healthwatch Lancashire

‘Talk to us’ Women’s Health Phase 2 report

June 2025

Contents

Acknowledgements

Healthwatch Lancashire would like to thank everyone who shared their experience for this report. Also, we would like to thank everyone who contributed to our steering group, including representatives of:

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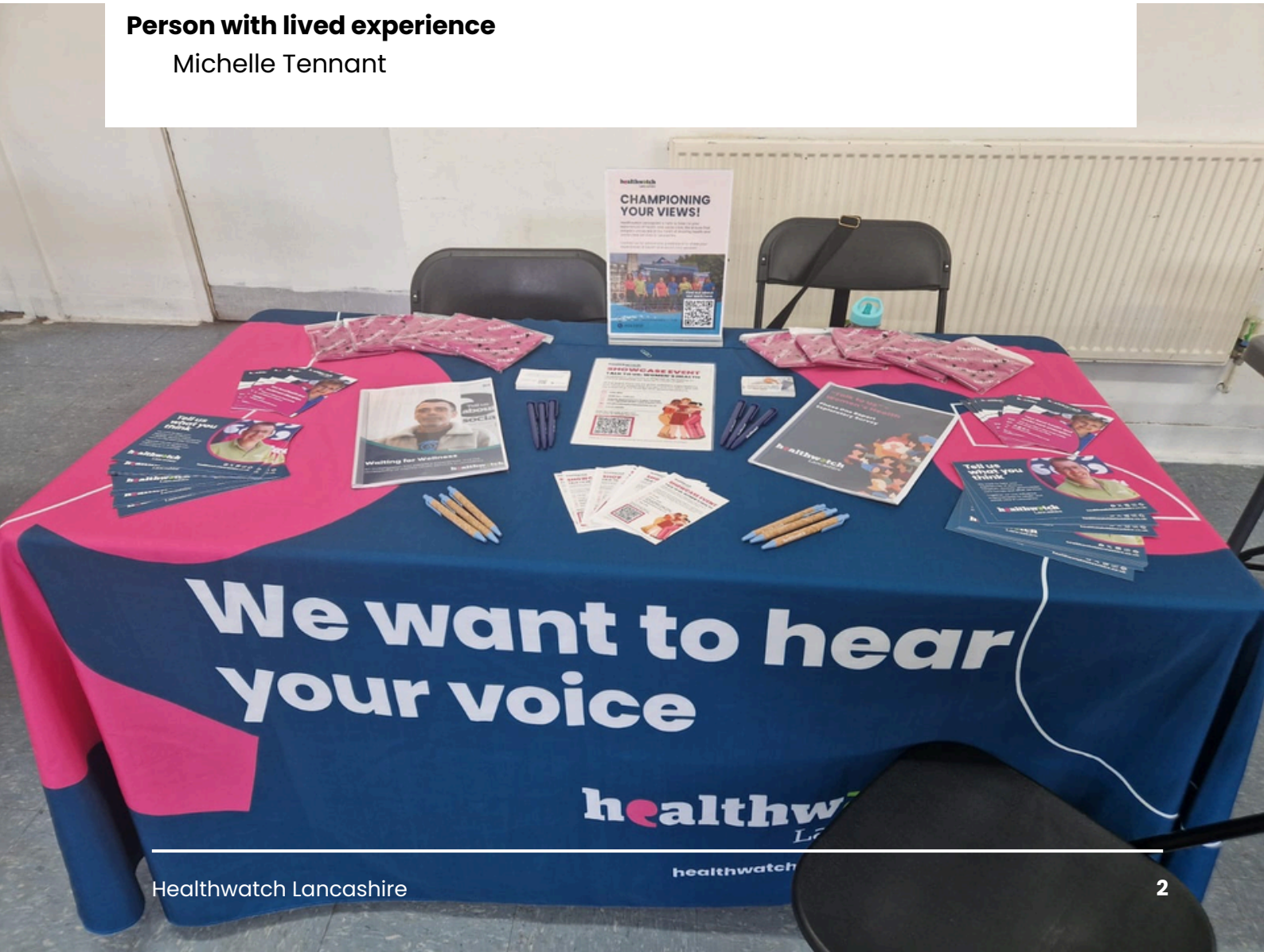

Executive Summary

In 2024 Healthwatch Lancashire conducted Phase 1 of our 'Talk to Us: Women's Health' project, which sought to understand the experiences and needs of women in the healthcare system.

The project was designed to inform the establishment of women's health hubs in the region, which are being introduced by Integrated Care Boards under the government's Women's Health Strategy for England.

The Phase 1 report highlighted significant variations in women's individual experiences, but we found that most women felt current health services were failing to meet their needs. Fewer than three in ten women rated healthcare services as 'Very good' or 'Good'.

In addition to asking women about their healthcare experiences, we asked them to tell us what their main health priorities and concerns are. The results showed that the main health concerns related to cancers, and so we followed-up this finding with a cancer awareness campaign to signpost women to services and provide information. Two of our posters can be seen on the next page.

This study focuses on these three issues. Notably, all three have been identified as key service pathways for women's health hubs.

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Talk To Us About...

Gynaecological Health

Mental Health

Menopause

1. Introduction

In 2024 Healthwatch Lancashire conducted Phase 1 of our 'Talk to Us: Women's Health' project, which sought to understand the experiences and needs of women in the healthcare system.

The project was designed to inform the establishment of women's health hubs in the region, which are being introduced by Integrated Care Boards under the government's Women's Health Strategy for England.[1]

You can read our Phase 1 report here

The Phase 1 report highlighted significant variations in women's individual experiences, but we found that most women felt current health services were **failing to meet their needs.** Fewer than three in ten women rated healthcare services as 'Very good' or 'Good'. Common issues included:

- Feeling ignored or not being taken seriously by health professionals
- A lack of appropriate knowledge among some medical professionals regarding women-specific health issues
- Poor communication and insufficient information provided to make informed decisions about health.

As a result of these issues, many women shared experiences of long delays in receiving diagnoses and instances of misdiagnosis.

Other key issues included:

A strong preference among some women to see a female healthcare professional.

The need for more information about the range of women's health services available locally

Long waiting times for treatment, especially for gynaecology treatments

The need to travel significant distances for some appointments.

In addition to asking women about their healthcare experiences, we asked them to tell us what their main health priorities and concerns are. The results showed that the main health concerns related to cancers, and so we followed-up this finding with a cancer awareness campaign to signpost women to services and provide information. Two of our posters can be seen on the next page.

Cancer Awareness Week

Healthwatch Lancashire

How to Be Breast Aware: The 5 Point Code

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Cancer Awareness Week

Healthwatch Lancashire

The 5 Point Code

1. Know what is normal for you
2. Know what changes to look and feel for
3. Look and feel
4. Report any changes to your GP without delay
5. Attend routine breast screening, if you're over 50

The top 3 non-cancer specific women's health concerns were:

- **Menopause**
- **Gynaecology**
- **Mental Health**

This study focuses on these three issues. Notably, all three have been identified as key service pathways for women's health hubs.

2. Methods

Our research for this project prioritised collecting rich qualitative evidence by talking to women about their experiences. This method included gathering **personal experience case studies** (conducted in person and by phone), **focus groups**, and by talking to women at **public engagement events**.

To ensure that we are representative of our communities in Lancashire, engagement was split geographically and across multiple community groups. In total, we spoke to 141 women. This included:

41

personal experience case studies

13

focus groups

3. Feedback on our 3 priority areas

Menopause

Menopause begins when a person's periods stop due to a decline in hormone levels. It typically affects women between the ages of 45 and 55 (the average age is 51), though menopause can begin earlier and later. Some women experience early menopause due to surgery or treatment for certain conditions, including some types of chemotherapy.

The transition to menopause, known as perimenopause, usually starts around age 40 but can also happen sooner. During perimenopause, periods become irregular, and people may begin to experience symptoms similar to those of menopause. Menopause is diagnosed after 12 consecutive months without a period.

Several recent studies have found serious gaps in menopause support nationally.[3]

Common symptoms of menopause include:

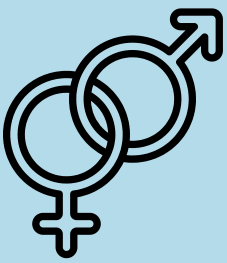
Night sweats

Difficulty sleeping

Low mood or anxiety

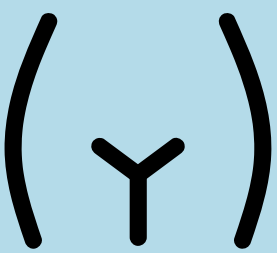
Problems with memory and concentration

Hot flushes



Reduced sex drive

Joint pains



Vaginal dryness

Improving awareness and access to menopause care is considered a priority for the government, and forms a crucial strand of the Women's Health Strategy for England. This is, in part, to support women to remain in the workforce as they age.[4]

Our discussions with women identified the following key issues:

Dismissal and misdiagnosis

Many women told us they often feel dismissed or not taken seriously when they attend GP appointments to talk about menopause concerns. They explained that their symptoms are frequently attributed to unrelated or separate issues, or explained away as stress or fatigue. Several women told us that their GPs said they were 'too young' for menopause, even though they were experiencing symptoms that were later diagnosed as menopause.

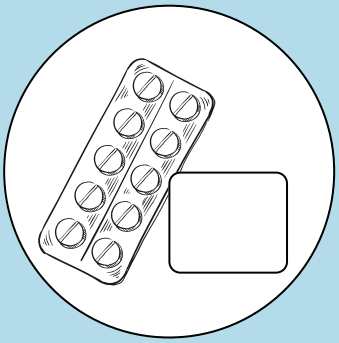
''My mum and grandma started the menopause early and it is in my notes to check for me, but doctors don't seem to realise that.''

Many of the women we spoke to stated that medical professionals appeared to lack up-to-date knowledge on menopause and treatment. We heard that this knowledge gap resulted in delays and misdiagnoses, and poor understanding of the treatment options available. This included a reluctance on the part of some medical professionals to prescribe HRT.

Several women described feeling dismissed when they tried to bring their own research or information to appointments. They were frustrated by what they saw as resistance from some GPs to engage with them. Some women also told us that health professionals can be dismissive of the menopause, often advising them, in effect, to **'just get on with it'**, or explaining away the significance of symptoms by saying **'it's just the menopause.**'

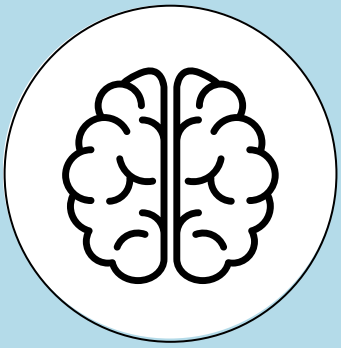
Treatments for menopause include:

Hormone Replacement Therapy (HRT)



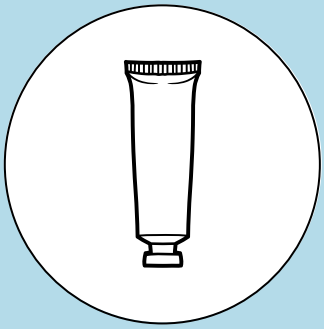
HRT is recommended by NICE* to relieve symptoms of menopause, such as hot flushes, mood changes, and vaginal dryness. It is considered effective and safe for most women, with the risk of serious side effects thought to be low.

Cognitive Behavioral Therapy (CBT)



CBT is considered an effective way of managing some menopause symptoms, such as hot flushes and night sweats, by reducing anxiety and aiding sleep.

Testosterone Gel



If HRT does not restore sex drive, mood or energy levels, testosterone gel might be offered.

Oestrogen

Oestrogen can be prescribed to manage vaginal dryness. It can be used alongside HRT.

For more information, visit the NHS website.

*NICE is the National Institute for Health and Care Excellence

'Doctors just keep saying you need to lose weight… it's only the menopause.'

'Doctors are not up to date with current research.'

'My GP didn't talk through anything… it was hard to make a decision.'

'You have to advocate for yourself… and that's the problem.'

'Doctors don't listen, I was just sent home with anti-depressants rather than HRT.'

'My doctor prescribed HRT but was not clear on the side-effects so I couldn't make a decision.'

'Doctors are very hit and miss on menopause support and information, and it really depends on who you are with as to how good the care is.'

It is important to note that not all the women we spoke to had bad experiences of menopause care and support. Some reported receiving excellent care by knowledgeable and supportive healthcare professionals. However, as the final quotation above indicates, much depends on finding the right healthcare professional who has the knowledge and expertise to offer the correct advice to diagnose symptoms correctly and prescribe appropriate and treatment options.

The following personal experience reveals the difficulties one women faced when she approached her local GP with menopause symptoms.

"I had an extremely tough year, and went through a lot of stress with work and my personal life. During this time my periods stopped, but I didn't seek help as I was so stressed that I put it down to that. I didn't realise at the time that it was the menopause.

Eventually, I went to my GP and explained everything I'd been feeling. They suggested it might be Long Covid. I said I thought it could be the menopause, but they dismissed that, saying, 'Well, it could be, but I don't think it is.' They prescribed antidepressants, but didn't offer any other help or support.

A year later, I started bleeding again. I was told I needed a hysteroscopy, but I wasn't informed it would be done without anaesthetic. I was also told I might have cancer. The appointment was in late December, and because of the Christmas break I was warned I wouldn't hear anything for a few weeks. This caused even more stress. I thought I might be seriously ill and felt completely unsupported and in the dark.

I never heard back from the hospital, so I had to chase them myself but nobody could give me the results. The bleeding got so bad that I ended up in A&E, where I was left on a corridor for 14 hours before being seen. They did an MRI but then discharged me, saying it wasn't a gynaecological problem and told me to go home.

I returned to my GP, who then said it was a gynaecological issue and referred me back into the system. This time, I had a hysteroscopy under anaesthetic, and they found polyps and cysts on my ovaries, which they removed before discharging me again. I had a follow-up appointment six months later over the phone, where I was told there was nothing more they could do.

Eventually, I went back to my GP and was finally prescribed HRT, as they now believed I was going through the menopause. I was told to try it for six months and see if it helped. But overall, I feel like I've just been left to cope on my own.

My experience with the gynaecology department was extremely poor, as they were unhelpful and unsupportive throughout. I feel I was left to suffer without guidance. I was so busy that I didn't have the time or energy to research the menopause myself, but that information should be made readily and clearly available to all women."

Impact of menopause on mental health, work and wellbeing

The personal experience on the previous page indicates the emotional and psychological toll that menopause can have on mental health and wellbeing. This is an issue many women told us about. They reported feeling isolated, depressed or anxious, and physically and mentally exhausted. In many cases, mental health challenges are not only symptoms of menopause, but are intensified by poor experiences of care from healthcare professionals as described above.

The emotional and psychological impact that menopause can have is often compounded by work life. Women reported reduced productivity and confidence due to unmanaged symptoms. Some women told us that time constraints, such as working 9am to 5pm from Monday to Friday, makes it difficult for them to seek medical advice on menopause or attend appointments. This appears particularly true of women who need to juggle employment with unpaid care of children or elderly relatives.

The level of support women receive from employers can vary considerably. We heard from women working at Lancashire County Council that their employer provides excellent information and support to staff about menopause, but this is far from universal. A lack of support makes it difficult for some women to attend appointments, and creates a culture where women do not want to talk about the difficulties they are experiencing.

''There is not enough support or guidance out there for women...This has caused my anxiety to worsen.''

''A lot of people don't realise how much anxiety [menopause] causes, and how it impacts your confidence.''

'The following personal experience focuses on the challenges of a working woman while struggling with menopause.

''I am currently in the menopause; I'm not sure if I'm in the middle or at the end but I've been going through it for a few years now. I'm not on HRT as I preferred not to be.

My workplace has been my main source of information, via emails and webinars, etc. I've attended a few and they've been good. However, I worry about how I will be perceived by my colleagues if I keep going to webinars and not always being at my desk. I'm lucky in that my team are all female and most are understanding, but I'm very conscious that there will be a few who think I should be working and not taking time out to go to things.

I try to look after myself and my mental wellbeing by going to community groups, gyms and other wellbeing activities, but it's really hard to access these around my working hours. I also have to go to menopause related appointments such as my GP during my lunch hours as we don't get any time off for these. I needed to attend a physio due to the impact the menopause has had on my bones and joints, but I had to attend the appointments during

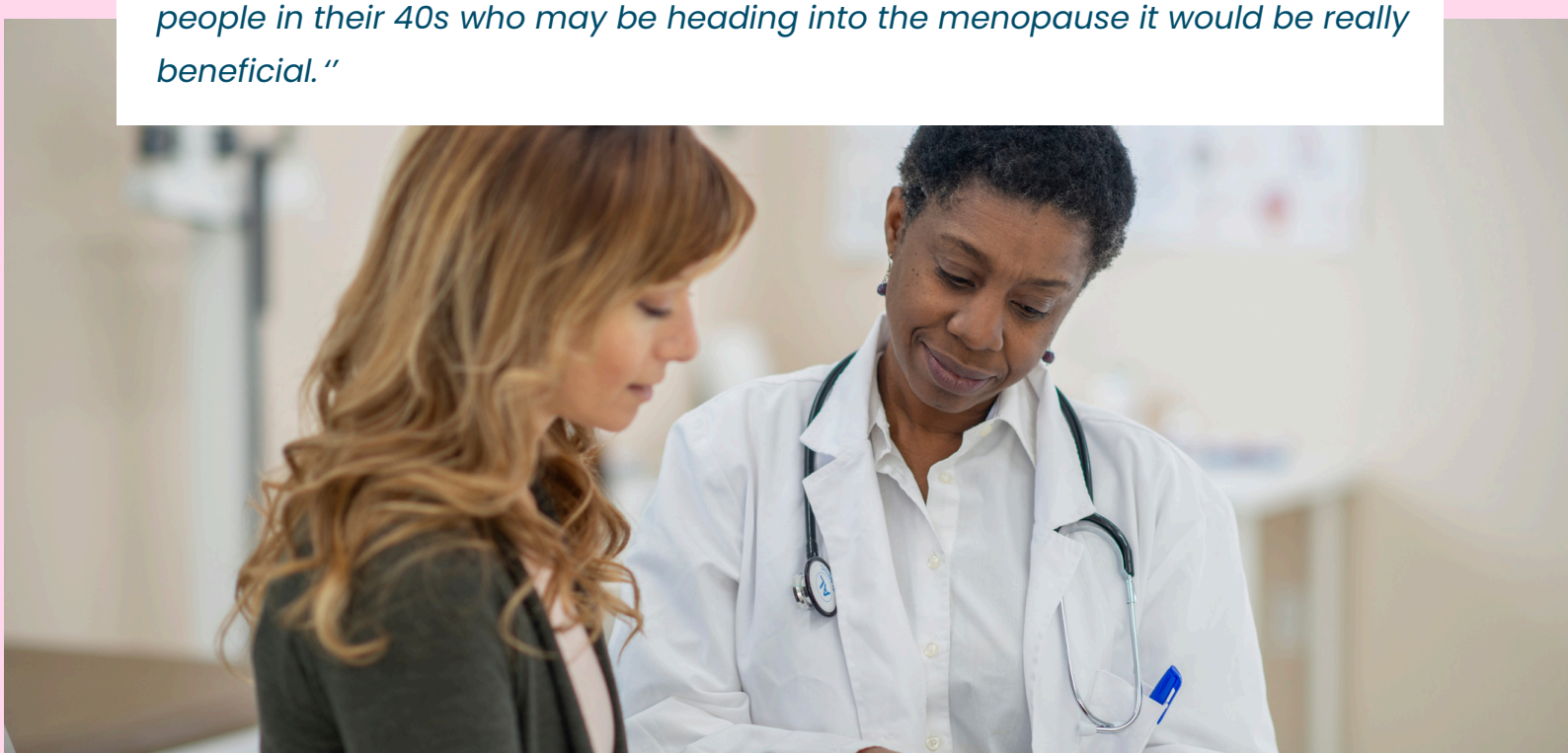
my lunch breaks. This impacts on you, as you don't get a proper break or time to eat your lunch, so there is a big knock on effect to your general mental health and wellbeing.

I *learnt a lot from family and friends. I also bought several self-help books and did my own research…I'm now chatting with my work colleagues about the menopause and what I'm learning, especially the younger ones, as you don't really know what it's actually like until you start, and I'd like them to be aware of the issues. I wish someone had done that for me because I didn't know anything. I don't even know when I started because I wasn't aware of what the signs were, what to look for or expect.*

I've been lucky that I haven't suffered badly with hot flushes, but I do have brain fog which can be challenging, especially as I'm still fairly new in my post following a career change. Sleep is a big factor and having to go to the toilet a lot more, especially at night. Lack of sleep really affects your mental health and wellbeing.

For me, flexible working hours would be massively beneficial in allowing time to get to appointments, access community support services and be able to attend more information events such as webinars, as well as looking after my mental health and wellbeing.

A booklet or pamphlet which tells you what to expect/look out for etc would be fantastic. I'm not sure younger people would be interested in this, but for people in their 40s who may be heading into the menopause it would be really beneficial.''



Lack of education, information and understanding

A persistent theme in the feedback we received from women related to the lack of information they could access on menopause, and the apparent lack of expertise of some GPs and other medical professionals they encountered. We have already noted the impact of some of these issues on diagnosis and treatment of menopause.

Women reported that they did not learn anything about menopause while at school, and so did not know what symptoms to look out for. A recent study published in the journal Post Reproductive Health found that 90% of women were not taught about menopause when they were younger, and that most only begin researching symptoms once they started experiencing them.[5] Recognising this problem, since 2020 secondary schools have been required to teach menopause as part of the 'Relationships and Sex Education' curriculum.

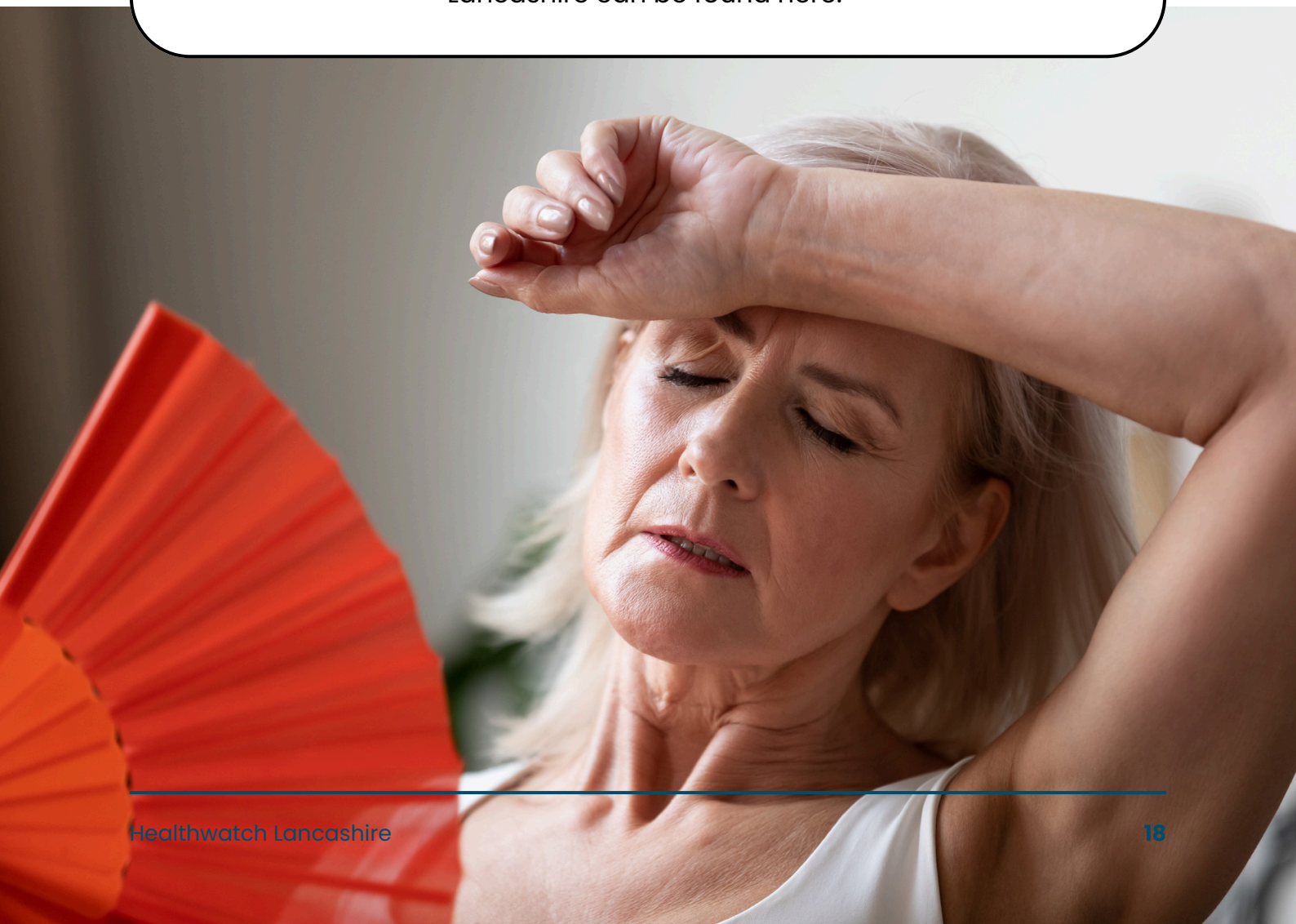
In the workplace, many organisations now provide menopause training to managers and staff in order to raise awareness, enhance understanding and provide a more supportive working environment for women. This has been encouraged by the government.[6] As we have already observed, employees at Lancashire County Council have reported the benefits of such schemes. However, it is not possible for all businesses to provide comprehensive training, especially smaller organisations, so there remains a gap in provision.

'Why is there no information on hair loss!? I thought there was something wrong with me because my hair really thinned, but I later found out it's a common symptom of menopause.'

The most persistent issues we heard regarded the lack of expertise among health professionals. This has been a major topic of discussion in England in recent years. Many currently practicing GPs did not to study menopause as part of their initial training, nor do many GP practices require mandatory training on menopause.[7] While the Royal College of General Practitioners curriculum, which all current trainee GPs must demonstrate competency in, does include menopause training, many primary care providers continue to lack menopause specialists.

We heard that the presence of menopause champions in the workplace and in primary care settings can help women feel more confident discussing their symptoms and provide vital support and information. However, the presence of menopause champions is far from universal.

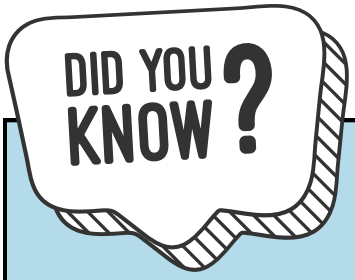
More information on menopause champions in Lancashire can be found here.



Ethnicity and Access

During our engagement for this project we attended a number of support groups for people from ethnic minority communities. We heard that in some minority communities, menopause remains something of a taboo subject which is rarely discussed openly. The stigma attached to menopause can discourage some women from seeking help. As one women of South Asian heritage told us:

''I have recently begun to show the signs of the menopause and it has been hard. We don't talk about it with each other it's just something that we all go through, and no one told me about what to expect until I started with the signs and my mum said "Oh I had that" when referring to the hot sweats. That's as much education as there is in families in our community. Until it happens, we don't know what to expect. It's all very hush hush until you are in a group of women all going through it together, then they talk about it.''



Some evidence suggests that ethnic minority women in the UK might experience menopause at an earlier age than white women. The average age of menopause in Indian women (living in India), for example, is 46, compared to 51 among women in western countries.[8]

Several women from the same community explained that they feel particularly uncomfortable talking to their male partners about menopause.

Allied to this is a concern among some ethnic minority women to see male healthcare professionals about sensitive or potentially embarrassing women's health concerns. As one woman told us:

> ***''I went to the GP [about menopause] and saw a man who told me it's just one of those things and didn't offer much in the way of support or medication. I think he said take paracetamol, as it will help with the symptoms. I wanted to be seen by a female GP, but they told me that there were no appointments available with female clinicians and that the men were "just as qualified". This made me feel embarrassed for asking them to make this adjustment for me. I didn't want one for the fun of it, I wanted to talk about something that was a sensitive topic. It just seems unfair and is why Asian ladies don't like seeing doctors about things like this.''***

This report from the British Menopause Society provides further information on menopause in ethnic minority women: [insert link]

Gynaecology

Gynaecology covers a wide-range of women's health conditions, from menstrual issues to menopause and cancers. These are conditions which affect a woman's reproductive system, as well as their general physical and mental wellbeing.

Recent research shows that over **760,000** women with serious gynaecological conditions are currently on long waiting lists for treatment.[9] These delays have had the knock-on effect, causing more women to require emergency care to manage severe symptoms. There has been a **33%** increase in gynaecology-related admission to hospitals since 2021.

Long waiting times

The most common piece of feedback we received from the women we spoke to about gynaecological care related to the long waiting times they experienced to get treatment. We found, like the RCOG report, that this resulted in women experiencing declining mental and physical health. It also deterred some women from seeking medical attention, as they knew that the waiting lists were so long. We heard instances of women being advised by their GP not to refer to gynaecology for treatment because it would take years for them to be seen. '

> ***''I went to the hospital with a bowel obstruction and I had an emergency surgery, and when I came round there was a complication which meant they had to reopen me. When I had my second surgery the consultant told me that they had found endometriosis. I asked what happens next, and the consultant suggested that there was little point being referred to gynaecology as the wait list is really long. I asked if there was medication I could take for this to help ease the pain, as I had been experiencing pain for some years now with no help or explanation. The consultant advised me to go back to the doctors to ask. I went to my GP, and they said the same thing about the endometriosis wait list. I feel I have been left with no help or support, and just told 'don't bother as there is a long wait list'. I think it's bad that women have to go through this with no support.''***

The experience of one woman we spoke to revels the difficulties of long waiting times for treatment, and broader issues relating the gynaecological care. This woman, in her 50s, had experienced ongoing gynaecological health problems, particularly related to prolapses, since giving birth for a fourth time over a decade earlier. Prolapse can affect all women, but is especially common

among women who have given birth. It involves organs such as the uterus or bladder dropping out of their normal position due to a weaking of pelvic floor muscles and tissues. Symptoms include urinary incontinence, and back and pelvic pain.

The woman sought help from her GP multiple times, but initially she was only given laxatives. She told us that it took years of persistence to find a doctor who truly listened and helped her. During this time, she faced excessive delays, including two years for a 'useless' physio appointment, and a three year wait for surgery at Royal Preston Hospital.

Just before surgery, she learned that not one but three prolapses needed repair. As she explained, she,

> ***''Questioned whether the surgeon would look at all three or just the one and the consultant told me to "see what they do when they get to you." This didn't fill me with much confidence. I contacted them and they said they would look at them all ifI don't know why I needed to chase this information down.''***

Her operation was performed successfully, but it took over four hours which caused another patient's surgery to be cancelled. She was discharged with inadequate pain relief and no discharge plan, and had to return the next day in agony.

The woman told us that her recovery was challenging due to poor aftercare, including a lack of information, which caused her to feel abandoned and deeply affected her mental health. She believes this is indicative of a broader systemic failure in women's health services. She was fortunate to receive good support from her employer, which included building the confidence to self-advocate by attending a workplace support group.

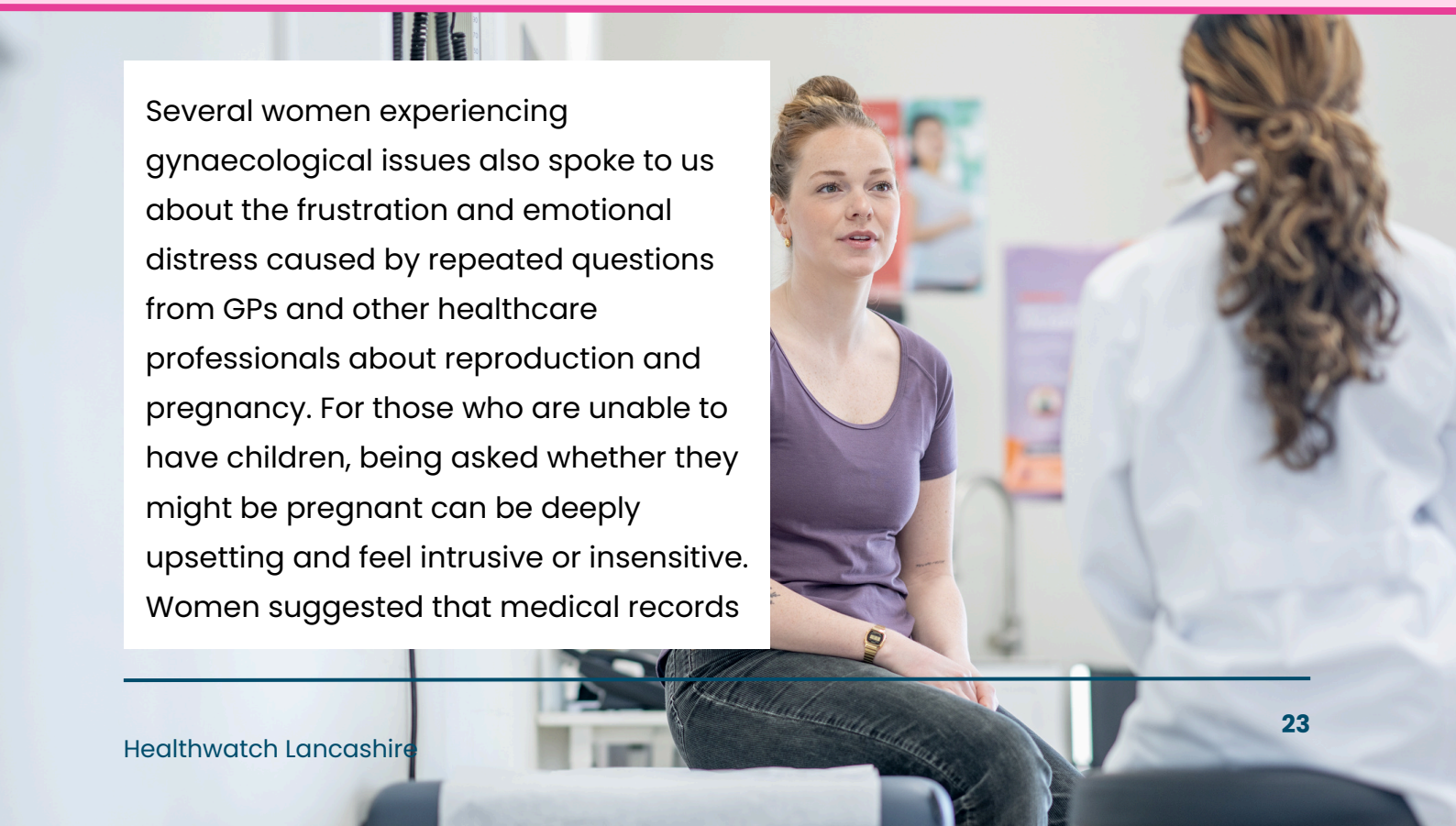
Long wait times for gynaecological care is a national problem, but the North West is among the regions with the highest number of patients on waiting lists.[10]

Traumatic experiences

Several women we spoke to told us of unexpectedly traumatic experiences of gynaecological procedures, which were not explained to them in advance. These included instances of painful hysteroscopies when undertaken without anaesthetic. One woman told us that a traumatic hysteroscopy which caused 'extreme pain.'

This is far from an isolated case. Our Women's Health Phase 1 Personal Experiences report features the case of a women whose traumatic hysteroscopy left her feeling 'shame' and 'obliterated' her trust in healthcare services. The report can be accessed here:

You can read our Phase 1 personal experiences report here



Several women experiencing gynaecological issues also spoke to us about the frustration and emotional distress caused by repeated questions from GPs and other healthcare professionals about reproduction and pregnancy. For those who are unable to have children, being asked whether they might be pregnant can be deeply upsetting and feel intrusive or insensitive. Women suggested that medical records

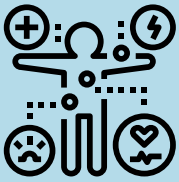
should clearly flag when a person can not have children to avoid causing unnecessary upset.

In addition to this, we heard that women who cannot conceive often face emotional and psychological hardships when they need to wait for hospital appointments in gynecology waiting areas situated in or near to maternity services. The contrast between their own struggles and the visible joy of others can intensify feelings of grief and frustration. This environment can make the wait for care emotionally distressing.

Intersecting challenges

We found that the challenges women face receiving treatment for gynaecological conditions intersect with the menopause-specific difficulties discussed above. This includes:

A lack of knowledge or expertise in some cases



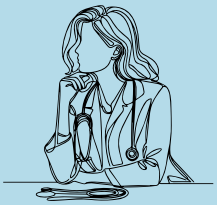
Symptoms being overlooked or misdiagnosed

Women feeling they are not being heard

The need for better education and understanding in medical and social spheres.

The emotional burden of having to advocate for themselves to receive appropriate care.

The challenges of getting care and treatment when juggling work and family commitments.



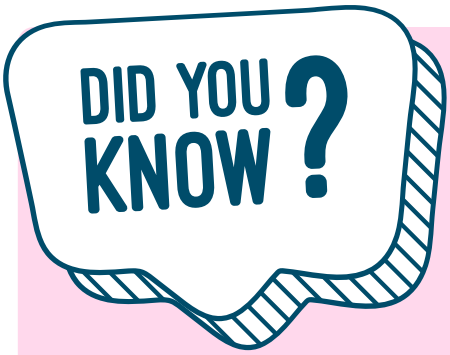
A preference to see a female health professional

''I had a long wait for my diagnosis of endometriosis, which I final got [recently] and I am now on the waiting list for a laparoscopy. I felt like I was dismissed in the first instance of this journey, which has led to delays and longer wait times, and this has had an impact on my mental health. I was given antidepressants, which just made things worse due to the side-effects. I didn't feel I was listened to, and the 'solution' was just to take tablets. ''

Mental health

Women going through menopause often face mental health challenges due to natural hormonal changes, which, as noted, can lead to depression and anxiety. However, our research also showed that negative experiences with menopause and gynaecological care, along with associated difficulties at work or in social life, were strongly linked to declining mental health. As a result, women often experience worsening mental health both directly due to their conditions, and indirectly because of poor care.

The connection between menopausal and gynaecological conditions and mental health was illustrated by a woman experiencing menopause while awaiting gynaecological surgery. Initially, she was told she would have the procedure within 16 weeks, but she is still waiting 18 months later. The combination of severe menopausal symptoms and the prolonged, uncertain wait for surgery has, she explained, ***'seriously impacted my mental health.'***



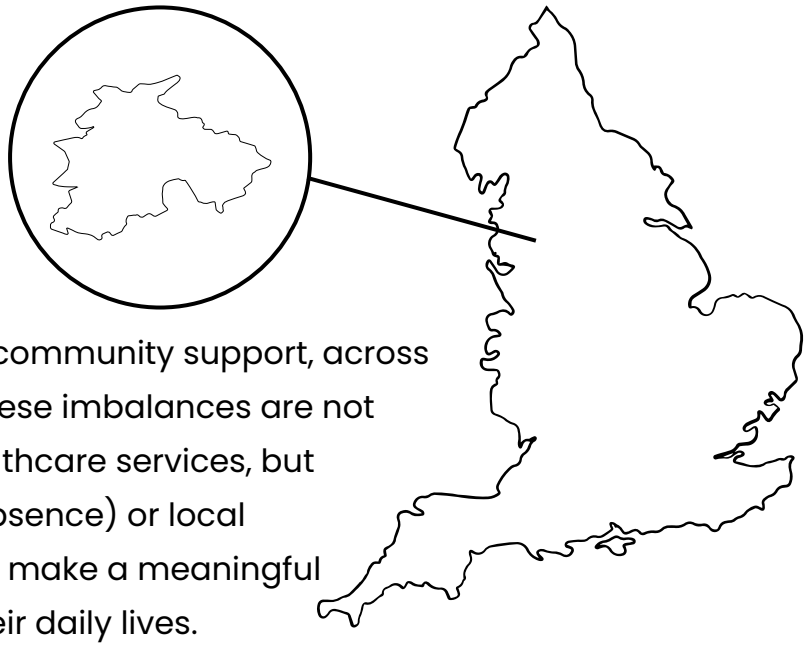
1 in 5 women report experiencing a common mental health disorder such as anxiety or depression in any given week.

Cases such as this contribute to the fact that 1 in 5 women experience a common mental health problem.[11] In addition to menopause, women often experience poor mental health due to perinatal depression (which includes antenatal and postnatal depression), and are disproportionately likely to experience mental health problems as a result of domestic abuse.

Demands on mental health services in Lancashire, as elsewhere, are increasing, especially among women, and so people often experience long waiting times to receive appropriate care. Some women told us that they feel that services are not tailored to their specific needs, or that their mental health concerns are often dismissed or passed off as merely fluctuating hormones. One young person who spoke to us stated that while more people are now willing to talk about their mental health, she feels that healthcare professionals too readily attribute depression or anxiety among younger people to bodily change during the teenage years.

Specialist services for mental for issues which mainly affect women remain patchy and inconsistent across Lancashire, although Lancashire and South Cumbria Integrated Care Board has made efforts to provide specialised mental health care for women experience antenatal or postnatal mental health challenges through its Reproductive Trauma Service.[12] The charity Lancashire Women also provides specialist women's mental health services.[13]

4. Geographical variation in service provision in Lancashire and the potential of women's health hubs



A recurring theme that emerged throughout our research is the geographical disparity in the availability and accessibility of women's health services, including community support, across our three priority areas. These imbalances are not only evident in formal healthcare services, but also in the presence (or absence) or local support networks that can make a meaningful difference to women in their daily lives.

Many women explained that they are unaware of what services exist in their local area. Others expressed frustration that key services available in nearby towns are not present where they live. As one participant explained, the situation resembles a **'postcode lottery.'**

> ***''If there were greater networks of support out there, like local groups, it would be a real help to women. I work as part of the Family Hubs Network, and they are a fantastic resource which could be used to provide information and support. It is very patchy though. If you live in Preston, for example, where there are pockets of deprivation, there are lots of services through Family Hubs. In South Ribble and West Lancashire, on the other hand, there is not as much because it's considered 'affluent'. Women here only have the local GP, and it's often inconvenient to get an appointment…I understand that deprived areas should be a priority, but other areas should not be forgotten.''***

This statement reflects a tension in service provision. While it is right that deprived areas receive targeted support, assumptions about affluence in other areas risk leaving women there overlooked.

> **''We need more support... but there isn't a lot out there that is advertised.''**

Against this backdrop, women expressed a clear desire for health and support services that are available in their areas at convenient locations, accessible out of work hours, and staffed by specialists. Women's health hubs, if they are properly resourced, offer a promising solution by bringing together clinical services, information and peer support networks in accessible locations. The challenge is to ensure that women's health hubs, in whatever form they take, are distributed with a relatively even geographical spread, and tailored to the needs of the local population. The hubs present an opportunity to enhance access for some women who are often reluctant to seek help for women-specific health issues, such as those from ethnic minority communities as discussed earlier.

5. Conclusion

This study builds on our Phase 1 Women's Health report, which identified menopause, gynaecology, and mental health as key health priorities for women.

Across these three areas this study has found that:

- Women often feel their health concerns are not taken seriously, particularly in relation to menopause.
- Many women report that healthcare professionals lack sufficient knowledge of women's health issues, resulting in delayed diagnoses or inappropriate treatment options.
- Waiting times for some conditions, especially gynaecological issues, are extremely long, which can discourage women from seeking care.
- Some women, especially those from ethnic minority communities, prefer to see female healthcare professionals when discussing sensitive or potentially embarrassing concerns.
- Women would like greater awareness and support for women's health issues in both the workplace and healthcare settings.
- Access to support services varies significantly by location, with some women describing the situation as a 'postcode lottery.'

Although each of the three priority areas presents distinct challenges, we found significant overlap. For example, women frequently told us that poor management of menopausal or gynaecological conditions had a negative impact on their mental health.

Women's health hubs, if properly resourced, have clear potential to help address some of these challenges by integrating clinical services, information, and peer support networks in a welcoming and accessible setting.

Recommendations

Integrated Care Board	• Introduce mandatory menopause training and refresher training for all practising GPs and primary care staff. This could include the introduction of 'Menopause Champions' • When designing women's health services, ensure that the voices of women with lived experiences are at the heart of service design and evaluation. • Communicate to women living in Lancashire the progress of Women's Health Hubs and any associated delays with service implementation • Consider when implementing women's health hubs offer there is an offer of 'one-stop-shop' access to clinical, mental health, and social support services in safe, welcoming environments.
NHS trusts	• Ensure there is informed consent for invasive procedures like hysteroscopies, to make women aware of pain risks
Primary Care Networks	• Where possible, expand out-of-hours GP or specialist services to accommodate working women. Where is already happening, ensure that this communicated and advertised.

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