# Women's Health – Derby and Derbyshire Engagement Report 2025

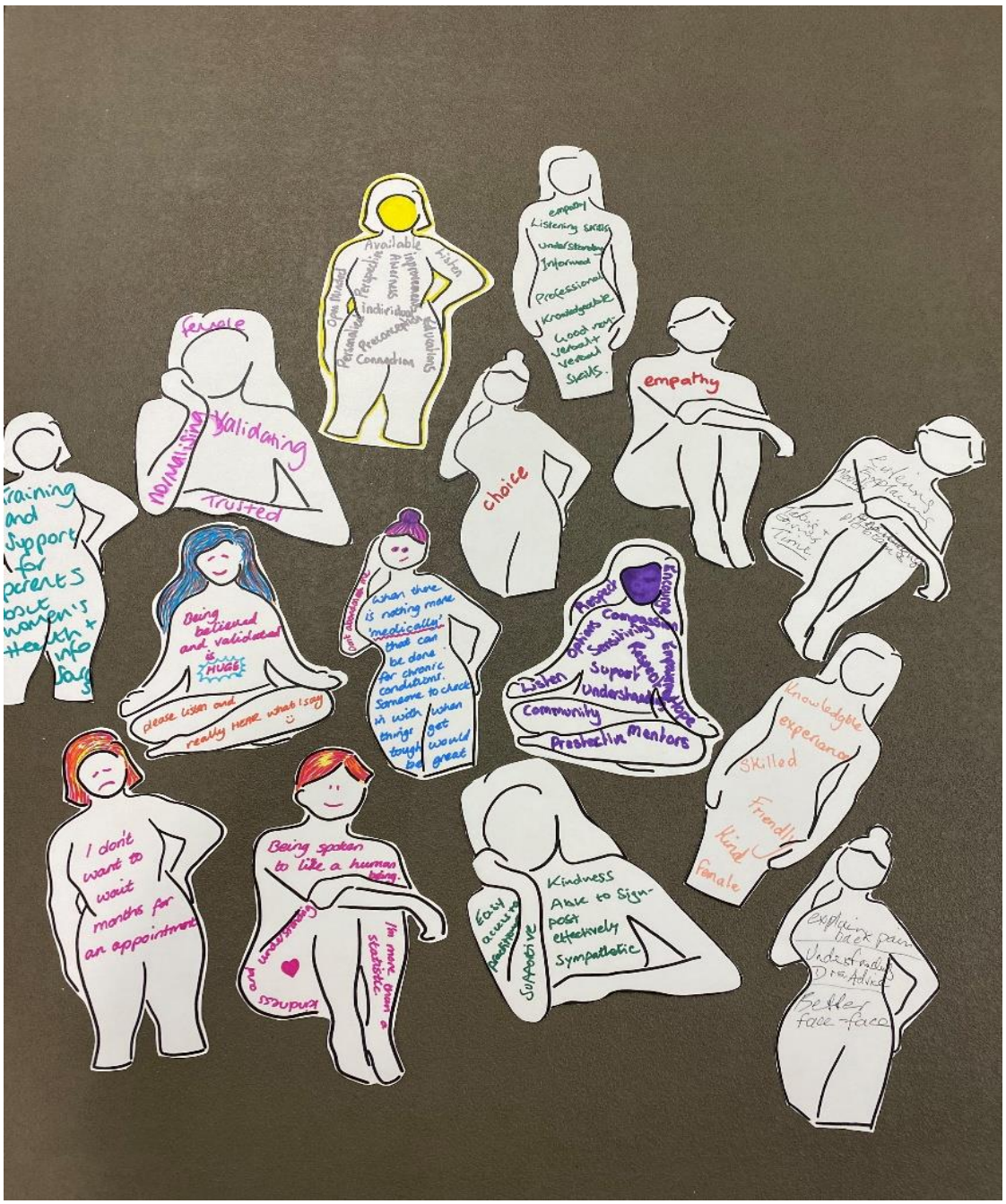



*Image: Derbyshire Voluntary Action (DVA), Women's Health engagement workshop activity.*

# Table of Contents

# Executive summary

The engagement report builds on a clear Case for Change for women's health in Derby and Derbyshire, shaped by early engagement with local women and communities.

Launch events held in early 2024 brought together service users, community groups and healthcare professionals. Their insights shaped the direction of this engagement programme and highlighted the need for inclusive, co-produced approaches to reduce health inequalities and improve outcomes.

Between November 2024 and January 2025, a series of large-scale engagement activities were conducted in Derby and Derbyshire to gather women's perspectives on healthcare services. These activities, which included online surveys and community workshops, provided valuable insights into the perceptions, needs, and barriers experienced by women in accessing healthcare and information.

1730 individual responses have been received for the engagement in Derby and Derbyshire all together.

- 744 participated in the survey.
- 986 attended community-led workshops from 39 community groups.

## Key findings

### Understanding and knowledge

- A significant number of women had a good or very good understanding of women's health issues.
- However, there were some groups that stated gaps in knowledge, particularly regarding menopause, reproductive health, and preventative care.

### Health priorities

Health concerns varied by age group:

- Younger women prioritised contraception, menstrual health, and fertility.
- Middle-aged women focused on pregnancy, postnatal care, and cervical screening.
- Older women were more concerned with menopause, osteoporosis, and heart disease.

### Preferred access to services

- Face-to-face interactions were the most preferred method for accessing women's health services.
- Digital exclusion and language barriers were significant issues, particularly for ethnic minority communities and those with learning disabilities.

## Barriers to access

- Common barriers included difficulty booking appointments, long waiting times, and limited availability of female doctors.
- Many women reported dismissive attitudes from healthcare professionals and a lack of awareness about available services.
- Financial constraints and transport difficulties further hindered access to healthcare.

## Experiences with health services

- Experiences were mixed. Positive feedback highlighted empathetic healthcare professionals and convenient services.
- Negative experiences often involved inadequate access, delays, and perceived lack of seriousness given to women's health concerns.

## Screening and vaccination participation

- Key areas as to why people thought there was low participation in cervical and bowel screenings, and HPV vaccinations in the city were mainly due to fear, misinformation, and lack of awareness.
- Better public education and flexible appointment options were suggested to increase participation.

## Considerations

The insights highlight the importance of improving access, support, education, and communication in women's health services.


# Introduction and background

The term ‘women’ should be taken to include of all women, girls and people with a womb, ovaries or cervix.

Women have different health problems, and these can be different for different groups of women. Even though there are many health services, we still don't fully understand what local women need and what services are available.

A case for change has been developed to understand:

- women’s health needs
- what are our local population’s needs
- what are the current inequities and inequalities

There is the full case for change and a summary, both of which can be found on the Engagement Platform.

*Image: Chesterfield and NE Derbyshire Muslim Women's Group, Group members in the engagement session.*

## The opportunities

The government has provided funding to help improve women's health services. This is a one-time payment, so it won't happen every year. The funding given is a chance to fix current problems and work better together.

- To stop women being passed between different services
- To reduce the differences in experiences and outcomes in health, between different groups
- To provide targeted support to the communities that need it

Talking to and listening to local women is key to understanding their experiences, what they want from services, and what can be improved.

# Engagement

In February and March 2024, two well attended launch events were held in Derby and South Normanton to listen to the voices of women, girls and people with a cervix from across the region. Participants representing community groups, service users, and healthcare professionals, shared powerful insights into what is and is not working in current women's health services. These early events helped shape this engagement programme and confirmed the need for co-designed, community-informed solutions to improve health outcomes and reduce inequalities.

NHS Derby and Derbyshire commissioned two local organisations to lead on the engagement.

- Community Action Derby – Derby City
- Link CVS – County

In partnership with NHS Derby and Derbyshire and a Patient and Public Partner, a working group developed a system wide engagement plan covering the key aspects of the case for change to develop the aims of the engagement.

The key aims of engagement were to understand:

- Experiences of accessing service for women's health issues
- Women's understanding and knowledge about women's health
- Experiences of accessing information around women’s health
- Experiences of current services and expectations
- Explore why women might think there is low screening and HPV vaccine uptake in the City
- To ask about communication preference


*Image: GH Futures, Participants of the engagement workshop.*

## Who did we want to hear from?

We wanted to hear from all women across Derby and Derbyshire, but we were also keen to hear from certain groups of women as they face more difficulties accessing quality healthcare. Stigma, discrimination, and lack of cultural understanding can make these challenges worse.

Some of these groups include:

- Those from minority ethnic backgrounds
- The more deprived areas (areas where people don't have enough of what they need)
- Those with disabilities
- Those who identify as LGBTQ+
- Gypsy, Roma and Traveller communities
- Refugees
- Carers

## Methodology

### Survey

To ensure a comprehensive representation of Derby and Derbyshire's population, a detailed survey was developed. It included both closed and open-ended questions, allowing for qualitative and quantitative analysis. Demographic data was collected to understand if the survey was representative or not.

The survey was widely distributed through Links CVS and Community Action Derby, who facilitated reach to numerous community groups across the city and county. Additionally, the Integrated Care Board and Joined Up Care Derbyshire promoted the survey on their websites and social media platforms and shared resources with partner organisations to support in sharing the survey. Promotional videos were also produced and shared to further engage the Derbyshire population.

## Community Led Workshops

Community organisations who were awarded with the grants organised the community led engagement workshops within their areas, focusing on the central aims of the project. These workshops were designed to connect with specifically identified groups. A set of core questions, derived from the key aims of the engagement, was developed and all groups used this during the engagement workshops. This ensured consistency in feedback.


Flexibility was also built into the process; each group was invited to focus on any particular area of interest or concern they felt was most relevant to their membership. This approach allowed communities to discuss the key issues affecting women's health openly. By having community-led workshops, the communities could create familiar settings for these discussions. The workshops promoted meaningful dialogue and ensured participants' perspectives were acknowledged.

*Image: Asian Association, Participants of the engagement workshop.*

### *Training for the community engagement leads*

Training sessions were conducted for the leads from each community group, held in Derby City and Chesterfield. The objective of the training was to provide facilitators with the knowledge and skills needed to conduct community-led workshops.

The training session introduced the facilitators to the objectives of the engagement and focused on enhancing the effectiveness of the engagement workshops. The key topics covered included:

- Key objectives of the engagement
- Methods of engagement
- Conducting workshops
- Engagement techniques
- Recording and reporting feedback

## How many people took part in the engagement

744 people took part in the survey over all of Derbyshire.

In Derby City 20 community groups took part in the Community Lead Engagement consisting of 626 people.

In Derbyshire County 19 community groups took part in the Community Lead Engagement consisting of 360 people.

Which means over the engagement project over 1730 individual responses have been received from a wide range of communities within Derby and Derbyshire.

Detailed information about all the different community groups and who took part can been found in the Community Led Engagement feedback sections.

Some of the communities involved in the engagement were:

- African and Caribbean
- Asian
- Eastern European
- LGBTQ+
- Deaf, deafblind and hard of hearing
- Refugee
- People affected by substance abuse and complex needs
- Young people
- New and expected mothers
- Women living with a learning disability
- Women living with a long-term condition, brain injuries, neurodivergent conditions, and/or autism
- Women who have experienced domestic abuse

## Has the project been representative of our local population and targeted groups

Demographic data was only taken from the survey, a breakdown of the demographics can be found at the end of the report for both Derby City and Derbyshire County. Below is an overarching summary from both the survey and community led engagement.

The survey provided a reasonably accurate reflection of the local population demographics, though under-representation of the Asian and Black communities was noted. It effectively represented the LGBTQ+ community and carers.

Recognising that surveys might not always be the most effective means to reach all targeted groups within the project objectives, community-led engagement was utilised to ensure these groups' voices were heard. It is believed that most of the targeted groups have been represented through community engagement. Further analysis will be conducted to identify areas where additional insight may be required.

Overall, this piece of work is considered representative of the targeted population groups it aimed to engage with, though it's important to acknowledge the inherent limitations of data collection and to note that if future insights are sought, it's important to examine the demographics of the people who use the service or those with specific conditions and create tailored engagement strategies targeting the identified groups.

*Image: Compassionate Voices CIC, Participants of the engagement workshop.*

## What has been done in the project so far, impact of the report, and what happens next

A considerable amount of progress has already been made, informed by the insights from the initial phases of engagement.

- Local women with lived experience, were engaged as Patient and Public Partners (PPP), participating in the Steering Group and workstream meetings to ensure community voices were embedded in decision making.
- A tailored women's health programme for South Asian and Arab women has launched in partnership with Community One, offering culturally sensitive education and support. The programme aims to improve access to services and information, and improve health outcomes in South Asian and Arab communities.
- Women's Health Ambassadors and Champions have been recruited and trained to support peer-led outreach and awareness in local communities empowering women to normalise women's health issues at a local level.
- Inclusive women's health training has been delivered to school staff to equip them with the confidence and knowledge to teach key women's health topics so that more young people feel confident in accessing services that support women's health

- Investment has been made in training GPs, nurses, midwives and termination of pregnancy (TOP) staff to deliver Long-Acting Reversible Contraception (LARC) enhancing access to and availability of contraception.
- Training modules on inclusive practice are being promoted to healthcare professionals to support culturally aware conversations with members of vulnerable population groups.

This report is not just a record of engagement, it is a direct reflection of the lived experiences of women across Derby and Derbyshire. Its impact includes:

- Creating a system-wide alignment: The findings are presented to stakeholders across primary care, secondary care, public health, community providers, commissioning teams and the voluntary sector to ensure a greater shared understanding of the gaps and barriers in women's health.
- Building stronger community trust: By listening to women from seldom-heard groups, the programme has begun to strengthen relationships between communities and health services.
- Informing strategic direction: Insights from the report are informing local planning and priorities for women's health, and guiding service improvements.

This report marks an important milestone in understanding women's health needs across Derby and Derbyshire. The findings will inform and support future action by health and care partners, local authorities, and community organisations. Key areas where the report is expected to influence next steps include:

- Improving access to information

  Health partners to use the findings to develop clearer, multilingual, and accessible health information, ensuring women from all communities can understand and navigate available services.

- Expanding inclusive, community-based care

  Commissioners and service providers to consider the report's insight when designing and expanding culturally sensitive, local women's health services in underserved areas.

- Supporting Voluntary, Community and Social Enterprises (VCSE) involvement

  The importance of trusted community organisations is a consistent theme. The report will contribute to ongoing efforts to strengthen partnerships with VCSE, supporting more collaborative approaches to service planning and delivery.

- Embedding inclusive training

  The report highlights the need for trauma-informed care, deaf and disability awareness, and culturally sensitive communication. These insights will guide workforce development across health care providers.

- Maintaining dialogue with communities

  The report contributes to shaping future engagement work. Two events are planned for May 2025 to reflect on the findings and keep the conversation going with local women, health and community partners.

- Improving screening and HPV vaccine uptake

  The insights in this report can inform development of targeted outreach and education campaigns to boost awareness, tackle stigma, and increase participation in preventative health measures.

This work reflects our commitment to equity and inclusion, ensuring every woman, girl and person with a cervix in Derby and Derbyshire can access high-quality, compassionate healthcare when and where they need it.

## How to keep up to date

The Inclusivity Group, a sub-group of the Sexual Health Alliance, will create an action plan and recommendations addressing key inclusivity elements identified in this report.

You can keep up to date with the latest developments on the Engagement platform.

# Derby City

## Insight Summary: Women's Health Survey – Derby City

The Women's Health Survey in Derby City received 200 responses, highlighting important insights into the barriers, preferences, and experiences that shape how women from diverse backgrounds access and engage with healthcare services.

### Understanding of Women's Health

- 78% of respondents reported having a good or very good understanding of women's health.

Sources of knowledge included:

- Online platforms and social media
- Healthcare professionals
- Personal experiences and peer networks

### Health priorities by age group

- 18–39 years: Pregnancy, contraception, and fertility
- 40–59 years: Menopause and hormonal health
- 60+ years: Screenings and chronic condition management

### Preferred access to services

- Strong preference for face-to-face appointments, especially in local NHS settings
- Community venues also seen as safe, trusted spaces, particularly for sensitive discussions

### Barriers to accessing services

- 74% of respondents identified at least one barrier

Key barriers included:

- Appointment availability and long waiting times
- Complex referral processes
- Staff lacking understanding or empathy toward women's health concerns
- Difficulty accessing female healthcare professionals

### General experiences with services

- 39% rated services as "average"

Positive experiences involved:

- Empathetic, responsive healthcare professionals
- Quick access and convenient locations

Negative experiences included:

- Delays, inaccessibility, and dismissal of concerns

## Low uptake of preventive health interventions

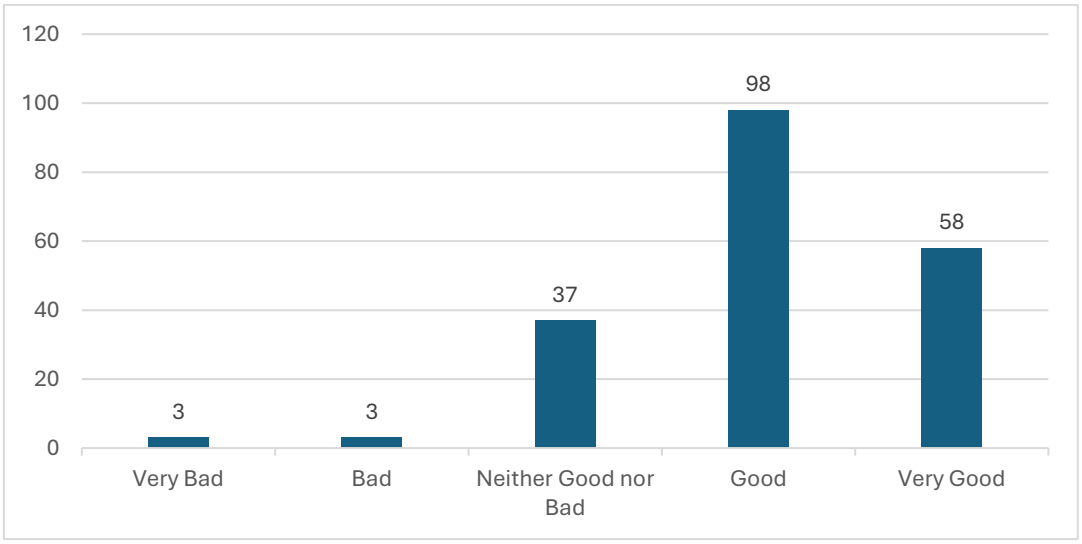
- Screenings and HPV vaccinations underutilised

Barriers included:

- Difficulties making appointments
- Discomfort with male practitioners
- Low awareness or understanding of importance

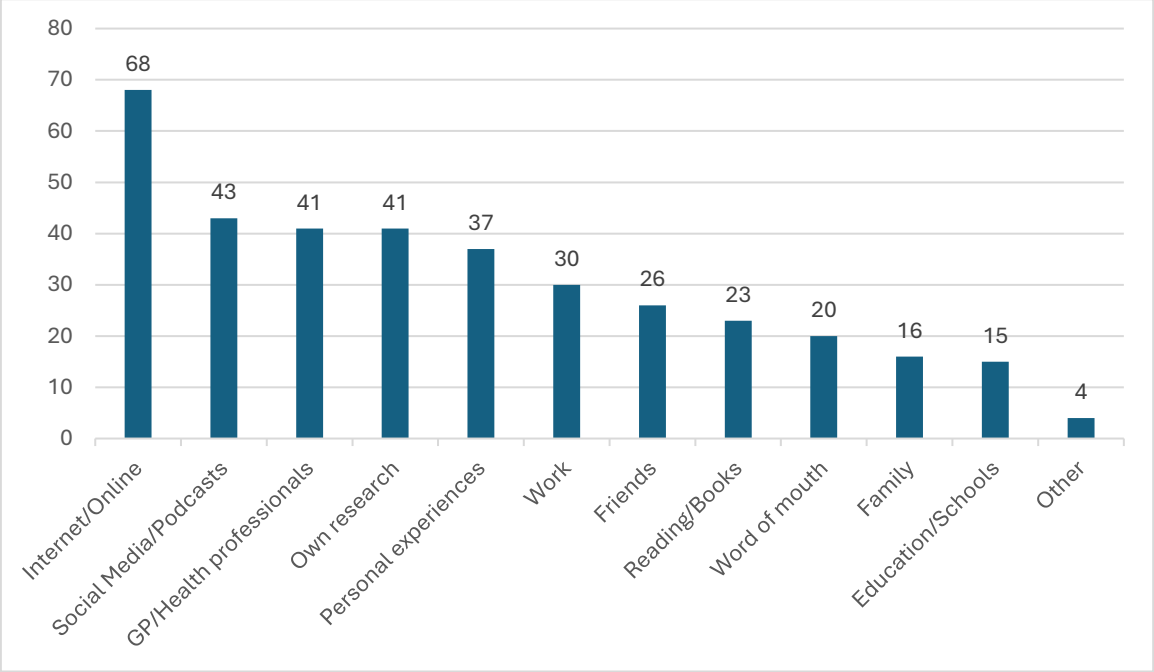
## Breakdown of feedback

### 1. How would you rate your understanding of Women's Health Issues? (199 respondents)




78% of respondents stated that their understanding of Women's Health Issues was either Good or Very Good.

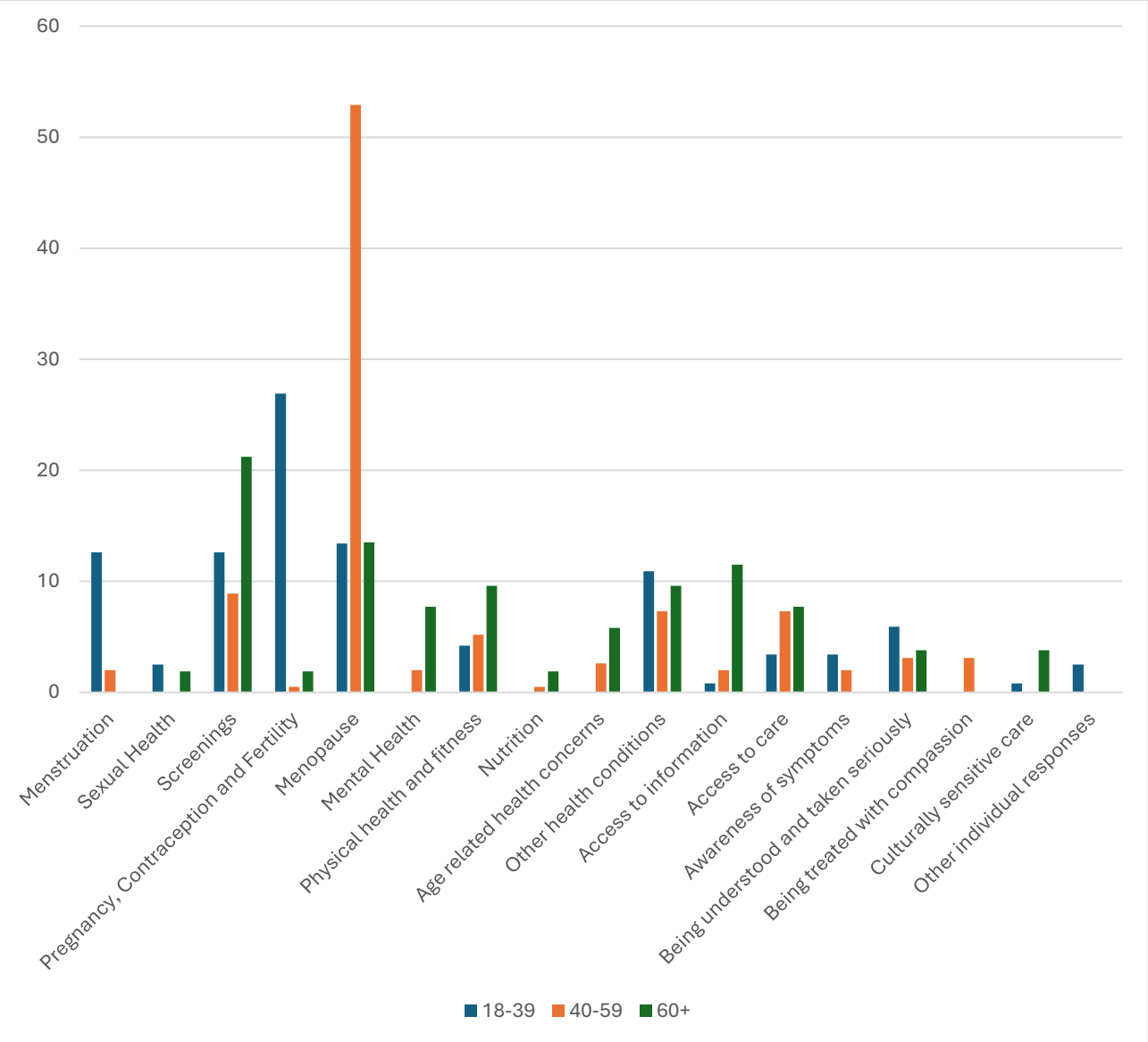
## 2. Where have you gained most of your knowledge about Women's Health? (199 respondents gave 364 responses)




The most common method of gaining knowledge around women's health was internet and online sources. This was followed by social media/podcasts, GP/health professionals, own research and personal experiences.

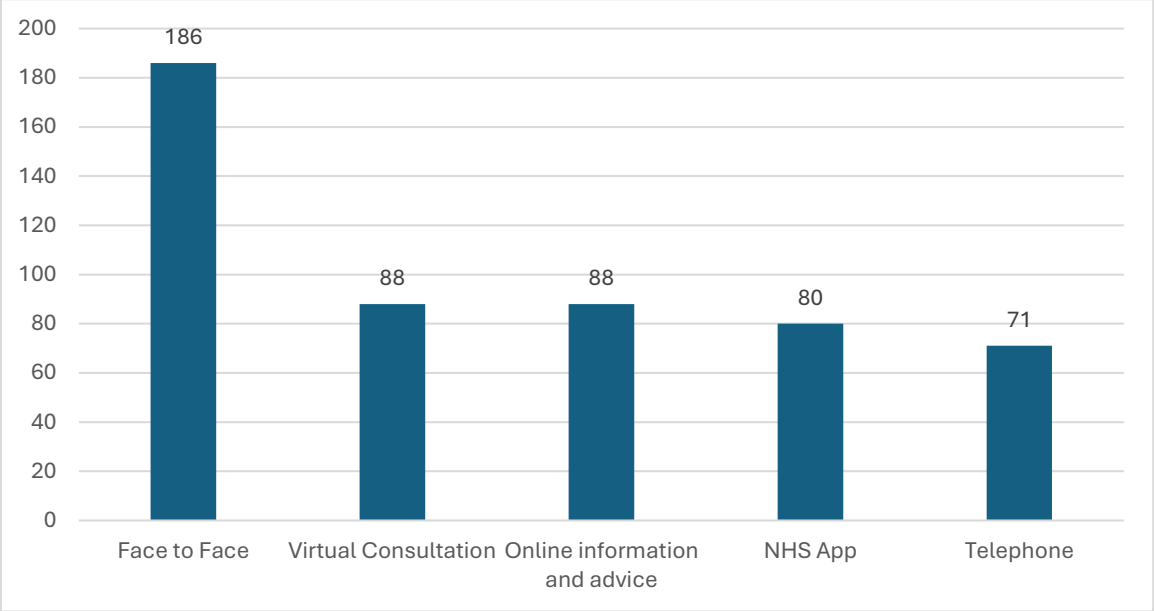
## 3. What is important for you regarding women's health in the current stage of your life? (196 respondents)

This question has been split into responses for the following age category demographics to demonstrate different health priorities during the course of a woman's life and as numbers of respondents vary within the age groups, their responses have been added to the chart below as a percentage of total responses for each age range, demonstrating the level of importance.




The topics most raised as most important for those between 18-39 were Pregnancy, Contraception and Fertility, followed by Menopause, Menstruation, Screenings and other health conditions.
The topic most raised as most important for those between 40-59 was Menopause by a significant margin, followed by Screenings, other health conditions and access to care.
The topic most raised as most important for those over 60 was Screenings, followed by Menopause, access to information, physical health and fitness and other health conditions.

## 4. How would you prefer to access Women's Health Services? (197 respondents gave 513 responses)




The most significantly preferred method of access was face-to-face, although other access options were still favoured – this is likely to depend on the service.

## 5. Where would you prefer to access Women's Health Services? (197 respondents gave 404 responses)

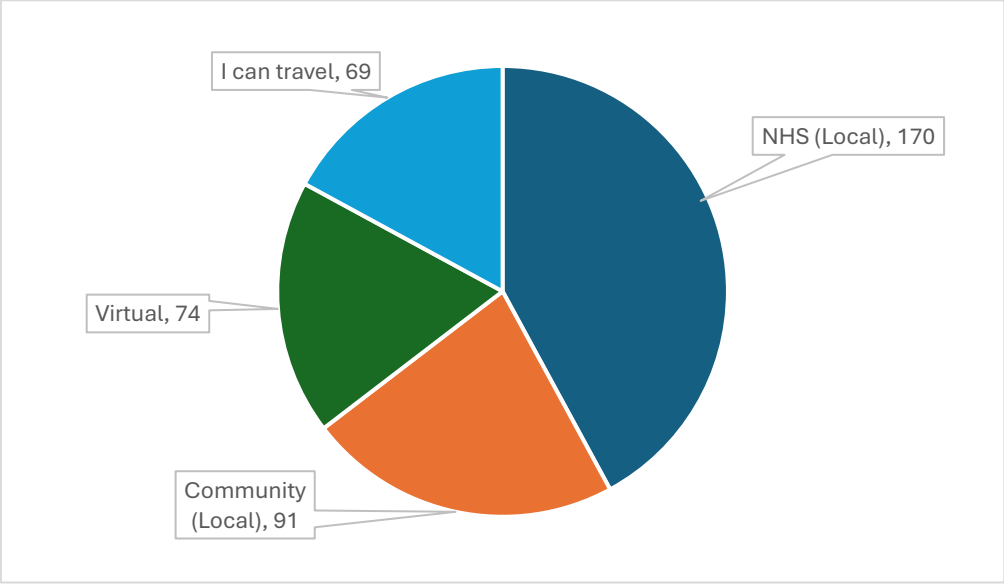



Chart demonstrates numbers of individual responses.

86% of respondents would prefer to access Women's Health Services in a local NHS venue. Just under half of respondents selected other locations, with local Community venue (46%) being the most selected.

## 6. Do you think there are any barriers to accessing Women's Health Services? (199 respondents)

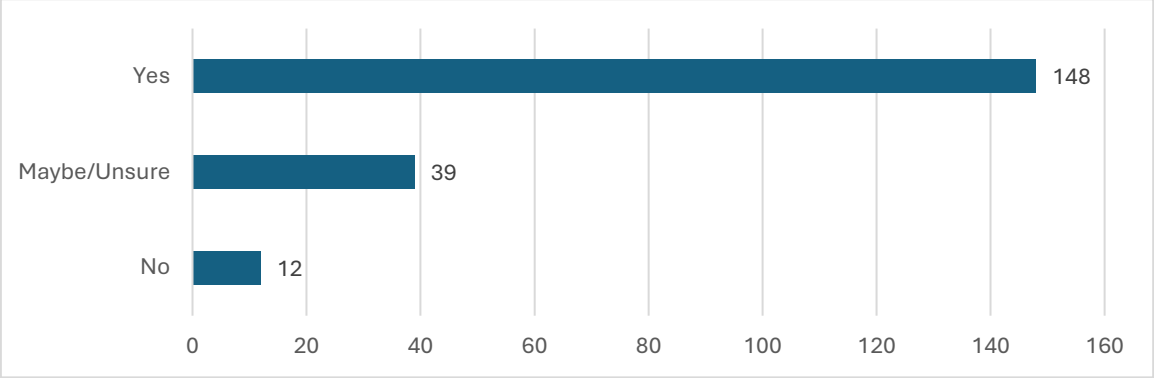



Chart demonstrates numbers of individual responses.

74% of respondents felt that there are barriers to accessing Women's Health Services, and only 6% feeling that there were no barriers to access.

## 7. If yes, how could these barriers be addressed? (144 respondents gave 321 responses)

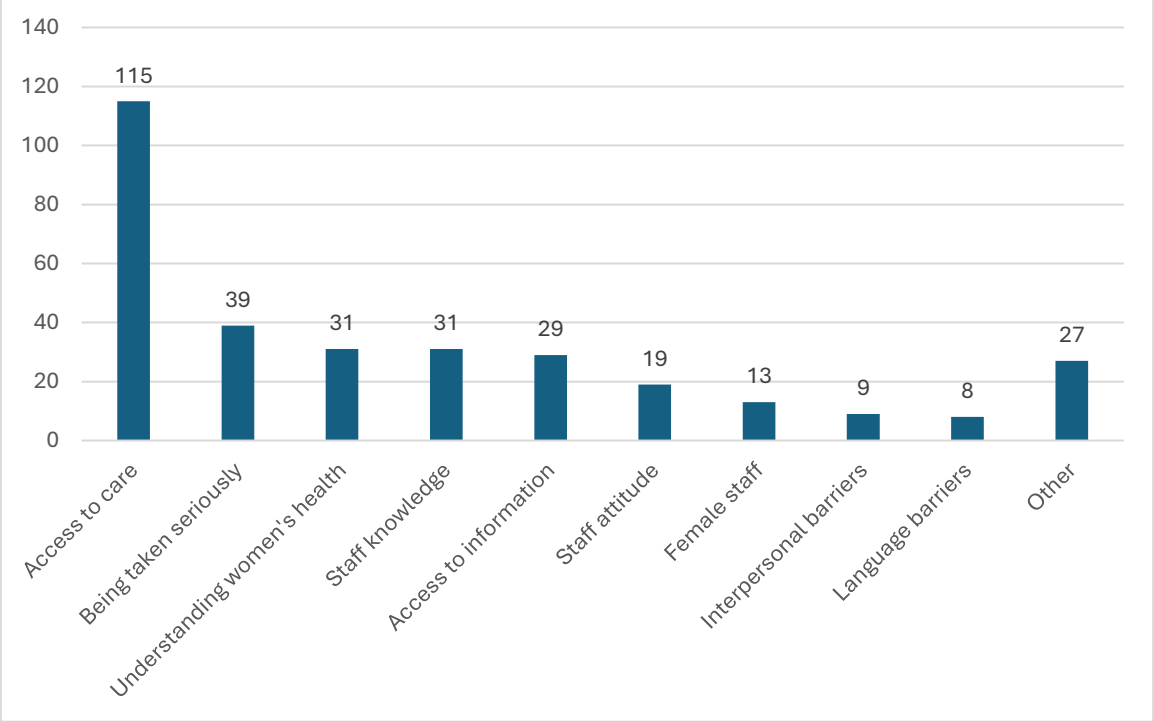


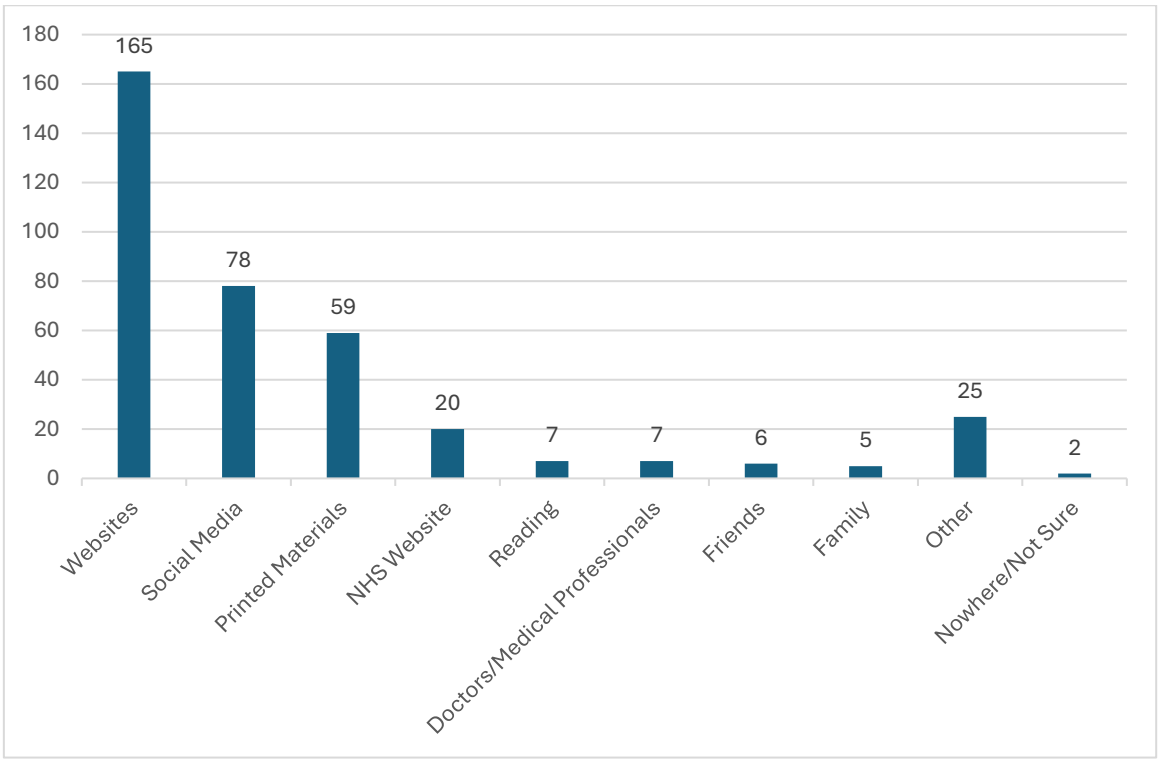

Chart demonstrates numbers of individual responses.

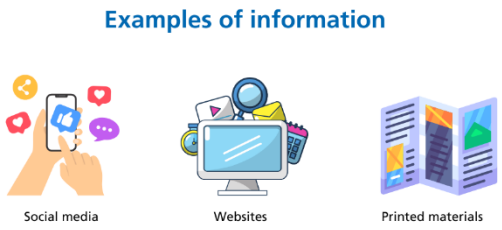
The key barrier identified was access to care, most notably improved access to appointments, more accessible services, quicker referral processes and waiting times, and personalised care. Other areas largely raised were being taken seriously, understanding women's health, improved staff knowledge.

Other individual responses:

- Awareness within communities (6)
- Cultural Awareness (6)
- More routine health checks (6)
- Medication Options (4)
- More funding for women's healthcare (2)
- Incentives (1)
- Role Models/advocates (1)
- Proactive services (1)

## 8. Where would you go to access information about women's health? (193 respondents gave 373 responses)




The survey used the image attached as an example of ways to access information. The answer box for this question was a free text box, however these three suggested examples were the top listed within the responses.

Chart demonstrates numbers of individual responses.

Most respondents use websites to access information, while many used social media although listing concerns on the accuracy and reliability of the data available. Some respondents preferred printed materials, and comments were made for there to be flyers/leaflets available within healthcare settings to pick up whilst attending other appointments.

Other individual responses:

- Friends (NHS staff) (3)
- Apps (NHS) (3)
- Online forums (3)
- Other women (2)
- Digital screens (2)
- Health charities (2)
- Podcasts (2)
- TV (1)
- Colleagues (1)
- Support Groups (1)
- Webinars/Online Events (1)
- Work related training (1)

## 9. Do you think there are any barriers to accessing information about Women's Health? (197 respondents)

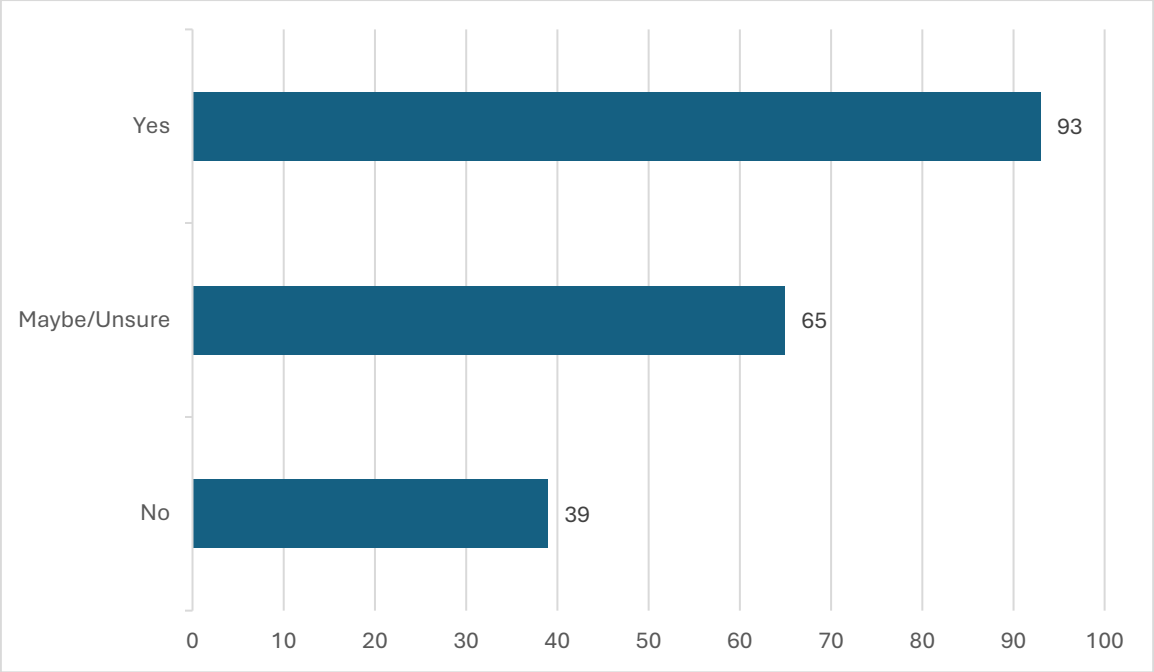



Chart demonstrates numbers of individual responses.

47% of respondents felt that there were barriers to accessing information, and 20% felt that there were no barriers.

## 10. If yes, how could these barriers be addressed? (88 respondents gave 132 responses)

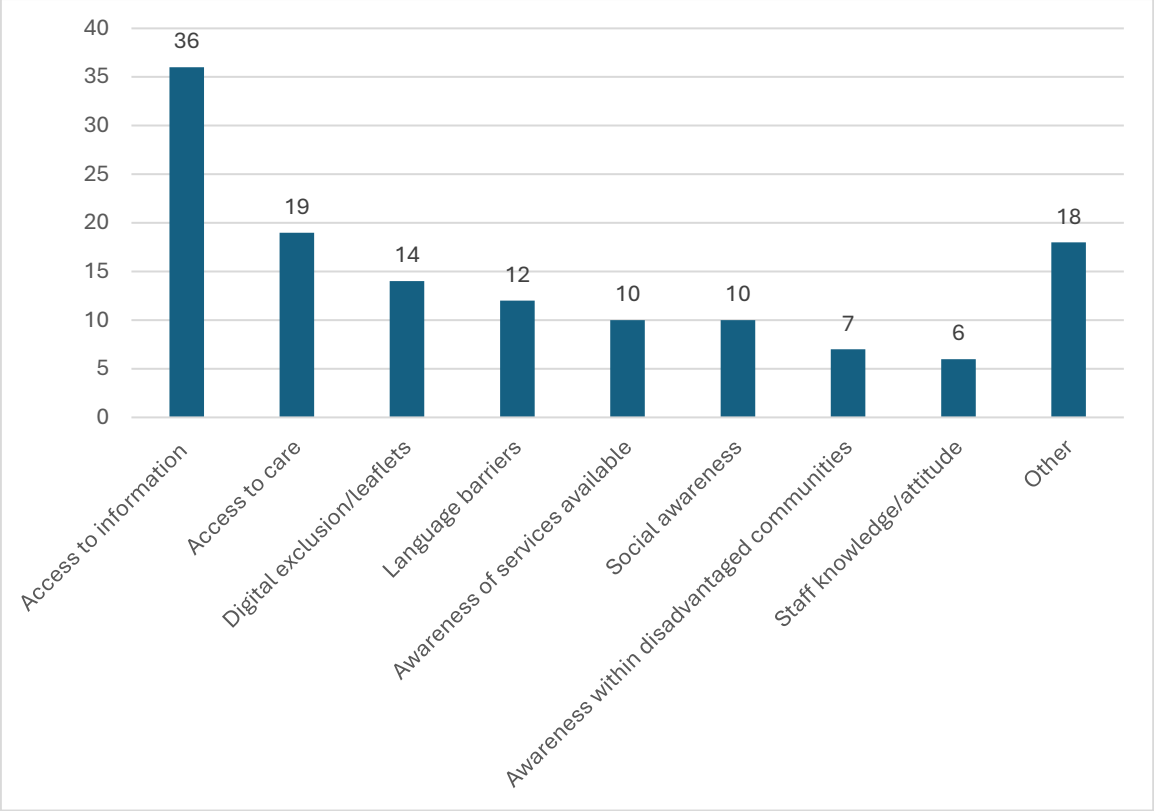



Chart demonstrates numbers of individual responses.

27% of total comments noted that access to information was a barrier, with 61% of these comments specifically discussing the importance of being able to find up-to-date information, from UK sources, and to know that online information is accurate without needing to fact-check.

Language barriers included those not able to access information in English (8), and also those mentioning there is ‘medical jargon’ in information resources (3).

Other individual responses:

- Lived experience/personalised information (5)
- Women’s health specialists/champions (5)
- Stigma/being taken seriously (4)

## 11. How would you rate your overall experience of Women's Health Services? (199 respondents)

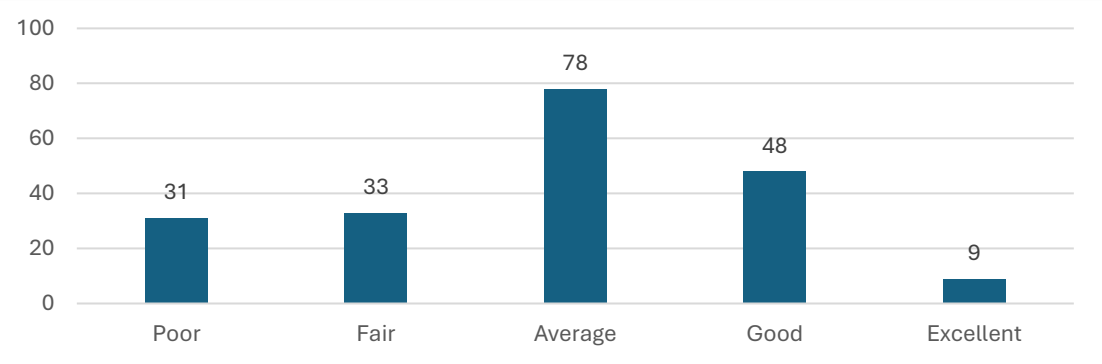
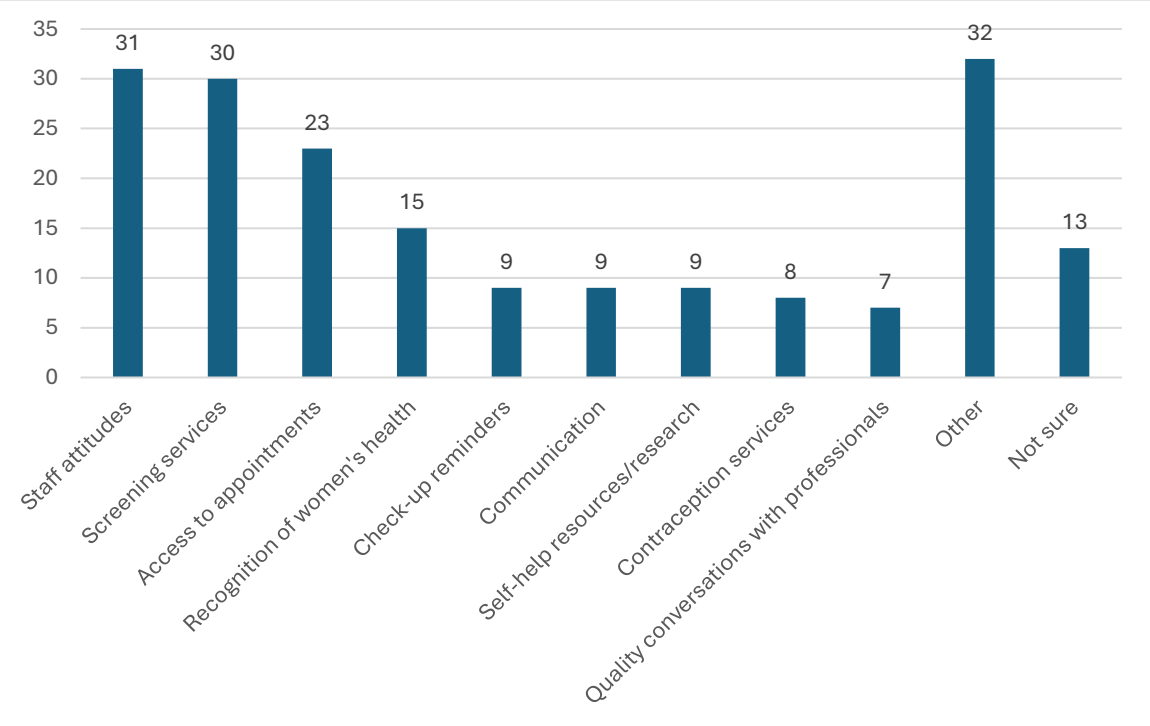



Chart demonstrates numbers of individual responses.

39% of respondents stated that their overall experience of Women's Health Services was average. 32% of respondents felt more negatively than average, and 29% felt more positively than average.

## 12. What works well? (163 respondents gave 186 responses)




Comments were varied around elements of services which were felt to work well.

The most noted comments were around staff attitudes with comments such as the staff being "understand", "patient" or "pleasant".

Screening services were praised for being "excellent", "good" or "works well".

Access to and ease of booking "face to face" appointments was considered "easy", "accessible" and "prompt".

Recognition of women's health was a key element of service also praised and that it matters to patients when "professionals are well informed" and "responsive to and understanding of" women's health issues, as well as staff who "fully acknowledge your symptoms" and "take symptoms and concerns seriously".

Other comments:

- Alternative treatment options (5)
- Pharmacy services (5)
- Specialist services (1)
- HRT clinics (4)
- Women's groups and workshops (4)
- Speed of service (3)
- Female staff (2)
- Pill checks (1)
- Advocate (1)
- Accessibility (language) (1)
- Prepayment certificate (1)

"I had to have a breast checked and that was very prompt"

"Some of my female GP's are understanding and empathetic, which helps"

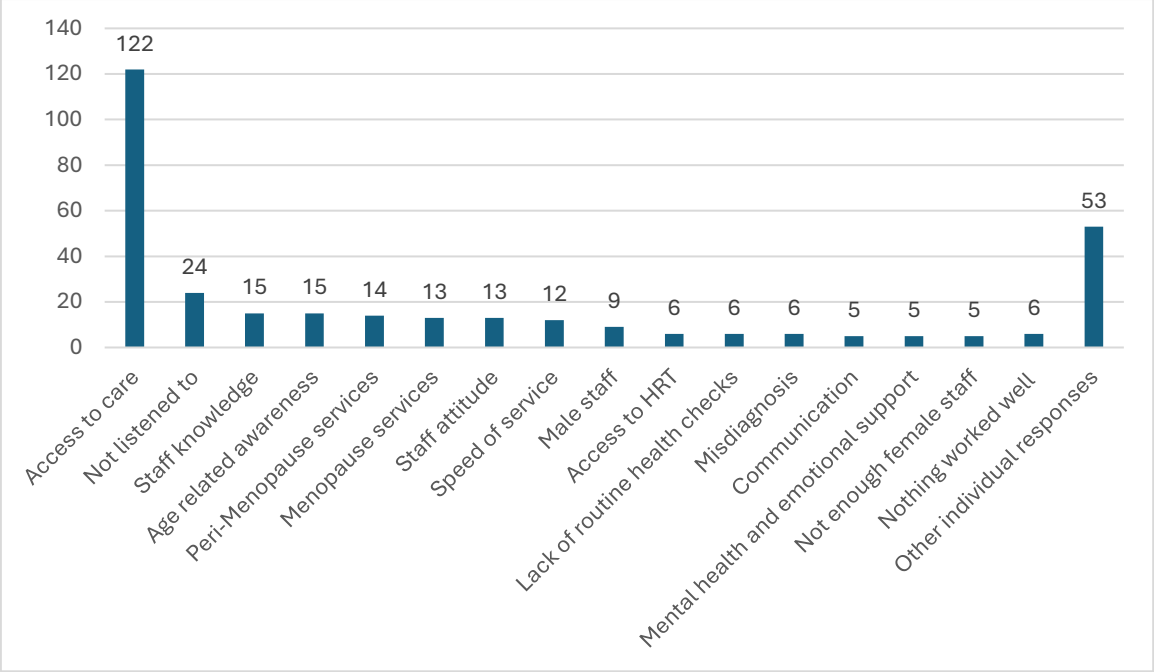
"I felt (my consultant) listened to me and tried to help me and didn't rush me"

"STI clinic at Florence Nightingale is convenient for appointments and staff there are very kind and helpful""

"My local practice have coil fittings on Saturdays so I don't have to take time off

"..nurses and midwives within Obstetrics and Gynaecology are kind, considerate, patient, compassionate and make you feel listened to. It feels like they genuinely care and want to make sure you are looked after"

## 13. What has not worked well and could be improved? (169 respondents gave 326 responses)




The main area that people raised that did not work well and could be improved was access to care. The key noted areas around access to care that were mentioned were availability of (GP) appointments, (Gynaecology/hospital) waiting lists and sufficient time within appointments to have quality conversations.

The next most responded to theme was that women did not feel listened to with comments such as feeling “fobbed off”, “silly” and “feel like we don’t matter”.

Other individual responses (15%) were at a rate of fewer than 1.2% of total responses each.

> “All services around peri- and menopause, shockingly bad experience. Not listened to, gaslit, made out to be a neurotic woman, no flexibility with GP’s outside of their guidelines, no individual basis rule applied. This must be better”

> “Nothing worked well for me, I was made to feel neurotic, I felt ignored and like I was being dramatic, like my pain wasn’t as bad as I was saying. It ruined my mental health and caused medical trauma”

> “Getting to see specialist health professionals is difficult in the first place”

> “Getting an appointment with your GP is near to impossible. The waiting times for hospital appointments is unacceptable.”

"Cultural awareness, my husband being asked to leave at every appointment and me being asked every time if I was abused, suffering domestic violence.. because of malicious stereotyping and us dressing visibly different (regular Asian clothing) when other couples weren't getting asked the same questions or facing hostility"

## 14. Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is? (188 respondents gave 355 responses)

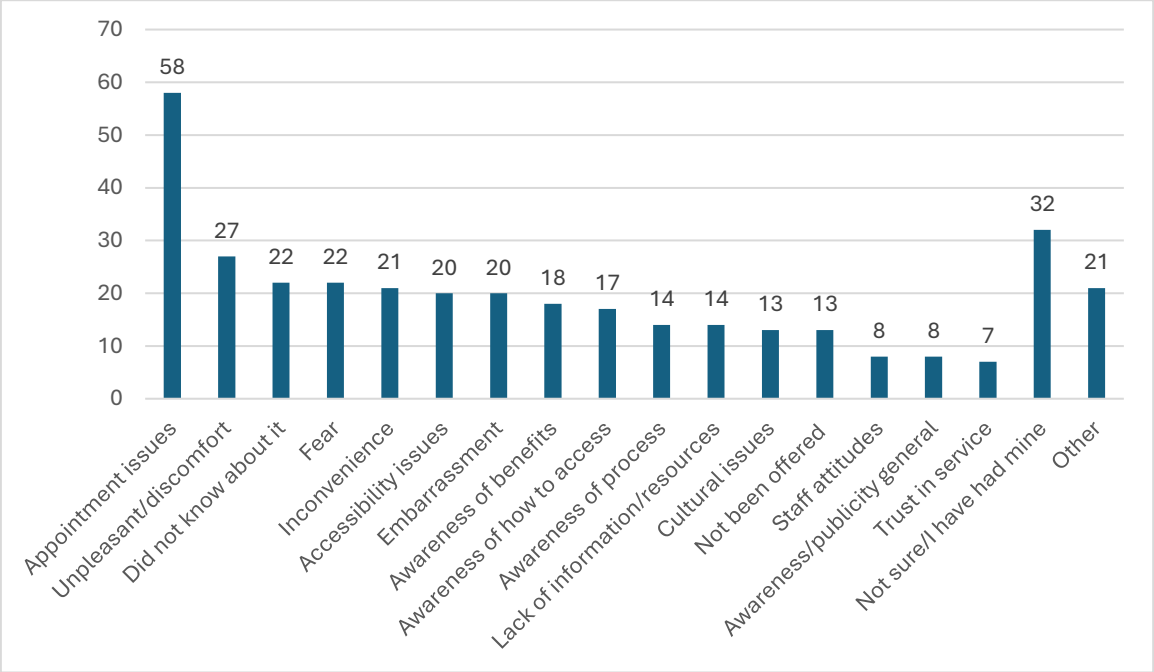



Chart demonstrates numbers of individual responses.

A variety of comments were given around reasons for lower uptake of screenings. The main reason people raised was appointment issues, including waiting times, cancellations, flexibility and booking process.

Emotional responses such as 'unpleasant, discomfort', fear, embarrassment, trauma and stigma were also considerable factors.

Other individual responses (6%) were at a rate of fewer than 1.4% of total responses each.

"long wait times for availability"

"it is harder and harder to get through to the GP to actually book this appointment"

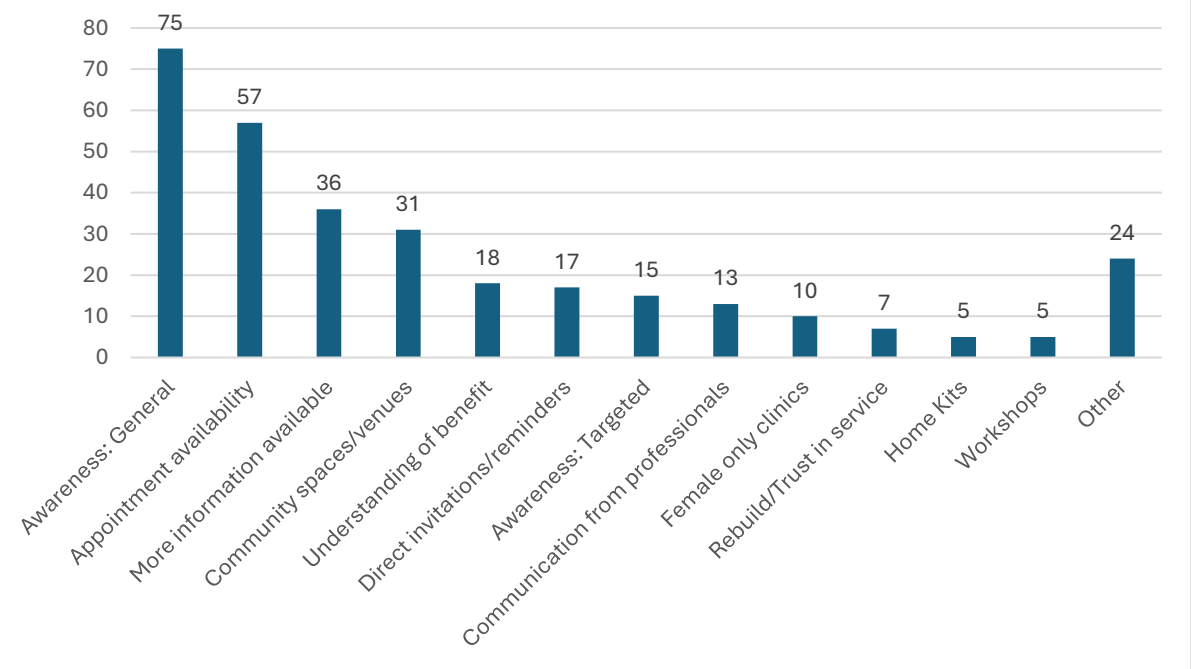
"I have never been invited to a bowel screening and was not aware of this"

"Unaware of the consequences of not attending"

"women who are abused may not feel able to attend if there is evidence of bruising or for any woman who has experienced sexual trauma previously"

"Cervical screenings are a very vulnerable and often uncomfortable or painful experience so many women will avoid it for fear of the exposure and potential judgement"

## 15. Do you have any ideas on how to increase participation in screenings? (171 respondents gave 313 responses)




Responses mentioned raising general awareness including more media coverage, general education, and encouraging discussions.

Other responses mentioned more appointments, including flexibility of appointments and opportunities for drop-in/walk-in appointments.

Other individual responses (8%) were at a rate of fewer than 1.3% of total responses each.

"Make it easier to book appointments"

"Engage with ethnic minority groups who may have greater concerns about modesty"

"Perhaps an online booking system would make it easier than having to phone the GP"

"Have specific clinics that fit around women's lives e.g. early morning, evenings and weekends"

"More information campaigns around the benefits of cervical and bowel screenings"

"There should be more information about what to expect if you are nervous"

**16. Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is? (175 respondents gave 272 responses)**

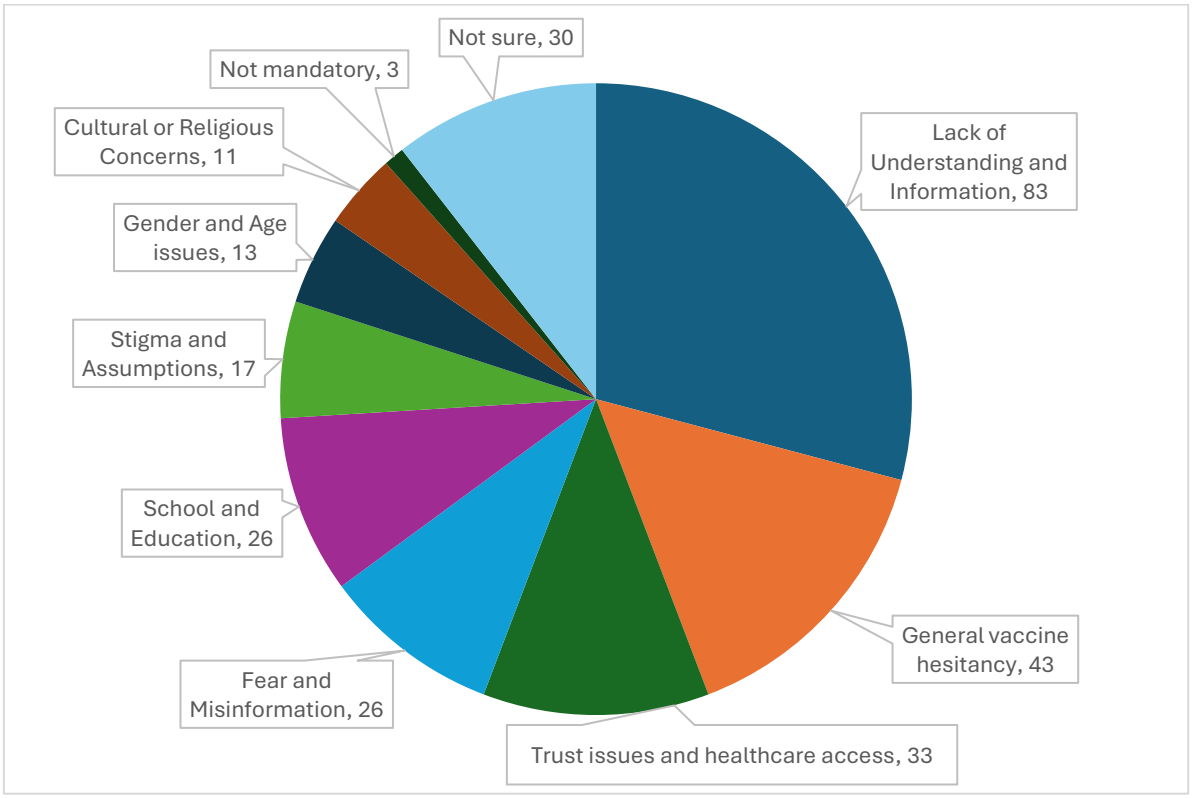
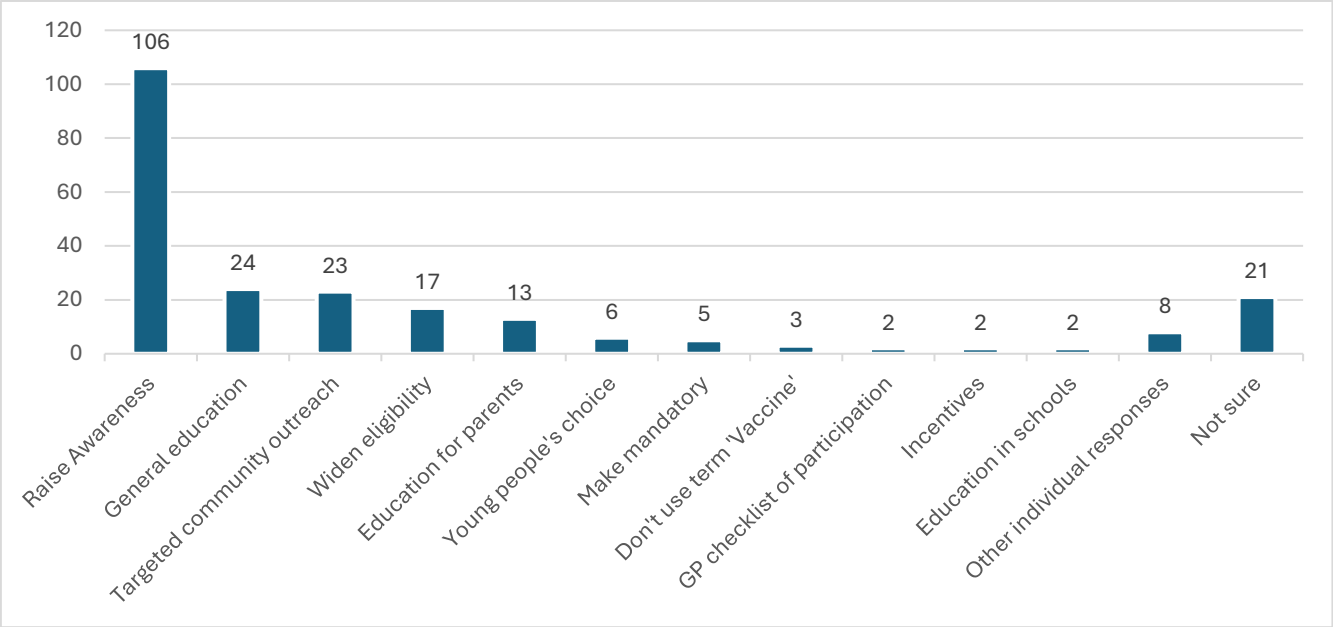



Chart demonstrates numbers of individual responses.

The most common theme of responses was a lack of understanding and information, with 41% of this theme commenting that they had received no information or not heard about the vaccine at all.

## 17. Do you have any ideas on how to increase participation for HPV vaccinations? (167 respondents gave 232 responses)




Most respondents commented that more could be done to raise awareness of the importance and the benefits of the vaccine and that existing information available is circulated more widely in particularly through local schools, services, community connectors and social media.

## 18. How would you prefer to receive information about Women's Health and Women's Health Services? (197 respondents gave 696 responses)

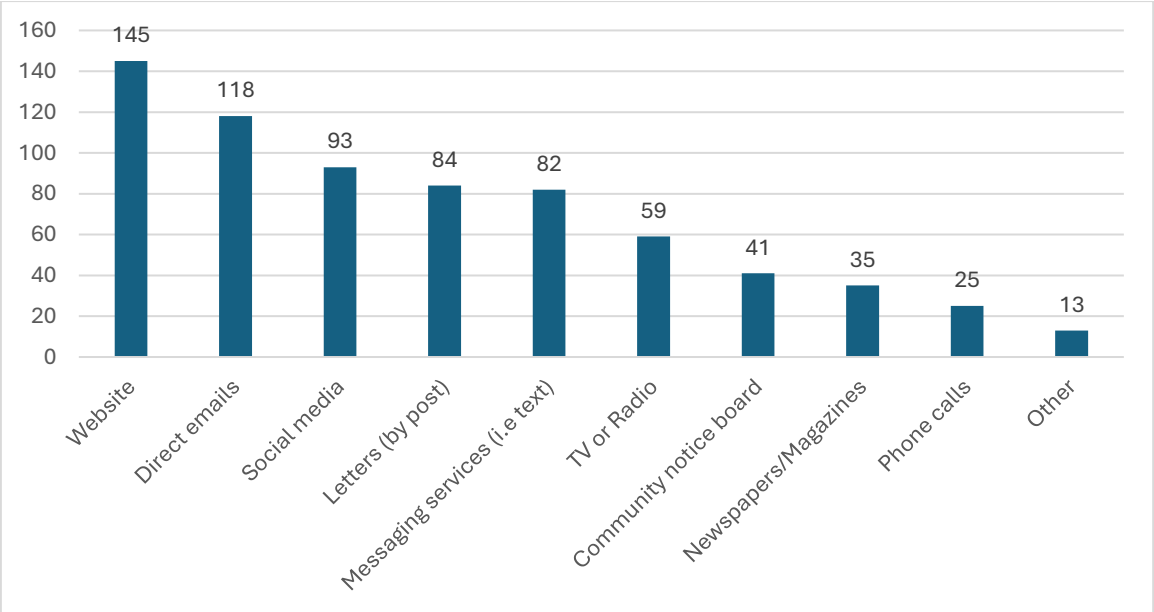



Chart demonstrates numbers of individual responses.

The most popular response as to where would be preferable to receive information was website (74%), with the top three responses all around digital access methods.

Suggestions arising from Other, included:

- Appointments (4)
- In-person/community workshops (3)
- Annual appointments (2)
- dedicated NHS app (2)
- Newsletter from GP (1)
- Online workshops (1)

## 19. Who would you prefer to receive this information from? (198 respondents gave 606 responses)

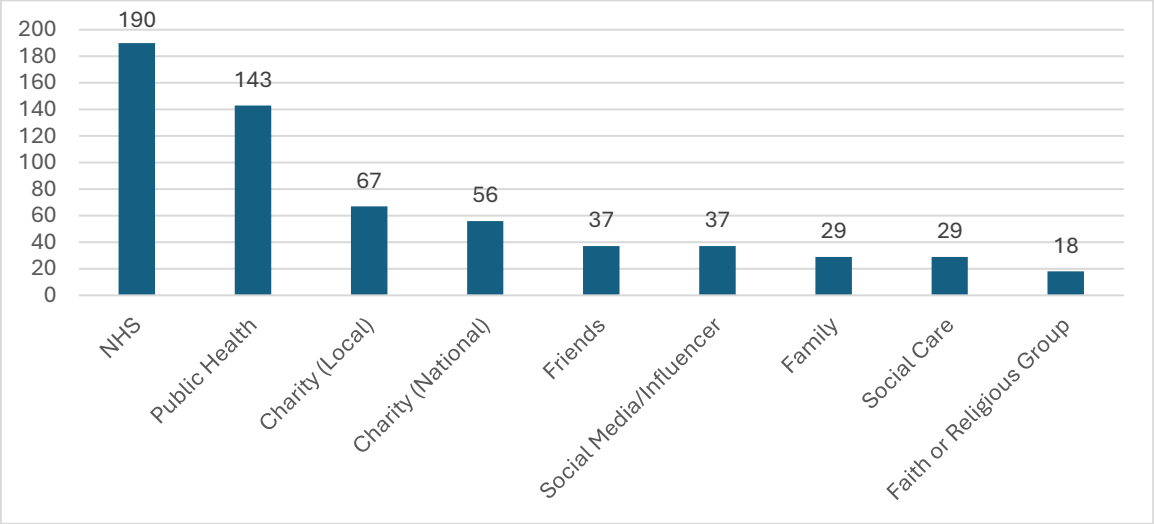



Chart demonstrates numbers of individual responses.

The majority of respondents indicated that they would prefer to receive information from the NHS or Public Health, with all other responses being significantly lower.

## 20. How would you prefer to receive information if English is not your first language? (189 respondents)

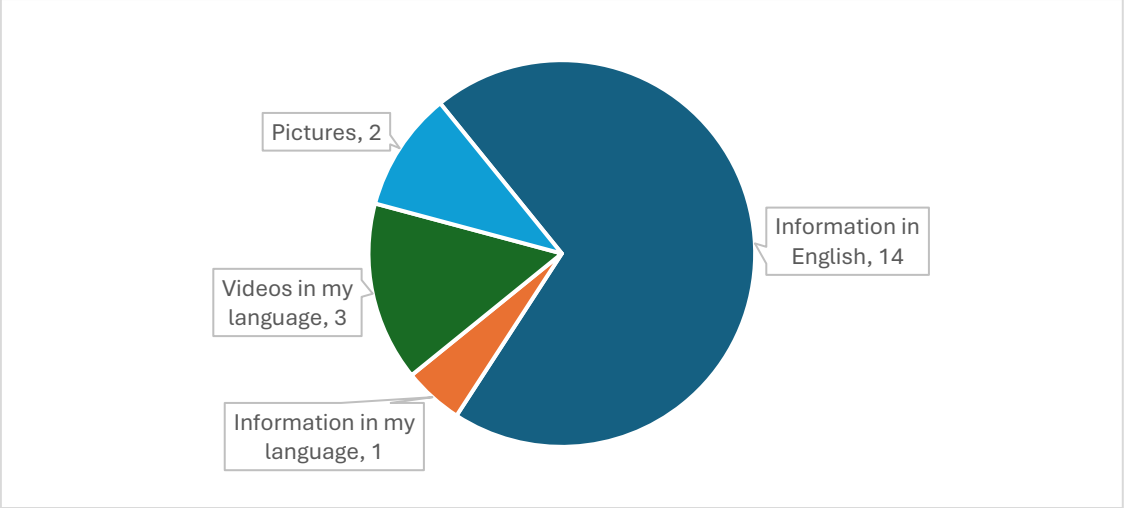



Chart demonstrates numbers of individual responses.

Most respondents stated English was their first language and this question didn't apply to them. The remaining 18 respondents gave 20 responses, with the most preferable option being to receive information in English.

## 21. If English is not your first language, which would you prefer to receive information in? (9 respondents gave 14 responses)

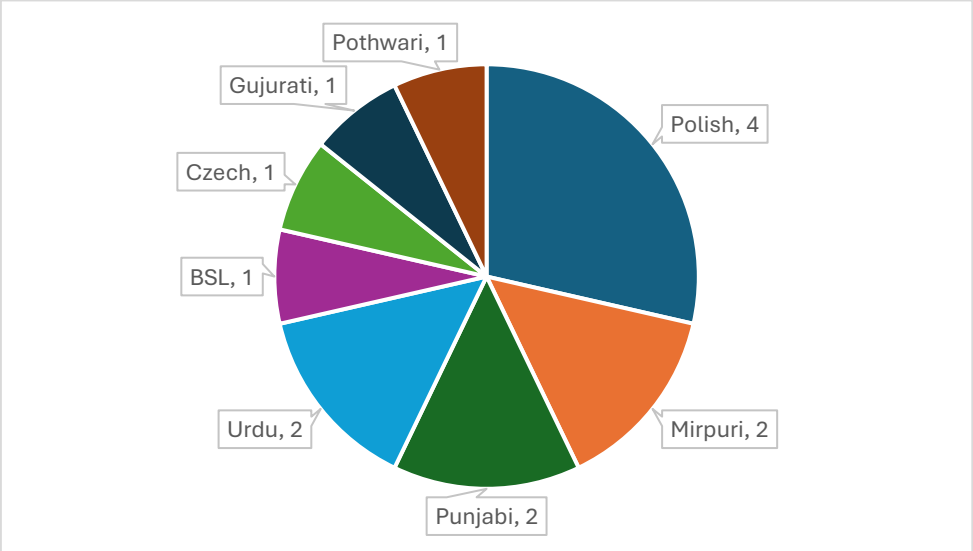
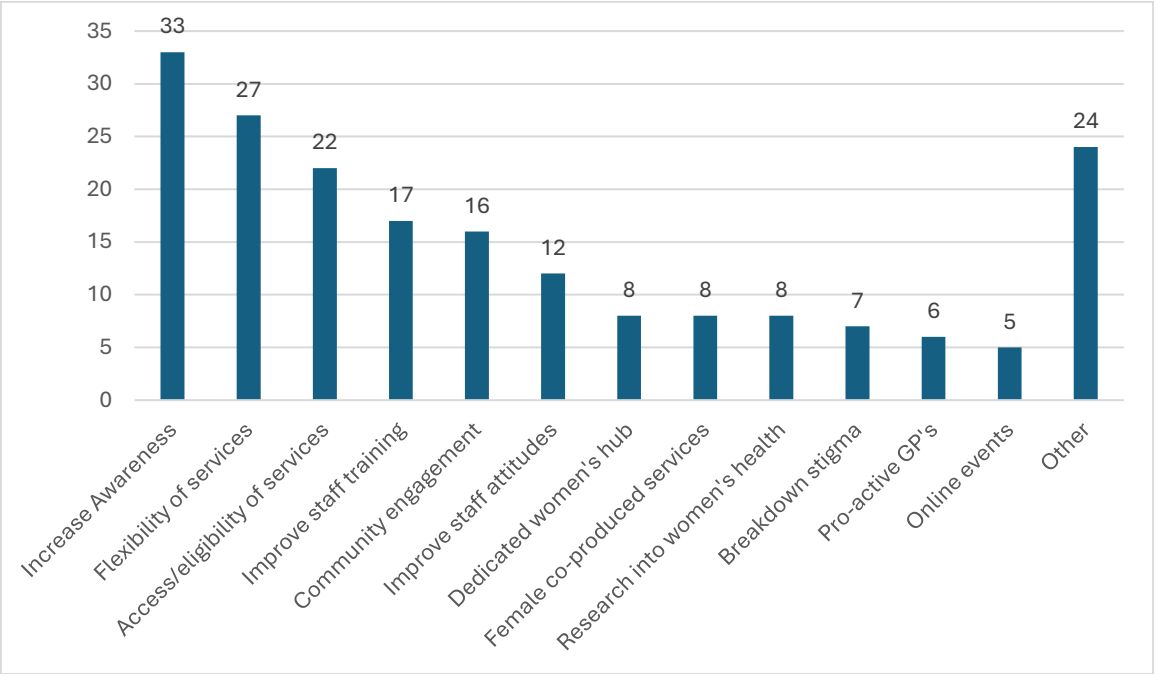



Chart demonstrates numbers of individual responses.

## 22. Do you have any other comments or suggestions to help improve women's health services in your local area? (125 respondents gave 193 responses)




A variety of comments and suggestions were given to improve women's health services.

The largest theme of responses (17%) stated increasing general awareness of women's health issues, including more widespread promotion of women's health issues and services that are available.

Combining flexibility, access and eligibility to services accounts for 25% of total responses, including comments around a request for drop-in clinics/appointments, longer appointments to discuss more than one issue, and access to screenings from an earlier age.

Staff training was another area mentioned that could be improved, with comments including "better training and listening to lived experiences", "encourage/giving all GP's women's health training", and "we need more good clinicians who are focused on women's health and have specific training in this area".

Comments around community engagement included "make more effort to reach out to minority groups, one size does not fit all", "raise awareness in local groups", "run events led by local health professionals so faces are familiar in the community", "community treatment venues run by female staff" and "there are many communities that don't discuss women's health so it's important that this information gets out".

Improving staff attitudes was also considered to be beneficial, with comments including "remind doctors to listen more closely to female patients", "encourage (GPs) to be more understanding of women's lives", "please use inclusive language", and "if a woman requires help, she should be treated with dignity and listened to".

Other individual responses (12%) were at a rate of fewer than 2% of total responses each:

- Better services for women experiencing Menopause (4)
- More funding and investment into women's health (4)
- Lived experience testimonies (3)
- Gender assumptions (3)
- Life stage/age dependant information (2)
- Better communication (2)
- Increased signposting (2)
- Language changes and barrier (2)
- Medicine enquiries/changes (1)
- Weight management (1)

"GP's should be proactive in providing information to patients according to life stages rather than waiting for women to attend the GP. Some women may hold back or be embarrassed and a prompt from their GP may encourage them to

"Get the waiting list times down and prioritise women's health. We make up for half of the population. Invest in care for women."

"More outreach in the community, make us aware of what you're doing, what's available and why we should be interested"

"I would really love to see women's health hubs, where women could go for procedures, treatment, screening, advice and support.. The problem is that many women do not know what is normal.. or where to go for advice. There is not a consistent level of accurate information available so it becomes confusing and overwhelming and women just put up with it."

"Put info in places women already use, offer talks and info in groups women already attend"

"More training for GP's to stop putting everything down to weight and hormones"

"This requires joined up thinking. Co-production of materials with community groups, education sector and health to reach the right people in the right way"

## Insight Summary: Community Led Workshops – Derby City

A total of 626 women+ took part in the workshops, representing 20 different community groups across the city.

## Overview

The community workshops conducted by community groups have provided significant insights into the experiences, barriers, and challenges faced by diverse cohorts of women and people with a cervix in accessing women's health services.

Key findings indicate substantial gaps in knowledge, accessibility, and support, particularly among marginalised groups such as individuals with learning disabilities, ethnic minority communities, refugees, LGBTQ+ populations, and those experiencing socio-economic deprivation.

### *1. Barriers to Accessing Services*

- **Language & Literacy**: Limited English and literacy skills hinder access, especially for ethnic minority women. Translated materials and easy-read options are essential.
- **Digital Exclusion**: Older women and those from marginalized communities struggle with digital tools and NHS apps.
- **Cultural & Religious Sensitivity**: Many women, particularly ethnic minority and LGBTQ+ women, face stigma and discomfort with male healthcare providers.
- **Appointment Challenges**: Long waiting times and difficulties accessing female GPs are common, especially for those with learning disabilities or from marginalised backgrounds.
- **Support Networks**: There is a lack of support for women to navigate the healthcare system, especially for marginalised groups.

### *2. Health Literacy & Information Access*

- **Poor Knowledge**: Many women, including older and those with learning disabilities, lack understanding of when to seek help or what is ‘normal’ health.
- **Misinformation**: Issues like HPV, menopause, and breast health are misunderstood. LGBTQ+ and ethnic minority women report gaps in culturally competent resources.
- **Preferred Channels**: Women prefer local noticeboards, SMS, printed materials, social media, and peer networks. There is a need for clearer, more accessible resources.

### *3. Underrepresentation and Diagnostic Overshadowing*

- **Learning Disabilities**: Symptoms are often misattributed, leading to missed diagnoses.
- **Consent & Comprehension**: Assumed consent can lead to uninformed decisions, especially for marginalized women.

#### *4. Cultural & Community-Based Preferences*

- **Safe Spaces**: Community venues like mosques and women's groups are trusted for health discussions.
- **Female Healthcare Professionals**: Preference for female providers, particularly in sensitive care.
- **Faith & Cultural Alignment**: Services need to respect cultural and religious needs for effective engagement.

## Group-Specific Insights

- **Women with Learning Disabilities**: Prefer face-to-face consultations and rely on carers for appointments.
- **Ethnic Minority Women**: Prefer culturally aligned services and express discomfort with male GPs.
- **Ukrainian Women**: Younger women are more informed; older women are anxious about HPV vaccinations.
- **LGBTQ+ Women**: Face additional barriers due to heteronormative language, cultural/religious sensitivities, and systemic issues. Many rely on peer networks for health information.

### ***Health Concerns***

- **Menopause**: Lack of awareness and support, especially regarding HRT.
- **Breast Health**: Discomfort with male doctors and difficulty accessing screenings.
- **Mental Health**: Need for integrated mental health support.
- **HPV Vaccinations & Screenings**: Low awareness and mistrust, especially among LGBTQ+ and Ukrainian women.

## Alternatives Activity Centre

Alternatives Activity Centre provides support for individuals to engage with the community, with a core focus on healthy living and building self-confidence and social networks.

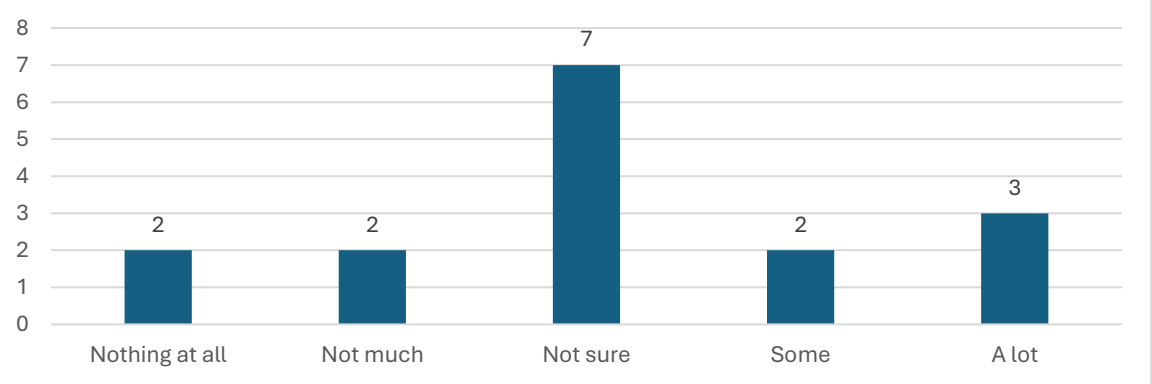
Alternatives Activity Centre engaged 16 women with learning disabilities during one workshop. These women were aged between 30-65 and were from diverse ethnic backgrounds.

**Understanding of Women's Health**

Participants associated women's health with various aspects of physical and mental wellbeing, including:

- Body, menopause, periods, scans, breasts, blood tests, hips, waist, HRT, mammograms, vagina, mental health, heart health, and pregnancy.

**How would you rate your understanding of women's health issues?**




***Observation:***
*A workshop facilitator noted that while participants identified various health topics, their depth of knowledge and understanding on most issues was likely limited.*

**Sources of information on Women's Health**

Participants reported learning about women's health from multiple sources:

| | |
|---|---|
| TV | 5 |
| Doctors | 8 |
| Nurses | 4 |
| Friends and Family | 8 |
| Educational settings | 7 |

Other sources mentioned included social services, books, teachers, magazines, and carers.

**Preferred methods of receiving health information**

**Face to face –** it is preferable to be able to have a face-to-face appointment with a specialist worker who can convey the information in an accessible way

**Barriers Identified:**

- **Digital exclusion:** Many participants lacked access to websites and apps.
- **Low literacy levels:** Written information was often inaccessible without support.
- **Limited visual resources:** A lack of appropriate materials for individuals with learning disabilities.
- **Need for tailored resources:** Staff often had to create their own materials, particularly when discussing complex topics such as consent and sexual abuse, which was time-consuming and difficult.

**Suggested Improvements:**
Increased use of visual aids and pictorial information.
Development of accessible resources specifically designed for individuals with learning disabilities.

**Barriers to Accessing Healthcare and Support**
**Key Challenges Identified:**

- **Diagnostic overshadowing:** Symptoms may be attributed to a learning disability or mental health condition rather than underlying medical issues. For example, mood swings in women may be treated with psychiatric medication instead of investigating menopause-related causes. Fewer women with learning disabilities receive HRT compared to the general population.
- **Capacity and decision-making:** Individuals may not be deemed capable of understanding health risks and are therefore not offered treatment options.
- **Language and communication barriers:** Medical terminology (e.g., “chaperone”) is not always accessible. Written health communication often does not account for different support needs.
- **Support networks impact healthcare access:** Individuals with strong support networks are more likely to receive adequate care. Independent individuals may struggle to navigate the healthcare system effectively.
- **Lower uptake of standard health checks:** Less than a third of women with learning disabilities access cervical smear tests. Health appointment letters are not always adapted to different support levels. Example: One participant relied on her elderly father for support, making it difficult to attend intimate medical examinations.
- **Long waiting times for specialist support:** There is currently a 10-month waiting list for mental health assessments within the Learning Disability Team.
- **Limited awareness of available support services:** Some participants were unaware of hospital learning disability teams and their right to access additional care.
- **Consent and comprehension issues:** A simple agreement (e.g. nodding) during a medical consultation does not necessarily indicate true understanding. Inexperienced clinicians may overlook comprehension barriers.

**Recommendations for Improvement**

**Proposed Solutions:**

- **Specialist healthcare professionals:** Appoint Learning Disability, Neurodivergence, and Mental Health Nurses in GP surgeries.
- **Enhanced use of annual health checks:** Expand the scope to include mental health assessments and provide a comprehensive review of overall well-being.
- **Longer medical appointments:** Ensure individuals with learning disabilities receive extended consultation times to support better communication and understanding.
- **Improved accessibility of information:** Develop easy-read, visual, and audio resources tailored for individuals with learning disabilities. Healthcare staff should be trained in accessible communication methods.
- **Educational outreach initiatives:** Establish dedicated teams to deliver health education in group settings. Promote health literacy from childhood through to adulthood.
- **Greater awareness of available support:** Improve promotion of hospital learning disability teams and accessible health services. Ensure individuals are informed of their rights to healthcare support and adjustments.

**Conclusion**

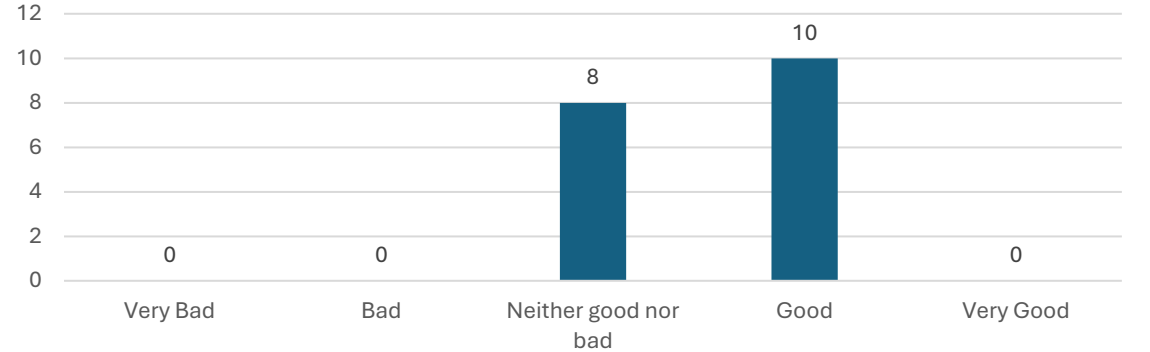
The workshop highlighted significant gaps in knowledge, accessibility, and support for women with learning disabilities in navigating healthcare. Addressing these challenges requires systemic changes, including increased specialist support, improved educational resources, and greater awareness of available services. By implementing these recommendations, healthcare providers can foster a more inclusive and equitable system that meets the unique needs of women with learning disabilities.

## An Nisa Events

An Nisa Events is a local CIC that focuses on women's wellness, wellbeing & learning.

An Nisa Events engaged 18 women over two workshops.

**How would you rate your understanding of women's health issues?**




Suggestions for improvement included that women's health issues should be taught in schools, social and community groups can help with women opening up to talk about health problems, and for more information to be made available in Urdu and other modern languages.

Most knowledge about women's health was gained through studies and education in the NHS, online social websites, community groups, posters in hospitals, pharmacy, and speaking with friends and family.

What is important regarding women's health is being around other women and having good connections within the family as women's mental and physical health problems are rarely discussed within the home. It is also embarrassing to go to the GP with intimate issues, and a female GP is rarely available, who might understand the cultural implications of intimate examinations, who may share the same cultural values and speak the same language.

Regarding access to services, they get information online or through telephone appointments and would like for these to be with female GP's. We would like services to be available at local pharmacies, Mosques or other places of worship, community venues locally around Normanton or Littleover.

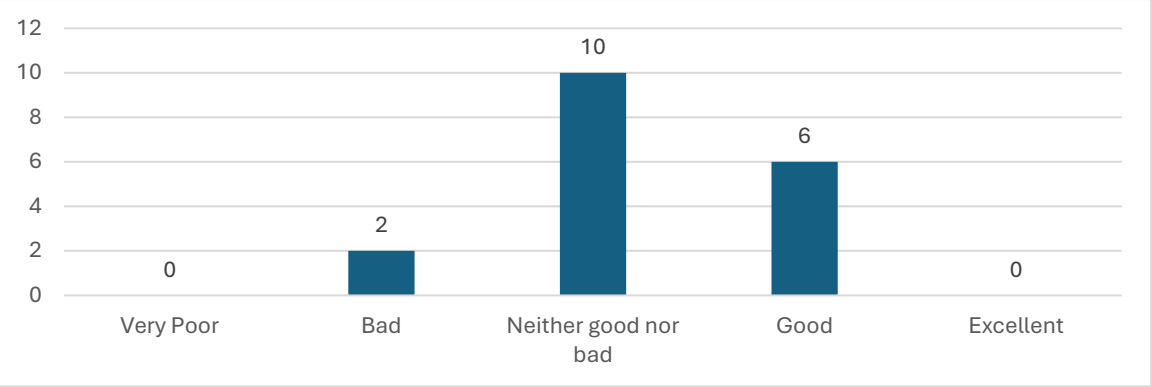
Barriers to accessing services include low availability of services within pharmacies, and GP appointments are difficult to get. Language is a barrier for Asian women if the service provider is male. The women would like to know what services are available in the wider community and online. There are cultural and religious barriers if the service staff do not hold the same values or do not understand the culture of the patient. These could be addressed by having more information available in community spaces, such as within education providers, and using community spaces for understanding and awareness, and

having visitors with knowledge of health and social care such as pharmacists, GP's and nurses.

Regarding access to information, they get information from health websites and social media and look for booklets in pharmacies and hospitals. They would also seek information from nurses and doctors at appointments, particularly if the member of staff is female. Within women's groups, it is easy to talk in different languages and express concerns that we each understand.

Barriers to accessing information include not knowing what is available in the community and what each surgery's speciality is. It would be helpful to have more information available in pharmacies, pop up stalls in the town centre and at community and adult learning spaces, and formal women's services directly available in the community.

**How would you rate your overall experience of women's health services?**




The women found that online platforms and information on the NHS website works well, and more female staff to be available and booklets in different languages would help for the service to work better.
Lack of appointments with female GP's and not enough community spaces to discuss health has not worked well. There is a need for more focus on menopause, and how to manage symptoms without medication.

**Cervical and Bowel Screenings**
Women felt that more information should be made available to the public about the processes, using different languages to convey the information, and culturally and religiously related topics and how modesty will be practised.
To increase uptake in screenings, it was suggested that more knowledge could be shared on how the process would be discreet, confidentiality, and reassurance of the process being culturally and/or religiously acceptable.

**HPV Vaccinations**
Women felt that there a lack of knowledge around the effects of the vaccine, and that uptake may increase with a bigger understanding around the effects, efficacy and ingredients of the vaccine.

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Website | 4 |
| Direct Emails | 14 |
| Phone Calls | 4 |
| Messaging services i.e. text | 14 |
| Social media | 17 |

| | |
|---|---|
| TV or radio | 10 |
| Letters (by post) | 5 |
| Community notice board | 18 |

**Who would you prefer to receive this information from?**

| | |
|---|---|
| NHS | 22 |
| Social care workers | 12 |
| Social media/influencers | 6 |
| Friends | 10 |
| Family | 14 |
| Charity or community support (local) | 18 |
| Charity or support group (national) | 8 |
| Faith or religious group | 16 |

**How would you prefer information If English is not your first language?**

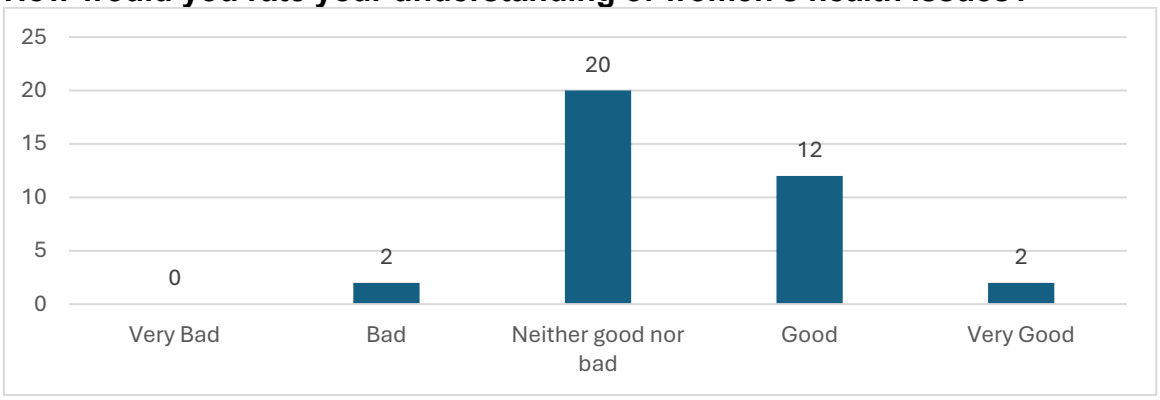
For those where English wasn't their first language, their preference was Information in English (16) with Information in their language as the only other preferred alternative (10). The languages mentioned as their first languages were Urdu (6) and Arabic (2).

## Association of Ukrainians in Great Britain, Derby Branch

The Association of Ukrainians in Great Britain (AUGB) is the largest representative body for Ukrainians and those of Ukrainian descent in the UK. They exist to develop, promote and support the interests of the Ukrainian community in Great Britain & beyond.

AUGB engaged 36 women over several workshops.

**How would you rate your understanding of women's health issues?**




Women in the group that were over 60 were found to have poor knowledge of women's health issues and changes in their bodies, younger women were more aware. The group of women who selected Neither Good nor Bad stated that they were more aware of the health issues in relation to body changes but were not clear as to what was normal when they went through changes.
The women who selected Very Good had either had a procedure or in the process of and were satisfied with the process. There was an overall poor knowledge of screening.

Most knowledge about women's health was gained through parents, friends, school, medical profession, internet, magazines, and community forums on social media.

What is important regarding women's health was for women to understand the physical and mental changes women go through, particularly with the menopause and aging. Basics are understood but there are issues around understanding of what is normal, and at what point should medical support be sought. The women were interested to find out more about routine screenings and at what age these screenings are offered in the UK – there was anxiety around whether they had missed any screenings.

Regarding access to services, the most preferred method of access was face-to-face as the women felt they were more able to interact with the health professional, it allows better language communication, and an opportunity to display symptoms. The language barrier is better accessed in this way by having the option to bring a friend to translate, using google translate in real-time and they and the professional would be able to point to display problems. The least favoured method was telephone conversations, this was largely due to language difficulties around not knowing when a call was going to happen and the inability to have a friend or google translate available, leading to a concern that the medical professional could become impatient at the speed of the conversation and the person would not fully be able to discuss all their concerns in time. This also affects their use of accessing 111. There was unfamiliarity with the use of NHS apps, and the older women weren't keen on accessing services online. A local NHS venue was preferred for appointments, or a community centre for community group meetings.

There were 5 barriers stated to accessing services.

Language: although knowledge of English has improved during their time here for most Ukrainians there is anxiety that their English is insufficient for important issues such as medical advice - there is concern that they do not describe their symptoms properly and that they don't understand what is being asked of them. They fear misdiagnosis as a symptom of language inadequacy.

Time for appointments: they find it difficult to get appointments, including getting through to the surgery for same-day appointments and language difficulties around answering the questions. In addition, in pre-war Ukraine they had been able to access medical advice quickly, whereas here the waiting times are longer, and this makes them so anxious that they give up completely.

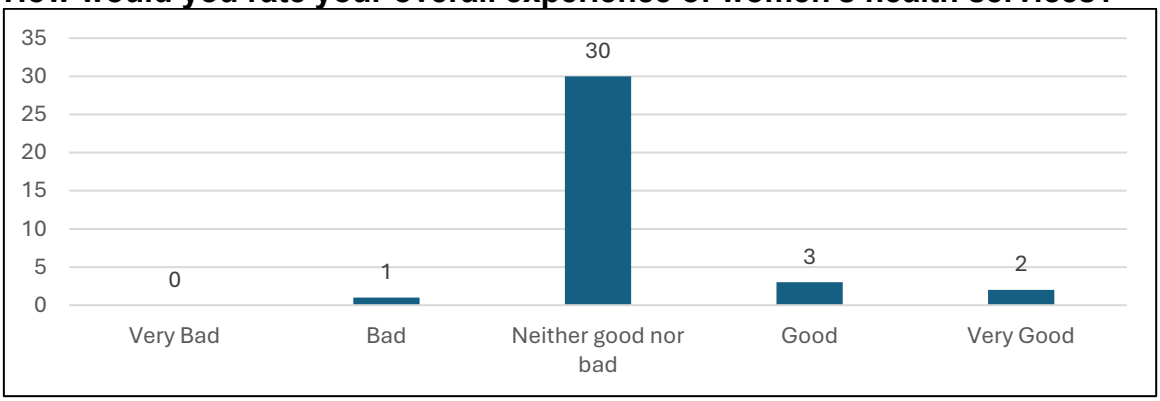
Not being aware of where to go: women are not sure who to go to with their initial problem and were concerned that if they attended A&E they would be seen as wasting time if they could not get a GP appointment. More explanation of available facilities would help, with direct NHS web links, and information available in Ukrainian language.

Reluctance to see a male doctor: there was a strong preference to see a female doctor for women's health issues, this was mainly due to embarrassment and the view that a female doctor would understand their position better.

Distrust of vaccinations: there is a general mistrust of vaccinations in Ukraine, particularly new vaccinations – as to whether side effects were fully known and if the purpose has been fully explained. In Soviet times there was a deep mistrust of authority, and although this has improved it still remains and many displaced Ukrainians in the UK will have this concern.

Regarding access to information, the majority of the group were comfortable accessing using websites and social media. There was concern around the reliability of this information. The most favoured source was discussions with friends. Older women are not comfortable using websites, and their most reliable source is a health professional – there is a scepticism if the health professional is young. Printed information in Ukrainian would be helpful, as well as direct letters and information sent by post. Barriers to accessing information included language barriers, reliability of information available, and reluctance to be open about women's issues.

**How would you rate your overall experience of women's health services?**




Registration of the displaced Ukrainians into medical services has worked well. Those who are in the process of - or have undergone - procedures consider that these work well. Access to GP appointments has been difficult, although this may depend on surgeries.

**Cervical and Bowel Screenings**
Women felt they would like to undergo cervical and bowel screenings however were not fully aware as to how, and when routine screenings are scheduled. It was felt that providing more information around availability of screening and encouragement to research this would increase participation in screenings, alongside information and resources in Ukrainian language.

**HPV Vaccinations**
There is a general mistrust of vaccinations amongst Ukrainians, with the HPV vaccination facing particular mistrust – the group expressed concern that the vaccination is relatively new and side effects may not yet be known. There is a particular concern amongst the Ukrainian mothers that the vaccine may affect reproductive ability of daughters taking this vaccine in their teenage years.

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Website | 10 |
| Direct Emails | 12 |
| Phone Calls | 4 |
| Messaging services i.e. text | 36 |
| Social media | 30 |
| Newspapers and magazines | 5 |
| Letters (by post) | 36 |
| Community notice board | 36 |
| Other: Community Forums/Meetings | 36 |

**Who would you prefer to receive this information from?**

| | |
|---|---|
| NHS | 36 |
| Social care workers | 4 |
| Public Health | 25 |
| Social media/influencers | 12 |
| Friends | 26 |
| Family | 36 |
| Charity or community support (local) | 34 |
| Charity or support group (national) | 16 |
| Faith or religious group | 8 |

**How would you prefer information If English is not your first language?**
For those where English wasn't their first language, their preference was Information/Videos in their language (36) with Videos in English as the only other preferred alternative (8). The language mentioned as their first language was Ukrainian (36).

**Other suggestions:** psychological issues relating or arising from women's physical health issues were seen as equally important as the physical ailment.

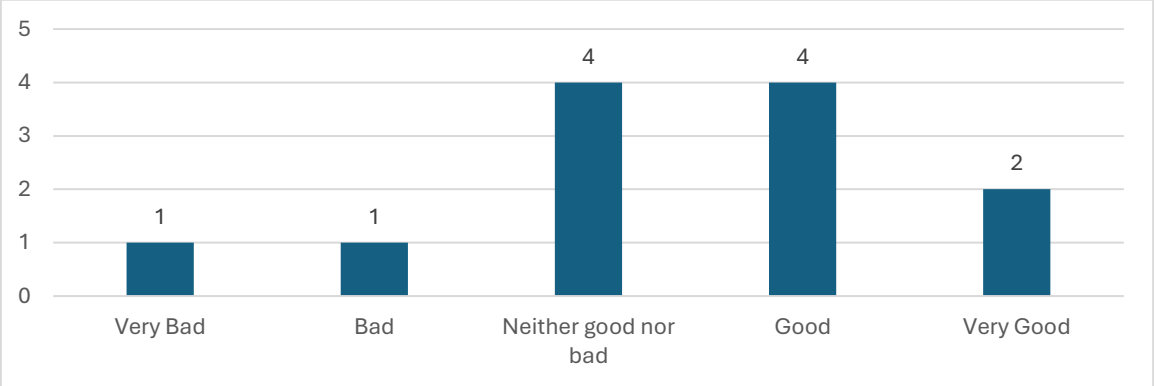
## Children First Derby

Children First Derby's founding aim is to relieve the distress and suffering experienced by children and families in the local area.

Children First Derby provides three bespoke services; a Family Support Service, A Mentoring Service, and a Supervised Family Time Service for looked after children.

Children First engaged 12 women over 4 workshops.

**How would you rate your understanding of women's health issues?**




Most knowledge about women's health was gained through lived experience, from their mum when they were younger, and through internet searches.

What is important regarding women's health in the current stages of their lives, was more information about women's health in general but in particular cervical screening, checking breasts, and contraception.

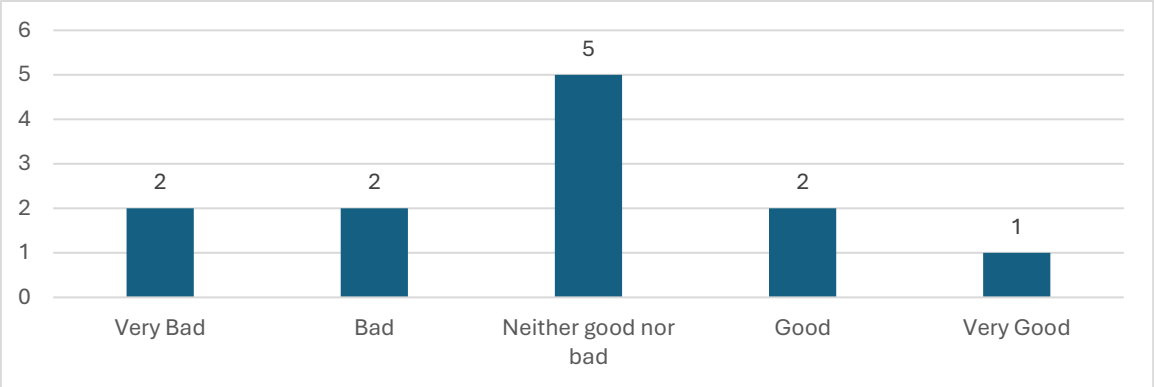
Regarding access to services, they use various methods – face to face, online, text messages, telephone calls with GP and NHS app.
They would like to be able to access services locally, in an NHS venue.

Barriers to accessing services include a lack of GP appointments, communication and attitude of GP, and not enough information available and what is available isn't accurate. These could be addressed by engaging with patients to find out what they want, such as within specialist clinics and information groups, and for feedback to get back to GPs. There was also a wish for more GP appointments.

Regarding access to information, they get information from various sources with the most noted source being online or through social media. Also popular was printed information in GP surgeries, and word of mouth through friends and family.

Barriers to accessing information include a lack of knowledge of what services are available to ask for, where to go to for support, and a general lack of information available. Lack of appointments feels a barrier to being able to ask for information in person. Suggestions for improvements include having more information available and more education around women's health in locations and spaces specifically targeted at this advice and addressing concerns – ideally as a drop-in service either face to face or over the phone.

**How would you rate your overall experience of women's health services?**




What works well?

- Cervical screening notifications and reminders (letters and text)
- Regular check-ups and signposting
- Persistence and self-determination to get support

What doesn't work well?

- Long waiting times and access to appointments
- Lack of clear information on self-care, checking your body for symptoms and support you can give yourself at home

**Cervical and Bowel Screenings**

Access to screenings could improve with better communication and support. Some women haven't been contacted for a smear test in years, and for those new to screenings, it can feel intimidating. Offering more information about what to expect and providing self-test options could help ease discomfort, especially for younger women who may feel self-conscious. There's also a suggestion to introduce bowel screenings at a certain age with regular check-ups. Making appointments easier to access and raising awareness about the importance of screenings could encourage more people to take part.

**HPV Vaccinations**

Women aren't sure when they are eligible, and it was stated that there is a need for more knowledge about HPV, for both parents and young people. While offering screenings in schools is a good step, it would be helpful to educate students more about why it's important. Teaching girls about women's health in group settings with parents could also help improve understanding. Overall, more accessible information about HPV and the screening process would make people feel more informed and comfortable with it.

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Direct Emails | 2 |
| Messaging services i.e. text | 3 |
| Social media | 2 |

**Who would you prefer to receive this information from?**

| | |
|---|---|
| NHS | 3 |
| Public Health | 1 |
| Friends | 1 |
| Family | 2 |
| Charity or community support (local) | 1 |

English was the first language for all attendees.

Case Study

"My daughter has had a few times where she was unsure what was happening. She didn't know anything about what was happening or where to go, eventually we made an appointment and got referred to hospital and eventually she was given a diagnosis.

She is having to have tests done as GP thinks she has IBS or Crohn's Disease. She has to have a blood test which she waited 3 weeks for and she has been left to worry. She does have emotional difficulties so it's hard having to wait and she has not been given anything to help."

Case Study

"My mum went to the GP a few times with pain in her bottom, the GP never looked at the bottom to see what was happening she was just given cream for piles. She did go a couple of times but no help.

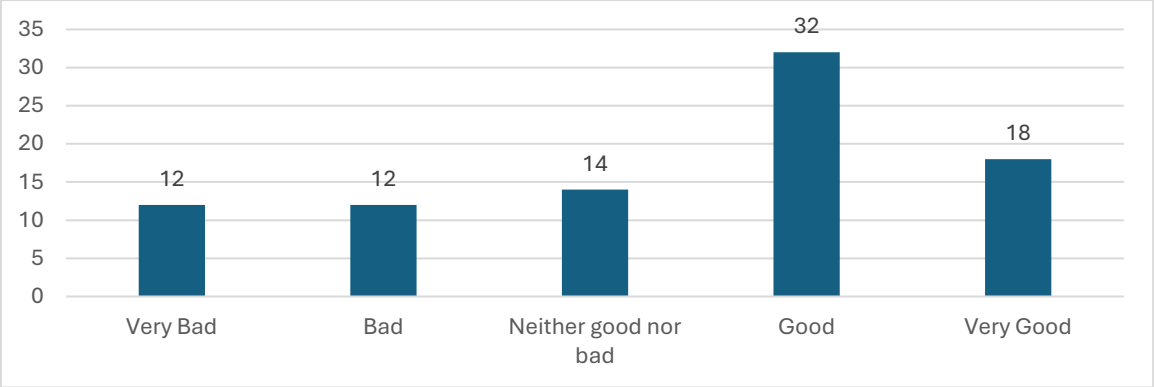
I ended up making an appointment with a different GP as my mum didn't want to waste her time. It took this GP to refer her to hospital. She waited weeks for an appointment and got told she had Anal cancer which is easily sorted by having a stoma and radiotherapy. She had a CT scan which showed the cancer had spread. Unfortunately there was nothing doctors could do except keep her comfortable. She was given 6-12 months. She made 6 months but was in pain all the way through. She was hospitalised several times but sent back home even though she was in a lot of pain and nothing was working."

## Community One

Community One is a peer led organisation that provides culturally specific support for Black, Asian, and minority ethnic communities from a lived experience perspective.

Community One engaged 88 people across two workshops.

**How would you rate your understanding of women's health issues?**




Comments showed that most women don't believe that they know enough about women's health yet. These participants also indicated that they would like to learn more, and that they haven't already as they feel that they have faced a number of barriers, such as financial barriers, cultural barriers, and lack of accurate and reliable information.

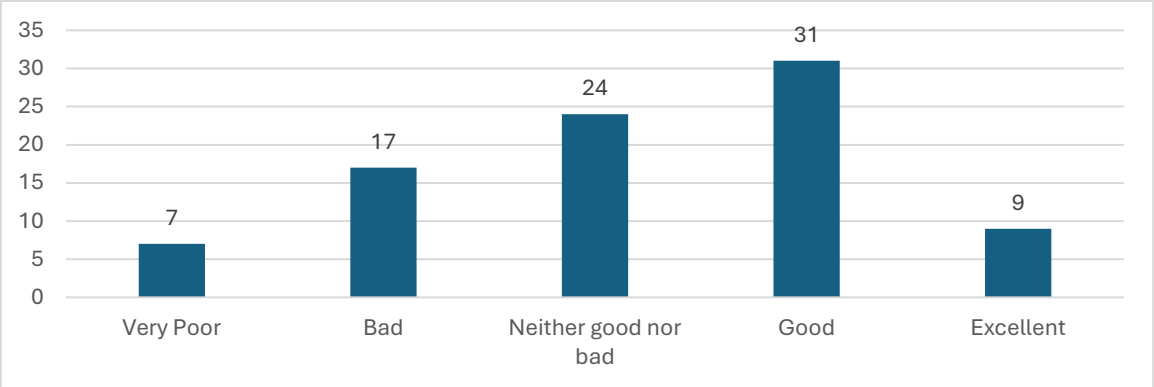
The participants feel that the majority of their knowledge came from social media, family, Community One events, leaflets and flyers, and from medical professionals. The participants also said the most important things for them in relation to women's health is physical and mental health, menopause and hormonal changes, work/life balance, access to culturally appropriate healthcare, access to healthy and organic food, awareness of cancer symptoms, birth control, weight loss, and healthy boundaries.

The women would prefer information either face to face, or through a safe and accurate online platform. They would like to receive this information in local places with adequate parking, in places that they are familiar with.

Some common barriers faced include cultural barriers, community stigmas, language and translation, lack of appointments in suitable locations, a lack of awareness and accurate information, and culturally appropriate support. These barriers could be overcome with suitable support in translation, more culturally trained healthcare professionals, a space where there is no judgement, and education in schools and communities to improve understanding on women's health and rights.

The participants said they would go to healthcare apps and professionals, family friends, and social media platforms for information about women's health. They also have shown they have found barriers finding accurate information due to misinformation and myths, lack of education, culture, social stigma, language barriers, and a lack of trust of NHS partners. These could be addressed by having regular discussions involving trusted community leaders, multilingual materials, using text-based resources such as social media, more regular workshops, and more safe spaces for women.

**How would you rate your overall experience of women's health services?**




Many women mentioned that the NHS website is helpful, but most prefer using online searched or apps like Flo for tracking their health. Generational knowledge was also valued, with women appreciating the wisdom passed down. Additionally, sessions at the Pakistan Community Centre were praised for providing a safe and comfortable space to discuss topics that are usually hard to talk about.
In terms of what has not worked well, women raised concerns about a lack of inclusivity in research and care. Some felt that having online safe materials and resources in different languages would be helpful. Weekly sessions like this were appreciated for providing a safe space to learn and ask questions. Most women also mentioned that having a doctor who understands cultural and religious sensitivities made a big difference in helping them understand their health better.

Regarding screenings, embarrassment, fear of pain, and anxiety about results are major barriers. A lack of understanding about the purpose and consequences of screenings was also mentioned, along with cultural and language challenges. To increase participation, women suggested a more targeted approach, including running clinics in community settings, offering interpreters, raising awareness, creating multilingual posters, and using more reminders. Additionally, making healthcare settings more welcoming, training staff in cultural competence, and encouraging open discussions about cancer would be beneficial as well as using more simple medical language.
Women mentioned that lack of information, language barriers, and fear of pain are barriers to accessing the HPV vaccination, as well as general vaccine hesitancy around safety and side effects. Suggestions to increase uptake include community-led workshops, printed information in multiple languages and easy-read, and holding clinics in familiar, safe spaces like the Pakistan Community Centre to encourage open discussions to reduce stigma. Making healthcare settings more welcoming and training staff in cultural competence was also mentioned.

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Messaging services i.e. text | 27 |
| Social media | 16 |
| Community notice board | 15 |

**Who would you prefer to receive this information from?**

| | |
|---|---|
| Charity or community support (local) | 25 |
| Faith or religious group | 6 |
| Other: Podcast | 17 |

**How would you prefer information If English is not your first language?**
Community One ran two workshops, one of which was for those with English as a first language (43) and one for those without English as a first language (45).
For those where English wasn't their first language, their preferences were Videos in their language (25) and Information in their language (20).
The languages mentioned as their first language were Urdu (35), Punjabi (4) and Bengali (3).

## Case Study

A is a 45 year old Pakistani woman who moved to Derby from Lahore, Pakistan, 10 years ago. She is a mother of three, a homemaker, and speaks Urdu as her first language, with limited English proficiency. A rarely visits healthcare services unless absolutely necessary and relies on family members and community networks for information.

- A has never attended cervical screenings or bowel cancer screening due to a lack of knowledge about its importance.
- She assumes that since she has no symptoms, she doesn't need to go.
- She struggles to understand appointment letters and medical terms in English.
- She relies on her husband or eldest son to translate, which limits her ability to discuss sensitive issues.
- Topics like women's reproductive health, HPV vaccination and menopause are considered taboo in her social circle.
- She feels uncomfortable discussing intimate health concerns, especially with male doctors.
- A had heard misinformation from her community about screenings being painful or unnecessary.
- She worries that a cancer diagnosis would bring shame or be seen as a weakness.

Case Study

S is a 28 year old British-Pakistani woman, born and raised in the UK in a traditional South Asian household. Despite having access to healthcare services, she struggled with seeking medical advice on women's health issues due to cultural stigma surrounding reproductive and sexual health in her community.

Since her teenage years, S has experienced painful periods, irregular cycles, and severe mood swings but she never spoke openly about them. Conversations about menstruation, contraception, or sexual health were considered taboo in her family, and she feared being judged for seeking medical help.

1. Cultural Stigma – talking about women's health, especially reproductive health, was seen as inappropriate in her community.
2. Fear of judgement – she worried that seeking ,medical help, particularly for sexual or reproductive concerns, might lead to negative assumptions.
3. Lack of open conversations – even though she lived in the UK, S's household avoided discussions on topics like contraception, family planning and menstrual health.
4. Self-doubt and delay in seeking help – she normalised her symptoms and ignored them for years, believing they were not serious enough to address.

S attended the women's health hub discussions through a friend who had attended other Community One services. She hesitated at first but eventually attended an appointment, reassured by the fact that the hub provided a confidential, culturally sensitive space for women to discuss their health concerns.

She attended a workshop on women's hormonal health, where she learnt that her symptoms aligned with Endometriosis, a condition she had never heard of before. The discussion helped her to realise that painful periods were not normal and that she had the right to seek medical help. She was extremely grateful that this space was available and being able to learn about her own health.

## Connected Perinatal

Connected pride themselves on offering a safe and sustainable perinatal support service for all new and expectant parents across Derby.

Connected Perinatal engaged a total of 22 women across 2 workshops.

**Where have you gained most of your knowledge about women's health?**
Most women shared they gained their knowledge through families and friends and one woman highlighted in their community, specifically from older women in spaces like gyms, have supported in their understanding of women's health. In addition, other sources for women's health were accessed across social media platforms such as NHS pages, apps like Balance and during daytime TV or programmes. Medical professionals such as nurses, GPS and baby groups have also contributed into understanding women's health or through learning from high profile cases.

> "I knew nothing about menopause or perimenopause until I met someone

**What is important for you regarding women's health in the current stage of your life?**
Across the survey, issues highlighted to being important in women's health included: contraception, menopause, smear appointments, menstruation, breastfeeding issues, post-birth and menopause. Some women felt that receiving letters would be supportive in issues like smear tests in terms of reminders and to spread awareness.

**How and where would you prefer to access women's health services?**
**How**- Despite one group being unable to come to come to a consensus, the other group listed that preferences in accessing women's health would include being: face to face, online, in leaflets and in early education such as in schools and then in making these methods more easily available.
**Where-** In terms of where the women would like to access women's health services, the group highlighted this would be through peer groups, specific women's health groups or hubs with speakers or educations in them, in leisure centres, places of work/schools and across social media platforms.

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**
Barriers that prevented women in accessing health services included: appointment access/waiting times, a lack of understanding or awareness of services available, language and cultural barriers, care responsibilities, access to transport and past experiences or feelings towards services that prevent women from feeling positive towards accessing services. In addition, some women thought information was either provided too late, not clear, lack of options in signposting.

> "If there is a practitioner I can relate to, I might feel more able to discuss my health

> "I want to talk to a woman who understand life as a

**How could these barriers be addressed?**
The women of the group said these barriers could be addressed if there was: increases in diversity and awareness for women's health services, easy access to separate hubs/spaces, more training for LGBTQ+ communities, better education in schools, for men/boys and within families. Furthermore, better information and advertisement both online and in the local areas, supported by increases in research in non-medical/clinical alternatives would support the women's trust in these services.

**Where would you go to access information about women's health?**
Most women access information about women's health through their peer groups, such as friends or colleagues and through specific groups targeted to women's health. Social media and apps like the NHS app, have been suggested to help in accessing information, bringing light to health topics and in accessing appointments/prescriptions. Within public spaces like in schools, workplaces and leisure centres or directly from healthcare practitioners were also identified as possible points of access.

**Do you think there any barriers to getting information about women's health and how could these barriers be addressed?**
Both groups stated this is covered above.

**How would you rate your overall experience of women's health services? 1 Poor – 5 excellent**
Majority of the responses were selected bad, one individual in very poor, a handful of people who selected neither good or bad and the small remaining numbers in good.

**What works well and not worked well and could be improved?**
-Social media and online information have been successful. Women led conversations with peers and others such as in group sessions and in sharing of experiences have been useful for many women.
- Accessing appointments or longer/regular appointments, information/resources such as reliable social media and other healthcare services have been identified to be needing improvements. Increasing education and awareness in women's health such as in understanding screening services would be useful. Overall delivery in care improvements include relating to younger generations, women feeling believed, communication and more women's roles.

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thought as to why this is, and do you have any ideas on how to increase participation in screenings?**
One group did not respond but the other group responded that feelings of fear and, lack of education and uncertainty in the process or results reduce participation. The women feel it should be a part of other standard checks and to be notified/communicated about them. Screenings should be more accessible; GPs should be making women more aware and better education or adverts should be informative of the process.

**Currently in Derby City, there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is, and do you have any ideas on how to increase participation for HPV vaccinations?**
Lack of trust in vaccinations and lack of information in vaccines, prevents women in getting them done and in making informed choices either in better communication tools or delivering the vaccines in schools.

**How would you prefer to receive information about women's health and women's health services?**
For majority of women, messaging and social media services were the favourable access point in receiving information, but also the majority of one group also preferred community notice boards in addition. Small numbers of women preferred websites, direct emails, phone calls and letters (by post) for receiving information in women's health and one person stated other, with no women selecting newspapers/magazines or TV/radios.

**Who would you prefer to receive this information from?**
Most of the women would prefer to receive information from either social media influencers, family and friends and directly from the NHS itself. Zero women wanted to receive information from social care workers, charity or community support groups (national) and faith or religious groups. Leaving the remaining women selected hearing from public health and from charity or community support on a local level.
When asked how they would prefer information if English was not their first language, 1 woman said information in the language I would normally speak but did not specify the language, all other stated English was their first language.

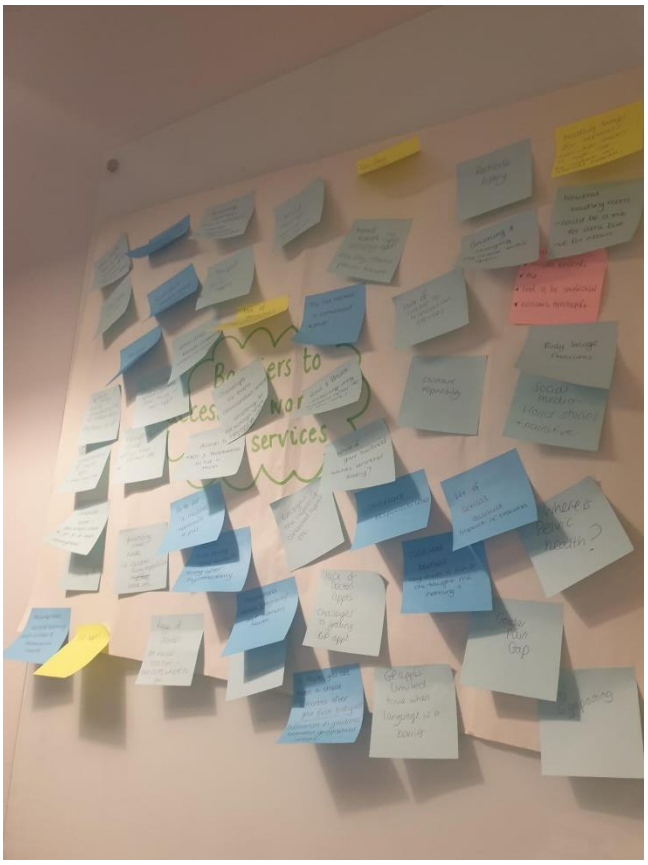



*Image: Connected Perinatal, Women's health engagement workshop activity.*

## Deaf-initely Women

Deaf-initely Women is a charity that is managed by deaf, deafblind and hard of hearing women. Deaf-initely Women serves all deaf and hard of hearing women in Derby, Derbyshire, Nottingham, Nottinghamshire and beyond.

Deaf-initely Women engaged 16 women during one workshop. The women who attended this workshop were from both Derby City (7) and Derbyshire (9) geographical locations.

Of the 16 women who attended, there was a good representational spread in terms of self-identifying their type of deafness. Three different types of deafness were the most prevalent – deaf with BSL (6), those who had some speech but also used BSL (5), and those who identified as hard of hearing or with some hearing loss (4). There was one deafblind woman present.
The types of communication used by attendees were BSL (9), captions/subtitles (9) and speech/audio (4).

**Breast Screening**
Women described a mix of both positive and negative experiences with Breast screening services, with perhaps unsurprisingly communication being a common issue that women experienced.

Positive:
- Text reminders and letters were in correct font size
- (During appointment) BSL explanation and a separate room provided for privacy

Negative:
- Telephone as the only method to book an appointment
- The doctor asking for my mobile phone number but only as a one-way communication system
- I have missed appointments due to digital letters in Word documents
- No text reminders received
- Missed due to misreading app due to small print, and lack of patience when on the phone to rearrange
- (During appointment) Did not have confidence to request lip-speaker/signer
- (During appointment) Had to ask a third party to get involved

Suggestions to improve general communication:
- Direct email addresses for departments rather than generic hospital inbox email address
- Use of large print and plain English on letters
- Text reminders and two-way text communications to be used
- Review letters after consultations, and dated letters for reminders so the recipient knows when their next review is due.

Suggestions to improve communication during appointments:
- Speech-to-text
- Lip-speakers
- BSL interpreters – for an interpreter to be named on appointment letter, to assist with identifying the interpreter in the waiting room, reducing anxiety.

Other discussions were around the gender of the medical professional that they dealt with during the appointment. One lady commented that they had a female member of staff, which they were happy about. Another said that their doctor was male and “I did not get asked if I wanted a male or female doctor”. Another said that they did not have the confidence to ask for a female doctor.
Suggestions varied, with some feeling strongly that there should only be female doctors and interpreters, with some extending this to a female only entire staff at appointments. One would have liked their doctor to have been named on the appointment so they knew their gender in advance, and another stated they did not mind which gender their medical professional was but that ‘deaf awareness’ was more important.
Positive comments around the service did include the speed of service, and staff attitudes. One woman did however feel there was a lack of privacy given.

Regarding accessing information about breast health, women stated that information and explanations were available. Suggestions for improvement included clearer explanations with less jargon, and that ‘diagrams, posters and videos (with BSL and captions) would make the information more visual’.

**Cervical Screening**
As with the Breast screening service, communication remains a concern. There is a general feeling that it working well cannot be expected at this point.

Positive:
- Appointment reminders, Text reminders
- Letters in the correct font
- BSL interpreter will help with the right information
- (During appointment) Nurse was able to adapt communication where needed
- (During appointment) Polish culture is different to the UK but it was explained clearly throughout the process
- I had a choice of a preferred nurse (female staff)
- Privacy
- I had a choice of having a chaperone or not
- Local service
- Grateful to have the opportunity to access the screening service

Negative:
- Not all GP’s have online booking for appointments
- Choices of communication needs, if you are able to text and receive messages and emails directly
- Had difficulty getting an appointment
- Text reminders
- Timing – especially when menstruating or have inconsistent bleeding
- (During appointment) Lack of deaf awareness
- (During appointment) Not able to use tablet/app to access BSL interpreter in hospital because of poor wi-fi
- (During appointment) Painful, and staff were not sympathetic

“I have had clients who have been sexually assaulted and have been treated sympathetically, this should be the same regardless of whether you have been sexually assaulted or not”

Suggestions to improve general communication:

- Deaf awareness training for staff
- Better communication provision – female BSL interpreters – and for available communication methods to be explained
- Online booking/text booking and text reminders
- Wider availability of appointments and venues
- Pre-questionnaire being available online before appointment
- Leaflets/videos/captions about the process
- Information before appointment for women who aren't sexually active, such as information about the equipment and sizes of speculums

Other discussions were around lowering the screening age, and for screenings to be more regular. Women would like letters to be sent following the appointment to more clearly inform of results, using list format (i.e. A B C D), less jargon and for BSL videos with captions.
Some women noted that they had not had a screening yet – reasons were:

- Lack of appointments and long waiting times and now I am over age
- I haven't had an appointment letter sent to me that I need it
- I am scared

Regarding accessing information, women wanted clearer information as to the interpretation of results, before and after appointments for information, through written letters or videos with BSL translation/captions. This demand suggests that the need for information and understanding in this aspect of deaf women's health is currently not being met.

**Menopause Services**

As with Breast and Cervical screening services, concerns around communication are paramount but with menopause services this is compounded by perceived misogyny and ageism. A core difference between menopause services and the aforementioned screening services is that screening services are initiated by their service departments whereas with menopause services it is women who initiate the service access themselves. Many deaf women have severe issues accessing GP services, through a rise of 'telephone appointments' and booking appointments only on the day. Deaf people use text direct to make appointments but by the time they have got through, the receptionist does not understand what text direct is or all appointments have gone.

Negative (booking appointment):

- GP's try to telephone when on our notes it says we are deaf
- GP's will not email directly
- 'Phone only' available – not accessible. Have to walk into a surgery to book an appointment. No online or text facility. No appointments available by the time we access surgery.
- Lack of empathy and understanding of communication needs
- Have to rely on others to help relay information
- Text Relay does not always work
- Poor deaf awareness

Positive experiences (during appointment):

- Treatment options were explained
- Available information has improved
- Staff empathy and attitude

- BSL interpretation helps
- Ability to speak directly with a GP

Negative experiences (during appointment):

- Lack of understanding/patience from GP
- Lack of knowledge from GP
- Inconsistency of care and attitudes between different GP's
- Was not listened to
- No tests offered to ascertain menopause
- No treatment choices offered
- Lack of control

> 'lack of support and lack of privacy when discussing things was off putting' – one woman who has not accessed menopause services at all

Other comments mentioned that the speed of service was good, a variety of treatment options were offered and one woman mentioned 'there are specialist doctors trained in menopause'. Others noted the rise of information and services outside of the NHS system.

Women felt that GPs needed more training on deaf awareness and the menopause, and better communication options and information in different formats. Outside of the primary care system, deaf women felt they had to help themselves with more open conversations with each other and for support groups to be set up, perhaps with NHS support.

> 'lack of information for deaf and deafblind women about what HRT treatments are available to us and not being listened to'

**Menstrual Services**

Communication was raised as a repeated theme, and as this topic was discussed within the workshop following the Menopause services, it is conceivable that frustrations around accessing GPs were not mentioned again for this service.

Positive:

- Younger generations have better awareness and are more open-minded
- More understanding
- Less taboo

Negative:

- Issue of accessibility and waiting times
- Not listened to, dismissive staff attitudes around painful periods
- Lack of deaf awareness

Suggestions to improve menstrual services:

- Longer appointment times and shorter waiting times
- More treatment options available
- Communication options made known
- Better resources in BSL

- BSL interpreter provided in appointment
- Lack of awareness – better promotion of menstrual services available

**Sexual Health Services**

Many women stated that they had not used the service and that it was not applicable. Communication was noted as an issue, with women struggling to access information needed to access the service.

Negative:

- Difficult to get appointment (online form leads to telephone call to book appointment rather than text/letter/email). Referred back to GP, cannot get GP appointment.
- Video and information available are not captioned or in BSL
- Family planning clinics inaccessible and lack of information available
- Don't know what their offer is, thought it was for young people

Positive:

- Good awareness of what is available although I haven't accessed
- Good clear hospital signage
- Derby Royal Hospital very understanding about my deafness and fears
- Speed of service and follow-up appointments
- Staff attitude - empathy, understanding, knowledgeable and no judgement
- Website and social media presence is good
- Picture explanations and demonstrations on how to use

Other women accessed through their GP, with positive experiences.

Suggestions for improvements:

- Deaf awareness for staff
- Online appointment booking
- Two-way text/messaging/email facility or BSL communication/videos
- Not wearing masks in consultations – lip-reading
- Face-to-face appointments not telephone
- More information to be made available about sexual health topics and how to access sexual health services (leaflets in GP surgeries as well as wider communications such as videos with BSL and captioning)
- Website to be more deaf-friendly with captioned videos and more simplified information
- Outreach workshops – specifically for deaf community, and age appropriate

Awareness of sexual health services:

Some respondents were asked what services they were aware of.
66% said they were aware of "Contraception services", 58% said they were aware of "sexually transmitted diseases services", 42% had heard of sexual health well-being services and the Your Sexual Health Matters website with information. 17% said that they were not aware of any of these.

## Derbyshire LGBT+

Derbyshire LGBT+ is the only LGBT+ specific support service in Derbyshire, established to provide comprehensive support to individuals who identify as LGBT+, or any other non-heteronormative sexual orientation or gender identity. This includes support for their families, friends, and allies.

Derbyshire LGBT+ engaged 23 women+ over two workshops.

A few topics arose when discussing what was important to the attendees regarding women's health, and these included: menopause (insufficient information about transition), contraception (uncomfortable and painful procedures and healing), sexual health (HPV, dental dams, insufficient information around risks within female-female relationships, availability of products), effect of the Covid vaccine on menstruation, and general awareness of health issues affecting women.

**Barriers to accessing services**

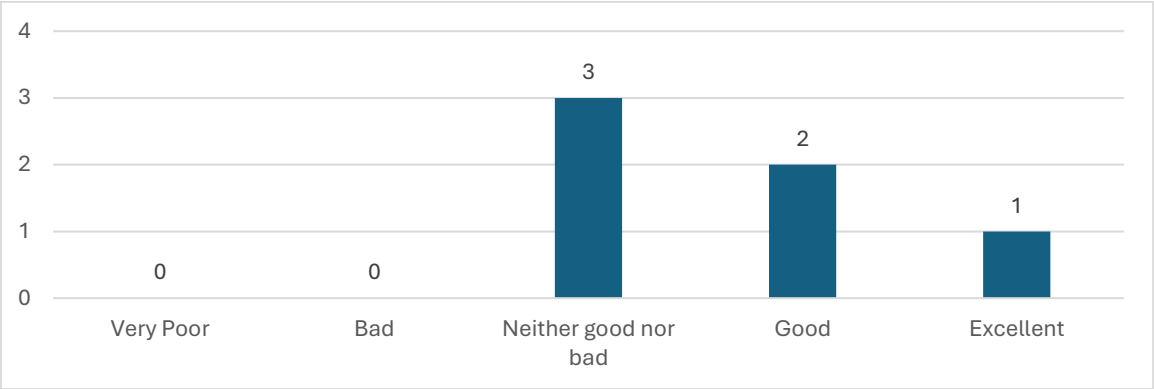
**Practical barriers:**
Awareness: no idea how to access women's health care.
Chaperone: poor explanation on who the chaperone is in the room, no introduction or explanation for their purpose – would prefer to be asked or given an explanation on why someone else is there.
Routine: healthcare professionals treating an appointment as routine, but the appointment may be the first time a person has had it, so the experience may differ to how you expected. More information before the appointment around what to expect would be good and talking through the procedure during it.
Aftercare: the aftercare a patient receives can vary, and it is often assumed as you have had a procedure before that you should know what to do every time following it (contraceptive implant).
Systems: when there is a systemic non-patient incentive (i.e. during blood donations, medical trial testing) the care during and after the procedure is better with more communication and resources shared. This level of detail is missing from GP appointments.
Preventative support: there is not enough support for people before they become ill, lots of groups and projects are short-term contracts due to funding or charity led and do not last.
Clothes: where do I put my clothes when I undress at an appointment? Although this is a small thing it does cause anxiety and awkwardness in appointments. Could there be a better storage option for people's clothes while they undress?
Inconsistency of care: Service alterations i.e. the walk-in centre you can no longer walk-in. Lack of reviews for medication that has been renewed long-term such as contraception - can review appointments be booked in at the same time as the appointment the prescription was given? Fewer assumptions should be made that nothing else has changed in your life such as other medication, mental health or side effects.
Lack of female staff: in particular for a breast exam and not being given the opportunity to request an alternative member of staff that wasn't male.
Medical training and research: only carried out on white skin so unable to find what symptoms may look like on different skin tones.

**Emotional barriers:**
Heterosexual assumptions and language: having to out yourself around contraception and why you are sexually active but not on contraception and referring to a woman's partner as their friend. Also, for parents, having to out yourself in an appointment for your child when a professional asks your child about 'daddy'. Professionals don't know the right language to use.
Not being taken seriously: I worry that I am not going to be taken seriously at GP appointments as the answer always seems to be 'try painkillers!'. Also, an experience of something life-threatening was told it was early menopause. Heavy periods aren't taken seriously or addressed. GP's talk down to patients with neurodiversity and talk to parents if you look younger than you are.
Friends: there is a pressure to connect and 'make friends' with a professional immediately because they will be seeing a vulnerable side to you for example cervical screening or midwife. More training for professionals is needed around reading body language and building trust. Sexual health professionals do seem to be much better at putting people at ease.
Blame: It can be put upon the individual that it's their fault, 'you've not eaten enough greens' mentality.

Regarding access to information, the women+ speak mostly to their friends and partners although still find the narrative to be heteronormative. Other sources of information include colleagues within health and care workplaces, podcasts ("28ish days later" regarding menstrual cycle) and internet searches.

**Barriers to accessing information:**
Simple, explanatory and visual resources: this can be addressed by examples such as posters in personal spaces such as on toilet doors, service stations, and for example CoppaFeel have a fun direct text reminder to check breast tissue for abnormalities.
Taboo: some spaces and groups which could be a useful source of information don't want to discuss sexual health thinking it will encourage people to have sex. More training is required for professionals.
Female staff: having a male doctor or nurse can be a barrier to those from different generations and cultures. Also following trauma with men, a female staff is more likely to be trauma informed on scenarios other women have gone through i.e. rape, domestic violence.
Heterosexual assumptions: denial of contraception as I am in female-female relationship – "what's the point?". Intrusive questions are asked about the type of sex I have, whether it hurts and if there is a pregnancy risk without first checking on sexual orientation – the poor use of language makes you feel that a doctor will not give you a good standard of care. You may also have to come out to healthcare professionals repeatedly. Checking people's sexual orientation and gender markers as part of the appointment, asking what kind of sex you have, and if you would prefer a male or female professional at the beginning of the appointment could mitigate this.

**How would you rate your overall experience of women's health services?**




**Cervical and Bowel Screenings**

It was raised that there should be more awareness of female-female relationships in school, as HPV can put both women in a lesbian relationship at a higher risk of developing cervical cancer.

Lack of awareness around the difference between cervical and sexual health screening and thought it was only relevant to women who are sexually active.

"Imagine a rape survivor going for a smear test let alone then finding out it's a male doing it, or the same for a breast exam.. it just feels like another thing women go through and are expected to get on with it.."

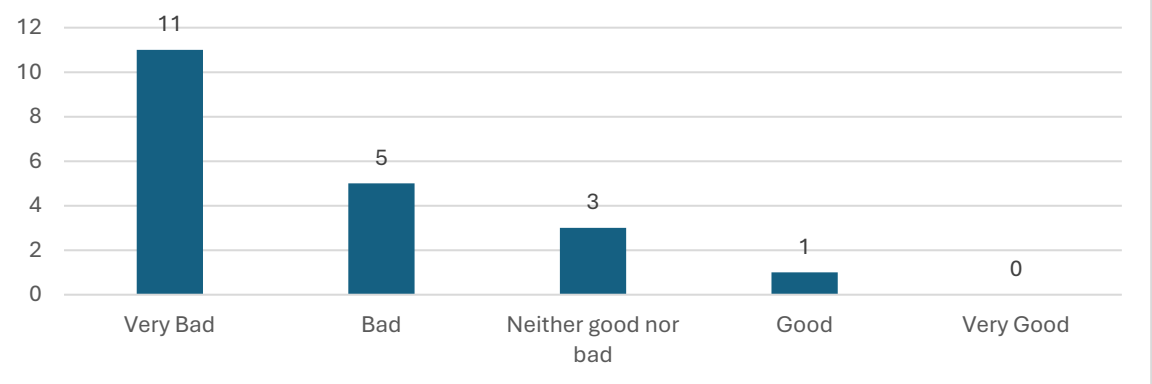
"I realised that as I was previously dating men I had learnt about condoms and stuff, but neither of us knew what kind of protection was available in a relationship as a lesbian, so I felt a bit stupid actually, and when I get to the stage of sleeping with people again I want to feel confident not panicking about contraception do's and don'ts"

## Dignity Independent Living C.I.C.

Dignity Independent Living CIC provides supported housing and services to adults with complex needs, ensuring everyone receives the care and independence they deserve. While our supported living services are open to all, we also specialise in supporting the South Asian community with their unique housing and care needs.

Dignity Independent Living CIC engaged 20 women over 3 workshops.

**How would you rate your understanding of women's health issues?**




It was felt that there was a lack of information given, and that information contradicted itself. Not enough discussions took place, and nothing is taught in schools. Also, a lack of knowledge from experts.

Most knowledge about women's health was gained through peers, and professionals whether that be 1-2-1 sessions or appointments, with one woman paying privately to see a menopause specialist. Other have gained knowledge through lived experience and own research.

What is important regarding women's health included staying healthy and understanding how to control hormones. It's also important to learn how to manage challenges like brain fog and finding ways to cope, as well as more knowledge on menopause medications and their side effects to enable women to make informed health decisions. Having resources available in languages like Urdu and having someone to talk to is also important.

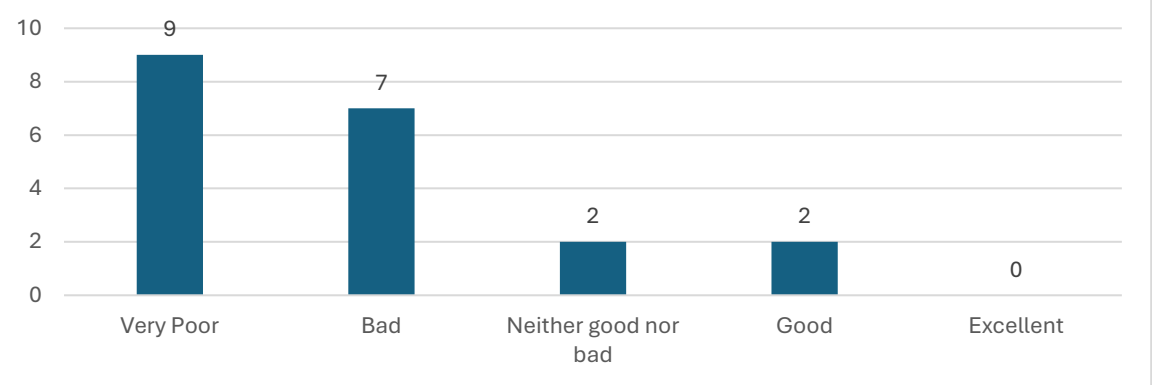
Regarding access to services, the majority of women felt that face to face appointments were essential and follow up telephone calls where needed. This would be preferred within the local area, ideally within a GP surgery if appointments were available.

Barriers to accessing services include not enough information on how and where to get the support, especially in other languages. There is a sense that there is nothing available to support until the need becomes desperate and then you are signposted.
Barriers could be addressed by making more resources available, and specific support for BAME communities. Check ups could be made in advance, at different times in a woman's life to prepare her for change. Support is needed to better understand conditions such as Endometriosis and other menstrual problems. Experts need to offer individuals more choice and control.

Regarding access to information, over half of the group stated they used social media. Other information sources noted were GP, hospital, 1-2-1 sessions, and online searches and websites although feel no specific support is available online.

Barriers to accessing information include a lack of specific detail in information and knowledge of GP's feeling there is an absence of experts. There is insufficient support at different stages of life and it would be beneficial for every GP surgery to have a menopause expert. Additionally mental health support could be improved to better support women who are transitioning through changes.

**How would you rate your overall experience of women's health services?**




**What works well?**

- Support when needed
- There is information available
- Medication (if patient is supported to find what works)
- Peers

**What doesn't work well?**

- Support from experts and through different stages
- Advice
- Tests and diagnoses
- Available literature

**Cervical and Bowel Screenings**

Women felt that there is a lack of awareness around the screenings and the risks of not having them. One hasn't been invited to attend, and another said GPs haven't scheduled the appointments.

To increase uptake in screenings, it was suggested that information should be sent out to women at different stages of their lives to advise them of what to check, and more awareness of the pros and cons of cervical and bowel checks.

**HPV Vaccinations**

Women in the group were not aware of the HPV vaccination, with one woman who was aware asking why it wasn't compulsory. Suggestions to increase uptake were to raise awareness, have more conversations about the topic, send letters to those who would benefit and ensure schools are involved in educating around it.

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Website | 1 |
| Direct Emails | 6 |

| | |
|---|---|
| Messaging services i.e. text | 2 |
| Letters (by post) | 11 |

**Who would you prefer to receive this information from?**

| | |
|---|---|
| NHS | 6 |
| Public Health | 6 |
| Charity or community support (local) | 2 |
| Charity or support group (national) | 6 |

**How would you prefer information if English is not your first language?**
For those where English wasn't their first language, their preference was Information in the language they usually speak (11) and Videos in the language they usually speak (4) as a second preference. Information in English (2) and Videos in English (2) were chosen to a lesser extent.
The languages stated as those they would like to receive information in were Urdu (7) and Punjabi (6).

**Other comments and suggestions:**

"When will things change?"

"Why are we still discussing such important topics and advice women

"Just as we learn about sex education at school, why is menopause not discussed there??"

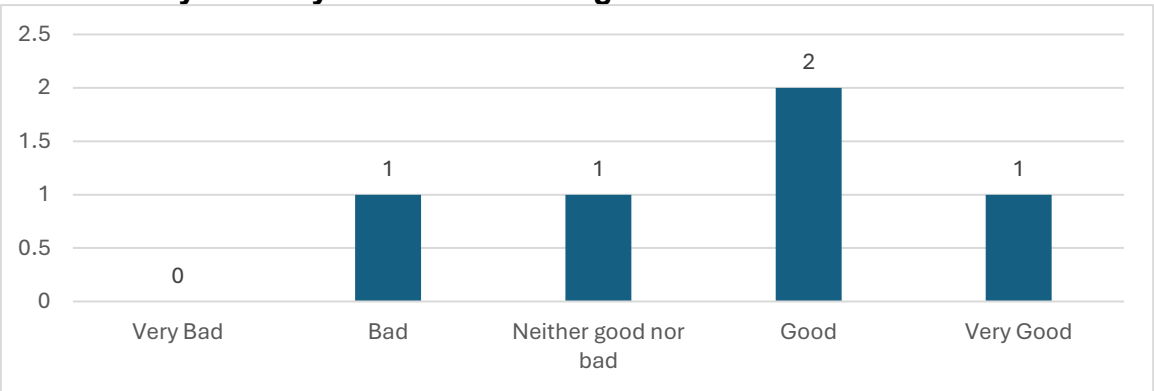
"Why is there no mental health support to help women transition through

## Family Support Derbyshire

Family Support Derbyshire is a local initiative helping parents with young children through difficult and challenging times - whatever those challenges may look like.

Family support Derbyshire engaged 12 women.

**How would you rate your understanding of women's health issues?**




One of the women's family worked in women's health, and so it was talked about and normalised while growing up. Another said that what she's learnt has been from own research, so may not be fact.

Knowledge about women's health had been learnt from personal experiences, family working in women's health, and internet searches.

What is important regarding women's health was access to accurate information, regular screening checks, and more information about reproductive health and pre-conception care.

> "That it isn't so taboo and you're not ashamed to ask for help and not being made to feel like it's something you just have to get on with."

Regarding access to services, they get prefer to access women's services face-to-face, particularly with health concerns or sensitive issues, but are happy to use an app to find information. Local surgery would be preferred although one woman said she can travel so would choose what would be best in the situation.

Barriers to accessing services include being flexibility around call times to be able to get an appointment (8am) not compatible with family life, arranging childcare to be able to attend an appointment, taboo topics are not discussed enough, being able to access a women's health specialist, and not enough support available postnatally. One woman stated she didn't feel there were barriers to access.

> "I was told by a member of staff in a doctor's surgery that no staff there specialise in women's health. This is a huge barrier to accessing the right

To tackle these barriers, it was suggested that there could be dedicated women's health specialists, within each surgery or at least accessible within a certain area. Also, an appointment like an 'MOT' where women can identify issues, particularly postnatally, such as incontinence. A support group could also help.

Regarding access to information, the women get information primarily from NHS websites and general internet searches, pharmacists and GP.
Barriers to accessing information include embarrassment to ask questions, and women mentioned they are more likely to wait for symptoms to pass or rely on internet searches that may not give accurate information or the risk of thinking you have something much worse than you do. It can be difficult to specify symptoms online, and also there is a lack of awareness around what is normal and when to seek help. Terminology is also not always user-friendly.
To address these issues, most women suggested a continued focus and communication of women's health in the public domain and availability of easy to understand information for those who aren't medically trained or may have overwhelm or processing issues such as dyslexia. There could be survey/information apps to support women to find out if their symptoms are normal or need medical attention. Better relationships with GP's would also allow women to feel more comfortable talking about women's health issues.

**How would you rate your overall experience of women's health services?**
The sentiment was generally negative, with 1 woman selecting Very Poor, 1 woman selecting Bad, and 2 women selecting Neither Good nor Bad.

The women found that social media and the internet have helped women's health issues to be spoken about more. One woman stated that postnatal support groups are effective (walking group), and one woman stated that persistence in communication to have smear tests has been helpful – "I do put it off but they are persistent, and I think that's a good thing."

**What has not worked well?**

- Waiting times for appointments and results can impact on mental health
- Not being listened to, so hesitant to ask for help
- Assumptions around menopause age
- Medical diagnosis over a telephone call
- Limits on time frame for support – only offered a set amount of sessions
- More support needed within communities
- Better communication is needed around treatment options

**Cervical and Bowel Screenings**
The majority of women had mentioned around cervical screenings that they had felt uncomfortable and in discomfort having previously attended and felt that staff were not considerate to make the patient feel comfortable – this has led to them not wanting to go back for the procedure again. One woman stated that women may believe if they are not having any problems, they don't know to prioritise the routine screening.
To increase uptake in screenings, it was suggested that it could be easier to book an appointment, possibly through an online system and suggested that information be provided about the best time of the month to book in for a smear. It was mentioned that the staff training needs to be improved to make women feel more 'human, rather than a quick process.'

**HPV Vaccinations**
One woman responded, stating that people have vaccine hesitancy particularly following the COVID vaccination programme.

**Other suggestions:**

- Women's health services need proper funding for specialists who can ensure women get the right diagnosis and the right support, rather than being left to 'get on with it'
- There needs to be more compassion and sensitivity in the way that women's health issues are dealt with
- Women need to understand what they are being told, be given the opportunity to ask questions and seek advice, and have clear choices
- There should be some preparation before birth for what NICU experience is like. It's a lot to deal with at a difficult time in your life.

"It's important to feel listened to."

## Headway Derby

Headway is the UK-wide charity that works to improve life after brain injury by providing vital support and information services.

Headway engaged 33 women over 4 workshops.

**Menopause**

Information:

“There should be more workshops and groups available like this, because no one opens up about it.”

“Information is not easily accessible, and people have a lack of knowledge in the menopause.”

Appointments:

“Waiting lists are so long.”

“You can never get a GP appointment to speak to anyone!”

Care:

“I can only easily access the GP, and they do not understand the menopause like a specialist would.”

“They told me the only thing that would help is HRT. I cannot have this due to other health conditions, and no alternatives were offered.”

“There is not enough female staff in gynaecology, and I do not feel comfortable accessing male practitioners.”

What could services do better?

- Make information more accessible and available
- More promotion to get people talking
- Increase numbers of female staff
- Support groups for women going through the menopause
- Make information for basic for women who struggle to understand complex written work

**Menstruation**

Stigma and confidence:

“People become shy as they think it is a taboo subject.”

“Money, religion, culture and age.”

“Some people have trouble getting period products due to cost and stigma.”

“Different countries and religions have different stigmas, and people cannot afford period products.”

“There is less barriers now than when I was younger as the world has evolved.”

“I have not had the confidence to ask for help and information.”

Female staff:

“There is not enough female staff in gynaecology, and the waiting lists are really long. Women are not believed.”

What could services do better?

- Free period products/no tax on products for women on their periods
- Free chat rooms/groups for people to be more open and less embarrassed about menstruation
- Talking and listening to each other will reduce stigma and raise awareness
- Make information more easily available in different forms
- Ensure posters are advertised and do not make anyone feel awkward

**Breast Pain**

Stigma and confidence:

“Some people do not have the confidence to ask for help and information.”
“People become shy as they think it is an awkward subject to talk about.”
“I feel embarrassed talking to male doctors about my breasts.”
“Cultural differences make it difficult for some people to be open.”

None:

“I do not believe there are any barriers to accessing support.”

What could services do better?

- People should be offered mammograms at a younger age
- There needs to be more research around breast pain
- Reaching out to people rather than waiting for them to reach out to you. For example, offering a yearly check
- Advertise and talk about the importance of checking your breasts more
- More emphasis needs to be placed on making people feel comfortable and at ease
- Better education

**Women’s mental health**

For the final session it coincided with the ‘Time to Talk’ campaign from ‘Mind’ the mental health charity. 3 themes were identified throughout the group: motivation, love and respect. Some of the group were struggling with written feedback, and so we held this session as a focus group.

Motivation:

One client shared their journey of depression since age 13. They explained that getting out of bed and putting on fresh clothes each day, despite their depression is a source of motivation.

Love:

Another client discussed their experience of developing self-love and acceptance despite brain injuries. They reflected on how their life and relationships have changed, highlighting the importance of coming to Headway where people understand them.

Respect:

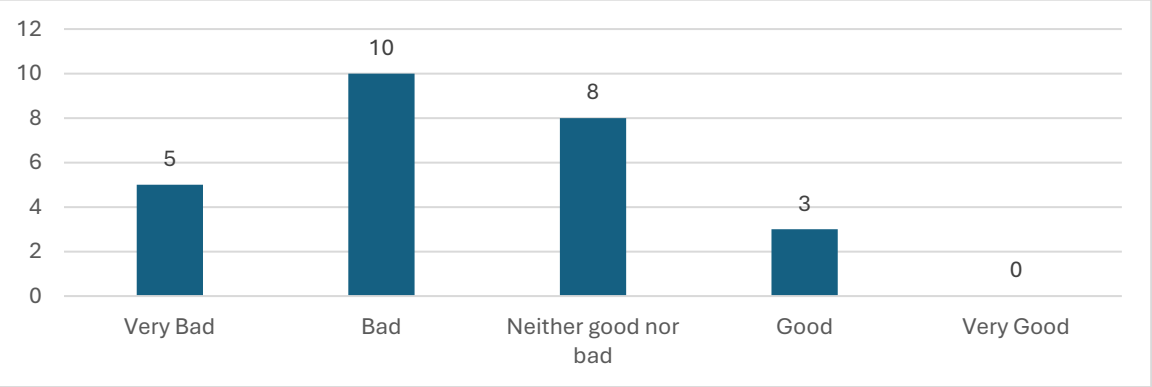
A third client spoke about how their brain injury affects their ability to filter information, making it difficult to express themselves without the risk of offending others. They emphasized the importance of being understood at Headway, as it allows them to feel respected and seen despite the challenges.

## Kelsey Family CIC

KF CIC provides family-based recovery services to those affected by substance misuse disorder.

Kelsey Family CIC engaged 26 women over two workshops.

**How would you rate your understanding of women's health issues?**




The sentiment of the groups was mostly negative.

"more needs to be done"

"not good enough"

"definitely needs to be better"

"feel judged"

Most knowledge about women's health was gained online through internet searches and social media, own experiences and speaking with friends and family. Both groups mentioned "definitely not the GP, they don't listen".

**What is important regarding women's health in the current stage of your life?**

- Family planning, fertility and pre-conception care
- Perimenopause
- Menopause
- Contraception
- Elective sterilisation
- PCOS (Polycystic Ovary Syndrome)
- Ovarian cancer
- Termination of pregnancy

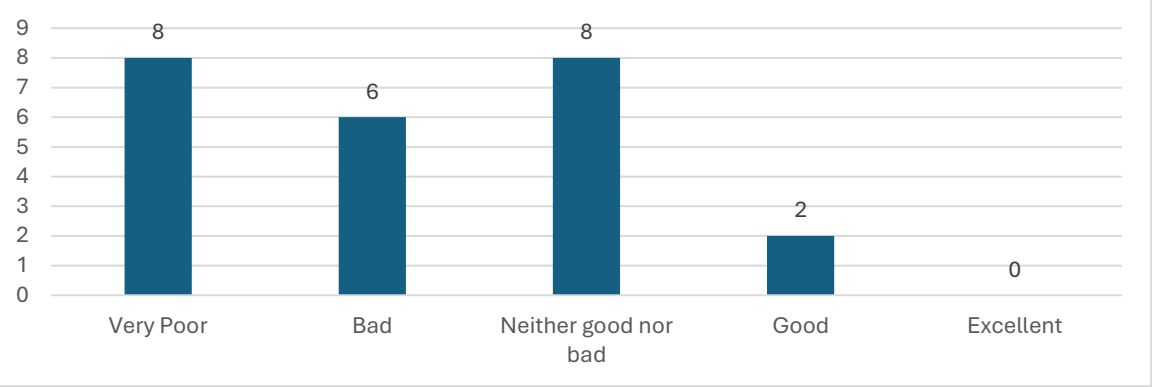
Regarding access to services, they would prefer to access face to face, and through chat/online services first which can lead to a face to face appointment – preferably with a female member of staff.
Women suggested that services should be accessible in spaces where they feel comfortable, like the recovery hub, or in specific areas of NHS buildings rather having to go to a general waiting room area. Many preferred locations within walking distance, and some proposed the idea of a dedicated female health hub. Other suggestions included using social media, home visits, and offering services at schools or colleges for easier access.

Barriers to accessing services include difficulties with inconsistency of waiting times and availability of GP appointments depending on where they live, and poor staffing and wait times at A&E. Women made comments around not feeling listened to and stigma - especially around personal histories of drinking or drug use. To address these issues, women suggested that blood tests could be done at surgeries, and treatments should not be limited by age thresholds (e.g. HRT and sterilisation). They also would like women to be treated as "more than ages and numbers" and that better education is needed.

Regarding access to information, they mostly get information through internet searches and social media, word of mouth by speaking with friends and family, and having a look around while attending GP and pharmacies. They would like for more information to be available in community spaces and on notice boards.

Barriers to accessing information include embarrassment, stigma, and the perception that certain issues aren't as important as others. Women often feel they're expected to "just get on with it," and factors like a lack of time, childcare, and not knowing where to seek help also make it difficult. To address these barriers, women suggested improved communication which would encourage women to reach out, more visible marketing campaigns, and providing better general education. Reducing stigma and judgment was also highlighted again here.

**How would you rate your overall experience of women's health services?**




The sentiment was negative, with an additional response stating their rating would be "-5" based on their experiences.

The women found that they accessed treatment it worked well but improvements could be made prior to accessing treatment.
What has not worked includes relying on self-diagnosis, waiting lists and getting into treatment, and not feeling heard. Inconsistency of care was mentioned, with different service access and timescales at different places. The women also felt it would be helpful to have access to childcare to enable them to attend appointments.

**Cervical and Bowel Screenings**
Women felt that more information is needed, and more provision. It was also suggested that male and female sex and relationship education should be given not just in schools but at college, university and in workplaces.
To increase uptake in screenings, it was suggested that more information and education is needed, and that information could be targeted across different channels, and through external providers and engaging community groups. It was also suggested that incentives could help such as money/vouchers.

**HPV Vaccinations**
Women felt that there was a need for more information, and through external providers. Again reiterating that sex and relationship education should extend beyond school age, and that parents should be more involved.
To increase participation, more information should be provided and to target this across different channels that young people engage with such as social media, as well as through external providers within schools and engaging community youth groups.

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Website | 4 |
| Direct Emails | 8 |
| Phone Calls | 2 |
| Messaging services i.e. text | 2 |
| Social media | 8 |
| Letters (by post) | 1 |
| Community notice board | 1 |

**Who would you prefer to receive this information from?**

| | |
|---|---|
| NHS | 2 |
| Social care workers | 2 |
| Public Health | 2 |
| Social media/influencers | 2 |
| Friends | 4 |
| Family | 2 |
| Charity or community support (local) | 8 |
| Other: specialist female health workers | 4 |

## Group statement:

"Females with drug and alcohol use disorders face significant stigma when accessing women's health services due to several deeply ingrained societal and systemic biases:

- **Moral Judgement and Gender Stereotypes** – Women are often held to higher moral and caregiving expectations. Substance use challenges traditional perceptions of femininity, motherhood, and responsibility, leading to increased judgement and shame.
- **Healthcare Discrimination** – Many healthcare professionals hold unconscious biases, assuming that women with substance use disorders are unreliable, neglectful, or undeserving of care. This can result in dismissive attitudes, lack of empathy, and even denial of treatment.
- **Fear of Child Removal** – Women, particularly mothers or pregnant women, may avoid seeking healthcare due to fear of social services intervention and potential loss of custody, even if they are seeking support to improve their health.
- **Lack of Specialised Support** – Many women's health services are not equipped to handle the complexities of addiction. Instead of being met with holistic, trauma-informed care, women may encounter judgement, misinformation, or referrals to inappropriate services.
- **Double Stigma** – Women with substance use issues often experience a dual stigma: one associated with addiction and another linked to their gender. This can make them feel isolated, unwelcome, and undeserving of care.

- **Self-Stigma and Shame** – Due to societal attitudes, many women internalise shame and avoid seeking help altogether, fearing they will be met with hostility or rejection.

To improve access, healthcare services must adopt a compassionate, non-judgemental, and trauma-informed approach, ensuring that women feel safe and supported rather than stigmatised when seeking vital health services."

## Case Study

**Background**
E, a 39-year-old marketing executive and mother of two, began experiencing a range of distressing symptoms over the past year, including severe fatigue, brain fog, mood swings, night sweats, joint pain, and irregular periods. These changes were significantly affecting her work performance, family life, and overall well-being.

**Medical History & Initial Consultations**
E had a strong familial history of early menopause; her mother and grandmother both entered menopause in their early 40s. Aware of this, she visited her GP multiple times over the course of six months, suspecting perimenopause. However, despite her symptoms and family history, her concerns were dismissed due to her age. Blood tests were inconclusive, and she was told she was "too young" for menopause and likely experiencing stress or anxiety. She was offered antidepressants instead of hormone replacement therapy (HRT), which she declined as she felt her symptoms were hormonal rather than psychological.

**Impact on Life**
E's symptoms worsened, leading to strained relationships with her husband and children due to mood swings and exhaustion. At work, her concentration and memory suffered, leading to mistakes that put her job security at risk. She began to withdraw socially and felt increasingly hopeless.

**Seeking Private Healthcare**
Frustrated by the lack of support from her GP, E sought a private menopause specialist. During her consultation, she underwent a thorough assessment, including detailed discussions about her symptoms, lifestyle, and family history. The specialist confirmed she was in perimenopause and prescribed body-identical HRT (oestrogen patches and progesterone capsules).

**Outcome & Transformation**
Within weeks of starting HRT, E noticed a dramatic improvement. Her brain fog lifted, energy levels increased, and her mood stabilised. Her night sweats subsided, allowing her to sleep properly for the first time in months. At work, she regained confidence and productivity, and her relationships at home improved as she no longer felt constantly irritable and exhausted.

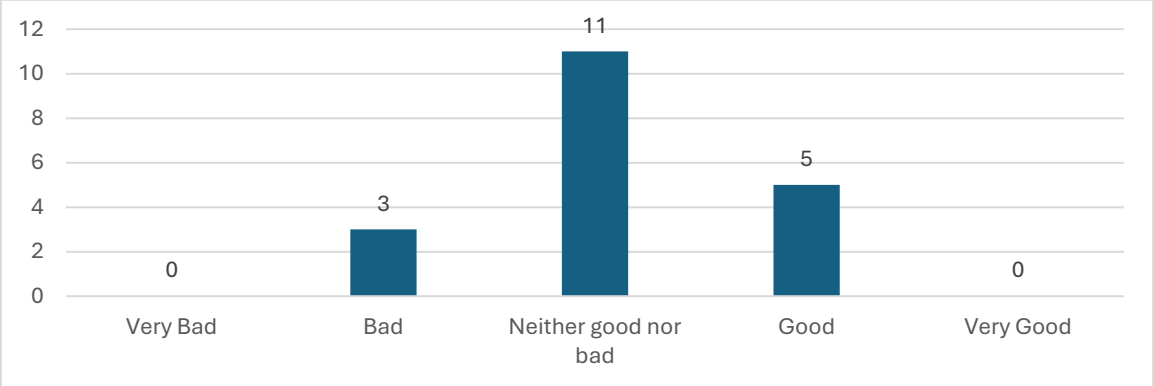
**Reflection & Advocacy**
E felt frustrated that she had to go private to receive appropriate treatment, despite clear symptoms and risk factors. She has since become an advocate for greater awareness and education around perimenopause, particularly in younger women, and the need for

## Lilian Prime MS Centre

The Lilian Prime MS Centre support people affected by Multiple Sclerosis, their carers and their families. We provide high quality support to our clients through carefully structured classes, therapies and social activities that help with fitness, mental health and well-being.

Lilian Prime MS Centre engaged 20 women over two workshops and directed others to the online survey.

**How would you rate your understanding of women's health issues?**




The group didn't feel that they had a very good understanding of women's health issues and from menstruation, through pregnancy and into menopause they are left to 'get on with it'. There is a general consideration that women are 'used to pain'.

Knowledge about women's health has been gained from various sources, and this varies by age group with younger people more comfortable looking online and the older generation needing more guidance. Most noted sources of information were internet searches and websites, family and friends, NHS, and TV. More signposting through educational settings would be good. It was felt there was a lack of knowledge from some doctors, which can feel dismissive.

Various issues were important regarding women's health at the current stages of the group's lives, with many comments surrounding Breast Cancer screenings, age related deterioration and perimenopause and menopause. Women would like to be more aware of body changes and to have a better understanding of what they are going through and access to honest and accurate information, from an earlier age. There are assumptions around being female, and a lack of being believed or understood – "look, you are a woman – if you can cope with childbirth, you can cope". There are also assumptions about weight.

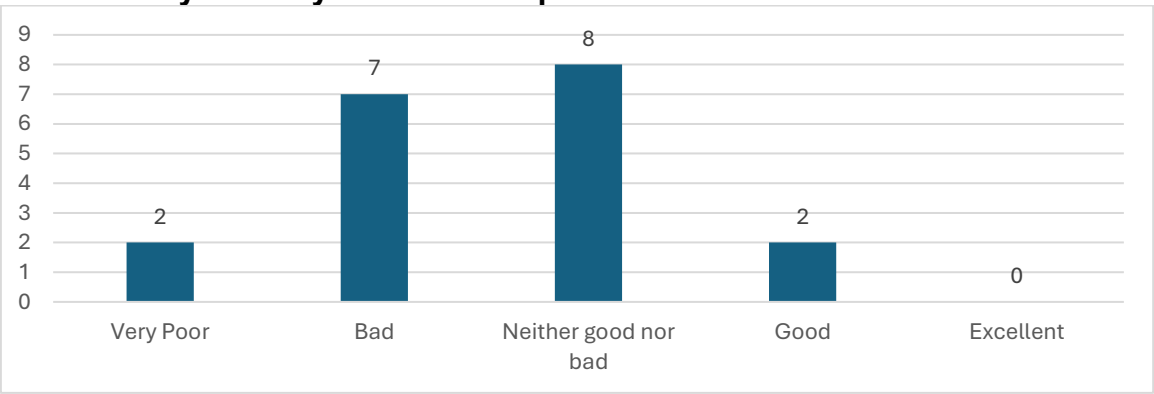
Regarding access to services, they feel it should be female led especially with regards to menopause services, and that access should reflect and be offered appropriately to what is best for an individual's accessibility needs. Face to face appointments were largely preferred, in a venue with disability access, good parking, and within the local area. Phone calls were also an acceptable option if the triage led to a face to face appointment where needed.

The most mentioned barrier to accessing services was availability to appointments, miscommunication around appointments and accessibility of appointment venues (disabled parking, lifts and doors not working, general disability access). Childcare is also a barrier in accessing appointments, and a preference to see a female member of staff. These could be addressed by improving access (curbs/steps), improve coordination of services in between appointments, and improved staff training around listening and knowledge of women's health issues.

Regarding access to information, they get information from NHS website, internet searches and social media, friends and family, research papers and books, and their MS nurse.

Barriers to accessing information include misinformation (online), lack of written resources available, not being taken seriously, assumptions and poor knowledge from medical professionals, poor access to results and appointments, and an expectation for women to be 'more stoic'. These could be improved by YouTube 'how to...' videos explaining procedures and how to access services, as well as checks you can conduct at home such as examining breasts. It would be beneficial to have a trustworthy and approved source of information online, and information made available from puberty age. Family planning information is available too late.

**How would you rate your overall experience of women's health services?**




The women found that what worked well was social support groups, own researching into issues, and the service received when you get to the right person.
What could be improved, included access to appointments and better communication around next steps and results, not enough female staff, being listened to and informed about what to expect, and a lack of dignity around intimate appointments. There was discussion around how services are affecting by political budgets and a 'postcode lottery'.

**Cervical and Bowel Screenings**
Women felt that more information was needed to be shared and for it to be a topic more widely discussed. There is more reassurance needed where there is anxiety or concerns around attending the appointment. Suggestions to increase participation included the need for female staff, and could cultural considerations of Derby's population play a factor in the lower update numbers? It was discussed that there needed to be more awareness and information shared around bowel screening.

**HPV Vaccinations**
There was little knowledge around the topic of HPV and screening, but that it was important it was covered as a subject in schools so that it is understood why the vaccination is important and consequences of not having it.

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Website | 10 |
| Direct Emails | 12 |
| Phone Calls | 3 |
| Messaging services i.e. text | 12 |
| Social media | 12 |
| Newspapers and magazines | 12 |
| TV or radio | 12 |
| Letters (by post) | 12 |
| Community notice board | 12 |
| Other: schools | 1 |

Communication was covered in general discussion, and how people preferred to communicate depended on age – younger people are happy to be contacted by text, older people tend to prefer letters or a phone call.

**Who would you prefer to receive this information from?**

| | |
|---|---|
| NHS | 12 |
| Social care workers | 12 |
| Public Health | 12 |
| Friends | 12 |
| Family | 12 |
| Charity or community support (local) | 12 |
| Charity or support group (national) | 12 |

English was the first language for all attendees.

**Other suggestions for improvements:**
- Use terminology and language that everyone understands – keep it simple.
- Improve communication around results
- Read notes prior to patient walking in for appointment
- Trials on men may not identify issues with females
- More explanation is needed around treatments
- Good aftercare is needed for people with medical conditions
- Although we are women it doesn't mean all medical issues are women's problems.

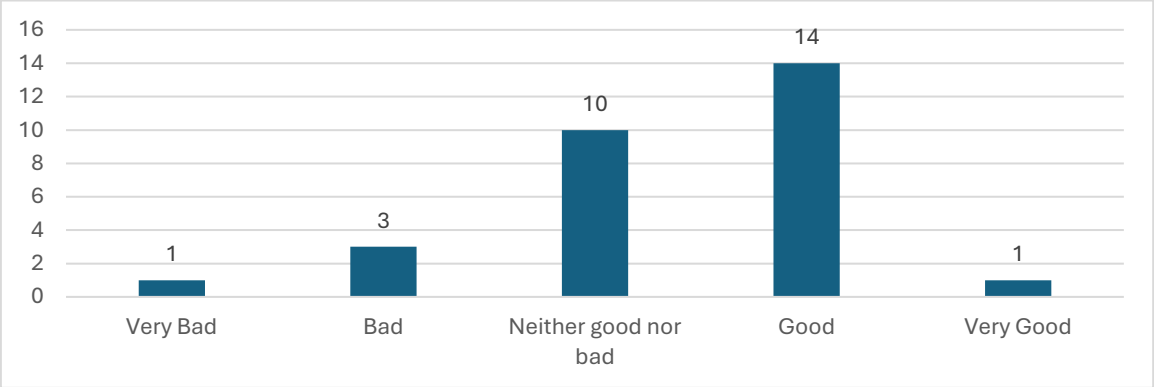
*Image: Lilian Prime MS Centre, Women's health engagement workshop activity.*

## Love4Life

Love4Life specialise in supporting vulnerable girls to develop their self-esteem and form positive and empowering relationships by delivering Love4Life groups, one-to-ones and workshops in secondary schools and in the community.

Love4Life engaged 33 girls and young women over 5 workshops.

**How would you rate your understanding of women's health issues?**




Girls get their information about women's health from a variety of sources. Many noted digital resources such as YouTube, Google, social media, and apps like Flo and Magic Girl to track periods. Family is a source of information too—many have learned from mums, sisters, and grandmas. School teachers and books were also mentioned.

The most noted comments of what girls find important regarding women's health in the current stage of their lives is maintaining good hygiene, staying on top of periods, and managing contraception. They also feel mental health, emotional regulation and disability awareness is important. Many also mentioned exercise, nutrition and sleep and how to maintain a healthy social life through puberty and periods.

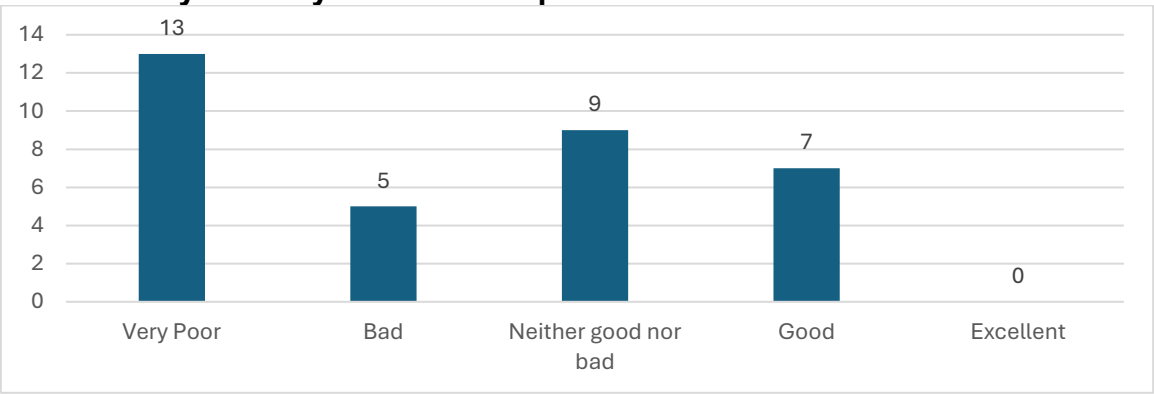
Regarding access to services, they access services face to face, and online (virtual consultation and NHS app), and telephone. They would prefer services to be locally in NHS venues or within school.

Barriers to accessing support include feeling ignored or not being taken seriously, embarrassment, and a lack of awareness about how to spot signs and symptoms. Long waiting times and limited knowledge about the body also contribute to these challenges. Girls suggested improving access to doctors such as online appointments, having more and an improved school nurse service, and providing better general education about the body. Conversations around periods and educating males would normalise this and reduced embarrassment and stigma.

Regarding access to information, many girls get information from social media and online resources, whereas others talk to friends and family members. Printed materials were preferred by some, but others felt they took too long to read.
Barriers to accessing information include a general feeling that information and views are coming from men and older people. There are barriers around feeling too ashamed to ask

for information or knowing where to go. Some mentioned that parental controls and website security prevented them being able to search for information that they needed.

**How would you rate your overall experience of women's health services?**




What works well in women's health services includes clear explanations from doctors about treatments and medications, open conversations, and understanding. Many people also appreciate when healthcare professionals are non-judgmental, and having the same doctor during check-ups can help build trust.
However, there are several areas for improvement. Long waiting times and the lack of continuity in seeing the same healthcare provider are major barriers. More doctors and appointments are needed, as well as better access to services for introverts. Additionally, having male teachers teach sex education in mixed-gender classrooms can be a barrier, and it's suggested that having more female staff, especially in school settings, could help people feel more comfortable.

**Cervical and Bowel Screenings**
The attendees of the groups were not old enough to have been invited for cervical or bowel screenings but those who responded noted that there should be more awareness raised around the procedures and why they are important. There were comments around potentially feeling uncomfortable or embarrassed but education could give reassurance and put women at ease. It was suggested that Bowel screening be made available at a certain age and invites be sent for check-ups.

**HPV Vaccinations**
Barriers to HPV screenings include a lack of awareness about HPV and its risks, fear, and embarrassment, especially around the vaccine. Some people face challenges with access to the vaccine or lack of parental support. To improve uptake, more education on HPV, its risks, and the vaccine is needed, along with reminders, advertising, and accessible information through schools and parents. It was felt that support for those who fear needles or feel uncomfortable would also help to encourage participation.

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Website | 11 |
| Direct Emails | 14 |
| Phone Calls | 3 |
| Messaging services i.e. text | 23 |
| Social media | 17 |
| TV or radio | 5 |
| Letters (by post) | 8 |

| | |
|---|---|
| Community notice board | 4 |

Who would you prefer to receive this information from?

| | |
|---|---|
| NHS | 35 |
| Social care workers | 8 |
| Public Health | 6 |
| Social media/influencers | 8 |
| Friends | 21 |
| Family | 27 |
| Charity or community support (local) | 33 |
| Charity or support group (national) | 3 |
| Faith or religious group | 1 |

English was the first language of all attendees.

"Teach girls about women's health as a group with parents to attend"

"I think especially in younger women that some women could be self-conscious or embarrassed to have cervical

"I think schools should have a one-off meeting about children's/teenage health"

"Talk about it more in schools – children will be able to make better choices with

## Restore Derby

Our aim is to offer friendship and support to women who work in the sex industry in a non-judgemental and non-discriminatory way, whilst nurturing self-worth and giving help to access the appropriate services if necessary.

Restore Derby engaged 4 women over various outreach sessions and signposted to the public survey. Most of the women approached felt uncomfortable sharing their experiences.

**How would you rate your understanding of women's health issues?**
1 woman selected Bad and 2 women selected Good.

Most knowledge about women's health was gained online, through doctors, friends, their mum, and at an NHS clinic.

The comments made around what is important to you regarding women's health, mentioned staying well and what signs and symptoms to look out for, as well as fertility advice and ways to prevent cancer.

Regarding access to services, the women preferred face to face appointments so that questions can be asked directly although find it difficult to get appointments. It would be beneficial to have open places to seek consultations, share my concerns with, or answer general questions. Telephone calls were also an acceptable option. One woman who responded to venue location said she could and would travel for access to the right support.

The women felt that to address barriers to accessing services, there should be more clinics available that are specialised to women's health issues, and that more research and funding should go towards women's health. More publicity of women's health should be in public spaces such as on TV. Waiting times are problematic, and it was mentioned that men's health has fewer barriers to access.

Regarding access to information, they get information from internet searches and social media, as well as their mum and friends.

One woman stated that economic status affected access to information.

> "..the higher the socioeconomic status of the patient, the more access to resources they have to improve their health."

**How would you rate your overall experience of women's health services?**
1 woman selected Very Poor – "my own experience is that it took 15 years for Endometriosis to be diagnosed."
1 woman selected Neither Good nor Bad – "seems to be ok when I have needed help."

There were no comments around what has worked well.
What women felt hasn't worked well, is a lack of understanding around preventative measures instead of reacting to changes in their body, and that more should be taught in schools from a younger age.

**Bowel Screenings**

> "I think more women need to be aware of it and encouraged, making it more of a done thing like smear tests. I have one every January and it's so helpful to know it's there as cancer runs in the family on my mum's side."

**HPV Vaccinations**
Women felt that there a stigma, nervousness and general hesitancy around vaccines following the COVID vaccination programme and misinformation around side-effects.

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Direct Emails | 3 |
| Messaging services i.e. text | 1 |

**Who would you prefer to receive this information from?**

| | |
|---|---|
| NHS | 4 |

English was the first language for all participants.

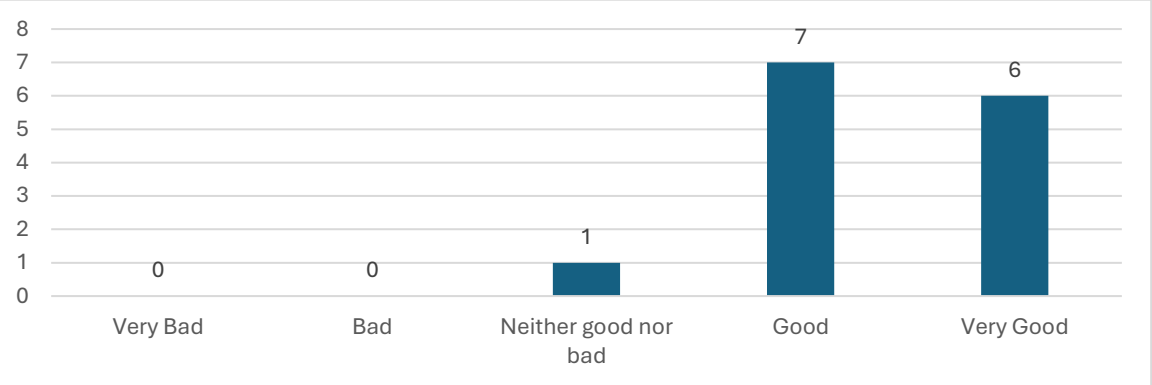
The women stated that they wished there were more opportunities for women to talk openly about their health.

## Safe and Sound

Safe and Sound work to transform the lives of children and young people in Derbyshire who are affected by child exploitation. We will work to prevent, support and help rebuild lives.

Safe and Sound engaged 7 girls and 9 female parents over 2 workshops.

**How would you rate your understanding of women's health issues?**




The sentiment in both girls and parents' groups were positive.
The girls felt confident about their bodies and issues, however agreed in an open discussion that this would change over the coming years (babies etc). More vocal parents felt that they understood health due to their own experiences, and through working within women's health roles.

Most knowledge about women's health was gained through internet searches, TikTok, printed leaflets and discussions with friends and family members. Girls learnt about mental health through their own experiences. Parents learnt about menopause through menopause support groups and own experiences.

**What is important regarding women's health in the current stage of your life?**
Girls:
Mental health and periods.
Parents:
Physical health impacting on mental health, general mental health and neurodiversity were mentioned. Timely access to GP and treatment. To be listened to.

**Access to Services**
How would you prefer to access services?
Girls:
Online – 5, Face to Face – 2
Parents:
Online – 3, Face to Face – 4

Where would you prefer to access services?
Parents:
GP or clinic – 4, Virtual (i.e. teams or zoom) – 3, Community Venue – 2

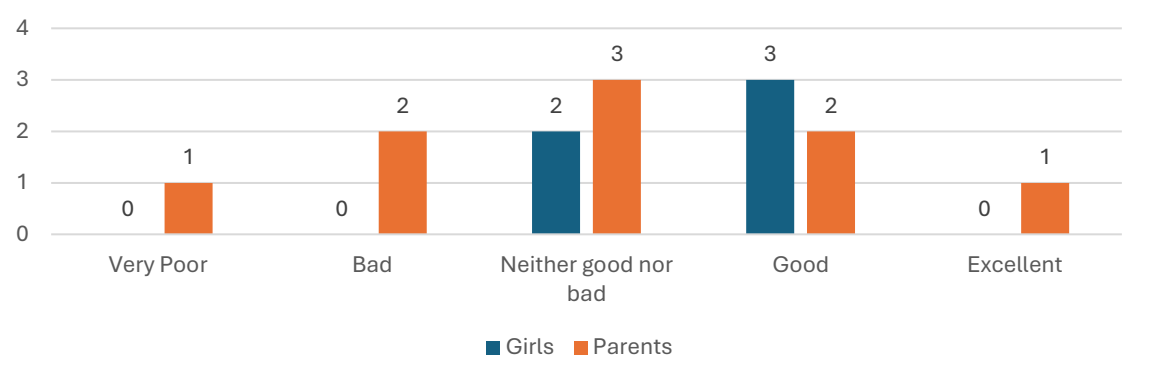
**Barriers to accessing services varied for girls and parents.**

Girls:
Embarrassment to talk to male GP's, feeling judged for being young, and not having awareness to be able to recognise when something is wrong.
Parents:
Access to GP appointments, misdiagnosis – specifically by male GP's, affect of physical health on mental health when unable to get an appointment for a long time, and that ordering products from social media is quicker.

**How could these barriers be addressed?**
Both girls and parents mentioned being able to chat to a professional online through a chat facility or be able to email a GP surgery directly for support. More awareness sessions through workplaces and in the community, and more readily available information was suggested by parents.

Both cohorts stated they would initially look for information about women's health online.

**How would you rate your overall experience of women's health services?**




Girls found that mental health support and health education in PSHE lessons worked well, as well as 'vaccine'. Parents stated that the speed of service for Gynaecology appointments worked well.
Girls found that having mixed-gender PSHE lessons did not work, and they felt better discussions could be had without boys in the room. Parents felt that delays in accessing GPs did not work well.

**Cervical and Bowel Screenings**
This question was answered by the parent's group who felt the education around cervical screening should start in schools earlier to reduce fears around testing and to educate parents. Where cultural upbringing brings fear, parents could be educated with information to dispel myths, shame and embarrassment. More female appointments should be available for younger girls.
To increase participation, it was suggested to send appointment reminders to mobile phones, and that awareness campaigns in the community would educate the public – it was considered that health campaigns are 'all aimed at men these days'.

**HPV Vaccinations**
Girls said that they are not taught in schools about this and were not aware that the vaccine was 'to stop cancer'. They felt that they should be taught about cervical cancer in year 7 prior to the vaccine in year 8.
Parents also feel there is not enough awareness in schools, and that real life stories would be more impactful to explain what happens if the vaccine offer is not accepted. It was suggested that schools or NHS staff could hire community spaces and invite people from targeted backgrounds who are less likely to take up the vaccine to deliver information.

**How would you prefer to receive information about women's health issues and services?**

| | Girls | Parents |
|---|---|---|
| Website | 5 | 7 |
| Direct Emails | 0 | 8 |
| Phone Calls | 0 | 2 |
| Messaging services i.e. text | 5 | 8 |
| Social media | 5 | 6 |
| TV or radio | 0 | 6 |
| Letters (by post) | 0 | 1 |
| Community notice board | 2 | 5 |

**Who would you prefer to receive this information from?**

| | Girls | Parents |
|---|---|---|
| NHS | 5 | 9 |
| Social care workers | 0 | 2 |
| Public Health | 0 | 4 |
| Social media/influencers | 3 | 1 |
| Friends | 3 | 0 |
| Charity or community support (local) | 5 | 7 |
| Charity or support group (national) | 5 | 7 |
| Faith or religious group | 0 | 2 |

**How would you prefer information If English is not your first language?**
2 parents stated that English was not their first language and their preference to receive information would be Information in the language I usually speak (2). The languages mentioned as their first languages were Urdu (1) and Polish (1).

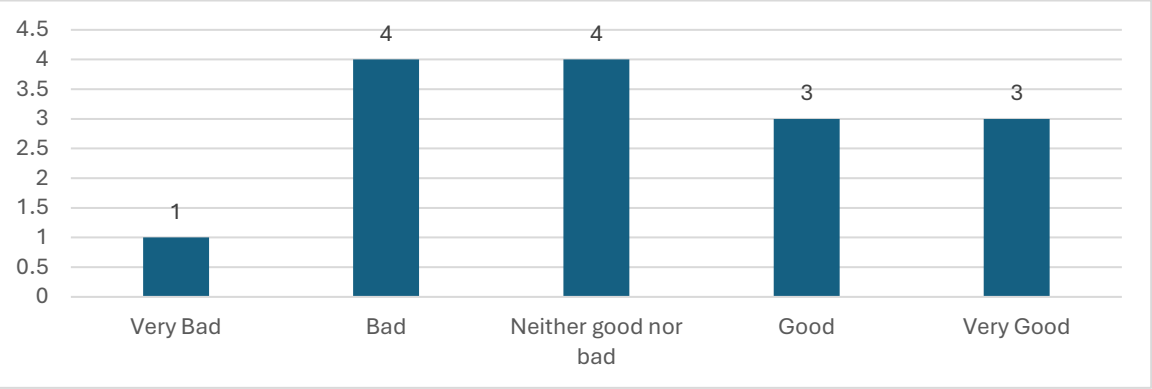

*Images: Safe & Sound, Women's health engagement workshop activity.*

## Spectrum Heads CIC

A lived experience, peer-led, autistic and neurodivergent community.
We offer neurodivergent education, discussion and social opportunities to autistic and neurodivergent adults without an intellectual impairment.

Spectrum Heads engaged a total of 15 women over the course of 2 sessions.

**How would you rate your understanding of women's health issues?**




**Where have you gained most of your knowledge about women's health?**
Online sources and social media like google, Instagram and TikTok have been sources for knowledge for some women. Whereas some women gain their information from their families and friends or from their own lived experiences, such as some being an NHS professional themselves. Secondary resources like women's magazines and books have also been acknowledged for sources of information in women's health.

**What is important for you regarding women's health in the current stage of your life?**
For services to be flexible and more available or convenient such as being able to get real life answers from emails or proper diagnostic services. Women being able to across information surrounding perimenopause, menopause, smear tests and for this information to not derive from male characteristics. Contraception, managing mental health conditions and avoiding chronic health conditions is important for women, but also ensuring these things are felt like being treated as a priority.

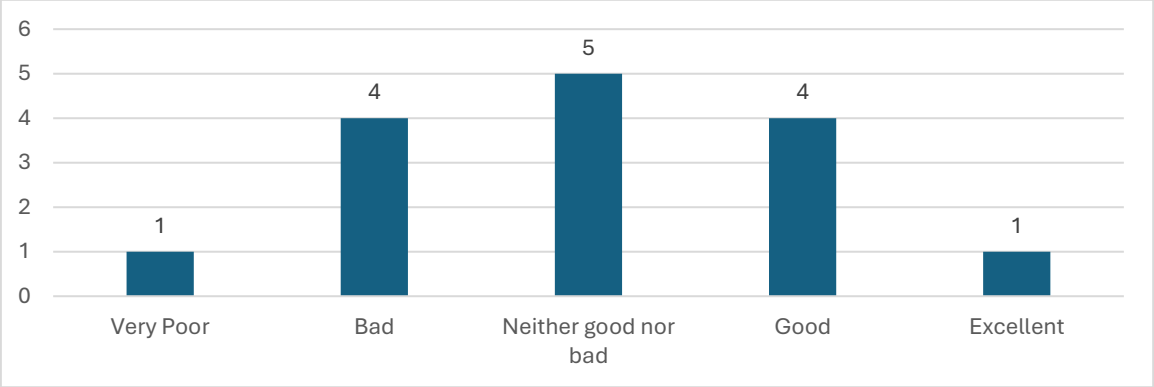
**How and where would you prefer to access women's health services?**
**How-** A space or clinic in which is friendly, have specialist knowledge on women's health, with the staff only being women and for accessing these services to be easier or more relaxed in terms of their availability.
**Where-** In women only venues, that have drop in options or pop-ups in community spaces, with options to park due to lacking this in hospitals and GP surgeries.

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**
Women felt there were emotional barriers around accessing services with the most noted responses as not being believed, 'diminished', or being considered 'hysterical or overanxious'. There was a desire for the staff to be female, and for services to be

designed with lived experience. Women's health issues are not talked about enough, and women don't recognise when they need help or feel unable to ask for it, added to the embarrassment factor. Trying to organise the appointment is difficult, i.e. phone calls, and a lack of appointment capacity. There is also not enough printed information available in Easy Read.
To improve this, it would be helpful to be able to get an appointment in a GP setting, or a drop in facility within a quiet environment, and normalise advocacy and peer support during appointments. Lived experience panels would support service design, and using social media and influencers for good coverage of women's health issues would engage younger audiences and raise awareness and normalise some otherwise tricky conversations, and end misogyny towards women's accounts of their own health.

Regarding access to information, women stated that they mostly use online resources such as internet searches, online reputable journals (The Lancet), NHS websites, Instagram and Facebook (condition specific groups). They said the GP gives false and out of date information. Addressing barriers to include the inability to access medical professionals, and an assumption that everyone has family or friends that they can ask for advice. Advocacy for neurodivergent service users should be considered the norm, processes and equipment should be explained along with honest expectations of pain and outcomes. Communicate through channels that women of all ages use, using people who are well known to convey messages.

**How would you rate your overall experience of women's health services?**




Female GPs as menopause specialists works well but this is quite rare and not always seen in deprived areas. Social media groups are helpful to gain information freely, honestly and anonymously. Easy Read NHS website is good, easy to navigate and with uncomplicated facts. What doesn't work well is not having women specific services, with everything in mixed settings which is off-putting for some women where this is a cultural factor. Women are not put at ease and are expected to understand everything – we are too embarrassed to ask when we don't understand. There is an assumption around which screenings are for which age groups, and we may miss these through poor awareness. Some women are unable to attend appointments alone due to being in coercive relationships, female only clinics would enable us with an option to speak freely.

**Cervical and Bowel Screenings**
Women felt there were a lack of appointments available, and translation services for those that need them. There isn't enough information around these screenings and messaging is unclear – particularly around age eligibility. To increase participation, it was suggested that there could be more promotion online and within community groups and reduce the stigma by opening conversations and normalising it. Targeted text messaged for those who are eligible, and making the environment more approachable such as offering a chat and a hot drink at the same time.

**HPV Vaccination**
There is general concern around side effects of vaccinations, and lack of awareness around the age eligibility for the vaccination. There is a lack of understanding about HPV as the coverage has not been the same as other vaccine campaigns. To increase participation, it was suggested that it could be talked about during other appointments, and help parents and carers understand what the offer is. There was discussion around the usage of age-appropriate social media campaigns (Snapchat, TikTok), stories and influencers to talk about the benefits, and have guest speakers discuss it within community groups.

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Direct Emails | 5 |
| Messaging services i.e. text | 4 |
| Social media | 4 |
| Letters (by post) | 1 |
| Other: not disclosed | 1 |

**Who would you prefer to receive this information from?**

| | |
|---|---|
| NHS | 4 |
| Social media/influencers | 3 |
| Friends | 1 |
| Family | 1 |
| Charity or community support (local) | 4 |
| Faith or religious group | 1 |
| Other: not disclosed | 1 |

English was the first language for all attendees.

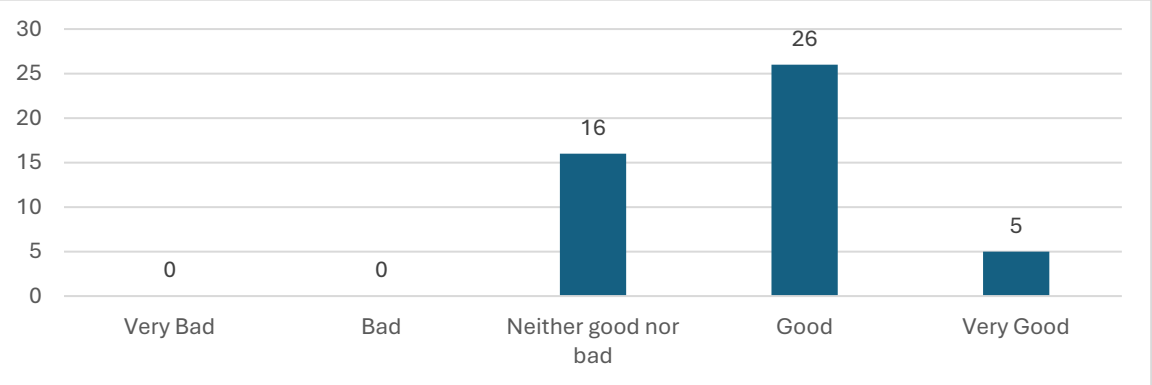
The group would like for their feedback to be acted upon, and for the situation to change for women locally. They feel that services need to learn more about neurodivergent people to be able to work with them more effectively and they feel that they have been let down for too long.

## Spiral Arts

Spiral Arts is a collective of visual artist educators who work on a wide variety of art projects in the community.

Spiral Arts engaged 51 women across 6 workshops. Their cohorts varied in ages between 20-80 and included young women aged 16-18 and young women with learning disabilities aged 18-25.

**How would you rate your understanding of women's health issues?**




**Most knowledge about women's health was gained through the following sources:**

| | |
|---|---|
| Online | 28 |
| Friends | 24 |
| Family | 13 |
| Leaflets | 8 |
| Books | 11 |
| GP | 12 |
| NHS app | 7 |
| Hospital | 1 |

The majority of women felt that menopause and cervical screenings were the most important aspects of women's health for them at the current stage of their lives. Others mentioned menstrual problems – including Endometriosis - and concerns about breast pain. Mental health and well-being were also noted as important.

**Regarding access to services:**
**How would you prefer to access services?**

| | |
|---|---|
| Face to Face | 35 |
| Online consultation | 20 |
| Telephone | 3 |
| NHS app | 3 |
| Online information and advice | 5 |

**Where would you prefer to access services?**

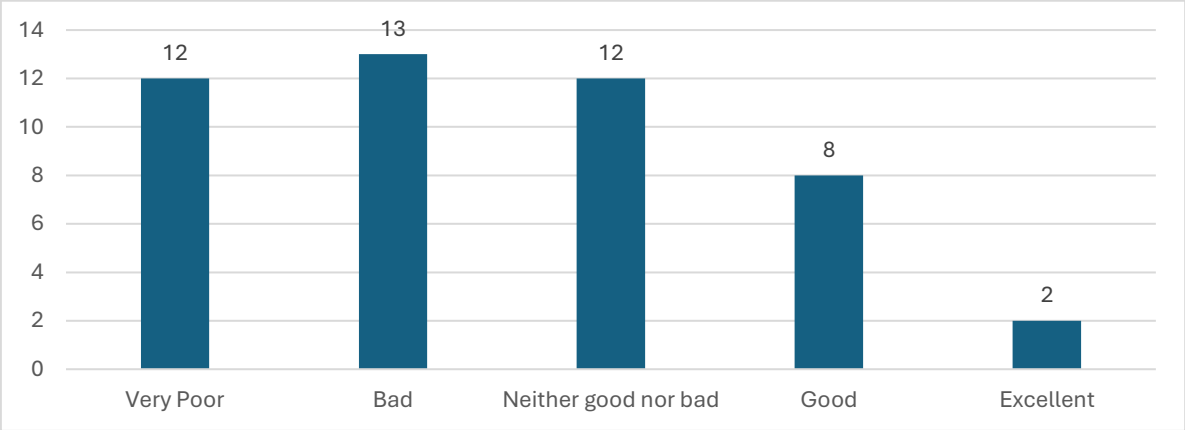
| | |
|---|---|
| In a local NHS venue | 25 |
| I can travel to a suitable venue | 17 |
| In a local community venue | 11 |
| Virtual/online | 6 |

**Barriers to accessing services:** Barriers include a lack of GP knowledge, long waiting lists, insufficient specialists, and language barriers, especially for non-English speakers. Some GPs dismiss women's health concerns, treating them as "normal" issues. There's also limited support for neurodivergent women, and a lack of information on topics like teenage pregnancy and low-income support during pregnancy.
**Suggestions for improvements:** To address these issues, more funding for specialist training is needed to improve GP awareness of women's health. Increasing access to information in multiple languages, using apps for easier communication, and offering more community workshops are key. More sex education and resources in schools and colleges, along with empathetic, well-trained healthcare professionals, would help reduce stigma and empower women to make informed choices.

Regarding access to information, the group all used online resources such as internet searches, GP and NHS websites, and social media/forums. Other sources mentioned were local charities, leaflets and books.

**Barriers to accessing information:** Barriers include difficulty getting appointments, lack of computer literacy, and language issues, making it harder for some to access information. There's also a feeling that women's health is not normalised, with many being afraid to discuss concerns. Jargon in health literature and misinformation online are also challenges.
**Suggestions for improvements:** To improve access, websites should be made easier to use and provide clear, fact-checked information. More open discussions about women's health are needed, along with the elimination of harmful stereotypes and misinformation. Providing resources in multiple languages, community outreach, and pop-up stalls in busy spaces could help. Additionally, teaching student doctors to be more empathetic and engaged in women's health would be beneficial.

**How would you rate your overall experience of women's health services?**




**What works well:**
Screening has worked well, and the use of reminders through GP letters. Screening services were also considered accessible and with a good speed of service. Social services have been supportive for women with language barriers. Many women stated they have had positive experiences with female staff in Gynaecology at Derby Royal Hospital, and having a female GP was considered helpful.

**What doesn't work well and could be improved:**

- Being prescribed hormonal medication when they were too old for them, which led to migraines
- Difficulty accessing screening after age 70
- Not being listened to by their GP, lack of empathy and misdiagnosis
- Lack of information about dental services
- Cervical screening – could there be self-application kits to ease access
- GP's gatekeeping and restricting access to other services

**Cervical and Bowel Screenings**

Feelings of embarrassment, fear, discomfort, stigma, and the unpleasant nature of the process were most noted thoughts around low uptake of cervical screening. There was a lack of understanding of screenings, particularly among the younger women. There were also concerns about language barriers, triggering experiences, and the absence of female staff.

To improve participation in screenings it was suggested that more awareness should be made around the importance of early diagnosis. Offering screenings in local community venues rather than GP surgeries or introducing home test kits could make the process more comfortable and accessible. Women would like more information to be made available in different languages, and for staff to be trained in trauma-informed care – this would address discomfort and language barriers. Wider promotion of the process and benefits should be conducted across various age appropriate sources.

**HPV Vaccinations**

The group was mostly unaware of HPV, as vaccinations for it weren't offered when they were younger. They suggested low uptake might be due to anti-vaccine groups, religious concerns, or a lack of follow-up if missed at school.

To improve participation, the group recommended better information, using real stories and media campaigns, and educating not just school students but all women directly, including those who were not offered this vaccine when they were younger. Clear, factual communication and outreach to underrepresented communities in multiple languages was also recommended.

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Website | 19 |
| Direct Emails | 20 |
| Phone Calls | 5 |
| Messaging services i.e. text | 3 |
| Social media | 2 |
| TV or radio | 6 |
| Letters (by post) | 8 |
| Community notice board | 2 |
| Other: Health establishment handouts and community outreach events | 1 |

**Who would you prefer to receive this information from?**

| | |
|---|---|
| NHS | 24 |
| Social care workers | 4 |
| Public Health | 18 |
| Social media/influencers | 2 |
| Friends | 2 |

| | |
|---|---|
| Family | 2 |
| Charity or community support (local) | 11 |
| Charity or support group (national) | 5 |
| Faith or religious group | 4 |

**How would you prefer information If English is not your first language?**
For those where English wasn't their first language, their preferences were Information in the language they usually speak (2), Videos in the language they usually speak (2) Pictures and words (2) and Videos in English (1) with a comment that not everyone reads the same language as they speak.
The language mentioned as their first language was Urdu (2).

"I was well over age-limit for hormonal medication given to me at hospital. After brain scan for migraines, they found it to be due to the medication. More attention should be given when prescribing hormonal medication."

"In my experience, GP's can be dismissive of gynae/women's health issues and will dismiss as a 'normal part' of being female, so diagnoses can take years i.e. Endometriosis – 7-8 years or in my case 24 years!"

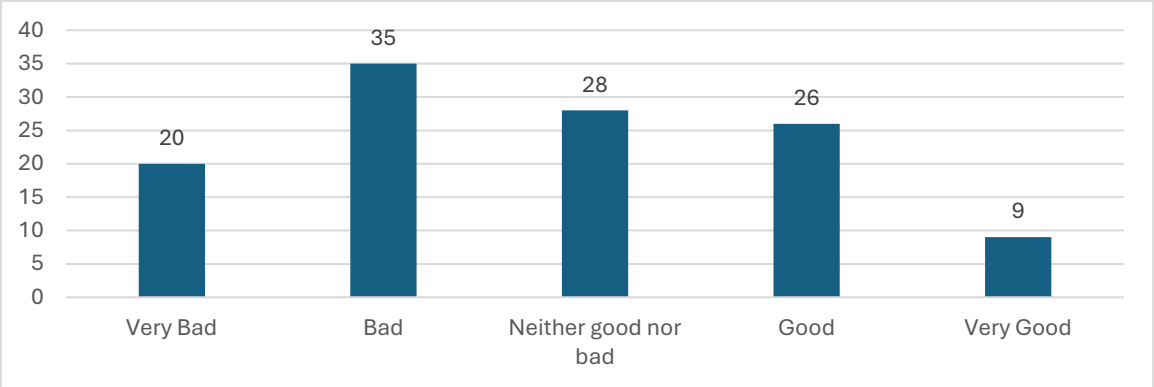
"Empower the people with knowledge to make informed choices – see the whole person"

## Vox Feminarum

We hope to engage women all over the world in raising the concerns and the issues affecting women's lives and livelihoods. We also celebrate, through both actions and words, the achievements of previous, current and future generations of women.

Vox Feminarum engaged 118 women over 3 workshops.

**How would you rate your understanding of women's health issues?**




Women's understanding of health issues varies. Some have good knowledge but others - particularly those facing language barriers or with recent residency in the UK – struggle to grasp medical explanations. Some fear asking questions or feel dismissed by healthcare staff.

Most knowledge about women's health was gained through relying on family and community members for information, however this does not always align with medical guidance, leading to hesitation, fear and misunderstandings about key health issues. Interpretation services are not always available or do not always help. Many women lack trusted sources of information, with social media spreading false or misleading health claims.

What is important regarding women's health varies dependant on age, culture and health concerns but delayed appointments, lack of empathy and misinformation are universal concerns. Many struggle with chronic pain that is ignored. Topics raised included reproductive health and postnatal care, mental health, menopause, contraception, Endometriosis and other chronic illnesses. A common theme was that they do not understand explanations given by health professionals.

**Regarding access to services:**
**How would you prefer to access services?**

| | |
|---|---|
| Face to Face | 65 |
| Online consultation | 10 |
| Telephone | 6 |
| NHS app | 3 |
| Online information and advice | 10 |
| Other: Community based outreach/clinic | 24 |

**Where would you prefer to access services?**

| | |
|---|---|
| In a local NHS venue | 62 |
| I can travel to a suitable venue | 12 |

| | |
|---|---|
| In a local community venue | 38 |
| Virtual/online | 6 |

Women prefer in-person care but long waiting times, unfamiliar environments and cultural concerns make access difficult.

Barriers to accessing services include language barriers and not having information available in multiple languages, or interpretation services available, and it was felt that community-based health workshops could better tailor to cultural needs. It was noted that more GP's and clinics should be available for women-specific issues. Women feel unheard, ignored or afraid to seek care due to systemic barriers and racism in the NHS.

Regarding access to information, most women do not have a single trusted source and rely on social media, family members or friends which can lead to misinformation. Even those who try to use NHS resources often find them difficult to understand.

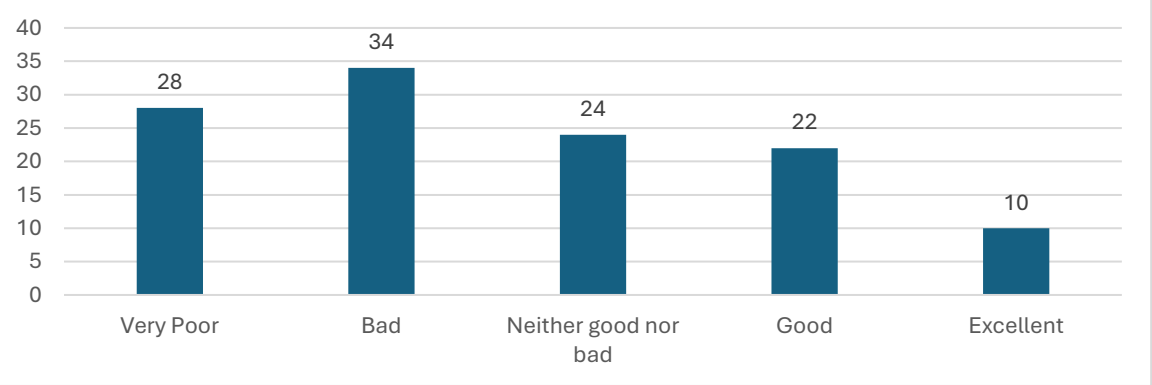
**Barriers to accessing information include:**

- Limited literacy in English, many printed materials are too complex. Insufficient outreach to communities with poor English proficiency.
- Lack of translated materials, many NHS websites and leaflets are not available in multiple languages.
- Fear of asking questions – some women feel embarrassed or afraid of being dismissed.
- Long waiting times.

**How could these be addressed?**

Women struggle to access clear, understandable and translated health information. Fear of asking questions, language barriers and overly technical medical language make it difficult for women to understand their own health needs. There is a lack of trust in the NHS, particularly among ethnic minority women who feel overlooked. Community-led education and multilingual resources are needed.

**How would you rate your overall experience of women's health services?**




**What works well?**

- When doctors listen and explain
- Community midwives
- Nurses

**What doesn't work well?**

- Long waiting times

- Dismissive staff attitudes, shouting, talking too fast
- Unclear instructions
- Limited access to mental health services
- Medication is too expensive
- Menopause support
- Lack of translation

The message that came across from the group was that they want respect, better listening, and more awareness of chronic pain and menopause. Dismissing symptoms, waiting times, and language barriers are the biggest problems. Women feel unseen and unheard. There is a need for consistency of care between services, and to be treated with empathy and understanding.

**Cervical and Bowel Screenings**

- Fear of pain or discomfort – women have heard that screenings are painful, which deters them from attending
- Cultural taboos – some women are not allowed by their husbands to attend screenings, especially if male doctors are involved. Privacy and stigma were also mentioned, and taboo around discussing aspects of reproductive and sexual health.
- Lack of understanding and awareness – some women don't know what screening is for, haven't been properly informed, and lack awareness about the importance of screening.
- Language barriers – some women don't understand the letters they receive leading them to ignore or miss appointments.
- Mistrust of the NHS – some women fear medical discrimination or believe false conspiracy theories from social media.
- Difficulties booking appointments – several women had their appointments cancelled or couldn't book one at all.
- Shame and embarrassment – many women feel uncomfortable about intimate health procedures and would rather not go.
- Fear of procedures or test results

To increase uptake in screenings, it was suggested that female-only screening clinics could ease cultural concerns and ensuring that screening information is available in multiple languages. Community leaders could be trained to explain screening benefits in culturally appropriate ways. Offer clinics in trusted community spaces rather than in hospitals. Allow booking through community health workers for more accessible scheduling. Include screening in standard GP check-ups to normalise attendance.
Note from group facilitator: *"Many women don't feel empowered to make health decisions – in some cases husbands decide for them. Others feel ashamed, either due to a lack of health education growing up or because they feel judged when visiting healthcare services. There is also a significant fear of the NHS, particularly among Roman women and those from African and Caribbean backgrounds, due to historical discrimination. Some believe tests are dangerous or that the NHS experiments on people of colour differently. The practical issues of long waiting times, appointment cancellations, and NHS staff rushing patients also make screenings feel more stressful than they need to be. If participation is to increase, screenings must be made accessible, normalised, and safe. This means building trust, addressing cultural fears, and making screenings a seamless part of women's healthcare."*

**HPV Vaccinations**

- Fear and misinformation – falsehoods include the vaccine causing infertility, harmful ingredients specifically targeting Muslim or Black women, unnecessary because HPV is a "Western problem", it will make young girls "promiscuous" because it is linked to sexual health.
- Culturally conforming Male-Controlled Decision-Making – some women are not allowed to get the vaccine because their husbands, fathers or brothers forbid it.
- Religious and Cultural resistance – some families believe vaccinating girls implies they will be sexually active, which is a deep cultural taboo in some communities.
- Lack of clear information from trusted sources – some women haven't been told why the vaccine is important or have only heard negative rumours.
- General NHS distrust – many immigrant women, particularly Roma, Somali and Iraqi women, do not trust the NHS or the UK government. They believe that vaccines are different for ethnic minorities, or that the NHS is experimenting on them.
- Lack of accessibility – some women wanted to get vaccinated but couldn't book an appointment or didn't know where to go.
- Lack of knowledge about what the vaccine does.
- Misinformation about side effects.

To increase participation, we must build rebuild trust by engaging with community groups, faith leaders and respected women in these communities. This is not about giving out leaflets but about changing deeply held beliefs and cultural fears.

- Educate women in their own languages
- Ensure medical information is clear and free from judgement
- Engage husbands and male family members
- Make vaccines available in community settings
- Use trusted figures like faith and community leaders and community health workers

Note from group facilitator: *"Until we address these systemic barriers, HPV vaccine uptake among ethnic minority and marginalised women will remain dangerously low. This feedback must influence urgent change."*

**How would you prefer to receive information about women's health issues and services?**

| | |
|---|---|
| Website | 13 |
| Direct Emails | 12 |
| Phone Calls | 17 |
| Messaging services i.e. text | 26 |
| Social media | 12 |
| TV or radio | 9 |
| Letters (by post) | 19 |
| Community notice board | 9 |

**Who would you prefer to receive this information from?**

| | |
|---|---|
| NHS | 27 |
| Social care workers | 4 |
| Public Health | 11 |

| | |
|---|---|
| Social media/influencers | 7 |
| Friends | 14 |
| Family | 13 |
| Charity or community support (local) | 22 |
| Charity or support group (national) | 6 |
| Faith or religious group | 14 |

**How would you prefer information If English is not your first language?**

For those where English wasn't their first language:

| | |
|---|---|
| Information in English | 13 |
| Information in the language I normally speak | 31 |
| Videos in English | 11 |
| Videos in the language I normally speak | 32 |
| Pictures and words | 18 |
| Other | 9 |

For those where English wasn't their first language, the languages mentioned as languages they would prefer to receive information in were:

Urdu – 15
Arabic – 10
Slovak – 12
Punjabi – 6
Polish – 4
Kurdish – 12
Romani – 3
Romanian – 2
Czech – 9
Latvian – 3
Bengali – 6
Gujarati – 2
Other not stated – 6

**Other suggestions and comments:**

Women had no shortage of ideas for how healthcare services could better support them. Many of these suggestions came from lived experience, reflecting not only what has been missing but also what would work for them.

1. **Educational campaigns in Schools and Community Centres** – women felt that health education starts too late. By the time they were adults navigating the NHS, they lacked the foundational knowledge that would have empowered them to make informed choices about their own health.
2. **Text messaging: Practical and Effective** – women preferred text messaging over emails or letters. It's quick, easy to refer to, and doesn't require an internet connection.
3. **Community posters with pictures for better understanding** – for women facing literacy barriers or limited English skills, visual aids were seen as one of the most effective ways to communicate health information.
4. **Clearly explain the short-term and long-term benefits of vaccines** – women said that they do not get enough information about why vaccines matter and wanted clear, honest information about immediate benefits, long-term benefits and protection for their families and communities.

Note from group facilitator: *"The NHS is not designed for everyone equally. Women from marginalised backgrounds struggle to access care due to language, economic and trust issues, and cultural taboos. For health services to improve, they must:*

- *Train culturally competent healthcare workers*
- *Offer translated, visual based information*
- *Ensure screening and vaccine clinics are welcoming to all women*
- *Work through trusted community groups*

*This feedback must influence urgent policy changes."*

"I think I understand, but when I go, they say many words I not know. So maybe I no understand"

"I want someone to explain my health problems slowly, not rush me out of the clinic"

"Every time shouting, talking not nice, I think racist"

"Doctor need speak slow. Not just talk talk talk fast"

"Husband tell me. But I think he say what he think, not what doctor say"

"I look online, but many different answers. I don't know what true"

"I go doctor. He say 'come back later'. Later mean 4 months. I sick now, not later"

"I go if doctor is woman. Man doctor make me afraid"

"If friend go first and she say good, then I go"

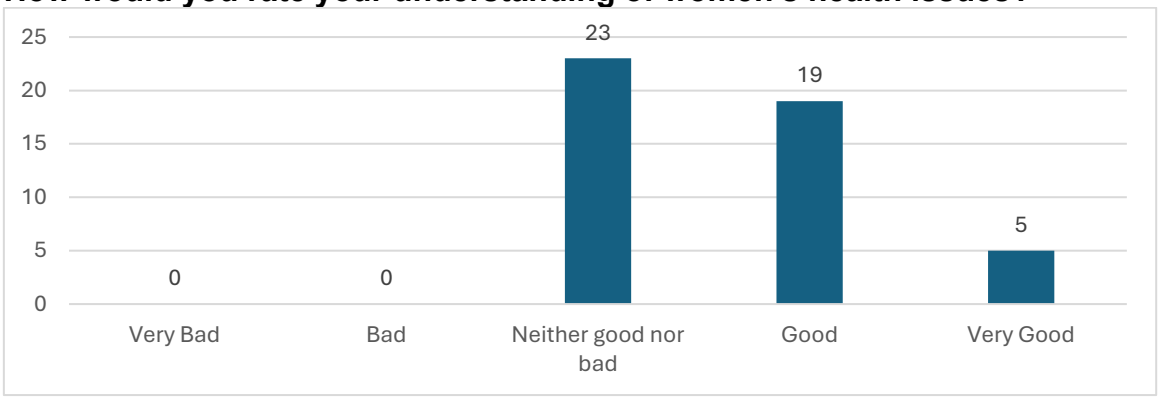
"A Black doctor explaining it made me trust it. We need more people from our communities explaining these things"

## YMCA Derbyshire

YMCA Derbyshire is a non-profit organisation that has been supporting young people and communities in Derby and Derbyshire since 1847.

YMCA engaged with 47 women over the course of 4 workshops.

**How would you rate your understanding of women's health issues?**




The group generally recognised the importance of cervical screening, though many were nervous about it due to concerns over its invasiveness, often only hearing about the negatives. Awareness of other screening programs, such as breast screening, was limited, with some knowledge gained through family members. While most were familiar with menopause through TV or family discussions, many young people lacked education on screening, expressing a desire for more information earlier in life.

Most participants gained knowledge about women's health from female family members, and many mentioned discussing issues within friendship groups, especially for those with pre-existing health conditions. Some mentioned internet searches, while younger women mentioned TikTok. A few learners had gathered information from college sessions, or health or social care professionals. Many would have like more information earlier in life to better prepare them.

Regarding what the women find important to them at the current stage of their life, participants highlighted key topics such as contraception, especially post-childbirth and understanding side effects, along with period issues and period poverty. STIs were discussed, though many felt embarrassed, despite receiving some education. Learners wanted more information on future health services, including screening programs they hadn't yet accessed. Concerns about contraception affecting fertility were raised, and many wanted more options beyond the pill and implant. Menopause was a key concern for older participants, while younger ones focused on sexual health and period problems. Everyone agreed that screening was important.

Most participants preferred face-to-face interactions to access information, as it allowed for better understanding and personalized support. Many also accessed websites for quick, specific answers but wanted trusted sources. In terms of location, most wanted services at trusted GP surgeries or local clinics, with some willing to travel if necessary. Several participants suggested pop-up clinics or designated on-call teams for easier

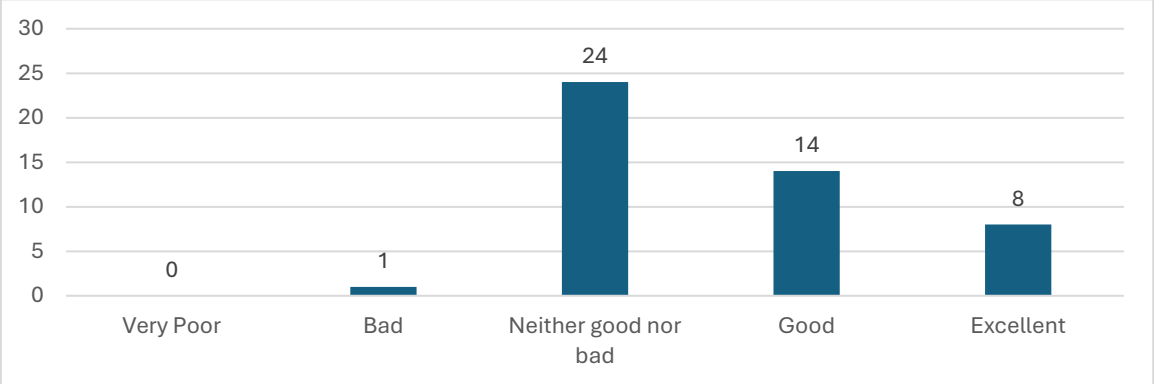
access. While local services were preferred, online access was also seen as important, especially when in-person options weren't available. Easy transport links and accessibility to NHS venues were emphasized as key factors.

The key barriers were embarrassment, stigma, concerns about accurate information online, and difficulty accessing GP appointments. Participants also highlighted the need for better support from men in their lives and to address these, they suggested raising male awareness of women's health, more inclusive sex education, and trusted media promotion of services. Learners wanted easier access to information, like QR-coded leaflets, and the option to bring an advocate to appointments. Many felt uncomfortable going alone or speaking to male doctors, so offering a choice of female practitioners was recommended. Students also valued visits from professionals with training workshops on these topics.

Regarding access to information, most participants preferred the NHS website for information, followed by doctors and family hubs. Social media was also used, though many were cautious about its reliability. Learners often turned to college wellbeing officers, and some searched for information in college spaces like bathrooms and student break areas. A few also relied on family members. Staff members mainly used the NHS website or internet searches.

Barriers included concerns about the reliability of online information, the need for quick access, and limited availability of literature, which is often text-heavy and in English. To improve this, learners suggested using more visuals and clear instructions, like the breast self-examination posters, and sending information to colleges and schools from local clinics and GPs.

**How would you rate your overall experience of women's health services?**




What worked well included seeing female doctors who made learners feel comfortable and offered great advice. Those with pre-existing health conditions appreciated the guidance on women's health services. Everyone valued free care, STI screenings, and contraception. Some students also found online resources helpful and liked being able to access information independently.
What didn't work well included long waiting times for appointments, with some needing more flexible options like late-night clinics. Travel was also a challenge for those without transport. Some felt they were not taken seriously, with one being told to "have a cup of tea and walk it off" and another left to administer their contraceptive implant alone with a kit. A few felt age was used as a reason to deny treatment. Participants suggested more health education earlier and for more community-based support services to be available.

**Cervical and Bowel Screenings**
Fear and embarrassment were key reasons for low uptake of screenings, especially for younger women unsure of what to expect. To encourage more participation, learners suggested providing more information, including talks and videos of lived experiences. Visual aids, like cartoons or equipment walkthroughs, could help ease nerves.

Older participants felt highlighting the consequences of not attending screenings could motivate others. The group agreed that screening should be part of school curriculums, alongside sex education. A “buddy system” for appointments, where friends or family could attend together to support each other while both have their appointment, was also suggested. Additionally, there was a call for more staff, a reduction in waiting times and better advertising, especially through TV and media.

**HPV Vaccinations**
Most participants had received the vaccine and felt it was important. However, some didn’t know much about it and were simply signed up at school. One participant attended school in Germany and did not receive the vaccination there. A few participants also mentioned stigma around the vaccine, associating it with promiscuity.

Suggestions to increase participation included raising awareness in schools and communities, especially to parents who may not have received it themselves and for campaigns on social media. Some felt the vaccine should be introduced earlier, in primary school, before teenagers could spread misinformation. Emphasizing that the vaccine is about prevention, not age or sexual maturity, was also recommended.

**How would you prefer to receive information about women’s health issues and services?**

| | |
|---|---|
| Website | 23 |
| Direct Emails | 16 |
| Phone Calls | 3 |
| Messaging services i.e. text | 5 |
| Social media | 5 |
| Newspapers and magazines | 2 |
| TV or radio | 12 |
| Letters (by post) | 19 |
| Community notice board | 4 |

**Who would you prefer to receive this information from?**

| | |
|---|---|
| NHS | 26 |
| Social care workers | 13 |
| Public Health | 4 |
| Social media/influencers | 1 |
| Friends | 9 |
| Family | 21 |
| Charity or community support (local) | 2 |
| Charity or support group (national) | 1 |
| Faith or religious group | 2 |
| Other: Lived experience | 2 |

All participants had English as a first language.

# Additional City and County Engagement – Sexual Health Networking

Derbyshire Community Health Services hosted 2 events in Chesterfield and Derby around sexual health networking.

The key participants to these events were professionals who work with young people around Sexual Health services and public health messaging.

They were asked some key questions regarding Women's Health services:

- What works well, and what has not worked well and could be improved

Key strengths:

- Easy Access: Clinics and online services are accessible; emergency contraception is available.
- Personal Care: Attentive care from clinics and school nurses.
- Health Checks: Regular reminders for screenings and vaccinations.
- Safe Spaces: Welcoming environments in clinics and online.
- Teamwork: Effective communication and collaboration.
- Youth Resources: Access to information and resources for young people.
- Better Clinics: Improved medical facilities.

Areas for improvement:

- Appointment and Access: Difficulty getting appointments, limited out-of-hours services, long waiting lists, reduced home visits.
- Continuity and Time: Lack of continuity with practitioners, insufficient appointment time.
- Specific Health Concerns: Better support for menopause, access to LARC, HPV vaccine issues.
- Postnatal and Menopause Care: Insufficient postnatal and menopause services.
- General Health Support: Lack of support for female health concerns, dismissive attitudes.
- Youth and Education: Need for trusted information and better education.
- Service Quality: Poor customer service, communication issues, misinformation.
- Accessibility: Financial barriers, lack of period products, access issues for those with children.
- Specialist Services: Need for more specialists and person-centred postnatal services.
- Stigma and Awareness: Reducing stigma and improving community service awareness.
- These insights highlight the need for improved access, continuity, support, education, and communication in women's health services

# Derbyshire County

## Insight Summary: Women's Health Survey – Derbyshire County

### Overview

A total of 544 responses were collected through the Derbyshire Women's Health Survey. The survey explored respondents' understanding of women's health, key health concerns, service access, and barriers impacting healthcare experiences. The findings highlight service gaps and inform recommendations for improving women's health provision across the county.

### Understanding of Women's Health issues

• Over 70% of respondents rated their understanding of women's health as *Good* or *Very Good*, especially those with medical backgrounds or personal health experiences.
• A small proportion rated their knowledge as *Poor*, highlighting ongoing knowledge gaps, particularly among younger women and those without medical exposure.
• Respondents identified a need for improved education around menopause, reproductive health, and preventative care.
• Knowledge sources included personal health experiences, school education, and online research. Social media and online forums were frequently used but raised concerns about misinformation.
• There is a strong call for more reliable, evidence-based health information accessible through schools, workplaces, and trusted online platforms.

#### *Important issues at different life stages*

• **Young women (18–29)** prioritised contraception, menstrual health, and fertility.
• **Middle-aged women (30–49)** focused on pregnancy, postnatal care, and cervical screening.
• **Older women (50+)** raised concerns about menopause, osteoporosis, and heart disease.
• Mental health and well-being were reported as important across all age groups but often felt overlooked in discussions and service delivery.

#### *Preferred access to Women's Health services*

• Face-to-face appointments were the most preferred, particularly for physical examinations and personalised discussions.
• Online services and NHS apps were viewed as useful for general advice but not a substitute for in-person care.
• Respondents valued digital resources but reported that online booking systems and digital services did not meet their healthcare access needs.

### *Barriers to accessing Women's Health services*

• Long GP and gynaecology waiting times were a major source of frustration.
• Limited availability of female doctors impacted comfort, particularly for intimate health concerns.
• Lack of awareness about available specialist services left many unsure how to access the care they needed.
• Transport difficulties, especially in rural areas, posed additional barriers to attending appointments.

### *Experiences with Women's Health services*

• Most women rated their healthcare experiences as *Average* or *Poor*.
• Common concerns included being dismissed or not taken seriously, especially in relation to menopause care.
• Access to appropriate treatment and referrals for gynaecological or specialist services were often delayed or denied.
• Many women felt unsupported when seeking care for menopause and other women-specific health needs.

### *Barriers to Screening and Vaccination uptake*

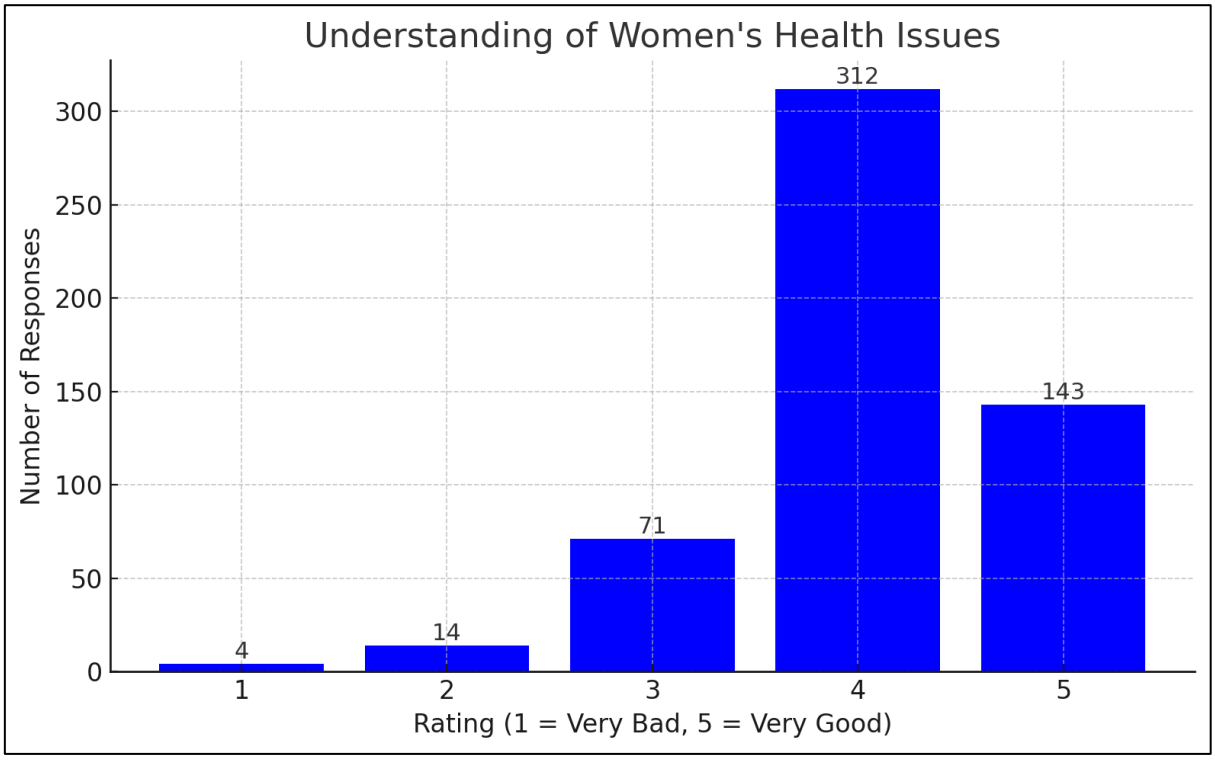
• Participation in cervical and bowel screenings was lower than expected, due to fear, misinformation, and lack of awareness.
• HPV vaccination uptake was also low, with concerns around side effects and limited knowledge about its benefits.

### *Proposed solutions for improving health access and awareness*

• Promote reliable, evidence-based public education campaigns to improve understanding of screenings and vaccinations.
• Offer more flexible appointment options, including evening and weekend slots.
• Provide better outreach and health promotion through schools and community organisations.
• Increase awareness of specialist services and how to access them, particularly for menopause and gynaecology.
• Ensure access to female doctors where possible, especially for intimate or sensitive consultations.

## Breakdown of feedback

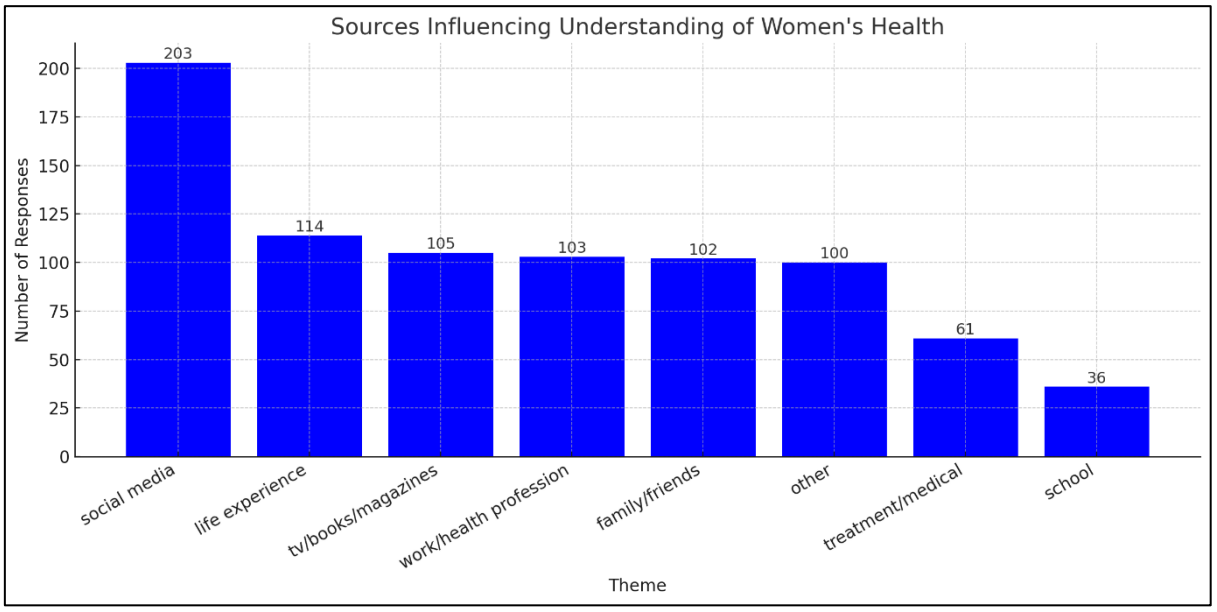
**How would you rate your understanding of Women's Health issues?**




Total Respondents: 544

- The majority of participants selected rating 4 (312 responses), indicating a generally good understanding.
- A significant number (143 responses) also rated themselves at 5, suggesting strong confidence in their knowledge.
- Very few respondents chose ratings 1 (4 responses) or 2 (14 responses), showing that only a small portion feel poorly informed.

**Where have you gained most of your knowledge about Women's Health?**



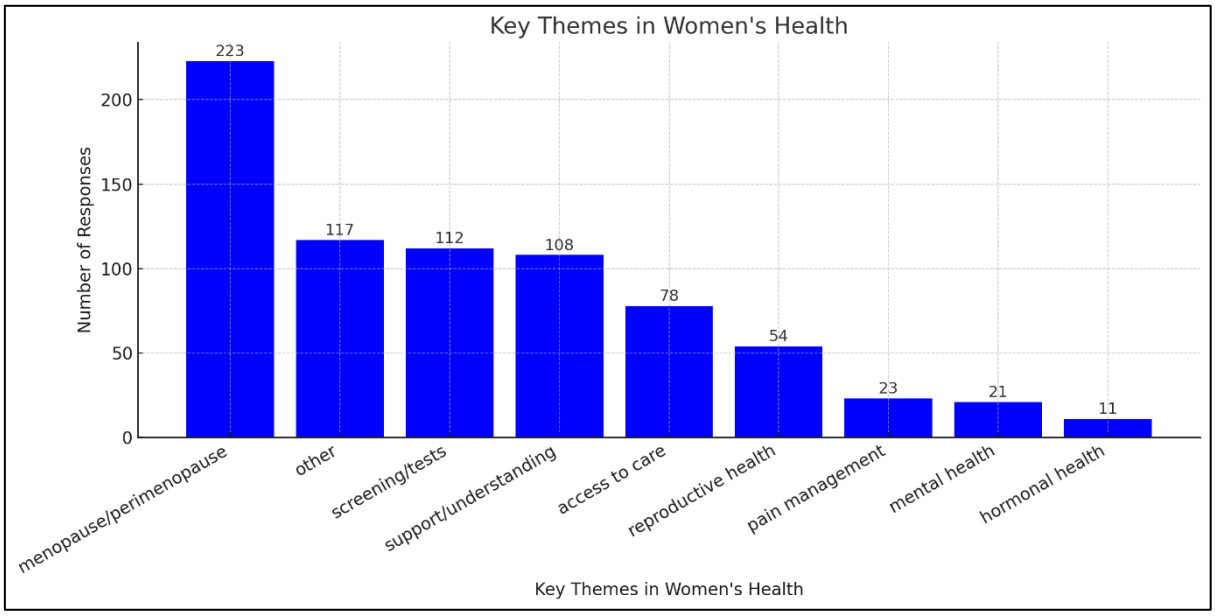

Total respondents: 540

Total responses: 824

The analysis identified several key themes where respondents gained most of their knowledge about women's health.

The most common source of knowledge about women's health was social media, cited by 203 respondents, highlighting the strong influence of digital platforms. This was followed by life experience with 114 responses, showing that personal experiences remain a significant source of learning. TV, books, and magazines were mentioned by 105 respondents, and work or health profession closely followed with 103 responses, emphasising the impact of both media and professional settings. Family and friends were identified by 102 participants, while treatment or medical care was cited by 61. School or formal education was mentioned by 36 respondents, and 100 responses were categorised under other themes, reflecting a broad mix of knowledge sources.

**What is important for you regarding women's health in the current stage of your life?**

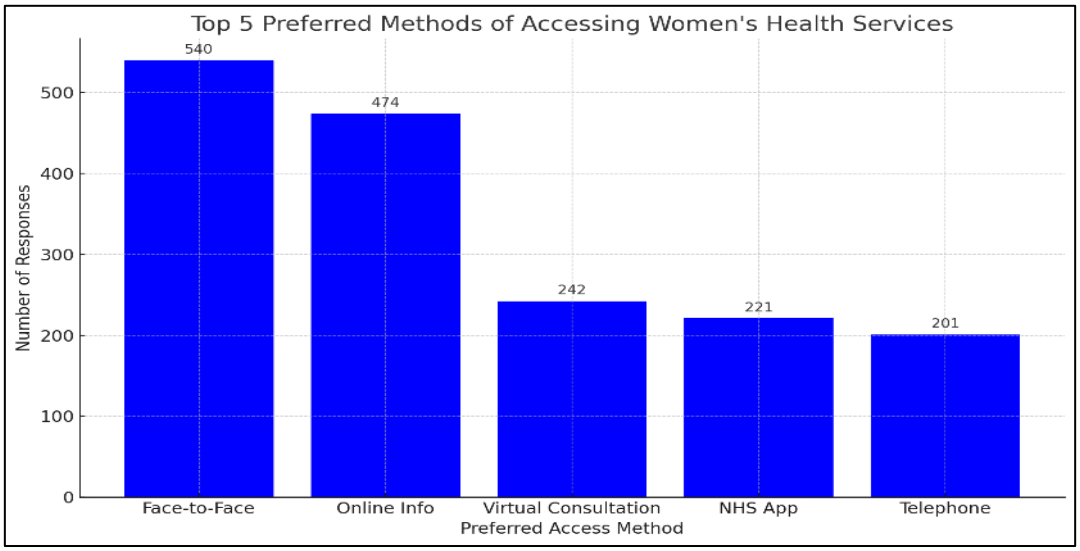



Total respondents: 544

Total responses: 747

- Some individuals identified multiple concerns important to their current stage of life. The analysis revealed the following key themes:
- The most prominent theme was Menopause/Perimenopause, with 205 responses.
- Support and Understanding was the second most mentioned, with 145 responses.
- Reproductive Health, including topics like contraception, fertility, and pregnancy, followed closely with 121 responses.
- Access to Care received 89 mentions, pointing to systemic issues such as delays, limited appointments, and difficulty accessing GPs or specialists.
- Screening and Tests were noted in 76 responses, emphasising the importance of regular health checks like cervical screening and mammograms.
- Mental Health was highlighted by 41 respondents, underlining concerns about emotional well-being, stress, and anxiety.
- Hormonal Health, such as imbalances and related symptoms, appeared in 34 responses, and Pain Management (e.g., endometriosis, PCOS) was mentioned 20 times.

**How would you prefer to access Women's Health services?**




Total number of respondents: 544

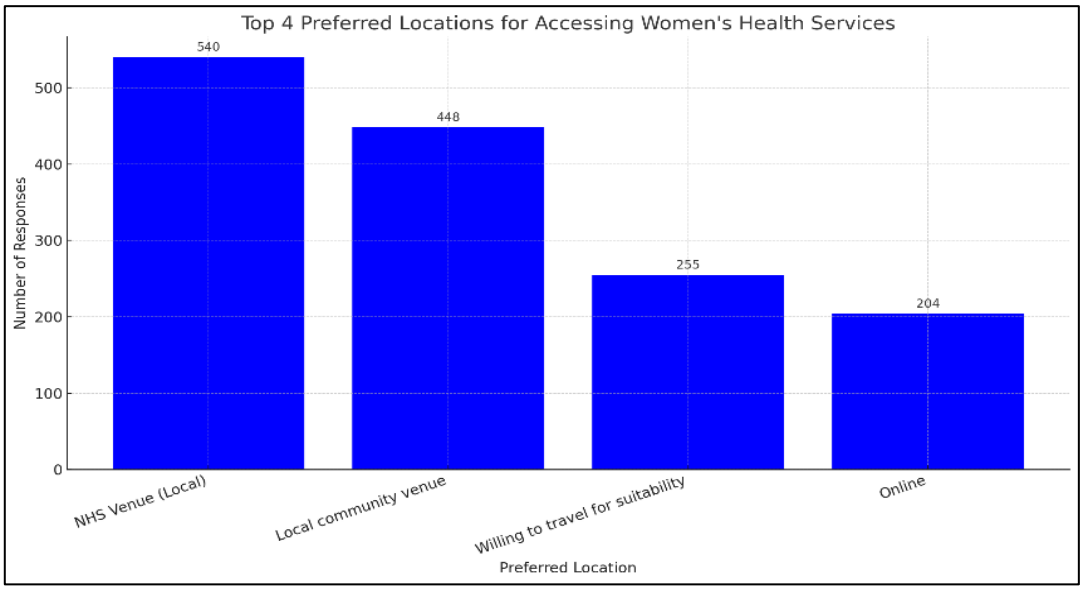
Total number of responses: 1,973

- Face-to-Face appointments were the most popular choice with 540 responses.
- Online information and advice were also highly favoured with 474 responses.
- Virtual consultation received 279 responses, and the NHS App ranked was favoured by 242 responses.
- Telephone received 201 responses

Other preferred access methods included:

- depends on whether it's general or personal
- groups
- public health campaigns, tv, leaflets
- mix of a box ok but not the app
- special workshops, clinics
- all of the above but face-to-face a priority
- single sex (female) provision in some instances
- depends on the seriousness
- would prefer to be given the tools
- via any means I can
- information & forum groups
- women's health groups
- peer support - with added professional input
- virtual meetings: via Teams
- anything online should have option to connect
- community support groups

**Where would you prefer to access Women's Health services?**




Total respondents: 544

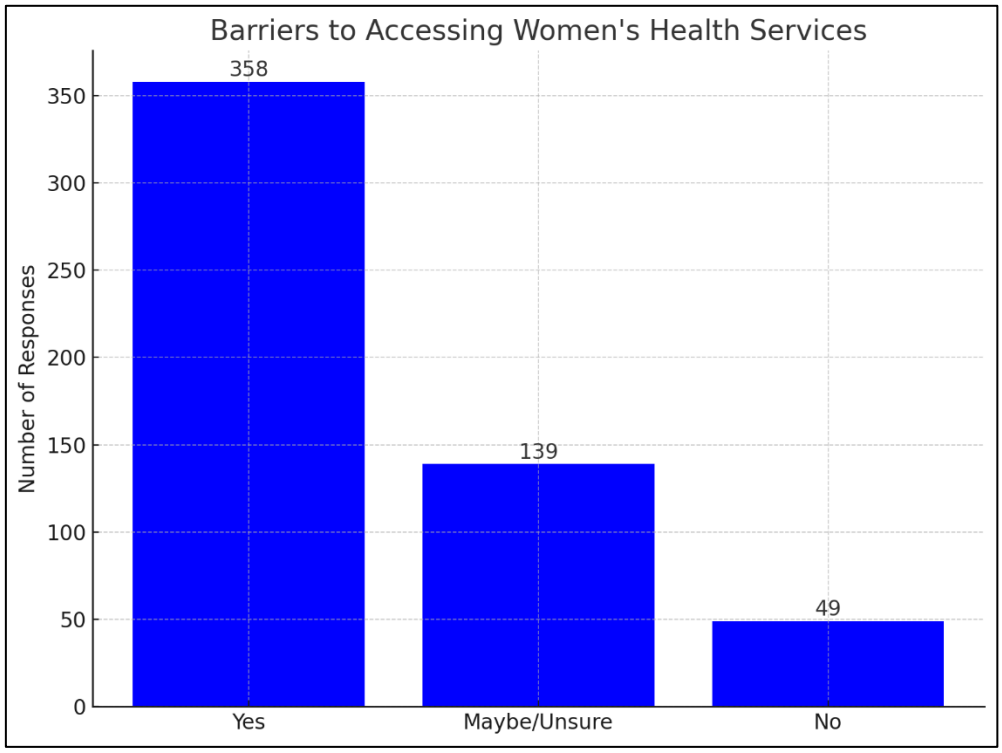
Total responses: 1,648

- NHS venues were the most preferred location for accessing services (540 responses).
- Some respondents expressed interest in community-based clinics for accessibility (448 responses).
- Virtual services (online consultations- 204 responses)

Beyond the top 4, respondents also indicated preferences for a variety of locations, including:

- Access at others' venues
- Anywhere
- In single-sex spaces (in some circumstances)
- Online (information only, not consultations)
- Women's health clinic
- By self-administering tests/medication and dropping off/posting
- Via any means I can
- Private consultations

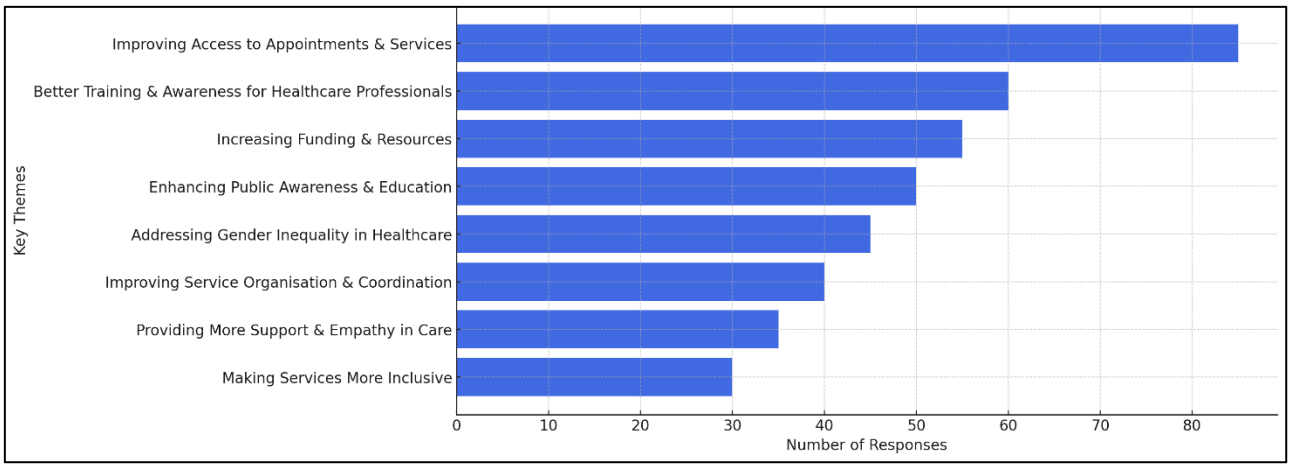
**Do you think there are any barriers to accessing Women's Health services?**




Total Respondents: 546

Out of these, 358 respondents said Yes to there being barriers to accessing women's health services. 139 were Maybe/Unsure, while only 49 responded No.

**If yes, how could these barriers be addressed?**

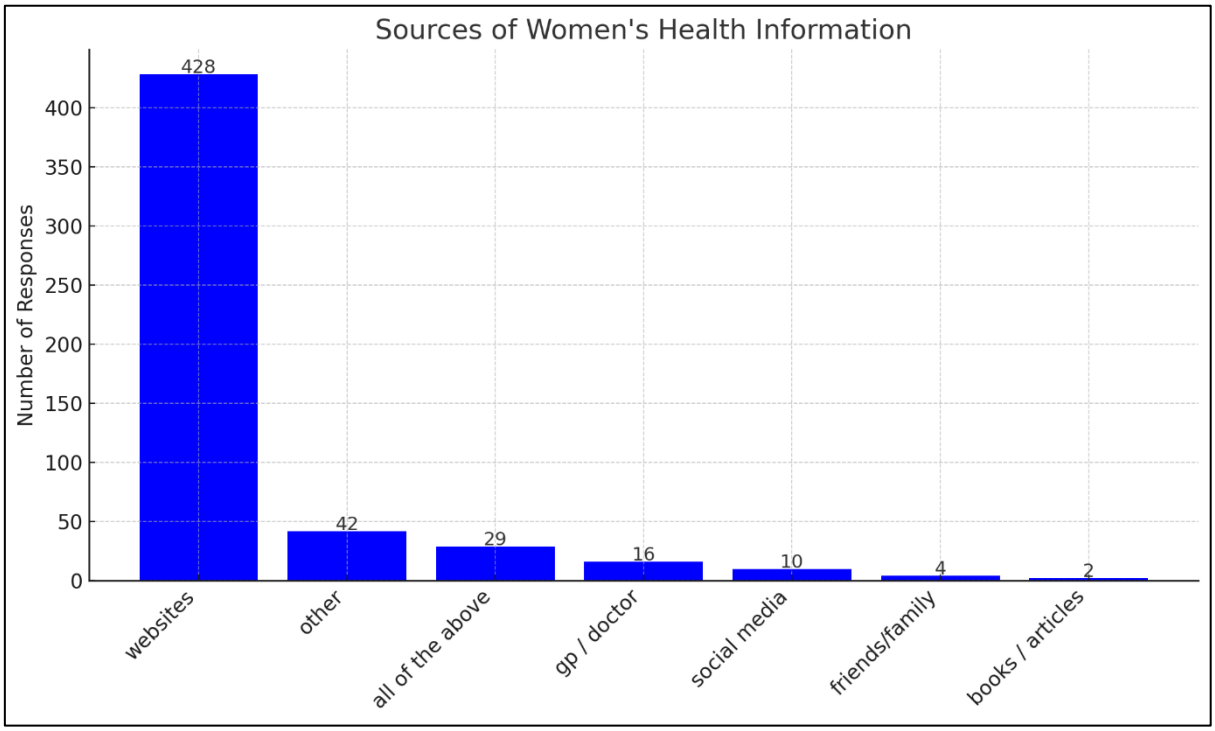



Total Respondents: 350

- 350 responses provided suggestions on how to address barriers to women's health. The most suggested solutions included shorter waiting times, better GP availability, and more female healthcare professionals.
- Some respondents emphasised the need for outreach to underserved communities.

- Better transport options were suggested to help those in rural areas.
- Increasing the range of services offered at community centres and pharmacies was also recommended.

**Where would you go to access information about women's health?**




Total Respondents: 531

The NHS website and GP surgeries were the most trusted sources of information.

Out of all responses, the most popular source for women's health information was websites (428 responses), making up the overwhelming majority.

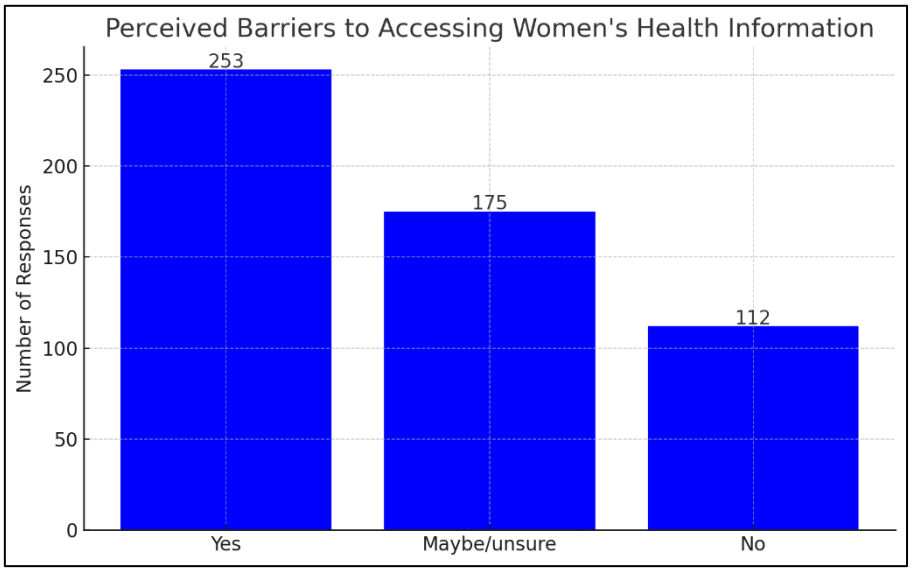
This was followed by "other" sources (42 responses),

"all of the above" (29 responses),

GP/doctor (16 responses).

Social media was chosen by 10 responses, with 4 responses citing friends/family, and just 2 responses mentioning books/articles.

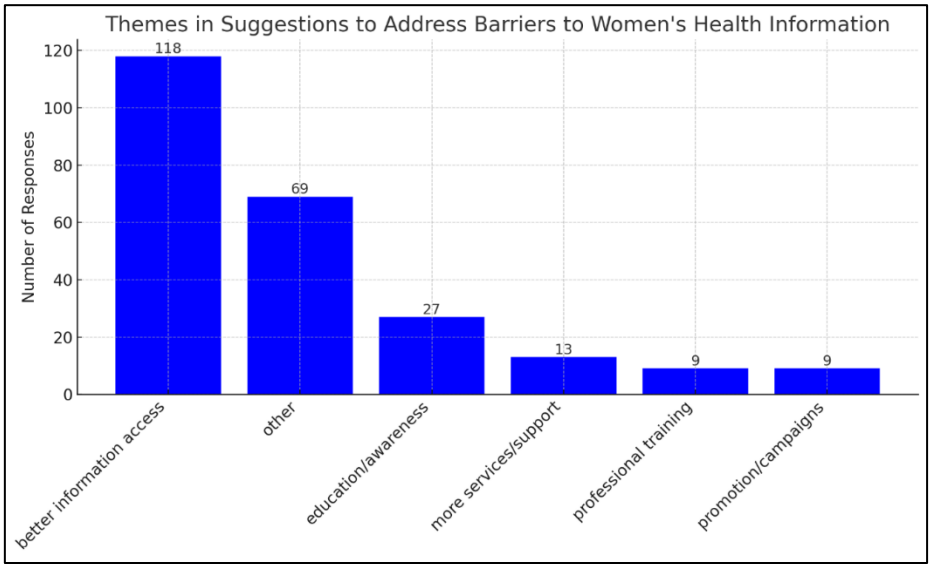
**Do you think there are any barriers to accessing information about Women's Health?**




Total Respondents: 540

- 253 responses said Yes, they believe there are barriers to accessing women's health information.
- 175 responses were Maybe/Unsure, indicating uncertainty.
- 112 responses said No, they do not see barriers.

**If yes, how could these barriers be addressed?**




Total Respondents: 245

The most common theme was better information access with 118 mentions. This was followed by education/awareness (27), more services/support (13), and professional training (9).

Promotion/campaigns also received 9 responses, while 69 fell under other, highlighting a wide range of unique suggestions around access and equity concerns, mistrust and confusion, research and representation etc. The responses are given below:

**Access & Equity Concerns:**

- “Need to include languages other than English and for lower literacy levels”
- “Lots of voice telephone numbers instead of text, ignoring the needs of deaf women”
- “More availability of detailed info on trusted websites”
- “Library cutbacks, increasing digital divides…”

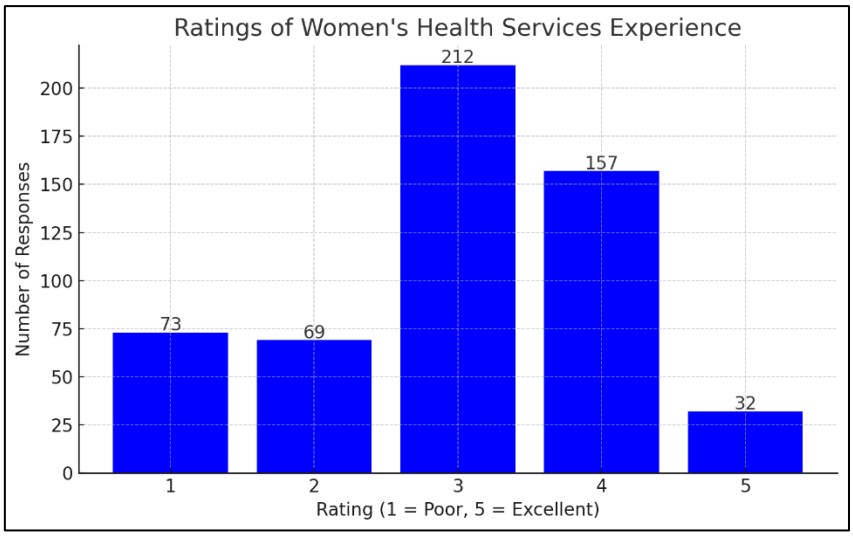
**Mistrust or Confusion:**

- “It’s hard to know what credible sources are…”
- “Not knowing what to look for”
- “Too many alternatives online, lots of different viewpoints and they tend to clash”

**Research & Representation:**

- “More research into women’s health issues”
- “Clinical trials need to be completed on women as well as men”
- “Better representation of women from all demographics…”
- “We need more women’s health specialists…”
- “Encouraging routine well woman screening”
- “More time with medical practitioners and shorter waiting times”

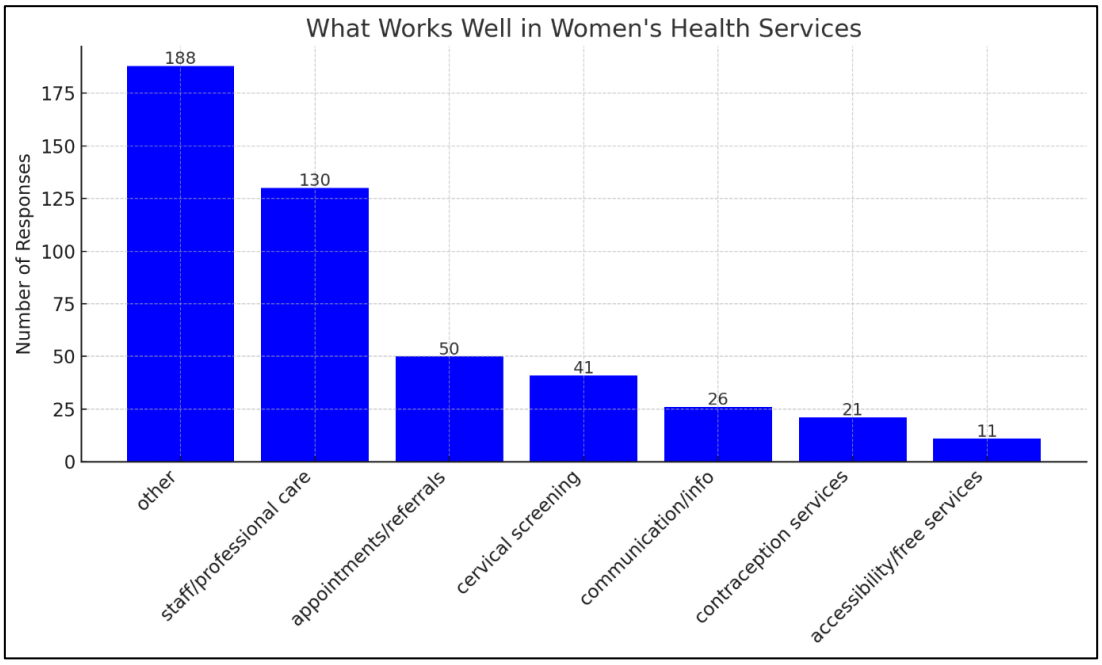
**How would you rate your overall experience of Women’s Health services?**




Total Respondents: 543

The majority of respondents rated their experience as Average (212 responses), followed by 157 responding as Good and 73 respondents mentioned their experience as poor. 69 respondents mentioned their experience as Fair and 32 respondents rated their experience as Excellent

**What works well?**




Total Respondents: 467

The most common theme was staff/professional care that came from 130 responses, followed by appointments/referrals from 50 responses and cervical screening according to 41 responses.

Contraception services were mentioned in 21 and accessibility/free services were mentioned in 11 responses.

188 responses were diverse focussing on service-specific experiences such as Maternity care, Sexual health clinic, Women's health unit at Chesterfield Royal very good, Breast screening service and cervical screening, The surgery at Wheatbridge.

Some based on individual experiences:

- "When you get the right person that you need to deal with your issues";
- "Being able to speak to a female practitioner"
- "Face-to-face consultation with an appropriately qualified female listener".

Some were with hopeful tone:

- "That women's health is now being acknowledged"
- "More engagement with women about their issues"

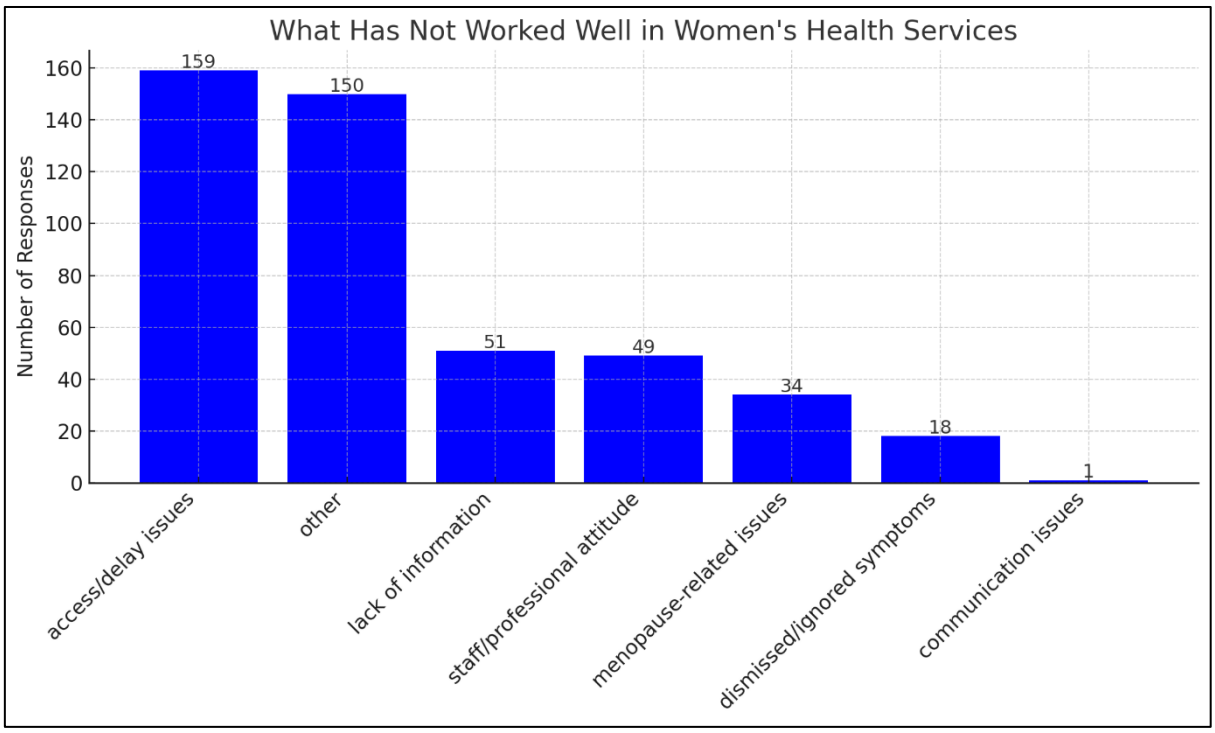
while others had critical feedback:

- "Not a lot"
- "Nothing really"
- "Nothing – I am on my own"

- "I've never had access to any as I didn't know they existed"
- "Had to go private to get any help at all after struggling with NHS care for 5 years".

Some mentioned that online booking, good online resource from other non-NHS organisations, NHS app to a point, internet provides sufficient advice. Also, there are responses in this category that feels speaking with peers/friends/relatives and peer support groups especially when supported by expert works well.

**What has not worked well and could be improved?**




Total Respondents: 462

159 responses mentioned access and delay problems while lack of information was mentioned in 51 responses, and staff/professional attitude in 49 responses.

Menopause-related concerns appeared in 34 responses, while dismissed symptoms were noted 18 times.

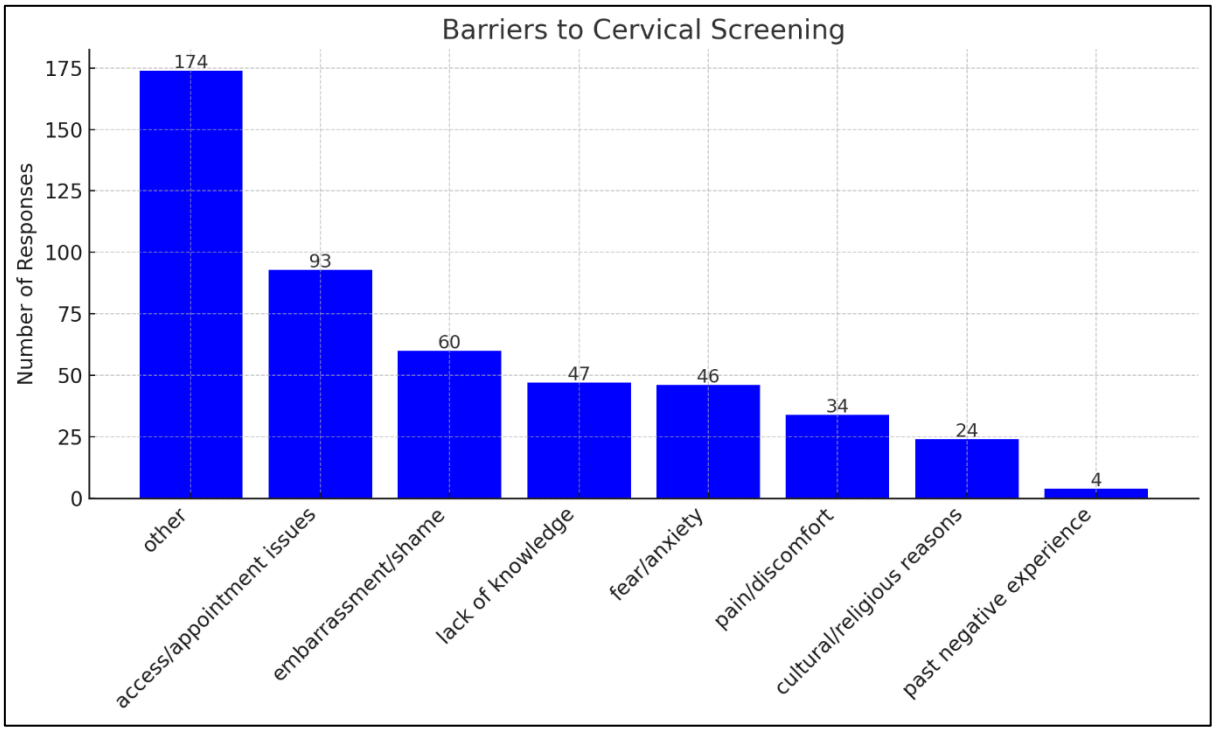
150 responses were varied and categorised as other which included a wide range of concerns including poor continuity of care, limited follow-up after appointments, and a lack of personalised or holistic approaches.

Some participants expressed frustration at being passed between services or having to fight for care.

Others noted challenges for marginalised groups, such as those with disabilities or language barriers.

A few respondents also pointed out regional inconsistencies, difficulties navigating services, and a general lack of coordinated support throughout different life stages.

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is?**

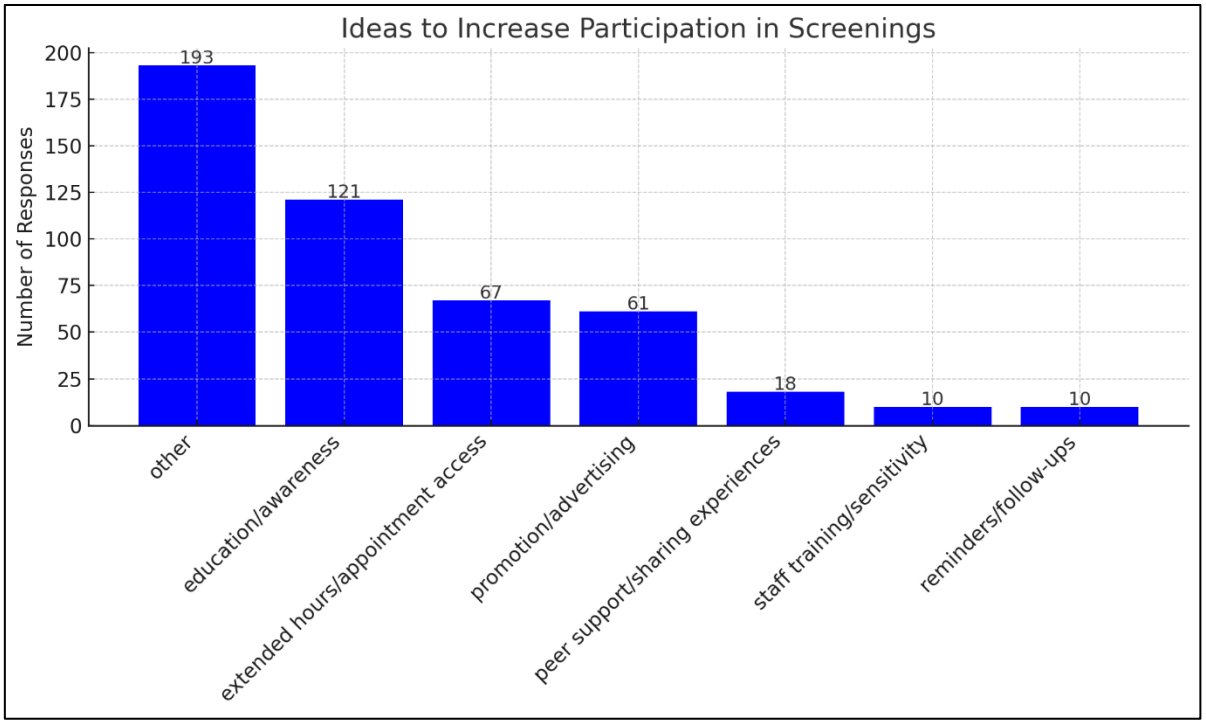



Total Respondents: 482

The most common issue was categorised as *other* with 174 responses. This included a wide range of barriers. Some respondents mentioned having no time due to work or childcare or simply forgetting to book an appointment. Others expressed a lack of trust in the healthcare system or said they had not been invited for screening at all. Several noted that their age or personal medical history made them feel screening was not necessary. A few responses also reflected feelings of indifference, or a belief that screening was not relevant to them, particularly among those who are LGBTQ+, have had a hysterectomy, or identify as non-binary or trans. These varied answers suggest that while physical and emotional factors are key, personal beliefs, identity, and system gaps also play a significant role in screening uptake.

- Access or appointment issues were mentioned in 93 responses.
- Embarrassment/shame was mentioned in 60 responses.
- 47 responses mentioned lack of knowledge
- Fear/anxiety was mentioned by 46 responses.
- 34 responses referred to pain/discomfort.
- 24 responses mentioned cultural/religious reasons,
- Past negative experiences was mentioned in 4 responses.

**Do you have any ideas on how to increase participation in screenings?**

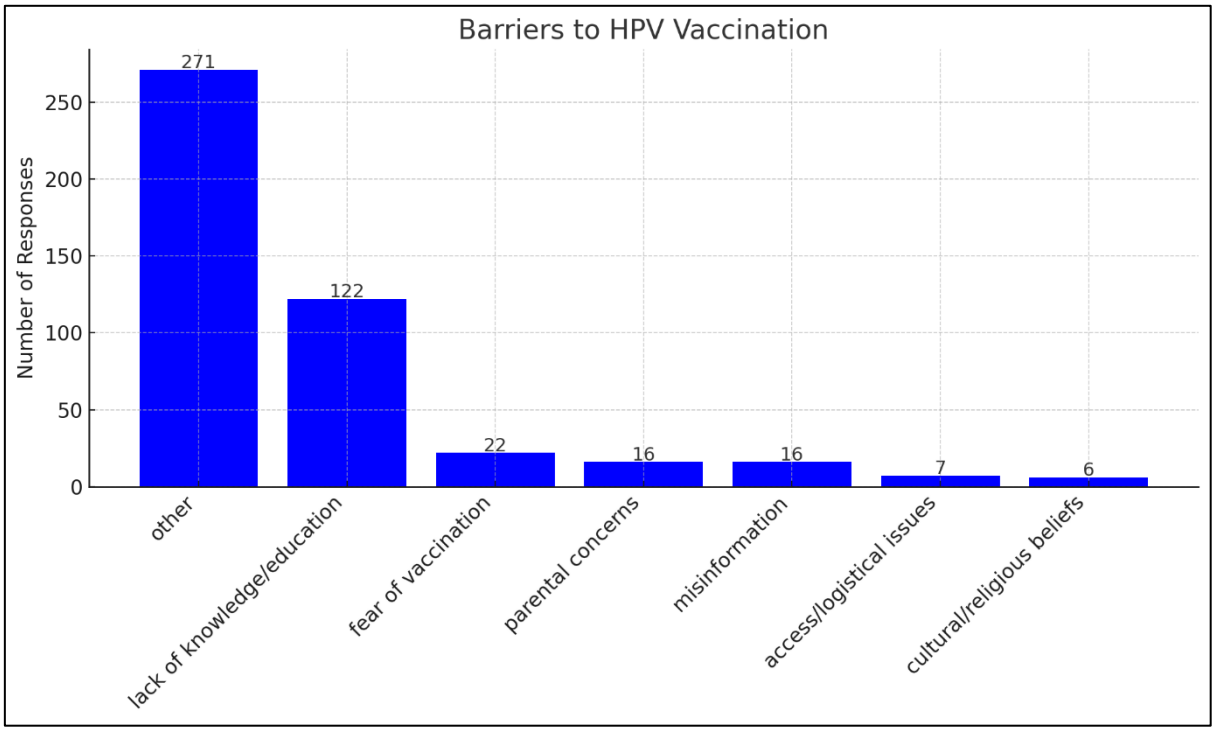



Total Respondents: 480

A significant portion—193 responses were in the *Other* category. Many suggested community-based solutions, such as pop-up clinics in local venues, mobile screening vans, and drop-in sessions to improve convenience. Others recommended self-screening at home, improved comfort and environment during appointments, or using videos and online content to explain procedures clearly. Several respondents proposed employer-supported time off, invitations with pre-booked appointments, and multi-language communication to ensure inclusivity. Some ideas focused on early education, particularly in schools, and engaging faith leaders and cultural groups to break down stigma. There were also calls for better equipment, less clinical settings, and more respectful, trauma-informed approaches.

- Followed by this the most common theme was education and awareness with 121 responses.
- Extended hours or easier appointment access with 67 responses and promotion or advertising with 61 responses.
- Smaller numbers mentioned peer support (18 responses)
- staff training (10 responses), and reminders (10 responses).

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is?**




Total Respondents: 460

The most cited theme was lack of knowledge or education with 122 responses, followed by fear of vaccination (22 responses), parental concerns (16 responses), and misinformation (16 responses). Fewer mentioned access issues (7 responses) or cultural/religious beliefs (6 responses).

A large portion, 71 responses were diverse and grouped under other. Many respondents said they had “never heard of it”, “don’t know about the vaccine”, or “didn’t know it was available”, suggesting a lack of awareness.

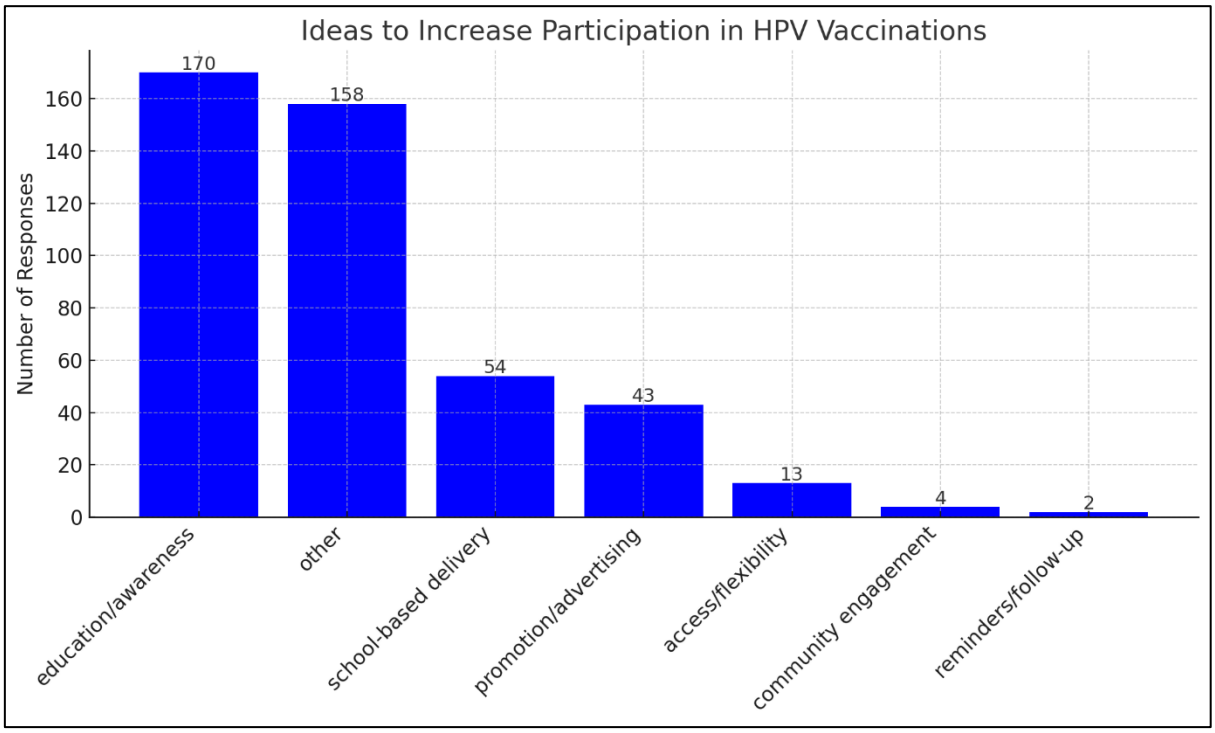
Several mentioned that “it’s not talked about enough” or that “more information [is] needed”.

There were repeated concerns about “trust in vaccines generally since COVID”, and that “people are now wary of vaccines” or “suspicious of vaccines these days”.

Some said, “social media with vaccines” and “anti-vaccine misinformation” were barriers, while others noted “cultural reasons”, like it being “seen as linked to being sexually active” or “a cultural difficulty”.

A few responses also highlighted access gaps, stating it “should be done in schools” or questioning “is it offered through schools?”. One person said, “do women even know about this? it’s the first I have heard of it.”

**Do you have any ideas on how to increase participation for HPV vaccinations?**




Total Respondents: 444

The most common suggestion was education and awareness (170 responses), followed by school-based delivery (54 responses) and promotion/advertising (43 responses). Smaller numbers mentioned access/flexibility (13 responses), community engagement (4 responses), and reminders (2 responses).

A substantial portion, 158 responses were classified as other.

Several respondents highlighted the need to “promote it!”, “put flyers where young people socialise”, and “make it more available in supermarkets” to raise visibility.

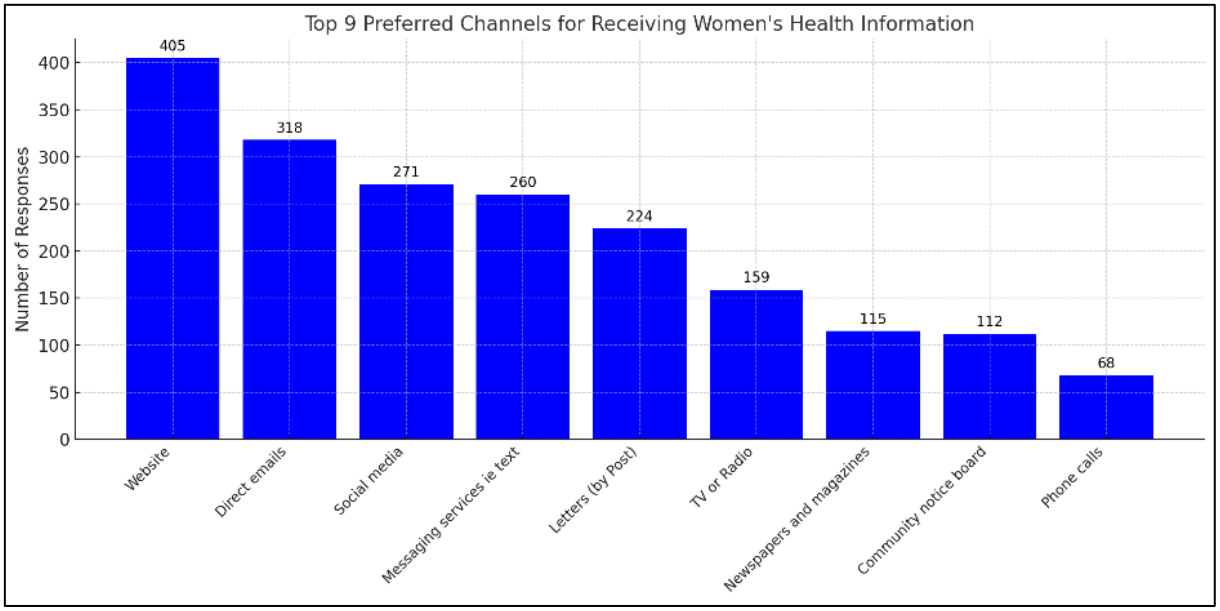
Others suggested that “real life stories of people with cancer”, “data about effectiveness”, and “concrete evidence being shared” could help build trust.

Some called for “vaccine champions in communities” or offering it “in the GP surgery or at the pharmacy”.

Several participants emphasised that “education in realistic settings appropriate to age”, or through “youth clubs and young people’s sexual health services”, is important.

A few recommended an “opt-out rather than opt-in” approach, “changing the age of administration”, or even “giving vaccinations in tablet form”. Others raised concerns about “lack of trust in the NHS” and stated, “people listen to people like them – in-person interactions with someone authentic”. Overall, responses reflect a broad mix of practical suggestions, communication strategies, and deeper cultural or trust-based concerns.

**How would you prefer to receive information about Women's Health and Women's Health services?**




543 responses generated 2,492 individual preferences.

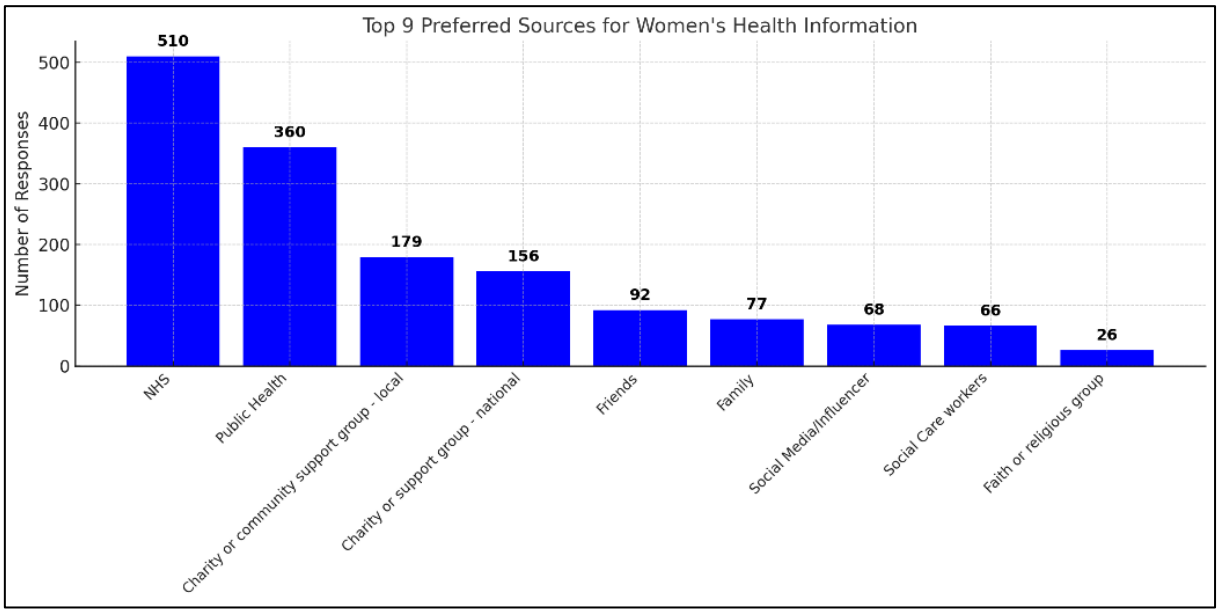
The most preferred method was Website (405 responses), followed by Direct emails (318) and social media (271).

Text messages (260) and Letters by post (224) were also popular, showing a mix of digital and traditional preferences.

Fewer participants preferred TV or radio (159), newspapers/magazines (115), or community notice boards (112).

A handful of responses mentioned more specific or creative methods like WhatsApp, face-to-face, NHS app, or support groups.

**Who would you prefer to receive this information from?**




Total Respondents: 543, responses 2,085

From 543 responses generated 2,085 total selections for preferred sources of women's health information.

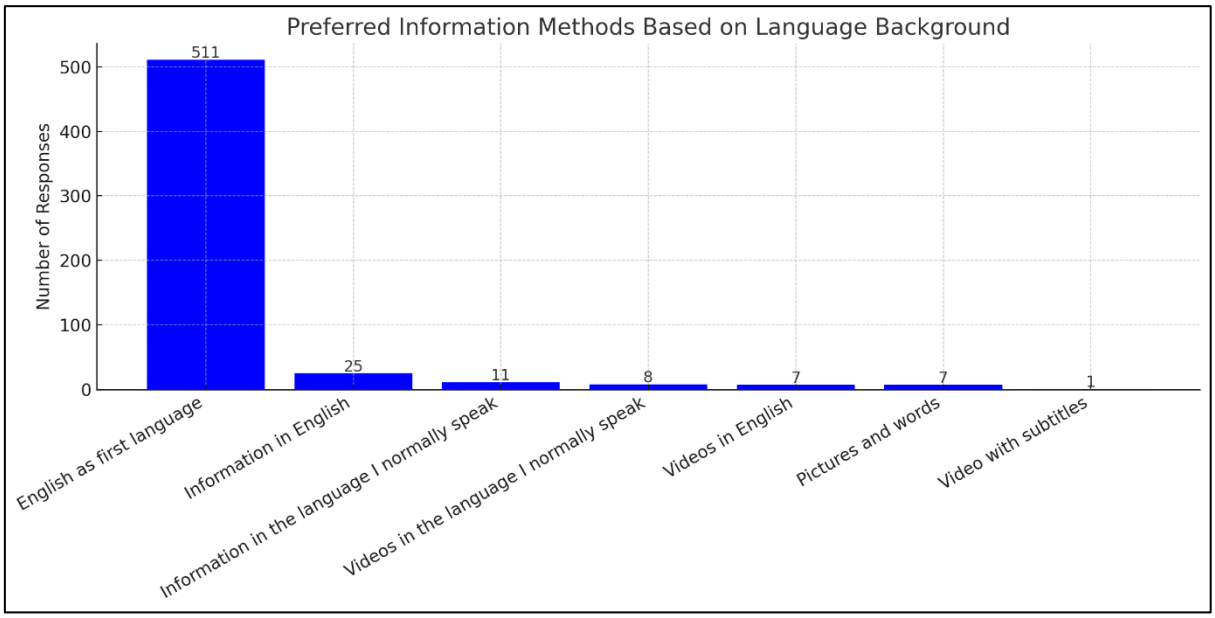
The most preferred source was the NHS (510 responses).

This was followed by Public Health teams (360) and local charities or community groups (179).

National charities (156), friends (92), family (77), and social media/influencers (68) were also mentioned.

Fewer people preferred faith or religious groups (26), with some individual mentions of GP surgeries, schools, or dedicated women's health teams.

**How would you prefer to receive information if English is not your first language**




Total number of responses: 544

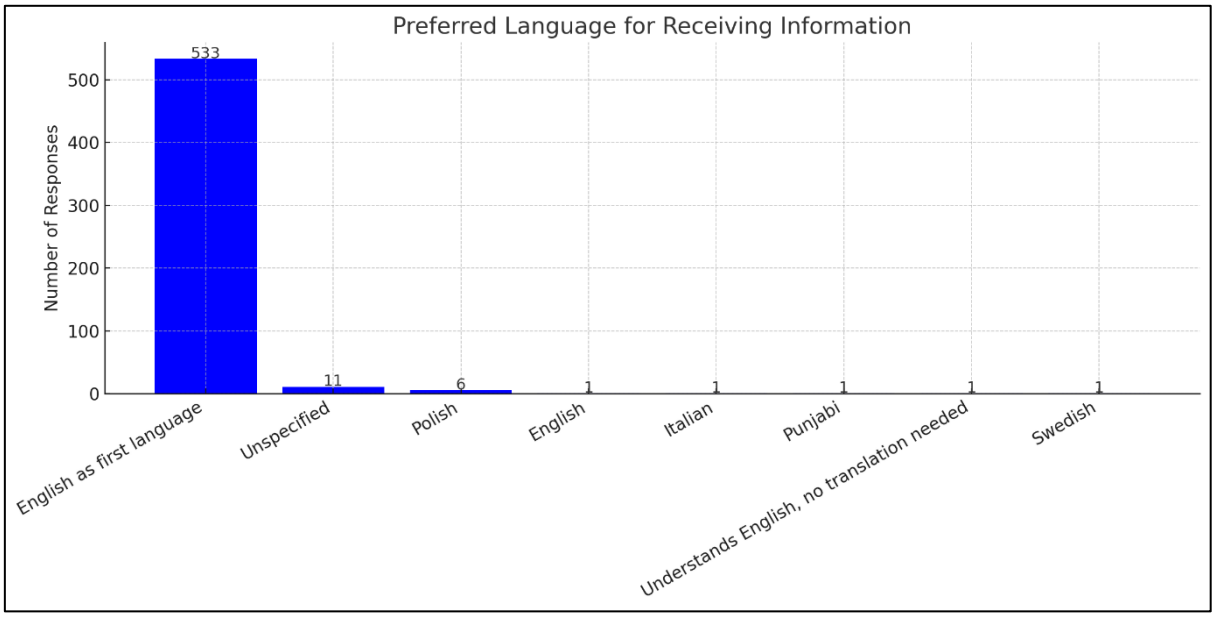
Total number of responses from people whose first language is not English: 33

The most common preference was still “Information in English” (25 responses).

Others preferred “Information in the language I normally speak” (11 responses), “Videos in the language I normally speak” (8 responses), and “Videos in English” (7 responses).

“Pictures and words” were also chosen by 7 respondents.

**If English is not your first language, which would you prefer to receive information in?**




Total Respondents: 544

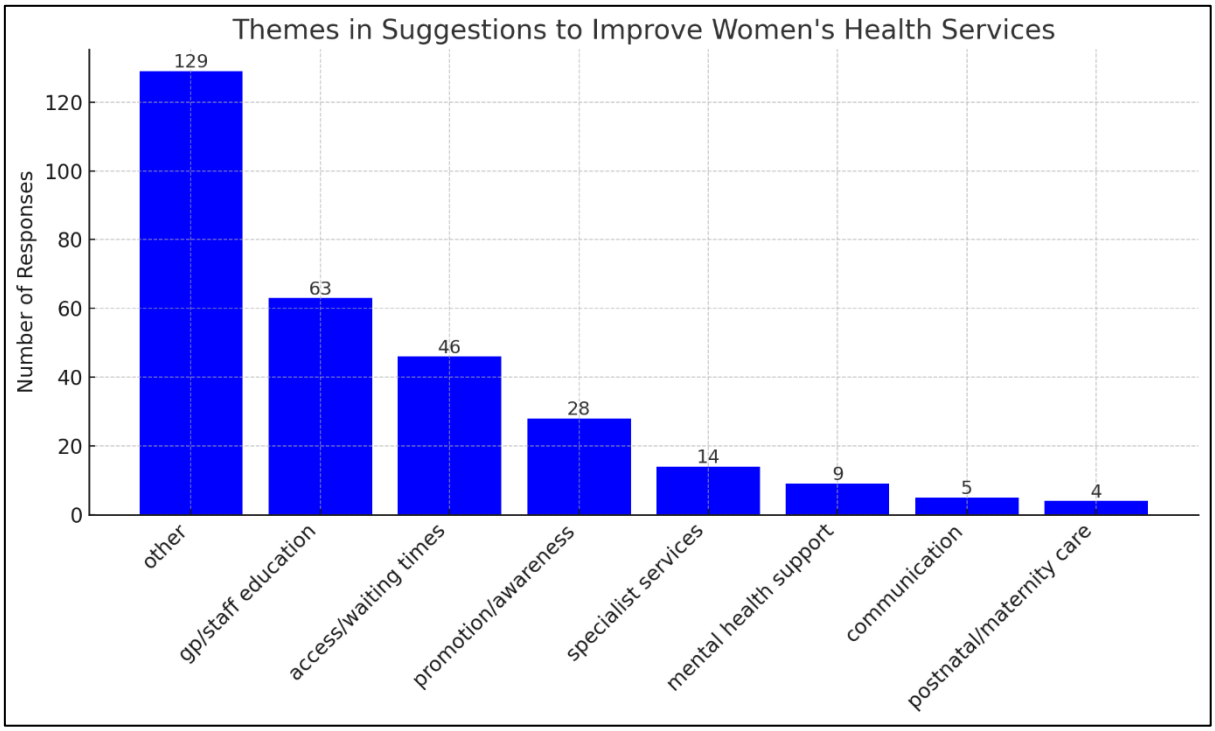
Out of 544 total responses, 11 participants have not given any language preferences.

533 responses indicated that English is their first language.

Among the non-native English speakers, Polish was the most requested language (6 responses).

There were also single mentions of Italian, Punjabi, Swedish, and one respondent noted they could understand English well enough not to need translation.

**Do you have any other comments or suggestions to help improve women's health services in your local area?**




Total Responses: 298

The most common theme was categorised as "other" (129 responses) showing the breadth of unique views including the following:

*"Use social media – we all use this more and more."*
*"Younger women should be made aware of everything available to them, but please don't forget us who are retired."*
*"More groups set up in local hospital, supermarket such as Tesco."*
*"Ensure that everyone is offered a yearly check with a medical professional... better joined up working between services."*
*"Drop-in sessions at the surgeries, more discussions at school level."*
*"More acceptance of working women and flexibility around this."*
*"Don't forget the small villages in Derbyshire."*
*"Educate everyone, not just women... they need to feel understood."*
*"Giving women plenty of reminders."*
*"More school/college partnership."*

Specific issues included GP/staff education (63 responses), access and waiting times (46 responses), and promotion/awareness (28 responses).

Less frequent themes were specialist services (14 responses), mental health support (9 responses), communication (5 responses), and postnatal/maternity care (4 responses).

# Insight Summary: Community Led Workshops – Derbyshire County

## Participation

A total of 360 people took part across 19 community and voluntary sector organisations based in the county.

## Overview

Community and voluntary sector organisations across Derbyshire County facilitated engagement workshops to explore women's health awareness and experiences. These sessions offered valuable insights into the health knowledge, priorities, and support needs of diverse groups.

Understanding of women's health varied significantly between groups. While some participants expressed confidence in their knowledge, others—particularly younger women—had limited awareness of key issues such as menopause. Older women noted a lack of attention to topics such as mental health, osteoporosis, and heart disease.

### *Understanding of Women's Health issues*

Participants reported acquiring knowledge about women's health from a range of sources:

- **Personal experience** was a major influence in understanding specific health issues.
- **Informal conversations** with family, friends, and peer groups were essential, especially where formal education was lacking.
- **Online resources** such as Google, the NHS website, social media, and health apps were commonly used, although there were concerns about the reliability of some information.
- **Books, magazines**, and **healthcare professionals** were valued by those seeking more trusted or in-depth knowledge.

### *Understanding of Women's Health*

- Participants had varying levels of understanding of women's health, with younger women showing limited awareness of menopause, while older women felt mental health, osteoporosis, and heart disease were underrepresented.
- Health knowledge was gained through personal experiences, family/friends, peer groups, and online resources like Google, NHS websites, and social media.
- Concerns about the reliability of information from online sources were raised.

### *Important Issues at Different Life Stages*

- Menopause and perimenopause were key issues, especially for middle-aged women.
- Mental health concerns, particularly related to hormonal changes, societal isolation, and lack of community support, were prominent.
- Preventative care, including breast cancer and osteoporosis screenings, was seen as essential, but many women lacked knowledge about the availability of these services.

- Younger women, particularly those from ethnic minority backgrounds, raised concerns about access to contraception, family planning, and postnatal support.
- Weight management and diet were discussed frequently, with women expressing confusion over conflicting health advice.

### *Preferred Access to Women's Health Services*

- Face-to-face consultations were the preferred option, though some appreciated the convenience of telephone and virtual consultations for minor concerns.
- Local NHS facilities, GP surgeries, and community health centres were preferred venues for care.
- Digital literacy issues made some participants reliant on paper-based resources and in-person advice.

### *Barriers to Accessing Women's Health Services*

- Barriers included long wait times, limited availability of female doctors, and appointment scheduling conflicts (work/childcare).
- Many women from marginalized communities felt uncomfortable with male GPs for intimate health concerns.
- Cultural and language barriers hindered communication for ethnic minority women, and financial constraints (e.g., prescription costs, NHS parking fees) prevented timely care.

### *Proposed Solutions for Healthcare Access*

- Introduce more flexible appointment slots (evenings and weekends) to accommodate work and childcare commitments.
- Provide training for healthcare professionals, particularly male doctors, to be more empathetic and informed about women's health issues.
- Establish well-women clinics offering comprehensive services, including screenings, menopause support, and mental health care.
- Ensure culturally sensitive healthcare, including access to female doctors, translated materials, and care in community settings for ethnic minority communities.

### *Barriers to Accessing Health Information*

- Misinformation from social media and medical jargon in NHS materials were major concerns.
- Many women, especially older and disadvantaged participants, lacked access to digital platforms, limiting their ability to obtain reliable health information.
- There was also a lack of awareness about preventative care, such as cervical and bowel screenings, particularly among ethnic minority groups.

### *Proposed Solutions for Health Information Access*

- Implement educational initiatives in schools to promote better understanding of women's health.

- Offer regular drop-in sessions in GP surgeries and community centres for informal health advice.
- Collaborate with local community groups to provide more reliable and culturally sensitive information.
- For non-English speakers, provide translated materials and increase outreach efforts to engage women in their communities.

### *Experiences with Women's Health Services*

- Some participants praised the empathetic care they received, but many reported frustrations with long wait times, dismissive attitudes, and lack of continuity in care.
- Many women were reluctant to attend screening procedures due to pain and previous negative experiences.
- Low participation in cervical and bowel screenings was noted, with women feeling fearful or unaware of the benefits.

### *Community Ideas to Increase Screening Participation*

- Public health campaigns featuring real women's stories could help normalize screenings.
- Flexible, women-only screening days in trusted community venues, along with more reminders via text, phone, and email, could improve participation.

### *Low Uptake of HPV Vaccinations*

- The low uptake of the HPV vaccine was due to lack of awareness, cultural concerns, and misinformation.
- Young people and parents need more information about the vaccine's safety and importance.

### *Ideas to Increase HPV Vaccination Uptake*

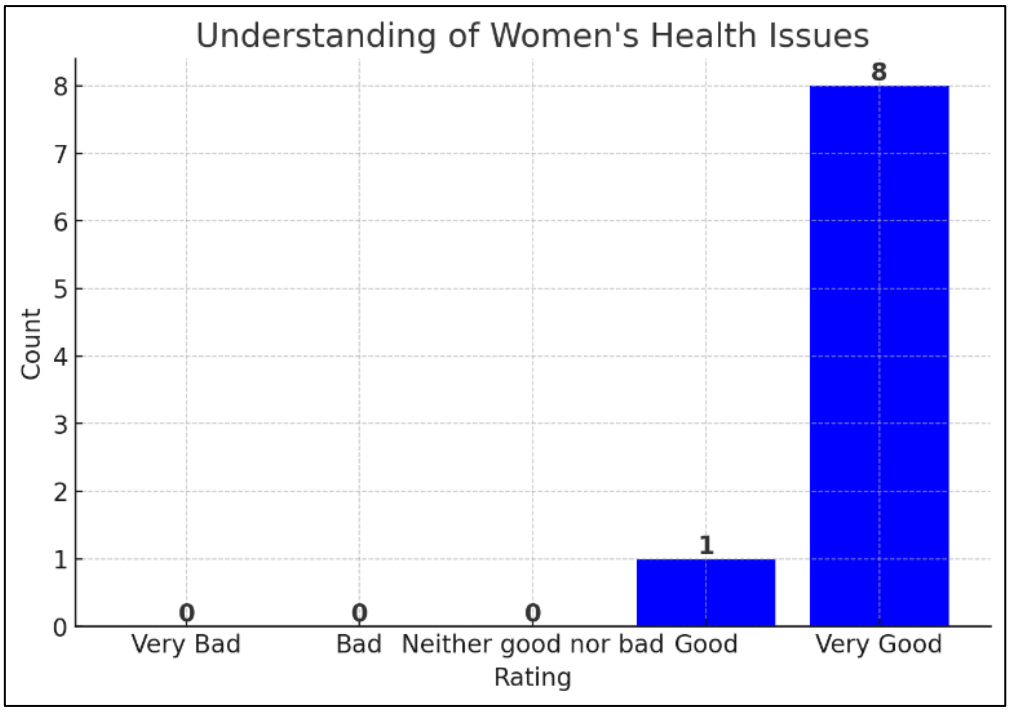
- Targeted educational campaigns for both parents and young people, with videos explaining the vaccine's benefits in multiple languages.
- Schools should enhance outreach efforts to ensure that both students and parents fully understand the significance of the vaccine in preventing cervical cancer.

## African and Caribbean Community Association

The African Caribbean Community Association (ACCA) aims to promote cultural awareness, support community cohesion, and enhance the well-being of individuals through educational workshops, social activities, and advocacy. Our services include cultural events, youth mentorship programmes, and health and well-being initiatives, all designed to empower and unite the African and Caribbean communities in Chesterfield and beyond.

9 Participants attended over two workshops.

**How would you rate your understanding of women's health issues?**




**Where have you gained most of your knowledge about women's health?**

Working in health

personal female friends

public experience

personal research and education

there doesn't seem to be easily accessible information about where and how to get contraception especially emergency contraception and cervical health testing.

Wheatbridge surgery seems to be the place but unclear on opening times.

**What is important for you regarding women's health in the current stage of your life?**

- Hormone balancing
- Pause and perimenopause
- mammograms are uncomfortable
- breast checking
- fibro adenoma

- post Natal health including to do with gears anti Natal education
- good medical input
- survival advice
- HRT and how obesity can affect HRT
- vaginal oestrogen
- sexual health clinics for senior citizens to discuss symptoms and medication and side effects of interactions
- personal safety
- women's mental health and well-being can be a struggle for working single moms
- risk of isolation for long time single moms need for more toddler groups
- the group felt that there is a need for family planning/ pregnancy health clinics and services

**How and where would you prefer to access women's health services?**

How:

- Virtual
- Face to face
- Telephone
- Online and through an App

Where:

- Virtual
- Local to me in NHS venue
- Primary care unit

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

Barriers:

- Access to GP practice is impossible
- Lack of understanding by medical staff
- Misinformation from social media
- Paid parking at NHS venues/ lack of parking facilities

How could these be addressed

- In-person GP surgery access
- Family planning clinics
- Caring medical staff
- Reconsider the parking costs

**Where would you go to access information about women's health?**

- Websites (2)
- Printed material (2)
- Reply-able websites (5)
- In education
- 111 NHS Service

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

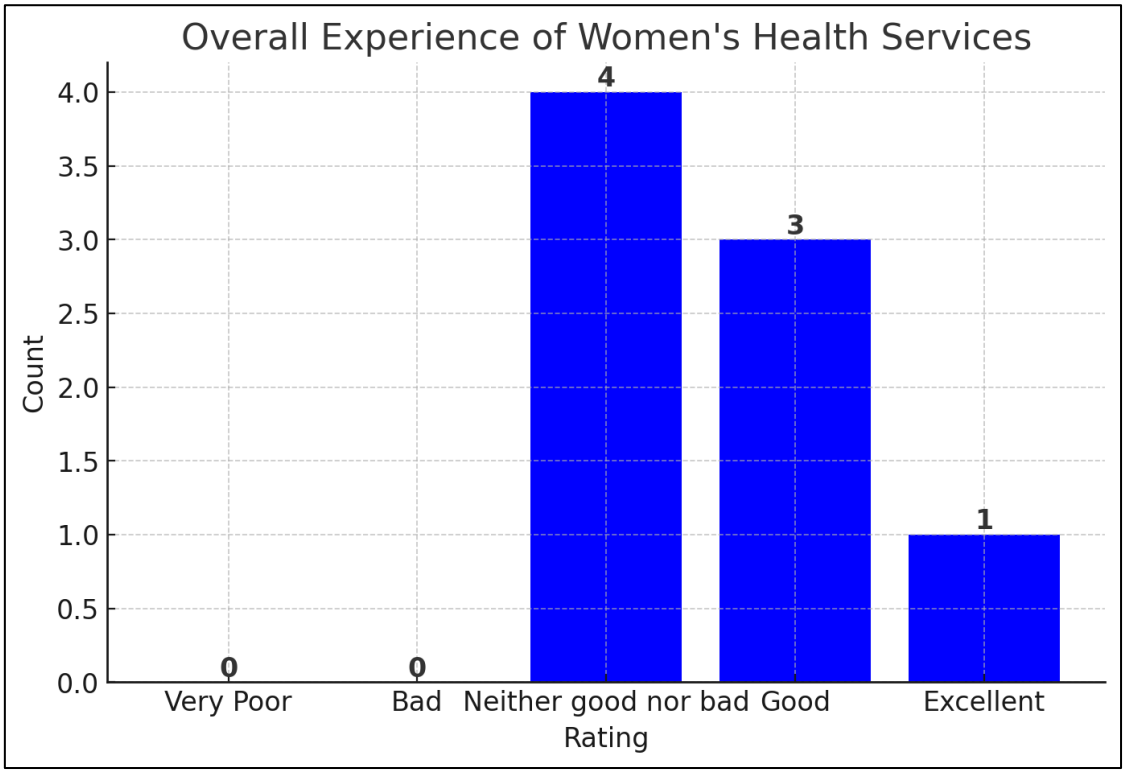
Barriers:

- lack of knowledge
- social media misinformation
- doctor Google
- Women's Health only seems to be spoken about when there is a problem
- doctors pushing contraception
- doctors not listening

How could these be addressed

- know your own needs and wants and go about to access this
- more female GP's
- better listening from medical staff

**How would you rate your overall experience of women's health services?**




**What works well and not worked well and could be improved?**

Works Well

No response gathered.

What has not worked well and could be improved

- Some women have no idea how to express themselves, so it is important to express themselves
- Wait times are sometimes too long
- No one seemed to know when cervical screening is due in terms of age range

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is, and do you have any ideas on how to increase participation in screenings?**

**Current thoughts**

- Mistrust of government post COVID
- risks to health with HPV jab
- images screening programme needs to start earlier
- bowel screening is going very well at present while survival screening seems to be non-existent
- both screenings are easy and very important
- no one seems to know about survival screening age range

**How to increase participation in screenings**

- Advertising
- GP surgery should be monitoring a regular screening
- Changes in medical terminology seems confusing so more education needed

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is, and do you have any ideas on how to increase participation for HPV vaccinations?**

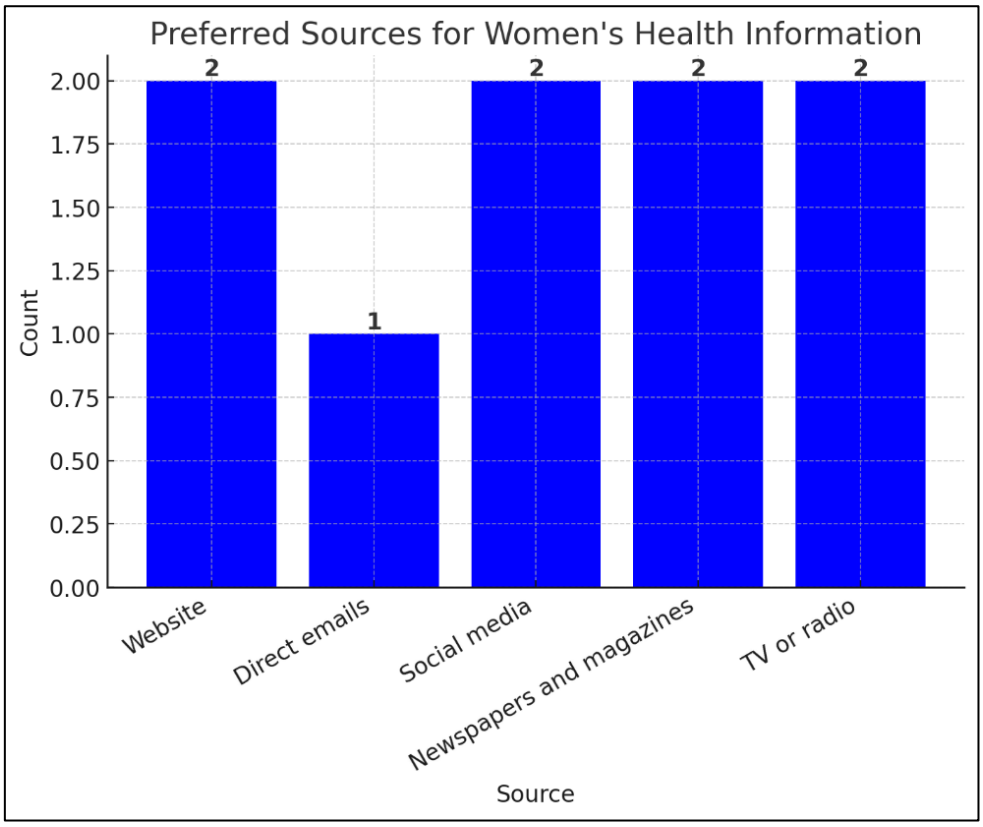
**Current thoughts**

- Excellent communication programme is needed especially since there is a lot of mistrust with government following COVID

**How to increase participation in HPV vaccinations?**

- Education
- Advertisement
- improve quality of jab

**How would you prefer to receive information about women's health and women's health services?**




**Who would you prefer to receive this information from?**

2 participants mentioned that they would prefer to receive information from Public Health and one member mentioned that they would prefer to receive it from local charity or community support group.

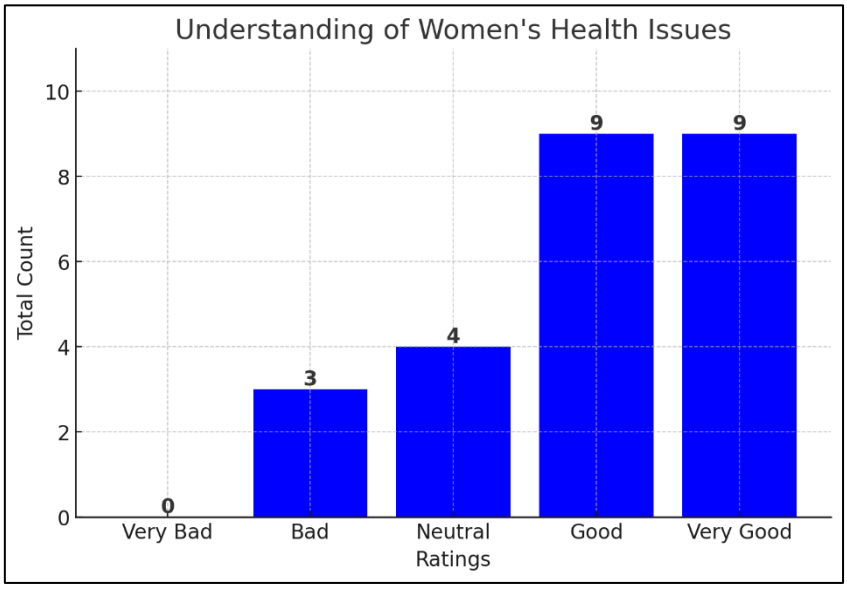
## Age UK Derby & Derbyshire Chaddesden Park Centre

Age UK Derby & Derbyshire works in Derby & Derbyshire supporting people aged 50+ & their carers & professionals. They inform, advise, empower, befriend & engage with older people to make later life better. They have a nationally recognised name, but Age UK Derby & Derbyshire is a local, independent charity. Everyday our work makes a difference to the lives of older people & carers. The organisation involves older people in everything we do & many regular volunteers give their time & skills to help us deliver more for less.

The Chaddesden Centre is a welcoming and popular base for a wide range of activities for older people and the wider community. The Centre offers practical support such as the weekly home-cooked lunch and 'warm welcome' sessions every Friday as well as opportunities to learn, be active and creative. Chaddesden operates 7 days a week and is used by a wide range of people and all its activities involve partnerships with local services and third sector groups.

47 attendees participated in the engagement workshop.

**How would you rate your understanding of women's health issues? Ratings scale – (1 Very Bad - 5 Very Good)**



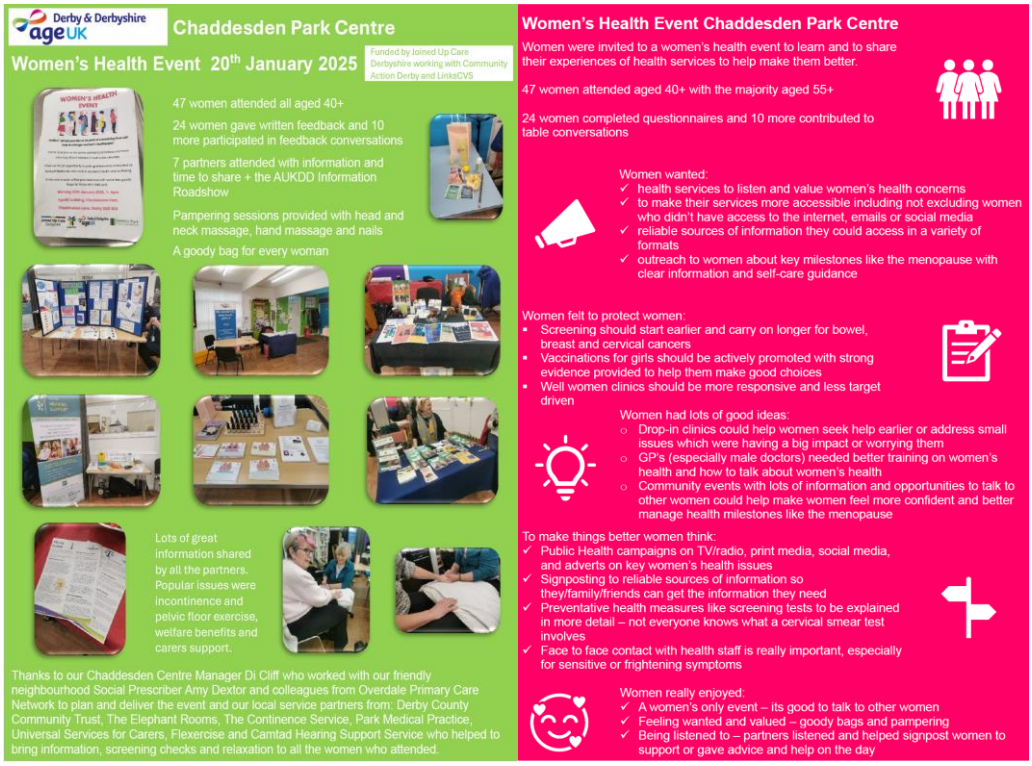



*Image: Age UK Derby and Derbyshire, Women's health engagement workshop posters.*

**Where have you gained most of your knowledge about women's health?**

Overall women felt that women to women contact was their most common source of knowledge or the support to seek knowledge.

The comments noted in order of most cited the following sources of knowledge:

1. Women friends
2. Books
3. Life / life experiences
4. TV/radio 4
5. Online
6. Magazines
7. Self-research

**What is important for you regarding women's health in the current stage of your life?**

Women commented on a range of issues, in order of frequency:

1. Menopause (perimenopause, menopause and post menopause)
2. Ageing, health and wellbeing in older age
3. Continence, pelvic floor health and exercise, incontinence products
4. Cancer: breast cancer
5. Heart health
6. Weight, weight loss and maintaining a healthy weight
7. To be taken seriously. Although this was only written once it was a common topic of conversation specifically the feeling of not being listened to or their health symptoms being dismissed by health services and staff.

**How and where would you prefer to access women's health services?**

- Face to Face - 23
- Online information - 5
- NHS App - 4 (several people had deleted APP due to poor performance)
- Telephone - 4
- Virtual Consultation - 2
- Other - 2 and these women suggested “networking events like this one”

Where:

Women selected:

- Local NHS venue - 14
- Local community venue - 12
- Able to travel so choose what is most suitable to me - 8
- Virtual/online - 1
- Other - 0

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

Women cited a range of barriers:

- Time of appts / lack of out of hours or weekend appointments
- Embarrassment
- Age – mobility, symptoms dismissed due to age
- Male doctors being unwilling to discuss women’s health
- Doctors – general attitude
- Lack of screening when you get older
- Women’s health being underfunded and under-represented

**How could these be addressed**

Women suggested:

- Flexible hours for appointments, weekend surgeries
- Quicker first response, less of a problem to wait for specialisms but need primary care quickly
- Better training for male doctors to give them better skills
- Well women clinics
- Better education for women and girls so they better identify issues and self-care

A strong thread in conversations was the advantages of “Events like today” as opportunities to learn about what is available and to solve problems like incontinence without recourse to their GP.

**Where would you go to access information about women's health?**

Women thought they would access information about their health from:

- Websites - 11
- Social media - 8
- Printed material – 6

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

Women identified:

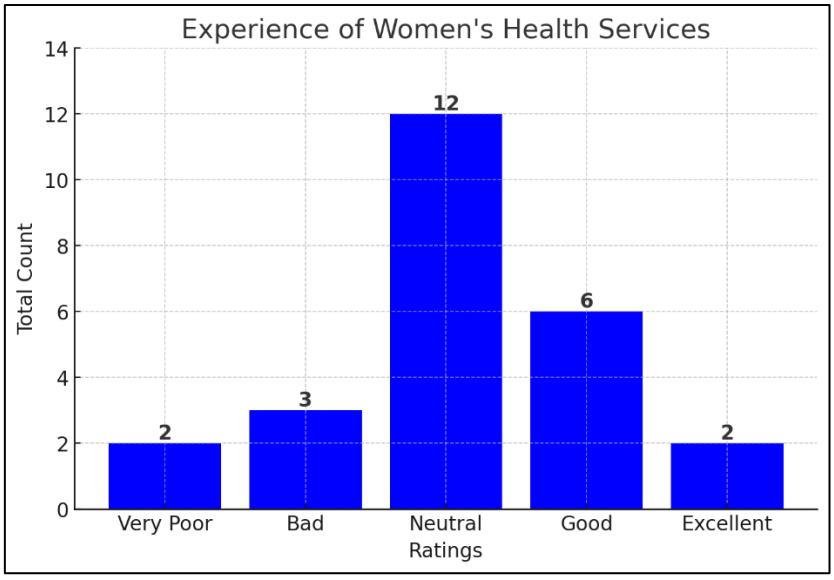
- Putting their problem into words / use of medical language
- No access to the internet therefore no access to GP appts/virtual sessions. Also needing help from family to access the internet not helpful for personal concerns.
- Social media – a confusing range of information/disinformation
- Feeling 'written off' after the menopause

**How could these be addressed**

Women identified a range of solutions:

- Counteract disinformation and provide good clear information
- Identify 'approved' websites for information
- Public information broadcasts – advert type
- PSHE classes in school – students need to know for themselves, parents and future lives.
- Monthly drop-in sessions at GP's so women can address smaller issues quickly

**How would you rate your overall experience of women's health services?** Rating scale: 1 Poor – 5 Excellent




**What works well and not worked well and could be improved?**

**Works Well**

- 1 to1 consultation with a knowledgeable GP
- Cancer treatment is good but more after care after cancer treatment is needed, especially for mental health

**What has not worked well and could be improved**

- Well women clinics – very target driven rather than listening and responsive
- "I feel like a huge inconvenience to my GP surgery"
- Time limitations on GP appointments
- Time spent 'on hold' when on the phone, everything focussed on online

Women thought services could be improved by:

- Group sessions to address common issues like menopause

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is and do you have any ideas on how to increase participation in screenings?**

- bowel screening should start earlier in life and breast cancer and cervical screening should carry on later in life
- cultural attitudes to screening or myths might be affecting take-up
- people in denial need more opportunities to talk over concerns before screening

**How to increase participation in screenings**

- 'Real life' style of promotion with real local women talking about their experience, benefits and treatment
- Public health campaigns – women gave examples of how strongly messages on children's TV campaigns can become embedded
- Need to give strong explanation of implications of opting out of screening and vaccinations – not just the word cancer but the reality of treatment, surgery, life expectancy, pain and distress.
- Awareness events and drop-in opportunities – screening often involves personal contact so women may want to have a shower etc so flexibility helpful
- Conversations women to women

In conversation one woman's comment on her form generated lots of discussion. She recounted her experience of seeing a Tik Tok video done by a practice nurse who explained all the equipment and procedure of a cervical smear which promoted the woman to go for a test. Many women felt screening tests, vaccinations etc needed to be explained clearly and fully to counteract myths/fear and disinformation.

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is, and do you have any ideas on how to increase participation for HPV vaccinations?**

The average age of the women participating in the event meant their feedback was based on daughters or granddaughters' experiences.

Many women thought it should be compulsory to prevent the long-term health consequences for the individual and costs to the NHS.

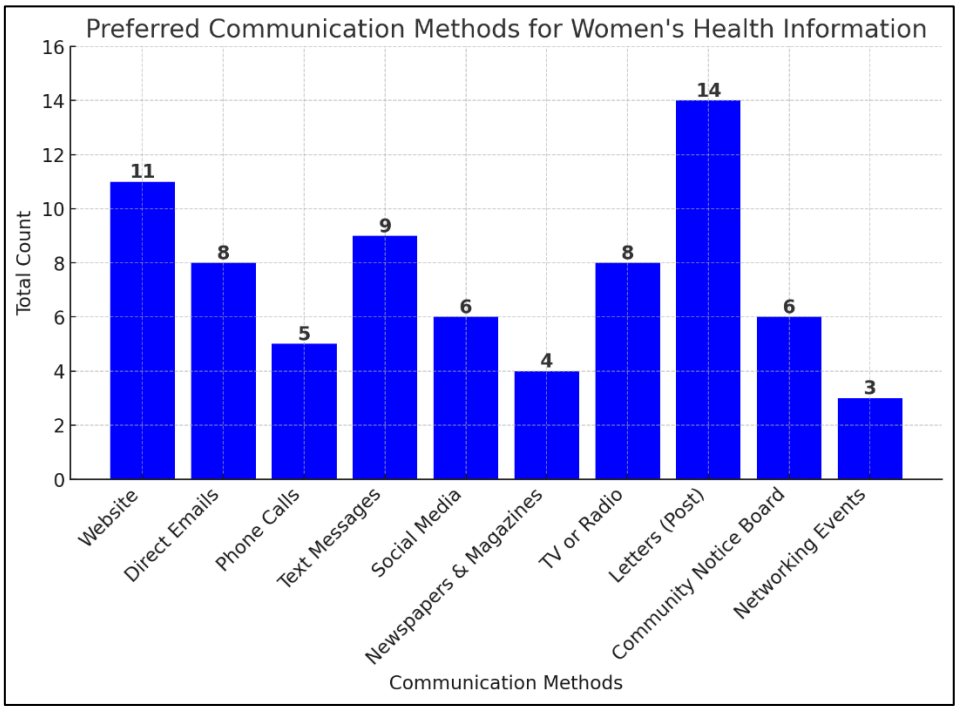
Many women cited experiences where the vaccination was offered as a choice but without the full information. So, teenagers were choosing a short-term gain of avoiding the 'jab' without a real understanding of the long-term risks and implications (if you don't like one injection how will you cope with diagnosis, cancer treatment, surgery, cancer pain management etc)

**How to increase participation in HPV vaccinations?**

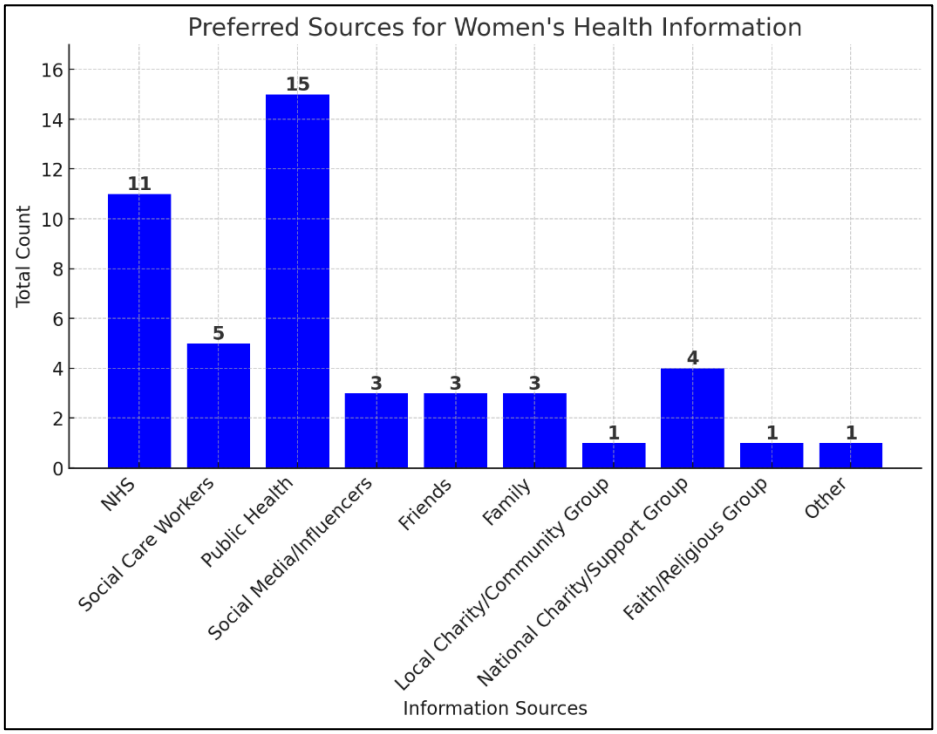
- Education was a priority – but the educational resources needed to pull no punches!
- Clear information in a variety of formats (paper, online, videos, TV adverts etc)

- Advertise the success the vaccine has had and how women could be cervical cancer free or a real rarity.
- Make sure children don’t slip through the net e.g. homeschooled, absent etc

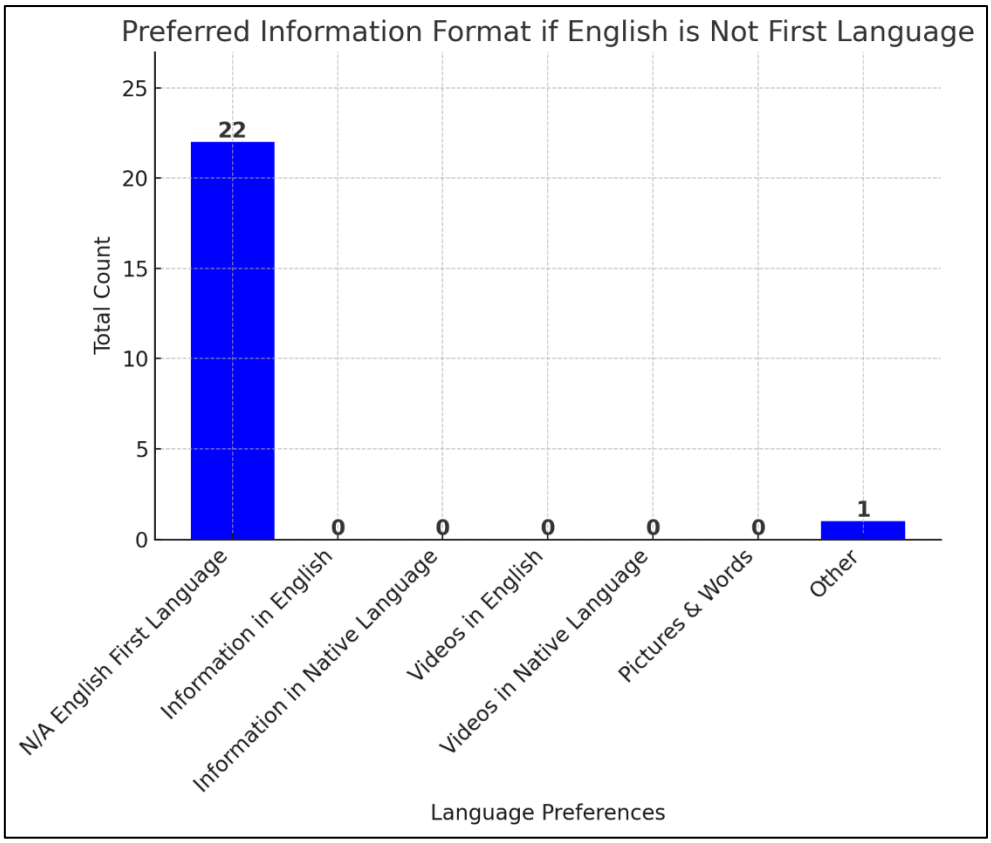
**How would you prefer to receive information about women's health and women's health services?**




**Who would you prefer to receive this information from?**



**How would you prefer information if English is not your first language?**




**If English is not your first language, which would you prefer to receive information in?**

22 responses mentioned that English is their first language and no preference for any other language.

**Do you have any other comments or suggestions to help improve women's health services in your local area?**

Women felt the event had been really helpful, especially in helping them see what help was available and consider solutions to things like incontinence.

Women had enjoyed the ‘women only’ aspect of the event and many had brought a friend or neighbour. They’d enjoyed the combination of services and information with some pampering, healthy snacks and refreshments and their goody bags.

There was some strong feedback in conversation about the need to provide access to health services by phone as well as online booking. Access to IT or skills especially about sensitive issues meant many women felt there was a huge barrier to them accessing health services. Then when they got there, they felt ‘women’s problems’ were dismissed or ignored.

Overall, there was some strong feeling that public health campaigns in print media, TV and radio, online social media etc were needed to address anxieties around screening and vaccinations and to promote self-care during the menopause etc. Many women felt health services were misogynistic and ageist in the way they provided the services and the way women’s health issues were not prioritised and communicated well.

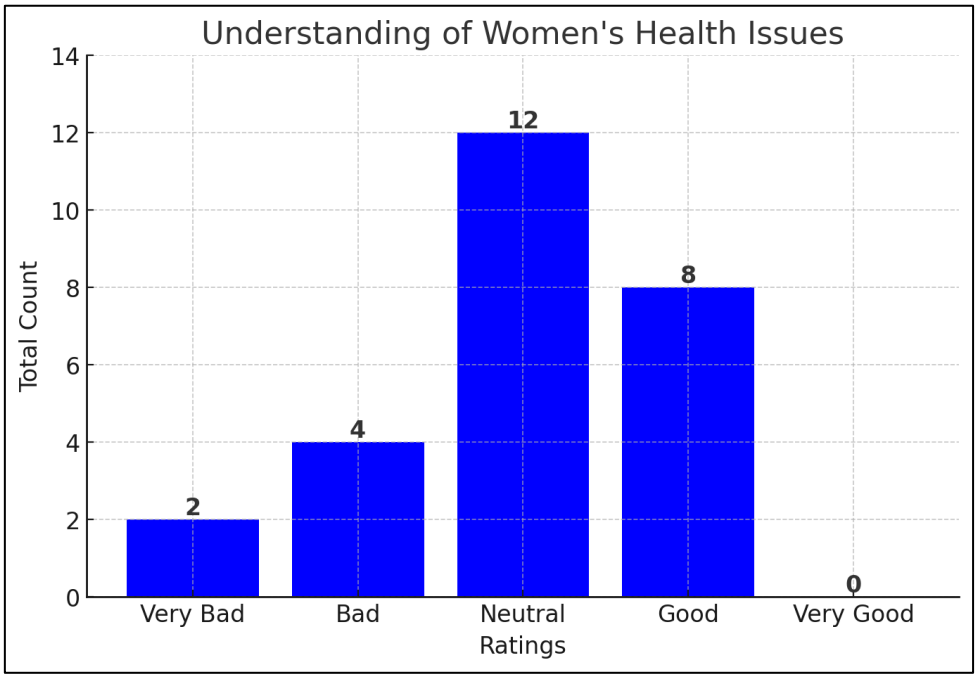
## Asian Association of Chesterfield

The Asian Association of Chesterfield & North Derbyshire is a registered charity (Registered Charity Number: 1183943), founded in 1982, with the aim of promoting the culture, education, health and welfare of Asian people residing in Chesterfield and North Derbyshire. Since 2009, the Asian Centre remains a focal point for the community members which facilitates numerous cultural activities and organises educational and recreational activities with improved links to the wider community.

The Association is fully inclusive and welcoming irrespective of cultural background, religion or ethnicity.

26 attendees over three workshops.

**How would you rate your understanding of women's health issues? Ratings scale – (1 Very Bad - 5 Very Good)**




Knowledge amongst specific topics varied also depending on individual life experiences, so whilst overall score may be one answer, understanding of individual topics was more varied, e.g. younger participants claimed to have less knowledge about the menopause as it is not something they have yet experienced.

**Where have you gained most of your knowledge about women's health?**

- Most participants rated their understanding of women's health as Good or Very Good.
- Younger participants lacked knowledge on topics like menopause due to lack of personal experience.

  *"I know about women's health, but I don't know where to go next."*

**What is important for you regarding women's health in the current stage of your life?**

Menopause and the perimenopause were important for at least half of the attendees.

A third of the attendees have already been through menopause so for them general health and well-bring was most important. They also wished to keep up to date for their daughters and granddaughters on women's health topics in general.

A few attendees are experiencing menstrual problems, e.g. heavy periods and therefore discussing this and the options available to improve this were discussed.

Cervical screenings were relevant to at least half of attendees.

Contraception methods, particularly for their possible use in alleviating period pain, were important for a few attendees.

**How and where would you prefer to access women's health services?**

- Preferred face-to-face consultations over virtual or phone.
- Female GP preferred for women's health topics.
- Workshops in community centres were suggested for better engagement.

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

- Language barriers for non-English speakers.
- Lack of awareness about requesting female GPs.
- Discomfort speaking to GP receptionists, especially male staff.

**Where would you go to access information about women's health?**

- NHS Website
- Pamphlets from GP surgery.
- Speak to family and friends.

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

Attendees agreed that it is much easier to access information than for previous generations due to the ease of accessibility via the internet. All attendees regardless of age had use of a computer or smartphone, and with translation apps, e.g. Hindi to English, Urdu to English readily available to download and use.

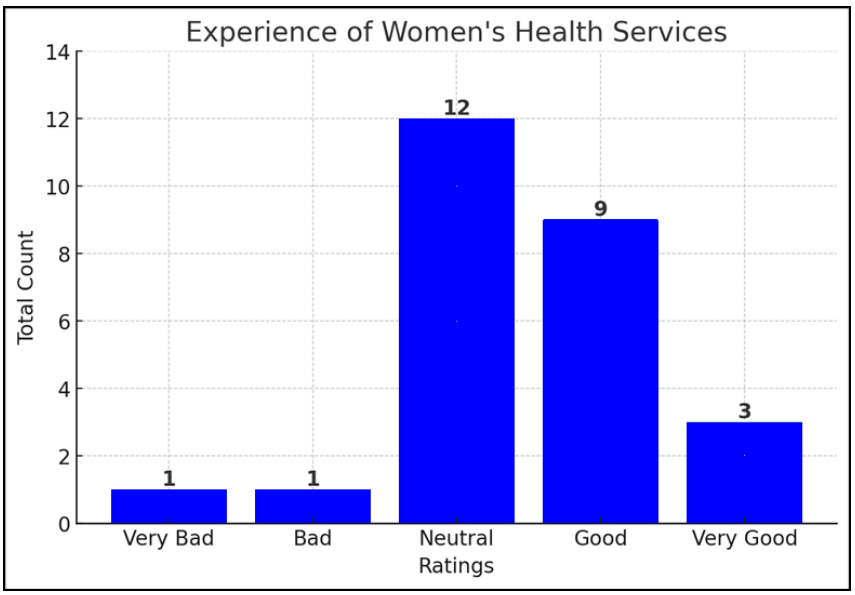
*"Getting women's health information, and health information in general, is improving with improving technology. It allows people to access information better than ever before".*

**How could these be addressed**

- Community workshops

- Producing and sharing videos of women describing common women's health topics or issues with images, and access to it in different languages would be a useful tool.

**How would you rate your overall experience of women's health services? Rating scale: 1 Poor – 5 Excellent**




**What works well and not worked well and could be improved?**

**Works Well**

Attendees spoke about their individual experiences which varied from very poor to excellent. The majority of attendees experience was generally positive.

NHS Website works well for browsing information and signposting women as to what to do next. This can be used alongside a translation service if needed.

**What has not worked well and could be improved**

GP surgeries advertising information to help all women understand the services available and how to access, e.g. translation services, requesting a female GP, requesting a specialist GP for women's health topics.

Tie with ethnic minority communities could be improved, as these act as a social and community space, it is a potential missed opportunity to work together to improve awareness, and therefore e.g. take up of screenings, vaccines, etc. Many people who have grown up abroad may be used to experiencing a different healthcare system and therefore do not know where to go, they may also not have had the same education as those attending schools in the United Kingdom.

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is and do you have any ideas on how to increase participation in screenings?**

For older generations this has not been a priority because it is not something you have grown up with in your home nation, e.g. growing up in India there was little or no education regarding cervical and bowel screenings. It is however becoming more of a priority, and therefore in time take up will likely increase due to better understanding and education.

There is a common misconception that a cervical screening is only relevant if you are or have been sexually active – education and awareness is needed to change this misguided understanding.

**How to increase participation in screenings**

Find ways to reduce the taboo around attending screenings.

Education and awareness campaigns to promote the importance of attending cervical screenings regardless of whether you are sexually active, or how many sexual partners you have had.

Producing short videos in different languages may be a useful tool.

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is and do you have any ideas on how to increase participation for HPV vaccinations?**

this is not something many attendees have grown up with, even those in their thirties who have lived in the UK their whole lives had minimal knowledge because it wasn't something available when they went to school.

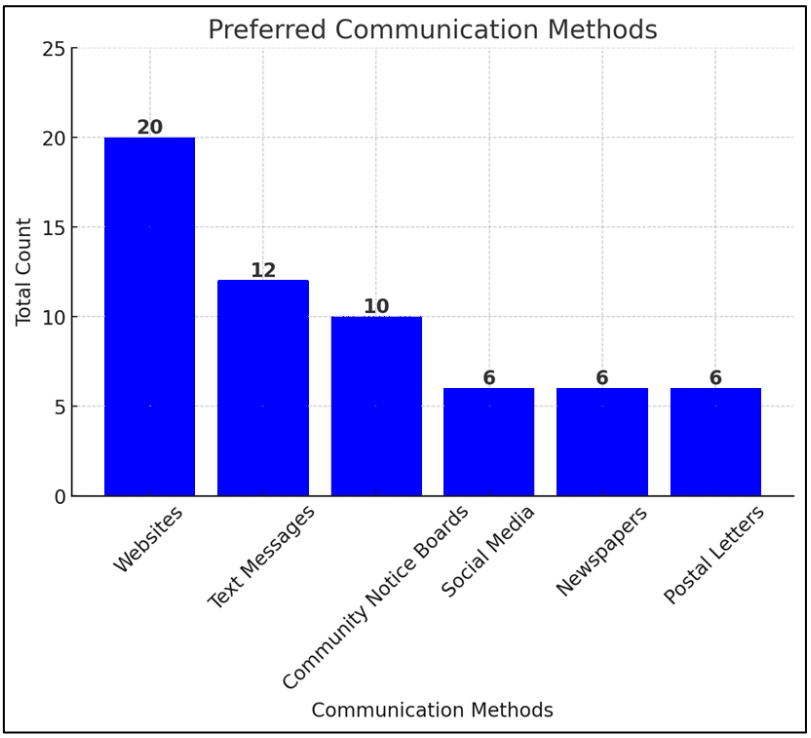
There is often a misconception because of cultural mindset that this is not applicable due to not having had any or more than one sexual partner and therefore would not participate.

**How to increase participation in HPV vaccinations?**

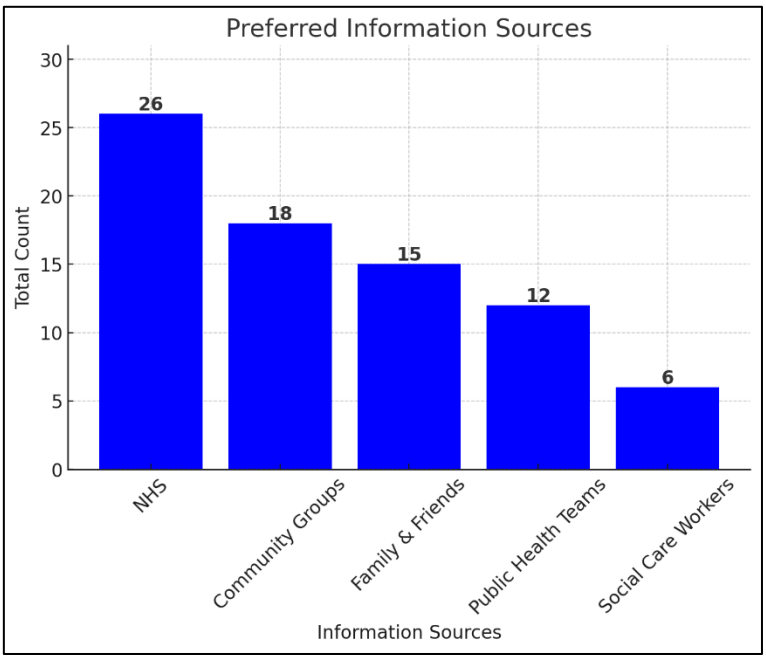
Education and awareness campaigns within schools and wider community to increase understanding. Many people do not know about the HPV vaccination unless they have a relative or friend of school age who has participated.

Producing short videos in different languages may be a useful tool.

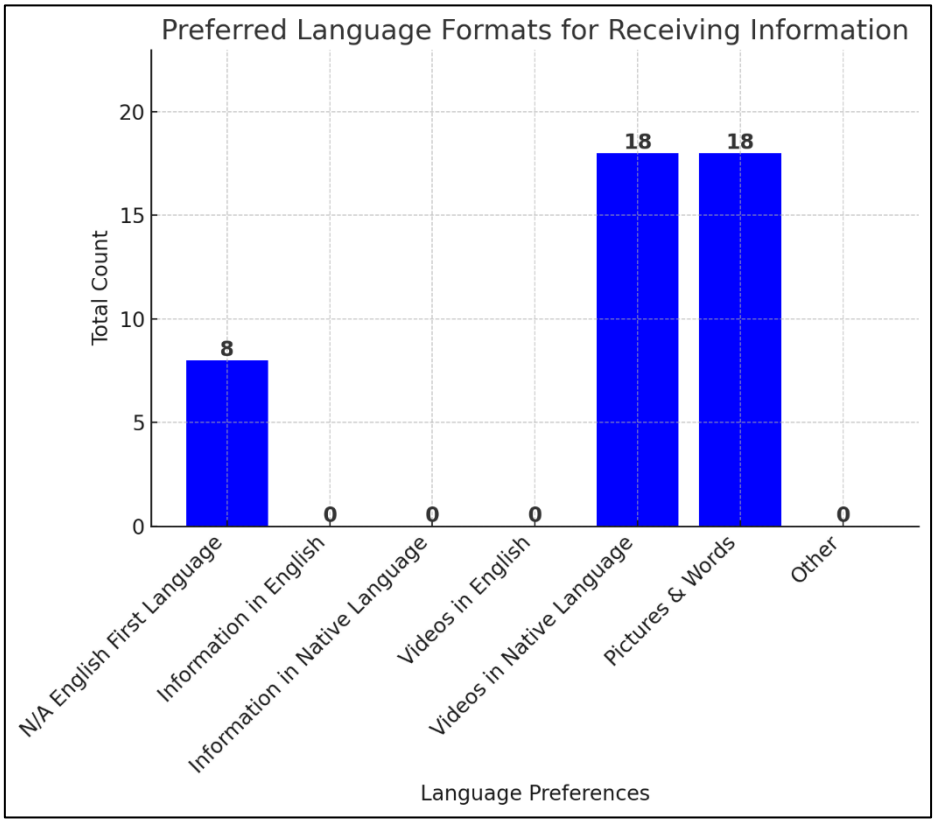
**How would you prefer to receive information about women's health and women's health services?**



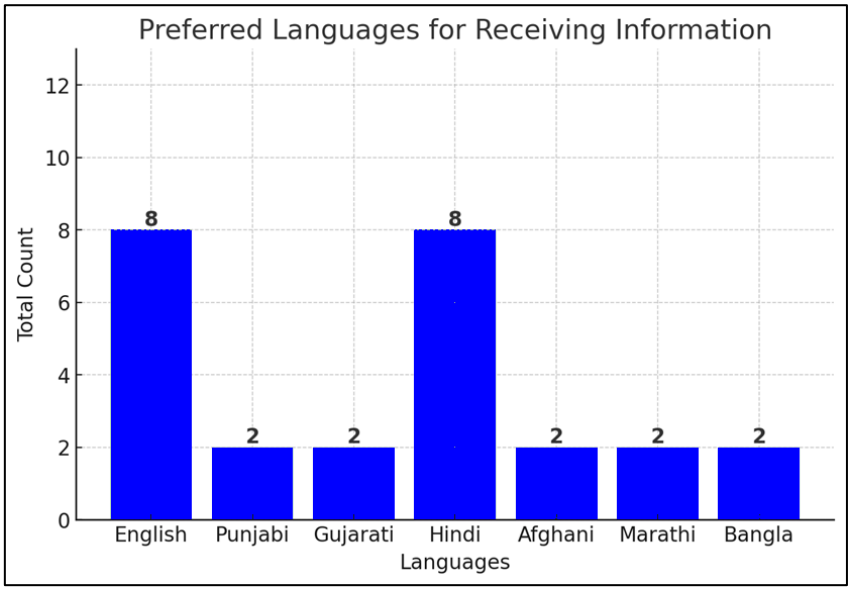

**Who would you prefer to receive this information from?**



**How would prefer information if English is not your first language?**




**If English is not your first language, which would you prefer to receive information in?**



**Other comments**

If resources allow, there is a real opportunity for the NHS / Public Health to engage more with ethnic minority groups via community organisations (such as the Asian Association of Chesterfield and North Derbyshire) in order to share information / hold workshops, and use community ties to share information regarding women's health and other health topics, with the members and non-members we engage with via our day to day activities. This would help raise awareness and improve education, particularly for those whose first language is not English, or where cultural/religious beliefs may affect understanding regarding women's health and health topics in general.


*Image: The Asian Association of Chesterfield & North Derbyshire, Participants of the engagement workshop.*

## Bluetonic

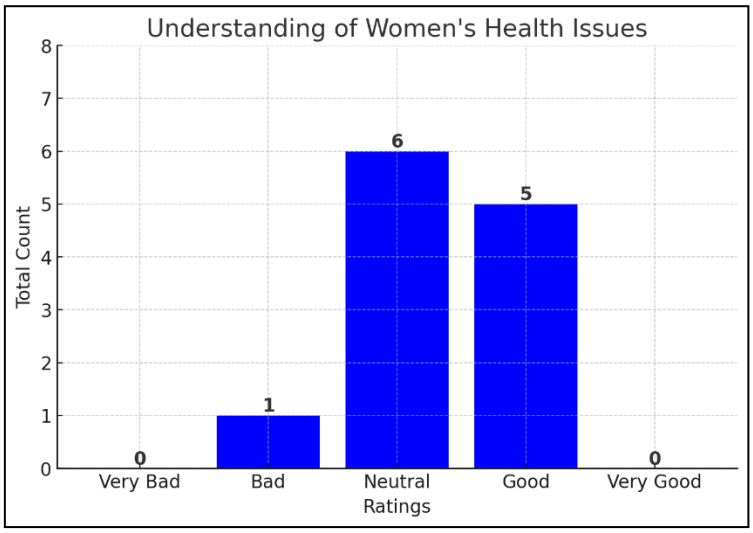
Bluetonic is a local charity that enables local people who struggle to access the benefits of blue spaces (in, on or around water), due to factors such as age, sex, race, or economic hardship.

Undercurrents is a new group for women who are peri-menopausal or menopausal and the focus is improving mental and physical health by coming together. Women explore the benefits of being in, on and around water and taking part in a variety of activities. Women also share experiences and offer peer support to each other in relation to the menopause. The group is based in Long Eaton and is open to anyone in the Derby and Derbyshire area. The group was founded by women with lived experience of the menopause who love water. All the people leading sessions live locally increasing reach into their communities.

The group started in late June 2024 and meets fortnightly. There have been over 120 separate interactions with a regular attendance of 15 women per session in the last month. (the maximum for the space). We have a private Facebook Group with 147 members – all are peri-menopausal or menopausal and live in and around Derbyshire. Here, we share information about the menopause, share experiences and add events.

12 members participated over 4 workshops.

**How would you rate your understanding of women's health issues?**




**Where have you gained most of your knowledge about women's health?**

- Online Sources – Most women rely on Google/Alexa for advice but are unsure about the reliability of the information.
- Friends and Peer Groups – Support groups for peri and menopausal women help share experiences, but many didn't receive information from their mothers and want to improve awareness for younger generations.
- Social media – Platforms like Facebook, Instagram, TikTok, and YouTube are commonly used, but trust in the information remains a concern.
- Davina's TV Programme – This was a key awareness moment, helping many members recognise perimenopause for the first time.

- Apps – Some members use the Balance and Pause apps, while NHS information is mostly accessed via the website rather than the app.
- Books – Authors like Dr Newson, Liz Earle, and Kate Roweham are trusted, as books are seen as credible sources.
- Workplace Support – Some workplaces offer menopause sessions, but scheduling conflicts during working hours prevent attendance.
- Podcasts – Members listen to or are interested in podcasts featuring personal experiences and expert discussions.

**What is important for you regarding women's health in the current stage of your life?**

- Being heard – Many feel ignored by doctors.
- Physical wellbeing – Staying strong, eating well, and preventing age-related issues.
- Quality of life – Enjoying time with family, travel, and nature.
- Self-care – Prioritising wellbeing.
- Diet and weight – Confusion over diet advice; many want to reduce ultra-processed food.
- HRT Access – Struggles with prescriptions; non-hot flush symptoms often dismissed.
- Holistic options – Recognition of menopause without HRT being the only solution.
- Advice and support – Reliable menopause guidance on weight, mental health, and relationships is lacking.
- Accessing help – Information exists but is hard to find; better signposting is needed.

**How and where would you prefer to access women's health services?**

- Preferred Methods – Face-to-face (30%) is favoured, but virtual consultations (21%), online advice (21%), and the NHS app (16%) are also popular. Only one person preferred telephone appointments.
- Schools – Teach younger generations to normalise menopause and help them access advice later.
- Smear Tests – From age 40, include leaflets, nurse discussions, or screenings for symptoms.
- Digital Platforms – WhatsApp chats and official NHS social media accounts.

**Where**

- Local Venues or Virtual – Equally preferred between NHS or community settings.
- Hospitals Avoided – Barriers include transport costs, parking stress, added time, and risk of illness. Park-and-ride is acceptable but inconvenient.

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

- Lack of Research – Insufficient studies on menopause, especially risks of HRT for conditions like breast cancer or endometriosis.
- GP Knowledge Gaps – Many GPs misdiagnose menopause symptoms as depression or anxiety.

- Women's Awareness – Many don't recognise symptoms due to the absence of hot flushes.
- Dismissive GPs – Some disregard symptoms, blaming media influence (e.g., *"the Davina Effect"*), or dismissing blood test results.
- HRT Stigma – Some feel pressured to avoid HRT, as if managing without it is an achievement.
- Lack of Female GPs – While male GPs can be supportive, some female GPs are unsympathetic, particularly if they had mild symptoms themselves.
- Low Priority – Menopause is overlooked in research, training, and healthcare support.
- Conflicting Information – Finding accurate, reliable advice is difficult.
- Severe Underfunding – Research, medication, and menopause-related care suffer from a lack of investment.
- HRT Shortages – Women struggle to obtain HRT, sometimes going without for weeks and facing distressing delays.
- Outdated Information – Misconceptions, such as *"HRT isn't safe for those with breast cancer"*, persist among GPs and the public.
- Financial Barriers – Some turn to private healthcare for HRT, but most cannot afford it and must navigate the NHS system repeatedly.
- Lack of Counselling – Women undergoing surgical menopause receive little explanation or post-surgery support, with no structured follow-ups.

**How could these barriers be addressed?**

- Mandatory GP Training – All GPs and ANPs should receive compulsory menopause training.
- Menopause Experts in Surgeries – Every GP practice should have a specialist with advanced training.
- Empathy & Listening – GPs need to be more understanding and patient-focused.
- Dedicated Menopause Specialists – More trained GPs, nurses, and ANPs focused on menopause care.
- Specialist Clinics & Self-Referral – Easier access with online booking, avoiding gatekeeping by receptionists.
- Lived Experience Clinics – Menopause-focused clinics led by experienced ANPs/GPs.
- Local Information Hubs – Easily accessible menopause resources in communities.
- Better Collaboration – Improved coordination between Primary Care Networks (PCNs).
- Informational Materials – More leaflets and educational content.
- Government Investment – Increased funding for menopause research and healthcare.
- HRT Supply Issues – Government intervention needed to resolve shortages.
- Changing Attitudes & Reducing Stigma – Menopause education in schools, open discussions on social media, and women-led awareness campaigns.
- Workplace Support – Policies and menopause support groups in workplaces.
- NHS Symptom Tracker – An NHS app similar to Balance, also used for research.
- Better Signposting – Awareness of existing resources and how to access them.
- Education at Key Life Stages – Information provided at midwife visits (for mothers 35+), mammograms, and smear tests (40+).
- NHS-Endorsed Podcasts – Expert-led podcasts to educate and inform.

**Where would you go to access information about women's health?**

- Social media - including Facebook, Instagram, TikTok, YouTube
- Google - the first port of call for most of the women
- Books
- Podcasts
- Friends
- App - such as the Balance app and the Pause app

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

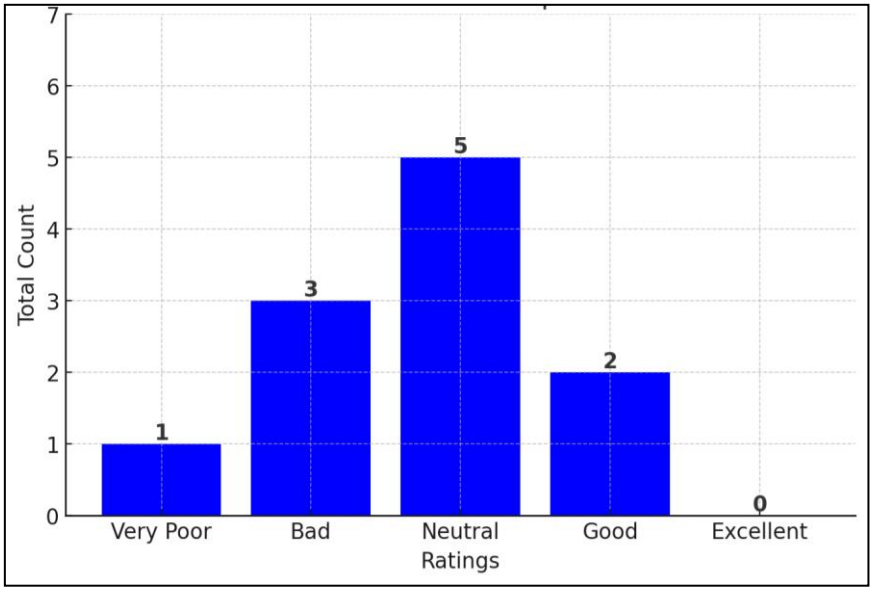
**Barriers**

- Lack of NHS Resources – Poor information on the NHS app/website with no clear signposting.
- Trust Issues – Misinformation in leaflets and false claims on social media.
- No Centralised Strategy – Access to support varies by location (e.g., Nottinghamshire has 'Menopause Cafés', but Derbyshire lacks similar initiatives).
- Financial Barriers – Books, private consultations, apps, and supplements are expensive and often unaffordable.
- Time Constraints – Services run during working hours, making them inaccessible for many perimenopausal women.
- Self-Diagnosis – Many turn to social media after being dismissed by GPs who only recognise 'hot flushes' as a symptom.
- Conflicting Information – Medical vs holistic advice is inconsistent, leaving those wanting non-HRT options even more confused.
- Cultural & Religious Needs – Some require female GPs or female-only information, but there aren't enough trained professionals available.

**How could these be addressed**

- Official NHS Directory – A dedicated website (e.g. *www.menopause.nhs.co.uk*) with reliable, up-to-date information and signposting to services.
- NHS-Approved Podcasts – Featuring expert speakers to provide trustworthy guidance.
- National NHS Menopause Strategy – A unified approach to menopause care across the UK.
- Local Collaboration – PCNs and local services should work together for consistent menopause support.
- Trusted Social Media Accounts – NHS-approved platforms sharing accurate advice on symptoms and treatments.
- Better Awareness & Signposting – Menopause information should be provided at key health interactions for women aged 35-40+, including smear tests, mammograms, and health visitor appointments.

**How would you rate your overall experience of women's health services?**




**What works well and not worked well and could be improved?**

**Works well**

- Social media.
- Celebrities promoting awareness.
- Peer support, in some cases - we are a group who meet regularly and give peer support, but the support can be hard to find and access.

**What has not worked well and could be improved**

GP Training & Empathy – More training needed to improve understanding and patient support.

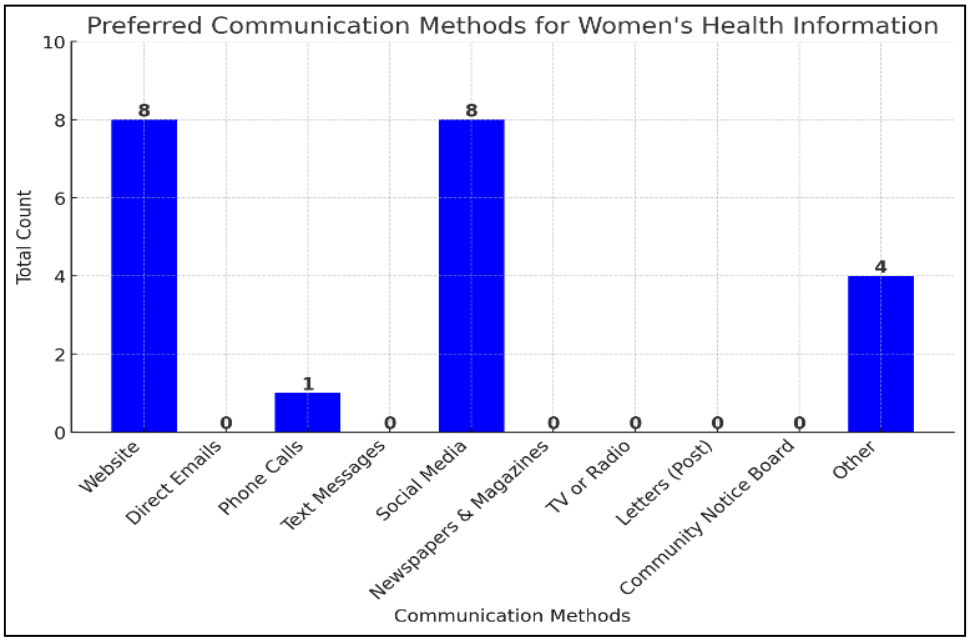
Menopause Research – Increased studies into all aspects of menopause.

Consistency in Care – Standardised messaging and services across the NHS.

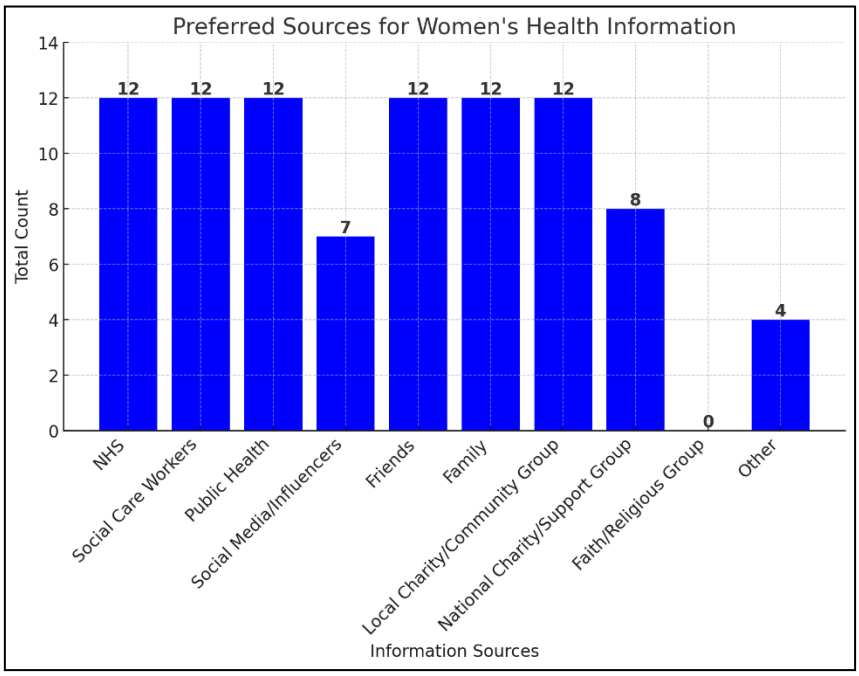
Postcode Lottery – Unequal access to menopause support depending on location.

Better Awareness & Access – Services exist but are poorly advertised. Improved signposting and promotion are needed, especially for those lacking GP support or peer networks.

### How would you prefer to receive information about women's health and women's health services?




### Who would you prefer to receive this information from?




### How would prefer information if English is not your first language?

The members mentioned no preference for other language as English was the first language of all the participants.

### If English is not your first language, which would you prefer to receive information in?

The members mentioned no preference for other language as English was the first language of all the participants.

## Chesterfield and North East Derbyshire Muslim Women Group

The Chesterfield Muslim Women's Group focuses on women's health, well-being, and community engagement, particularly supporting mental health and social inclusion.

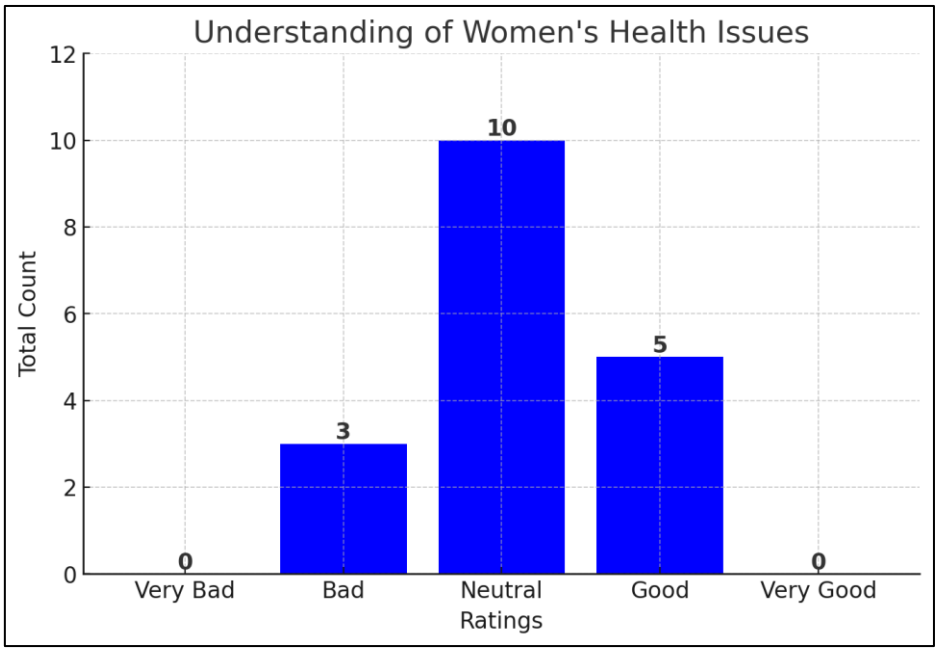
We organise monthly meetings on the first Sunday of each month at Loundsley Green Community Centre, where women come together for social interaction, peer support, and learning opportunities.

Our activities include mental health awareness sessions, chair-based exercises, and weekly women-only swimming sessions to promote physical well-being.

We also encourage participation in digital learning courses, webinars, and community-based programs to help women build confidence and skills.

Additionally, we support carers through the BME Sitting Service, ensuring they have access to necessary resources and respite. Our aim is to empower women, reduce isolation, and improve overall well-being, particularly for those facing cultural or language barriers in accessing mainstream services.

18 women participated in the engagement workshop.




Most of the group members had only **basic knowledge** of women's health issues. They were aware of some key topics but had not actively sought out further information. Many participants admitted that they had not prioritised learning about women's health due to cultural sensitivities and lack of open discussions within families.

The majority of the women stated that they had not actively sought out information on women's health, and these topics were **not openly discussed within families** due to

cultural norms and sensitivities. They expressed a desire to learn more but felt that they lacked access to trusted and relevant resources.

**Where have you gained most of your knowledge about women's health?**

Limited discussions within the community.

Personal experiences from family members or friends.

Some information from the NHS, but it was not actively sought out.

Occasional exposure through social media and television but often lacking depth or accuracy.

**What is important for you regarding women's health in the current stage of your life?**

- Access to clear and culturally appropriate information that respects their beliefs and values.
- The ability to speak to **female healthcare professionals** about health concerns, as many women feel uncomfortable discussing intimate topics with male doctors.
- Increased awareness about screenings and preventative care, as many women were unaware of the benefits and procedures involved.
- The availability of services in a **comfortable, community-friendly environment**, where they feel safe and supported to ask questions.

**How and where would you prefer to access women's health services?**

How:

- Face-to-face consultations, as they feel more comfortable discussing health concerns in person.
- Telephone consultations, which provide convenience for those who cannot travel or feel anxious about in-person visits.

Where:

- In familiar **community venues**, rather than NHS settings, as they feel more at ease in spaces they know and trust.
- With **female healthcare professionals** whenever possible to ensure comfort and cultural sensitivity.

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

Barriers

- **Lack of information** on how to access support, leading to confusion and missed opportunities for care.
- **Concerns about male doctors**, making some women uncomfortable and reluctant to seek help.
- **Language barriers**, with limited information available in preferred languages, making it difficult to understand available services.
- **Cultural sensitivities**, leading to reluctance to discuss women's health, particularly regarding reproductive and sexual health.

How could these be addressed

- Ensure **translated materials** are widely available in multiple languages to make information accessible to all.
- Improve the system for requesting **female healthcare professionals**, so women feel more comfortable seeking care.
- Provide **face-to-face workshops in trusted community spaces**, where women can learn and ask questions in a non-judgmental environment.
- Use **visual aids and pictures** for those with low literacy levels to help them understand important health messages.

**Where would you go to access information about women's health?**

- GP, NHS website and online resources, though some found the language too complex.
- Community workshops, which provide a more interactive and comfortable learning experience.
- Local health centres, where they can speak to professionals, though they often lack confidence in doing so.

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

Barriers

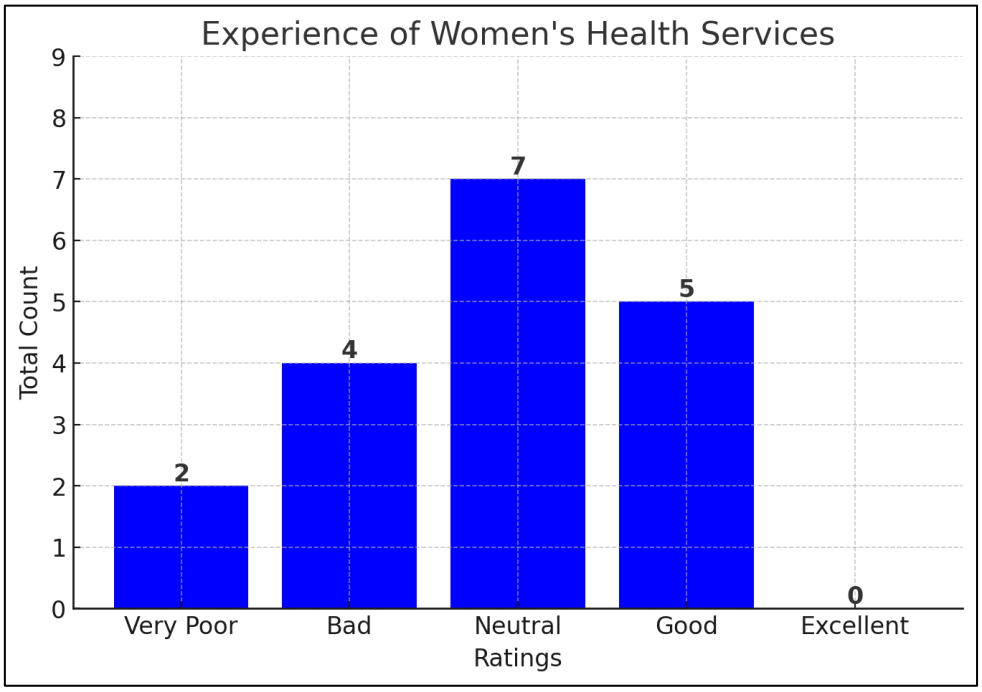
- NHS letters are often ignored because they lack clear details, feel impersonal, or are not provided in the recipient’s preferred language.
- Lack of materials in multiple languages, making it difficult for non-English speakers to access important health information.

How could these be addressed

- Provide **leaflets in different languages** to accommodate diverse communities.
- Make health letters **clearer and more detailed**, ensuring they explain procedures and next steps in simple terms.
- Use **visuals and pictures** to help those with low literacy levels understand essential health concepts


*Image: Chesterfield and NE Derbyshire Muslim Women's Group, Group members in the engagement session.*

**How would you rate your overall experience of women's health services?**



**What works well and not worked well and could be improved?**

Works Well

- Services are available, but awareness is low, meaning many do not take advantage of them.
- Community groups help spread knowledge and provide a supportive environment for learning.

What has not worked well and could be improved

- **Lack of female healthcare professionals**, leading to discomfort in appointments and cancellations.
- **Cultural reluctance** to talk about women's health, causing delays in seeking care.

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is and do you have any ideas on how to increase participation in screenings?**

Current thoughts

- **Lack of awareness** about the importance and benefits of screenings.
- **Fear of the unknown**, including not knowing what to expect during the procedure.
- **Discomfort with male healthcare providers**, discouraging some women from attending appointments.

How to increase participation in screenings

- Provide **detailed, easy-to-understand information** explaining the benefits of screening and what the process involves.
- Allow women to **request female professionals**, so they feel more comfortable attending screenings.
- Use **community workshops** to educate women about screenings in an interactive and non-intimidating way.

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is and do you have any ideas on how to increase participation for HPV vaccinations?**

Current thoughts

- This was not widely discussed during the session. However, it is likely that the same barriers affecting screening participation—lack of awareness, cultural sensitivities, and language barriers—also contribute to the low uptake of the HPV vaccine. Additional outreach and educational campaigns tailored to diverse communities may help address these issues.

How to increase participation in HPV vaccinations?

- Raise **awareness through culturally appropriate education sessions** in community settings.
- Provide **translated materials** that explain the importance and safety of the vaccine.
- Use **trusted female community leaders** to help deliver messaging and encourage participation.
- Offer **walk-in vaccination sessions** in familiar community venues to increase accessibility.

- Address **misconceptions and fears** by providing clear and accurate information about potential side effects and benefits.

**If English is not your first language, which would you prefer to receive information in?**

10 women mentioned that English is their first language.

8 women prefer information in Urdu and English

3 women prefer information in Arabic and English

1 woman prefers information in Turkish and English.

**Would you like to add anything more?**

- **Discomfort with male doctors**: One participant shared that she had to cancel an appointment for her mother because the doctor was male, making her mother uncomfortable.
- **Cultural reluctance to discuss women's health**: Many women do not talk about these issues openly, even within their families.
- **Quote from one of the ladies:**

  *"Only when we turned 11 years old did we find out that babies come from a mom's tummy and not that the hospital gives them to the moms!"*

  And this highlights the lack of early education on women's health.

## Chesterfield Filipino Community Association (CFCA)

Chesterfield Filipino Community Association (CFCA) is committed to advocating for the rights and interests of the Filipino community in Chesterfield, Northeast Derbyshire, Bolsover, and nearby areas. It provides culturally appropriate services designed to meet the specific needs of local Filipino residents.

**Key objectives of CFCA are**

- **Cultural Support & Engagement** – Promoting Filipino culture and increasing community visibility.
- **Consultation & Advocacy** – Addressing issues such as housing, education, health, and local services while representing the community's interests.
- **Social Inclusion & Well-being** – Organising social activities to reduce isolation and provide essential support.
- **Equality & Diversity** – Ensuring opportunities for all, regardless of background.
- **Building Partnerships** – Collaborating with local service providers to support community needs.

10 members attend the engagement workshop.

**How would you rate your understanding of women's health issues?**

4 women shared that they have a good understanding of women's health issues, while 6 women mentioned that they have a very good understanding of women's health issues

This positive outcome suggests that the community feels confident in their knowledge of key topics such as menstrual problems, menopause, contraception, preconception care, breast pains, cervical screenings, and STIs. It is possible that effective health education initiatives, community support, and accessible resources have contributed to this high level of understanding.

**Where have you gained most of your knowledge about women's health?**

Respondents indicated that they gained their knowledge about women's health from a variety of sources. Many highlighted personal experiences as a significant contributor, while several also mentioned the NHS website, Google, and other internet resources as key sources of information. In addition, reading materials, prior knowledge, and school education were cited, and some respondents also referenced consultations with their GP or nurse.

**What is important for you regarding women's health in the current stage of your life?**

Based on the respondents' answers, key aspects of women's health that are important at this stage of their lives include managing menopause and ensuring regular cervical screening. Several participants specifically mentioned menopause or described themselves as menopausal, indicating that the changes associated with this life stage are a significant concern. Additionally, multiple responses highlighted the importance of

cervical screening as a preventive measure. One respondent also noted experiencing irregular menstrual periods, suggesting that reproductive health remains a relevant issue.

**How and where would you prefer to access women's health services?**

How:

The responses indicate a strong preference for face-to-face consultations when accessing women's health services. The majority of respondents mentioned that in-person interactions provide the personal engagement they value in discussing sensitive health matters. One respondent noted that telephone consultations are a suitable alternative when a face-to-face visit isn't possible. Additionally, a comment highlighted that for individuals with busy lifestyles, a combination of telephone calls, video consultations, and in-person visits would be beneficial. Only one respondent expressed a preference for accessing services online. Overall, while face-to-face remains the favoured approach, there is also support for flexible options to accommodate different circumstances.

Where:

The responses clearly show a strong preference for accessing women's health services at local GP surgeries. Every respondent mentioned their GP or local GP as the venue of choice, emphasising the importance of familiar and accessible settings for their healthcare needs. This consistency suggests that the community highly values the convenience, trust, and personal connection that local GP surgeries offer.

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

The responses regarding barriers to accessing women's health services were mixed. Six respondents stated that they do not experience any barriers, with one even commenting positively that their GP in the area is good. However, two respondents highlighted challenges with appointment availability—one mentioned that there were no appointments available on the day they called at 8 am, and another noted a general struggle with securing appointments.

**How could these be addressed**

To address these issues, respondents suggested several improvements. They recommended increasing the number of available appointments to reduce waiting lists, extending service hours (potentially offering a 24/7 service) to better accommodate busy schedules, and boosting staffing levels to help manage appointment bookings more effectively.

**Where would you go to access information about women's health?**

The responses indicate that online sources are the primary channel for accessing women's health information. Most respondents mentioned using websites and internet searches, including Google, as their go-to resource. Additionally, several participants highlighted social media, noting its ease of access and engaging content. One respondent also mentioned the use of printed materials alongside digital sources, suggesting that while online platforms are predominant, traditional formats still hold some value.

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

Some respondents did not perceive any barriers to accessing women's health information, while others noted specific challenges. A few mentioned that website content can be too brief or redirect users elsewhere, which creates confusion and raises concerns about the legitimacy of the information provided.

How could these be addressed

To address these issues, respondents suggested several improvements, including implementing robust fact-checking measures, launching awareness campaigns, and ensuring that website content is more detailed and clearly presented. Additionally, the development of a dedicated app or specific link was proposed to consolidate reliable and comprehensive women's health information.

**How would you rate your overall experience of women's health services? Rating scale:**

Out of the 10 respondents, 6 rated their overall experience as "Excellent" (rating of 5), while 4 rated it as "Neither good nor bad" (rating of 3). This indicates that while a majority are very satisfied with the services, a significant portion sees room for improvement.

**What works well and not worked well and could be improved?**

**Works Well**

Respondents highlighted that letter reminders, especially for cervical screening invitations, work well as an effective communication tool. One respondent appreciated the proactive phone call she received to book an appointment for cervical screening, although she noted that the subsequent letter arrived late, suggesting a need for better coordination.

**What has not worked well and could be improved**

On the other hand, some respondents pointed out issues that could be improved. They mentioned that the calling service should always be available, rather than only during limited hours. In addition, improvements in phone and email services were suggested, as several respondents experienced difficulties securing appointments and felt that follow-up telephone calls were necessary for prompt action by their GP. These comments collectively suggest that while certain aspects of the service are working effectively, enhancing accessibility and communication could further improve the overall experience.

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is, and do you have any ideas on how to increase participation in screenings?**

**Current thoughts**

Respondents provided several insights into why fewer women in Derby City may be getting cervical and bowel screenings:

- **Reluctance and Social Factors:** Some women may simply not want to participate due to shyness or the influence of social stigma. There is also a fear of potential side effects and negative outcomes associated with the screening procedures.

- **Lack of Awareness:** A number of respondents noted that there is insufficient information available about the importance of these screenings. This lack of knowledge means that many women are not aware of the benefits or the need for regular screening.
- **Underestimating Symptoms:** In some cases, women may take symptoms lightly and not see the urgency in getting screened. One respondent mentioned an experience where her GP did not take her concerns seriously until further investigation (a colonoscopy) revealed polyps, despite her proactive communication about her symptoms.

**How to increase participation in screenings**

To address these issues and boost screening uptake, respondents suggested a range of measures:

- **Enhanced Communication and Reminders:**
    - Use multiple channels to disseminate information, including leaflets, text messages, emails, and letters.
    - Send reminders a day before appointments to help ensure that busy individuals do not miss their scheduled screenings.
- **Direct Outreach:**
    - Consider more personalised approaches such as one-to-one phone calls or emails.
    - Explore door-to-door or house-to-house visitation campaigns to directly engage with women in the community.
- **Policy and Structural Changes:**
    - Some respondents suggested that the NHS should consider making screenings mandatory.

Implement clear guidelines, such as specific age limits for screening eligibility, to ensure clarity and consistency.

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is and do you have any ideas on how to increase participation for HPV vaccinations?**

Current thoughts

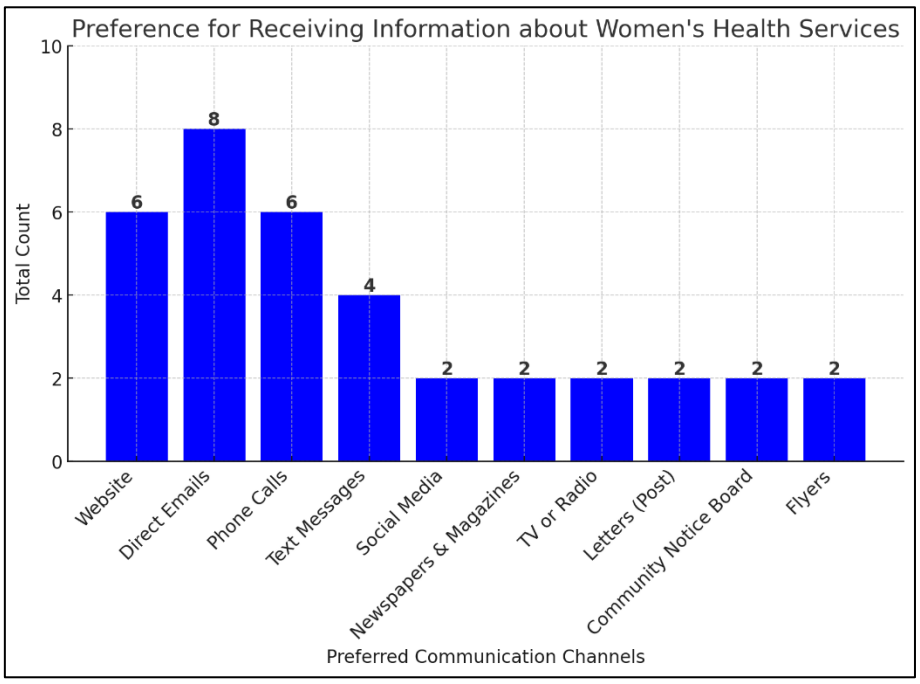
Respondents believe that the low uptake of the HPV vaccine in Derby City is largely due to a lack of awareness. Several participants mentioned that many people are simply not aware of the vaccine or its benefits. One respondent drew a parallel with cervical screening by recalling how the death of Jade Goody in 2009 significantly raised awareness about cervical health, suggesting that a similar level of publicity is lacking for HPV. Others felt that the current awareness campaigns might be inadequate or even questionable, leaving many unsure about the importance of the vaccine.

**How to increase participation in HPV vaccinations?**

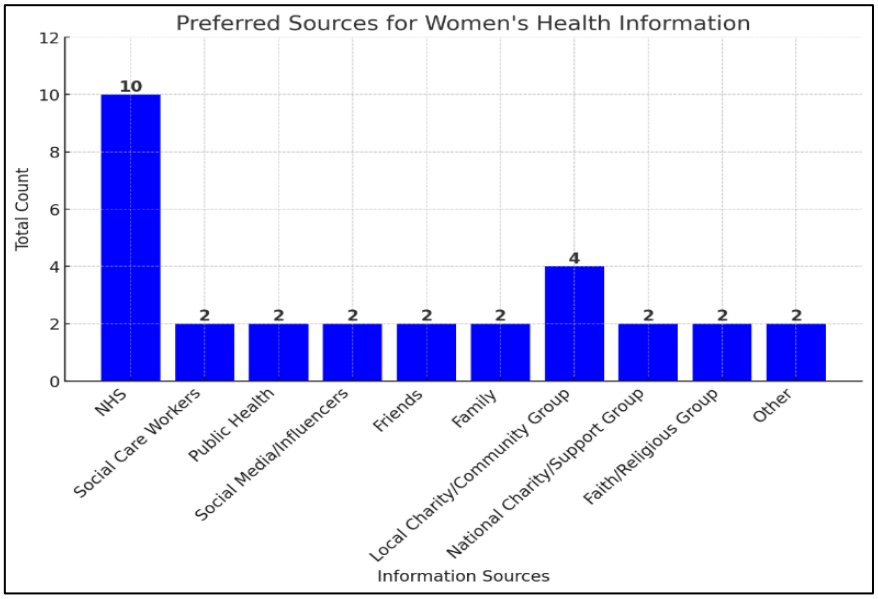
To boost participation in HPV vaccinations, respondents recommended a more proactive and personalised approach. Suggestions included direct outreach methods such as house-to-house visits and one-to-one conversations to ensure that information reaches everyone. They also proposed using phone calls, emails, and reminders—ideally sent the day before appointments—to engage those who might otherwise forget or be too busy. Additionally, several respondents emphasised the importance of organised and assertive

campaigns in schools, particularly to inform parents with younger children who may not have received information about HPV. These measures aim to enhance awareness and provide clear, accessible information, which could ultimately lead to higher vaccination rates.

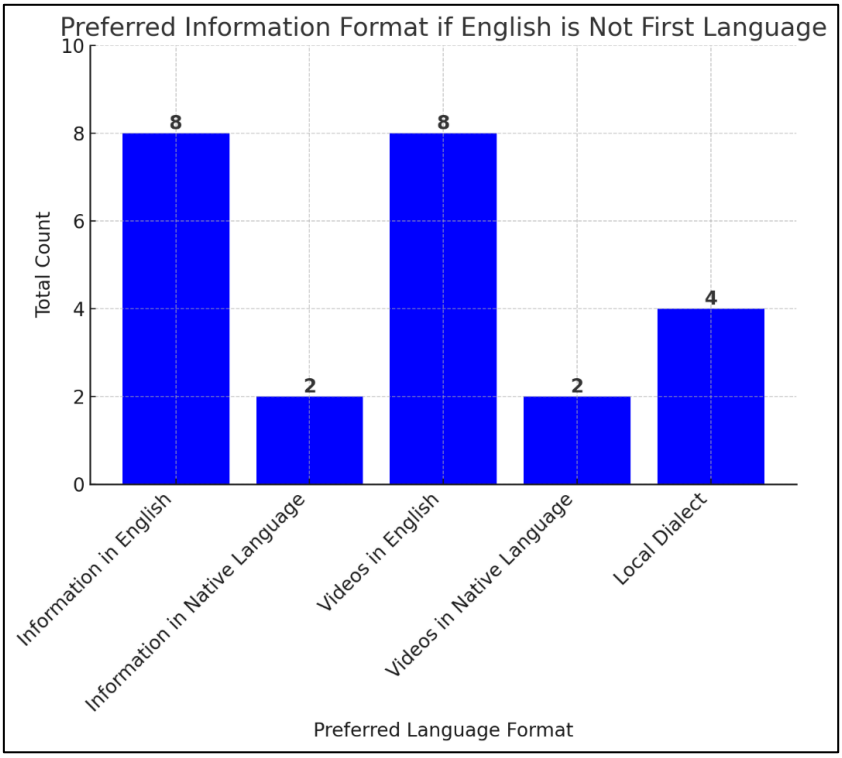
**How would you prefer to receive information about women's health and women's health services?**




**Who would you prefer to receive this information from?**



**How would prefer information if English is not your first language?**




**If English is not your first language, which would you prefer to receive information in?**

All the members mentioned that they would prefer to receive information in their own language/ dialect.

**Do you have any other comments or suggestions to help improve women's health services in your local area?**

Respondents offered several additional suggestions to improve women's health services locally. They recommended increasing visibility by using notice boards and ensuring that relevant information is prominently displayed on NHS websites and social media platforms.

In doing so, they believe that encouraging women not to feel shy or embarrassed about accessing services could be facilitated, especially if community-based information sessions are organised.

Moreover, respondents stressed the need for more effective dissemination of information and advocated for increased budget allocation to support these initiatives.

**Would you like to add anything more?**

The workshop was conducted in Taglish (a mix of Tagalog and English), and the direct quotes below have been translated into English for clarity. Several respondents shared personal experiences that offer valuable insights into both the strengths and areas for improvement in women's health services:

- One participant stated, *"I received a phone call to book my cervical screening appointment, but the follow-up letter arrived too late."*
  This comment highlights a gap in the coordination of communication methods,

suggesting that improved follow-up processes could enhance the overall patient experience.

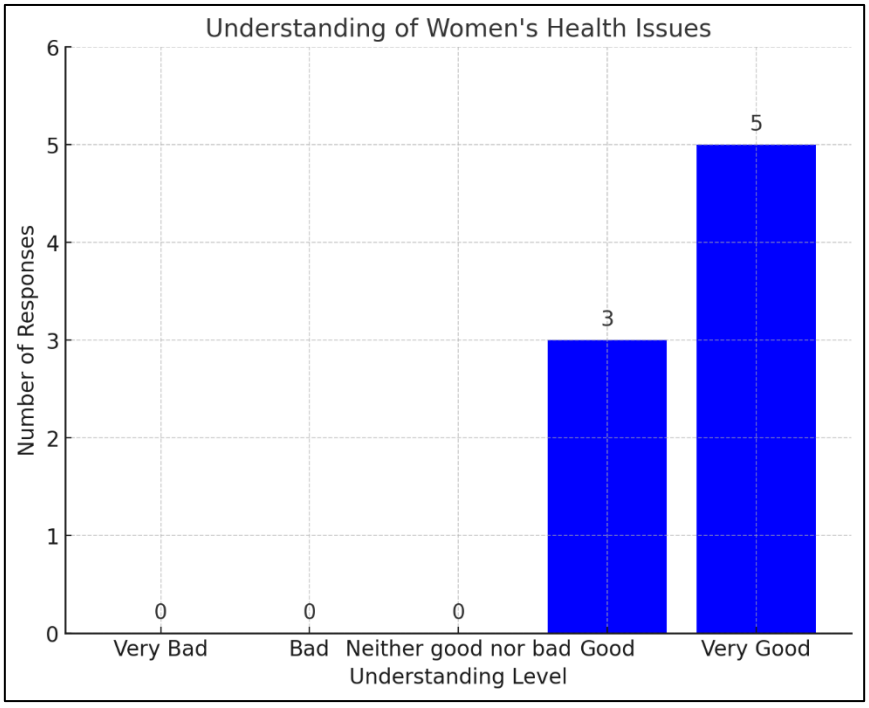
- Another respondent shared a concerning experience: *"When I mentioned my symptoms to my GP, I wasn't taken seriously until I insisted, and later a colonoscopy revealed polyps."*
  This case underscores the need for more attentive and proactive engagement from healthcare providers, ensuring that patients' concerns are adequately addressed from the outset.
- A further observation was made regarding awareness: one participant compared the impact of high-profile cases—like how Jade Goody's story raised awareness about cervical screening—to the current lack of similar impactful campaigns for HPV vaccination. This implies that a more robust and targeted awareness campaign for HPV could be beneficial.

These case study-like insights underscore the importance of enhancing communication, follow-up procedures, and public health messaging to improve service delivery in women's health. The translated quotes and experiences provide a clear picture of where improvements can be made to better meet the needs of the community.

Chesterfield Senegambia Association aims to bring together people of Senegalese and Gambian origin, and wider immigrant community in general, living in Chesterfield and its surroundings, and provide them with help and support, especially during times of need.

8 members attended the workshop.

**How would you rate your understanding of women's health issues?**




**Where have you gained most of your knowledge about women's health?**

- Personal experience and online.
- From friends and relatives and personal experience having fertility issues.
- My husband who works in the NHS.
- Through friends.
- My husband who is open to talking about things he is more informed on than me in such subjects.
- Social media.
- My knowledge comes from my background as a Nursing student.
- Parents and siblings.
- Cultural and Religious education.
- Traditional norms and practices grown up with.

**What is important for you regarding women's health in the current stage of your life?**

- Getting GP appointment when feeling I need one.
- Staying healthy / protection from infection.
- Open, honest and frequent conversations.
- Knowing where to get help from.
- Access to information.
- Cost, the NHS surcharge is too high for us immigrants given we also pay high visa fees and N I.
- Early screening on things like breast and cervical cancer.
- More support for parents with young children.
- Cost of sanitary products.
- Menopause, hardly talked about in my community.
- Maternal care, better pain management in labour.

**How and where would you prefer to access women's health services?**

How:

Face to face, Virtual consultation, telephone consultation, NHS app and 111.

Where:

Almost all participants prefer to go to a local NHS venue. One prefers virtual due to time.

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

Barriers

- Cultural and religious barriers.
- Trust and confidence; participants feel professionals do not often listen to their concerns properly and completely, instead they tell them what they feel or think is wrong before they finish.
- Language barrier: although most speak, read and understand basic English, they are not fluent enough to communicate complex issue.
- Suspicion; if they go to see professionals with a partner due to inability to communicate certain complex issues in English or lack of understanding of how the system works, the professionals can be suspicious that they are being controlled or manipulated or coerced.
- Unfamiliarity, some are not comfortable or don’t prefer talking to a different professional every time they visit. Most prefer dealing with the same professional.
- Cost: due to high NHS health surcharge and visa fees, some members put off using health services in order to work to make enough money.

**How could these be addressed**

- Cultural and religious training for professionals.
- More sensitisation and information dissemination.
- Lower the NHS health surcharge fee to a more reasonable level.
- Employ more people like us. DEI should be a top priority.
- Building trust which can be achieved by professionals listening completely and patiently and also being seen by the same professional whenever possible.
- Translation services into our languages such as Mandinka, Fula and Wolof.
- Professionals not to quickly jump to conclusions.

**Where would you go to access information about women's health?**

- The NHS website.
- Google search.
- Social media.
- Family and friends.
- YouTube.
- TV programmes.
- GP.
- NHS
- Community group.
- Mobile Apps

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

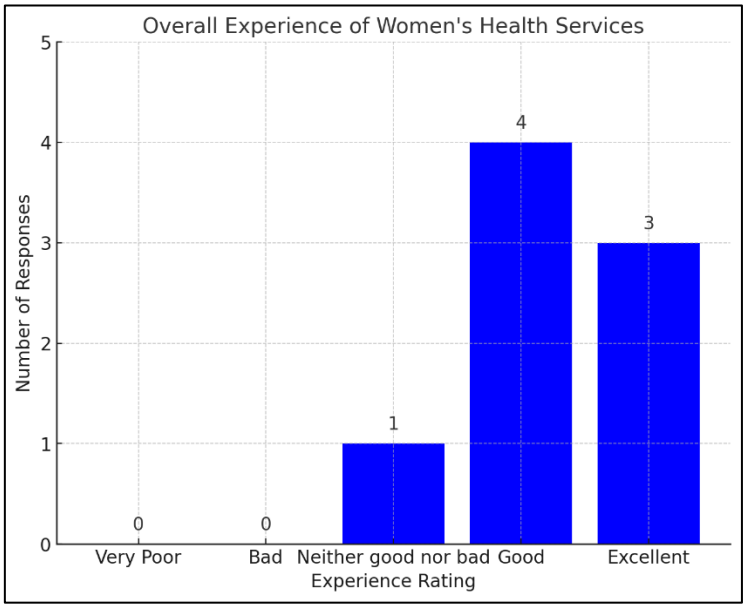
**Barriers**

- Reliability, how to be sure the information you getting is correct.
- Education, lacking the education level necessary to read, understand and digest information.
- Lack of internet access.
- Lacking in confidence to initiate conversation.
- Cultural sensitivities.

**How could these be addressed**

- Ensuring reliable information is easier to find than false.
- Education to improve reading and understanding.
- More patient and polite call handlers.
- More engagement workshops like this.
- Helping people have internet access.
- More availability of translated material.

**How would you rate your overall experience of women's health services?**



**What works well and not worked well and could be improved?**

**Works Well**

The advancement and availability of equipment and supplies. Adequate staffing. Competent and polite helpful professionals in more cases than otherwise. The number of NHS venues available and easily accessible. And the peace of mind knowing that your treatment will not be delayed because the hospital wants payment first.

**What has not worked well and could be improved**

What didn't work well was when a lady's smear test was done by a male professional when she would have preferred a female due to cultural and religious sensitivities. Another lady wished her appointments were with someone from the same community with her, who would understand her ascent and dialect so she would not have to keep repeating herself. And a third wished she was taken more seriously when she complained of severe pain during labour and given stronger pain relief, rather than being told to be strong and having her hand squeezed.

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is and do you have any ideas on how to increase participation in screenings?**

Most participants agreed that they would like to know more about the screening such as how it's done, why it's important, how to prepare for it, what happens during the screening and what to expect afterwards, in good time before getting a letter from the doctor to go for screening.

**How to increase participation in screening**

Clear information on what it entails, how it's done and what I will be required to do will help decide. Knowledge and confidence that one will be dealing with people they identify with will be encouraging. A more discreet and less invasive way of conducting the screening will help great. As one lady said, quote "I don't want to lie down and open my legs for someone to go that deep into my private part".

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is and do you have any ideas on how to increase participation for HPV vaccinations?**

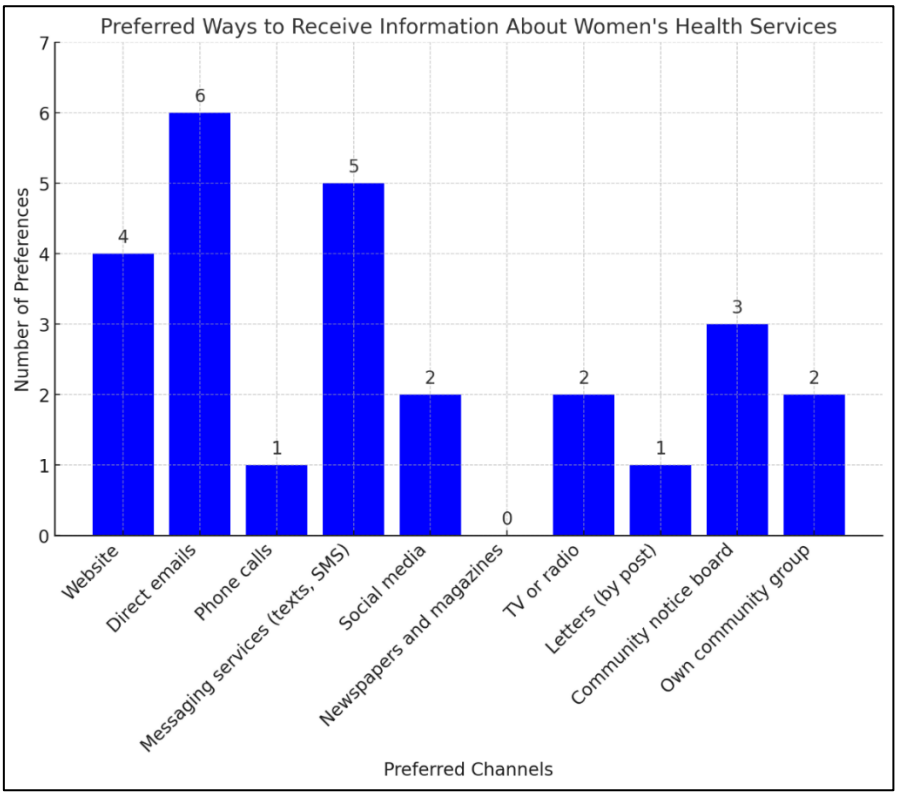
Current thoughts

Most of the women in the group do not even know about this vaccine as they were never offered it before they moved to this country. Others think that although news reports of vaccine side effects causing serious illnesses are rare, they stick with you for a long time and might discourage vaccines uptake. The community's lack of trust in the powers that be due to historical facts also may play a part.

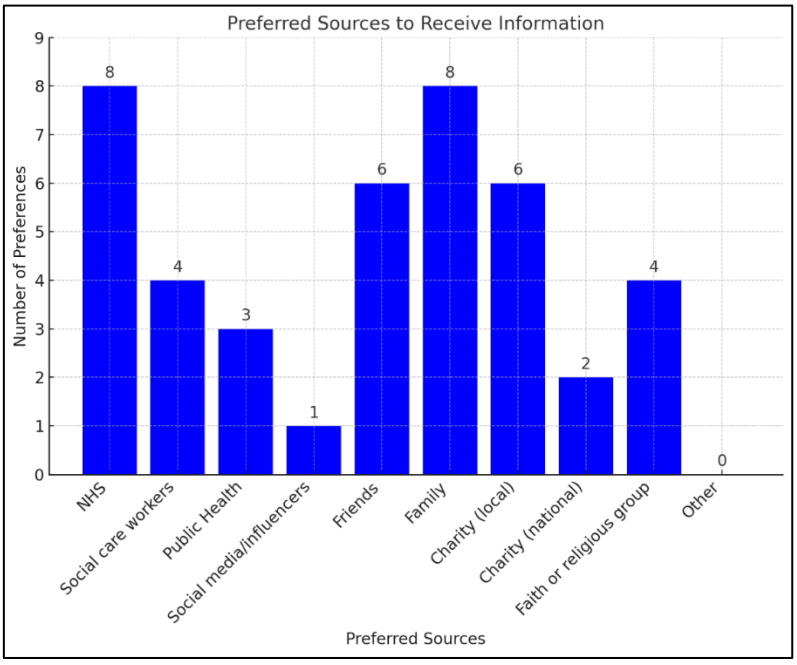
**How to increase participation in HPV vaccinations?**

More information campaigns, advertisements and direct engagements with communities like this project may be very productive. The information shared must be precise, clear and from a trustworthy source like the NHS itself and not a contracted third party.

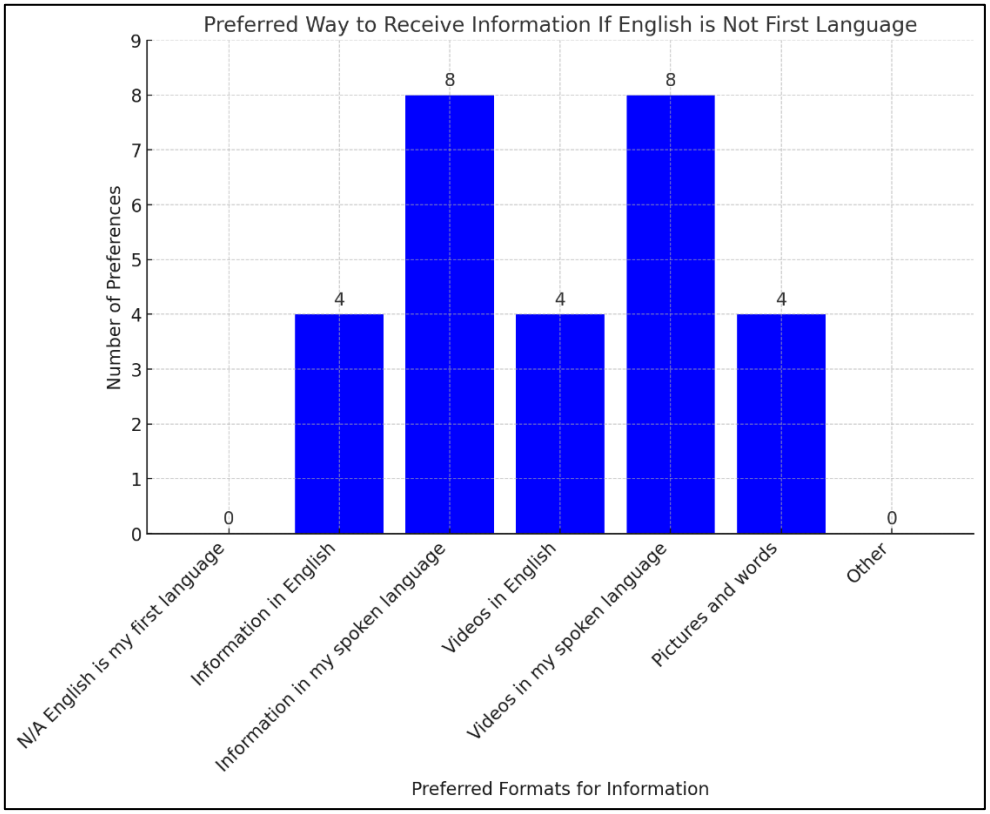
## How would you prefer to receive information about women's health and women's health services?




## Who would you prefer to receive this information from?



**How would prefer information if English is not your first language?**




**If English is not your first language, which would you prefer to receive information in?**

7 Members mentioned Wolof, 6 members mentioned Mandinka and 4 members mentioned Fula as the languages to receive information in.

**Do you have any other comments or suggestions to help improve women's health services in your local area?**

Having originated from the Senegambia region we speak Mandinka or Wolof or Fula none of which is on your above list of languages in section 15.

**Would you like to add anything more?**

*“I learned a lot from this engagement workshop so I will like to see such discussions happening more often.”*

*“The fact that I now know where I can go for help makes me happy.”*

## Compassionate Voices

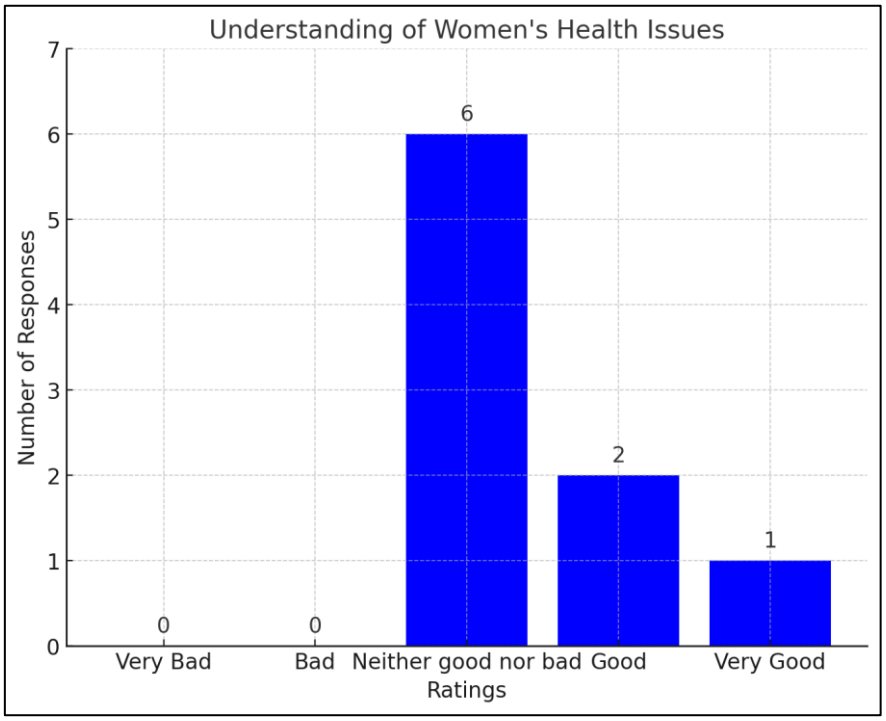
Registered in July 2019, Compassionate Voices CIC is a not-for-profit Community Interest Company.

Founded by Sharon Bull, who is also an inspirational speaker and author of Thirty Years in Silence, the company's focus is the wellbeing and empowerment of women and girls.

*Image: Compassionate Voices CIC, Participants of the engagement workshop.*

9 members attended the workshop.

**How would you rate your understanding of women's health issues?**



In general, the group had gained limited information through personal experience, friends, and family.

Most in the group had not been informed about periods or (peri) menopause when they were young.
Periods looked on as an illness in one household.
Health concerns (linked to menopause) dismissed by a few members of the group. The use of anti-depressants for symptoms of menopause.

One member of the group had got very good knowledge of menopause as she was referred to a menopause specialist doctor.

**Where have you gained most of your knowledge about women's health?**

1) Other women and experiences
2) Researching in books/magazines
3) Online research
4) Google search
5) Library
6) School
7) Women support groups.
8) The doctors (menopause specialist)

**What is important for you regarding women's health in the current stage of your life?**

During the discussion the most frequent issue with the group was not being listened to. Regarding women's health, whether it is cervical screening, menopause etc, there was a general feeling that 'women's problems' (as it has so often been referred to) is trivialised. A general feeling of being fobbed off and the heavy-handed use of anti-depressants.

The length of time it takes to see someone and much more information about coping with menopause and how it makes you feel. One attendee felt that breast screening should continue in later years with gentle reminders. Only one attendee had been referred to a menopause specialist.

More information about the mental effects of periods/ menopause/pregnancy and contraception.

One attendee was worried about dementia (parent both had it, breast cancer and getting bone density as they get older.

One attendee felt society has been more isolating (particularly for women) More support groups for women to connect with each other.

**How and where would you prefer to access women's health services?**

**How:**

The overwhelming majority voted for face to face. One attendee did include telephone updates/online for information only.

The reasons given for face to face were:

- Allows for physical examination

- better communication

**Where:**

All voted for local and included doctors' surgery and community venues.
A suggestion which was discussed on numerous occasions was the need for a women's clinic/hub.

One attendee did suggest a women's space not local, so that it encourages meeting new people.

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

- The key barriers from all the attendees:
- Doctors (male) attitudes to women's health
- No continuity of care from doctors or the hospital/neve get the same doctor
- Long wait lists.
- Lack of understanding (male) doctors with women's health issues.
- Very little specialist support
- Underfunded and nothing for community support

**How could these be addressed?**

- More training for male doctors in relation to women's health issues.
  Women's clinic/hub with specialist nurses/doctors to discuss specific women's health issues.
- Seeing the same GP
- Local women's charities i.e. Compassionate Voices to have a representative once a month in local surgeries for women to know what is available for them in the area.

**Where would you go to access information about women's health?**

- Websites (In particular NHS)
- Most though would do a google search or social media.
- Talk to other women
- Community groups
- Sexual Health clinic walk in.
- Leaflets.
- Doctors (last on the list because of waiting times)

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

- Is it fact or fiction?
- Lack of community support from groups etc
- If you don't have the internet, it's very hard to access information
- Not knowing where to look for information.

**How could these be addressed**

- A women's hub/clinic was discussed again
- More information both print/digital, but women need to know it is there.
- More specialists and training about women's health issues.

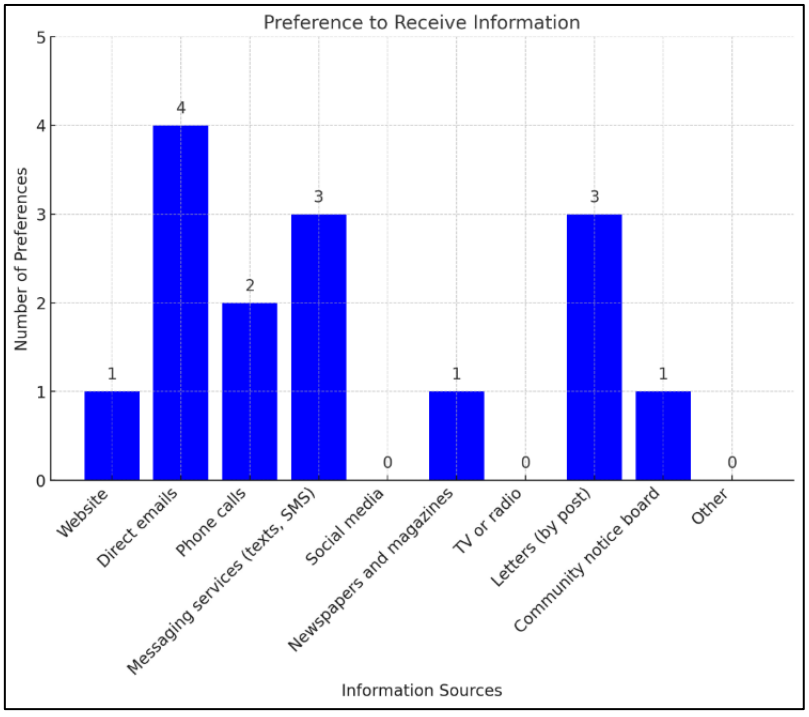
**How would you rate your overall experience of women's health services?**

All attendees mentioned that their overall experience of women's health services is neither good nor bad.

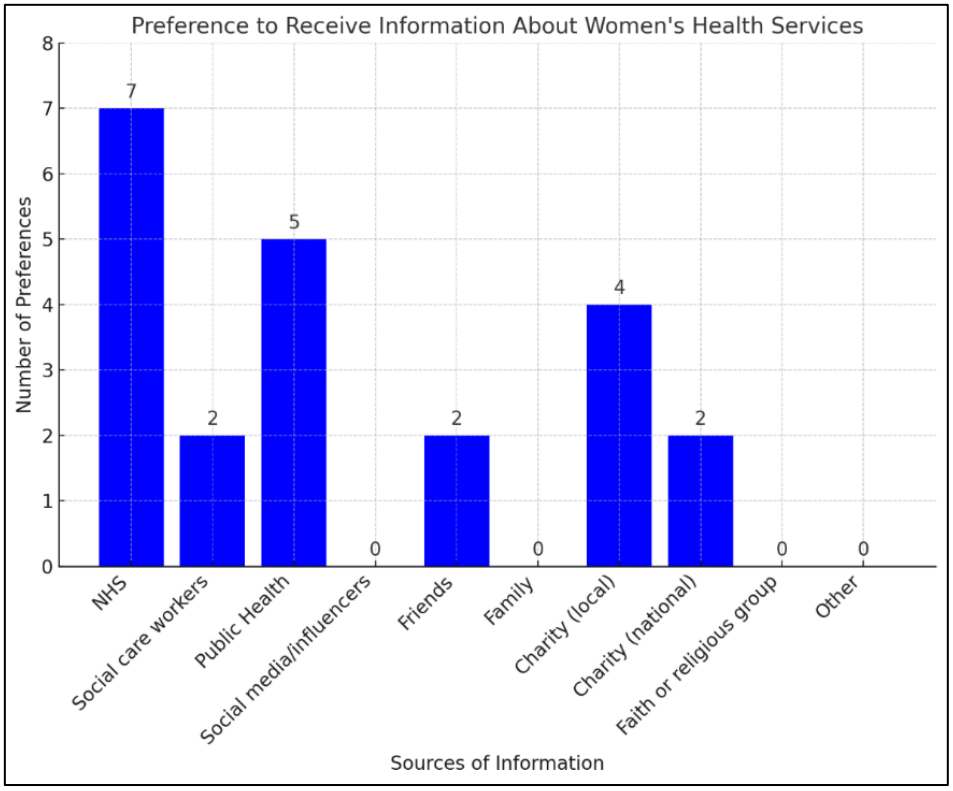
**What works well and not worked well and could be improved?**

- Older women encouraging younger women to go for screening etc
- Celebrity endorsements (i.e. Jade Goody)
- Kits being sent to the home
- Reminders to screening tests
- What has not worked well and could be improved
- Not being explained to when young
- Lack of training
- Better equipment for cervical screening
- Pain and discomfort with cervical screening

**How would you prefer to receive information about women's health and women's health services?**



**Who would you prefer to receive this information from?**




**How would prefer information if English is not your first language?**

All 9 participants mentioned English as a first language

**Do you have any other comments or suggestions to help improve women's health services in your local area?**

Like today, more safe spaces for women to discuss with each other.

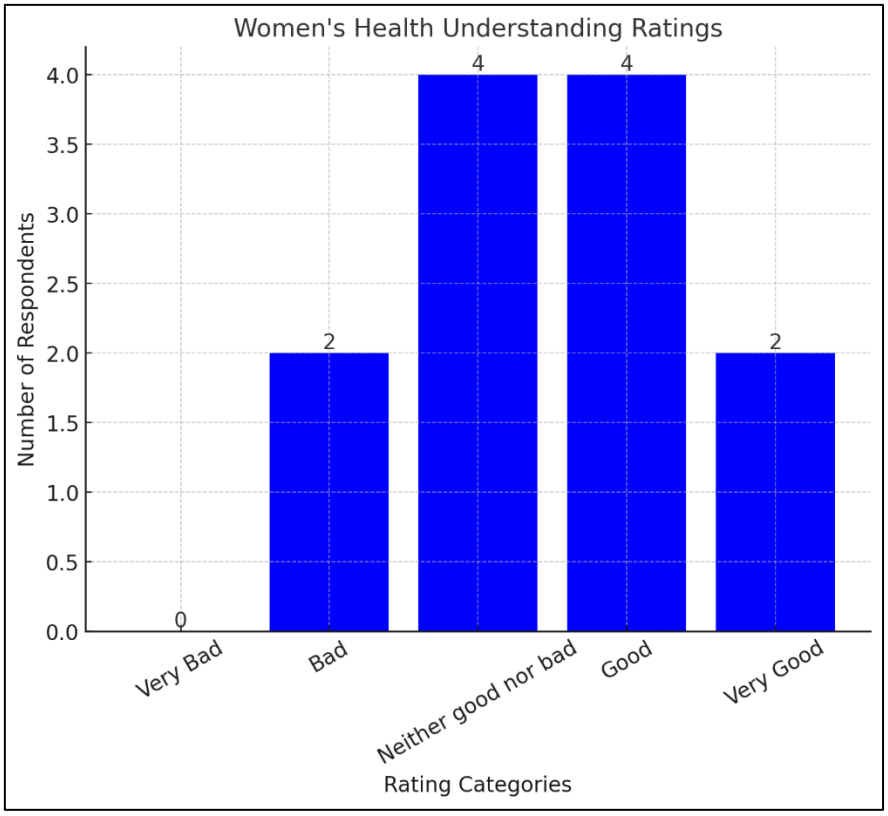
More investment in women’s health issues.

## Derbyshire Voluntary Action (DVA)

Derbyshire Voluntary Action is a membership organisation for North Derbyshire's health and wellbeing related voluntary and community sector. North Derbyshire spans the districts of High Peak, Derbyshire Dales, Chesterfield, North East Derbyshire and Bolsover. Through our specialist infrastructure services, we actively engage with and support our 320+ members, which range from tiny volunteer-led self-help groups through to local and regional charities delivering projects to the benefit of large numbers of Derbyshire residents. DVA runs The Hub @ Low Pavement, a community space full of volunteer-led activities that provide people to connection and purpose.

13 participants through 2 workshops have contributed these insights.

**How would you rate your understanding of women's health issues?**




When we explored people's ratings for different types of women's health issues there was more confidence about understanding menstrual problems than other issues where ratings fluctuated a lot more. There wasn't necessarily a correlation between people's age and the issues they were more confident about, apart from HPV, where younger people were better informed.

**Where have you gained most of your knowledge about women's health?**

Age and therefore social context at the time of coming of age had a significant influence.

Older adults described learning through word of mouth. Usually through family and close trusted female friends. They were expected to keep information about menstruation away from male family members. There wasn't a specific reason for this identified but many identified that it felt embarrassing, and some felt shamed by the experience. Some people had learnt from older siblings. One person shared how annoyed and upset she had felt that her mother hadn't explained what she had learnt about menstruation and sexual health at school. In turn her mother was upset with the school for teaching it before she had the opportunity.

Younger people in the session recollected educational sessions as early as primary school, and with boys present which they felt was helpful and normalising. Two mums shared how important it felt for them to teach their sons how to support women in their future relationships. They wanted their sons to have compassion and empathy.

People described enhancing their initial learning through friends, TV programmes, the internet, books and magazines, and female teachers at school. People in mid-life and younger talked about cross checking with the internet, using google searches for NHS or charity based sites. Older adults talked about discussions with female friends and learnt more incidentally if they were booked in with a practice nurse or health care professional.

**What is important for you regarding women's health in the current stage of your life?**

One person talked about miscarriage care, and support with trying to conceive. Concerns about hereditary breast cancer were shared, and the importance of being able to access screening regardless of age -someone had been told they were too young to access a mammogram despite a high family prevalence and consequent anxiety and awareness of the preventative impact.

People of menopause age reported difficulty identifying symptoms and knowing what could be available to manage a better quality of life being important. Especially if people had more than one health condition and didn't feel confident to differentiate between symptoms. People expressed anxiety about being told "it's just your age".

Quite a few people felt that navigating women's health with co-morbidity was important to them. Some described experiencing "widespread pain" and not being sure what the cause is. Other described overlap between mental health problems and women's health issues.

One older person described paying less attention to her physical capability and worrying more about her mind, keen to protect her independence through the aging process. Another wanted to feel treated fairly and not judged by her weight and age for unrelated health problems.

Most of the women felt that a safe space to talk about women's health felt important regardless of their stage of life. They talked about "more awareness -you only find out once you're experiencing it" and not wanting to "walk on eggshells about the topic".

**How and where would you prefer to access women's health services?**

**How:** A lot of people talked about choice. It depended on the nature of the women's health issue for the location, the type of venue, and the medium of communication. Some people felt that a phone call would be fine for a quick and routine outcome, but a face-to-face appointment would be preferable for trying to describe an issue and seek advice and treatment.

**Where:** People felt more committed to travelling for an urgent appointment but would prefer a more local area for information and advice. People suggested that one place where everything happened might be more important than where -but accessible on bus routes -perhaps in Chesterfield Town centre for example if living in a rural area in Northeast Derbyshire.

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

Embarrassment. Especially if there are no female health professionals available to speak to. Some people described feeling put on the spot and being made to feel like "time wasters" as it's hard to explain some women's health problems to someone who hasn't experienced it or can't see the problem in a consultation.

Feeling dismissed: Some people described being told "it's just your age, it's normal" without a satisfactory explanation or further investigation, then later discovering that their concerns had been valid and did in fact require further intervention. One person described years of extreme and debilitating menstrual pain and feeling distraught to learn later in life that she did not have to "put up with it"

Sometimes a lack of empathy was experienced from health professionals about the experience of screening and treatment leading people to avoid access again afterwards. "They can become desensitised to bad news and forget about the impact on our lives" "not every case is textbook".

Lack of confidence in the service. Some professionals were perceived to be "jack of all trades" rather than experienced and skilled in the specific procedure and screening and investigations were reported to be uncomfortable or painful. People described some professionals not seeming to have the history of the problem and "it feels like you have to go through everything again and again".

Lack of communication and long waits causing anxiety and making access feel difficult: sometimes letters take a long time between specialist services and the GP team. People described chasing information, and letters being missed, IT systems not collecting the same information. Services were reported to feel very disjointed with one person

describing having a scan but not being able to seek advice from the person delivering the scan on the spot “that’s not my department”.

Some people reported lack of recognition about hereditary risk of women’s health problems and opportunity to access screening early.

**How could these be addressed**

People talked about an experience where their views felt valued by a service, working as a team with their health professional -where they are the expert on them, and the professional is an expert in their field.

Being allocated a health care professional from a choice and having continuity of care throughout the process. Someone well placed to be able to offer advice and information on the spot -at each stage of screening, results or treatment.

The opportunity to request a slightly longer appointment if experiencing a disability or communication need.

Having a “hereditary” marker on medical records to help ensure the full picture is considered during assessments and clinical decision making

**Where would you go to access information about women's health?**

People in their “mid-life” were likely to search for information on the internet but expressed uncertainty about trusted sources. Older adults explained they would tend to go to the doctors. They would feel more inclined to respond to a letter from the NHS or a text message inviting them in than making an appointment specifically to find information.

Some people described trying to use the local pharmacy, but being re-directed to GP and A&E departments, which were “pressurised places I was avoiding in the first place”

There was a general mistrust of adverts in social media or on the television. This was based on a suspicion that a sponsor, or commercial interest might be involved. Parents of young people felt that their children may be more trusting as they had grown up with them -they had concerns about the sources of information influencing their children.


*Image: Derbyshire Voluntary Action (DVA), The Hub at Low Pavement, Chesterfield.*

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

Not knowing where to look, and “not knowing what we don’t know”. Difficulty getting an appointment at the GP practice and worrying about whether or not it is a valid use of a GP appointment.

Not knowing about available charities for each issue -but a feeling that these would be a trusted source of information if needed.

Sources of information not being dated. People were aware that understanding and knowledge about women’s issues has changed a lot over their life span and concern was expressed that some leaflets or websites may be old or not updated and couldn’t be trusted.

How could these be addressed

People felt that a regular community-based drop in, run by experienced and informed professionals with regular events to allow opportunity to talk and learn together would be helpful for accessing information. Somewhere separate to the GP practice was preferable

One person suggested “a community programme that connects women with mentors, peers and advocates for sharing experiences”

Some people felt that education for teenagers and parents could be helpful delivered separately. There was discussion about how parents and teenagers had different expectations and experience of using social media with concerns about how to identify misinformation and communicate about women’s health for either party consequently.

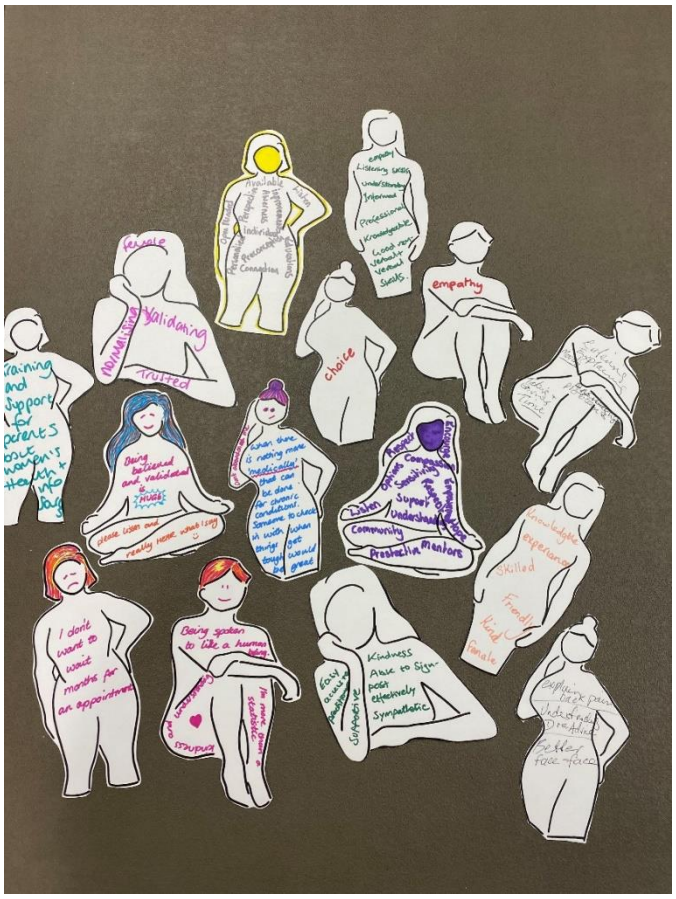
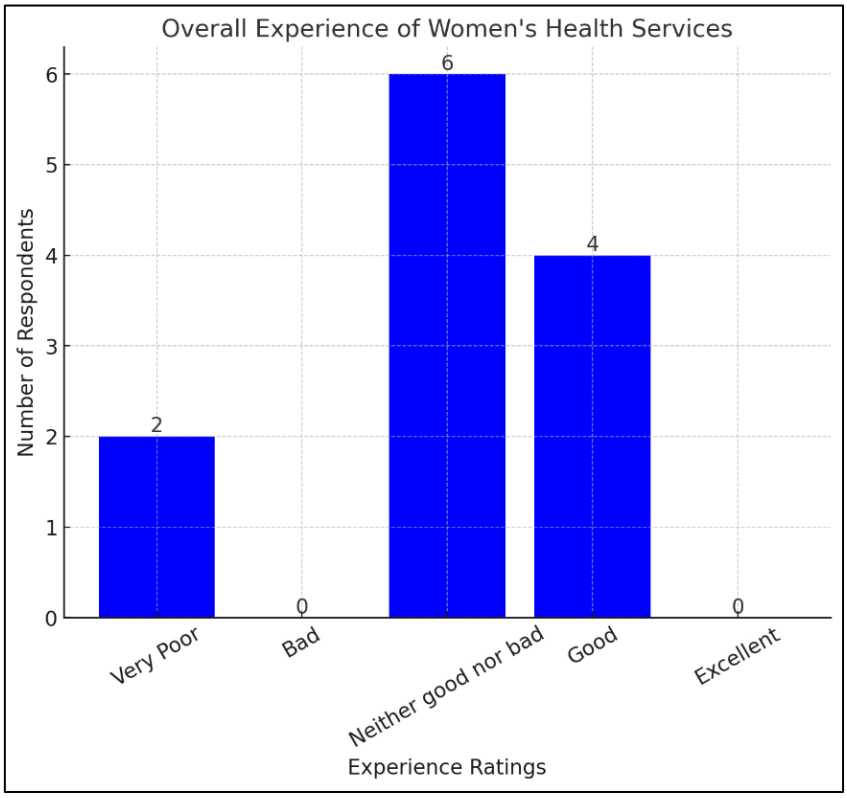



*Image: Derbyshire Voluntary Action (DVA), Women's health engagement workshop activity.*

## How would you rate your overall experience of women's health services?



**What works well and not worked well and could be improved?**

A dialogue where women feel as though they are being taken seriously, they feel heard, and with empathy and respect.

- “I like to be spoken to professionally but in words I can understand”, “professionally spoken to but able to respond”
- “Being believed and validated is huge”
- “Being spoken to like a human being”

Female health practitioners who are open minded, well informed, sensitive, great communicators, flexible and can personalise processes where it’s possible.

Sessions where time is flexible enough to cover everything without feeling rushed.

Feeling encouraged to come forward and simply “check things out” -a really clear message that they would not be time wasting within a pressurised system.

Lifestyle and complimentary therapy advice -particularly for women who can’t access traditional medicine e.g. not being able to access HRT -knowing how exercise, diet, supplements might help.

**What has not worked well and could be improved**

People talked about feeling exposed to heavy media coverage about pressures on health and social care (e.g. ambulances queuing outside hospitals, difficulty accessing GP appointment, funding cuts). Others talked about how long it can take to get through to a GP team on the phone, then all the appointments have gone -this leaves people with the feeling that their request might not be as urgent as others phoning in.

People described having to “fight for what I need and chase everything which is exhausting on top of the problem”. “E-consult can be difficult to navigate”. Even within the same department, people described expecting to have to re-explain their difficulties multiple times to different health professionals and nothing being reflected from their notes. There was a sense of mistrust, and someone described feeling “ganged up against”. “In the background health professionals might be talking but there are no clear outcomes or updates for me”

People described struggling to feel heard before accessing treatment. “It’s just your age” “it’s because you’re overweight”. Sometimes appointments have felt rushed. Sometimes people have felt dismissed e.g. told that their concerns are “nothing to worry about” but without a satisfactory explanation of their experience or concern. One woman described experiencing hair loss, and only finding out well into her prescription that it was likely to have been caused by her HRT patches.

Some women felt awkward explaining symptoms which cannot be seen by male practitioners “it’s hard to explain menstrual pain to someone who has never felt it” “women don’t wear it on their sleeve”

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is, and do you have any ideas on how to increase participation in screenings?**

GP based screening and assessment felt like an ordeal for some people and might lead them to avoid prioritising an appointment until a problem became more severe or impactful. Some people enlarged by reporting embarrassment about having to explain to a receptionist why they had attended. Others felt that the skill level for smears between GP practice staff varied widely which made them anxious about experiencing pain and discomfort. Some people felt awkward about having such a personal procedure in a place where they may frequent regularly and encounter other people they know.

Long waits for cancer screenings and treatment can cause a huge amount of anxiety. “Dropped it on me that I might have cancerous cells on my cervix. I couldn’t stop thinking about it until I got the results back”. People described feeling “alone” and “abandoned” between results. When asked about the consequences of a concerning test outcome someone was told “we’ll cross that bridge when we come to it” which they found patronising and felt panicky. On the other hand, someone else would have preferred to simply be told “we need to send your results off as an extra precaution” and feel that there is nothing to worry about for the time being.

A sense that some women are living busy lives, often in caring roles and extra pressures from arranging a screening can feel easily overwhelming and left on a back burner. Another perspective shared was that some women are feeling quite isolated and might avoid accessing a screening to avoid the stress and lack of emotional support with the process. Some women felt quite connected to the value and importance of early screening, whilst others tended to focus on the process and might forget about the purpose and delay.

**How to increase participation in screenings**

Holding them in a space where there is more privacy for women. Closed to women only for the day.

Being able to attend with support if experiencing disabilities or mental health problems which might become a barrier.

Being able to access treatment in the same place. So that accessing a screening doesn’t give the person the anxiety that they will be “passed around” and therefore avoid starting the process

Thinking about the sensory environment -can the lighting be softer, the environment calming. A focus on the experience of the procedure as well as the process.

Making sure staff delivering the procedures are as experienced and skilled as possible to minimise discomfort.

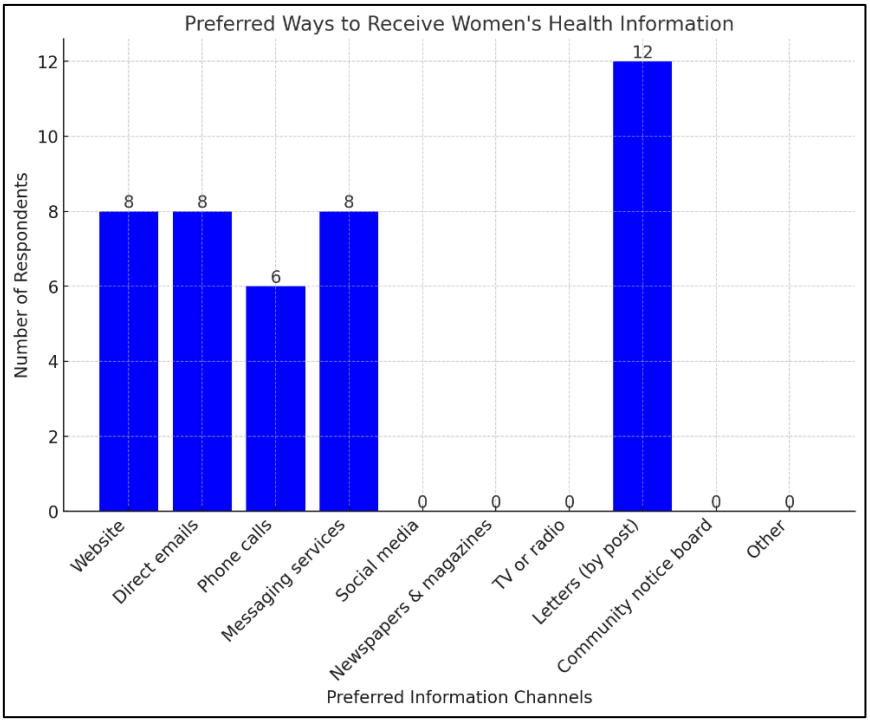
**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is, and do you have any ideas on how to increase participation for HPV vaccinations?**

We did not discuss this question in as much detail as the other questions due to time constraints combined with most people in the groups not having been offered the vaccine and not being well informed about the HPV Virus.

Current thoughts and how to increase participation in HPV vaccinations?

Mid-life to older adults do not seem well informed -perhaps if they were they could help encourage update within their younger family members.

**How would you prefer to receive information about women's health and women's health services?**




**Who would you prefer to receive this information from?**

didn’t discuss this question in numbers. It was clear that the general preference was that the person was expert in the latest advice and evidence base for the problem. They would prefer someone experienced and specialist in the screening methods over the level of qualification. The person’s communication skills, and attitude were also important in all aspects.

**Do you have any other comments or suggestions to help improve women's health services in your local area?**

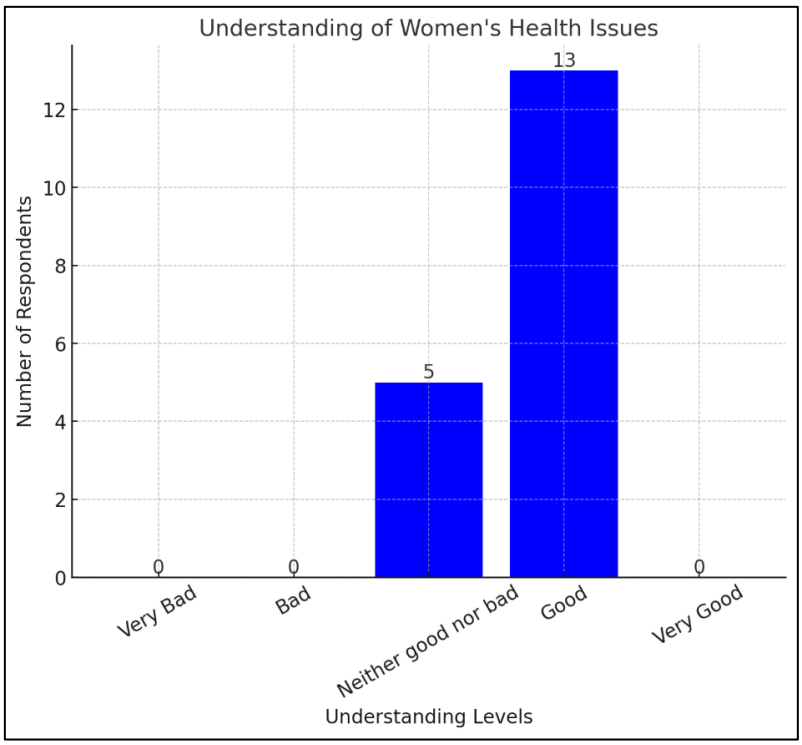
There was a comment about infertility and it not feeling captured in the key topics.

## GH Futures

GH Futures supports community and voluntary groups to access information, support and practical hands-on support to enhance their development. They engage residents to network and connect with other groups.

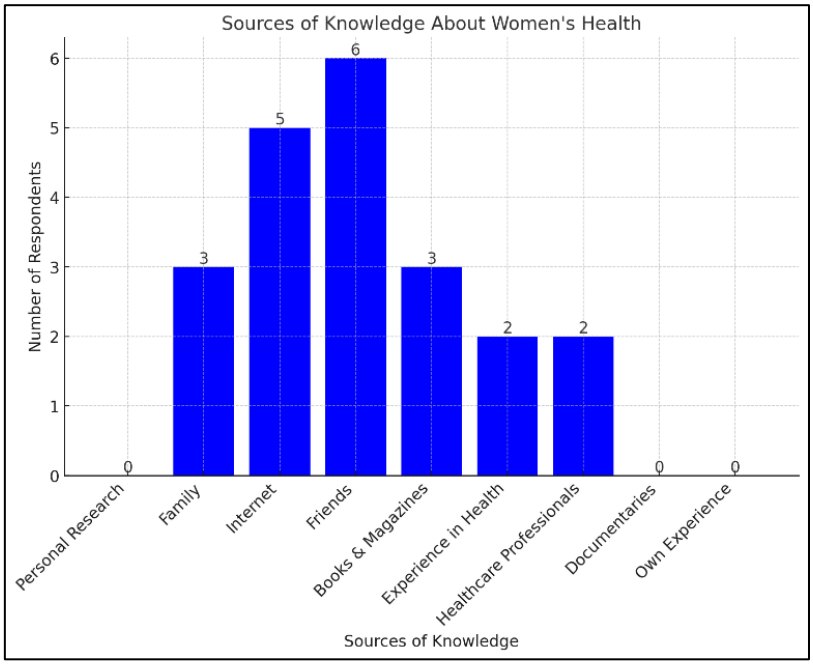
18 participants attended the engagement workshop.

**How would you rate your understanding of women's health issues?**



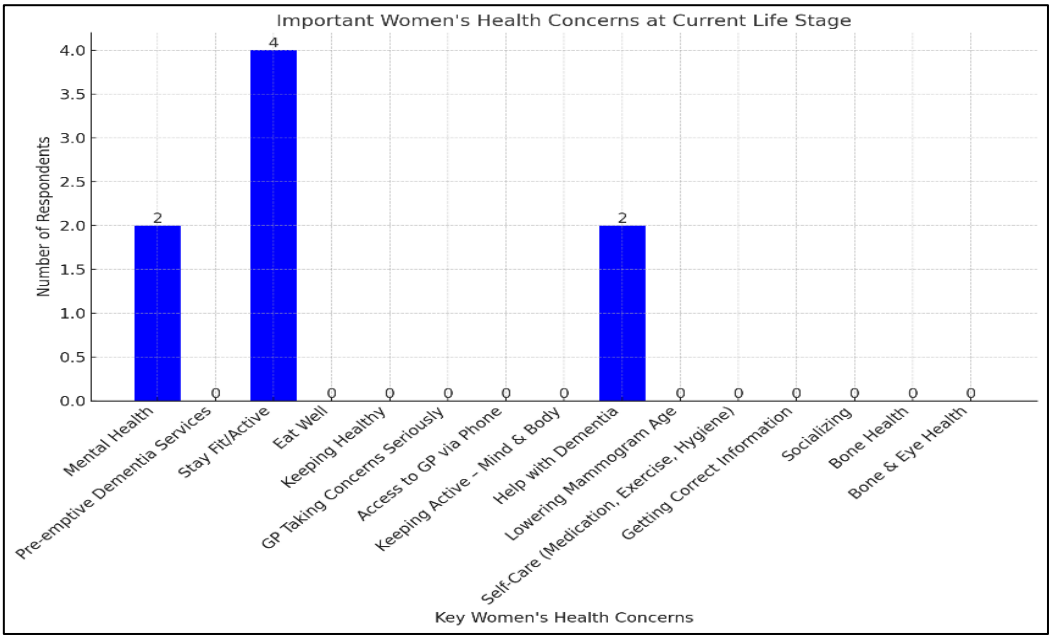

**Where have you gained most of your knowledge about women's health?**

- Personal Research
- Family (3)
- Internet (5)
- Friends (6)
- Books & Magazines (3)
- Experience working in Health (2)
- Healthcare professionals in the family (2)
- Documentaries
- Through my own experience of issues




**What is important for you regarding women's health in the current stage of your life?**

- Mental Health (2)
- Pre-emptive Services to prevent/identify onset of Dementia & Alzheimer's
- Stay Fit/Active (4)
- Eat Well
- 'Keeping' Healthy
- GP's Taking concerns properly instead of blaming age
- Access to a GP via telephone when I have concerns
- Keeping Active – Mind & Body
- Help with Dementia (2)
- Lowering age restriction for mammogram
- Taking care of myself; medication, exercise, hygiene.
- Getting correct information
- Getting out the house/ socialising
- Bones and staying supple
- Bones & Eyes




**How and where would you prefer to access women's health services?**

**How:**

Face to Face: 18

Virtual Consultation: 1

Telephone:5

NHS App: 0

Online information: 4

**Where:**

Local to me in my NHS venue: 15

Local Community Venue: 9

I can Travel, so I will choose suitably: 4

Virtual: 0

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

Barriers

Yes: 14

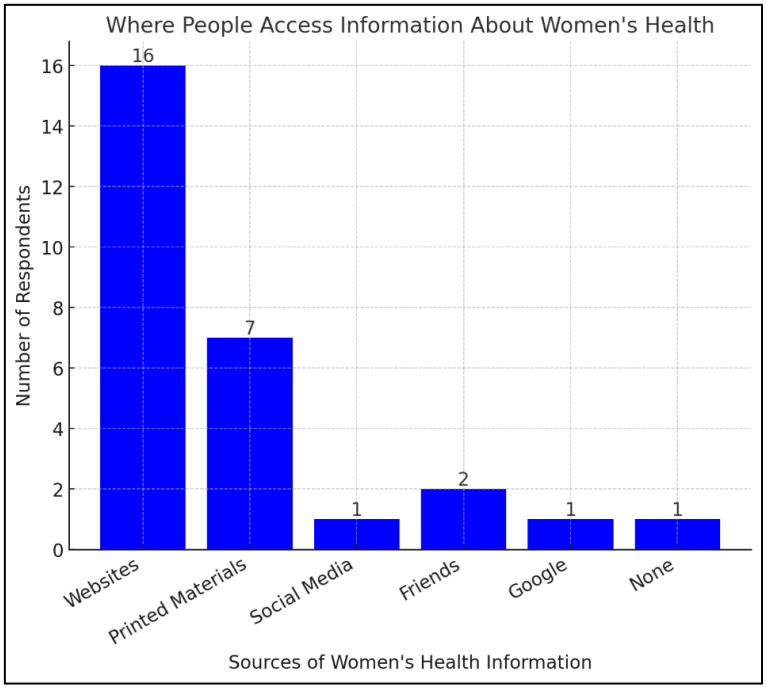
No:2

Maybe: 2

How could these be addressed

- Publicity to raise awareness
- Language (speak laymen's terms)
- Access to a GP appointment
- Group Meetings
- Make More appointments available
- Less tick box exercises by Health Professionals
- Age related Tests
- Less ageism- 'I feel like I am not listened to by medics etc)
- Easier access to appointments
- More resources
- Lack of Places to go
- Not IT literate- but seem to require it.
- MORE DOCTORS/ GP'S
- 'I am looked after very well'

**Where would you go to access information about women's health?**




**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

**Barriers**

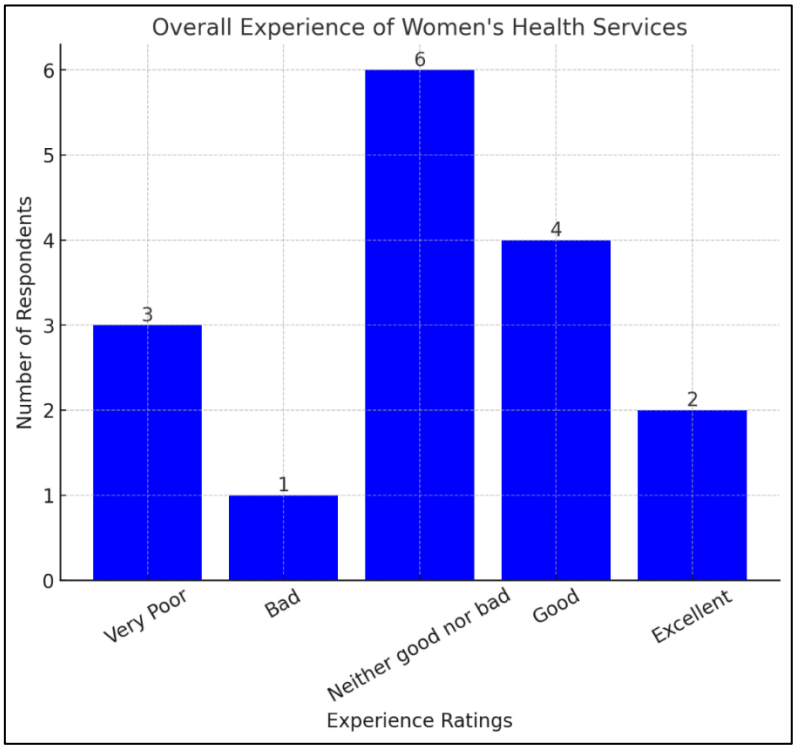
8 women said there are barriers while 6 said otherwise and 3 mentioned may be there are barriers.

**How could these be addressed**

- Sharing information. 2
- Not everyone has access to internet. 4
- More Face-to-Face contact where Health is concerned. 2
- Collect Leaflets from Surgery.
- More resources made available.
- Improve access to a GP Appointment. 2
- Health Prevention campaigns.
- Give more information for a better understanding of the issue on telephone or at appointment.


*Image: GH Futures, Participants of the engagement workshop.*

**How would you rate your overall experience of women's health services?**



**What works well and not worked well and could be improved?**

**Works Well**

- Chasing up women that have not attended smears
- NHS- Free at point of access
- When you do successfully get an appointment
- Gynaecologist appointments outstanding in our area
- Visits at home by PCN & O.T.
- Ensuring I access the services I need and pushing for help.
- Can google information.

**What has not worked well and could be improved**

- Difficulty getting a screening appointment
- Mainstream health services are modelled on a MALE profile
- A more flexible/adaptive approach is needed
- GP systems need complete reboot
- More appointments made available
- Waiting rooms time and waiting for an appointment when need seeing sooner
- Clear contact and communication
- Waiting FAR too long for necessary support
- More Healthcare staff needed
- Need More Face 2 Face appointments
- Have the same Dr every time (like when we had the 'Family' Dr)
- More resources needed

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is and do you have any ideas on how to increase participation in screenings?**

- Culture
- Fear
- Lack of understanding
- Some ethnic groups do not take up
- Should higher the age limit
- Embarrassment?
- Time or lack of knowledge

**How to increase participation in screenings**

- Education & more information
- Publicise more
- Higher age limit
- For Diverse Groups; Access group with the information at their own events
- More influence on minority groups
- Explain importance as not very well promoted at present
- Peer support- women encouraging women
- Staff to go into communities.

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is and do you have any ideas on how to increase participation for HPV vaccinations?**

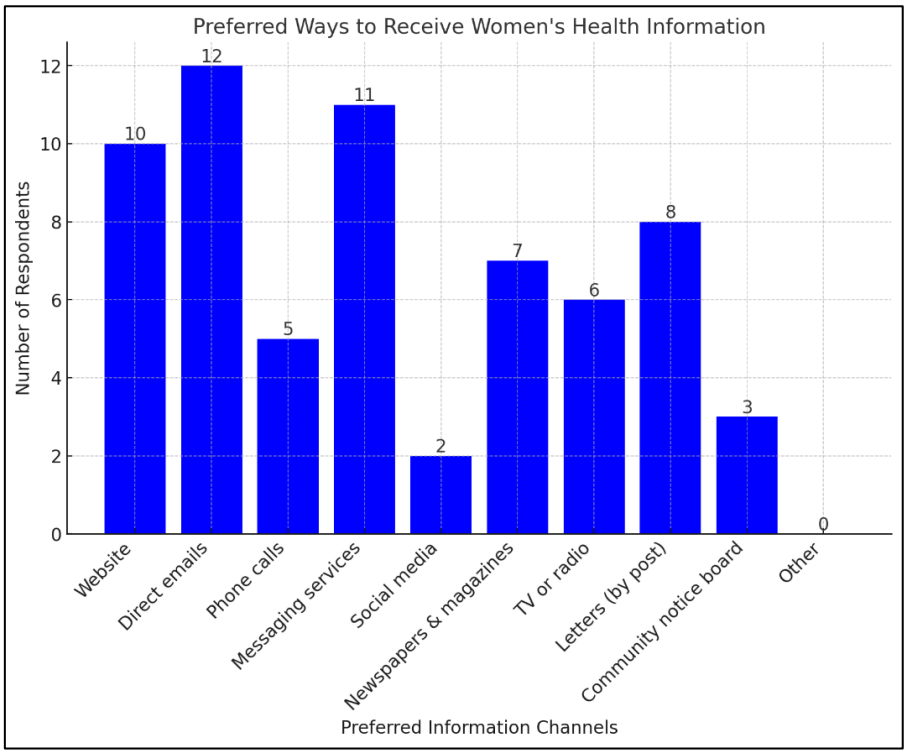
Current thoughts

- Cultures
- Never heard of it
- Influence from parents not to take up
- Lack of understanding
- Lack of importance/awareness

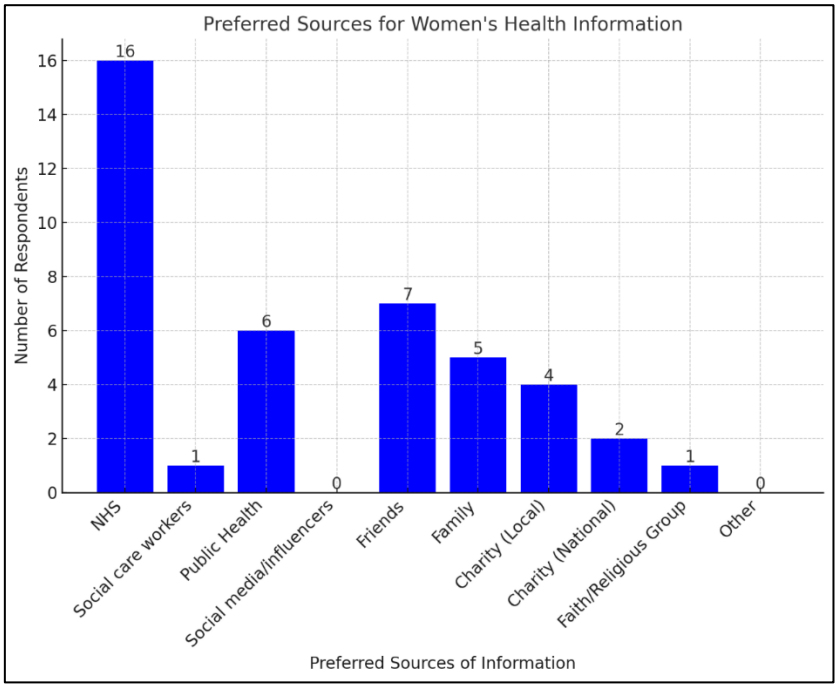
How to increase participation in HPV vaccinations?

- Make it mandatory but you can ‘opt out’
- Go into communities with information
- Education in schools
- Advertise better including on social media
- Targeted advertising
- Information in different languages
- Reminders

**How would you prefer to receive information about women's health and women's health services?**




**Who would you prefer to receive this information from?**




**How would prefer information if English is not your first language?**

All the members mentioned that English is their first language so they would like to receive information in English.

**If English is not your first language, which would you prefer to receive information in?**

All the members mentioned that English is their first language.

**Do you have any other comments or suggestions to help improve women's health services in your local area?**

- Consistency across practices- same offer county wide
- Access to same GP
- Local groups chat
- Clear information from NHS
- Age related services
- MORE RESOURCES
- Easier access to our GP
- More information and contact details.

## Home-Start High Peak

Home-Start High Peak was set up in 2005 and is now one of the leading family support charities in the East Midlands. Our mission is to provide families and children with complex needs, with the support they need to reach their full potential in all areas of life, become valued members of their local community and to help mothers give their children the best possible start in life. To achieve this, we deliver home-based support, through a team of highly trained volunteers from the local community.

Over a series of 12 engagement sessions 55 participants contributed to the discussions:

**Understanding of Women's Health issues**

- Most respondents rated their understanding as average to good, though some admitted to gaps in knowledge about menopause, mental health, and post-menopausal care.
- Sources of information included doctors, friends, family, personal research, school education, and online resources such as NHS websites and social media.
- Some older participants noted that these topics were not discussed in their youth, leading to limited awareness.

**Sources of Women's health knowledge**

- Main sources: Online research, NHS websites, social media, books, TV, school education, healthcare professionals, and personal experiences.
- Printed materials and conversations with friends were also cited as valuable sources of information.

**Key Health priorities**

- Common concerns: Menopause, post-menopausal care, staying active, contraception, mental health, screening access, and general well-being.
- Older respondents focused more on bone health, arthritis, and cardiovascular concerns, while younger participants prioritised reproductive health.

**Preferred methods of accessing health services**

- Most preferred: Face-to-face appointments with GPs and specialists.
- Other acceptable options: Telephone consultations, virtual consultations, and NHS apps.

- Barriers to access:
    - Long waiting times and difficulty securing GP appointments.
    - Reluctance to see male doctors.
    - Transport difficulties, particularly in rural areas.
    - Lack of awareness about available services.

- Suggested improvements:
    - More female doctors.
    - Better online booking systems.
    - Flexible appointment scheduling.
    - Improved transport for rural areas.

- **Barriers to Accessing Services**
    - Long waiting times for appointments.
    - Reluctance to see male doctors.
    - Lack of confidence in available services.
    - Transportation difficulties in rural areas.

- Proposed solutions:
    - More female healthcare professionals.
    - Improved appointment booking systems.
    - More community-based healthcare facilities.

- **Sources of Health Information**
- Most used:
    - Internet (NHS websites, social media, online searches).
    - GP surgeries and local health centres.
    - Printed materials and community boards for those less comfortable with digital sources.

- Common barriers to accessing information:
    - Misinformation and unreliable sources.
    - Digital literacy barriers, especially among older individuals.
    - Cultural stigma preventing open discussions about women's health.

Suggested solutions:
    - Better regulation of online information.
    - Increased awareness campaigns through trusted sources.
    - More trained healthcare professionals to support information dissemination.

**Overall Experience with Women's Health services**

- Mixed responses:
    - Some rated their experience as good, praising GP surgeries and access to specialists.
    - Others found services frustrating, citing poor communication, long waits, and dismissive attitudes from professionals.
- Key complaints:
    - Concerns dismissed as anxiety rather than genuine health issues.
    - Lack of aftercare following diagnoses or surgeries.

**What works well and what needs improvement**

- Positive aspects:
    - Good GP services when accessible.
    - NHS websites and available online materials.
- Areas for improvement:
    - Better communication from doctors.
    - More flexible screening opportunities.
    - Specialised services tailored to women's health.

**Screening Participation (Cervical & Bowel Screening)**

- Barriers to participation:
    - Fear, embarrassment, and misinformation.

    - Lack of awareness about screening benefits.
    - Difficulties securing appointments.
- Ways to increase participation:
    - More education campaigns in schools and media.
    - Use of mobile screening units.
    - Letters and text reminders from GP surgeries.

**HPV Vaccination Uptake**

- Barriers to vaccination:
    - Lack of awareness of the vaccine's benefits.
    - Parental reluctance to vaccinate children.
    - Fear and distrust of vaccines due to misinformation.
- Suggested improvements:
    - School-based vaccination programmes.
    - Social media awareness campaigns.
    - Better GP-led discussions with parents.

**Preferred Methods of Receiving Information**

- Most popular:
    - Direct emails, text messages, and letters by post.
    - TV and radio health messages.
    - Face-to-face sessions and community-based outreach.
- Least preferred:
    - Social media, newspapers, and phone calls were rated lower.
    - Older participants preferred traditional methods, while younger participants used digital platforms.

**Preferred Sources of Information**

- Top choices:
    - NHS was the most trusted source.
    - Public Health teams and GP surgeries were also well regarded.
    - Local charities and support groups were seen as helpful.
- Low trust in social media influencers for medical advice.
- Some suggested having health workers in schools and workplaces to improve access to reliable information.

**Information Accessibility for Non-English Speakers**

- Most non-English speakers preferred information in their native language.
- Some preferred visual aids, such as pictures and videos, to improve understanding.
- Suggested improvements:
    - Multilingual materials and translation services.
    - Hiring bilingual healthcare staff.
    - Outreach within diverse communities.

**General Suggestions for Improving Women's Health Services**

- Expanding services in rural areas.
- Reducing waiting times and improving appointment scheduling.
- Providing female doctors for those uncomfortable with male practitioners.
- More targeted education on key women's health topics.
- Better integration of information into NHS platforms.

## North Derbyshire Refugee Support Group (NDRSG)

The objective of the North Derbyshire Refugee Support Group is to advance the education and relieve financial hardship of those granted refugee status, asylum seekers and their dependants in North Derbyshire through:

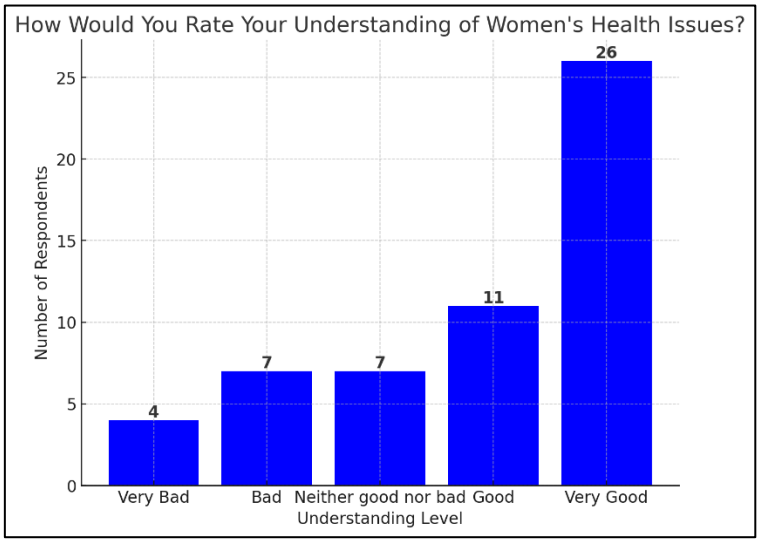
- increasing opportunities to engage with service providers, to enable those providers to adapt services to better meet the needs of that community.
- providing peer support and other activities that build people's confidence and enable them to participate more effectively with the wider community.
- promoting educational, training, social and recreational events involving the local community.

NDRSG conducted two workshops: one with the Syrian refugees and another with Afghani refugees.

**Workshop one: Syrian refugees:**

8 Syrian women, 3 children and 2 volunteers attended the workshop.

**How would you rate your understanding of women's health issues?**




1 - Very Bad:

- 1X Sexually Transmitted Infections
- 1x Cervical screenings
- 2 x Breast pains

2 - Bad

- 2x Preconception
- 3X Sexually Transmitt4ed Infections
- 2X Breast Pain

3 - Neither good nor bad

- 2x Contraception methods

- 1x Cervical screening
- 1 X Menopause
- 2x Preconception Care
- 1x Sexually transmitted infections

4 – Good

- 1x Menstrual problems
- 4 x Menopause
- 2x Contraception
- 2x Preconception care
- 2x cervical screenings

5 - Very Good

- 7 x Menstrual problems
- 2x Menopause
- 4x Contraception
- 1x Preconception care
- 5x Breast pains
- 4x Cervical screening
- 3x Sexually transmitted diseases

Experience was shared within the group; it was significant that we had 1 Syrian woman who was post menopause and was related to 4 of the others so they were aware of menopausal issues. Also, one younger woman was still at college so she could share her experience of being taught at school.

The facilitator introduced the age of consent in the UK and the emphasis in schools of educating young people within the arena of relationships and that there must be informed consent by both people and to practice safe sex to avoid unwanted pregnancies and sexually transmitted diseases. This was advice and there was no pressure to act outside their culturally accepted norms.

The group were encouraged to visit a pharmacy as a first option e.g. for UTI and cystitis. Home remedies of self-help were shared e.g. drinking lots of water and cranberry juice. In Syria salty water and drinking parsley water are used.

**Where have you gained most of your knowledge about women's health?**

- From mum, sister, mother-in-law.  the most common answer
- Also, at school and in biology classes.
- From a nurse.
- A younger woman said from the internet as well.

**What is important for you regarding women's health in the current stage of your life?**

- Irregular periods and heavy periods. Pain before periods
- Keeping myself clean and checking my breasts.

- Remaining cancer free.

**How and where would you prefer to access women's health services?**

How: Everyone said they preferred face to face. One woman said that for small things they went online.

Where: Everyone said they preferred to access services at the GP. Sometimes on the internet.

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

- Male doctor when no female doctor is available. - everyone
- Language – everyone. Sometimes the interpreter is difficult to understand as they speak a different dialect/accent.
- More time in the appointment so they can listen also when using an interpreter it takes more time.
- It takes too long to get an appointment and seeing different doctors means you are asked too many questions that you have already answered before. Also, sometimes it takes too long after the appointment to get treatment.

**How could these be addressed**

- Ask for a female doctor when making the appointment. - everyone
- Book a double appointment when you have an interpreter
- Sometimes you just accept it, but you do not want it to keep happening.

**Where would you go to access information about women's health?**

1x social media if I trust the Doctor

7 x websites- they also access websites from Syria/Egypt in their own language from medical experts they trust

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

- Lack of knowledge of reliable websites. Most people had seen the NHS website, except the 1 older British volunteer!
- How could these be addressed
- By offering translation and knowing how to use translation apps. (we checked this in the group|)
- By asking people.

**How would you rate your overall experience of women's health services?**


Note: This was how the most recent arrivals (6 months and 2 months) felt as the facilitator suspects they still have the expectations of access because it is paid for.

**What works well and not worked well and could be improved?**

- My birth experience was good, but we get monthly ultrasounds in Syria.
- The service is good once you get there, but it is slow.
- It is good that letters are sent for smear tests. In Syria we have to ask for them.

**What has not worked well and could be improved**

Length of time getting appointments.

Access to antibiotics. (These can be bought at a pharmacy in Syria, the facilitator explained about antibiotic resistance and doctors unwilling to prescribe for everything)

Also, about not being able to get the same treatments/medicines as prescribed at home. The facilitator explained about NICE. A younger woman with severe asthma talked about her experience of not getting the same nebuliser.

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is and do you have any ideas on how to increase participation in screenings?**

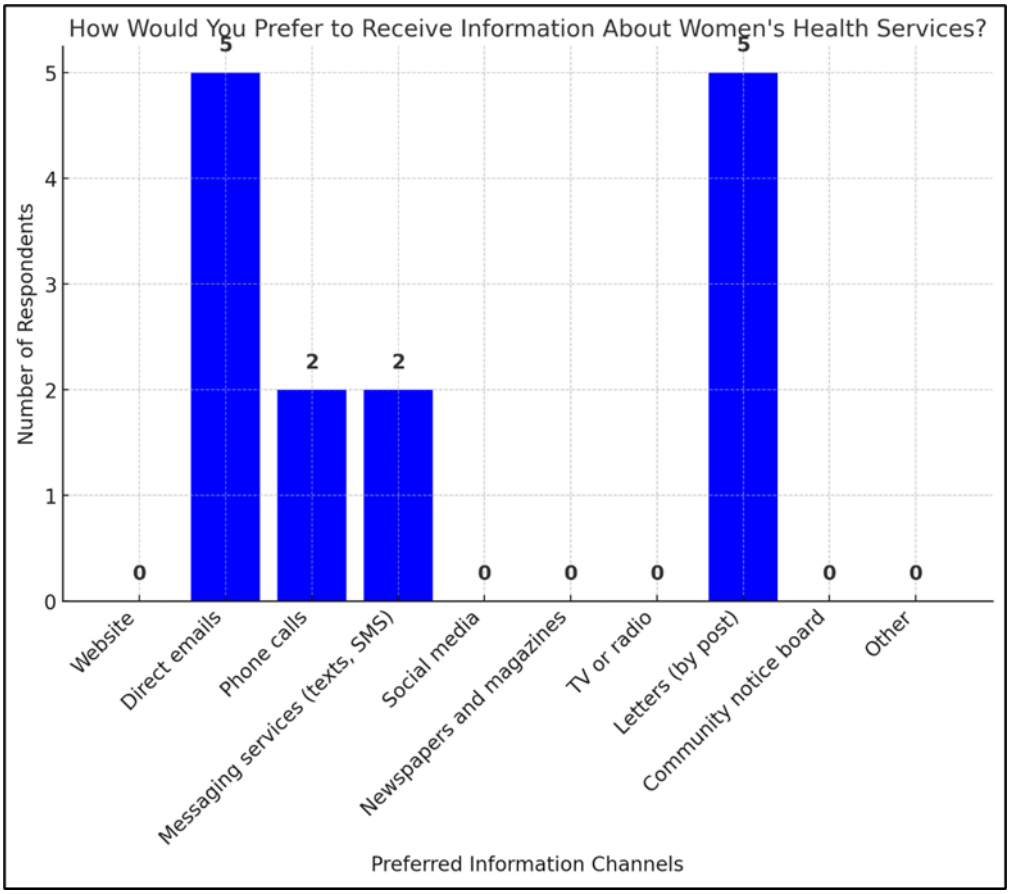
- Lack of information
- At home they do not go to the doctor unless they feel ill as it is expensive, by which time for things like cancer it can be too late. A woman talked about her father having cancer but being told it was indigestion, and subsequently he died.
- How to increase participation in screenings
- More information available in the community

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is and do you have any ideas on how to increase participation for HPV vaccinations?**

Current thoughts Lack of information about both, 3 women did not know but all those with teenagers were aware as they were emailed from the school. The youngest said that several girls in her class did not want to have the vaccine but the parents had signed the consent. She had had to explain and translate about it to her parents.

- Language barriers.
- How to increase participation in HPV vaccinations?
- Information sent home to parents in different languages.

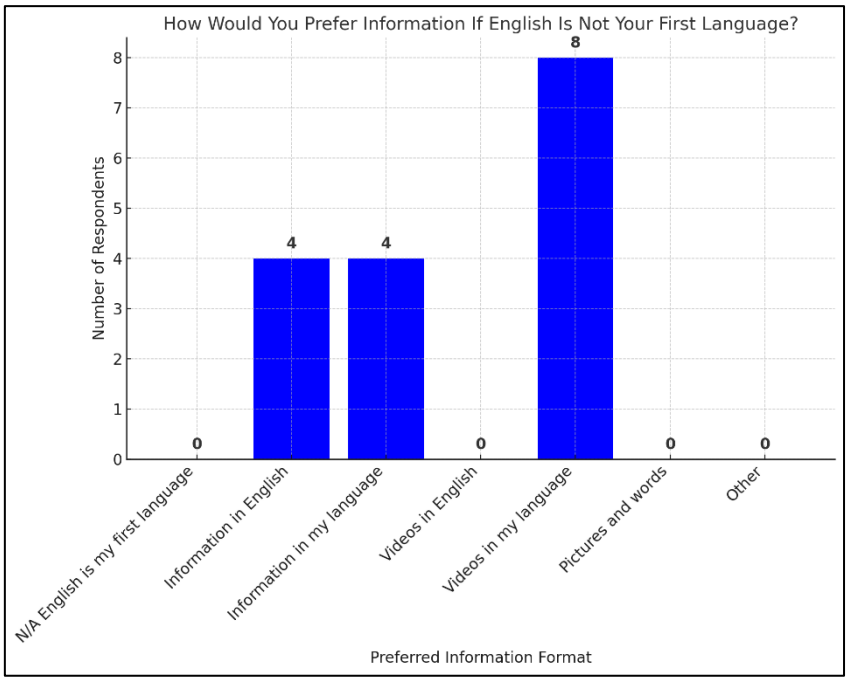
**How would you prefer to receive information about women's health and women's health services?**




**Who would you prefer to receive this information from?**

All 8 participants preferred to receive information from NHS.

**How would prefer information if English is not your first language?**




**If English is not your first language, which would you prefer to receive information in?**

8 Participants preferred information in Arabic and 5 out of 8 said they would prefer in Dari.

**Would you like to add anything more?**

We started the session by looking at their experience of women's health care at home in Syria. This helped explain how sometimes their expectations were different. There are GPs, hospital, clinics for care. You just call them and go straight in there is no wait. In the war and afterwards, many doctors left so it was more difficult to see a doctor. Most women's experience was to pay for health care.

They do have men doctors as well as women for women's health, but they prefer women doctors.

They often use pharmacies as well.

It is women's choice to have their care at home or in the hospital. The older woman who has 8 children said she had the first 2 at home and then the rest at the hospital.

**Workshop 2: Afghani Refugees**

5 members from Afghan refugee families attended the workshop.

**How would you rate your understanding of women's health issues?**

**1 - Very Bad**

- 1 participant shared very bad understanding of Sexually Transmitted Infections

**2 - Bad**

- 3 participants shared that they have a bad understanding of Menopause
- 1 participant shared that they have a bad understanding of Sexually Transmitted Infections
- 1 participant shared that they have a bad understanding of Breast Pain

**3 - Neither good nor bad**

- 2 participants shared that they have Neither good nor bad understanding of Menstrual Problems
- 1 participant shared that they have Neither good nor bad understanding of Menopause
- 1 participant shared that they have Neither good nor bad understanding of Preconception Care
- 1 participant shared that they have Neither good nor bad understanding of Breast pains
- 1 participant shared that they have Neither good nor bad understanding of Cervical screenings
- 1 participant shared that they have Neither good nor bad understanding of Sexually transmitted infections

**4 - Good**

- 3 participants shared that they have good understanding of Contraception
- 1 participant shared that they have good understanding of Preconception care
- 1 participant shared that they have good understanding of Breast pains
- 2 participants shared that they have good understanding of cervical screening

**5 - Very Good**

- 2 participants shared that they have very good understanding of Menstrual problems
- 1 participant shared that they have very good understanding of Contraception
- 2 participants shared that they have very good understanding of Preconception care
- 1 participant shared that they have very good understanding of Breast pains

Lots of experience was shared within the group with most information having been received from older people.

One woman had been having 6 monthly cervical smears in Afghanistan as she had a cyst removed post pregnancy. But this was not happening in the UK

The group were encouraged to visit a pharmacy as a first option e.g. for UTI and cystitis. Home remedies of self-help were shared e.g. drinking lots of water and cranberry juice. In Afghanistan borax is added to water to wash private parts.

**Where have you gained most of your knowledge about women's health?**

From my mum, sister, friends and family, the most common answer.
Also, at school and in biology classes.
My aunty is a doctor.
Two women said they gained most from google.

**What is important for you regarding women's health in the current stage of your life?**

Irregular periods and heavy periods. I have been told unless I have less than 3 periods a year nothing can be done for me. Also pain after periods.

Period pain for 3-4 days the first day I have to lie on the bed. I don't go to the doctor because it did not help, I rely on self-help. I would like a general check-up once a year. I had a 2-month delay for an appointment by which time the problem had disappeared.

Women's health check.

Regular smear tests.

Nothing

**How and where would you prefer to access women's health services?**

How: 2 face to face, google to get an appointment

Where: 1x community venue, 1x hospital referral and 2 GP

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

Barriers

Male doctor when no female doctor is available.- everyone

Language-everyone

More time in the appointment so they can listen also when using an interpreter it takes more time.

**How could these be addressed**

Ask for a female doctor when making the appointment. - everyone

Book an interpreter early or take someone with you. -everyone

**Where would you go to access information about women's health?**

1x social media

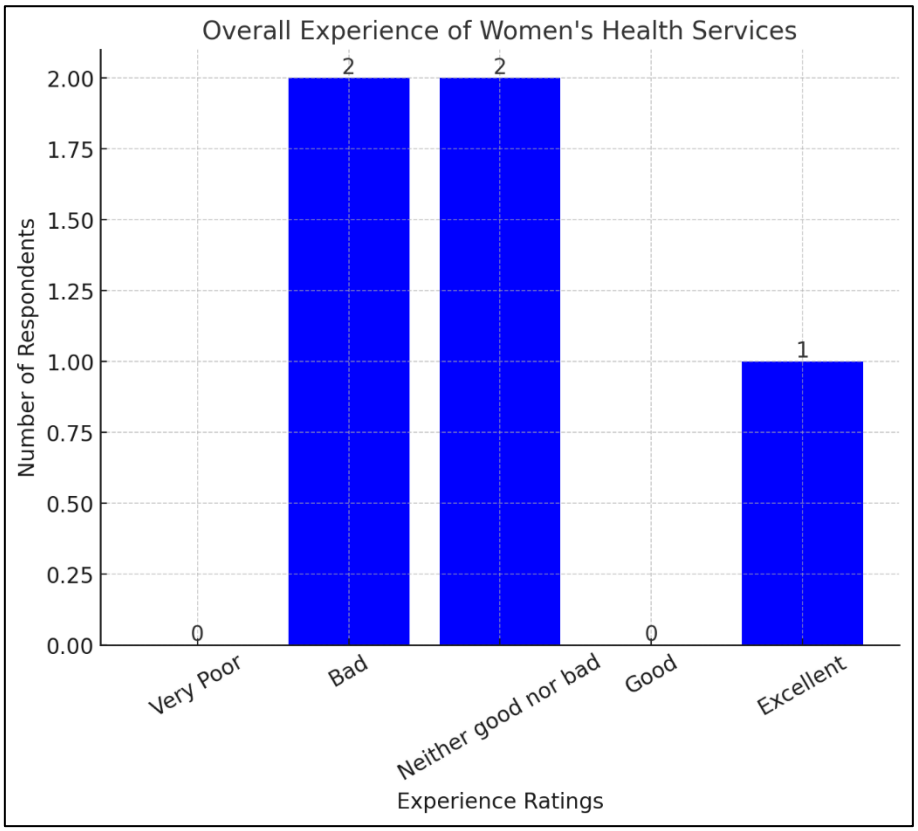
2 x websites

1 x google

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

- Lack of knowledge of reliable websites. Noone had seen the NHS website where we googled symptoms and illnesses for advice on symptoms, causes treatment etc.
- How could these be addressed
- By offering translation and knowing how to use translation apps. (we checked this in the group)
- By asking people.

**How would you rate your overall experience of women's health services?**




**What works well and not worked well and could be improved?**

- Access to children's services is very good and you can get quick appointments.
- The service is good once you get there

**What has not worked well and could be improved**

- Length of time getting appointments and the waiting time in A and E.

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is, and do you have any ideas on how to increase participation in screenings?**

- Lack of information
- Being shy both when young about a cervical smear and everyone with the process of a bowel test which no one had experience of and was explained.
- Having a male doctor.
- First time I had heard of a bowel screening.
- How to increase participation in screenings
- More information available in the community

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is, and do you have any ideas on how to increase participation for HPV vaccinations?**

Current thoughts - lack of information about both.

- Language barriers.
- We talked about HPV being given in school and maybe the child did not want it but because the parents had poor English they did not insist or encourage them to have the vaccine. It is not something commonly given in Afghanistan
- How to increase participation in HPV vaccinations?
- Information sent home to parents in different languages.

**How would you prefer to receive information about women's health and women's health services?**

Four participants mentioned that they would prefer to receive information by Letters (by post)

**Who would you prefer to receive this information from?**

4 participants mentioned that they would prefer to receive information from NHS.

**How would prefer information if English is not your first language?**

4 participants mentioned that they would prefer to receive information in English but also in their own language.

**If English is not your first language, which would you prefer to receive information in?**

5 participants mentioned that they would prefer to receive the information in Dari.

**Do you have any other comments or suggestions to help improve women's health services in your local area?**

The group would like to meet regularly and expand it to include Iranian/Farsi speakers and invite speakers to tell them about different subjects e.g. nurse etc.

**Would you like to add anything more?**

We started the session by looking at their experience of women's health care at home in Afghanistan. This helped explain how sometimes their expectations were different. There are no GPs and people go to hospital for care, either private or government hospitals which are free.

They do have men doctors for non-women's illnesses but prefer women.

Most pharmacists are men, so it is embarrassing to go and ask for sanitary products, either their mum does it or they buy them off the street.

In the cities most women go to hospital to have their children but in the rural areas it is very difficult as sometimes there are no roads and travel is by donkey. They rely on home remedies and the experience of older wiser people in the community.

20 years ago there were public films for women about contraception, so everyone went to ask to have some as they did not want to have large families. This made the men very cross! The women wanted to see the films but not with their family on men in the room!

## Our Vision Our Future (OVOF)

OVOF is a charity run by and for adults with learning disabilities, based in Chesterfield. We have been running for 32 years.

Our work helps to support and empower people with learning disabilities through workshops and activities. We support our members to lead fuller and more independent lives.

18 participants took part in small group discussions, two one to one sessions.

**Do you know what women's health services are?**

14 Members answered yes and 4 were not sure.

**Where did you learn most of your knowledge about women's health?**

Family, School, College, GP, Internet, Charity, Sexual Health Clinic (Wheatbridge), Hospital, Nurse, Helpline

**Have you ever used women's health services?**

16 participants answered yes, 1 said no and 1 was not sure.

**How was your experience of women's health services?**

| Good | Bad | Not Sure |
|---|---|---|
|  |  |  |
| 13 | 4 | 1 |

**What made your experience good or bad?**

**Good:**

- People were kind and patient
- Used to seeing women's bodies so I felt comfortable
- Felt comfortable - did not hurt (breast screening)
- Adjusted for me – used a numbing cream before a smear test
- Explained what was going to happen to me in a way I understood
- Responded quickly to my needs
- Signposted me to other places

**Bad:**

- Difficult to relax
- The instrument (speculum) was cold
- I was put on the contraceptive pill, but I don't know why
- The nurse said, "haven't you already had children" (I had not) during a smear test that was very uncomfortable.
- It (smear test) caused pain and discomfort
- I had tried a patch and some gel for menopause symptoms, but they didn't agree with me. I was told there was nothing else I could take for menopause, but I don't think this is true – my sister is coming with me to see the doctor again to get me some help.

**What could make women's health services better for you?**

- Making sure I have enough time – I need time to relax and not feel rushed
- Accessible information
- Someone to explain what will happen
- Talk slowly – break information into chunks – makes it easier for me to understand
- Talk to me not my carer
- Don't assume things about me
- Information for people with sight impairments – braille, videos with audio description

**What is most important to you about your health right now? For example, it could be managing your periods, dealing with your menopause, or something else that matters to you.**

- Getting support with my menopause – GP not managing it well. I had a plan from hospital as I had chemo for breast cancer and this caused my menopause. The plan has now stopped.
- Keep having my annual health checks
- Looking after my organs (I have a heart condition)
- Managing my periods – sometimes they are heavy – I had an implant, but they are still heavy
- Making sure I am healthy – keep going for regular checks
- Looking after my mental health – I have anxiety and take medication

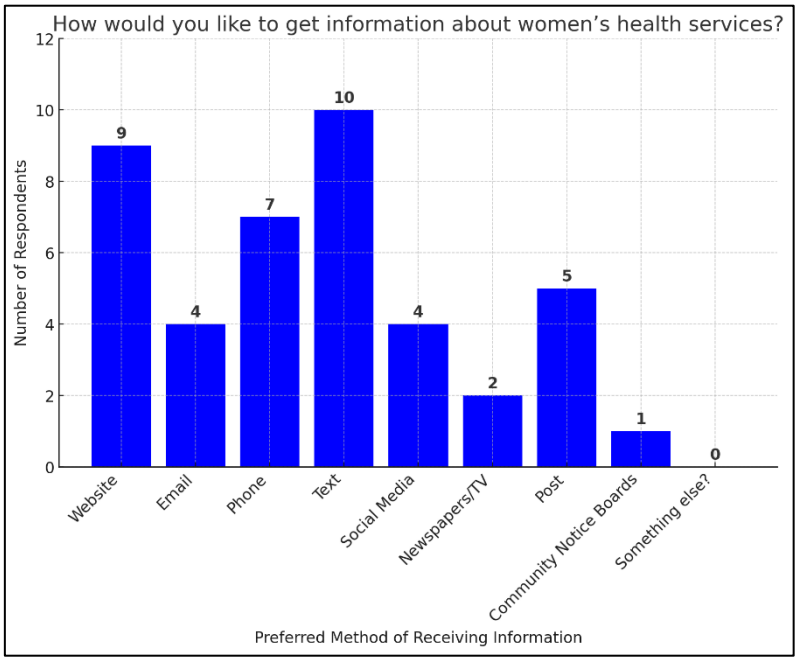
**Why do you think some women <u>do not</u> go for cervical /smear test, breast checks or bowel checks?**

- Fear of having it done
- Feel embarrassed
- Don't want to know if they have cancer – too scary
- Don't care about their health
- When it is described (smear test) it sounds horrible, scary and painful

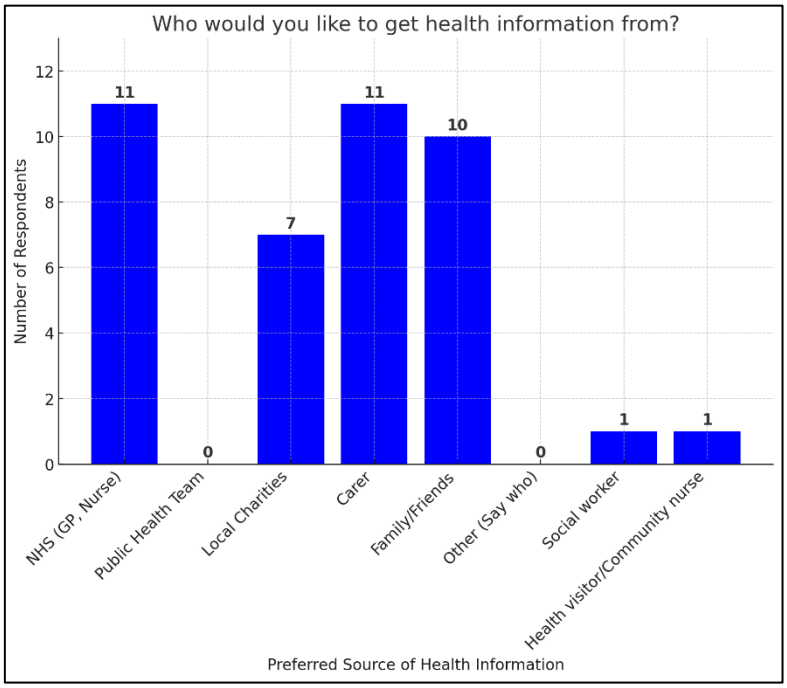
**How can we help more women go for these checks?**

- Make people aware of their choices – reasonable adjustments. Smaller speculum, numbing gel, listen to music, use iPad, breathing techniques etc
- I have a coil fitted because of heavy periods – I was able to have this fitted under general anaesthetic as I had another procedure at the same time.
- I had a numbing gel for my smear test
- Having support - I have a carer I get on well with and trust who comes with me to these appointments
- Reassurance
- More information
- Let them know what could happen if they don't go

**How would you like to get information about women's health services?**




**Who would you like to get health information from?**



**Where would you go to get information about women's health? Such as social media, websites, printed materials or somewhere else?**

- Look online – google, you tube
- Ask Carer/Family
- Doctor surgery
- Ask someone experiencing the same thing as me

**Are there things that make it hard to get information about women's health? What could help make it easier?**

**What makes it hard?:**

- Not having enough support – someone to help you read/understand information
- Difficult to understand medical jargon
- Knowing where to get information

**What could help?:**

- Having support
- This group - more things like this
- Making information accessible
- Helping people be prepared for appointments

## Polonia Chesterfield

Polonia Chesterfield was founded by Poles living in and around Chesterfield. Together we want to promote Polish tradition, help each other and support the integration of people from different cultures.

27 Participants took part in the engagement workshop.

**How would you rate your understanding of women's health issues?**

Very Bad: 0
Bad: 3
Neither good nor bad: 7
Good: 15
Very Good: 2

Qualified practice nurse mentioned she has no knowledge about pre-conception, breast pains and pre-menopause

Someone doing research mentioned that her knowledge could be better if put more effort to it, but very often she does not think about the issues she could have in the future.

*Image: Polonia Chesterfield, Participants of the engagement workshop.*

**Where have you gained most of your knowledge about women's health?**

- Most information's I have obtained from the Polish medical system (x4) which is much more elaborated than the UK one.
- Family due to history of cervical cancer x2.
- Family due to history of ovarian cancer x1
- Family x5
- Internet x13
- Leaflets x2
- School x5
- Female Friends x8
- Experienced friends
- Qualification, worked as Practice Nurse at GP surgery, Online training
- University
- Books x2
- Articles
- Medical training.
- Breakfast TV
- TVx2
- Google x3
- Macmillan
- Internet but it is not very helpful
- Nurses and doctors (after giving birth to my children)
- Polish books and magazines

**What is important for you regarding women's health in the current stage of your life?**

- regular checks as no regular checks for ob-gyn and breast examination for 40+ years old.
- Menopause(x3) and perimenopause x2 /hormones level,
- Mental(x3) and Physical health
- Hormonal changes (how to regulate it) x3 and HRT
- Weight control problems
- How menopause can change woman's mental health and sexual life x2.
- At my age I focused on the symptoms of pre-menopause as I noticed some symptoms regularly appeared every month. As a woman I am aware of regular breast checks, cervical screening and the importance of doing it and I attend the checks. When and how and what to look for in pre-menopause.
- In late pregnancy what do I need to be careful about.
- Why can't I obtain at my GP an appointment to the gynaecologist.
- Endometriosis services and possibility of accessing Gyno-physiotherapy services x2.
- Knowing the symptoms and reducing the risk of cervical and ovarian cancer.
- Sexuality and happy sexual life for woman over 40.
- Access to Gynaecologist, breast examination x3

- Not familiar with menopause symptoms. It is important for me to know when and how I could access services in NHS with regards to my future health. Also, how and when I can have tests and diagnosis. What options are there for me to look after my health. To have an opportunity to regular check-up, tests like cervical screening (every year not 3 years). Potentially breast check-up training, so Ladies would know how to check themselves. The general body MOT yearly for any woman, would be amazing.
- I would like to have unlimited access to the following tests: breast and abdominal ultrasound, blood test.
- Most important for me right now is O&G examinationx3
- Anticonception
- Access to mammography for women over 40 x2, breast ultrasound, abdo ultrasound, regular blood and hormonal level tests x2;
- Leukaemia; thyroid test;
- Access to breast cancer tests.
- Periods, sex-education, sexual health, women mental health, hormones;
- I am missing more information on compulsory health checks which should be more introduced in workplaces, so women have to go and attend it; giving all women equal chances to look after own health regularly;
- I would like to know more about the services ad test available, what sort of test and when I should complete these. We should all have access to see OG specialist. I am petrified of 'the paperwork to be completed' before being able to see the specialist. Waiting is very stressful!
- I would like to know about breast pains, smear tests, contraception. I feel like I do not have access to these.
- Menopause and services available

**How and where would you prefer to access women's health services?**

**How**:

- Face to face x20 always
- Face to face or virtual consultation x4
- Phone x4
- Face to face due to hearing impairment
- NHS venue
- App
- Face to face as it gives women more relaxed and trustful time with the professionals;
- All above, I don't mind how I can access the health services as long as I am aware what and where available, prefer face to face (individual or in groups)

**Where**:

- NHS venue x7
- Familier Community venue x4
- Local to me x7 in a familiar community venue,

- Dedicated woman's health centres and GP not always have enough of time to address problem, or they lack knowledge or experience in this matter.
- Specialist in this field is more helpful than random GP that has 10 min for the appointment.
- Online
- I can travel so I can choose what is most suitable for me.
- Local GP venue
- Local NHS venue x3
- Local pharmacy

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

- Long queues x3, Multiple appointment cancellations from GP and then (disregarding patients concerns x2).
- Problem with understanding medical professionals' language.
- Lack of empathy.
- Uncomfortable with meeting male GP.
- Lack of information about available test for my age group x4 (I don't remember when I had blood test last time)
- Language x5, Interpreter x2
- Inconvenient appointment times and dates allocated by GP practice.
- Not being aware I can request woman GP to address the issue.
- Refusal of the Gynaecologist appointment by my GP
- Long waiting list for an appointment at GP and specialist x3.
- No information available how and where to access services x2.
- Age restricted services x3 mammography and smear test.
- Not aware where to get access about woman's health services apart only GP and sexual health services. I am aware that my town has Sexual health clinic, but I have no knowledge how to access it.
- Booking appointment system x2.
- Pretty much impossible to get through.
- Difficult to book appointments with GP (x2) or specialist.
- No diagnosis or attempt to find it. GP ignoring symptoms x2 or not take them seriously.
- Lack of O&G examinations x2.
- There are no prevention tests relevant to specific age group x2
- No regular blood tests, no specialist tests available
- Mental barrier
- Lack of confidence, fear
- BAD GP ACCESS! Too long waiting time for an appointment, limited time to book the appointments, general English law about special routine checks i.e. smear tests (too big gaps between the checks)

- Long waiting time to see GP (due to limited number of GP?). I do not see the O&G specialist here, I don't know when to do the breast screening.
- GP ignoring problems
- Age restricted tests
- No access to the specialists to diagnose symptoms.
- No access to blood tests x2.
- No access to the gynaecologist x2,
- Long waiting, almost years, to see a specialist.

**How could these be addressed**

- Hospital referrals
- Sending information by letter to the patients, similar to CV screenings.
- Attending a visit with a friend. Patient online education, Leaflets x2, Information in patients' language. Every woman should be tested by gynaecologist at least once per two years x2 and breast examination. All information should be available at our GP practice x2 Patient notice board at local medical practices. Better sign posting system. If I have a concern, I should be able to get checked and have test done. Age should NOT be the factor of accessing the services. We should be encouraged to get the checks done rather then stopped at the start.
- Letters and email with the list of available tests including age group allocation x2.
- Access to trained interpreter x2, allowing to bring a friend to the appointment; GP to listen to the patients and complete the tests the patients are asking for,
- Changing the access to book an appointment we need, it is more and more difficult to book any appointment at GP
- Gynae specialist to be available when requested; Women Health Centre; contact with the specialist when necessary; limit to the online services as it is an additional waiting time and stress and still no answer received;
- Fast track to a doctor, a referral to hospital/specialist clinic when requested, access to the tests,
- All information to be available at GP practice
- GP to refer to the necessary specialist services

**Where would you go to access information about women's health?**

- Websites x10
- Social media x5
- Leaflets x6,
- Groups; social media groups.
- Internet x6,
- Newspaper
- letters x2
- email
- Dedicated Woman's health clinic

- GP x2
- Local community centre
- Female friends
- It would be improved by regularly seeing your Gynaecologist, who after the necessary tests would know if there is anything I should be worrying about.
- It should be GP – unfortunately difficult to book any appointment. GP to send the letters (or emails) regularly with a brief list of places or services available to your age group.

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

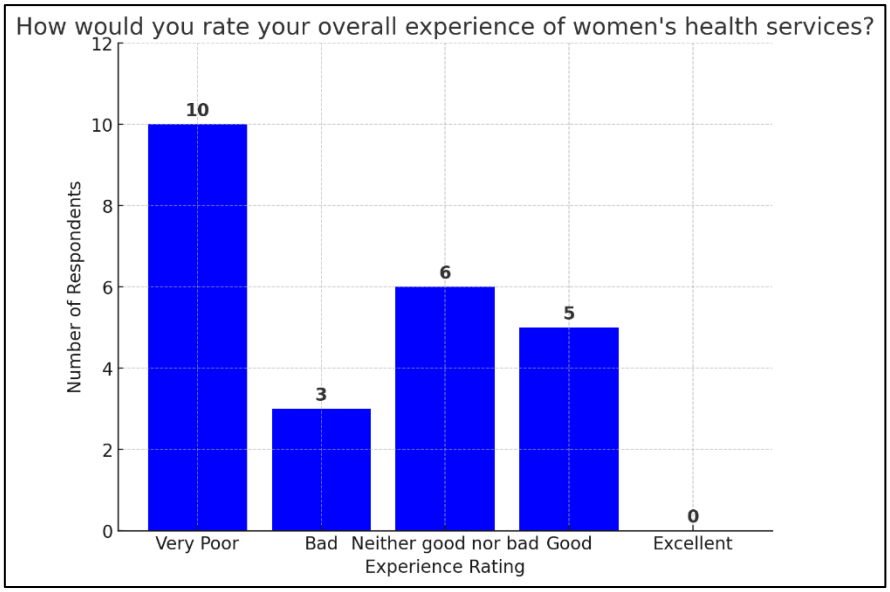
- Language barrier x6
- no internet access, unaware of the importance of the issue
- Disregarding patients' opinion and worries, no support from GP.
- No empathy and thorough conversation instead there is just medicine prescribing
- Patients background, mentality and age can be a barrier, some people would rather not to know, stigma. GP ignoring personal request for the specialist appointment or not even looking at the problem. Constant cancellations of the GP and specialists' appointments. Limited booking system to GP x2.
- Need to increase GP's understanding that sexual health/woman health services are important to all female and that does not mean people who have risky sexual life needs them.
- My limited knowledge of services and test available for me.
- We can get access to the knowledge on the websites but how do we know these are correct.
- The most important barrier is to get access to the GP to help with the issues.
- No NHS communication about available tests x2.
- Reception not booking an appointment with the GP as in their opinion it's not necessary on x2 ('receptionist knows better what's wrong with me')
- Lack of information.
- Polish interpreter
- There is no problem with accessing the information about women's health – GP is always the problem
- Lack of communication between GP and a patient
- Lack of the specialist advice

**How could these be addressed**

- Checking all aspects, maybe support groups for sharing experience and problems. If such a group exists, then the information about it doesn't exist. More doctors, nurses and NHS workers that don't ignore the issue.
- Information by a letter would find people in more comfortable environment to read it. Leaflets in patients' language x2. Posters, leaflets.

- Summary of available tests and examinations for my age group.
- Easier and better access to GP x2
- Receptionists at local GP
- I have no idea
- Better triage, not receptionist pretending to be a GP
- Emails and letters (x2)
- Leaflets with information about how changes affect our bodies, alarming symptoms and what to do,
- GP should listen the patient concerns – please!
- Better communication, regular letters from GP who controls all patients record.
- Women health centre, face to face help, support groups.

**How would you rate your overall experience of women's health services?**




**What works well and not worked well and could be improved?**

**Works Well**

- I like to receive information about screening tests and all that comes with it.
- Cervical screening as the information is provided by GP x2
- Emergency Breast Pain testing. Internet NHS services. Cervical screening however it should be more often. When you pass the first hurdle (GP appointment) the process of checkups, tests go well (good communication and service) x2
- I don’t think anything works well x3.
- Internet information
- After being referred to hospital, if we are lucky enough, the service is efficient enough to listen and help!

**What has not worked well and could be improved**

- No regular blood, urine and stool test.
- GP Disregarding patients concerns when facing the patient x2.
- No assigned specific professional to the patient, which leads to constant repeating of personal medical history x2
- Some services are not well communicated to the patients, like bowel screening x2.
- Polish woman in their home country has more access to specialists for regular checks and tests, that's why many of them might be very disappointed in NHS's narrow and limited accessibility to the service.
- Requesting from GP appointment with a specialist/Gynaecologist.
- Cervical screening more frequent (1/2 years). Routine ONG check-ups x2 every ½ available to every woman. Too many websites that are not run by NHS, which give controversial and risky advice. Sexual Health clinic gives only anticonceptions and STI test but no ONG examination.
- To pass the GP stage, to be seen by professional, to be taken seriously. There is no access to prevention practice. If there are no symptoms then there is no need for tests, but bear in mind that many illnesses have no symptoms until it's too late.
- GP does not want to do the prevention tests, and when asked for these, they say 'if no symptoms, no need for one'
- Access to GP x2
- GP practice (poorly serviced) score 1-10 – 2 only (no doctors, nurses only); specialist referrals (too late)
- GPs are a big problem! They never listen!
- Seeing GP who very often doesn't want to refer you to other professionals, thinking it is not too serious, leaving woman in a not comfortable situation, causing more stress which could lead to other health problems.
- A lack of education from an early age; pregnancy, mental health after birth (baby blues); contraception and access to it; screening tests, lack of regular blood tests; not having the same doctor who would be familiar with my medical history, every time a different doctor or nurse.
- Cervical screening test should be every 1-2 years! (not every 3 years)
- Access to routine checks with gynaecologist (every 1-2 years).
- I have never received an invitation for a bowel screening (is that age restricted?)

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is and do you have any ideas on how to increase participation in screenings?**

- Lack of information, Lack of information about procedure or chaperone
- The intimate nature of cervical screening can make the patient off, fear of the procedure
- I think there is astonishing amount of woman that still doesn't have enough education about woman's health issues and (what is the danger of late detection of

any disease x2). Expand education for various age groups about physical and mental changes in their bodies.

- If my GP/Nurse will not inform me about my woman health right to tests etc. then I won't know about it at all. Only exception is cervical screening. I think woman might not be aware how important these tests are x2.
- Cervical screening – feeling too embarrassed to attend it. Thinking it is not necessary to do them as they are too young and have no symptoms.
- Bowel screening – feeling of embarrassment and being disgust by test procedures
- No information about when and how often it needs to be done.
- No information about cervical and bowel screening.
- I had no idea about it. I'm guessing cultural differences, no self-care. Maybe no time, availability to attend the appointment.
- I always get reminders about cervical screening, but I was not aware that bowel screening is accessible.
- There are not enough social and public campaigns about illnesses that often are marked as embarrassing.
- Due to lack of awareness less people are attending.
- More social campaigns, more information in medias and more social campaigns with celebrities that speak loud why it is so important
- It is difficult to book a visit; scared of the tests as not aware what the test looks like (how is it done, is it painful)
- Age limit is too high, I should be able to ask for any tests if having any symptoms (not just cervical smear test or bowel screening)
- Long queues
- Never received a bowel screening invitation, so not sure if this could be the answer but maybe some women don't treat this seriously as not having enough information about serious health problems;
- Never heard about it x2
- Patients not aware of importance of the regular screening tests; letters and emails to be send on a regular basis to: schools, community centres or patients' home

**How to increase participation in screenings**

- Expanding patients' education x2
- Sending information about possible changes in the body in your specific age group.
- I am not sure If we can do more as information are overloaded. Sometimes it's very difficult to change patient's experience thoughts.
- Informational workshops for young woman/girls in schools and college.
- Educational workshop (x2) and information at the NHS venues and community hubs, done by professionals. More information in social media, Radio, TV adverts.
- Need to increase knowledge about risk of cancer and how many people dies because of it, by posters. Written invites for the screening.
- Information could be sent to the patient via letter or email.

- Maybe sending information about potential consequences about not doing regular screening (illnesses related).
- Letters and reminders about bowel screening.
- More social campaigns with famous people about prevention and importance of screenings to influence young generation.
- More social campaigns (x2) with famous doctors about prevention and importance of screenings to influence young generation.
- Allowing women to do the tests if requested.
- Better availability
- Having the ideas of better communication, making sure woman get the information about the consequences after missing the appointments/tests.

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is, and do you have any ideas on how to increase participation for HPV vaccinations?**

**Current thoughts**

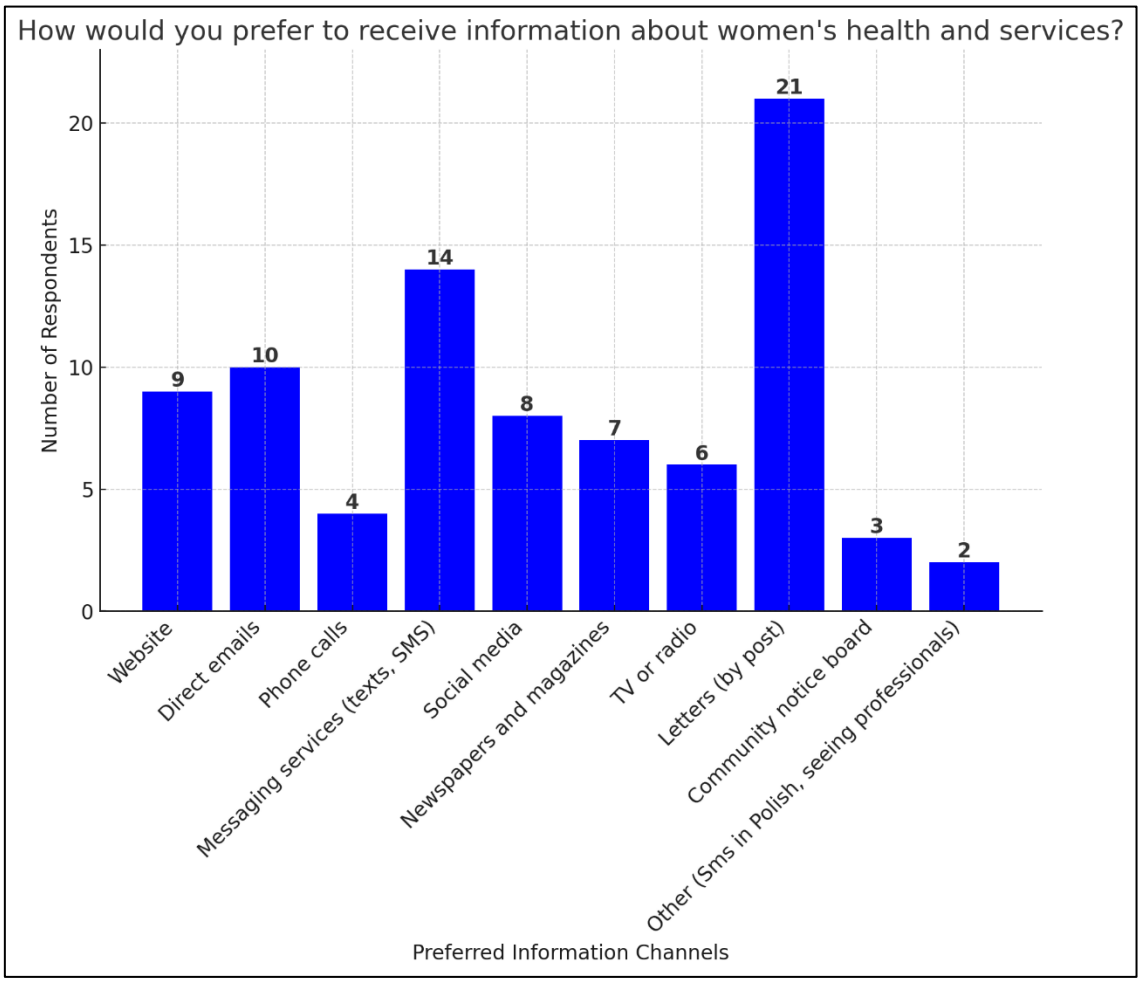
- Lack of parents' education x3 and available for them information.
- Lack of information about HPV vaccination and side effects x2. There needs to be more information send to parents about HPV vaccination preventing cervical cancer. I have no knowledge about it at all x2.
- Should be given at school as a part of NHS program
- It's restricted to the specific age group.
- I have no knowledge about the age group that it should concern. If person is not an adult maybe parents could be against it presenting antivaccination mindset.
- Not aware of it.
- Raising awareness in woman about pros and cons that comes with HPV vaccine.
- Lack of information
- Vaccine only available for children, in secondary school
- Not knowing what's in it
- I was not aware of it x2

**How to increase participation in HPV vaccinations?**

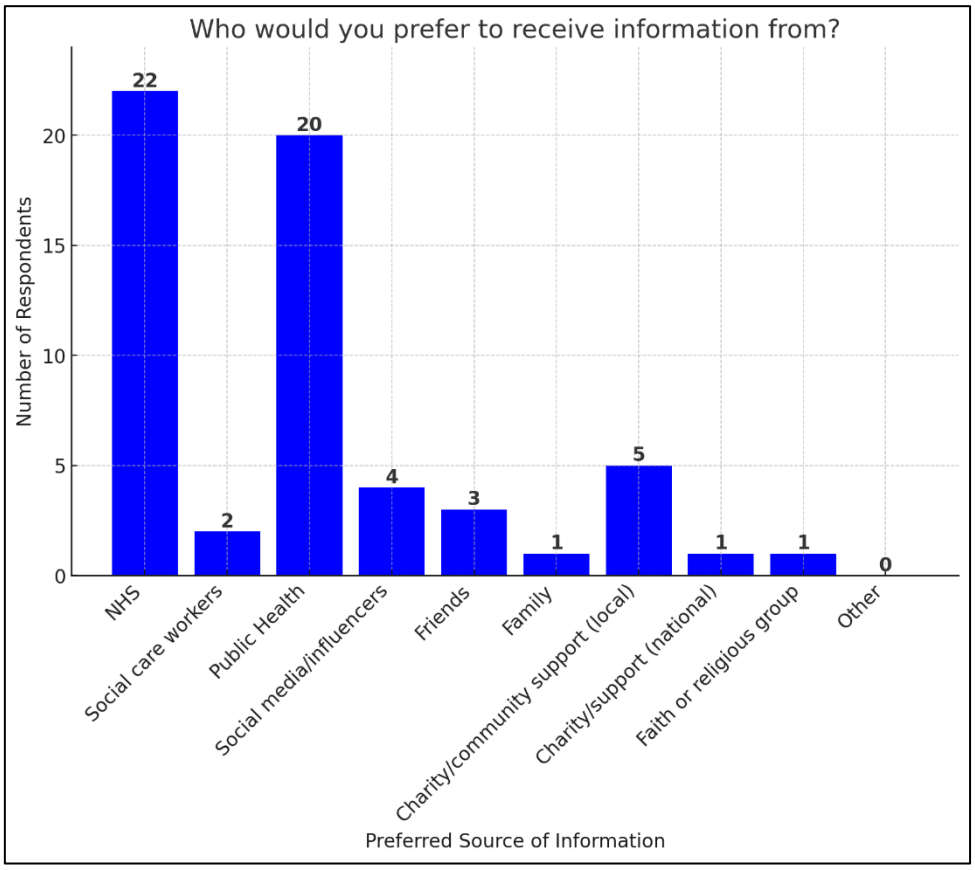
- Education x2
- Young people education about consequences of HPV infection. Information how you can get infected, by including photographic evidence.
- Leaflets in patients' native language x2. More information opens to patients regarding benefits of vaccination x2.
- Improve flow of the information in local NHS venues, more information in media – social, TV, radio.
- Open workshops
- More information sends to the parents. More workshops for parents maybe in schools.
- More truthful information.

- More positive examples from real patients on social media (interviews, videos)
- Allow everyone to have it
- Raise awareness within very young people (teenagers), involve schools in (special lessons in schools)

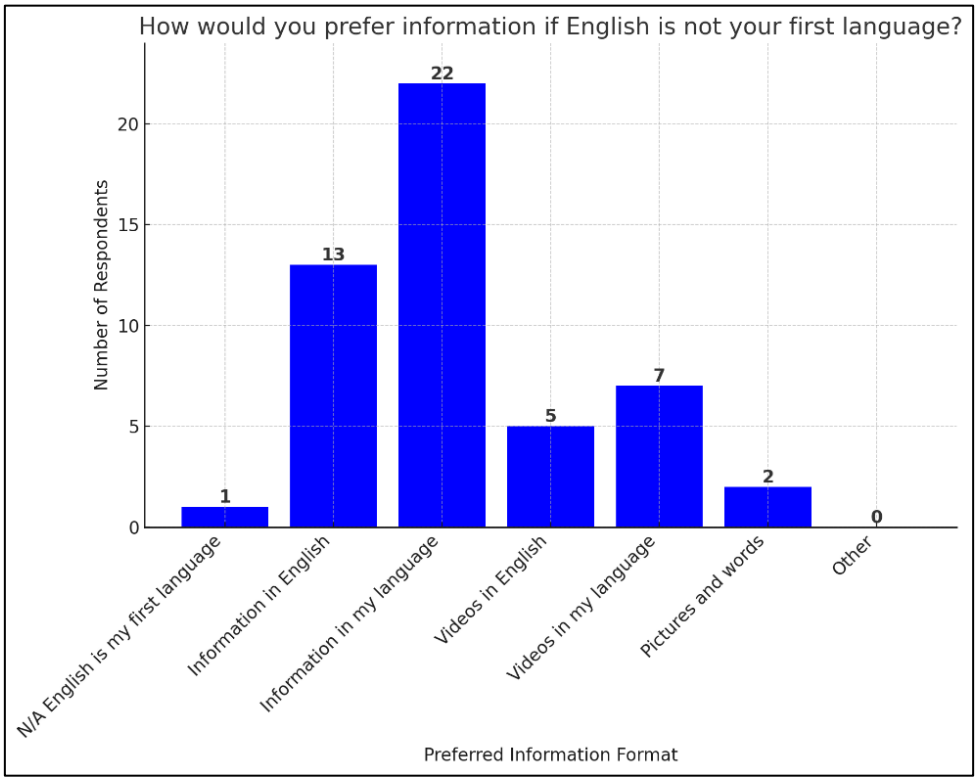
**How would you prefer to receive information about women's health and women's health services?**



## Who would you prefer to receive this information from?




## How would prefer information if English is not your first language?



**If English is not your first language, which would you prefer to receive information in?**

2 participants mentioned English as a first language. And 24 respondents mentioned Polish as their preference

**Do you have any other comments or suggestions to help improve women's health services in your local area?**

- To whom I need to refer in my NHS venue about women's health issues.
- More often checkup appointments
- Woman's Health dedicated Centre where woman have free access.
- My local GP – Royal Primary in Chesterfield does not take seriously patients requests and worries.
- GP and specialists should be regularly attending newest workshops about endometriosis x2. More information about woman's health.
- Regular workshops with presentations in local community Hubs and clubs.
- No information and access to specialists regarding endometriosis diagnosis. More often routine gynaecologist check-ups. There need to be easier access to services and appointment.
- GP is a barrier. Not allowing test referral on patients' request even when planning pregnancy. There is no regular blood testing.
- Better access to the GP with interpreter x2
- More prevention tests, personalised messages on NHS app, regular blood tests every 6 months, genetic tests to prevent illnesses.
- More focus on importance of the test i.e. hormone level tests; Vit D3, B level tests,
- Meeting for women; allowing everyone test if patient is raising any concerns.
- More available websites, free talks, anonymous chats.
- I have mentioned before about the barriers we have now, so best solution will be trying to get rid of them!
- Age restricted services to be available sooner! poor or no access to gynaecologist, no help available in case of endometriosis.
- NHS acting accordingly to their guidance and not treating patients individually.
- NHS treats symptoms and never looks for source of the problems.

**Would you like to add anything more?**

- First GP contact is the most difficult one. Normally there is no chance to book the appointment on the day. Booking over the phone is impossible and it is necessary to queue before the opening hour of the NHS venue to even obtain it. When the correct diagnosis the treatment plan, for example breast cancer is prompt.
- I have a specific intimate issue, that shows only physically and needs to be looked on. Not even during cervical test was done Nurse checked/looked If everything was ok. Take care of your health and enjoy your healthy good life. NHS working only strictly according to the guidelines. Patients are not treated individually. Treating symptoms but not looking for the source of the problem. Normally I am dreading to get poorly or have new concerns as it means I need to go through the whole channel.

- Separate service about woman’s health outside GP x3.
- The receptionist is the barrier! - Receptionist knows better and that’s it!
- Low quality mental health service – GP prescribing psychotropics
- Nothing else to add! Thank you for allowing us to have this meeting (brilliant women here!). People working for NHS are absolutely brilliant, the problem is with the system!
- Women’s health needs to be front and centre – it often isn’t, but it needs to be!
- I haven’t experienced any bad situations but only because Luckily O haven’t ned any serious treatment.

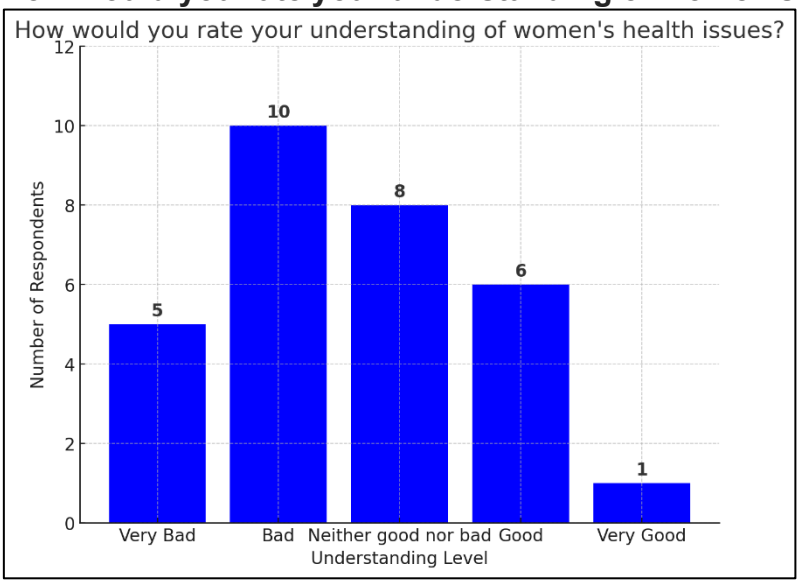
## Polski Link

Polski Link is a caring community organisation dedicated to bringing together Polish migrants in Derby and Derbyshire. Our mission is to help members feel a strong sense of national identity as they navigate the challenges of living abroad. We understand the feelings of homesickness and the difficulties posed by language and social barriers, and we strive to create a supportive space where everyone can embrace their Polish heritage.

We are dedicated to supporting and educating the Polish community, helping everyone stay connected to their heritage and fostering a sense of belonging in the UK. Our diverse initiatives, including welfare rights advice, Polish women's circle meetings, health coaching programs, and the celebration of traditional Polish days, aim to enhance community cohesion, uplift quality of life, and promote the health and well-being of Polish citizens in the region. Whether through practical assistance or cultural engagement, we are here to help our community create a meaningful life in their new home.

30 Participants attended the engagement workshop.

**How would you rate your understanding of women's health issues?**




The participants expressed significant concerns about their understanding of women's health issues. Many women felt they were not adequately informed by the NHS about the specific health checks and services they should access. They noted that while the NHS provides some general resources, these materials are often hard to understand, especially for non-native English speakers. There was a consensus that the lack of accessible, clear, and culturally appropriate information makes it difficult to engage with services or make informed health decisions.

Women frequently mentioned that they rely on Polish websites, forums, and professionals for health advice. Many felt these sources are more comprehensive, culturally relevant, and written in a way that is easy to understand. For example, some participants shared that when they visit Poland, their doctors provide detailed explanations and recommend

health checks, something they do not experience in the UK. This was a common sentiment, with one participant saying, "In Poland, the doctor makes sure you leave the appointment knowing everything about your health. Here, it feels like you're left to figure it out on your own."

The participants strongly felt that their understanding of women's health could improve if NHS resources were tailored to their needs. Suggestions included providing bilingual workshops, offering Polish-language leaflets, and conducting health awareness sessions in community spaces. There was also a call for more proactive outreach to explain the importance of services such as cervical screening, which many participants admitted they were unsure about or hesitant to attend.

**Where have you gained most of your knowledge about women's health?**

Women overwhelmingly mentioned Polish websites, social media groups, and advice from friends or family members as their primary sources of information. They said they feel more comfortable with Polish resources because they are tailored to their cultural context and written in straightforward language. A common practice highlighted by the group was scheduling health check-ups and appointments during visits to Poland, where healthcare professionals are perceived to offer more thorough, patient-centred care. Many participants shared anecdotes about being dismissed by NHS practitioners or receiving incomplete advice, reinforcing their reliance on Polish medical sources.

**What is important for you regarding women's health in the current stage of your life?**

The group stressed the importance of timely and comprehensive care, such as regular gynaecological check-ups and screenings for conditions like cervical cancer. They expressed frustration with long NHS waiting lists, which make it nearly impossible to access preventive care without significant delays. Mental health support also emerged as a priority, with many women stating they feel isolated in the UK and unable to find mental health services that cater to Polish-speaking individuals. Several participants noted that, while NHS services are free, the emotional and physical costs of waiting or being misunderstood often outweigh the financial savings, leading them to seek care in Poland instead.

**How and where would you prefer to access women's health services?**

**How:**

- Face-to-face consultations (25 participants)
- Virtual consultations (3 participants)
- Telephone (2 participants)

**Where:**

- Local community venues (20 participants)
- NHS locations (5 participants)
- Virtual options (5 participants)

Participants overwhelmingly expressed a preference for face-to-face consultations, particularly for issues related to women's health. They highlighted that in-person interactions provide a level of trust and understanding that virtual or telephone consultations cannot match. Many women felt uncomfortable discussing intimate health matters over the phone or in a video call, particularly when language barriers were present. They noted that NHS telephone consultations often feel rushed, with practitioners seeming impatient or unwilling to provide thorough explanations.

Accessibility to local services was another significant concern. Many participants described difficulties in booking appointments, with some noting they had to wait several weeks or even months to see a GP or specialist. This led to feelings of frustration and helplessness, with many participants stating they would rather travel to Poland for treatment. One woman shared, "When I visit Poland, I can get all my check-ups done in one week. Here, I must wait months just to see someone who doesn't even understand my concerns properly."

Participants felt that NHS services often fail to consider the needs of migrant communities. They emphasised the importance of having services in familiar, community-based venues where Polish-speaking staff could provide support. They also suggested walk-in clinics for women's health issues to reduce waiting times and improve accessibility. Without such changes, they felt many Polish women would continue to bypass NHS services in favour of private or Polish healthcare options.

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

- Language barriers: The absence of Polish-speaking staff and resources creates significant challenges in understanding medical advice and navigating appointments.
- Long waiting times: Many participants cited delays of several months for appointments, even for urgent concerns.
- Lack of cultural awareness: Women felt NHS staff often failed to consider their unique cultural and health needs, leading to mistrust and dissatisfaction.
- Complex booking systems: Online systems and GP registration processes were described as confusing and inaccessible.

Solutions:

- Employ bilingual staff, particularly in areas with large Polish populations.
- Provide written materials, websites, and appointment systems in Polish.
- Offer drop-in clinics at community centres to reduce waiting times and build trust.
- Train NHS staff to be more culturally sensitive and responsive to migrant communities' needs.

**Where would you go to access information about women's health?**

Most participants reported that they rely on Polish-language sources for information about women's health. These include Polish medical websites, social media groups, and forums tailored to the Polish community. Women explained that these resources are not only more accessible but also provide detailed and culturally relevant information. For example, one participant mentioned using a Polish women's health forum where doctors frequently answer questions, providing clear guidance that is easy to understand.

By contrast, NHS resources were heavily criticised for being difficult to navigate and understand. Several participants shared experiences of trying to find information on NHS websites, only to be met with jargon or content that felt irrelevant to their needs. Many felt that NHS materials are not designed with migrant communities in mind and fail to address the specific challenges faced by women whose first language is not English.

Family and friends in Poland were also highlighted as important sources of information. One woman shared, "Whenever I have a health concern, I call my sister in Poland, who is a nurse. She knows what to do, and I trust her advice more than anything I can find here." This reliance on personal networks reflects a deep mistrust of NHS-provided information, which many participants felt was incomplete or untrustworthy.

The group suggested that the NHS could improve its communication by creating Polish-language resources and partnering with Polish community organisations to distribute these materials. They also recommended holding health information sessions in Polish to build trust and encourage engagement.

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

- Language Barriers – Most NHS health information is only available in English, making it difficult for Polish women to fully understand medical advice. Even when translated, materials are often unclear or poorly adapted to their needs.
- Limited Awareness of Services – Many women were unaware of available NHS screenings, vaccinations, and maternity care. They felt the NHS does not do enough to proactively inform migrant communities.
- Complexity of NHS Resources – Websites and booking systems are difficult to navigate, and GP receptionists rarely help in Polish. Some women avoid seeking care due to these difficulties.
- Mistrust in NHS Health Advice – Participants prefer information from Polish doctors, friends, or online forums, as they feel NHS materials are too generic and not culturally tailored.
- Lack of Personalised Outreach – NHS communication relies on passive methods, such as posters and websites, rather than active engagement through community channels.

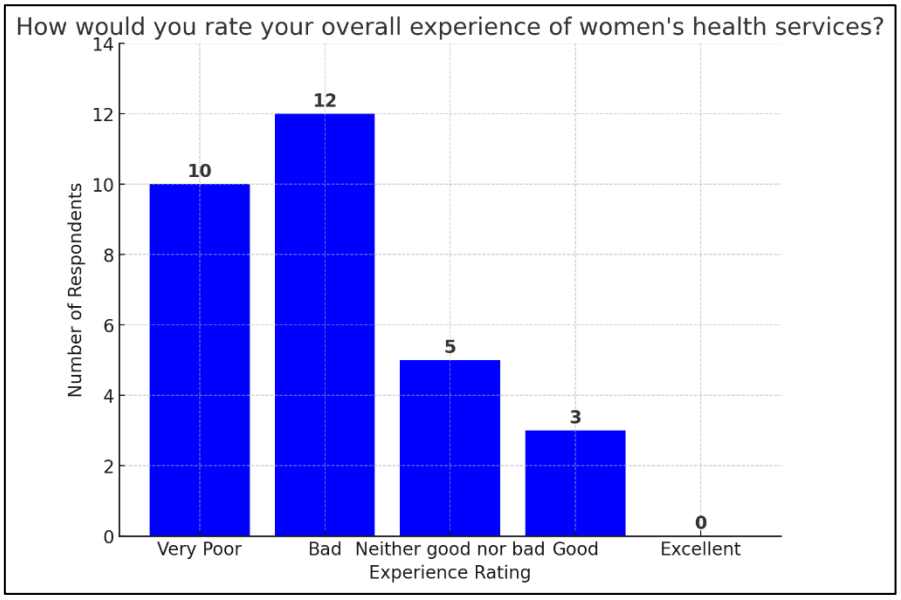
How could these be addressed

- Translate NHS Materials – Provide leaflets, websites, and appointment reminders in Polish with clear and culturally appropriate wording.

- Employ Bilingual Staff – Hire Polish-speaking staff in GP surgeries and ensure interpreter services are easily accessible.
- Community-Based Outreach – Host health talks at Polish community centres, churches, and supermarkets to increase awareness.
- Use Polish Media and social media – Promote NHS services through Polish newspapers, radio stations, and Facebook groups.
- Simplify NHS Systems – Make online booking platforms more user-friendly and provide step-by-step video guides in Polish.
- Cultural Sensitivity Training for NHS Staff – Educate healthcare professionals on common concerns and attitudes within the Polish community to build trust and improve engagement.

By implementing these strategies, NHS services can become more inclusive and accessible to Polish women, ensuring they receive the healthcare they need.

**How would you rate your overall experience of women's health services?**




**What works well and not worked well and could be improved?**

- Long Waiting Times – Women reported excessive delays for GP appointments, specialist referrals, and screenings, leading them to seek care in Poland instead. One participant said, “By the time you finally get an appointment, your health issue could be much worse.”
- Lack of Polish-Speaking Staff – Many women felt isolated and misunderstood due to language barriers. Some had to bring family members to interpret, which was uncomfortable for private health issues.
- Dismissive Attitudes from NHS Practitioners – Several women shared experiences of their symptoms being minimised or ignored, leading to misdiagnoses or delayed treatment.

- Complex and Inaccessible Booking Systems – Many found it difficult to navigate online GP registration, book appointments, or understand referral processes.

**What could be improved:**

- Hire More Polish-Speaking Staff – Ensure interpreters are available and increase bilingual healthcare professionals in key roles.
- Shorten Waiting Times – Offer community-based screening programs with drop-in options.
- Improve Communication – Provide clear, step-by-step guidance in Polish on booking, accessing services, and what to expect from NHS care.
- Increase Cultural Sensitivity – Train NHS staff to understand the needs and concerns of Polish women to improve trust and engagement.

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is, and do you have any ideas on how to increase participation in screenings?**

The participants believed that the low screening rates among Polish women stem from several interrelated factors. Language barriers were the most significant challenge. Many women admitted that they had received NHS appointment letters or reminders in English, which they either did not fully understand or found intimidating. They felt the tone of the communication was formal and impersonal, making it less likely they would engage with the service.

Another barrier was the lack of trust in NHS practitioners. Women shared stories of feeling rushed during consultations or dismissed when they raised concerns. This negative perception extended to screenings, with several participants voicing fears that NHS staff might not perform the procedures thoroughly or correctly. Some women also expressed discomfort with the idea of having the procedure performed by a male practitioner, which they felt was not appropriately addressed by the NHS.

Cultural factors also played a role, with some participants noting that screenings are more normalised and encouraged in Poland. They emphasised that Polish healthcare providers make an active effort to educate women about the importance of screenings, which contrasts sharply with their experiences in the UK.

Ideas to increase participation:

The group suggested offering culturally tailored workshops in Polish to educate women about the importance of screenings and address misconceptions. They also recommended sending reminders and appointment details in Polish and allowing women to book appointments with female practitioners. Providing screenings in familiar community venues, such as Polish community centres, would make the process more accessible and less intimidating.

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is, and do you have any ideas on how to increase participation for HPV vaccinations?**

The participants attributed the low HPV vaccine uptake among Polish women to a lack of awareness and widespread misinformation. Many women admitted they were unfamiliar with the purpose of the vaccine or its benefits. They felt that the NHS does not do enough to educate migrant communities about the vaccine, its safety, and its role in preventing cervical cancer. Several participants shared that they had only learned about the vaccine through Polish healthcare providers or online forums, rather than from NHS resources.

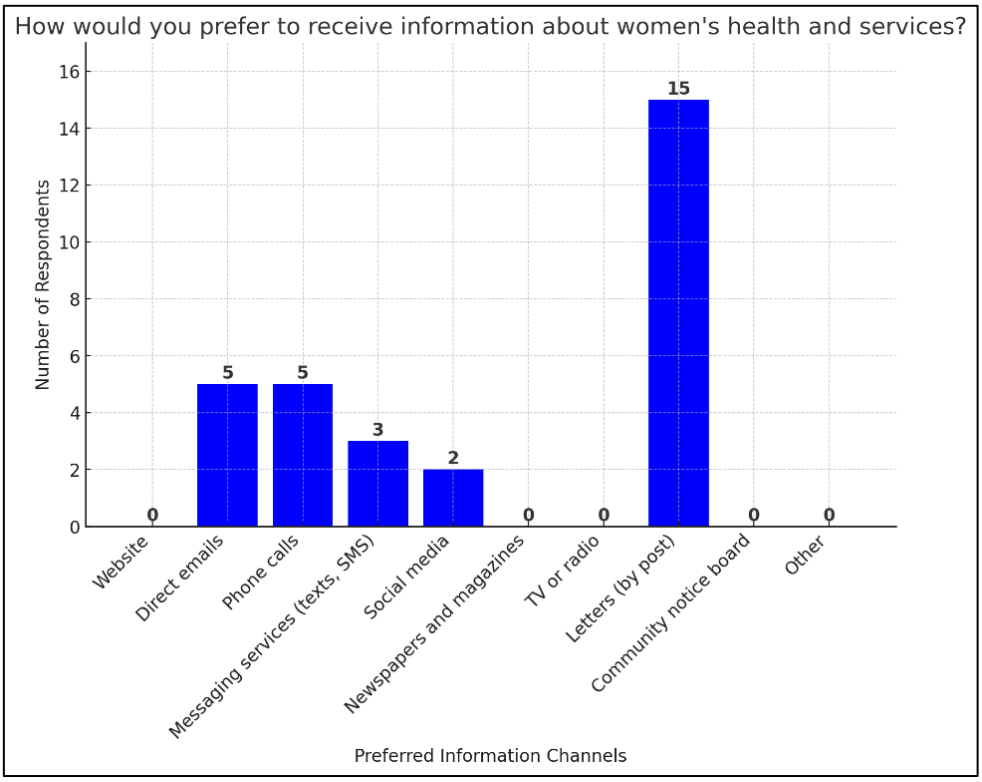
Misinformation also played a significant role, with some participants citing myths about the vaccine causing infertility or other long-term health issues. They felt that such myths were allowed to spread unchecked because the NHS does not provide clear, accessible information to counteract them.

Another barrier was the lack of tailored outreach. Many participants felt that the NHS fails to engage with Polish women directly, leaving them unaware of vaccination opportunities. Some women also raised concerns about the accessibility of vaccination services, noting that appointments often conflicted with work schedules or childcare responsibilities.

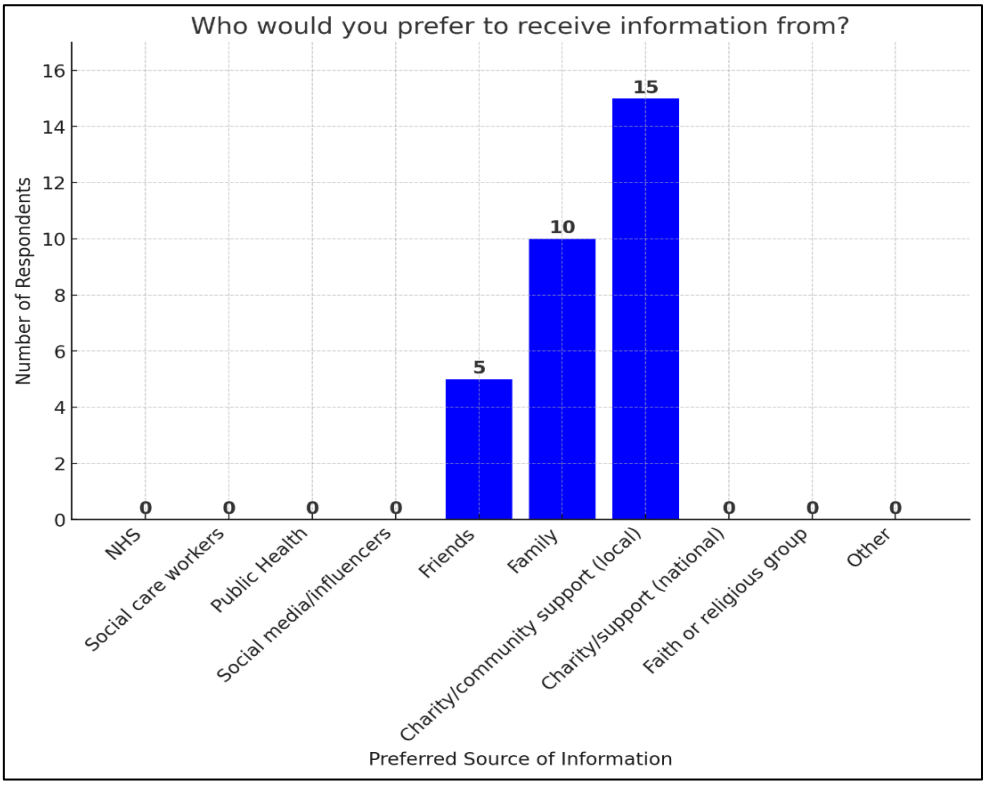
Ideas to increase participation:

The group suggested launching education campaigns specifically targeting Polish women, using trusted community channels such as Polish social media groups, community centres, and local Polish newspapers. These campaigns could include testimonials from Polish women who have received the vaccine to build trust. They also recommended hosting vaccination clinics in Polish community venues with bilingual staff to ensure women feel comfortable and supported. Flexible appointment options, such as evening or weekend slots, would further improve accessibility.

**How would you prefer to receive information about women's health and women's health services?**




**Who would you prefer to receive this information from?**




The participants strongly preferred receiving health information from trusted sources within their community. Local Polish organisations and community leaders were seen as the most credible messengers. Women felt these groups understand their cultural

background and language needs, making them more likely to provide relevant and trustworthy information.

Bilingual healthcare professionals were also highlighted as an important source. Participants explained that they feel more confident when health information comes directly from a medical expert who speaks their language and understands their specific needs. This preference extended to NHS services, with many women suggesting that employing more Polish-speaking staff would improve trust and engagement.

Family and friends in Poland were another key source of information. Many participants mentioned that they often consult relatives or friends who work in the medical field in Poland, as they trust their expertise more than NHS practitioners. One woman shared, “If my sister in Poland tells me something about my health, I’ll believe her. If the NHS says it, I’m not so sure.”

The group was generally sceptical of information from national charities or government campaigns, which they felt were too generic and disconnected from their experiences. They emphasised the importance of using local, culturally tailored channels to reach the Polish community effectively.

**How would prefer information if English is not your first language?**

All 30 participants opted for the option Information in the language I normally speak.

**If English is not your first language, which would you prefer to receive information in?**

All the 30 participants mentioned Polish as a language of preference.

**Do you have any other comments or suggestions to help improve women's health services in your local area?**

Participants offered a wide range of suggestions aimed at improving women’s health services for the Polish community. The most consistent recommendation was to employ more Polish-speaking staff within the NHS. Women felt that having bilingual healthcare professionals would dramatically improve communication, reduce misunderstandings, and build trust.

Another major suggestion was to hold regular health workshops in Polish, focusing on topics like cervical screening, HPV vaccination, mental health, and navigating NHS services. These workshops could be hosted in community venues and delivered by trusted Polish-speaking practitioners. Participants believed this approach would encourage women to engage with services and address any fears or misconceptions.

Many women also recommended simplifying the appointment booking process, which they described as confusing and inaccessible. They suggested creating a dedicated

helpline or online portal in Polish to make it easier for non-English speakers to book appointments and access information.

Participants emphasised the need for culturally sensitive care, particularly in the context of women's health. They felt that NHS practitioners should receive training on the cultural values and preferences of Polish patients, such as the importance of modesty during examinations or the preference for female practitioners in gynaecological settings.

Finally, several women advocated for greater community outreach. They suggested that the NHS collaborate with Polish organisations and leaders to design and deliver targeted health campaigns. This would help build trust and ensure that services are tailored to the specific needs of the Polish community.

**Would you like to add anything more?**

Many participants used this opportunity to share personal anecdotes and reflections on their experiences with NHS women's health services. One recurring theme was the feeling of being overlooked or devalued as a migrant community. Several women expressed frustration that their concerns are often dismissed or minimized by NHS practitioners, leading them to avoid seeking care altogether.

One participant shared a particularly troubling story of being misdiagnosed by an NHS doctor. After months of ineffective treatment, she decided to visit a specialist in Poland, who correctly identified the issue and provided the necessary care. She described this experience as both frustrating and emotionally draining, saying, "It's not just about the treatment—it's about feeling like someone cares enough to listen."

Others highlighted the financial and logistical burden of traveling to Poland for healthcare. While they preferred the quality and attentiveness of Polish services, many acknowledged that this option is not feasible for everyone, especially those with limited resources or mobility.

Participants also reiterated the importance of fostering trust between the NHS and the Polish community. They felt that this could be achieved by involving Polish organisations in the design and delivery of health services, ensuring that the community's voice is heard and respected.

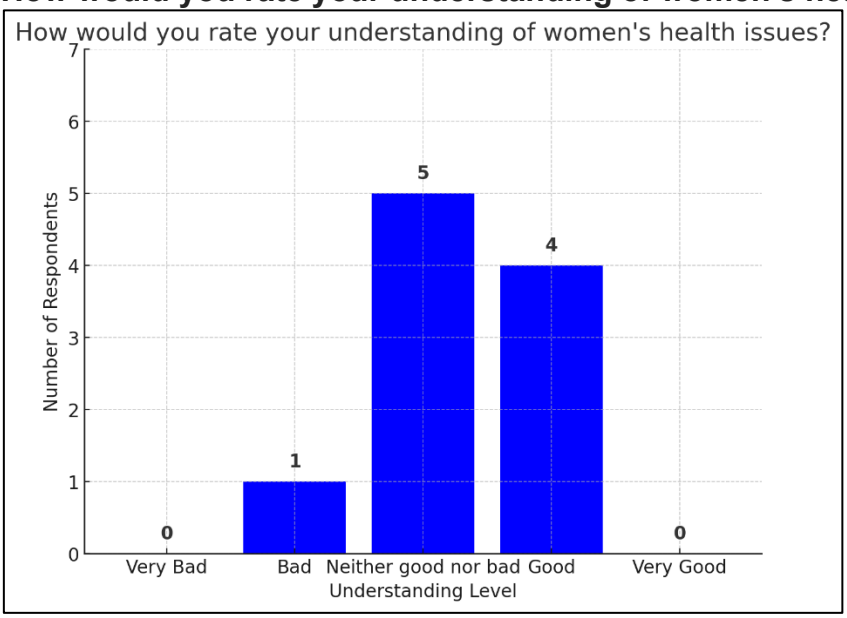
The group concluded with a strong call to action: the NHS must recognise and address the unique challenges faced by Polish women if it hopes to provide equitable and effective healthcare. They emphasised that without meaningful changes, many women will continue to rely on external sources for their health needs, perpetuating a cycle of disengagement and inequality.

## Standing Tall

Standing Tall is a not for profit, community-based organisation; created in 2021 to support women who have experienced domestic abuse and who want to rebuild their lives. Standing Tall works to safeguard the personal wellness and wellbeing of those who have experienced domestic abuse, through inclusive and responsive community-based activities and the provision of self-care resources.

10 Participants attended the workshop.

**How would you rate your understanding of women's health issues?**




It was difficult for some people to assign one score as their understanding of each aspect of women's health care varied e.g. younger women understood about the current understanding of preconception/maternity services but much less about menopause, and vice versa. Older women understood more about current menopause understanding but less about preconception and things like HPV vaccines.

One person said, 'I have a reasonably good knowledge on women's health and felt able to approach family, friends and my GP with concerns I have'.

**Where have you gained most of your knowledge about women's health?**

The most common responses were:

- Personal experience.
- Female relatives and friends, mums, older siblings
- Online: Google, Facebook, podcasts, websites,
- Menopause groups [at work, community]
- Leaflets at GP surgery

One person learnt a lot on a Nutrition course at university and another mentioned her workplace.

‘Sex education at school was very limited however I could talk to my Mum, growing up I've talked more to friends and not been afraid to see a GP or nurse and in recent years the internet is a knowledge hub.  If I wanted to look into something, then I will google it first or speak with my girlfriends.’

The group discussed how it is difficult to trust information if it isn’t from a medical person, so there’s a need to be able to verify it. Particularly if the information was online forming a non-medical site.

**What is important for you regarding women's health in the current stage of your life?**

The group consisted of women aged from 36 to 62. We discussed what was important at a variety of stages in life. We acknowledged that there was overlap particularly because we can and do have children much later in life than was once common.

For women under 35 we identified the following:

- Periods, contraception, preconception
- STD, sexual health
- Emotional/mental health support and guidance
- Body image
- Polycystic ovaries

For women between 36 and 50 we identified the following:

- Prolapses and similar issues
- Birth and pregnancy
- How our bodies change as age, knowing what’s normal or what to expect
- Contraception
- How to educate ourselves and our daughter; knowing what’s true, what’s safe
- Getting good advice that isn’t just about medication and is more about lifestyles, nutrition, alternative/natural solutions

For women over 50 we identified the following:

- Continuing breast screening and cervical smears
- Weight loss information and support
- Sexual heath
- Nutrition; ways to help ourselves
- Bone health
- Our changing bodies: knowing what’s normal
- How to educate and help our daughters

The following were common to all age groups:

- Access and ease of support, guidance and solutions
- Weight loss
- Having knowledge
- Non-medical interventions and options

- Menopause, HRT, signs/symptoms and options [particularly as experiences can be very varied]
- Keeping healthy [diet and exercise] to avoid becoming ill

**Other comments**

- Information at schools was generally reported as poor, particularly regarding sex education and sexual health.
- Parents often don't have the information to give, or it is outdated.
- Advice changes all the time and can be contradictory, which isn't helpful.
- Different GPs give different advice and offer different levels of support. We need more female GPs.

**How and where would you prefer to access women's health services?**

**How:**

- Face to face with a medical person
- NHS app
- Online: Google etc
- Books
- Online booking of appointments NOT the telephone lottery for GP appointments

**Where:**

- NHS services: GPs, clinics, groups, hospitals
- Local, familiar places
- Private spaces
- 1:1, not in groups
- Accessible places, suitable for all needs [especially in rural areas where transport is very limited and expensive, particularly out of daytime hours]. For example, having an emergency drop-in centre 9 miles away when there is no public transport after 4pm is ridiculous, particularly when there is a large town with a big hospital just 4 miles away and public transport runs to it from early morning to late evening.
- Venues open after normal working hours
- Free parking

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

- Accessing support
- Poor websites: functionality, quality of information
- Service location: transport availability and cost
- Getting an appointment with a GP when you need it not weeks later – not enough appointments
- Having to ring at 8am to get an appointment which is impossible if you are driving to work, at work, or caring for kids/parents at that time
- Having to ring every day to get an appointment for non-urgent issue

- Not being able to book appointments online
- GPs telling you to come back after a specific amount of time but receptionists refusing to make that appointment
- Being believed by professionals
- Fear of being labelled as a problem patient when you feel you are not getting the support you need
- Information not being shared between services e.g. GP and hospital, different clinics
- Poor holistic approach: only being able to mention one thing at a GP appointment when symptoms can often be related
- Easier access to our records is needed especially test results as GPs often don't tell you
- Professionals who disagree with each other e.g.  between the hospital and GP, or NHS and private services, or different hospitals
- Broken or no equipment
- Adversity to risk, fear of litigation
- Not learning from other countries who have better services
- Long waiting lists for everything
- Age being linked to a condition so you may not be believed e.g. early menopause, early arthritis, early dementia
- Treatment restricted by age e.g. hip replacements are sometimes needed by younger people, but they can't get them
- Post code lottery in terms of available services and the quality of them
- Embarrassment

'Lots of women's problems are dismissed as unimportant because they aren't seen as urgent or immediate which is why lots of women don't deal with things until they are bad.'

'I think more free booklets/leaflets available from GPs as it's not easy getting through on the telephone and at a lot of surgeries now you have to complete an

e-consult form and wait for a reply, they are very long winded and often the issues raised are not discussed or dealt with.'

**How could these be addressed**

- Better education of people and professionals
- Autonomy; having a say in your care
- Male GPs not dismissing women
- Being able to self-refer to more services
- At home kits for things people may feel uncomfortable seeing someone for
- Provide more leaflets and booklets to take away and read
- If e-consult, or other online forms are used then reduce all the irrelevant questions and just have a simple box with unlimited characters for the patient to explain their issues
- Take issues that are concerning people seriously
- More services, available locally
- More female GPs

- More and longer GP appointments, especially out of normal working hours e.g. evenings and weekends
- Online booking of appointments available at all surgeries
- Actively listening to patients and providing what they need, whatever their age
- Cutting waiting lists
- All services available in all areas so it isn't a postcode lottery
- Better quality GPs services
- Improved and easier access to patient information
- Being able to just talk to a GP on the phone/online [but, some people only want face to face]
- More holistic approaches from professionals
- Less postcode lottery e.g. some GPs don't refer often enough as they don't want to spend the money required.
- Stop GPs from being businesses

**Where would you go to access information about women's health?**

- Websites; but these need to be careful not to trigger people with heath anxiety
- Printed materials
- Online, Google, Facebook, TikTok, Web MD etc
- NHS website
- Calling 111
- Friends
- Podcasts
- Women who have had shared experiences e.g. online groups, friends

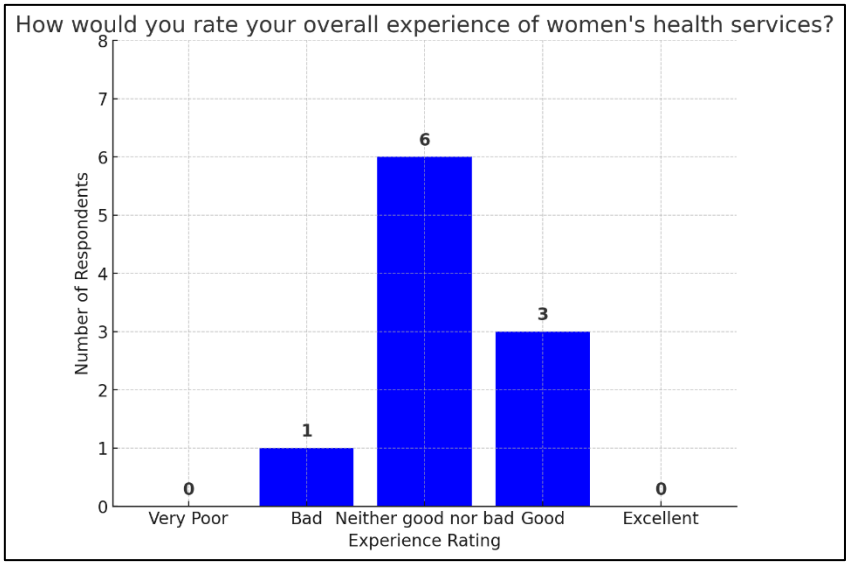
**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

- Accuracy of information
- Knowing what credible information for you is as an individual and where to get it
- Poor access to the internet, especially in rural areas and data poverty
- Complexity of information
- Not being very literate or English as second language
- GPs don't have time in appointments to give enough information
- Over medicalisation of information where other simpler information would help
- People who can't use the internet
- Some people are reluctant to visit the GP
- Knowing what is available on the NHS, this is not often widely publicised and some GPs evade the questions and are not very helpful.
- Embarrassment causes less women to feel confident. More clinics could be offered like wellbeing clinics.

**How could these be addressed**

- More public information adverts on TV and in GP surgeries with positive advice
- Clearer information on who to talk to and how to get access to services
- Drop-ins at GP services
- Having access to information in schools and colleges
- Better leaflets at GP surgeries

**How would you rate your overall experience of women's health services?**




**What works well and not worked well and could be improved?**

**Works Well**

- Nurse practitioners (possibly because they are usually women and make women feel heard)
- Smear tests, mammograms, bowel cancer tests, fast treatments for lumps
- Private services are better (they are quicker and more thorough)
- For some people online and telephone appointments with GPs work well
- Expanded pharmacy services e.g. to get antibiotics for urine infections
- Self-referral options e.g. for physio services
- Grouped GP surgeries so you can get appointments more quickly
- Readily available information online and in books
- Reminders for smear tests etc sent in the post

**What has not worked well and could be improved**

- More proactive work on specific campaigns
- Annual MOT-health check
- More mental health services e.g. Counselling
- Getting an appointment by phone

- More online ways of booking appointments
- More preventative work
- Better transition from child to adult services
- If a GP wants you to come back in a specific timeframe, being able to book appointments in advance
- Professionals actively listening to patients, so they refer correctly
- Being allowed to talk about more than one thing in an appointment; things could be linked
- Better diagnosis: if a treatment does not work more exploration is needed
- Education in schools
- GP appointment availability
- NHS waiting lists
- Appointments with GP's and nurses, they are rushed, and things are sometimes not quite explained thoroughly enough
- There's a lack of age-related information
- One person felt bowel screening could be improved.

"I requested bowel screening recently and had to give reasons why I felt I needed it, and they really didn't want to do it."

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is, and do you have any ideas on how to increase participation in screenings?**

**Current thoughts**

- Young people may be embarrassed
- Cultural/religious issues
- Men blocking access to information in some cultures
- Concern that medical staff might be male
- Language barriers
- Getting time off work
- Information not getting to people; 'there needs to be more awareness, advertising especially for the younger generations'
- Women may be fearful and feel it is an uncomfortable process e.g. women who have experienced sexual abuse
- Getting time to attend screening, particularly when appointments are only during the daytime. Women may be at work or not have childcare

**How to increase participation in screenings**

- Make it possible to do them at home yourself
- Maybe offer an incentive gift like a well-being session or a fitness class taster
- Make sure information gets to women in the community by using community groups and settings they attend e.g. places of worship, women's toilets, food banks
- Offer more appointments out of working hours
- Offer childcare

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is, and do you have any ideas on how to increase participation for HPV vaccinations?**

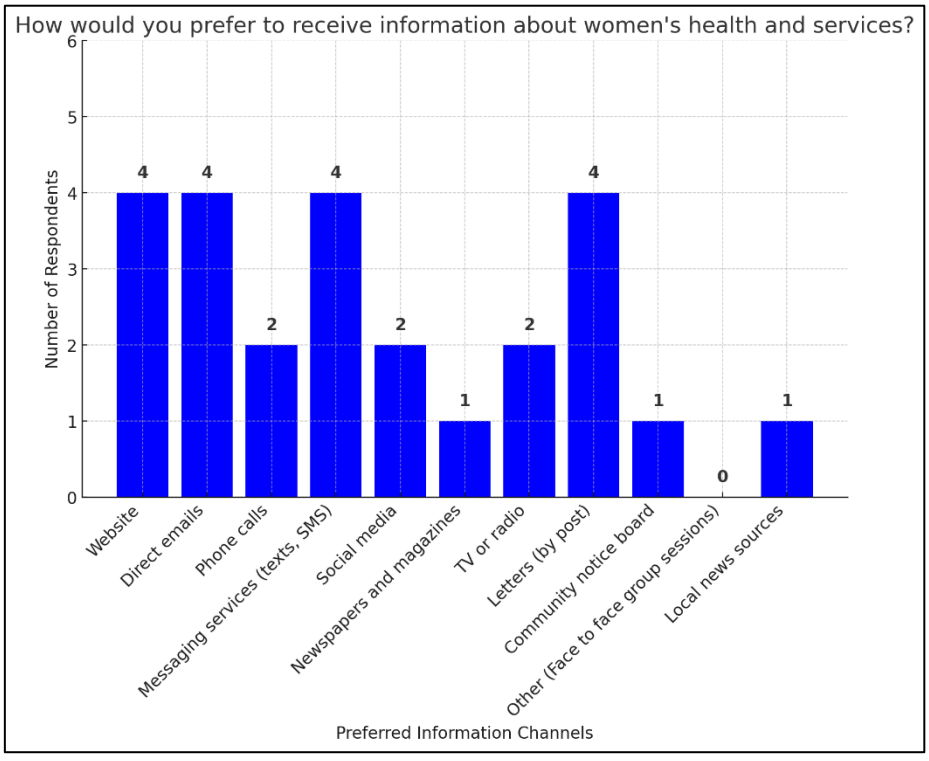
**Current thoughts**

- Young people may be embarrassed
- Parents might be refusing to give permission; they might be anti-vax or think it might encourage their children to have sex
- Parents may not get the letter, or possibly can't understand the letter
- Maybe because young people who are not attending school, or are home schooled don't get offered the vaccine
- Lack of information. Quote, 'I only know about HPV vaccination because my children have had the vaccine.'

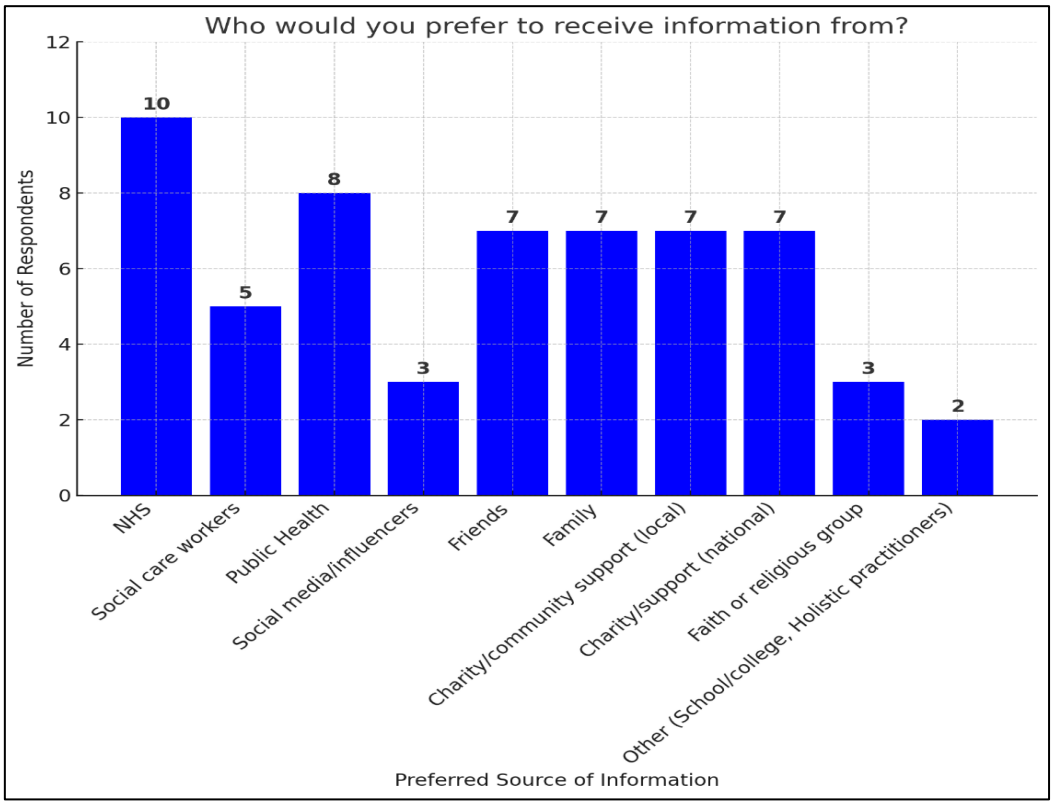
**How to increase participation in HPV vaccinations?**

- Offer them when offering other vaccines
- More promotion at school
- Raise awareness in schools of the implications of not having the vaccine
- More media exposure of the negative sides of people that have suffered HPV
- Provide more information through the post or by email

**How would you prefer to receive information about women's health and women's health services?**



**Who would you prefer to receive this information from?**




**If English is not your first language, which would you prefer to receive information in?**

All the participants mentioned English as their first language.

**Do you have any other comments or suggestions to help improve women's health services in your local area?**

- Access to more services locally not miles away in cities
- Better communication and signposting
- Better education for young people especially about preventing health issues
- More female GPs in every surgery
- More female healthcare support staff e.g. nurse practitioners
- GPs working with local community groups
- More money in the right places
- Stop fobbing people off if initial investigations don’t show anything, especially by saying ‘it’s the menopause, or it’s your weight, or it’s because you smoke. We need further investigation
- Less money on drugs – more on prevention and more holistic solutions e.g. counselling not antidepressants
- Less post-code lottery for services and the quality of GPs
- More focus on delivering services not salaries of GPs and professionals
- Different structure for GPs; they shouldn’t be businesses who effectively get paid more if they don’t refer people
- Stop sending people to the wrong place for treatment, which wastes time and money
- Improved after-care post-operations and better medical follow-up

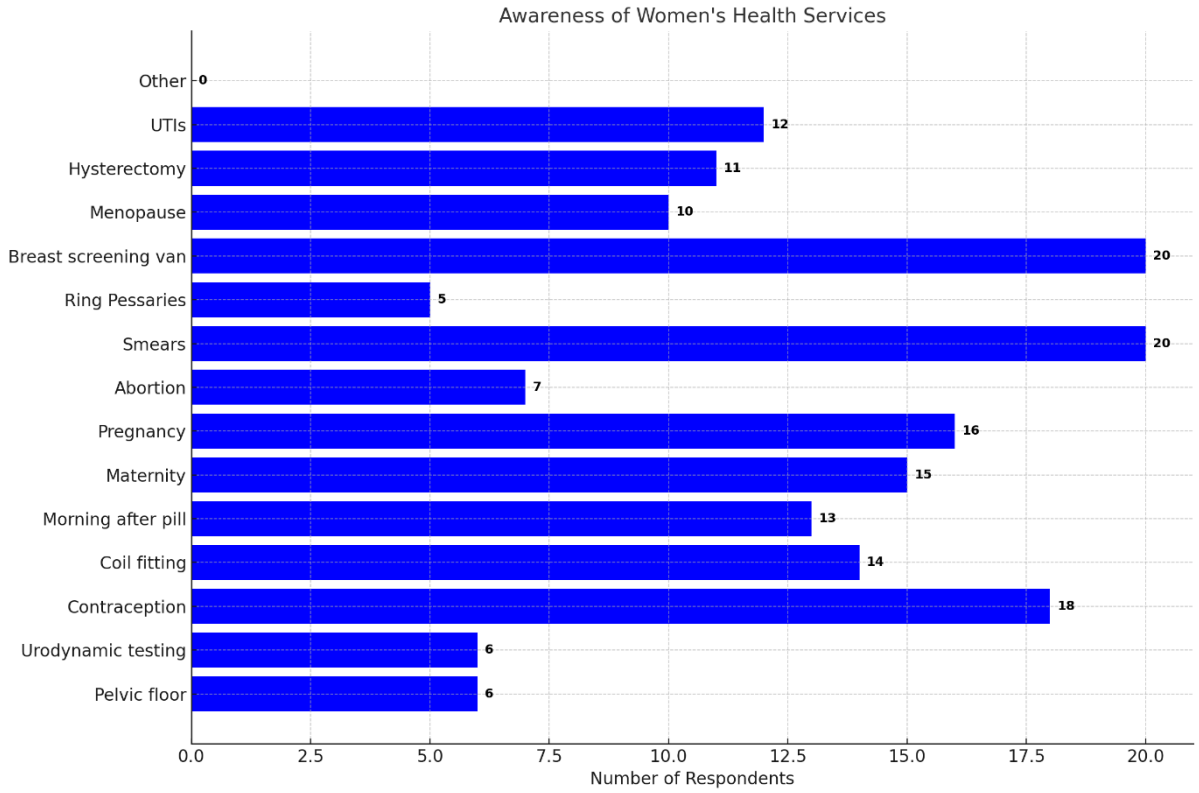
- Better post-operative support e.g. financial advice and guidance, help to learn to walk/speak
- More GP home visits especially post-surgery
- Quicker communication from hospitals to GPs; should all be by email
- GPs righting inappropriate opinions not facts in their notes as that affects treatments e.g. “you’re a cry-baby” or “you’re too young to have this”
- Improve listening skills
- Improved accuracy of notes

*“Sending girls a pack of information when they are 12, about how a woman’s body changes throughout her life with a focus on things relating to younger women. Then send other information packs to all women as they reach different key ages.”*

## The Bureau

The Bureau works with the belief that all members of the community will have both support needs of their own and the capacity to support others at various times in their lives – in some cases simultaneously. It is our mission to identify and link together community needs and solutions to enable people to live independently and improve the quality of life for local communities.

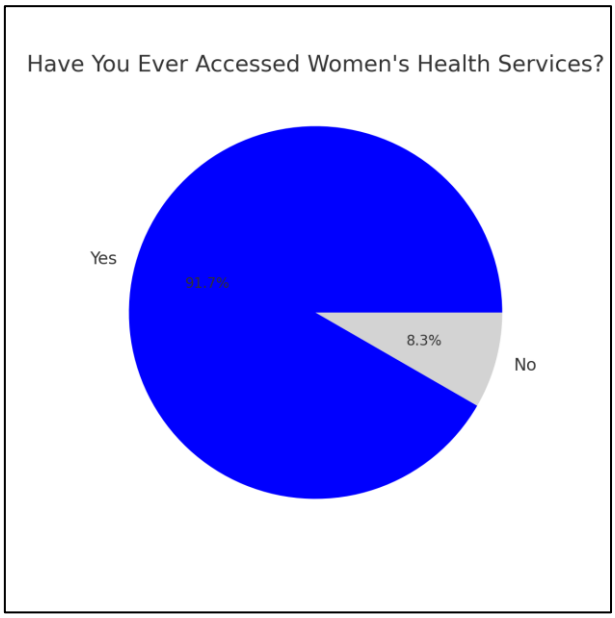
### Awareness of Women's Health services




Smear tests and breast screening vans were the most well-known services, with 20 respondents aware of them. Pregnancy and maternity services were also highly recognised.

However, awareness of more specialised services, such as pelvic floor treatment and urodynamic testing, was significantly lower, with only 6 respondents knowing about them. This suggests that while routine screenings and reproductive health services are well-publicised, less common treatments for conditions like incontinence and prolapse require better awareness campaigns.

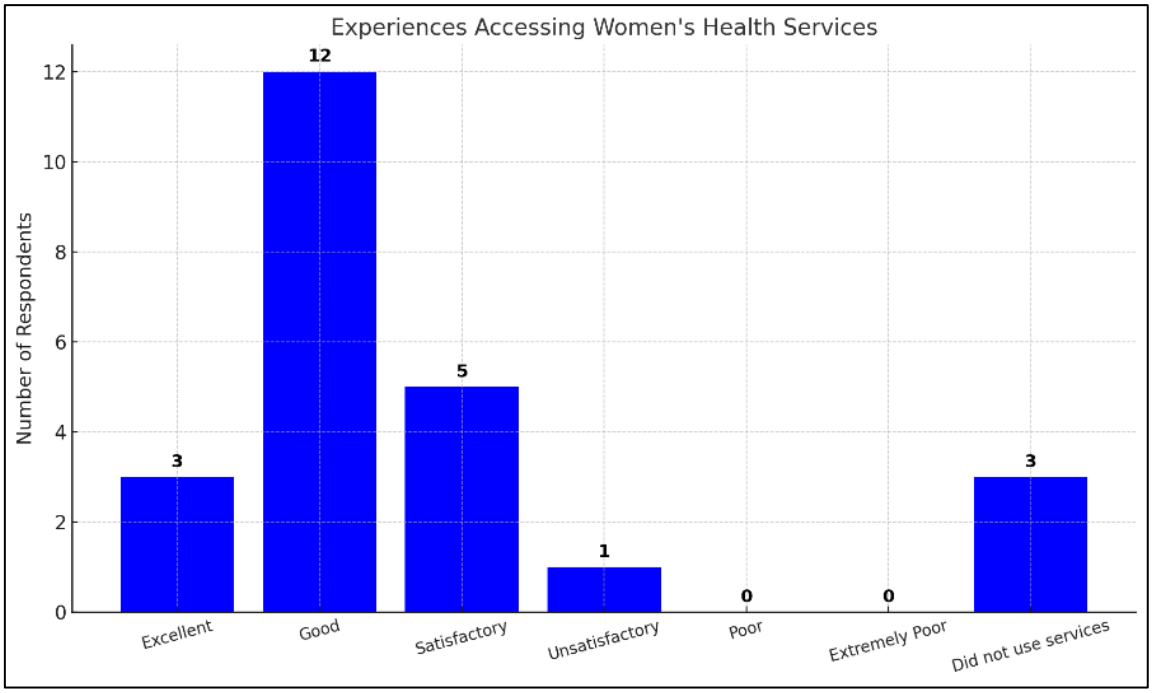
### Access to Women's Health Services




The majority of respondents (91.67%) indicated that they had accessed women's health services, while a small percentage (8.33%) had never done so. No respondents selected the "Other" category.

This high engagement suggests that women are utilising available healthcare resources, but it also raises the question of whether those experiences were positive or if barriers still exist.

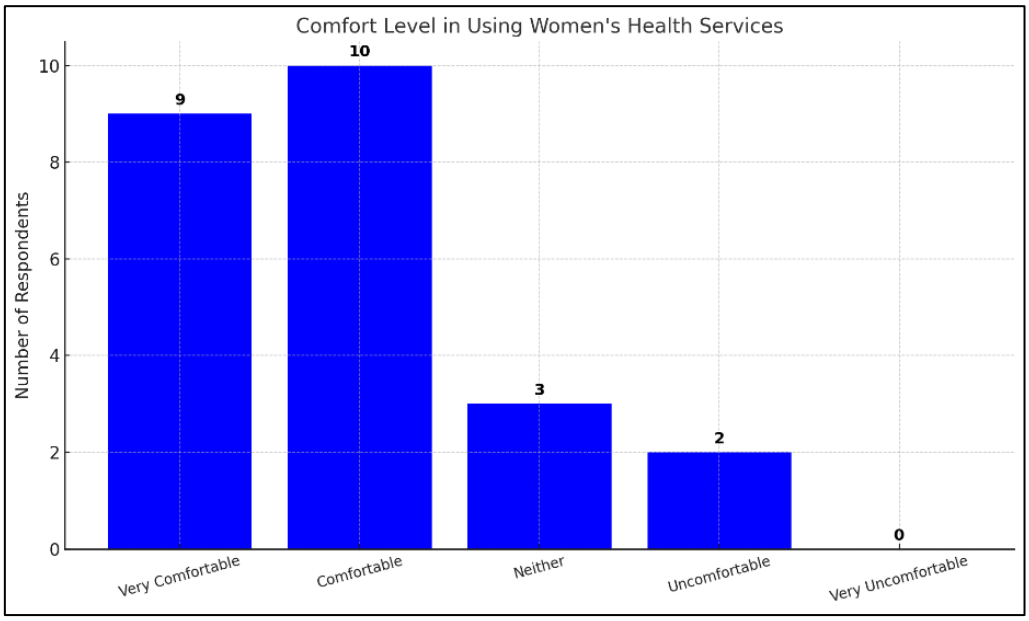
### Experiences accessing Women's Health services




The majority of respondents had positive experiences, with 12 rating their experience as "Good", followed by 5 rating it as "Satisfactory". A small group (3 respondents) rated their experience as "Excellent", indicating that while services are functional, there is still room for improvement.

Only one respondent rated their experience as "Below Satisfactory", and no one selected "Poor" or "Extremely Poor", which is a positive outcome. However, 3 respondents had never accessed these services, suggesting there might still be barriers to engagement.

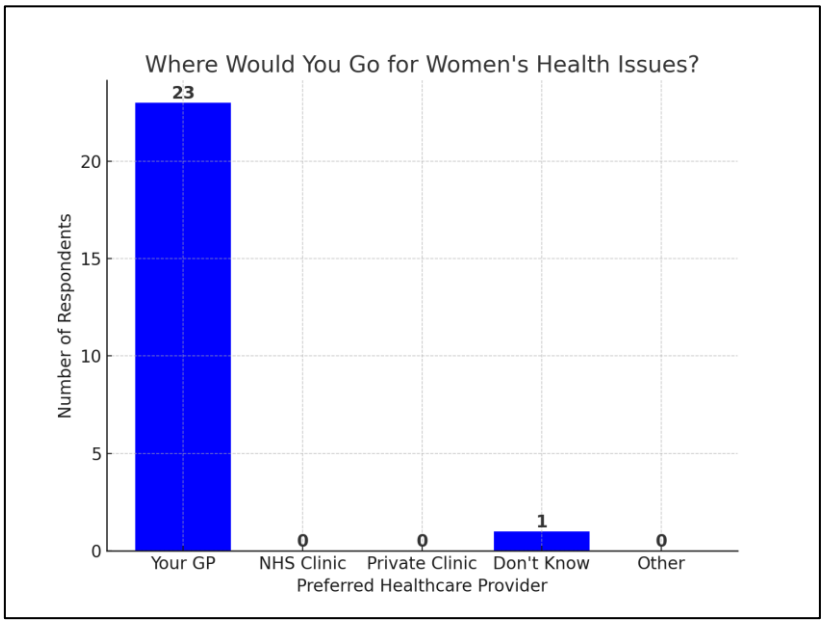
### Comfort level in using Women's Health services




Most respondents feel comfortable or very comfortable using women's health services, with 10 respondents selecting "Comfortable" and 9 selecting "Very Comfortable". This suggests that, in general, the services are perceived as accessible and welcoming.

However, 3 respondents were neutral, and 2 expressed discomfort in accessing these services. While these numbers are small, they indicate that some barriers—whether social, logistical, or medical—still exist for a portion of women. Future improvements could focus on ensuring privacy, better communication, and more female healthcare professionals to improve comfort levels.

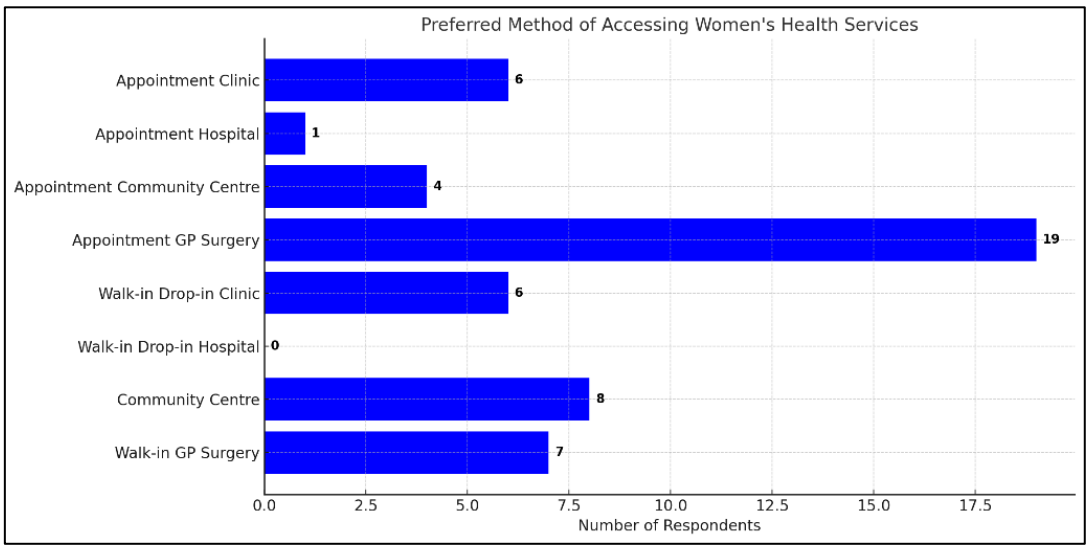
### Where would you go for Women's Health issues?



An overwhelming majority (23 out of 24 respondents) indicated that they would visit their GP for women's health issues. This highlights the central role that general practitioners play in women's healthcare.

Interestingly, no one selected an NHS clinic or a private clinic, which may suggest either a lack of awareness of these options or a strong preference for familiar GP services. Additionally, one respondent was unsure of where to go, which suggests that improving awareness of available services is still necessary.

### Preferred method of accessing Women's Health services

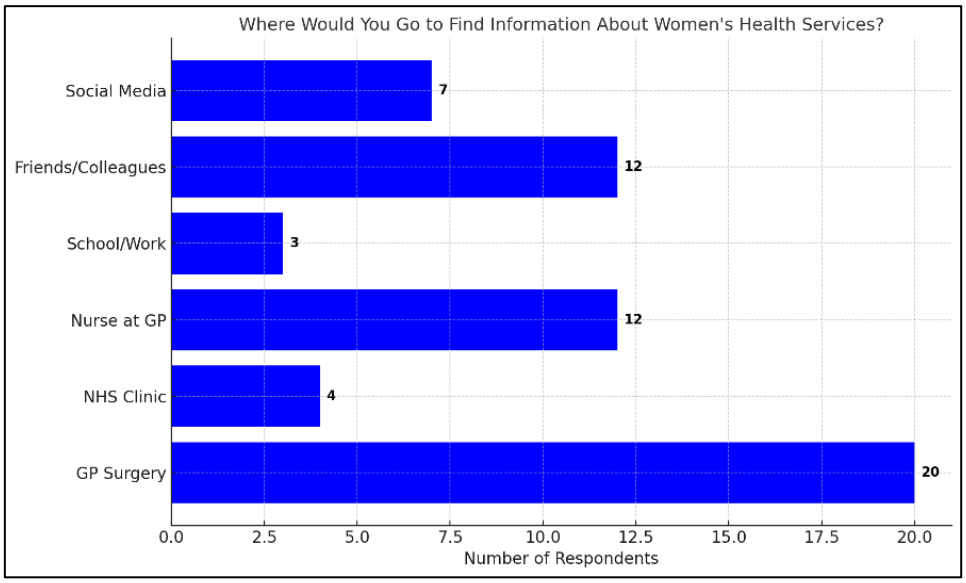



The majority of respondents (19 people) preferred to book an appointment at a GP surgery, making it the most popular method of accessing healthcare. This aligns with previous findings that most women see their GP as the first point of contact for health concerns.

There was also some interest in drop-in services, particularly at community centres (8 respondents) and GP surgeries (7 respondents), indicating that some women value flexibility and convenience.

However, drop-in hospitals and clinics were less popular, with no respondents selecting hospital drop-ins. This suggests that community-based services and structured GP appointments are the preferred choices for most women.

### Preferred Method of finding Information about Women's Health Services

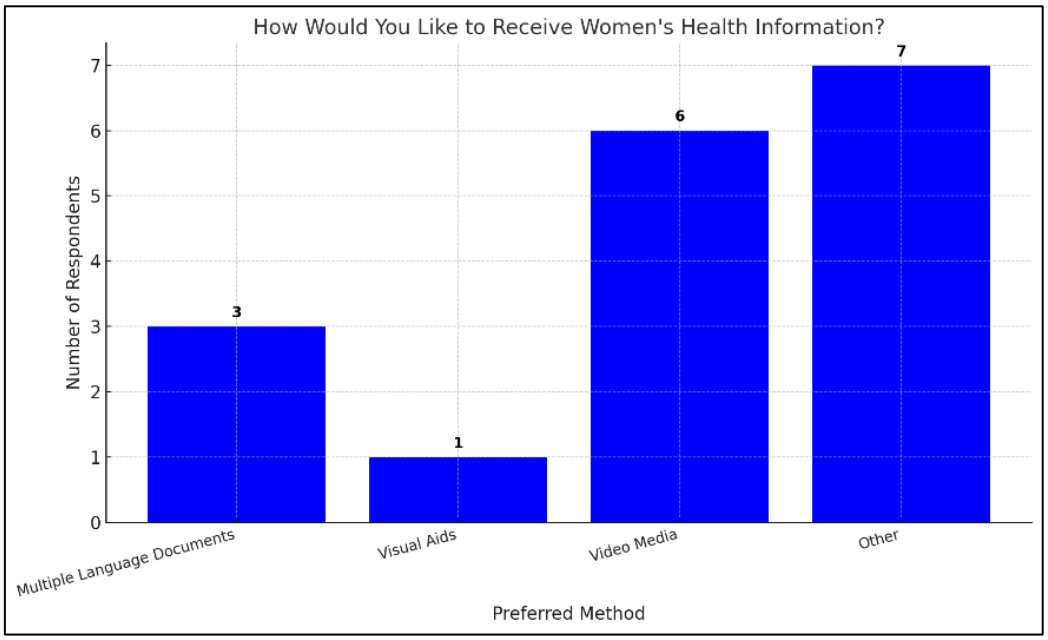



The GP surgery was the most common source of information, with 20 respondents selecting it as their primary source. This reinforces the central role of GPs in women's healthcare, both in providing services and distributing information.

Other notable sources included Nurses at GP surgeries (12 respondents) and Friends/Colleagues (12 respondents), suggesting that peer discussions and medical professionals are also key in spreading health information.

However, social media (7 respondents) and NHS clinics (4 respondents) were less frequently used, indicating that more work could be done to improve digital and community-based information-sharing.

### Preferred Methods of Receiving Women's Health Information

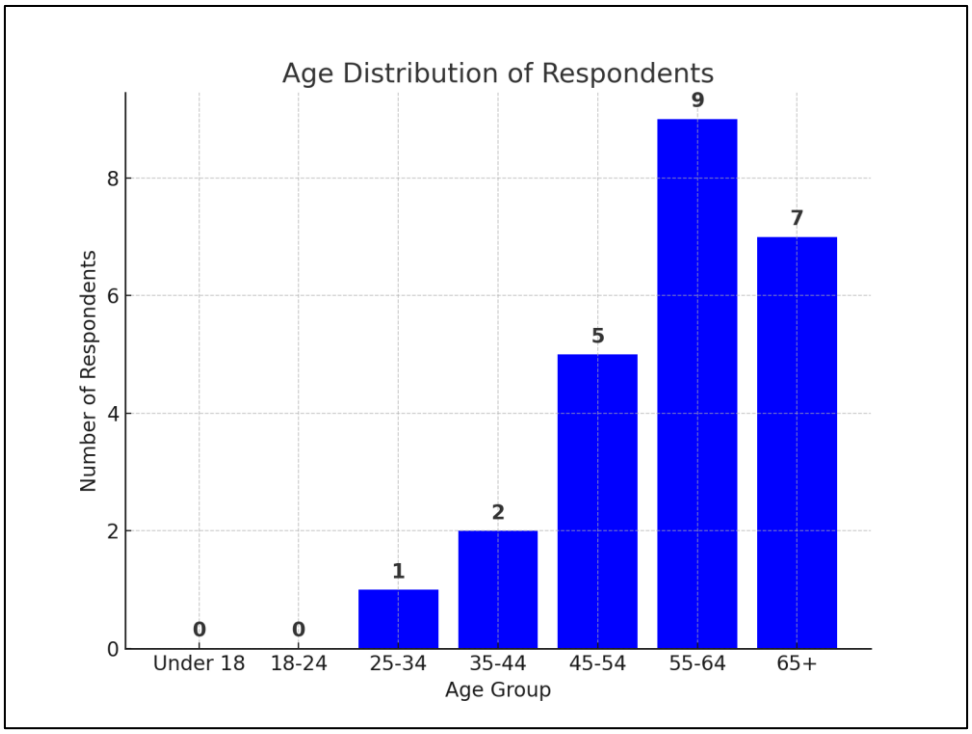


The most popular choice for receiving health information was video media (6 respondents), indicating that many people prefer visual and interactive formats over written materials.

Interestingly, 7 respondents selected "Other", which suggests there may be alternative preferences not listed in the survey. This could include face-to-face discussions, social media posts, or live workshops.

Only 3 respondents wanted multiple-language documents, suggesting that language barriers may not be a major concern for this group, but it is still important to provide inclusive options.

### Age Distribution of Respondents




The largest group of respondents were aged 55-64 (9 respondents), followed closely by those aged 65+ (7 respondents). This suggests that middle-aged and older women were the primary participants in the survey, reflecting a demographic that may be more engaged with women's health services.

There were fewer respondents in the younger age groups, with only 1 respondent in the 25-34 age bracket and 2 in the 35-44 group. There were no respondents under 24, indicating that younger women may be less engaged or less aware of these surveys and services.

To ensure all age groups are represented, targeted outreach and awareness campaigns may be needed to engage younger women in discussions about their health.


## Verba

Verba is a constituted group and coordinates a weekly social meeting at the Central Methodist Church in Chesterfield. This is for Ukrainian refugees who are fleeing war in Ukraine and have settled in Chesterfield & other parts of Derbyshire. We work in partnership with Central Methodist Church, Quakers, New Life Church & Links CVS.

In addition, we offer interpreting & translation services, support with issues such as housing, health, education & employment. We send out weekly bulletins which give information in Ukrainian & English. We also are in touch through various social media platforms.

13 Participants attended the workshop.

**How would you rate your understanding of women's health issues?**

The discussion was attended by 13 people, women aged between 30 and 75 years.

All participants agreed that they have a good understanding of the topic of women's health. Moreover, they understand what is needed and what checks are needed to ensure that a woman is healthy.

**Where have you gained most of your knowledge about women's health?**

The women we interviewed said that given the age of the women who came here, they already had experience and understanding of women's health.

When it comes to obtaining such knowledge, some group members noted that the first source of information was **parents, school, university,** and the **Internet**.

The group members also said that **self-education** played a major role in the concept of women's health.

Some women said they gained their knowledge **through books and life experiences**, and also consulted doctors when necessary, which increased their knowledge and awareness of women's health issues.

When they moved to UK they most often received this **information through information brochures and their general practitioner**.

But the majority of elderly people 55+ said they receive information **through letters and flyers.**

**Chesterfield College** students said they were getting some information about women's health through it.

**What is important for you regarding women's health in the current stage of your life?**

For most respondents, all topics related to women's health are important. However, depending on age, their needs change, and therefore, in a certain way, there are needs that will be more important at this stage of life.

Women aged 45+ were interested in the issue of **menopause**. They are to some extent on the verge of menopause and some are already observing certain changes in their bodies. It is worth noting that the meeting was attended by all women aged 30+. This question was also interesting to them, because in a few years they will also need this knowledge. Therefore, they would also like to have some awareness about menopause.

The topic of **mental health and its impact on women's health** is interesting. According to several respondents, it directly affects a woman's vision, **hormonal balance,** and stress can alter the menstrual cycle.

Maintaining a healthy lifestyle, **proper nutrition, taking necessary medications, vitamins, protection against infections**, maintaining healthy mental health were important. All of these, according to those present, are important factors in women's health.

**Diagnostics and preventive measures** are of great importance for group members.

**How and where would you prefer to access women's health services?**

**How:**

The best way for most respondents would be a face-to-face meeting.

However, one of the respondents noted that women's health issues differ from other health inquiries in that most often it is thanks to tests that one can find out the real situation with women's health. The need for consultation and making appointments for checks may be over the phone. Therefore, when ordering a test, it doesn't matter much whether it will be done by phone or in another way. The main thing is to make an appointment quickly and get the opportunity to undergo the necessary tests and check-ups of women's health.

Not all participants use and seek information from the NHS app or website.

**Where:**

Locally, not far from where you live, so that it is accessible to people who don't have a car.

*“I know that in addition to a general practitioner, there is a clinic in Chesterfield where you can get some tests for free. For example, if you had unprotected sex. They can test for various infections and diseases such as syphilis, HIV, hepatitis, etc. It's all anonymous. You can have an abortion anonymously, as well as free consultation on contraceptive methods,”* said a participant who did not use this service, but is aware of its existence and the possibility of receiving free help.

*“I know that there are women's health centres, menopause centres for example, but they are in the private sector, where it is very expensive to get this necessary help. There is nothing like this at the state level, which is very disappointing.”*

Looking at the answers of some participants, they have a certain awareness, but it is not enough to fully understand where to turn when needed.

The participants also said that in case of an urgent need for assistance in the state of health of a woman, they will **go the hospital emergency department.**

**Do you think there are any barriers to accessing women's health services and how could these barriers be addressed?**

Those who sought a women's health check-up said that there is a big difference

Between treatment and examination methods here and in Ukraine, many check-ups here are done once every 5 years, while in Ukraine, for example, the same check-up needs to be done once a year.

Moreover, the participants said that they liked that in their country they were examined in more detail. Usually, several tests are taken, the examination is comprehensive, if not the whole organism, then definitely many indicators. Here, one of the participants shared her experience that the examination seems superficial. Some one test or some specific problem is checked.

*An example was given when a person came for a mammogram and the doctor checked only one breast. While in their country of origin they would have a full examination of both breasts. The participant said that it is so difficult to get any examinations here that when they check only one breast, it seemed to her that it was nonsense not to check the other. Because it is not clear when the next opportunity will be. Why then bother to get this service from the very beginning, rather than wait a long time for the next one.*

There were cases when a woman felt unwell, it was related to women's health, so she went to the doctor. But after the tests, no treatment or additional examination was prescribed, which caused indignation and misunderstanding in the patient. Because the problem was not solved.

A big problem is **the availability of doctor's slots**. **Urgency and long waits** are big barriers for all participants.

The system for **prescribing medications is also not well-established**. If you have an appointment with a specialist and then they give you a prescription and, for example, send you to your general practitioner for a course of treatment, it may later turn out that the general practitioner does not have this information. This affects the quality of services received and the patient's health. After all, sometimes any delay in treatment can lead to negative consequences.

Our respondents are most concerned about the fact **that you want to do a certain tests and you cannot do it.** There is a certain expediency and necessity in this, the doctor also understands this expediency, but cannot prescribe this examination, due to a different system and its rules for prescribing them. Therefore, there **are significant differences in the women's health care system in Ukraine and the UK**. It is much **more difficult to check women's health** here than in Ukraine.

Another barrier is **the perception of the system as not attentive to women's health**. The participants said that the same tests that were conducted here and in Ukraine differ

in their level of detail. They do not examine everything in such detail here. But the biggest barrier is that they **do not come back to you** with this question. That is, you do not have the support that you would like to receive. Usually, after the words everything is fine, you are left alone with this issue.

**How could these be addressed**

*“I would like to have a specialist who deals specifically with the topic of women's health. That is, to have the opportunity to make an appointment not with a general practitioner, but with a specialist in women's health”,* a woman 40+ told us.

This will allow participants to receive the service they expect and be able to receive highly qualified help from a doctor in this field.

According to all participants, it is extremely important who assesses your condition and conducts the examination.

They do not want to experience protocol treatment that does not include the specifics of each person and their health condition.

*“You don't want to just be prescribed hormones. And at this point you're sitting there thinking, Maybe it's better to make some checks, tests first,”* the participant said.

Therefore, according to the respondents, they want to receive this help from a specialist, gynecologist, endocrinologist, etc.

To have the opportunity to access services without any obstacles, to have access to services in a shorter time frame.

*“It is important that if something hurts, you immediately have opportunity to speak with a doctor and have the opportunity to get quick treatment”.*

**Where would you go to access information about women's health?**

*“I would like to receive more of this* **information by phone**,” said one of the participants aged 30+. Because websites, applications, magazine, the Internet can scare with information about women's health or possible diseases. And then a person will potentially try these diseases on themselves and think that everything is very bad for them. This, in turn, will cause panic and the possibility of fear of visiting a doctor. Because you will be afraid of various diagnoses such as cancer, etc.

But for those people who do not speak English fluently, this can be a certain barrier to receiving a phone call. Then an interpreter will be needed, and he may not be available. This in turn can cause some delay in receiving the necessary help.

**That is why most group members will still look for information on the Internet, websites.** Because this is not their country of origin, this will allow them to gain knowledge about the system and principles of treatment in the UK. This will help also with

the language barrier, it will allow them to use the translator app. But this will not solve the language barrier completely, because the translators of the app do not always translate all the information correctly. However, it will provide the individuals with basic information and help.

They can also use information via the Internet to learn about certain symptoms, treatments, or places to get help, clinics, centers, etc.

**Printed materials are also suitable as a source of information** for the group members. However, we noticed that this still applies to older people who, having received, for example, a letter by post, always read this information and, if necessary, go to a doctor. Everyone else agreed that receiving information that is printed can be useful. Because if you do not use this information now, then you can use it later if necessary.

**Do you think there are any barriers to getting information about women's health and how could these barriers be addressed?**

The language barrier will interfere with receiving good service and assistance.

Because Ukrainians are not native speakers, and even those who do speak cannot be fluent in all the necessary terminology. Therefore, it will be quite difficult for them to explain and describe their symptoms and requests to the doctor. This will concern the interpreter, his availability and schedule. More often, given the experience of the respondents, urgent help is needed and patients do not want to wait long for an interpreter.

Language translation apps do not always translate correctly, and they are difficult to use for the elderly and people who are not good at computer technology.

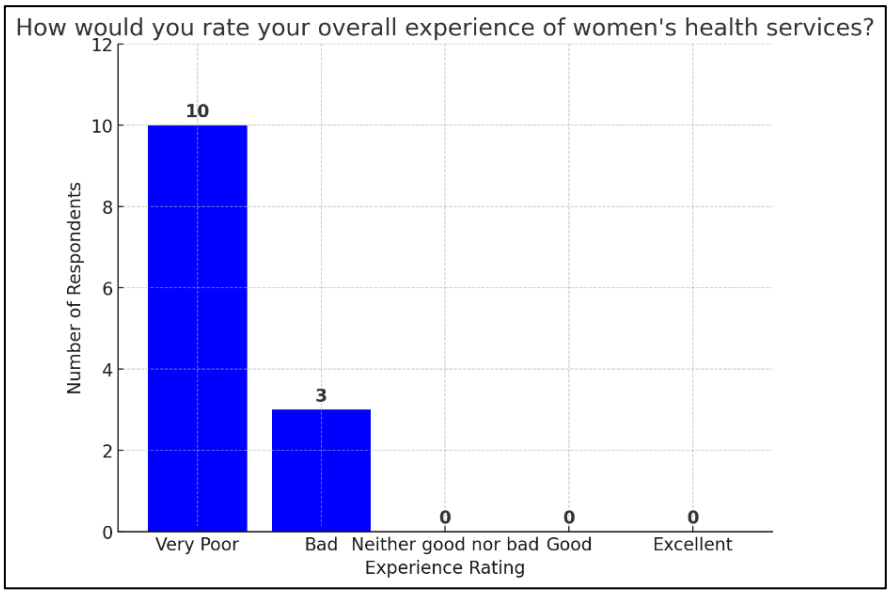
**How could these be addressed**

It is important to have **access to a hotline** where there are always **interpreters**. And they will call a general practitioner or other specialist if necessary. And he, in turn, will be able to professionally describe the problem and avoid misunderstandings.

If possible, allow **text messages** with complaints and health inquiries, which will help overcome the language barrier. But even this requires some knowledge of the language and skills.

It would also be good if the medical staff representative or receptionist had **contacts of a support worker or other community group representative who speaks the language** and can **act as a liaison and help with translation** between the doctor and the patient.

**How would you rate your overall experience of women's health services?**




**What works well and not worked well and could be improved?**

**Works Well**

Three retired women shared their positive experiences. They received a letter inviting them to certain procedures (bowel screening) test. They said that despite the language barrier, they had no difficulty understanding the text and receiving these services without any problems.

When one of the participants had a male doctor who was supposed to conduct a women's health examination, the woman accompanied him the whole time.

There was one positive experience of taking a cervical smear in Dronfield. It was done on a chair with all the necessary hygiene norms and standards. The group member said that the analysis itself was done by a nurse and the participant was satisfied with the service.

According to this participant, a lot can depend on the capabilities of the surgery itself. Good service can depend on the equipment and capabilities of the facility itself.

**What has not worked well and could be improved**

*"When I was taking a blood test to check something about women's health. Therefore, the nurse who provided me with the service did not behave professionally. Her outerwear was scattered around the room, she was standing in only her socks, and before the injection she did not wash her hands and did not stick a plaster on the injection site. I was in shock,"* said the 45-year-old participant.

This is explained by the fact that Ukraine has high medical standards. People have seen and understand what sterility is, especially when it comes to blood or other tests. Therefore, their perceptions and negative impressions are based on previous experience and knowledge.

Therefore, the group members would like to understand the standards of medicine in the UK. How should the staff behave, what to do, what hygiene standards should be

observed? All this is important to avoid negative impressions and other consequences, both for the patient and for the staff.

If this information is disseminated to community groups, minority groups, it will help to raise awareness in these areas, particularly in the UK. If anyone could come to one of the meetings and talk about hygiene standards, that would be very helpful.

**Currently in Derby City there are fewer women getting cervical and bowel screening. Do you have any thoughts as to why this is, and do you have any ideas on how to increase participation in screenings?**

**Current thoughts**

Some participants shared a negative experience that this analysis was not done properly. The approach and attitude towards the patient did not seem professional to them. This analysis was not done on a gynecological chair, as they were used to in their country and previous experience.

*“You lie down on a couch, and they take this test. How well they do it is really unclear. How is it so easy to get to the cervix in this position?”,* said one of the participants aged 45+, who recently underwent this test.

Many participants who had the same experience agreed with her.

*“This should be a specialised nurse, a women's health nurse, and not someone who just took blood from a vein from a person who came in with other health complaints”,* said a woman 30+.

Three participants said they were happy to do the bowel screening test. They received this information by post and sent the sample by post as well. The process itself was easy and understandable. They see the relevance of this analysis and the need to disseminate this information.  The results came very quickly, and they received a letter saying that the next analysis is in 2 years.

*“There is a test tube, a special sealed envelope, which is made so that the test tube is not damaged. There was no need to pay anything extra. I am very satisfied,”* said the 65+ years member of group.

**How to increase participation in screenings**

Send information directly to people's emails, by post and distribute information in community groups.

**Currently in Derby City there is a low uptake of the HPV vaccine, do you have any thoughts as to why this is, and do you have any ideas on how to increase participation for HPV vaccinations?**

**Current thoughts**

There is very little information about vaccination and the possible dangers of this disease. Now that vaccination is available and well-known, previously most group members were not even aware of its existence.

*“When I was at the right age, when I could do this, I did not know about this and did not have access to this vaccination. Now I would like to, but due to my age I can't. I will definitely do it for my child,” said the group member 30+.*

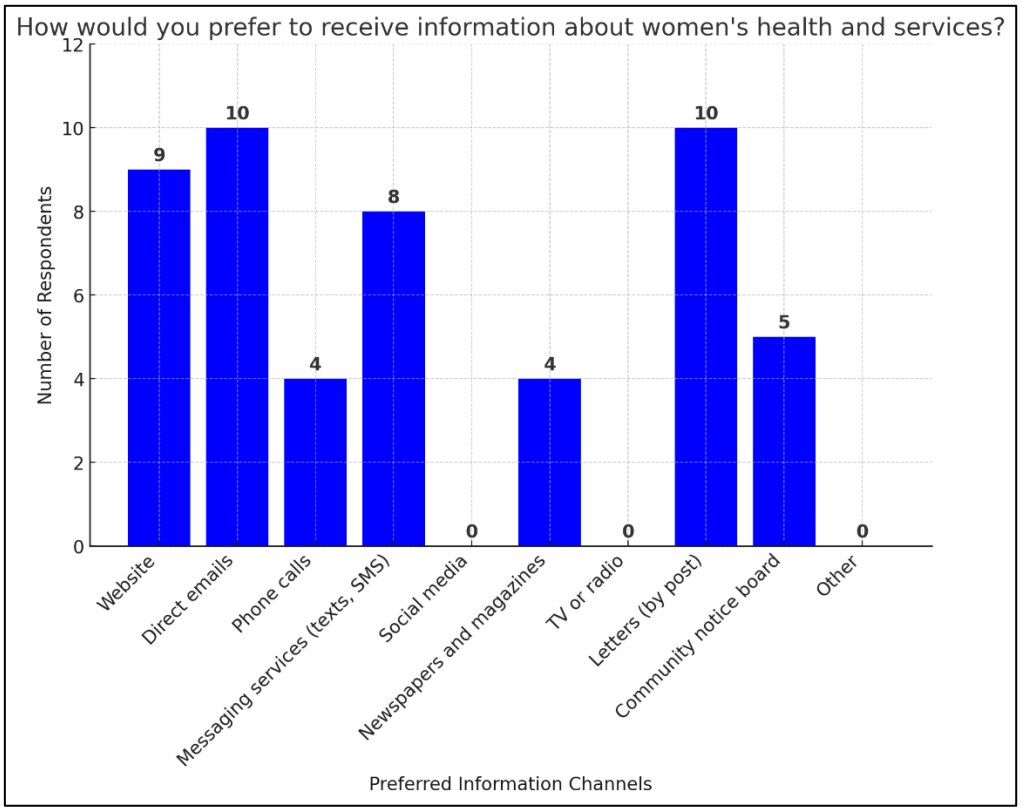
The group members believe that it would be good to include this vaccination in the list of mandatory vaccinations for children. But they need to know the side effects and contraindications of vaccination. They believe that more information is needed for parents and children regarding this vaccination.

Mothers of school-age children say that it would be great to receive information in advance a few years before vaccination, to have an informed basis for making the right decision. It is also good to receive a letter from the school about the possibility of making this vaccine for the child.

**How to increase participation in HPV vaccinations?**

Disseminate information to the public, disseminate it to community groups and minorities. Distribute in various ways through social networks, leaflets, official letters, schools and other educational institutions. Show official statistics and openly denounce side effects and contraindications.

**How would you prefer to receive information about women's health and women's health services?**




**Who would you prefer to receive this information from?**

All 13 participants mentioned they would prefer to receive information from NHS and Charity or community support group – local. 7 members mentioned that they would prefer to receive information from the public health.

**How would prefer information if English is not your first language?**

All participants shared they would prefer to receive information in Ukrainian or Russian. 3 participants mentioned Information in English whereas 4 participants preferred Pictures and words.

**If English is not your first language, which would you prefer to receive information in?**

All 13 participants mentioned Ukrainian and 6 of them also mentioned Russian as their first language.

**Would you like to add anything more?**

Also, summing up the discussion, the group members emphasised that women’s health diagnosis and examination are one of the most important prerequisites for good women’s health.

If a general practitioner or specialist cannot prescribe certain tests, they should be able to refer the patient to other alternative women’s health centers at their request and as a

possible preventive measure. In addition, it is important that this assistance is free or costs a reasonable amount of money.

Diagnosis and urgency, speed of response are important.

The topic of pregnancy was also interesting, but awareness among those present is not high. They said that they were surrounded by people who had gone through the journey from pregnancy to childbirth. But they would like to understand more about the support and opportunities that NHS provides.

# Demographic data

## Derby City Demographics

### Summary

Certain key areas of the identified target groups have been examined in greater detail to determine whether the survey was representative of our local population and to understand the limitations of the data

The data indicates certain limitations in the survey's representation of Derby City's population. There was underrepresentation of Asian, Black, and Mixed heritage groups. The survey did well in representing the LGBTQ+ community and carers.

### Ethnicity

The population in Derby is predominantly White (73.8%), but this group was over-represented in the survey results at 79%. Asian communities make up 15.6% of the local population, yet only 6.6% of survey respondents were Asian, indicating underrepresentation. The Black community represents 4.0% of the local population, compared to 3% in the survey. People of Mixed heritage make up 3.7% of the population, but only 2.4% of survey participants, indicating slight underrepresentation for both these groups.

### Carers

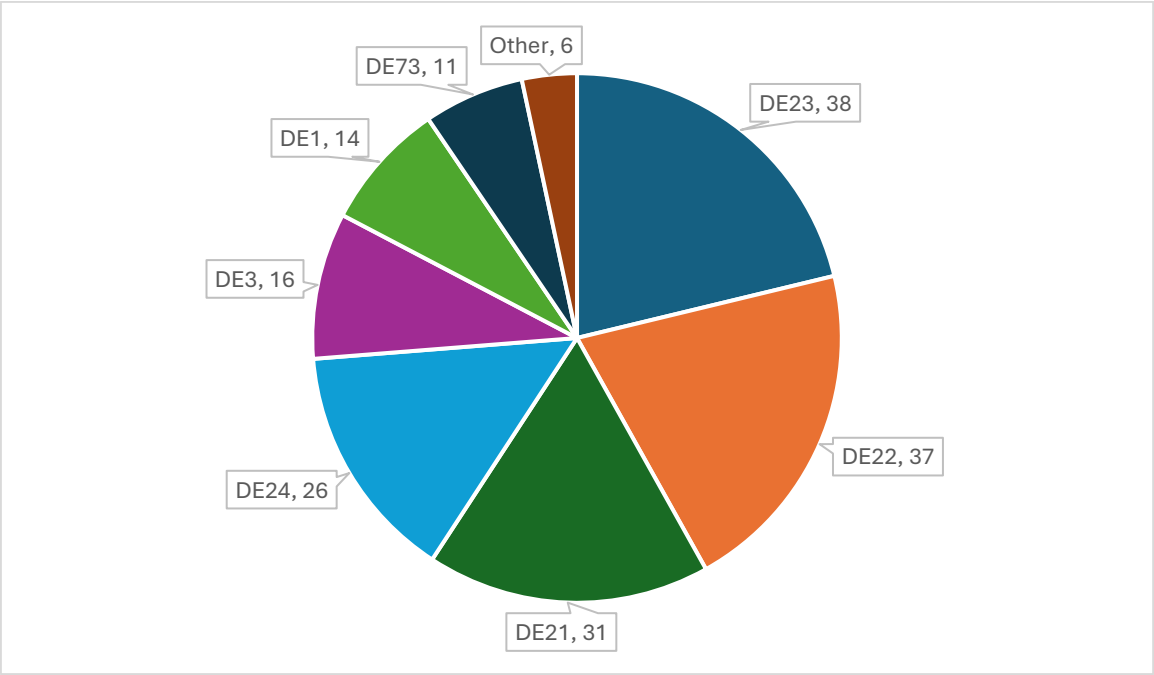
Around 9% of the City populations are carers. Of the people who took the survey 35.5% indicated that they care for someone with either age-related issues or a long-term condition. Which shows this group was well represented in the survey.

### Sexuality

88% of Derby City residents identified as Heterosexual and 86% of people who completed the survey identified as heterosexual. 11% of people who completed the survey identified from the LGBTQ+ community compared to 3.2% of the City population meaning this groups had good representation in the survey.

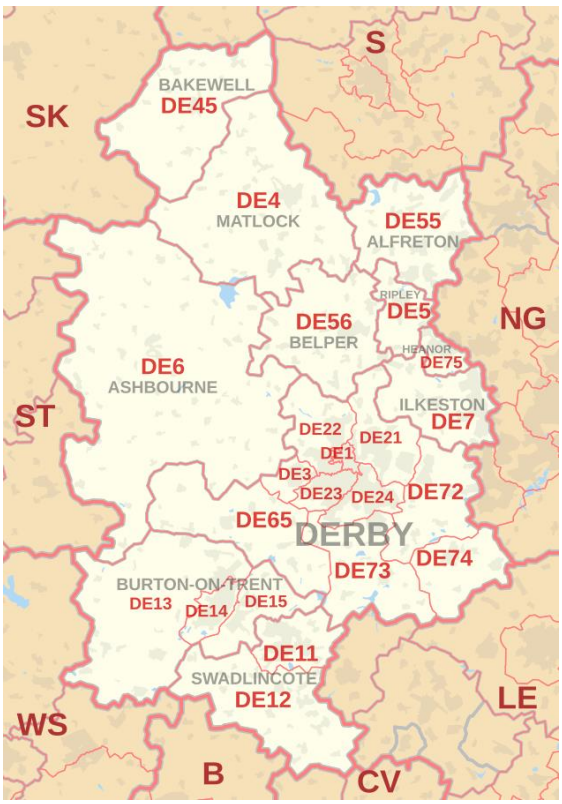
## Survey Demographics

### What is the first half of your postcode? (179 respondents)

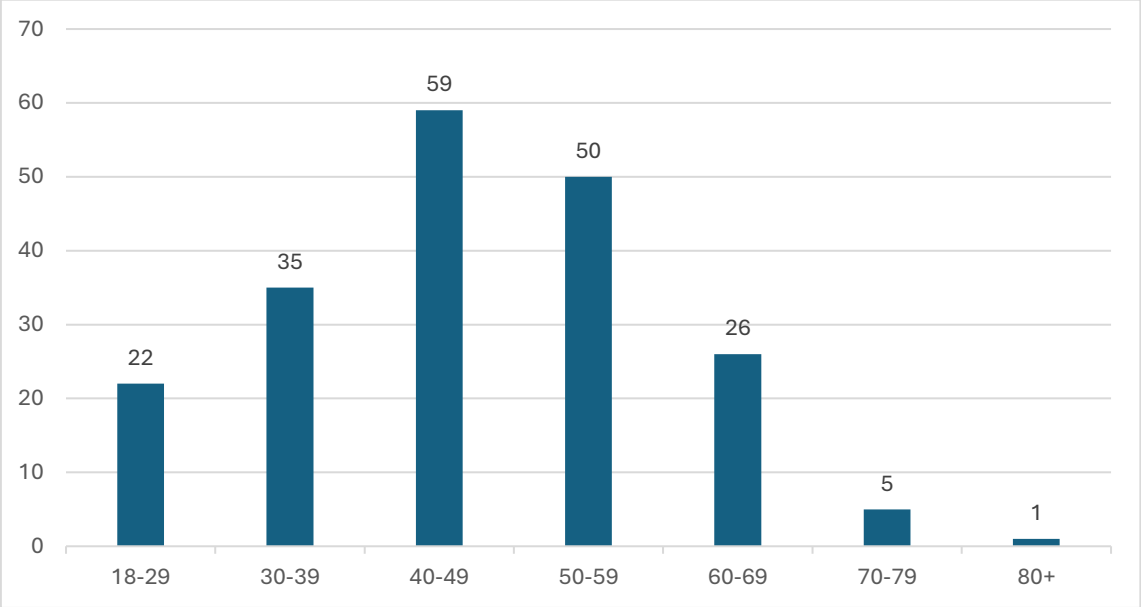



Respondents were from a broad range of areas within Derby City with the largest cohorts from DE23, DE22, DE21 and DE24.

- *DE23- Normanton, Littleover, Rose Hill, Pear Tree.
- *DE22- Mackworth, California, New Zealand, Allestree.
- *DE21- Chaddesden, Spondon, Oakwood.
- *DE24- Alvaston, Boulton, Osmaston, Sinfin.
- *DE3- Mickleover.
- *DE1- Derby City Centre, Chester Green.
- *DE73- Stenson Fields, Chellaston.
- *Other – 6 respondents stated DE2, which is not a postcode area but these 6 respondents will fall within one of DE21/22/23/24 by having omitted the fourth digit of the first half of their postcode.

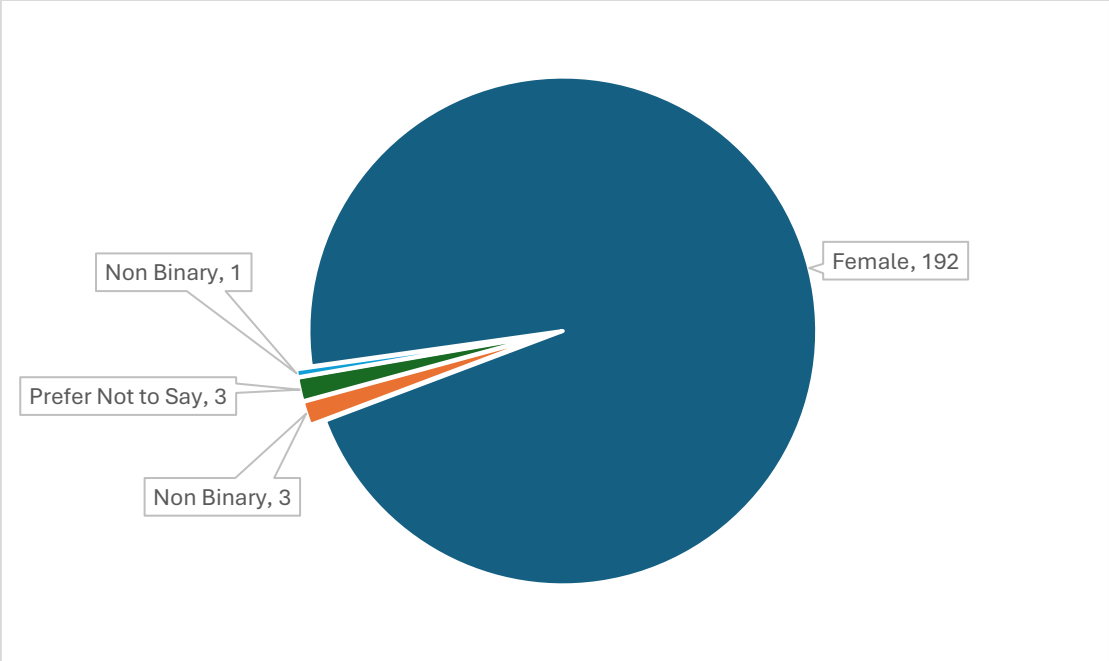


## What is your age group? (198 respondents)

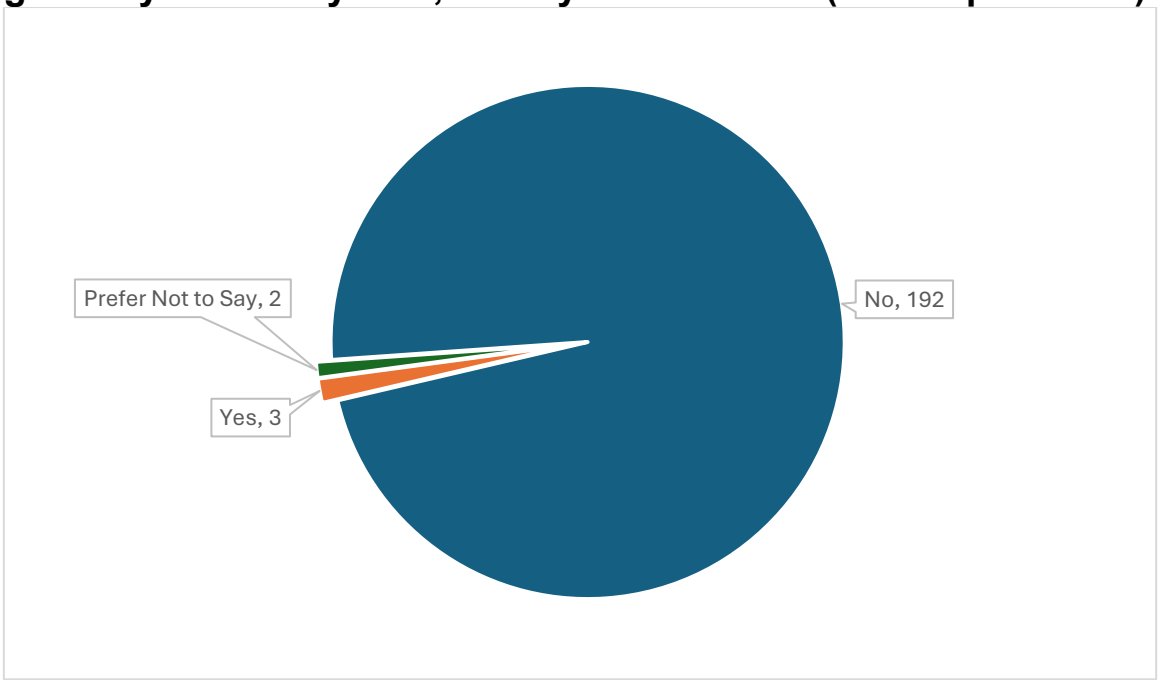



Respondents were from a wide range of age groups with the most prevalent ranges between 40-49 (30%) and 50-59 (25%).

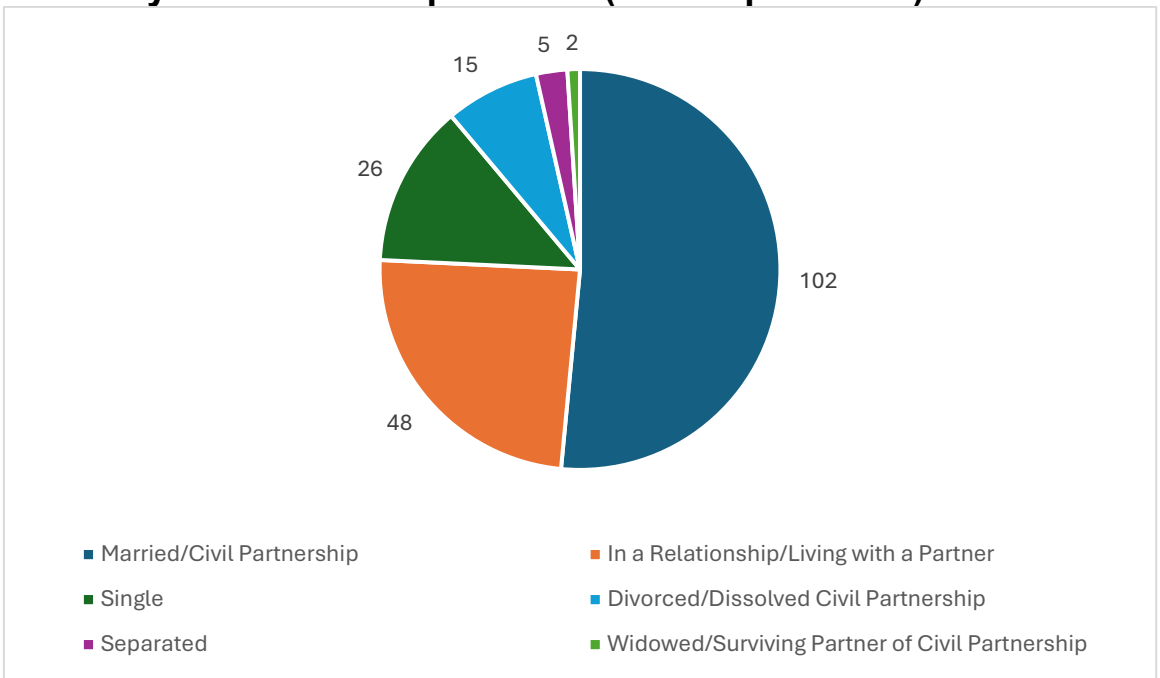
## What is your gender? (199 respondents)



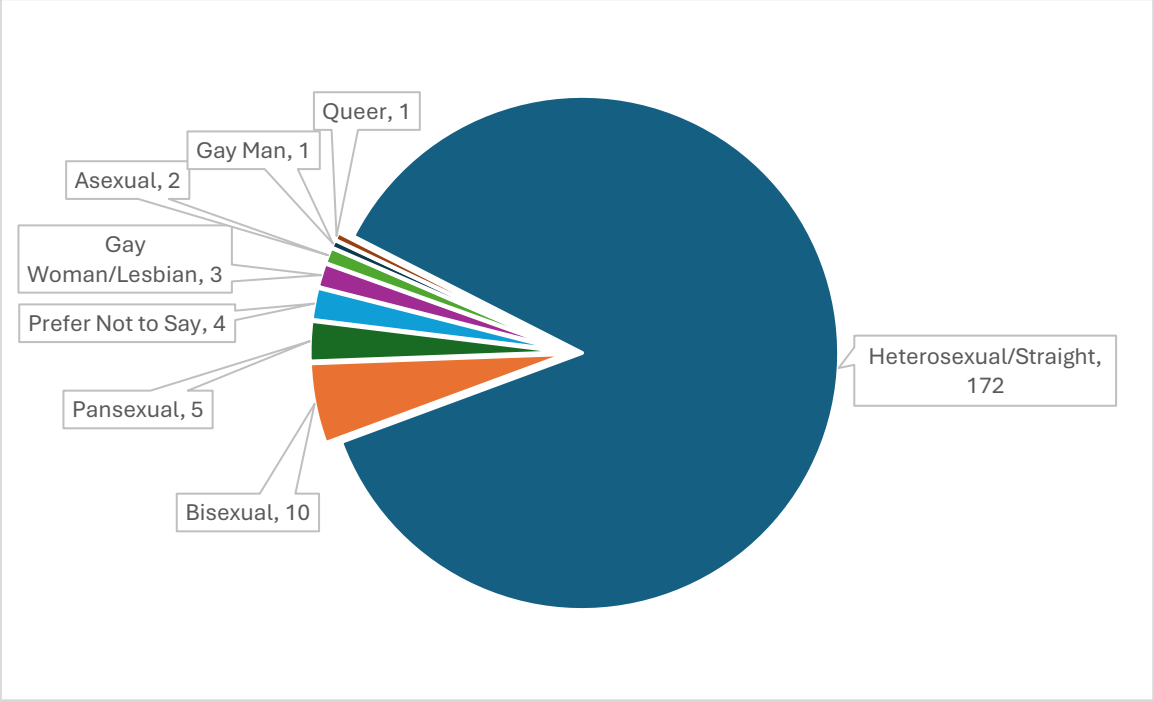
## Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (197 respondents)



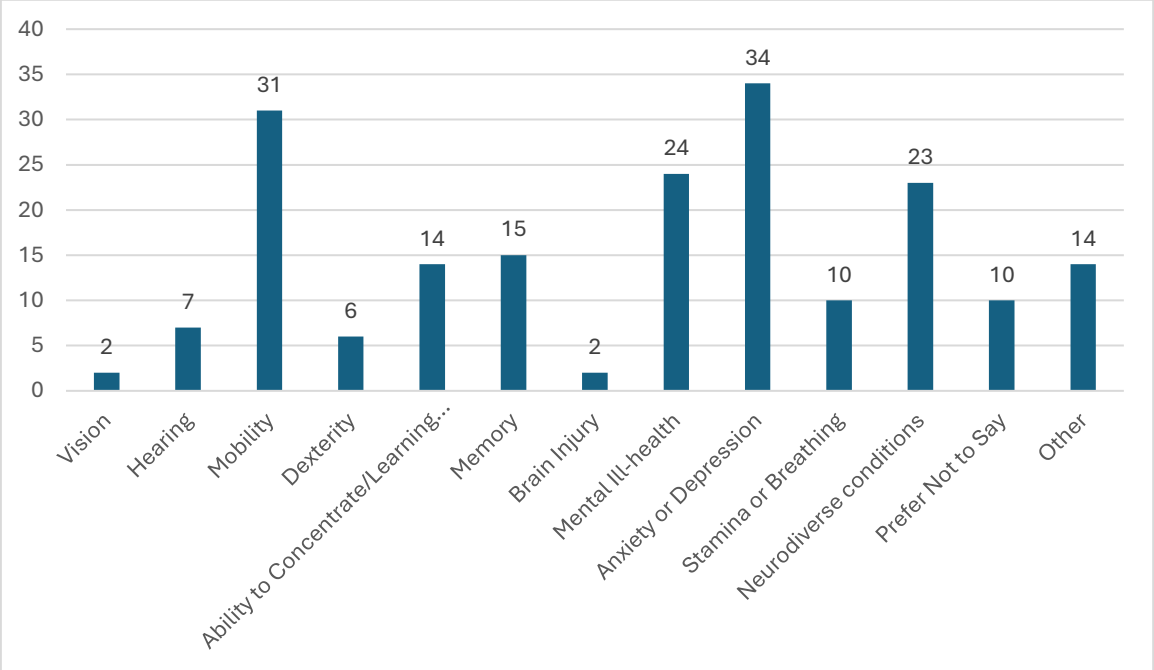

## What is your relationship status? (198 respondents)




## Please choose one option that best describes how you think of yourself? (198 respondents)




## Disability and Long-Term Health Concerns - Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (196 respondents gave 300 responses)

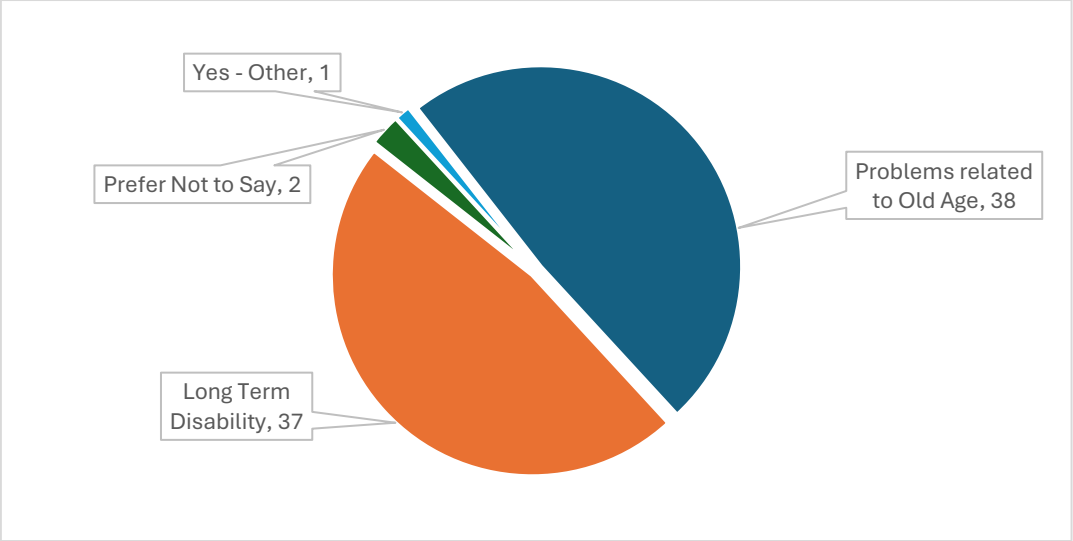



108 of 196 respondents stated that they were not limited by a health condition (55%). Of the remaining 88 respondents, the most noted health concerns were Anxiety or Depression (39%), Mobility problems (35%), Mental Ill-Health (27%) and Neurodiverse conditions (26%).

*14 respondents listed other conditions as follows:

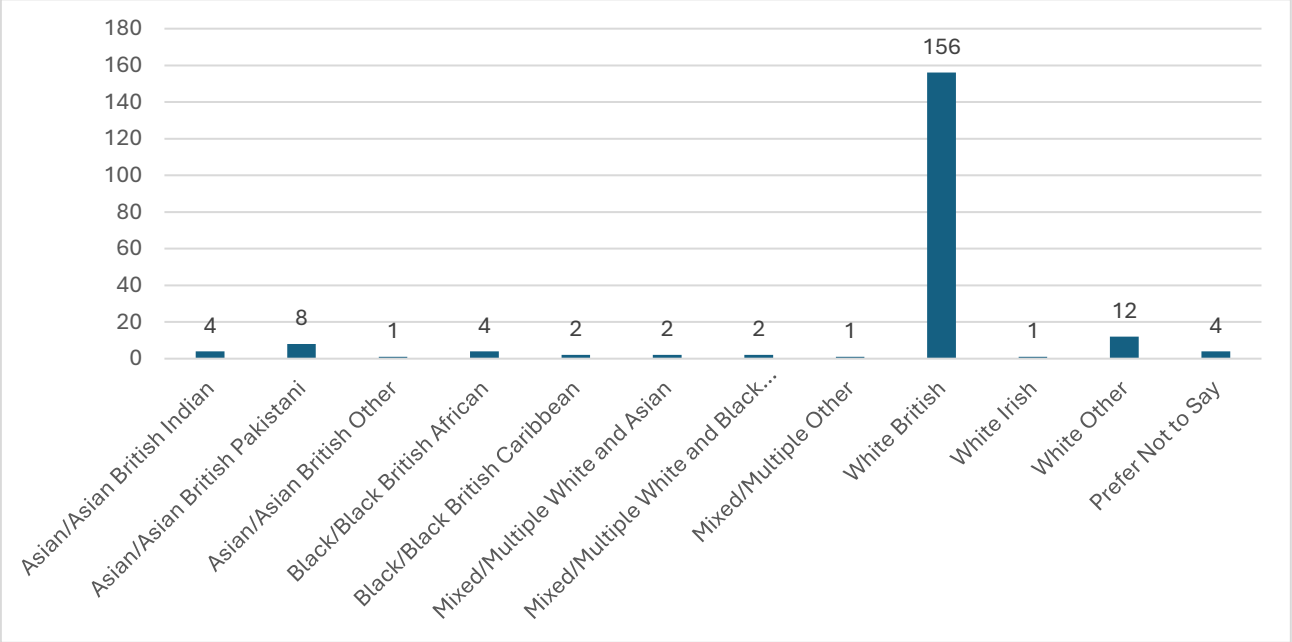
Chronic Pain – 3, Other not named – 2, Arrhythmia – 1, Chronic Migraines – 1, Diabetes type1 – 1, Endometriosis – 1, Functional Tic Disorder – 1, Gastroparesis – 1, Irregular periods and bleeding – 1, MS – 1, Rheumatoid Arthritis – 1.

## Carers - Do you look after, or give any help or support to family members, friends, neighbours, or others because of any of the following? (197 respondents)

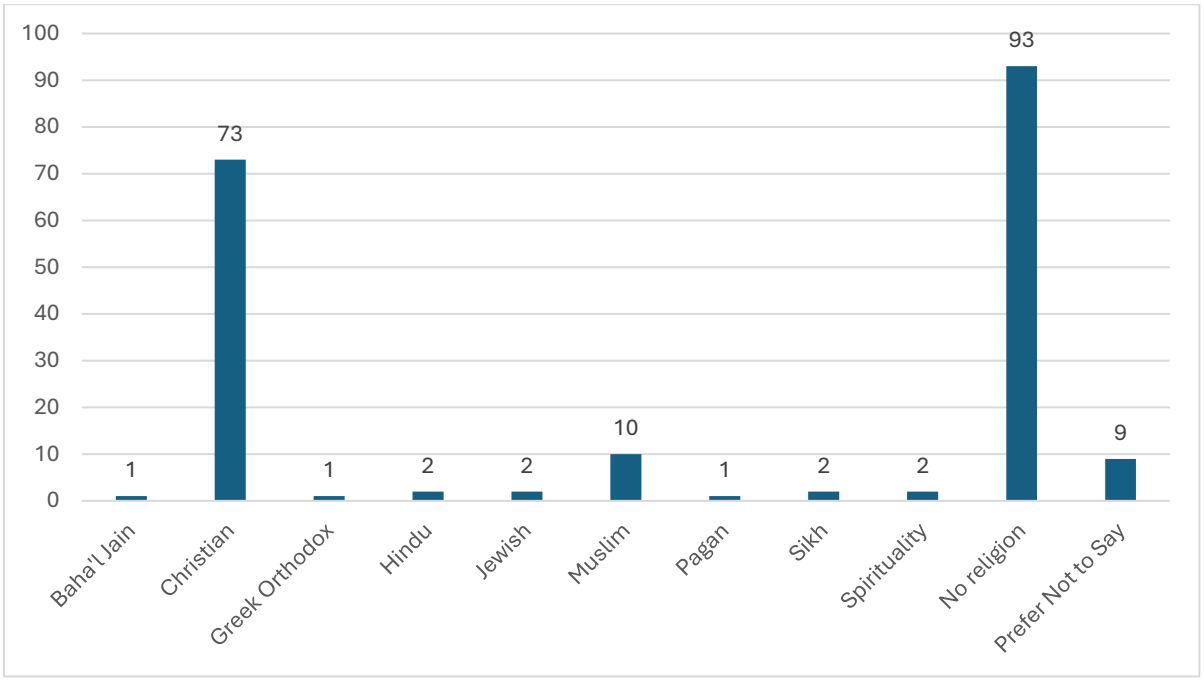



127 of 197 respondents stated that they did not have caring responsibilities (64%). Of the remaining 70 respondents, the responses were split between caring for those with problems related to old age (54%) and caring for those with long term disability (53%).

## Ethnicity - Please choose one option that best describes your ethnic group or background. (197 respondents)




## Religion - Please choose one option that best describes your religious identity. (196 respondents)




**Language - Please choose your preferred language option for communicating and interpreting information. (197 respondents gave 203 responses)**

98% of respondents stated that their preferred language is English.

*Other responses as follows: Polish – 2, Urdu – 2, BSL – 1, French – 1, Gujarati – 1, Pothwari – 1, Ukrainian – 1.

## Derbyshire County Demographics

Certain key areas of the identified target groups have been examined in greater detail to determine whether the survey was representative of our local population and to understand the limitations of the data.

Overall, the survey provided a reasonably accurate reflection of the local population demographics, though there were limitations regarding the ethnic representation of Asian and Black communities.

### Sexuality:

88% of survey respondents identified as heterosexual. Approximately 8% identified from the LGBTQ+ community. The 2021 census indicates that 2.5% of Derbyshire's population are part of the LGBTQ+ community. This community was a targeted group for the engagement work, and we feel has been represented in this feedback.

## Ethnicity:

According to the Census data of 2021, White British makes up 93.7% of the County population. In this survey, 91% of people identified as White British.

White – Other – 2.9% of survey respondents identified as White Other, which constitutes 2.6% of the population.

Asian ethnicity comprises around 1.5% of the population. In the survey, 1.1% of respondents identified as Asian ethnicity.

People who identified as Mixed ethnicity make up 1.4% of the population, while 1.8% of survey participants identified as Mixed ethnicity.

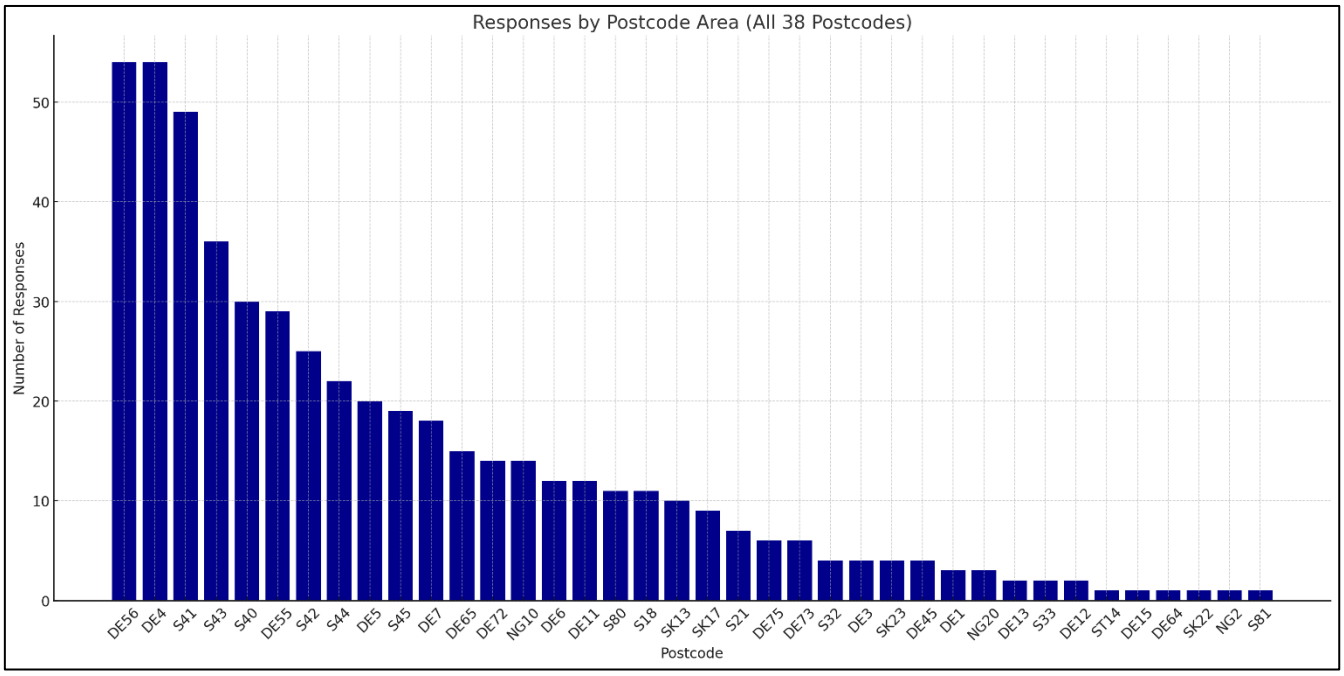
Black ethnicity accounts for approximately 0.5% of the county population, and 0.1% of survey respondents identified their ethnicity as Black – African or Caribbean.

Overall, this survey was representative of the Derbyshire County population but showed underrepresentation from the Asian and Black communities.

Carers - Out of the respondents, 146 stated that they care for someone with age-related issues or a long-term condition. Unpaid carers make up 9.7% of the local population and accounted for 28% of survey participants, indicating adequate representation.

## Survey Demographics

**What is the first half of your postcode?**

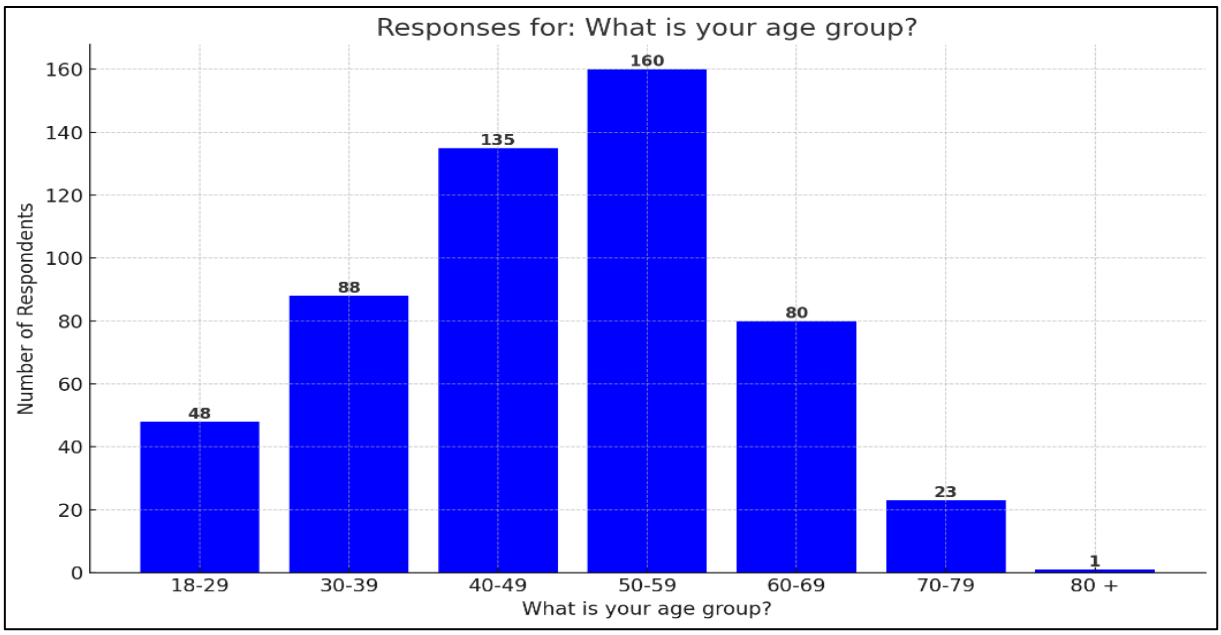



Total Respondents: 519

The most common postcode prefixes were S41 (38 respondents) and DE56 (37 respondents). 519 responses can be classified into 38 postcodes. Please see the table below:

| No | Postcode | Responses |
|---|---|---|
| 1 | DE56 | 54 |
| 2 | DE4 | 54 |
| 3 | S41 | 49 |
| 4 | S43 | 36 |
| 5 | S40 | 30 |
| 6 | DE55 | 29 |
| 7 | S42 | 25 |
| 8 | S44 | 22 |
| 9 | DE5 | 20 |
| 10 | S45 | 19 |
| 11 | DE7 | 18 |
| 12 | DE65 | 15 |
| 13 | DE72 | 14 |
| 14 | NG10 | 14 |
| 15 | DE6 | 12 |
| 16 | DE11 | 12 |
| 17 | S80 | 11 |
| 18 | S18 | 11 |
| 19 | SK13 | 10 |
| 20 | SK17 | 9 |
| 21 | S21 | 7 |
| 22 | DE75 | 6 |
| 23 | DE73 | 6 |
| 24 | S32 | 4 |
| 25 | DE3 | 4 |
| 26 | SK23 | 4 |
| 27 | DE45 | 4 |
| 28 | DE1 | 3 |
| 29 | NG20 | 3 |
| 30 | DE13 | 2 |
| 31 | S33 | 2 |
| 32 | DE12 | 2 |
| 33 | ST14 | 1 |
| 34 | DE15 | 1 |
| 35 | DE64 | 1 |
| 36 | SK22 | 1 |
| 37 | NG2 | 1 |
| 38 | S81 | 1 |

**What is your age group?**




Total Respondents: 535

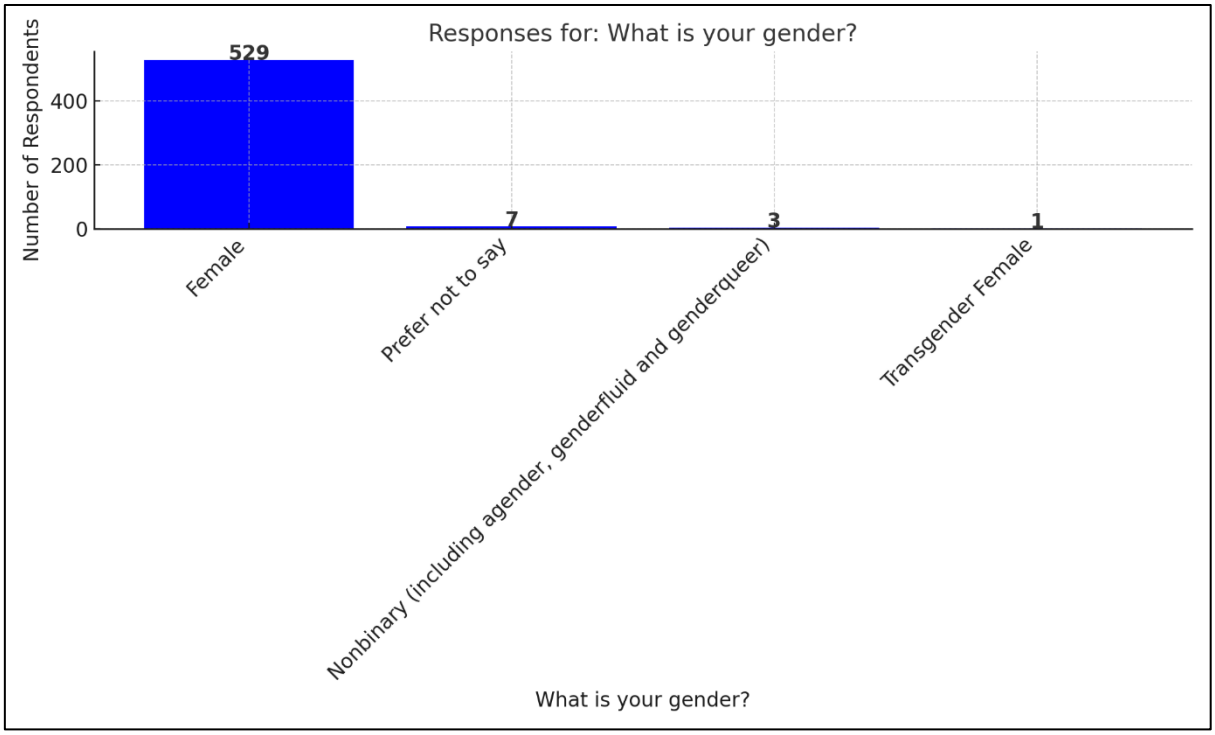
The largest age group was 50-59 years old (160 respondents), followed by 40-49 years (135 respondents).

The youngest group (18-29 years) had the lowest response count at 48.

There was only 1 respondent aged 80+, suggesting a lack of engagement from the oldest demographic.

Most respondents were between 30 and 69 years old.

**What is your gender?**




Total Respondents: 540

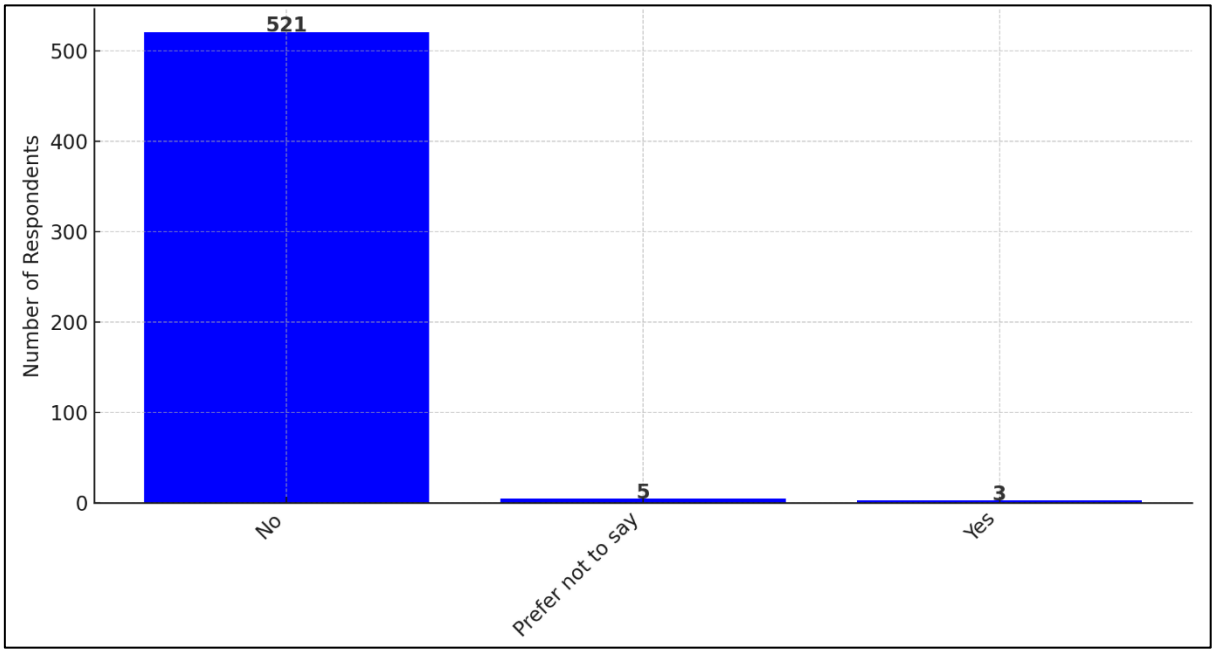
529 respondents identified as female, forming the vast majority.

7 respondents preferred not to say, while 3 identified as non-binary.

Only 1 respondent identified as a transgender female.

This suggests that the survey was predominantly completed by cisgender women.

**Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to?**




Total Respondents: 529

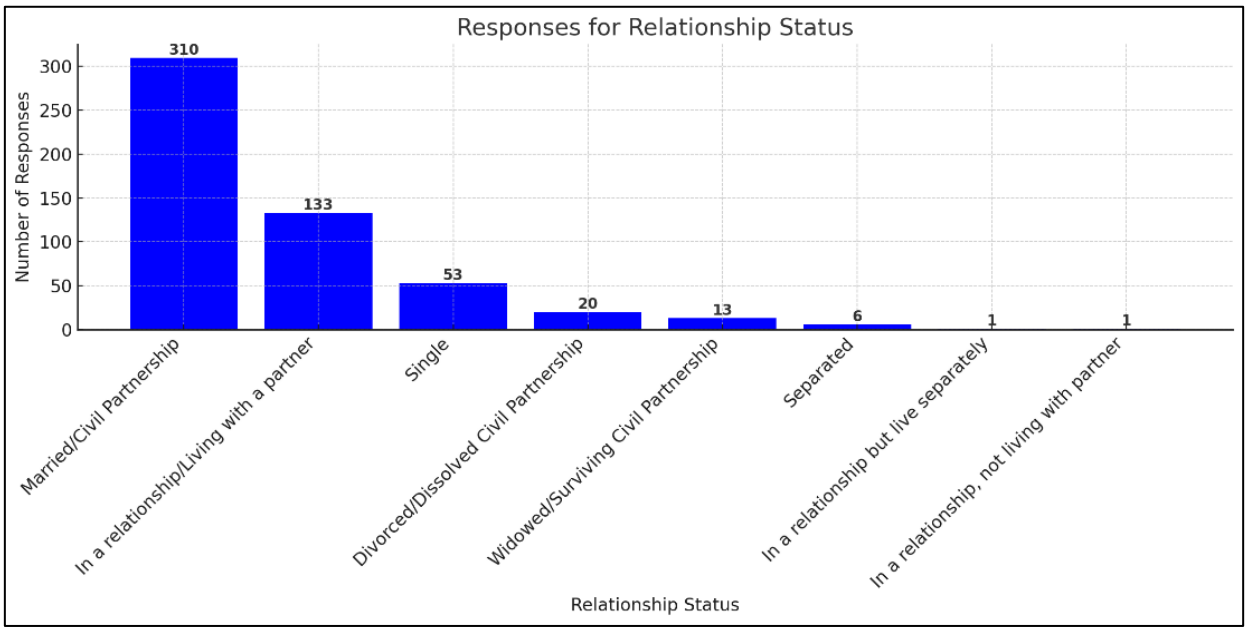
The majority (521 respondents) stated they had not undergone a transition process.

Only 3 respondents indicated they were transitioning or had transitioned.

5 respondents preferred not to answer, suggesting some sensitivity around the topic.

This indicates a very small proportion of respondents identified as transgender or non-binary.

**What is your relationship status?**




Total Respondents: 537

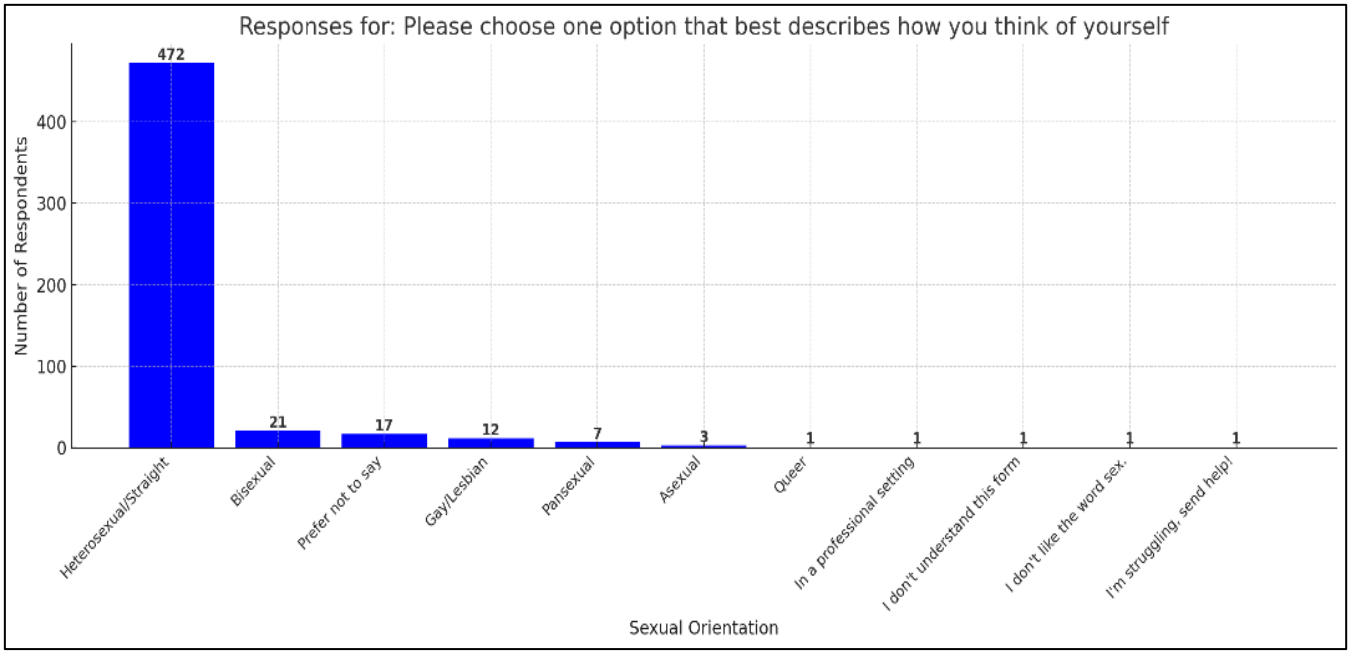
The majority (310 respondents) were married or in a civil partnership.

133 respondents were in a relationship but not married.

Only 53 respondents identified as single, and 20 as divorced.

Widowed and separated respondents were much fewer, at 13 and 6 respectively.

**Please choose one option that best describes how you think of yourself?**




Total Respondents: 537

The vast majority (472 respondents) identified as heterosexual/straight.

21 respondents identified as bisexual, and 12 as lesbian/gay women.

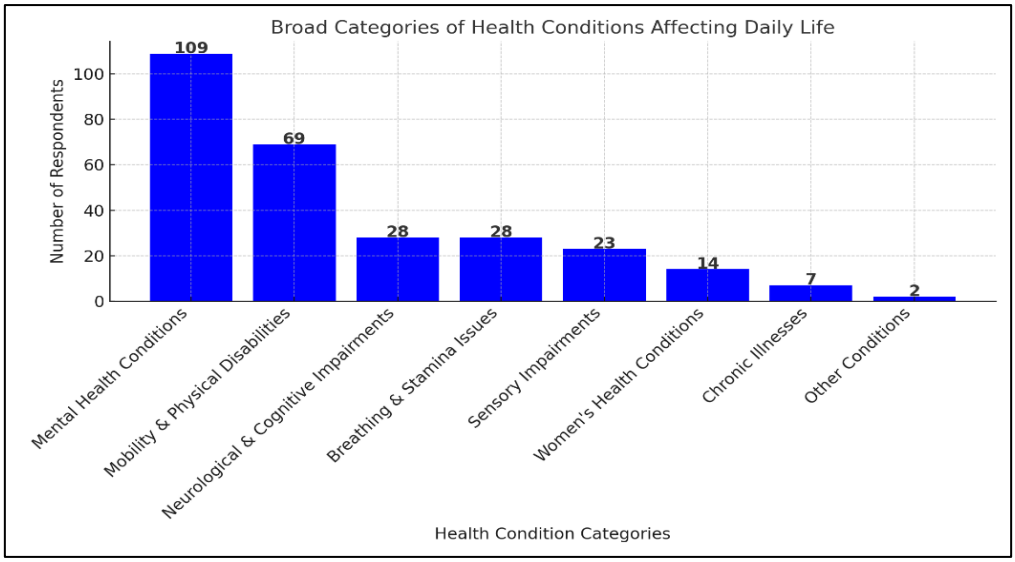
17 respondents preferred not to say, indicating some reluctance to disclose sexual orientation.

Other identities such as pansexual, queer, and asexual were present but in very small numbers.

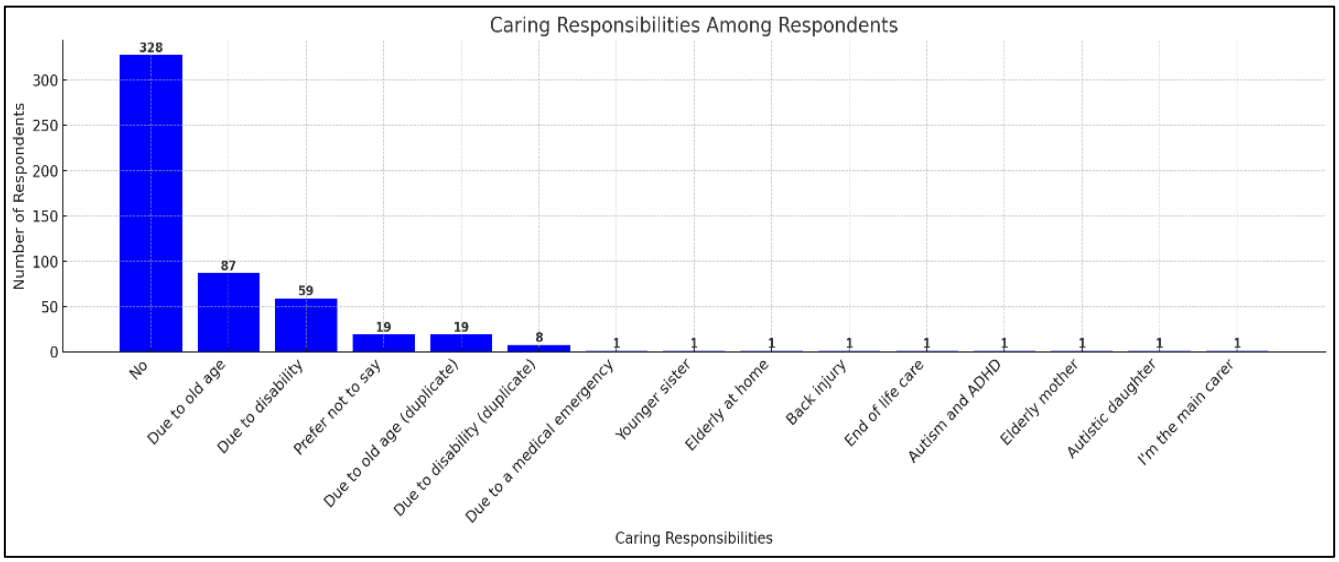
**Disability and Long-Term Health Concerns - Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?**

A total of **526 respondents** answered the question regarding health conditions or illnesses. Key health shared by the respondents have been themed below:

1. Mental Health Conditions
    - Anxiety, Depression, Mental ill-health
    - Neurodiverse conditions (Autism, ADHD, Asperger's Syndrome)
2. Mobility & Physical Disabilities
    - Difficulty walking, climbing stairs, dexterity issues (lifting, carrying objects)
    - Spinal arthritis, rheumatoid arthritis, long-standing hernias
3. Chronic Illnesses
    - Diabetes, Chronic Fatigue Syndrome (CFS/ME), Fibromyalgia
    - Cardiac issues, Bowel disease, Connective tissue disease
4. Neurological & Cognitive Impairments
    - Memory/cognitive dysfunction, Brain injury, Migraines
    - Learning disabilities, Ability to concentrate issues
5. Sensory Impairments
    - Vision loss, Partial blindness
    - Hearing loss, Deafness
6. Breathing & Stamina Issues
    - Stamina/breathing difficulties, Long Covid
    - Chronic fatigue
7. Women's Health Conditions
    - Menopause, Perimenopause symptoms (hot flushes, brain fog, mood swings)
    - Endometriosis, Fibroids, Gynaecological conditions
    - Breast cancer treatment, Bowel prolapse
8. Other Conditions
    - Autoimmune disorders, Non-Hodgkin's lymphoma
    - Hypothyroidism



**Carers - Do you look after, or give any help or support to family members, friends, neighbours, or others because of any of the following?**



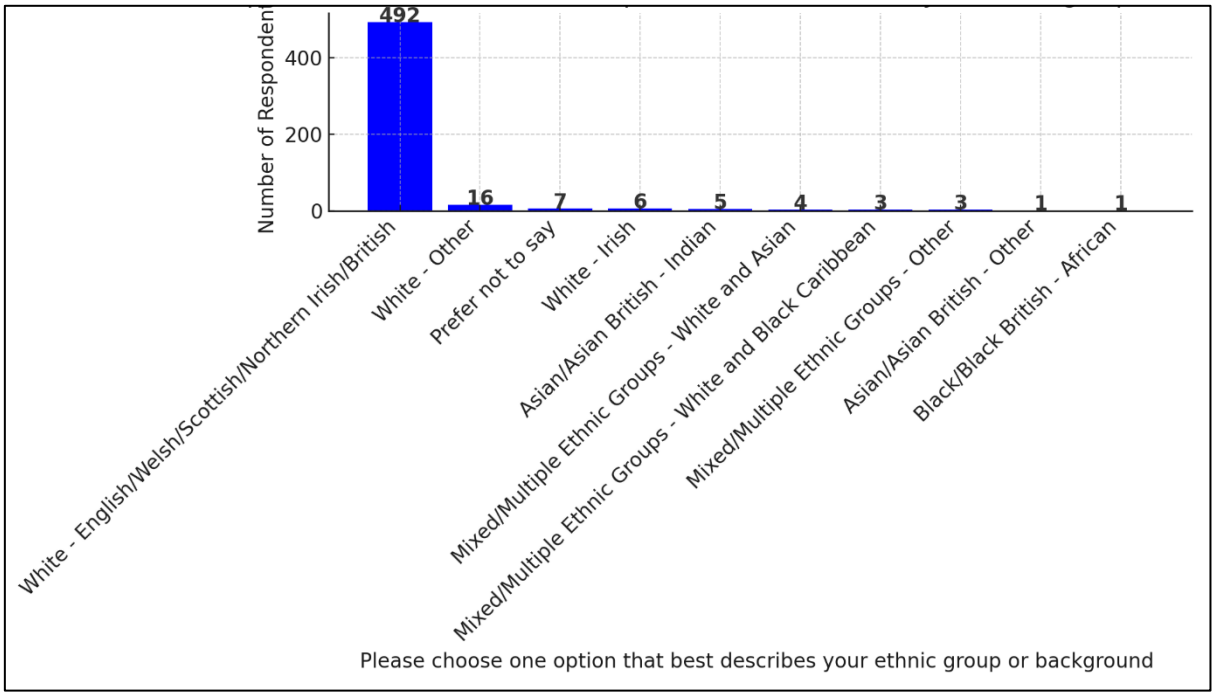

Total Respondents: 529

328 respondents indicated they did not provide care for others.

87 respondents cared for someone with age-related problems, and 59 for someone with long-term health conditions.

19 respondents preferred not to say, indicating some discomfort discussing their caregiving role.

**Ethnicity - Please choose one option that best describes your ethnic group or background.**



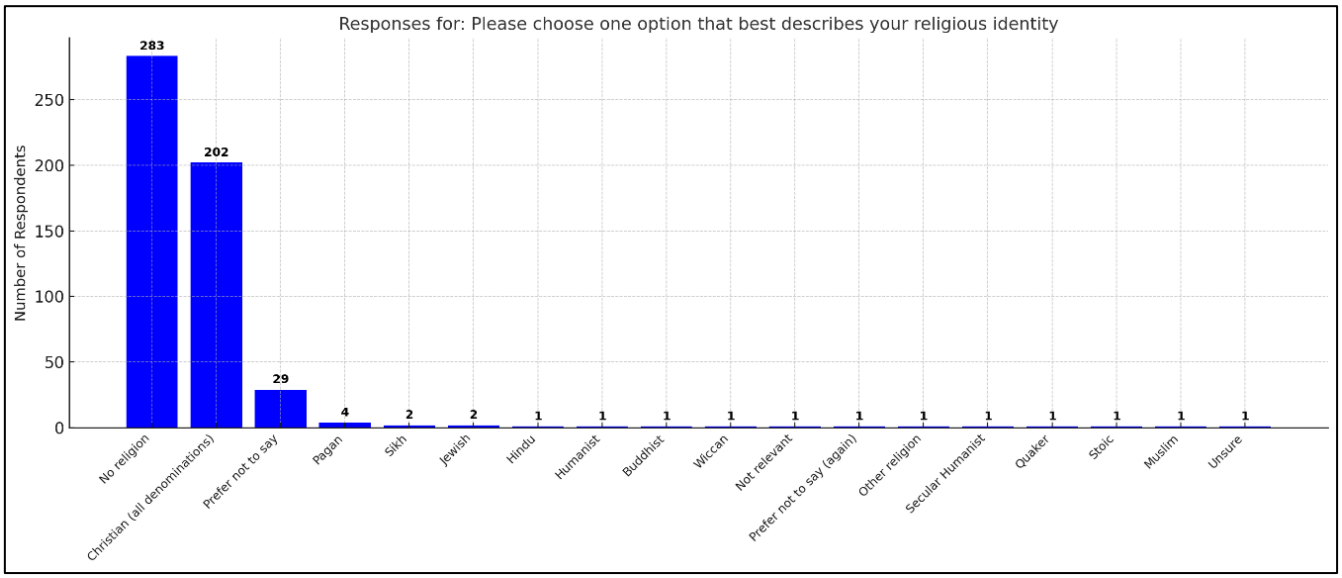

Total Respondents: 521

The majority (492 respondents) identified as White - British.

Other White backgrounds (16 respondents) and Irish (6 respondents) were also represented.

7 respondents preferred not to disclose their ethnicity.

**Religion - Please choose one option that best describes your religious identity.**




Total Respondents: 534

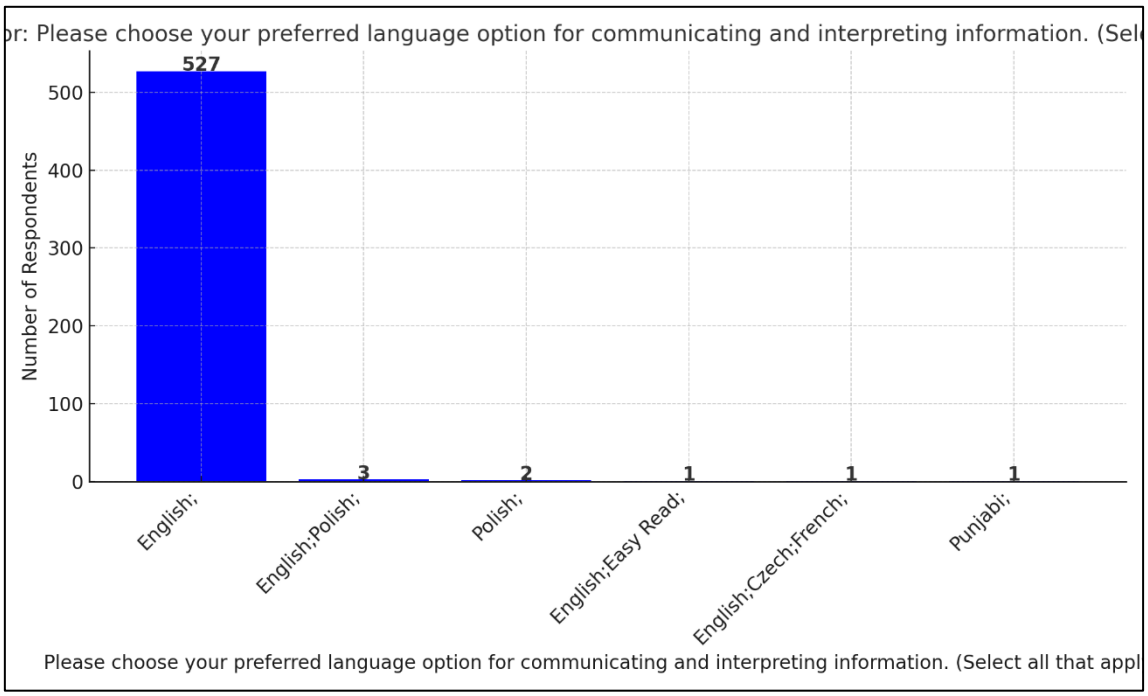
The most common response was "No Religion" (283 respondents).

202 respondents identified as Christian, including Church of England and Catholic.

Other religious groups such as Sikh, Jewish, and Hindu were present but in very small numbers.

29 respondents preferred not to disclose their religion.

**Language - Please choose your preferred language option for communicating and interpreting information.**




Total Respondents: 535

527 respondents preferred English, indicating strong reliance on English-language materials.

Only 3 respondents preferred Polish, while 2 used a mix of Polish and English.

Other languages such as Punjabi, Czech, and French were reported in very small numbers.

This suggests that language is not a major barrier for most respondents, but some communities may need additional translation support.