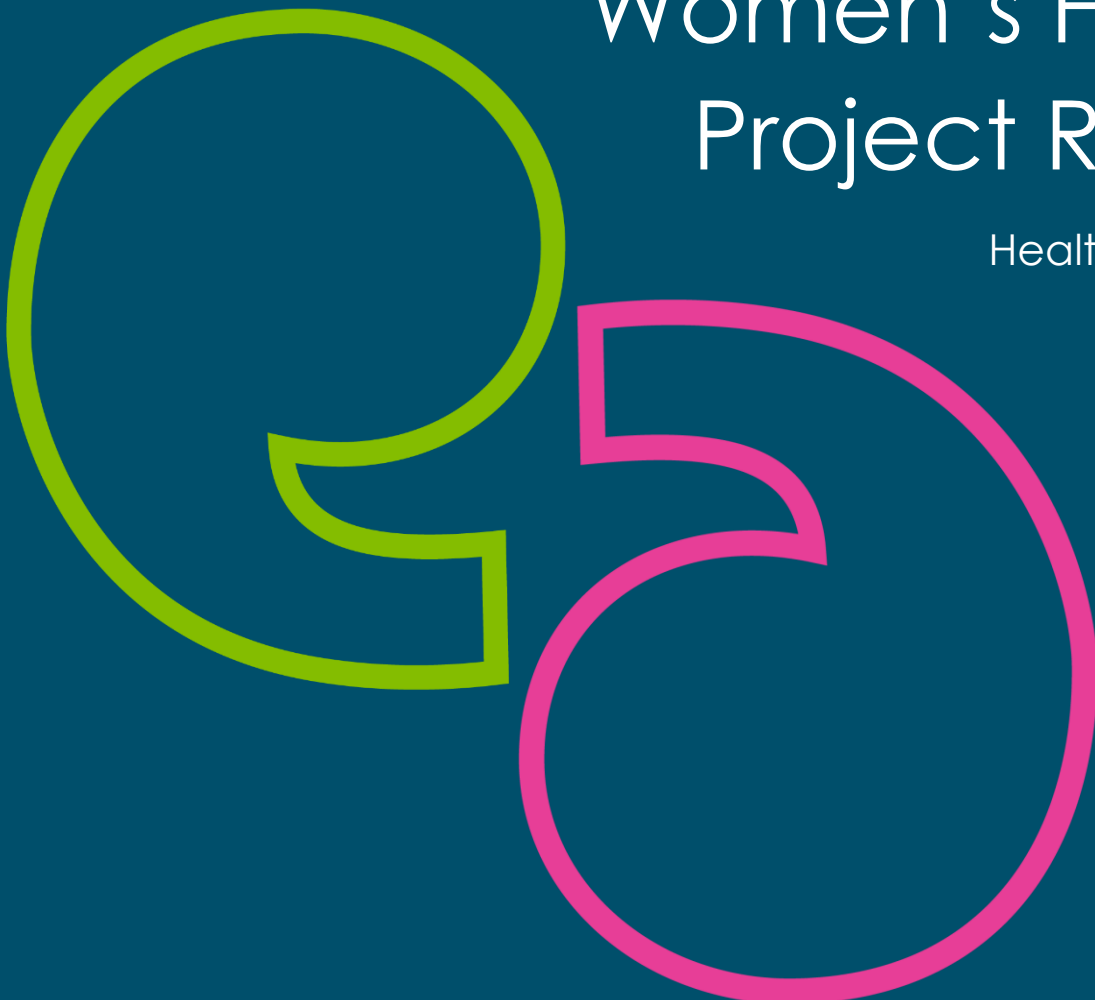




Women's Health Project Report

Healthwatch Bury

May 2024





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Introduction to Healthwatch Bury

This report has been produced by Healthwatch Bury. The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Bury. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Bury people tell us. Our reports on various elements of health and social care in Bury can be found on our website at the following link: healthwatchbury.co.uk or by contacting us directly using the details on the back cover.





Executive Summary

The department of health and social care developed a Women's Health Strategy in August 2022 highlighting several specific issues which impact women in the UK.

Women generally live longer than men but spend a significantly greater proportion of their lives in ill health +/or disability when compared with men. Little focus is placed on women-specific issues like miscarriage and menopause and women are under-represented in clinical trials. Men were often used as the default choice in research and clinic trials, this has led to gaps in insight and data.

Healthwatch Bury have engaged with local women to find out more about their experiences of health and care services during their adolescent, reproductive and post reproductive years in order to understand and improve local services.

Our objectives

To understand the experiences of women in our community around health & social care across the life course

Our questions

Do women have the right information at the right time in their lives to enable them to make their own decisions and informed choices?

We developed a questionnaire and carried out consultation between November 2023 & February 2024. We talked to local groups, organisations and attended several events, including GM Women's Health Strategy event in Stretford, GM Menopause event in Bury and International Womens Day (Women of Worth) and spoke to women of all ages across the Borough.

162 women took part in the consultation completing questionnaires either online or face to face and their experiences have been included in this report.

A summary of findings are detailed below and we hope the planned introduction of Women's health hubs will provide a unique opportunity to address some of the issues identified and provide a more caring, informative and timely experience for local women.





Key findings

Q Many respondents to our survey reported health concerns and symptoms associated with menstruation and menopause which are part of the normal life course journey & affect all women

Q Experiences were very mixed, but satisfaction levels were generally higher if women felt listened to, received good information and had options/treatment explained to them

Q A number of women reported having their symptoms dismissed as 'too young for menopause' or 'its normal for your age' or diagnosed with anxiety with little or inappropriate treatment offered

Q Several women reported that mainstream treatments/medications were unsuitable for their symptoms due to other health issues, but GP's lacked knowledge about suitable safe alternatives

Q Lack of information available for women over what to expect, symptoms or where to get 'trusted & reliable information'. This was particularly difficult for women where English was not the first language or some Jewish women who did not have digital access

Q There was some reported confusion over where to go for contraceptive advice, particularly coil fitting and removal as some GP Practices offered this service, and others did not. Difficulty accessing sexual health clinic appointments were also noted.

Q Concerns were raised by several women that they were now too old for screening services ie. mammograms and cervical smear tests. This caused them anxiety and impacted their mental health.

Q Issues reported by Intersex or Transsexual women when trying to access screening services. Staff dismissive and uninformed.




Our recommendations:


Timely planning

-  Services to be planned around Women's healthcare needs across the life course with timely access to information and advice around life changes


Accessible and useful information

-  Information to be easily available to all women and girls about what to expect across the life course, understanding symptoms and where to get help. This should be available in easy read formats, pictorial and community languages


Knowledgeable and understanding staff

-  Healthcare staff to receive adequate training around Women's health and the planned Women's health hub should include specialist staff who are able to offer advice, support and treatment on the broad range of issues concerning Women's health

Addressing diverse needs

-  Healthcare staff to receive enhanced training around LGBTQI+, minority & ethnic communities and learning disabilities and the impact that life changes, have on people with limited access to education and knowledge


Personalised care

-  Hub staff to take time to listen, explain and advise on options for treatment and healthcare to all women and girls and be knowledgeable about alternatives to standard treatments for women with complex health conditions.

Knowing the options

-  Improved training for GP's on treatments that could be suggested if they are unable or unwilling to take HRT

Holistic approaches

-  Consideration of services around specific needs or requirements for patients with Learning Disabilities or Physical Disabilities, who are of minority ethnicities, and Orthodox Jews.



Background

The department of health and social care developed a Women's Health Strategy in August 2022 highlighting several specific issues which impact women in the UK.

Women generally live longer than men but spend a significantly greater proportion of their lives in ill health +/- or disability when compared with men. Little focus is placed on women-specific issues like miscarriage and menopause and women are under-represented in clinical trials. Men were often used as the default choice in research and clinic trials, this has led to gaps in insight and data.

Women's healthcare needs are generally predictable across the life course but there are many areas where women still struggle to access care.

400,000 women enter perimenopause stage each year but many struggle to recognise their symptoms or get timely treatment. 1:20 suffer severe symptoms & 1:10 women leave their jobs due to untreated menopause. 1:10 women visit primary care at least 10 times before diagnosis with 1:3 women not diagnosed for 3 years.

Many of these health issues are predictable but services are not planned around women's health, often lack capacity (48,000 women in GM waiting for gynaecology appointments), or healthcare professionals have not had sufficient training.

This has been recognised nationally and funding has been provided by Department of Health and Social Care (DHSC) for the establishment of Women's health hubs across the country. A recent statement issued by NHS England in April 2024 provided some clarity on how this funding is to be used:

By the end of July 2024, Integrated Care Boards (ICB's) should have at least one health hub operational with further expansion by December 2024. Funding has been received in Greater Manchester for this area of work and our report on

WOMENS HEALTH AS AN EMERGING PRIORITY



Maternity deaths are 4 times higher in black women and 2 times the norm in Asian women.



1 in 3 women over the age of 60 years suffer from urinary incontinence, often as a result of past pregnancy & childbirth.





Women's health experiences in Bury should provide some context to the need and concerns in the local area.

'Hubs do not have to be a building or specific place; they may employ digital resources to provide virtual triage or consultations, or alternatively they may make use of existing facilities.'

The core services to be included in the hubs include:

- Menstrual problems, assessment and treatment (including endometriosis and POS)
- Menopause, assessment and treatment
- Contraceptive advice and provision
- Preconception care
- Breast pain assessment and care
- Pessary fitting and removal
- Cervical screening
- Screening and treatment for STI's and HIV

Our engagement and research seeks to understand the current service provision for women in Bury around some of the main life events affecting women's health and wellbeing in line with priorities identified in the Women's Health Strategy for England 2022.

The planned introduction of Women's health hubs in Greater Manchester is an opportunity to address some of the barriers to provision, capacity issues affecting diagnosis and treatment and the need for timely and effective advice and support, and we hope this report will assist health providers to understand and act on the experiences of women in Bury to improve local service provision.



Methodology

Survey questions were produced using background information from the Department of Health & Social Care Women's Health Strategy for England report 2022 to identify the scope for our consultation and using local knowledge from previous conversations with patients who have sought help from HWB in the past 12 months. Feedback was included from Health Commissioners and Sexual Health Service Manager Bury.

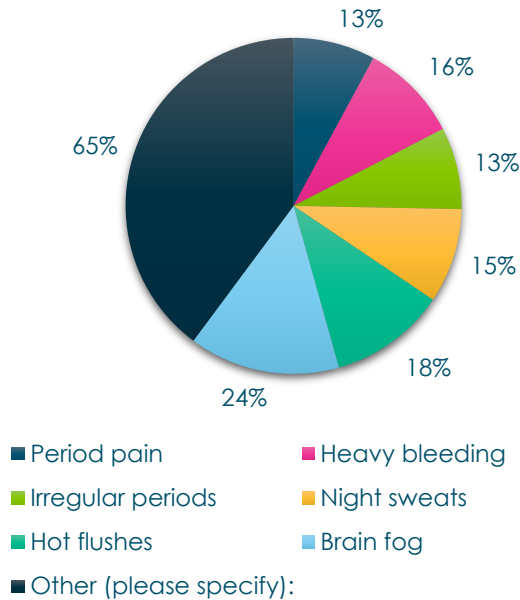


- Q The survey was promoted using Smart survey on Healthwatch Bury website and social media (Twitter and Facebook)
- Q Promotion at local community groups targeting primarily women, for example, breastfeeding group, parent and toddler groups, women's groups supporting vulnerable women.
- Q Promotion at local events, for example, GM Menopause event (Bury), Women of Worth Christmas Fayre, Cost of Living event
- Q Promotion through minority ethnic community groups and organisations such as Gupp Shapp, The Fed Mums group, BRAC, Eagles Wing
- Q Church groups and Community Cafes
- Q Discussions with service managers on how women's health issues affect residents with Disabilities and Learning Disabilities.
- Q Direct mail out to voluntary sector partners, community groups and health providers
- Q Hard copies of the survey were available on request



Findings

1. In the past 12 months have you received help or advice from a healthcare professional for:
(Please tick all that apply)



A total of 162 Women responded to this survey with 42% reporting health concerns associated with menstruation with a further 47% reporting symptoms associated with menopause. All respondents had sought help from a healthcare professional during the past 12 months.

Other conditions or concerns that respondents reported consulting a health professional for included: osteoporosis, joint pain, post-menopausal bleeding, urinary infections, urinary incontinence, prolapse, hormone related anxiety, hyperemesis gravidarum, post-partum support, cystitis and perimenopause. Many of these conditions affect only women or primarily women.

These figures demonstrate the huge impact of women's health over the life course on the healthcare system.

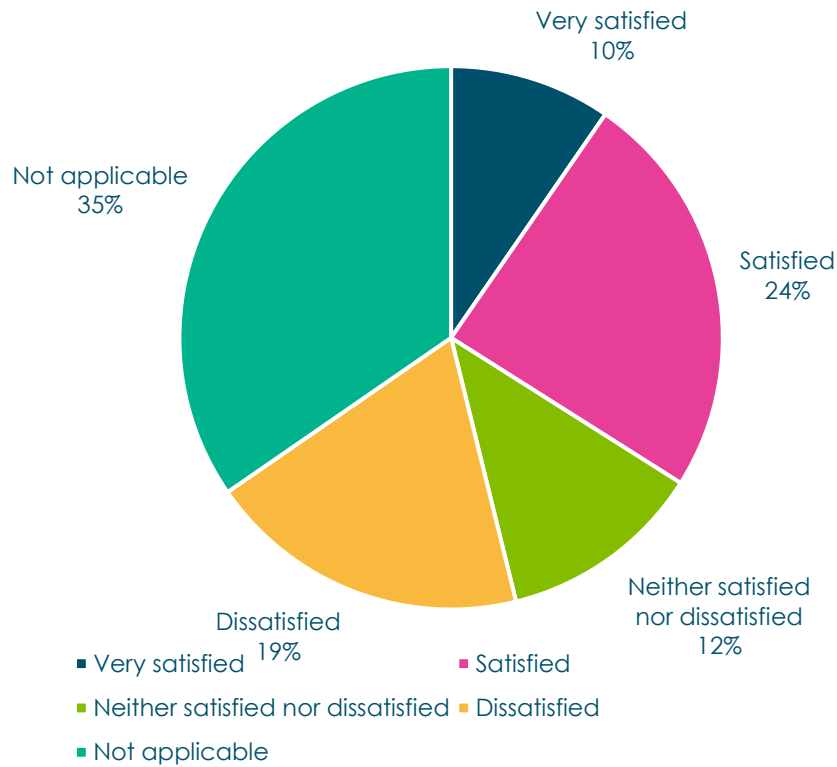
SEEKING HELP

A total of 162 Women responded to this survey with 42% reporting health concerns associated with menstruation with a further 47% reporting symptoms associated with menopause.

All respondents had sought help from a healthcare professional during the past 12 months.



2. How satisfied were you with any advice, support and help given for your symptoms?



A total of 34% of women reported they were satisfied or very satisfied with the help and support they had received with 19% reporting dissatisfaction. The following question explores the reasons for the satisfaction ratings



3. Please tell us about your experiences of getting help (For example: What worked well? What could have been better?)

What worked well

Responses were very mixed and covered a number of conditions and healthcare services. Praise for staff was particularly good when the Patient felt listened to, received good information and had treatment explained to them.

Examples include:

‘I was seen within weeks for an ultrasound and results showed I needed a hysteroscopy. That was done within 3 weeks. I needed it under General Aesthetic at Fairfield and stayed overnight. The ward and nurses were great’

‘They advised within days, sent to Crumpsall hospital for examination so happy at the speed’

‘Got a reasonably early appointment with GP. Nurse & GP very supportive & reassuring, options & treatment explained’

‘I had post-menopausal bleeding and was seen within 2 weeks for a hysteroscopy procedure. Carried out under General anaesthetic at Fairfield. Medical care was great & ward at hospital was clean, comfortable and good staff’

‘I work with a lady from the young people’s sexual health department, and she helped me understand why my periods are heavy and painful and put me on the contraceptive injection to prevent me from experiencing it again. It was very helpful’

‘Being given HRT, as I never knew my symptoms were perimenopause’

What could have been better

This question obviously generated a lot of patient feedback and a more detailed compilation of responses are attached as an appendix. A number of respondents mentioned known concerns around lack of face-to-face appointments and difficulties getting through to the GP Practice by telephone but other respondents highlighted issues which are of interest in the context of this report. Some of the main themes emerging include: symptoms being dismissed, too young for

POSITIVE EXPERIENCE OF GETTING HELP

“I work with a lady from the young people’s sexual health department, and she helped me understand why my periods are heavy and painful and put me on the contraceptive injection to prevent me from experiencing it again. It was very helpful”



menopause, GP's lack of knowledge if mainstream treatments are not suitable, lack of knowledge, information or choice. A growing number have sought private treatment, particularly concerning menopause symptoms and several respondents mention the impact that unhelpful responses from health professionals have had on their mental health.

'Fobbed off at all aspects. GP blamed weight, thyroid, inactivity. Reluctant to say symptoms are menopausal, but reluctant to investigate. Said was my mental health – yes it is my mental health NOW as no one will listen to me'

'I have been given antibiotics for recurring water infections, but no advice about how to prevent these or suggestion we investigate the cause, it's just "one of those things" because of my age (mid 50s and being menopausal. I have had to give up full time work because of the stress of possible incontinence and taking time off sick, I've told the Drs this, but they are not interested'

'I was prescribed HRT for terrible hot flushes, but I had high blood pressure and phlebitis so had to stop taking it. No replacement offered'

'Went to private clinic for menopausal treatment, as not getting support or help from GP'

'Difficult to access GP appointments. Reception staff at GP giving incorrect advice over the phone. I am a Doctor myself so pushed to speak to the GP but felt as though I was being discouraged from having an appointment'

'Doctor seemed to have no knowledge of post-partum symptoms (male GP). Prescribed antibiotics but no knowledge of if they were safe for breastfeeding and I felt silly for asking about alternatives'

'I went to see the practice nurse re absolutely no libido & was told to just do it anyway as it's probs physiological! I wasn't happy so asked if the practice had a menopause specialist, which they did. I've since had bloods & was found I'm not absorbing the patches as oestrogen was very low. So now trying spray and then going back. Asking for the specialist was the best thing I did'

'Have been accused of having an eating disorder when my period pain was making me sick and accused of faking the pain'

'There was no help at all for me. I had oestrogen receptive breast cancer in 2019 so I am not allowed to have HRT. There

NEGATIVE EXPERIENCE OF GETTING HELP

"Fobbed off at all aspects. GP blamed weight, thyroid, inactivity. Reluctant to say symptoms are menopausal, but reluctant to investigate. Said was my mental health – yes it is my mental health NOW as no one will listen to me"

"Doctor seemed to have no knowledge of post-partum symptoms (male GP).

Prescribed antibiotics but no knowledge of if they were safe for breastfeeding and I felt silly for asking about alternatives"

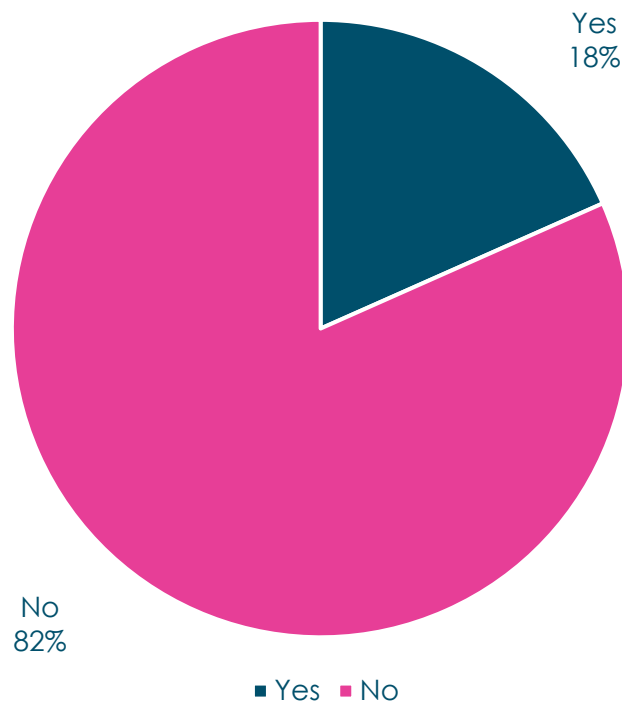


is no alternative WHATSOEVER available for women in my position, on the NHS. It is just appalling that I and other women are left with severe symptoms like those I have listed, and two Consultants and my doctor can do absolutely nothing for me. This has affected my daily life to the point that I have been referred to Occupational Health at work and friends have left'

'Doctor did not listen and just prescribed me anti-depressants'

'It has taken speaking to 3 different GPs to get a referral for menopause as my blood pressure is high and they don't know what to prescribe. I have been ignored and dismissed by the previous GPs and not taken seriously about my menopause symptoms'

4. Have you sought advice or support on contraception or sexual health?



18% of respondents have sought advice on contraception and/or sexual health and responses are considered in more detail below.



5. If yes, please tell us about your experience (What worked well or what could have been better?)

If no, did you consider seeking help & if so, what stopped you from doing this?

Respondents have raised several concerns regarding access to contraception and sexual health. Several respondents did not know where to go, others had difficulty accessing coil removal and fitting and others found a lack of information around options available. Difficulties accessing sexual health clinics were also raised by several respondents.

What worked well?

‘Different types of contraception offered, each one explained with benefits and risks’

What could have been better?

‘Very difficult to access services for the coil. My GP doesn't do them, had to go on the pill which wasn't my preferred choice and took 6 months to get the coil - had to have it removed & refitted & had to travel to Ashton. Again no appointments in Bury. Rochdale or Oldham for 4 weeks+’

‘I was told I was too overweight for the contraceptive pill and not given further support, the appointment was over the phone’

‘Tried so many birth control pills. None agreed with me. I had the copper coil years ago & also was no good for my body. I need contraception so thought I'd try coil again. Booked online, specified what I needed, rearranged childcare, turned up for appointment only for Dr to tell me he's not qualified to fit it & to go to Reception. Reception said no qualified Dr's available & go to family planning clinic.

I was just so disheartened & not got it done yet’

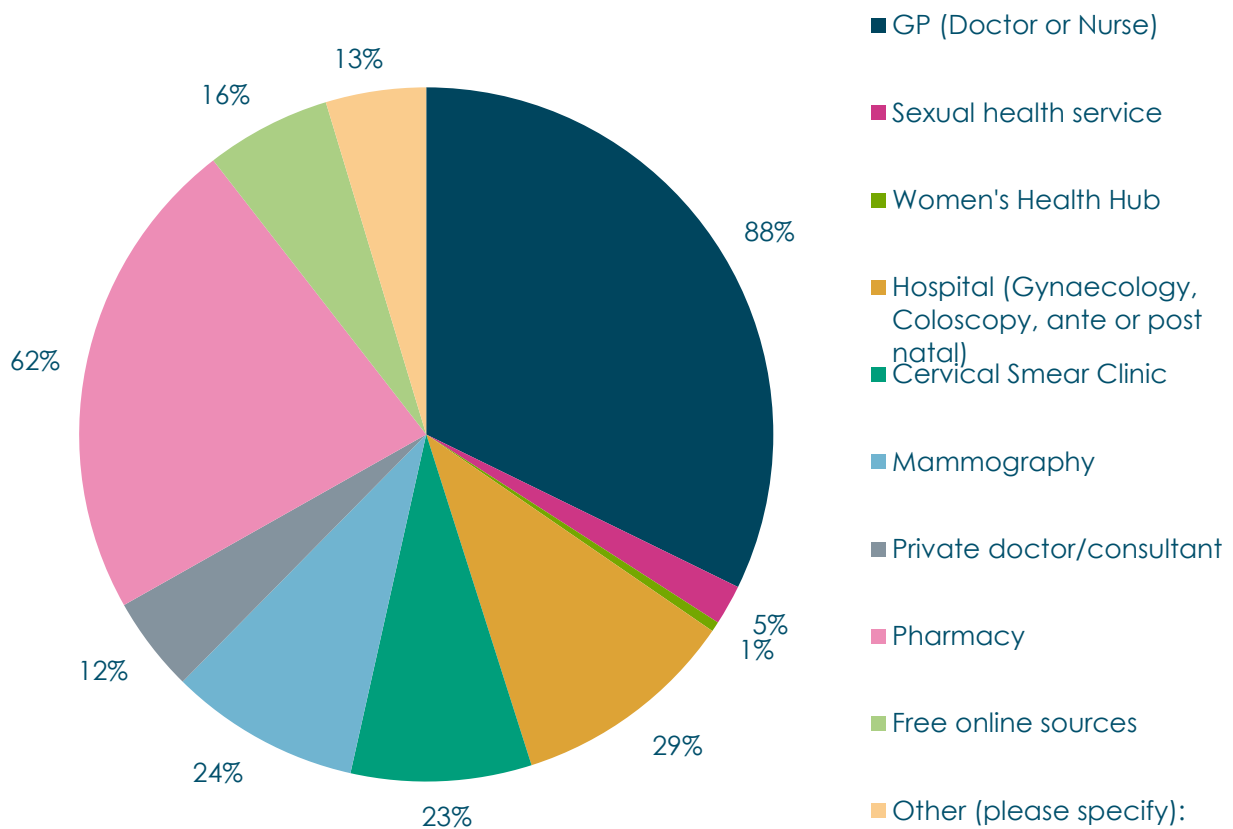
EXPERIENCE OF SEEKING SEXUAL HEALTH HELP

“I was told I was too overweight for the contraceptive pill and not given further support, the appointment was over the phone”





6. In the last year, which of the following services have you used? Please tick all that apply.



This question demonstrates the majority of women (88%) rely on GP Practices for health care advice and support with 29% accessing hospital services.

5% of respondents had accessed a sexual health clinic.

23% and 24% (cervical and breast) of respondents had accessed screening clinics in the past year.

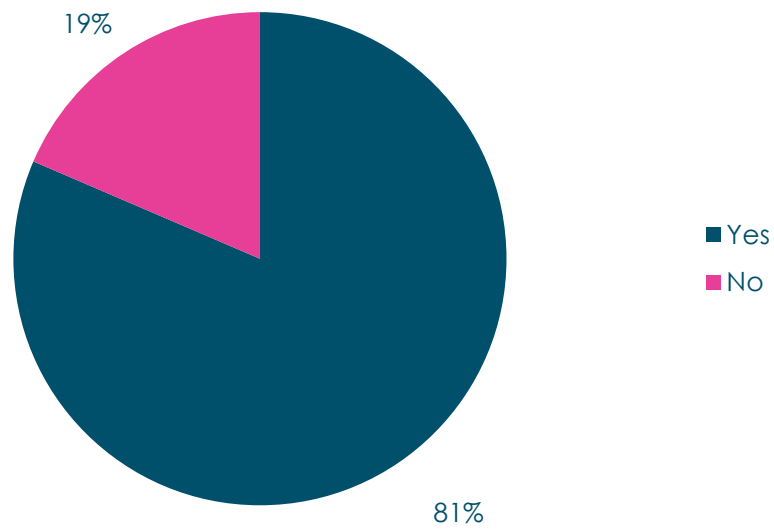
62% of respondents had accessed a pharmacy which is the second most visited service for healthcare for women.

Online resources and private treatment were visited/used by 16% and 12% respectively.

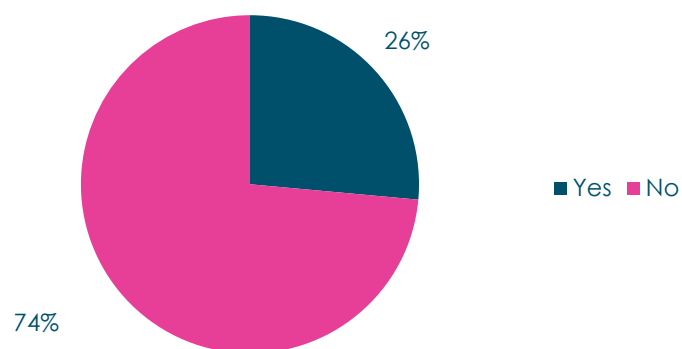
81% were happy with the support received from these services collectively.



7. Were you satisfied with the information or support you received?



8. Have you used apps to track or monitor your health or cycles? (e.g. Femtech, Flo, etc.)



Currently only 26% of women have used apps to track or monitor their cycles or health but it was evident that this was more prevalent in younger respondents.



9. Have you got anything else you would like to share about your experience in the past year?

'More information would be useful, more compassion and understanding to individuals situations'

'I've had a tough year with my health. Needed some surgery, cancer scare, and serious mental ill health. The support from GP, Hospitals, pharmacy, community care and BIG has been really good. Supportive, responsive, organised and efficient. Helped me cope.'

'I feel I am being discriminated against due to my age. I don't get smears, mammograms or other women's health checks'

I would like to be able to get some help for the awful menopausal symptoms I am experiencing. I cannot take HRT or oestrogen replicants as I have had previous oestrogen receptive breast cancer. Myself and women like me should not just be left to get on with it, if we cannot be prescribed HRT as the menopausal has a very detrimental affect on all areas of your life.

There must be a hub / home visit Nurses able to treat pregnant women at home with fluids instead of taking up beds in hospital or left home severely unwell without treatment

I use the Internet to read up on issues. Attended Menopause session by STH - very good

Lack of support/compassion relating to miscarriage

I think there is a distinct lack of post natal support. There is no sure start centres within Prestwich anymore. I struggled to find a drop-in clinic for baby weighing & Health Visitor support which is something I used a lot with my first baby

Use online sources but would like to see more information on what to use

I think GP's need to become more knowledgeable & stop trying to give antidepressants

I would appreciate a group for Older Women to meet regularly to share concerns about health and ageing as I feel very badly informed about what to expect and how to best respond to bodily changes

ADDITIONAL COMMENTS

"I feel I am being discriminated against due to my age. I don't get smears, mammograms or other women's health checks"

"There must be a hub / home visit Nurses able to treat pregnant women at home with fluids instead of taking up beds in hospital or left home severely unwell without treatment"

"I have lots of leaflets and lots of conflicting online information so have no idea what is the best way to manage my health issues."



I would like to reiterate my request to separate non pregnancy related gynaecological scans from the antenatal departments. I appreciate that it may be convenient for the NHS but it is doing untold damage to women's mental health and wellbeing.

I've had a very rough year with my mental and physical health. Needing multiple tests procedures, surgery and acute and primary care input which remains ongoing. At all times the care and support from my GP, hospital, community care has been exemplary and a credit to their professions and services

I have lots of leaflets and lots of conflicting online information so have no idea what is the best way to manage my health issues.

3. Personal stories: Survey respondent



I would like to be able to get some help for the awful menopausal symptoms I am experiencing. I cannot take HRT or oestrogen replicants as I have had previous oestrogen receptive breast cancer. Myself and women like me should not just be left to get on with it, if we cannot be prescribed HRT as the menopausal has a very detrimental effect on all areas of your life.





3. Personal stories:

Service Manager Interview: Learning Disability Service



As a service, we work with adults aged 19 to 70+ years of age. Some people may only get 5/6 hours of support whilst others get 24-hour care.

We try to monitor people and use a tick box of symptoms if we recognise changes in behaviour or think someone may be unwell. We have had occasions when a GP may recommend changes in medication or prescribe anti-psychotics when symptoms may be due to menopause.

Screening for cervical smear, bowel or mammograms will depend on a persons ability to consent or may have to go to a best interest meeting.

We have a person-centered approach but need information around Women's health in easy read format to enable us to have conversations & more staff training for younger staff to recognise symptoms. We have a good and positive relationship with LD Nurses but there are challenges with healthcare for people with LD. Medics need to recognise & consider normal life progressions when treating people with LD

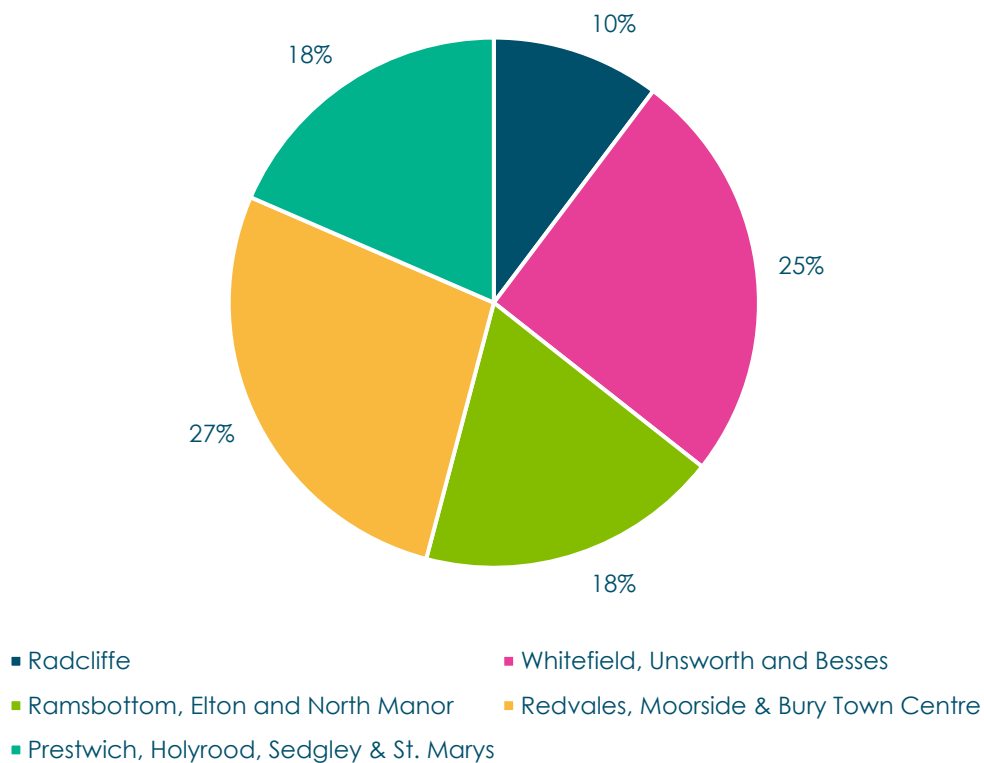




Demographics

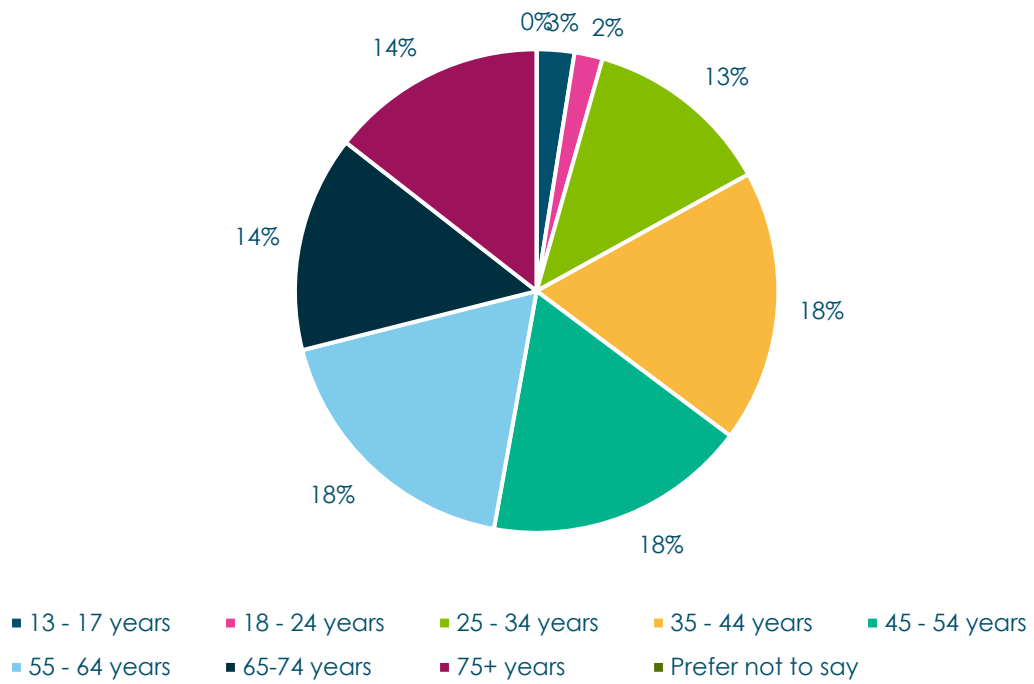
The following charts detail the demographics of the respondents to the survey. The results indicate that the survey was successful in reaching a representative sample of the female population of the Borough. The one area that is underrepresented is the younger age group 13 to 24 years. Attempts were made to contact Youth Services on several occasions but due to changes within the service it was not possible to arrange any visits over the timescale of this project. Similarly approaches to specific female groups within the colleges were unsuccessful.

1. Please tell us which township you currently reside in?

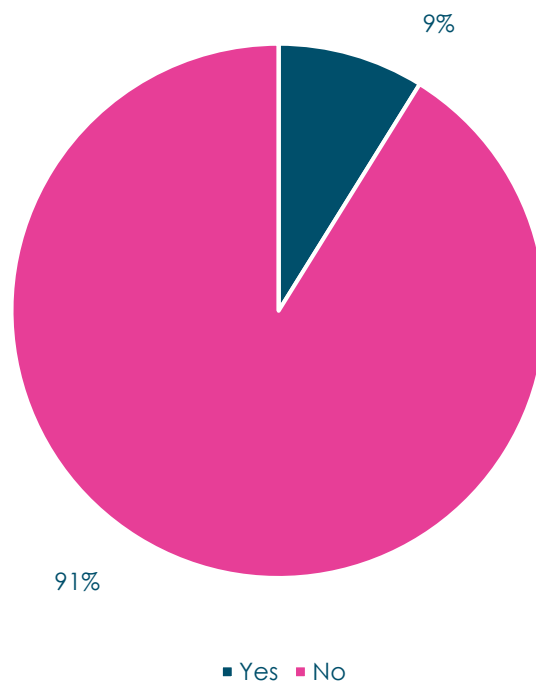




2. Please tell us which age category you fall into?

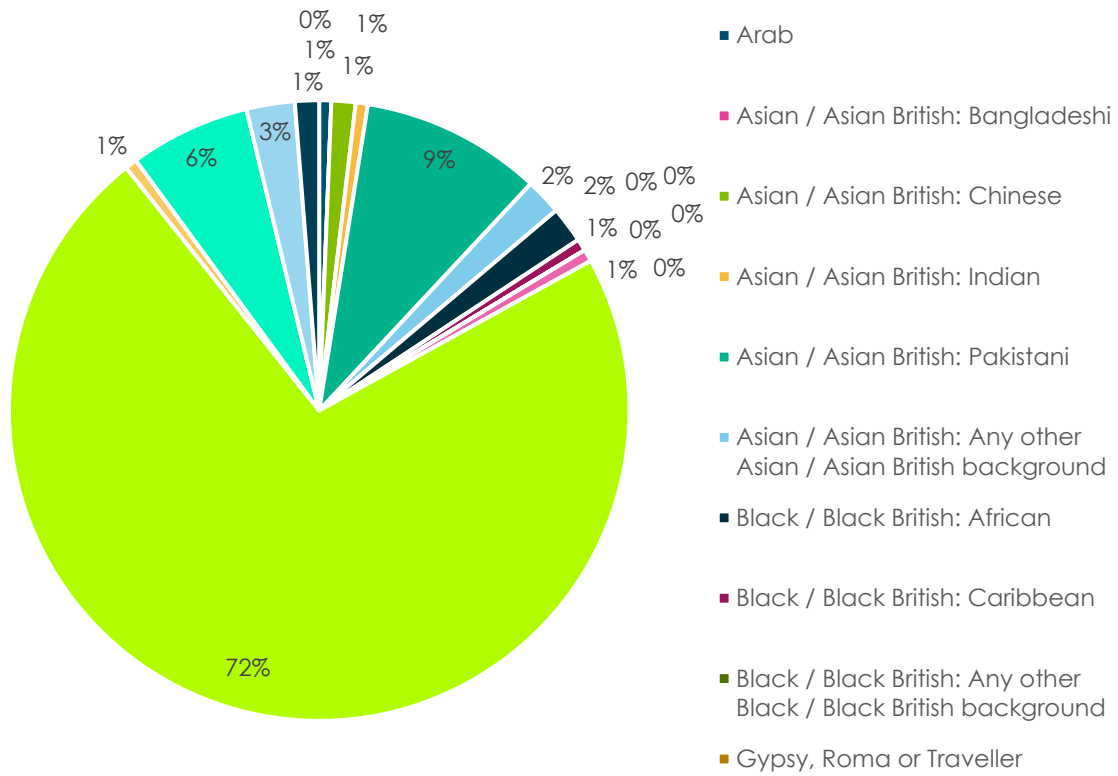


3. Is your gender different to the sex that was assigned to you at birth?



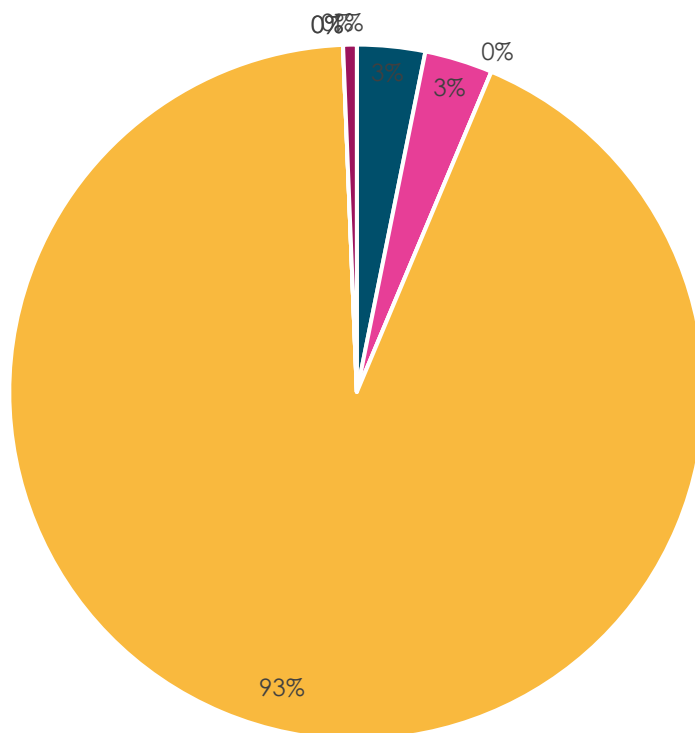


4. Please select your ethnic background:





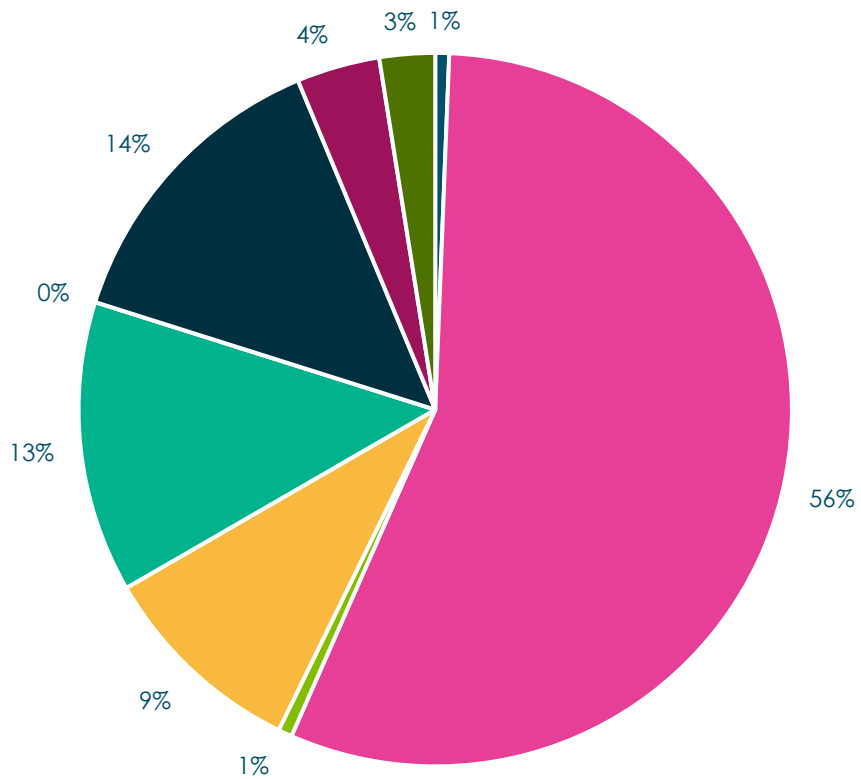
5. Please tell us which sexual orientation you identify with:



- Asexual
- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Pansexual
- Other
- Prefer not to say



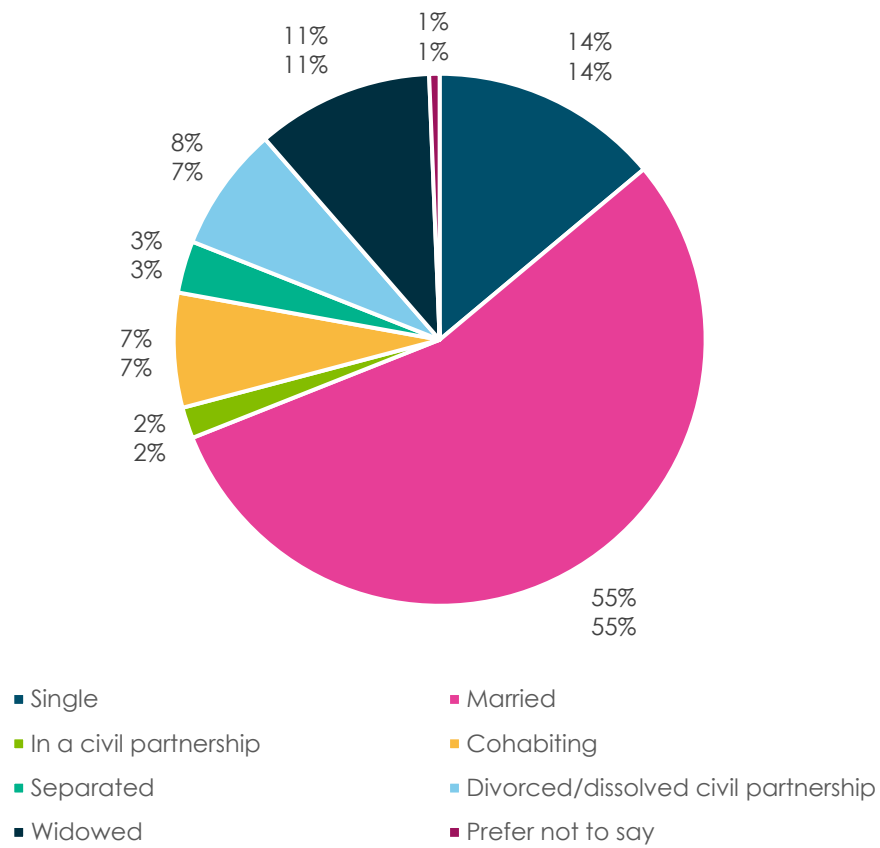
6. Please tell us about your religion or beliefs:



■ Buddhist ■ Christian ■ Hindu ■ Jewish ■ Muslim ■ Sikh ■ No religion ■ Other ■ Prefer not to say

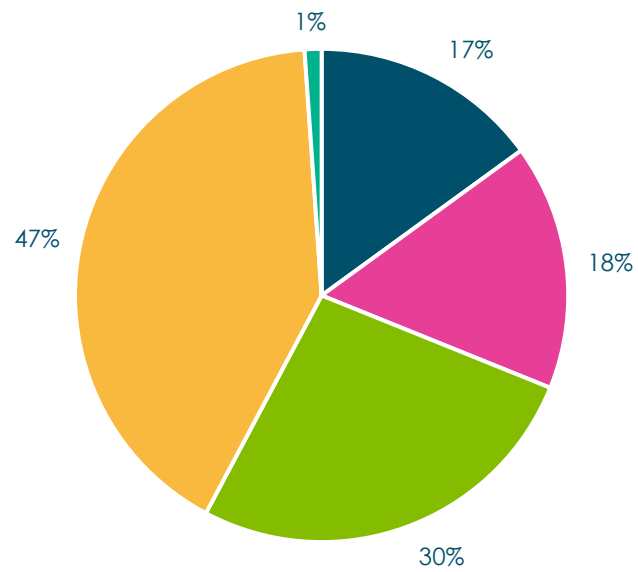


7. Please tell us about your marital or civil partnership status:





8. Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply):



- Yes, I consider myself to be a carer
- Yes, I consider myself to have a disability
- Yes, I consider myself to have a long term condition
- None of the above
- Prefer not to say



References

1. Women's Health Strategy for England (revised August 2022). A 10 year plan to boost health outcomes for all women and girls, and radically improve the way in which the health and care system engages and listens to all women and girls.
2. PLOS Medicine's Umbrella Review on Menopausal Hormone Therapy: This comprehensive review investigates the effects of menopausal hormone therapy on various health outcomes, such as cardiovascular disease, osteoporosis, and cognitive function. It synthesizes findings from multiple studies, highlighting both the benefits and risks associated with hormone therapy for menopausal women (PLOS). [Menopausal hormone therapy and women's health: An umbrella review | PLOS Medicine](#)
3. BMC Women's Health's Qualitative Study: This study explores the subjective experiences of women undergoing menopause, emphasizing how they perceive this natural stage of aging. The research utilized in-depth interviews and content analysis to uncover themes related to the physical and emotional impacts of menopause, and how these changes affect their daily lives and health behaviors (BioMed Central). [Menopause is a natural stage of aging: a qualitative study | BMC Women's Health | Full Text \(biomedcentral.com\)](#)
4. Cross-sectional Online Survey on Menopause Symptoms in the UK: Conducted by BMC Women's Health, this survey collected data from nearly a thousand women to analyze the prevalence and severity of menopause symptoms. It also examined how these symptoms influence health-seeking behaviors and the demand for specialized group consultations (BioMed Central). [Experience and severity of menopause symptoms and effects on health-seeking behaviours: a cross-sectional online survey of community dwelling adults in the United Kingdom | BMC Women's Health | Full Text \(biomedcentral.com\)](#)

[Women's knowledge and attitudes to the menopause: a comparison of women over 40 who were in the perimenopause, post menopause and those not in the peri or post menopause | BMC Women's Health \(springer.com\)](#)
5. Nature's Feature on Women's Health Funding: This article discusses the broader context of research funding for women's health issues, including menopause. It highlights the underfunding of conditions predominantly affecting women and the need for more robust research in this area (Nature).

Contact us

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