

Tackling Health Inequalities by Listening to Community Voices

# Q2 Report (July – September 2025)



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# Executive Summary

In this quarter, covering the period **July 1st – September 30th 2025**, a total of **92 experiences** were gathered across health and social care services in **North Northamptonshire**. Of these, **59** were collected through **Healthwatch Experience Forms**, and **34** were obtained via an **Enter & View** visit to **Kettering General Hospital's Paediatrics Department**.

Feedback this quarter continued to highlight **significant access and booking challenges**, with **36% of all feedback** focused on **appointment booking** and a further **22%** on **access to services**. These findings reflect **ongoing strain within primary care**, particularly GP and dental services.

Sentiment data indicated most service users have negative experiences (**73%**) and only a small proportion have positive experiences (**7%**). The nature of feedback suggests a predominance of **negative experiences linked to access, communication, and capacity constraints**, balanced by a smaller number of **positive reports of kindness, compassion, and professionalism**.

Key Insights highlight

- **Access and booking difficulties** remain the most frequently reported concern, representing **over half of all feedback** combined with a particular issue for service users navigating Anima.
- **Communication (20%)** and **quality of treatment (14%)** were key themes shaping patient experiences, indicating **inconsistent service quality and fragmented continuity of care**.
- The majority of experiences related to **primary and community care (74%)**, particularly **GP services (54%)** and **dentistry (17%)**, followed by **hospital services (24%)**.
- Demographic analysis shows **strong representation from older adults (76%)** and **women (69%)**, with high proportions identifying as having a **disability (32%)** or **long-term condition (51%)**.
- However, **younger people and minority communities remain underrepresented**, with significant data gaps – including **61% of responses missing religion information** and **14% missing ethnicity or sexual orientation**.
- Communities of interest most represented were **Women's Health (69%)**, **Older People (47%)**, and **Supporting those with Disabilities (32%)**, showing alignment with local population priorities.

- Findings also indicate **continued workforce and capacity pressures**, contributing to longer waits, reduced accessibility, and inconsistent patient experiences.

# This Quarter at a Glance

## Experiences Captured

- **92 experiences** recorded across health and social care services.
  - **59** via Healthwatch Experience Forms
  - **34** via Enter & View at Kettering General Hospital (demographics not collected)

## Sentiment

- Positive: **4 (7%)**
- Negative: **43 (73%)**
- Mixed: **8 (13%)**
- Neutral: **4 (7%)**

## Demographics

*(based on 59 Experience Form submissions)*

- **Age:** Majority aged **50–64 (37%)** and **65+ (39%)**; **10%** aged 25–49; **8%** aged 80+; **5%** not known.
- **Gender:** Women **69%**; Men **29%**; Unknown **2%**.
- **Ethnicity:** Majority **White British (58%)**; **Asian/Asian British – Indian (24%)**; Other ethnicities **5%**; Unknown **14%**.
- **Sexual Orientation:** Heterosexual **81%**; Prefer not to say **5%**; Unknown **14%**.
- **Religion:** Hindu **24%**; Christian **7%**; No Religion/Belief **7%**; Unknown **61%**.
- **Disability & Long-Term Conditions:** **32%** identified as disabled; **51%** reported a long-term condition.
- **Carers:** **20%** identified as unpaid carers.

## Communities of Interest

- Women's Health: **69%**
- Older People: **47%**
- Supporting those with Disabilities: **32%**

- Global Ethnic Majority: **27%**

### Priority Populations

- Military Veterans: **2%**
- Core20Plus5 Groups:
  - Severe Mental Illness: **3%**
  - Early Cancer Diagnosis: **3%**

### Services & Workstreams

- Primary & Community Care / PCNs: **74%**
- Hospitals & Other Healthcare: **24%**
- Mental Health Services: **3%**
- Adult Social Care: **3%**

### Service Types Reported

- GP Services: **54%**
- Hospitals: **24%**
- Dentists: **17%**
- Blood Tests: **10%**
- Mental Health, Social Care, Pharmacy, and Other: **15% combined**

### Themes Raised

- **Booking Appointments: 36%** – the most common issue raised this quarter.
- **Access to Services: 22%** – continued challenges around getting timely support.
- **Communication with Patients (Explanation, Advice): 20%** – reflecting ongoing needs for clearer information.
- **Quality of Treatment: 14%**
- **Remote Appointments & Digital Services: 14%**
- **Caring, Kindness, Respect & Dignity: 10%**

- Medication & Prescriptions: 10%
- Waiting Times / Treatment Delays: 8%
- Other less frequent concerns (<5% each): administration, diagnosis, consent, cost/funding, referrals, discharge, and written information.

# Key Findings & Trends

During this quarter, **92 experiences** were captured across health and social care services. Of these, **59** were collected through **Healthwatch Experience Forms**, and **34** through an **Enter & View** project at **Kettering General Hospital's Paediatrics Department**. The Enter & View data is reported separately, as no demographic data was gathered for that project.

Overall, the data highlights several **emerging trends in access, communication, and care quality**, with particular relevance for **primary care and hospital-based services**.

## Demographics

Compared with previous quarters, this quarter's data shows a **strong representation among older adults**, with **84% of respondents aged 50 and over**. Specifically, **39% were aged 65+** and **37% were aged 50–64**, while only **10% were aged 25–49**. This continues a trend of **underrepresentation among younger people**.

Women made up a clear majority of respondents (**69%**), with men accounting for **29%**.

The majority of respondents identified as **White British (58%)**, followed by **Asian/Asian British – Indian (24%)**, suggesting a relatively diverse response base compared to earlier quarters. The increase in diversity was due to a Healthwatch North Northamptonshire pop-up shop at a Dementia Event aimed at the Asian community in September where 14 experiences were collected, indicating that the Asian community face particular difficulties when trying to navigate Anima when trying to book GP appointments.

Most respondents identified as **heterosexual (81%)**, with a smaller proportion preferring not to say (**5%**) or not providing this information (**14%**).

A significant proportion (**61%**) did not record their religion, this was due to religion only being added to the experience form in early September. Among those who did, **Hindu (24%)** and **Christian (7%)** faiths were most common.

Health and social characteristics also indicate a high level of need among respondents: **32% identified as disabled**, and **51% reported a long-term condition**. Additionally, **20% identified as carers**, which represents a notable increase from previous quarters.

## Communities of Interest

The most prominent communities represented were:

- Women's Health (69%)
- Older People (47%)
- Supporting those with Disabilities (32%)
- Global Ethnic Majority communities (27%)

This demonstrates a **continued focus on women's health and older people's experiences**, aligning with Healthwatch priorities around access and inclusion.

Priority population feedback included a small number of experiences from **Military Veterans (2%)**, as well as individuals linked to the **Core20Plus5** groups for **Severe Mental Illness (3%)** and **Early Cancer Diagnosis (3%)**.

### Services and Workstreams

The majority of feedback (74%) related to **Primary and Community Care Services and Primary Care Networks**, continuing a consistent pattern across quarters. Within this category, **GP services accounted for 54% of all service-specific feedback**, followed by **dentists (17%)**, **hospitals (24%)**, and **blood test services (10%)**.

A smaller proportion of experiences concerned **Mental Health (3%)** and **Adult Social Care (3%)**.

This data reinforces the ongoing **centrality of primary care access issues**, while also showing that **hospital feedback is rising**, particularly linked to outpatient and diagnostic services.

### Themes

The most frequently reported themes were:

- **Booking Appointments (36%)** – the most dominant issue this quarter, with ongoing concerns about the availability and usability of booking systems.
- **Access to Services (22%)** – reflecting continued difficulties in securing timely appointments or accessing the right service at the first point of contact.
- **Communication with Patients (20%)** – respondents often reported unclear explanations or lack of follow-up information.
- **Quality of Treatment (14%)** – both positive and negative experiences were recorded, suggesting **inconsistency in care quality** across providers.
- **Remote Appointments and Digital Services (14%)** – feedback highlighted mixed experiences, with accessibility challenges for some groups.

- **Caring, Kindness, Respect and Dignity (10%)** – while some praised staff compassion, others reported feeling dismissed or unheard.
- **Medication and Prescriptions (10%)** and **Waiting Times (8%)** were also recurring concerns.

Other issues, such as **administration errors, cost of services, referrals, and written information**, appeared less frequently (each **under 5%** of feedback).

## Overall Insights

This quarter's findings underscore the **persistent challenges around booking and accessing primary care**, particularly GP and dental services. Feedback suggests that these logistical barriers often **drive negative experiences** and impact perceptions of overall care quality.

The **high proportion of feedback from older adults, carers, and people with long-term conditions** signals an opportunity for **targeted engagement** with groups underrepresented in feedback—particularly **younger people and those from minoritised backgrounds**.

Finally, the insights from **Enter & View** activity at **Kettering General Hospital** provided valuable qualitative evidence on **paediatric service experiences**, contributing to a broader understanding of **barriers and challenges within hospital settings** from both staff and carer perspectives.

# Implications & Recommendations

The findings from this quarter highlight ongoing and emerging pressures across the local health and care system. Key themes point to **persistent access challenges, variation in patient experience, and significant representation gaps** within demographic data. The evidence continues to suggest that **demand pressures and communication barriers** are shaping both perception and quality of care.

## 1. Access and Booking Challenges

With **36% of all feedback** focused on **booking appointments** and a further **22%** on **access to services**, accessibility remains the most pressing issue for residents. Difficulties with **GP and dental booking systems, limited appointment availability, and complex digital or telephone pathways** continue to drive negative experiences.

This pattern indicates **ongoing strain on primary care capacity and gaps in equitable access**, particularly for older people, carers, and those with long-term conditions.

## 2. Communication and Quality of Care

Feedback on **communication (20%), quality of treatment (14%), and remote consultations (14%)** suggests that **continuity and clarity of care** remain inconsistent.

Patients frequently described **confusion about treatment plans, delays in follow-up, and mixed experiences with digital or remote appointments**.

While some respondents praised **caring and respectful interactions**, the qualitative data highlighted that more service users perceived that they faced negative experiences with regards to their care from the service and staff.

## 3. Equity and Representation

This quarter's feedback showed **strong engagement from older adults (76%), women (69%), and those identifying as having a disability (32%) or long-term condition (51%)**.

However, **younger people and minority groups remain underrepresented** despite modest increases in feedback from **Asian/Asian British – Indian (24%) and Global Ethnic Majority communities (27%)**.

A high rate of **unknown religion (61%)** and **limited demographic data** continue to

restrict the ability to fully assess **health inequalities** and ensure **inclusive service design**.

#### 4. Systemic Pressures

The concentration of feedback around **access, booking, and communication issues** signals a **health and care system operating under sustained pressure**. Capacity limitations, **staff shortages**, and **increased service demand** likely contribute to patient frustration and extended waiting times. Although some experiences were positive—particularly regarding staff compassion—overall sentiment reflects **operational strain across both primary and secondary care**.

#### 5. Emerging Insights from Communities of Interest

The prominence of feedback linked to **Women’s Health (69%)**, **Older People (47%)**, and **Supporting those with Disabilities (32%)** demonstrates where **patients are most actively sharing their experiences**.

This provides an opportunity to **focus engagement and improvement initiatives** around these groups while expanding outreach to less-represented populations such as **younger adults** and **LGBTQ+ communities**.

Additionally, the **Enter & View project** at **Kettering General Hospital** offered valuable qualitative insights into **paediatric care**, highlighting **barriers and opportunities** from both **staff and carer perspectives**.

### Recommendations

#### 1. Improve Access Pathways

- **Review and simplify booking processes**, ensuring that patients can access services through **multiple routes** (digital, telephone, and in-person). Especially for those who face difficulties using technology or face language barriers.
- Monitor and evaluate access data to identify **inequalities in appointment availability**.

#### 2. Strengthen Communication and Continuity

- Prioritise **clear, timely communication** with patients regarding treatment, referrals, and test results. This can be a key aspect of a creative video used to influence change within health services.
- **Embed kindness, respect, and dignity** as measurable standards within patient experience frameworks by putting together a creative service user

video in collaboration with service users to highlight personal experiences of health & social care.

### 3. Enhance Data Quality and Representation

- **Reduce the proportion of “unknown” demographic data** by strengthening data collection processes across feedback channels while acknowledging that this will not be possible for the Healthwatch England website.
- **Engage proactively with underrepresented groups**—including **younger people, ethnic minorities, carers, and LGBTQ+ communities**—to ensure feedback reflects local diversity.

### 4. Targeted Focus on Key Communities

- Leverage strong engagement from **women’s health, older people, and disability groups** to inform **service design and commissioning priorities** by collaborating with partners that serve those communities and taking a unified approach.
- Continue **Enter & View activity** and community engagement to **capture richer qualitative insight** that complements quantitative data trends.

# Summary

## Key Findings

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

A total of **92 experiences** were recorded, with **59** captured via **Healthwatch Experience Forms** and **34** through an **Enter & View** visit to **Kettering General Hospital's Paediatrics Department**.

Feedback this quarter continued to focus heavily on **booking appointments (36%)** and **access to services (22%)**, together accounting for over half of all reported issues. **Communication (20%)**, **quality of treatment (14%)**, and **remote appointments (14%)** were also key themes, reflecting a balance between concerns about access and the consistency of care delivery.

The majority of feedback related to **primary and community care (74%)**, particularly **GP services (54%)** and **dental services (17%)**. **Hospitals (24%)**, **blood tests (10%)**, and smaller volumes from **mental health (3%)** and **adult social care (3%)** indicate broader engagement across service types compared with previous quarters.

Demographic data shows strong representation from **older adults (76%)**, **women (69%)**, and individuals with a **disability (32%)** or **long-term condition (51%)**. However, **younger people and some minority groups remain underrepresented**, with **61% of responses missing religious data** and **14% missing ethnicity or sexual orientation information**. The most represented communities of interest were **Women's Health (69%)**, **Older People (47%)**, and **Supporting those with Disabilities (32%)**.

## Implications

The predominance of feedback around **access and booking** reflects **continued strain across primary care**, particularly GP and dental services. Difficulties in navigating booking systems, coupled with limited appointment availability, continue to **negatively affect patient experience**.

Feedback on **communication, digital access, and continuity of care** points to **inconsistencies in service quality**, with patients frequently citing confusion, lack of follow-up, or difficulties with remote consultations.

While some respondents praised staff for **kindness, respect, and compassion**, these positive experiences were **less common than reports of frustration and service delays**, indicating **variation in patient-centred care delivery**.

The data also suggests that **those with additional needs—older adults, carers, and people with long-term conditions—remain disproportionately impacted by access barriers.** High volumes of feedback from these groups underscore the need for **targeted interventions and equity-focused service planning.**

## Recommendations

This quarter’s findings highlight four key areas for system action:

1. **Improve Access Pathways – Review and simplify booking processes,** ensuring that patients can access services through **multiple routes,** as well as monitoring and evaluating access data to identify **inequalities in appointment availability.**
2. **Strengthen Communication and Continuity –** Work on creating a creative video used to influence change within health services that focuses on the key areas of access, technology (Anima, Translation services), kindness, respect & dignity and the need for clear, precise communication between services and service users.
3. **Enhance Data Quality and Inclusion –** Address missing demographic information to better monitor equity and **engage underrepresented communities** to ensure diverse voices inform system improvement.
4. **Targeted Focus on Key Communities of Interest –** Use strong engagement from **women’s health, older people, and disability groups** to shape targeted improvement initiatives and ensure **inclusive service redesign.**

## Conclusion

The evidence from this quarter points to a **system still grappling with access and capacity challenges,** particularly in **primary care.** While some service users value the **compassion and professionalism of frontline staff,** barriers to booking, communication gaps, and limited availability continue to undermine confidence in services and can influence the perceived care of the service and staff that operate that service.

To improve outcomes, the **North Northamptonshire health and care system** must focus on **streamlining access, strengthening patient-centred communication, and prioritising inclusion—**ensuring that every community voice, particularly those less heard, is reflected in the design and delivery of local care.

# Notes on Methodology

## Data Collection

Between 1 July and 30 September 2025, Healthwatch North Northamptonshire gathered **92 experiences** of health and social care services. Feedback was collected through multiple channels:

- **Healthwatch England “Have Your Say” online platform**, with submissions 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 local health and wellbeing forums.
- **Healthwatch West Northamptonshire referrals**, where experiences related to North Northamptonshire were shared. This reflects historical reporting structures, and Healthwatch West Northamptonshire have been contacted to ensure future feedback is directed through Healthwatch North Northamptonshire to improve **demographic data capture**.

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

Additionally, **34 experiences** were collected via an **Enter & View project** at **Kettering General Hospital’s Paediatrics Department**. For this activity, demographic data was **not collected**, in agreement with the hospital, as the focus was on identifying challenges, barriers, and insights from **staff and parent/carer perspectives**.

## Sentiment and Thematic Coding

- **Themes** were assigned by Healthwatch North Northamptonshire officers, based on a **qualitative review** of the feedback. Multiple themes were applied where experiences related to more than one area.

## Demographic Data

For Healthwatch Experience Forms, basic demographic information was collected, including **age, gender, ethnicity, sexual orientation, disability, long-term condition, and carer status**.

- Demographic fields were **mandatory** from September 2025 onward, with an option to select “**prefer not to say**”.
- For this quarter, there were still some “**not known**” responses, particularly for religion (61% unknown) and sexual orientation/ethnicity (14% unknown). However, this is a relatively new feature of the ‘Have Your Say’ experience form and we would expect to see an decrease in the number of unknown in the next quarter.
- Demographic analysis therefore primarily reflects the **59 Experience Form submissions**, excluding Enter & View data.

## Limitations

- **Community Awareness:** Healthwatch North Northamptonshire is still **building visibility**, which may have constrained the volume and diversity of feedback.
- **Sample Size:** With **92 experiences**, there is no established baseline for comparison. Expansion of community outreach and events is expected to increase feedback volumes in future quarters.
- **Demographic Gaps:** Missing demographic data limits the ability to fully assess **equity and representativeness**, particularly among **younger people and minority groups**.
- **Self-Selection Bias:** Feedback is **voluntary**, so respondents may disproportionately reflect individuals with particularly positive or negative experiences.
- **Enter & View Data:** While rich in qualitative insight, **demographics were not collected**, limiting the ability to integrate this data into quantitative analyses. However, there was no reason to believe that the Enter & View conducted at Kettering General Hospital was needed due to inequalities that a specific demographic faced. Rather, it was understood that all staff and parents/carers would have varying experiences and therefor the focus needed to be on qualitative rather than quantitative.

## Ethical Considerations

- All qualitative data is **anonymised** prior to analysis.
- Participants give **consent** for their experiences to be used in reporting.
- Consent procedures ensure that experiences can be quoted while **removing identifiable information** to protect confidentiality.





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