

Tackling Health Inequalities by Listening to Community Voices

# Q1 Report (April – June 2025)



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# Executive Summary

In this quarter, which covers the period of April 1<sup>st</sup>–June 30<sup>th</sup> 2025, **87 patient and carer experiences** were gathered across health and social care services. Feedback was predominantly **negative (70%)**, with only **15% positive**, reflecting widespread challenges in **access, appointment booking, and service quality**—particularly in GP and dental care.

Key insights highlight:

- **Access and booking difficulties** remain the most pressing concern, driving over one-third of all feedback.
- **Quality of treatment** and compassionate care are important factors shaping patient experiences, though reports were inconsistent.
- **Demographic gaps** (over 70% missing across age, gender, ethnicity, and sexual orientation) limit understanding of equity and representativeness.
- Feedback was disproportionately from **older people and women’s health**, with younger and minority voices underrepresented.
- Systemic pressures, including **workforce capacity and service demand**, underpin many negative experiences.

**Recommendations** focus on improving access pathways, strengthening patient experience and continuity, enhancing demographic data collection, supporting workforce resilience, and targeting improvements in women’s health, older people’s care, disability, and long-term condition support.

# This Quarter at a Glance

## Experiences Captured

- **87 experiences** recorded across health and social care services.

## Sentiment

- Positive: **15%**
- Negative: **70%**
- Mixed: **13%**
- Unclear: **2%**

## Demographics (where known)

- **Age:** Most responses came from those aged **50–70 years (25%)**; only **1%** from 18–24s.
- **Gender:** Women **17%**, Men **12%**, Unknown **71%**.
- **Ethnicity:** Majority identified as **White British (21%)**; 75% unknown.
- **Sexual Orientation:** Heterosexual **24%**; 74% unknown.
- **Disability & Long-Term Conditions:** 7% identified as disabled; 14% reported a long-term condition.
- **Carers:** 6% identified as carers.

## Communities of Interest

- Women's Health: **38%**
- Older People: **36%**
- Supporting those with Disabilities: **15%**
- Others included Children & Young People, LGBT+, and Global Ethnic Majority (each <5%).

## Services & Workstreams

- Primary & Community Care / PCNs: **74%**
- Hospitals & Healthcare: **18%**
- Mental Health Services: **6%**

- Adult Social Care: **2%**

### Service Types Reported

- GP Services: **46%**
- Dentists: **23%**
- Hospitals: **14%**
- Mental Health: **6%**
- Others (pharmacy, clinics, care, social care): **11% combined**

### Themes Raised

- Booking Appointments: **18%**
- Access to Services: **17%**
- Quality of Treatment: **17%**
- Caring, Kindness, Respect & Dignity: **13%**
- Other recurring issues: communication, follow-on treatment, prescriptions/medication (each 7%).
- Less frequent concerns (<2% each): cleanliness, safety, discharge, referrals, parking, transport, waiting times.

# Key Findings & Trends

During this quarter, **87 experiences** were captured across health and social care services. The data highlights several significant trends in patient experience, demographics, and service use.

## Sentiment

Feedback was largely **negative (70%)**, with only **15% positive** experiences recorded. A further **13% were mixed**, and **2% unclear**. This suggests that the majority of individuals reporting experiences faced challenges with access, booking appointments, or quality of care.

## Demographics

A notable limitation in the data is the high level of **unknown demographic information**. For example, age was not recorded in **71% of cases**, gender in **71%**, sexual orientation in **74%**, and ethnicity in **75%**. This limits the ability to fully understand the representativeness of the feedback.

Where data was available:

- Most responses came from people aged **50–70 years (25%)**, with minimal input from younger age groups.
- More women than men shared experiences (**17% vs. 12%**).
- The majority of recorded sexual orientation was **heterosexual (24%)**.
- **White British/English/Northern Irish/Scottish/Welsh** backgrounds made up the largest identified ethnic group (**21%**).

## Health & Social Characteristics

- **14%** reported a long-term condition, while **7%** identified as disabled.
- **6%** identified as carers, though this is likely under-represented due to high non-response rates.
- Communities of interest most frequently reported experiences related to **women's health (38%)** and **older people (36%)**, followed by **supporting those with disabilities (15%)**.

## Services and Workstreams

The majority of experiences related to **primary and community care services and Primary Care Networks (74%)**, particularly **GP services (46%)** and **dentistry (23%)**. Hospitals accounted for **14%** of feedback, while mental health services made up **6%**.

## Themes

Key recurring themes in the feedback were:

- **Booking Appointments (18%)** and **Access to Services (17%)**, together accounting for more than a third of all feedback.
- **Quality of Treatment (17%)** also featured strongly, suggesting that both logistical barriers and perceptions of care standards drive patient sentiment.
- **Caring, Kindness, Respect & Dignity (13%)** appeared among both positive & negative experiences either highlighting the presence of compassion, respect & dignity or the lack of it.
- Other areas such as **communication, follow-on treatment, and medication/prescriptions** appeared frequently, each making up around **7%** of responses.
- Issues like **cleanliness, safety, and discharge** were noted but in very small numbers (<2% each).

## Overall Insights

The evidence indicates that **access and booking difficulties** remain the most pressing concerns across primary care, particularly GPs and dentists. While some patients highlighted positive experiences linked to kindness and dignity, the **predominance of negative sentiment (70%)** points to systemic challenges in meeting demand and ensuring timely access. Gaps in demographic data collection also make it difficult to fully assess whether feedback reflects the diversity of local communities.

# Implications & Recommendations

## Implications for the Health and Social Care System

The findings from this quarter highlight systemic challenges that have direct implications for service delivery, patient experience, and equity of care:

### 1. Access and Booking Challenges

With **35% of all feedback focused on booking appointments and access to services**, difficulties in engaging with primary care—particularly GPs and dentists—are a key driver of dissatisfaction. This suggests pressure on appointment systems, digital/telephone booking processes, and service capacity.

### 2. Quality and Experience of Care

While **quality of treatment (17%)** emerged as a recurring theme, sentiment leaned heavily negative. Issues around **continuity of care, communication, and follow-up** undermine confidence in service provision. At the same time, experiences of **kindness, dignity, and respect** show that compassionate care remains a vital differentiator, but inconsistency is evident.

### 3. Equity and Representation

The high level of **missing demographic data (70%+ unknown across age, gender, ethnicity, and sexual orientation)** limits the system's ability to monitor inequalities or ensure services meet diverse needs. Current feedback over-represents older people and women's health, with limited evidence from younger groups and underrepresented communities.

### 4. Systemic Pressures

The predominance of negative feedback (**70%**) and concentration around core access issues reflect a system under strain. Demand pressures, workforce shortages, and capacity constraints likely contribute to delays, limited availability, and patient dissatisfaction.

## Recommendations

### 1. Improve Access Pathways

- Review and streamline booking systems, particularly for GP and dental services, ensuring multiple accessible routes (digital, telephone, in-person).
- Expand capacity where possible, including use of allied health professionals, extended hours, and collaboration across Primary Care Networks.

## 2. Strengthen Patient Experience and Continuity

- Prioritise improvements in communication, care coordination, and follow-on treatment to reduce fragmentation.
- Embed kindness, dignity, and respect as measurable aspects of care quality, supported by staff training and patient feedback loops.

## 3. Enhance Data Quality and Inclusion

- Healthwatch North Northamptonshire have standardised demographic data collection to better understand which communities are being reached and where gaps remain.
- Healthwatch North Northamptonshire are to proactively engage with underrepresented groups (e.g., younger people, ethnic minority communities, LGBTQ+ individuals, carers) to ensure their experiences inform service planning.

## 4. Address Workforce and System Pressures

- Support workforce resilience and retention to reduce pressure on staff and improve patient outcomes.
- Develop cross-sector strategies to address capacity challenges, including closer integration between primary care, hospitals, and community services.

## 5. Targeted Focus on Key Communities of Interest

- Use the strong feedback from **women's health and older people's services** to shape targeted improvements.
- Ensure disability and long-term condition support is prioritised in service redesign, reflecting the significant proportion of patients with additional needs.

# Summary

This quarter's findings provide important insights into patient and carer experiences across health and social care in North Northamptonshire.

## Key Findings

A total of **87 experiences** were recorded. Feedback was largely **negative (70%)**, with patients most frequently raising concerns about **booking appointments (18%)** and **access to services (17%)**. **Quality of treatment (17%)** and **kindness, dignity, and respect (13%)** were also significant themes, with compassion valued but inconsistently delivered.

**GP (46%)** and **dentistry services (23%)** generated the majority of feedback, reflecting the critical role of primary care. Hospital services (14%) and mental health services (6%) featured less prominently.

Demographic data was incomplete, with **70%+ of responses missing age, gender, ethnicity, or sexual orientation** information, restricting analysis of equity. Where information was available, most responses came from people aged **50–70 years**, more from **women (17%)** than **men (12%)**, and largely from **White British backgrounds (21%)**. Communities of interest most represented were **women's health (38%)** and **older people (36%)**, followed by **disability support (15%)**.

## Implications

The predominance of negative feedback signals a **health and care system** under strain, with patients facing barriers to timely care and continuity of treatment. Workforce and capacity pressures, alongside fragmented communication, contribute to patient dissatisfaction. In addition, missing demographic data limits the ability to monitor inequalities or ensure services reflect community diversity.

## Recommendations

The report sets out five areas for action:

1. **Improve Access Pathways** – streamline booking, increase capacity, and expand access routes.
2. **Strengthen Patient Experience and Continuity** – improve communication, care coordination, and embed kindness and dignity as measurable quality standards.
3. **Enhance Data Quality and Inclusion** – standardise demographic data collection and proactively engage underrepresented groups.
4. **Address Workforce and System Pressures** – build resilience, retention, and integrated cross-sector solutions.

5. **Targeted Focus on Key Communities of Interest** – prioritise women’s health, older people, disability, and long-term condition services in redesign and planning.

## Conclusion

The evidence points to a system where **access and equity are central challenges**. To improve outcomes, North Northamptonshire’s health and care system must act on operational pressures, strengthen patient-centred care, and ensure all community voices are heard and reflected in service design.

# Notes on Methodology

## Data Collection

Between 1 April and 30 June 2025, Healthwatch North Northamptonshire gathered **87 experiences** of health and social care services. Feedback was collected through multiple channels:

- **Healthwatch England “Have Your Say”** online platform, with experiences forwarded to the local team.
- **Healthwatch North Northamptonshire website**, via a dedicated “Have Your Say” webform.
- **Telephone line**, enabling direct reporting of experiences.
- **Community engagement events**, including the Wellingborough Health Mela.
- **Healthwatch West Northamptonshire referrals**, where experiences related to the North were shared. This was due to Healthwatch West Northamptonshire being the previous provider of this service and they retained data that referred to North Northamptonshire. They have been contacted to update their website to remove the option for reporting experiences for North Northamptonshire and instead to signpost them to submit their feedback through our website to ensure we can capture all of the rich demographic data.

Experiences were reported either directly by **service users or by carers, friends, or family members** on their behalf.

## Sentiment and Thematic Coding

- **Sentiment (positive, negative, mixed, unclear)** was self-reported by participants when submitting their experiences.
- **Themes** were assigned by the Healthwatch North Northamptonshire officer, based on qualitative review of the feedback. Where experiences related to multiple areas, more than one theme was applied.

## Demographic Data

At the point of data collection, only **basic demographic information** (age, gender, ethnicity, disability, long-term condition) was requested. These fields were not mandatory during this first quarter, resulting in a high proportion of “not known” responses (70%+ across most categories).

From September 2025, demographic fields on the Healthwatch North Northamptonshire webform were made **mandatory**, with an option to select “*prefer not to say*.” This

change is intended to improve representativeness in future reporting, while respecting participant choice.

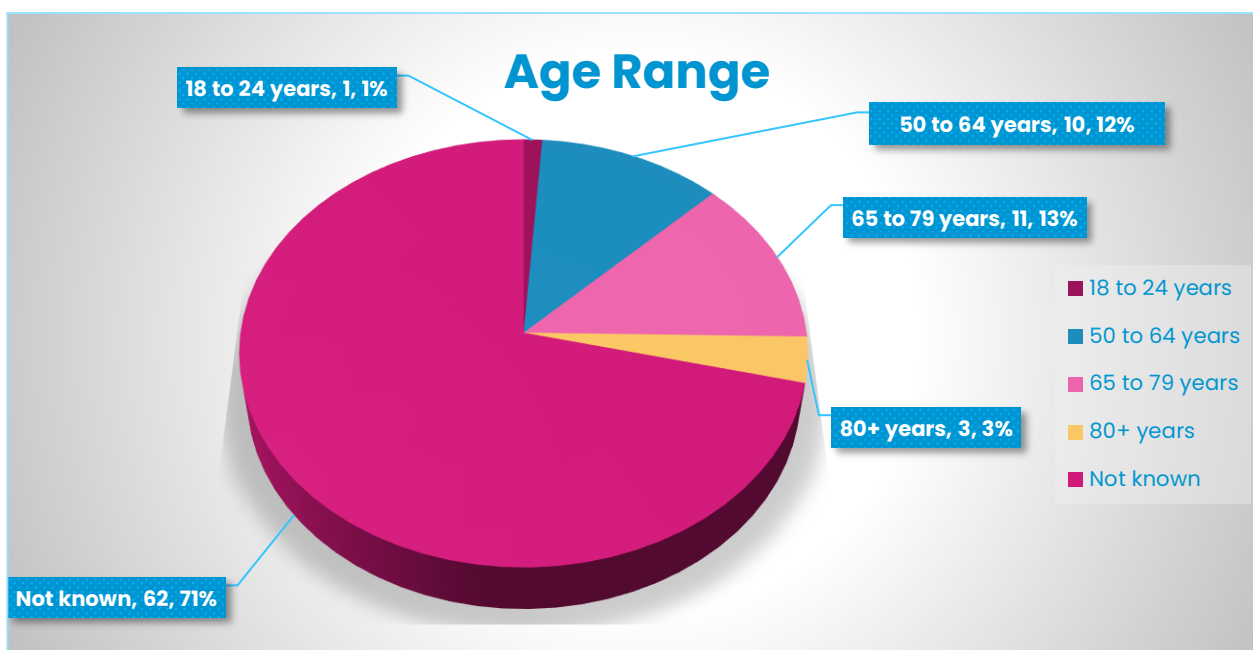
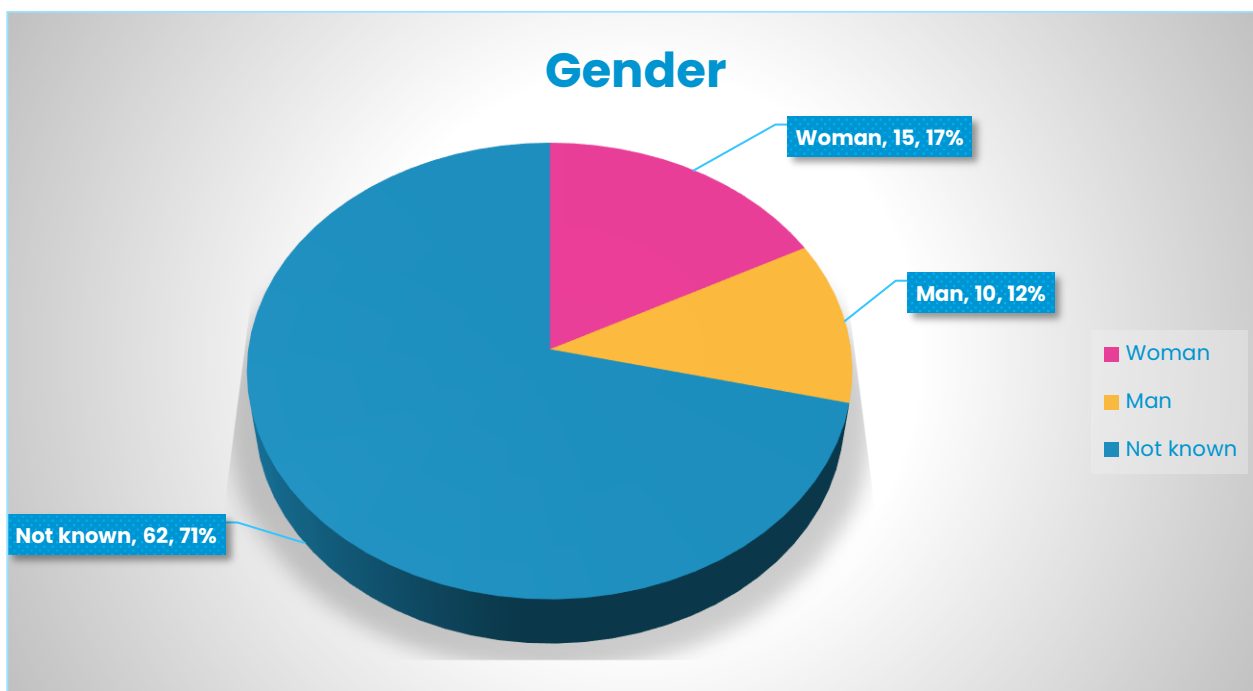
## Limitations

- **Community Awareness:** As a new start-up service launched in April 2025, Healthwatch North Northamptonshire is still building visibility in the community. Limited awareness may have constrained the volume and diversity of feedback captured in this first quarter.
- **Sample Size:** With no baseline for comparison, it is unclear whether **87 experiences** is typical, high, or low. Efforts to expand reach through **increased community presence and events from October 2025** are expected to support higher volumes of feedback in future quarters.
- **Demographic Gaps:** The large proportion of missing demographic data restricts analysis of equity and representativeness. This will be monitored to assess the impact of recent changes to data collection methods.
- **Self-Selection Bias:** As feedback is voluntary, those with particularly negative or positive experiences may be more likely to respond.

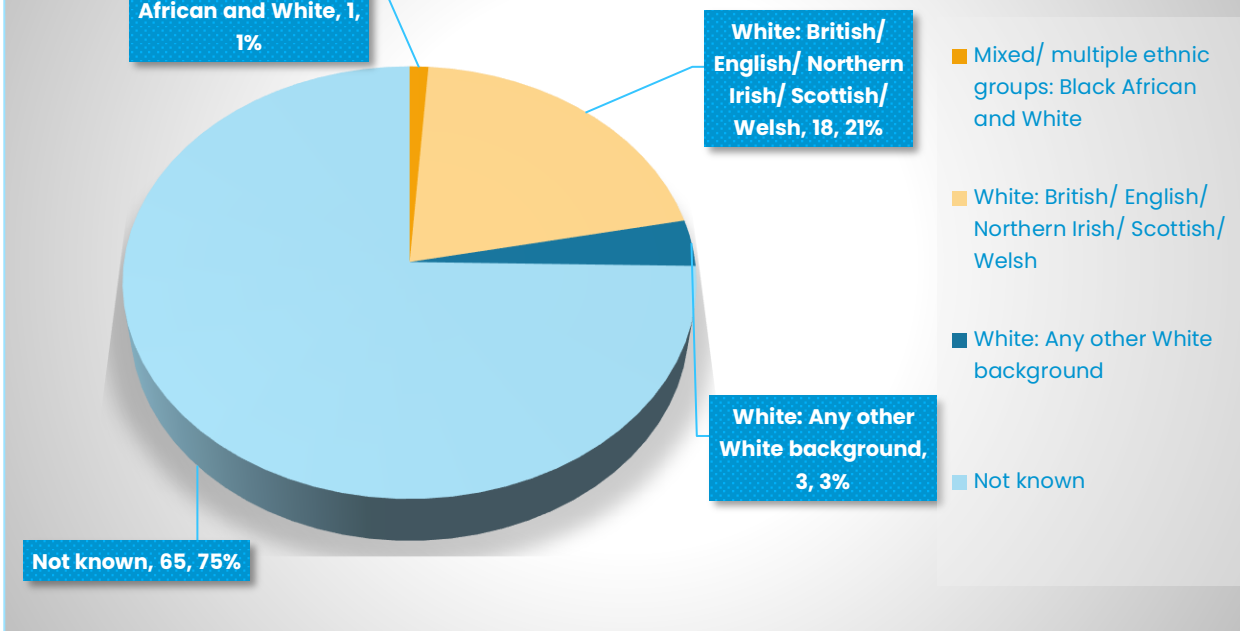
## Ethical Considerations

All qualitative data is **anonymised** before analysis, and service users give consent for their experiences to be used in reporting. Consent procedures ensure that experiences can be quoted while removing identifiable details to protect confidentiality.

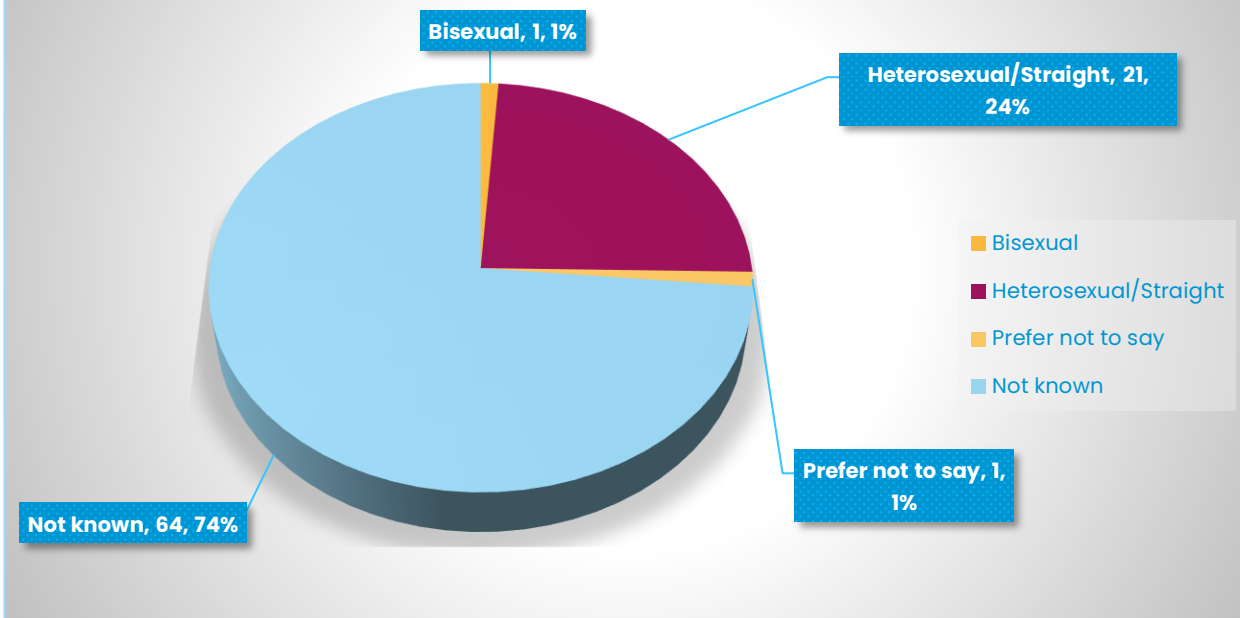
# Appendices



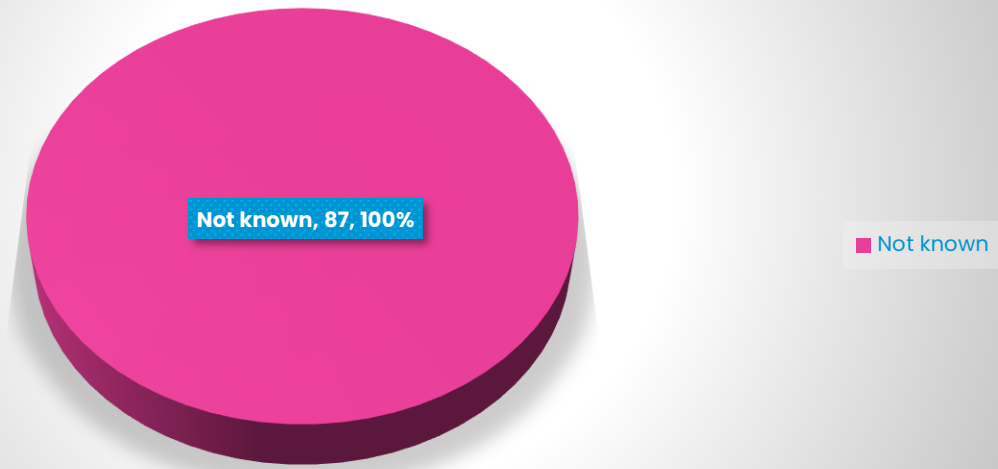
## Ethnicity



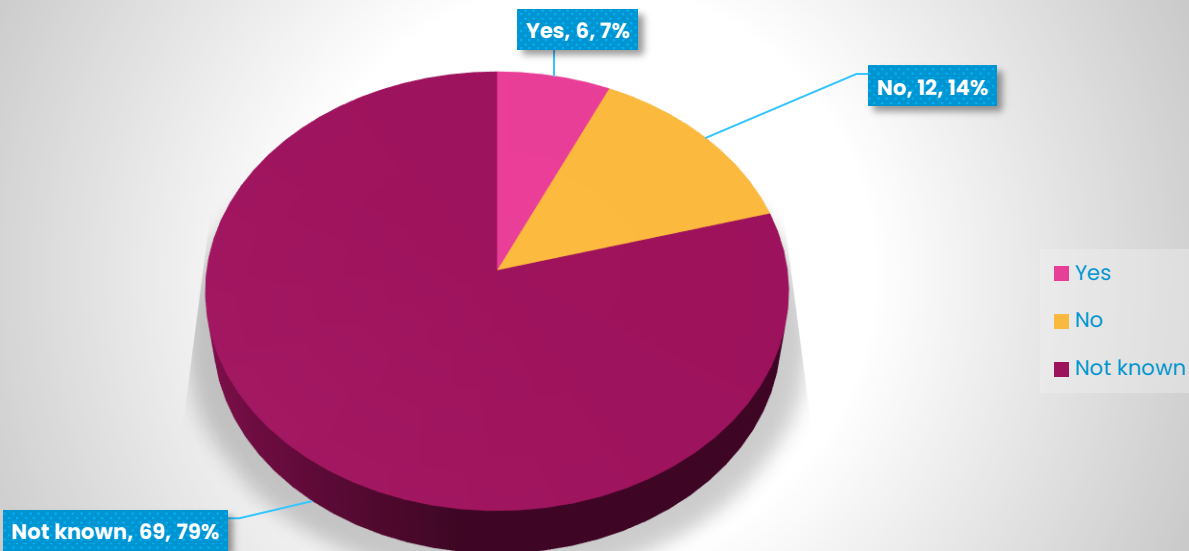
## Sexual Orientation



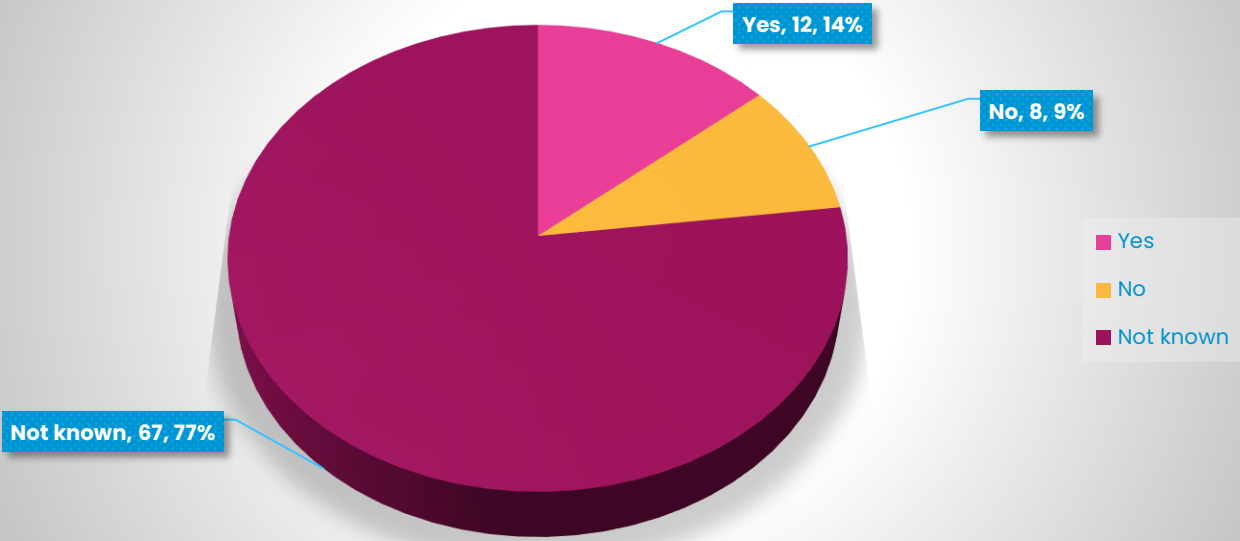
## Religion/Belief



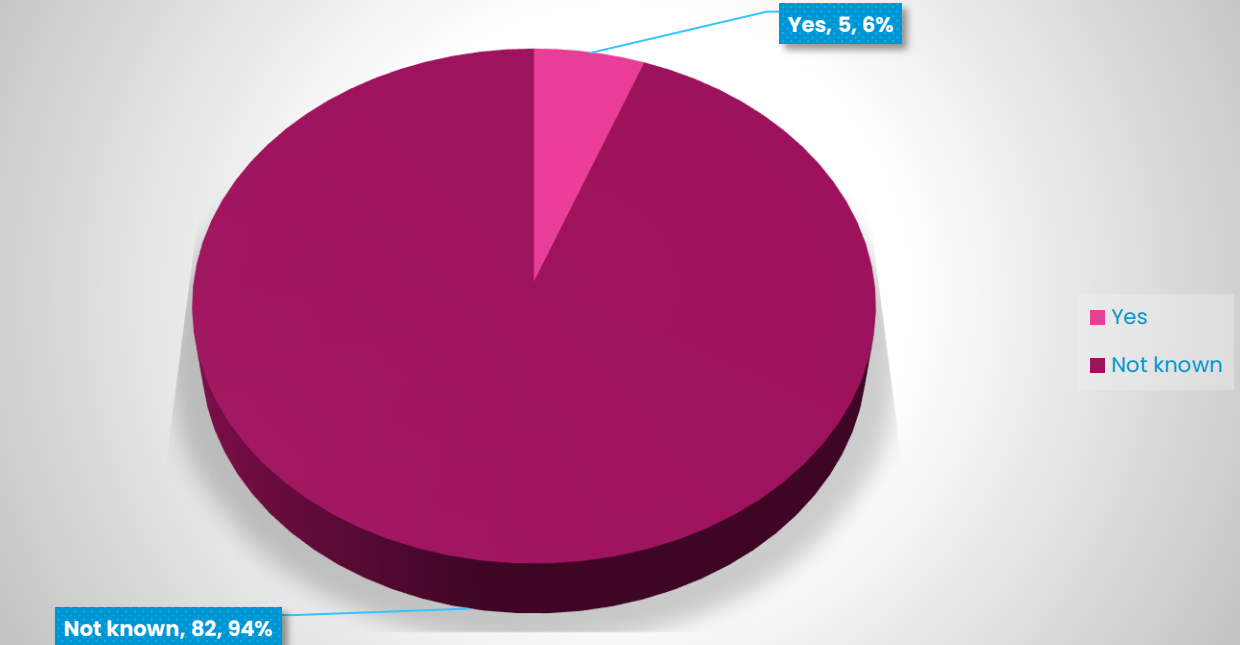
## Disability



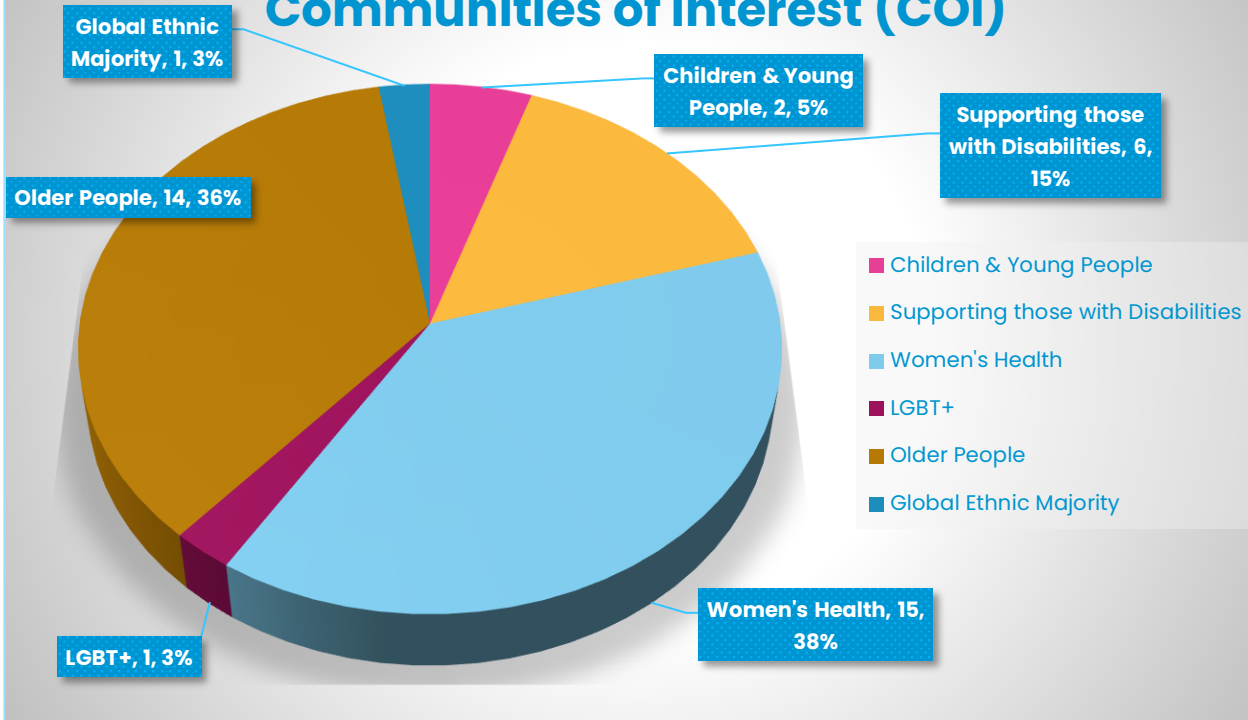
# Long-term Condition



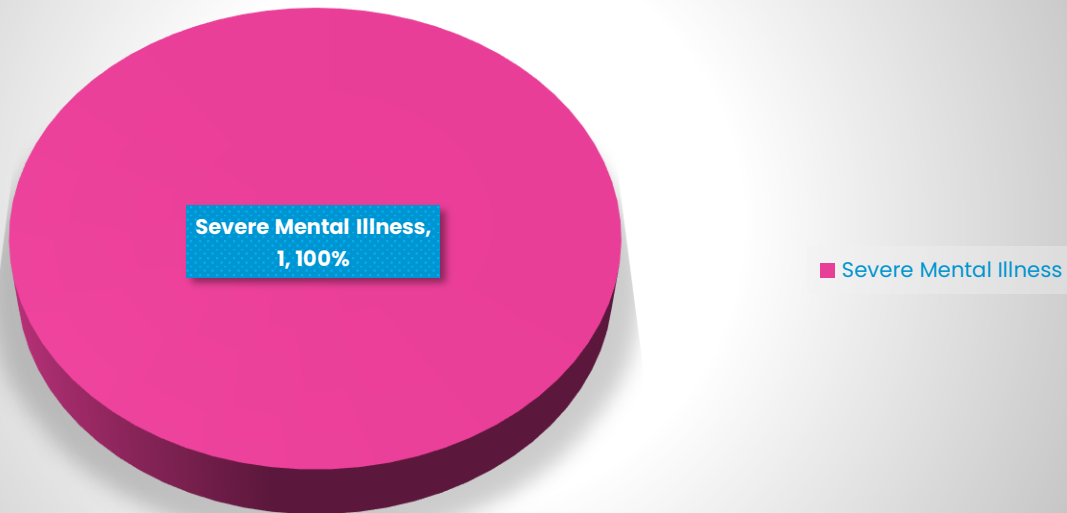
# Carer



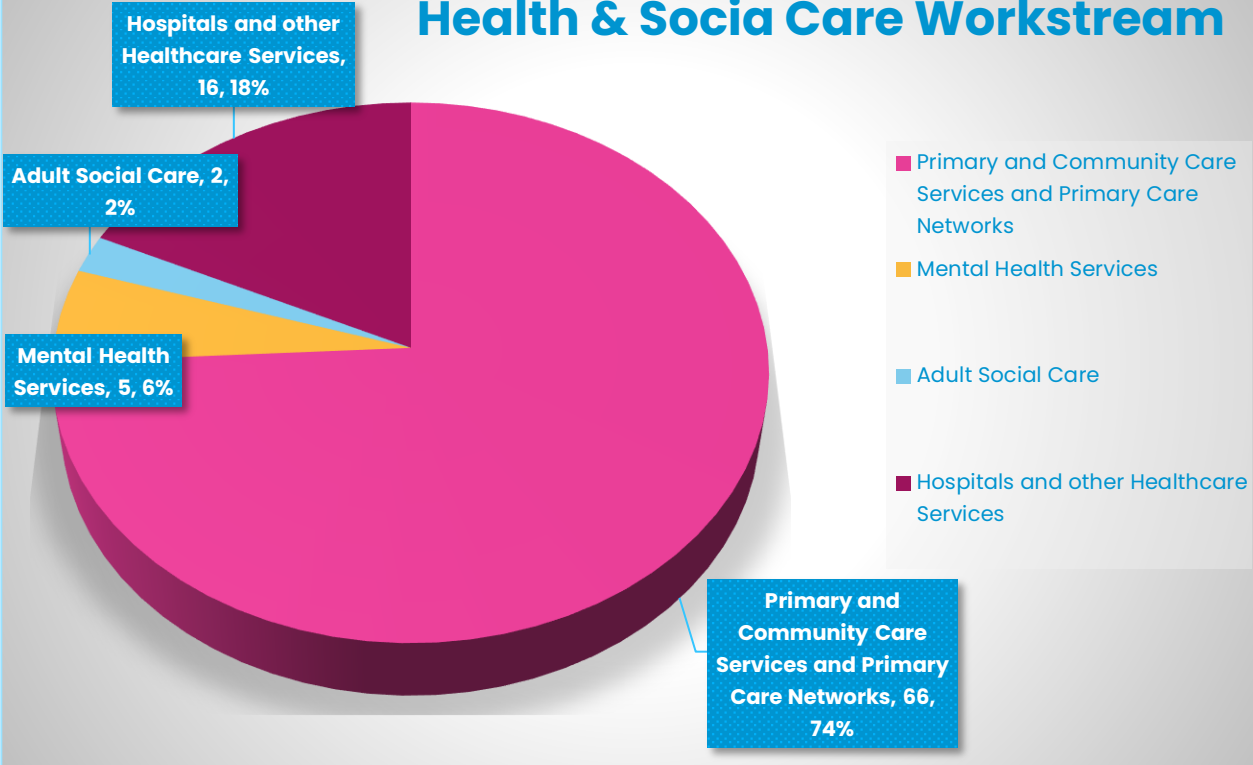
## Communities of Interest (COI)



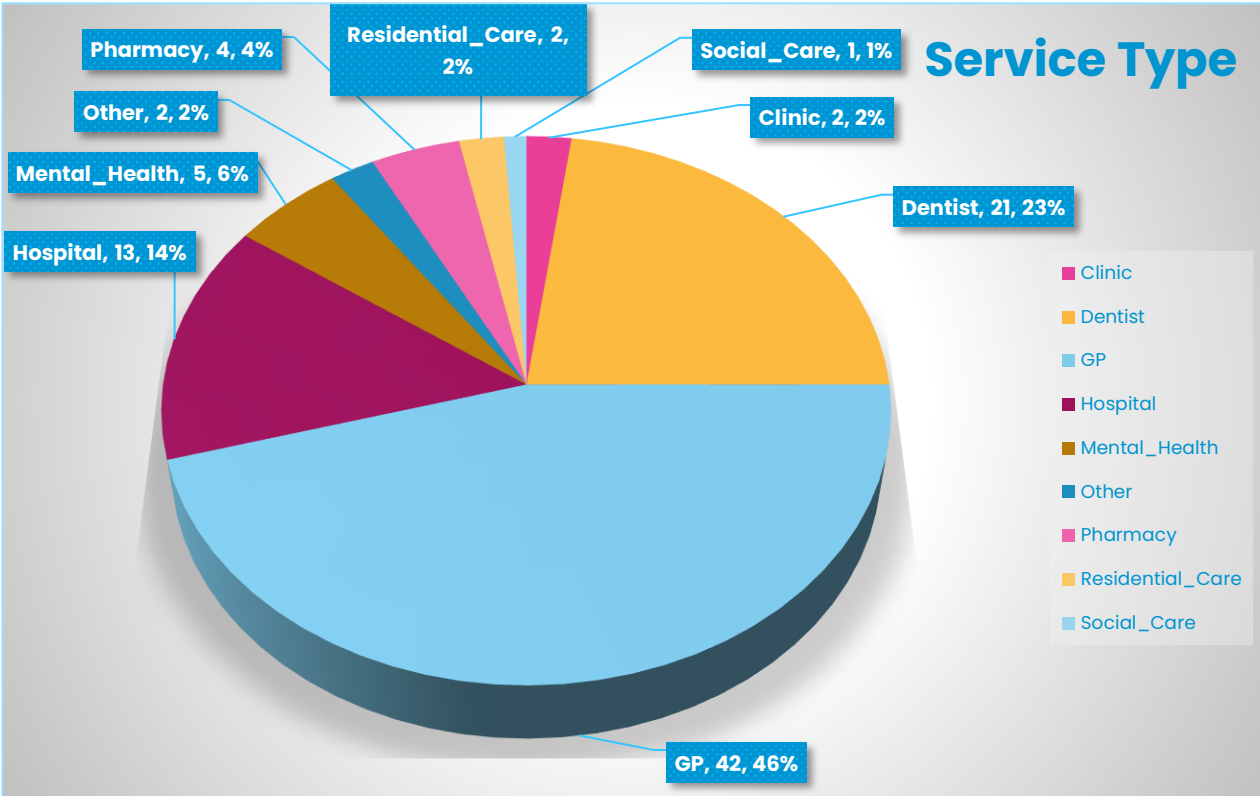
## Plus 5



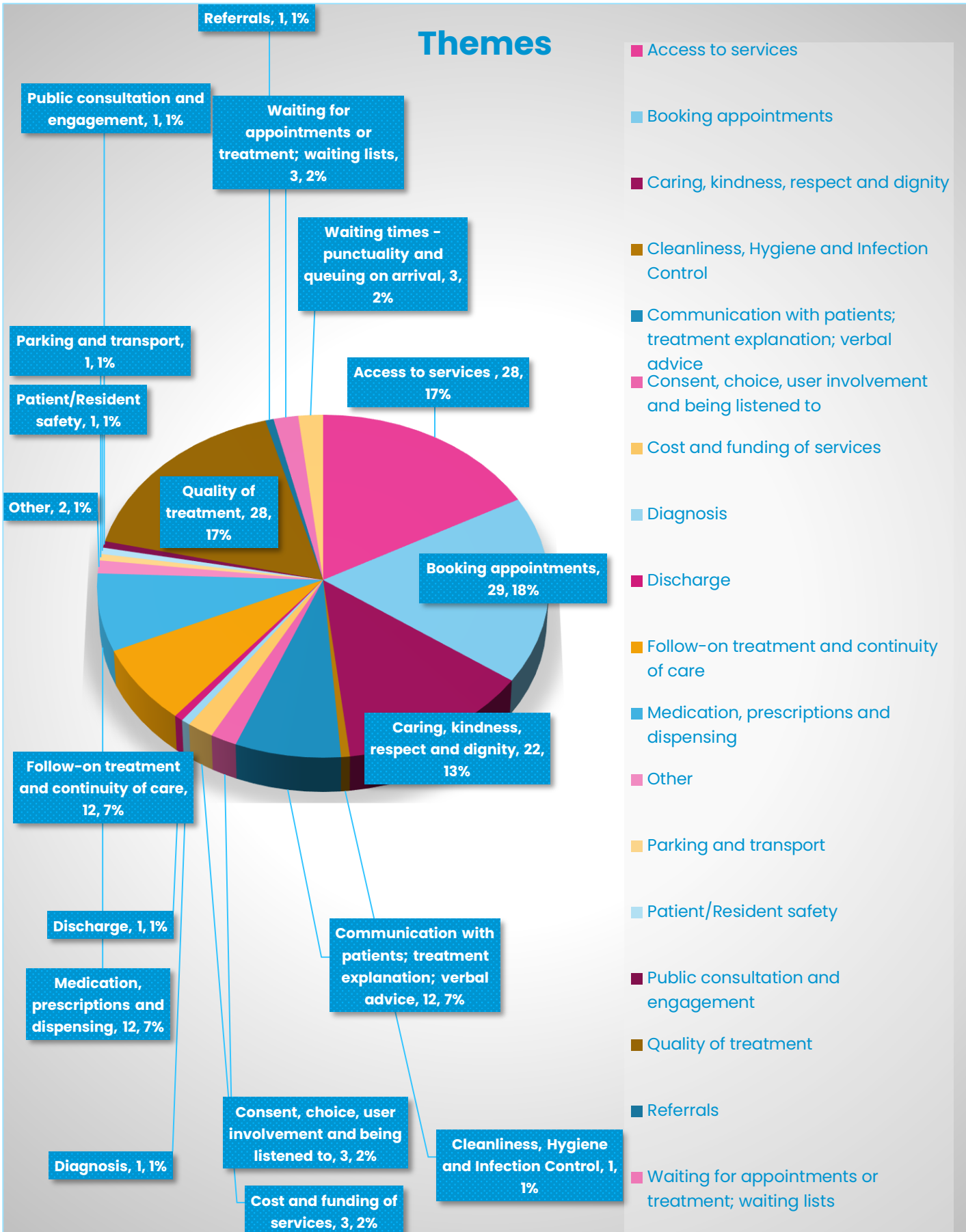
# Health & Social Care Workstream



# Service Type



# Themes





# healthwatch


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