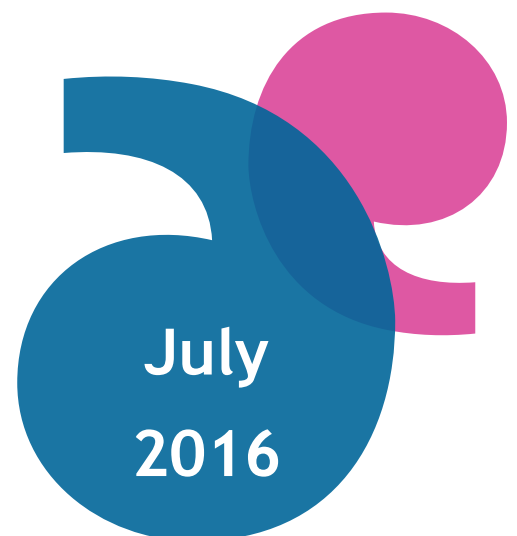




## Views and experiences of health and social care in Northamptonshire:

- Cancer
- Diabetes
- Dementia





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# Summary and key findings

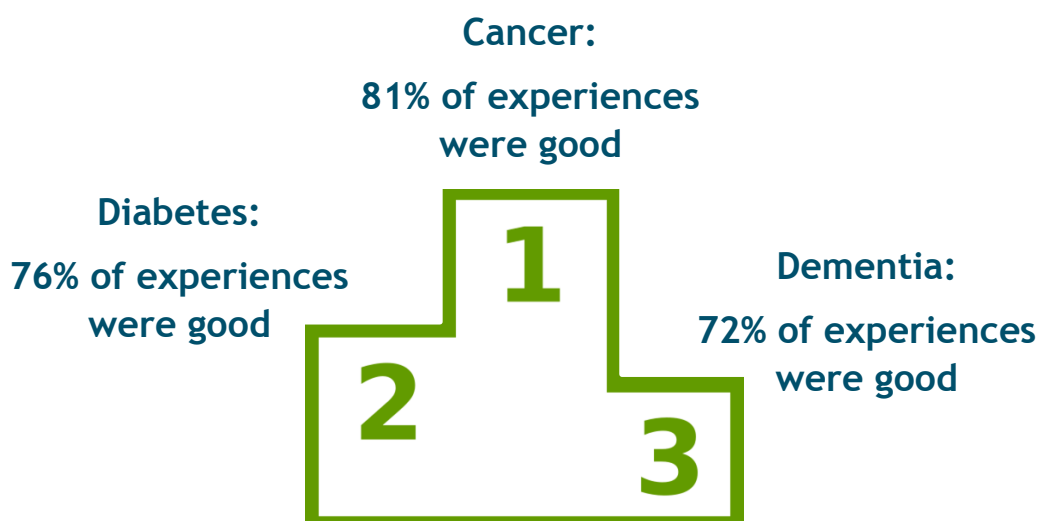
Between October 2015 and January 2016 Healthwatch Northamptonshire (HWN) carried out our annual 'Make Your Voice Count' campaign.

A total of 1,492 people participated in the survey campaign; of those, 1,098 people successfully completed and returned a qualifying survey telling us about their own or a family member's experiences of local services and their views on how things could be made better.



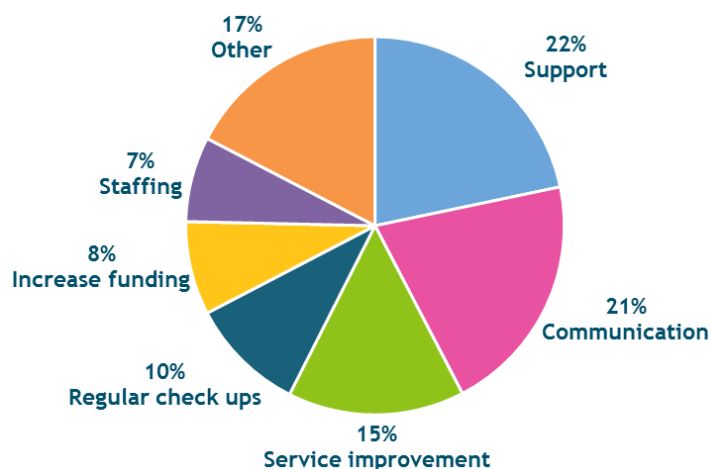
Part of the survey was commissioned by Nene Clinical Commissioning Group (Nene CCG) to find out about local people's experiences of diabetes, cancer and dementia services as well as what people thought would improve their experience of health and social care, would help support people with long term conditions, and would help people to be better informed. This report focuses on these sections of the survey.

## Highlights



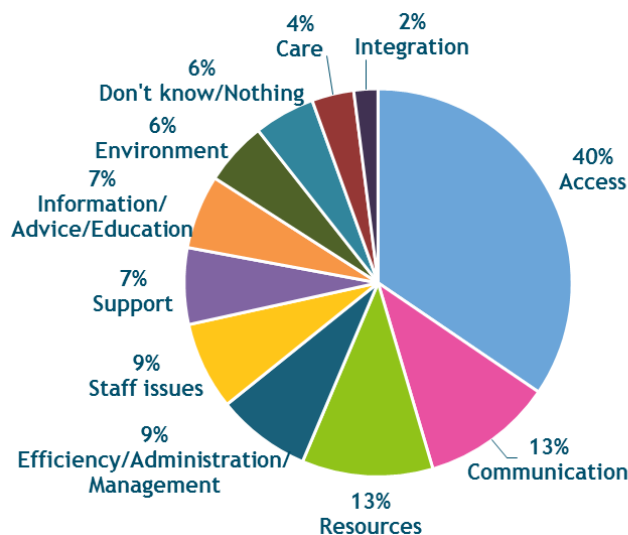


What can the NHS and social care do better to support people to manage their long term conditions, such as diabetes, cancer, dementia, heart disease, asthma?



Improving the support offered to patients and carers and improving communication were the most common suggestions, including providing more home care, more support for carers, more support groups and more or better information and education.

What would be the most helpful change to health and social care services to improve the user experience?

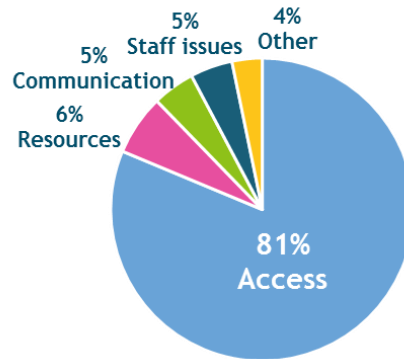


Being able to get an appointment in a reasonable timeframe was the most common suggestion for improving the user experience of health and care services.

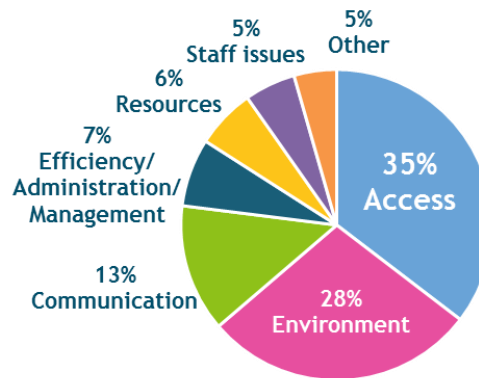


Most common improvement suggestion themes for each service:

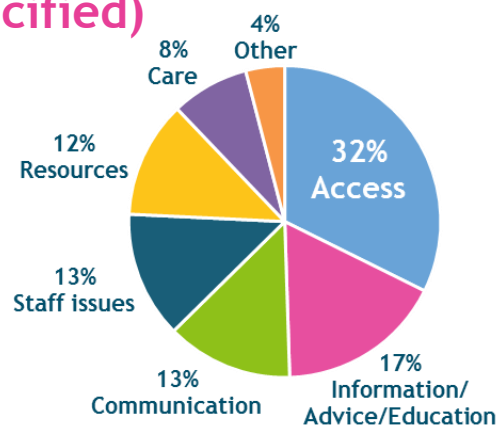
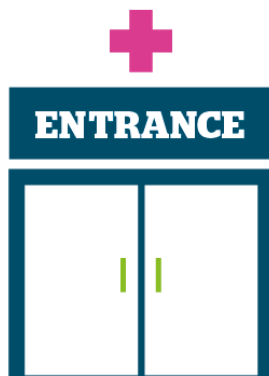
GPs



Hospitals

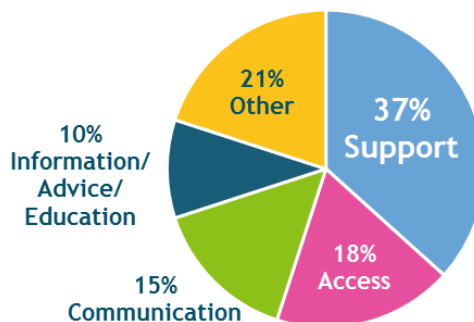


Health Services (unspecified)

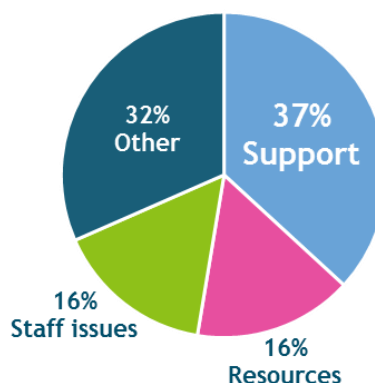




## Mental Health



## Social Care



## Focus on cancer, diabetes and dementia

- Over half of all people who completed our survey (53%) said they had experience of one or more of cancer, diabetes or dementia (either their own or someone they cared for). Approximately half of these (45%) told us a good or bad experience specifically about services relating to these conditions.
- **Positive experiences of engagement with staff** was the most commonly mentioned example of a **good** experience relating to cancer, diabetes and dementia services. **Keeping people well-informed** and **coordination of services** were also positively mentioned for all three conditions.
- A perceived **lack of support** and **poor communication** were common themes to **poor** experiences of cancer, diabetes or dementia services.

## Specifically on cancer:

- Cancer services were generally well thought of (81% of cancer-related experiences were good) and many people had a **good experience of caring staff**  
...



- 
- ... but a number of respondents considered that **quicker referrals** were needed, which was also suggested as something that would improve the support for the condition.

### Specifically on diabetes:

- 76% of experiences of diabetes-related services were good and many people appreciated the **regular check-ups** they received as well as the care from staff and information given ...
- ... but a few were struggling to get the **support, service or advice** they needed.
- Education on **nutrition and exercise**, promotion of **healthy living**, more **regular testing** and more **specialised staff** were most commonly suggested to help people manage their diabetes.

### Specifically on dementia:

- 72% of experiences of dementia-related services were good and most people mentioned receiving **good support**, particularly from **Dementia Cafés** ...
- ... but a few had experience of staff who **lacked understanding or compassion**.
- Interestingly more people expressed the view that HWN should take action on dementia services than diabetes or cancer (despite less than half as many people saying they had experience of dementia compared with diabetes and few mentioning dementia in their good or bad experiences of services).
- **More care** for people with dementia, providing **activities** for people, **specialist homes**, and **trained community workers** were the most common suggestions to help people manage dementia.

### Support for long-term conditions

- **Improving the support** offered to patients and carers was the most common theme to what all respondents thought would help people manage their long-term conditions. These included providing more **home care**, more **support for carers**, more **support groups** and more or **better information**.
- **Improving communication** was an equally common theme to suggestions, particularly **education**, increased **awareness** and **self-management**.
- **More resources** (including **funding**, **facilities** and **staff**) and **regular check-ups** were also commonly mentioned.



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## Improving the service user experience for all

- Being able to **get an appointment** in a reasonable timeframe was the most commonly mentioned suggestion for improving the user experience of health and care services.
- **Improvements to communication** was also suggested by many, most of whom mentioned that services and staff should **listen to people** better or **talk to each other** better.
- A need for **more staff** and for **more funding** was also frequently suggested.

## Keeping people informed about services

- A **diverse and creative range** of different methods may help better inform people as to ‘how, when and where to access appropriate services’ as a variety of suggestions were made.
- **Written material or leaflets** was the most commonly suggested method to inform people, followed by **television**, word of mouth or **public engagement**, **posters** or billboards and **online**.
- A number of people suggested information should be available at **GP surgeries** or **health centres**, be **posted** to people, or be available in **schools**.
- People also told us they thought **services should be improved** so they had confidence to use them when advised to (rather than choosing to go elsewhere, such as A&E).







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# Method

## Survey design

- As with previous Make Your Voice Count campaigns the survey was designed to find out about people's good and poor experiences of health and care service in Northamptonshire. To this end we used open text questions to elicit in-depth feedback. Nene CCG was particularly interested in the experiences of cancer, diabetes and dementia services so we asked participants to indicate whether they, or someone they care for, have or have ever had one of these conditions. We asked people to consider their experiences of these services when answering the questions.
- At the request of Nene CCG we included questions asking people what they thought would improve the user experience of health and care services, how people could be better supported to manage their long term conditions, and how local people could be better informed about how, when and where to access appropriate services. The full survey is in Appendix 1.

## Data collection

- During a 3.5 month period (late October 2015 to early January 2016) 8 members of HWN staff and 9 HWN volunteers attended various events or meetings and visited clinic waiting areas, leisure centres and colleges. 48 visits were made. A full list with the number of surveys completed from each is in Appendix 2.
- The survey was also advertised in our newsletter, on our website, via leaflets at events and through our contacts. 25 people completed the survey online.
- At the events/visits most people filled out the survey themselves. HWN staff or volunteers filled in the surveys on behalf of people where it was necessary or preferred.
- 49 surveys were posted back at a later date using the freepost envelopes we gave them.

## Data input and analysis

- 1,492 people took part in the survey. This figure includes:
  - 366 online survey responses that came from people living outside of the county and who were apparently not currently using services in Northamptonshire. These were therefore removed from this analysis.



- 
- 28 Easy Read surveys which are being analysed separately.
  - The remaining 1,098 surveys were analysed for this report. All of these answered at least one question.
  - Handwritten surveys were inputted by hand into the online survey system (Toluna QuickSurveys) and the data was downloaded.
  - Data from each open text question was open coded manually into categories derived from the data and themes were drawn from these.
  - A number of different themes and subthemes emerged from the open text questions.





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# What people told us

## Experiences relating to Cancer, Diabetes or Dementia services

We asked people to tell us about a recent good or poor experience of health or social care in Northamptonshire (their own or that of someone they care for). 926 people told us about a good experience and 730 people told us about a poor experience.

We also asked people if they, or someone they care for, have or have ever had cancer, diabetes or dementia and asked them to include their experiences of these services in their answers. 550 people said they had experience of at least one of these conditions.

Furthermore, we asked people to tell us the top health and social care issues they thought HWN should take action on.

The findings of these questions relating to cancer, diabetes and dementia are summarised below.

### *Experiences relating to Cancer services*

**253** people (**23%** of all respondents) answered **yes** to the question “Do you, or have you ever had, or cared for anyone who has cancer?”

**67** people (**7%** of those who gave a good experience) specifically mentioned cancer services in their good experiences, 61% of which were within the past year. Other, more general experiences mentioned (such as difficulty in getting a GP appointment) may be related to the experiences of someone who has or had cancer but it is not possible to tell. Of these 67:

- **30 (45%)** mentioned staff in a positive way, e.g.:  
“[GP] referring me so quickly for mammograms at KGH. She is a listener, considerate and warm GP. [The] team for speed of initial diagnosis of cancer but also the kindness of the nurses and radiologists in the initial investigations for cancer were superb at Kettering. The receptionist too. The initial investigation team of breast care staff were lovely, lovely caring individuals recognising people. They cared for you as a person, not as a number. Follow up team has been very, very good”
  - **10 (15%)** mentioned end of life care in a positive way, e.g.:  
“...the hospital helped them die peacefully.”
-



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“...excellent care in terminal phase.”

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- **9 (13%)** mentioned having received good treatment or being pleased to get regular check-ups, e.g.:

“Treatment/consultancy at NGH. Good advice and follow up (Urology/Gynaecology), also excellent treatment.”

“[Parent] with skin cancer, diagnosed and treated efficiently, now clear.”

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- **7 (11%)** mentioned that the services kept them well informed about their condition or treatment, e.g.:

“Whilst my [parent] had cancer there was overwhelming support by KGH and nurse care from GP surgery. It was individual and patient led. Levels of care both physical and mental were testament to meeting need and accessing relevant information.”

“Check-up for [suspected] skin cancer, the doctor was very clear and informative.”

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- **6 (9%)** mentioned the speed of the services, e.g.:

“My [relative] was diagnosed with breast cancer 1 year ago, and was treated promptly and well initially at KGH and then NGH. We were impressed by the service.”

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- **2 (3%)** mentioned different parts of the service working well together, e.g.:  
“As part of annual blood, etc. checks I have with my GP practice (Towcester Medical) I received a high PSA score which was efficiently followed through with various tests at NGH to a diagnosis of prostate cancer. That was treated with a combination of hormone therapy and radiotherapy. Follow up tests have shown the cancer to have been cleared and I've been returned to the NGH Macmillan nurse led team for regular follow up reviews. The different teams with which I have received treatment have all appeared to work effectively together and with the GPs and also made allowances for my particular commitments, e.g. early morning appointments, working around booked holidays.”
- 

- **1** mentioned that the services were convenient.

- **16 (24%)** gave general positive comments, e.g.:
-



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“Diagnosed with throat cancer. Underwent radiotherapy/chemotherapy. Excellent care.”

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- Of those good experiences which mentioned the service used:
  - 36 (55%) related to services at Northampton General Hospital (NGH), including Oncology (8), Radiotherapy (4), Dermatology (3), Talbot Butler ward (3), and others
  - 16 (25%) related to GP practices
  - 10 (15%) related to Kettering General Hospital (KGH), including the Breast Cancer Unit (3)
  - 8 (12%) good experiences related to hospice care
  - Other services mentioned more than once were: Macmillan nurses/support (3, 5%), care homes (3), Danetre Hospital (2, 3%), Marie Curie nurses (2)

16 people (2% of those who answered) mentioned cancer in their poor experience. 38% of these were within the past year. Of these 16:

- 7 (44%) mentioned how the service was slow or delayed in some way, e.g.:

“We are waiting far too long. The staff are working too hard. We are ‘ring fenced’ with not enough money. Nene CCG is one of the most underfunded areas in the country. The cross party select committee report stated that some areas are not receiving their share of the NHS funding. The time taken from diagnosis of cancer to surgery is in my view far too long. The surveys on the amount of time to see GP never have a box for ‘21 days’ to tick; they are not collecting accurate information. A dear friend is waiting weeks and weeks for surgery for liver cancer.... Where is [the] Nene CCG funding?”
  - 3 (19%) mentioned a lack of support in place, e.g.:

“Twice I have been diagnosed with cancer - it’s certainly not like Macmillan adverts where they claim someone is with you from the start. Other people I have spoken to feel the same. I have never had anyone contact me to give me advice on support regarding cancer.”
  - 3 (19%) mentioned poor examples of staff attitude or communication, e.g.:

“Attended Maxillofacial outpatient clinic. Seen by consultant who was very rushed and superficial in his answers.”
  - 3 (19%) mentioned a misdiagnosis, e.g.:

“Had cancer, and it took a while to diagnose it until one doctor saw how [much weight I had lost]. He was a separate doctor not from the hospital but a GP who took interest.... Once diagnosed I had chemo within 24 hours. I'm
-



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still in remission. If it lasted another day I'd have died. Other units palmed me off. I got discharged two or three times - fobbed off lumps as other things as it was such a rare form of cancer. They didn't know what they were looking for.”

“Doctor diagnosed my daughter with a urine infection, she ended up with stage 4 cervical cancer. No blood tests only antibiotics.”

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- **2 (13%)** mentioned a lack of staff or having to spend 2 days in an A&E bed.
- **1** mentioned a staff error and **1** an experience of poor care.
- Of those poor experiences which mentioned the service used:
  - **11 (67%)** related to hospitals
  - **3 (19%)** related to GP practices
  - **1** related to palliative care packages

**25** people (**3%** of those who answered) mentioned cancer as a top issue HWN should take action on. **11** of these had also answered **yes** to the question “Do you, or have you ever had, or cared for anyone who has cancer?”.

Most of the responses were brief and there was not a common or specific theme. Examples included:

“Cancer - awareness and early diagnosis”

“Cancer should be prioritised over other things.”

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### *Experiences relating to Diabetes services*

**332** people (**30%** of all respondents) answered **yes** to the question “Do you, or have you ever had, or cared for anyone who has Diabetes?”

**93** people (**10%** of those who answered) mentioned diabetes in their good experience. **86%** of these were within the last year. Of these **93**:

- **32 (34%)** mentioned staff in a positive way, e.g.:

“Good care and service from the community diabetic nurse when my [spouse] was first diagnosed with diabetes. Diabetic retinal service has been excellent.”

“GP practice were really good and listened.”

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- 
- **21 (23%)** mentioned that the services kept them well informed about their condition or treatment, e.g.:  
“My local GP practice is excellent. I have been diagnosed for a year and have been taken through all the information with regular monitoring”  
  
“I have diabetes type 2 and thought the DESMOND programme very good, useful and informative. I lost weight and my attitude to sugar has changed and I feel I can sustain the changes.”
- 
- **21 (23%)** mentioned they were checked regularly enough, including retinal screening checks, checking blood sugar levels and general appointments, e.g.:  
“My [sibling] has type 1 diabetes, I think it is good that their nurses come round every [week] to check how their readings and blood sugar levels have been as recently they cannot keep them at a normal rate so they come round to see or give advice on things that might help.”
- 
- **6 (6%)** mentioned they felt they were enabled to manage or care for themselves effectively, e.g.:  
“My [parent] was diabetic. They were very independent and really didn't need care. However, I did always make sure they ate correctly and that they kept a good balanced diet. As far as I'm concerned, the health care they received was brilliant and I cannot fault the NHS.”
- 
- **2 (2%)** mentioned that the services were convenient.
  - **2 (2%)** mentioned getting good treatment.
  - **1** mentioned that a support groups helps them.
  - **1** mentioned that the services worked well together.
  - **20 (22%)** gave general positive comments.
  - Of those good experiences which mentioned the service used:
    - 58 (62%) related to GP practices
    - 14 (15%) related to retinal screening clinics
    - 10 (11%) related to NGH, including the Diabetes Centre (5)
    - 5 (5%) related to Podiatry
    - 4 (4%) related to Community Diabetic Nurses or home visits, 3 (3%) mentioned the DESMOND programme, 2 (2%) the Northamptonshire Multidisciplinary Diabetes Team, 2 the KGH Diabetes Nurse, and 1 to The Old Vicarage Care Home.
-



- 
- **30 people (4% of those who answered)** mentioned diabetes in their poor experience. 74% of these were within the past year. Of these 30:
    - **7 (23%)** mentioned a lack of support in place, e.g.:  
“My child was referred to be tested for diabetes and I wasn’t given any support, guidance or diet plans.”
- 
- **7 (23%)** mentioned that the services were slow or delayed in some way, e.g.:  
“Arranged to see dietitian but still waiting after 2 months no sign of appointment.”
- 
- **5 (17%)** mentioned a service not being available for them when they needed it, e.g.:  
“Our GP surgery no longer has a diabetic nurse. This is a diabolical situation as the surgery isn’t a small one. This has been done as a cost cutting exercise. The diabetic nurse was highly trained and you couldn’t have asked for a better one anywhere.”
- 
- **3 (10%)** mentioned a staff member that was rude, inappropriate, insufficiently trained or gave some poor care in some way, e.g.:  
“I saw a diabetes specialist dietitian and asked about going on the diabetes education course... [another health professional] suspected long-term high blood glucose levels .... The dietitian said no because I’d been diagnosed longer than nine months ago (no education courses were offered at the time). After I asked about [other methods] they gave me the impression of “why are you still here?” and I felt I was wasting their time. I didn’t make another appointment.”
- 
- **3 (10%)** mentioned there not being enough/any regular check-ups.
  - **3** mentioned poor communication (regarding appointment times or understanding what staff tell them), e.g.:  
“The actual treatment has been good but I have at times difficulty understanding the doctor.”
- 
- **2 (7%)** mentioned podiatry checks not being provided.
  - **2** mentioned a tablet not being provided.
  - **2** mentioned tablets or a drug pen not being available when they ran out.
  - **2** people mentioned a misdiagnosis, e.g.:
-





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“My friend was diagnosed with diabetes type 2. They had been going to the doctor for 5 years complaining of a pain in their foot and eventually finding it difficult to walk. All they got was paracetamol. Only when their leg turned plum coloured did the GP do a blood test for diabetes. My friend is now in hospital with a fever resulting from antibiotics for MRSA which developed in the ulcer on their painful and swollen foot.”

---

- Of those poor experiences which mentioned the service used:
  - 10 (33%) related to GP practices
  - 5 (17%) related to hospitals
  - 2 (7%) related to District Nurses, and 2 people mentioned the loss of podiatry services

19 (3% of those who answered) people mentioned diabetes as a top issue HWN should take action on. 10 of these had also answered yes to the question “Do you, or have you ever had, or cared for anyone who has diabetes?”

Most of the responses were brief. Multiple people mentioned information about diabetes and more localised diabetes care, e.g.:

“More education - I need to understand more about healthy eating and diabetes”

“Need more frequent checks for diabetics - only once a year but should be more frequently, e.g. every 6 months.”

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### *Experiences relating to Dementia services*

169 people (15% of all respondents) answered **yes** to the question “Do you, or have you ever had, or cared for anyone who has Dementia?”

28 people (3% of those who answered) mentioned dementia in their good experience. 61% of these were within the last year. Of these 28:

- 18 (64%) mentioned good support in place for them, e.g.:
  - “My father has dementia, the care that he receives from his surgery is very good, if he needs anything they are only a phone call away.”

“We received support from carers provided by social care four times a day.”

“Memory cafe - able to meet others with the same problems, pick up useful tips from them and socialise.”

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“Care manager organising residential care for adult with dementia when crisis reached.”

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- **9 (32%)** mentioned staff in a positive way, including staff attitude and the care provided, e.g.:

“Dementia home was nice environment, carers and nurses were also helpful.”

“Dr X was very warm and friendly, had time to listen to my [parent] and enjoyed some humour too. Dr X was very thorough with the check.... The reception staff were lovely with [parent] too.”

---

- **5 (18%)** mentioned that the services kept them well informed about their condition or treatment, e.g.:

“My [spouse] has slight dementia and we are coping very well - the doctor soon got him seen by a specialist and was very helpful.”

“Very good especially from Alzheimer’s society - lots of useful information.”

“Talking Memory Cafe held in Wellingborough monthly is a nice social afternoon, with lots of information available.”

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- **2 (7%)** mentioned good end of life care, 1 mentioned having annual check-ups was helpful, and 1 thought there was good coordination.

- **3 (11%)** gave general positive comments.

- Of those good experiences which mentioned the service used:

- 8 (29%) related to GP practices
- 5 (18%) mentioned hospitals or outpatients clinic
- 4 (14%) mentioned Mental Health teams
- 4 (14%) mentioned care homes
- 4 (14%) mentioned home care
- 4 (14%) mentioned support from social services

11 people (1.5% of those who answered) mentioned dementia in their poor experience. 91% of these were within the last year. Of these 11:

- **5 (45%)** mentioned poor understanding or a lack of compassion, e.g.:

“The consultant who saw [my parent] was cold, unfriendly and very unsympathetic to the fact my [parent] had Alzheimer’s... However most of the consultants are fine.”

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“Visit with adult with dementia to hospital (Audiology) - they had a very poor understanding of dementia.”

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- **3 (27%)** mentioned a lack of support, e.g.:  
“Difficult to discuss and get an appointment with doctor [about parent]. Not sure that money on drugs and consultant for other health issues are being wasted as medication not being taken [by parent] and I desperately need help and advice. Doctors receptionists seem too busy to help.”

“My [spouse] has very recently been diagnosed with vascular dementia - memory nurse at [a mental health hospital] instigated a brain scan and when result was received that ended their involvement. Referred to GP care. On visit to GP they were given a memory test - medication was not reviewed and no further advice was given. I had to go to the locum to get medication for them and feel rather helpless.”

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- **2 (18%)** mentioned poor communication (including a lack of communication), e.g.:  
“[Parent] diagnosed with dementia late last year. Several hospital admissions due to falls. Astounded by lack of communication in the hospital and at the rehab centre. Also lack of assistance with discharge planning (tried to discharge several times when it was totally inappropriate). Generally a totally dreadful experience.”
- 

- **1** person mentioned a lack of continuity from not having a named doctor, and **1** mentioned the impact of dementia on other patient on a hospital ward:  
“There were 2 dementia patients [on a hospital ward] (I have great respect for this problem). The shouting after 10 mins was distressing, I felt I was visiting a mental health ward. No sleep for the patients on the ward, day and night. Could they not have special rooms so others could get well or die in a dignified manner?”
- 

- **1** person mentioned a poor experience in general.
  - Of those poor experiences which mentioned the service used:
    - 6 (55%) related to hospitals
    - 2 (18%) related to GP practices
    - 2 (18%) related to care homes
-



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**33** (5% of those who answered) people mentioned dementia as a top issue HWN should take action on. **15** of these had also answered **yes** to the question “Do you, or have you ever had, or cared for anyone who has dementia?”

Most of the responses were brief and there were no common themes. Those that did elaborate mostly wrote about the care for those with dementia, e.g.:

“Better understanding and more common sense when dealing with people with dementia”

“Giving information to carers of people with dementia to enable them to continue as carers for as long as possible. Support for people with dementia services need to improve.”

“Probably dementia as we have an ageing population.”

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### *Key Themes*

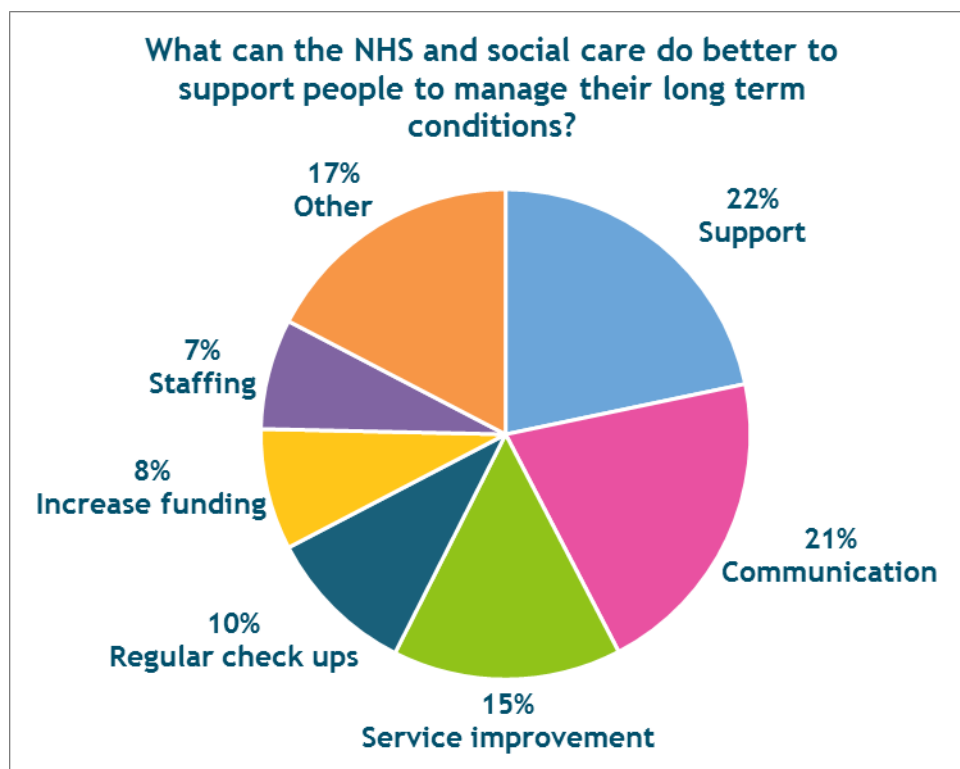
- Positive experiences of staff/professionals was the most common theme from good experience relating to each of cancer (44% of positive experiences), diabetes (42% of positive experiences) and dementia (55% of positive experiences) services.
- Poor experiences elicited a variety of themes for each of cancer, diabetes and dementia services.
- Whilst few people mentioned dementia (33), cancer (25) or diabetes (19) as the top issue for HWN to take action on, it is interesting that the ratio of these answers is inversely proportioned to how many people had/previously had (or cared for someone) of each condition - diabetes (322), cancer (253), dementia (169) - had a good experience of diabetes (55), cancer (35) or dementia (11), or had a poor experience of diabetes (23), cancer (11) or dementia (4) services.



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## What can the NHS and social care do better to support people to manage their long term conditions, such as diabetes, cancer, dementia, heart disease, asthma?

576 out of 1,098 people (53%) answered this question. The responses have been coded into 6 overarching themes. The percentages shown by theme are based on the people that answered this particular question, not the total amount of people surveyed.



*NB: Chart segments represent the proportion of suggestions, labels represent the proportion of respondents.*

### *Improved support*

125 (22%) thought that improving the support offered to patients and carers would help people manage their long term conditions.

#### **Carers**

- 31 (25%) of these people thought that improvements could be made by provision of home visits/home care/house calls and providing home care for isolated people. People also felt there should be more help and support for carers and families.

#### **Support groups**

- 27 (22%) of these people thought that more support groups and support workers could be provided, including support for carers of people with dementia and support groups for the different conditions and mental health as well as support



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available within community hubs/GP practices, availability of one to one support sessions or counselling sessions, e.g.:

“Add stroke and COPD [Chronic Obstructive Pulmonary Disease] to above list. Support groups are good for those who are not housebound. Access to a dedicated health professional would be good - this person could ask the patient to come for a check-up - say every 6 months. This would give reassurance to the patient - so less panic.”

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### **Information**

- 15 (12%) of these people thought that easily available information on how to access support groups and advice would help support people to manage their long term conditions as well as promotion of existing support groups, e.g.:  
“Provide fact sheets which supply information about how patients can help themselves, where they can go for support and the potential advantages/disadvantages of different modes of treatment.”
- 

### **Other**

- 17 (14%) of these people commented ‘more support’. The remaining 21% had a variety of thoughts including, support for self-care, more support post treatment, more funding for support, longer term support, online access to support and more psychological support, e.g.:  
“Guide and support [people better] through serious and life changing events. More [materials] for the user’s information.”
- 

### **Communication**

119 (21%) of people thought that improved communication/information would help better support people with their long term conditions.

### **Education**

- 32 (27%) of these people thought that improvements could be made in supporting people with their long term condition by providing more education on long term conditions and preventative measures. Of the 32 people that mentioned education, 8 of these stated more education about nutrition and the benefits of exercise for those with diabetes, e.g.:  
“More education around prevention of these conditions particularly with children and young people at risk groups. I think the NHS does its best with limited resources and aging population”
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### **Information and Signposting**

- 28 (24%) of these people thought that the provision of information on treating and managing long term conditions and better signposting to where information is available would help support people.

### **Awareness**

- 15 (13%) of people thought that raising awareness of conditions and having promotional events would help support people who have a long term condition.

### **Self-management**

- 8 (7%) of people felt that equipping people to manage their conditions themselves and providing dedicated online/telephone advice would be the best way to support people with long term conditions, e.g.:

“Think more creatively about how patients with long term conditions can be managed and what they can do to manage themselves, in conjunction with other partners. An ounce of prevention is often better than a pound of cure - and often considerably less expensive”

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### **Other**

- 12 (10%) of people commented ‘better communication’. The remaining 16% thought more empathy, follow up appointments, patient centred care, honesty, an easier way to phone GPs direct and communication with families would all help support people with long term conditions, e.g.:

“Doctors should be more honest with cancer patients. The patient and their family had been told the patient had years not decades to live but the insurance company paid out as they knew the patient only had weeks to live. The respondent had to break the news to the family, the doctor should have told them”

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### **Service Improvement**

87 (15%) of people thought that improved services would help better support people with their long term conditions.

### **Facilities**

- 23 (26%) of these people thought that improvements could be made in supporting people with their long term condition by providing better facilities including better food, clinics in GP practices, more specialised services, rehabilitation centres and facilities to improve mobility in the elderly, e.g.:

“Have more things around Northampton (like Serve) so that the elderly move more to decrease the risk of blood clots and gangrene.”

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### **Earlier/Quicker Diagnosis**

- 15 (17%) of these people thought that earlier/faster diagnosis and diagnosis at a younger age (asthma) would help support people with their long term conditions.

### **Individualised care**

- 15 (17%) of people thought that providing care for people based on their individual condition especially in those who have dementia, rather than generically, designating one carer/health care professional for the patient and more patient centred care would help support people to manage their long term conditions.

### **Care Homes**

- 9 (10%) of people thought that better provision of care homes for dementia patients, better care for the elderly, improvements in management at care homes and more respite care for dementia patients would help long term conditions.

### **Discharge**

- 4 (5%) of people mentioned discharge from hospital as something that would support people with long term conditions, including effective discharge, better discharge plans and discharge when ready.

### **Prescriptions**

- 4 (5%) mentioned asthma prescriptions, improved waiting times for them, posting prescriptions out for inhalers and sending inhalers through the post monthly, e.g.:

“As myself having asthma it would be easier if you go to get a prescription and you could receive it immediately not wait a week.”

“To make hospital visit more bearable i.e. parking. And waiting around for prescriptions and medications.”

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### **Other**

- 4 (5%) of people left this answer blank, the remaining 14% commented on consistency of quality, holistic approach, reinstatement of podiatry, more comfortable care, recognition of co-morbidities and flexibility.

### **Regular check ups**

57 (10%) of people thought that regular check-ups would help better support people with their long term conditions.





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- 79% of these people just commented ‘regular check-ups’ the remaining 21% mentioned more frequent monitoring for diabetes, health checks, no waiting lists, preventative screening and routine blood tests, e.g.:

“Need more frequent checks for diabetics - only once a year but should be more frequently, e.g. 6 months.”

“To have regular check-ups for patients that are seriously ill without a waiting list”

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### *Increase funding*

45 (8%) of people thought more funding would help support people with long term conditions, e.g.:

“Invest more money into these services, to manage these conditions and to frontload into preventative measures so that these conditions become less frequent.”

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- 14 (31%) just commented ‘more funding’.
- 9 (20%) wanted more funding towards the cost of care.
- 7 (16%) wanted more funding for medication, particularly prescription costs, e.g.:

“Shouldn’t have to pay for medical things such as glucose tablets or the strip meters for diabetes.”

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- 5 (11%) wanted more funding for frontline staff.
- 2 (4%) wanted more funding on research.
- 9 (20%) mentioned funding for other items such as equipment, more treatment options, mental health, more services, more support, more resources, less cuts and delivery of services, e.g.:

“Fund more support services. Support research into these conditions.”

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### *Staffing*

42 (7%) of people thought that improvements in staffing would help support people with long term conditions.

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- 14 (33%) of these people wanted more specialist staff, particularly staff with diabetes knowledge, e.g.:

“Provide more specialist staff, nursing and medical and deliver specialist services which can be easily and directly accessed by individuals and make sure the details are communicated across the health community and its patients”

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- 9 (21%) wanted more staff in the community, e.g.:

“At least one more diabetes consultant and more diabetes specialist nurses - to allow the chief diabetes nurse to monitor the community diabetes nurses and run courses for the newly qualified.”

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- 4 (10%) wanted more training for staff.
- 4 (10%) wanted more doctors/GPs and more effective GPs.
- 4 (10%) just commented ‘more staffing’.
- 7 (17%) mentioned staffing for services, integrated care and more funding for staffing.

### *Other*

The remaining 100 (17%) of people commented on different categories

- 53 (53%) were happy with the support they had been given on their conditions and didn’t feel any improvements could be made, e.g.:

“I feel that they do a good job and can’t think of where they can improve”

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- 24 (24%) mentioned improvements in accessibility would help support people with long term conditions, including 24 hour access, more appointments available at GP practices, more locations to get help, improved waiting times at GP practices/hospitals, longer appointments and increased opening times, e.g.:

“Whenever I try to ring my GP surgery, it’s at least half an hour to get through as it’s usually engaged when you do then have to wait to speak to someone and then you are paying for the call I dread having to ring for anything. I used to pop in for results, you can’t do that anymore, I dread to think what it would be like if I or family had one of the above.”

“Improve nursing hours and other care facilities to support these people more.”

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- 11 (11%) thought preventative action would help support people with long term conditions, including education about long term conditions and preventative actions.
  - 6 (6%) thought patient centred care would help support people with long term conditions, including properly trained staff for patients conditions, and personalised care, e.g.:  
“This is a leading question that takes the onus of care off of the services and onto the individual concerned when the management, not just the support, of a long term condition should reside with the NHS and social care. This is the crux of the problem. It is also not a question of 'can', but of 'should'.”
  - 3 (3%) thought that an improved environment would help support people with long term conditions, including provision of private family areas in hospitals for cancer patients, better food and suitable hospital environment for terminal illness, e.g.:  
“With terminal illness - it is important to have quiet area for the patient and relatives - more privacy - nice surroundings - a relaxed atmosphere.  
Caring, kind, understanding staff”
  - 2 (2%) thought alternative therapy would support people in long term conditions.
  - 1 (1%) thought self-testing kits would help support people in long term conditions.





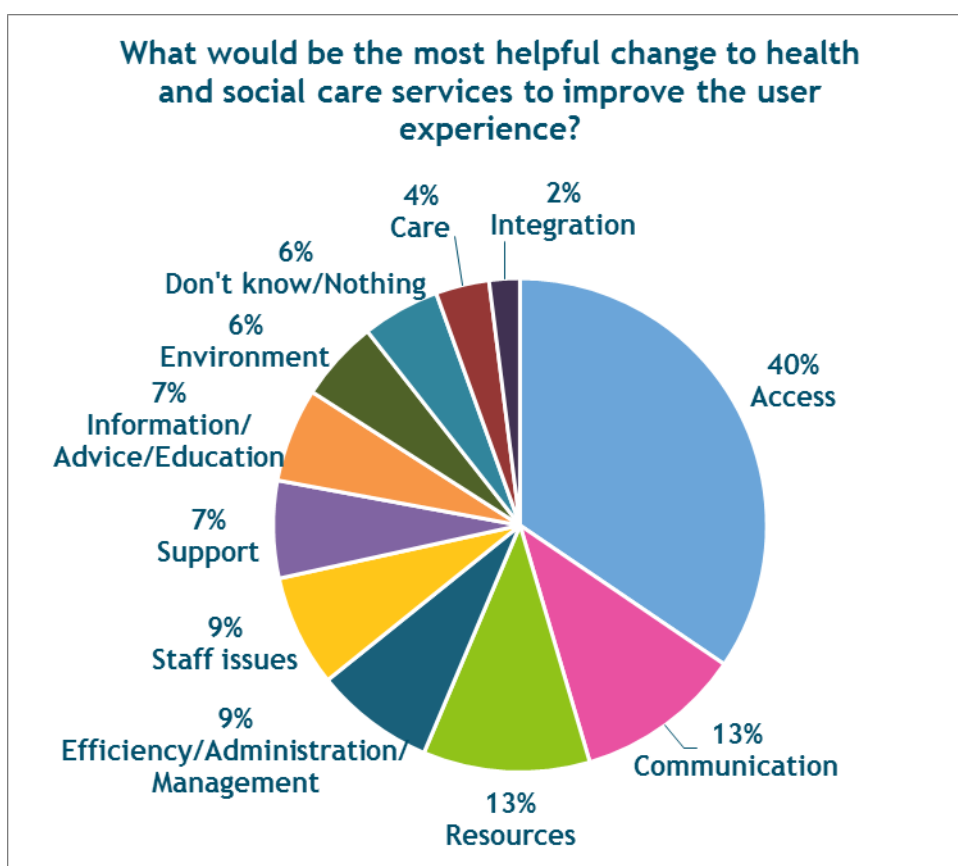


## What would be the most helpful change to health and social care services to improve the user experience?

810 out of 1,098 people (74%) answered this question. Many gave more than one suggestion and hence 942 suggestions were coded.

The responses were very varied, covering many different services and topics. They have been coded into 12 overarching themes.

The percentages shown for each theme are based on the number of people that answered this particular question, not the total amount of survey respondents.



*NB: Chart segments represent the proportion of suggestions, labels represent the proportion of respondents.*

### Access

325 people (40%) suggested changes relating to aspects of accessing services or care. GP was the service which most suggestions referred to (39% of the suggestions relating to access), followed by non-specific comments (27%), hospitals (12%) and health services in general (10%).

### Waiting times

184 people (23% of question respondents, 57% of 'access' answers) mentioned waiting times when talking about an access issue.



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- Over half of these (104, 32% of all ‘access’ answers) mentioned wanting to be seen quicker for an appointment or referral:
    - Getting a GP appointment was specifically mentioned by 64 people (20% of ‘access’ answers) and 2 others wanted to be able to see their named GP or GP of choice quicker, e.g.:

“I feel our GP service could be improved as it is almost impossible to get an appointment unless wanting one 3 weeks in advance. Calling on the day for emergency appointments usually results in all been taken within the first 10 minutes.”
    - Having a shorter wait to get a mental health, counselling or CAMHS (Child and Adolescent Mental Health) appointment or referrals was mentioned by 7 people (2% of ‘access’ answers).
    - 18 people (6% of ‘access’ answers) mentioned getting an appointment quicker and 6 people (2% of ‘access’ answers) mentioned wanting quicker referrals (neither specified the type of appointment).
    - Getting a hospital appointment quicker was specifically mentioned by 4 people (1% of ‘access’ answers) and 2 people wanted their hospital appointments to be closer together (scans and physiotherapy), e.g.:

“The problem is waiting for appointments. I had one scan and the doctor couldn't fit me in for another so I had to go back in again. If I could have had a scan while I was in, I could have had the operation during the same admission. Inefficient.”
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- 34 people (10% of ‘access’ answers) suggested having shorter waiting times/delays ‘on the day’. 13 of these wanted reduced waiting times in A&E departments and at least 9 were referring to hospital appointments (not all specified).
  - 2 people suggested faster ambulance response times.
  - Shorter waiting times in general was mentioned by 44 people (14% of ‘access’ answers). It was not possible to tell if they were referring to the wait to get an appointment or the wait to be seen on the day.

### ***Access to services***

81 people (10% of question respondents, 25% of ‘access’ answers) mentioned improvements in how they could access a service.

- 22 people (7% of ‘access’ answers) suggested easier access to professionals:
  - 14 were referring to medical professionals (7 implied they wanted easier access to appointments and doctors, 5 wanted access to their GP of choice in



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- general, 1 wanted more pain management support, and 1 wanted budget considerations removed from medical decisions).
- 7 were referring to mental health professionals (4 wanted better access to counselling or someone to talk to, 2 wanted out of hours mental health support, including having Mind open at weekends, and 1 wanted better access to mental health care in a crisis).
  - 1 was referring to a support worker (they wanted to be able to contact their support worker directly).
- 19 people (6% of ‘access’ answers) suggested more out of hours services or longer open times, including:
    - 7 day a week/weekend services (7 people, 4 specifying GP services).
    - Longer GP opening times (7 people).
    - Longer Diabetic Unit opening hours (1 person).
    - 24 hour pharmacies (1 person).
    - 24 hour emergency services at GP practices every day of the year (1 person).
  - 14 people (4% of ‘access’ answers) mentioned improvements to appointment booking systems at GP practices. 3 of these specified the need for it to be easier to get through to the practice on the phone, including one mentioning the inconvenience of having to phone first thing in the morning when one needs to get to work or take children to school/childcare. 1 person specified they would like to be able to book a GP appointment further in advance. Related to this, 4 wanted easier access to a GP over the phone (mostly suggesting the doctor call back/triage system was used) whereas 4 others wanted phone triage scrapped, e.g.:

“It is difficult for people who start work in the mornings to call at 8am and this is also the time parents are preparing kids to go to school. Change time to 10am.”
- 
- 9 people (3% of ‘access’ answers) mentioned the need for convenient appointment times, e.g. more accessible and flexible opening times that fit around work and childcare. Most of these were referring to GP appointments.
  - 4 people (1% of ‘access’ answers) wanted it to be easier to get a referral or to be able to self-refer to a service that they frequently need (rather than having to go back to their GP each time), e.g.:

“I see Orthopaedics every 6 months and have to discharge and then back to GP and referred again. They are not allowed to keep me on the books. The GP is a middleman, it seems like a waste of time for all involved.”
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- 3 people (1% of ‘access’ answers) specifically wanted more podiatry services, suggesting more funding was given to reinstate the previous level of service.
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- 2 people suggested co-locating services, such as clinics (1 gave the example of the colocation of clinics at St Mary's Hospital as a good thing).

### ***More local services***

28 people (3% of question respondents, 9% of 'access' answers) suggested having more local services.

- 9 of these (3% of 'access' answers) suggested more services and specialists at local health centres or hospitals. For example, 3 people wanted more services at Danetre Hospital in Daventry, 1 person wanted more specialist clinics at Isebrook Hospital in Wellingborough and 1 person wanted a hospital in Brackley. 1 person wanted to be able to have an MRI scan more locally. Related to this, 2 people suggested decentralising services, e.g. having blood taking services in GP practices and having services more locally so the elderly did not have to travel far. For example:

“Bring services closer to the community to reduce need to travel to appointments.”

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- 7 people (2% of 'access' answers) suggested more walk-in centres, 1 specifying in Daventry, 1 in Rushden and 1 in Wellingborough, e.g.:

“Local walk-in centres to reduce pressure on A&E, e.g. Isebrook to reduce pressure on KGH.”

“Have a walk in clinic or other easily accessible service in Rushden as it is expensive to go NGH or KGH if you have no family and are on a pension credit.”

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- 2 people (<1% of 'access' answers) suggested more home care and 2 people suggested more GP practices. The following suggestions were each mentioned by 1 person: dentist home visits, more ambulance bases, more community nurses, more local mental health support, more local social activities for people living with Dementia, and more services closer to home.

### ***Appointment length***

18 people (2% of question respondents, 6% of 'access' answers) mentioned appointment length.

- Most of these (14 people, 78%) suggested longer appointments with their GP or hospital consultant/doctor so they could ask more questions, be better supported, or to take pressure off doctors.
  - 2 people (<1% of 'access' answers) suggested making home care visits longer and 2 people thought that appointments were too long.
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### **Online services**

10 people (1% of question respondents, 3% of 'access' answers) suggested having more online services.

- 5 people (2% of 'access' answers) suggested more online or digital services in general, such as registering for GP practices, sending queries electronically and receiving emails instead of letters and online prescription services. 1 person suggested using video calling to speak to a doctor.
- 4 people (1% of 'access' answers) suggested more online appointment booking at GP practices but 1 person wanted less online booking.

### **Other access issues**

- 2 people (<1% of 'access' answers) living near the county borders mentioned having cross-border issues when using services in different counties.
- 2 people (<1% of 'access' answers) suggested improvements to the 111 services.

### **Resources**

103 people (13%) suggested changes to do with resources. Most of these suggestions were not about any particular service. Of those that were, health (12%), GPs (10%) and hospitals (7%) were the most frequently mentioned services.

### **More staff**

57 people (7% of question respondents, 55% of 'resources' answers) suggested having more staff. Half of these were more specific:

- 12 people (12% of 'resources' answers) suggested having more doctors, nurses or clinical staff in general.
- 8 people (8% of 'resources' answers) suggested having more GPs.
- 3 people (3% of 'resources' answers) suggested having more staff in GP surgeries and/or hospitals.
- 2 people (2% of 'resources' answers) suggested having care staff in residential homes or home care.
- 1 person (1% of 'resources' answers) suggested each of the following: more dietitians, more ambulance staff and equipment, more permanent staff.

### **Funding**

38 people (5% of question respondents, 37% of 'resources' answers) mentioned funding issues. 21 of these suggested more funding or resources in general. More specific funding suggestions included:



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- 5 people (5% of ‘resources’ answers) suggested there was cheaper or more free care, including cheaper dentists and care for the elderly and free prescriptions, e.g.:

“More funding so people do not have to pay for services. Retain the ‘free at the point of access’ mantra.”

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- 3 (3% of ‘resources’ answers) suggested paying staff better.
- 2 (2% of ‘resources’ answers) suggested more funding for unpaid carers.
- 2 (2% of ‘resources’ answers) suggested more funding for mental health.
- 2 (2% of ‘resources’ answers) suggested charging immigrants.
- 1 (1% of ‘resources’ answers) suggested more funding for GPs.
- 1 (1% of ‘resources’ answers) suggested more funding for personal care.
- 1 (1% of ‘resources’ answers) suggested more funding for peer support groups.

#### ***Other resources issues***

- 3 people (3% of ‘resources’ answers) suggested that more care/nursing homes and places were needed and 2 people (2% of ‘resources’ answers) thought that more hospital/care home beds were needed.
- 2 people (2% of ‘resources’ answers) suggested a need for more equipment (more equipment at Kettering General Hospital and more Functional Electrical Stimulators).
- 1 person (1% of ‘resources’ answers) thought that resources should be focussed on those with serious health problems.

#### ***Communications***

103 people (13%) suggested changes to do with communications. Most of these suggestions were not about any particular service. Of those that were, hospitals (15%), health (10%) and mental health (9%) were the most frequently mentioned services.

#### ***Communication issues***

89 of the comments about communications (11% of question respondents, 86% of ‘communications’ answers) were about the way care providers communicate with patients and families.



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- 30 people (29% of ‘communications’ answers) suggested better listening to patients/services users, relatives and carers. This can be broken down as follows:
    - 26 people (25% of ‘communications’ answers) suggested listening to patients/services users in general, including comments on not dismissing their thoughts, opinions and needs, not judging them or jumping to conclusions, e.g.:

“Listen to what the patient is saying. X kept saying their eyes were getting worse from the beginning, now they have been told their eye operation must be done first before their cancer operation and if it is left too late they will be blind. Their comment was “I keep telling them, they didn’t listen”. ”
    - 3 (3% of ‘communications’ answers) suggested better listening to patients with mental health issues or learning disabilities, and their carers.
    - 1 (1% of ‘communications’ answers) suggested better listening and guidance for rheumatology patients.
  - 20 people (22% of ‘communications’ answers) suggested better communication within or between services or departments. Of these:
    - 9 people (9% of ‘communications’ answers) suggested better communication between services/organisations, with 3 specifying between GPs and hospitals, 1 between health and care, and 1 between hospitals.
    - 5 (5% of ‘communications’ answers) suggested better communication within organisations, e.g. between departments or teams.
    - 3 (3% of ‘communications’ answers) suggested better communication between services to do with mental health, specifically:
      - Communication between GPs and the Community Mental Health Team.
      - Continuity and handover between mental health services.
      - Information sharing between departments in mental health hospitals (co-production and electronic information sharing to enable an umbrella of care with all departments communicating).
    - 2 (2% of ‘communications’ answers) suggested better communication between health professionals in general.
    - 2 (2% of ‘communications’ answers) suggested better communication between departments and with patients.
    - 1 (1% of ‘communications’ answers) suggested better communication by adult care services (not passing people from service to service and making them repeat their story).
  - 12 people (12% of ‘communications’ answers) suggested clearer communication or having things explained better:
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- 8 people (8% of ‘communications’ answers) said clinicians should be easier to understand, explain technical terms and use less jargon, e.g.:

“The medical jargon is confusing and scary.”

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- 2 people (2% of ‘communications’ answers) suggested explaining things better to carers or next of kin in hospitals, including identifying which staff are in charge of the patient’s care
- 1 person (1% of ‘communications’ answers) suggested each of the following: clearer announcements in A&E, telling people about waiting times.
- 9 people (8% of ‘communications’ answers) suggested better communication to patients, relatives or carers. 6 of these were referring to the way health professionals communicate with patients, 2 mentioned better communication with parents or families, and 1 mentioned better communication with carers.
- 6 people (6% of ‘communications’ answers) suggested more honest communication and better communication of results or changes (such as appointment cancellations) to people.
- 1 person (1% of ‘communications’ answers) suggested support for other languages.
- 9 people (8% of ‘communications’ answers) suggested better communication in general.

### ***Engagement and involvement***

14 people (2% of question respondents, 14% of ‘communications’ answers) suggested ways that commissioners and providers could better involve people and engage with them. Of these:

- 8 people (8% of ‘communications’ answers) suggested listening to or working with service users or carers - 2 of these specified that this suggestion was for commissioners.
- 3 (3% of ‘communications’ answers) suggested involving families.
- 1 person (1% of ‘communications’ answers) specified each of the following:
  - Learn from good examples of self-care.
  - Involve service users and carers in decision making.
  - Use Locality Engagement Groups better (they should be less patronising).

### ***Efficiency, administration and management***

74 people (9%) suggested changes to do with communications. Most of these suggestions were not about any particular service. Of those that were, hospitals (11%), pharmacies (5%) and GPs (4%) were the most frequently mentioned services.

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## Efficiency

41 people (5% of question respondents, 55% of 'efficiency/administration/management' answers) suggested an improvement in efficiency.

- Most of these, 29 people (39% of 'efficiency/administration/management' answers) suggested 'quicker services' in general and did not give any more detail. 3 people (4% of 'efficiency/administration/management' answers) suggested 'efficiency' or 'better service' in general. Of the remaining 9:
  - 3 people (4% of 'efficiency/administration/management' answers) suggested more efficient use of resources (energy efficient lighting), funding or staff rotas.
  - 2 people (3% of 'efficiency/administration/management' answers) said there should be better time management.
  - 2 people (3% of 'efficiency/administration/management' answers) suggested health professionals had more time to spend with patients by having less administration.
- 1 person (1% of 'efficiency/administration/management' answers) suggested that the service should be more prepared for emergencies and 1 suggested tackling the problem of people not attending their GP appointments (Do Not Attends, DNAs).

## Management

12 people (1% of question respondents, 16% of 'efficiency/administration/management' answers) suggested improvements to aspects of management.

- 3 people (4% of 'efficiency/administration/management' answers) suggested there was less privatisation and 2 people (3% of 'efficiency/administration/management' answers) that there were less managers, e.g.:

“Stop paying chief execs more than the PM and stop privatising services behind our backs without consultation and then calling it a 'wellbeing' board. [This is a] waste of money, that should go to care services.”
- 3 people suggested improving services or management in general (1 was talking about mental health services and one about disability services) and 1 person (1% of 'efficiency/administration/management' answers) mentioned each of the following: not cancelling elective surgery, limiting overseas visitors, scrap clinical commissioning groups (CCG), change the county council.



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### **Administration**

9 people (1% of question respondents, 12% of 'efficiency/administration/management' answers) suggested improvements to administration.

- 5 of these (7% of 'efficiency/administration/management' answers) suggested improvements to record keeping or clinic booking in hospitals (1 person specified the rheumatology clinic).
- 4 people (5% of 'efficiency/administration/management' answers) suggested improvements to prescription speed or accuracy.

### **Continuity**

6 people (<1% of question respondents, 8% of 'efficiency/administration/management' answers) suggested better continuity. 5 of these were referring to wanting to see the same staff, e.g. same hospital consultant or GP. 1 person wanted consistent standards of care.

### **Accountability**

5 people (<1% of question respondents, 7% of 'efficiency/administration/management' answers) suggested better accountability. 3 of these suggested that staff or services should be better held to account (1 specified private nursing homes and 1 specified orthotics) and 2 suggested better transparency and accessibility (from the government and at CCG board meetings, e.g.):

“More transparency, accessibility, for all, especially from the top MPs/government”

“Allow the public to ask direct questions at CCG board meetings.”

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### **Health and safety**

1 person (1% of 'efficiency/administration/management' answers) suggested improving health and safety.

### **Staff issues**

69 people (9%) any particular service. Of those that were, health (19%), GPs (10%) and hospitals (9%) were the most frequently mentioned services.

### **Staff attitudes**

34 people (4% of question respondents, 49% of 'staff issues' answers) suggested improvements to staff attitude.

- The majority of these, 24 people (35% of 'staff issues' answers), suggested staff should be more caring, understanding or friendly:
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- 17 people (25% of ‘staff issues’ answers) suggested more friendly staff or services (1 person specified GPs, 1 specified GP receptionists, and 1 specified hospital staff).
  - 4 (6% of ‘staff issues’ answers) people suggested more caring or helpful staff (1 specified nurses and 1 hospital staff), e.g.:  
“Be there for patients needs and understand what their needs are. Be patient and calm with them and don't be so harsh.”
  - 3 (4% of ‘staff issues’ answers) people suggested more understanding staff (1 specified consultants and 1 GP staff).
  - 7 people (10% of ‘staff issues’ answers) suggested staff or services should have more respect for people (1 specified GPs and receptionists and 1 said social care carers should pay more attention to what the services users are feeling), e.g.:  
“Treat people as people not statistics or numbers.”
  - The following suggestions were each made by 1 person (1% of ‘staff issues’ answers): better capacity, insight and empathy of medical staff, more motivated mental health staff (less disillusioned and demotivated), less discrimination, social workers to turn up when arranged.

### **Staff training**

30 people (4% of question respondents, 43% of ‘staff issues’ answers) suggested improvements to staff training.

- 11 people (16% of ‘staff issues’ answers) suggested specific areas they thought staff should be trained:
  - Customer care (2 people, 3% of ‘staff issues’ answers).
  - Mental health (2 people).
  - Dementia (2 people).
  - Neurological conditions (1 person, 1% of ‘staff issues’ answers).
  - End of life care (1 person).
  - Diabetes care (training for nurses, 1 person).
  - Dealing with vulnerable adults (1 person).
  - Appreciating the emotional value of patients (1 person).
- 4 people (4% of ‘staff issues’ answers) specified groups of staff they thought should be better trained:
  - Mental health crisis team (1 person, 1% of ‘staff issues’ answers).
  - Nurses (diabetes care, 1 person).
  - Care staff (1 person).
  - Doctors (longer training, 1 person).



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- 15 people (22% of ‘staff issues’ answers) suggested there were more qualified, specialist, experienced knowledgeable staff. Specific areas mentioned included:
    - More qualified/knowledgeable doctors or nurses (5 people, 7% of ‘staff issues’ answers).
    - More specialist clinics or doctors (2 people, 3% of ‘staff issues’ answers).
    - More experienced/knowledgeable social care staff (2 people).
    - A new Parkinson’s specialist (1 person, 1% of ‘staff issues’ answers).
    - More specialist GPs (1 person).
    - More knowledgeable mental health staff (1 person).

### ***Other staff issues***

- 2 people (3% of ‘staff issues’ answers) suggested better staff conditions (treat staff better and give more credit to the NHS).
- 1 person (1% of ‘staff issues’ answers) mentioned an issue to do with compassion (have separate wards for women giving birth and women going through a miscarriage).
- 1 person thought there should be more multicultural GPs.

### ***Support***

60 people (7%) suggested changes to the way people are supported or support services. Mental health services were the most referred to (37% of the suggestions relating to support), followed by non-specific comments (18%), social care (12%) and carers (12%).

### ***Support for mental health***

Support for mental health was the most commonly mentioned support issues, being suggested by 22 people (3% of question respondents, 37% of ‘support’ answers).

- 7 of these (12% of ‘support’ answers) suggested more or better mental health care in general.
- The other 13 gave more specific examples:
  - 3 people (5% of ‘support’ answers) suggested more or better support for depression, anxiety and post-traumatic stress disorder.
  - 2 people (3% of ‘support’ answers) thought there should be more support for people pre-diagnosis or when they are on a waiting list.
  - 2 people (3% of ‘support’ answers) thought there should be more or better after-care, such as continuity of support into independence.
  - 2 people (3% of ‘support’ answers) thought there should be more options for people with mental health issues or more places where they could go for support.





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- 1 person (2% of ‘support’ answers) suggested each of the following: more specialist treatment, prioritise mental health and long term issues, more social workers for mental health support, listen to people with mental health issues, protect council housing for people in mental health care, mental health care for veterans.

### ***Support for older people***

8 people (1% of question respondents, 13% of ‘support’ answers) suggested more or better support and care for older people. Specific examples included:

- More or better home care for the elderly, including a better understanding of the needs of an older person trying to live independently (3 people).
- More or better residential care for the elderly, including more short and long term places and intermediate care beds (between hospital and home) (3 people).
- Easier access to GP surgeries for older people (1 person).

### ***Support for carers***

7 people (<1% of question respondents, 12% of ‘support’ answers) suggested more support for carers. 1 person mentioned each of the following specific examples:

- Advice and support for carers of elderly parents.
- More support and publically available information for carers.
- Support for grandparents who look after children full time.
- More funding and support.
- More respite for carers (this person had been unable to get to their own health appointments until they started to have someone care for their mother 3 hours per week).

### ***Discharge***

6 people (<1% of question respondents, 10% of ‘support’ answers) suggested more support for people when they are discharged from hospital. Specific examples included:

- Have more support for people at home after discharge (that doesn’t just stop after 8 weeks) (2 people) and make sure support is in place for people before they are discharged (1 person), e.g.:

“Making sure that patients discharged from hospital have all they need to look after themselves.”

- 
- Improved procedures or faster discharge from hospital (2 people).
-



- 
- Discharge people to local community service (1 person).

### ***Support for disabled***

4 people (<1% of question respondents, 7% of ‘support’ answers) suggested more support for disabled people. 1 person mentioned each of the following specific examples:

- More help for those with non-physical disabilities.
- Shorter waiting times for electric wheelchairs.
- More supported housing and social care for young disabled adults.
- More residential care for under 60s with a disability, chronic illness or mental health issue.

### ***Other support issues***

- 5 people (<1% of question respondents, 8% of ‘support’ answers) suggested more support and advice in general.
- 2 people suggested more social care support (more social care in residential homes and more overnight nursing care at home).
- 1 person suggested each of the following:
  - Personal Health Budgets.
  - More advice and support for adults with physical or learning disabilities.
  - Help for parents dealing with the issues their children have.
  - A named agency or person to get support or advice from when caring for a dementia patient at home.
  - Social services to support people when they leave prison.
  - More support for universal conditions, e.g. the menopause.

### ***Information, advice and education***

58 people (7%) mentioned the importance of giving information or advice and education. Most of these suggestions were not about any particular service. Of those that were, health (29%), mental health (10%) and social care (3%) were the most frequently mentioned services.

### ***Information and advice***

28 people (3% of question respondents, 48% of ‘information, advice and education’ answers) suggested improvements to information and advice.

- 6 people (10% of ‘information, advice and education’ answers) suggested more or clearer information about the services available, including:
  - Where they are, when they are open, what they provide and what they cost.



- 
- Where the right place for people to go is.
  - Easy to find information and contact details for all health and care services (and not just electronic).
  - Leaflets about what is available.
  - Providing people with updated information on services every 10 years or so.
- 2 people (3% of ‘information, advice and education’ answers) wanted more information about mental health services available, e.g.:

“Services need to be made more aware to people, particularly in mental health, it needs to be more accepted in society. The therapist should be as highly regarded as GPs.”
- 
- 2 people (3% of ‘information, advice and education’ answers) suggested there should be more information for carers, such as telling carers of people with dementia what they should do and telling all carers who they can turn to, e.g. publicising carers societies in care home books, e.g.:

“More basic information, better communication with adult care services, being able to contact the right person without having to repeat your problem to too many people only to be told they are unavailable and will get back to you - but they rarely do! Sometimes I feel I’ve been sent around in circles. Being told it’s not their department, try funding, try social services. When you’re in a position of caring 24/7 and you’re up all hours of the day and night you only bother to contact these services in your hour of need, you really shouldn’t have to spend hours trying to get the right people.”
- 
- 1 person suggested each of the following:
    - Health advice packs.
    - Information about dental procedures.
    - Support for parents or children with diabetes.
    - Information about 111.
    - Advice about cancer.
    - Information and advice about dementia.
    - Contraception advice.
    - Correct social care databases.
    - Clarify provision and entitlement.
    - Having someone to contact.
    - More information and support while waiting to be seen.
  - 1 person suggested there should be less information.
-



- 
- 6 people (10% of ‘information, advice and education’ answers) suggested more information or advice in general.

### **Education and awareness**

18 people (2% of question respondents, 31% of ‘information, advice and education’ answers) suggested improvements to education and awareness.

- 8 of these (14% of ‘information, advice and education’ answers) suggested educating people about which service to use or appropriate service use. Of these:
  - 5 people (9% of ‘information, advice and education’ answers) suggested educating people about when to use A&E and alternatives to A&E.
  - 1 person suggested promoting the use of GPs.
  - 1 person thought that patients should have better expectations and not expect to have the services they want ‘at the drop of a hat’.

- 4 people (7% of ‘information, advice and education’ answers) suggested preventative education for children, young people and schools, e.g.:  
“School children must be advised about lifestyle choices so as to prevent these diseases in the first place.”

- 
- 4 people (7% of ‘information, advice and education’ answers) suggested education about mental health, including more information and recognition of mental health by the public and professionals (3 people) and more information and awareness for young people (1 person), e.g.:  
“Increase knowledge of mental health conditions and how to treat people who are suffering.”

- 
- 1 person suggested health awareness education in primary care and 1 person suggested education in general, e.g.:  
“More campaigns like this today” [Nene CCG Winter Wellbeing event at Grosvenor Centre].

### **Prevention**

9 people (1% of question respondents, 16% of ‘information, advice and education’ answers) suggested there should be more focus on prevention. Specific suggestions included:

- Providing free exercise classes and diet advice (3 people, 1 specified for elderly people and 1 for diabetes), e.g.:  
“More free exercise cases more info/talks on how to eat better to help control my diabetes better.”

- 
- More regular check-ups to catch problems early (2 people).
-



- 
- Preventing obesity and diabetes (1 person).
  - Preventative health sessions and outreach linked to surgeries (1 person).

### ***Penalties***

3 people (<1% of question respondents, 5% of 'information, advice and education' answers) thought that people who miss appointments or waste time should be fined.

### ***Environment***

50 people (6%) suggested changes to do with the care environment. Hospitals were the most commonly referred to service (64% of the suggestions relating to environment), followed by non-specific comments (30%) and social care (12%).

#### ***Car parking***

20 people (2% of question respondents, 40% of 'environment' answers) suggested improvements to car parking. This can be broken down as:

- Better parking (8 people, 16% of 'environment' answers) - 4 people referred to poor parking at Northampton General Hospital (NGH).
- Cheaper/free parking (6 people, 12% of 'environment' answers) - 5 people referred to parking at hospitals.
- More parking nearer health facilities (3 people, 6% of 'environment' answers) - 1 person specified Podiatry.
- More and cheaper hospital parking (3 people, 6% of 'environment' answers).

#### ***Physical environment***

20 people (2% of question respondents, 40% of 'environment' answers) suggested improvements to the physical environment, mostly referring to hospital environments.

- 7 people (14% of 'environment' answers) suggested there should be better waiting rooms. Specific suggestions included:
  - More refreshments/coffee machines (2 people).
  - Better entertainment/music (2 people).
  - Better magazines (1 person).
  - More comfortable seats (1 person).
- 5 people (10% of 'environment' answers) suggested new buildings or more space at the following locations: NGH (the whole building, including more space for A&E), a new eye department at NGH, the diabetes clinic at NGH, and for Child and Adolescent Mental Health (CAMHS) services.



- 
- 5 people (10% of ‘environment’ answers) suggested there should be better cleanliness and hygiene. 2 people referred to NGH and 3 people referred to hospitals in general.
  - 1 person suggested each of the following: better toilets and washing facilities on Geddington ward at Kettering General Hospital (KGH), reducing the noise on hospital wards, moving smoking areas away from entrances.

### ***Hotel services***

10 people (1% of question respondents, 20% of ‘environment’ answers) suggested improvements to the hotel services offered to hospital patients.

- 6 of these (12% of ‘environment’ answers) suggested improvement to hospital food, including more fresh and nutritious food for elderly people to aid recovery and to make sure food is available for people who have missed their meal. 1 person thought that the beds and food should be improved in hospitals.
- 2 people (4% of ‘environment’ answers) thought there should be free bedside TV for hospital patients and 1 person thought there should be Wi-Fi in hospitals.

### ***Care***

33 people (4%) suggested changes to aspects of care. Half of these (16 people, 2%) suggested that treatment and care should be holistic or personalised. Most of these suggestions were not about any particular service. Of those that were, health (24%) and mental health (12%) were the most frequently mentioned services.

### ***Personal treatment and holistic care***

16 people (2% of question respondents, 48% of ‘care’ answers) suggested more personal treatment or holistic care.

- 3 people (9% of ‘care’ answers) gave specific examples of personal treatment:
  - Personalisation - treating a patient as more than just a catalogue of symptoms.
  - Treating diabetics like individuals.
  - Personalising mental health care to each person.
- 2 people (6% of ‘care’ answers) said that mental health services should be fully integrated to provide holistic help and support (1 person added that they should be person-centred and accountable), e.g.:

“Mental health services need to be fully integrated to provide holistic help and support rather than the current ineffectual fragmented mess. Staff need to focus on what service users and their carers need rather than working to



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their own agendas. Staff need to listen to service users and their carers to find out what works and what actually helps rather than 'knowing better'."

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- 1 person suggested each of the following: provide better for the needs of the aging population (more individual, tailored care), concentrate more on patients, provide more careful/slower care, use a holistic approach.

### **Diagnosis**

7 people (<1% of question respondents, 21% of 'care' answers) suggested improvements to diagnosis, specifically:

- Faster diagnosis (4 people, 12% of 'care' answers) - including for mental health conditions, for children with diabetes (the example took a year to diagnosis), and faster return of test results).
- Early or more thorough detection and diagnosis (3 people, 9% of 'care' answers) - including a proper assessment of injuries and more thorough tests related to symptoms.

### **Quality care**

4 people (<1% of question respondents, 12% of 'care' answers) suggested improvements to the quality of care. 2 specific examples were given:

- More one to one care for social care services users (e.g. more time spent with service users - quality care instead of rushing).
- Improvements to the gender issues service (e.g. waiting times, cancelled appointments, rude staff members).

### **Other care issues**

- 3 people (9% of 'care' answers) suggested improvements to end of life care, specifically: palliative care should be more available, more Macmillan nurses at end of life, and a change in the philosophy of terminal care so that necessary symptom relief is available.
- 3 people (9% of 'care' answers) referred to promoting self-care, specifically, giving people with Dementia a little more freedom, allowing services users to be more independent to relieve the burden on services, and the benefits of caring for one's own toenails, e.g.:

"Allow the service users to be as independent as they can, so that the burden on the NHS budget and stressful situations for all its staff are reduced. Work as a big team and not a solo pilot cruise."

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## Integration

19 people (2%) mentioned the need for services to be integrated. Most of these comments did not refer to a service in particular. 1 person referred to each of the following services: social care, social services, hospitals and Dementia care.

- 13 of these (68% of ‘integration’ answers) thought that health and social care services should be either fully integrated (5 people, 26% of ‘integration’ answers) or should work together (7 people, 42% of ‘integration’ answers). Examples of working together included:

- More cross-department working for people with multiple conditions.
- More joined up working between statutory and voluntary sector, including active referrals, not just signposting.
- Multi-agency working partnership to make sure all service users’ needs are met, e.g.:

“Amalgamate all community health services (NHFT) with all the NCC’s social care services (including social care).”

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- 5 people (26% of ‘integration’ answers) suggested having health and care coordinators that provide central coordination and advice and regularly check the service user’s situation is being managed. Individual examples included:  
“A more ‘joined up’ strategy [for Dementia where] one representative could advise you as to available services, etc. rather than us have to seek out what we are entitled to.”

The carer of a disabled child suggested “better coordination of all health and social care services, i.e. so that one coordinator can point us in the right area for all health and social services.”

“Having one person who regularly checks up to see that the overall situation is being managed by each individual service, not at the users request but as a routine so that one knows a check is coming and a matter will be sorted then.”

“One call and stop rather than being passed on and on.”

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- 2 people (10% of ‘integration’ answers) suggested that social services should work better with voluntary sector organisations, with 1 person referring to drug and alcohol services and homelessness.

## Don’t know or nothing

48 people (6%) said they did not know what to suggest or that no changes were needed.

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Table 1: Breakdown of improvement suggestions by service:

Service and themes	Number of suggestions	Percentage of suggestions
GP	155	16%
Hospitals	113	12%
Health services (unspecified)	99	11%
Mental Health	60	6%
Social care	19	2%
GP and/or Hospital (unclear)	14	1%
Carers	11	1%
Pharmacies	7	1%
Dementia	7	1%
Home care	7	1%
Podiatry	5	1%
Diabetes	5	1%
Care homes	5	1%
Ambulance	4	0%
Disability	3	0%
Social services	3	0%
Dentist	3	0%
111	3	0%
Commissioning	2	0%
CAMHS	2	0%
Wheelchair/orthotics	2	0%
Counselling	2	0%
End of life care	2	0%
Paediatrics	2	0%
Physiotherapy	1	0%
Dietitians	1	0%
Council	1	0%
Parkinson's	1	0%
Support groups	1	0%
Gender issues	1	0%
Community care	1	0%
Pain management	1	0%
Government	1	0%
<b>Grand Total</b>	<b>942</b>	<b>100%</b>



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## How could local people be better informed as to how, when and where to access appropriate services?

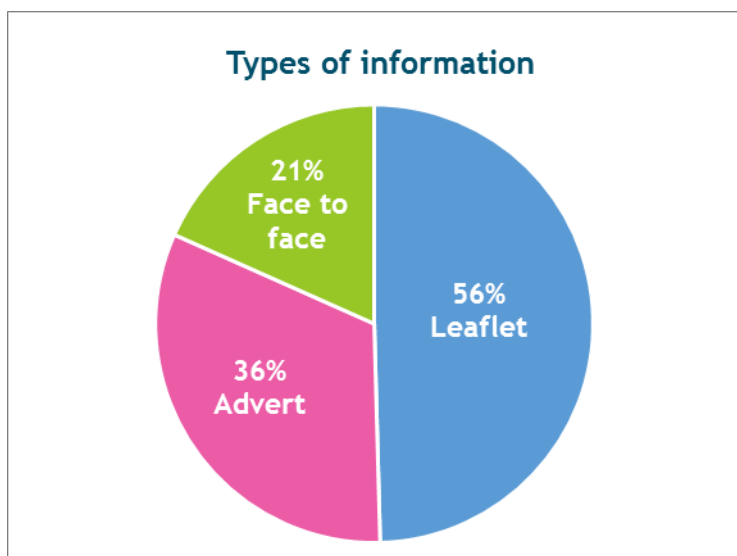
People answered this question in a variety of ways.

683 out of 1,098 people (62%) answered this question and some people provided a range of suggestions. The responses were grouped into 7 broad categories:

- The type or form of the information.
- How the information is distributed or where it is located.
- Suggestions of what should be included in the information.
- Suggestions for, or emphasis on, service improvement or feedback about experiences with services.
- Expressions that they already know what services to use themselves or that there is no problem with the existing information.
- Expressions that they personally do not know what services to use.
- Other/doesn't know.

### Information type

297 out of 683 people (43%) answered with a proposed type of information that should be made available. Some gave multiple answers and there were 349 suggestions in total. The percentages given in this section are of these 297 people.



*NB: Chart segments represent the proportion of suggestions, labels represent the proportion of respondents.*



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- **173 people (58%)** proposed some sort of written material, with the most common form being a ‘**leaflet**’. More substantive documents, such as a ‘**directory**’, were also proposed, e.g.:

“Using multiple services of media to communicate message and have leaflets in non-medical locations as well as in medical locations to reach a wider audience.”

“An information guide for people - re-advertise periodically to ensure all people are clear about what to do.”

“Should be a nationwide campaign to inform everyone and should be leaflets detailing the access to the appropriate services provided in all surgeries, pharmacies and A&E.”

“Some leaflets given [out] at GP surgeries would be a good place to start.”

“Public information drives - perhaps a mail shot to all in the county, a simple leaflet with advice for them to keep hold of. This investment would be worth it. People need to know the distinctions between services and when to use what to stop with overstrain on certain services and [it’s] just a waste of time being sent around the houses.”

- 
- **112 people (38%)** said the information should be in an **advert** of some form, e.g.:

“Possibly better advertising and online information about services which are available and what each one is for.”

“I think advertising on the TV helps a lot. I wouldn’t know to ring 111 if it wasn’t for seeing this on TV.”

- 
- **64 people (22%)** suggested that people spread the information **face to face**, such as from medical staff, support groups, public engagement or education and training at schools and work places, e.g.:

“It would be better communicated by doctors, nurses and other staff to help inform patients.”

“Teach about it in schools, do training in a work place.”

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### **Breakdown by age:**

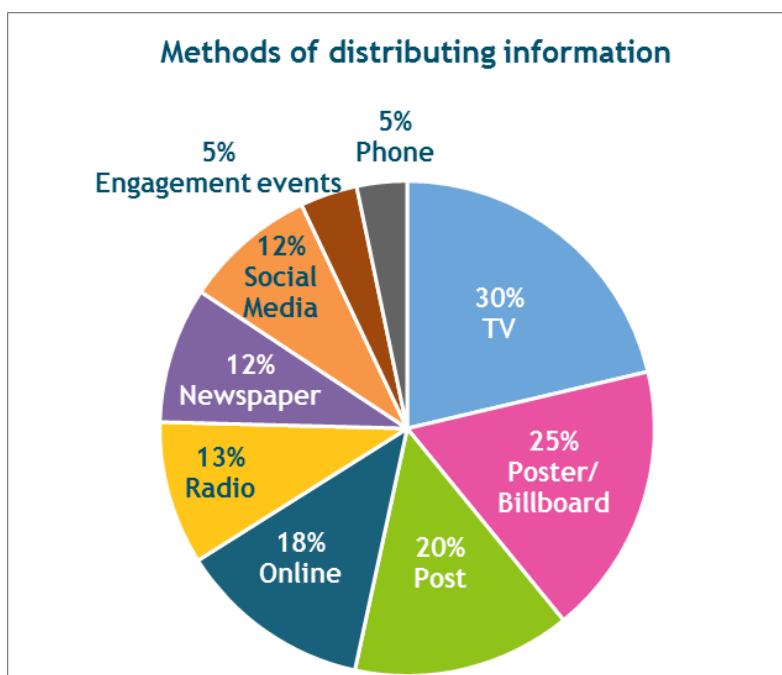
48% of the people who suggested an information type were aged 15-24 and the breakdown for this group is similar to the overall breakdown. Leaflets were the



most commonly suggested form of information for all age groups except 25-34 year olds, who more commonly suggested adverts. See Appendix 4 for a full breakdown.

### *Distribution method*

**306 out of 683 people (45%)** answered the question with the proposed method of distributing the information. Some gave multiple answers and there were 427 suggestions in total. The percentages given in this section are of these **306** people.



*NB: Chart segments represent the proportion of suggestions, labels represent the proportion of respondents.*

- **91 people (30%)** thought that information should be disseminated through the **television**, mostly as either adverts or news bulletins, e.g.:

“An advert on local TV, e.g. Anglia, would reach everyone as everyone watches TV.”

“Maybe mentioned once per day on radio and TV after the news bulletins.”

“Information points in chemists, supermarkets and other points of frequent contact by the general public, e.g. cafes. Local radio and newspapers, Twitter and Facebook, regional BBC TV programmes, e.g. Look East. Monthly updates, not one programme/announcement then nothing for 12 months.”

- **61 people (20%)** thought information should be displayed in **posters** and **15 people (5%)** suggested **billboards**, e.g.:



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“Easy to follow posters/leaflets, with updates when new procedures are brought in. These need to be delivered to the elderly especially who may not otherwise get access.”

“Outside NGH big poster reminds people.”

“Billboards, bus stop signs in areas where people are sitting waiting (roads, cinemas, doctor’s surgeries, in the hospital itself).”

- 
- **61 people (20%)** suggested that information should be **posted** out to certain people or everyone, e.g.:

“Put up information in places where people will see it or send everyone something by post.”

“Flyers though door[s], especially for the elderly.”

“Through the post but doubt it would make a difference as people are creatures of habit.”

- 
- **54 people (18%)** suggested having information available **online**, e.g.:

“An internet website with everything on it, that everyone knows about.”

“There needs to be clearer guidelines online, where to go each time, [as] this is the first place people will go. People still go to a GP for their mental health issues.”

- 
- **40 people (13%)** suggested that information was conveyed by **radio**, e.g.:

“Radio and TV. They have flu jab adverts, and they should have pathway information about which services to use depending on your condition too. It is a very good outlet for things like that.”

“More public health messaging through local commercial radio and targeted social media to Northamptonshire citizens.”

- 
- **38 people (12%)** suggested that the information be displayed in some form of printed media, most commonly local **newspapers**. National newspapers and magazines were also mentioned, e.g.:

“Advertisements - TV, radio, magazines (popular ones like fashion/gossip) newspapers.”

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- **37 people (12%) suggested social media**, most commonly through Facebook or Twitter.

“Social networking is a powerful tool in modern day and appears to the masses.”

“Facebook, YouTube, Instagram (internet in general).”

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- **16 people (5%) suggested public engagement** as a means of spreading the information, e.g.:

“ADVERTISE. A leaflet for every patient when they visit the surgery, tell people when they turn up at A&E. Try effective triage and a GP situated at the hospital to see people. Send info out with council tax demands; go to schools/libraries/community centres/supermarkets. Try using social media, speak to local community groups, address issues for non-English speakers, contact churches/mosques/temples, have a pop-up shop in town centres.... Be creative... stop complacency....”

“Local community involvement, local adverts.”

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- **14 people (5%) felt that the information should be conveyed by phone** - either by call, SMS or apps.

“Most have mobile phones now, not everyone uses the internet. Text messages to everyone so they can read them.”

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### **Breakdown by age:**

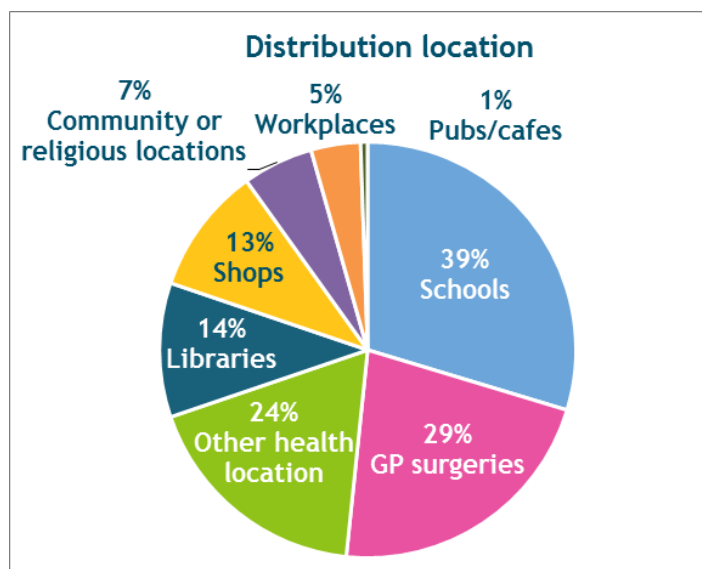
44% of the people who suggested a distribution method were aged 15-24 and the breakdown for this age group is similar to the overall breakdown. TV was one of the most popular suggestions for all age groups apart from the 2 people aged 85 or over who answered and Posters/Billboards was a common suggestion from all ages apart from 35-54 and 85+. Post was more popular with under 55s and 85 and over. Online was suggested by all except those 85+ and Newspaper was popular with all except those aged 15-24. Social Media was most popular with under 65s and was not mentioned by anyone aged 75 or over. Phone (mostly mobile phones) was most popular with those aged 35-44 and was not mentioned by anyone aged 65 or over.

See Appendix 4 for a full breakdown.



## Distribution location

139 out of 683 people (20%) answered the question with the proposed method of distributing the information. Some gave multiple answers and there were 182 suggestions in total. The percentages given in this section are of these 139 people.



NB: Chart segments represent the proportion of suggestions, labels represent the proportion of respondents.

54 people (39%) suggested that information should be distributed at **schools** or educational areas, e.g.:

“School visits - train the next generation.”

“A basic info sheet given [out] at schools.”

“Education in schools needs to be done much earlier - peer mentoring.”

- 40 people (29%) suggested that information should be available to see or take at **GP surgeries**, e.g.:

“Encourage patient participant groups at GP surgeries to speak to their patients and actively discuss/hand out leaflets. Use practice magazines and the editorials that go into local magazines.”

“Perhaps by displaying information in surgeries, though you may already be doing this. Maybe display on the digital screens as well as posters.”

- 33 people (24%) suggested it should be distributed in a variety of **other health locations**, e.g.:

“Leaflets detailing the access to the appropriate services provided in all surgeries, pharmacies and A&E.”





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“Give leaflets out at maternity units and flu clinics.”

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- **19 people (14%)** thought information should be available in **libraries**. A further **10 people (7%)** mentioned some **community** or **religious** location, e.g.:  
“Information in community centres - cafes, leisure centres, libraries, student unions, and welfare services.”
  - **18 people (13%)** thought information should be displayed in a **shop** or retail outlet, with supermarkets being the most common suggestion, e.g.:  
“Information needs to be available in areas that are used by the general public - schools, libraries, bus stops, shops, etc.”
  - **7 people (5%)** thought information should be distributed in **workplaces** and 1 person suggested restaurants, pubs and cafes, e.g.:  
“Provide information by post, email, lectures at workplace/college health and safety training”.
- 

#### **Breakdown by age:**

31% of the people who suggested a distribution location were aged 15-24, more than double the number of any other age group. School was by far the most common suggestion for this age group and frequently mentioned by other age groups (but to a less extent and the total number of people for all but 15-24 year olds age group are small). GP surgeries were most suggested by those aged 55 and over and other health locations were mentioned by all age groups apart from 85+. Libraries were a popular location for those aged 35 and over but were not suggested by anyone under the age of 35. Shops were particularly popular for 35-44 year olds and Workplaces were only mentioned by those under the age of 35.

See Appendix 4 for a full breakdown.

#### **Content suggestion**

**98 out of 683 people (14%)** proposed content suggestions or matters to include in information or areas where they thought more information was needed. The suggestions were varied, with some wanting broad information, some brevity, some specific information about certain services, and some expressing areas they felt they need to know more about. The percentages given in this section are of these **98** people.

- **22 people (22%)** expressed that either they needed or others would benefit from more information about what to do in an **emergency** or something about A&E or 999, e.g.:



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“Not always clear for A&E whether you need A&E or the minor injuries unit. Minor injuries are now across the road. [It] could do with general leaflets at GPs with all [the] numbers [you need on it], so you know what you have to do with what [condition].”

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- **12 people (12%)** suggested a **list of services**, and in what circumstances you would use them.
  - **11 people (11%)** wanted a **list of symptoms** and with the appropriate service to contact or use in different scenarios, e.g.:  
“A simple checklist maybe - if a, b or c then do x, y or z - and closer coordination between services. Getting the wrong advice once erodes trust and people go with what they know.”
  - **11 people (11%)** suggested **guidelines**, a directory or step-by-step instructions, e.g.:  
“Because you are often pushed from pillar to post by each of the above, i.e. give clear guidelines and stick to them.”
  - **9 people (9%)** thought there was an issue with non-British nationalities incorrectly using the services or they wrote about their being **language** barriers with the information which causes incorrect service use. For example:  
“More information in different languages... people I speak to from my community in Northampton think that you come to A&E like you would a health centre back [in their] home [country]. It’s not their fault, they just don’t know the system is different here. They could put up targeted information in various languages in specific eastern European shops across the county.”
  - **5 people (5%)** highlighted other campaigns, advertisements or information they felt had worked well, including the stroke awareness TV campaign and the ambulance campaign: “You don’t ring the RNLI if you fall in a puddle...”.
  - **5 people (5%)** made a point of wanting the information to be **simple**, e.g.:  
“By asking local newsletters and magazines to include a summary of what to do in a variety of circumstances and scenarios that is easy to read and [easy to] understand. Not forgetting that GP surgeries are not open at weekends and many [are] without transport [or] are unable to access pharmacies.”
-



- 
- 4 people (4%) suggested information should be **easy to read/Easy Read** or accessible in some way, with consideration given to those with learning disabilities, e.g.:  
“**Lot of information is written, wonder how people with learning difficulties get on?**”
  - 4 people (4%) said information should be made more accessible to **elderly** people.
  - Other areas people wanted information about included:
    - 111 (9 people, 9%)
    - First aid information (5 people, 5%)
    - Minor injuries (3 people, 3%)
    - GPs (3 people, 3%)
    - Walk-in centres (2 people, 2%)
    - Pharmacists (2 people, 2%)
    - Diabetes (2 people, 2%)
    - Dementia (1 person, 1%)
    - Out of hours (1 person, 1%)
- 

### *Service improvement*

64 out of 683 people (9%) answered this question with suggestions or priorities for improvement or by telling us about problems with services. Some of these were explicitly to highlight that they knew what they were supposed to do in a certain situation, but the advice was redundant as a service had let them down in some respect. Some were perhaps prompted by the mention of A&E, 999, 111, GPs, and pharmacy in the question title, and thus gave feedback on their experiences with these or other services. The percentages given in this section are of these 64 people.

- 20 people (31%) mentioned improvements in 111 being desired, e.g.:  
“I'm not sure the problem is 'not knowing'. I'm not sure that the right services are there when people need them. NHS Direct/111 was an opportunity for people to ring up and ask advice but [it is] hopeless - you don't need to ring a so-called professional to find out that you should go to your GP in the morning if you can wait or A&E if you can't. More drop-in centres would be good, [as would having] proper triage, both at the GP and the general hospital.”  
  
“111 not fit for purpose.”
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- **15 people (23%)** mentioned improvements in **GP** services being desired, e.g.:  
“I think people don’t need better information. They need confidence in GP provision at the right time, so they don’t have to resort to A&E.”
- 
- **13 of these (20%)** were about the availability of **GP appointments**, e.g.:  
“This information is often there, but there needs to be better linkage between services and due weight placed upon recommendations from them. For example, it is all fine for a person to save a GP appointment by dialling 111 but when they are advised by 111 that they need to see a doctor straight away, it carries no weight and they still may have to wait 10 days for that appointment. This can lead to an A&E visit before that appointment date. Thus, all three strands have been pulled and extra resources used where the intention was to save time, effort and money.”
- 
- **9 people (14%)** mentioned general service change being desired, e.g.:  
“I am not sure they can but the relevant services can be better at their responses, signposting people properly.”
- 
- **8 people (13%)** mentioned improvements in **A&E** being desired. These were mostly about triage and the speed at which they were seen, e.g.:  
“If you have to wait for 21 days to see a GP is it any wonder that people seek help anywhere they can think of. Surgeries should be properly funded... My daughter was directed away from A&E by a paramedic - her collar bone had become dislocated from her sternum in a road traffic accident - telling her to see the GP. When you cannot see anyone for weeks, it is not much help and [this] left her with a problem that will never be resolved. How many other people are not being seen when they need to be seen? We hear so much about people going to A&E when they should not. Are there any surveys [carried out] into people who are misdirected away from getting the help they need?”
- 
- **8 people (13%)** mentioned whole service change, e.g.:  
“This will not work until all health services work properly and confidentially. There are too many tales of anomalies so they are not trusted, none of them!”  
  
“All services knowing when they take over and not [having to] be batted from one to another service first.”
-



- 
- 7 people (11%) mentioned improvements in **999** being desired, e.g.:  
“Grandson had to wait an hour with his back injury, paramedic never showed up.”
- 
- 3 people (5%) mentioned improvements in **out of hours** being desired, e.g.:  
“I would like a walk in/out of hours doctor at the hospital to get dealt with in one place. No one wants to go from home to the doctor to be sent to the hospital.”
- 
- 2 people (3%) mentioned improvements in pharmacy being desired, e.g.:  
“As time can be the deciding factor then perhaps individuals should be directed to 111 who should then either put them through to 999 services or advise otherwise. If not urgent perhaps all local pharmacists should have facility to either advise or have a dedicated telephone available for individuals to ring direct to a specific number either GP, 111 or 999.”
- 
- 1 person (2%) mentioned respite care.
  - Some people also mentioned a specific theme to the service improvement, rather than a specific service:
    - 6 people (9%) mentioned speed.
    - 2 people (3%) mentioned access.
    - 1 person (2%) mentioned communication.
  - 7 out of 683 people (1%) chose to write about their positive experiences with some services.
    - 4 of these people mentioned 111.
    - 3 of these people mentioned 999.
    - 1 person mentioned GPs.

### *Satisfaction with existing information and sufficient knowledge*

72 out of 683 people (11%) expressed the sentiment that they did not feel like there was a problem with the existing information or that this was not a priority, or that this could not be taught to people. For example:

“It’s common sense. People won’t listen to more info. Education in schools would be best.”

“Not sure - I feel this is covered adequately.”

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“By decreasing the frequency of change. No matter how people are informed, it is hard to keep abreast of continuous change and know what is current. E.g. updating places where information is shared is tedious and time consuming.”

“The information is there but people need to be shocked into hearing it - if it's neither an accident nor an emergency then ambulance refuses to take the patient to A&E. Turn people away from A&E who don't meet the accident and emergency criteria. There will be adverse publicity but that will make people get the message. However there need to be adequate alternative options in place for support in the local communities. It's about managing expectations. Too easily people take for granted what they get for free.”

- 
- **12 out of 683 people (2%)** felt that some form of punishments should be incurred for misuse, e.g.:  
“Hand out guidelines of each service and what they provide. Refuse treatment to those that are time wasting, e.g. going to A&E for a cold.”
- 

### *Not knowing about services*

**38 out of 683 people (6%)** either said their knowledge was lacking in some respect as to ‘how, when and where to access the appropriate services’ or they demonstrated they do not know the recommended practices for using appropriate services.

“Tell people when to use what. [I'm] not sure when to call 999 and when 111 (thought it was 101!)”

“When you need them, use them.”

“Way too many people go to A&E. Put on side of ambulances when to go to A&E and when not [to go]. I don't know what the criteria to go to A&E are.”

“Not everyone has mums and nans that know everything.”

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### *Don't know and other*

**23 out of 683 people (3%)** said they did not know what to do or expressed scepticism or difficulty with the task of better informing people as to how, when and where to access appropriate services, e.g.:



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“Very difficult. There is generally too much ‘panic’ and all too often it is the ‘out of hours’ which suffers. Too many major problems also sound like minor ones!!! People can’t differentiate and too often neither can medical [staff] without exhaustive tests!!!”

“This is a catch 22 in as such that the precise people in need of this information are those that are troublesome to reach. I'm sure there are a myriad of methods to promulgate the information generally. What is more effective for your target audience, I couldn't speculate. It may not be cost efficient to 'preach to the converted'. Sadly sometimes you cannot act to prevent stupidity and some people are going to be somewhat of a hypochondriac when it comes to being ‘safe rather than sorry’ with their own health.”

“When you are thrown into a world, particularly through no fault of your own, you don't always absorb the information.”

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**18 out of 683 people (3%)** gave either vague, unclear answers, or answers that could not fit into coding categories.

“All above are appropriate depending upon individual’s needs and family support.”

“Have it saved so you can get it when needed.”

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*Key themes*

- The most commonly suggested format for information was written material or leaflets (173) followed by television (93), word of mouth or public engagement (80), poster or billboard (74) and online (54).
- A similar number of people suggested that information should available in GP surgeries or medical location (73), posted (61) or in schools (55).
- The range of suggestions proposed and the variety of interpretations of this question suggested that a diverse and creative set of different methods would help better inform people as to ‘how, when and where to access appropriate services’.

“Recognise that the client base [has] different, impairments, language [and has] diverse requirements. Consider a range of options for the range of audiences.”

- The responses also suggest that some degree of service improvement is also needed so that when people do follow the information and try to access the services in an appropriate fashion, they function correctly.







# Demographics

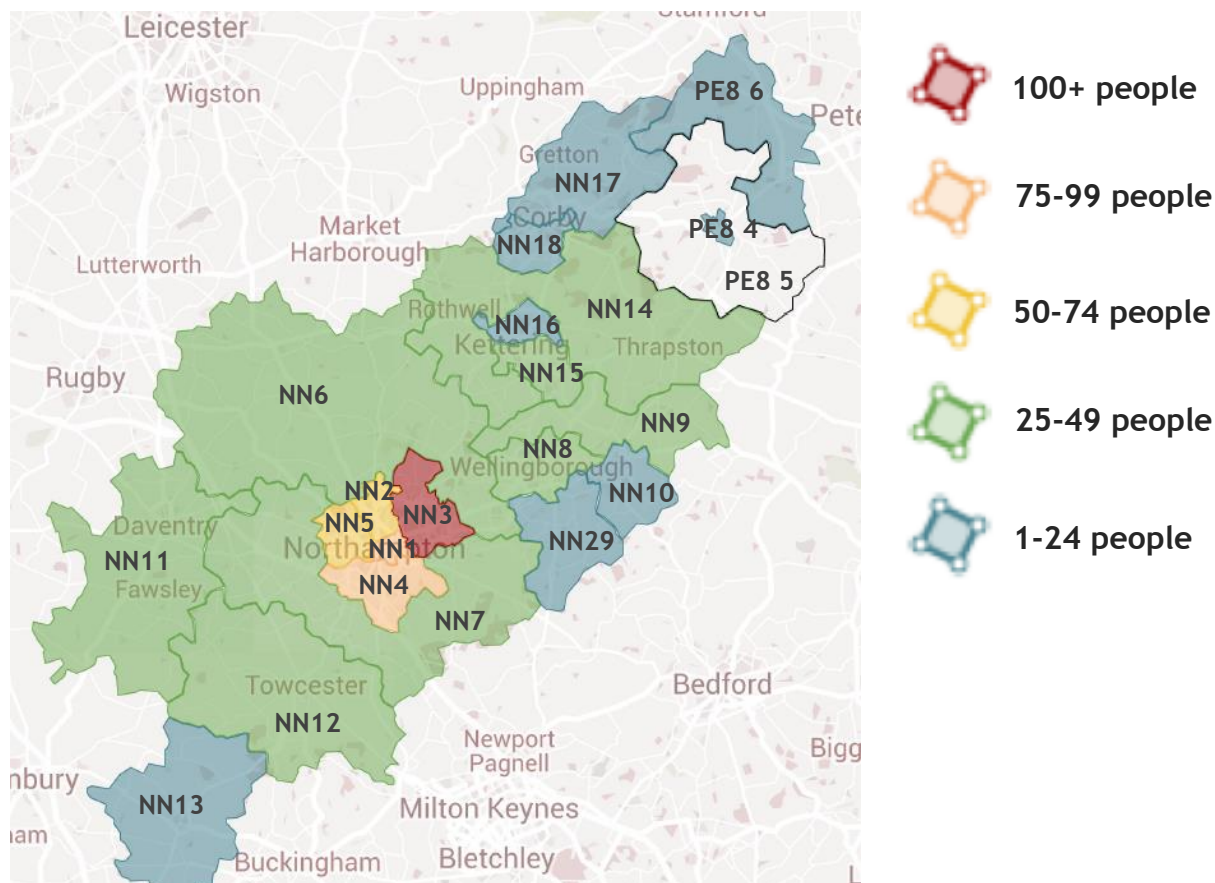
A full break down of demographics can be seen in Appendix 4. It was in a large part determined by the demographic makeup of the people at the events HWN attended and locations HWN visited (see Appendix 1 for list). Locations for visits and events attended were in some cases targeted to get people who had, or had ever had, or cared for anyone who has or had cancer, diabetes and/or dementia.

## Geography

79% of survey respondents gave us their postcode. A greater proportion of these were from Northampton (particularly NN3 and NN1) compared to the county as a whole.

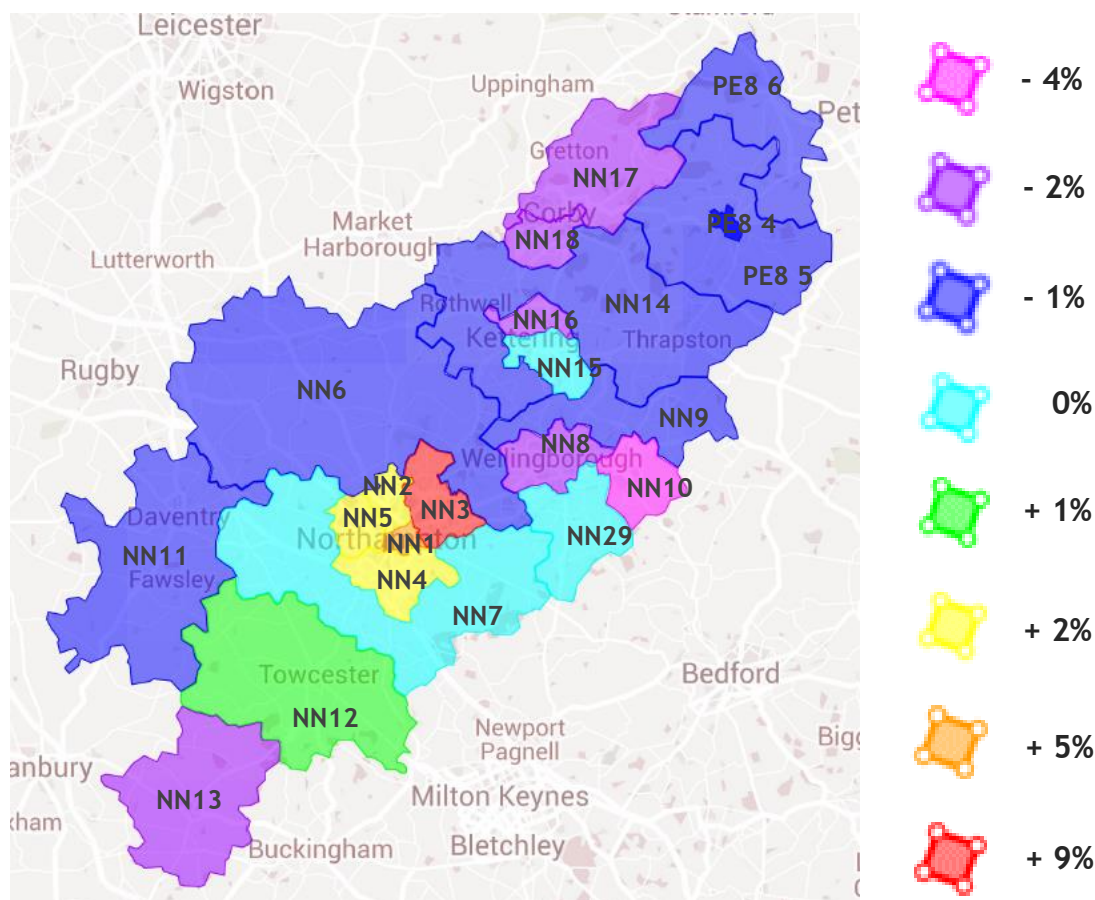
There was a lower proportion of people from Brackley (NN13), Rushden (NN10), Corby (NN17/18), Wellingborough (NN8) and the NN16 area of Kettering, reflecting a lack of events or locations attended in Brackley, Rushden and Kettering. (See Appendix 5 for full breakdown). HWN will make increased efforts to reach these areas in future engagement campaigns.

### Respondents giving NN or PE postcodes:





## Proportion of respondents giving NN or PE postcodes compared to 2011 census:



### Age

15-24 year olds was by far the most represented age group of people we spoke to (34% overall) due to the high number of responses from students at Northampton and Tresham Colleges.

Under 14s (1%) were the least represented age group but this group were not targeted and the survey was not designed for under 14s. Over 85s were also underrepresented (2%).

Given that most events attended occurred during the week in working hours, a higher proportion of people of retirement age with 14% of people being in the 65 to 74 range and 11% being 74 to 85. (See Appendix 5 for full breakdown)

### Gender

A higher proportion of women responded to the survey - 60% of those that gave their gender were women compared to males 40%. This may be a result of some events we attended (e.g. the C2C Support Group at the Good Loaf Café and the Bangladeshi Association) that were women-only events.



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## *Ethnicity*

84% of people told us their ethnicity was White. 78% of these were White British, 6% White other. (See Appendix 5 for full breakdown)

## *Sexuality*

79% of people described their sexuality as heterosexual. A higher proportion of people choose 'prefer not to say' (12%) than answered 'prefer not to say' to the other questions.

## *Carers*

53 people (5%) identified themselves as the primary carer of a disabled adult and 11 people (1%) as the primary carer of a disabled child. A further 64 people (7%) said they were the primary carer of an older person (6 of these also said they were the primary carer of a disabled adult). 62 people (6%) said they were a secondary carer.

## *Hard to reach groups*

As well as trying to reach as many people as possible, including those affected by cancer, diabetes or dementia, we also specifically set out to engage with traditionally hard to reach or seldom heard groups:

### *Young people:*

311 15-24 year olds completed our survey and were the most represented age group. Most of these were engaged with at Northampton College and Tresham College.

### *People with learning disabilities:*

28 people completed our Easy Read survey, which is being analysed separately. 8 of these were completed by people with learning disabilities at a Learning Disability Partnership Board (LDPB) event and 12 by young people with special educational needs and disabilities (SEND) at the Northamptonshire CYP Shadow Board. 2 carers for people with learning disabilities completed the standard survey at the LDPB event.

11 adults completed our survey at the Summer SENDsation event in Northampton (a fun day for children and young people with special educational needs and disabilities). We also engaged with 71 children with SEND at this event, which will be included in another HWN report.

### *Community Cafes:*

89 people completed our survey at a community café or coffee morning. Most of the community cafes we visited, e.g. the Jesus Centre café and Good Loaf café in Northampton, No. 1 café in Oundle, and Johnny's Happy Place in Kettering, cater for a range of vulnerable and hard to reach people, including

- Homeless and insecurely housed



- 
- Asylum seekers and refugees
  - Those in the criminal justice system and ex-offenders
  - Unemployed
  - Drug or alcohol users
  - Older people
  - People with learning disabilities and their carers
  - People with mental health issues

As these cafes are open to all it is not possible to determine the breakdown of hard to reach groups spoken to.

***People in the criminal justice system:***

13 people completed the survey at a C2C (Crime to Christ) support group for people in the criminal justice system.

***Carers:***

61 people (6%) identified themselves as the primary carer of a disabled adult or child (3 people were both), see above for more details. We also sought out the views of carers by attending a Northamptonshire Carers meeting and other support groups.

***People with long-term mental health problems:***

As mentioned above, we were able to engage with people with mental health issues at the community cafes we attended. We also received 16 surveys from events at Kettering Mind and 17 surveys from dementia cafes. 169 people (15% of all respondents) answered yes to the question “Do you, or have you ever had, or cared for anyone who has Dementia?”.

***Travellers:***

6 people identified themselves as travellers when giving their ethnicity.

***Black and minority ethnic (BME) groups:***

20% of those that told us their ethnicity were not White British. 6% were Asian, 6% White-other, 4% Black and 2% from mixed or multiple ethnic groups.

***Rural areas:***

Whilst it was a struggle to reach more rural areas we were able to collect 14 surveys from Norton village (near Daventry) by working with the SNVB, who also promoted the survey on their Rural Information Centre. We also sought to hear the voice of smaller county towns, including Oundle, Brackley, Irchester and Thapston.



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# Acknowledgements

Healthwatch Northamptonshire would like to thank the following people and organisations:

- Volunteers and staff who attended events and distributed surveys and who helped with data entry and analysis.
- Nene CCG for working in partnership and helping develop the questions.
- The people across the county at various events and visits who gave their time to complete the survey.
- All the organisations and personnel who facilitated visits and invited us to attend the events listed in Appendix 1.



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# About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.



# About NHS Nene CCG



NHS Nene CCG is responsible for commissioning or buying healthcare services including mental health, urgent and emergency care, elective hospital services and community care for the population of Northamptonshire, excluding Corby, Oundle and Wansford. We work closely with NHS England, Northamptonshire County Council and a wide range of stakeholders including those in the third sector.

The CCG commissions services on behalf of a population of 652,847 across Daventry, Northampton, Wellingborough, Kettering, East Northamptonshire and South Northamptonshire.

The CCG is a membership body made up of 69 member practices. Our vision to ‘help people lead the best possible life from beginning to end’ is at the heart of everything that we do in our mission to improve quality, outcomes and clinical standards for all patients.

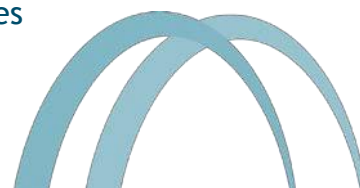
As part of our duty to improve quality under section 14R of the Health & Social Care Act 2012, NHS Nene CCG is committed to providing best value-for-money and the most effective, fair and sustainable use of finite resources. Our core values guide the way we work with our communities and healthcare partners to improve the health of our population.

NHS Nene CCG is committed to being:

- Effective
- Compassionate
- Safe
- Supportive

We ensure that decisions are taken in an open and transparent way and that the interests of patients and the public are at the heart of everything we do.

Clinically-led commissioning makes a real difference for patients and we believe that local GPs and clinicians working with local communities will bring about the biggest improvements in care and outcomes for our population.





# Appendix 1 - Survey questions

(For office use only) Ref no.	Event
1. Do you have, or have you ever had, or cared for anyone who has, any of the following long term conditions?	
Cancer <input type="checkbox"/>	Diabetes <input type="checkbox"/> Dementia <input type="checkbox"/>
<ul style="list-style-type: none"><li>• If you ticked one of these boxes, please include your experiences of services for these conditions in your answers to the following questions</li><li>• If you did not tick one of these boxes, please answer the following questions based on your experiences of any health or social care service</li><li>• If you have diabetes please look at the note at the bottom of the previous page</li></ul>	
2. Please tell us about a <b>recent</b> (i.e. within the last 12 months) <b>good</b> experience of health or social care in Northamptonshire - either your own experiences or as a carer	
If you have more than one experience to tell us about, please continue on a new sheet - feel free to ask us for one!	
3. Please tell us the name of the service you have told us about and any other relevant details (e.g. ward/care home/surgery/location)	
4. Please tell us when you had this experience?	
In the last 3 months <input type="checkbox"/>	In the last 6 months <input type="checkbox"/>
In the last 12 months <input type="checkbox"/>	Longer than 12 months ago <input type="checkbox"/>
5. How would you generally rate this service	
Excellent <input type="checkbox"/>	Satisfactory <input type="checkbox"/>
Good <input type="checkbox"/>	Poor <input type="checkbox"/>
6. Please tell us about a <b>recent</b> (i.e. within the last 12 months) <b>poor</b> experience of health or social care in Northamptonshire (including mental health services or experiences as a carer)	
If you have more than one experience to tell us about, please continue on a new sheet - feel free to ask us for one!	





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7. Please tell us the name of the service you have told us about and any other relevant details (e.g. ward/care home/surgery)

--

8. Please tell us when you had this experience?

In the last 3 months	<input type="checkbox"/>	In the last 6 months	<input type="checkbox"/>
In the last 12 months	<input type="checkbox"/>	Longer than 12 months ago	<input type="checkbox"/>

9. How would you generally rate this service

Excellent	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>
Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>

10. What would be the most helpful change to health and social care services to improve the user experience?

--

11. What can the NHS and social care do better to support people to manage their long term conditions, such as diabetes, cancer, dementia, heart disease, asthma?

--

12. How could local people be better informed as to how, when and where to access appropriate services - for example when to visit A&E, when to call 999, when to call 111, when to visit a GP or go to your local pharmacist?

--

13. Thinking generally about Health and Social Care services in Northamptonshire, what is the top health and social care issue you think Healthwatch Northamptonshire should take action on?

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## Equality Monitoring

Equality monitoring is a process used to collect, store and analyse data about your personal details that will enable us to:

- Highlight possible inequalities
- Identify any barriers faced by individuals with protected characteristics
- Investigate the underlying cause of those inequalities
- Seek to redress any unfairness or disadvantage and;
- Promote equality of opportunity



To help us analyse these results and ensure that the answers you have given help improve access to services, please could you answer the following

Please tell us your postcode:

Age (please tick)

Under 14	<input type="checkbox"/>	55 - 64	<input type="checkbox"/>
15 - 24	<input type="checkbox"/>	65 - 74	<input type="checkbox"/>
25 - 34	<input type="checkbox"/>	75 - 84	<input type="checkbox"/>
35 - 44	<input type="checkbox"/>	85 and over	<input type="checkbox"/>
45 - 54	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Gender

Male

Female

Sexual Orientation:

Heterosexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>		

Please indicate which of the following best describes your ethnic group:

White: English/Welsh/Scottish/ Northern Irish/British		White: Gypsy - Irish Traveller	
White: Gypsy - Roma Traveller		White: Other	
Mixed/multiple ethnic groups: White and Black African		Mixed/multiple ethnic groups: White and Black Asian	
Mixed/multiple ethnic groups: Any other mixed/multiple ethnic background		Asian/Asian British :Indian	
Asian/Asian British: Pakistani		Asian/Asian British: Bangladeshi	
Asian/Asian British: Chinese		Asian/Asian British: Any other Asian background	
Black/African/Caribbean/Black British: African		Black/African/Caribbean/Black British: Any other Black/ African/Caribbean background	



Other ethnic group: Arab		Other ethnic group: Any other ethnic group	
Prefer not to say			

### Disability

Disability is described by the Equality Act 2010 as a physical or mental impairment that has a substantial long term adverse effect on an individual's ability to carry out normal day to day activities

<b>Do you consider yourself to have a disability?</b>					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>

<b>Do you have caring responsibilities? (please tick all that apply)</b>			
Primary carer of a child/children under 18	<input type="checkbox"/>	Primary carer of older person/people (65 and over)	<input type="checkbox"/>
Primary carer of disabled child/children	<input type="checkbox"/>	Secondary carer	<input type="checkbox"/>
Primary carer of disabled adult (18 and over)	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>



## Appendix 2 - List of events attended and visits from HWN

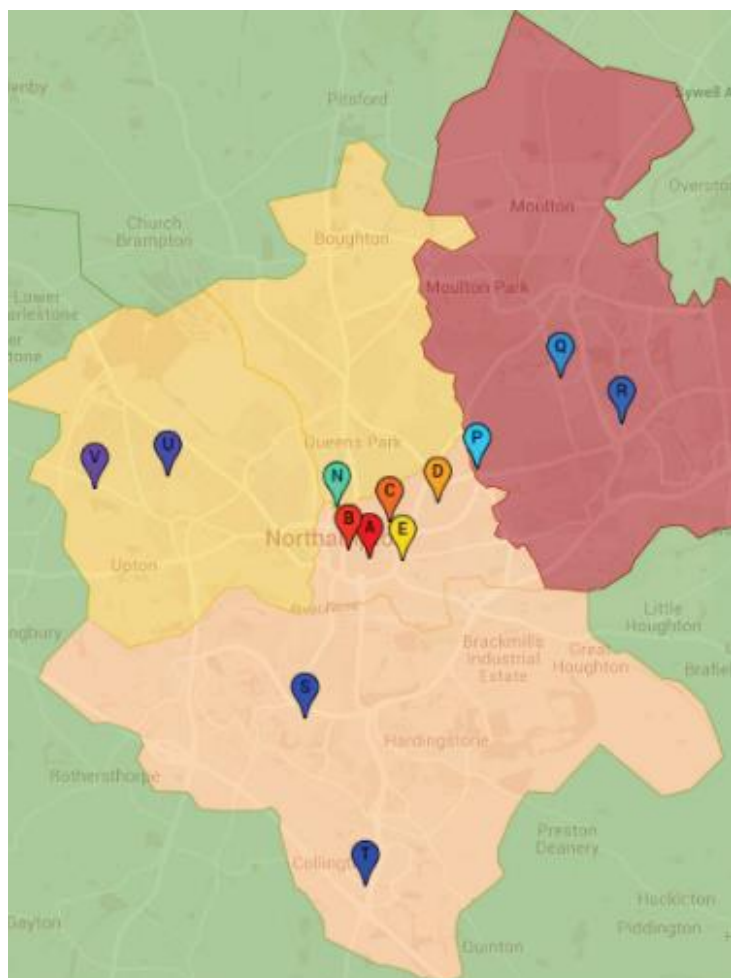
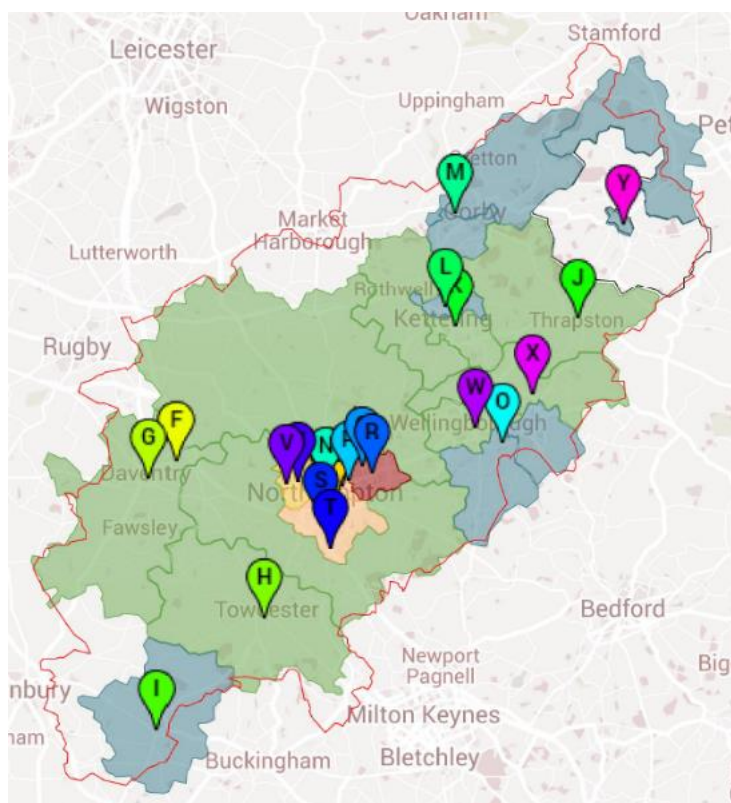
Name of event, organisation or location visited (Map reference)	Number of surveys completed at event (not including those later posted)
<b>Colleges:</b>	<b>325</b>
<i>Northampton College (Q)</i>	223
<i>Tresham College, Kettering (K)</i>	102
<b>NHFT Retinal Screening clinics:</b>	<b>176</b>
<i>Highfields Centre, Northampton (E)</i>	44
<i>Danetre Outpatients, Daventry (G)</i>	40
<i>Willowbrook Health Complex, Corby (M)</i>	28
<i>St Marys Oakwood, Kettering (K)</i>	24
<i>Isebrook Hospital, Wellingborough (W)</i>	22
<i>Towcester Medical Centre (H)</i>	17
<i>Nene Park, Irthlingborough (X)</i>	1
<b>General public events and locations:</b>	<b>132</b>
<i>Diwali Festival, Northampton (A)</i>	51
<i>Grosvenor Centre, Northampton - Nene CCG Winter Wellbeing Roadshow (A)</i>	26
<i>Trilogy Leisure Centres (R, S, U)</i>	23
<i>South Northants Volunteer Bureau - Norton Village Roadshow (F)</i>	14
<i>Weston Favell Shopping Centre (R)</i>	9
<i>Brackley Better Communities Event/Brackley and District Evergreen Club (I)</i>	7
<i>Unity Leisure AGM, Northampton (U)</i>	2
<b>Targeted events and groups:</b>	<b>98</b>
<i>Age UK International Older Persons Day, Northampton (R)</i>	29
<i>Zindgani Older Asian Men's Group, Northampton (R)</i>	26
<i>Northampton Bangladeshi Group - Woman's Centre (N)</i>	11
<i>Summer SENDsation, Northampton (fun day for children and young people with special educational needs and disabilities) (Q)</i>	11
<i>Personal Health Budget Conference, Northampton (T)</i>	11
<i>Learning Disability Partnership Board, Kettering (K)</i>	2



<i>Tenants and Leaseholders Association Conference, Northampton (B)</i>	8
<b>Hospitals:</b>	<b>90</b>
<i>Northampton General Hospital A&amp;E (E)</i>	79
<i>Berrywood Hospital (including staff) (V)</i>	10
<i>NHFT Black History Event (at Berrywood Hospital) (V)</i>	1
<b>Community cafes and coffee mornings:</b>	<b>89</b>
<i>Jesus Army Centre, Northampton (C)</i>	31
<i>Johnny's Happy Place, Kettering (L)</i>	16
<i>50+ Network Coffee Morning, Northampton (A)</i>	12
<i>Open Café at No. 1, Oundle (Y)</i>	11
<i>Reachout Church Irchester (O)</i>	11
<i>Good Loaf Café, Northampton (C)</i>	8
<b>Support groups, including mental health:</b>	<b>44</b>
<i>C2C (Crime to Christ) Support Group, Northampton (C)</i>	13
<i>Northamptonshire Carers meeting, Northampton (D)</i>	13
<i>Kettering Mind Members Voice Group (L)</i>	9
<i>Kettering Mind Peer Support Open Day (L)</i>	7
<i>One Voice Sickle Cell Group, Northampton (P)</i>	2
<b>Disability events:</b>	<b>26</b>
<i>International Day for Disabilities, Northampton (A)</i>	14
<i>Multiple Sclerosis Society Day, Northampton (B)</i>	12
<b>Dementia cafes:</b>	<b>17</b>
<i>Corby Memory Café (M)</i>	7
<i>Kettering Dementia Café (K)</i>	4
<i>Thrapston Memory Café (J)</i>	3
<i>Wellingborough Dementia Café (W)</i>	3
<b>Received by post (event unknown, including Daventry and Northampton Diabetes UK meetings and Rectory Farm Over 55s Coffee Morning)</b>	<b>52</b>
<b>Completed online</b>	<b>25</b>
<b>HWN staff, volunteers, friends and family</b>	<b>24</b>



## Geographical spread of events (with heat map of respondent postcodes):



- A** International Day for Disabilities / Diwali Festival / Grosvenor Centre / 50+ Network Coffee Morning
- B** Tenants and Leaseholders Association Conference / Multiple Sclerosis Society Day
- C** Good Loaf Café / C2C Support Group / Jesus Army Centre
- D** Northamptonshire Carers meeting
- E** Northampton General Hospital A&E / Highfields Centre
- F** SNVB Norton Village Roadshow
- G** Danetre Outpatients
- H** Towcester Medical Centre
- I** Brackley Better Communities / Brackley & District Evergreen Club
- J** Thrapston Memory Cafe
- K** Tresham College / Learning Disability Partnership Board / St Mary's / Kettering Dementia Cafe
- L** Johnny's Happy Place / Kettering Mind
- M** Willowbrook Health Complex / Corby Memory Cafe
- N** Northampton Bangladeshi Group - Woman's Centre
- O** Reachout Church Irchester
- P** One Voice Sickle Cell Group
- Q** Northampton College / Summer SENDsation
- R** Lings Trilogy Gym / Age UK Older Persons Day / Zindgani Older Asian Men's Group / Weston Favell Shopping
- S** Danes Camp Trilogy Gym
- T** Personal Health Budget Conference
- U** Duston Trilogy Gym
- V** Berrywood Hospital
- W** Isebrook Hospital / Wellingborough Dementia Cafe
- X** Nene Park, Irthlingborough
- Y** Open Café at No. 1, Oundle



## Appendix 3 - Most common improvement suggestion theme for each service

Service and themes	Number of suggestions	Percentage for each service
<b>GP</b>	<b>155</b>	
Access	126	81%
Resources	10	6%
Communication	7	5%
Staff issues	7	5%
Efficiency/Administration/Management	3	2%
Information/Advice/Education	1	1%
Support	1	1%
<b>Hospitals</b>	<b>113</b>	
Access	40	35%
Environment	32	28%
Communication	15	13%
Efficiency/Administration/Management	8	7%
Resources	7	6%
Staff issues	6	5%
Care	2	2%
Support	2	2%
Integration	1	1%
<b>Health services (unspecified)</b>	<b>99</b>	
Access	32	32%
Information/Advice/Education	17	17%
Communication	13	13%
Staff issues	13	13%
Resources	12	12%
Care	8	8%
Efficiency/Administration/Management	2	2%
Environment	1	1%
Support	1	1%



<b>Mental Health</b>	<b>60</b>	
Support	22	37%
Access	11	18%
Communication	9	15%
Information/Advice/Education	6	10%
Care	4	7%
Staff issues	4	7%
Resources	3	5%
Efficiency/Administration/Management	1	2%
<b>Social care</b>	<b>19</b>	
Support	7	37%
Resources	3	16%
Staff issues	3	16%
Communication	2	11%
Information/Advice/Education	2	11%
Care	1	5%
Integration	1	5%
<b>GP and/or Hospital (unclear)</b>	<b>14</b>	
Communication	5	36%
Access	4	29%
Resources	2	14%
Care	1	7%
Environment	1	7%
Staff issues	1	7%
<b>Carers</b>	<b>11</b>	
Support	7	64%
Resources	2	18%
Communication	1	9%
Information/Advice/Education	1	9%
<b>Pharmacies</b>	<b>7</b>	
Efficiency/Administration/Management	4	57%
Access	2	29%
Resources	1	14%
<b>Dementia</b>	<b>7</b>	
Staff issues	2	29%
Access	1	14%
Care	1	14%





Information/Advice/Education	1	14%
Integration	1	14%
Support	1	14%
<b>Home care</b>	<b>7</b>	
Access	5	71%
Support	2	29%
<b>Podiatry</b>	<b>5</b>	
Access	3	60%
Care	1	20%
Environment	1	20%
<b>Diabetes</b>	<b>5</b>	
Access	1	20%
Care	1	20%
Communication	1	20%
Information/Advice/Education	1	20%
Staff issues	1	20%
<b>Care homes</b>	<b>5</b>	
Resources	3	60%
Efficiency/Administration/Management	1	20%
Support	1	20%
<b>Ambulance</b>	<b>4</b>	
Access	3	75%
Resources	1	25%
<b>Disability</b>	<b>3</b>	
Support	2	67%
Efficiency/Administration/Management	1	33%
<b>Social services</b>	<b>3</b>	
Integration	1	33%
Staff issues	1	33%
Support	1	33%
<b>Dentist</b>	<b>3</b>	
Access	1	33%
Information/Advice/Education	1	33%
Resources	1	33%
<b>111</b>	<b>3</b>	
Access	2	67%
Information/Advice/Education	1	33%



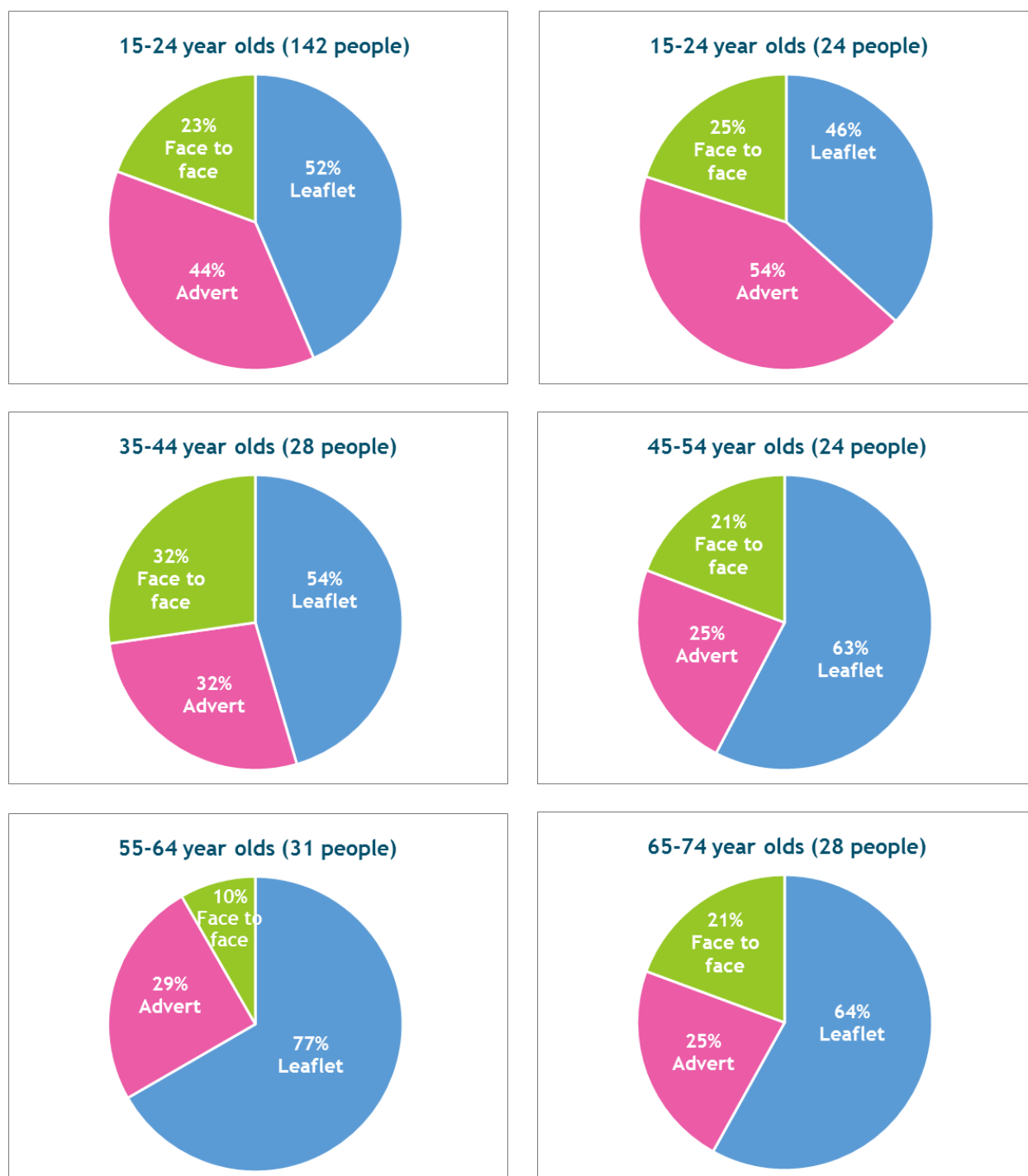
<b>Commissioning</b>	<b>2</b>	
Communication	1	50%
Efficiency/Administration/Management	1	50%
<b>CAMHS</b>	<b>2</b>	
Access	2	100%
<b>Wheelchair/orthotics</b>	<b>2</b>	
Efficiency/Administration/Management	1	50%
Support	1	50%
<b>Counselling</b>	<b>2</b>	
Access	2	100%
<b>End of life care</b>	<b>2</b>	
Care	2	100%
<b>Paediatrics</b>	<b>2</b>	
Care	1	50%
Information/Advice/Education	1	50%
<b>Physiotherapy</b>	<b>1</b>	
Access	1	100%
<b>Dietitians</b>	<b>1</b>	
Resources	1	100%
<b>Council</b>	<b>1</b>	
Efficiency/Administration/Management	1	100%
<b>Parkinson's</b>	<b>1</b>	
Staff issues	1	100%
<b>Support groups</b>	<b>1</b>	
Resources	1	100%
<b>Gender issues</b>	<b>1</b>	
Care	1	100%
<b>Community care</b>	<b>1</b>	
Support	1	100%
<b>Pain management</b>	<b>1</b>	
Access	1	100%
<b>Government</b>	<b>1</b>	
Efficiency/Administration/Management	1	100%
<b>Grand Total</b>	<b>942</b>	

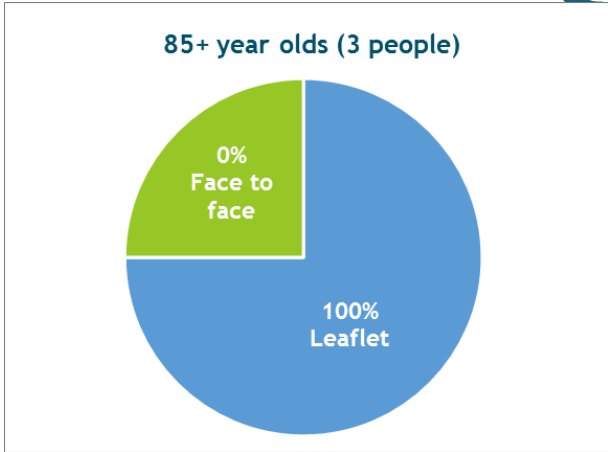
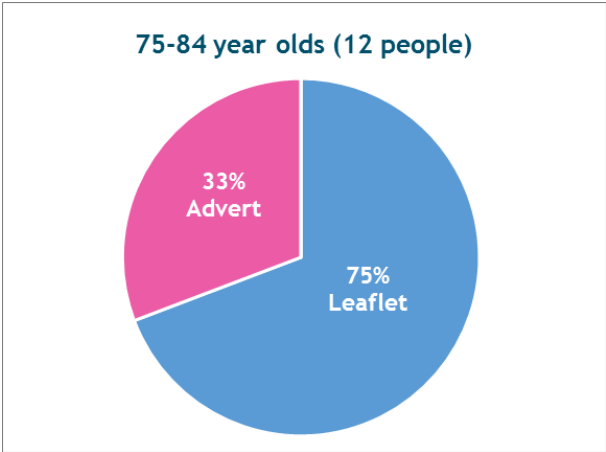


# Appendix 4 - Ways of informing people broken down by age group

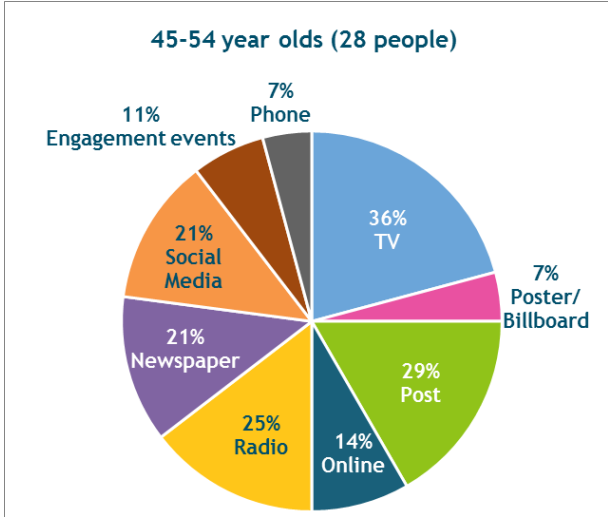
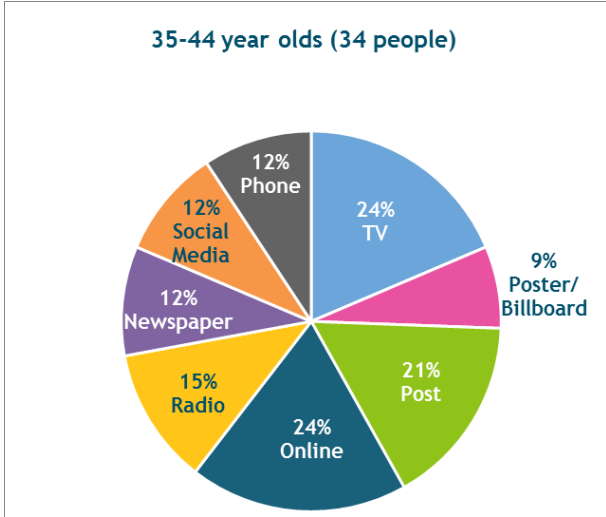
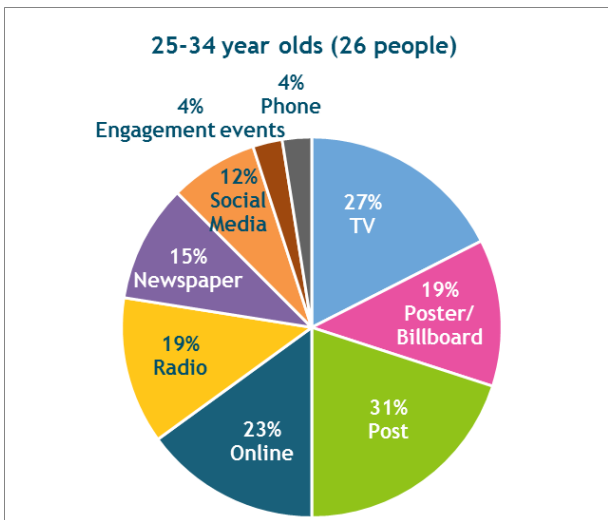
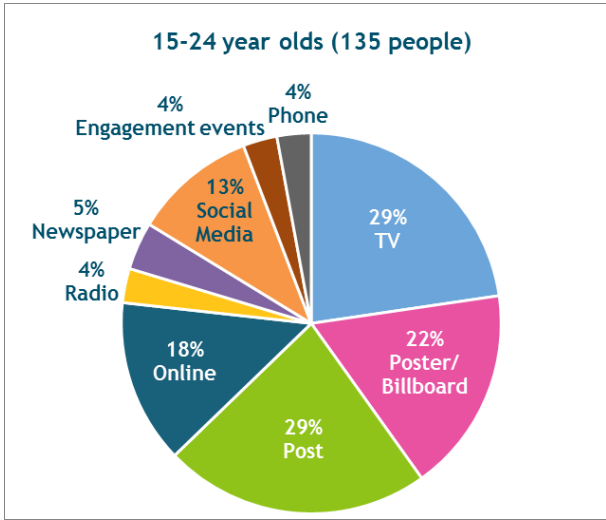
NB: Chart segments represent the proportion of suggestions, labels represent the proportion of respondents.

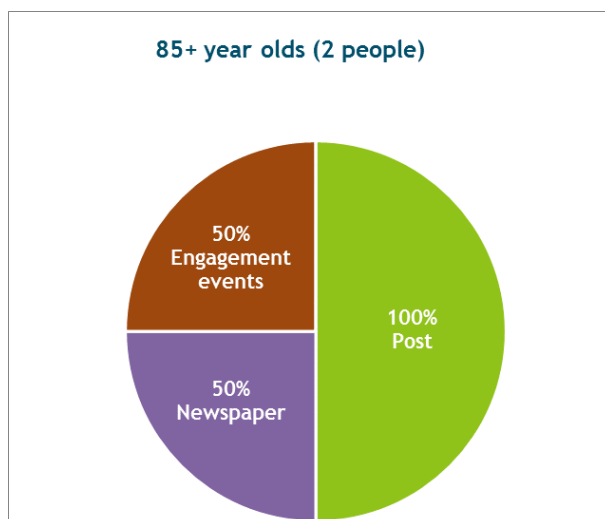
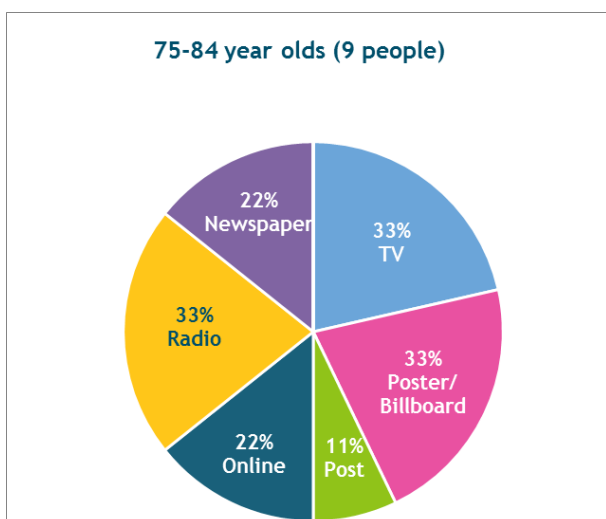
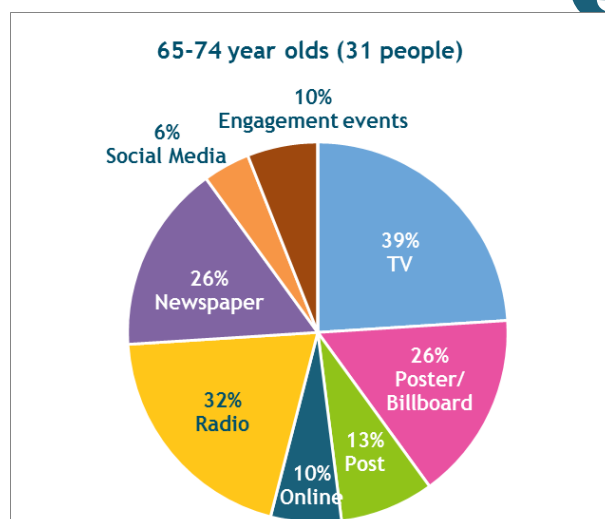
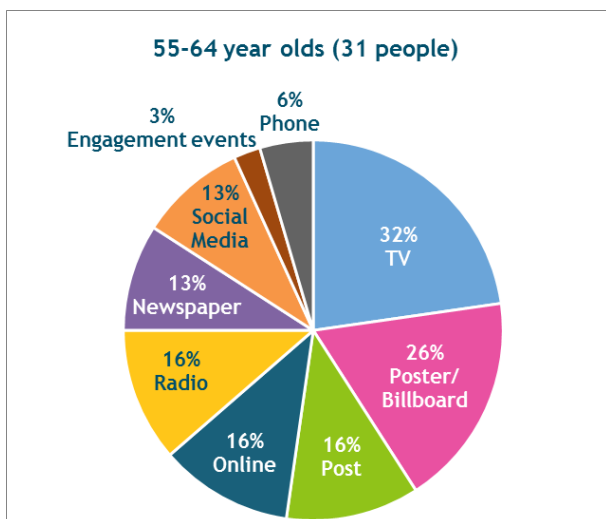
## Information type



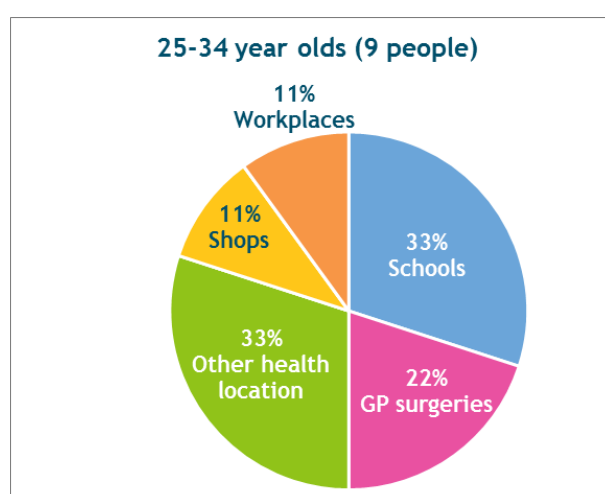
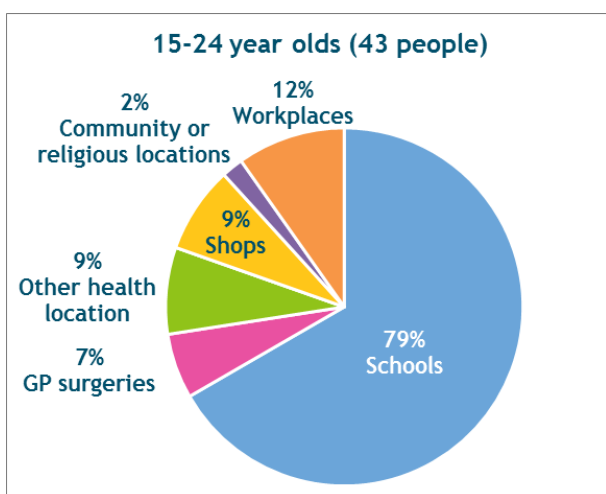


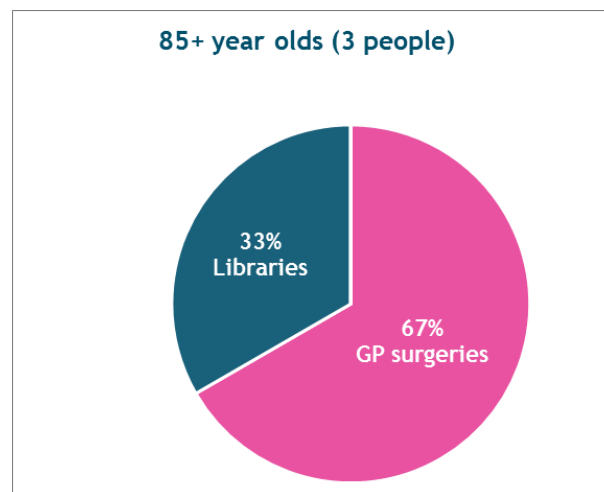
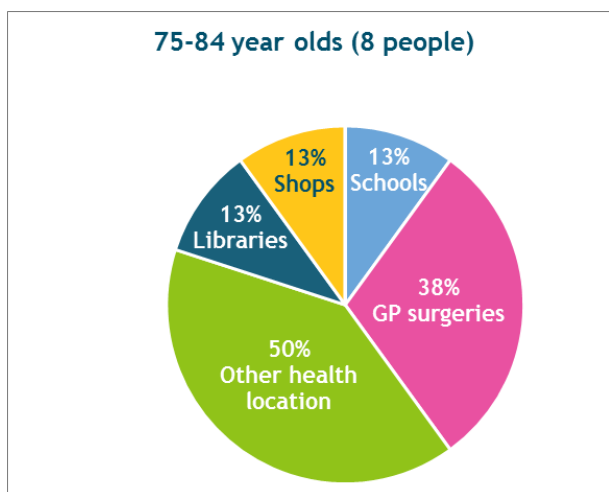
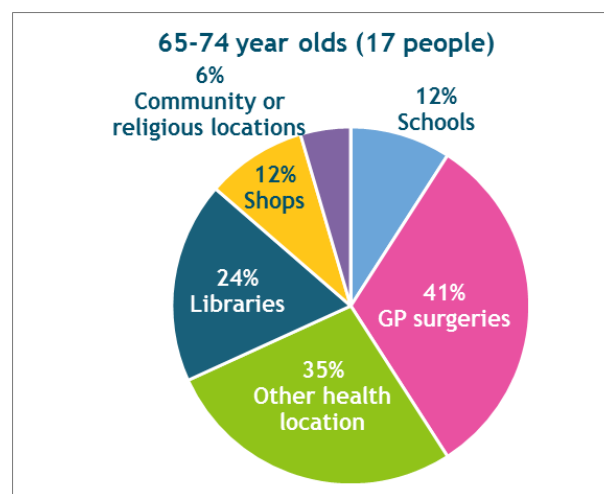
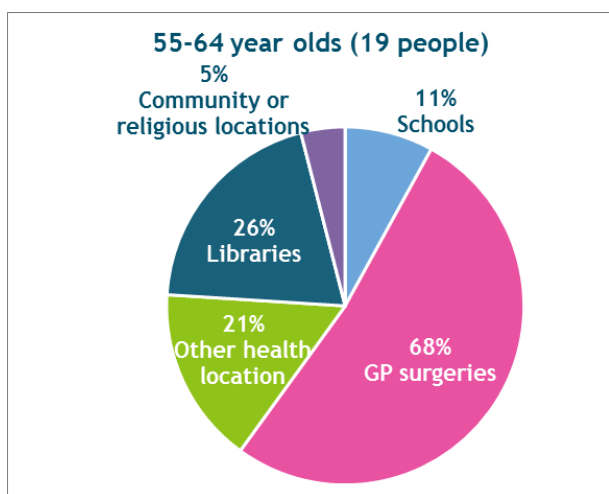
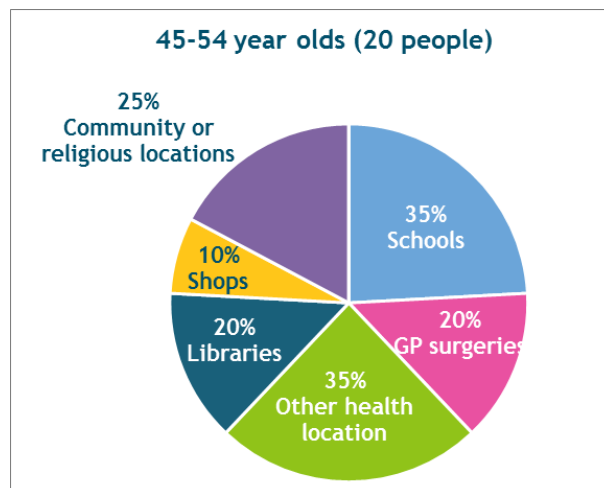
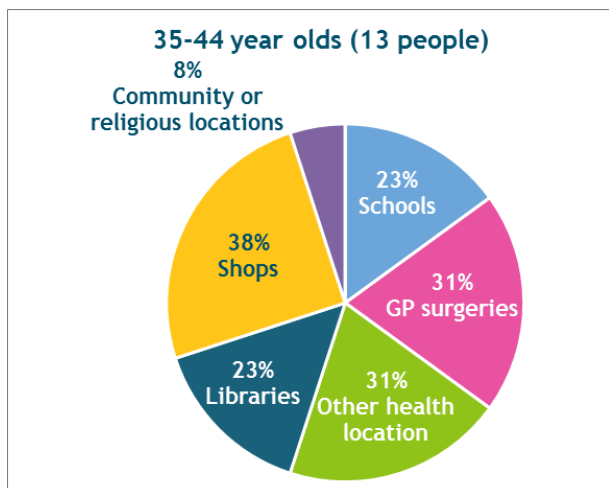
**Distribution method**





## Distribution location







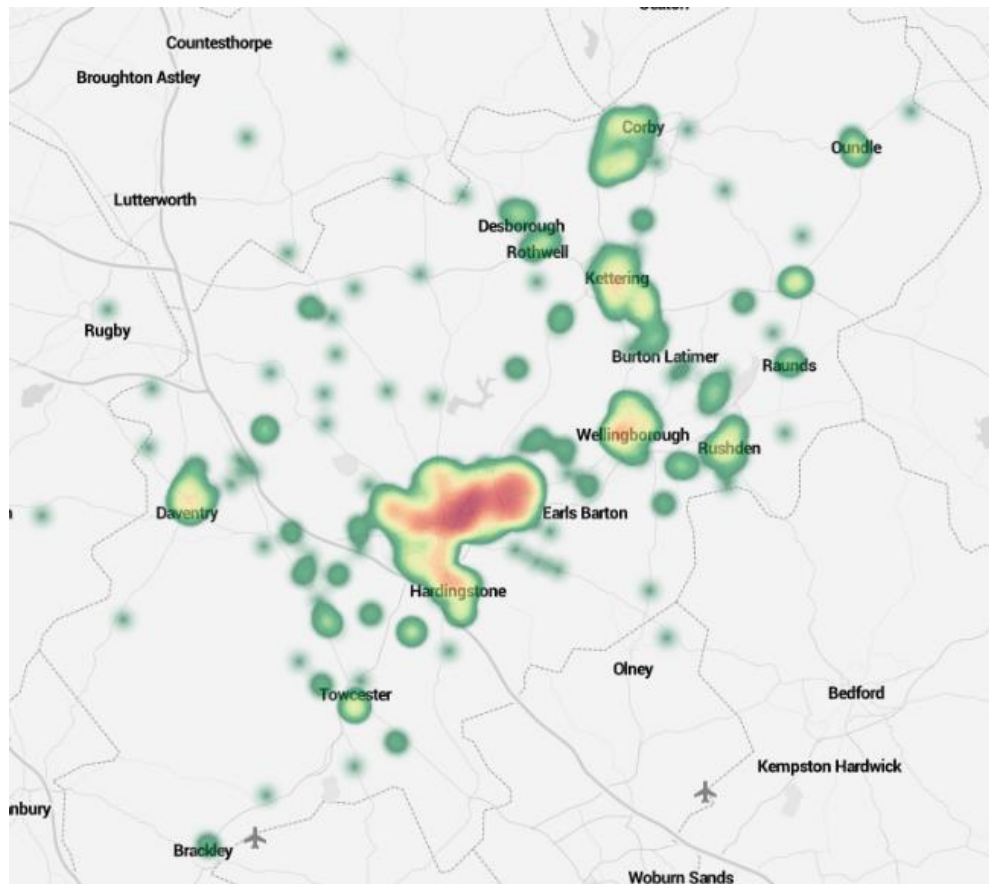
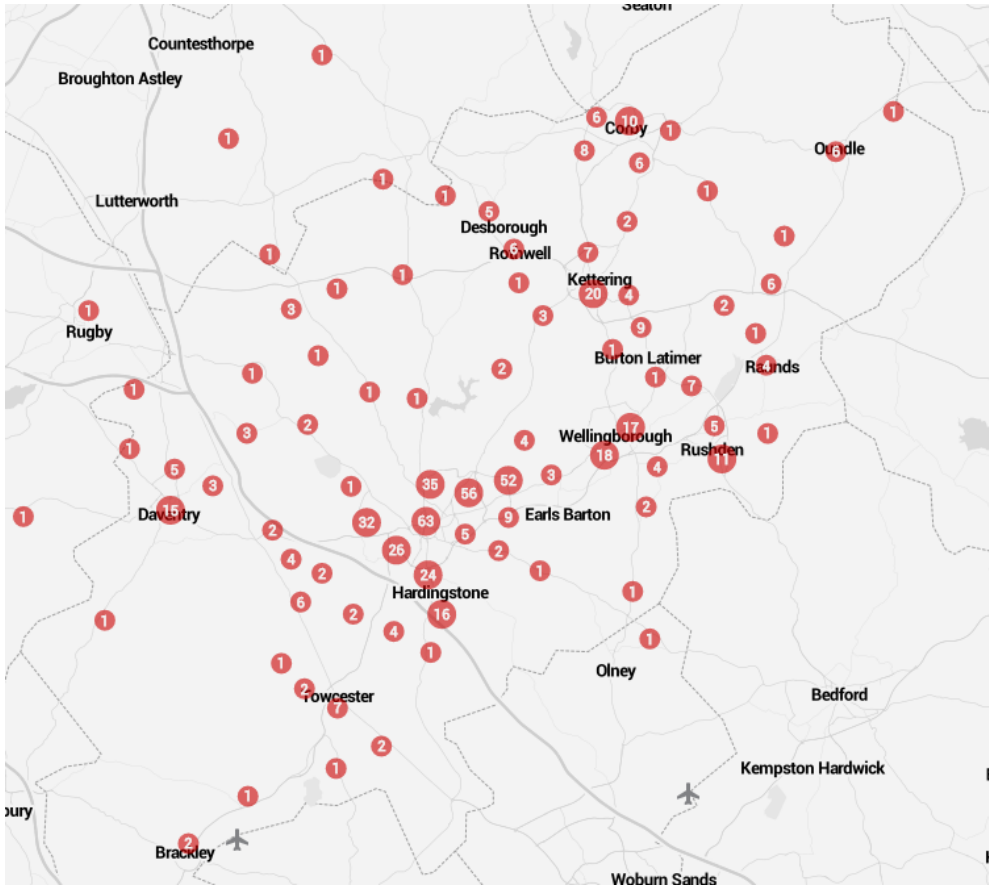
# Appendix 5 - Demographics

## Respondent postcode areas

Postcode area (and main towns/villages)	Total (1098)	Total %	2011 census percentage per area
<b>NN1 (Northampton Central)</b>	74	9%	4%
<b>NN2 (Northampton Kingsthorpe)</b>	66	8%	6%
<b>NN3 (Northampton East)</b>	165	19%	10%
<b>NN4 (Northampton South)</b>	81	9%	7%
<b>NN5 (Northampton West)</b>	64	7%	5%
<b>NN6 (Near Northampton - Brixworth, Earls Barton, Guilsborough, Long Buckby Spratton, Sywell, West Haddon)</b>	36	4%	5%
<b>NN7 (Near Northampton - Blisworth, Bugbrooke, Castle Ashby, Flore, Harpole, Hartwell, Roade, Weedon Bec, Yardley Gobion, Yardley Hastings)</b>	31	4%	4%
<b>NN8 (Wellingborough, Wilby)</b>	46	5%	7%
<b>NN9 (Wellingborough, Finedon, Irthlingborough, Raunds)</b>	25	3%	4%
<b>NN10 (Rushden, Higham Ferrers)</b>	20	2%	6%
<b>NN11 (Daventry, Braunston, Greens Norton, Hinton, Moreton Pinkney)</b>	38	4%	5%
<b>NN12 (Towcester, Greens Norton, Silverstone, Weston)</b>	30	4%	3%
<b>NN13 (Brackley, Croughton)</b>	6	1%	3%
<b>NN14 (Desborough, Rothwell, Thrapston, Broughton, Geddington, Pytchley, Thorpe Malsor)</b>	41	5%	6%
<b>NN15 (Burton Latimer, Barton Seagrave)</b>	43	5%	5%
<b>NN16 (Kettering)</b>	19	2%	4%
<b>NN17 (Corby, Bulwick)</b>	20	2%	4%
<b>NN18 (Near Corby - Great Oakley, Little Oakley)</b>	23	3%	5%
<b>NN29 (Near Wellingborough - Bozeat, Great Doddington, Irchester, Wollaston)</b>	13	2%	2%
<b>PE8 (East Northamptonshire - Oundle, Barnwell, Cotterstock, Kings Cliffe, Luddington, Nassington, Warmington)</b>	15	2%	3%
<b>NN/Homeless</b>	2		
<b>Total in county</b>	858		
<b>Total out of county</b>	14		
<b>No answer</b>	226		



## Geographical spread of postcodes:







## Age

What age bracket are you in?	Total (1098)	Total %
Under 14	4	<1%
15 - 24	316	33%
25 - 34	63	7%
35 - 44	88	9%
45 - 54	103	11%
55 - 64	105	11%
65 - 74	134	14%
75 - 84	115	12%
85 and over	19	2%
Prefer not to say/No answer	152	

## Gender

What is your gender?	Total (1098)	Total%
Female	572	60%
Male	378	40%
No Answer	148	

## Sexuality

What is your sexual orientation?	Total (1098)	Total %
Heterosexual	724	90%
Bisexual	45	6%
Gay	16	2%
Lesbian	16	2%
Prefer not to say/No answer	297	



## Ethnicity

Please indicate which of the following best describes your ethnic group:	Total (1098)	Total %
White: English/Welsh/Scottish/Northern Irish/British	731	80%
White: Gypsy - Irish Traveller	4	<1%
White: Gypsy - Roma Traveller	2	<1%
White: Other	52	6%
<i>All White</i>	789	86%
Mixed/multiple ethnic groups: White and Black African	8	1%
Mixed/multiple ethnic groups: White and Black Asian	2	<1%
Mixed/multiple ethnic groups: Any other mixed multiple ethnic background	11	1%
<i>All Mixed</i>	21	2%
Asian/Asian British: Indian	37	4%
Asian/Asian British: Pakistani	13	1%
Asian/Asian British: Bangladeshi	4	<1%
Asian/Asian British: Chinese	1	<1%
Asian/Asian British: Any other Asian background	4	<1%
<i>All Asian</i>	59	6%
Black/African/Caribbean/Black British: Any other Black/African/ Caribbean background	9	1%
Black/African/Caribbean/Black British: African	25	3%
<i>All Black</i>	34	4%
Other ethnic group: Arab	4	<1%
Other ethnic group: Any other ethnic group	9	1%
Prefer not to say/No answer	182	

## Disability

Do you consider yourself to have a disability?	Total (1098)	Total %
Yes	187	21%
No	692	79%
Prefer not to say/No answer	219	



## Caring responsibilities

Are you the:	Total (1098)	Total /1098 %
Primary carer of a child/children under 18	93	8%
Primary carer of disabled child/children	11	1%
Primary carer of disabled adult (18 and over)	53	5%
Primary carer of older person/people (65 and over)	64	6%
Secondary carer	62	6%
<i>Total primary carers of disabled adult or child</i>	61*	6%

\* 3 people are the primary carer of a disabled child and disabled child adult

## Contact us

Address: Healthwatch Northamptonshire CIC  
3<sup>rd</sup> Floor, Lakeside House  
The Lakes  
Bedford Road  
Northampton  
NN4 7HD

Phone number: 0300 002 0010

Text message: 07951 419331

Email: [enquiries@healthwatchnorthamptonshire.co.uk](mailto:enquiries@healthwatchnorthamptonshire.co.uk)

Website: [www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)



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