

“Talk to Us” – Women’s Health

Phase One Report Exploratory Survey



healthwatch
Lancashire

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Acronyms

ANP – Advanced Nurse Practitioner

GP – General Practitioner

HIV – Human Immunodeficiency Virus

ICB – Integrated Care Board

LARC – Long-Acting Reversible Contraception

LCC – Lancashire County Council

LSC ICB – Lancashire and South Cumbria Integrated Care Board

NHS – National Health Service

PCOS – Polycystic ovary syndrome

STI – Sexually Transmitted Infections

Executive summary

In August 2024, Healthwatch Lancashire launched **Talk to Us – Women’s Health**, the first phase of a two-part investigation into women’s health services in Lancashire. The project was initiated in response to an NHS England directive instructing Integrated Care Boards (ICBs) to establish a women’s health ‘hub’ in their area by the end of 2024. Our overarching aim has been to provide insights that would support the development of these hubs and other women’s health services in the region.

In phase one, we gathered evidence on women’s healthcare experiences and priorities, providing a foundation for a targeted exploration of specific issues in phase two, which is scheduled to commence in January 2025. Data collection was conducted through an online survey and by collecting personal experience case studies at engagement events and over the phone. This report presents the findings of the survey. A complementary report, available on our website, details the personal experience case studies.

Our ‘Talk to Us’ survey ran from August to October 2024 and received **305** responses. It asked five key questions relating to women’s health concerns, priorities, and experiences using healthcare services. Participants were asked about the adequacy of health services, their comfort discussing health matters with professionals, whether they felt heard and understood, and what their main health priorities were.

The responses highlight significant variations in individual experiences, but it is clear that a majority of women feel that current health services fail to meet their needs. Fewer than **three in ten women** rate healthcare services as ‘Very good’ or ‘Good’. Common concerns include **(a)** feeling ignored or not taken seriously by health professionals **(b)** a lack of appropriate knowledge among some medical professionals regarding women-specific health issues **(c)** insufficient information provided to make informed decisions about their health. As a result of these issues, many women shared experiences of long delays in receiving diagnoses and instances of misdiagnosis.

Other key issues raised by survey respondents include:

- A strong preference among some women to see female healthcare professionals.
- Limited information about the range of women's health services available locally.
- Long waiting times for treatment, and the need to travel significant distances for appointments.

Regarding health priorities, the top three identified by participants were cancers, mental health, and menopause. However, priorities varied across age groups. Younger women (16-34) prioritised menstrual health, sexual health, pregnancy, and body image. Middle-aged women (45-54) prioritised menopause, while older women placed greater emphasis on bone and joint health and thyroid issues.

At Healthwatch Lancashire, we believe that women's health hubs, if appropriately supported, could address many of these challenges. These hubs have the potential to improve the health outcomes of girls and women by providing them with integrated and holistic care throughout their lives, and restore confidence in health services.



1. Introduction

The importance of improving women's health services to tackle the gender 'health gap' has become a major focus of national attention in recent years. In August 2022 the government published its '**Women's Health Strategy for England**', a ten-year plan which aims to 'reset the dial on women's health' to improve healthcare outcomes for women and girls.[1] While statistically women live longer than men, they spend on average more of their lives in debilitating health or disability. Taking a life-course approach, the strategy seeks to tackle this health inequality by integrating women's health services more efficiently, making them more accessible, and improving the way the health system engages with and listen to women. The strategy recognises the need for more research on women-specific health issues, such as menopause and miscarriage, and to better understand how certain conditions affect women in different ways to men.

As part of this strategy, the government encouraged the establishment of women's health 'hubs' across the country to provide wraparound care by bringing essential local services together in one single, easily accessible space. [2] The main intention of the hub model is to create a one-stop shop system of joined up care which caters for all women, including those with multiple needs.

Following this recommendation, in April 2024 NHS England requested all ICBs in England establish at least one fully functioning women's health hub in their area by December 2024.[3] NHS England outlined several 'core' care pathways which should be available in women's health hubs by the end of 2024. These are:

- Menstrual problems assessment and treatment, including but not limited to care for heavy, painful or irregular menstrual bleeding, and care for conditions such as endometriosis and polycystic ovary syndrome
- Menopause assessment and treatment
- Contraceptive counselling and provision of the full range of contraceptive methods including LARC (Long-Acting Reversible Contraception) fitting for both contraceptive and gynaecological purposes (for example, LARC for heavy menstrual bleeding and menopause), and LARC removal, and

[1] [Women's Health Strategy for England - GOV.UK](#)

[2] [Women's health hubs: core specification - GOV.UK](#)

[3] [NHS England » Women's health hubs](#)

emergency hormonal contraception

- Preconception care
- Breast pain assessment and care
- Pessary fitting and removal
- Cervical screening
- Screening and treatment for STIs (sexually transmitted infections), and HIV screening.

Beyond these core specifications, health hubs can be used to provide additional care pathways based on local population needs as required.

In response to these developments, in August 2024 Healthwatch Lancashire launched a survey titled **'Talk to Us – Women's Health'** to gather evidence on women's healthcare experiences and priorities. Alongside the survey, we collected numerous detailed personal experience case studies from women. Our goal is to contribute to the development of women's health hubs and other related services in our region. This report discusses the survey findings. A complementary separate report focuses on the personal experiences. We will launch the second phase of the project in January 2025, focusing on a deeper exploration of the top three health priorities identified by women in the survey. The findings will be published in the second quarter of 2025.



2. Methods

In August 2024 Healthwatch Lancashire launched the 'Talk to Us – Women's Health' survey. The survey asked five key questions aimed at understanding women's healthcare experiences, concerns and priorities. Our survey asked women:

- What matters to you most about your health and wellbeing?
- How would you describe women's health services in your area?
- How comfortable do you feel talking to healthcare professionals about your women's health needs?
- Do you feel listened to by health professionals when discussing women's health issues?
- What women's health concerns would you like to see Healthwatch Lancashire priorities in Phase 2 of our study? [This question asked women to select their top 3 priorities from seventeen options].

In addition to these five key questions, we asked participants to provide demographic information to allow us to identify women's experiences and priorities at different stages of the life course and across different groups.

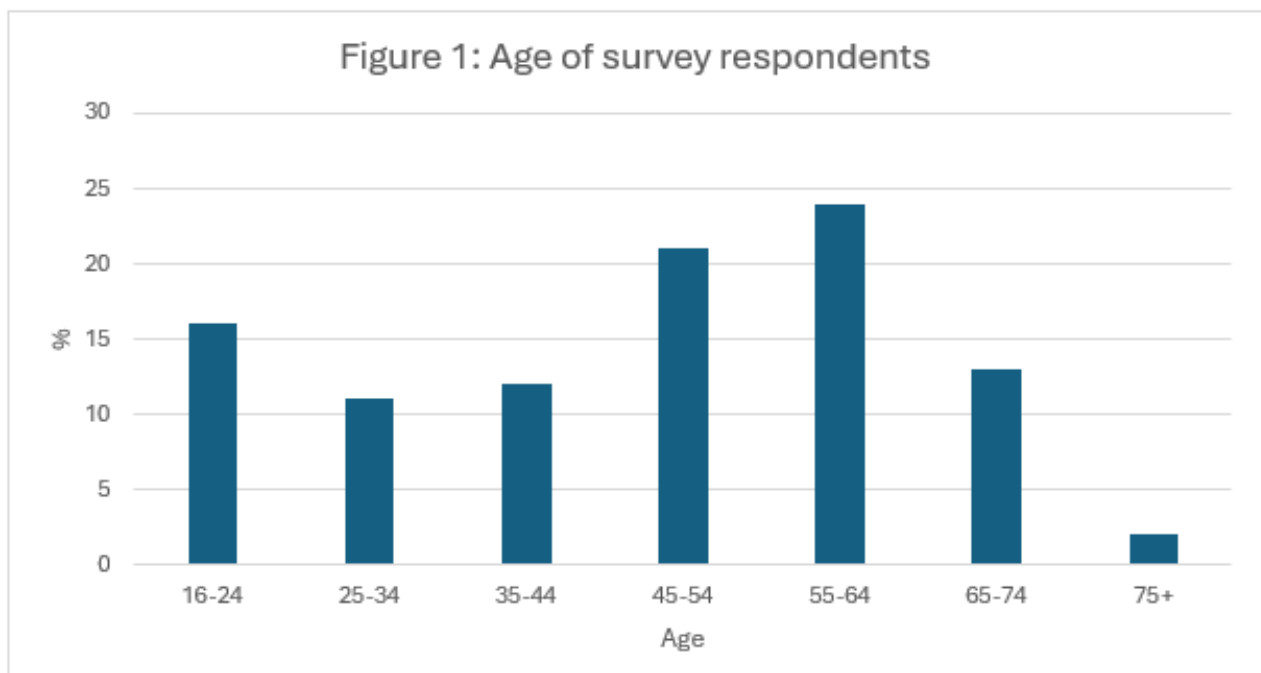
The survey ran from August to October 2024. It could be accessed online directly from our website and as a physical copy. It was widely promoted at our engagement events, on local radio, and through promotional materials (which featured a QR Code linking to the survey – see image below) which were displayed and distributed across Lancashire. In some instances, members of our team completed surveys on behalf of women who were unable to do so themselves.



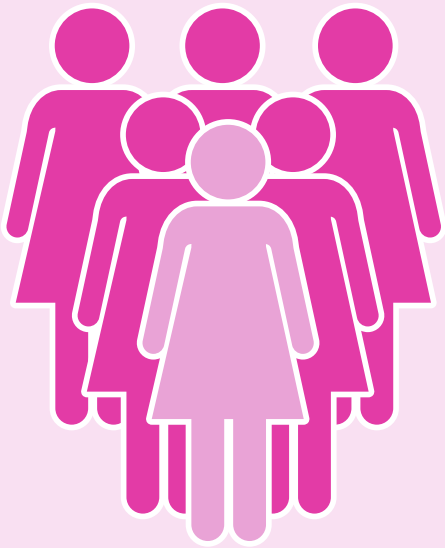
3. Who We Heard From

In total, **305** women across Lancashire completed our survey. The age profile of the respondents is shown below in Figure 1. While our survey respondents were primarily women aged 45 and over, we also had a significant number of younger respondents. Research indicates that younger people often have lower participation rates in surveys, but we tackled this potential problem through targeted engagement at college open days and similar events attended by younger people.[4]

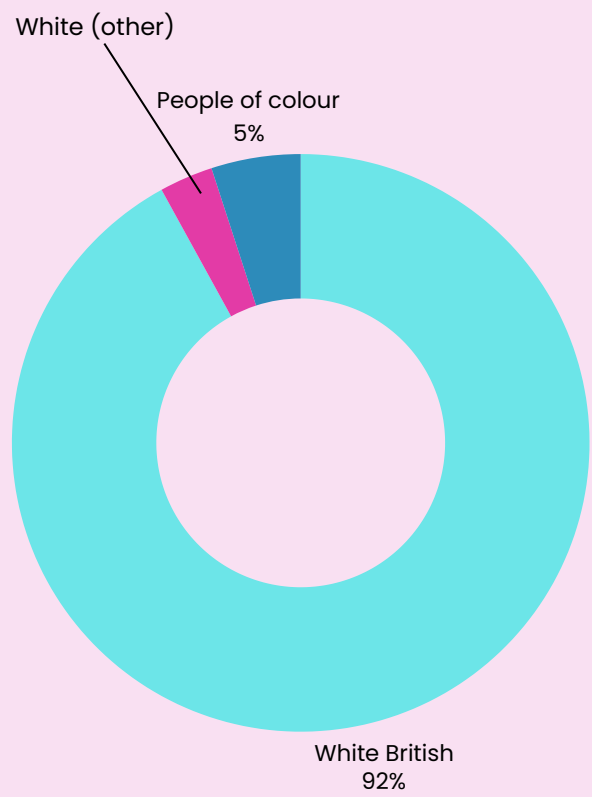
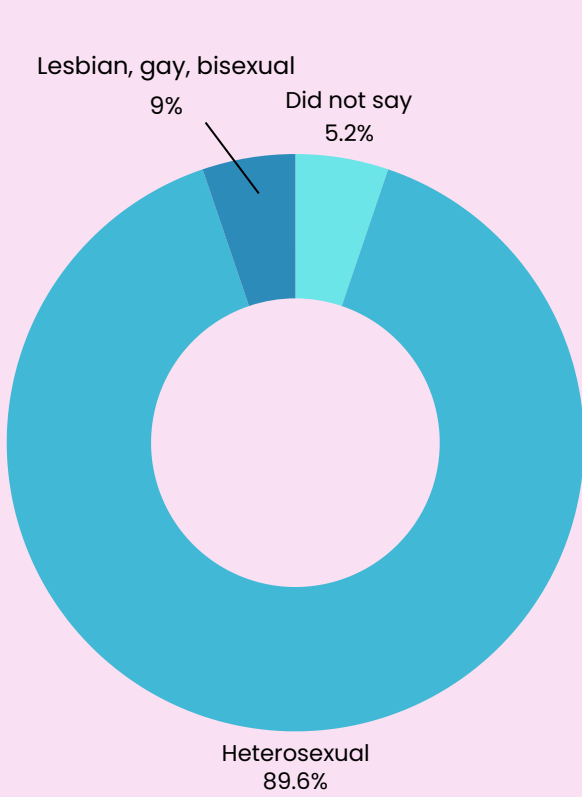
The overwhelming majority of our respondents were white (95%), and of these 92 percent were white British. Ninety-nine percent of respondents identified as female, and in 99 percent of cases this aligned with the gender assigned at birth. Eighty-six percent of our respondents identified as heterosexual, with a further 5 percent preferring not to say. Nine percent identified as gay, lesbian or bisexual.



[4] [Community Life Survey 2021/22: Civic engagement and social action - GOV.UK](#); [Who answers panel surveys every time, and who doesn't? - Understanding Society](#); [Boost Survey Response Rates Among Millennials and Gen Z](#); [Factors associated with health survey response among young employees: a register-based study using online, mailed and telephone interview data collection methods | BMC Public Health | Full Text](#)



We heard from 305 women



We acknowledge that the survey has not as fully captured the diversity of Lancashire's population as intended. Specifically, there is an overrepresentation of white respondents, who make up 95% of our survey sample compared to 89% in the general population.[5] In phase 2 of the project, we will include focus groups with ethnic minority people in order to ensure their voices are appropriately represented.

4. Results

We began our survey with a broad open question which simply asked women to tell us: **What matters to you both about your health and wellbeing?**

Women answered this question in different ways, some focusing on the social and familial benefits of good health, others on medical concerns and the difficulties associated with maintaining good health. However, across all the responses the importance of physical and mental wellness was expressed very strongly. Few would disagree with the woman who simply replied to the question with two words: **'Keeping it!'**

Many women told us that maintaining good health was important so that they could lead happy, active lives for as long as possible. This was particularly emphasised by women with caregiving responsibilities, who noted that staying healthy was essential to providing better care for their dependent relatives. The evidence from our participants suggests that as women age, maintaining physical and mental wellbeing often becomes an even greater priority. Common themes among women over 55 included the importance of eating well, staying physically active when possible, and keeping the mind engaged. Several women also expressed a desire to remain healthy to reduce dependence on prescription medication in later life.

Other women talked about the frustrations they have faced trying to access health services, and the negative effect this has had on their physical and mental wellbeing. Women described the physical and emotional impact of long waiting times, difficulties getting a diagnosis for long-term complaints, the feeling of not being listened to by healthcare professionals, and, perhaps above all, the pervasive feeling that they are not being taken seriously when they complain about women's health matters.

[5] [Population by ethnicity and change 2011-21 - Lancashire County Council](#)



Feeling well and having sufficient energy to manage work, family and social elements of life.

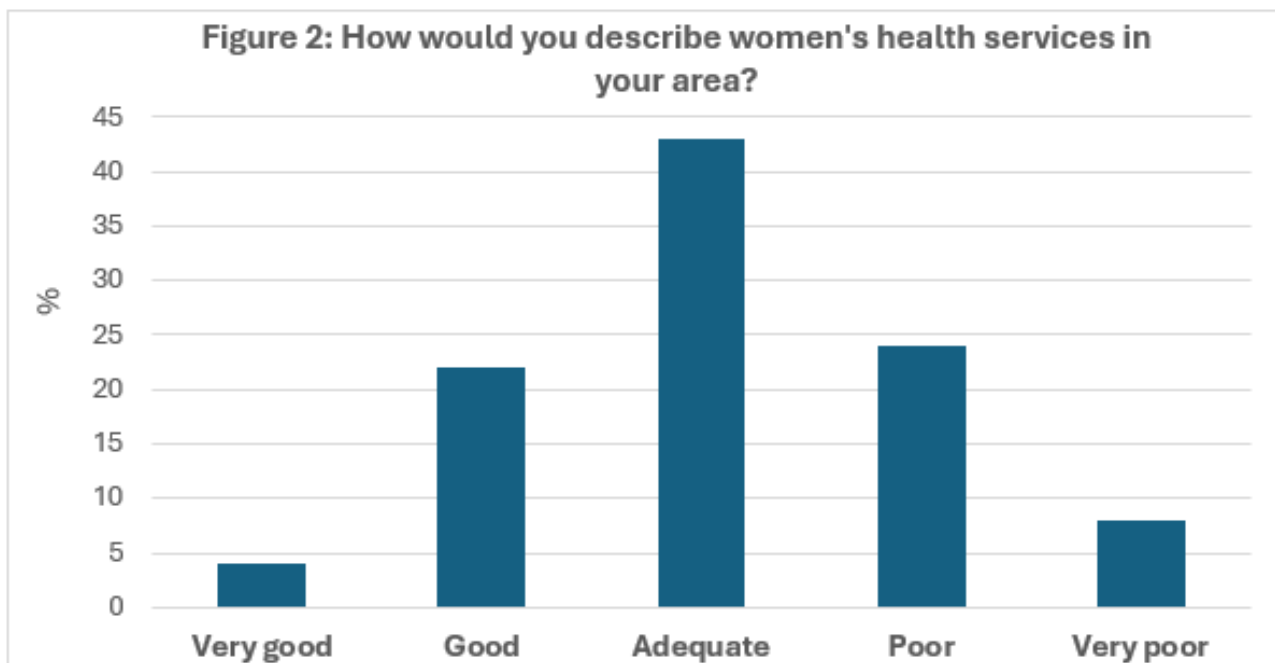
Being fit and healthy to carry on caring for disabled daughter. Having good mental health so don't need prescription drugs.



How would you describe women's health services in your area?

The frustrations many women told us about in their responses to question 1 is reflected in the responses to question 2, which asked participants to rate women's health services in their area. Figure 2 below shows the results.

Positively, around one-quarter of women rated health services as 'Very good' (4%) or 'Good' (22%). It is important to acknowledge the excellent care being provided by many healthcare professionals and service providers. Positive experiences shared by women included ease of access to women's health services in their area, compassionate care and attention, expert advice, and good continuity of care.



“ I had to use both Gynaecology and Breast services in the last year. I was very impressed both by the compassion shown and the speed at which the right services were put in place. ”

“ My GP has a dedicated menopause champion plus plenty of information about common women's problems. ”

“ I've been referred to the women's/gynaecology unit at Blackpool Victoria twice recently. Been given plenty of support from diagnostics to seeing consultants for further discussion. Been given menopause questionnaire by nurse at my GP's, followed on by a Dr's appointment with a GP who has very recently enhanced her menopause training. ”

Yet, while positive experiences set a benchmark for what good care can look like, they were not felt by the majority of women who completed our survey. Over 40% of women rated services as merely 'Adequate', while a further 30 percent rated services as 'Poor' or 'Very poor'.

Based on thematic analysis of the qualitative data, two prominent themes emerged from the responses of women who rated services from 'Adequate' to 'Very poor.' First, many women told us that they are simply unaware of what women's health services are available in their area. As one woman explained, **'I have put poor because in all honesty I am unsure of the women's health services in my area, they could be great, but you don't necessarily see them advertised or hear much about them.'**

Another woman said that she was **'not aware of any accessible women's mental health services. I am aware of Minds Matter, but nothing specifically for women.'** Comments such as 'I don't know what is out there for women' and 'I need to know more about women's services' were frequent. It is vital, as women's health hubs and other services roll out, that they are appropriately advertised and promoted to make sure women are aware of them.

The second theme was negative experiences of care which includes several interconnected issues, notably:

- Poor local services and/or lack of local services
- Having to travel long distances for care
- An apparent lack of expertise among medical professionals on women-specific health issues (sometimes leading to no diagnosis or misdiagnosis)
- Having to see multiple medical professionals before feeling confident that concerns are being properly attended to
- Feeling ignored or not taken seriously
- Long waiting times for treatment
- Lack of information on the side effects of certain treatments

The following personal experience from a survey respondent aged 25–34 is indicative of the range of difficulties women can face.

Personal Experience Case Study

"When I have needed support with women's health matters, I am usually referred to secondary care and it can take time for referrals to come through. I feel that when I initially go to a GP for advice, they are unsure what to say or aren't trained efficiently.

I first accessed support from the GP about my periods when I was 15 and was given the contraceptive pill. I took this for over 14 years with little thought about the effects a hormone pill would have on my body taking it for that long. It was only after watching a documentary about the pill and other women's health issues I began to think. There seems to be more and more information and conversations about the effects of hormonal medication, and I am unsure what to believe at times. There is a lot of misinformation out there, especially on social media platforms such as TikTok.

Around the age of 25, I was experiencing symptoms I knew to be PCOS [Polycystic ovary syndrome]. I went to see my GP repeatedly and I felt that I wasn't taken seriously. Once they asked me what I thought my symptoms were a result of. I explained PCOS and I remember the GP saying "Your probably right but there is no way of knowing for sure". I couldn't believe it,

thought was that it?'. For the years following I obsessed over PCOS, reading about supplements to take and worrying about infertility, without actually knowing if I had it or not. it?'. For the years following I obsessed over PCOS, reading about supplements to take and worrying about infertility, without actually knowing if I had it or not.

It wasn't until 5 years later, after I had changed doctors, that I made an appointment due to abdominal pain. I was referred for an urgent scan, and during the scan they found a growth which they said was 'probably' a polyp and was referred to a gynae consultant. I had a blood test, and my results were discussed with a ANP who knew little about PCOS, and when I asked about treatment and managing symptoms they said that the gynae consultant would be able to advise.

I remember waiting a couple of months for this appointment, but felt lucky as I had heard of women waiting over a year to see a specialist. I was an NHS patient but had been referred to a private hospital. I had a procedure to remove the polyp, and this was straightforward. Again, I felt lucky as I only had to wait a couple of months, even though it was months of worrying.

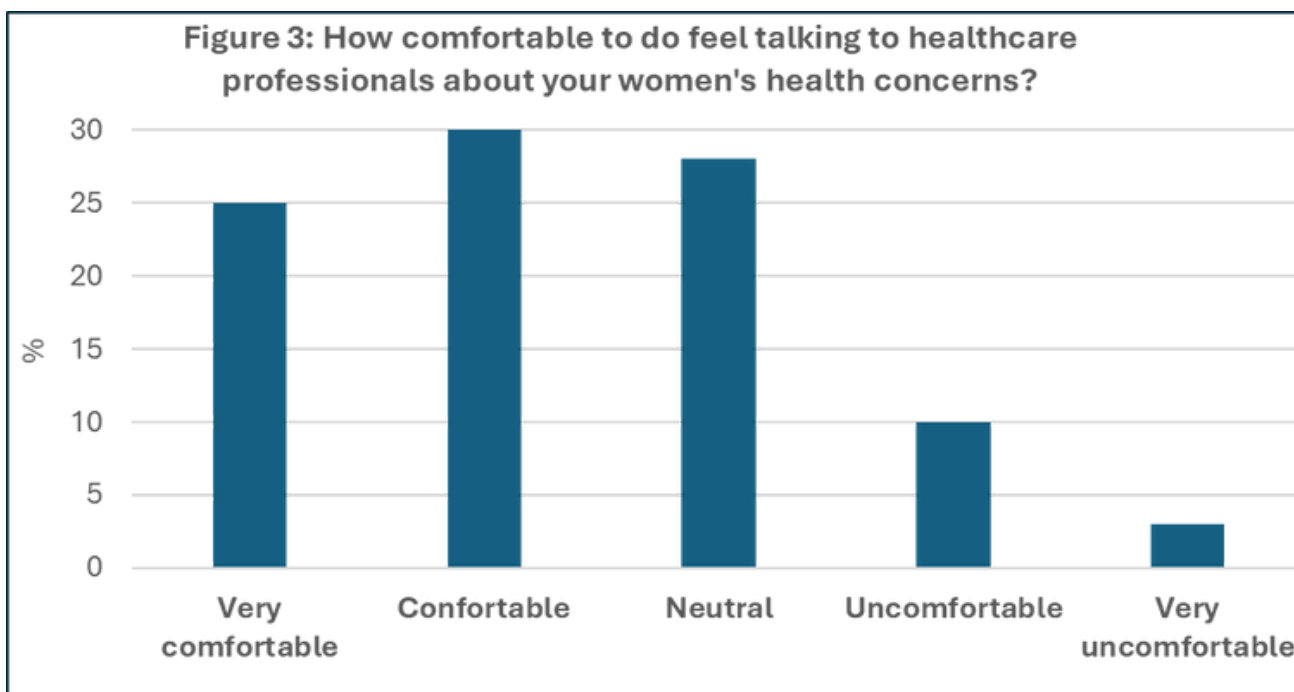
It was a relief when the consultant confirmed that I had PCOS. They had finally confirmed something which I had known for over 5 years! I asked the consultant about treating symptoms, explaining that I had done some reading myself and he immediately rolled his eyes. I felt dismissed. He said PCOS is managed by diet; cut out carbs and sugar and I "should be fine". I had waited for someone to talk to me about PCOS for so long and felt completely deflated. I have received no other information and feel like I am left to 'just get on with it.'



How comfortable do you feel talking to healthcare professionals about you women's health concerns?

Most women (61%) who completed our survey feel either 'Very comfortable' or 'Comfortable' talking to healthcare professionals about their health (see Figure 3 below). A further 27 percent are 'Neutral'. A minority, 12 percent, feel 'Uncomfortable' or 'Very uncomfortable.' These figures closely correlate with the findings of other women's health studies nationally.[6]

We also examined the age profile of the cohort, but found no significant evidence to suggest that any particular age group was more or less comfortable discussing their health than others.



Yet, while this is overall a positive impression, there are two crucial caveats. Firstly, some women, including those who reported being 'Very comfortable' or 'Comfortable' talking about their health, stated that they would sometimes prefer to see a female healthcare professional. In total, 15 percent of women stated this preference. Indeed, some women who told us they felt comfortable talking to healthcare professionals stated that they would feel uncomfortable if they had to talk to a male. As one woman explained, **'There is always a female health professional available to have discussions with. I would not feel comfortable discussing my health needs with a male.'**

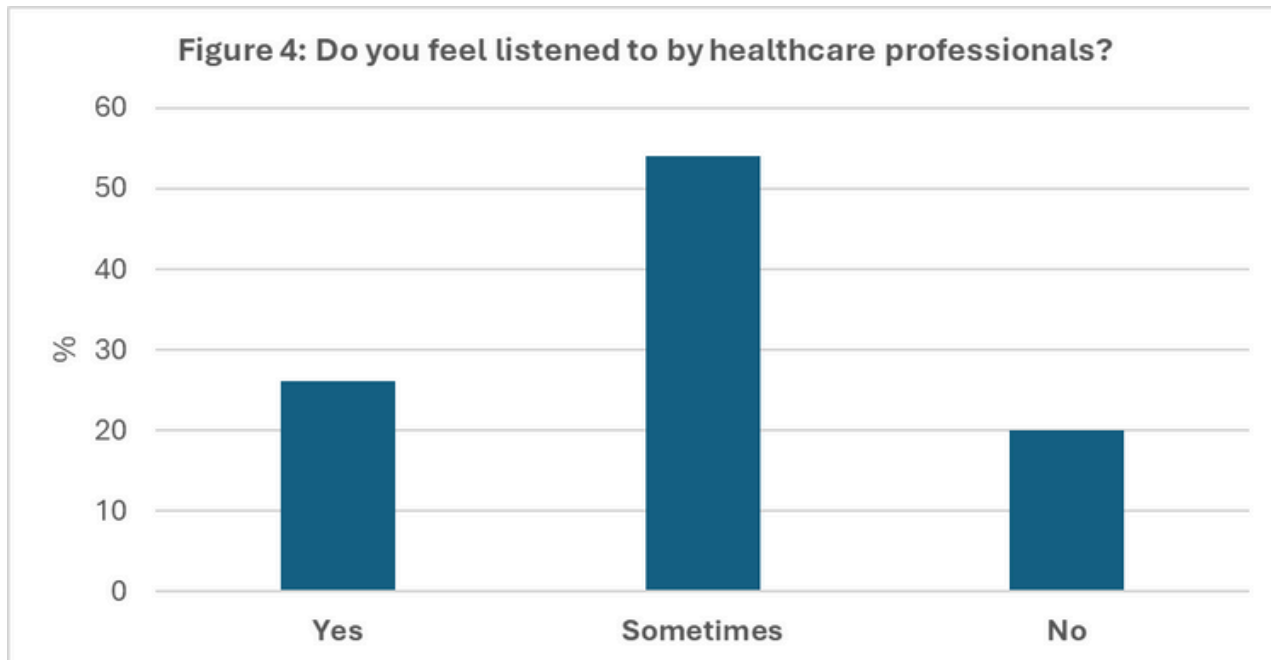
[6] [Results of the 'Women's Health – Let's talk about it' survey – GOV.UK](#)

This is not to suggest that all women prefer to see female health professionals. Some women stated explicitly that they did not care either way, while most did not comment. It does, however, demonstrate the importance of making sure that women are aware of their right to ask to see a female health professional if preferred.

The other important caveat is that while most women feel comfortable talking about their health, many still feel that they are not listened to. This leads into question 4 of our survey, which asked:

Do you feel listened to by healthcare professionals?

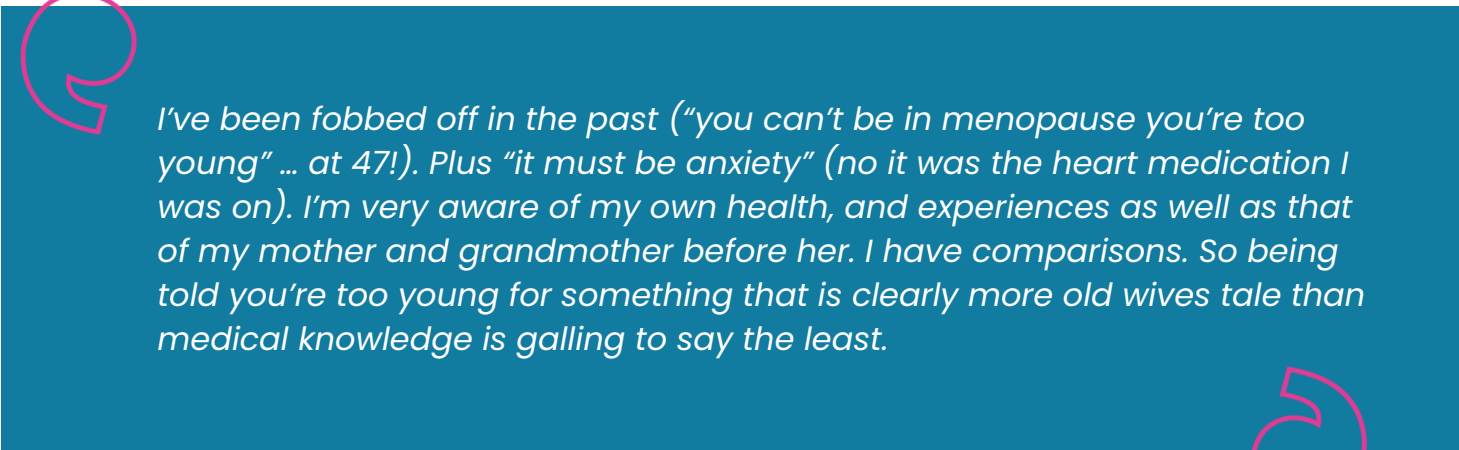
Twenty-seven percent of women responded positively to this question. Most women (54%) told us that they only feel listened to 'Sometimes', while 20 percent said they are never listened to. This aligns with the findings of previous women's health studies. For instance, a 2022 study by the Department of Health and Education found that 84% of women felt they were not always listened to, a result that closely mirrors our finding of 74%.^[7]



[7] Results of the 'Women's Health – Let's talk about it' survey – GOV.UK

Our earlier personal experience on pages 11–12 is just one of many we have heard from women who have suffered due to being ignored. Numerous survey respondents reported that their symptoms were dismissed or incorrectly attributed to other health issues, and it was only after persistently advocating for themselves – sometimes for years – that they finally received a correct diagnosis. One woman shared that the **'issues I am experiencing are minimised by some practitioners'**, noting that as a result she has been **'living with problems for years.'** Unfortunately, many women expressed that they have learned to live with symptoms that remain undiagnosed.

The feeling of being ignored contributes significantly to the negative experiences of care that many women told us about in answer to question 2 of our survey. Meaningful conversations between medical professionals and patients are a vital part of the process of achieving good, personalised care, but too often women find that this is not happening.



I've been fobbed off in the past ("you can't be in menopause you're too young" ... at 47!). Plus "it must be anxiety" (no it was the heart medication I was on). I'm very aware of my own health, and experiences as well as that of my mother and grandmother before her. I have comparisons. So being told you're too young for something that is clearly more old wives tale than medical knowledge is galling to say the least.

Women's Health Priorities

Our final survey question asked women to rank their 'Top 3' health concerns from a list of 17 options. An 'Other' option was available for women who wanted to select issues not included in the 17 options. The results are presented in Table 1 below. As we can see, the top three health concerns are **'Cancers'**, **'Mental health'** and **'Menopause'**. **'Gynaecological health'** was just outside the top 3, with five fewer votes than 'Menopause', followed by **'Bones, joints and muscle health'**.

Cancer was by some margin the highest priority, but it should be noted that the figure of 124 in Table 1 includes four separate cancer-related health concerns included in the 17 survey options.

The overall 'Cancer' figure of 124 includes:

- 'Breast health – including breast pain, breast lumps, breast cancer' (27 votes)
- 'Cancers: womb, ovarian, cervical, vulval, vaginal' (18 votes)
- 'Cancers: other' (47 votes)
- 'Screening services – including cervical, breast, bowel' (32 votes)

Overall, the results are similar to a recent women's health study conducted by Healthwatch North East and North Cumbria (NENC[JCI]). 'Mental health and wellbeing', the largest non-cancer priority in our survey, was also the highest in the NENC report. 'Menopause', 'Bones, joints and muscle health' and 'Screening services' were also high on the NENC report's priorities.[8]

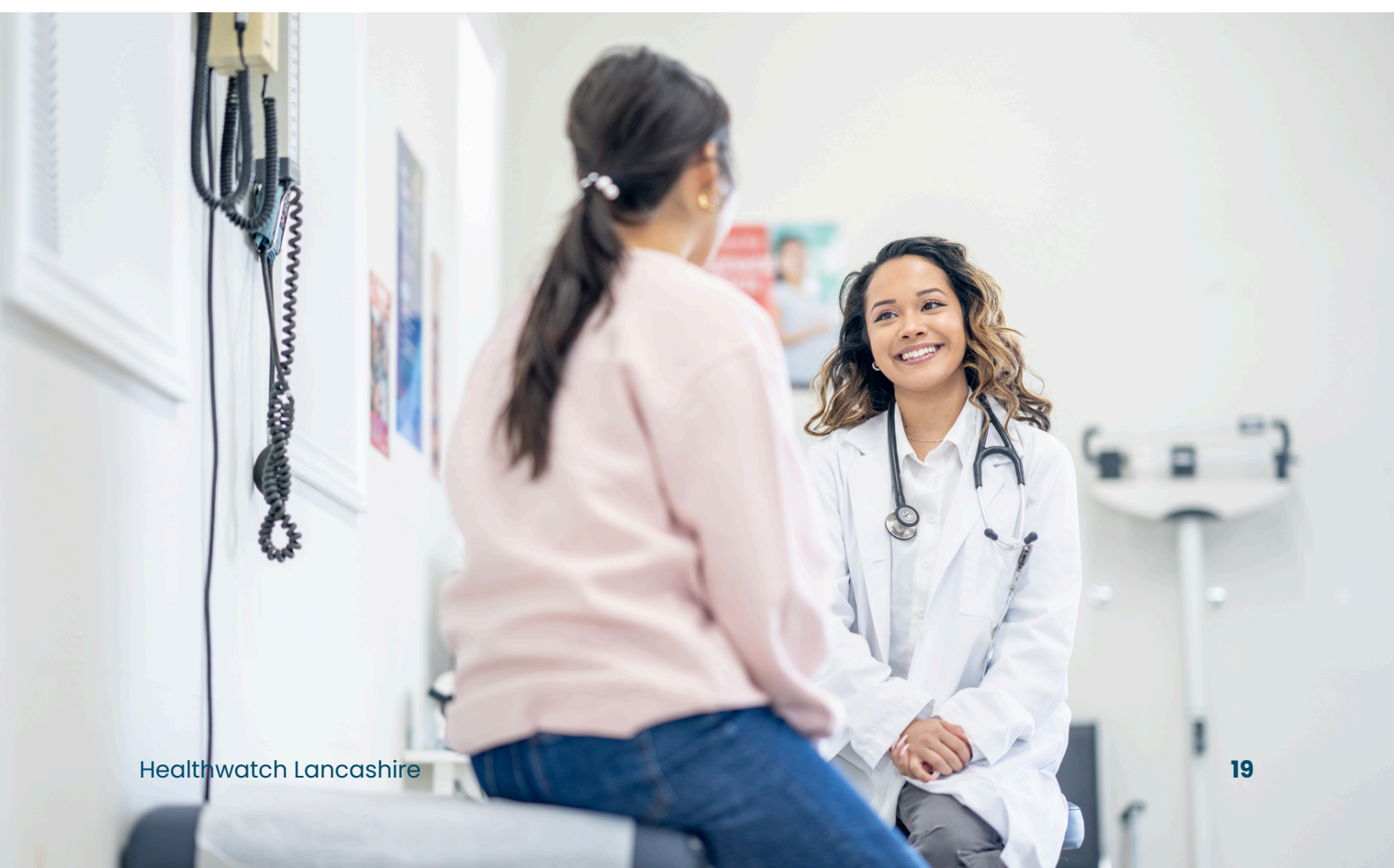
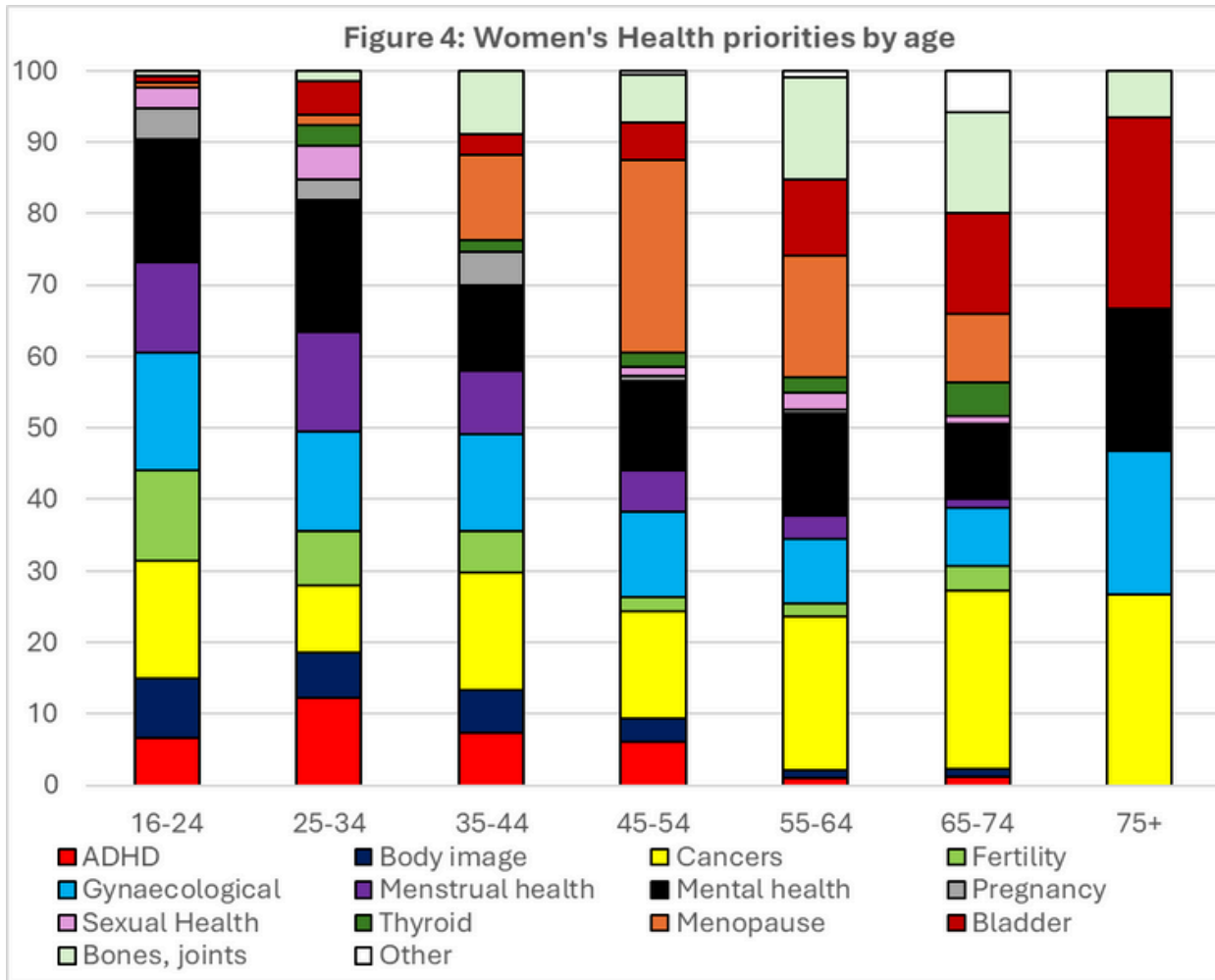
Table 1, however, provides an incomplete perspective, as it fails to account for variations across the life course. Figure 4 below illustrates women's health priorities by age group, highlighting that while certain concerns – such as cancers, mental health, and gynaecological conditions – are consistently significant across all age groups, other health issues tend to be more age-specific. For example:

- Younger women were more likely to prioritise menstrual health, sexual health, pregnancy and body image.
- Middle-aged adults prioritised menopause more than other groups; this was the most important priority for women aged 45-54.
- Older women were more likely to prioritise issues related to bones and joints, and thyroid related issues.

These distinctions demonstrate that women's health priorities change across the life course, and emphasise the importance of tailoring women's healthcare services to reflect both universal and age-specific concerns.

[8] Healthwatch, North East and North Cumbria, The Big Conversation: Women's Health.

Table 1: Women's Health Priorities		
1	Cancers	124
2	Mental health and wellbeing - including depression, anxiety, eating disorders	98
3	Menopause, perimenopause and hormone replacement therapy (HRT)	89
4	Gynaecological health - including ovarian cysts, fibroids, polycystic ovary syndrome, hysterectomy, endometriosis, adenomyosis	84
5	Bones, joints and muscle health - including arthritis, osteoporosis, fibromyalgia	57
6	Bladder and urinary - including urinary tract infections (UTIs), kidney infections, leaking pee, incontinence	49
7	Menstrual health - including period pain, heavy menstrual bleeding, pre-menstrual syndrome (PMS)	48
8	Fertility and infertility	35
9	Attention deficit hyperactivity disorder (ADHD), autism, neurodivergence	33
10	Body image	27
11	Sexual health - including contraception, sexually transmitted infections (STIs), sexual health clinics	14
12	Thyroid disease	14
13	Pregnancy - keeping well in pregnancy, pregnancy loss, baby loss, giving birth, postnatal support	13
14	Heart	4
15	Other	3



5. Next Steps

In November 2024, we shared the survey results with our project Steering Committee, which included representatives from LSC ICB (Lancashire and South Cumbria Integrated Care Board), LCC (Lancashire County Council), local charities including Lancashire Women, Foxton Centre, and members of the public. Together, we identified the focus for the project's second phase. It was agreed that Healthwatch Lancashire would investigate the top three non-cancer-related priorities highlighted in the survey: mental health, menopause, and gynaecological issues. This phase will involve conducting focus groups with women from diverse demographic and ethnic backgrounds, speaking to healthcare professionals to garner their views on what is working well and what needs improving, and gathering personal stories to gain deeper insights and inform strategies for improving health services. The findings will be published by Healthwatch Lancashire in the second quarter of 2025.

Given the importance of cancer as a priority for many women, our 2025 women's health report will also include signposting information and guidance on women-specific cancers.



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