

Tackling Health Inequalities by Listening to Community Voices

Q4 Report (January – March 2026)



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Executive Summary

During this quarter (1 January to 31 March 2026), a total of **234 experiences** were gathered across health and social care services in North Northamptonshire. This includes **218 experiences received through standard Healthwatch feedback channels**, alongside an additional **16 experiences captured through a pilot project** that Healthwatch North Northamptonshire was supporting.

This represents a substantial increase compared to Q3 (88 experiences), equating to a 166% rise in overall engagement.

Feedback this quarter continues to reflect **sustained pressure across the health and care system**, particularly in relation to **access, booking appointments, communication, and quality of care**. Primary care and hospital services remain the most frequently referenced areas, with ongoing challenges reported in **securing appointments, navigating services, and receiving timely follow-on care**.

The most prominent themes reported were **access to services (52 instances)**, **quality of treatment (50)**, **communication with patients (44)**, and **booking appointments (34)**. These findings indicate that, despite increased engagement, the **core issues affecting patient experience remain consistent with previous quarters**.

Key Insights

- **Access to services, quality of treatment, communication, and appointment booking** were the most commonly reported themes, highlighting continued barriers to timely care and variability in patient experience.
- **Communication remains a key concern**, with **44 instances** relating to how information is shared, explained, and understood, alongside ongoing issues with **continuity of care and follow-on treatment (18)**.
- **Primary and Community Care Services (130 experiences)** accounted for the majority of feedback, followed by **hospital services (84)**, indicating sustained demand and pressure across both sectors.
- **GP services (87)** and **hospital services (76)** generated the highest levels of service-specific feedback, with **dental services (22)** also representing a notable area of concern.
- Feedback continues to be predominantly provided by older adults, with **58% aged 50+**, particularly those aged **65–79 (35%)**. **Women accounted for 56%** of responses, and **men 40%**.

- A significant proportion of respondents identified as living with a **long-term condition (45%)** or as **disabled (31%)**, suggesting that those with higher health needs remain most impacted by current system pressures.
- Representation from ethnically diverse communities remains limited, with **72% identifying as White British**, though there is some engagement from **Black communities (17%)** and **Asian communities (11%)**.
- **Data gaps persist**, particularly in relation to **religion (40% unknown)**, limiting a full understanding of health inequalities and experiences across different groups.
- The most represented communities of interest were **Women's Health (56%)**, **Older People (37%)**, and **Supporting those with Disabilities (31%)**, aligning with local priorities and population need.
- **Workforce and capacity constraints** continue to be reflected indirectly through feedback relating to **delays, access issues, and inconsistent communication**, despite no direct reporting under staffing themes.

Overall, the findings indicate a **system experiencing continued and increasing demand**, with a marked rise in feedback compared to the previous quarter. **Persistent challenges in accessing services, receiving clear communication, and experiencing consistent quality of care** remain key drivers of patient dissatisfaction. Addressing these issues will require **coordinated system-wide action**, with a focus on **improving access pathways, strengthening communication and continuity of care, and enhancing engagement with underrepresented communities** to ensure a more inclusive understanding of local health inequalities.

This Quarter at a Glance

Experiences Captured

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

The experiences were collected using various methods

- **Community Engagement:** 122 (52%)
- **Healthwatch England (HYS):** 69 (30%)
- **Healthwatch NN (HYS):** 17 (7%)
- **Telephone:** 15 (6%)
- **Email:** 9 (4%)
- **Referrals:** 2 (1%)

	No. of Experiences	Insights	Follow-ups
Wellingborough Library	25	Launched Healthwatch NN surgeries in the library which has successful in reaching new services users and meeting existing ones for case updates.	Continue to work closely with the Library to facilitate and attend future events. Healthwatch NN leaflets available onsite and staff can refer by email if we are not onsite.
Refugee/Asylum Seeker Drop-in (Kettering & Corby)	22	The number of experiences increased from 0 in Q3 to 22 in Q4. Trends in difficulties accessing urgent dental care and navigating the health system if	Continue to work closely with the Refugee Resettlement Team to attend drop-ins where available. The team are also able to contact Healthwatch NN by

		not registered with a GP, highlighting importance of 111 and Urgent Treatment Centres.	email or telephone for advice outside of drop-in times and have been.
Albany House Medical Centre	17	Healthwatch NN supported a pilot for Wellingborough New Models of Care Project and gathered experiences of service users attending a Respiratory Clinic.	Continue to work with Albany House Medical Centre throughout May to have a Healthwatch NN drop-in during core hours.
Northamptonshire Mind	9	Healthwatch NN have attended Wellingborough & Rushden Mind and have established relationships with new Community Service Managers and a new Community Champion.	Continue to work closely with Northamptonshire Mind, especially with the Community Connectors to raise awareness of mental health in Black communities.
Change Grow Live	9	Attended a breakfast morning and spoke to people with experience of drug and alcohol dependency. Raised awareness of Healthwatch NN. Experiences included difficulty with appointment times, mental health, and GP accessibility.	Established a good relationship with the volunteer who leads the breakfast club and there are a supply of Healthwatch NN leaflets available onsite. Volunteer can also reach out directly for advice if needed. And to continue close relationship moving forward.

Ageing Well (Asha Deep)	8	Collaborated with Ageing Well to facilitate free health checks for those aged 40-74 years old from the Asian community. Over 100 people in attendance, 9 health checks were conducted. Community relevant issues were identified such as difficulty getting appointments, the need for early diabetes support. Great community trust in Healthwatch NN due to existing links through Support Northamptonshire.	Continue to work with Community Services to facilitate culturally appropriate support in the Asian Community, focusing on specific difficulties they face such as dementia & diabetes awareness, digital services support such as Anima to make requesting appointments easier and continue to provide presentations and leaflets in appropriate languages.
Corby Library	8	Launched Healthwatch NN surgeries in the library which has successful in reaching new services users and meeting existing ones for case updates.	Continue to work closely with the Library to facilitate and attend future events. Healthwatch NN leaflets available onsite and staff can refer by email if we are not onsite.
Rushden Library	7	Launched Healthwatch NN surgeries in the library which has successful in reaching new services users and meeting existing	Continue to work closely with the Library to facilitate and attend future events. Healthwatch NN leaflets available onsite and staff

		ones for case updates.	can refer by email if we are not onsite.
Irthlingborough Library	7	Launched Healthwatch NN surgeries in the library which has successful in reaching new services users and meeting existing ones for case updates.	Continue to work closely with the Library to facilitate and attend future events. Healthwatch NN leaflets available onsite and staff can refer by email if we are not onsite.
Sri Guru Singh Sabha Gurdwara (Kettering)	5	Collaborated with the Sri Guru Singh Sabha Gurdwara in Kettering, NBCT, and Public Health to facilitate free health checks for those aged 40-74 years old from the Sikh community. Over 100 people in attendance, we raised awareness of Healthwatch NN, gathered experiences and promoted participation in health and care research.	Remain in contact with the Sri Guru Singh Sabha Gurdwara and look to facilitate further events in future when appropriate.
Tresham Community College	1	Healthwatch NN are collaborating with Tresham College to support students with a project aimed at understanding mental health in students and raising awareness	Continue to work closely with Tresham College to raise awareness of mental health support for young people.

		of mental health support available for students.	
Wellingborough Place Based Partnership	1	Healthwatch NN attended Wellingborough Place Based Partnership and a service user raised a difficulty they were experiencing which was logged.	Healthwatch NN to continue remaining visible in meetings with stakeholders, including community members, local organisations & services, to understand and improve social, economic, and environmental conditions.
Adult Social Care (Together For Care Forum)	1	Attending Together For Care Forum to increase Healthwatch NN visibility within Adult Social Care and with service users. To collaborate with stakeholders, listen and learn from community voices, as well as contribute to ongoing improvements.	Continue to attend Together For Care Forum where possible to collaborate with stakeholders, listen and learn from community voices, as well as contribute to ongoing improvements.
Wellingborough Family Hub	1	Collaborated with Wellingborough Family Hub to facilitate a drop-in, raise awareness of Healthwatch NN. The drop-in was conducted in half-term and	Agreed with Wellingborough Community Hub to do a follow up in May due to the low attendance in half term. To be supplied leaflets as well as making staff aware that

		attendance was very low.	they can refer into us directly if we are not doing a drop-in.
Newlands Shopping Centre	1	Launched Healthwatch NN surgery in Kettering however the Library was not available so it was moved to the Newlands Shopping Centre which was good for raising awareness but didn't gain many experiences.	Continue to work with Newlands Shopping Centre for raising awareness of Healthwatch NN and any local events through pull up banners and handing out leaflets. Look for other locations to do Surgeries.

Sentiment

- **Negative:** 126 (54%)
- **Positive:** 46 (20%)
- **Neutral:** 33 (14%)
- **Mixed:** 27 (11%)
- **Unclear:** 2 (1%)

Negative sentiment continues to dominate, however the overall proportion of experiences that were negative in comparison to Q3 dropped by 14%.

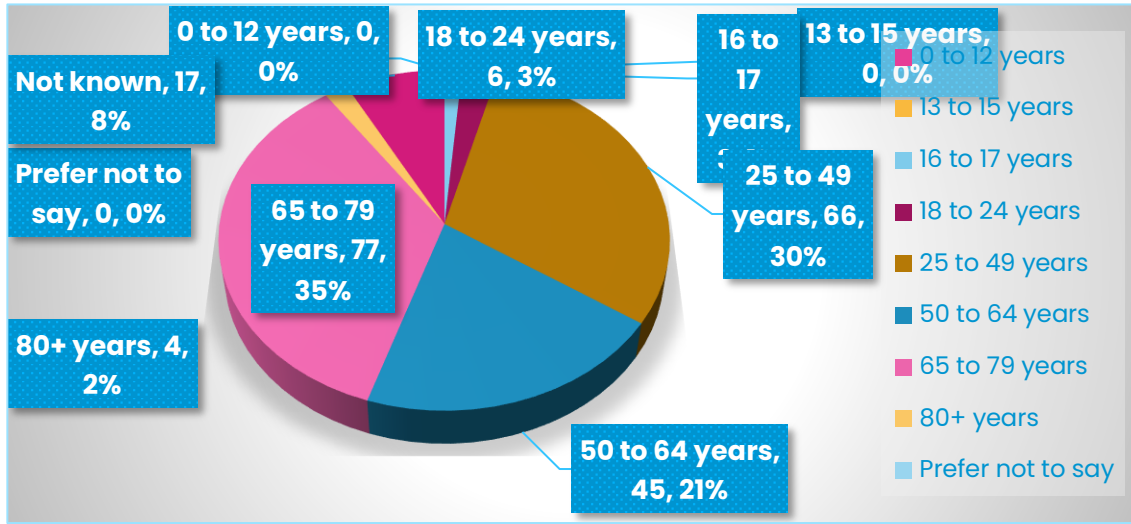
In contrast, Positive and Mixed experiences increased by 2%. But the most significant increases were seen in Neutral experiences which increased by 9% when compared to Q3.

Demographics

(based on 218 experiences unless stated otherwise)

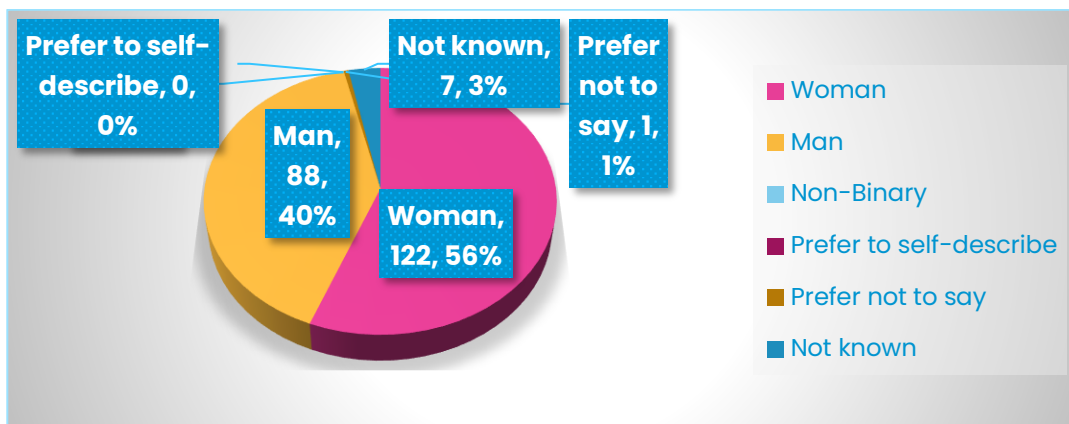
Age

- 65–79 years: 77 (35%)
- 25–49 years: 66 (30%)
- 50–64 years: 45 (21%)
- 18–24 years: 6 (3%)
- 80+ years: 4 (2%)
- 16–17 years: 3 (1%)
- Not known: 17 (8%)



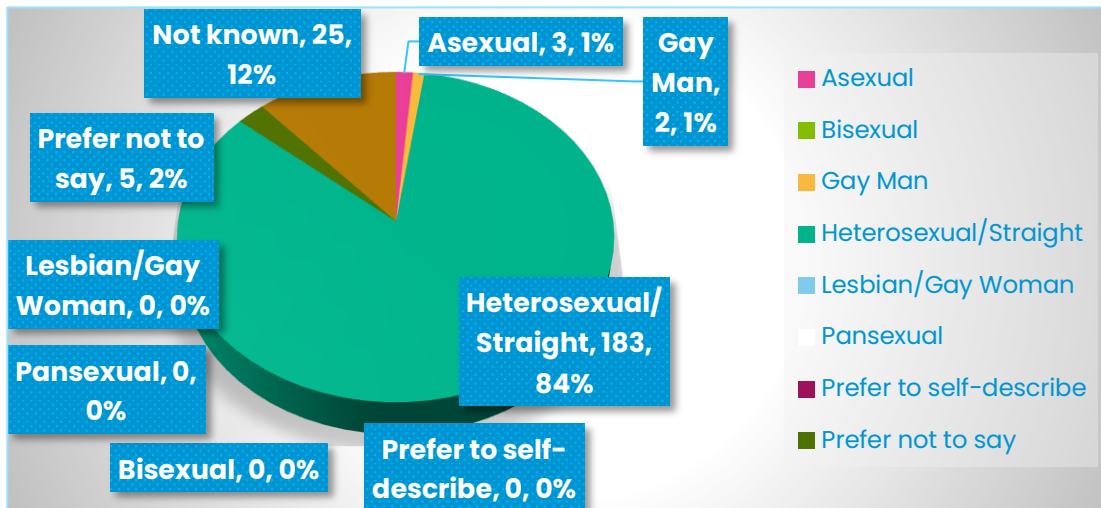
Gender

- Women: 122 (56%)
- Men: 88 (40%)
- Prefer not to say: 1 (<1%)
- Not known: 7 (3%)



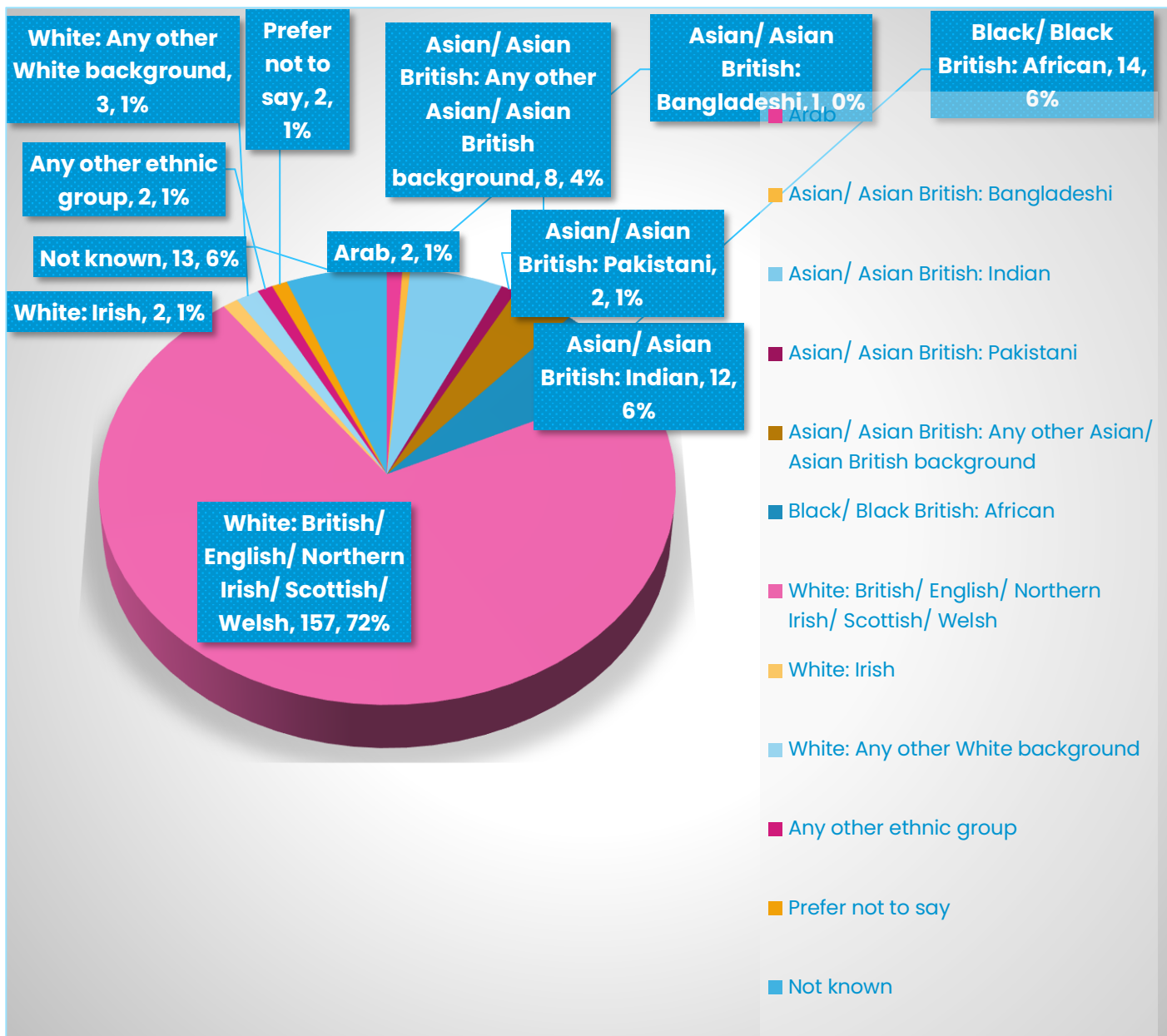
Sexual Orientation

- Heterosexual/Straight: 183 (84%)
- Asexual: 3 (1%)
- Gay man: 2 (1%)
- Prefer not to say: 5 (2%)
- Not known: 25 (11%)



Ethnicity

- White British/English/Northern Irish/Scottish/Welsh: 157 (72%)
- Black/Black British (African): 14 (6%)
- Asian/Asian British (all backgrounds): 23 (11%)
- White – other backgrounds: 5 (2%)
- Arab: 2 (1%)
- Any other ethnic group: 2 (1%)
- Prefer not to say: 2 (1%)
- Not known: 13 (6%)

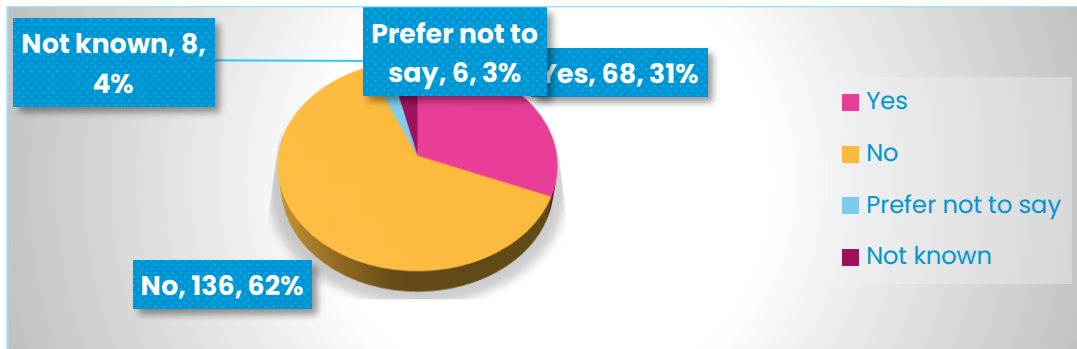


Religion

- No religion or belief: 52 (24%)
- Christian: 45 (21%)
- Muslim: 19 (9%)
- Sikh: 5 (2%)
- Hindu: 4 (2%)
- Other: 3 (1%)
- Prefer not to say: 2 (1%)
- Not known: 88 (40%)

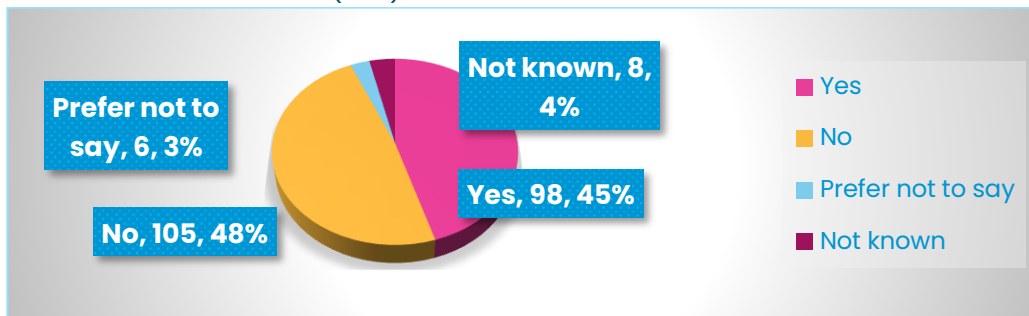
Disability

- Disabled: 68 (31%)
- Not disabled: 136 (62%)
- Prefer not to say: 6 (3%)
- Not known: 8 (4%)



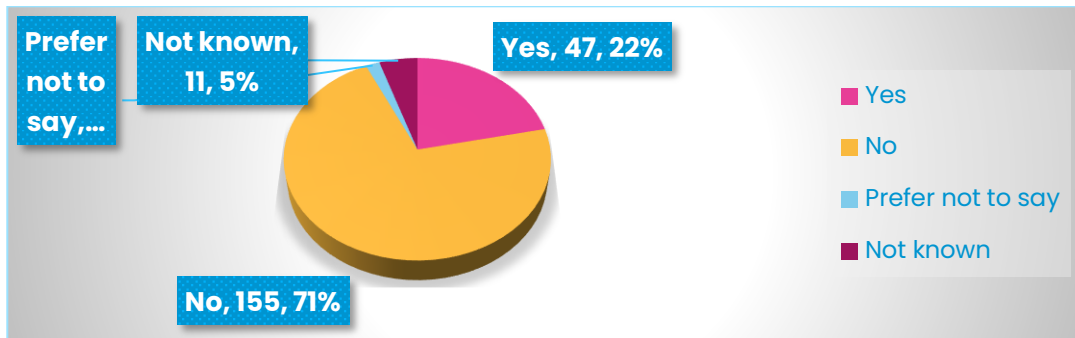
Long-Term Conditions

- Long-term condition reported: 98 (45%)
- No long-term condition: 105 (48%)
- Prefer not to say: 6 (3%)
- Not known: 8 (4%)



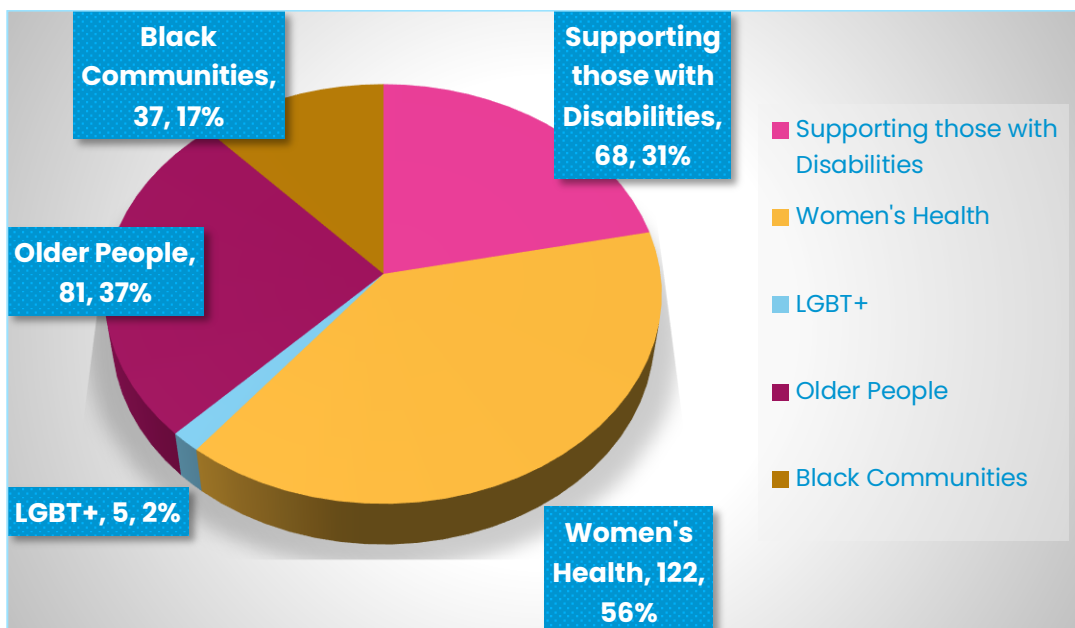
Carers

- Identified as unpaid carers: 47 (22%)



Communities of Interest / Thematic Priorities

- Women's Health: 122 (56%)
- Older People: 81 (37%)
- Supporting those with Disabilities: 68 (31%)
- Black Communities: 37 (17%)
- LGBT+: 5 (2%)



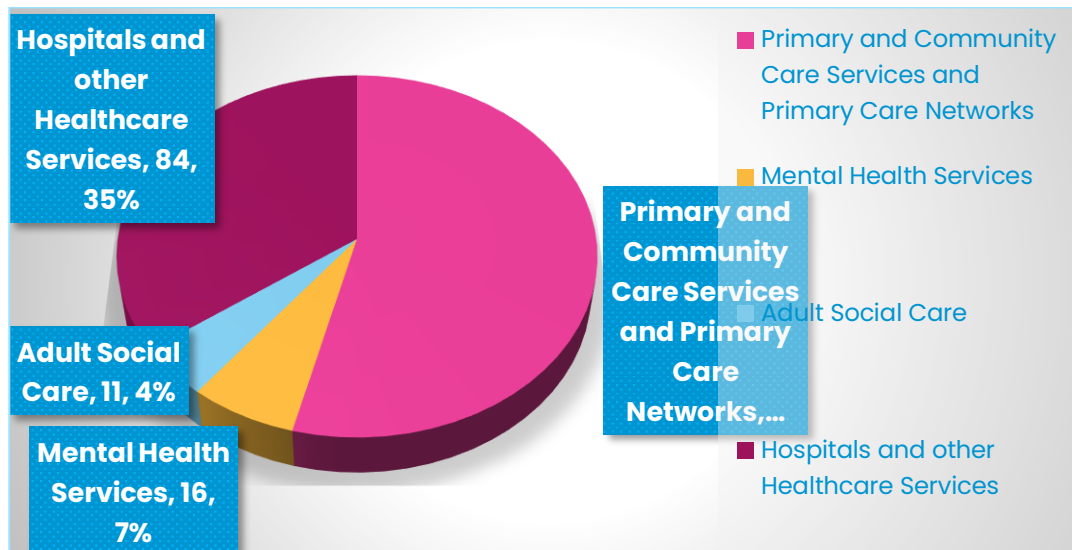
Priority Populations

- Migrants and Refugees: 25 (11%)
- People with Drug and Alcohol Dependence: 10 (5%)

- People who have experienced homelessness: 3 (1%)
- Military Veterans: 2 (1%)
- People in contact with the Criminal Justice System: 1 (<1%)

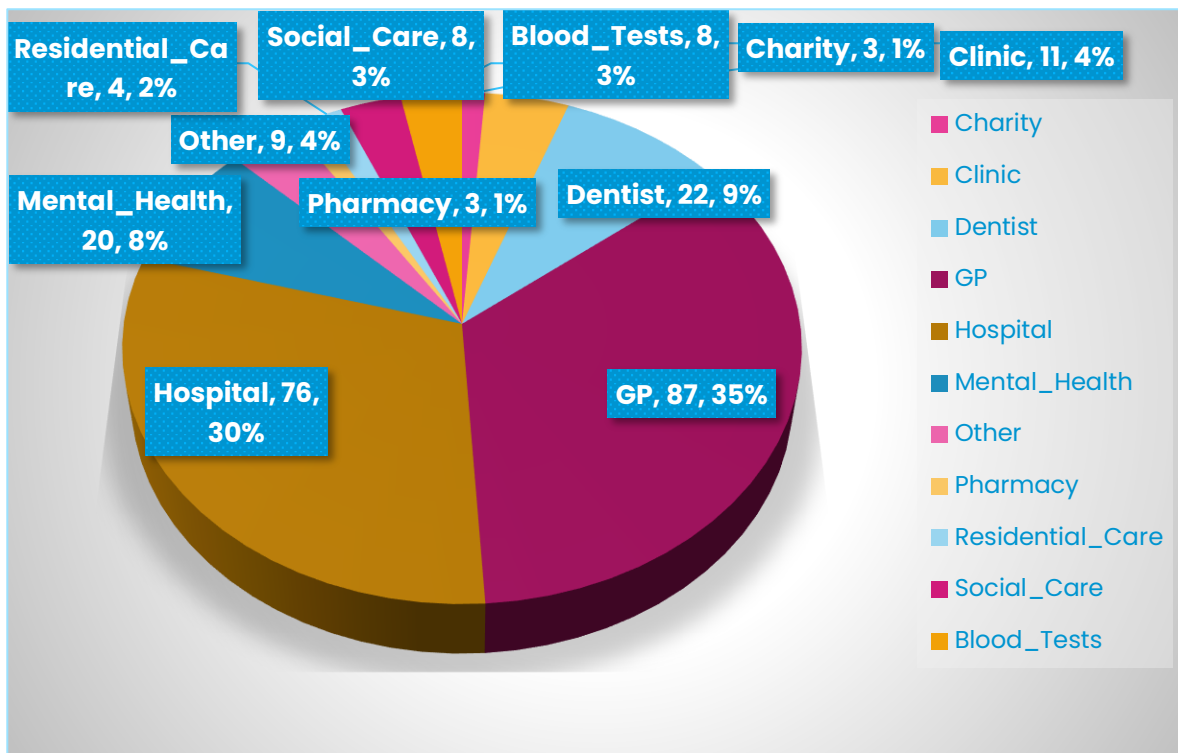
Services & Health and Social Care Workstreams

- Primary & Community Care / PCNs: 130 (60%)
- Hospitals & Other Healthcare Services: 84 (39%)
- Mental Health Services: 16 (7%)
- Adult Social Care: 11 (5%)



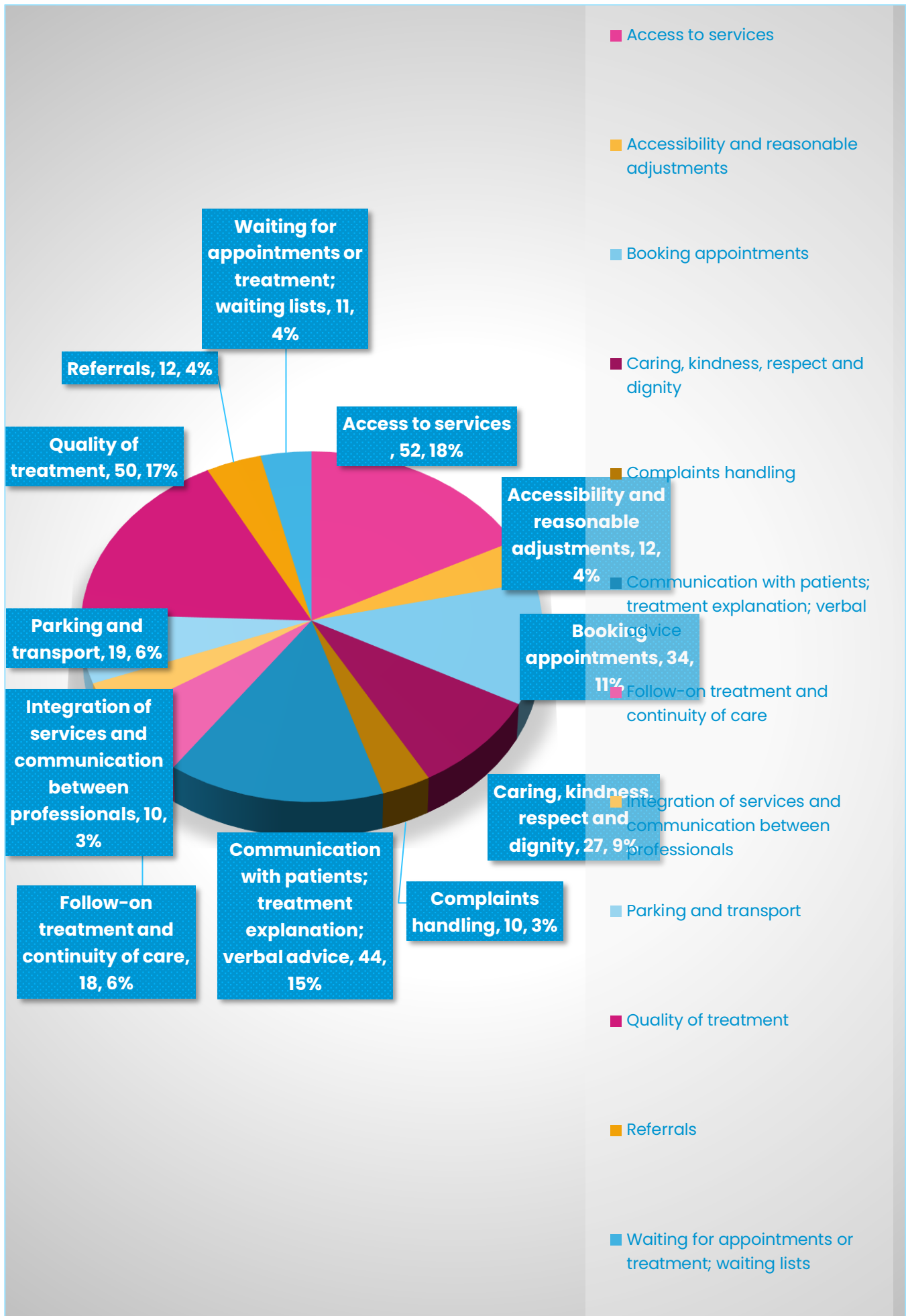
Service Types Reported

- GP services: 87 (40%)
- Hospital services: 76 (35%)
- Dentists: 22 (10%)
- Mental Health services: 20 (9%)
- Clinic-based services: 11 (5%)
- Blood tests: 8 (4%)
- Social Care: 8 (4%)
- Pharmacy: 3 (1%)
- Charity, Residential Care, and Other: low volume (<3% each)



Themes Raised

- Access to Services: 52 – the most frequently raised theme this quarter.
- Quality of Treatment: 50 – reflecting variability in care experience.
- Communication with Patients (Explanation, Advice): 44
- Booking Appointments: 34 – ongoing challenges securing timely care.
- Caring, Kindness, Respect & Dignity: 27
- Parking and Transport: 19
- Follow-on Treatment & Continuity of Care: 18
- Accessibility and Reasonable Adjustments: 12
- Referrals: 12
- Waiting for Appointments / Treatment Delays: 11
- Complaints Handling and Integration of Services: 10 each
- Other less frequent concerns (<10 each): administration, medication, diagnosis, discharge, cancellations, digital access, and written information



This Year at a Glance

During this year, **502 experiences** have been captured across health and social care services. Experiences were collected through a combination of standard feedback routes, Enter & View, and a Pilot for Wellingborough New Models of Care. Demographic information was only available for experiences which came through standard feedback routes.

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.

In Q4, due to overall **engagement increasing by 166%** in comparison to Q3, **234 experiences** were collected which accounts for **47% of the total number of experiences collected** between April 1st 2025 – March 31st 2026. Experiences collected through Community Engagement increased from 40% in Q3 to 52% in this quarter demonstrating the importance of being in community spaces. **139 service users shared their local area** allowing us to identify that the **majority of experiences in Q4 came from Wellingborough West & Corby (31 experiences each)**. In comparison East Northants North recorded no experiences in Q4 and only 1 experiences for the year demonstrating the importance of increased community engagement in that particular area.

The most significant trends identified this year are represented in the table below and while there does not appear to be a direct link to any of the targeted

drop-ins, a significant increase can be seen in Q4 due to the increase in Community Engagement.

	Q1	Q2	Q3	Q4
Disability	6	19	40	68
Long-term Condition	12	30	54	98
Carer	5	12	20	47
25-49 years-old	0	6	27	66
50-64 years-old	10	22	29	45
65-79 years-old	11	23	27	77
Women	15	41	49	122
Men	10	17	36	88
Hospitals	13	14	30	76
Communication with patients; treatment explanation; verbal advice	12	12	14	44

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

While Q4 does see a **significant increase in the number of experiences** relating to these highlighted trends, when we factor in the **166% increase in overall experiences collected**, largely due to **community engagement activity**, the rise appears to reflect **increased engagement rather than a worsening of these issues**.

	Q1	Q2	Q3	Q4
Primary Care	67	46	50	130
Access to Services	28	13	18	52
Booking Appointments	29	21	15	34
Quality of Treatment	28	8	20	50
Follow-on treatment and Continuity of Care	12	5	14	18

This year's data does demonstrate **a consistent increase in the number of experiences** collected through standard feedback routes as well as highlighting the **impact of visibility and accessibility** within the Community when collecting experiences. As predicted in Q3, introducing Healthwatch Surgeries, and two additional targeted drop-ins focusing on communities or priority populations that are underrepresented has seen a **significant increase in experiences collected through Community Engagement rising from 35 in Q3, to 122 in Q4**. Based on the number of experiences collected in Q4, **if Community Engagement was to continue at a similar level** throughout the year 2026/27 and with consideration of **Healthwatch North Northamptonshire becoming more established** among local residents it is reasonable to predict over **1000 experiences** will be collected which would be a greater data sample to identify trends.

Key Findings & Trends

During this quarter, **218 experiences** were captured across health and social care services through standard feedback routes, with demographic information available for analysis.

Demographics

This quarter's data continues to show a **strong concentration of feedback from older adults**, although there is a **broader spread across working-age groups** compared to the previous quarter.

- **58% of respondents were aged 50 and over**, with the largest group being those aged **65–79 (35%)**, followed by **50–64 (21%)**.
- Those aged **25–49 (30%)** accounted for a significant proportion, while **children, young people, and adults under 25 remain minimally represented**, reinforcing the ongoing **underrepresentation of younger voices**.

Women again made up the majority of respondents (56%), with men accounting for **40%**, indicating a continued gender imbalance in engagement.

The majority of respondents identified as **White British (72%)**, with some representation from **Asian (11%)** and **Black (6%)** communities. While this reflects a degree of diversity, **engagement from ethnically diverse communities remains limited** compared to the local population.

Most respondents identified as **heterosexual (84%)**, with very small numbers identifying as asexual or gay. A notable proportion (**11%**) did not disclose their sexual orientation, indicating **ongoing gaps in this data**.

Religion continues to be **underreported**, with **40% of responses recorded as unknown**. Among those who did provide this information, **no religion (24%)** and **Christianity (21%)** were most common.

Health and social characteristics indicate a continued, though slightly more varied, level of need among respondents:

- **31% identified as disabled**
- **45% reported a long-term condition**
- **22% identified as unpaid carers**

These figures suggest that feedback continues to come from individuals with **higher levels of need**, although there is a **broader representation compared to the previous quarter**.

Communities of Interest

The most prominent thematic priorities reflected in the feedback were:

- **Women's Health (56%)**
- **Older People (37%)**
- **Supporting those with Disabilities (31%)**
- **Black Communities (17%)**
- **LGBT+ communities (2%)**

This reflects a continued focus on **women's health and older people's experiences**, alongside **increased visibility of Black communities** compared to previous reporting.

Priority Populations

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

- **Migrants and Refugees (11%)**
- **People with Drug and Alcohol Dependence (5%)**
- **People who have experienced homelessness (1%)**
- **Military Veterans (1%)**
- **People in contact with the Criminal Justice System (<1%)**

While numbers remain relatively low, these insights provide **valuable perspectives on barriers faced by underserved and marginalised groups**.

Services and Workstreams

As in previous quarters, **Primary and Community Care Services and Primary Care Networks (60%)** accounted for the majority of feedback, reinforcing the **central role of primary care** in shaping patient experience.

Hospital and other healthcare services (39%) also represented a significant proportion, indicating **continued pressure within secondary care**, particularly in relation to **access, communication, and quality of treatment**.

A smaller but notable proportion of experiences related to:

- **Mental Health Services (7%)**
- **Adult Social Care (5%)**

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

- **GP services (40%)**
- **Hospital services (35%)**
- **Dental services (10%)**

This highlights **ongoing challenges across both community-based and acute care settings**, with **primary care remaining a key pressure point**.

Themes

The most frequently reported themes this quarter were:

- **Access to Services** – the most common theme, highlighting **continued barriers to obtaining timely care**.
- **Quality of Treatment** – indicating **variability and inconsistency in care delivery**.
- **Communication with Patients** – including concerns around **explanations, advice, and clarity of information**.
- **Booking Appointments** – ongoing challenges in **securing timely and appropriate appointments**.
- **Caring, Kindness, Respect and Dignity** – reflecting a **mix of positive and negative experiences**.
- **Follow-on Treatment and Continuity of Care** – pointing to **gaps between services and delays in ongoing care**.

Additional recurring concerns included **parking and transport, accessibility and reasonable adjustments, referrals, and waiting for appointments or treatment**. Other issues—such as **complaints handling, administration, medication, and integration of services**—were raised less frequently but remain important indicators of service quality.

Overall Insights

This quarter's findings reinforce the **persistent nature of challenges relating to access, communication, and quality of care** across the health and social care

system. While there has been a **significant increase in the volume of feedback**, the **core issues remain largely unchanged**.

Primary care and hospital services continue to be key areas of pressure, particularly in relation to **appointment availability, service navigation, and continuity of care**.

Although there is some indication of **broader engagement**, feedback continues to be **disproportionately provided by older adults, women, and individuals with higher health needs**. **Younger people and some ethnically diverse communities remain underrepresented**, highlighting the need for **targeted engagement**.

Overall, the data points to a **sustained need for system-wide improvements in access, communication, and coordination of care**, alongside **more inclusive approaches** to capturing and reflecting the experiences of all communities.

Implications & Recommendations

The findings from this quarter highlight **continued and increasing pressure across the local health and care system**, alongside a **significant rise in engagement**. While more experiences have been captured, the **core issues relating to access, communication, and quality of care remain consistent**, suggesting **limited systemic improvement to date**.

The data also reinforces clear patterns in **who is most affected**—particularly **older adults and those with higher health needs**—while highlighting **ongoing gaps in representation** across younger and more diverse communities.

1. Access and Booking Challenges

Access to services remains the most significant pressure point this quarter. Feedback relating to **access to services (52 experiences)** and **booking appointments (34 experiences)** represents a substantial proportion of all themes raised. Difficulties securing **GP, dental, and hospital appointments**—alongside complex or unclear booking systems such as **Anima**—continue to drive negative experiences. These issues are particularly impactful for: **Older people**, Individuals with **long-term conditions (45%)**, **Disabled people (31%)**, **Carers (22%)**

The increased volume of feedback in this area indicates **sustained capacity challenges within primary and community care**, as well as the need for **more accessible, flexible, and user-friendly access routes**.

2. Communication and Quality of Care

Concerns relating to **quality of treatment (50 experiences)**, **communication with patients (44 experiences)**, and **continuity of care (18 experiences)** highlight **ongoing variability in patient experience**.

Service users frequently reported **unclear explanations, inconsistent communication, and uncertainty about next steps**, particularly when moving between services. While positive experiences of **compassionate and respectful care** were noted, these were often outweighed by **frustrations linked to lack of clarity and coordination**.

These findings suggest a continued need to prioritise **clear, timely, and person-centred communication**, alongside **improved coordination between services** to

support continuity of care.

3. Equity and Representation

Feedback this quarter continues to be weighted towards **older adults (58% aged 50+)** and **women (56%)**, with a significant proportion reporting **Long-term conditions (45%)**, **Disability (31%)**, and **Caring responsibilities (22%)**.

While there is some representation from **ethnically diverse communities**—particularly **Black (17%)** and **Asian (11%)** groups—overall engagement remains **limited relative to the local population** and is largely driven by **targeted engagement activity**. Younger people remain **significantly underrepresented**.

Data gaps persist, particularly in relation to **religion (40% unknown)** and **sexual orientation (11% unknown)**, limiting the ability to fully assess inequalities.

These patterns highlight the need for **more targeted and inclusive engagement approaches**.

4. Systemic Pressures Across Services

The concentration of feedback relating to **primary care (60%)** and **hospital services (39%)** reflects **continued system-wide pressures** across both community and acute settings.

Ongoing demand, combined with **capacity and workforce constraints**, is contributing to **persistent issues around access, delays, and variability in care experience**. Despite positive feedback relating to **staff compassion and professionalism**, **system pressures are continuing to shape overall patient experience**.

The consistency of these findings indicates **broader systemic challenges requiring coordinated action**.

5. Insights from Communities of Interest and Priority Populations

Strong engagement continues around **Women's Health (56%)**, **Older People (37%)**, and **Supporting those with Disabilities (31%)**.

There is also increased visibility of **Black communities (17%)** and engagement with priority populations such as **Migrants and Refugees (11%)**, and **People with drug and alcohol dependence (5%)**.

While numbers remain relatively small, these insights provide **valuable understanding of barriers faced by marginalised groups**.

These findings present an opportunity to **build on existing engagement** while **strengthening outreach to underrepresented communities**, particularly **younger people**.

Recommendations

1. Improve Access Pathways

- Work with providers to **review and simplify access and booking systems** across GP, dental, and hospital services, ensuring **multiple access routes** (digital, telephone, and face-to-face).
- Prioritise improvements for **older people, disabled individuals, carers, and those with long-term conditions**.
- Develop and promote **clear, accessible information** to help residents navigate services.

2. Strengthen Communication and Continuity

- Improve the **clarity, consistency, and timeliness of communication** with patients.
- Support **better coordination between services** to reduce gaps in care.
- Continue to share **clear, up-to-date information** with local communities.

3. Enhance Data Quality and Representation

- Reduce **“unknown” demographic data**, particularly for **religion and sexual orientation**.
- Increase engagement with **underrepresented groups**, including **younger people and ethnically diverse communities**.
- Explore **additional feedback methods and partnerships** to widen participation.

4. Targeted Focus on Key Communities

- Use insights from **Women’s Health, Older People, and disability-related feedback** to inform service improvement.
- Build on engagement with **Black communities and priority populations** through partnerships.

- Continue **targeted and qualitative engagement** to deepen understanding of lived experience.

Summary

This quarter's findings provide valuable insight into patient and service-user experiences across health and social care in North Northamptonshire. A total of **218 experiences** were recorded through Healthwatch feedback channels, representing a significant increase in engagement compared to the previous quarter.

Feedback continues to highlight ongoing challenges across the system. The most frequently reported themes were **access to services, quality of treatment, communication with patients, and booking appointments**, alongside continued concerns around **continuity of care**. These themes reinforce persistent difficulties in navigating services, securing timely care, and experiencing consistent quality across care pathways.

The majority of feedback related to **Primary and Community Care Services (60%)**, followed by **hospital services (39%)**. GP services (40%) and hospital care (35%) accounted for the largest volumes of service-specific feedback, with dental services (10%) also representing a notable area of concern. Mental health (7%) and adult social care (5%) feedback was present in smaller but important volumes, demonstrating engagement across a broad range of services.

Demographic data shows continued strong representation from older adults, with **58% aged 50 and over**, and from women (56%). A significant proportion of respondents reported a **long-term condition (45%)**, identified as **disabled (31%)**, or as **unpaid carers (22%)**, indicating that those with higher levels of need remain most impacted by current system pressures. While there is some engagement from ethnically diverse communities—particularly Black (17%) and Asian (11%) groups—overall representation remains limited. Younger people also continue to be underrepresented, and data gaps—particularly around religion (40% unknown)—limit more detailed analysis of inequalities. The most prominent communities of interest were **Women's Health (56%)**, **Older People (37%)**, and **Supporting those with Disabilities (31%)**.

Implications

The continued prominence—and increased volume—of feedback relating to access and appointment booking indicates sustained and growing pressure on primary care and hospital services. Difficulties securing appointments, navigating systems, and accessing timely care remain key drivers of dissatisfaction.

Concerns around communication, quality of treatment, and follow-on care highlight ongoing inconsistency in how services engage with patients and coordinate care across pathways. While positive experiences of compassion and

professionalism were reported, these continue to be outweighed by accounts of delays, unclear communication, and fragmented care.

The data reinforces that older adults, people with long-term conditions, disabled individuals, and carers are disproportionately affected by these challenges. At the same time, ongoing gaps in representation—particularly among younger people and some ethnically diverse communities—highlight the need for more inclusive and targeted engagement.

Recommendations

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

1. **Improve Access Pathways** – Simplify and review booking systems and access routes across services to ensure timely and equitable access.
2. **Strengthen Communication and Continuity** – Improve clarity, consistency, and coordination of communication and care across services.
3. **Enhance Data Quality and Inclusion** – Reduce unknown demographic data and strengthen engagement with underrepresented groups.
4. **Targeted Focus on Key Communities of Interest** – Use strong feedback from women's health, older people, disability groups, and emerging insights from diverse communities to inform service improvement and engagement approaches.

Conclusion

The evidence from this quarter indicates a health and care system continuing to operate under significant and sustained pressure, with a marked increase in public engagement but little change in the core issues being reported. Challenges relating to access, communication, and consistency of care continue to shape patient experience across both primary and secondary care.

Addressing these issues will require coordinated, system-wide action focused on improving access, strengthening patient-centred communication, and enhancing continuity of care. At the same time, broadening engagement to better reflect the diversity of the local population will be critical to ensuring that all voices are heard and that service improvements are inclusive, equitable, and responsive to community need.

Notes on Methodology

Data Collection

During this quarter, Healthwatch North Northamptonshire gathered **218 experiences** of health and social care services across the local system through **standard feedback routes**.

Feedback was collected through a range of **established channels**, including:

- The Healthwatch England “Have Your Say” platform
- The Healthwatch North Northamptonshire website
- The Healthwatch North Northamptonshire telephone line
- Community engagement activity, including outreach events
- Referrals from partner organisations

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.

In addition to these **218 experiences**, a further **16 experiences were collected through a pilot project** during the same period. As **demographic data was not captured**, these experiences have been **excluded from demographic analysis**, but have been considered in **broader engagement insights** where appropriate.

All experiences included in the main analysis were collected through **channels where demographic data was requested**.

Sentiment and Thematic Coding

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

Demographic Data

Basic demographic information was requested as part of the 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 question. Despite improvements, a proportion of responses were still recorded as “not known”, particularly for:

- **Religion (40%)**
- **Sexual orientation (11%)**

Demographic analysis therefore reflects **only those 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, which may influence the **volume and diversity of feedback**. **Targeted engagement** has been undertaken with **underrepresented groups**, including those accessing **mental health services, Black communities, and migrant and refugee services**.
- **Sample Size:** With **218 experiences**, findings provide a **broader evidence base** than previous quarters but remain **indicative rather than fully statistically representative**.
- **Demographic Gaps:** Missing data—particularly for **religion and sexual orientation**—limits the ability to fully assess **inequalities and representation**.

- **Underrepresentation:** Younger people and some ethnically diverse communities remain underrepresented.
- **Self-Selection Bias:** Participation is **voluntary**, meaning responses may reflect individuals with **strong positive or negative experiences**.
- **Pilot Data Limitations:** The **16 pilot experiences** did not include demographic data and are therefore **excluded from detailed demographic analysis**, which may limit the **completeness of population insights**.

Ethical Considerations

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



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