

Tackling Health Inequalities by Listening to Community Voices

# Q3 Report (October – December 2025)



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# Executive Summary

During this quarter, covering the period October 1<sup>st</sup> to December 31<sup>st</sup> 2025, a total of **88 experiences** were gathered across health and social care services in North Northamptonshire through Healthwatch feedback channels.

Feedback this quarter continued to highlight **significant pressures on access, quality, and continuity of care**, with particular impact on primary care and hospital services. Issues relating to **quality of treatment, access to services, and booking appointments** featured most prominently, indicating that service users continue to experience difficulty navigating care pathways and securing timely support.

Sentiment analysis shows that **negative experiences remain dominant (68%)**, with **positive feedback accounting for 18%** of responses. Negative sentiment was most often linked to challenges in accessing services, appointment availability, communication, and delays in follow-on care. Positive experiences were largely associated with **individual staff compassion, professionalism, and respectful care**, though these were less frequent.

## Key Insights

- **Quality of treatment, access to services, and booking appointments** were the most commonly reported themes, reflecting ongoing variability in care delivery and continued barriers to timely access.
- **Communication with patients and continuity of care** were recurring concerns, with service users reporting unclear explanations, inconsistent follow-up, and uncertainty about next steps.
- The majority of experiences related to **Primary and Community Care Services (57%)**, followed by **hospital services (36%)**, reinforcing the sustained pressure across both community and acute settings.
- **GP and hospital services** accounted for the largest volumes of service-specific feedback, with **dental services** also featuring prominently.
- Demographic analysis shows strong representation from **older adults (66% aged 50+)**, **women (56%)**, and individuals identifying as **disabled (45%)** or having a **long-term condition (61%)**, indicating that people with higher levels of need are most affected by current system pressures.
- **Younger people and some minority communities remain underrepresented**, with data gaps—particularly around religion (58% unknown)—limiting comprehensive assessment of health inequalities.

- The most represented **communities of interest** were **Women’s Health (56%)**, **Supporting those with Disabilities (45%)**, and **Older People (33%)**, aligning with local population needs and Healthwatch priorities.
- Feedback also points to **ongoing workforce and capacity constraints**, contributing to access difficulties, waiting times, and inconsistent patient experiences across services.

Overall, the findings indicate a health and care system continuing to operate under sustained pressure, where access challenges, communication gaps, and variability in care quality remain key drivers of negative experience. Addressing these issues will require coordinated system action focused on **simplifying access, improving communication and continuity, and strengthening inclusive engagement** to ensure that all community voices are reflected in service improvement and delivery.

# This Quarter at a Glance

## Experiences Captured

- **88 experiences** recorded across health and social care services this quarter.

The experiences were collected using various methods

- **Community Engagement:** 35 (40%)
- **Healthwatch England (HYS):** 32 (36%)
- **Healthwatch NN (HYS):** 15 (17%)
- **Telephone:** 6 (7%)

	No. of Experiences	Insights	Follow-ups
Swansgate Shopping Centre	10	Over 40 conversations with NN residents increasing knowledge of HWNN	Considered for future pop-ups when trying to gain visibility
Daylight Centre	9	Trends in difficulties accessing prescriptions, and lack of knowledge around urgent dental care	Work with relevant VCSE organisations to create a 'Health Toolkit' for simplified health services information.
Rushden Mind	4	Had a group discussion about what HWNN do and what we can do to help.	Schedule another drop-in in Q3 to continue visibility and provide a consistent route in to HWNN for those with mental health difficulties.

Corby Mind	0	Had a group discussion about what HWN do and how we can help. Provided leaflets and business cards.	It will take time to build up relationships with service users and for them to feel comfortable approaching for support. Schedule drop-in for Q3.
Age Well Event	0	This was a carers event aimed at the Asian Community. HWNN attended to gain visibility and was able to talk to most of the 40+ attendees to promote HWNN.	Continue to collaborate and attend similar events that give us an entry route into GEM communities to ensure we reach seldom heard communities.
Wellingborough Library	3	I frequently work in Wellingborough Library on Wednesdays and have conversations with attendees. This was not a planned community engagement.	Continue to work in public and be visible to the residents of NN which will help promote HWNN and build trust and relationships.
Friendship Group	8	This was a group at Wellingborough Library where we facilitated a drop-in where attendees could talk to us on the day.	Continue to work with Wellingborough Library and approach to host a monthly all-day surgery.
Wellingborough Mind	1	I had a group discussion with service users to promote HWNN and make them	Schedule a drop-in in Q3 to provide a consistent route for people with mental health difficulties to raise

		aware of the service we provide.	health and social care experiences.
Asylum Seeker Drop-in (Kettering)	0	Collaborating with the Resettlement Team at NNC. This was an introduction to the service to see what they do, observe the attendees and understand common needs and difficulties.	Schedule a drop-in in Q3. Due to language barrier, will likely support in registering attendees with GP's to build trust and relationships which could long term make attendees more likely to engage with us regarding experiences.
Asylum Seeker Drop-in (Corby)	0	Collaborating with the Resettlement Team at NNC. This was an introduction to the service to see what they do, observe the attendees and understand common needs and difficulties.	Schedule a drop-in in Q3. Due to language barrier, will likely support in registering attendees with GP's to build trust and relationships which could long term make attendees more likely to engage with us regarding experiences.

### Sentiment

- **Negative:** 60 (68%)
- **Positive:** 16 (18%)
- **Mixed:** 8 (9%)
- **Neutral:** 4 (5%)

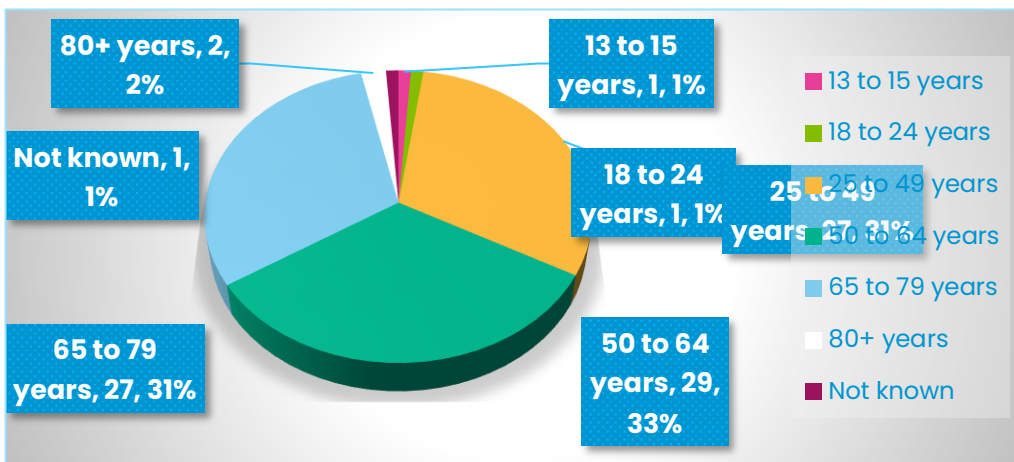
Negative sentiment continued to dominate, reflecting ongoing challenges across several service areas.

## Demographics

(based on 88 experiences unless stated otherwise)

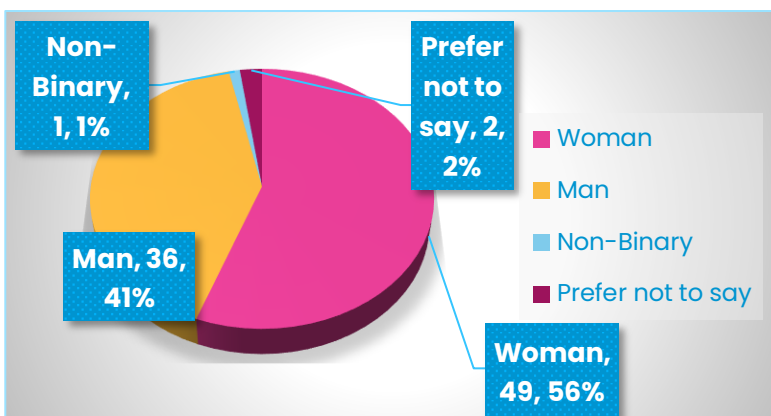
- Age

- 50–64 years: 29 (33%)
- 25–49 years: 27 (31%)
- 65–79 years: 27 (31%)
- 80+ years: 2 (2%)
- 13–15 years: 1 (1%)
- 18–24 years: 1 (1%)
- Not known: 1 (1%)



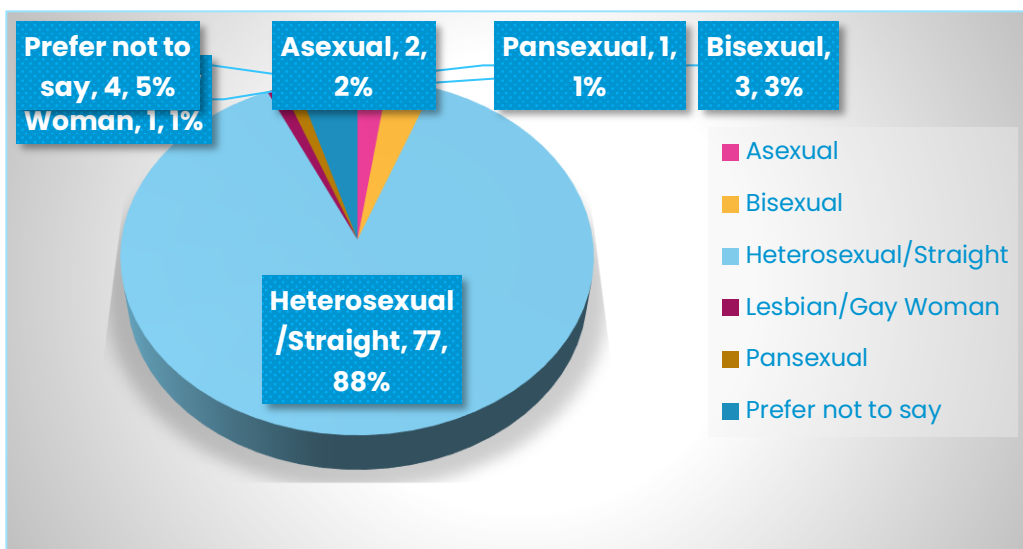
- Gender

- Women: 49 (56%)
- Men: 36 (41%)
- Non-binary: 1 (1%)
- Prefer not to say: 2 (2%)



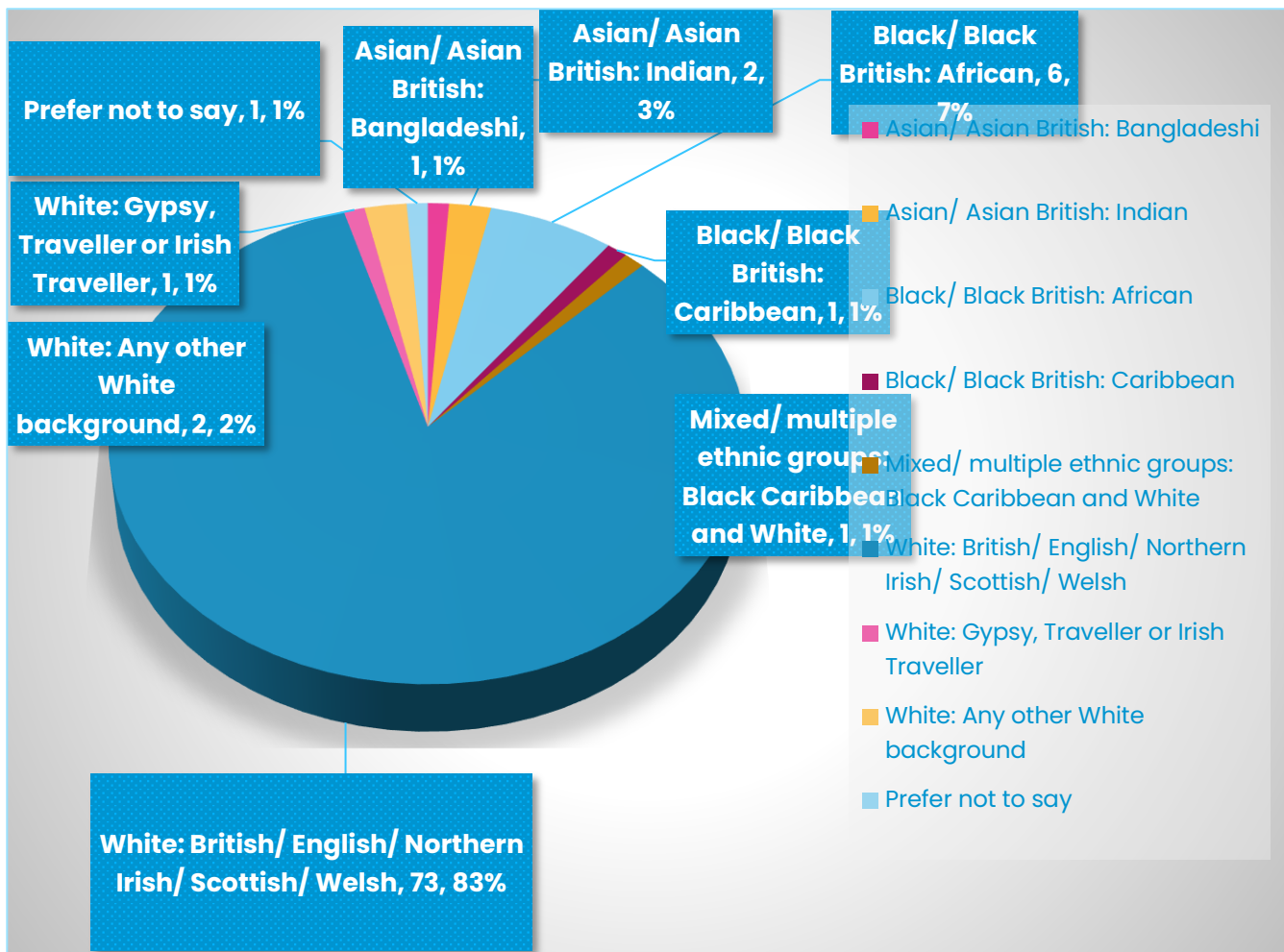
- **Sexual Orientation**

- Heterosexual/Straight: 77 (88%)
- Bisexual: 3 (3%)
- Asexual: 2 (2%)
- Lesbian/Gay Woman: 1 (1%)
- Pansexual: 1 (1%)
- Prefer not to say: 4 (5%)



- **Ethnicity**

- White British/English/Northern Irish/Scottish/Welsh: 73 (83%)
- Black/Black British (African & Caribbean): 7 (8%)
- Asian/Asian British (Indian & Bangladeshi): 3 (3%)
- Mixed ethnic groups: 1 (1%)
- White Gypsy, Traveller or Irish Traveller: 1 (1%)
- White – other background: 2 (2%)
- Prefer not to say: 1 (1%)

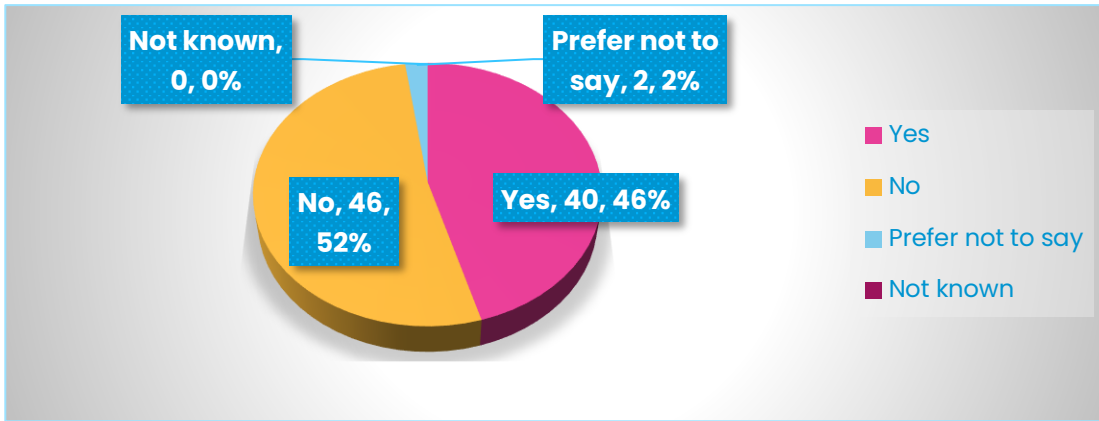


- Religion

- Christian: 25 (28%)
- No religion or belief: 4 (5%)
- Hindu: 1 (1%)
- Muslim: 1 (1%)
- Spiritualist: 1 (1%)
- Other: 3 (3%)
- Not known: 51 (58%)

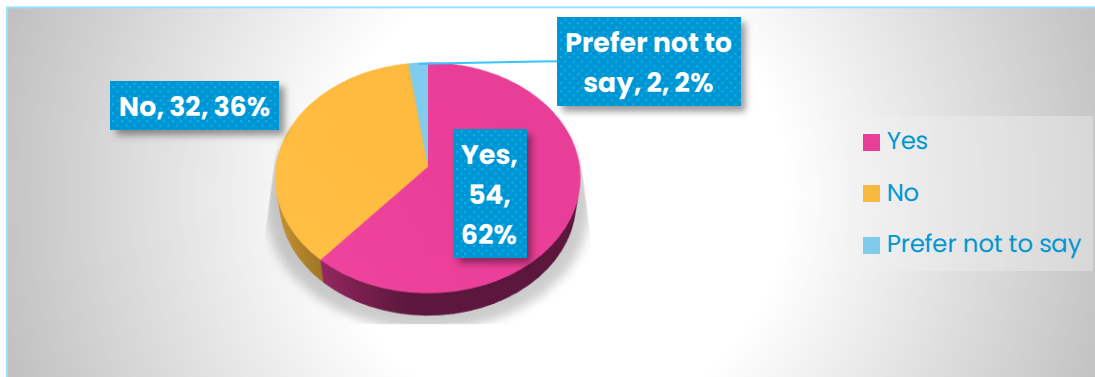
- Disability

- Disabled: 40 (46%)
- Not disabled: 46 (52%)
- Prefer not to say: 2 (2%)



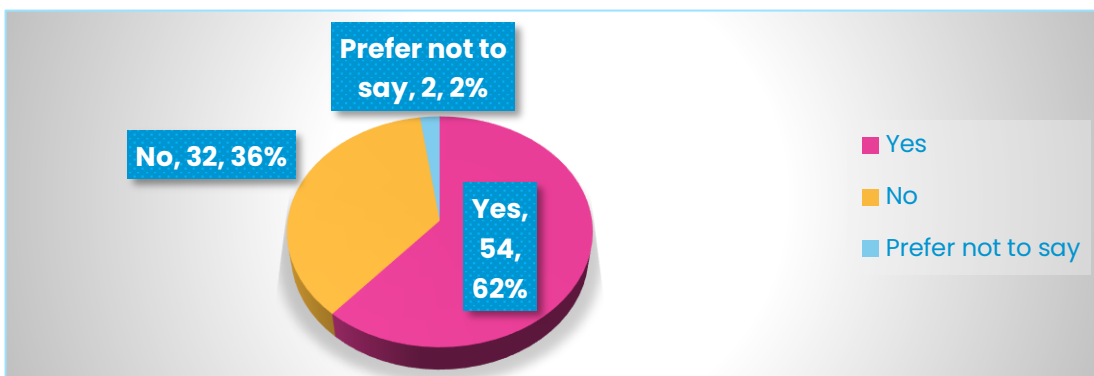
### Long-Term Conditions

- Long-term condition reported: 54 (62%)
- No long-term condition: 32 (36%)
- Prefer not to say: 2 (2%)



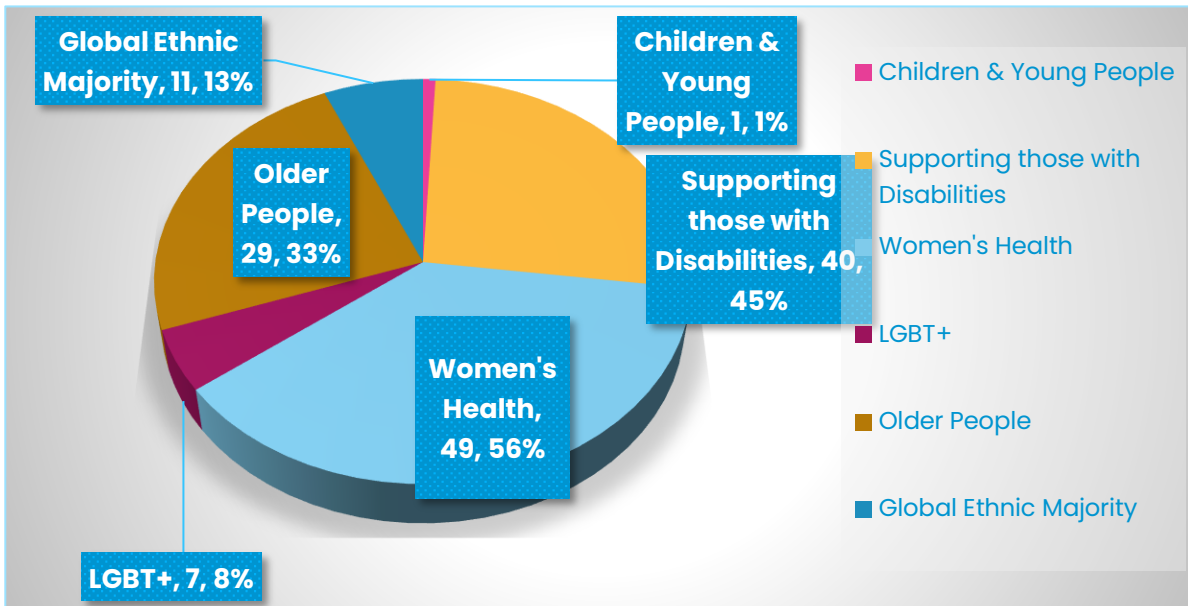
### Carers

- Identified as unpaid carers: 20 (23%)



## Communities of Interest / Thematic Priorities

- Women's Health: 49 (56%)
- Supporting those with Disabilities: 40 (45%)
- Older People: 29 (33%)
- Global Ethnic Majority: 11 (13%)
- LGBT+: 7 (8%)
- Children & Young People: 1 (1%)

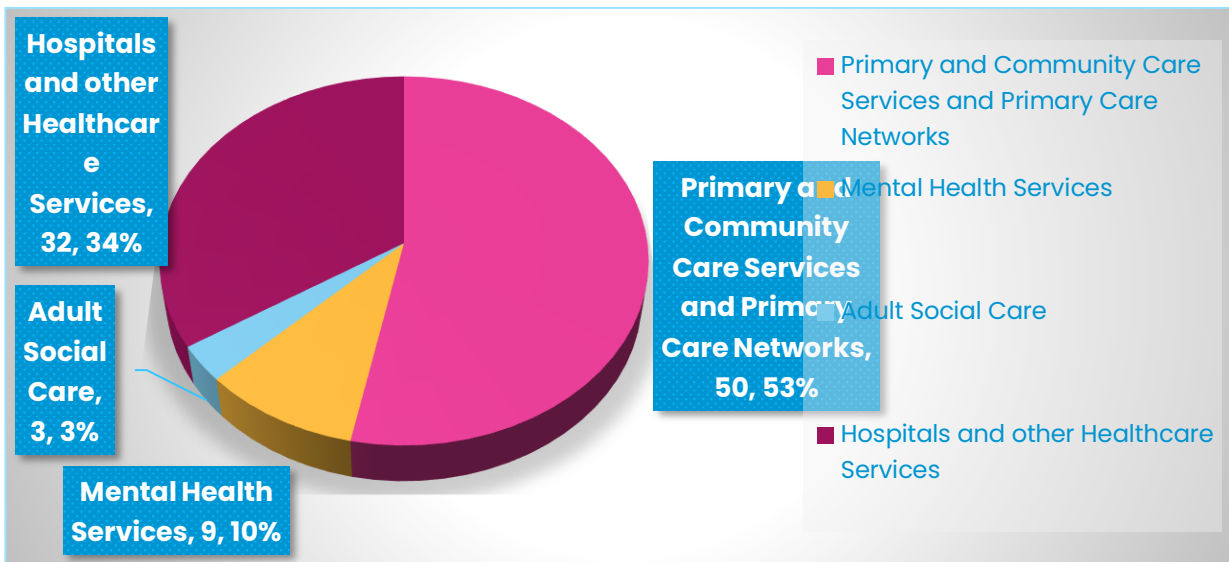


## Priority Populations

- People who have experienced homelessness: 10 (11%)
- Gypsy, Roma and Traveller communities: 1 (1%)

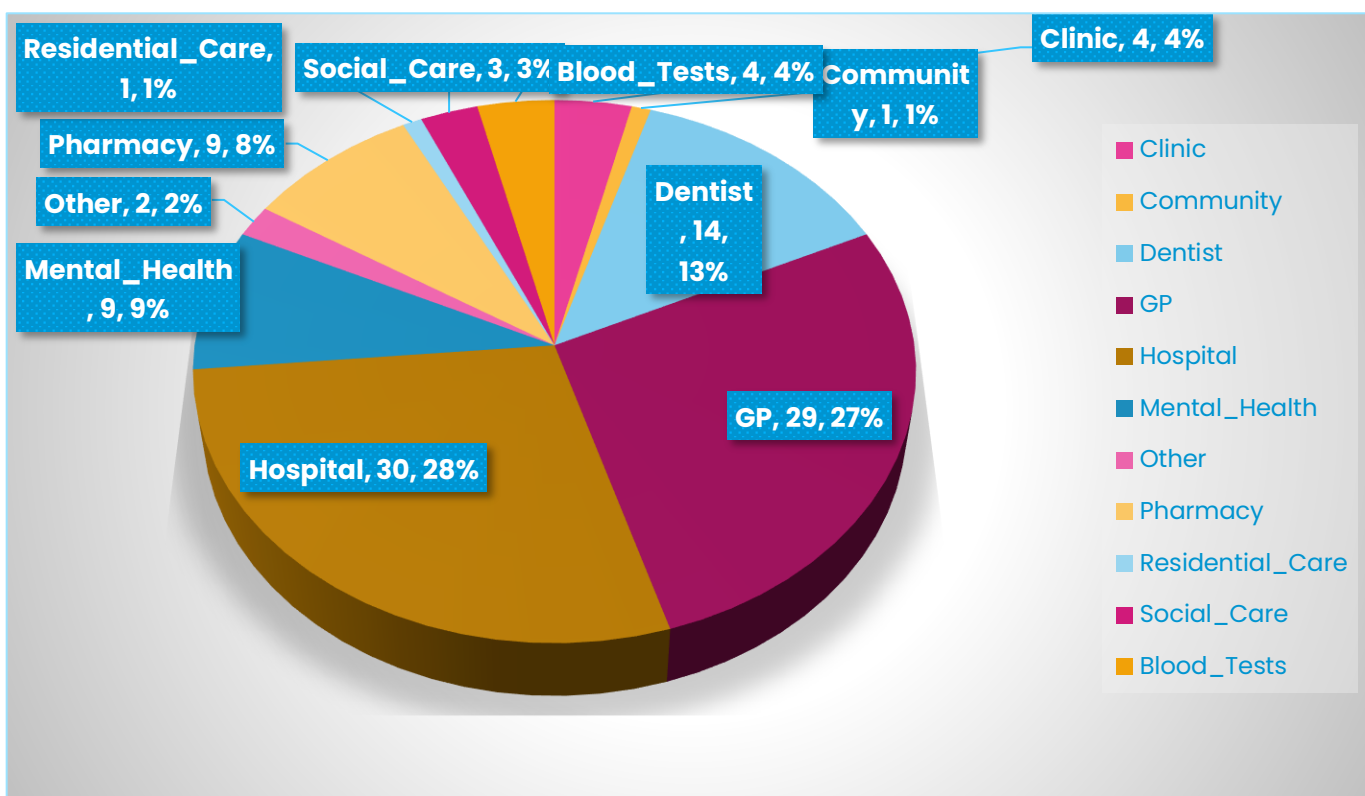
## Services & Health and Social Care Workstreams

- Primary & Community Care / PCNs: 50 (57%)
- Hospitals & Other Healthcare Services: 32 (36%)
- Mental Health Services: 9 (10%)
- Adult Social Care: 3 (3%)



### Service Types Reported

- Hospital services: 30 (34%)
- GP services: 29 (33%)
- Dentists: 14 (16%)
- Mental Health services: 9 (10%)
- Pharmacy: 9 (10%)
- Blood tests: 4 (5%)
- Clinic-based services: 4 (5%)
- Social Care: 3 (3%)
- Residential Care, Community services, and Other: low volume (<3% each)



## Themes Raised

- **Quality of Treatment:** 20 – the most frequently raised theme this quarter.
- **Access to Services:** 18 – ongoing barriers to accessing care.
- **Booking Appointments:** 15 – continued difficulties securing appointments.
- **Caring, Kindness, Respect & Dignity:** 15 – highlighting variability in patient experience.
- **Communication with Patients (Explanation, Advice):** 14
- **Follow-on Treatment & Continuity of Care:** 14
- **Medication & Prescriptions:** 4
- **Waiting for Appointments / Treatment Delays:** 3
- **Discharge:** 3
- **Other less frequent concerns (<3% each):** cancellations, cleanliness and infection control, complaints handling, consent and involvement, cost and funding, diagnosis, health inequality, patient safety, referrals, punctuality, and written information.



# This Year at a Glance

During this year, **268 experiences** have been captured across health and social care services. All experiences were collected through standard feedback routes, with demographic information available for analysis.

In Q1, **87 experiences** were collected with **39 experiences** being collected through standard feedback routes and **48 experiences** being transferred from Healthwatch West Northamptonshire. The experiences received from Healthwatch West Northamptonshire did not contain demographic information which heavily impacted the quality of the overall analysis.

In Q2, **93 experiences** were collected with **59 experiences** being collected through standard feedback methods and **34 experiences** being collected through an Enter & View of the Paediatric Departments of Kettering General Hospital. Of the **59 experiences** the data quality had significantly improved, and demographic information had a completion rate of between **92-94%** depending on what was being measured (eg. gender, age, ethnicity). In September, the experience form was updated to include postcode or local area to improve linking experiences to local area.

In Q3, **88 experiences** were collected through standard feedback methods with a completion rate on demographic information of **95-98%** depending on what was being measured, for eg. **100%** of service users shared their gender, but **only 58% shared their religion** potentially highlighting reluctance to share religious beliefs. In addition, **56 service users shared their Local Area** allowing us to identify that the **majority of our experiences in Q3 came from Wellingborough West**, while Wellingborough East and East Northants South also featured.

The most significant trends identified this year are represented in the table below and there does not appear to be a direct link to any of the targeted drop-ins, meaning that these are changes that have happened organically.

	Q1	Q2	Q3
Disability	6	19	40
Long-term Condition	12	30	54
Carer	5	12	20
25-49 years-old	0	6	27

Men	10	17	36
Hospitals	13	14	30

However, some trends have remained consistent which are highlighted in the below table and are more likely to demonstrate consistent difficulties when predominantly accessing healthcare services.

	Q1	Q2	Q3
Primary Care	67	46	50
Access to Services	28	13	18
Booking Appointments	29	21	15
Quality of Treatment	28	8	20
Follow-on treatment and Continuity of Care	12	5	14

This year's data does demonstrate **a consistent increase in the number of experiences** collected through standard feedback routes without a significant focus on community engagement. However, in Q4 we **predict a significant increase in experiences received** with the addition of a **weekly Healthwatch Surgery** in one of the 4 most populated areas (Corby, Kettering, Wellingborough, East Northants) and **two additional targeted drop-ins** focusing on **communities or priority populations** that are underrepresented.

# Key Findings & Trends

During this quarter, **88 experiences** were captured across health and social care services. All experiences were collected through standard feedback routes, with demographic information available for analysis.

## Demographics

This quarter's data shows a **strong concentration of feedback from older adults**, continuing a pattern seen in previous reporting periods.

- **66% of respondents were aged 50 and over**, with equal representation from those aged **50–64 (33%)** and **65–79 (31%)**.
- Those aged **25–49 accounted for 31%**, while **children, young people, and adults under 25 were minimally represented**, reinforcing the ongoing underrepresentation of younger voices.

Women made up the majority of respondents (**56%**), with men accounting for **41%**, reflecting a continued gender imbalance in engagement.

The majority of respondents identified as **White British (83%)**, with smaller proportions from **Black (8%)**, **Asian (3%)**, mixed, and other White backgrounds. While some diversity is present, feedback from **Global Ethnic Majority communities (13%)** remains limited compared to the local population.

Most respondents identified as **heterosexual (88%)**, with small numbers identifying as bisexual, asexual, pansexual, or lesbian/gay women. A minority (**5%**) preferred not to disclose sexual orientation.

Religion was **not recorded for over half of respondents (58%)**. Among those who did provide this information, **Christianity (28%)** was most common, with small numbers identifying as Hindu, Muslim, Spiritualist, or other faiths.

Health and social characteristics indicate a **high level of need** among respondents:

- **45% identified as disabled**
- **61% reported a long-term condition**
- **23% identified as unpaid carers**

These figures suggest that feedback is disproportionately coming from individuals who are more likely to rely on frequent or ongoing health and social care support.

## Communities of Interest

The most prominent thematic priorities reflected in the feedback were:

- **Women's Health (56%)**
- **Supporting those with Disabilities (45%)**
- **Older People (33%)**
- **Global Ethnic Majority communities (13%)**
- **LGBT+ communities (8%)**

This demonstrates a continued emphasis on women's health, disability-related experiences, and older people's care, aligning with Healthwatch's strategic focus on inclusion, access, and equity.

## Priority Populations

Feedback was received from a small number of priority populations, including:

- **People who have experienced homelessness (11%)**
- **Gypsy, Roma and Traveller communities (1%)**

While numbers remain low, these experiences provide important insight into barriers faced by groups that are often underserved and underrepresented.

## Services and Workstreams

As in previous quarters, **Primary and Community Care Services and Primary Care Networks** accounted for the majority of feedback (**57%**), reinforcing the ongoing centrality of primary care access and experience issues.

**Hospital and other healthcare services** represented a significant proportion of feedback (**36%**), indicating sustained pressure points within secondary care, particularly around treatment quality, access, and continuity of care.

A smaller but notable proportion of experiences related to:

- **Mental Health Services (10%)**
- **Adult Social Care (3%)**

In terms of service type, feedback most frequently related to:

- **Hospital services (34%)**

- GP services (33%)
- Dental services (16%)

This highlights continued challenges across both community-based and acute settings.

## Themes

The most frequently reported themes this quarter were:

- **Quality of Treatment** – the most common theme, suggesting variability and inconsistency in care delivery.
- **Access to Services** – ongoing difficulties in obtaining timely and appropriate care.
- **Booking Appointments** – continued frustration with appointment availability and booking processes.
- **Caring, Kindness, Respect and Dignity** – mixed experiences, with some positive feedback alongside reports of patients feeling unheard or dismissed.
- **Communication with Patients** – including concerns around explanations, advice, and follow-up information.
- **Follow-on Treatment and Continuity of Care** – highlighting gaps between services and delays in onward care.

Additional recurring concerns included **medication and prescriptions, waiting for appointments or treatment, and discharge processes**. A range of other issues—such as cancellations, complaints handling, cleanliness, consent, cost, referrals, and written information—were raised less frequently but remain important indicators of service quality.

## Overall Insights

This quarter's findings reinforce the **persistent and systemic nature of access and quality issues**, particularly within **primary care, dental services, and hospitals**. Difficulties booking appointments and accessing services continue to drive negative experiences and shape overall perceptions of care.

The **high proportion of feedback from older adults, disabled people, those with long-term conditions, and carers** indicates that people with the greatest reliance on services are also those most affected by current pressures. At the same time, the ongoing underrepresentation of younger people and some

ethnic minority communities suggests a continued need for **targeted engagement and outreach**.

Overall, the data points to a sustained need for improvements in **access, communication, and continuity of care**, alongside more inclusive approaches to capturing the experiences of diverse communities across the health and social care system.

# Implications & Recommendations

The findings from this quarter highlight **continued and deepening pressures across the local health and care system**. The data points to persistent challenges around access, quality, and continuity of care, alongside clear patterns in who is most affected—and who remains underrepresented. High levels of negative sentiment suggest that systemic issues identified in previous quarters have not yet been resolved and, in some areas, may be intensifying.

## 1. Access and Booking Challenges

Access-related issues remain the **dominant pressure point** this quarter. Feedback relating to **access to services (18 experiences)** and **booking appointments (15 experiences)** together accounts for a substantial proportion of all themes raised.

Difficulties securing GP, dental, and hospital appointments—alongside complex booking pathways and limited availability—continue to drive frustration and negative experiences. These challenges disproportionately affect **older people, disabled individuals, carers, and those with long-term conditions**, who make up a large share of respondents.

The sustained volume of feedback in this area indicates ongoing capacity constraints within primary and community care and highlights the need for **simpler, more inclusive access routes**.

## 2. Communication and Quality of Care

Concerns around **quality of treatment (20 experiences)**, **communication with patients (14 experiences)**, and **follow-on treatment and continuity of care (14 experiences)** suggest significant variation in patient experience across services.

Respondents frequently reported unclear explanations, inconsistent follow-up, and uncertainty about next steps in their care. While some experiences reflected positive interactions characterised by compassion and professionalism, the overall balance of sentiment indicates that **many service users perceive gaps in communication and coordination**, particularly between services.

These findings point to a need for greater emphasis on **clear, timely, and person-centred communication**, especially for patients navigating multiple services or long-term care pathways.

### 3. Equity and Representation

This quarter's feedback continues to be **heavily weighted towards older adults**, with **66% aged 50 and over**, and **women (56%)**. There is also a high proportion of respondents identifying as **disabled (45%)**, having a **long-term condition (61%)**, or acting as **unpaid carers (23%)**.

While some feedback was received from **Global Ethnic Majority communities (13%)** and **LGBT+ communities (8%)**, younger people and certain minoritised groups remain underrepresented. Additionally, a high level of **unknown religion (58%)** limits the ability to fully assess inequalities related to faith and belief.

These gaps suggest that, while feedback reflects those with the greatest interaction with services, **it does not yet fully capture the breadth of experiences across the local population**.

### 4. Systemic Pressures Across Services

The concentration of feedback relating to **primary care (57%)** and **hospital services (36%)** reflects sustained system-wide pressures. Capacity limitations, workforce challenges, and rising demand are likely contributing to issues around access, waiting times, and continuity of care.

Although examples of compassionate and high-quality care were noted, the overall dominance of negative sentiment (**68%**) suggests that operational pressures are continuing to shape patient experience more strongly than individual staff efforts can mitigate.

### 5. Insights from Communities of Interest and Priority Populations

Strong engagement around **Women's Health (56%)**, **Supporting those with Disabilities (45%)**, and **Older People (33%)** highlights where concerns are most acutely felt and where Healthwatch engagement is resonating.

Feedback from **people who have experienced homelessness (11%)** and **Gypsy, Roma and Traveller communities (1%)**, though limited in volume, provides valuable insight into barriers faced by some of the most marginalised populations.

These findings present an opportunity to **deepen engagement with highly represented groups while strengthening outreach to those less frequently heard**, particularly younger adults and smaller community groups.

## Recommendations

## 1. Improve Access Pathways

- Work with professionals to review and simplify booking systems across GP, dental, and hospital services to ensure patients can access care through **multiple routes** (digital, telephone, and face-to-face).
- Pay particular attention to the needs of **older people, disabled individuals, carers, and those with long-term conditions**, who are most affected by access barriers.
- Healthwatch North Northamptonshire to collaborate with services to produce an information pack relevant to **older people, disabled individuals, carers, and those with long-term conditions**.

## 2. Strengthen Communication and Continuity

- Healthwatch to work closely with identified services to promote **clear, consistent communication** with patients about treatment plans, referrals, test results, and follow-on care.
- Support services to improve continuity between appointments and across service boundaries, reducing patient uncertainty.
- Healthwatch North Northamptonshire to identify key health and social concerns and create regular website and social media content to keep residents of North Northamptonshire up to date.

## 3. Enhance Data Quality and Representation

- Work to reduce the proportion of **unknown demographic data** by strengthening data collection across feedback channels, while acknowledging known limitations in some national platforms (Healthwatch England).
- Increase proactive engagement with **underrepresented groups**, including younger people, ethnic minority communities, carers, and LGBTQ+ individuals, to ensure feedback better reflects local diversity.
- Introduce automated emails with response timeline and introduce feedback forms to be completed by service users to understand how Healthwatch North Northamptonshire can continuously improve the service.

## 4. Targeted Focus on Key Communities

- Build on strong engagement with women's health, older people, and disability-focused feedback to inform **service improvement, commissioning, and system planning**.

- Collaborate with voluntary, community, and faith-sector partners to reach priority populations and take a **coordinated, place-based approach**.
- Continue targeted engagement and qualitative activity to complement quantitative trends and provide deeper insight into lived experience.

# Summary

## Key Findings

This quarter's findings provide valuable insight into patient and service-user experiences across health and social care in North Northamptonshire. A total of **88 experiences** were recorded through Healthwatch feedback channels.

Negative sentiment remained high, reflecting continued challenges across the system. Feedback focused most strongly on **quality of treatment, access to services, and booking appointments**, alongside recurring concerns around **communication and continuity of care**. Together, these themes highlight persistent difficulties in navigating services and variability in patient experience.

The majority of feedback related to **Primary and Community Care Services (57%)**, followed closely by **hospital services (36%)**. GP services and hospital care accounted for the largest volumes of service-specific feedback, with dental services also featuring prominently. Mental health and adult social care feedback was present in smaller volumes, indicating engagement across a broad range of services.

Demographic data shows strong representation from **older adults**, with **66% aged 50 and over**, and from **women (56%)**. A significant proportion of respondents identified as **disabled (45%)**, reported a **long-term condition (61%)**, or identified as **unpaid carers (23%)**, suggesting that people with higher levels of need are most affected by current service pressures. While some feedback was received from **Global Ethnic Majority and LGBT+ communities**, younger people and certain minority groups remain underrepresented, with a high proportion of unknown demographic data—particularly religion—limiting more detailed equity analysis. The most prominent communities of interest were **Women's Health (56%)**, **Supporting those with Disabilities (45%)**, and **Older People (33%)**.

## Implications

The continued prominence of feedback relating to access and appointment booking indicates sustained pressure on primary care and hospital services. Difficulties securing appointments, navigating booking systems, and accessing timely care continue to drive dissatisfaction and negatively shape overall patient experience.

Concerns around communication, quality of treatment, and follow-on care suggest inconsistency in how services engage with patients and coordinate care across pathways. While positive experiences of kindness and compassion were reported, these were outweighed by accounts of frustration, delays, and uncertainty.

The data reinforces that **older adults, disabled people, carers, and those with long-term conditions** are disproportionately impacted by these challenges. At the same time, gaps in representation highlight the need for continued efforts to engage underrepresented groups and strengthen the completeness of demographic data.

## Recommendations

This quarter's findings point to four priority areas for system action:

1. **Improve Access Pathways** – Simplify and review booking processes across services.
2. **Strengthen Communication and Continuity** – Ensure clear, consistent information and joined-up care.
3. **Enhance Data Quality and Inclusion** – Reduce unknown demographic data and widen engagement.
4. **Targeted Focus on Key Communities of Interest** – Use strong feedback from women's health, older people, and disability groups to inform service improvement and create information packs available at the point of contact.

## Conclusion

The evidence from this quarter indicates a health and care system continuing to operate under significant pressure, particularly within primary care and hospital services. Barriers to access, challenges with communication, and inconsistencies in care quality continue to undermine confidence in services, despite examples of compassionate and dedicated frontline staff.

Addressing these issues will require a sustained focus on **streamlining access, improving patient-centred communication, and strengthening inclusive engagement**. Ensuring that the voices of those most affected—and those least heard—are reflected in service design and delivery will be critical to improving experiences and outcomes across North Northamptonshire.

# Notes on Methodology

## Data Collection

During this quarter, Healthwatch North Northamptonshire gathered **88 experiences** of health and social care services across the local system. Feedback was collected through a range of established channels, including:

- The **Healthwatch England “Have Your Say” online platform**, with submissions shared with the local Healthwatch team.
- The **Healthwatch North Northamptonshire website**, via a dedicated online experience form.
- The **Healthwatch North Northamptonshire telephone line**, enabling individuals to report experiences verbally.
- **Community engagement activity**, including outreach events and conversations with residents.
- **Referrals from partner organisations**, where experiences relating to North Northamptonshire services were shared.

Experiences were submitted either **directly by service users** or **by carers, family members, or friends on their behalf**, particularly where individuals were unable to provide feedback themselves.

Unlike the previous quarter, **no Enter & View activity was undertaken during this reporting period**, and all experiences included in the analysis were collected through feedback and engagement channels where demographic data was requested.

## Sentiment and Thematic Coding

- Each experience was reviewed and **coded by Healthwatch North Northamptonshire officers** using qualitative analysis.
- **Sentiment** (positive, negative, mixed, or neutral) was assigned based on the overall tone and content of each submission.
- **Multiple themes** were applied where an experience related to more than one aspect of care, such as access, communication, or quality of treatment.
- Thematic categories align with Healthwatch England’s national reporting framework to ensure consistency and comparability.

## Demographic Data

Basic demographic information was requested as part of the experience submission process, including:

- Age
- Gender
- Ethnicity
- Sexual orientation
- Religion
- Disability status
- Long-term condition
- Carer status

Respondents were able to select “prefer not to say” for any demographic question. Despite improvements in data collection processes, a proportion of responses still recorded “not known”, particularly for **religion (58%)**.

Demographic analysis therefore reflects **only those individuals who chose to provide this information** and may not fully represent the wider population of North Northamptonshire.

### Limitations

- **Community Awareness:** Healthwatch North Northamptonshire continues to build visibility across the area, which may limit the volume and diversity of feedback received. However, using the data collected Healthwatch North Northamptonshire has identified communities that are underrepresented and have been facilitating drop-ins at Mental Health Crisis Cafes, Homelessness services, Asylum Seeker and Refugee services. And using this quarters data will create a timetable to ensure we are accessible to those communities that are seldomly heard.
- **Sample Size:** With **88 experiences**, findings provide indicative insight rather than statistically representative conclusions.
- **Demographic Gaps:** Missing demographic data—particularly around religion and some protected characteristics—restricts the ability to fully assess inequalities and representation.
- **Underrepresentation:** Younger people and some minority communities remain underrepresented within the feedback.
- **Self-Selection Bias:** Participation is voluntary, meaning responses may reflect those with particularly strong positive or negative experiences.

### Ethical Considerations

- All feedback is **anonymised** prior to analysis and reporting.
- Participants provide **consent** for their experiences to be used by Healthwatch for reporting and engagement purposes.
- Any direct quotations used in reporting are carefully reviewed to remove identifiable information and protect confidentiality.



# healthwatch


## North Northamptonshire

Healthwatch North Northamptonshire  
Victoria Centre  
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