

How to write an impactful research or engagement report

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About this guide

This guidance discusses how to structure and write a Healthwatch report. Communicating evidence clearly and engagingly makes it more likely for it to be acted on. While reports can vary significantly in their content, length, and purpose, you should follow some essential guidelines writing a report to keep them well structured.

Writing a report

Before setting out to write a report, it is important to keep in mind that there are four things that your report must cover:

- The **background** to your research or engagement project. Consider the following questions:
 - What research has been done on this topic by you or others?
 - Why did you choose to complete this research?
 - What gap in existing knowledge does your research fill?
 - Were you funded to undertake this piece of work by another organisation, and if so, who?
 - Did you work in partnership with other organisations? And if so, who?
- The **methodology** of your research. Consider the following questions:
 - How many people took part?
 - What did you ask them to do?
 - Which groups of people did you target, and which ones did you reach?
 - When did you undertake the research?
- The **findings** of your research. Consider the following questions:
 - What have you found?
 - What conclusions have you drawn from these findings?
 - Any visualisations you're using, such as graphs and tables, will sit here.
- Any **actions** that are required as a result of your work. You can write these in the form of recommendations.

Beginning a report

Title

Your report title should engage the reader and tell them what they might find in your report. You can do this by using an impactful main title, followed by a subtitle that explains more. For example, [How Can I Help You? Patient feedback report on receptionists' attitude at Hackney GP practices.](#)

Introduce yourself

Follow the title with a short paragraph explaining who you are and the role of Healthwatch. This should be on the inside left cover or back cover.

Contents

Set out the main sections of the report on a contents page to make it easy to navigate. For digital reports, you can link the contents page to the relevant page so that the reader can go straight to the relevant section.

Summary or Executive Summary

After setting out the main sections of the report in a contents table, you should include an overview of your key findings. You should do this in bullet point form. Ideally, follow this by any recommendations or issues that you believe should be looked at by those in charge of your local health and care services.

Longer reports (15 pages or more) should include an executive summary of the findings, meaning that readers can get a sense of what people have said easily and quickly. A good executive summary should enable a reader to quickly identify what sections of the report are of interest to them and find them through clear signposting.

A summary should aim to be no more than 500 words long and should aim to cover:

- The context for the research, or in other words, why was the report written?
- How many people took part?
- What did you do, when did you collect the data, and what did you find?
- What should happen next?
- Are there any key issues that need looking at or any next steps/recommendations? You don't have to include all the recommendations. If there are many, you can summarise them or just put the key ones in the summary.

Top tip

Write your summary/executive summary only after you have written the full report to draw out the key bits of information.

Introduction

It is important to introduce the reader to the issue your report addresses and any necessary background information they need to know. Again, this should be brief and highlight why you are looking at this topic.

An example of this section title is: What happens when services don't work together?

Think about:

- Have other organisations or local Healthwatch conducted similar research?
- What did they find?
- What didn't they find? In other words, what gap in knowledge is your research filling?
- Why did you decide to undertake this project?
- Was it an issue that you'd heard a lot about from people in the local area?
- Did you notice a gap in current knowledge about a topic?
- Is this a follow-up to some previous research?

Method

It is helpful to include a brief summary of what you did at this stage of the report. This section will probably be the shortest of all the sections in the report. Remember - you don't need to explain anything in this section. Just clearly state what you did - not why. Discussion and explanation should be in the introduction and conclusions.

Doing this can help people working on similar research think about how they may run their project. It also gives a little context to the findings. For example, if you state that you used in-depth interviews or focus groups, it explains why you have fewer participants than if you were using a survey.

Think about:

- What method did you use? E.g. a survey, interviews, focus groups.
- When was your research carried out?
- How many people took part?
- Which groups of people did you target in your research?

Demographics

You should always report who you spoke to in your research for several reasons:

- It puts your results into context: are your findings representative of your local community, or do they only relate to one group?
- It can help you highlight important issues to specific groups of people, adding value to the health and care systems you are seeking to influence.
- Reporting demographics can help you meet your public sector equality duty by showing that you hear from as wide a range of communities as possible. It may also be something that your commissioner is expecting from you.

What demographics should you report?

We have developed a list of the demographics we currently recommend you collect and report based on the nine protected characteristics in the Equality Act 2010.

- Age
- Gender identity
- Sexual orientation
- Ethnicity
- Religion/belief
- Marital and civil partnership status
- Pregnancy and maternity
- Disability and long-term conditions
- Carer

Find out more

Find out more information in [our guidance on using demographic data](#).

Findings and conclusions

This is the most important section. The aim is to set out what your research found and describe what the outcomes are. Therefore, it is essential not just to report your findings but to compare responses, draw out key themes, and use your conclusion to suggest further research.

What matters most to people in your local area?

Include those findings that underpin how local people prefer services to be delivered. Focusing on what is most important to them will make the most difference to their experience in the future and will be crucial to the local implementation plan. It may be useful to consider cross-cutting themes and suggest these as priorities.

To make this section more engaging, you should tell a story through your research. You could, for example, go through opinions on a health service stage by stage or arrange it by themes.

Recently Healthwatch England wrote a report about [GP access during the COVID-19 pandemic](#). We structured this report around a person's journey through booking a GP appointment. We started by describing communications from GPs and followed by making appointments, and then finally, the appointment experience.

A [report](#) from Healthwatch North Yorkshire explored how living in rural communities makes accessing health and social care services and information challenging. They structured the findings by themes that emerged from their survey and community events. For instance, the theme of "community" strongly emerged in their research, so they included this as a section in their report. They also had sub-sections specifically about the COVID-19 pandemic in each section, making it easy to locate information specific to the pandemic.

Which groups are affected by this issue?

As well as reporting by theme, you should also consider reporting how different demographic groups experience the issue you are reporting on. There are two ways of doing this:

- A separate section in the report. This would be appropriate where the findings are limited to one or two themes in your report. An example of a report with a separate section is Healthwatch Harrow's report on [access to GPs and NHS dentistry during the Covid-19 pandemic](#).

5.8.7 Comparison of ethnic groupings:

	BAME %	W/WB %
Found it 'difficult or very difficult' to obtain an appointment	47%	37%
'Satisfied or very satisfied' with the outcome of contact	57%	65%
Feel confident to book appointments by phone	60%	76%
Feel confident to book appointments online	50%	53%
Feel confident with a telephone appointment/consultation	50%	58%
Feel confident with a video appointment/consultation	30%	38%

Compared with White/White British (W/WB) respondents, we find that those from BAME communities are notably less successful in obtaining appointments, and not as satisfied with the outcome of contact.

BAME respondents are also not as confident in using both telephone and online systems.

- **Integrating the analysis into the story.** You should use this approach where you have extensive analysis of survey data by demographics. An example of a report incorporating the analysis throughout is Healthwatch Leeds's report on [attitudes to the Covid-19 vaccination programme amongst 25 - 50 year olds](#).

What makes people unsure about getting vaccinated?

52 people told us they were uncertain about whether to get vaccinated (7% of the total). **Women aged 46-50 (9%) or 51-55 (10%)** were more likely than other groups to say they were unsure.

Reporting and presenting data

It is very important to present data in a way that is clear and easy to understand so your reader will stay engaged whilst also understanding the themes and trends quickly.

Reporting qualitative data

When reporting qualitative data, it is essential to convey both the over-arching themes of the data, and specific examples that illustrate these themes. This is where quotations come in.

Using quotes in your reports is a powerful way to show the reader specific examples of what people have to say about services and illustrate how your conclusions have arisen from the data. Personal stories and experiences can also be impactful and emotive. But there are some guidelines to follow to ensure that the quotes you use pack the most punch.

- Use quotes to support specific themes. In other words, don't use quotes that are unrelated to what you are discussing. An example of this from a [Healthwatch Oxfordshire report](#).

Access to routine appointments

Many NHS patients said they found it very difficult or impossible to book a routine appointment, or that their pre-booked appointments were postponed or cancelled. Most were told that routine appointments were against Government guidance and that only urgent or emergency treatment was available:

"Booked routine appointments cancelled for both myself and my child and have been told that no routine appointments are going ahead, its emergency only."

"After breaking a tooth during lockdown I was told the service was only open for emergencies. This was early August and it was mid-November when I finally got treatment. This was after two cancellations and several emails from the surgery."

- Relate the theme you are talking about back to your broader research question. It's fine not to report everything you find - think about the most relevant to your research question. If your question focused on waiting times for GP appointments, don't include that people also had long waiting times at emergency departments.
- It is best practice to only select one or two quotes per section that best sum up the point you are making. While it is tempting to make sure that everyone who has contributed to your report can see their response, you risk overwhelming the reader if you include every quote. The value of quotes is that they humanise the points you are making, and you don't want the emotional impact of quotes to get lost because there are too many. If someone, like a

commissioner, expects you to report all the quotes, then add an annexe to the report where all the quotes under a theme can be listed.

Top tip

Don't be afraid of reporting qualitative data quantitatively.

- One way to avoid overwhelming the reader with quotes is by using numbers or percentages to show how many people mentioned a specific issue.

For example, instead of listing every quote discussing busy phone lines at a GP, count how many people mention this topic, and report that “80% of people we asked said that busy phone lines at their GP was a problem they experienced”. Then, use a quote that sums up everyone's experiences to illustrate the point you are making.

- You can shorten quotes! If part of a quote isn't relevant, you can leave it out. If you do this, it is essential to make sure you use ellipses in square brackets [...] to show that you have omitted text. Similarly, you can neaten up quotes to make sure they are readable, for example, inserting words that are missing. But, make sure you use square brackets to show this has been added in by the writer. For example, in this quote, the person misspelt the word leukaemia. To make it clearer for the reader, we corrected the spelling but kept it in square brackets.

I've had to use them a few times as I have [leukaemia] and I always seem to be ill at night or weekends. They have always been so professional and reassuring and arranged the help I needed without delay. Can't fault them. - Woman, Herefordshire, aged 65 - 79

- You must anonymise any quotes to ensure that people cannot be identified. You'll need to consider the following issues:
 - Whether the information identifies someone, including indirect identifiers such as their job, place of work or the medical treatment they have received
 - The context of the information and whether any other data might be available to someone likely to receive the information and which might allow them to identify people
 - The possible consequences of identifying people from the data
 - See our guidance [on data protection](#) for further details.

- It is good practice to include identifiers to quotes that you use. These show who has said what. However, you must be careful that identifiers do not reveal the respondent's identity and breach confidentiality. You can do this by using things like gender identity, location, and age. Here is an example from a report by [Healthwatch North Yorkshire](#):

I suffer from bad anxiety, and due to autism along with a bunch of other stuff, I cannot cope with uncertainty, and the situation is making me really struggle. I don't like surprises, I get very stressed.

I don't like going somewhere and not knowing what is going to happen, I worry about not being able to communicate as I struggle with a mask.

It's a postcode lottery, and that doesn't help the anxiety. I don't like new technology, and I'm worried because I don't know which vaccine I'll get.

There doesn't seem to be the flexibility required to make sure people get the help they need. It's not person-centred, basically. If people don't know what's happening, then they're not going to get it. I want to take the vaccine, but I need to know [what will happen].

- Telephone, February, 25-49 year-old woman, Harrogate

Using case studies

Sometimes you need to tell someone's story in greater detail because it shows the complexity of people's situations and their health and care needs. You can do this by reporting on someone's story via a case study.

For example, Healthwatch Essex uses case studies in their report [about military veterans](#) to show the complexity of the issues military veterans may face during the transition from a military to a civilian life.

Reporting quantitative data

Representing your data visually - for example, through graphs and charts - is a great way of making it easily and quickly understandable for the reader. It helps them easily interpret your findings and connect them to the conclusions you draw in the text of your report.

Regardless of what type of data is being used, good data visualisation always tells a story, has a clear meaning or purpose, and is easy to interpret, requiring no context.

You can use data visualisation to inform your audience of specific data points, highlight a comparison, demonstrate change over time/location, compare different categories, or highlight relationships.

However, there are some guidelines to follow to ensure that your data visualisations are as effective as possible.

Remember that **the impact of graphs can be lost if you use too many**. You don't need to use a graph to represent the answers you get to every question you asked your participants.

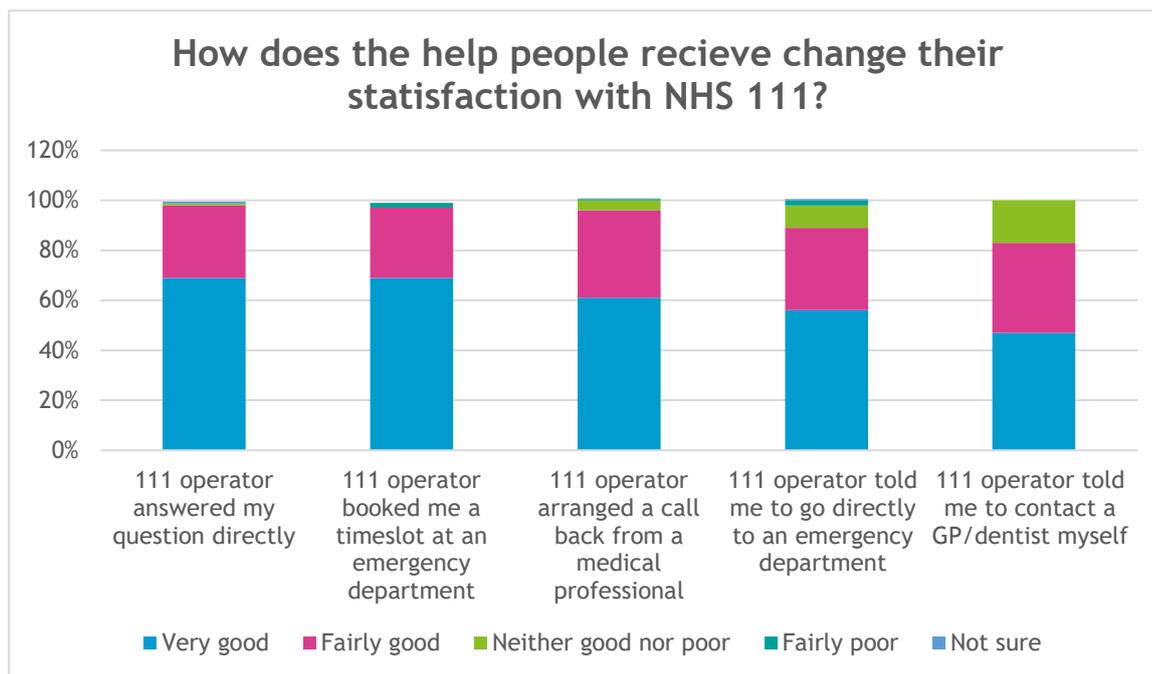
Use data visualisations to draw attention to key findings that you think are central to your report. You can also use them to explain something that would be too complex to describe in text.

For example - in a [project about NHS 111](#), we found that people who had reserved timeslots at emergency departments or their GP, or who had their question answered directly by a call-handler, were most likely to rate their experience as “very good”.

We could have displayed this finding as a table:

	111 operator answered my question directly	111 operator booked me a timeslot at an emergency department	111 operator reserved me a same day GP appointment	111 operator arranged a call back from a medical professional	111 operator told me to go directly to an emergency department	111 operator told me to contact a GP/dentist myself
Very good	69%	69%	66%	61%	56%	47%
Fairly good	29%	28%	30%	35%	33%	36%
Neither good nor poor	0.7%	0%	2%	4%	9%	17%
Fairly poor	0%	2%	2%	0.5%	2%	0%
Not sure	0.8%	0%	0%	0.2%	0.5%	0%

But this was an overwhelming amount of data and did not clearly make the point we wanted to show. So, in our public facing blog, we chose to use a graph instead:



Here, it is much clearer that the number of people rating their experience as “very good” was higher when they were booked appointments or had their question answered directly.

The key to good data visualisation is understanding why you are using it. Are you simply using a graph to communicate information to the audience, or is it useful for analysis?

Top Tip!

Pilot the data visualisations you plan to use before you publish your graph.

Show them to someone who has not been involved in your project and ask them if they understand them. This way, you can see if your graphs are understandable, and check that they say what you want them to say.

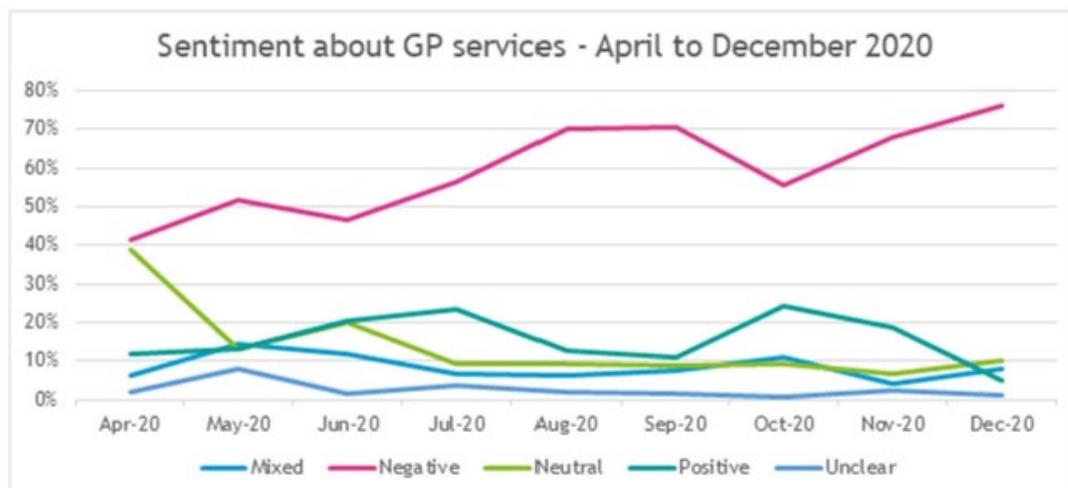
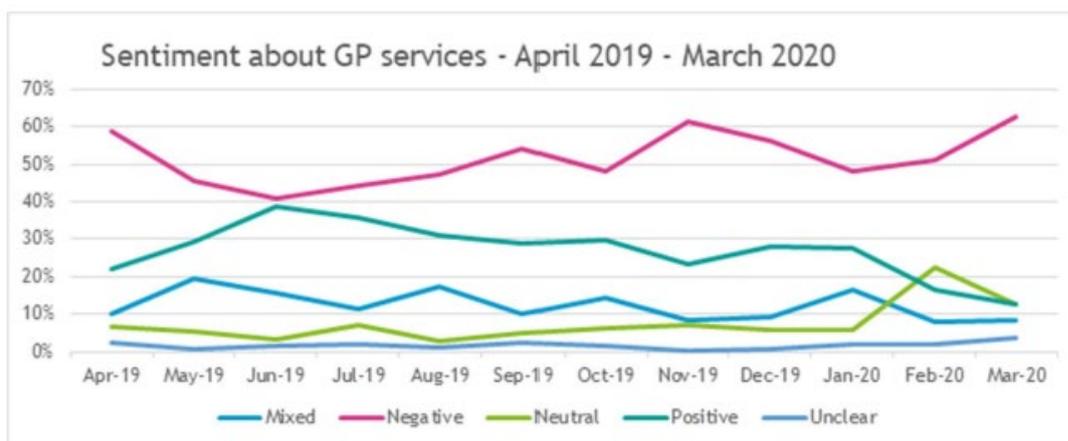
If you are using a graph to communicate, think about your audience.

If they don't have a lot of background knowledge, make sure that you use a data visualisation they can easily understand.

Make sure you avoid using jargon when labelling axes and writing titles, and use simple graphs such as bar charts, line graphs and pie charts.

If you are using a graph for analysis, for example, by showing a trend over time, make sure that the variables are relevant to your research question.

For example, in [our report about access to GPs during the pandemic](#), we look at trends in the sentiment of feedback before and during the pandemic to show that negative sentiment increased from July 2020 onwards when the first lockdown eased.



Remember - a graph can be for both communication and analysis!

There are a several things to remember when designing effective graphs.

When using colour to illustrate your graphs and charts:

- Keep grids, axis labels, borders, etc in shades of grey, to bring attention to coloured data.
- Don't use different shades of one colour - use contrasting colours to ensure your graph is accessible to those with visual impairments such as colour blindness.
- Keep to the Healthwatch brand colours to ensure your report is on brand.
- Make sure the colours are meaningful and consistent across your graph. If there is a finding that you want to draw attention to, think about making this one a different colour.

Different types of visualisation have different uses and guidelines:

- **Bar charts** - Used this to compare and highlight different categories, either horizontally or vertically. Always have a zero baseline to avoid getting a false visual comparison. For labels and categories, try to order them alphabetically or by value for uniformity in appearance. Present the bars horizontally if you have longer name labels as it gives you more space.

For example, Healthwatch Bucks have included a horizontal bar chart to show the frequency of themes in their data about people's experiences of Covid-19 vaccination [in this report](#).

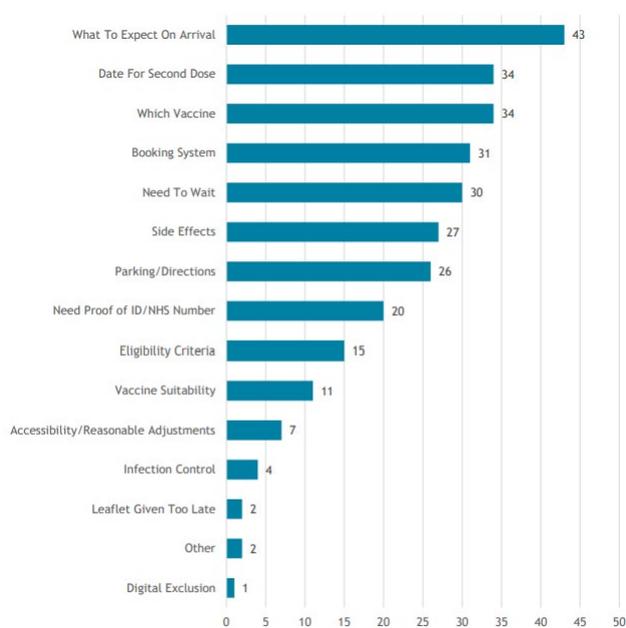
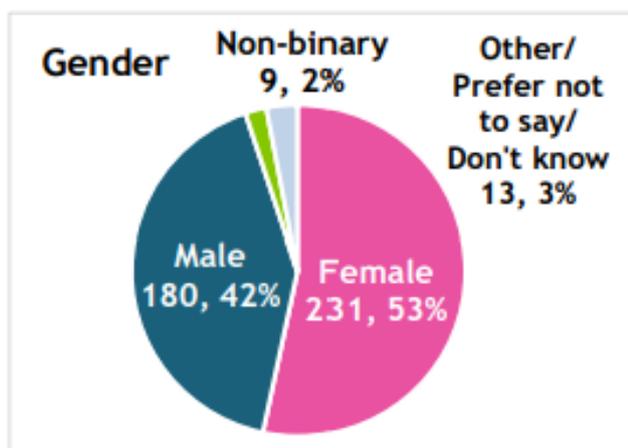


Figure 1 - was there anything you think you should have been told when you were making the appointment?

- **Line graphs** - Used to display series of data e.g. changes over time. Try to use solid lines instead of dotted lines as they are easy to follow the trend. Where possible, have a zero baseline. Having multiple lines can be confusing, so try to group where possible.
- **Pie charts** - Used to illustrating proportions of data. It is advised not to use 3D pie charts as people find them hard to read the proportionality. Always include labels or a legend as well as percentages for each slice.

[This report](#) by Healthwatch Northamptonshire about the emotional wellbeing of young people in Daventry shows demographic data in pie charts showing labels and percentages:



How else can you represent your data?

You don't always need to use a graph to represent numerical data. Often, using a simple statistic in your sentences can make your point just as well.

When reporting statistics, there are several ways you can do this:

- **Use percentages.** But, make sure you have stated how many people this is a percentage of to give context to the finding. Remember to round your percentages. It's better to use whole numbers than decimal places (round down if .4 or less, round up if over .5). You should report a fraction only when it is 0.5 exactly.
- **Dealing with small samples** - If you have a small sample (for example, less than ten people), it's better to use whole numbers instead of percentages to avoid misleading your reader.
- **Use proportions**, for example "half of the people we spoke to could not find a dentist during the pandemic", or "one in ten people had bad experiences at A&E".
- **Using infographics** - use icons to make key statistics stand out without using graphs.

Here is an example from [Healthwatch Central West London](#) in a report about the impact of the Covid-19 pandemic on minority ethnic communities:



Recommendations

Following on from your findings and conclusions should be a list of realistic recommendations.

Usually, this will relate to areas that the health and social care sector might wish to explore further or seek to address.

Recommendations need to be:

- Clearly stated,
- Primarily related to the purpose of your research,
- Self-evident from your findings (a reader should be able to see the finding that led to that recommendation),
- Proportionate,
- Achievable,
- Small in number for maximum impact and focus.

It is important not to describe a course of action but to suggest a goal to achieve. Be clear on what needs to change rather than how. (Using box-outs to highlight your recommendations can help them stand out.

Here's an example from Healthwatch Brighton & Hove in [their report on the views and experiences of young people from minority ethnic communities about sexual health services](#). It links the report's findings to the recommendations and clearly shows how sexual health services should reassure people that their information is confidential.

4 Improving confidentiality

18.2% (8) of the survey respondents said young people would feel more comfortable accessing or returning to sexual health services if they knew/were reassured that *'whatever they have to talk about will not go anywhere or to anyone else, like they always think information will somehow slip out and your parents will know'*. Interviews and focus groups strongly confirmed this finding and participants suggested promotional materials, whether it is posters, leaflets, websites/apps or social media posts, should provide information about services' confidentiality and privacy to reduce fear and stigma of access.

Furthermore, regarding clinic environments not being discreet enough and young people feeling uncomfortable disclosing their reason for visiting when other people can listen, participants recommended to use online forms that you can just fill in when arriving.

Top tip

Read our guidance on [creating effective recommendations](#).

Finishing your report

When finishing the report, acknowledge those who helped make the work you've done possible, with a brief recap of what you did and include any notes or references you may have.

Include a full demographic breakdown here if you did not discuss demographics in your report.

If needed, write your appendix. The appendix should include relevant materials from your research, such as a list of the survey questions you used, or the discussion guide you used for qualitative research.

It is good practice to share your report with any organisation mentioned before you publish and to include their responses here.