healthwatch
North Northamptonshire

Tackling Health Inequalities by Listening to Community Voices

Q1 Report (April – June 2026)

Contents

Executive Summary

Healthwatch North Northamptonshire is the independent champion for people using health and social care services across North Northamptonshire. Through its statutory role, Healthwatch listens to the experiences of local people, identifies what is working well, highlights where improvements are needed and ensures that the views of residents help shape the development of health and social care services.

This quarterly report brings together intelligence gathered through **165 individual service user experiences, Enter and View activity, community engagement and Community Health & Wellbeing Events**. Together, these activities provide a broad picture of people's experiences of accessing and receiving care, the challenges they encounter and the factors that influence confidence, trust and engagement with local services.

Feedback gathered from service users during this reporting period highlights the importance of **person-centred, accessible and compassionate care**. People consistently valued services where they felt listened to, respected and supported by professionals who took time to understand their individual circumstances. Positive experiences were often linked to effective communication, continuity of support and staff who demonstrated kindness, empathy and a willingness to go the extra mile.

Alongside these positive experiences, residents also shared challenges relating to **access, communication, waiting times, navigating services and receiving timely support**. Some people described difficulties understanding available pathways, knowing where to seek help or accessing services that met their individual needs. These experiences reinforce the importance of clear communication, inclusive approaches and support that enables people to navigate an increasingly complex health and care system.

A key theme emerging throughout the quarter was the importance of **trust and relationships**. Whether people were sharing their experiences of health and social care services, participating in an Enter and View visit or engaging through community outreach, the quality of relationships between individuals and services had a significant influence on their overall experience. People valued being heard, involved in decisions and treated as individuals rather than simply as recipients of care.

During this reporting period, Healthwatch North Northamptonshire undertook Enter and View activity to gain a greater understanding of people's experiences within health and care settings. The visit to **Thackley Green Specialist Care Centre** identified many examples of good practice, with residents describing compassionate care, supportive staff relationships and a strong focus on rehabilitation and independence. Healthwatch representatives observed a

welcoming environment and positive interactions between staff and residents, reflecting a service culture centred around dignity, recovery and person-centred support. The findings also identified opportunities for continued development, including maintaining a focus on accessibility, inclusion and supporting people beyond their immediate care journey.

Healthwatch also continued to strengthen its community engagement activity through **Community Health & Wellbeing Events and targeted outreach programmes**. These activities provided opportunities to engage with communities who may experience barriers to accessing preventative healthcare and wider support services. The learning from this work demonstrated that effective engagement requires more than simply providing information or services; it requires **trusted relationships, culturally responsive approaches and meaningful partnership with communities**.

The community engagement activity undertaken during this period highlighted the wider impact of prevention work. Health conversations often extended beyond individual interventions, creating opportunities to discuss healthy lifestyles, long-term conditions, wellbeing, access to services and wider determinants of health. These conversations generated valuable community insight and strengthened relationships with organisations and groups that play an important role in supporting local residents.

Across all areas of Healthwatch activity during this quarter, several consistent themes emerged:

- **People want services that listen, communicate clearly and respond to individual needs.**
- **Trust and positive relationships are central to confidence in health and care services.**
- **Accessibility and inclusion remain essential to ensuring everyone can benefit from support.**
- **Community engagement is a vital component of reducing health inequalities and improving prevention.**
- **The experiences of local people provide essential intelligence for improving services.**

The evidence gathered through this report demonstrates both the strengths of local health and care provision and the opportunities for further improvement. Healthwatch North Northamptonshire will continue to use this intelligence to influence decision-making, support partnership working and ensure that the voices of residents remain central to service development and improvement.

By bringing together individual experiences, service observations and community insight, this quarterly report provides a comprehensive understanding of what matters most to people across North Northamptonshire

and reinforces the importance of an independent voice in creating a more responsive, equitable and person-centred health and care system.

This Quarter at a Glance

Experiences Captured

• **165 experiences and views recorded** across health and social care services this quarter.

• This total comprises:

- **112 experiences** received through Healthwatch North Northamptonshire feedback channels.
- **53 additional experiences** captured through two Enter & View visits:
    - Corby Urgent Treatment Centre (**32 patient interviews** and **6 staff interviews**).
    - Thackley Green Specialist Care Centre (**6 service user interviews** and **9 staff interviews**).

• Beyond feedback collection, Healthwatch North Northamptonshire also:

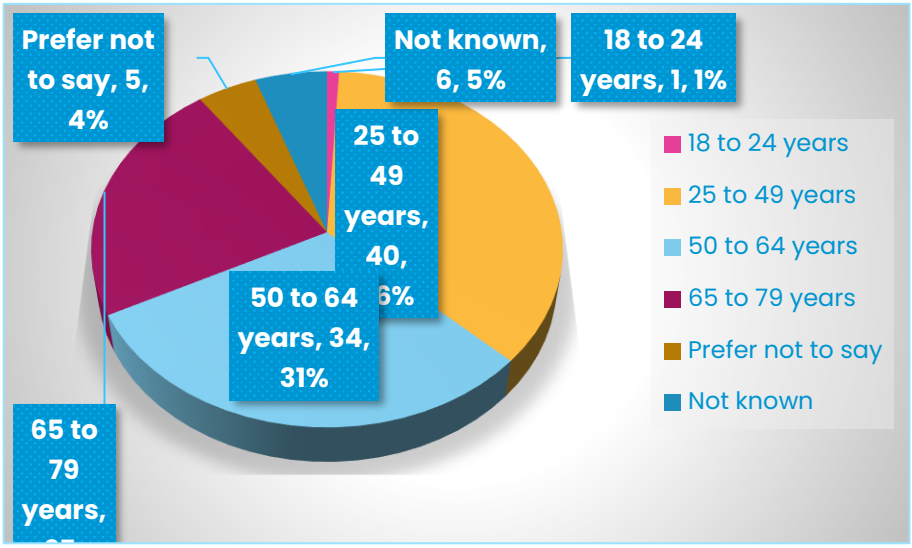
- **Supported over 250 local people** through engagement activities, information provision, signposting, Enter & View activity, and community outreach.
- **Engaged with more than 100 residents** through Community Health and Wellbeing events delivered in partnership with Public Health and local organisations.
- Facilitated **35 free NHS Health Checks**, helping residents identify potential health risks and access preventative support.

Demographics

(based on 112 experiences where demographic information was provided unless stated otherwise)

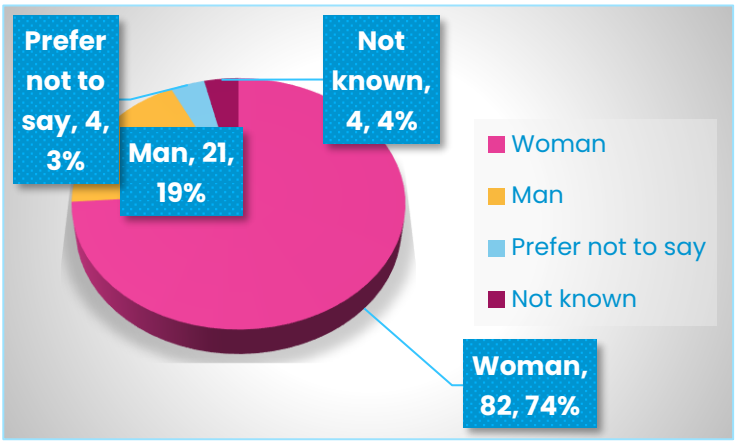
Age

• 25–49 years: **40 (36%)**
• 50–64 years: **34 (31%)**
• 65–79 years: **25 (23%)**
• 18–24 years: **1 (1%)**
• Prefer not to say: **5 (4%)**
• Not known: **6 (5%)**



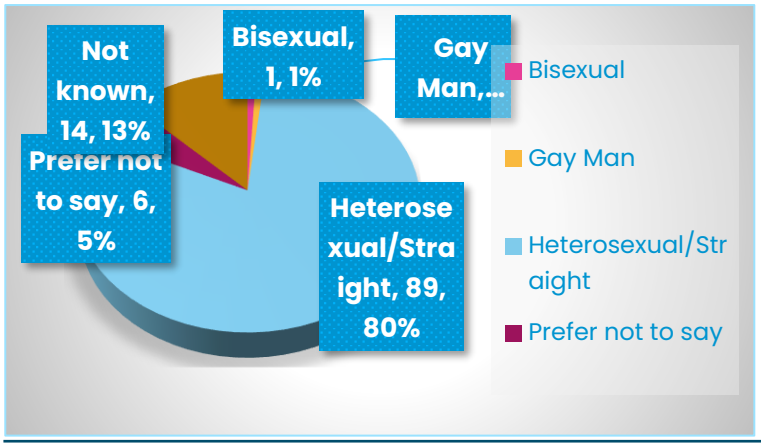
Gender

- Women: 82 (73%)
- Men: 21 (19%)
- Prefer not to say: 4 (4%)
- Not known: 4 (4%)



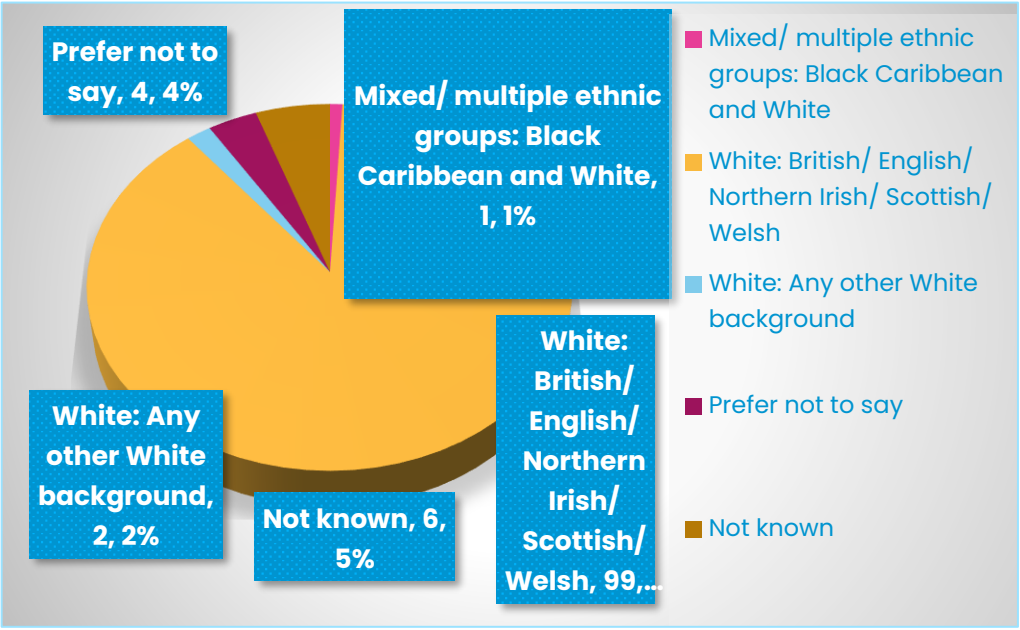
Sexual Orientation

- Heterosexual/Straight: 89 (79%)
- Bisexual: 1 (1%)
- Gay Man: 1 (1%)
- Prefer not to say: 6 (5%)
- Not known: 14 (13%)



Ethnicity

- White British/English/Northern Irish/Scottish/Welsh: 99 (88%)
- White – Other Background: 2 (2%)
- Mixed Ethnicity (Black Caribbean and White): 1 (1%)
- Prefer not to say: 4 (4%)
- Not known: 6 (5%)

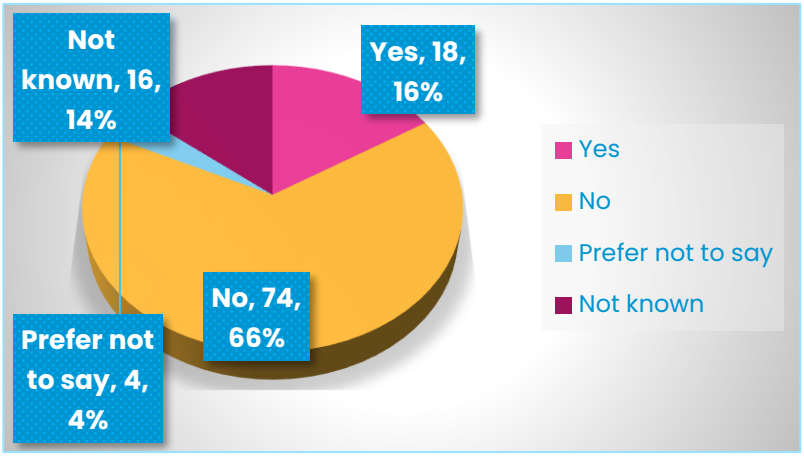


Religion

- Christian: 22 (20%)
- No religion or belief: 22 (20%)
- Prefer not to say: 6 (5%)
- Not known: 62 (55%)

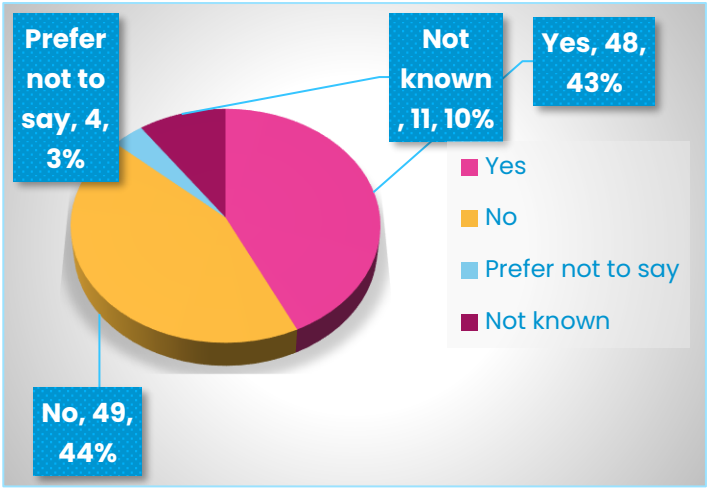
Disability

- Disabled: 18 (16%)
- Not disabled: 74 (66%)
- Prefer not to say: 4 (4%)
- Not known: 16 (14%)



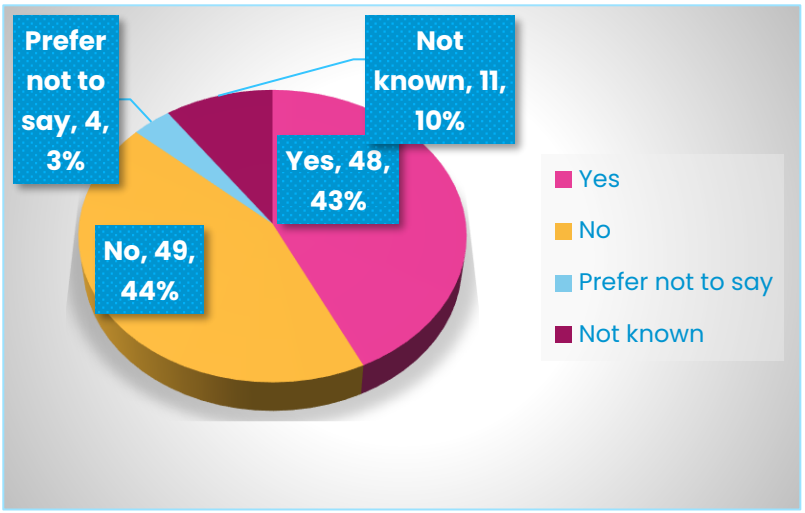
Long-Term Conditions

- Long-term condition reported: 48 (43%)
- No long-term condition: 49 (44%)
- Prefer not to say: 4 (4%)
- Not known: 11 (10%)



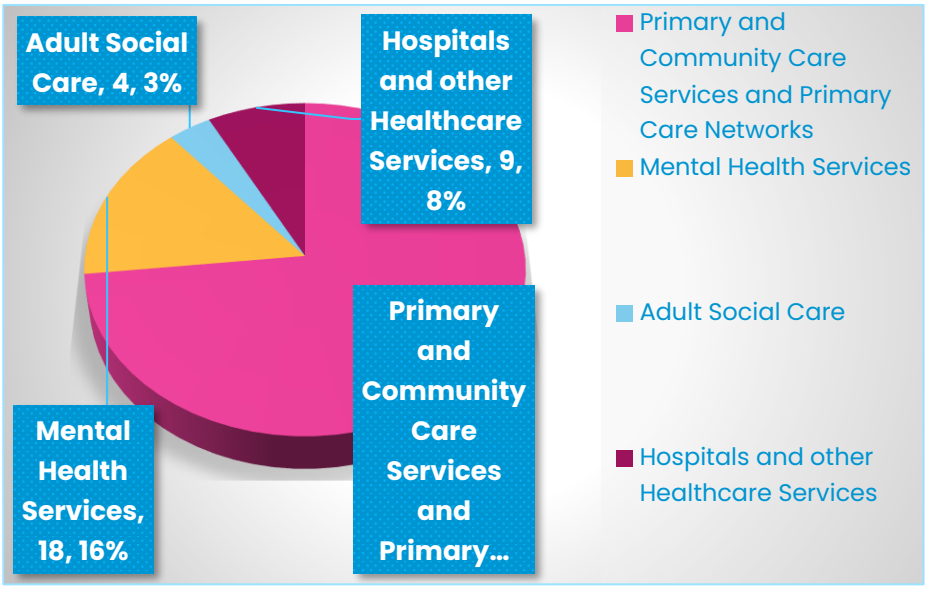
Carers

- Identified as unpaid carers: 24 (21%)
- Not carers: 68 (61%)
- Prefer not to say: 4 (4%)
- Not known: 16 (14%)



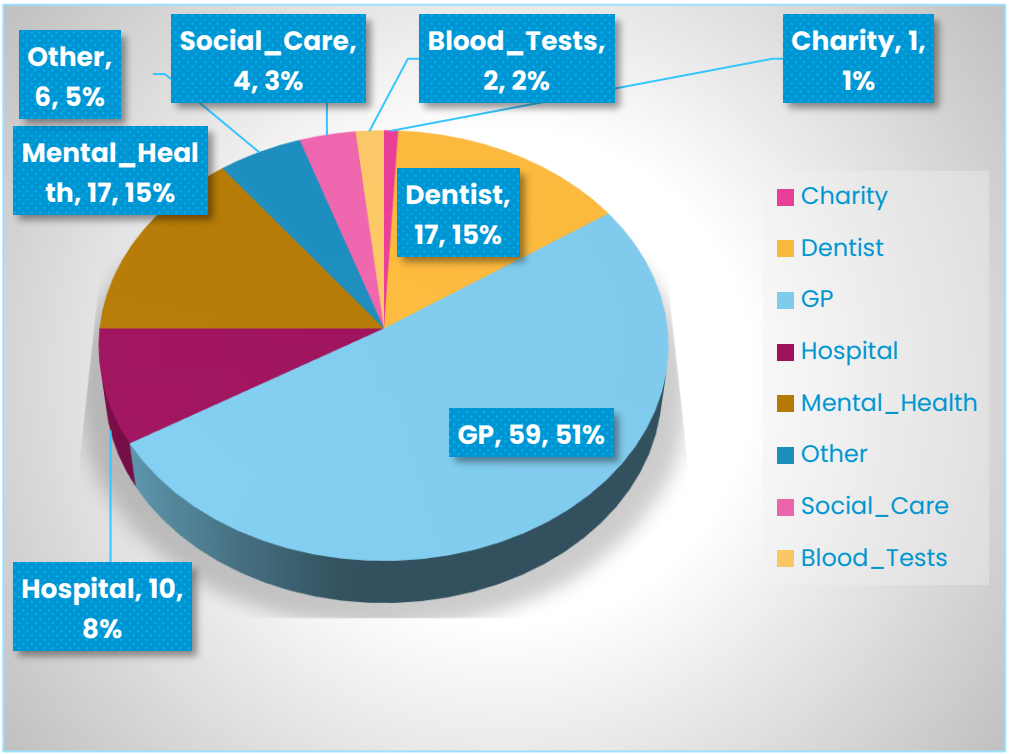
Health and Social Care Workstreams

- Primary & Community Care / PCNs: 85 (73%)
- Mental Health Services: 18 (16%)
- Hospitals & Other Healthcare Services: 9 (8%)
- Adult Social Care: 4 (3%)



Service Types Reported

- GP Services: 59 (51%)
- Dental Services: 17 (15%)
- Mental Health Services: 17 (15%)
- Hospital Services: 10 (9%)
- Other Services: 6 (5%)
- Social Care Services: 4 (3%)
- Blood Tests: 2 (2%)
- Charity Services: 1 (1%)



Themes Raised

• Remote Appointments and Digital Services: 37 — the most frequently raised theme this quarter, with feedback predominantly relating to the Anima online GP appointment system. Residents commonly described the system as difficult to navigate, time-consuming, and inaccessible for people with limited digital confidence or skills.

• Quality of Treatment: 35 — reflecting the importance of positive clinical experiences and confidence in the care received.

• Access to Services: 19 — ongoing challenges accessing appropriate care and support when needed.

• Communication with Patients (Explanation, Advice): 13 — highlighting the continued importance of clear and effective communication.

• Caring, Kindness, Respect and Dignity: 11 — demonstrating the significant impact staff attitudes and behaviours have on patient experience.

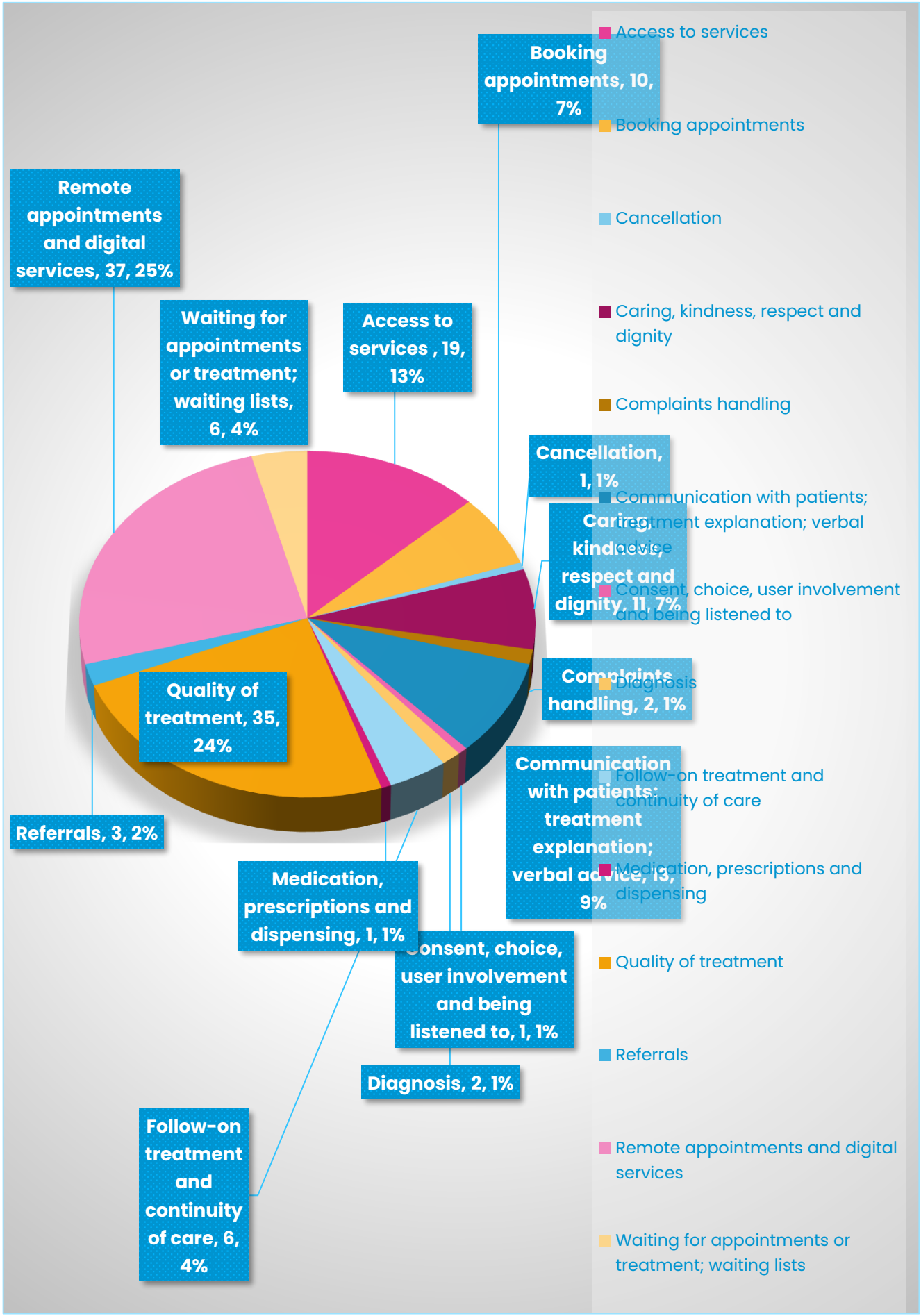
• Booking Appointments: 10 — ongoing concerns regarding appointment availability and the process of securing appointments.

• Follow-on Treatment and Continuity of Care: 6

• Waiting for Appointments or Treatment Delays: 6

• Referrals: 3

• Complaints Handling and Diagnosis: 2 each


Booking appointments, 10, 7%
Remote appointments and digital services, 37, 25%
Waiting for appointments or treatment; waiting lists, 6, 4%
Access to services , 19, 13%
Cancellation, 1, 1%
Caring, kindness, respect and dignity, 11, 7%
Complaints handling, 2, 1%
Quality of treatment, 35, 24%
Communication with patients; treatment explanation; verbal advice, 13, 9%
Referrals, 3, 2%
Medication, prescriptions and dispensing, 1, 1%
Consent, choice, user involvement and being listened to, 1, 1%
Diagnosis, 2, 1%
Follow-on treatment and continuity of care, 6, 4%
Access to services
Booking appointments
Cancellation
Caring, kindness, respect and dignity
Complaints handling
Communication with patients; treatment explanation; verbal advice
Consent, choice, user involvement and being listened to
Diagnosis
Follow-on treatment and continuity of care
Medication, prescriptions and dispensing
Quality of treatment
Referrals
Remote appointments and digital services
Waiting for appointments or treatment; waiting lists

Enter & Views

Enter & View Activity

During this quarter, Healthwatch North Northamptonshire completed two statutory **Enter & View visits** to better understand the experiences of people accessing local health and care services. These visits provided an opportunity to gather feedback from service users and staff, observe service delivery, identify examples of good practice and highlight opportunities for improvement.

Corby Urgent Treatment Centre (UTC)

Healthwatch North Northamptonshire undertook an Enter & View visit to **Corby Urgent Treatment Centre** to explore patient experiences of urgent care services, accessibility, communication, patient flow, workforce wellbeing and wider system integration.

The visit included observations of the service environment, interviews with **32 service users** and discussions with **six members of staff** representing clinical, operational and leadership roles.

Overall, findings were **highly positive**, with patients consistently describing staff as **professional, compassionate and approachable**. Many service users expressed confidence in the care they received and recognised the important role the UTC plays in providing timely urgent healthcare and reducing pressure on Emergency Departments.

Key findings included:

- **Corby UTC is a valued and trusted service**, particularly for patients who are unable to access timely GP appointments or other healthcare services.
- Patients reported positive experiences of clinical care and praised staff for their professionalism, kindness and willingness to listen.
- **Communication during periods of waiting** emerged as the most significant area for improvement, with some patients reporting uncertainty regarding waiting times and the triage process.
- Staff demonstrated a strong commitment to **accessibility, inclusion and reasonable adjustments**, particularly for people with disabilities, neurodivergent individuals and those with hidden disabilities.
- Both patients and staff identified opportunities to further enhance the **waiting environment**, including improved information displays and additional support for children and individuals with sensory needs.

- Staff described a positive workplace culture and effective multidisciplinary working but highlighted challenges associated with increasing demand, workforce pressures and occasional verbal abuse from members of the public.
- Wider system challenges, including **difficulties accessing primary care services** and fragmented digital systems, were identified as factors affecting patient flow and continuity of care.

Examples of good practice included a strong patient-centred culture, daily multidisciplinary team huddles, ongoing service improvement initiatives and a clear commitment to ensuring patients receive **"the right care, in the right place, at the right time."**

Recommendations focused on improving communication around waiting times, strengthening accessibility and reasonable adjustments, enhancing the patient environment, supporting workforce wellbeing and improving integration across healthcare services.

Thackley Green Specialist Care Centre

Healthwatch North Northamptonshire also completed an Enter & View visit to **Thackley Green Specialist Care Centre**, an intermediate care and rehabilitation service operated by Northamptonshire Healthcare NHS Foundation Trust.

The visit sought to understand how effectively the service supports recovery, rehabilitation and independence, whilst preparing residents for a safe return home or transition to the next stage of their care journey. Evidence was gathered through observations, interviews with **six residents**, discussions with **nine members of staff**, and engagement with service leaders.

Overall, findings presented a **highly positive picture** of a service that is valued by residents and delivered by a committed, compassionate and skilled workforce.

Key findings included:

- Residents consistently described receiving **kind, respectful and person-centred care** from staff.
- A strong focus on **rehabilitation, recovery and promoting independence** was evident throughout resident and staff feedback.
- Residents reported improvements in confidence, mobility and daily living skills and felt well supported in preparing for a return home.
- Staff demonstrated a clear commitment to helping individuals achieve their personal goals and maximise independence wherever possible.
- The service environment was viewed positively, with residents describing accommodation as **clean, comfortable and conducive to recovery**.

- Social interaction and emotional wellbeing were recognised as important components of rehabilitation, with residents valuing opportunities to engage with others during their stay.
- Staff highlighted the importance of multidisciplinary working, person-centred care and effective discharge planning in supporting positive outcomes.
- The importance of community and voluntary sector support following discharge was recognised as a key factor in maintaining independence and preventing future deterioration.

Healthwatch representatives observed a welcoming atmosphere, positive interactions between staff and residents, and a culture focused on dignity, respect and continuous improvement.

Recommendations focused on maintaining the service's rehabilitation-centred approach, strengthening awareness of community support available after discharge, continuing to promote social wellbeing, enhancing accessibility and inclusion, and supporting ongoing workforce development.

Overall Enter & View Insights

Both Enter & View visits identified **strong examples of person-centred care, compassionate staff and a commitment to continuous improvement**. Whilst the settings and service models differed significantly, several common themes emerged.

These included the importance of:

- **Clear communication and information sharing**.
- Supporting people to access the **right care at the right time**.
- Promoting **independence, dignity and personalised care**.
- Creating accessible and inclusive environments.
- Supporting staff wellbeing and professional development.
- Strengthening integration and partnership working across health and care services.

The findings from both visits demonstrate the value of local services that place people at the centre of care and provide important evidence to support ongoing quality improvement across North Northamptonshire's health and care system.

Community Health & Wellbeing Events

Introduction

Whilst the **Targeted Community Health Checks and Inequalities Outreach Project** was commissioned primarily to improve awareness, accessibility and uptake of NHS Health Checks amongst communities experiencing health inequalities, the programme generated a significant amount of **wider community engagement activity beyond the original specification**.

As relationships developed with **community leaders, faith organisations and voluntary, community, faith and social enterprise (VCFSE) partners**, Healthwatch North Northamptonshire, Support Northamptonshire and delivery partners were invited to participate in a range of additional community health and wellbeing events across North Northamptonshire.

These opportunities emerged organically through the **trust established within communities** and provided valuable platforms to:

- **Promote prevention and healthy lifestyles**
- **Improve health literacy and awareness of local services**
- **Strengthen confidence in accessing health and care support**
- **Connect residents with appropriate advice, guidance and community resources**

Although many of these events did not focus exclusively on NHS Health Checks, they contributed significantly to the wider aims of **reducing health inequalities, improving health awareness and increasing community confidence in local health services**.

The events also provided opportunities to engage with residents who may not ordinarily access traditional healthcare settings and enabled meaningful conversations about **prevention, long-term conditions, cancer screening, immunisations, mental wellbeing and wider determinants of health**.

The following sections provide an overview of the **Community Health & Wellbeing Events delivered during the reporting period** and the outcomes generated through this wider programme of engagement.

Community Health Checks and Immunisations Event – Rushden

Overview

One of the most significant community health and wellbeing events delivered during the reporting period took place on **23 May 2026 in partnership with Rush 2The Den**.

The event brought together **multiple health, voluntary sector and community organisations** to provide residents with access to:

- Health checks
- Immunisation information
- Healthy lifestyle advice
- Mental health support
- Community information and signposting

Participating organisations included:

- Community Care Solutions (CCS)
- Northampton Town Football Club Foundation
- General Practice Alliance
- Youth Immunisations Team
- SERVE
- Royal British Legion
- Mental Health Northamptonshire Collaboration
- Alzheimer's Society
- Stop Smoking Northants

Outcomes and Learning

The event demonstrated the value of **integrated community-based delivery models**, bringing multiple services together within a **single trusted and accessible community setting**.

Residents were able to:

- **Discuss health concerns**
- **Receive advice and reassurance**
- **Access preventative interventions**
- **Be connected with relevant support services**

Importantly, the event reinforced a central finding from the wider project:

The impact of community health events cannot be measured solely by the number of health checks completed.

Many attendees benefited from:

- Increased awareness of available services
- Improved understanding of prevention
- Health and wellbeing conversations
- Increased confidence in accessing support

These outcomes represent significant added value and demonstrate the wider contribution of community engagement activity to reducing health inequalities.

Overall Impact of Community Health & Wellbeing Events

Collectively, these events generated outcomes that extended **far beyond the delivery of NHS Health Checks alone**.

The programme:

- Increased awareness of preventative healthcare
- Strengthened relationships with trusted community organisations
- Improved access to health information
- Created new routes into health and wellbeing support
- Generated valuable community insight to inform future commissioning

A key finding from this programme is that **community engagement should be viewed as an ongoing relationship-building process rather than a series of isolated interventions**.

The trust, partnerships and community intelligence generated through these activities provide a valuable foundation for:

- Future public health initiatives
- Neighbourhood health approaches
- Integrated prevention models
- Long-term efforts to reduce health inequalities across North Northamptonshire

The additional Community Health & Wellbeing Events delivered throughout the programme represent **significant added value beyond the original commissioned activity** and demonstrate the impact that can be achieved when prevention is delivered through **trusted community relationships, culturally competent approaches and collaborative partnership working**.

Key Findings & Trends

During this quarter, **165 experiences and views** were captured across health and social care services in North Northamptonshire. This includes **112 experiences received through Healthwatch feedback channels** and an additional **53 experiences gathered through Enter & View activity** at Corby Urgent Treatment Centre and Thackley Green Specialist Care Centre.

Demographics

This quarter's data continues to show that feedback is primarily being provided by **working-age and older adults**, with limited engagement from younger people.

- **59% of respondents were aged 50 and over**, with the largest groups being those aged **25–49 (36%)**, **50–64 (31%)**, and **65–79 (23%)**.

- Only **one respondent was aged under 25**, while no feedback was received from children or young people under 18, highlighting the continued underrepresentation of younger voices in local health and care feedback.

Women again accounted for the majority of respondents (**73%**), while men represented **19%** of responses. This reflects a more pronounced gender imbalance than in previous quarters and suggests women continue to be more likely to engage with Healthwatch services and share their experiences.

The majority of respondents identified as **White British (88%)**, with very limited representation from ethnically diverse communities. While this broadly reflects the demographics of some local areas, it highlights the continued need to strengthen engagement with communities whose experiences may currently be underrepresented.

Most respondents identified as **heterosexual/straight (79%)**, though a notable proportion (**13%**) did not disclose their sexual orientation. As in previous quarters, the small number of responses from LGBT+ communities limits the ability to draw meaningful conclusions regarding their experiences.

Religion continues to be significantly underreported, with **55% of responses recorded as unknown**. Among those who did provide this information, **Christianity (20%)** and **no religion or belief (20%)** were the most commonly reported categories.

Health and social characteristics indicate that a significant proportion of respondents continue to have ongoing health or caring responsibilities:

- **43% reported living with a long-term condition**

- **21% identified as disabled**

- 21% identified as unpaid carers

These figures suggest that feedback continues to be heavily influenced by people who are more likely to interact frequently with health and care services and may therefore experience the impact of service pressures more acutely.

Communities of Interest

The most prominent Communities of Interest reflected in the feedback were:

- Women's Health (67%)
- Older People (21%)
- Supporting Those with Disabilities (18%)
- Black Communities (1%)
- LGBT+ Communities (0%)

Women's Health continues to be the most significant thematic priority represented within the data. The relatively low representation from Black communities and absence of identified LGBT+ respondents highlights the ongoing importance of targeted engagement activity to ensure a broader range of experiences are captured.

Services and Workstreams

As in previous quarters, **Primary and Community Care Services and Primary Care Networks** accounted for the majority of feedback received (**73%**), reinforcing the central role that primary care services play in shaping residents' experiences of the health and care system.

A smaller but notable proportion of experiences related to:

- Mental Health Services (16%)
- Hospitals and Other Healthcare Services (8%)
- Adult Social Care (3%)

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

- GP Services (51%)
- Dental Services (15%)
- Mental Health Services (15%)
- Hospital Services (9%)

These findings demonstrate that primary care remains the principal area in which residents experience both positive and negative interactions with the

health and care system. The volume of feedback relating to dental services also suggests that access and service provision within dentistry continues to be an area of concern for local residents.

Themes

The most frequently reported themes this quarter were:

- **Remote Appointments and Digital Services (37)** – the most common theme reported during the quarter.
- **Quality of Treatment (35)** – highlighting the importance of positive clinical experiences and confidence in the care received.
- **Access to Services (19)** – reflecting ongoing challenges accessing appropriate care and support.
- **Communication with Patients (13)** – including concerns regarding explanations, advice, and clarity of information provided.
- **Caring, Kindness, Respect and Dignity (11)** – demonstrating the significant impact staff interactions have on overall patient experience.
- **Booking Appointments (10)** – continuing to highlight difficulties securing timely access to care.
- **Follow-on Treatment and Continuity of Care (6)**
- **Waiting for Appointments or Treatment (6)**

Unlike previous quarters, **Remote Appointments and Digital Services emerged as the single most reported theme**, largely driven by feedback relating to the **Anima online GP appointment system**.

Residents frequently described the platform as difficult to navigate, overly complicated, and unsuitable for people with limited digital skills or confidence. Several respondents reported frustration with the amount of information required, difficulties completing requests successfully, and concerns that the system created additional barriers to accessing care rather than improving access.

While digital solutions can improve efficiency and demand management, the feedback received suggests that the implementation of digital-first approaches must carefully consider accessibility, inclusivity, and the varying levels of digital confidence across different population groups.

Enter & View Activity

During the quarter, Healthwatch North Northamptonshire completed two Enter & View visits:

- Corby Urgent Treatment Centre
- Thackley Green Specialist Care Centre

Together, these visits generated **53 additional experiences and observations**, providing valuable insight into both patient and staff experiences of care delivery. The findings from these visits have contributed significantly to the overall evidence base for this quarter and will support ongoing dialogue with providers regarding service quality, patient experience, and opportunities for improvement.

Community Health and Wellbeing Events

Healthwatch North Northamptonshire also worked collaboratively with Public Health and partner organisations to deliver a series of Community Health and Wellbeing events across the area.

Through this work:

- **More than 100 local residents were supported**
- **35 free NHS Health Checks were facilitated**

These events provided valuable opportunities to engage with residents who may not otherwise access traditional feedback channels, while also supporting prevention, early intervention, and wider health improvement objectives.

Overall Insights

This quarter's findings continue to demonstrate that **access to healthcare services, quality of care, and communication remain important drivers of patient experience**. However, a significant emerging trend has been the volume of feedback relating to **digital access to primary care services**, particularly the use of the Anima appointment system.

Primary care remains the dominant area of feedback, reflecting both the importance of GP services within the healthcare system and the challenges residents continue to experience when attempting to access support. While digital transformation has the potential to improve efficiency and patient access, the experiences shared this quarter suggest that current approaches may inadvertently create barriers for some groups, particularly those with lower digital confidence or more complex needs.

The data also highlights the continued reliance on feedback from women, older adults, and people living with long-term conditions, disabilities, or caring responsibilities. While these perspectives are vital, younger people and ethnically diverse communities remain underrepresented, reinforcing the need for targeted engagement to ensure a more comprehensive understanding of local experiences.

Alongside feedback collection, Healthwatch North Northamptonshire's Enter & View programme and collaborative community engagement work have expanded the reach and impact of local engagement activity, enabling the organisation to gather deeper insight, support residents directly, and contribute to wider health improvement efforts across North Northamptonshire.

What We Heard, What We Did

Case Study 1 – When Access to Care Depends on Access to Transport

Supporting a service user whose journey to diagnosis has been repeatedly delayed by transport barriers.

WHAT WE HEARD

A young woman with an undiagnosed neurological condition is experiencing a deterioration in her physical and mental health while waiting for specialist care.

Reliant on transport

Due to restricted mobility, she relies on the Non-Emergency Patient Transport Service (NEPTS) to travel to hospital appointments out of county with the right vehicle and equipment.

Ongoing problems with NEPTS

Transport has been cancelled at short notice on multiple occasions or the wrong vehicle has been provided, meaning she cannot attend appointments.

Impact on health and wellbeing

Her physical and mental health continues to deteriorate while she remains without a diagnosis.

Long wait for care

She has been advised she cannot get an appointment until 2027 – leaving her at risk of further deterioration.

WHAT WE DID

We listened, took action and worked with partners to advocate for the service user and address the barriers she faced.

Joined a multi-disciplinary team meeting

To understand the service user's needs and explore possible solutions.

Escalated due to urgency

Recognising the impact on her physical and mental health and the risks of further deterioration.

Escalated to Rosie Wrighting MP office

Requested that Rosie Wrighting MP liaises with her parliamentary colleague in the county where the hospital is located to see whether the appointment can be brought forward based on the service user's deteriorating physical and mental health.

Advocating for wider change

Working to address the underlying issues impacting NEPTS so all service users receive the right vehicle, equipment and support.

WHAT NEXT?

Healthwatch NN continue to support this case until resolution.

We will work with partners to ensure the service user's voice remains central to decisions.

We will use learning from this experience to improve transport and healthcare pathways for others.

Case Study 2 - The Power of Being Heard

By taking the time to listen and provide a safe space to share concerns, we helped a service user feel heard, valued and supported during a difficult experience with the healthcare system.

WHAT WE HEARD

A service user shared the significant impact of her experiences while receiving care at Kettering General Hospital.

Poor care and traumatic experiences

Repeated incidents of poor care, inadequate communication and distressing interactions since July 2024.

Concerns raised, but not resolved

Formal complaints about serious concerns, delays to emergency surgery and staff behaviour remain unresolved and dismissed.

Lack of communication from PALS

No contact from KGH PALS regarding urology delays and last-minute cancellations despite repeated follow-ups and requests for help.

Advocacy support not accessible

Difficulties obtaining support from POhWER added further stress and isolation.

Significant impact on wellbeing

Diagnosed PTSD and anxiety, loss of confidence in the complaints process and in the support systems that should protect patients.

WHAT WE DID

We provided a safe space to talk, listened without judgement and supported the service user to feel heard.

Listened and provided a safe space

We set time aside for the service user to share her experiences and concerns in a safe, supportive environment.

Understood and acknowledged the impact

We listened, acknowledged how these experiences had affected her physical and mental wellbeing and validated her concerns.

Agreed a plan of next steps

We put together a plan of next steps and the options available to support her.

PALS responded

In the meantime, PALS responded to the service user and addressed her concerns.

Satisfied with the outcome

The service user was satisfied with the outcome and did not require any further support from us.

THE DIFFERENCE IT MADE

The service user thanked us for listening to her and making her feel like what she was sharing was important and did matter.

That was all she required from us – but it made a huge difference.

This case highlights the power of listening, validation and timely support.

Implications & Recommendations

The findings from this quarter highlight ongoing challenges across the local health and care system, particularly in relation to **digital access, quality of care, communication, and service accessibility**. While the overall volume of feedback is lower than the previous quarter, the addition of **53 experiences gathered through Enter & View activity** has provided valuable qualitative insight into patient and service-user experiences across a range of settings.

The data also reinforces clear patterns regarding who is most affected by current service challenges, with feedback continuing to be predominantly provided by **older adults, women, people living with long-term conditions, disabled people, and unpaid carers**. At the same time, younger people and ethnically diverse communities remain underrepresented, highlighting ongoing challenges in ensuring all voices are heard.

1. Digital Access and Appointment Systems

The most significant finding this quarter relates to **Remote Appointments and Digital Services**, which was the most frequently reported theme (**37 experiences**).

Feedback was overwhelmingly focused on the use of the **Anima online GP appointment system**, with many residents reporting that the platform is difficult to navigate, time-consuming to complete, and inaccessible for individuals with limited digital confidence or skills. Several respondents felt that the system created additional barriers to accessing primary care, particularly when urgent support was required.

While digital solutions play an important role in modernising healthcare access and managing demand, feedback suggests that current approaches may not be meeting the needs of all population groups equally.

Particular concerns were identified for:

- Older adults
- People with disabilities
- Individuals with long-term conditions
- People with lower levels of digital literacy
- Residents who prefer or require non-digital methods of access

These findings highlight the importance of ensuring digital-first approaches do not unintentionally increase health inequalities or create barriers for vulnerable groups.

2. Quality of Care and Patient Experience

Quality of Treatment (35 experiences) was the second most frequently reported theme this quarter, demonstrating the continued importance of positive clinical experiences and confidence in care provision.

Feedback highlighted both positive and negative experiences, with many respondents recognising the professionalism, compassion, and commitment of frontline staff. However, concerns remained regarding variability in care experiences and consistency of service delivery.

In addition, feedback relating to **Caring, Kindness, Respect and Dignity (11 experiences)** reinforces the significant influence that staff interactions have on overall patient satisfaction and trust in services.

These findings suggest that while staff continue to deliver high-quality care under challenging circumstances, there remains a need to reduce variation in patient experience and ensure consistently person-centred care across services.

3. Communication and Coordination of Care

Feedback relating to **Communication with Patients (13 experiences)** and **Follow-on Treatment and Continuity of Care (6 experiences)** indicates that communication remains an important aspect of patient experience.

Residents highlighted the value of receiving clear explanations, timely updates, and information about next steps in their care. Where communication was ineffective, experiences were often characterised by frustration, uncertainty, and reduced confidence in services.

Although communication concerns were reported less frequently than in previous quarters, they continue to represent an important area for improvement, particularly where care involves multiple services or providers.

4. Equity, Inclusion and Representation

The demographic profile of respondents continues to demonstrate a concentration of feedback from groups who are more likely to have regular interactions with health and care services.

This quarter:

- **59% of respondents were aged 50 and over**

- 43% reported living with a long-term condition
- 21% identified as disabled
- 21% identified as unpaid carers
- 73% of respondents were women

While these perspectives provide valuable insight into the experiences of people with higher levels of health and care need, feedback from younger people and ethnically diverse communities remains limited.

In addition, significant gaps remain within some demographic datasets, particularly religion, where **55% of responses were recorded as unknown**.

These patterns highlight the continued importance of targeted engagement activity to ensure a broader and more representative understanding of local experiences and health inequalities.

5. System Pressures Across Primary Care

The concentration of feedback relating to **Primary and Community Care Services and Primary Care Networks (73%)** demonstrates the central role primary care continues to play within residents' experiences of the health and care system.

Similarly, **GP Services accounted for over half of all service-specific feedback (51%)**, significantly more than any other service type.

The prominence of issues relating to digital access, appointment booking, service access, and communication suggests that primary care services continue to face substantial pressures associated with increasing demand and changing models of service delivery.

The consistency of these findings indicates that improving access to primary care remains a key priority for both providers and system partners.

6. Community Engagement and Prevention

Alongside feedback collection, Healthwatch North Northamptonshire's partnership work with Public Health has demonstrated the value of community-based engagement and prevention initiatives.

During the quarter:

- More than 100 residents were engaged through Community Health and Wellbeing events
- 35 free NHS Health Checks were facilitated

- Over 250 local people were supported through Healthwatch activity overall

These activities provided opportunities to engage with residents who may not otherwise access traditional feedback channels, while also contributing to wider health improvement, prevention, and early intervention objectives.

The success of these events demonstrates the value of collaborative approaches that combine community engagement, health promotion, and insight gathering.

Recommendations

1. Review Digital Access to Primary Care

- Work with GP practices and Primary Care Networks to review patient experiences of digital access systems, including Anima.
- Ensure alternative routes to care remain available, including telephone and face-to-face access where appropriate.
- Consider the needs of digitally excluded groups when designing and implementing digital-first services.
- Improve patient guidance and support to help residents navigate online appointment systems successfully.

2. Improve Access and Appointment Pathways

- Continue efforts to improve access to GP, dental, and community health services.
- Review appointment booking processes to identify opportunities for simplification and greater flexibility.
- Provide clear and accessible information to help residents understand how to access the right service at the right time.

3. Strengthen Communication and Continuity of Care

- Improve the clarity, consistency, and timeliness of communication with patients.
- Strengthen coordination between services to support smoother patient journeys and reduce avoidable delays.
- Ensure patients are provided with clear information regarding treatment plans, referrals, and next steps in their care.

4. Enhance Representation and Data Quality

• Continue targeted engagement with younger people and ethnically diverse communities.

• Work to reduce levels of unknown demographic information, particularly regarding religion and other protected characteristics.

• Develop partnerships with community organisations to improve engagement with underrepresented groups.

5. Build on Community Health and Wellbeing Activity

• Continue collaborative working with Public Health and community partners.

• Expand opportunities for preventative health interventions and community outreach.

• Use community events as both an engagement mechanism and a means of supporting residents to access information, services, and preventative healthcare.

• Explore opportunities to use future events to gather feedback from groups who are currently underrepresented within Healthwatch data.

Summary

This quarter's findings provide valuable insight into patient and service-user experiences across health and social care services in North Northamptonshire. A total of **165 experiences and views** were captured during the reporting period, including **112 experiences received through Healthwatch feedback channels** and **53 additional experiences gathered through two Enter & View visits** undertaken at Corby Urgent Treatment Centre and Thackley Green Specialist Care Centre.

In addition to gathering feedback, Healthwatch North Northamptonshire continued to play an active role in supporting local communities through engagement and prevention-focused activities. Through collaborative Community Health and Wellbeing events delivered with Public Health and partner organisations, Healthwatch engaged with **more than 100 residents**, facilitated **35 free NHS Health Checks**, and **supported over 250 local people** throughout the quarter.

Feedback continues to highlight ongoing challenges within the health and care system. The most frequently reported themes were **Remote Appointments and Digital Services (37)**, **Quality of Treatment (35)**, **Access to Services (19)**, **Communication with Patients (13)**, and **Booking Appointments (10)**.

A notable feature of this quarter's findings is the prominence of feedback relating to **digital access to primary care services**, particularly the use of the **Anima online appointment system**. Residents frequently described the system as difficult to navigate, overly complex, and inaccessible for those with limited digital skills or confidence. While digital approaches are intended to improve efficiency and access, the feedback suggests that for some residents these systems may be creating additional barriers to care.

The majority of feedback related to **Primary and Community Care Services (73%)**, reinforcing the central role of primary care in shaping patient experience. **GP Services (51%)** accounted for the largest volume of service-specific feedback, followed by **Dental Services (15%)** and **Mental Health Services (15%)**. Feedback relating to hospital services and adult social care was present in smaller but important volumes, demonstrating continued engagement across a broad range of services.

Demographic data shows continued strong representation from people with higher levels of health and care need. **59% of respondents were aged 50 and over**, while **43% reported living with a long-term condition**, **21% identified as disabled**, and **21% identified as unpaid carers**. Women accounted for **73% of respondents**, continuing the pattern of stronger engagement from female residents. However, younger people and ethnically diverse communities remain underrepresented within the data, and significant gaps remain in some demographic categories, particularly religion, where **55% of responses were**

recorded as unknown. The most prominent Communities of Interest were **Women's Health (67%)**, **Older People (21%)**, and **Supporting Those with Disabilities (18%)**.

Implications

The findings suggest that while longstanding concerns regarding access, communication, and quality of care remain important, **digital access to services has emerged as a particularly significant issue this quarter**. The volume and consistency of feedback regarding the Anima system indicates that digital-first approaches may be creating unintended barriers for some residents, particularly older adults, disabled people, and those with lower levels of digital confidence.

Concerns relating to quality of treatment and communication continue to demonstrate the importance of clear, person-centred care and effective coordination between services. Although many respondents reported positive interactions with healthcare professionals, experiences of inconsistency, difficulty accessing services, and uncertainty regarding care pathways continue to affect overall patient satisfaction.

The data also reinforces that people with long-term conditions, disabilities, and caring responsibilities remain disproportionately affected by service pressures. At the same time, ongoing gaps in representation highlight the need to continue strengthening engagement with younger people and ethnically diverse communities to ensure a more comprehensive understanding of local experiences and inequalities.

The quarter also demonstrates the value of proactive community engagement and partnership working. Community Health and Wellbeing events provided opportunities to support residents directly, promote preventative healthcare, and gather insight from people who may not otherwise engage through traditional feedback channels.

Recommendations

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

1. Review Digital Access to Primary Care

- Work with GP practices and Primary Care Networks to review patient experiences of digital appointment systems, including Anima.
- Ensure alternative access routes remain available and accessible.
- Consider the impact of digital-first approaches on digitally excluded groups.

2. Improve Access Pathways

- Continue efforts to improve access to GP, dental, and community health services.

- Simplify appointment booking processes where possible.
- Improve information available to residents regarding service access.

3. Strengthen Communication and Continuity of Care

- Improve the clarity, consistency, and timeliness of patient communication.
- Support stronger coordination between services to improve patient journeys and continuity of care.

4. Enhance Data Quality and Inclusion

- Continue targeted engagement with younger people and underrepresented communities.
- Reduce levels of unknown demographic information to support more robust equality analysis.

5. Build on Community Health and Wellbeing Activity

- Continue collaborative outreach and prevention-focused work with Public Health and community partners.
- Use community engagement activity to reach residents who may not otherwise share their experiences or access preventative healthcare opportunities.

Conclusion

The evidence gathered this quarter indicates that residents continue to experience challenges accessing and navigating health and care services, particularly within primary care. While concerns regarding access, communication, and quality of care remain consistent with previous reporting periods, the emergence of **digital access as the most frequently reported issue** highlights an important area for further consideration and improvement.

Alongside the insight gathered through feedback channels, Enter & View activity and Community Health and Wellbeing events have enabled Healthwatch North Northamptonshire to engage with residents in a variety of settings, broaden its reach, and support local people to access information, services, and preventative healthcare.

Addressing the issues identified within this report will require continued collaboration between providers, commissioners, and community partners. A focus on improving accessibility, strengthening communication, reducing barriers to care, and ensuring services remain inclusive and responsive to the needs of all residents will be essential in improving patient experience and reducing health inequalities across North Northamptonshire.

Notes on Methodology

Introduction

Healthwatch North Northamptonshire has a statutory responsibility to understand the experiences of people using health and social care services and ensure that the views of local people are used to inform service improvement.

This quarterly report brings together intelligence gathered through a range of Healthwatch activities, including **service user experiences, Enter and View visits, community engagement, Community Health & Wellbeing Events and targeted outreach activity**.

Using multiple sources of insight enables Healthwatch to develop a broader understanding of local experiences, identify emerging themes, recognise examples of good practice and highlight opportunities for improvement across health and social care services.

Approach to Gathering Intelligence

Healthwatch uses a **mixed-method approach** to gather and analyse community intelligence. This recognises that people's experiences of health and social care cannot be fully understood through numerical data alone and that qualitative feedback provides important insight into how services are experienced in practice.

During this reporting period, intelligence was gathered through:

- 165 individual experiences shared by service users, carers and residents.
- Enter and View visits undertaken by authorised Healthwatch representatives.
- Structured conversations with people using services and staff within care settings.
- Observations of service environments, accessibility and interactions between staff and people receiving care.
- Community engagement activity and Community Health & Wellbeing Events.
- Conversations with community leaders, voluntary and faith organisations and local partners.
- Feedback, concerns, compliments and enquiries received through Healthwatch engagement channels.

This combination of approaches provides insight into both individual experiences and wider themes affecting communities across North Northamptonshire.

Service User Experience Collection

Healthwatch collects experiences from people who use health and social care services through ongoing engagement activity, direct conversations, events, outreach sessions and feedback submitted to Healthwatch.

During this reporting period, **165 experiences were gathered from local residents**. These experiences were reviewed to identify recurring themes relating to access, quality of care, communication, support, inclusion and overall experience.

Individual experiences provide valuable insight into how services are working for people in practice. Whilst feedback represents the views and circumstances of those who share their experiences, it is not intended to represent the experience of every person using a particular service. Instead, it provides an important indication of common themes, emerging issues and areas where further exploration or improvement may be required.

Enter and View Methodology

Enter and View is one of Healthwatch's statutory powers and enables authorised representatives to visit health and social care settings, observe how services are delivered and gather feedback from people using services, their families and staff.

Enter and View visits are undertaken to:

- **Understand people's experiences of care.**
- **Observe the quality and accessibility of the environment.**
- **Identify examples of good practice.**
- **Highlight opportunities for improvement.**
- **Provide an independent perspective on service delivery.**

During Enter and View visits, Healthwatch representatives gather information through a combination of:

- Conversations with people receiving care.
- Discussions with staff and service leaders.
- Observation of the environment and facilities.
- Observation of interactions between staff and people using services.
- Review of information provided by the service.

Findings from Enter and View activity are based on observations and experiences shared during the visit and provide a snapshot of the service at that particular point in time.

Community Engagement and Health Inequalities Outreach

Healthwatch North Northamptonshire recognises that some communities experience additional barriers when accessing health and social care services. These barriers may include issues relating to trust, communication, language, cultural awareness, digital access, previous experiences of services and wider social factors.

Community Health & Wellbeing Events and targeted outreach activity provide opportunities to engage with communities in trusted and familiar environments.

This approach focuses on:

- Building relationships before introducing services.
- Listening to community experiences and priorities.
- Understanding barriers to accessing support.
- Improving awareness of available services.
- Supporting more inclusive and culturally responsive approaches.

The intelligence gathered through community engagement provides valuable insight into the experiences of groups who may be less likely to engage through traditional feedback routes.

Analysis and Thematic Review

Information gathered through Healthwatch activity is reviewed using a thematic approach.

Feedback, observations and engagement findings are analysed to identify:

- Common experiences and recurring themes.
- Barriers affecting access or experience.
- Examples of positive practice.
- Areas where improvement may be beneficial.
- Wider issues affecting communities.

Themes identified across different intelligence sources are considered together to provide a more complete understanding of local experiences.

Where appropriate, Healthwatch considers both quantitative information, such as the number of experiences gathered or engagement activity undertaken, and

qualitative information, including personal experiences, observations and community insight.

Independence and Confidentiality

Healthwatch North Northamptonshire operates independently from health and social care providers and commissioners. This independence enables Healthwatch to gather feedback openly, represent the views of local people and provide constructive challenge where improvements may be needed.

All information shared with Healthwatch is handled sensitively. Personal information is not included within reports unless appropriate consent has been provided and information is presented in a way that protects people's confidentiality.

Where feedback is included within reports, experiences are anonymised unless individuals have specifically agreed to be identified.

Limitations

The findings presented within this report represent the experiences and views shared with Healthwatch during the reporting period. They provide valuable insight into the experiences of local residents but should not be interpreted as representing the views of all people using health and social care services.

Healthwatch recognises that experiences vary between individuals and services. The purpose of this intelligence is not to provide a formal inspection or performance assessment, but to identify themes, celebrate good practice, highlight concerns and support improvement.

Using Intelligence for Improvement

The purpose of Healthwatch intelligence is to ensure that people's experiences inform decision-making and service development.

The findings contained within this report will be used to:

- Influence local health and care discussions.
- Share insight with commissioners and providers.
- Identify areas requiring further exploration.
- Support partnership working and improvement activity.
- Ensure the voices of local people remain central to service design and delivery.

By bringing together individual experiences, observations from services and community insight, Healthwatch provides an independent overview of what matters most to people across North Northamptonshire.

healthwatch
North Northamptonshire

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