GENDER HEALTH GAP

healthwatch Rotherham

About Heathwatch Rotherham

Healthwatch Rotherham is the independent champion for people who use health and social care services in Rotherham. We are here to make sure that those running services put people at the heart of care.

Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. We focus on ensuring that people's worries and concerns about current services are addressed and work to get services right for the future.

Executive Summary

Over the past six months, we have seen an increase in women raising concerns about their healthcare experiences, with recurring themes of symptoms being dismissed, concerns not being taken seriously, and delays in accessing appropriate care.

This report explores the experiences of women and people assigned female at birth when accessing healthcare in Rotherham, examining the barriers they face and the impact these experiences have on their health and wellbeing. The survey welcomed responses from cisgender women, transgender men, non-binary people and intersex people where the questions were relevant to their experiences.

During April and May, Healthwatch Rotherham conducted an online and paper-based survey, alongside targeted engagement with community groups including LGBTQ+ communities, ethnic minority communities, veterans, and parent and baby groups. In total, 76 people shared their experiences through the survey, providing both quantitative data and personal accounts of their healthcare journeys.

The findings show that, although some respondents described receiving compassionate and supportive care, many continue to experience barriers when accessing healthcare.

Key findings include:

- **71.8% of respondents said they had felt their symptoms were dismissed or not taken seriously**.
- **76% of respondents said they were only sometimes listened to or were not listened to at all** when discussing female health concerns.

- **58.5% reported being told their symptoms were stress or anxiety related without other possible causes being fully explored.**

The case studies included within this report demonstrate the personal impact behind the findings, highlighting experiences of delayed diagnosis, reduced confidence in healthcare services, emotional distress and the need for individuals to advocate for themselves to receive appropriate support. They also demonstrate that health inequalities are experienced differently by different groups, with trans respondents highlighting additional challenges navigating healthcare systems that do not always reflect their identity and healthcare needs.

The findings suggest that inequalities in healthcare experiences are influenced by several factors, including unconscious gender bias, inconsistent approaches to diagnosis and treatment, limited awareness of how conditions can present differently, and healthcare systems that do not always provide truly person-centred care.

To address these issues, Healthwatch Rotherham recommends that health and care organisations work together to:

- Improve listening, communication and shared decision-making with patients.
- Strengthen awareness and training around gender bias, women's health inequalities and inclusive healthcare.
- Review referral and diagnostic pathways to reduce delays.
- Improve support and information available while people are waiting for diagnosis or treatment.
- Ensure healthcare systems provide equitable access for all patients.
- Continue involving communities and patients in shaping improvements.

The experiences shared in this report highlight that reducing the gender health gap requires more than improving access to services. It requires healthcare professionals to listen, investigate concerns appropriately and ensure that every person receives respectful, timely and equitable care, regardless of their gender or gender identity.

Contents

Introduction

Healthwatch Rotherham's work is based on the voices of Rotherham residents, through website and telephone enquiries, Engagements and referrals from service providers. Over the last six months, we have documented an increase in the number of women coming forward with concerns about their health. A clear pattern has emerged of service providers not taking these concerns seriously, leading to delays in accessing appropriate care and, in some cases, misdiagnosis.

In response, we took the opportunity to deepen our understanding of the barriers women in Rotherham experience when accessing healthcare. Rotherham has an estimated population of 278,259, of whom 140,394 (50.8%) are female. Despite women making up just over half of the population, significant disparities remain in the way healthcare is experienced and delivered. This raises an important question: why do such inequalities persist between the care provided to women and men?

This report aims to amplify the voices of women by highlighting their experiences of navigating healthcare pathways in Rotherham and examining the impact these experiences have on both their physical and mental wellbeing.

Methodology

Throughout April and May, we conducted an online survey to better understand people's experiences of accessing healthcare. The survey was aimed at individuals with female anatomy, and we welcomed responses from anyone for whom the questions were relevant, including cisgender women, transgender men, non-binary people and intersex people.

To ensure a broad range of perspectives across different ages and ethnic backgrounds, we also carried out targeted engagement activities with community groups whose voices are often underrepresented in research. Some of these included **The Rainbow Project Rotherham**, which supports LGBTQ+ communities; **Rotherham Ethnic Minority Alliance (REMA)**, which works primarily

with Black, Asian and Minority Ethnic communities, as well as asylum seekers and refugees in Rotherham; **Jamia Masjid Noor-Ul-Huda Mosque's Mother and Babies Group**; **Rotherham Military Community Veterans Centre (MCVC)**; and **Grimm & Co's Breastfeeding Group**.

Despite undertaking targeted engagement with a range of community groups, we were unable to gather responses from young women aged 11–17. As a result, the experiences of this age group are not reflected in the findings of this report.

During these engagement sessions, our Engagement Officer and Research and Campaigns Officer facilitated conversations about women's health and experiences of accessing healthcare. Paper copies of the survey were distributed alongside QR codes linking participants to the online version. The survey was also promoted through our social media channels, including Facebook, Instagram and LinkedIn.

In total, we received 76 responses, comprising 54 online submissions and 22 completed paper surveys.

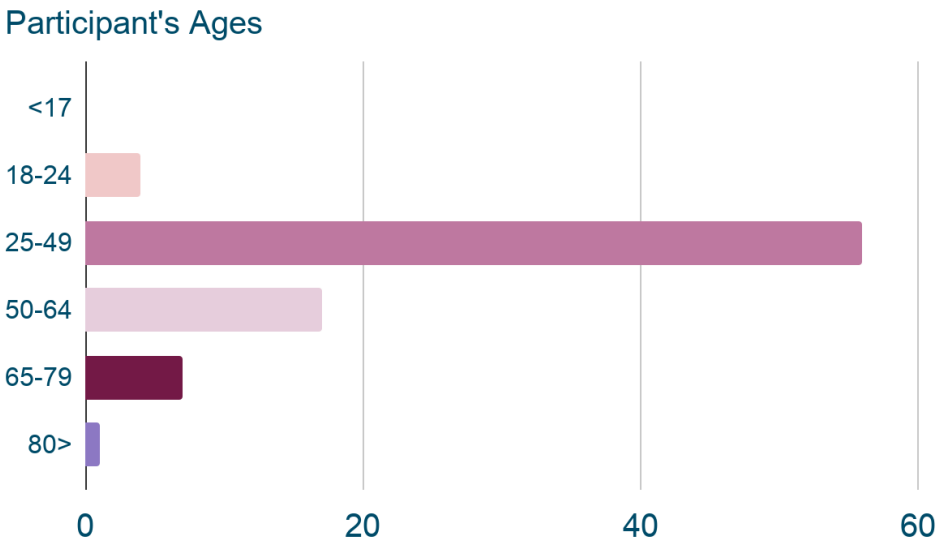
The survey consisted of 17 questions, 10 of which invited respondents to provide written comments. This enabled us to identify common themes and patterns within participants' experiences while collecting both quantitative and qualitative data to inform our findings.

Respondents were given the option to share their contact details if they wished to access further advice and support, discuss their experiences in more detail, or contribute to a case study. This enabled our Research and Campaigns Officer to carry out follow-up conversations and develop case studies, providing greater insight into the issues raised.

Our Findings

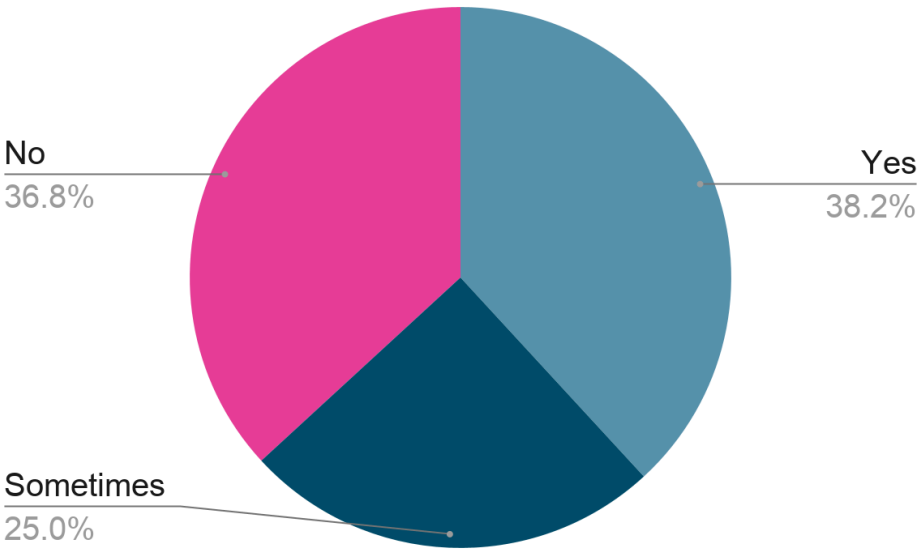
Demographic information:

Of the 76 respondents, the largest demographic group was people aged 25–49, representing 74.6% of all respondents. Of the respondents, 10% identified as belonging to an ethnic minority background.



Question 3. Do you feel that your gender has affected how you are treated by medical professionals?

Responses to this question suggest that experiences vary considerably. While 38.2% of respondents felt that their gender had influenced how they were treated by healthcare professionals, 36.8% did not. The written responses, however, provide important context and highlight the differing experiences behind these



figures. The written responses highlight the impact this has had on their mental health and wellbeing.

"I asked to be sterilised age 28, after having 2 children. I was told by a male doctor that I couldn't be sterilised without the GP speaking to my husband to confirm he was in agreement.
This resulted in an unwanted pregnancy and early termination. Which was closely followed by another pregnancy , which was revealed by an MRI scan. I was 22 weeks pregnant, my options were to either have a traumatic surgical termination or continue the pregnancy."

"I feel dismissed a lot. I have a lot of womens health problems and when asking for a solution that would affect my fertility I was told 'no, what if you meet a man that wants a baby' even though I clearly expressed I do not want any further children and have been single for 10 years"

"I think that sometimes you are treated as being more of a hypochondriac as a woman receiving care, especially from the GP. Also, I do think a lot of things seem to be explained by hormones or periods etc. when attending appointments and it is rarely explored further as you are given this reason and that is it."

"I feel as though medical professionals assume for example; I have visited my GP and they assume my symptoms are gynae related without exploring further."

"I have attended multiple appointments over a number of years with various medical professionals regarding gynaecology related problems - heavy painful periods. I have been on the receiving end of unprofessional comments such as 'you should just get pregnant to stop them', 'some people just have painful periods you have to get used to it', 'I think you might be exaggerating your symptoms because no one can bleed that heavily'.

"Dr don't always listen to what you are saying, I went with depression once and he put it down to hormones and other things before listening to me"

"Sometimes meeting with the opposite gender to express how i feel concerning my health make me shy, i feel its will be difficult to understand how i feel sometimes"

"Working through life's moments and expected to give your all regardless whether on a period, pregnancy, post pregnancy or through menopause."

"with women's issues, it's just another woman moaning about her menopause, women's things, men don't understand, they can be trained but they will never go through it so don't have a clue'

"Lots of issues put down to anxiety/depression/hormones. Symptoms of neurodivergence ignored as different from male partner

Don't always get taken seriously as a woman. Often my issues have been misdiagnosed as anxiety etc, or I'm pushed medication that isn't suitable (antidepressants in that case)

"Sometimes I get the feeling that gender related health concerns are treated as common or unimportant. I was struggling with recurrent mastitis for years after the birth of my second baby and for years I was just sent home with antibiotics. I had to really push to have this addressed properly".

"I have found that I have to fight to be listened, this may involve recurring appointments until my needs have been met. I also feel that sometimes, my experiences dealing with my health are disregarded and overlooked. I have two really rare Autoimmune diseases and even with a plan in place, if I go to A&E some doctors will not take my symptoms seriously."

"Gender has been a bit different for me as a trans man because whilst I didn't really deal with discrimination due to my gender when I was a woman I have definitely had 'female' issues overlooked as a trans man such as forgotten smear test notifications, difficulties placing me on a ward because I have female anatomy yet look like a male, access to toilet facilities even within healthcare settings that have appropriate bins for sanitary waste for trans men who still experience periods"

"When i was in the military I had broken my arm on tour and was told to walk it off and that i was weak. When I had returned to the Uk I told to take my sling off before my xray had come back as I looked stupid. I had broken my shoulder in three places.
During birth of my second I was induced and left on the hospital bed, nobody checked my dilation and was given no clear reason why. When they checked i was 4 cm and then i was left to cry out in pain and was mocked in my pain. when i asked for pain relief i was dismissed, when pushed into the post labour area my body kept being exposed and i felt i lost dignity. I was refused gas and air and to birth in the position i wanted to when rushed to theatre a male doctor argued with me regarding a spinal injection i had previously refused with the anesthesiologist.

I was left with anal prolapse and spinal disconterniation, the whole experience was dismissing, traumatic and painful"

"I have always felt that when I have had a male doctor, they have brushed my pain off as something simple. Even once I have repeatedly come back, they have never suggested Gynecological issues. As soon as I said a female doctor, that was the first thing they suggested, and now I am on the waiting list to see if I have endometriosis. I feel like if I had been seen by a female doctor first,I would have been taken seriously quicker.

This isn't just male doctors, however, some female doctors also dismiss you and suggest things that seem like they cannot be related or you have already been tested for."

"Because sometimes they think you don't understand the experience of pain to the same level, like some staff/people think you are putting it on or overreacting"

"Offer antidepressants for menopausal issues. Told it's "just anxiety"

"with issues surrounding female reproductive/ sexual health i feel male doctors can be dismissive and do not take women's word for their own understanding of their own symptoms / body."

Based on the 19 above comments:

Themes Identified	Approx. % of comments	Examples of issues
Symptoms dismissed or not taken seriously	74% (14/19)	Women reported having to repeatedly justify their symptoms, before investigations or treatment were

		offered.
Symptoms attributed to hormones, periods or menopause	47% (9/19)	Respondents said their concerns were frequently explained away as hormonal changes, menstruation or menopause.
Poor communication or feeling unheard	42% (8/19)	Participants described feeling ignored, interrupted or that clinicians did not listen to concerns.
Delayed diagnosis or treatment	37% (7/19)	Several respondents felt earlier investigation could have prevented prolonged illness or complications.
Mental Health and Anxiety were used to explain a physical symptom	26% (5/19)	Some respondents reported being told their symptoms were anxiety related or being prescribed antidepressants instead of receiving further investigation.
Gender bias or discrimination	26% (5/19)	Respondents believed assumptions were made because they were women or because of their gender identity.

The survey found that experiences of healthcare varied. While many respondents shared concerns about the way they had been treated, others described receiving positive, respectful and supportive care from healthcare professionals.

"I feel my gender hasn't affected my treatment. Particularly while pregnant I feel my opinion was seen as one of the most important."

"Medical professionals I have come across, male or female, have always acted with kindness."

"I have nothing to compare it to and cannot remember any particular issues encountered by being a woman."

"Because I feel they treat everyone equally"

"I have always been treated fairly"

"Always had respectful, attentive response."

"I've never experienced any issues"

Of the **40 respondents who left written comments**, **7 (17.5%)** described positive experiences. These respondents said they had always been treated fairly, felt listened to and believed that their gender had not affected the care they received. Several also commented that healthcare professionals, regardless of gender, had treated them with kindness and respect.

However, the majority of written feedback (**33 responses, 82.5%**) described negative experiences. Many respondents felt that their concerns had not been taken seriously and that they had to repeatedly explain or justify their symptoms before receiving appropriate care.

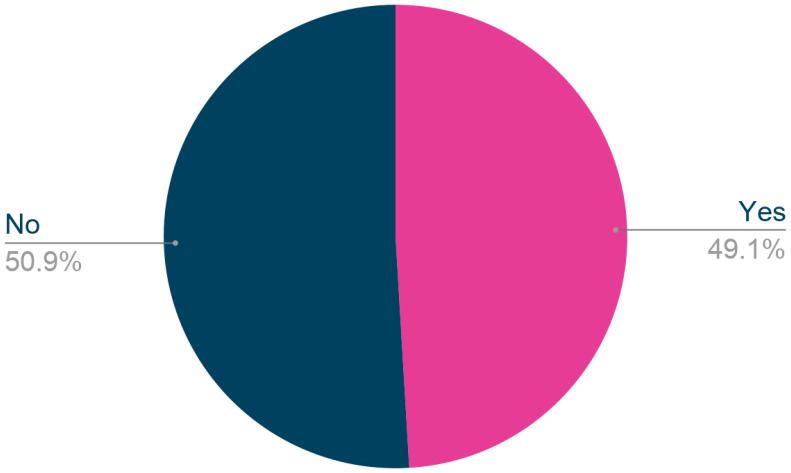
The most common theme, appearing in around **74%** of the above negative comments, was that respondents felt their symptoms had been dismissed or overlooked. Almost **half (47%)** said their symptoms had been attributed to periods, menopause or hormones rather than being properly investigated. Around **42%** described poor communication or feeling that healthcare professionals had not listened to them, while **37%** reported delays in diagnosis or treatment because their concerns were not acted upon sooner.

Around **26%** of respondents said their physical symptoms had been put down to anxiety or mental health without enough investigation, and a similar proportion believed that being a woman had affected how seriously their concerns were taken. Some respondents also described traumatic experiences during pregnancy and childbirth, while others said they had to repeatedly advocate for themselves before receiving appropriate care.

Although the survey includes examples of good practice, the overall feedback suggests that many women continue to face barriers when accessing healthcare. The comments consistently highlight the importance of listening to patients, investigating symptoms appropriately, and ensuring women feel heard, respected and involved in decisions about their care.

Question 4: Have you ever brought a family member or friend to a medical appointment to help ensure your concerns were taken seriously?

Responses to this question were almost evenly split. Just over half of respondents (**50.9%**) said they had **not** brought a family member or friend to a medical appointment to help ensure their concerns were taken seriously, while **49.1%** said they **had**.



The findings suggest that almost half of respondents have felt the need to attend appointments with someone else to help advocate for them or support them in communicating their concerns. This may indicate that many women lack confidence that their concerns will be fully heard or acted upon when attending appointments alone.

The written comments provide further insight into why respondents chose to bring someone with them, with common reasons including feeling more confident, wanting someone to advocate on their behalf, and hoping that their concerns would be taken more seriously by healthcare professionals.

"I went with my 16 year old daughter, to support her and to make sure she was listen too and taken seriously."

"Too many times I have been told my pain must be muscle pain. The first time I took my mother in with me, which was also the first time I saw a female doctor. I felt like I couldn't advocate for myself as it had failed so many times before."

"My elderly mother was being fobbed off so I had to go in and make sure she was heard, turns out it was extremely serious and she was hospitalised"

"I have not previously but would consider doing this in the future."

"Yes, take my wife."

"My children and my mother."

"I always bring a family member who's seen my issues first hand who can back up things i want to discuss, so i'm less likely to be dismissed by a GP"

"Yes, I recently had a bad experience at Bassetlaw Hospital with a Locum Respiratory consultant. He made me feel so small in that way he was speaking to me, he was very challenging in his approach to my condition - even though this was a routine appointment and it's all documented in my notes alongside a extensive list of supporting tests. I cried in the car on the way home, the following appointment I asked as a 28yo for my Dad to attend with me incase I had him again."

"I have brought my husband to appointments many times because I'm often seen to be exaggerating my symptoms until my husband confirms them"

"My mum or partner came with me just incase I needed someone to back up my questions"

"I have felt intimidated and unheard by health professionals and have taken my dad to women's health appointments just to be taken seriously"

"Took a family member who was a healthcare professional so she could explain things more in depth to me and also to ask questions for me as well"

"I have brought my mum and sister before to help me advocate for myself and support me in not accepting being fobbed off."

"When I had cancer, took my mum after being ignored for months. Was told it was just my computer chair and women's problems causing me pain"

"I haven't but it's something I consider before big appointments and it's something I have to regularly offer to my sister, who's too concerned about similar treatment to get medical issues looked at. I've also had other people offer to come to appointments with me for the same reason."

"My partner (male) has come with me to specialist appointments to back me up"

"I usually take a female family member or friend because as a trans man I'm still required to have a chaperone who is female and it's uncomfortable to have two women I don't know in the room with me"

"I took my male partner with me. The male consultant and partner talked about me as if I wasn't in the room but the consultant finally agreed to give me the medication I had requested for the past 2 years but had been denied."

The written responses show that many respondents brought a family member or friend to appointments because they felt they needed someone to support them or help ensure their concerns were taken seriously. Rather than attending for emotional support alone, many described bringing another person to help advocate on their behalf, confirm their symptoms or challenge decisions made by healthcare professionals.

The most common theme was **needing someone to help them be believed**. Respondents said they felt more confident having a family member present who could describe what they had witnessed or reinforce the seriousness of their symptoms. Several respondents felt they were more likely to be listened to when another person was in the room.

Many respondents also described **feeling dismissed or not listened to** during previous appointments. Some said they only decided to bring someone after repeated experiences of being "fobbed off", having their pain dismissed or feeling intimidated by healthcare professionals.

Another common theme was the influence of **male relatives or partners**. Several respondents said they brought a husband, father or male partner because they believed healthcare professionals took their concerns more seriously when a man was present. One respondent explained that they had been refused treatment for two years until they attended an appointment with their male partner, after which the requested medication was finally prescribed.

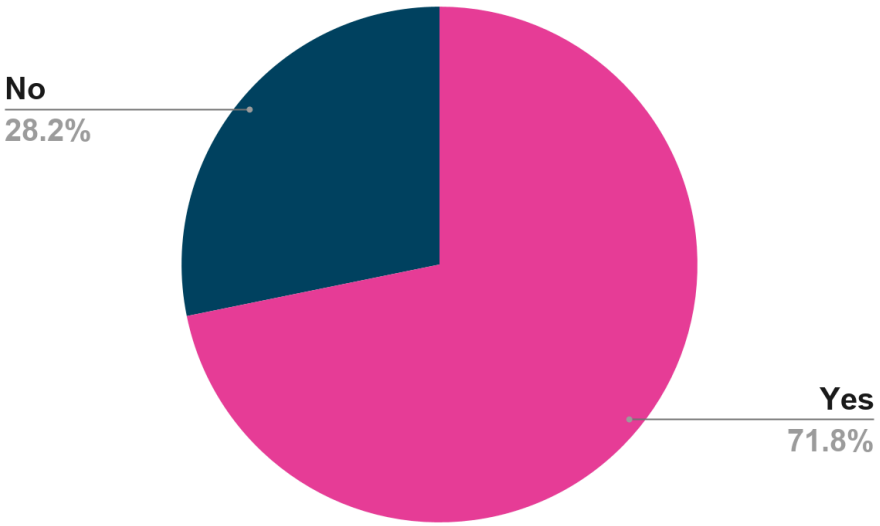
Some respondents described the **emotional impact** of these experiences. Comments referred to feeling intimidated, upset and lacking confidence when attending appointments alone. One respondent said they cried after an appointment because of the way they had been spoken to and asked their father to attend future appointments for support.

The feedback also highlights that this issue affects people supporting others. Several respondents described accompanying their daughters, mothers or other family members because they were concerned they would not otherwise be listened to. In some cases, respondents felt their intervention helped ensure serious medical conditions were identified and treated.

There were also comments highlighting the experiences of **trans respondents**. One respondent explained that they preferred to bring a trusted female friend or family member to appointments because of the discomfort of being required to have a female chaperone during examinations.

Question 5: Have you ever felt your symptoms were dismissed or not taken seriously?

Responses to this question show that many respondents have experienced having their symptoms dismissed or not taken seriously. Overall, **71.8% (56 respondents)** answered **'Yes'**, compared with **28.2% (22 respondents)** who answered **'No'**. These findings indicate that, for many women, feeling that their concerns are not fully acknowledged remains a significant issue when accessing healthcare.



'Everyone has pain', It's just normal', It's just a heavy period' by male doctors when discussing how my endometriosis affects me and saying I cannot cope with having to change clothing and sanitary wear every half an hour and being unable to sit or stand up straight due to pain - I have had 3 surgeries for endometriosis - I still get push back with some doctors about the issues I face. I have also been advised to take antidepressants if i feel I cant cope - no I need my symptoms managed

"male gp thought I had a bug but it turned out once i had returned to the doctor, it was an issue with my gallbladder.

I knew something was wrong and i had to persist even after a scan, i had to ask to see the doctor and i was right"

"As above, I believe sometimes you are treated as a hypochondriac as a woman".

"PCOS symptoms constantly dismissed as an "overweight" issue until i was actually diagnosed. The GP said they stopped counting at 14 cysts on one ovary. After my diagnosis I had no support of information. I was asked if I wanted any more children, I said no, so they said there wasn't anything they could do for me unless I wanted fertility support. I approached my GP several times for support with PCOS symptoms but my concerns, voice and symptoms were all dismissed. I eventually stopped going to the GP. What was the point!"

"Many times had chest infection been told it's viral then deteriorated and needed antibiotics and steroids. Had high platelet levels for years on routine bloods and GP never actioned it. Then turned out to be essential thrombocytosis a form of blood cancer.
Got PCOS told to lose weight that's it no further advice, wanted referring for fertility and GP refused as I already had a diagnosis until I went to a private company."

"It is hard to explain although I find as I am female most GP's assume every symptom is hormone related."

"A consultant told me I was exaggerating symptoms as it was impossible to bleed heavy every day for a long period of time. I was told just to get on with it, get used to it and try getting pregnant. A consultant also just saw my weight and refused to treat me unless I lost more weight."

"I had mastitis roughly 3-4 times per year for nearly 4 years before any referral was made to have it looked at in more depth."

"Fobbed off as women's problems"

"Severe headache for many years and no further forward"

"Attending with multiple concerns, but not addressed as a whole"

"Doctors have been really good"

"I was routinely dismissed for a number of physical symptoms by my previous GPs, such as heart palpitations. I'm now being dismissed by the hospital, despite the fact that my symptoms seem to indicate that I have a physical disability. It's exhausting and it's impacting upon all areas of my life/work. The hospital keeping me in limbo is also stopping me from getting appropriate medication for my ADHD."

"I had a TAHBSO. was experiencing menopausal symptoms but was suggested I had anxiety instead."

"A female GP attempted to dissuade me from starting HRT, noting that menopause symptoms are common among most women and questioning whether I truly needed HRT or could manage without it. I had already consulted another GP (menopause women's health specialist) who had recommended that I begin HRT."

"Got told my cancer was period pain, an std (even tested me for it even though I said it was impossible), uncomfortable work chairs. Took a year of nagging and an emergency visit to be diagnosed. Got rushed to a&e once because I physically couldn't get out of bed without crying, doctor literally told me off for wasting time with a kidney infection when in fact I had early cervical cancer"

"From a child to early adulthood i'd present to the GP with severe joint pains, fatigue, dislocating fingers, sprained joints, chest pains & heart palpitations repeatedly and over a +/-14 year period was constantly told i was just lazy and making things up because 'young girls like to attention seek'. Which later turned out to be a genetic connective tissue disorder. I've also spent several years expressing concerns something isn't right in terms of menstruation and being fobbed off, and have finally only recently been diagnosed with fibroids. "

"I've been having a lot of issues with cramping and intense pain in my womb and ovaries and without any investigations it's already been shrugged off as probably something to do with being on testosterone even though I was bleeding unexpectedly"

Suspected PCOS in myself, GP refused to do hormone blood test, purchased at-home kit which showed elevated levels of T and prolactin, went back to GP for further investigation, was told that unless I start growing chest hair or lactating, not to worry about it. Treatment therefore delayed by 4 years (only just got to see an endocrinologist and have not begun treatment yet pending results).

Approached GP 3 times with symptoms of herniated spinal disc, was eventually told I could have an MRI if it would "help [me] feel better". Treatment delayed by 6 months.

Not taken seriously when requesting sterilisation, even in a private setting. Multiple male gynaecologists happy to take consult fee only to decline to perform the surgery based on my age. Reluctance to perform male sterilisation statistically much lower even at a young age. Was made to undergo a psychiatric evaluation, still declined after evaluation results supported my choice.

"Yes"

"Not due to gender but due to incompetence of the professional dealing with the medical issue".

The written responses show that many respondents felt their symptoms were dismissed or explained away without enough investigation. While one respondent described having positive experiences with their doctors, most comments reflected frustration with delayed diagnoses, a lack of support and feeling that their concerns were not listened to.

The most common theme was **symptoms being dismissed or normalised**. Respondents described being told that severe pain, heavy bleeding or other symptoms were "normal" or simply part of being a woman. Several said their

symptoms were attributed to periods, hormones or weight rather than being investigated further.

Many respondents also described **delays in diagnosis or referral**. Some reported having to return to their GP several times before receiving further tests or specialist referrals. Conditions that were eventually diagnosed included endometriosis, gallbladder disease, PCOS, mastitis and blood cancer. Respondents felt these conditions could have been identified sooner if their concerns had been taken seriously from the beginning.

Another common theme was **feeling dismissed because of assumptions**. Several respondents felt healthcare professionals assumed they were exaggerating their symptoms or that their health problems were linked to their weight, hormones or lifestyle without considering other possible causes.

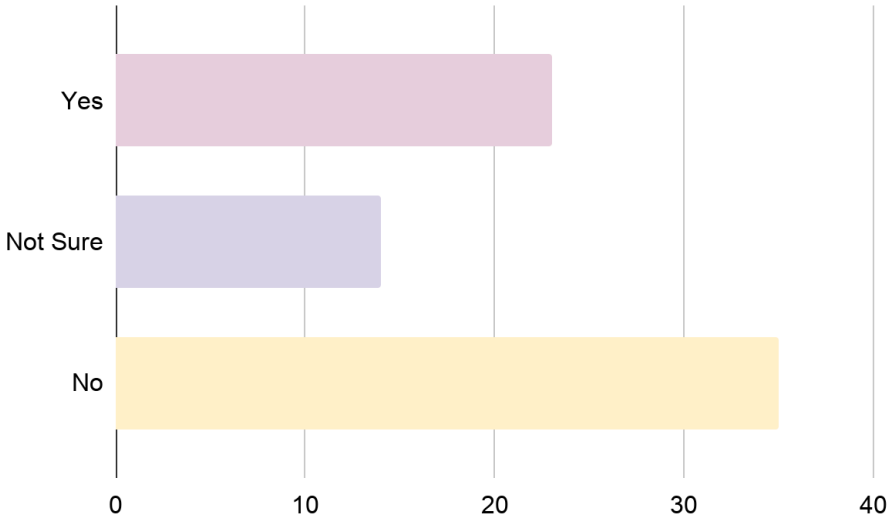
Some respondents also described **a lack of ongoing support** after diagnosis. One respondent explained that after being diagnosed with PCOS, they were offered little information or support because they were not trying to become pregnant. Others said they stopped seeking medical help because they no longer felt their concerns would be listened to.

Although the majority of comments were negative, one respondent reported consistently positive experiences with their healthcare professionals, showing that good care is being provided in some cases.

Key themes	Frequency
Symptoms dismissed or described as ‘normal’	75%
Delays in diagnosis, referral or treatment	50%
Symptoms attributed to hormones, periods or weight	50%
Feeling unheard, dismissed or labelled as exaggerating	40%
Lack of support after diagnosis	20%

*Percentages are approximate and based on the written comments reviewed. Many responses included more than one theme.

Question 6: Have you ever been misdiagnosed by a GP or any other medical professional?



While almost half of respondents (**48.6%**) said they had not been misdiagnosed, it is notable that **31.9%** believed they had been misdiagnosed and a further **19.4%** were unsure. This means that over half of respondents (**51.3%**) either experienced a misdiagnosis or lacked confidence in whether their diagnosis was correct.

These findings should be considered alongside responses to **Question 5**, where **71.8%** of respondents said they had felt their symptoms were dismissed or not taken seriously. Although feeling dismissed does not always lead to a misdiagnosis, the findings suggest there may be a relationship between the two. When respondents felt their concerns were not listened to or fully investigated, they were more likely to describe delays in diagnosis, incorrect diagnoses or uncertainty about whether the correct diagnosis had been reached.

The written comments throughout the survey reinforce this pattern. Many respondents described having to attend multiple appointments before receiving appropriate investigations or a diagnosis, with some reporting that serious conditions were initially attributed to hormones, periods, menopause, anxiety or lifestyle factors. Together, these findings suggest that respondents' experiences of feeling dismissed may have contributed to delays in receiving appropriate care and reduced confidence in healthcare services.

"I have had diagnosis delayed or not adequately put on record"

"Was told I had a tumour or scar tissue and passed between multiple specialists and just before scheduled biopsy which took 4 months we found out the lump was actually a 6m baby "

"Was sent to ophthalmology for my eyes checking when I should have been sent to stroke for TIA"

"When going to the GP regarding heavy painful periods, one GP tried to tell me I couldn't be experiencing them as I was on the mini pill, so I probably had IBS instead."

"Told I had gastroenteritis but actually had sepsis and ended up in hospital."

"Depression rather than actual struggles with ADHD - misdiagnosed due to being female so not fitting the 'stereotypical symptoms'

"Was told I had anxiety and depression, turned out to be autism"

"Herniated spinal disc diagnosed as a pulled muscle. Uterine infection caused by IUD insertion waved off as 'normal' post-insertion pains. "

"Every time I had symptoms I was just told to lose weight. OR it's just period issues. These are always the "go to" response. Even though I wasn't obese, I was probably at the time a dress Size 16. This resulted in delayed diagnosis of PCOS"

"Yes presented in ED several times recently with myopericarditis (Part of my autoimmune disease)- but they don't follow the plan I have in place, on a couple of occasions they have not run any tests and discharged me with either 'Heartburn' or 'Anxiety' and I have had to follow up with my Rheumatology Nurses and Consultant. The issue is I still need to present in ED with my symptoms as they mimic Heart attack and cause scarring on my heart that needs to be closely monitored. I've since had to get my Rheumatology consultant to write up a plan that I keep at home that I can show paramedics and ED Drs, even with the plan in place on paper it has been disregarded twice.

Also, during my diagnosis process I was in A&E 3-4 times a week with chest pain, high troponin levels 6000> and was always discharged for having anxiety, this went on for around 3 years without a referral - Until an on call Cardiologist admitted me for tests due to being a frequent flyer and physical and test related symptoms. I was admitted for 3 months, and was diagnosed with 2 autoimmune diseases, and heart disease."

The written responses show that respondents experienced a range of misdiagnoses, with many describing serious conditions being mistaken for less significant illnesses or symptoms. Several respondents felt that assumptions were made before appropriate investigations had taken place, resulting in delays to diagnosis and treatment.

The most common theme was serious conditions being misdiagnosed or diagnosed late. Respondents described conditions including sepsis, autoimmune diseases, transient ischaemic attacks (TIAs), ADHD, autism and spinal injuries initially being diagnosed as anxiety, depression, muscle pain or minor illnesses. Several reported that they only received the correct diagnosis after repeatedly seeking medical attention or being referred to a specialist.

Another common theme was women's health concerns being attributed to periods, hormones or weight. Respondents described symptoms of conditions such as PCOS, uterine infections and heavy menstrual bleeding being dismissed as normal menstrual problems or linked to their weight, delaying appropriate treatment.

Several respondents also felt that mental health diagnoses were used instead of investigating physical symptoms. Anxiety and depression were commonly mentioned as explanations for symptoms that were later found to have a physical cause. In some cases, respondents said this delayed treatment for several years.

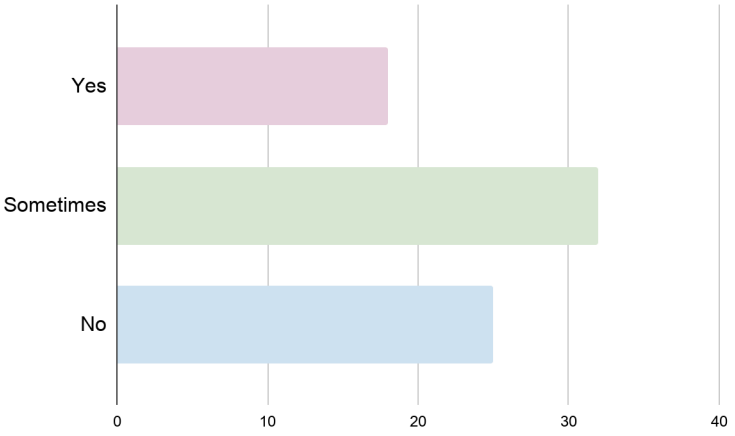
Many comments also highlighted the need to persist and advocate for themselves. Respondents described attending multiple appointments, challenging diagnoses or relying on specialist clinicians before receiving the correct diagnosis. Some reported that even documented care plans were not always followed by healthcare professionals.

Key themes	Frequency
Serious condition initially misdiagnosed or diagnosis delayed	70%
Symptoms attributed to periods, hormones and weight	30%
Physical symptoms being attributed to weight, anxiety or another mental health condition	40%
Repeated appointments or self-advocacy needed to obtain the correct diagnosis	50%
Delays leading to worsening health or hospital admissions	40%

*Percentages are approximate and based on the written comments reviewed. Many responses included more than one theme, and not all 76 respondents left comments.

Question 7: Do you feel you are listened to by your GP or other medical professionals, in relation to your female health concerns? (i.e Periods, Peri-menopause, Menopause, Postpartum Depression, infertility, Tubal ligation/Hysterectomy, Trans Health)

Responses to this question suggest that many respondents do not consistently feel listened to when raising female health concerns with their GP or other healthcare professionals. While **24.0%** of respondents said they felt listened to, **42.7%** said they were only listened to **sometimes**, and **33.3%** said they did **not** feel listened to.



Overall, **76.0%** of respondents either felt they were only sometimes listened to or did not feel listened to at all. This suggests that many women lack confidence that their concerns relating to female health will be consistently heard and acted upon by healthcare professionals.

These findings reflect the responses to earlier questions in the survey. **71.8%** of respondents said they had previously felt that their symptoms had been dismissed or not taken seriously, and **51.3%** either believed they had been misdiagnosed or were unsure whether they had received the correct diagnosis.

"My dr. has been very good but feel she has been limited around what she can do and offer around menopause."

"Luckily I don't have any concerns with my female health. However I did feel patronised when discussing birth control at my 6 week check up."

"I have been to the doctor for heavy periods and was recommended hormone birth control which is against my spiritual beliefs and told to take paracetamol and use a hot water bottle"

"There is no particular gender of doctor that listens better. I have attended with an issue and when told it couldn't be one thing, wasn't followed-up to check what it could be."

"Lack of knowledge and poor information given re menopause"

"I think it is dismissed quickly when they here 'periods' as they think we can just cope with whatever the issue is."

"I have been having issues with heavy painful periods for a number of years and I feel that as soon as I speak to a GP, they just dismiss this as something a woman has to deal with. Every single GP I have ever spoken to, bar one, has also fixated on weight as being the only reason behind my problems and in some instances refused to investigate further."

"A female doctor has been brilliant, taking my concerns and feelings seriously, where as a male doctor disregarded the exact same issues."

"I was denied progesterone by a GP because it hadn't worked for her."

"Had a PCOS diagnosis since early teens but then wanted to try for children. GP refused to refer me to fertility as I had a diagnosis already. Went to private consultant who then wrote to GP to put me forward for NHS referral. Got a referral and they've done nothing because I didn't loose weight quick enough for them so discharged me. Asked for help for weight loss and was told BMI wasn't high enough so wasn't eligible for help from weight loss clinic"

"I just feel that maybe i do not explain myself enough"

"I haven't been to the gp for it, cause try to deal with it myself. But when I had pnd (apparently) they were good at getting me support "

"I find that female GPs give a more sympathetic hearing when dealing with any medical problem"

"sometimes about depression and i feel somewhat dismissed"

"Some doctors are fantastic, but too often things are dismissed, and it is hurting people's physical and mental well-being."

"Thankfully this hasn't happened after having my hysterectomy which I had to fight for."

"When I was given care through, maternity and pregnancy, I felt not listened to enough and taken for my word. Then after pregnancy I discovered I had endometriosis but not much aftercare"

"I feel that I might at my current surgery, but the treatment I received at my former surgery has impacted me so severely that I'm currently putting off asking about perimenopause because I can't be bothered with all the stress it's going to cause me."

"Nurses are really good. Peri-menopause is inconsistent and no one gives you information on the symptoms or what to expect."

"my GP was sympathetic but when he retired it got worse there, so I changed gp surgeries.
New surgery is better but a lot is d one online now, and I don't feel it will do any good to go see them as they wont do anything"

"I have always had bad periods but after having my daughter 3 years ago they got significantly worse. The pain and heavy flow makes it harder to do things while I'm on my period. They only offer the pill or implant which I do not want as it caused me to have epilepsy when I was 18"

"N/A. Irrelevant as I do not have female health concerns, and would not seek support for them even if I did because I refuse to be lumped in with women when I'm not a woman."

"Some GPs are more helpful than others. I try to book appointments with the GPs I know from experience are more supportive."

The written responses show that experiences of discussing female health concerns with healthcare professionals vary. While some respondents described receiving compassionate and supportive care, the majority of comments highlighted inconsistent experiences and a feeling that female health concerns were not always taken seriously.

Several respondents praised individual GPs, particularly those who listened carefully, investigated symptoms before reaching a diagnosis and worked with them to find appropriate treatment. However, many felt that the quality of care depended on the healthcare professional they saw rather than being consistent across services.

The most common theme was that **female health concerns were dismissed or normalised**. Respondents described heavy periods, endometriosis, PCOS, menopause and chronic pain being treated as something women should simply "put up with" rather than being fully investigated.

Another common theme was the **limited treatment options offered**. Many respondents said they were repeatedly offered hormonal contraception or pain relief as the only solution, even when these treatments were unsuitable because of existing health conditions, personal preferences or religious beliefs. Others felt they received little information about menopause, PCOS or endometriosis, leaving them to manage their condition without adequate support.

Many respondents also described **having to fight for referrals, investigations or treatment**. Some reported years of delays before receiving a diagnosis, while others had to seek second opinions or pay for private healthcare after NHS referrals were refused or delayed.

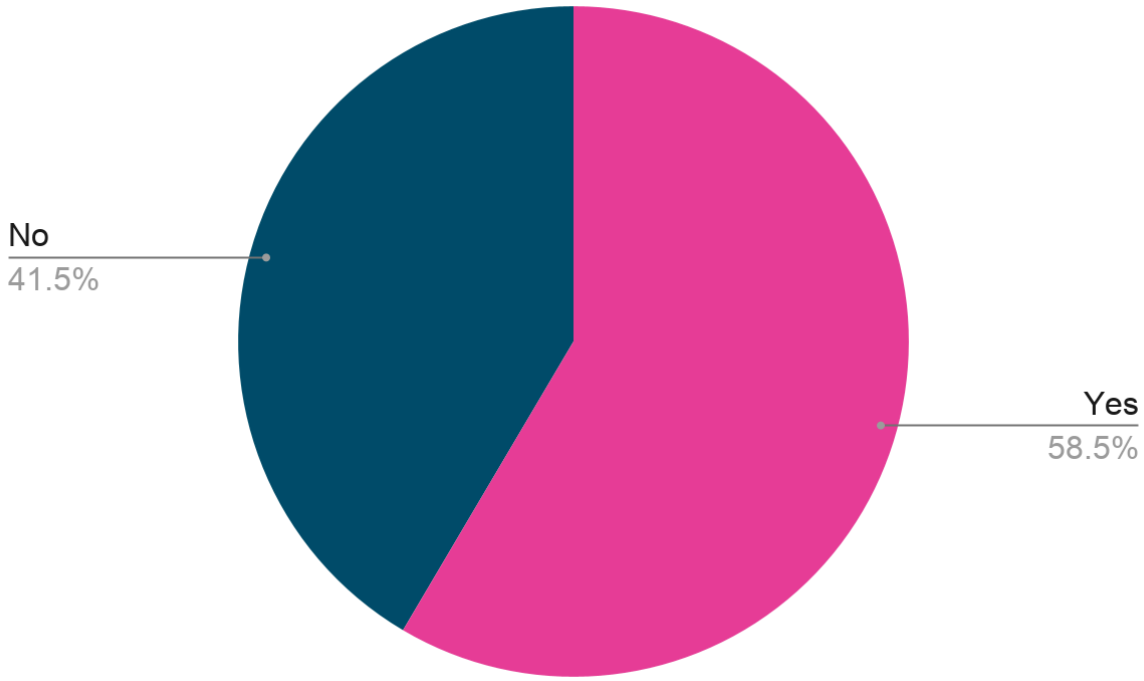
A recurring theme was that **experiences differed depending on the healthcare professional**. Several respondents felt female GPs were more understanding of female health issues, while others stressed that good and poor experiences were linked to the individual clinician rather than their gender. Overall, respondents wanted healthcare professionals to listen without making assumptions and to investigate symptoms before reaching conclusions.

Some respondents also described **barriers to accessing services**, including long waiting times, postcode restrictions and difficulty accessing contraception or

specialist services. In one case, a respondent reported removing their own contraceptive implant after being unable to access an appointment for more than a year.

Although the majority of comments highlighted areas for improvement, there were examples of good practice. Respondents valued healthcare professionals who listened, explained treatment options, involved them in decisions and investigated symptoms thoroughly.

Question 8: Has a healthcare professional ever told you your symptoms were stress and anxiety related without looking into other possible causes?



Responses to this question show that 58.5% of respondents had been told by a healthcare professional that their symptoms were caused by stress or anxiety without other possible causes first being investigated. In comparison, 41.5% said they had not had this experience.

This finding reflects a recurring theme throughout the survey. Many respondents described physical symptoms being attributed to stress, anxiety or mental health before appropriate investigations were carried out. In several cases, respondents

later received diagnoses for physical health conditions, including autoimmune diseases, cancer, endometriosis, PCOS and other long-term conditions.

When considered alongside previous findings, this suggests that some respondents felt assumptions were made about the cause of their symptoms before other possible explanations had been explored. Respondents described this as contributing to delays in diagnosis, reduced confidence in healthcare services and feeling that their concerns were not taken seriously.

Question 9: Have you been diagnosed with Endometriosis?

Of the 74 respondents who answered this question, **5.4%** reported having been diagnosed with endometriosis, while a further **4.1%** said they were currently under investigation. The remaining **90.5%** said they had not been diagnosed with the condition.

Although only a small proportion of respondents reported a diagnosis of endometriosis, the most common theme was **delays in diagnosis**. Some respondents reported waiting between **9 and 17 years** from first raising concerns to receiving a diagnosis. Others were still waiting for investigations or surgery, with one respondent having been on the waiting list for over a year.

Several respondents felt that **their symptoms were dismissed or considered "normal"**. Pain was often attributed to periods or other female health issues, leading some respondents to question their own experiences or delay seeking further help.

Another recurring theme was **long waits for specialist investigations**. Respondents described lengthy waits for appointments with gynaecology services and diagnostic laparoscopies, which prolonged uncertainty and delayed treatment. Some respondents also highlighted a **lack of information and support**, saying they were not given enough information about their condition, investigations or treatment options.

Question 11: Have you ever experienced a Stillbirth or Miscarrages?

Of the 75 respondents who answered this question, **29.3%** said they had experienced a stillbirth or miscarriage, while **70.7%** had not.

Although the majority of respondents had not experienced pregnancy loss, almost **three in ten** had experienced either a miscarriage or stillbirth. This highlights that pregnancy loss has affected a significant proportion of those who took part in the survey.

"I didn't access any support I was too scared and too young to feel like I could tell anyone so I never actually had it confirmed that I was pregnant or that it had happened but I've never experienced anything like it in my entire life and further research has led me to believe that's what it was "

I was told it was just one of those things and lots of women experience it.

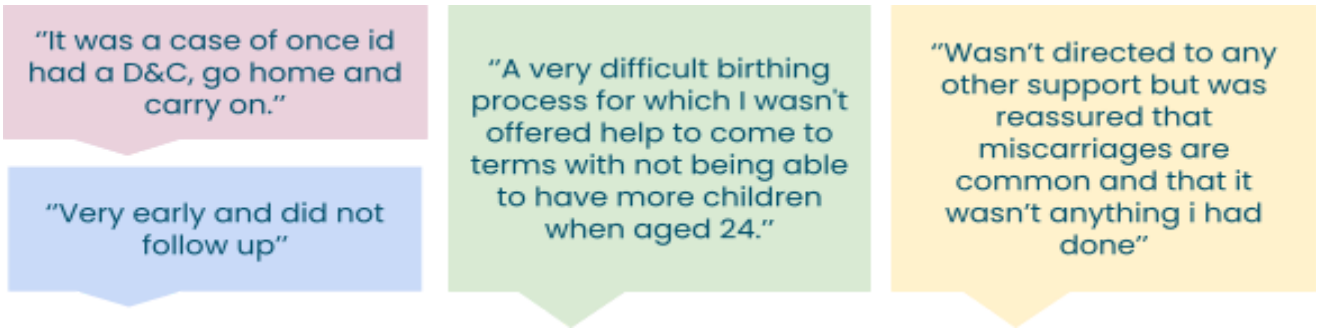
"Early miscarrage, no support."

"My miscarriage was nearly 25 years ago. No help or support offered".

"I was an 18 yrs old. A male Dr said "oh it sounds like you had an early miscarriage". I wasn't given any further information. My periods were not regular so I could give exact menstrual cycle dates which just made the GP frustrated and annoyed. There was no investigation, tests, examination. Just nothing. Then a scared young women left that GP surgery and continued to have a very similar relationship with the GP surgery throughout my life. I'm now 47 yrs old and I still get dismissed with symptoms."

"No did not tell anyone"

"Not for baby loss, but I had a very bad birth with my son, we both nearly died. We had 2 sessions with a specialist to go through exactly what happened to us"



The written responses show that experiences of miscarriage varied, but many respondents felt they received little emotional support or follow-up care after their loss.

The most common theme was a lack of support and information. Several respondents said they were not offered counselling, advice or information about what to expect physically or emotionally. Some felt they were simply told that miscarriage was common and then sent home without further support.

Another recurring theme was feeling dismissed. Respondents described healthcare professionals minimising their experience by saying that miscarriage was "just one of those things" or that it was common, leaving them feeling that the emotional impact of their loss had not been recognised.

A large number of miscarriages go unreported as many can be dealt with at home so there is no clear number of how many occur every year but it is thought to be that 1 in 4 pregnancies end in early miscarriage (up to 14 weeks) and 1 in 100 pregnancies end in late miscarriage (14 to 24 weeks).

Women who have taken more than a year to conceive are twice as likely to miscarry than those who conceive within three months. Sadly, it is also quite common for couples to go on to have more miscarriages as 1 in 100 couples experience recurrent miscarriage (3 or more in a row). However, women experiencing recurrent miscarriages, are still likely to go on to have a successful pregnancy in the future.

MAMA Academy - The Safer Pregnancy Charity

Miscarriage is widely recognised within healthcare as a relatively common pregnancy outcome. However, despite this, many women continue to experience

feelings of guilt, self-blame, and the belief that they have done something wrong when a miscarriage occurs.

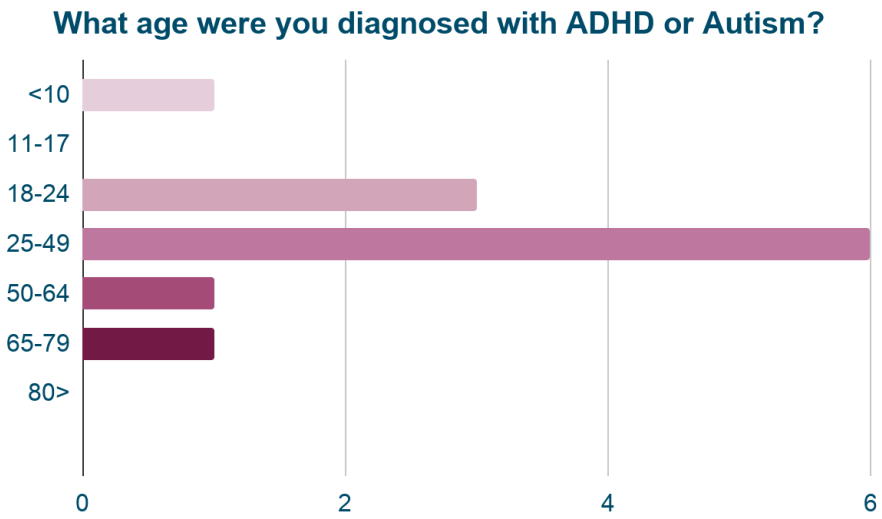
Given how common miscarriage is, there appears to be a need for more open conversations, public education, and accessible information to help improve understanding and reduce stigma. There is also a need for clear, timely support and resources for those who experience pregnancy loss.

As reflected in the comments received through this engagement, some women reported being told by healthcare professionals that miscarriage is "one of those things." While this statement may be intended to reassure patients, it also raises the question of whether enough information is being shared with the public before pregnancy loss occurs. Improving awareness of the prevalence, causes, and emotional impact of miscarriage could help people feel better informed, reduce unnecessary self-blame, and ensure they know where to access support when needed.

Question 13: Have you been diagnosed with ADHD and Autism?

Of the 68 respondents who answered this question, 13.2% reported having a diagnosis of ADHD and 5.9% reported having a diagnosis of autism. The remaining 80.9% said the question was not applicable to them.

Although only a small proportion of respondents reported a diagnosis of ADHD or autism, these findings are relevant when considered alongside earlier responses in the survey. Several respondents described having their symptoms attributed to anxiety, depression or stress before later receiving a diagnosis of ADHD or autism. Others felt that their symptoms had been overlooked because they did not fit the stereotypical presentation often associated with these conditions.



While this survey cannot determine

how common these experiences are, the comments suggest that some women experienced delays in receiving a diagnosis of neurodevelopmental conditions. Respondents described the importance of healthcare professionals considering a range of possible causes for their symptoms and recognising that ADHD and autism can present differently in women than they do in men.

Respondents who had been diagnosed with ADHD or autism were most commonly diagnosed during adulthood. Half of respondents (**50%**) received their diagnosis between the ages of **25 and 49**, while a further **25%** were diagnosed between **18 and 24**. Only one respondent (**8.3%**) reported being diagnosed before the age of 10, and no respondents reported receiving a diagnosis during adolescence (11–17 years).

Question 15: How long did it take you to be diagnosed with ADHD or Autism, and what impact has it had on your daily life? if any:

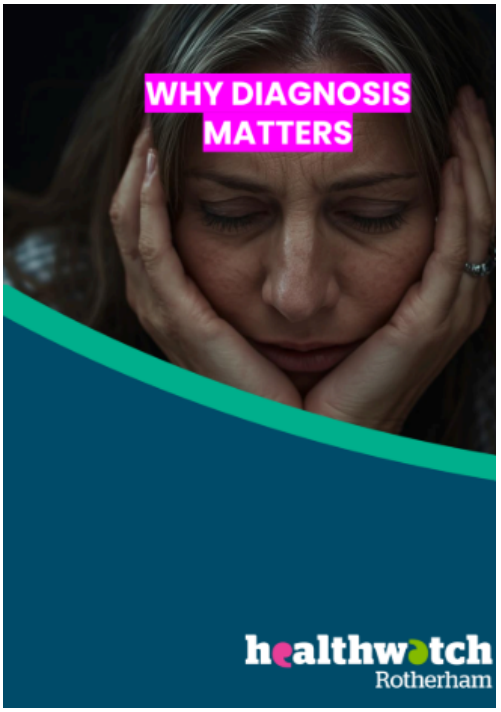
"Not sure. I was too young to be aware of the process. Lots of cis men and trans women are diagnosed later in life though and lots of cis girls and trans boys who presented as more stereotypically autistic and/or ADHD are diagnosed in childhood".

"I was only just diagnosed in January 2026 (age 24). I received no assistance, support, or accommodations throughout education or employment. I am still unmedicated and awaiting titration. I have struggled in every aspect of life due to symptoms. "

"From first mentioning it to a GP it took 9 months for diagnosis through right to choose Hasn't had much impact on my daily life"

The written responses show that experiences of obtaining an ADHD or autism diagnosis varied considerably. While some respondents received a diagnosis within a few weeks or months, others described waiting several years or said they were still waiting to be assessed, while others remained on NHS waiting lists or had chosen to pay for a private assessment after experiencing long delays.

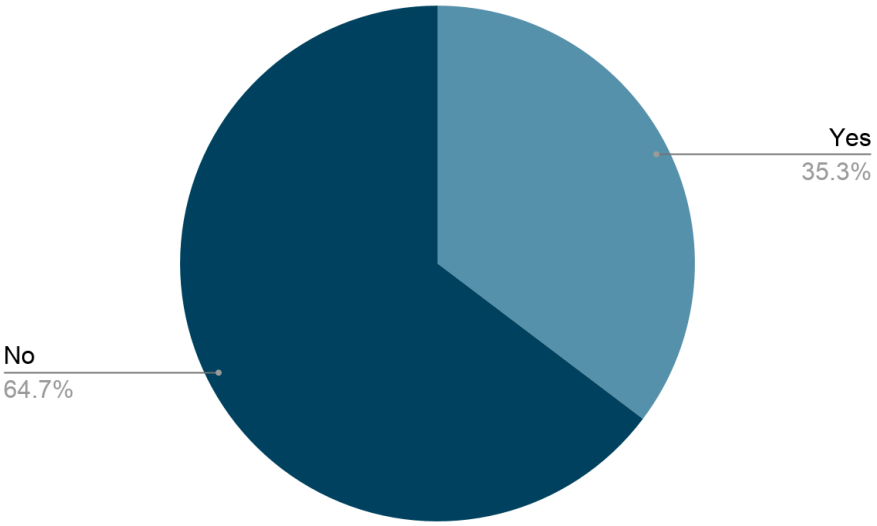
Many respondents reflected on the impact of receiving a diagnosis later in life. Several said they had spent years believing they had anxiety or depression before later learning that ADHD or autism better explained their experiences. Others felt that receiving an earlier diagnosis could have changed their education, employment and relationships by allowing them to access support sooner.



In Quarter 1 of 2026, Healthwatch Rotherham undertook a report titled *Why Diagnosis Matters*, which explored the experiences of Rotherham residents who had sought, received, or were waiting for a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and/or autism. The report highlighted the positive impact that diagnosis can have on an individual's wellbeing, relationships, education, employment, and ability to advocate for their needs.

For many people, receiving a diagnosis can be life-changing. It provides answers to questions that may have existed for years, helps people better understand themselves, and opens the door to support, reasonable adjustments, and services that can significantly improve their quality of life.

Question 16: Have you been diagnosed with Menopause or Perimenopause



Of the 68 respondents who answered this question, **35.3%** said they had been diagnosed with menopause or perimenopause, while **64.7%** had not.

Although most respondents had not received a diagnosis, over one-third had experienced menopause or perimenopause. This is significant when considered alongside earlier survey findings, where many respondents described feeling that menopausal symptoms were dismissed, attributed to stress or anxiety, or not fully investigated before treatment was offered.

Throughout the survey, respondents also highlighted concerns about inconsistent advice, limited information about menopause and perimenopause, and difficulties accessing appropriate treatment. While some respondents praised healthcare professionals for providing timely support and prescribing hormone replacement therapy (HRT), others felt they had to advocate for themselves before receiving the care they needed.

These findings suggest that, while many women receive positive support during menopause and perimenopause, experiences remain inconsistent, with some respondents reporting delays in diagnosis, limited treatment options and a lack of information to help them manage their symptoms.

Case Study: What we heard

Nicolé: A Delayed Diagnosis Journey

In 2013, aged 16, I began experiencing ongoing breathing difficulties, including a blocked nose, persistent cough, mucus production and episodes of severe breathlessness.

Over the following year, I repeatedly attended my GP and was prescribed antibiotics, but I was told breathing tests could not be performed because my nose was blocked. Despite my symptoms continuing, no further investigations took place, and I began to feel increasingly frustrated that the cause of my problems was not being explored.

In 2014, I was admitted by ambulance to The Rotherham NHS Foundation Trust A&E due to breathing difficulties. I was diagnosed with asthma, caused by post-nasal drip from severe nasal polyps, and discharged with an inhaler and an ENT referral. However, at my GP follow-up the next day, I was again unable to access further respiratory testing because of my blocked nose.

Between 2014 and 2017, I continued to experience asthma attacks, hospital admissions and worsening symptoms. My nasal polyps became severe, affecting my ability to breathe and preventing me from continuing competitive sports, including Karate and Swimming.

In 2017, I was admitted to hospital with sudden severe abdominal pain. After a nine-hour wait, blood results showed my lipase level was over 8,000, suggesting pancreatitis. I was discharged with suspected autoimmune pancreatitis, although no cause was identified.

I later began experiencing repeated episodes of severe chest pain, breathing difficulties and arm numbness. Despite multiple A&E attendances, ECGs, CT scans, chest X-rays and echocardiograms, I was repeatedly told my symptoms were likely anxiety-related because I was “young and healthy”. This was incredibly difficult, as I knew something was wrong but I was not being listened to.

As my symptoms continued, I began documenting everything myself, including symptoms, hospital admissions, blood results and patterns. At my worst, I was attending A&E three to four times a week, which affected my education, employment, finances and daily life. I was labelled a “frequent flyer” and called a hypochondriac”,

on multiple occasions by medical professionals, despite repeated admissions and abnormal results. I felt I had to constantly prove that my symptoms were real.

In 2019, after another admission, a cardiology consultant recognised that further investigation was needed and admitted me for specialist review. Although I was initially discharged when my symptoms improved, I returned the following night and was seen by the same consultant, who was angry that I had been discharged without further investigation. For the first time, I felt someone believed me and recognised that something needed to be found.

I remained on the Cardiology ward at The Rotherham NHS Foundation Trust for three months. During this admission, a rheumatologist reviewed the detailed records I had kept, including my symptom diary, blood results and hospital letters. He recognised patterns that had previously been missed and arranged further investigations.

A cardiac MRI confirmed that my chest pain episodes were caused by myopericarditis, with inflammation affecting my heart muscle. After years of being told my symptoms were anxiety-related, this provided evidence that there was an underlying physical cause. Further investigations led to diagnoses of IgG4-related disease and granulomatosis with polyangiitis (GPA).

I now receive care from seven different consultants and require annual surgery for nasal polyps linked to my GPA diagnosis. Although receiving a diagnosis was life-changing, I continue to experience challenges in ensuring my symptoms are viewed as part of my wider health picture rather than as separate issues.

Overall, it took approximately six to seven years to receive a diagnosis that explained my symptoms. My experience has shown the importance of healthcare professionals listening to patients, avoiding assumptions based on age or gender, and recognising that complex symptoms may require persistence and collaboration.

Person-centred care does not always mean having immediate answers; it means listening, taking concerns seriously and making patients feel respected and involved. Even when a diagnosis is unclear, people should not feel dismissed or made to feel that their symptoms are not real. People become desperate, and I was one of those people.

A Man's Perspective

My girlfriend had experienced severe menstrual symptoms throughout our relationship of almost 6 years. Her periods were never “normal” for her. She would experience extremely heavy bleeding, often soaking through pads and tampons and needing to change them frequently. She also experienced intense episodes of pain, with some periods lasting up to four weeks.

Over several years, she repeatedly attended her GP because she knew that the level of pain and bleeding she was experiencing was not normal. Despite explaining the severity of her symptoms, she was told that period pain was normal and that the amount of blood she was losing was within the expected range. No further investigations were carried out, and she continued to manage her symptoms without answers.

The impact on her daily life was significant. During episodes of severe cramping, she relied heavily on hot water bottles to try and manage the pain. Over time, the repeated use caused scarring to her abdomen. As her partner, I felt unable to do much beyond supporting her, making her comfortable and helping her through the pain.

After one particularly severe episode, where she experienced such intense pain that she passed out, I attended a GP appointment with her. During this appointment, I felt that the GP spoke to me rather than directly to my girlfriend. I repeated the concerns she had already raised herself on numerous occasions over many years. I explained that the severity of her symptoms was not normal and that she needed further investigation.

Following this appointment, she was referred to gynaecology for suspected endometriosis. However, we were told that it was considered highly unlikely that this would be the cause of her symptoms as they were normal and her anxiety was making them worse. Shortly afterwards, she received a letter informing her that the waiting time for her appointment was approximately 14 months.

Concerned about the length of time she would have to wait and the ongoing impact her symptoms were having on her health and wellbeing, I made the decision to pay

privately for further investigations. These investigations, including scans, confirmed that she did have endometriosis.

She subsequently underwent surgery to remove endometriosis from her abdomen, intestines and ovaries. Due to the extent of the condition, one of her ovaries also had to be removed.

Looking back on our experience, I cannot understand why it took me, a man attending one appointment, to advocate for an educated woman before her symptoms were heard and taken seriously. She had repeatedly explained what she was experiencing over many years, but it was only when someone else repeated those concerns that further action was taken.

Accessing Healthcare: Before and after Transition

When I was presenting as female, I began experiencing severe period pain and heavy menstrual bleeding from a young age. I attended my GP on multiple occasions seeking help, but I was repeatedly reassured that my symptoms were "normal", described as natural period pain or simply growing pains. Despite the pain and bleeding continuing to affect my daily life, I felt my concerns were dismissed rather than investigated. Over time, I became increasingly frustrated that the impact these symptoms were having on my health and wellbeing was not being recognised, and no further investigations were offered to identify an underlying cause.

As my experiences continued, I gradually lost confidence in seeking medical help. When I was presenting as female, I often felt that my concerns were not taken seriously, and after repeatedly being told that my symptoms were normal, I reached a point where I no longer saw the benefit of returning to my GP. I felt dismissed rather than listened to, which delayed me seeking further support when my symptoms persisted.

When I later began transitioning and was living as a trans man, I encountered a different set of challenges. Some healthcare professionals appeared unsure how to provide appropriate care because they did not fully understand that I was a trans

man. At times, there was confusion around my medical records and the care I required. My records did not always accurately reflect both my gender identity and the healthcare I still needed, leaving me feeling that I had to explain my identity before my health concerns could be addressed.

This became particularly apparent when I was due to be invited for my cervical screening (smear test). I knew I should have been recalled, but there were significant delays because I had not been automatically invited for screening. I later discovered that this was because my medical records identified me as a trans man, meaning I had been missed by the routine recall system. I was concerned that important preventative healthcare could be overlooked because my records did not accurately reflect the screening I still required.

Despite these challenges, over the past three years I have noticed a significant difference in the way my concerns are responded to by healthcare professionals. Since living as a trans man and now having a beard, I feel that I am more likely to receive referrals, investigations and treatment when I seek help for my health. While I cannot say with certainty why this has changed, the contrast with my earlier experiences has been striking.

For example, I recently attended my GP regarding my hay fever and was prescribed medication to help manage my symptoms. In contrast, when I was presenting as female, I had attended the GP on several occasions with the same issue but was repeatedly advised to continue using over-the-counter medication, despite explaining that it was not providing sufficient relief.

I also experienced this contrast in relation to my ADHD assessment. For more than seven years, while presenting as female and during the early stages of my transition, I repeatedly raised concerns that I might have ADHD. I was advised that waiting lists were very long, that my referral was not a priority, and that I could consider paying privately if I wanted to be assessed sooner.

Later, when I was living as a trans man, I saw a male GP regarding the same concerns. During that appointment, we completed the ADHD screening questionnaire together, and I was referred through the Right to Choose pathway. I received an ADHD diagnosis within eight months. Compared with the years I had previously spent seeking support, this represented a significant difference in my experience of accessing care.

Looking back, I feel my experiences have been shaped by different barriers at different stages of my life. When I was presenting as female, I often felt my symptoms were dismissed or normalised without further investigation. During my transition, I encountered challenges because healthcare systems and records did not always reflect my identity or the care I required. More recently, I have found that my concerns are more readily acknowledged and acted upon.

My experience highlights the importance of person-centred care that considers both an individual's identity and their clinical needs. Regardless of a person's gender identity or how they present, healthcare professionals should listen to concerns, avoid making assumptions, and ensure that everyone has equal access to appropriate investigations, referrals and preventative healthcare.

Conclusion

This report set out to better understand the barriers faced by women and people assigned female at birth when accessing healthcare in Rotherham, and to explore why inequalities continue to exist in the care they receive.

Although the survey identified examples of compassionate, person-centred care, the overall findings demonstrate that many respondents continue to experience significant barriers to accessing timely, appropriate and equitable healthcare. Across the survey, consistent themes emerged of symptoms being dismissed, concerns being attributed to hormones, menstruation, menopause, weight or mental health without adequate investigation, and respondents feeling unheard by healthcare professionals.

These experiences had tangible consequences. Many participants described delayed diagnoses, misdiagnoses, prolonged illness, worsening symptoms and, in some cases, the need to repeatedly advocate for themselves before receiving appropriate investigations or treatment. Almost half of respondents reported bringing a family member or friend to appointments because they believed they would be taken more seriously, with some feeling that the presence of a male partner or relative influenced how healthcare professionals responded to their concerns.

The case studies reinforce these findings, demonstrating the human impact behind the survey data. They highlight the emotional, physical and practical consequences

of not feeling listened to, including loss of confidence in healthcare services, deterioration in health, financial pressures and reduced quality of life. They also illustrate that barriers are not experienced equally by everyone. Trans respondents described additional challenges navigating healthcare systems that were not always designed to meet their needs, while also highlighting how perceptions of gender presentation could influence interactions with healthcare professionals.

The findings suggest that inequalities persist not because of a single issue, but because of a combination of factors, including unconscious gender bias, inconsistent clinical practice, limited awareness of how conditions can present differently in women, and healthcare systems that do not always support person-centred care. While many healthcare professionals provide excellent care, respondents' experiences suggest that the quality of care they receive can depend heavily on the individual clinician they see.

Ultimately, this report demonstrates that improving women's healthcare is not solely about reducing waiting times or increasing access to services. It also requires healthcare professionals to listen without making assumptions, investigate symptoms thoroughly, communicate openly with patients, and recognise that women and people assigned female at birth may present differently across a range of physical and neurodevelopmental conditions.

By listening to the experiences shared throughout this report and acting upon the recommendations that follow, there is an opportunity to reduce health inequalities, improve patient confidence, and ensure that everyone receives timely, respectful and equitable care, regardless of their gender or gender identity.

Recommendations

1. Improve listening and shared decision-making between healthcare professionals and patients

Healthcare professionals should ensure patients feel listened to, involved in decisions about their care, and that concerns are fully explored before reaching conclusions. Services should promote person-centred consultations and shared decision-making to improve communication and patient confidence.

2. Strengthen awareness of women’s health inequalities

Provide regular training on unconscious gender bias, women's health conditions, and how physical and neurodevelopmental conditions can present differently in women and people assigned female at birth. Training should also support inclusive care for trans and non-binary patients.

3. Review diagnostic and referral pathways

Review women's health pathways to reduce delays in investigations, referrals and treatment. Ensure clear escalation processes for ongoing symptoms and provide patients with information about waiting times and available support.

4. Improve support while patients are waiting

Ensure patients receive clear information, advice and signposting while waiting for investigations, diagnosis or treatment, including guidance on when to seek further medical advice..

5. Improve inclusive healthcare systems

Review patient record systems and administrative processes to ensure everyone can access appropriate screening and healthcare, and that staff are equipped to provide inclusive care for trans and non-binary patients.

6. Use patient experience to drive service improvement

Health and care organisations should continue to work with Healthwatch Rotherham and local communities to regularly gather feedback, monitor patient experiences and use this evidence to improve services and reduce health inequalities.

7. South Yorkshire ICB to create a Women's Health strategy

South Yorkshire ICB should develop a strategic roadmap for women's health that sets out a clear vision for improving healthcare experiences and reducing health inequalities across commissioned services. This should include a consistent operating standard that all commissioned providers are expected to meet, ensuring that women's health is considered across the entire care pathway, from prevention and early intervention through to diagnosis, treatment and ongoing support. The roadmap should include measurable outcomes, regular performance monitoring and patient involvement to drive continuous improvement.

Who should take action?

Addressing the inequalities identified within this report requires a collaborative approach across the health and care system. No single organisation can address these challenges alone; meaningful improvement will require partnership working between healthcare providers, commissioners, primary care services, community organisations and local residents.

The Rotherham NHS Foundation Trust (TRFT), Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), South Yorkshire Integrated Care Board (SY ICB), and primary care services all have an important role in improving healthcare experiences for women and people assigned female at birth. This includes ensuring that concerns are listened to, symptoms are appropriately investigated, and patients receive timely, person-centred care that recognises the different ways health conditions may present.

TRFT and RDaSH should consider how the findings from this report can inform improvements across their services, particularly around women's health pathways, communication, diagnostic processes and the relationship between physical and mental health. The experiences shared highlight the importance of avoiding assumptions that symptoms are solely related to stress, anxiety or other factors without appropriate investigation, and ensuring that patients receive holistic support based on their individual needs.

SY ICB should use its strategic and commissioning role to support system-wide improvements in women's health and reducing health inequalities. This includes working with providers to ensure pathways across Rotherham are accessible, consistent and responsive, while monitoring outcomes, waiting times and patient experiences to identify where further improvements are needed.

Primary care services, including GP practices, remain a vital first point of contact for many people accessing healthcare. They should continue to strengthen consultations, improve recognition of women's health concerns, reduce assumptions based on gender or presentation, and ensure patients receive appropriate investigations, referrals and information. By working together, services can help ensure that people do not feel they need to repeatedly attend appointments or advocate for themselves before their concerns are taken seriously.

Comments

The Rotherham Foundation Trust - *"Thank you to Healthwatch Rotherham for sharing this report into the experiences of women and people assigned female at birth when accessing healthcare in Rotherham.*

We welcome the report's recommendations and recognise the importance of ensuring patients feel listened to, involved in decisions about their care and able to access timely, equitable and person-centred services. We are committed to working with partners across the local health and care system in Rotherham to understand the issues raised, learn from patient experiences, and continue improving the quality and accessibility of care for everyone."

Rotherham, Doncaster and South Humber (RDasH) - "RDaSH recognises that women's mental health has received significant national attention and research, and that the issues highlighted in the Healthwatch report reflect many of the concerns already identified nationally. RDaSH also looks at its own data to understand whether people receive different outcomes or levels of care based on protected characteristics, including gender.

One of the main local issues identified is the number of women experiencing a mental health crisis who are placed outside South Yorkshire for care. This particularly affects women with complex care needs whose care is commissioned by the ICB. RDaSH held a women's mental health conference in late 2025 and has since been working to encourage the ICB to include a specific women's mental health workstream within its Women's Health Strategy.

RDaSH is continuing to monitor the progress of this work through its steering group on out-of-area placements. They have confirmed that the work is still being developed and suggest that the current ICB reorganisation may be affecting the speed of progress. RDaSH has also considered the recommendations made in the Healthwatch report and acknowledged, with regret, some of the negative experiences shared by women."