healthwatch Bucks

Women's Health Hub

What should it deliver in Buckinghamshire?

August 2024

What we did

As a result of the Women's Health Strategy for England, each Integrated Care Board (ICB) is creating women's health hubs (WHH). We wanted to know about women's experiences of any gynaecological (women's health, excluding maternity care) or sexual or reproductive advice / treatment in Bucks. We also wanted to know what their thoughts were on WHH.

We collected feedback via an online survey, and in person at community events, focus and discussion groups. 393 women, who live in Bucks or are registered with a Bucks GP, gave us feedback. 341 completed the survey and 52 attended focus/discussion groups. For two of these groups, the survey questions were translated into Urdu/Pashto by our facilitators. All responses were collected between 15 May and 28 July 2024.

Key Findings

Women's experience of women's health services

+ Over two thirds of respondents had experiences of women's health services.
+ The **waiting time** before being seen by a medical practitioner differed by condition, many women told us
  - their experience of testing for sexual transmitted infections (STIs) was when it had been offered as routine screening during their pregnancies. Most had been seen within 2 weeks.
  - those seeking contraception advice, fitting and/or removal or seeking menopause advice and/or treatment were seen within 2 weeks.
  - those seeking pessary (ring) fitting and/or removal, or for treatment of incontinence and/or prolapse issues waited more than 6 weeks
+ Most respondents told us they were seen in a place **convenient** for them.

- Not everyone knew they could get a coil fitted at a sexual health clinic. Some people were unaware that these clinics had drop-in as well as pre-booked appointments.
- Some respondents had not heard of 'Health on the High Street' a service that delivers drop-in health clinics and care support from a premises within the Friars Square shopping centre in Aylesbury.
- Women felt they had a **good experience** of women's health services when they received good treatment, clear communication from professionals, and were treated with kindness and respect.
- 73% (249/302) told us they had been for a **smear test** when last invited. A greater number of women, than expected, who were not from a White British background reported not having had the test compared to those who identified as White British. More women, than expected, who identified as Muslim said they hadn't had a smear test compared to women from other religious backgrounds.

Barriers to access to these services

- The main reasons that kept women from using services were that they couldn't find a convenient time for an appointment, they didn't know what services were available, and they couldn't get to where services were being delivered.
- While for many transport was not an issue, some women did not have their own car. We found women identifying as non-White British, more often than expected, answered that they would use **public transport** to get to a GP appointment compared with women identifying as White British.
  Many of the focus /discussion group attendees, identifying as Asian / Asian British: Pakistani said they would get a lift from a friend or family member to a GP surgery.
- Some, for whom English was not their first language, would like interpreters at appointments. Several told us the issues around using family members to translate.
- The importance of translating websites, flyers, and similar materials depends on the language people speak. Many women we talked to, who primarily speak Urdu, cannot read it. While their children might be able to speak Urdu, many of them cannot read it. We also found that some words cannot be directly translated into Urdu as they do not exist, for instance there is no direct translation for 'pessary.'
- Many women mentioned that they didn't know what services were available or where to find more information about women's health issues. The most common way for survey respondents to find out about women's health was **online**. However,

we found strong evidence of a difference in selection of the option, across several demographics:

- non-White British answered that they would seek this information from social media and / or online more often than expected, compared with women identifying as White British
- under 45 years of age answered that they would seek this information from social media more often than expected, compared with women identifying as over 45 years of age.
- women mapped to non-Opportunity Bucks Wards chose the online and / or GP or other health professionals option more than expected, compared to those mapped to other Wards.
- Women in the discussion groups said they mainly get information about women's health from their GP or other health professionals.

+ The top two reasons women told us why they struggled to access women's health services were having to wait for appointments, and not feeling they had choice or were listened to.

What women want from WHHs

+ Women told us they wanted:
  - Prompt appointments with professionals trained in women's health
  - Convenient, local access to a range of services for all women
  - A physical place to visit that can deal with more than one issue in just one appointment.
+ Women also told us they wanted a WHH to improve women's experience accessing care and to educate and empower women to self-manage and seek help as needed.
+ As a minimum, women said they would expect a WHH to deliver advice / treatment for heavy periods, PMS or other menstrual issues, menopause and cervical screening. Women also suggested a wide range of other services.
+ Women preferred these health hub services to be delivered at their GP surgery, a local GP surgery or at a community venue. We found strong evidence of a difference in responses to the option of delivery **at a local GP surgery** (other than their own). This difference was based on ethnicity. Survey respondents identifying as an ethnicity other than White British chose this option less than expected,

compared to those identifying as White British.
The focus/discussion group attendees said they preferred a community venue.

+ While accessing WHH services in the evening was the most popular choice for survey respondents, we found that:
  - women under 45 years of age chose evenings, and weekends, more than expected compared to over 45s.
  - those living in postcodes with **higher** levels of deprivation chose during school hours more than expected compared with women living elsewhere.
  - those living in postcodes with **lower** levels of deprivation chose during afternoons more than expected compared with women living elsewhere.
+ Most women had not heard of the Women's Health Strategy or the creation of WHH. However, most were very positive about these. Many said WHH could ease pressures on other services such as GP surgeries and improve access to care.

Our recommendations

We have made the following recommendations to Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).

Written information, guidance and publicity

- ☑ Promote and raise awareness of the services offered at a sexual health clinic through greater publicity. This should include information about access to contraception at these clinics instead of visiting a GP.
- ☑ Counter the risks of misinformation around women's health by providing good quality information about women's health services online and on social media.

Communication with patients

- ☑ Encourage more women who haven't gone for their routine smear test to attend by making sure that reminders include helpful information to ease any worries. Let them know they can have a smear test at various places, like a sexual health clinic, GP surgery etc. and how to delay/re-book screening appointments.
- ☑ Address any misconceptions in those ethnic groups (who accept cervical screening less frequently than others) by talking with them in community settings, mosques and other faith groups, and take part in awareness weeks e.g. Jo's cervical cancer trust.

☑ Make sure that everyone knows what to expect from a WHH in Bucks, communicate what it will be like, how its services will work and where women can find help and treatment for any issues any hub will not cover.

Choice, consent, were involved and listened to.

☑ Make sure that female patients feel listened to by their doctors and have a say in decisions made about their health. Improve the time it takes to get referrals to specialists in women's health for all conditions.

☑ Listen to what women have shared about how they want a WHH in Bucks to work and create one that

- offers prompt appointments with professionals trained in women's health.
- deals with more than one issue in one appointment e.g. a smear test at the same time as a coil fitting.
- is a physical place to visit which is convenient and provides local access to a range of services for all women.
- teaches and encourages women to take charge of their own health and ask for help when they need it.
- delivers at least cervical screening, and treatment and advice for heavy periods, PMS other menstrual issues and menopause.
- provides services locally where women live, within their community. To build trust, especially in communities that aren't primarily White British, and clearly explain what these services will be like and who will be offering them.

Accessibility

☑ Make it easier for women to access services by providing enough appointments at convenient times and locations. Many women rely on having childcare, time away from work, and transportation to visit these services. Those offering WHH services should consider these factors when choosing where to set up their services and what hours to offer, making sure they are easy for everyone to use.

☑ For those who may struggle without an interpreter, promote interpretation services for those who need them at appointments. When booking interpreting services, keep in mind that some women might feel more comfortable with a female interpreter for health topics related to women.

- ☑ Some women find printed or written materials hard to read. Create online videos about women's health in different languages instead.
- ☑ Consider a walk-in option for some services, along with scheduled appointments. Existing services like sexual health clinics have received good feedback because this option offers more flexibility.

We have made the following recommendations to Buckinghamshire Healthcare Trust (BHT).

Written information, guidance and publicity

- ☑ Improve awareness of 'Health on the High Street' through community campaigns so more people are aware of the services available there.

What the project was about

Background

In March 2023, the government announced that £25 million of new funding had been allocated to create new WHH, as part of the Women's Health Strategy for England. They are seen as a way to better coordinate and integrate services in a local area making them more efficient and focused on people's needs. This approach also supports the NHS Long Term Plan, which also seeks to "provide alternative models of care to avoid up to one-third of outpatient appointments".

The Women's health hubs core specification has the following definition.

> "Women's health hubs bring together healthcare professionals and existing services to provide integrated women's health services in the community, centred on meeting women's needs across the life course. Hub models aim to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities..."

These hubs aim to deliver core services with include help with preconception care, menstrual problems, menopause, contraception, breast pain, pessaries, and cervical screening and screening and treatment of sexually transmitted infections. It suggests that other areas could also be built into a WHH model e.g. incontinence or pelvic organ prolapse care, recurrent urinary tract infections assessment, breast screening and osteoporosis assessment.

The associated cost benefit analysis states these new hubs would reduce pressure on:

- secondary care (e.g. The Endometriosis APPG Inquiry report found that 58% of respondents diagnosed visited their GP 10 or more times and 21% visited doctors in hospital 10 or more times prior to diagnosis. Although most would require secondary care support, some symptomatic management for less severe cases may be undertaken in a hub (where surgery is not deemed appropriate). This would improve access and reduce pressure on secondary care referrals.)
- waiting lists (e.g. in March 2024, the average waiting time in Buckinghamshire Healthcare Trust for a gynaecological service was 24 weeks; a hub should be able to see a woman within 6 weeks)
- and tackle health inequalities.

The aim would be to bring essential women's services together to support women to stay healthy and create efficiencies for the NHS.

BOB ICB's top three priorities with regard to women's health services are setting up a WHH, addressing gynaecological needs in the community and focusing on long-term conditions. While we do not know when a hub would be established in Bucks we felt it was important to listen to local women about their needs and expectations.

NHS England's operational planning guidance asks each ICB to establish at least one WHH by July 2024 delivering a minimum of two of the core services, expanding to all core services by December 2024.

Our Aims

In September 2023, BOB ICB suggested their women's hub model would include a clinician-run virtual telephone hub, a community-based women's hub by place (providing access to services such as HRT support, face to face appts, regular clinics), other service drop-in sessions (i.e. smoking cessation, sexual health etc.). It would expand to include regular clinics for minor procedures- such as coil fitting, vaginal pessary fitting, polyp removal and colposcopy - making this the first level referral for care, avoiding referral to secondary care.

Each ICB needs to set up at least one WHH in and it does not need to cover the whole of the ICB population. The first one for BOB ICB is in Oxfordshire based on a successfully working community gynaecological service there. The BOB ICB Women's Health Lead told us they were interested to hear what women want in Bucks.

Who talked to us

We collected feedback from 393 women - 341 completed the survey and 52 attended focus/discussion groups. The latter were held within organised social groups in communities we hear from less frequently.

Where we invited women to leave a comment, we analysed, and have summarised, these by theme. Many people commented on more than one theme, so the number of comments is greater than the number people who responded. Full details about who talked to us can be found in Appendix 3. We found the following:

For those completing the survey

- 72% (225/312) identified as White: British. 8% (26/312) identified as Asian / Asian British: Pakistani.
- The median age of 310 respondents was 48.
- Of the 330 people that gave full postcodes, 69 (20%) lived in Opportunity Bucks wards.

For those attending the focus/discussion groups

- 98% (51/52) identified as Asian / Asian British: Pakistani.
- The median age of 38 respondents was 55.
- Of the 40 people that gave full postcodes, 30 (75%) lived in Opportunity Bucks wards.

Opportunity Bucks is Buckinghamshire Council's local response to the government's Levelling Up White Paper published in February 2022 which sets out 12 national missions designed to spread opportunity across the whole UK and improve everyday life and life chances for people in underperforming places. At the time of collecting data, levelling-up wards in Buckinghamshire were:

High Wycombe: Booker, Cressex & Castlefield, Totteridge & Bowerdean, Ryemead & Micklefield Abbey, Terriers & Amersham Hill, West Wycombe

Aylesbury: Aylesbury South-West, Aylesbury North-West, Aylesbury North

Chesham

What we heard

This report reflects the views of the 393 people who talked to us. Full details about how people answered our questions can be found in Appendix 4.

Detailed statistical analysis was undertaken on the numerical data gathered through the survey where individual data was collected. This was not possible on data collected in the focus/discussion groups. However, we have highlighted any differences between the feedback from those discussions and the survey results. Full details of the statistical analysis can be found in Appendix 5.

Experiences of women's health services

Out of the people who shared their feedback, 72% (271 out of 374) said they had seen their GP, gone to a hospital, or visited a sexual health clinic for issues related to women's health, sexual health, or reproductive advice or treatment in the past five years. Most women who took the survey were willing to share their experiences. While two of the focus/discussion groups felt at ease discussing women's health topics with us (and said they were also comfortable talking to their daughters about these topics), one group found it more challenging to engage in the conversation.

> "There is a taboo in our culture to talk about this subject."

Which conditions, affecting women's health, do you have experience?

The top three conditions that women told us they had experienced were:

- Heavy periods, PMS or other menstrual issues
- Contraception advice, fitting and / or removal
- Menopause advice and / or treatment.

Some respondents also had experience of other women's health conditions. These included ovarian cysts/polyps and cancer, fibroids, endometriosis, breast screening, osteoporosis and urinary tract infections.

How quickly were you seen for this condition?

The time taken to be seen varied widely by condition. Full details of the survey responses can be seen in Figure 1.

+ 84% who had experience of sexual transmitted infections (STI) screening and treatment were seen within 2 weeks.

- 47% seeking contraception advice, fitting and/or removal were seen within 2 weeks.

> "Need to raise awareness of the sexual health clinic. You can go there without having to wait for a GP appointment."

- 36% seeking menopause advice and/or treatment were seen within 2 weeks.

> "It was quick to see the GP to establish it was connected to the menopause but much longer to be referred."

- 80% waited more than 6 weeks to be seen for pessary (ring) fitting and/or removal.
- 56% waited more than 6 weeks to be seen for assessment and treatment of incontinence and/or prolapse issues.

One person said they had been on a waiting list for over a year to be seen about a cervical polyp.

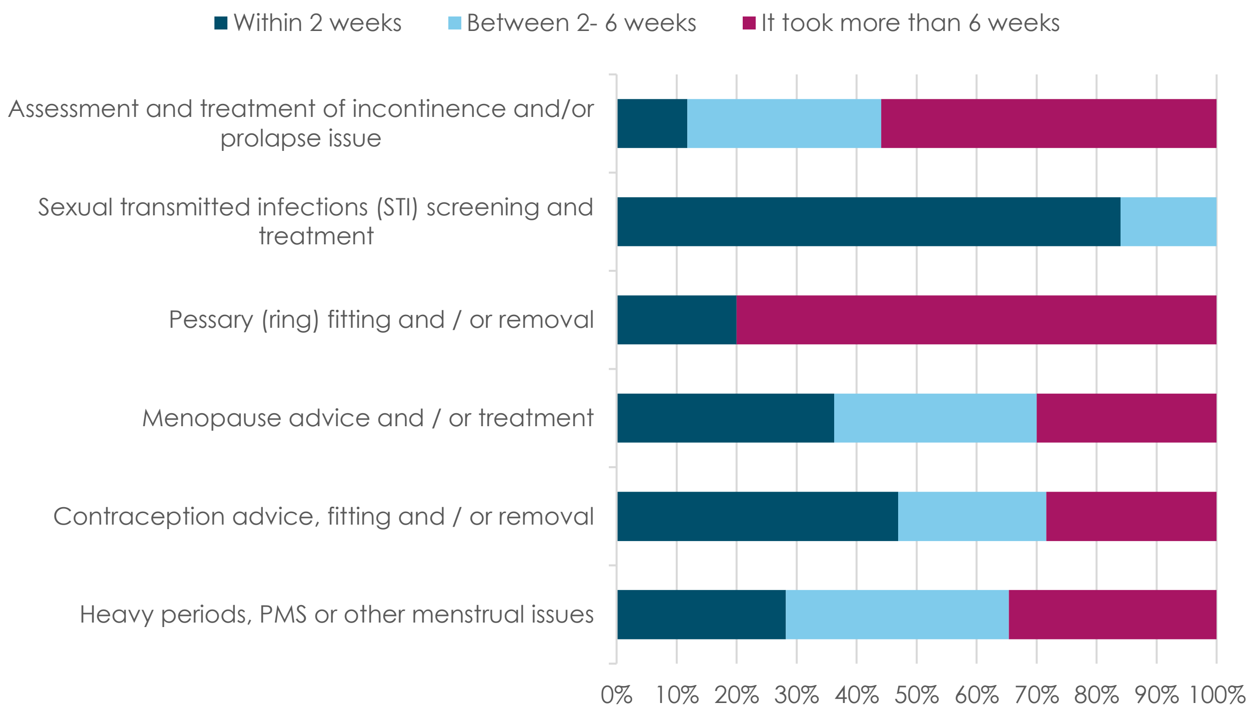

Figure 1 - How quickly were you seen for this condition?

Not everyone in the focus/discussion groups were aware of the range of services offered by sexual health clinics.

Were you seen in a place convenient for you?

Over 79% of respondents told us they were seen in a place convenient for them for all conditions, except for pessary (ring) fitting/removal of which half (50%) said the location was convenient for them.

> "When you're in pain, it doesn't matter where you go, you just need it sorted."

Some people shared the reasons why they didn't find the location convenient. For those that depend on others for lifts or on public transport, treatment in a place which is not local to them can be a problem.

> "It's really difficult to get to the hospital and places where they do scans without a car. It takes around 2 hours by public transport and multiple trains and buses."

People with dependents may struggle more to find care if they have to travel further.

> "Appointments were given further away. Having very young children this is always so difficult."

Cervical Screening

In the UK, women under 49 (but over 25 years of age) are invited to attend a cervical screening (a smear test) every 3.5 years. Those between 50 and 64 years of age are invited every 5.5 years. 80% of respondents were between 25 and 64 years of age.

73% (249/302) of these told us they had attended a smear test when last invited. Figure 2 shows the reasons women, who had not attended a smear test, gave for not going.

We found very strong evidence of a difference in responses to this question, based on reported ethnicity and religion.

+ More women of a non-white British backgrounds answered **No** than expected, compared to those from a White British background. We also compared "Asian", "Black" and "Mixed" backgrounds separately against "White" backgrounds and we still found very strong evidence of a difference for "Asian" and "Black" respondents.
+ More women identifying as Muslim answered **No** than expected, compared to those who identified as other religions.

> "I know it's important even if it's taboo in our culture."
>
> "I've never been, I wasn't even aware of it."

> "I got a letter about cervical screening, but I didn't understand that was the same as a smear test, so I didn't go."

42 women shared their reasons for not getting their cervical screening on time. Figure 2 shows the top answer was because women said a previous smear test had been painful, or they feared one would be painful.

Seven women had undergone a hysterectomy or had another medical procedure making a cervical smear no longer appropriate.

Some women were busy or had not got around to rearranging an appointment when they could not go when invited.

> "I'm afraid I probably don't give this the priority it needs."

Others hadn't followed up or were unsure if they'd had an invite.

> "My appointment fell in Covid, and I never got a letter after that."

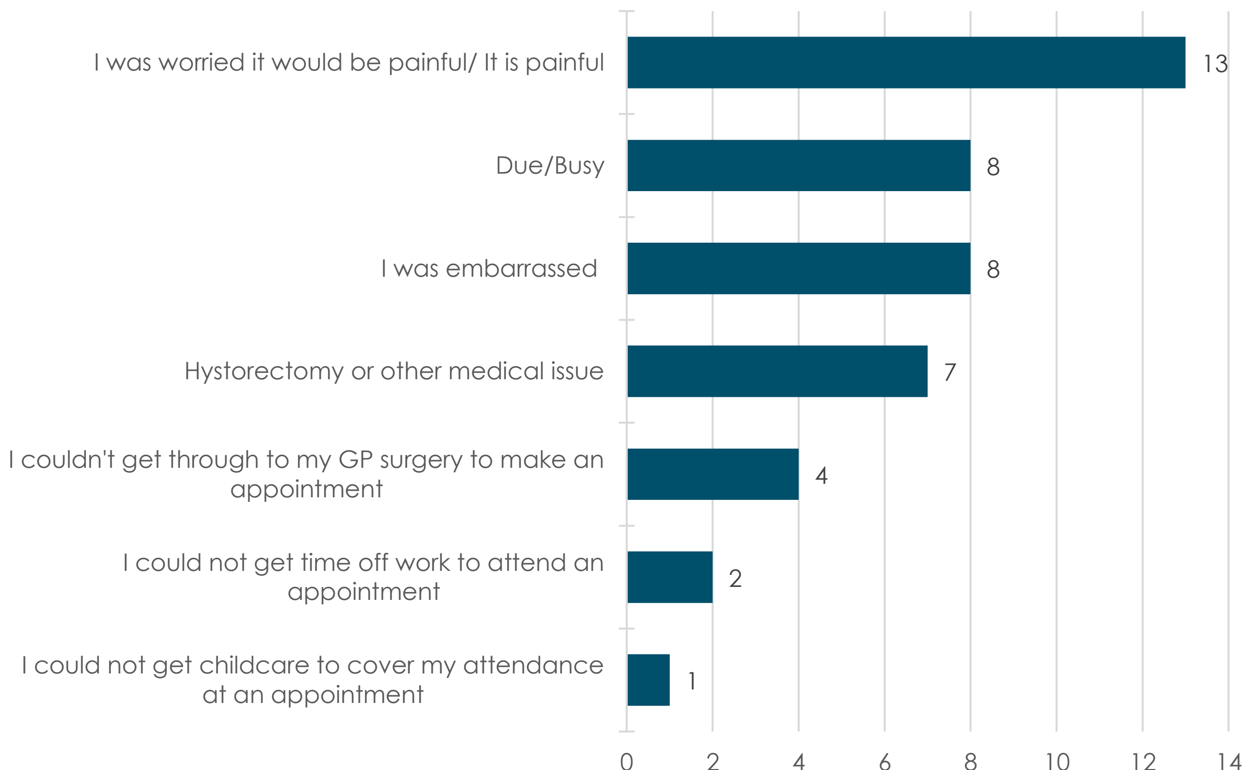

Figure 2 - What reasons prevent you having cervical screening (a smear test)?

One said trying to get a GP appointment put them off. Another person said their surgery no longer did smear tests and they were told to go to hospital instead. For some, having irregular or heavy periods or going through the menopause made booking an appointment more difficult.

> “Too much discomfort when one gets older.”

> “All appointments were for approx. 6 weeks’ time. When they arrived I had my period and had to book for another 6 weeks. As my periods are not regular this went on for several months.”

Two people told us their experience of sexual abuse and / or trauma was a reason for non-attendance.

Good experiences of women’s health services

112 people told us about their positive experiences with women’s health services and what they found helpful. We summarised the comments by theme. The top six themes can be seen in Figure 3.

The top theme was women saying that they had a good experience because of the **quality of treatment** they had received, regardless of what the treatment was for.

> “Quick to prescribe medication to reduce heaviness of bleeding.”

> “Excellent service for the polyp removal.”

Three people commented on their experience of the cancer pathway.

> “Very quickly put on cancer pathway after being seen by GP for post-menopausal bleeding. Pleased with how my situation was handled.”

A couple of people commented on the clinician taking the initiative.

> “Doctor proactively told me my coil needed to be removed - appointment booked there & then - went in 2 weeks later ... Perfect.”

One person commented on the convenience of having what would be two appointments for most women, in the same appointment.

> “Coil and smear completed at the same time which was good.”

There were also 32 positive comments about staff being **caring, showing kindness, respect and dignity**.

> “The hospital was so helpful, really lovely [re. pessary fitting/removal]”

> “[Mid & South Bucks diagnostic centre] Merlin centre women's physio very good people, friendly personality and knowledgeable.”

There was often a link between feeling a staff member was caring and believing they had received good **communication, treatment explanation and verbal advice**.

> “My initial HRT consultation was with my GP who took time to go through the research, stats and how it would apply to me with my specific health record. He was informative and very helpful.”

> “The doctor who removed and fitted a new implant was excellent. Her manner was perfect. And having it where I live, rather going to Wycombe Hospital… was more convenient and really appreciated.”

> “The [GP] surgery has a menopause clinic which is really useful, and they were very helpful”

We received positive feedback about experiences of the sexual health clinics in Bucks.

> “It was a non-judgemental reassuring space which was lovely at a time I was feeling anxious. It was STI screening with bSHaW at High Wycombe hospital. Appointment was easy to book and was seen very quickly.”

> “Brookside were very good… they were really responsive. I forgot and left it very late, but they understood my situation with a disabled child at home. The female doctor told me to just come in now. It was excellent.”

Women were positive about their experiences accessing treatment or advice when **waiting times for women's appointments** were acceptable or minimal.

> "Spoke to GP about perimenopause - given a quick appointment to get hormone levels checked, then detailed follow up with options outlined."

> "Fast track referral - quick turnaround of results meant less worry."

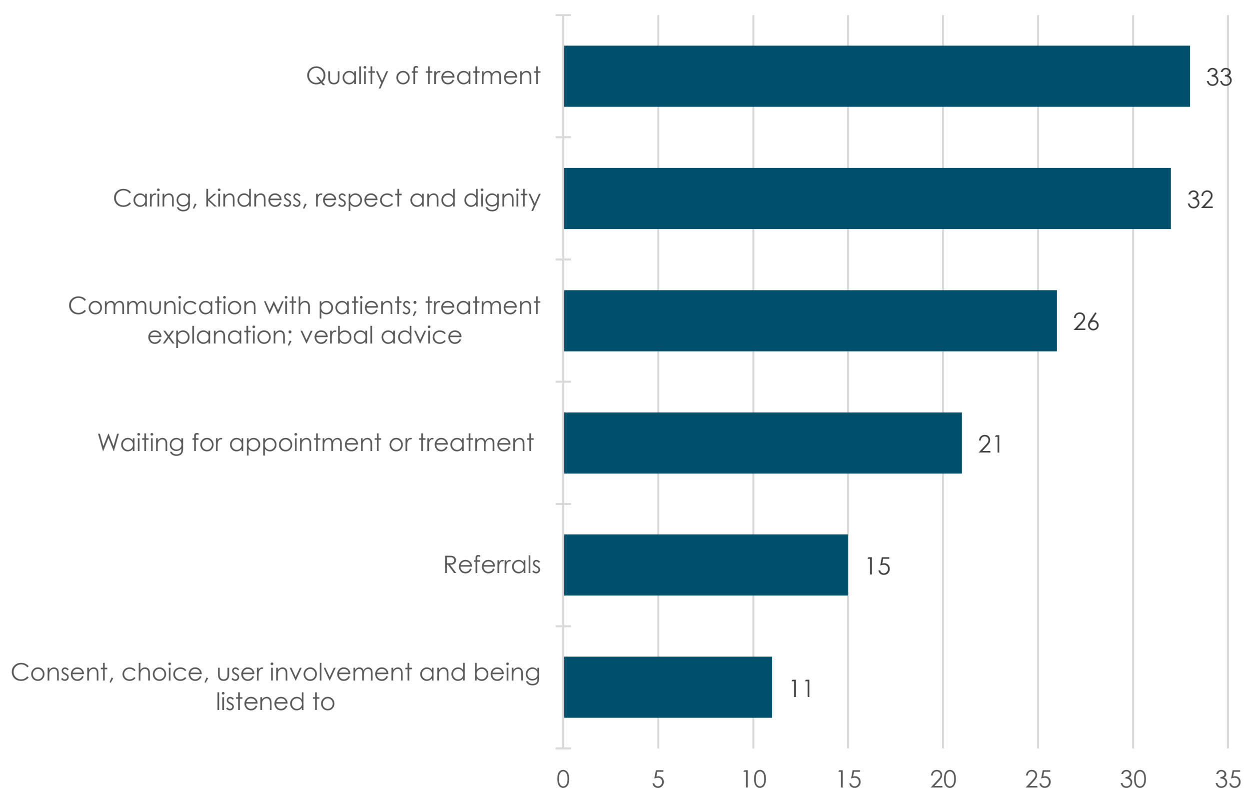

Figure 3 - Good experience of women's health services – top six themes

Several women also mentioned they valued **choice, being involved and listened to**.

> "This was a long standing gynaecological issue that was unresolved. GP listened to the whole story, was empathetic, sensitive and made onward referrals instead of dismissing the issue."

Some felt more listened to when a female clinician saw them.

> "It helped that the doctor was a lady, so she understood my needs and worries. She made it comfortable for me asked the right questions give me the right advice..."

Poor experiences of women's health services

108 people told us about their poor experiences of women's health services. We summarised the comments by theme. Four of the top five themes mirror the top four themes identified when women told us about their positive experiences. The top five themes can be seen in Figure 4Figure 3.

31 women told us they had a poor experience because they felt their **quality of treatment** had not been what they had expected. Again, there were issues reported regardless of the women's health condition experienced.

> "I have been told they won't operate until the fibroid is 10cm. Meanwhile I'm in pain, have heavy bleeding and uncomfortable sex."

> "Had exploratory day surgery on my cervix under local anaesthetic. It was one of the most excruciatingly painful experiences I have ever had."

> "The GP did not explore any other reasons why I was having heavy periods, pain which was much worse than normal or look into other complications of endometriosis. No advice on what could help other than taking medication… No looking into if this would affect fertility (main concern being a young female). Doesn't seem to be a priority."

There were 31 comments about the impact the time women have to **wait for an appointment.** Many women said that their biggest challenge was getting an appointment with a GP.

> "On initial attempt [to contact GP] failed to even get appointment. After many attempts, appointment for coil consultation was months away, which is not ideal for contraception because usually it's urgent."

For many women, this was made worse as it often took a long time to get an appointment with a specialist.

> "Took 6 month to get a scan [for osteoporosis]. No follow up. When time came for routine scan 3 years later - I had to chase - then wait 9 months for appointment - 4 weeks later still awaiting results."

> "I was on the waiting list for Gynaecology for a year- in chronic pain and really suffering. My next appointment with the Gynaecologist has been delayed by a month apparently due to NHS strikes."

For some, their experience was made worse by **cancellations** and women feeling there was **inconsistent care or follow-up** after their previous treatment.

> "I was given HRT but had a bad reaction. There was no follow up, and it was impossible to get back to the same GP to discuss, so I dropped it. I continue to suffer with symptoms."

> "My doctor was on holiday and another doctor wouldn't prescribe my usual medication for heavy bleeding. I was very upset."

> "I was referred [for incontinence] but was given a telephone appointment … It was not possible to progress, and I seem to have dropped off the system. I … was hoping for a solution as it greatly impacts my physical health (i.e. unable to exercise freely)."

Delays in **referrals** also can result in poor experiences.

> "The delay in getting the appointment was the main issue… causing stress and lack of assurance….The main problem is with appointments which aren't re-scheduled and referrals that seem to get lost. I have been waiting, for 8 months, for a referral to a physio for prolapse…"

Some women told us that they felt unable to wait for an appointment and had chosen to pay privately for advice or treatment for a women's health condition.

> "I waited a few years for the procedure (regarding a sling/bladder) and done it privately in the end. The [NHS] follow up appointment was to come shortly; I was seen after a year."

For a few, this had meant going abroad.

> "Due to the difficulty in getting through the GP for months, I had to get to hospital while in India."

For seven, **access to a service** was an issue.

> “GP has stopped removing coil, had to go into Aylesbury or Luton so didn’t bother.”

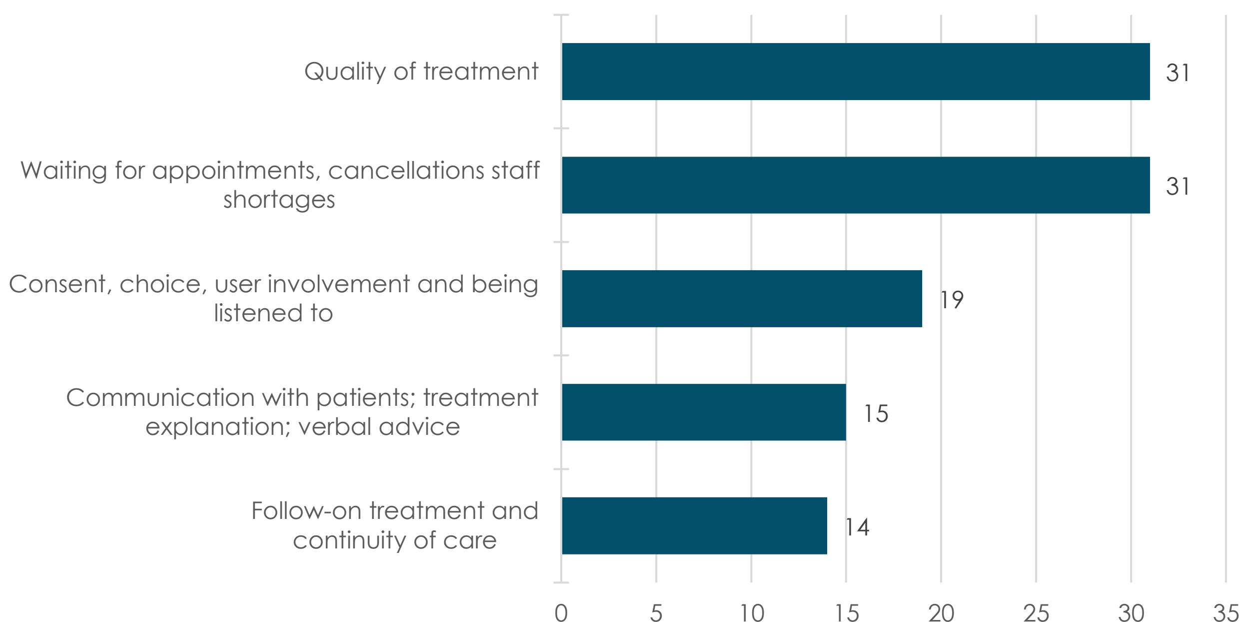

Figure 4 - Poor experience of women's health services – top five themes

There were 19 comments about **not being given a choice, not being involved and not being listened to**. These women did not feel their conditions, or concerns, were taken seriously. Again, this was regardless of the type of condition women were talking about.

> “I have been sent away [by a GP] with 'you're just a bit stressed' when I have raised issues with my periods and body.”

> “...embarrassed and made to feel like mental ill drama queen.”
>
> “Wish I could have had a female to discuss HRT. Felt like the doctor wasn’t listening & wasn’t really interested. I had to make several visits to get an acceptable outcome.”

Poor **communication with patients** impacted women’s experience of health services.

> “GP provided very minimal information when I was diagnosed with PCOS and no follow up.”

> “The GP practice has moved menopause care to a practitioner nurse who has contradicted the GP’s advice and has not been at all helpful”

> “I was booked in to get my implant out. They didn’t tell me the first session was for consultation. The second time… they didn’t order in the things they needed. The third time, I was in and out within 10 minutes… the GP is not only wasting my time as a busy working woman, but they’re wasting their own time by poor procedures and processes …”

And for a few, having **appointments by phone/video** rather than in person was an issue.

> “I was signed off on having the contraceptive pill prescription repeats for 4 years without being seen face to face by a GP.”

> “The appointment waiting time was almost 2 years from referral and the follow up needed also took a long time. Had telephone consultation for most appointments. Face to face would have been more personable.”

How women felt they were viewed by the staff also affected their experience, some said staff were unfriendly or unprofessional.

> “When I had a recent scan the technician and the chaperone were really unprofessional and made me feel horrible.”

> “More kindness please towards women who are Lesbian. In the past I have been badly treated by nurses at hospital.”

Barriers to accessing women's health services

To understand what makes a good service, we wanted to know what might stop people from using it. We asked two more questions about the challenges women face when trying to access health services.

Reasons to stop you accessing women's health services

85 of the 261 women answering this question said nothing would stop them. However, we found very strong evidence that women under 45 years of age answered **None** less than expected, compared with women identifying as over 45 years of age.

The reasons women might be stopped are shown in Figure 5. The top ones were:

- If I can't get an appointment at the right time
- I don't know what services are on offer
- If I can't get to where the health service is being delivered.

If I can't get an appointment at the right time

> "Difficult to get smear test appointment when you work weekdays 8-4"

> "...it's such a long wait for an appointment just to speak with a nurse by phone ... It's so hard to do when juggling kids and a full-time job."

> "Not having the free time to book and attend multiple appointments."

- We found very strong evidence of a difference in selection of this option. This difference was based on ethnicity and religion.
  - women identifying as an ethnicity other than White British chose this option less than expected, compared to women identifying as White British.
  - women identifying as Muslim chose this option less than expected, compared to women identifying with any other, or no, religion.

For some this included getting the right type of appointment for them.

> "At present via GP it is often difficult to get an appointment face to face and you have to give all your information to a non-medical receptionist to be triaged first."

Or getting enough time to feel heard.

> "I worry … that there would not be enough time to discuss properly and feel rushed…"

I don't know what services are on offer

> "More information for women's health [needs] to be out there for everyone to access. Including clinics and services you can get."

If I can't get to where the health service is being delivered

> "Lack of transport and no local service."

This highlights how important it is for services to be easy to reach and for information to be shared clearly.

> "People from different backgrounds aren't aware that their symptoms might point to wider issues. They also don't know what services are available."

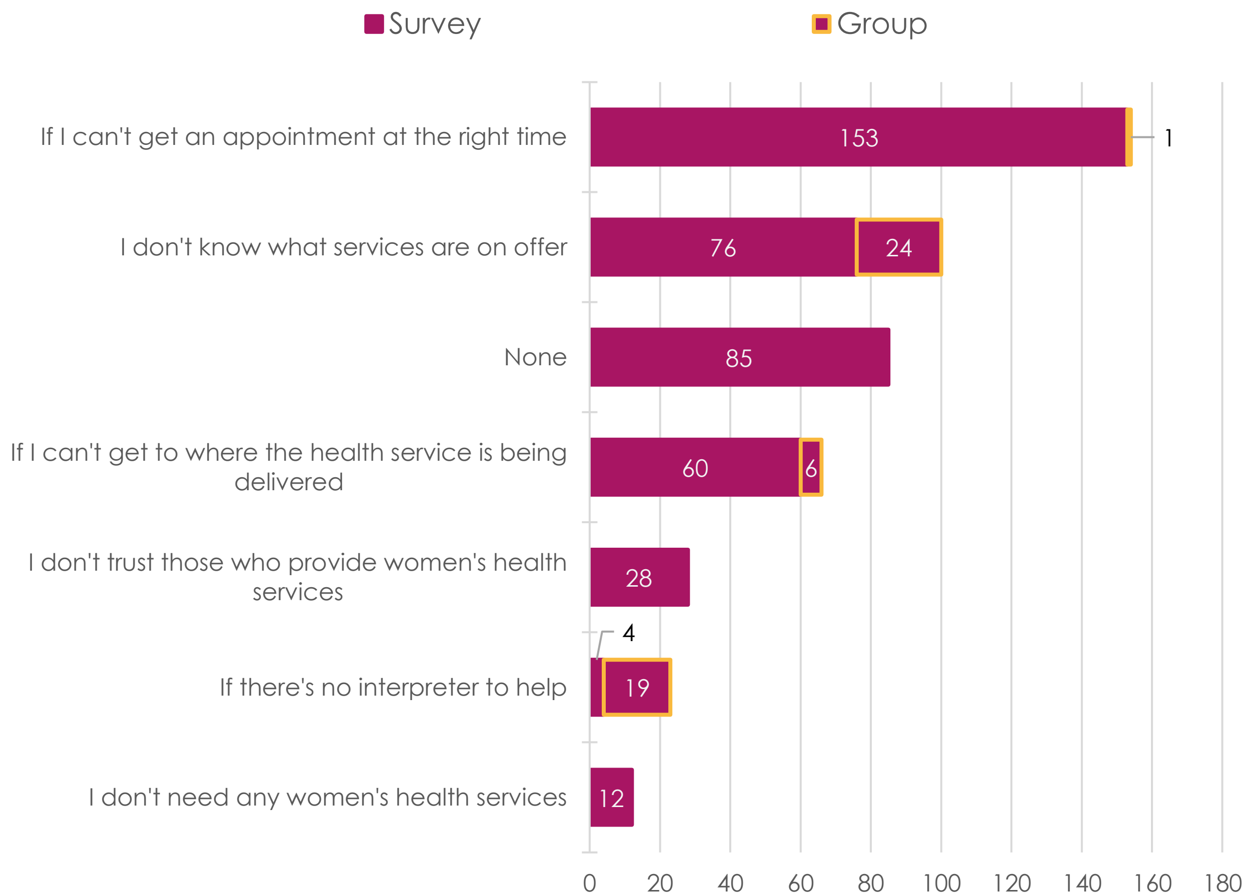

Figure 5 - What reasons might stop you accessing women's health services?

Other reasons included **a lack of trust in those providing services** (28).

> "Don't trust GP, let down by NHS, lost paperwork."

Some had experience of not being believed or listened to in the past.

> "Difficult finding someone I feel confident talking to - some doctors seem to be quite dismissive of women's health."

> "The constant pushback on investigating a problem and minimal follow ups if the tests come back clear but the problem still exists."

Some women also wanted women's health services delivered by women.

> "[I might not get help] If it was a sensitive issue and was delivered by a male."

In the focus/discussion groups, many women said they would prefer to be seen by a female clinician.

> "I'd prefer to see a female doctor if it's about a female issue. However, if it's an emergency, I would of course see anyone."

> "I want to feel comfortable and talk to a woman not a man. It would be a bonus if they spoke my language too."

Some women also reiterated the need for interpretation support.

> "Language for others who don't have English as a first language; this can be a barrier."

All three focus groups pointed out that family members, especially husbands who might feel embarrassed or lack understanding of the topic, may not explain women's experiences fully and clearly

> "My husband is embarrassed and even though he translates, I can tell he explains my issues to the doctor in a different way to what I would want."

> "The majority of Pakistani men don't understand about post-natal depression."

Or else women were not comfortable talking about the subject with their husbands, or their children acting as translators.

> "Some women in our community don't like to take husbands to translate. They prefer to take a female relative with them."

> "I don't want to my daughter knowing all my medical needs but have no choice as she translates for me."

Many felt they should be able to discuss these conditions directly with a clinician, with the help of a translator or even better with an Urdu/Pashto native speaker clinician.

Others wanted assurance that the staff offering women's health services were well-trained and that the services would be provided in a safe and comfortable setting.

A struggle to access women's health services

We summarised the comments, left by 106 women, by theme. The top theme was **waiting for appointments, cancellations and staff shortages** (47). Many told us they could not get an appointment quickly or at time convenient for them.

> "I once needed an emergency coil fitting and that was difficult to arrange in time."

> "My smear test was cancelled, then it was cancelled again...then they said I wasn't due one because I had just turned 50...."

> "Referral for treatment of fibroids took ages... Initially I was told my symptoms were just the tiredness of being a working mum and the solution was to cut my work hours. I was not sent for a blood test and in the end my fibroids caused severe anaemia which resulted in an emergency blood transfusion."

29 comments about waiting for appointments were about waiting to see a GP.

> "...people can't get to see their GP for urgent things. Possible symptoms related to perimenopause does not feel important enough to try to get a GP appointment. To have a place just for women's health would be amazing as I wouldn't feel like I can't ask to be seen."

25 women said they struggled to access women's health services because they didn't **feel listened to or involved in decision making** about their care.

> "lack of awareness & education among doctors means we are easily dismissed and therefore aren't referred to the right place until symptoms hit critical point"

> "It was a slog getting someone to listen [about incontinence issues] - I have now found a very good female GP at our surgery."

For some people, not being able to see a female doctor stopped them getting help or made them wait longer.

> "Struggled with male doctors doing my smear tests. As a woman who does not have sex with men it has been painful....ignored pain...damaging mentally. Gave up having smear tests."

For others, seeing a female clinician was just something they would prefer.

> "I do prefer to be seen by a woman when doing screening/ invasive procedures... because I'm exposing such an intimate area. They did mention in the letter I may be seen by a man, but I should [be able] to choose rather than not knowing for certain."

> "Bladder weakness class in a mixed group, would have preferred all female group."

11 women found it difficult to **access the correct service**. They often felt they were talking to the wrong medical practitioner or didn't know where to turn to for advice.

> "I guess one could argue, the 'struggle' is not knowing what's out there."

> "Didn't know there was sexual health clinic I could go to other than GP. GP is always understaffed and impossible to get appointments."

> "I am concerned that despite being a couple of years into my 50s I have yet to be invited for a breast screening appointment."

Two women told us they struggled to get care because of the **technology** required to access services. Some said the services were not local enough and they struggled with **transport or the cost of parking**.

> "Not easily accessible. Too many different locations for different appointments."

Eight women felt they had not received the best **quality of treatment** for their issues.

> “Sometimes I have attended appointments with a health practitioner without sufficient knowledge or expertise to help which is extremely frustrating.”

> “[If there is] no continuity of care, different services do not talk to each other, so passed from one consultant to another & back again.”

Some patients struggled understand the care offered because of poor **communication.**

> “Communication was not very clear. I was referred for tests but was unsure what I was being tested for. I then just received a prescription, rather than further advice/explanation of the results of the tests.”

Others mentioned that those who have the **funds**, often feel they have no choice but to get medical interventions privately.

> “My pessary ring was due for its 6-month check but my surgery no longer carries out this procedure. The hospital had an 8-month waiting list and Fed Bucks a 6-month waiting list. I had to go private”

> “Anything other than the bare minimum needs to be paid for privately...”

What women want from WHHs

What should be available?

A total of 373 women shared their thoughts on what they imagine a 'women's health hub' would offer. The top selected responses are shown in **Error! Reference source not found.**. The top four are:

- Prompt appointments with healthcare professionals trained in women's health
- Convenient, local access to a range of services for all women
- A physical place to visit
- It can deal with more than one issue in just one appointment

Prompt appointments with healthcare professionals trained in women's health

> "Consultant level understanding with medical expertise and confidence to prescribe meds and refer for surgery if required."

We found very strong evidence of a difference in selection of this option. This difference was based on IMD2019 mappings. Survey respondents mapped to the lowest two quintiles (most deprived areas) chose this option less than expected, compared to those mapped to other areas.

- **Convenient, local access to a range of services for all women**

A physical place to visit

> "Custom built building named 'Women's Health Hub' specially designed for purpose."

> "It needs to be a physical space for those who are disabled and neurodivergent in particular. My daughter needs to see the place, have people explain things to her; written stuff doesn't work for her."

> "Many of these women[with a main language other than English] are illiterate so they need a physical place not something online. Most can't use digital devices and even if a service or advice were available on one, it would have to be spoken Urdu, not written."

> "To have an option other than visiting/arranging a GP appointment would be fabulous."

It can deal with more than one issue in just one appointment

> "Smear tests and coil fittings at the same time please :-)"

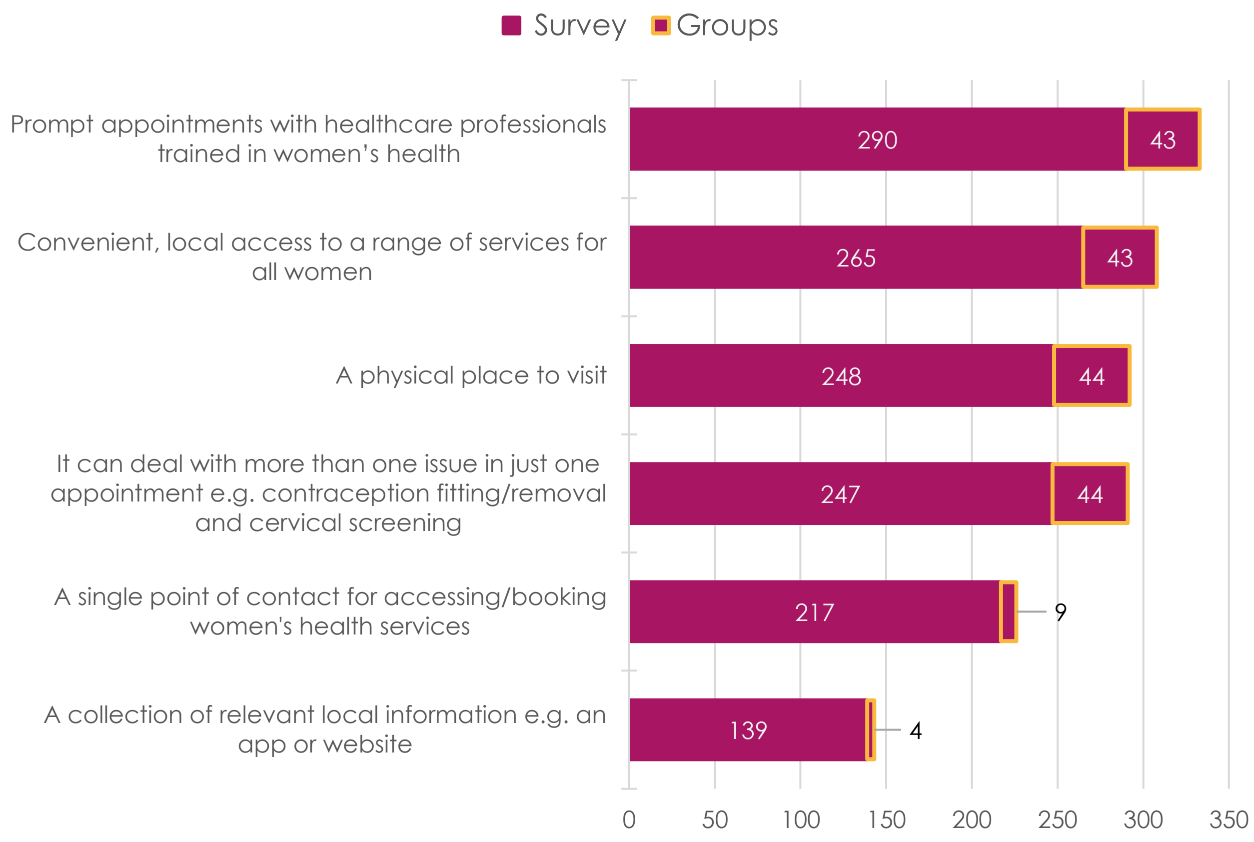

Figure 6 - When you think of a 'women's health hub' what do you think should be available?

What should the purpose be?

372 women told us what they thought the purpose of a 'women's health hub' should be. Full details can be seen in Appendix 4. The top three answers were:

- Improve your experience of accessing care
- Educate and empower women to self-manage and seek help as needed.
- Enable more than one issue to be dealt with in the same appointment.

Improve your experience of accessing care

> "Keep it simple - get an appointment, identify the problem, treat the problem - improving booking systems and recording appointments is essential, the NHS must update their software to improve this."

> "To receive attention and care they need without feeling rushed."

> "Make it easier to get help and not to have to wait weeks for consultations."

Educate and empower women to self-manage and seek help as needed

> "The health check is good, but I think regular checks for women will be better..."

> "To listen to our concerns and signpost effectively to the right services. Don't want to be told nothing is wrong."

Enable more than one issue to be dealt with in the same appointment

> "Long appointments where you can talk about lots of issues"

+ We found strong evidence of a difference in selection of this option. This difference was based on ethnicity and religion.
  - women identifying as White British chose this option more than expected, compared to women identifying with any other ethnicity
  - women identifying as Muslim chose this option less than expected, compared to women identifying with any other, or no, religion.

Other responses

+ We found strong evidence of a difference in selection of the **Reducing waiting times** option. This difference was based on age and IMD2019 mappings.
  - Survey respondents aged under 45 chose this option more than expected, compared to those aged 45 or over.

- Survey respondents mapped to the highest three quintiles (least deprived) chose this option more than expected, compared to those mapped to other areas.

Other suggestions for **new or additional women's services** included running workshops to raise awareness of women's issues and services that would reduce non-urgent referrals to hospitals.

> "I would like the hubs to offer other services e.g. weight management and exercise or lifestyle advice and to offer yoga or mediation classes. A holistic approach together with clinical services would benefit women and encourage uptake of the other services."

+ We found very strong evidence of a difference in selection of this option. This difference was based on IMD2019 mappings. Women mapped to the highest three quintiles (least deprived) chose this option more than expected, compared to those mapped to other areas.

While **providing care closer to home** was the least popular answer, it still mattered for some women.

> "If these hubs are to be sited somewhere consider accessibility to public transport, parking and particular access for those in rural areas."

+ We found weak evidence of a difference in selection of this option. This difference was based on ethnicity. Women identifying as an ethnicity other than White British chose this option more than expected, compared to those identifying as White British.

Based on our other findings this may be due to issues with transport to appointments.

A few women also highlighted the need to recognise differences between different cultures and their approaches to different aspects of health.

> "These are all areas women struggle to access support, or can be taboo, so having a hub where these types of problems are expected to be raised and staff have the right information to share and support women would be great."

> “There should be more talks for Muslims and in our culture, especially those who have been through issues.”

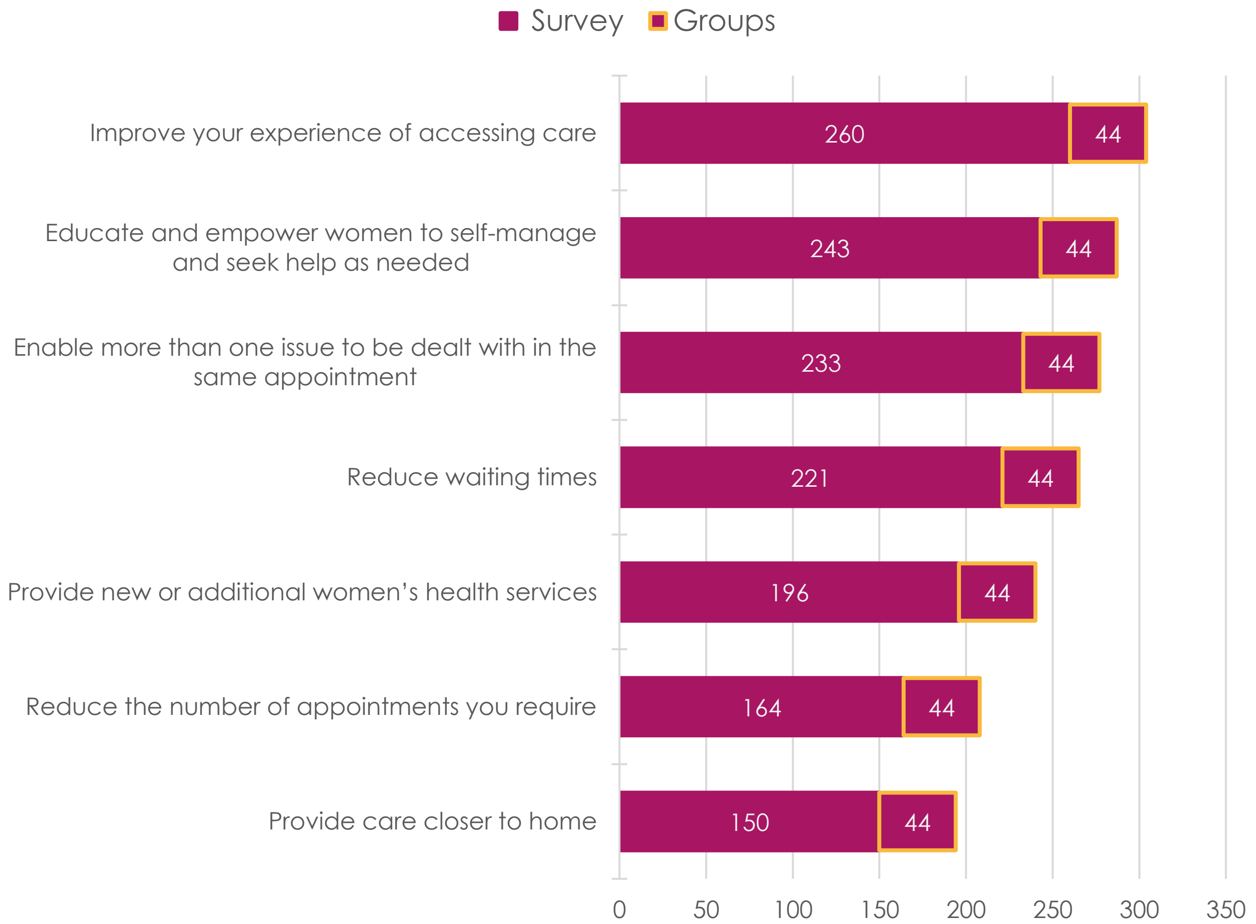

Figure 7 - What should the purpose of a women's health hub be?

What treatment and advice should a WHH deliver?

The top selected responses, from 339 women, can be seen in Figure 8.

63 people left comments about what **other services** they would like. Women suggested support should be provided for mental health (9), for fertility, maternity and postnatally (7), for victims of sexual assault / domestic abuse (5) as well as general support groups (2).

> “It would also be helpful to have access to specialised fertility information and testing as this can very much be luck of the draw within GP surgeries as to whether they have knowledge.”

> “Access to physio information, … pelvic health, … and other self-help tools to help women make a full recovery after birth. We should be entitled to aspire to feel back to good health … not "just about ok".”

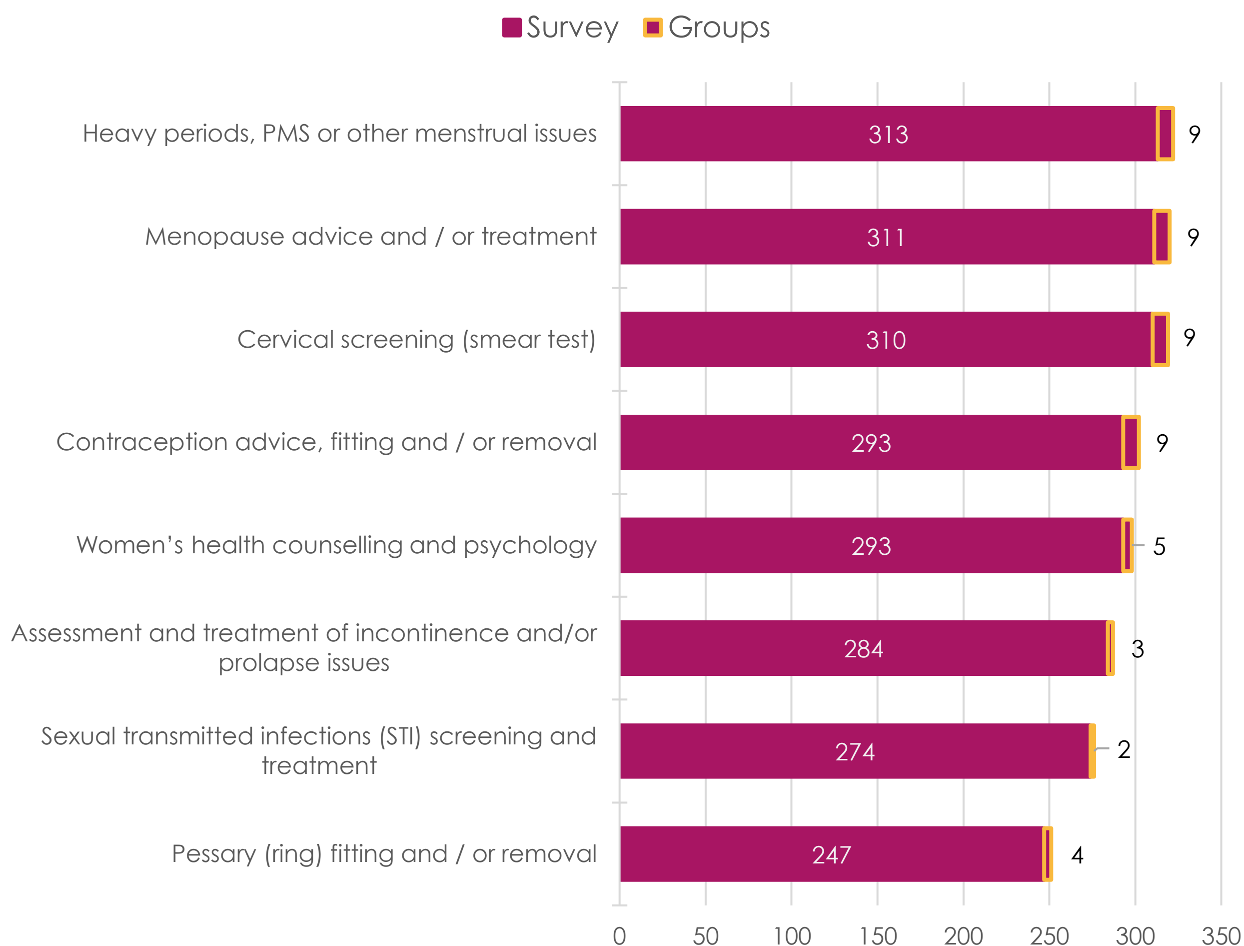

Figure 8 -What advice / treatment should a Women's Health Hub deliver?

Other suggestions included breast screening (6) and support for endometriosis (3).

> "It needs to reduce the time to get/manage diagnosis. Endometriosis is quoted as taking 7-10 years to be diagnosed, this is not good enough. Having a centre of excellence will speed up help and increase expertise in staff. It will have many knock-on benefits… reduced sickness days, increased productivity and participation in the wider community."

A few also suggested treatment for specific conditions including cancer relating to women's health and polycystic ovary syndrome (PCOS). One person also suggested having a women's health specialist physio. There were also some general suggestions.

> "General health issues with a specific female bias e.g. bone health as we age, maintaining strength, improving balance etc."

> "This service should cover all the services ticked above freeing up our GP, nurse to do more for elderly."

What matters to me?

At least 352 women answered these questions.

Where should WHH services to be delivered?

71 women said they didn't mind where services were provided.

> "As long as the deliverers of the service are fully trained and qualified, the building is clean, accessible, and suitable for purpose, I am happy."

Many women imagined a new building that would serve as a WHH.

> "If there is a centre like this, no matter where it is, we will come."

> "Would be good to have somewhere else to go in addition to a GP surgery or sexual health clinic. Somewhere where women can talk to other women. Sessions to inform women and spread knowledge about health ... and then I'll go home and tell my friends and my daughter."

Many respondents wanted these services to be within easy access to them..

> "Somewhere central and easy to get to by public transportation and has good parking available."

Figure 9 shows that the top three responses were:

+ At my GP surgery
+ At a local community venue
+ At any local GP surgery

At my GP surgery.

> "My preference would be at my GP surgery. A specialist service is to be welcomed but continuity of care is very important."

At a local community venue.

> "I don't mind - as long as there's a hub in each town!"

Some people felt it was important to have services delivered in their community because they felt more comfortable there and it was easier for them to access.

> "Church/ faith settings where people are comfortable visiting."

> "... Interpreters... A cafe to have a social and inviting feel to the hub."

However, some people weren't sure what a community or high street venue delivering these services would look like. Some respondents had also not heard of 'Health on the High Street' as a venue.

> "Not at a local community venue. I was uncomfortable enough having a blood test in the local youth club, let alone having a smear! I want a medical venue that feels clean and secure."

> "I don't know where this Health on the High Street is. It's not well advertised. I need to be able to find it. That is important for the women's health hub too."

This was the most popular option for attendees of the focus/discussion groups.

At any local GP surgery

> "We should have polyclinic locally. GP surgeries are a bottleneck. You need to be able to just turn up, not fight with hundreds of other patients with every kind of need!"

We found strong evidence of a difference in selection of this option. This difference was based on ethnicity. Women identifying as an ethnicity other than White British chose this option less than expected, compared to those identifying as White British.

For some, what was provided at the location was most important.

> "Facilities to enable you to safely bring children to your appointments."

Or how they were treated.

> "More female doctors, or male doctors who don't say "well you have had a lot of tests recently" ... when you see them about relentless extremely heavy periods! So put you off doing anything, and don't help you!"

Some wanted services provided by female clinicians and only for females.

> “It would be nice to have a place just for women.”

Seeing a medical professional face to face contact was also mentioned. For some it was because they thought face to face resulted in better health outcomes. For others it was because they struggled with digital appointments and access to care that way. Even though online appointments or advice were the least preferred way to access women's health services, some people appreciated the flexibility that offered.

> “Maybe over the phone if, because of disability, I can't attend in person.”

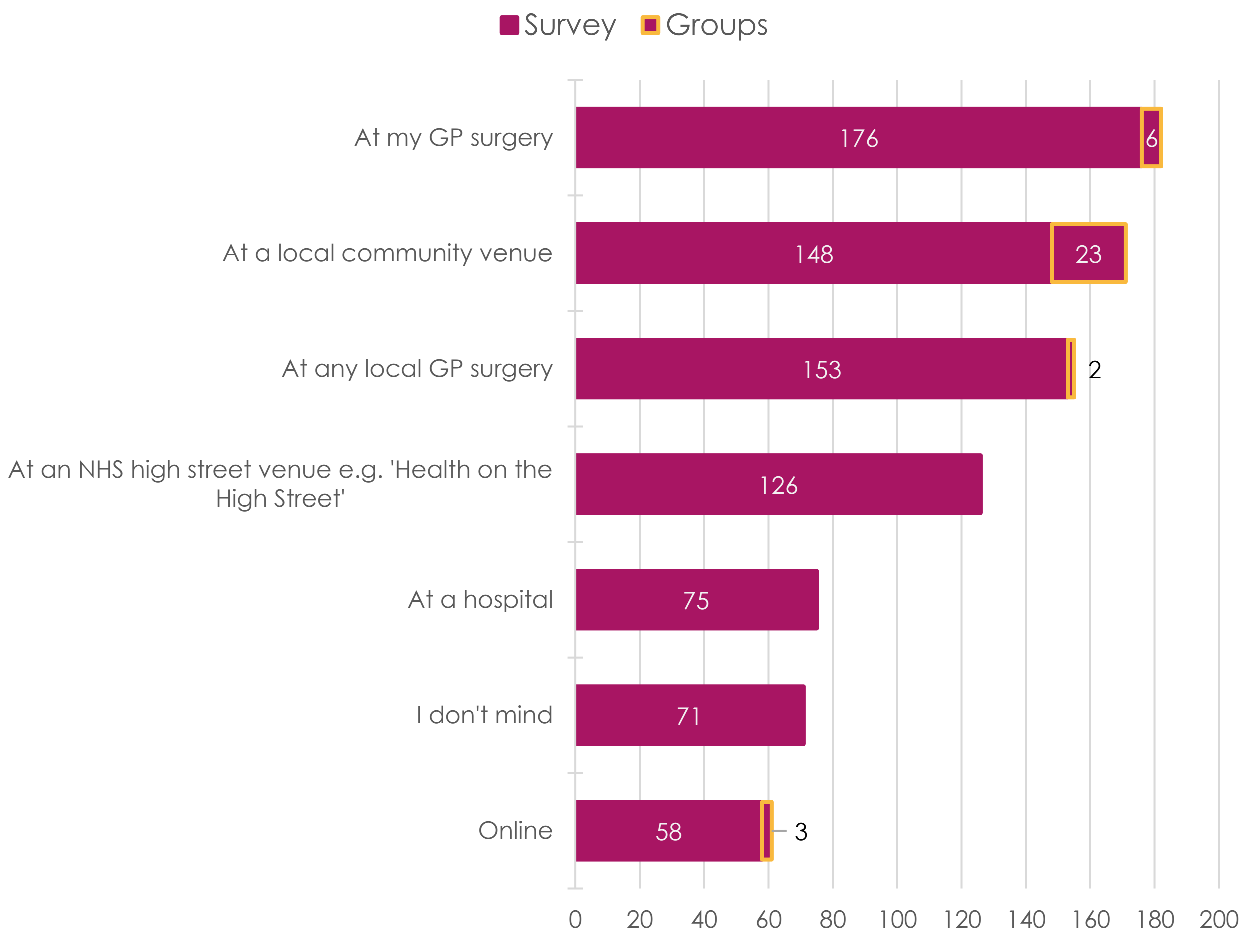

Figure 9 - If a women's health hub provided services, where would you like them delivered?

How do you get to a GP appointment?

These answers often indicate how easy or hard it is for people to access services, and whether they rely on others, the availability of transport or finance. Figure 10 shows while most people told us they drove or walked to a GP appointment, a small number said they depended on public transport, getting a lift from a friend or family member or taking a taxi. For these, having WHH services delivered locally to where they live was important.

> "...two buses [to get to my GP], and one only comes every hour."

> "... if I have to go to Wycombe [hospital] it's £140 round trip [by taxi]."

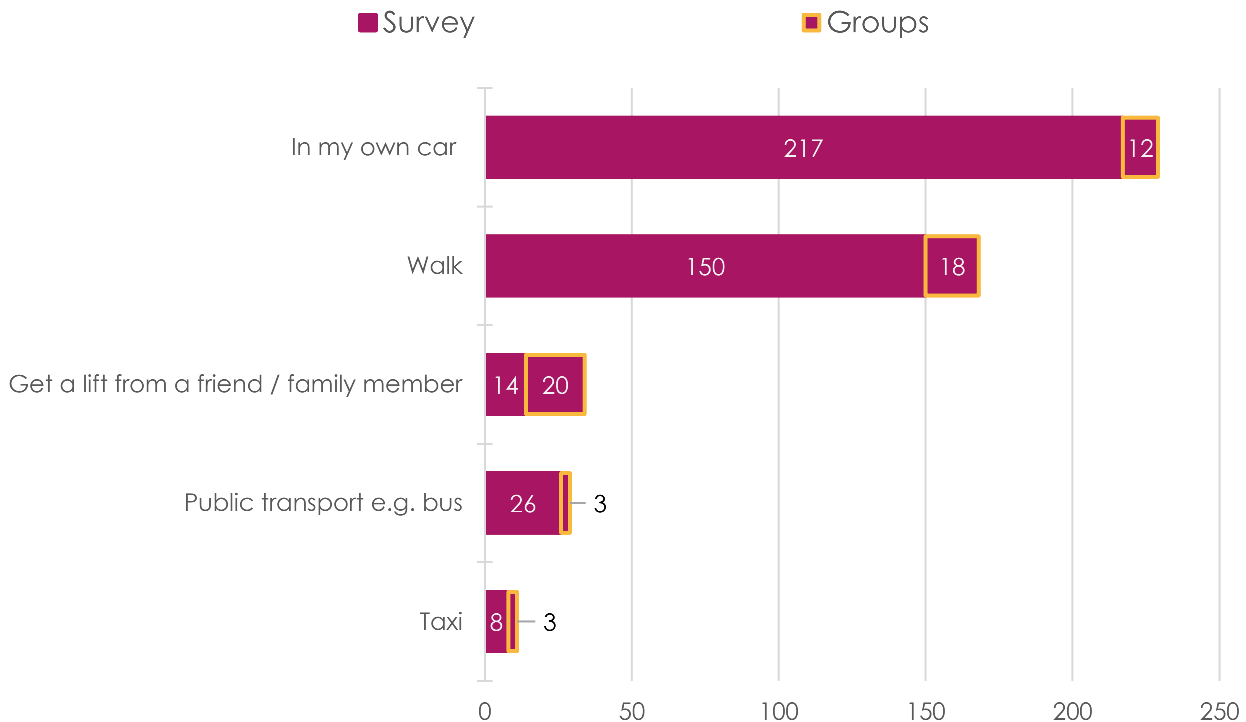

Figure 10 - How would you normally get to a GP appointment?

+ Looking at the individual survey feedback, we found very strong evidence of a difference in selection of the **Public transport e.g. bus** option. This difference was based on ethnicity and religion.
    - women identifying as an ethnicity other than White British chose this option more than expected, compared to those identifying as White British.
    - women identifying as Muslim chose this option more than expected, compared to women identifying with any other, or no, religion.

However, the two most popular ways to get to a GP surgery for those attending our focus/discussion groups were walking or getting a lift.

We found strong evidence of a difference in selection of the **Get a lift from a friend / family member** option. This difference was based on age. Women under 45 years of age chose this option more than expected, compared with women aged 45 years and over.

We found very strong evidence of a difference in selection of the **In my own car** option. This difference was based on ethnicity. Women identifying as White British chose this option more than expected, compared to women identifying with any other ethnicity.

> "I don't mind [where it is] as long as it is local as I can't drive. I also need a translator there."

When would you want to access WHH services?

Figure 11 shows a range of answers. However, statistical analysis showed:

+ very strong evidence of a difference in selection of the options for **Evenings (e.g. 6-9pm)** and **Weekends**. This difference was based on age. Women aged under 40 chose these options more than expected, compared to those aged 40 or over.

> "Safe place and convenient times such as weekends and evening with fathers are more availability to help with childcare."

+ very strong evidence of a difference in selection of the option for **During school hours (e.g. weekdays 9am-3pm)**. This difference was based on IMD2019 mappings. Survey respondents mapped to the lowest two quintiles (most deprived areas) chose this option more than expected, compared to those mapped to other areas.
+ strong evidence of a difference in selection of the option for **Afternoons (e.g. weekdays 3-6pm)**. This difference was also based on IMD2019 mappings. Survey respondents mapped to the highest three quintiles (least deprived areas) chose this option more than expected, compared to those mapped to other areas.
+ weak evidence of a difference in selection of the option for **Afternoons (e.g. weekdays 3-6pm)**. This difference was based on ethnicity. Women identifying as White British chose this option more than expected, compared to women identifying as an ethnicity other than White British.

Several women commented on their preferences based on different lifestyles

> "There should be different hours options available during the weekend to suit women with different lifestyles and responsibilities."

Some also mentioned issues that impact on a carer's availability for an appointment.

> "All, I am a full-time unpaid carer and cannot keep regular hours due to the level of care involved.

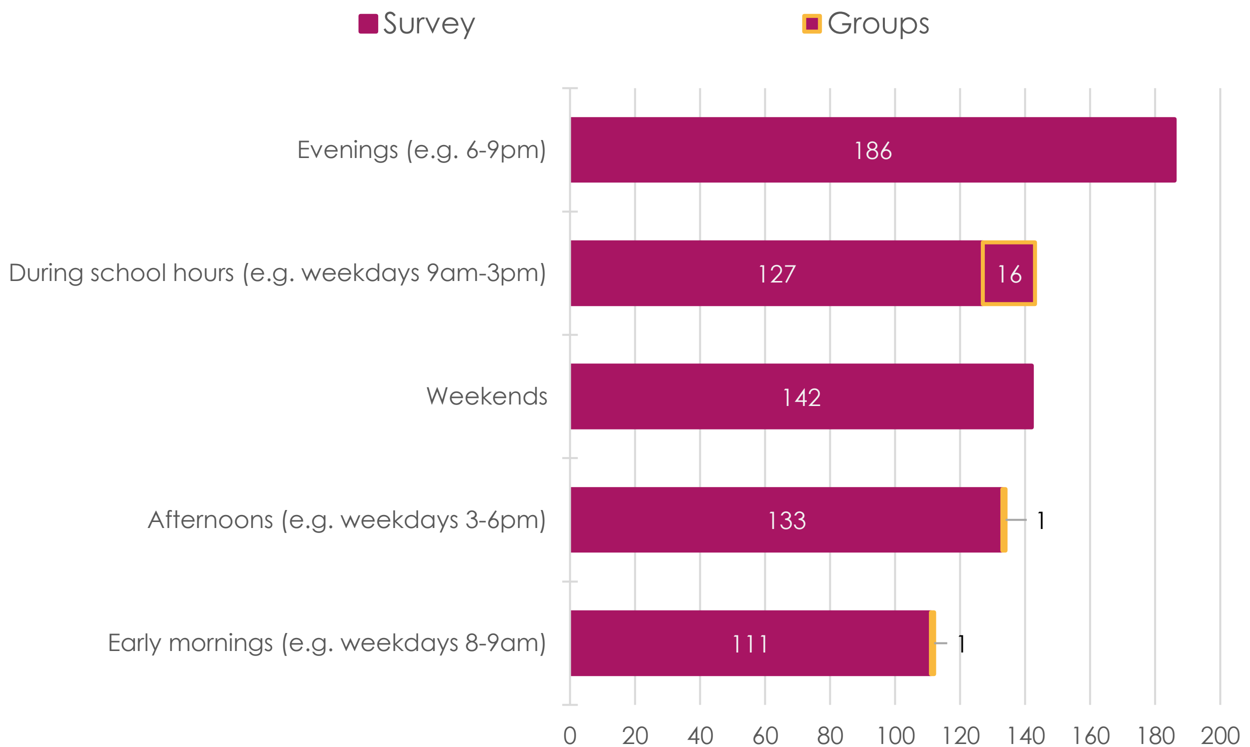

Figure 11 - When would you prefer to access women's health hub services?

Information and signposting

362 women told us where they get information about women's health. Figure 12 shows the top three sources were online, from a GP and medical professionals and from friends and family.

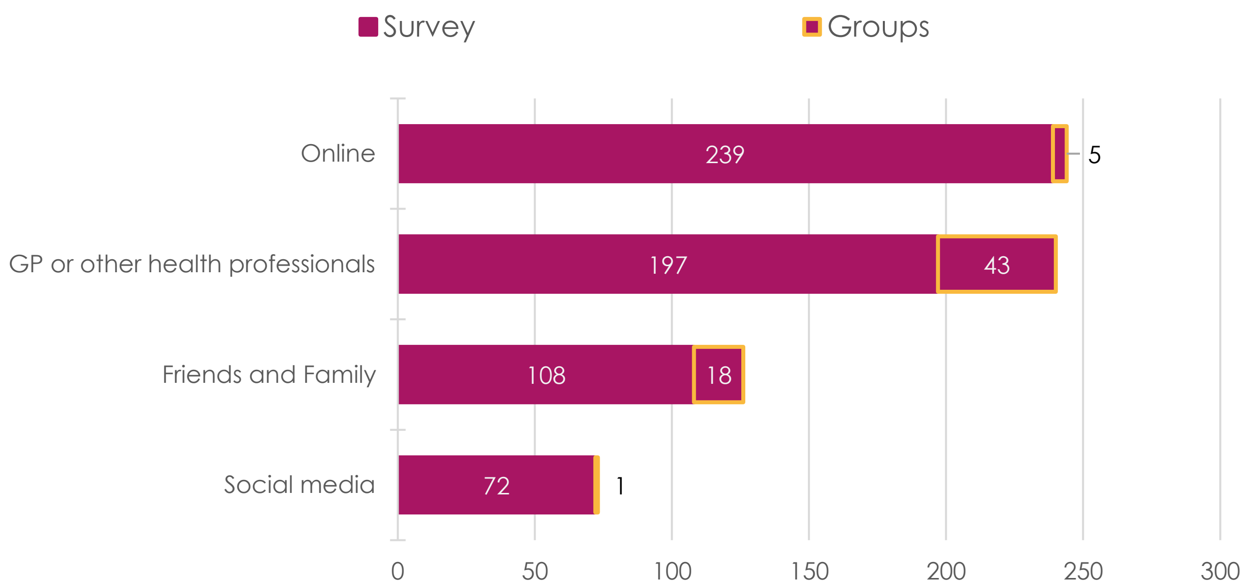

Figure 12 - Where do you get information about women's health, excluding maternity?

For some, the help of friends and family was important but not for everyone.

> "My friends and family have told me more about women's health than my GP ever has."

> "Can't talk about our issues within family, prefer walk in clinic."

Although getting women's health information from **social media** was not a popular answer, it did generate some interesting results based on the survey data collected. We found strong evidence of a difference in selection of this option. This difference was also based on ethnicity and age.

+ women identifying as an ethnicity other than White British chose this option more than expected, compared to those identifying as White British.
+ women aged under 45 chose this option more than expected, compared to those aged 45 or over.

We also found very strong evidence of a difference in selection of the **online** option, across several demographics:

+ women aged under 45 chose this option more than expected, compared to those aged 45 or over.
+ women mapped to the highest three quintiles (least deprived areas) chose this option more than expected, compared to those mapped to other areas.
+ women mapped to non-Opportunity Bucks Wards chose this option more than expected, compared to those mapped to other Wards.

We also found strong evidence of a difference in selection of the **GP or other health professionals** option. This difference was based on Opportunity Bucks Ward mapping. Women mapped to non-Opportunity Bucks Wards chose this option more than expected, compared to those mapped to other Wards.

However, many in the focus/discussion groups, especially those who don't speak English as their first language, mainly learned about women's health from a GP or other health professional.

130 women told us how else they would prefer to receive information, besides from in written English. The top three answers were in Easy Read (80), large font (66) and in a different language (59). Nine women answering the survey told us they would like information in Urdu/Punjabi (5), Swahili (1), Tamil(1), French (1), and Ukrainian(1). All the

women in the focus/discussion groups felt information should be available in Urdu and/or Pashto.

> "Language [support] for those who don't have English as a first language; this can be a barrier"

One person suggested support could be provided in online short videos in different languages.

Another person said they didn't want information in another language.

> "...but I would want to be assured it was accessible to all, including neurodivergent women."

Any other comments

Many women liked the idea of WHH. 35 women left further comments which were mainly positive.

About WHH

> "This is a very welcome initiative; I hope it can deliver."

> "Such a great idea to have a female health hub, be brilliant to have a one stop shop to cover more than one women's health issue with knowledgeable staff."

> "This sounds a great idea for the community and for women. I know in the future I will require support for menopause and feel this sounds a safe and easy space for me to gain support."

> "I think a hub for women's health issues would be fantastic... having access to a service that specialises in women's health would instil confidence that issues are being properly addressed and accurate / relevant advice is being given."

> "Women's physiology is very different to men's. It's about time we were better served!"

Some people wanted more input into what women's hubs might look like.

> "Wider consultation needed, in faith groups."

> "Sounds like a gimmick which wouldn't be necessary with adequate funded GP services."

Others wanted them in physical places but not in a GP surgery because it was already difficult to get appointments there.

> "Please set up a women's health hub away from a GP surgery as I'll never be able to get an appointment."

> "It should be separate from GP surgeries. In every other country in Europe, all women have access to gynaecological services without having to ask anyone else (a GP who is not a specialist) first! This needs to change!"

Several commented on the importance of access to information and more communication about WHH.

> "Not heard of women's health hubs and I work in the NHS."

> "Information should be spread not just online but through flyers and different ways that women can be reached. Women's issues need to be spoken about in local areas, e.g., in Community centres..."

We also received a few comments about WHH being inclusive.

> "Calling it a women's health hub is problematic for non-binary and trans men who also share female reproductive organs. It can cause dysphoria and act as a barrier to access for these groups. Finding a different name is really important if you want it to be truly inclusive."

> "A place where only biological women are seen."

Acknowledgements

We thank all the people who talked with us about their experiences and the volunteers who helped us with this project. We also thank all those community services and groups who enabled us to collect feedback directly from women attending their sessions. A list of these can be seen in Appendix 2.

Disclaimer

Please note this report summarises what we heard. It does not necessarily reflect the experiences of all women living in, or registered with a GP in, Bucks.

If you require this report in an alternative format, please contact us.

Address:

Healthwatch Bucks

PO Box 958
OX1 9ZP

Phone number: 01494 324832

Email: info@healthwatchbucks.co.uk

Website URL: www.healthwatchbucks.co.uk

X: @HW_Bucks

Facebook: HealthWatchBucks

Governance: Healthwatch Bucks Ltd. is a limited company (Registration number 08426201)

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

© Copyright Healthwatch Bucks 2024