***	-5.77	0.000 ***	-0.87	0.118
Bangladeshi	-12.93	0.000 ***	-3.59	0.000 ***	-2.97	0.010 **	-9.32	0.000 ***	-0.54	0.542
Caribbean	-3.96	0.002 **	-2.87	0.002 **	-3.80	0.000 ***	-2.38	0.014 *	-0.91	0.268
African	-2.89	0.002 **	-0.11	0.867	-0.75	0.353	-2.62	0.000 ***	3.34	0.000 ***
Chinese	-11.94	0.000 ***	-5.95	0.000 ***	-3.60	0.032 *	-6.04	0.000 ***	-3.69	0.004 **
Other	-4.99	0.000 ***	-1.59	0.029 *	-1.70	0.047 *	-6.09	0.000 ***	-0.10	0.880
Day case	4.25	0.000 ***	3.20	0.000 ***	ns		2.99	0.000 ***	5.05	0.000 ***
North east	10.31	0.000 ***	5.88	0.000 ***	3.17	0.000 ***	3.02	0.000 ***	5.84	0.000 ***
North west	7.27	0.000 ***	4.12	0.000 ***	1.38	0.018 *	2.29	0.000 ***	3.94	0.000 ***
Yorkshire and the Humber	10.08	0.000 ***	2.69	0.000 ***	0.90	0.161	1.42	0.026 *	3.21	0.000 ***
East Midlands	10.90	0.000 ***	3.64	0.000 ***	2.14	0.005 **	1.78	0.017 *	4.13	0.000 ***
West Midlands	7.69	0.000 ***	2.23	0.003 **	0.70	0.276	0.50	0.434	2.70	0.001 ***
East of England	5.62	0.000 ***	1.43	0.053	0.13	0.836	0.48	0.444	2.89	0.000 ***
South east	6.17	0.000 ***	1.67	0.013 *	0.84	0.141	1.24	0.028 *	2.04	0.005 **
South west	7.96	0.000 ***	3.44	0.000 ***	1.71	0.008 **	2.66	0.000 ***	4.86	0.000 ***
Teaching trust	-0.56	0.638	0.93	0.103	1.26	0.009 **	1.73	0.000 ***	0.97	0.118
Children's specialist trust	-1.30	0.602	3.54	0.003 **	3.78	0.000 ***	3.96	0.000 ***	3.59	0.005 **
Disabled	0.89	0.027 *	-4.50	0.000 ***	-1.15	0.001 ***	-3.04	0.000 ***	-1.83	0.000 ***
Parent/guardian filled in questionnaire	ns		1.51	0.000 ***	0.51	0.152	2.18	0.000 ***	0.60	0.027 *
Both young person and parent/guardian filled in questionnaire	ns		2.07	0.000 ***	1.25	0.000 ***	2.15	0.000 ***	1.60	0.000 ***
Someone else filled in questionnaire	ns		3.06	0.009 **	-0.11	0.938	-2.65	0.034 *	1.58	0.136
Constant	71.14	0.000 ***	76.89	0.000 ***	85.44	0.000 ***	80.70	0.000 ***	73.79	0.000 ***
R-squared	0.099		0.072		0.059		0.045		0.059	

* p<0.05; ** p<0.01; *** p<0.001; ns = not statistically significant

Table 3: Regression coefficients for the ambulance service patient survey

For the access domain the baseline was males, for the relationships and information domain the baseline was set as white British males, whereas for the coordination and environment domains, the baseline was additionally set as London government office region.

Characteristic	Access		Coordination		Information		Relationships		Environment	
	coef	p	coef	p	coef	p	coef	p	coef	p
Age	0.05	0.000 ***	-0.01	0.230	0.03	0.005 **	0.09	0.000 ***	0.12	0.000 ***
Female	0.17	0.548	-1.74	0.000 ***	-0.79	0.088	0.40	0.197	-0.33	0.195
White Irish	ns		-0.08	0.953	-0.87	0.657	-2.37	0.073	0.84	0.445
White other	ns		-1.15	0.360	-1.81	0.346	-2.33	0.072	-1.62	0.129
Mixed	ns		-2.29	0.342	0.11	0.975	-2.51	0.301	-1.52	0.455
Indian	ns		0.46	0.793	-2.46	0.352	-7.90	0.000 ***	-2.14	0.156
Pakistani	ns		-6.52	0.001 ***	-9.93	0.001 ***	-16.94	0.000 ***	-10.48	0.000 ***
Bangladeshi	ns		2.49	0.514	-9.67	0.091	-14.14	0.000 ***	-7.81	0.014 *
Caribbean	ns		-1.89	0.466	-6.73	0.097	-3.07	0.248	-0.60	0.786
African	ns		-9.92	0.000 ***	-18.54	0.000 ***	-12.63	0.000 ***	-6.04	0.007 **
Chinese	ns		-0.95	0.833	-0.48	0.943	-13.44	0.005 **	-4.83	0.207
Other	ns		2.55	0.359	0.59	0.889	-7.53	0.010 **	-1.95	0.399
North east	ns		0.82	0.540	ns	ns ns	ns		1.01	0.447
North west	ns		0.22	0.842	ns	ns ns	ns		0.43	0.688
Yorkshire and the Humber	ns		0.34	0.763	ns	ns ns	ns		-1.19	0.283
East Midlands	ns		-0.62	0.596	ns	ns ns	ns		0.26	0.823
West Midlands	ns		1.41	0.194	ns	ns ns	ns		0.36	0.738
East of England	ns		1.72	0.122	ns	ns ns	ns		0.69	0.534
South east	ns		0.44	0.674	ns	ns ns	ns		-0.27	0.791
South west	ns		0.39	0.716	ns	ns ns	ns		0.16	0.878
Constant	93.91	0.000 ***	94.35	0.000 ***	87.93	0.000 ***	86.32	0.000 ***	86.80	0.000 ***
R-squared	0.009		0.007		0.005		0.028		0.039	

* p<0.05; ** p<0.01; *** p<0.001; ns = not statistically significant

Table 4: Regression coefficients for the mental health service users survey

Baseline: White British males, (where ethnic origin is significant in the model), on standard CPA, not at all bothered by emotional problems during the past four weeks, with excellent mental health, in the London government office region, currently in paid work, no admissions as a mental health patient in the last 12 months, living with others (where residential status is significant in the model), not detained under the Mental Health Act in the last 12 months (where detention under the Mental Health Act is significant in the model).

Characteristic	Access		Coordination		Information		Relationships	
	coef	p	coef	p	coef	p	coef	p
Age	0.13	0.000 ***	0.17	0.000 ***	0.06	0.000 ***	0.22	0.000 ***
Female	-0.41	0.214	0.05	0.890	1.30	0.000 ***	0.26	0.420
Enhanced CPA	4.19	0.000 ***	8.19	0.000 ***	8.92	0.000 ***	0.22	0.524
Slightly bothered by emotional problems during the past 4 weeks	-0.77	0.254	-1.08	0.171	1.69	0.024 *	1.12	0.081
Moderately bothered by emotional problems during the past 4 weeks	-3.72	0.000 ***	-0.94	0.262	1.49	0.060	-0.21	0.754
Quite a lot bothered by emotional problems during the past 4 weeks	-6.16	0.000 ***	-2.98	0.001 ***	-1.17	0.154	-3.09	0.000 ***
Extremely bothered by emotional problems during the past 4 weeks	-9.62	0.000 ***	-6.03	0.000 ***	-3.64	0.000 ***	-6.28	0.000 ***
Very good mental health	-0.80	0.325	-0.24	0.799	-0.40	0.659	-0.19	0.806
Good mental health	-1.97	0.015 *	-2.12	0.024 *	-4.06	0.000 ***	-2.07	0.007 **
Fair mental health	-3.81	0.000 ***	-5.51	0.000 ***	-8.54	0.000 ***	-5.12	0.000 ***
Poor mental health	-5.60	0.000 ***	-8.51	0.000 ***	-12.8	0.000 ***	-8.80	0.000 ***
Very poor mental health	-8.81	0.000 ***	-11.24	0.000 ***	-16.64	0.000 ***	-13.69	0.000 ***
North east	5.15	0.018 *	5.75	0.005 **	9.01	0.000 ***	4.69	0.000 ***
North west	2.65	0.123	3.09	0.055	5.25	0.002 **	2.60	0.015 *
Yorkshire and the Humber	2.50	0.155	3.09	0.060	6.94	0.000 ***	2.71	0.012 *
East Midlands	1.24	0.576	3.78	0.071	4.69	0.035 *	2.36	0.088
West Midlands	3.83	0.022 *	2.71	0.085	4.28	0.011 *	3.64	0.000 ***
East of England	4.12	0.028 *	1.15	0.513	7.22	0.000 ***	0.30	0.797
South east	4.13	0.009 **	3.72	0.012 *	5.72	0.000 ***	2.19	0.025 *
South west	4.60	0.013 *	4.59	0.008 **	10.6	0.000 ***	4.71	0.000 ***
Not currently in paid work	2.11	0.000 ***	5.50	0.000 ***	3.70	0.000 ***	ns	
Not currently in paid work, but work on a casual/voluntary basis	-0.66	0.386	4.50	0.000 ***	5.79	0.000 ***	ns	
Not currently in paid work, but am a full-time student	-0.71	0.593	2.17	0.161	1.78	0.224	ns	
1 admission as a mental health patient in the last 12 months	1.59	0.001 ***	3.18	0.000 ***	2.90	0.000 ***	-1.80	0.000 ***
2 to 3 admissions as a mental health patient in the last 12 months	0.89	0.268	1.58	0.091	1.98	0.032 *	-4.24	0.000 ***
> 3 admissions as a mental health patient in the last 12 months	-1.47	0.481	6.76	0.005 **	1.24	0.609	-7.00	0.000 ***
Living alone	ns		ns		n/a		-2.68	0.000 ***
Detained under the Mental Health Act in the last 12 months	ns		ns		-3.11	0.000 ***	-3.06	0.000 ***
White Irish	ns		ns		1.14	0.460	ns	
White other	ns		ns		-3.73	0.003 **	ns	
Mixed	ns		ns		0.22	0.893	ns	
Indian	ns		ns		-4.49	0.010 **	ns	
Pakistani	ns		ns		-4.66	0.029 *	ns	
Bangladeshi	ns		ns		-4.88	0.152	ns	
Caribbean	ns		ns		0.06	0.970	ns	
African	ns		ns		0.82	0.667	ns	
Chinese	ns		ns		-3.50	0.411	ns	
Other	ns		ns		-0.74	0.694	ns	
Constant	67.25	0.000 ***	53.71	0.000 ***	51.56	0.000 ***	79.82	0.000 ***
R-squared	0.067		0.075		0.107		0.100	

* p<0.05; ** p<0.01; *** p<0.001; ns = not statistically significant

Table 5: Regression coefficients for the primary care trusts survey

Baseline: White British males, in excellent health during past four weeks, in the London government office region, still in full time education (where education status is significant in the model), whose PCT is in the 1st IMD decile group.

Characteristic	Access		Coordination		Information		Relationships		Environment	
	coef	p	coef	p	coef	p	coef	p	coef	p
Age	0.24	0.000 ***	0.35	0.000 ***	0.22	0.000 ***	0.24	0.000 ***	0.31	0.000 ***
Female	-1.47	0.000 ***	6.86	0.000 ***	0.73	0.000 ***	-0.51	0.000 ***	-1.03	0.000 ***
Very good health during the past 4 weeks	-2.92	0.000 ***	3.38	0.000 ***	-3.44	0.000 ***	-2.48	0.000 ***	-2.53	0.000 ***
Good health during the past 4 weeks	-5.84	0.000 ***	5.44	0.000 ***	-6.83	0.000 ***	-4.88	0.000 ***	-4.68	0.000 ***
Fair health during the past 4 weeks	-8.65	0.000 ***	6.91	0.000 ***	-11.34	0.000 ***	-8.26	0.000 ***	-5.82	0.000 ***
Poor health during the past 4 weeks	-10.38	0.000 ***	7.75	0.000 ***	-14.83	0.000 ***	-10.65	0.000 ***	-6.90	0.000 ***
Very poor health during the past 4 weeks	-11.90	0.000 ***	6.42	0.000 ***	-18.31	0.000 ***	-14.14	0.000 ***	-8.05	0.000 ***
White Irish	-0.05	0.932	0.80	0.336	-0.47	0.436	-1.00	0.100	1.14	0.018 *
White other	-2.06	0.000 ***	-2.46	0.000 ***	-4.75	0.000 ***	-3.75	0.000 ***	-1.51	0.000 ***
Mixed	-3.43	0.000 ***	-3.65	0.002 **	-3.90	0.000 ***	-1.72	0.051	-2.61	0.000 ***
Indian	-7.59	0.000 ***	-3.44	0.000 ***	-7.36	0.000 ***	-3.73	0.000 ***	-6.44	0.000 ***
Pakistani	-11.91	0.000 ***	-3.98	0.003 **	-10.3	0.000 ***	-7.50	0.000 ***	-9.80	0.000 ***
Bangladeshi	-13.31	0.000 ***	-1.86	0.346	-8.71	0.000 ***	-7.24	0.000 ***	-7.72	0.000 ***
Caribbean	-0.97	0.278	2.37	0.041 *	-4.69	0.000 ***	-1.88	0.027 *	-2.12	0.002 **
African	-1.83	0.043 *	0.83	0.483	-6.52	0.000 ***	0.22	0.802	0.41	0.554
Chinese	-4.11	0.000 ***	-7.78	0.000 ***	-9.23	0.000 ***	-4.26	0.000 ***	-6.11	0.000 ***
Other	-2.69	0.001 ***	-3.51	0.002 **	-6.66	0.000 ***	-1.89	0.024 *	-4.45	0.000 ***
North east	5.98	0.000 ***	3.34	0.000 ***	4.87	0.000 ***	4.89	0.000 ***	4.28	0.000 ***
North west	3.96	0.000 ***	3.35	0.000 ***	2.99	0.000 ***	3.25	0.000 ***	3.05	0.000 ***
Yorkshire and the Humber	5.30	0.000 ***	2.85	0.000 ***	3.29	0.000 ***	3.05	0.000 ***	3.71	0.000 ***
East Midlands	4.45	0.000 ***	2.72	0.000 ***	2.61	0.000 ***	2.79	0.000 ***	3.38	0.000 ***
West Midlands	3.39	0.000 ***	1.25	0.039 *	1.16	0.011 *	1.22	0.017 *	2.26	0.000 ***
East of England	2.63	0.000 ***	0.90	0.126	0.77	0.082	0.56	0.262	1.51	0.001 ***
South east	1.98	0.006 **	0.21	0.728	0.94	0.035 *	0.88	0.077	1.49	0.001 ***
South west	4.93	0.000 ***	1.39	0.021 *	2.74	0.000 ***	2.78	0.000 ***	3.76	0.000 ***
Left full time education aged <= 16 years	-5.07	0.000 ***	ns		0.44	0.254	0.09	0.814	-2.59	0.000 ***
Left full time education aged 17 to18 years	-5.82	0.000 ***	ns		0.76	0.050 *	0.47	0.243	-3.75	0.000 ***
Left full time education aged >= 19 years	-7.07	0.000 ***	ns		0.73	0.062	0.69	0.089	-4.41	0.000 ***
2nd IMD decile	-0.69	0.354	-0.94	0.100	-1.17	0.007 **	-0.84	0.088	-0.57	0.203
3rd IMD decile	-0.50	0.507	-0.89	0.125	-0.94	0.031 *	-0.82	0.102	-0.20	0.667
4th IMD decile	-0.89	0.225	-0.62	0.279	-0.98	0.023 *	-1.21	0.014 *	-0.63	0.154
5th IMD decile	-1.66	0.032 *	-1.82	0.003 **	-1.53	0.001 ***	-1.58	0.002 **	-0.90	0.056
6th IMD decile	-2.30	0.003 **	-1.79	0.003 **	-2.27	0.000 ***	-2.38	0.000 ***	-1.29	0.006 **
7th IMD decile	-2.00	0.008 **	-1.40	0.018 *	-2.00	0.000 ***	-2.03	0.000 ***	-1.62	0.000 ***
8th IMD decile	-2.28	0.004 **	-2.63	0.000 ***	-2.75	0.000 ***	-2.92	0.000 ***	-2.52	0.000 ***
9th IMD decile	-3.31	0.000 ***	-3.48	0.000 ***	-3.60	0.000 ***	-3.91	0.000 ***	-2.52	0.000 ***
10th IMD decile	-3.89	0.000 ***	-3.22	0.000 ***	-3.11	0.000 ***	-3.91	0.000 ***	-2.87	0.000 ***
Constant	72.16	0.000 ***	46.14	0.000 ***	77.36	0.000 ***	80.41	0.000 ***	71.93	0.000 ***
R-squared	0.062		0.068		0.079		0.068		0.118	

* p<0.05; ** p<0.01; *** p<0.001; ns = not statistically significant

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