

Important information about the 2015 Cancer Patient Experience Survey (CPES)

The national results of the 2015 Cancer Patient Experience Survey will be published on the 7th June 2016. On the 5th July 2016 the Trust and CCG results will come out.

A number of improvements have been made to the survey in this wave which means that caution needs to be applied when comparing the findings with those from previous waves. Comparisons between Trusts and CCGs within this wave *are* possible.

This document details both why the changes were made and how to interpret the findings. It is **very important** that anyone looking at the results reads this in advance.

Redevelopment of the 2015 Survey

The Cancer Patient Experience Survey (CPES) has been carried out on an annual basis since 2010. During this time, few changes have been made to the original survey questions or methodology. However, ahead of the 2015 survey, NHS England, the Cancer Patient Experience Advisory Group, patient groups and other key stakeholders indicated that updates were needed to take into account changes in patterns of service use, policy and the regulatory landscape.

In order to understand what changes, if any, needed to be made, an engagement exercise was carried out with patients, commissioners, providers, charities and other key stakeholders to establish perceptions of the survey. Details of the findings from this will be made available along with the results.

The section below outlines the changes made as a result of the engagement exercise and the implications for comparing with previous waves.

2015/16 Survey changes

1. The length of the questionnaire has been reduced. This change was in response to clear feedback that the survey was too long and that some of the questions were no longer relevant.
2. Response options have been reviewed and changed to make them consistent throughout the survey. Changes to response options were made to provide consistency throughout the questionnaire and to try and avoid confusion for respondents.
3. Some of the questions and/or answer options have been changed so that they are now in line with questions in other patient surveys (e.g. the Care Quality Commission national patient surveys), to improve comparability between them.
4. The topic areas within the questionnaire have been redesigned to capture the whole patient journey. Changes to the survey's topic areas have been made to ensure that experiences are captured across the whole patient journey and not according to service boundaries.

Likely impact

- There are 50 questions in the questionnaire that relate directly to patient experience¹. Of these, 14 remain unchanged from previous years; and a further

¹ The remaining questions ask about background information about respondents (e.g. about recurrence of their cancer); about demographics (e.g. respondents age or ethnicity); about whether they are happy to take part in further research; or are simply questions that direct respondents to the relevant parts of the questionnaire.

21 have been slightly amended. We draw caution in directly comparing data from the 2015 survey to the findings of the previous CPES surveys, even for identical questions. Changes in the structure of the survey instrument (questionnaire) and also the administration of the survey (calendar period and length of time from sampling to field work start and completion) may influence nationwide averages, although these features will not greatly impact on relative comparisons (e.g. between patient groups or hospitals).

- The other 15 questions are either new or substantially changed from previous years.
- It is expected that there will be few, if any, changes to the questionnaire going forward so we will be able to compare the results year on year. Where changes are necessary they are expected to be for methodological reasons or to improve question reliability.

5. An online version of the questionnaire has been developed. The online version was developed to make the questionnaire more accessible for respondents.

Likely impact

- The introduction of the online questionnaire may have an impact on the demographic characteristics of the respondents. This may be an improvement if previously underrepresented groups have responded. However, changes to the demographics of respondents may have implications on the overall results. Analysis of the demographics of online respondents will be undertaken following publication.

6. The 2015 survey data will be published as Official Statistics. The 2015 survey data will be produced and published in line with the Code of Practice for Official Statistics. Further information about the Code of Practice can be found [here](#).

Likely impact

- Use of the Code of Practice for Official Statistics will support continuous improvement of the data and ensure that the data produced are high quality and of public value.

7. The 2015 survey sampling and fieldwork periods has changed. The 2015 survey covers all cancer patients in the window April-June 2015, whereas previous surveys covered September-November (e.g. CPES 2014 covered September-November 2013). The fieldwork for the survey was carried out from October 2015 to March 2016, whereas previous surveys were carried out from February-April.

Likely impact

- The change to the sampling and fieldwork periods means that the time of year at which care was received is different to in previous years and therefore results will **not** be directly comparable in that respect.

2015 changes to the reporting of results for hospital Trusts or CCGs

1. Case-mix adjusted findings will be presented alongside crude results for Trusts or CCGs. Case-mix adjustment allows us to account for the impact that differing patient populations might have on results. For example, results from previous years show that respondents who are younger, have a rarer cancer, or who belong to an ethnic minority group tend to report poorer experiences of care; and that women are also widely known to report more negative patient experiences than men.

By using the case-mix adjusted estimates we can obtain a greater understanding of how a Trust is performing given their patient population.

Case-mix-adjusted resultsⁱ will be presented alongside the unadjusted results for each Trust/CCG so organisations can see both. Case-mix adjusted results are not available for previous years.

For example, this could have the following type of effect:

	Unadjusted score			<i>Adjusted score</i>		
	Lower Confidence Interval	CCG score	Upper Confidence Interval	<i>Lower Confidence Interval</i>	CCG score	<i>Upper Confidence Interval</i>
Q38 % Respondents given clear written information about what they should or should not do after leaving hospital	74.1%	74.5%	74.9%	<i>74.6%</i>	75.0%	<i>75.4%</i>

Likely impact

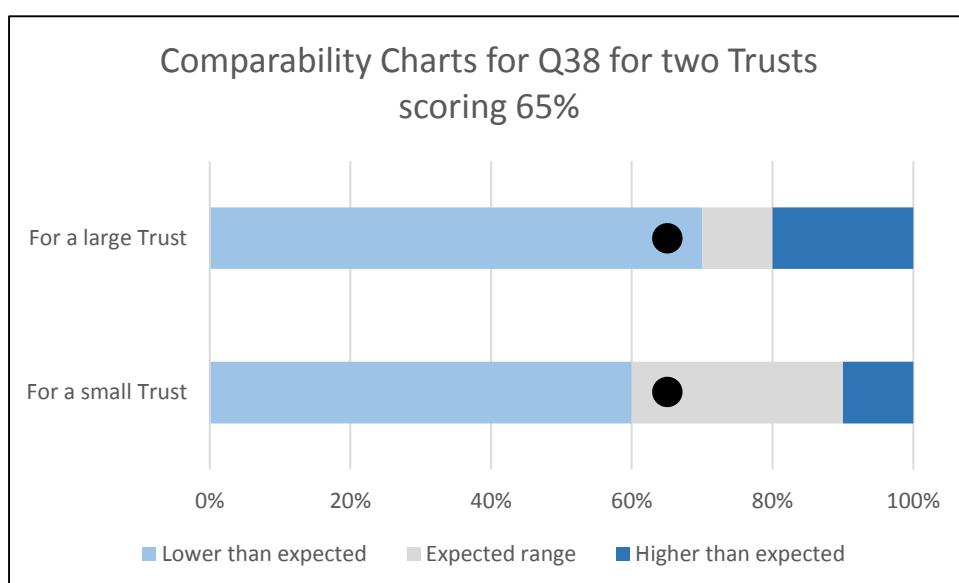
- Publishing adjusted scores, as well as the unadjusted ones, will enable users of the survey findings to understand the impact of patient-case mix in a given Trust's/CCG's crude scores, and this allows for better interpretation of the findings of an individual Trust/CCG; additionally, using the case-mix adjusted scores could provide the basis for more fair comparisons of comparative performance of any individual Trust/CCG against others.
- Comparability across Trusts and CCGs should be improved for the 2015/16 survey data.

2. Comparability Charts will be used for the CCG and Trust level reports

Another change relates to how comparative differences between Trusts/CCGs are described. In previous cancer patient experience surveys Trusts were classified into 'top-20%', 'middle 60%' and 'bottom-20%' bands for each question using the observed scores. This method provides a clear ranking which however may either under- or over-detect outliers among Trusts depending on their sample size.

For the 2015 survey, we have adopted the CQC standard for reporting comparative performance, based on calculation of "expected ranges". This means that Trusts/CCGs will be flagged as outliers only if there is statistical evidence that their scores deviate (positively or negatively) from the range of scores that would be expected for Trusts/CCGs of the same size. The Comparability Charts in the new reports show a bar with these expected ranges (in grey), higher than expected (in

dark blue), and lower than expected (in pale blue). A black dot represents the actual score of the Trust or CCG.



In the example above, we assume a national average of 75%, and two Trusts (a large and a smaller one, both with an identical mean score of 65%). It can be seen that 65% is within the 'expected range' for the smaller Trust, but is lower than the expected range for the larger hospital.

2015 survey publication dates

Official Statistics Publication: National Results	7th June 2016
Official Statistics Publication: CCG-level results	5th July 2016
Official Statistics Publication: Trusts-level results	5th July 2016

The data will be published on the [Quality Health website](#).

If you have any queries about the 2015 Cancer Patient Experience Survey publication please email ENGLAND.Insight-Queries@nhs.net. Any other queries about the survey process should be send to info@quality-health.co.uk.

ⁱⁱ The case mix variables we have used are age, gender, ethnicity, deprivation and tumour group.