

EVERY WOMAN'S HEALTH MATTERS

YOUR VOICE. YOUR HEALTH. YOUR SAY.

October 2026





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Disclaimer

The findings in this report reflect the views and experiences of the individuals who took part in the surveys and focus groups. They are intended to provide insight into people's experiences of accessing services, but the sample is not statistically representative of all women and girls in Leicester, Leicestershire and Rutland.

Percentages may not total 100% due to rounding.



Acronyms List

ADHD: Attention Deficit Hyperactivity Disorder

AI: Artificial Intelligence

COPD: Chronic Obstructive Pulmonary Disease

EDS: Ehlers-Danlos Syndrome (Hypermobility and Ehlers-Danlos Syndrome)

EPAU: Early Pregnancy Assessment Unit

EWHM: Every Woman's Health Matters (the survey this report is based on)

GP(s): General Practitioner(s)

HRT: Hormone Replacement Therapy

HWLL: Healthwatch Leicester and Leicestershire

HWR: Healthwatch Rutland

IBD: Inflammatory Bowel Disease

IBS: Irritable Bowel Syndrome

ICB: Integrated Care Board

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer

LGH: Leicester General Hospital

LLR: Leicester, Leicestershire and Rutland

LRI: Leicester Royal Infirmary

LWA: Living Without Abuse

ME/CFS: Myalgic encephalomyelitis/chronic fatigue syndrome

MS: Multiple Sclerosis

NHS: National Health Service

NICE: National Institute for Health and Care Excellence

PCOS: Polycystic Ovary Syndrome

PMDD: Premenstrual Dysphoric Disorder

PPG: Patient Participation Group

PROM: Premature Rupture of Membranes

PSHE: Personal, Social, Health and Economic (education)

PTSD: Post-Traumatic Stress Disorder

SARC: Sexual Assault Referral Centre

STI: Sexually Transmitted Infection

UK: United Kingdom

UTIs: Urinary Tract Infections

WHNA: Women's Health Needs Assessment





Background

NHS England and The Department of Health and Social Care released the Women's Health Strategy in 2022¹.

The strategy sets out a 10-year ambition to boost health outcomes for all women and girls and improve the way in which the health and care system engages and listens to them.

The strategy takes a life course approach, focused on understanding the changing health and care needs of women and girls across their lives, from adolescents and young adults to later life.

As a result of the National Women's Health Strategy, Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) created the Women's Health Transformation Programme to deliver the strategy across LLR, which has been in place since June 2023.

As part of the transformation programme a System Partnership was launched through a local Women's Health Summit.

This partnership developed the Women's Health Needs Assessment (WHNA) across LLR, which brings together local and national data and evidence to identify priorities, gaps and opportunities for improving health's health and care across LLR.

To inform this work and develop a better understanding of women's and girl's experiences of local health and care, Healthwatch Leicester and Leicestershire (HWLL) and Healthwatch Rutland (HWR) created an engagement programme to gather this insight.

Throughout this report, we use the term *"women and girls"* in line with the Women's Health Strategy and for clarity and consistency. At the same time, we recognise that women's health services and conditions affect people across a range of gender identities, including trans women, trans men, non-binary and gender non-conforming people. We have sought to hear from people with a range of experiences and identities. Our findings are intended to be inclusive of everyone who may need or benefit from women's health services despite any limits in language and terminology.

1. www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england





Introduction

It is important that women and girls have access to the right information, support and services at the right time in their lives so they can make informed choices about their health and wellbeing. The 'Every Woman's Health Matters' (EWHM) survey was undertaken across LLR to better understand whether this is the case locally and to explore women's experiences of finding information, accessing support and being heard when seeking care.

The project gathered insight from women and girls across LLR on a range of issues affecting women's health across the life course, in line with priorities identified in the Women's Health Strategy for England 2022² and through the local WHNA. It aimed to build a clearer picture of local experiences, identify barriers to accessing information and care, and highlight the areas women most want to see improved.

This report brings together the findings from the EWHM survey, nine additional topic-based surveys and outreach focus groups, providing an overview of the key themes raised before exploring the detail in later sections.

² www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england

The aims and objectives of the project were to:

- Provide the Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) with insights from our local women and girls.
- To understand the experiences of women and girls in our community around health and social care across the life course.
- Listen to women and girls to find out if their concerns are addressed, they feel listened to and whether they feel well informed about the care they can expect.
- Understand the needs of different communities.
- To include the voices of women at risk of social exclusion and ensure their voices are heard.

Our engagement aligned with the Women's Health Strategy priority areas for England and included nine topic-based surveys:

1. Mental health and wellbeing
2. Menstrual health and gynaecological conditions
3. Women's cancers
4. Menopause
5. Pregnancy loss and postnatal support
6. Sexual health (including contraception)
7. Termination of pregnancy
8. Health impacts of violence against women and girls
9. Healthy ageing and long-term conditions.



Methodology

We carried out one main survey and nine topic-based surveys, which were shared across LLR. We held eight focus groups with women from groups identified as seldom heard and those at risk of social exclusion. In total, the main survey received 2802 responses, with a further 428 responses to the topic-based surveys. Together, these findings provide both a broad overview of women's experiences and more detailed insight into specific areas of women's health. The following section summarises the main findings, with later sections exploring the themes in more detail.

Executive Summary



- Mental health emerged as the most significant health concern in the last two years, followed closely by healthy ageing and long-term conditions. Menopause, menstrual health and gynaecological conditions were also major concerns.
- Women most commonly accessed health advice through healthcare professionals, NHS or other websites and personal networks such as friends and family. There was an emerging theme of some respondents relying on self-research using Artificial Intelligence (AI) tools.
- An emerging theme was women accessing private healthcare because of dissatisfaction with NHS access and support.
- Women highlighted inequalities in access to care, including the cost of paying privately, digital exclusion, transport barriers, language and accessibility needs and rural service access issues. These barriers mean that women's ability to get timely support can depend on income, location, digital confidence, language, disability and access to transport.
- 668 women (24%) said they experienced difficulties accessing women's health information. Barriers included inconsistent information from health care professionals, long waiting times and a lack of specialist support.



- 50% of women (1,409 respondents) said they had, to some degree, delayed seeking healthcare for various reasons. Many highlighted access issues, lack of continuity of care and caring responsibilities as key reasons.
- Concerns about previous negative experiences and not being taken seriously were also prominent, with 1,056 women (38%) saying these had led them to delay seeking support. Feeling dismissed or unheard was a recurring theme, with some women describing experiences of having symptoms or concerns minimised, particularly in relation to menopause and chronic pain.
- Negative experiences were frequently linked to gender and age bias, particularly when accessing support for menopause or reproductive health.
- Women most wanted to see greater awareness and understanding of healthy ageing and long-term conditions, menopause, mental health and gynaecological conditions, both among the public and health and care professionals.
- There was strong demand for better education, earlier intervention and more open conversations about women's health.

As part of the survey, respondents were also asked what improvements they would like to see in practice. These responses provide a clear thread through the report and underpin the recommendations, highlighting that women want services that are easier to access, more specialist, more compassionate and better joined up across the life course.

Improved healthcare for women and girls would look like:

- 1. Faster and easier access to appointments or services in general.**
- 2. Specialist and women's health clinics.**
- 3. Improved menopause support.**
- 4. Better staff training and expertise in women's health, including better empathy and compassion from healthcare professionals.**
- 5. Better continuity and joined-up, preventative care.**

Recommendations

The following recommendations are drawn from the main survey findings and reinforced by the topic-based surveys and focus groups.

1	Increase knowledge and awareness of women's health among professionals. Women repeatedly linked poor experiences to limited understanding of women's health, particularly in areas such as menopause, chronic pain and reproductive health. Professional development and service improvement work should prioritise stronger awareness and confidence in recognising and responding to women's health needs.
2	Improve access to timely appointments and support across primary care and wider NHS pathways. Women most frequently reported delays because of difficulty getting GP appointments, long waits for referrals or specialist care, and problems accessing the right service at the right time. Improving access should include more timely primary care appointments, clearer routes into specialist and community support, better pathway coordination and systems that are easier for women to navigate.
3	Address inequalities in access to women's healthcare. Reduce barriers by ensuring services are inclusive, accessible and easy to navigate. This includes maintaining non-digital access routes, improving community-based provision, providing accessible and translated information and reducing the need for women to seek private care because NHS services are delayed, difficult to access or hard to navigate.
4	Strengthen continuity and joined-up care. Women told us they are frustrated by one-problem appointments, fragmented services, having to repeat their story and being passed between services. Symptoms can be considered in isolation rather than as part of the wider picture. Services should improve continuity, follow-up and coordination across primary, specialist and community care.
5	Improve the quality, consistency and visibility of women's health information. Although many women were able to find information, almost a quarter reported difficulty. Women highlighted inconsistent advice, confusion about where to go and a need for clearer signposting. Information should be easier to access, consistent across services and available in formats that meet different communication and access needs.
6	Ensure women are listened to and taken seriously. A recurring finding was that women delayed seeking support because of fear of being dismissed or because of previous negative experiences. Improving women's health care requires action to strengthen person-centred communication, listening skills and shared decision-making across services.
7	Prioritise earlier intervention and preventative support. Women expressed strong demand for earlier support, more education and more open conversations about women's health.



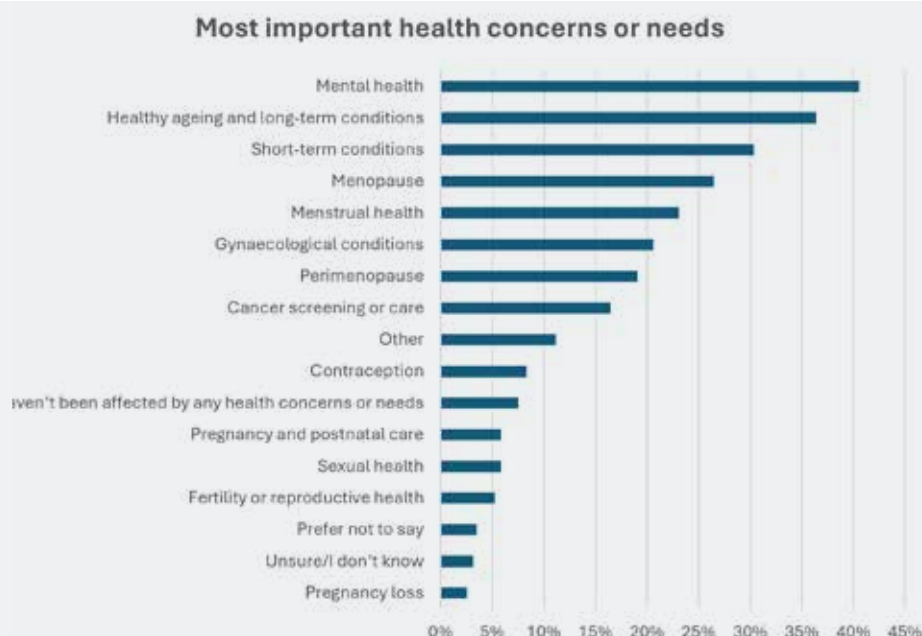
- 8 Develop more specialist and women-centred models of support.** Women identified a clear need for more specialist provision, including dedicated women's health clinics or services that bring together advice, support and treatment in a more accessible and coordinated way.
- 9 Embed women's health within neighbourhood models of care.** As neighbourhood-based models are developed across LLR, women's health should be built into local integrated care pathways rather than treated as a separate or specialist add-on. This should include community-based access to advice, early intervention and prevention, clearer routes between primary care, community services and specialist support. Better coordination where symptoms overlap across menopause, mental health, gynaecology, long-term conditions and healthy ageing. This would support women to receive joined-up care closer to home, reduce fragmentation and ensure pathway redesign reflects women's health needs across the life course.
- 10 Improve aftercare, communication and emotional support following pregnancy loss and during the postnatal period.** Although the number of responses about pregnancy loss and postnatal support was small, the experiences shared were powerful and highlighted the distress people can face at a highly vulnerable time. Services should provide clearer aftercare pathways, compassionate and consistent communication, and better coordination between EPAUs, maternity services, GPs and community services. People should also receive proactive signposting or referral to bereavement support, counselling, perinatal mental health services and other emotional wellbeing support.

Findings

Women told us their most important health concerns or needs in the last 2 years

We asked women and girls to identify their most important health concerns or needs from a list of 13 options, with the opportunity to add their own. Respondents could select all options that applied.

The top 5 concerns were:



- 1. Mental health (1,133 respondents, 41%)**
- 2. Healthy ageing and long-term conditions (1,018 respondents, 36%)**
- 3. Short-term conditions (848 respondents, 30%)**
- 4. Menopause (739 respondents, 26%)**
- 5. Menstrual health (645 respondents, 23%)**

The findings suggest that women's main concerns span both mental and physical health, particularly issues more commonly experienced later in life. This is reflected in the survey profile, with the largest proportion of responses coming from women aged 45–54 and 55–64.

Other health concerns raised by women

11% of women (312 respondents) said their concerns were different to those already listed in the main survey. These responses covered a wide range of physical health conditions, long-term illnesses, disabilities and wider wellbeing issues. Some of these were highlighted in the topic-based surveys.

The key themes from this group of responses were:

Cardiovascular and metabolic health

Many women described concerns relating to heart health, circulation and metabolic conditions.

This included:

- High blood pressure and cholesterol
 - Diabetes and pre-diabetes
 - Heart disease, angina and arrhythmias
 - Stroke prevention and pacemaker monitoring
 - Heart palpitations and ongoing cardiac investigations
 - Weight management and obesity
- Several people also described difficulties accessing ongoing monitoring, appointments or follow-up care for long-term cardiovascular conditions.



Musculoskeletal, pain and mobility conditions

A large number of responses related to chronic pain, mobility and musculoskeletal conditions, including:

- Arthritis and osteoarthritis
- Back, hip, knee and joint pain
- Fibromyalgia and chronic pain
- Osteoporosis and fractures
- Hypermobility and Ehlers-Danlos Syndrome (EDS)
- Spinal degeneration and neurological pain
- Injuries, surgery recovery and mobility difficulties

17% of women (53 respondents) that shared their concerns were different to those listed, described pain affecting their day-to-day lives, independence and emotional wellbeing.

Gastrointestinal, bladder and continence issues

Digestive and urinary health concerns were frequently raised, including:

- IBS, IBD, Crohn's disease and ulcerative colitis
- Ongoing stomach or abdominal pain
- Coeliac disease and food intolerances
- Gastrointestinal investigations and gut health concerns
- UTIs, bladder problems and prolapse
- Urinary incontinence and bowel issues

Some women described living with symptoms for many years while awaiting diagnosis, treatment or specialist support.

Respiratory and long-term health conditions

Women also highlighted a range of ongoing physical health conditions, including:

- Asthma and COPD
- Long Covid and chronic fatigue

- Kidney disease and thyroid conditions
- Vasculitis and autoimmune conditions
- Multiple Sclerosis (MS) and Parkinson's disease
- Neurological conditions and seizure concerns

A number of people said they were managing multiple long-term conditions at the same time.

Cancer and complex medical conditions

Several women described cancer diagnoses, treatment side effects or complex medical conditions, including:

- Breast cancer, melanoma and blood cancer
- Transplant-related health concerns
- Benign tumours and rare conditions
- Ongoing monitoring following surgery or treatment
- Anaemia and blood disorders

Some women shared about the long-term physical and emotional impact of treatment and delays in follow-up care.

Mental health, neurodiversity and emotional wellbeing

Mental health and emotional wellbeing concerns were also commonly mentioned, including:

- Depression, anxiety and stress
- ADHD assessments and support
- PMDD and hormone-related mental health conditions
- Bereavement and grief
- Carer burnout and exhaustion
- Trauma and the impact of domestic violence

Some women linked their emotional wellbeing directly to difficulties accessing healthcare or managing chronic conditions.



Women's health and menopause-related concerns

Alongside the responses from the menopause survey, some respondents highlighted:

- Heavy periods and menstrual-related pain
- Fibroids and prolapse
- Breastfeeding concerns
- Recurrent thrush and hormonal symptoms
- Ongoing menopausal symptoms later in life
- Difficulties accessing screening such as smears or mammograms

Access to care and service frustrations

Alongside health conditions themselves, many women described wider frustrations with health services, including:

- Difficulty getting GP appointments
- Long waits for referrals or specialist care
- Feeling dismissed or not listened to
- Poor communication and lost results
- Challenges accessing care for disabled people or carers
- Confusion about where to get support

Several women shared that living with long-term conditions required them to continually 'fight' for support, information or treatment.

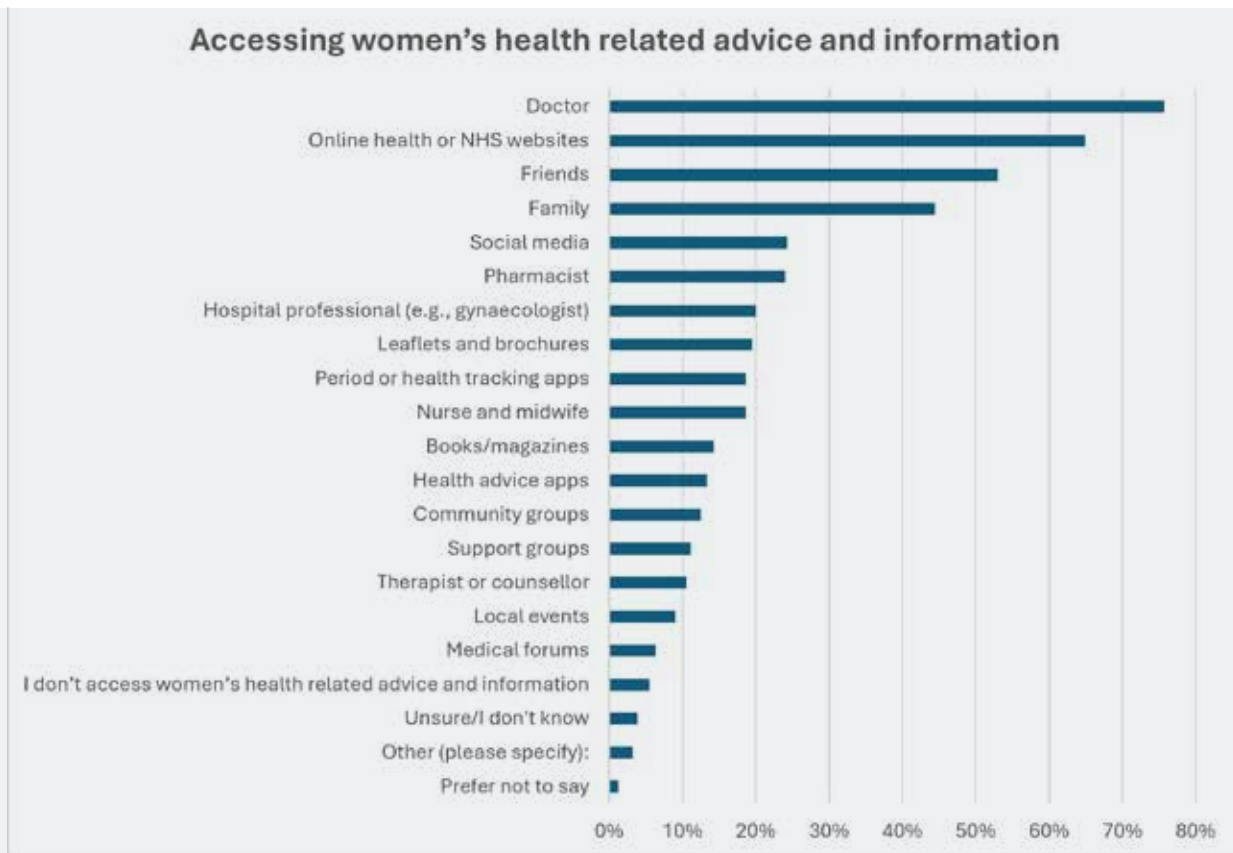
These findings highlight the broad range of issues women are managing, from specific conditions and symptoms to wider frustrations about access, follow-up and support.

The next section explores where women go for advice and information and how easy that information is to find.





Access to women's health related advice and information



Women told us that they access health advice and information from a range of sources, with healthcare professionals and online resources being the most commonly used. Personal networks, such as friends and family, were also widely used, with more than half of women (53%) seeking advice and information from friends, and 44% of women using family networks.

The responses indicate a strong reliance on peer and family support amongst younger women, with a slight steady decline on peer support amongst women aged 65+. Similarly, women aged between 45 and 74 years old report lower rates of information seeking from family members compared to those younger and older.

Across all age groups, healthcare professionals remained the most common source of information, with reliance generally increasing with age, rising from 24% among 14–17-year-olds to 42% among those aged 85 and over. This suggests that older women are more likely to seek professional advice.

Older respondents were also the most likely to use printed information and community support, with women aged 65 and over reporting the highest use of leaflets, books, community groups and local support networks. However, those aged under 18 were the second most likely group to use printed information.



Digital sources were the most heavily used categories in the survey, led by online health or NHS websites, which 1,815 respondents (65%) selected, making it the second most used source after medical staff. Use of online health or NHS websites climbs from 9.2% (14-15) to a peak of 17.1% at 55-64, then drops sharply – 14% (65-74), 10% (75-84), and just 4% at 85+.

Social media is the next most popular digital source, outperforming both health advice apps (372 respondents, 13%) and period or health tracking apps (520 respondents, 19%). These digital sources show a downward trend amongst women that get older, with period or health tracking apps showing the sharpest decline, from 9% of women in the 16-17 years age range, less than 1% in women aged 55 and older. Friends (1,480 respondents, 53%) and family (1,242 respondents, 44%) were an important source of information across all age groups, with respondents citing them as a source of support or advice.

89 respondents (3%) reported using other sources for information. These included:

- Self-research using medical journals and specialist or evidence-based information.
- Internet searches i.e. Google and using AI tools.
- Private healthcare (Due to limited access to NHS services or lack of specialist support).
- Workplace or peer support.
- Television programmes, radio and through podcasts.

You said:

"Google gives better advice than GP."

25 – 34 years, Leicester

"I had no choice but to pay for physio, osteopathic treatment and private dr for menopause issues. could not get care I needed from NHS."

45-54 years, Leicester

"Workplace support."

45-54 years, Oadby and Wigston

"Talking to friends."

45-54 years, Harborough

"Read books, watch podcasts."

45-54 years, Leicester

"Online groups, newsletters."

45-54 years, North West Leicestershire

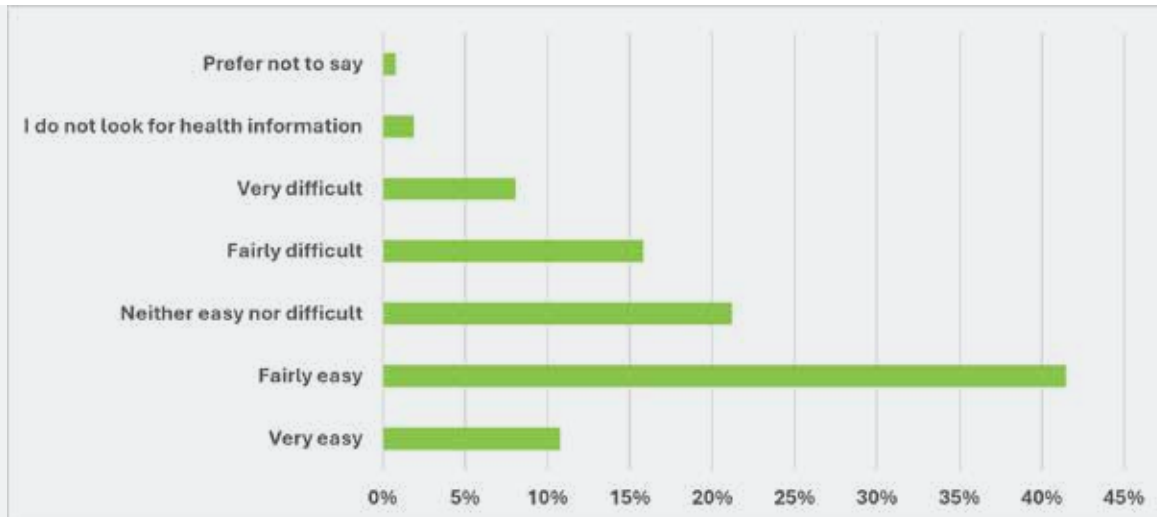
"Unfortunately there is little up-to-date information on latest treatments, theories etc via the NHS or GP."

55-64 years, Hinckley & Bosworth



Ease of finding health information

The chart below shows how easy or difficult women found it to access health information.



Just over half of women (1,460 respondents, 52%) said they find information 'very' or 'fairly easy' to access, indicating that the majority of women are generally able to locate information and advice when required. Whilst around a quarter (24%) found it very or fairly difficult.

Women from North West Leicestershire, and Oadby and Wigston, reported the easiest access to information they seek, with 57% of women from each of these districts describing it as 'very' or 'fairly easy'. On the other hand, Leicester City (28%) and Harborough (27%) reported the lowest levels of ease of access to information they seek.

Ease of finding information was not evenly distributed by ethnicity, with 60% (3 respondents) of Gypsy/traveller women and 50% (7 respondents) of Mixed: Black Caribbean and White women reporting the most difficulty in accessing information. Bangladeshi women also reported great difficulty. Only 36% of Bangladeshi women found it easy to access information, whilst 44% (27 respondents) found it fairly or very difficult- well above the average.

Indian women (which account for the second largest ethnic group across the survey), were also above the average- with 47% finding it easy, and 26% finding it difficult.

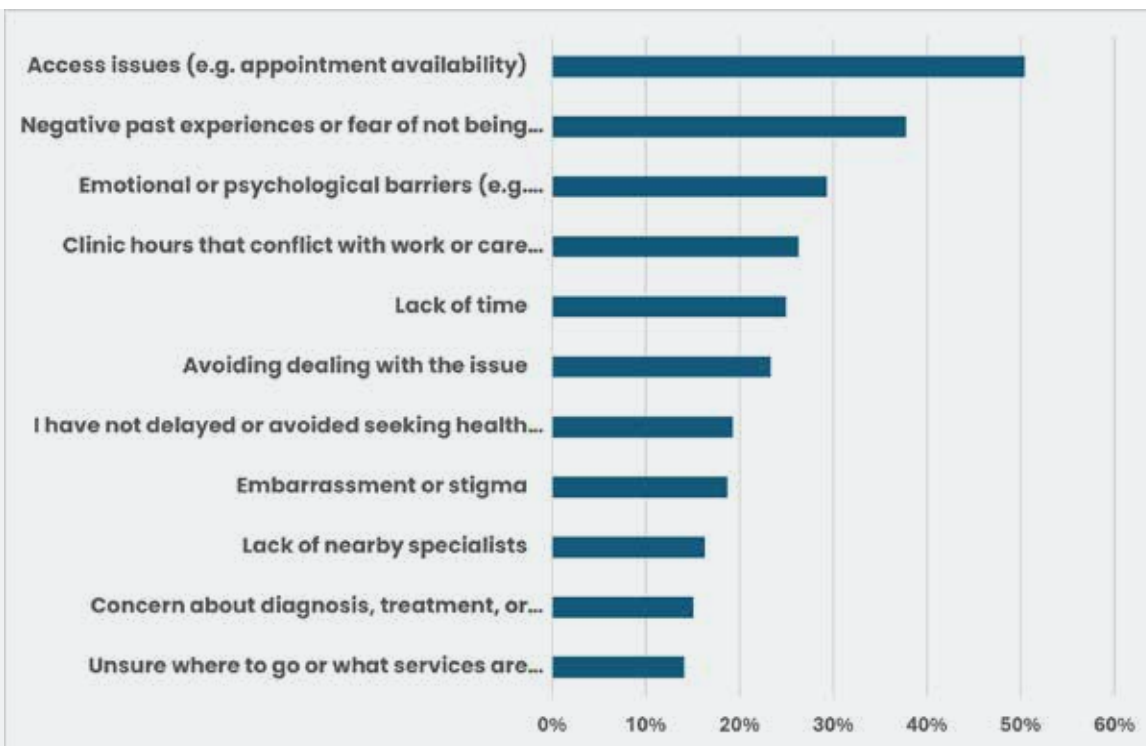
By contrast, Black/Black British (79%, 11 respondents) Chinese (65%, 15 respondents), Caribbean (65%, 13 respondents), and White Irish (62%, 24 respondents) women reported the highest ease of access, tracking above the overall average.

However, nearly a quarter (24%) of respondents reported experiencing difficulties, with 16% (442 respondents) saying it was 'fairly difficult' and 8% (226 respondents) describing it as 'very difficult'. A further 21% (592 respondents) gave a neutral response, selecting 'neither easy nor difficult'.

Taken together, these responses suggest that finding information is only part of the picture. Women also described wider pressures that affect whether they seek help at all, including practical barriers, previous experiences and confidence that they will be taken seriously.

Delaying or avoiding health or care support

We asked women to share why they may have delayed or avoided seeking health or care support. 19% of respondents (538 women) said that they had not delayed or avoided seeking support.



Among those who had, the most common reasons were: The most commonly reported barrier was access issues, such as appointment availability, which was selected by 50% of women (1,409 respondents).

This was followed by negative past experiences or fear of not being taken seriously (1,056 respondents, 38%) and emotional or psychological barriers (818 respondents, 29%), suggesting that previous experiences and concerns about how they may be treated can affect women's confidence in seeking support.

Other commonly selected reasons included practical barriers, such as clinic hours that conflict with personal life (734 respondents, 26%) and lack of time (697 respondents, 25%). These responses show that delays in seeking healthcare are shaped by a combination of practical, emotional and systemic barriers.

Overall, the findings suggest that difficulties accessing healthcare services are both common and wide-ranging.

111 respondents (4%) stated that they delayed seeking support for reasons other than those listed in the survey.

"Have to wait seven weeks before can get a GP appointment in person, or on the phone, unless it is an emergency, about Mental Health or concerning a child. Otherwise, I think you will have to die before you can be seen!!"

Unknown, Hinckley & Bosworth

"Being housebound and there being no domiciliary services."

45-54 years, Blaby



Common themes included:

- Concerns about a lack of specialist knowledge, particularly around women's health, menopause and complex conditions.
- Work, childcare, transport and other practical barriers to attending appointments.
- Previous negative experiences of healthcare services, leading to reduced confidence in seeking help.
- Communication and accessibility barriers, including language needs, disability and difficulties using telephone-based systems.
- Feeling reluctant to "burden" NHS services or believing their symptoms were not serious enough.

"No one wants to listen, you reach out to the GP to get directed to online appointment booking. You think you have a doctor's appointment to get in the room and find a nurse practitioner who says you can only talk about one illness. The reality is that you are menopausal so it's lots of small things and I have an autoimmune disease. I have begged to be seen as a whole, nothing happens."

45-54 years, North West Leicestershire

"Male GP at key stage of perimenopause and menopause was NOT helpful. Chronic pain dismissed."

65-74 years, Blaby

"Length of referral process and appointment wait times."

35-44 years, Melton

"The specialist I was referred to was in Norfolk – overnight stays cost me £800."

65-74 years, Rutland

"Feeling dismissed by doctors in the past."

25-34 years, Leicester

"Not enough is known in General Practice about Adenomyosis and it seems if you are Perimenopausal and under 45, you are not taken seriously."

35-44 years, Hinckley & Bosworth

"I had to pay for private care due to waiting lists being over 18 months."

25-34 years, Charnwood

"Work and childcare are such huge barriers for women."

45-54 years, North West Leicestershire

"Getting nowhere with GP so usually think twice about accessing them!"

55-64 years, Rutland

"I don't know who the best person is to speak to about complex menopause related issues."

45-54 years, Rutland

“Accessibility. Phone calls are difficult and on occasion the GP surgery has locked the door and insisted patients use an intercom: not great when you’re deaf.”

Unknown, Harborough

“I always have in the back of my mind, I will be seen as a ‘Whiney Woman’ I know that this is a reality and not just my perception of the NHS.”

45–54 years, Leicester

Inequalities in access to women’s healthcare

The reasons women gave for delaying or avoiding support were closely linked to wider inequalities in access to healthcare. Many described barriers that made it harder to access services, resulting in delayed care, greater reliance on self-management, or the need to pay for private treatment. These experiences demonstrate that access to healthcare is not equal and can be influenced by a woman’s income, where she lives, language needs, disability, caring responsibilities and confidence using digital services.

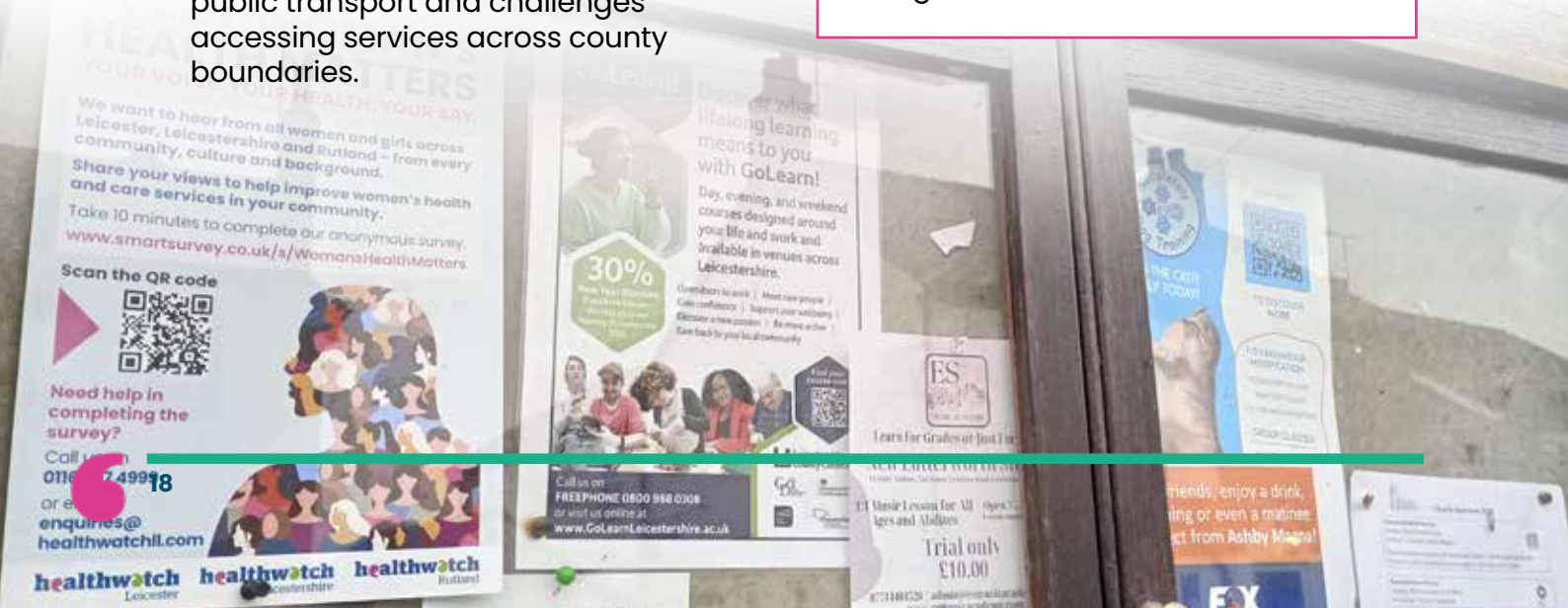
Key inequalities identified through the engagement included:

- **Cost and affordability:** Some women felt they had no choice but to pay for private treatment because NHS waiting times were too long or care was difficult to access, meaning timely care often depended on the ability to pay.
- **Digital exclusion:** Online booking systems and digital-first approaches created barriers for some women, particularly older people, those with disabilities and women living in areas with poor digital connectivity, including parts of Rutland.
- **Transport and rurality:** Women living in rural areas described difficulties travelling to appointments, limited public transport and challenges accessing services across county boundaries.

- **Language, communication and accessibility:** Women highlighted the need for better interpreting services, translated information, accessible formats and healthcare systems that are easier to navigate for people with communication needs or disabilities.

These barriers often overlapped, meaning some women faced multiple disadvantages when trying to access care.

The next section explores whether women feel listened to by professionals and what makes the difference between feeling heard and feeling dismissed.





How frequently women felt listened to by health and care professionals

Just under half of women (1,225 respondents, 44%) responded positively, saying they were 'always' or 'often' listened to by health and care professionals. However, a substantial proportion (1,013 respondents, 36%) said they only 'sometimes' felt listened to, while a further 15% (428 respondents) said they were 'rarely' or 'never' listened to. This suggests that women's experiences vary considerably between services and individual professionals.

Why women did or did not feel listened to

1,339 women (48%) gave reasons for why they did or did not feel listened to.

Their feedback shows a clear contrast between experiences where women felt heard, respected and involved in decisions and experiences where they felt dismissed, rushed or unable to access the right support. We have brought this feedback together into key themes.

Those who did feel listened to

Key theme: Taking concerns seriously and acting on them

Women most often felt listened to when professionals took their concerns seriously and followed this with clear action. This included arranging tests, making referrals, prescribing treatment, monitoring symptoms and taking steps to rule out serious causes. In these responses, listening was closely associated with action rather than reassurance alone.

You said:

"The doctor listened to my concerns and explained what I needed to do first."

25 – 34 years, Leicester

"Health professionals listened to me, ran tests and diagnosed me. They prescribed appropriate medication and made referrals."

45–54 years, Leicester

"Spoken to in a very calm and respectful manner and the correct tests were scheduled straight away to avoid condition getting worse and cut waiting times."

25 – 34 years, Leicester

"My GP took my concerns seriously and made a referral to a specialist for me."

25 – 34 years, Blaby

"I feel I have been taken seriously. Then given advice/medication or referral to appropriate services."

45–54 years, Leicester

"I have always been able to talk to professional healthcare people through my voluntary roles."

65– 74 years, Rutland



Key theme: Time, attention and being treated with respect

Many women said they felt listened to when professionals gave them time, made eye contact, asked follow-up questions and showed genuine interest in them as individuals. Feeling heard was linked to not being rushed, not feeling like a burden and being given space to explain symptoms in full.

You said:

"My GP is fantastic. She always makes you feel listened to and that you are a human being and not a number. I wish more doctors were like her."

55-64 years, Hinckley & Bosworth

"I have recently been under the care of a wonderful GP who has made me feel heard."

35-44 years, Rutland

"My GP and his team always give

me the time I need to talk through any issues."

55-64 years, Blaby

"Looking me in the eye and asking intelligent follow-up questions."

75-84 years, Charnwood

"Because they take the time to listen to me. They don't make you feel that your time is wasted. And I feel supported."

65- 74 years, Leicester

"The professionals listened to me and referred me to services that helped me long term."

55-64 years, Blaby

"Yes, I had 2 GP appointments, excellent appointments. Yes, they listened - changes to meds, problems were sorted."

75-84 years, Rutland

Share your views to help improve women's health and care services in your community.

Take 10 minutes to complete our anonymous survey.

Scan the QR code





Key theme: Compassion, empathy and reassurance

Compassionate communication was another strong feature of positive experiences. Women described feeling listened to when professionals were kind, calm, respectful and reassuring, especially when they were vulnerable, distressed or discussing sensitive issues. Empathy often made women feel safe enough to return for further help.

You said:

"I found my GP very helpful and empathetic."

45–54 years, Leicester

"I saw my GP after my miscarriage and she was very empathetic and supportive."

45–54 years, Leicester

"A GP was very helpful, friendly and listened well to my concerns."

65– 74 years, Blaby

"The nurse was helpful and reassuring."

45–54 years, Charnwood

Key theme: Continuity, trust and relationships

Women were also more likely to feel listened to when they could see the same professional or had built a trusting relationship over time. Continuity helped women feel known, reduced the need to repeat their history and made it easier to discuss complex, ongoing or sensitive issues such as menopause, mental health, fertility and chronic conditions.

You said:

"I felt listened to because as I have a chronic condition, I have built up a good relationship with regular staff."

65– 74 years, Hinckley & Bosworth

"You need to have rapport and know a person to build the trust to speak about sensitive issues being experienced."

45–54 years, Leicester

"My own GP was very supportive and being of a similar age, seemed to understand my concerns."

55–64 years, Melton

"A change in GP (previous one retired) has made me feel a lot more listened to. He sits and listens to me and makes eye contact."

55–64 years, Leicester

"Since moving practice two years ago I feel it's easier to see or talk to a health care professional. The calls are fielded appropriately and the doctors listen to concerns which are dealt with explanations and reassurance."

55–64 years, Charnwood



Key theme: Collaboration, choice and informed decision-making

Positive responses also showed that women felt listened to when professionals worked with them rather than making decisions for them. This included offering options, providing clear information, respecting preferences and involving women in decisions about investigations, treatment and next steps. Feeling informed and included was central to feeling heard.

You said:

"Different experience with different GPs. Most recent experience very positive, felt listened to and that it was collaborative."

55-64 years, Charnwood

"I see health professionals as equal partners: I'm the expert on me and I'm responsible for my health, but we each have our own set of skills and we each have knowledge to share."

55-64 years, Leicester

"GP surgery ensured I had an appointment with the women's health specialist and the telephone appointment was not rushed. I was not pushed into any decisions. During the call I was sent links to reading material so I could make an informed decision about the route I wanted to take."

45-54 years, North West Leicestershire

"I have felt listened to and considered and included in decision making around some gynaecological issues by the female only team at the Colposcopy Clinic in Leicester."

55-64 years, Blaby

"People involved were prepared to treat me as an individual and answer questions raised."

55-64 years, Charnwood

Key theme: Trust, continuity and feeling understood

Women also described feeling listened to when they were able to see the same professional, build rapport and have conversations in which they felt understood. In these responses, continuity of care helped create trust, especially when discussing sensitive or complex issues such as menopause, mental health, pregnancy, fertility or long-term conditions. Some women said that particular GPs, nurses, midwives or specialist teams stood out because they gave them time, listened without judgement and worked collaboratively with them.

You said:

"My GP and his team always give me the time I need to talk through any issues."

55-64 years, Blaby

"The doctors and specialist menopause nurse at Castle Mead medical centre are both compassionate and effective."

45-54 years, Hinckley & Bosworth



Those who did not feel listened to

Key theme: Symptoms dismissed as normal, age-related or 'just hormones'

A common theme in negative responses was that women's symptoms were normalised or explained away without proper investigation. Women described being told pain, bleeding, fatigue, mental health changes or other symptoms were simply part of being a woman, getting older, having periods, or being menopausal. Many said this delayed diagnosis and treatment and left them feeling ignored.

You said:

"They just say it's my period every time."

16-17 years, Leicester

"I was told it's 'just my age'."

45-54 years, North West Leicestershire

"Symptoms were dismissed."

45-54 years, Charnwood

"Just don't feel listened to or heard, just another women moaning about her periods."

35-44 years, Hinckley & Bosworth

"The older you get nobody wants to hear, it's a waste of time."

85+ years, Rutland

Key theme: Assumptions, prejudice and not being believed

Many women felt that professionals made assumptions about them before fully listening. Responses described concerns being put down to weight, anxiety, stress, age or existing conditions, while others felt judged, stereotyped or not believed when explaining pain or symptoms. Some felt their views were overridden by preconceived ideas about what was 'most likely' rather than what they were actually saying.

You said:

"I was told I am tired because I have children. When no obvious answers, I'm told it could be stress/anxiety."

25 - 34 years, Leicester

"Think I make it up and don't believe me."

45-54 years, Charnwood

"I felt my symptoms were immediately boxed into depression/anxiety and my voice was not heard."

45-54 years, Blaby

"I went to the doctors a few times when I ended up with very bad fatigue for 2 years after having covid a few times. I was tested for things but everything came back normal so had no diagnosis and was told to rest more and listen to what my body was telling me. I didn't feel any of the doctors I saw was listening to how difficult it was for me to get through the day and I got no treatment or support."

18 - 24 years, Rutland



Key theme: Rushed appointments and poor communication

Women repeatedly described consultations that felt rushed, impersonal and difficult to use well. Short appointments, professionals focusing on screens, poor eye contact, being talked over and not being given enough information all contributed to women feeling unheard. Some said they left appointments upset, confused or unsure of what had been agreed.

You said:

"GP looking at the computer not me as a person."

45–54 years, North West Leicestershire

"Appointments are too rushed."

35–44 years, Leicester

"I have had several appointments where the clinician did not greet me or make eye contact at all. I left and cried every time."

45–54 years, North West Leicestershire

"Staring at the screen whilst talking to me during a face-to-face appointment."

55–64 years, Melton

Key theme: Access barriers, lack of continuity and having to keep chasing

Another strong theme was that women often had to work hard just to be heard. Difficulty getting appointments, being passed between services, seeing a different professional each time, one-issue appointment rules and having to repeatedly chase referrals, results or follow-up all left women feeling that no one was looking at the whole picture. Some eventually paid for private care because they felt they had run out of options.

You said:

"It is very difficult to get an appointment, when you do, doctors are not listening and appear to be going through a set routine rather than looking at the individual and past information on records."

55–64 years, Charnwood

"When eventually someone listens, they listen well. The issue is accessing that someone."

55–64 years, unknown

"You see someone different every time so no relationships built; have felt on occasion that records have not been looked at properly beforehand."

55–64 years, Melton

"Extremely difficult to get an appointment. Rules about one issue per appointment means that I don't feel that I am seen as a whole person."

55–64 years, Leicester

"After being in pain for nearly a year, and numerous GP appointments, I had to pay over £2,500 just to get a diagnosis from a private healthcare provider."

55–64 years, Harborough





Key theme: Lack of knowledge and poor follow-through on women's health

Many responses suggested that women did not feel listened to because professionals lacked confidence, knowledge or consistency in areas such as menopause, endometriosis, adenomyosis, PCOS and other gynaecological or hormone-related conditions. Women described being given incorrect information, limited options, poor follow-up or treatment that focused on symptoms rather than underlying causes. Several felt they had to research their own condition or advocate strongly to access appropriate care.

You said:

"It took me 9 years to be diagnosed with endometriosis after visiting the doctor/hospital on multiple occasions every year."

25 – 34 years, Leicester

"I recently visited my GP regarding my mental health and if perimenopause could be a contributing factor. They said I do not have enough symptoms."

35–44 years, Blaby

"The public seem to be more aware of this subject than GPs."

35–44 years, Oadby & Wigston

"Trying to get a diagnosis of PCOS for around 5 years. No one seems to help me. Lots of symptoms."

18 – 24 years, Hinckley & Bosworth

"I have been to see my doctor about symptoms of menopause, and ALL they can suggest is HRT.... and cannot work with my wish to avoid HRT. It feels like doctors are always pushing drugs, and never exploring other ways to address a situation, when I know there are alternatives out there. Always the drugs, it's like they are commissioned by drug companies or something."

45–54 years, Rutland

EVERY WOMAN'S HEALTH MATTERS

YOUR VOICE. YOUR HEALTH. YOUR COMMUNITY.

We want to hear from all women and girls across Leicester, Leicestershire and Rutland from every community, culture and background.

Share your views to help improve women's health and care services in your community.

Take 10 minutes to complete an anonymous survey.

Scan the QR code



Healthwatch
Leicestershire
& Rutland
Healthwatch



Key theme: Feeling dismissed, judged or reduced to assumptions

Many women said they did not feel listened to, with symptoms minimised, attributed to age, weight, anxiety, menstruation or menopause without proper investigation, or when professionals appeared to rely on assumptions rather than the woman's own account of her body and experience. Some described being talked over, not believed, or given inaccurate information. This was particularly evident in feedback about menstrual health, menopause, gynaecological conditions, pain and mental health.

You said:

"I've been visiting the GP for over 15 years with chronic period pain (to the point of passing out). I have been told numerous times that this is normal and to take paracetamol. I have been dismissed countless times."

25 – 34 years, Charnwood

"I feel as a woman who is overweight, every issue I bring to the doctor I am told it's due to my weight and I'm dismissed without proper care."

25 – 34 years, Charnwood





Key theme: Rushed appointments, poor access and lack of continuity

Women also described not feeling listened to because the system itself made meaningful conversations difficult. Short appointments, one-issue rules, difficulty getting appointments, repeated telephone triage, and having to see a different professional each time left many feeling that no one was looking at the whole picture. 130 respondents (10%) described needing to return multiple times, chase results or referrals, or seek private care before concerns were finally addressed. For some, these experiences reduced trust and discouraged them from seeking help again.

You said:

"It's all so rushed and you never see the same person twice so you have to say it over and over again."

55-64 years, Leicester

"I just get fobbed off. I haven't managed to see an actual doctor for over 5 years and the so-called nurses never listen, they just want you out as soon as possible."

75-84 years, Rutland

"I felt listened to as they did all the scans and blood tests I needed, but once those tests came back as normal, the GP didn't want to know and practically shoved me out the door with more swabs to do. Also getting the results for the test was hard in itself as the GP said they didn't receive the results, but I called the clinic and they said they sent the results of the scan the day after I had the scan. When I finally got my doctor's appointment to discuss this, it was another doctor I hadn't seen before who had no prior knowledge into my concerns."

18 - 24 years, Hinckley & Bosworth

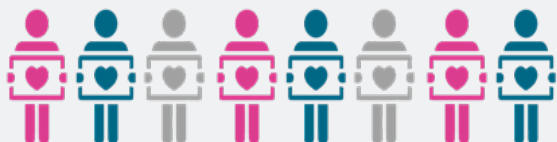
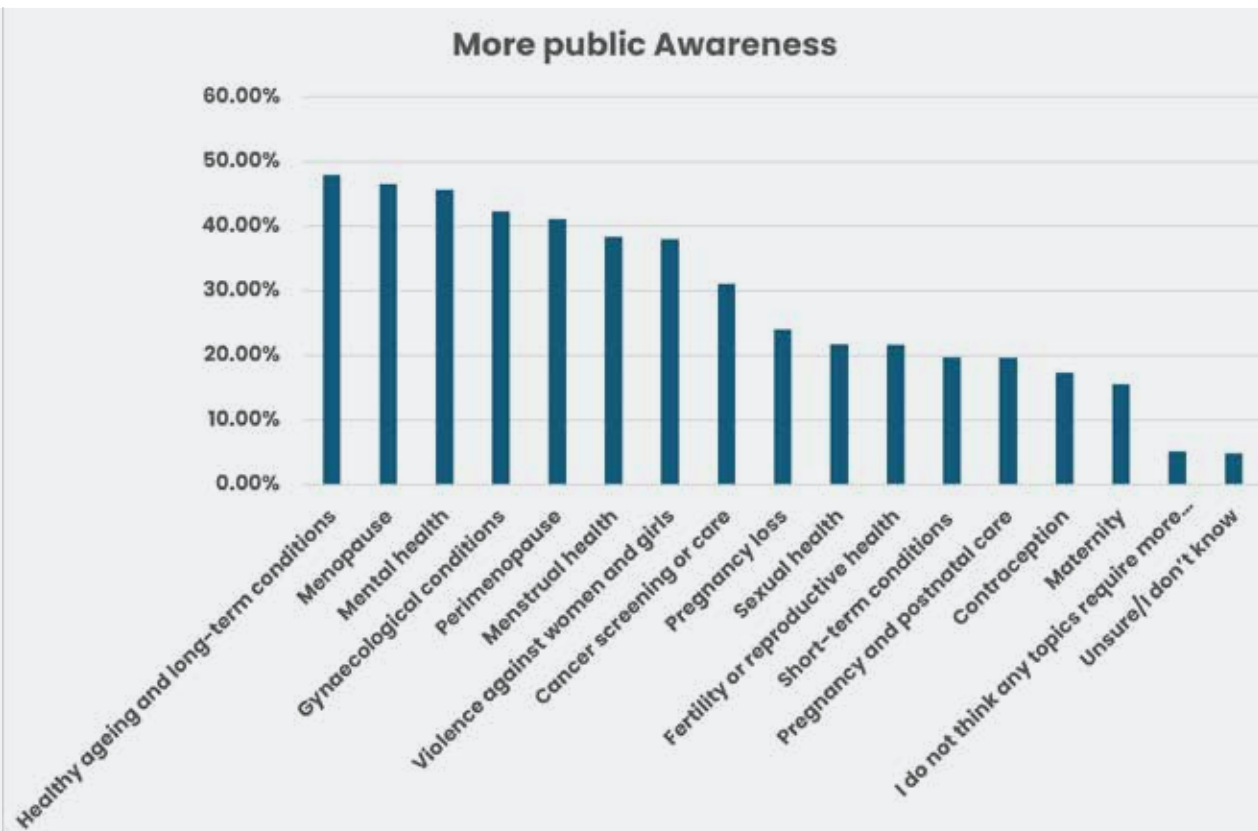
Women's experiences of not being listened to were not limited to individual appointments. Many linked these experiences to wider gaps in understanding and recognition of women's health. We therefore asked women which topics they most wanted to see given greater public awareness.





Topics that require more public awareness

1. Healthy ageing and long-term conditions (48%)
2. Menopause (47%)
3. Mental Health (46%)
4. Gynaecological Conditions (42%)
5. Perimenopause (41%)



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PEOPLE (22%) SHARED
MORE INFORMATION
ABOUT THEIR RESPONSES.

Their comments showed strong overlap across a number of recurring issues, especially the need for better information, clearer signposting, more knowledgeable professionals, easier access to timely care and greater recognition of how women's health affects daily life, mental health and confidence. We have brought this feedback together into key themes.



Women want better information, awareness and education across the life course

A consistent theme was that women want clearer, earlier and more practical information about their health, particularly at key stages such as menstruation, pregnancy, postnatal recovery, perimenopause, menopause and healthy ageing.

75 women (12%) felt that women and girls are still expected to work things out for themselves, often only learning about symptoms or conditions after they have already become distressing or disruptive. Respondents also highlighted the need for information that is relevant in schools, communities and workplaces, and that helps women understand what is normal, what is not and when to seek help.

You said:

"I think young people should have more information about female health my daughter is at secondary school and has had very little information regarding the things she will go through as a female."

35-44 years, North West Leicestershire

"There's not information or resources on the 4th trimester, I have really struggled with any sort of information."

35-44 years, Leicester

"There just isn't enough information obviously available for women and young girls, about their own menstrual health overall."

25 - 34 years, Charnwood

"We don't learn much about menopause."

14-15 years, Leicester

"I just want to know what's to come with aging as a woman. What should I expect. What's common, uncommon."

35-44 years, Leicester

"The services available are good but many people do not know what is available. I previously worked in the NHS and know more than most and I was not aware of what the pharmacist can do and the over 50's check."

45-54 years, Rutland



Services are hard to access, fragmented and too slow

82 women (13%) described major barriers in getting appointments, referrals, investigations and specialist input. They reported long waits for gynaecology and other services, difficulty securing GP appointments, lack of face-to-face contact and being passed between professionals or departments without a clear route forward.

For many, awareness alone was not enough; they stressed that public information means little if services are not available, timely or easy to navigate.

You said:

"Very long wait for gynae consultant – so I paid to go private."

45–54 years, Charnwood

"It is very difficult to deal with a medical condition at any speed as you cannot always get an appointment with GP and if you are referred to a hospital specialist it is at least 2 years waiting."

65– 74 years, Charnwood

"No point in raising public awareness when people can't access or get service from health clinics or hospitals. It would frustrate us even more!"

65– 74 years, Charnwood

"We are continually told about the pressures on the NHS so this creates a reluctance to contact GP about issues that might or not be significant or serious. Don't want to be considered a time waster."

65– 74 years, Rutland

"Current system of access to GP appointments do not lend themselves to holistic care."

65– 74 years, Charnwood

"Healthcare actually being accessible – it's ironic that healthcare settings are usually the least accessible."

Unknown, Harborough

Women feel professionals need more training and better understanding of women's health

42 respondents (7%) said that health professionals, especially in primary care, need more up-to-date knowledge of women's health. This was especially strong in relation to menopause, endometriosis, PCOS, pelvic health, menstrual problems and other gynaecological conditions, which was mentioned by 27 women in regard to this theme.

Many women felt that they were left to do their own research, challenge decisions or push for referrals because the professional in front of them lacked confidence, knowledge or awareness.

You said:

"Health professionals need to listen to their patients."

65– 74 years, Oadby & Wigston



"Definitely more awareness in women's health conditions like menopause, PCOS. More training for doctors."

18 – 24 years, Hinckley and Bosworth

"GPs don't seem to have up to date knowledge on menopause or HRT. I find I'm having to argue with them over current prescribing guidelines and research."

35–44 years, Blaby

"Doctors aren't trained properly in women's health and they won't have time to learn it after their training once they're working."

45–54 years, Leicester

"It is often GPs and other health professionals who need to be better aware, not the general public."

55–64 years, Leicester

Women's health is still dismissed, under-researched and treated as lower priority

Many comments reflected a deeper frustration that women's health continues to be overlooked, minimised or treated as secondary. Respondents linked this to a wider lack of research, outdated evidence, stigma and a tendency to normalise symptoms or attribute them to hormones, age, anxiety or weight. This theme often went beyond individual experiences and pointed to structural problems in how women's health is understood, funded and prioritised.

You said:

"Women's health is woefully under-researched, underfunded and we are often dismissed or advised to lose weight, try counselling, take antidepressants, go on the pill etc prior to them fully investigating."

45–54 years, Charnwood

"All women's health issues seem under-funded and under-researched, and there is a severe lack of knowledge both in the medical field and the general public."

18 – 24 years, North West Leicestershire

"Women tend to get overlooked. The information available is based on old tests, on men."

45–54 years, North West Leicestershire

"In my experience women's health is dealt with terribly, we don't get listened to, but yet our partners will. In my experience I was even told that I had children so what did I expect, when discussing significant changes in hormones about 8 years ago, this was from a female GP too."

35–44 years, Rutland

"I think often women's issues are not seen as important."

25 – 34 years, Harborough

"Everything to do with women's health needs improving, we are 50% of the population but the medical community is inconstant in its knowledge and therefore care."

45–54 years, Charnwood



Women need more compassionate, joined up and local support

Alongside calls for information and clinical improvement, many respondents asked for more practical, compassionate support close to home. They wanted local community-based options, better signposting, language support, face-to-face conversations and care that looked at the whole person rather than one symptom at a time.

Some also emphasised the emotional impact of feeling unsupported through menopause, pregnancy loss, postnatal recovery, long-term conditions and mental health difficulties.

You said:

"I would like local support somewhere accessible like a community hub or library."

35-44 years, Unknown

"Need a good signposting service, Google can lead to misinformation and undue concern."

65- 74 years, Leicester

"Women need more post-natal support or at least the opportunity to access it should they require it."

45-54 years, Unknown

"Needs more awareness in the community settings with language support available."

35-44 years, Leicester

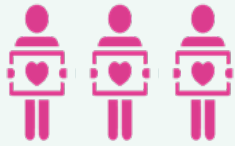
"I think a more holistic approach and seeing the whole person is best."

25 - 34 years, Melton

The issues women highlighted around awareness were closely linked to what they want to see changed in practice. The next section moves from what needs greater attention to what women say would most improve health and wellbeing in their area and community.



Improving women's health care in your area and community



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WOMEN SHARED WHAT MATTERS TO THEM IN TERMS OF HEALTH AND WELLBEING AND WHAT THEY WOULD LIKE TO SEE IMPROVED.

Their responses showed a strong and consistent vision for women's health care that is easier to access, more specialised, more compassionate and better connected to everyday life.

Women repeatedly described wanting timely care, trusted information, professionals who understand women's health and local spaces where they can ask questions, feel safe and be taken seriously. We have brought this feedback together into key themes.

Easier access to appointments, timely care and local services

The most common message was that women want services they can actually access when they need them. Many described difficulties getting GP appointments, long waits for referrals and treatment and the need to travel too far for care.

Women wanted more appointments, quicker access to specialists, local clinics and more flexible options that fit around work, caring responsibilities and transport barriers. For many, improving women's health care starts with removing the practical barriers that stop them getting help in the first place.

You said:

"It would be wonderful if it was easier to get appointments!!"

75-84 years, Rutland

"Better availability of appointments."

35-44 years, Leicester

"More local services without having to be referred on to Leicester or Peterborough."

55-64 years, Rutland

"Easy access - reduced wait times and easy pathways. Women getting the help they need at the time they need it, without having to fight for it. Women shouldn't have to suffer."

35-44 years, Charnwood



Dedicated women's health clinics, hubs and specialist support

Women strongly favoured dedicated services focused on women's health, including clinics, hubs, drop-ins and one-stop services. Many felt that general practice alone does not currently offer enough time, expertise or continuity to meet women's needs, particularly for menopause, gynaecology, fertility, contraception and longer-term conditions.

Respondents wanted visible local places where they could go directly for advice, assessment, treatment and support from people with specialist knowledge.

You said:

"A dedicated women's health centre that provides services and support that are easily accessible and don't require GP referral."

45-54 years, Blaby

"Develop a centre for women (of any age) to go and chat about issues relative to themselves."

65- 74 years, Rutland

"A women's health clinic, where you could book an appointment to discuss ANY/or MANY issues at the same appointment."

55-64 years, North West Leicestershire

"A women's clinic where you could go for all things women gynae issues fertility menopause how amazing that would be."

45-54 years, Hinckley & Bosworth

"Women's Healthcare hubs - where all the listed services are in one location to cut out fragmented care and unnecessary referrals."

45-54 years, Leicester

"A women's health hub staffed by female doctors who understand and are sympathetic to women and their health concerns."

35-44 years, Charnwood





Better training, knowledge and understanding of women's health

Another theme, raised by 135 women (8%) was the need for professionals to have stronger and more up-to-date understanding of women's health. Women repeatedly referred to menopause, perimenopause, endometriosis, PCOS, menstrual health, pelvic pain and hormonal conditions as areas where knowledge was often limited or inconsistent.

Many wanted specialist training for GPs and other clinicians, especially so women are not left researching on their own, given outdated advice or passed from one person to another without clear answers.

You said:

"GPs need to provide better care."

45-54 years, Leicester

"More awareness of women's health for doctors and other healthcare staff. Services more joined up."

45-54 years, Leicester

"There is definitely still lack of understanding at GP level about menopause and women's health issues which can lead to women not being taken seriously or being given inappropriate advice and/or treatment."

45-54 years, Charnwood

"GP training to include mandatory peri/menopause modules rather than these being optional – 50% of the population will experience issues and being told outdated information is dangerous."

35-44 years, Charnwood

"Specially trained clinical staff on peri and menopause who run clinics specifically for women going through this. Also more training for clinicians in this area to support women in general."

45-54 years, Charnwood

Being listened to, believed and treated holistically

Women wanted care that is compassionate, respectful and centred on the whole person. Many described wanting more time in appointments, continuity of care and professionals who would listen properly rather than dismiss symptoms, focus on only one issue, or make assumptions.

This theme was closely linked to trust: women said better care would mean being heard, believed and involved in decisions, with a more joined-up understanding of how physical health, mental health, hormones and daily life connect.

You said:

"I would like to change the 'professionals' attitudes and approach, language used and improve their ability to listen effectively."

55-64 years, North West Leicestershire

"People who care, with a holistic view to health, knowing that different parts of the body impact other parts too."

45-54 years, Charnwood



"Not having to fight to be heard and not being fobbed off with ultrasounds when they are proven to not show very much in regard to things like endometriosis."

35-44 years, Rutland

"Listen to patients – if something is not right then we know!"

45-54 years, North West Leicestershire

"Treat my whole body not just one issue – I understand that my issues are related but by only being able to discuss 1 at a time nothing is actually resolved."

55-64 years, North West Leicestershire

"To be listened to."

35-44 years, Hinckley & Bosworth

More information, awareness and community-based support

153 women (9%) also wanted better information and stronger support in the community, not just in clinical settings. 119 of these women called for more education in schools, clearer public information, support groups, community workshops, drop-ins and outreach in different languages and settings.

They wanted help to understand what is normal, what is not, where to go for support and how women's health changes across the life course. Responses showed that information is most valued when it is practical, visible, inclusive and delivered in places where women already are.

You said:

"A programme of public sessions across the county on issues to ensure people know more about women's health and what to look out for and what to do."

65- 74 years, Hinckley & Bosworth

"Easy accessible information or local community experts – I would much rather start with that then contact a doctor."

55-64 years, Harborough

"Education and awareness."

25-34 years, Leicester

"Workshops regarding specific topics to empower community. Maybe investing in community leaders with knowledge and funding to co-support other women."

45-54 years old, Unknown

"Education – from school, through work places and into later life. Girls and women aren't informed well enough to be able to understand what is normal for them and what isn't and then when and how to access help and support. We can't rely on parents to educate their children as most of them were never educated! GPs are expected to know everything in detail but it is impossible so there need to be more 'specialist GPs' to help provide this education and support to women and other local practitioners. Females from low socio-economic groups and even more so from certain cultural groups (especially when English is not their first language) are particularly at a disadvantage – often education and resources are provided in written word, using complex language and are rarely translated into other commonly spoken UK languages."

35-44 years, Charnwood





Final thoughts

587 (21%) women shared final thoughts and comments. These comments reinforced many of the findings seen throughout the survey, while also bringing through a stronger sense of urgency, frustration and, in some cases, appreciation for individual services and professionals.

Women described a system that can feel difficult to access, inconsistent and too dependent on self-advocacy, but they also highlighted examples of excellent, compassionate care. We have brought this feedback together into key themes:

Access to care is difficult, slow and exhausting

A strong theme in the final comments was that women often find care hard to access, with long waits for appointments, referrals, diagnostics and treatment. Many described the effort of repeatedly contacting services, chasing updates and navigating complex systems while already in pain, unwell or anxious. Women felt that delays were not only frustrating but could worsen health outcomes and reduce confidence in the system.

You said:

"The waiting lists for women's health are very long and this puts people off exploring the issues as they think they will never be seen."

35-44 years, Blaby

"The care you receive is down to luck (who you see) and perseverance (keep going back until you get a resolution). It really shouldn't be this difficult."

45-54 years, Blaby

"As a woman I do not use you unless I have to, because I've been let down, it feels pointless and I worry who will be answering the phone. I haven't been able to get an appointment for years, even smears I need to book months in advance due to availability. I would like to highlight the best care I've received is from nurses (they need a pay rise). One nurse kindly gave me suggestions on how to make my smear test better in the future, following her advice I advocate for what I need now when I have one and they don't hurt/ bleed anymore."

35-44 years, Leicester

"It's a postcode lottery, as always, some surgeries have brilliant menopause care, others do not. And we shouldn't have to pay for private care to access services."

45-54 years, Hinckley & Bosworth

"Easy access required, too difficult to book GP appointments."

35-44 years, Leicester



Women still feel dismissed, not believed and expected to 'put up with it'

Many final comments reflected a deep sense that women's symptoms are too often minimised, normalised or attributed to age, anxiety, hormones or weight without proper investigation. Women described having to push to be heard, feeling talked down to, or losing trust after repeated experiences of not being taken seriously. This theme was especially strong in relation to pain, menstruation, menopause, gynaecology and chronic conditions.

You said:

"Women are not taken seriously and GP's think they know your bodies better than you; they don't care to listen or give you help when needed."

35-44 years, Leicester

"I truly wish we were listened to."

35-44 years, Blaby

"Stop prolonging our pain."

35-44 years, Blaby

"We are not routinely listened to. We are ignored. We are not believed. It affects our mental health. NICE guidelines are not being followed. We should not have to suffer in silence. We should have access to ALL hormones we are missing including Testosterone which is HIGHER in women with PCOS and this is NOT taken into consideration."

45-54 years old, Leicester

"I wish doctors would listen to us and take us seriously. Women's bodies are important."

25 - 34 years, Hinckley & Bosworth

Women want better knowledge, training and research in women's health

Women repeatedly pointed to gaps in professional knowledge and wider understanding of women's health. They wanted better training for GPs and other professionals, more awareness of how conditions present differently in women and more research into women-specific and female-predominant conditions.

Many felt they were left to educate themselves or rely on private advice because services lacked the specialist understanding they needed.

You said:

"Women's health is a second-class service in many areas of medicine, there is not enough research into areas such as endometriosis and definitely not enough training, knowledge and understanding amongst GPs."

55-64 years, Blaby

"GPs should have mandatory training to update their knowledge on women's health so they give evidence-based care."

45-54 years, North West Leicestershire

"Much of our medical research is constructed on the male model of health. It would be useful if more research into women-specific conditions could be undertaken."

45-54 years, North West Leicestershire



"Access to services can be limited in rural areas. Better education for health practitioners on women's health through the whole life course. Better training for health practitioners in patient experience and involvement, so patients feel listened to and involved in their care."

45–54 years, Hinckley & Bosworth

"GPs need updated training regarding reproductive health. I had a GP try to tell me that I "need" to have a period every month despite there being no evidence for this. They then went on to insist that I would not "feel like a woman" without one. Absolutely disgusting."

25 – 34 years, Oadby & Wigston

Compassionate, person-centred care makes a lasting difference

Alongside criticism, many women took the opportunity to recognise services and professionals who had listened, shown kindness and offered thoughtful support. These comments showed how much women value being treated as an individual, having continuity and receiving care that feels respectful and humane. Positive experiences stood out strongly, especially when women had previously expected not to be heard.

You said:

"To the staff who show up with compassion, thank you."

25 – 34 years, Leicester

"On a positive note, the care I have received so far at Victoria Park Health Centre and at Leicester General Gynaecology Dept has been exceptional. The staff are unfailingly kind and patient."

45–54 years, Leicester

"There are some good examples – e.g. Menopause clinic in NWL where I could discuss changes to meds with a female healthcare professional over the phone to suit me, who listened to me and prescribed what I had asked for. Although it did need me to know what I needed before, which needed me to research prior to appointment. Sometimes feel like it shouldn't be that difficult or require own research to find answers."

55–64 years, North West Leicestershire

"I have always found the facilities doing a great job. The people are all friendly and helpful."

75–84 years, Charnwood

"Excellent, caring and supportive gynae services at LGH."

55–64 years, Harborough



Women need clearer information, joined up support and services that reflect real life

Many women said they still do not know what support exists, where to go or how to access it. They wanted clearer communication, better signposting and more joined-up local support that takes account of work, caring responsibilities, disability, stigma, transport, language and confidence. These comments highlighted the importance of designing services around women's actual lives rather than expecting women to fit around fragmented systems.

You said:

"What strikes me most is how disconnected many women feel from the health services that are supposed to support us. There's a whole world of information, groups and resources in Leicester, Leicestershire and Rutland — yet they rarely reach the women who need them most. So many of us only find things by accident, or far too late. What I'd love to see is simple: clearer communication, earlier outreach and a system that understands the real barriers women face — fatigue, caring responsibilities, disability, stigma, fear, shame, burnout. If services recognised these realities, more women would actually get help before things spiral. There is so much potential here; it just needs to be connected to the people it's meant for."

45–54 years, Leicester

"Many things are happening but we do not have information or where to go and access the services."

55–64 years, Leicester

"I know nothing about any health and care services for women and girls across LLR. I don't have a clue how I would find this information."

45–54 years, Hinckley & Bosworth

"There is no continuity between GPs and specialists – my GP was not interested once I had been referred. I've seen 4 consultants and there is no co-ordination between them or with the GP on medications. We need more in the county – you often get referred out of LLR to Corby or Grantham but they don't have your records."

65– 74 years, Rutland

These findings show a consistent picture of women's experiences across Leicester, Leicestershire and Rutland. Women want a more joined up service that is responsive to their lives that is both accessible from professionals with a better understanding of women's health. Whilst there are positive experiences gathered the overall picture relates to ongoing barriers to access, communication and continuity of care.

The following section explores the topic-based surveys in more detail, providing a deeper insight into specific areas of women's health.



Topic based surveys

We received 428 responses to the topic-based surveys. Each survey has been summarised below, with key themes and selected quotes included.

Spotlight: Mental Health and Wellbeing

109 RESPONSES

This survey explored experiences of mental health and wellbeing support. The responses provided insights into experiences of accessing support, barriers to care, quality of services and areas for improvement.

1. Access to services

88 respondents had needed mental health or wellbeing support within the last two years, with only 44 women finding the support they needed. Those who managed to access support found this through a range of services including, GP practices, NHS talking therapies, community mental health teams, counsellors, charities and voluntary organisations. Friends and family also played an important role in supporting women. Those who found support, most commonly rated that support as 'excellent' or 'good'.

"Peace Of Green and Community cafes have been a life saver for me."

55-64 years, Charnwood

"Via work referral for other issue, expedited and then referred on."

55-64 years, North West Leicestershire

"I managed and struggled through. It was very difficult."

55-64 years, Rutland

"Struggled and felt my mental health got worse without the support I needed."

18 - 24 years, Charnwood

"In Melton Mowbray we are very lucky to have Pepper's - a safe place, to go to. So many different activities, friendly and caring volunteers and staff, and no judgement. Every town should have a Pepper's."

35-44 years, Melton

"However, many respondents reported that they were unable to access the support they needed, when they needed it, resulting in them turning to private therapy, relying on family and friends, or managing alone. Struggled on my own. Told by doctor to ring Talking Therapies. Apparently, they don't really help with grief. So where do I go now?"

55-64 years, Leicester

"Called to mental centre near me, but they didn't interpreters; Others Mind centre didn't contact with me; And last I asked my GP doctor help book appointment with specialist but only ignored."

35-44 years, Leicester



2. Barriers and challenges

Women identified a wide range of barriers to accessing support. The most commonly reported issues included long waiting lists, uncertainty about what services were available, concerns about affordability and previous negative experiences with mental health services.

Many women felt that support was difficult to access before reaching crisis point. Others described feeling dismissed, not listened to, or offered limited options that did not meet their needs.

“The waiting list for therapy on the NHS is too long and I personally feel a lot of people can’t afford private and shouldn’t have to wait for mental health support.”

35–44 years, Harborough

“Doctors not listening or not taking me seriously.”

65–74 years, Leicester

“Length of time I had to wait to access services, be assessed and when assessed I felt I was dismissed.”

55–64 years, Blaby

“There really isn’t a good mental health service in the Leicestershire – you only get seen if you are a risk to yourself or someone else which is too late. GPs too quick to give you medication which is no good if you want therapy as well as you are already on the drugs so not your real self.”

65–74 years, Charnwood

“Offered online AI service for depression/ anxiety. I didn’t find this very helpful.”

75–84 years old, Charnwood

3. What women would like to see improved

Women called for earlier intervention, shorter waiting times, greater availability, and more personalised support. They also want clearer information about available services, more local options and community-based services.

“There needs to be a more proactive mental health support where people feel listened to.”

35–44 years old, Leicester

“There should also be special support for people with autism, etc. Support should be tailored to the specific needs of the individual instead of having to follow a specific programme.”

35–44 years, Hinckley & Bosworth



Spotlight: Menstrual health and gynaecological conditions

75 RESPONSES

This survey explored women's experiences with menstrual health and gynaecological conditions, including diagnosis, access to treatment and support available. Respondents described a wide range of conditions, like fibroids, endometriosis, menopause and Polycystic ovary syndrome (PCOS). Experiences shared varied with some women experiencing compassionate care from professionals and others highlighting challenges related to diagnosis, waiting times and feeling listened to.

1. Diagnosis and access to care

28 women said they visited their GP one to three times before being diagnosed or referred to a specialist, suggesting that some women received a relatively timely diagnosis. However, 17 women reported visiting four to seven times, and a 7 respondents reported more appointments than this, indicating that lengthy journeys to diagnosis were also common.

The most commonly reported barriers to diagnosis were long waiting lists, not being taken seriously and delays in referral to specialist services.

“(Not) being given enough information about which referral pathway I was on.”

25 – 34 years, Leicester

“My GP admitted that they had little knowledge in this field but made an immediate referral to a specialist out of LLR for me.”

25 – 34 years, Blaby

“Had to pay privately for diagnosis and treatment.”

35–44 years, North West Leicestershire

“Gynaecology nurses very caring, helpful and compassionate but waiting times long and follow up delays.”

55–64 years, Leicester



2. Information, communication and understanding

13 respondents felt that information about gynaecological conditions remains limited within healthcare. Women described having to seek information independently, or relying on online sources to understand their condition and treatment options.

There was a strong call for clearer guidance about symptoms, diagnosis pathways, treatment choices, and long-term management. Respondents also highlighted the importance of better education for younger women so that they recognise symptoms.

“Clearer information and support when moving forwards with a condition that is relatively unknown.”

25 – 34 years, Blaby

“Information for teenage girls and young adults, early knowledge and information would be beneficial.”

35–44 years, Hinckley & Bosworth

“More transparency in all areas and not to feel ashamed. Free sanitary products for teenage girls at schools to be given out as needed.”

55–64 years, Leicester

“Being more open about gynaecological conditions helps women and girls seek help and talk about things they may be experiencing where they are unclear whether it’s ‘normal’.”

45–54 years, Charnwood

3. Feeling heard and receiving person centred care

A strong theme throughout the survey on menstruation and gynaecological conditions was the importance of being listened to and treated with empathy. Respondents emphasised that women’s symptoms and concerns are not taken as seriously as they should be, repeatedly being dismissed when expressing concerns.

“Often brushed off but depends entirely on individual doctors. All concerns should be taken seriously and investigated properly.”

55–64 years, North West Leicestershire

“Clear guidance (for doctors and

for public) on what is “normal” and what is “abnormal” – where normal doesn’t just mean “a large portion of women suffer with this therefore you are fine”. ”

35–44 years, Blaby

“Medical staff need to listen and stop labelling menopause/perimenopause symptoms as depression/anxiety.”

35–44 years, Harborough

“I think we do now have a lot more knowledge around specific issues that women struggle with – I know I do – but there is still a long way to go.”

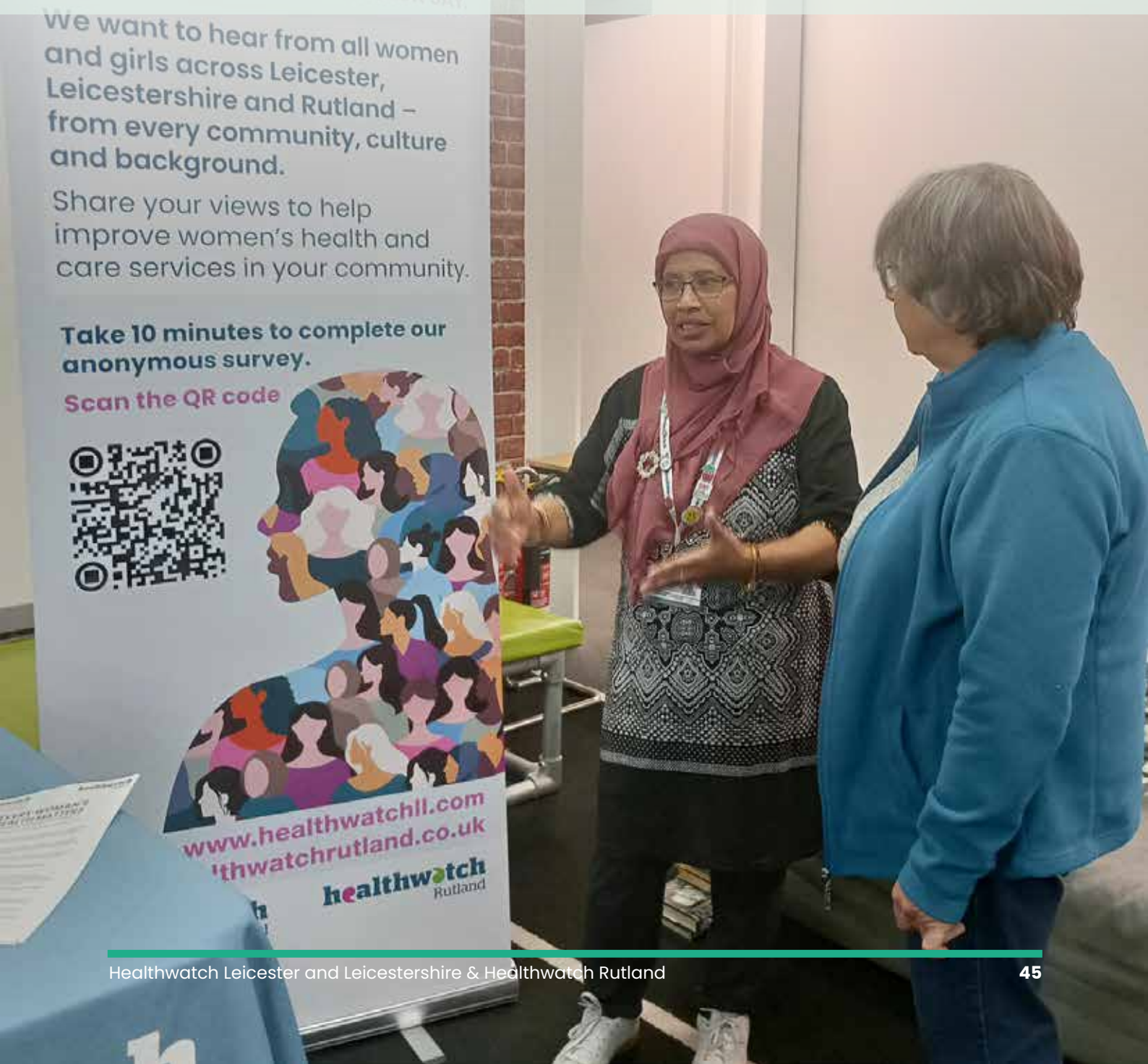
25 – 34 years, Unknown



4. What women would like to see improve

Women shared that their priorities for improving menstrual and gynaecological healthcare were faster access to specialists, shorter waiting times and greater continuity of care. They also wanted more healthcare professionals with stronger awareness of women's health conditions, so symptoms are recognised earlier and concerns are taken seriously.

Respondents highlighted the need for clearer, verified information that women and girls can access independently, including guidance on what may be considered normal, what may indicate a problem and when to seek further support. This was particularly important because uncertainty about symptoms and limited trusted information were recurring themes throughout the feedback.





Spotlight: Women's Cancers

36 RESPONSES

This survey explored women's experiences of cancer diagnosis, treatment and support across services. Responses were predominantly from women affected by breast cancer, with a smaller number with experiences of gynaecological cancers. Overall, respondents shared praise of their experiences with cancer care, particularly with diagnosis and compassionate staff. In contrast to several other topic areas, respondents generally described cancer pathways as timely, coordinated and compassionate, suggesting that there may be learning from cancer services that could inform wider women's health pathways.

1. Diagnosis and treatment

Women who had been diagnosed with cancer generally reported positive experiences with the diagnosis process. Many described being referred quickly following the identification of symptoms or routine screening, with treatment arranged promptly.

"I felt a lump contacted my GP who saw me that day & referred me to breast clinic. Clinic did u/sound mammogram and confirmed it a week later."

55-64 years, Oadby & Wigston

"It was quick and very well investigated."

65- 74 years, Hinckley & Bosworth

"I had an episode of post-menopausal bleeding & saw GP Practice nurse who made urgent referral to Gynaecology service. I was called for various investigations in the next couple of weeks & received diagnosis of endometrial cancer after 5 weeks, 4 weeks after that I had a full hysterectomy at LGH. Having all the tests in rapid succession was a bit of a whirlwind. For me personally it was better that everything flowed from one step to the next very quickly so that the wait for diagnosis was not too long."

55-64 years, Harborough



2. Information and support

Women shared that they received information about their diagnosis from hospital consultants/staff, cancer nurse specialists and Macmillan nurses. This information was on a range of topics, from managing illness, where to get support and specific information on their illness. From those who shared that they received information, all reported that it was easy to understand. Additionally, all felt 'completely' or 'fairly' involved in the process and decision making about their care.

"Everyone was compassionate-informative and understanding."

75-84 years, Oadby & Wigston

"Once the diagnosis was confirmed there wasn't much of a decision-making process as the treatment option was straight forward for me."

55-64 years, Harborough

"I needed the operation but was completely involved in whether to have chemotherapy and radiotherapy."

65- 74 years, Hinckley & Bosworth

"Following a lumpectomy I was seen by the oncologist at the LRI to discuss radiotherapy treatment and was told there was a six to nine month waiting list for treatment. I was later told by a friend that I could ask for a referral out of area. However by this time I had arranged for private treatment. It seems that the LRI is the only centre in Leicestershire with a radiotherapy unit. I think this is unacceptable."

75-84 years, Charnwood

3. What works well in cancer services

Women highlighted the speed of referrals, quality of specialist services and compassion from healthcare professionals, in particular at Glenfield Hospital.

"The breast care centre is amazing and supported me through my breast cancer. It was wonderful to have female surgeons and gave me reassurance. I didn't know until someone told me years later that you can have a free bra fitting and prosthesis! this is the only failing."

55-64 years, Blaby

"I think the fast 2 week wait cancer pathways are good as people get worried and 2 weeks can feel like forever. Some services have 1 stop shop...test and diagnosis like breast cancer. That works very well and is reassuring for the patients. If not already, replication in other services would be good."

45-54 years, Charnwood

"Flexibility in planning radiotherapy appointment schedule around work commitments."

55-64 years, Charnwood



4. What women would like to see improve

A common theme was the challenge of adjusting once treatment had ended. While many women felt well supported during diagnosis and treatment, several noticed a reduction in support once they were discharged.

"We also need follow up support after your cancer has been treated as it feels like a whirlwind of treatments and support then suddenly it stops and you are just expected to go back to your life. After cancer you are changed and nobody else can understand this. Also, long term issues due to the effects of treatments but you have to go to your GP as you don't know if it's related and then be referred again."

55-64 years, Blaby

"After care - seen once by consultant after mastectomy - had seroma drained several times - told it will settle in time - would have been reassuring to have been seen to check if seroma had settled enough."

65- 74 years, North West Leicestershire

Women would like to see improved access to follow up support, better mental health provision and more joined up care between physical and psychological services. Some women also identified issues with appointment delays, staffing pressures and parking costs.

"Mental health support must be offered to everyone diagnosed with cancer. Make the referral straight away, don't wait for the patient to realise that they did need the extra support."

35-44 years, Hinckley & Bosworth

"In my experience there seems to be a lack of follow up support. Also there needs to be more radiotherapy units available in Leicester and Leicestershire for all cancer treatments."

75-84 years, Charnwood

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Spotlight: Menopause

78 RESPONSES

This survey asked women their experiences of menopause, including accessing healthcare, finding information and support and the impact of it on their daily life. Experiences varied, with common themes emerging around access to services, gaps in information and the need for greater awareness and understanding.

1. Access to healthcare and menopause support

18 women felt they were 'always' or 'often' supported by healthcare professionals regarding menopause. Women shared that professionals would explain treatment options clearly and helped them access appropriate support.

"I had a great experience from a GP, who agreed I was peri and gave me HRT. Then a GP I had never seen talked to said NO as HRT cannot be given to women under 45!!! And I am too young for the Menopause. This is incorrect information."

Under 40 years, Rutland

"Very lucky to have a GP who was willing to listen and do extra research when the HRT regimen I was in didn't quite suit."

51 – 55 years, Blaby

"The doctor explained the options very clearly."

56 – 60 years, Charnwood

However, 39 women said they only 'sometimes' or 'rarely' felt supported, and 7 women said they had 'never'

felt supported. Negative responses described difficulty getting timely appointments, inconsistent advice and experiences of having symptoms dismissed or not taken seriously.

"I got told to look at a menopause website and another says, 'its life'. I'm now post menopause. We only allow to have a 5-minute appointment (for one problem only) that won't cover ALL the symptoms I'm dealing with and I need more information about the cancer risk on taking HRT and will this help with all my symptom's? Plus, if my symptoms are not menopause that actually could be something far more serious."

56 – 60 years, Blaby

"Not been referred to any specific help, just given tablets to 'solve' symptoms."

51 – 55 years, Charnwood

"Sometimes due to early pre menopause doctors not necessarily take you serious."

40 – 45 years, Leicester



2. Information, awareness and understanding

22 women reported low confidence in recognising menopause symptoms, particularly during perimenopause, and described difficulty knowing when to seek support.

Respondents highlighted that symptoms can be wide-ranging and often differ significantly between individuals. A significant number of women said they had received little information on menopause symptoms and instead relied on online resources, books, social media, friends, or private consultations. Women called for information to be available earlier in life, through schools, healthcare settings and community services.

"I think education needs to start much sooner, i.e. taught in school along with sex education in PSHE."

46 – 50 years, North West Leicestershire

"I am a member of the public who also happens to be a healthcare professional. I have had to do most of the research about menopause myself and this last chapter has been incredibly frustrating. If I did not understand a bit about the human body, as well as how the NHS works, I would have been totally lost and would probably have given up by now."

61 – 64 years, Leicester

"I haven't been given any info by my doctors, I have researched myself."

51 – 55 years, Charnwood

"Paid for private consultation."

61 – 64 years, North West Leicestershire

3. Impact on work and daily life

Menopause had a significant impact on many women's working lives and daily routines. Respondents described challenges including fatigue, insomnia, anxiety, hot flushes, joint pain and brain fog, which affected day-to-day life.

Many felt there was still limited understanding of menopause in the workplace, again calling for better awareness and training.

"Women who are suffering with severe symptoms of the menopause which impacts on their daily life should be allowed reasonable adjustments at work for as long as they need them and it should be recognised as a debilitating transitional period in a woman's life."

51 – 55 years, Hinckley & Bosworth

"It needs to be understood that some women struggle badly with insomnia, hot flushes, brain fog, anxiety etc. Many men and younger women just don't understand and have no sympathy."

56 – 60 years, Hinckley & Bosworth

"Workplace is not the problem! It's NHS and GP that need to allow women to get expert advice who are trained in menopause field."

56 – 60 years, Blaby

"More open accessible workshops with both men and women to raise the profile and understanding of menopause."

56 – 60 years, Leicester





4. Community support and reducing stigma

Women expressed strong support for local menopause services, peer support groups and opportunities to share experiences with others going through similar challenges. Suggestions were made for menopause cafes, community groups, drop-in clinics and sessions led by healthcare professionals in the community.

“Local support meetings with access to a menopause professional and to learn about your rights going through menopause and working.”

46 – 50 years, Charnwood

“We should have a menopause clinic in Leicester/shire that is accessible without having to be referred by a GP.”

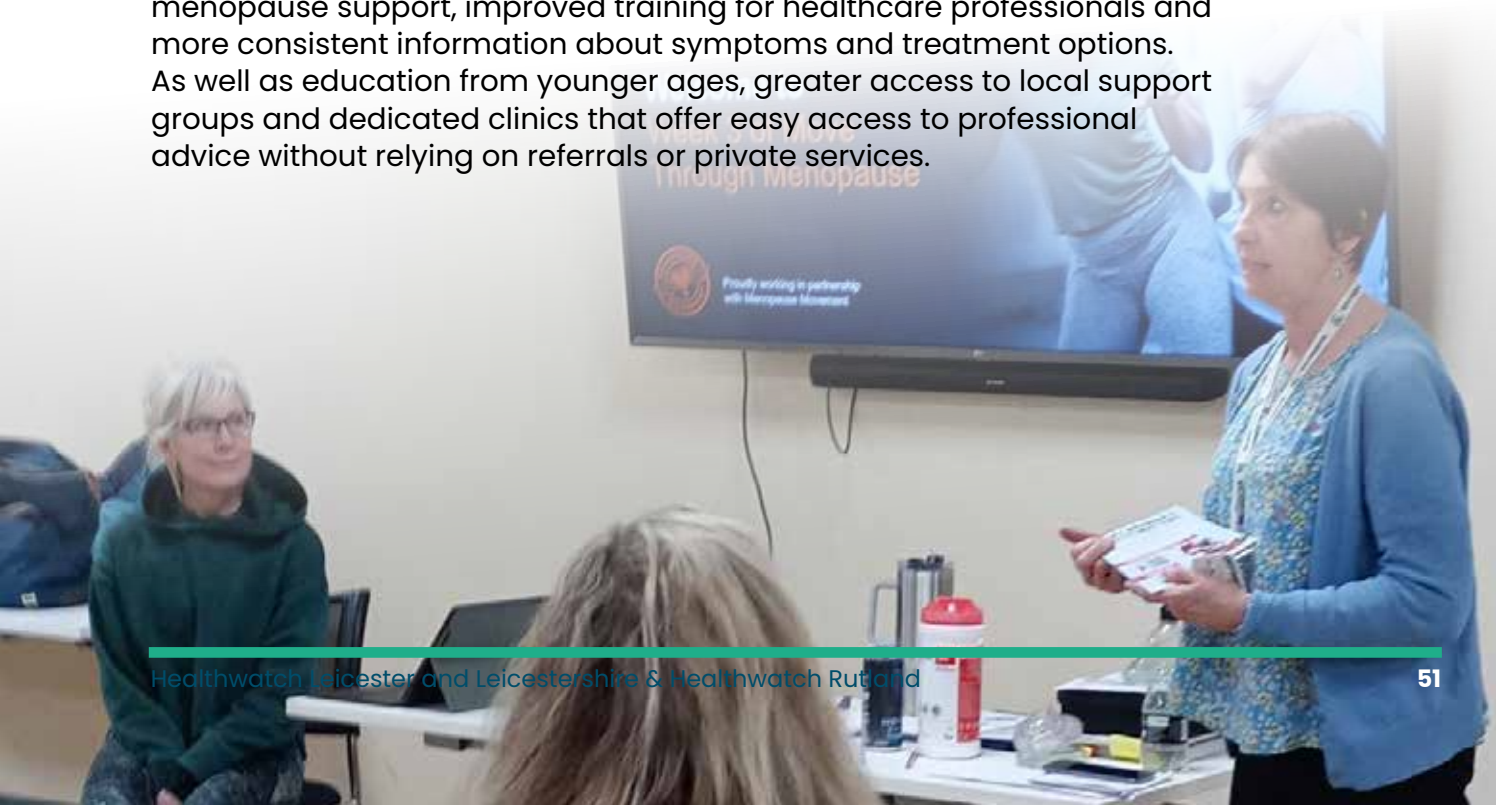
61 – 64 years, Leicester

“Support groups either in the community or workplace would help women feel less alone and encourage a frank and honest discussion. There is still too much of a taboo around discussing menopause and its symptoms and too much disinformation. Women need to understand that symptoms may be with them for life and that the risk factors around some life changing/threatening conditions need to be known and understood. Support groups would also enable women to come together and make real change to the attitudes of society.”

61 – 64 years, Leicester

5. What women want to see improve

Improvements for women would look like better access to specialist menopause support, improved training for healthcare professionals and more consistent information about symptoms and treatment options. As well as education from younger ages, greater access to local support groups and dedicated clinics that offer easy access to professional advice without relying on referrals or private services.





Spotlight: Pregnancy loss and postnatal support

14 RESPONSES

This survey asked women to share their experiences of pregnancy loss and the support they received from health services. While up to 4 respondents felt they had received compassionate care and positive experiences, up to 7 women highlighted gaps in communication, emotional support and continuity of care.

1. Communication, information and compassionate care

6 women said the support they received during or after pregnancy loss was 'poor' or 'very poor', with just 2 women describing a positive experience. Recurring themes included poor communication, lack of compassion and limited continuity or coordination between services.

"No joined up links between services. After my miscarriage I had to request cancellation of my scans and midwife appointments. My midwife did not know I had miscarried and phoned me expecting me to attend appointments. However, support at the hospital was excellent and staff were very sympathetic."

35 - 44 years, Leicester

"The support during was excellent. There was no support available afterwards."

35 - 44 years, Leicester

"My GP scanned me and confirmed the loss yet didn't refer me to gynae or maternity, I got seen by going to sexual health drop in when the baby did not come out naturally. I was admitted to hospital, I was asked by a midwife 'why are you upset'? Really! Probably the least compassion I have experienced from a NHS service ever. Nothing was explained to me they would not refer to the (12 weeks) foetus as a baby, kept repeating the phrase 'products of conception', very cold and lacking in compassion. Also, there was no information about how the foetus would be handled after the loss I did not know it just went in a bin and it was not old enough for the service at the crematorium."

45+ years, Leicester

2. Emotional and mental health support

8 women felt that emotional support was inconsistent or unavailable following pregnancy loss. Some described receiving compassionate care from individual professionals, while others felt there was little support once the immediate medical care had ended. Most women said they only 'sometimes' or 'rarely' felt emotionally supported by professionals. Women also said their concerns were only 'sometimes' or 'rarely' taken seriously, and the majority were not aware of, or offered, mental health support during or after pregnancy.

"When I experienced PROM at 19 weeks' gestation I was told to 'go home and let nature take its course.' What the heck? There is a lack of information and an absence of compassion. This is LRI, I do not know what the other hospitals are like although when I was at the desk for a scan due to needing a termination, at the General, the person speaking to me said 'when's the baby due?'. Having someone say that to me just made a terrible situation worse. People should be spoken to differently depending on when they are having a wanted happy pregnancy, a termination or a loss."

45+ years, Leicester

"With my first pregnancy loss I was told I hadn't been pregnant at all and I was just having a very late heavy period. It then seemed like the staff thought I should be relieved that I wasn't losing a baby. Whatever the facts of my pregnancy were, emotionally

I was invested in a pregnancy and was just sent home without any acknowledgment of how the news was impacting me, or an explanation of what might actually be happening other than "because you used a cheap non-branded pregnancy test it must have been a false positive". I subsequently went home and passed a significant amount of tissue which I believe was a very early failed pregnancy."

35 – 44 years, Harborough

"Nobody was unkind or did anything negative, but I don't recall any incidents of notable compassion or care."

35 – 44 years, Harborough

"Having had three miscarriages, I experienced extreme anxiety and PTSD during my pregnancy with my daughter in 2023-24 (my fourth pregnancy). I was under the care of the mint team and they were fantastic. My daughter was born and my mental health recovered. Last year I became pregnant again. I requested the mint support again at my booking in appointment and was told I wasn't eligible as it was for existing conditions that were 'medicated'. This simply wasn't accurate. My mental health problems were circumstantial so could not fit this description. I went on to experience a fourth miscarriage anyway so the support was never needed."

35 – 44 years, Leicester



"I experienced a missed miscarriage so I knew my baby had died but technically hadn't miscarried so had over a week in limbo with my heartache. I wasn't equipped to deal with it, or how to tell people so went to work and tried to pretend everything was normal. When I returned to the Drs they said I'd had an elective abortion but this is such awful and impactful language used to describe the tablet taken to induce the miscarriage of my already dead but much longed for foetus."

35 – 44 years, Charnwood

"I think I would have benefited with more medical support in terms of diagnosing what the causes are and care in terms of how to manage with endometriosis as I was diagnosed but never cared for it."

25 – 34 years, Hinckley & Bosworth

"Lack of support from GPs which isn't helpful as they're the ones who need to refer you to specialists."

25 – 34 years, Hinckley & Bosworth

People also shared the services and organisations that they found helpful:

"Mint team at Mary's birth centre in Melton after my successful pregnancy as not having to go home immediately really helped with my anxiety."

35 – 44 years, Leicester

"Jakin counselling services were **INVALUABLE** in processing my grief from my first pregnancy loss, and then the traumas associated with my pregnancy with my second child."

35 – 44 years, Harborough

"EPAU have always been helpful. If you ever give them a call, they're happy to help and give advice. Tommys are helpful too."

25 – 34 years, Hinckley & Bosworth

"Perinatal mental health team."

35 – 44 years, Melton



Spotlight: Sexual Health

13 RESPONSES

This survey explored women's experiences accessing sexual health services, information and support and how services can be improved. Women highlighted generally positive experiences of care, while also identifying opportunities to improve awareness, accessibility and the range of support.

1. Quality of care and service experiences

Women who had accessed sexual health services were largely positive about the care they received, with the majority describing them as 'excellent' or 'good'. Respondents valued services that were easy to access, efficient and were delivered by friendly, supportive staff. Pharmacies and online services were frequently mentioned as convenient ways to access contraception and testing.

"GP surgery suggested that it would be quicker and easier to get oral contraceptive from a pharmacy. Enderby doesn't offer this. Narborough does but the pharmacist didn't know how to organise it. Eventually went to ASDA Fosse Park and the Pharmacist was fantastic. Great communication and remembered me 6 months later. I would now always use ASDA Fosse Park for this but had I not been tenacious in trying to find a pharmacy who could do it the path of least resistance would have been the GPs."

45-54 years, Blaby

"It was a really welcoming and comfortable environment. I was worrying about being judged but I shouldn't have been, there was

great empathy and compassion from all staff present, as I suppose why would they be in that role, I was put well at ease by the nurse who took my bloods. Also the receptionist was calm and approachable without being intrusive."

35-44 years, Leicester City

2. Information and available support

5 women stated that they haven't experienced difficulty in accessing sexual health services, with 2 women having faced some difficulties. The gaps in information or support that were identified included limited information to specific groups, including the LGBTQ+ community, as well as information that is promoted more widely through websites, printed materials and community settings.

"Accessible, in-depth info on LGBTQ+ sexual health, especially in rural areas, is lacking. Also, finding unbiased, youth-friendly resources on emergency contraception can be tough."

35-44 years, Leicester



3. Confidence in discussing sexual health

Women's confidence in talking about sexual health varied. While 6 women felt comfortable discussing concerns with health professionals, others said this depended on the individual practitioner and the environment this was delivered.

There was an emphasis on the compassion felt in conversations and the preference to speak with female healthcare professionals about sensitive issues.

"Would prefer to talk about it to a female health care professional rather than a man."

55-64 years, Leicester

"If they have a compassionate calming approach, then it relaxes me, and I don't feel judged, no matter the scenario. Not that it should matter but I was told the information, unless needed to wouldn't be or isn't shared with my GP, it's a totally different part of the systems, which relaxed me further, though if needs be I have felt able to discuss my sexual health with my Surgery's Drs and nurses and only once received a negative response."

35-44 years, Leicester

4. What women want to see improve

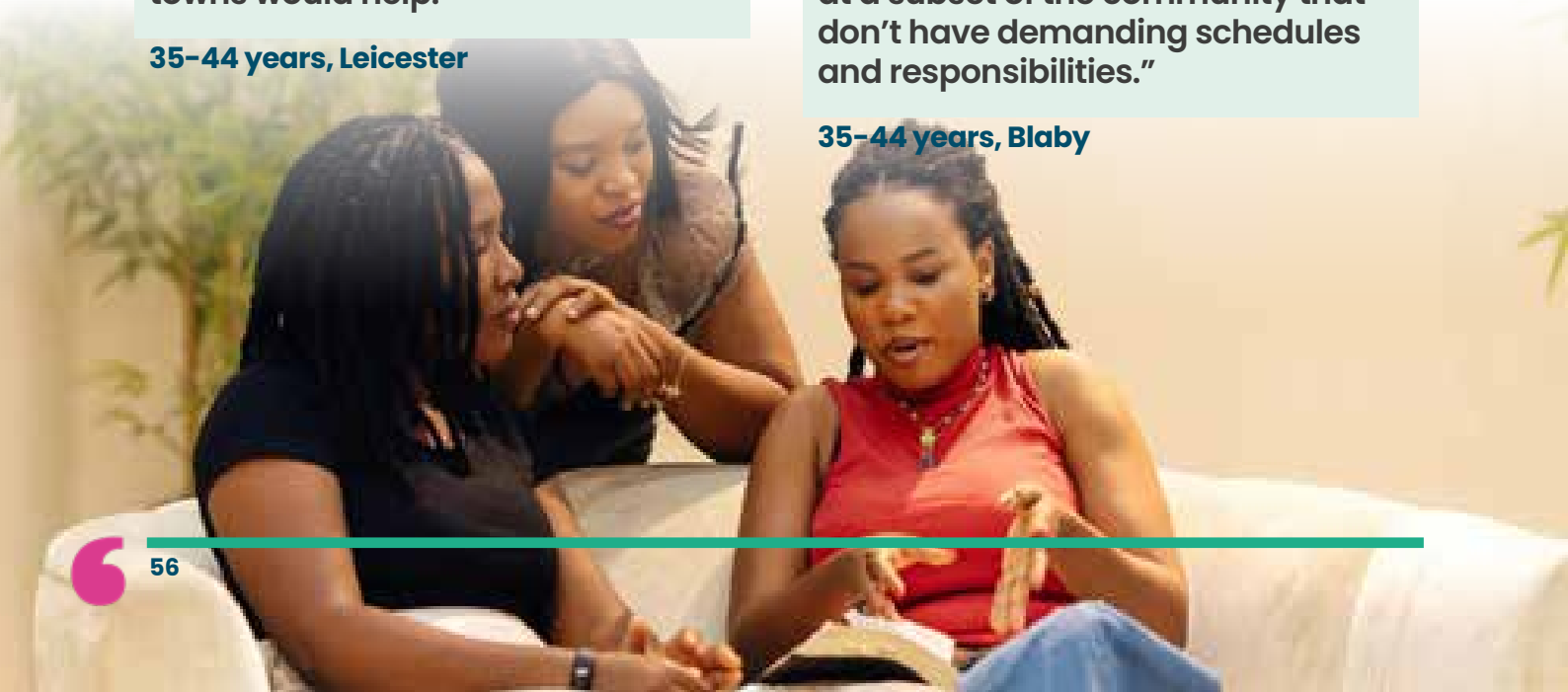
Women identified several ways in which services could be strengthened. There was strong support for increasing the availability of sexual health information and support in schools, colleges, GP practices and pharmacies. Women also called for services to be more flexible in order to increase accessibility for people balancing work and family responsibilities or living in rural areas.

"In these areas, sexual health services need more evening slots for working people. Also, easier access to free STI test kits in rural towns would help."

35-44 years, Leicester

"I think access to sexual health support is not normalised enough and clinics often don't have specific appointments. It's like it's targeted at a subset of the community that don't have demanding schedules and responsibilities."

35-44 years, Blaby





Spotlight: Termination of Pregnancy

10 RESPONSES

This survey explored women's experiences of accessing abortion care, finding information, support and attitudes towards abortion services. While experiences varied, several common themes emerged around access, emotional support and ongoing stigma.

1. Access to care

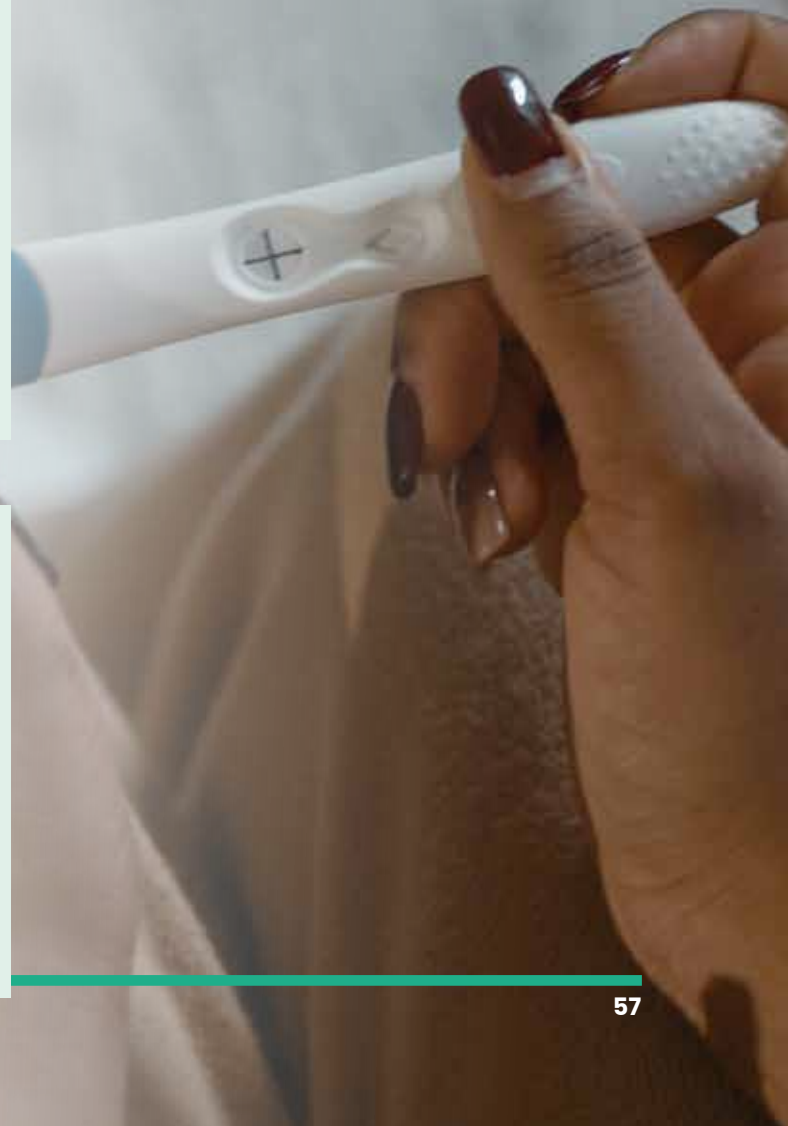
Many women described access to abortion services as straightforward and timely. However, some shared difficulties with long waiting times and being referred to services outside LLR, which created additional stress and inconvenience. Others highlighted challenges accessing follow-up care after their procedure, particularly for ongoing pain or complications.

"I was given appointments in out of area due to alleged lengthy wait for Leicester, which was an inconvenience for me, especially as my initial appointment was in West Bridgeford, I then needed an emergency follow up appointment which was in Walsall and then my abortion was in Nottingham. There needs to be a lot more in county support for Leicestershire."

18 – 24 years, Charnwood

"I had constant pain and bleeding since having an abortion. The pain was so unbearable I couldn't work when I was on my period. Took months of me continuously going to the GP with them just prescribing me with the pill. I then finally got a scan booked in for them to find the reason for me bleeding and in pain and have now been waiting 8 months to see the gynaecologist (still unbearable pain every month)."

18 – 24 years, Oadby & Wigston





2. Information and emotional support

Most women felt able to find information about abortion care, although some said they had to search online themselves or only received information once attending a clinic. Respondents highlighted the importance of clear, accessible information being available online, in GP practices, education settings and urgent care services.

Emotional support was identified as a significant gap. Some women were unaware of ongoing support services, while others felt the support they received lacked compassion or understanding.

"I was given a number and was told that I can access support whenever after my abortion, however I feel like since it has been nearly 2 years it is silly to be struggling still."

18 – 24 years, Charnwood

"No emotional support at all. Was told to speak to a counsellor before being prescribed but they were not supportive, were very blunt about my worries and basically said 'you have to live with it.'"

35–44 years, Harborough

3. Stigma and what women want to see improve

Women consistently described abortion as something that still carries significant social stigma, making it difficult to speak openly about their experiences or seek support. Respondents called for abortion care to be more normalised, alongside greater choice, understanding and access to face-to-face care when needed.

"It still feels like a dirty secret and people would have very strong opinions about it."

Over 45 years, North West Leicestershire

"Abortions would be normalised, accepted and appreciated."

16–17 years, Leicester



Spotlight: Violence against women and girls

23 RESPONSES

This survey explored women's experiences of violence, abuse and harassment and their views on the availability of support services. Responses highlighted the significant impact that violence can have on women's lives, alongside concerns about barriers to accessing support, a lack of awareness of available services and the need for stronger action to prevent abuse and hold perpetrators accountable.

1. Accessing support after abuse and violence

12 respondents said that they, or someone they know, had accessed support services after experiencing abuse, harassment or violence. The most commonly accessed services are Women's Aid, Living Without Abuse (LWA) and the police. Experiences of the support received varied considerably, with some women describing interventions that helped them to recover from trauma and improve their safety.

"The lady who I was assigned to was excellent. She was able to direct the discussions to get into exactly what had happened and why. She was able to stop me having the flashbacks and nightmares and I now have stopped blaming myself for the abuse that I was subjected to. I couldn't believe how quickly she could turn my life around after such traumatic experiences.... I can only praise FREEVA for the work that they do and that they shouldn't have to rely on fundraisers to get the basic toiletries etc that they need in their safe house. They are literally saving lives with the work that they do."

65- 74 years, Charnwood

"Zinthiya Trust are the only domestic abuse team I would hand on heart say do not work for profit. They go above and beyond."

35-44 years, Melton

"I supported a client who had experienced sexual assault. The support provided by the SARC was exceptional."

35-44 years, Harborough

However, others shared that support was inconsistent, difficult to access, or did not fully meet their needs, particularly when dealing with ongoing abuse.





2. Gaps in local support provision

Amongst respondents, there is a strong belief that existing support is insufficient. Almost all women said they do not believe there is enough support available locally for women and girls affected by violence.

“Some of people don’t take you and your concerns seriously. Some of them intentionally or unintentionally do or say the things can make victims unheard sad. They can some time gaslight us. Don’t provide enough care and support we need. Emotional support and emotional connection is missing.”

25 – 34 years, Leicester

“Some time I feel unheard and neglected by some of people who even claim that they are there for our help. There is lack of awareness that what support and work we supposed to expect from these kind of organisations. Awareness is the key which can make us confident is missing in my opinion. Organisations work needs to be monitored so that they can provide and improve their work so that my kind of people can get right kind of support without any negligence.”

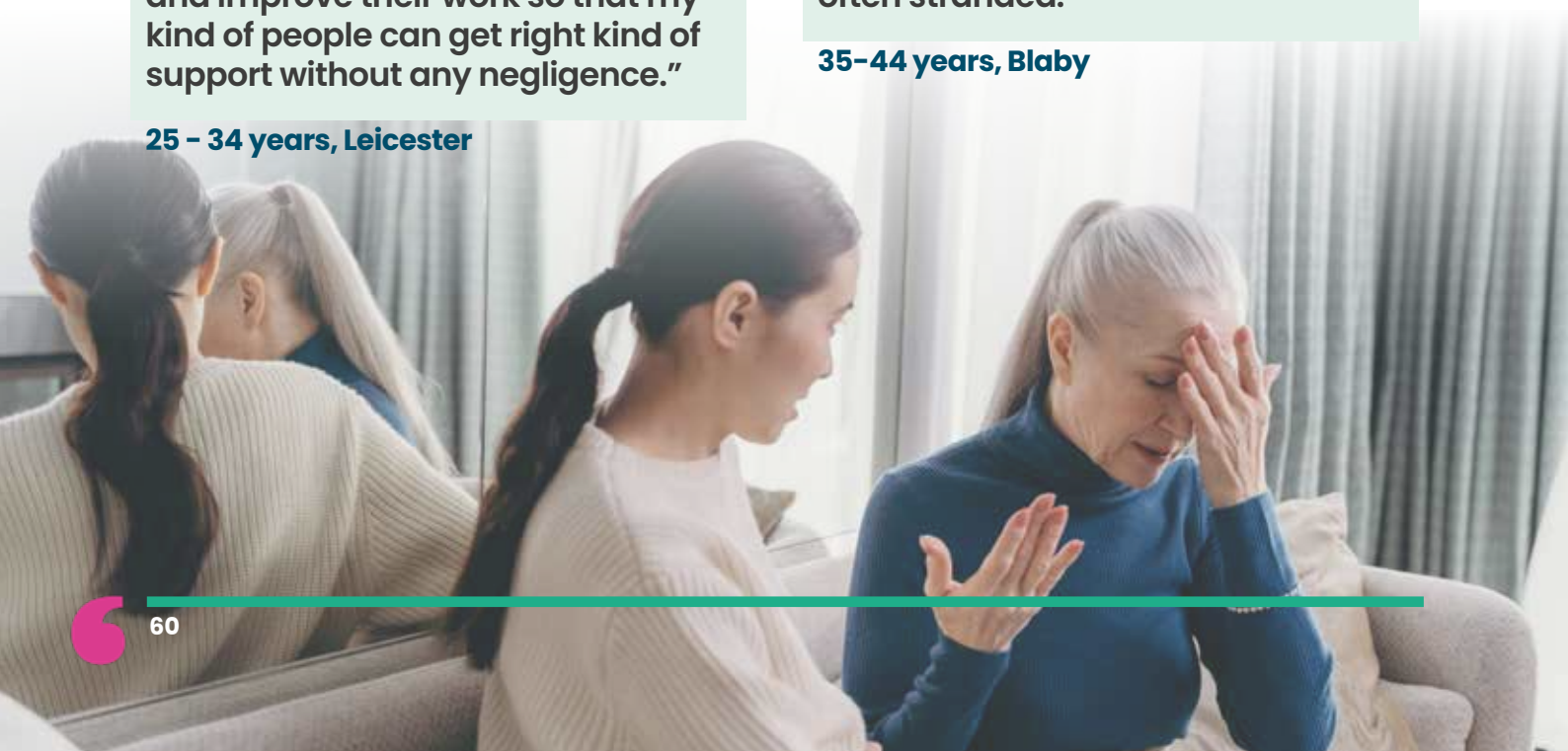
25 – 34 years, Leicester

“FREEVA should have a secure funding stream because the work they do is so important and to such a high standard. When I was seeing my lady she was worried about whether the service was going to be funded for another period of time. It really is another emergency service which is essential.”

65– 74 years, Charnwood

“County coverage is even worse for accessing support. whilst the city has poor services, they are more concentrated in one area making going from place to place looking for support easier, potential walkable between local authority offices and charities, the county is extremely isolating for anyone looking for support, if they can get away and get to a place when that place turns them away, they are often stranded.”

35–44 years, Blaby





3. Prevention, education and accountability

Many respondents emphasised the importance of preventing violence before it occurs, through more education for men and boys. Respondents also shared that there is a lack of accountability for perpetrators, calling for stronger consequences and more effective enforcement.

"Better training for police and social care for first response and trauma-led training for schools and other professionals. a shift in focus from "protecting" (directing what they need and when) young adult females to supporting them and empowering them. There are specialist police officers but too few of them are trained and often it's not the specialist officers that are first responders. I've felt first hand some of the lingering legacy views of domestic abuse and rape victims."

35-44 years, Blaby

"Men need to be educated."

55-64 years, Oadby & Wigston

"There needs to be actual convictions for domestic violence and actual consequences."

25 - 34 years, Oadby & Wigston

"More support for women and girls around the impact of violence and abuse. Also education to men and boys about what is acceptable and abusive behaviour towards women and girls."

55-64 years, Charnwood

4. What women would like to see improve

Respondents identified priorities for improving responses to violence against women and girls. These included increased funding/capacity for specialist support services, shorter waiting times, better awareness of available support and accessible information.





Spotlight: Healthy ageing and long-term conditions

70 RESPONSES

This survey explored women's experiences of ageing well and managing long-term health conditions, which included access to healthcare, information, community support and preventative services. Women highlighted a need for more personalised support, better access to services and greater recognition of women's health needs in later life.

1. Access to healthcare and ongoing support

54 women shared that healthcare providers only 'sometimes' or 'rarely' understand and address their needs as they age. They shared their experiences and challenges accessing healthcare and support, which included difficulties securing GP appointments, long waiting times for referrals and lack of continuity of care.

Many women felt they were left to manage conditions themselves, with limited follow-up or proactive support from services. The need for more holistic approaches to care were shared, which would look like regular health reviews, better monitoring of long-term conditions and opportunities to discuss overall health rather than individual issues.

"Being able to book a GP appointment in advance and with a regular GP. Support around managing falls risk. Regular routine reviews of mobility and physical health care. A routine appointment which can look at my health holistically not just dealing with one complaint at a time."

55-64 years, Harborough

"After a diagnosis of high blood pressure, I received no guidance or discussion on weight management, exercise or alcohol consumption and how these might affect blood pressure and cause other future problems."

55-64 years, Melton

"It would be great to discuss ageing and how it affects heart health and how I could improve with lifestyle changes. There is something for diabetes but nothing for menopause and other women's issues."

55-64 years, Leicester

"I can't book a routine GP appointment to discuss women's health issues on a day and at a time when I can have the support needed to attend. The booking system seems to operate just for booking urgent health issues."

55-64 years, Harborough



2. Information, advice and navigating services

38 women shared that they had experienced barriers to accessing services or staying healthy as they age. A common theme was a lack of awareness about available services and support. Many women said they did not know what's available locally, how to access support groups and where to go for advice about managing long-term conditions. There is a demand for clearer information, signposting and access.

There is also a need for personalised information, that recognised work commitments and personal life.

"Personalised rather than general advice; eat healthy and exercise!! You don't know what my struggles are."

45–54 years, Leicester

"Practical advice that recognises that there are other factors (working full-time, carer responsibilities) to take into consideration, not just repeating the same common place information. Worse still redirection to a website that has the same said common place information."

55–64 years, Leicester

"How to maintain bone density, appropriate exercise, hormones in later life, eye problems, problems older people might encounter and preventative measures. A well woman clinic totally focused on older women's health."

55–64 years, Melton

Experiences of accessing community services and groups were mixed, with some women sharing positive experiences with groups and services that helped them remain active and social.

"As soon as I had a vertebral fracture with osteopenia (not even osteoporosis!), I joined the Royal Osteoporosis Society and became a member on their national committee of members and volunteers; even now, I am a Lead Volunteer Advocate for them and help the Leicester(shire) Osteoporosis Support Group organise events etc. This has allowed me to make lots of new friends. I also joined my surgery's PPG 2 years' ago so that I could learn & understand more about how the health service works together (or not). I have found this really interesting too."

65–74 years, Blaby

"I get a lot of help from Asthma and Lung UK. They have a lot of support groups – I doubt my doctor even knows about them I tell them about what they provide if I have the opportunity."

85+ years, Harborough



3. Women's health in later life

Half of the respondents felt that women's health concerns in later life are not taken seriously enough by health and care systems. Those that shared experiences said that they felt overlooked and invisible as they grew older. Respondents highlighted concerns that issues such as menopause and osteoporosis, that affect older women, receive insufficient attention, information and support.

"It took me 25 years to get a diagnosis for one long-term condition (a range of hypotensive syndromes); they had a clear link to my monthly cycle, and then went completely haywire when I was peri-menopausal; it took an exceptional consultant to take this seriously, and to discover that hormonal therapy could work (it has revolutionised my life, but why did it have to take 25 years of a debilitating condition before an effective treatment could be found?!). Also, ME/CFS predominantly affects women, who make up 75% of this patient population. ME/CFS is simply not taken seriously enough, as we have no appropriate specialist provision locally, which can mean patients deteriorating rapidly as they try to "push through" their symptoms instead of appropriate management under clinical supervision."

65–74 years, Leicester

"One becomes 'invisible' if menstruation, pregnancy, menopause advice etc are not needed and yet preventative healthcare in this age group could be the most beneficial to future health plus reduce costs to the NHS around falls, cardi problems, bone density and cancers."

55–64 years, Melton

[Do you feel that women's health concerns, especially in later life, are taken seriously enough by the health and care system?] "Yes, by the health and care system to a degree but now in the workplace or in real life."

45–54 years, Charnwood





Additionally, a high proportion of women felt dismissed, judged or not believed when seeking care.

"By my male doctor when I was perimenopausal but had broken ribs at netball and was just expected to 'carry on as normal' as they never x-ray for broken ribs. No-one even considered at that point, that I might benefit from some bone drugs. I appear to have a genetic weakness in my family from my dad's side - as once I was given a bisphosphonate - I realised that this was the weekly tablet that my dad used to take!!"

65-74 years, Blaby

"I have had professional consultants treat me with a disrespectful attitude and not accepting that I've been referred to them by other professionals. They talk to me like I'm wasting their time."

55-64 years, Leicester

4. What women would like to see improve

Women identified several priorities for improving support, including easier GP access, more regular health reviews and better communication. Additionally, information about local services and stronger signposting to community groups and specialist organisations.





Focus Groups

In addition to the surveys, we held focus groups to hear directly from women about their experiences. We spoke with women from ethnic minority groups, rural communities, women who had experienced violence or domestic abuse, the Polish community and the Me, Myself and Menopause group. Women who attended the sessions had either completed the main survey or contributed collective feedback. We have summarised key findings from these discussions below.

Braunstone Civic Centre

40 women attended the Braunstone Civic Centre focus group and shared mixed experiences of accessing health and care services. While many women spoke positively about individual staff, pharmacies and some GP practices, the main concerns raised were difficulties accessing appointments, poor communication and not feeling listened to.

A key message from the discussion was that women want healthcare professionals to listen carefully and take their concerns seriously. Many participants felt symptoms were too quickly grouped as being related to age, weight or menopause, and some said they had turned to private healthcare after struggling to get support through NHS services.

Women also highlighted the importance of being able to discuss more than one issue during appointments, especially where symptoms may be connected. Participants wanted more proactive and joined-up care, particularly for symptoms or conditions that overlap such as menopause, mental health, osteoporosis, PMDD, PCOS and other long-term women's health conditions.

Women also spoke about the value of community support, peer groups and accessible local services. Participants welcomed examples of good practice, including supportive clinicians, text reminders, menopause groups and pharmacies checking in with patients after treatment. Many felt there should be more community-based support for women, including drop-ins, wellbeing groups and opportunities to receive information and advice in trusted local settings.





Five key priorities

1



Women want to be listened to and taken seriously

Participants said they want healthcare professionals to recognise and investigate symptoms rather than dismissing concerns because of age, weight or menopause.

2



Improve access to GP appointments and reduce barriers to care

Women highlighted the need for easier appointment booking, more same-day and face-to-face appointments and alternatives to online-only systems.

3



Provide more holistic and proactive care for women's health

Participants wanted better support for menopause, mental health, PMDD, PCOS, osteoporosis and other long-term conditions, including regular follow-up and clearer information.

4



Improve communication and coordination between services

Women said services should communicate more clearly and consistently, reducing the need for patients to repeatedly chase results, referrals and appointments.

5



Increase community-based and inclusive support for women

Participants called for more local drop-ins, peer support groups, culturally sensitive services and accessible information for women from different communities and backgrounds.





Domestic Abuse Prevention Services

This was an invitation only event and 16 women attended. We invited the women to speak openly about their experiences of local services. Women said they looked for help from many different places, including GPs, the police, schools, community organisations, job centres and domestic abuse support services.

Positive experiences usually involved quick responses, clear information, regular follow-up, good interpreting support and practical help. Women spoke positively about specialist support workers, midwives, homelessness staff and some police responses when they felt listened to, believed and helped to take the next steps safely.

Women also described problems with inconsistent support, poor follow-up, unsafe information sharing, unsuitable temporary accommodation, unclear entitlements and a lack of trauma-informed practice.

They said that housing, immigration status, money, work and contact with children all affected their recovery and sense of safety. Overall, participants said that respectful treatment, experienced staff, accurate information, access to interpreters, and timely mental health, counselling and support for children were the most important parts of a good response.

Five priorities for service improvement

1. Make sure services are trauma-informed and person-centred, with women treated with dignity, respect and confidentiality. Offer appropriate health checks and follow-up for the long-term physical and emotional impacts of abuse.
2. Improve consistency across services, with better follow-up, clearer communication, safer information sharing and clearer timescales.
3. Improve access to practical support, including safe housing, money and benefits advice, employment support, immigration and legal advice, and help to collect essential belongings.
4. Increase access to counselling, mental health support and trauma support for women and children, including children with additional needs.
5. Give women clearer information about their rights, what support is available, and how to get good interpreting and translated information when needed.



Me, myself and menopause

We delivered a focus group online with the Me, Myself and Menopause group. Women described mixed experiences of getting support for menopause. Many said they did not feel listened to or taken seriously at first, especially if they were younger, had surgical menopause, or had symptoms linked to mental health. A small number had positive experiences, but support often depended on their GP practice, where they lived and whether they knew about specialist help.

Women said services need to listen earlier, respond more consistently and make it easier to find the right support. The strongest priorities were better access to gynaecology services, better training for GPs and primary care staff and more education about menopause for all ages. Women also wanted clearer pathways, better awareness of specialist services, and stronger community and workplace support.

Common themes included not being listened to, delays in recognising menopause in younger women, differences in support between GP practices and a need for better awareness and education. The top priorities were better gynaecology care, better GP training in women's health, more education about menopause and stronger community support.

Five priorities for service improvement

1. Improve access to gynaecology services so women can get timely assessment, treatment and follow-up.
2. Improve training for GPs and other primary care staff in women's health and menopause, so women are listened to and supported appropriately.
3. Provide better education and awareness about menopause at all ages, including how to recognise symptoms and when to seek help.
4. Make specialist support easier to find by improving awareness of women's health hubs, local services and referral pathways.
5. Strengthen community and workplace support so women have practical help, peer support and safe spaces to talk.



Polish community

We spoke with 10 women in this focus group at the Femina Women's Centre who shared mixed experiences of local health services. Many said the care they received depended on the GP practice, the clinician they saw and how confident they felt speaking up or following up concerns. Some women described positive experiences where clinicians listened carefully, showed empathy and took time to understand their wider health needs. However, others felt they were not always listened to or taken seriously, particularly when raising concerns about symptoms for themselves or their children.

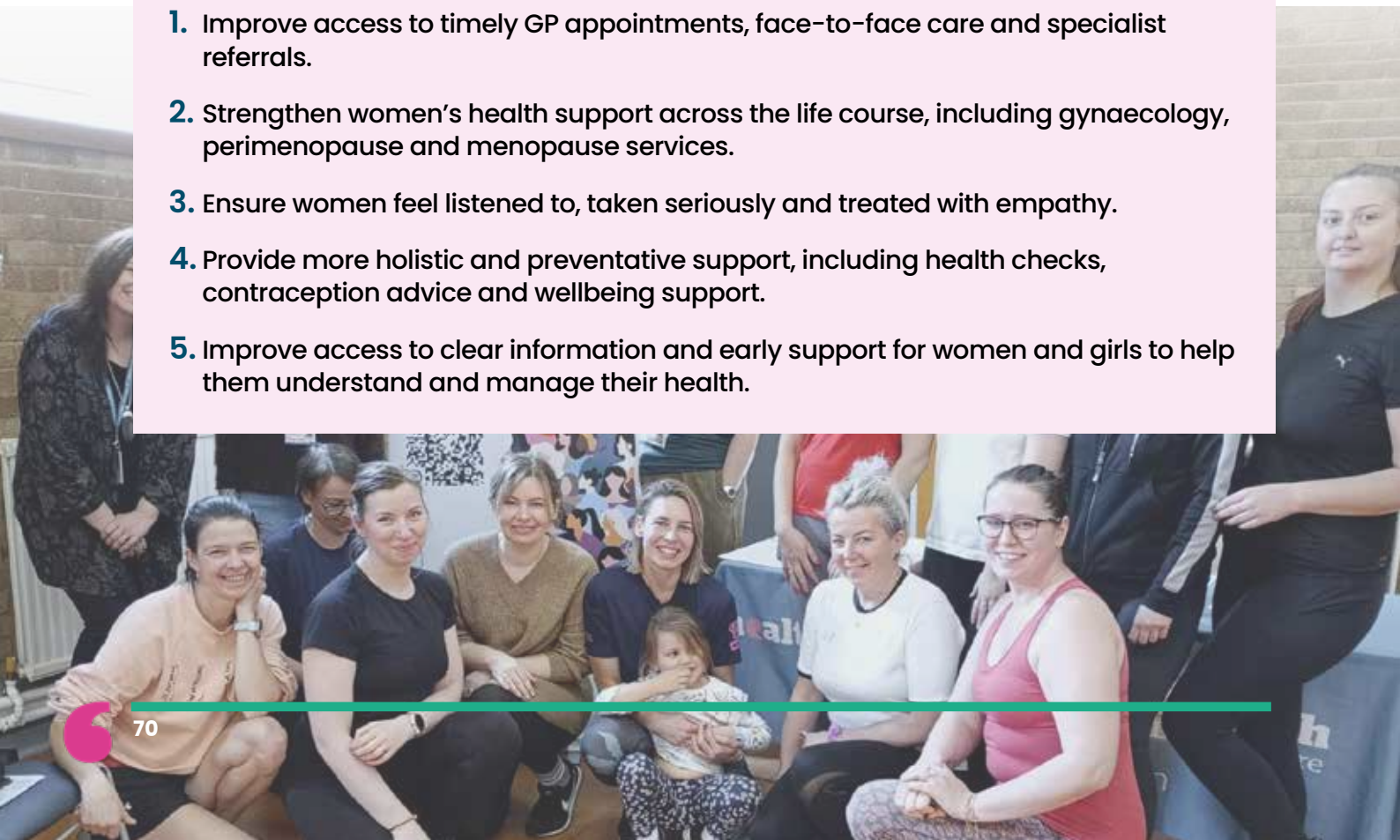
Access to services was a common concern. Women spoke about difficulties getting GP appointments, long waits for specialist support and challenges accessing face-to-face care, tests and referrals. Participants also highlighted gaps in support for women's health across different stages of life, especially around gynaecology, perimenopause and menopause.

Many women wanted a more holistic approach to care, with greater focus on prevention, understanding underlying causes and supporting overall wellbeing rather than relying on medication alone. Participants also said women need clearer information to help them understand their options and feel confident asking questions about their care. Support for younger women and teenage girls, including early education and access to advice, was also seen as important.

Overall, women said what matters most is being listened to, treated with empathy and being able to access the right support at the right time.

Five key priorities

1. Improve access to timely GP appointments, face-to-face care and specialist referrals.
2. Strengthen women's health support across the life course, including gynaecology, perimenopause and menopause services.
3. Ensure women feel listened to, taken seriously and treated with empathy.
4. Provide more holistic and preventative support, including health checks, contraception advice and wellbeing support.
5. Improve access to clear information and early support for women and girls to help them understand and manage their health.





Spotlight: Rutland

47 RESPONSES

47 women across Rutland shared their experiences of women's health in a series of in person conversations.

These took place at the Uppingham Souper Space and Community Fridge, St John's & St Anne's coffee morning in Oakham, Greetham Community Café, Greetham Community Fridge and the Barrowden wellbeing event.

Their comments were transcribed and analysed, revealing the following themes.

1. Continuity of care

Across all groups, women described continuity as the foundation of good care, and its absence as a major source of frustration. When continuity was present, women felt understood, believed and properly supported. One woman reflected, "It's that consistency – people want continuity and I got continuity."

Where continuity was missing, women described fragmented care, repeated assessments, and a sense that no one was looking at the whole person: "There's no continuity and there's no looking after the person holistically."

2. Listening – feeling validated and respected

A dominant theme was the need to be listened to and taken seriously. Women spoke about feeling dismissed, judged or minimised, sometimes explicitly linked to gender, age or the complexity of their symptoms.

One woman said, "The one thing they could do to improve things for me is to listen". Another described being "called a hypochondriac by a male GP".

Several women contrasted positive experiences in primary care with feeling unheard in hospital settings: "At hospitals you are told, not listened to".

For many, being listened to is not just a courtesy, it shapes their confidence, understanding of their diagnosis and their willingness to seek help.

3. Mental health

Poor mental health experiences were among the most troubling and consistent across the in-person engagement. Women described long waits, limited follow up, and a sense of not fitting into rigid pathways. One woman shared that she had been "on a waitlist since April last year". Another said she was told she was "too complex" for available services. Crisis responses were described as slow and poorly timed: "They call back a week later when it's too late".

Several women felt they were passed between services without resolution or offered medication without therapeutic support. One woman described being "passed from pillar to post and never got an appointment with a psychologist".

Amid these challenges, Vita Minds stood out as a positive exception, described as "really good" and "amazing" by multiple women.



4. Access barriers

Women described a range of structural barriers that made accessing care difficult.

Transport

Transport was a recurring issue, especially for those without cars. One woman was advised to attend the urgent care centre but explained,

“I don’t have transport so I couldn’t go”.

Others described long queues for blood tests in Stamford and the challenges of travelling there with disabilities on public transport.

Digital Exclusion

Digital first systems are a barrier for older and disabled women. Several participants said they could not use online systems at all:

“I’m not on the internet so can’t get an appointment”.

“I can’t even email them... I have to trust ‘Mr Google’ because it’s more accessible than my GP practice”.

Appointment Systems

Long phone queues and ring back systems that still resulted in no appointments were common frustrations. One woman described being “30th in the queue”, while another said the ring back system worked – but by the time the call came, “there were no appointments left”.

5. Medication, prescriptions and pharmacy issues

Women reported difficulties obtaining regular medications, delays in repeat prescriptions, and unclear instructions. One woman said,

“Medications can be very difficult, getting what you need when you need it”.

Another noted,

“They didn’t even tell me what the dosage is I should take”.

6. Gendered experiences and women’s health specific gaps

Several women described experiences they felt were linked to their gender. Menopause symptoms were sometimes dismissed; one woman recalled being told by a receptionist that “HRT is now a trendy thing to do”. Younger women described pain being minimised, including a 24 year old whose severe throat pain was dismissed until she saw a different GP with a family member along to advocate for her.



Women also highlighted gaps in support for thyroid disease, Premenstrual Dysphoric Disorder (PMDD), endometriosis and reproductive health. One mother explained that her daughter with PMDD had to go private because “there was no local NHS service for that condition”. Another described her daughter’s poorly managed endometriosis leading to a hysterectomy at 42.

Women also spoke about the emotional effort of navigating the system: “Women with particular needs – you need to not abdicate responsibility – you need to advocate for yourself”.

7. Positive experiences: what works well

Despite the challenges, women were clear about what good care looks like. Uppingham Surgery was praised repeatedly for its responsiveness and compassion. Diabetic nurses were described as “second to none”. Rutland Memorial Hospital staff were called “brilliant – even the receptionists”. Several women described exceptional bereavement support from GPs who “made time” and offered extended appointments.

Vita Minds, again, was highlighted as a service that provided consistent, meaningful support.

8. Fragmentation between services

Women described being bounced between services without clear pathways or follow through. This included mental health, chronic pain, and diagnostic investigations. One woman said she was “passed from pillar to post and never got an appointment with a psychologist”. Others described loops between GP, urgent care and hospital, with no one taking ownership.

Fragmentation was also evident in cross border care: women under Peterborough City Hospital could not have blood tests done in Oakham because samples were sent to Leicester, forcing them to travel to Stamford for tests – a significant barrier for disabled women.

9. Inequity in access to specialist women’s health services

Women reported gaps in access to specialist support for PMDD, endometriosis, menopause, thyroid disease and reproductive health. The absence of well woman clinics at Rutland Memorial Hospital was noted as a loss of an important local resource.

10. Administrative and communication failures

Several women described serious consequences from poor communication. One woman discovered she had diabetes “18 months later over the phone”. Another was told to have annual checks for a cyst, but the terminology used in letters meant she did not understand the need. The cyst later grew to 10lb in weight before being identified and treated.

Women also described unclear follow up instructions, missing results and inconsistent information between clinicians.



11. Too young for menopause?

A Rutland woman's story

One woman's experience with her GP practice reflects the themes raised by Rutland women about menopause care, listening and the need for women to advocate for their own health. After a year of peri menopausal symptoms, she attended a GP appointment, bringing a detailed list of symptoms and a strong family history of early menopause.

The consultation was, in her words, one of the most positive she had ever experienced. The GP listened closely, documented her symptoms thoroughly, recognised that peri menopause was the likely diagnosis and discussed treatment options, including starting low dose HRT. The GP explained timescales, review points and next steps. The woman left feeling heard, respected and reassured.

Subsequently however, she received a call explaining that, after discussion with a Clinical Lead, the agreed plan had been deemed "incorrect." She was told she was "too young" for menopause, that NICE guidelines prohibited HRT under 45 and that further investigations were required. The woman's understanding was that this information was wrong. She continued on the original treatment plan with low dose HRT and accepted a referral to the outpatients' menopause clinic.

After starting HRT her symptoms considerably improved, which the woman feels supported the original clinical assessment and demonstrated that the decision to initiate treatment was appropriate and beneficial. However, the experience left her concerned that outdated information from a senior clinician could have put her long term health at risk.

Her story echoes what many women told us: when care is good, it makes a real difference, but when it falls short, women must work hard to advocate for themselves.





Across all conversations, the strongest shared themes from in-person engagement with women of all ages were:

1. **Listening and validation matter more than anything else.**
2. **Continuity of care is central to women's confidence and outcomes.**
3. **Mental health support is inconsistent, slow and often inadequate.**
4. **Digital first systems are excluding many women.**
5. **Women's health conditions are often minimised or poorly understood.**
6. **Transport and geography create real inequities in Rutland.**
7. **Where care is good, it is because staff take time, show compassion and follow through with practical care and support.**





Conclusion

Every Woman's Health Matters engagement highlights a clear and consistent message from women and girls across Leicester, Leicestershire and Rutland. Women's health support must become easier to access, more responsive and more grounded in women's lived experiences. Across the main survey, topic-based surveys and focus groups, women described a system in which many still struggle to find timely information, obtain appointments, navigate services and feel fully heard when seeking care.

The findings show that women's health concerns extend across the life course, with mental health, healthy ageing and long-term conditions, menopause and menstrual or gynaecological health emerging as particularly significant priorities. While many women valued the care they received from individual professionals and services, too many also described delays, fragmented pathways, inconsistent advice and experiences of being dismissed or not taken seriously. These experiences were not only frustrating in themselves, but in some cases led women to delay seeking help, rely on self-research or turn to private care.

A strong theme throughout the report is that women want more than information alone. They want care that is timely, joined up, compassionate and based on a better understanding of women's health. They want clearer routes into support, more continuity, earlier intervention and better public and professional awareness of issues that affect women at different stages of life. Taken together, the findings point to the need for a more coordinated and person-centred approach to women's health across LLR. Improving women's health outcomes will require action not only to raise awareness, but also to strengthen access, improve communication, build confidence in services and ensure women are listened to, believed and supported at the right time.

Recommendations

The following recommendations are drawn from the main survey findings and reinforced by the topic-based surveys and focus groups.

- 1 Increase knowledge and awareness of women's health among professionals.** Women repeatedly linked poor experiences to limited understanding of women's health, particularly in areas such as menopause, chronic pain and reproductive health. Professional development and service improvement work should prioritise stronger awareness and confidence in recognising and responding to women's health needs.
- 2 Improve access to timely appointments and support across primary care and wider NHS pathways.** Women most frequently reported delays because of difficulty getting GP appointments, long waits for referrals or specialist care, and problems accessing the right service at the right time. Improving access should include more timely primary care appointments, clearer routes into specialist and community support, better pathway coordination and systems that are easier for women to navigate.



- 3 **Address inequalities in access to women's healthcare.** Reduce barriers by ensuring services are inclusive, accessible and easy to navigate. This includes maintaining non-digital access routes, improving community-based provision, providing accessible and translated information and reducing the need for women to seek private care because NHS services are delayed, difficult to access or hard to navigate.
- 4 **Strengthen continuity and joined-up care.** Women told us they are frustrated by one-problem appointments, fragmented services, having to repeat their story and being passed between services. Symptoms can be considered in isolation rather than as part of the wider picture. Services should improve continuity, follow-up and coordination across primary, specialist and community care.
- 5 **Improve the quality, consistency and visibility of women's health information.** Although many women were able to find information, almost a quarter reported difficulty. Women highlighted inconsistent advice, confusion about where to go and a need for clearer signposting. Information should be easier to access, consistent across services and available in formats that meet different communication and access needs.
- 6 **Ensure women are listened to and taken seriously.** A recurring finding was that women delayed seeking support because of fear of being dismissed or because of previous negative experiences. Improving women's health care requires action to strengthen person-centred communication, listening skills and shared decision-making across services.
- 7 **Prioritise earlier intervention and preventative support.** Women expressed strong demand for earlier support, more education and more open conversations about women's health.
- 8 **Develop more specialist and women-centred models of support.** Women identified a clear need for more specialist provision, including dedicated women's health clinics or services that bring together advice, support and treatment in a more accessible and coordinated way.
- 9 **Embed women's health within neighbourhood models of care.** As neighbourhood-based models are developed across LLR, women's health should be built into local integrated care pathways rather than treated as a separate or specialist add-on. This should include community-based access to advice, early intervention and prevention, clearer routes between primary care, community services and specialist support. Better coordination where symptoms overlap across menopause, mental health, gynaecology, long-term conditions and healthy ageing. This would support women to receive joined-up care closer to home, reduce fragmentation and ensure pathway redesign reflects women's health needs across the life course.
- 10 **Improve aftercare, communication and emotional support following pregnancy loss and during the postnatal period.** Although the number of responses about pregnancy loss and postnatal support was small, the experiences shared were powerful and highlighted the distress people can face at a highly vulnerable time. Services should provide clearer aftercare pathways, compassionate and consistent communication, and better coordination between EPAUs, maternity services, GPs and community services. People should also receive proactive signposting or referral to bereavement support, counselling, perinatal mental health services and other emotional wellbeing support.



Service provider response

Maria Laffan, Chief Nurse at NHS Leicester, Leicestershire and Rutland ICB, said:

"First and foremost, we would like to thank the women who took the time to share their experiences, views, and ideas with us. Your views are incredibly important to us and will help shape the future of women's services across Leicester, Leicestershire, and Rutland.

We would also like to thank Healthwatch for leading this engagement programme and helping to ensure that women's voices were heard.

Special thanks go to our Public Health colleagues for their ongoing support and leadership, which has been crucial in driving positive change across our communities.

We are confident that, through shared responsibility, continued collaboration, and a unified vision, we can build a system that truly meets the needs of women at every stage of life."





Demographics Data – Main Survey

1. Are you?

A woman		98%	2734
A man		>1%	5
Non-binary		>1%	12
Prefer not to say		>1%	13
Prefer to self-describe		1%	14
		answered:	2778
		skipped:	24

2. Do you identify as the gender you were assigned at birth?

Yes		97%	2688
No		1%	38
Prefer not to say		2%	43
		answered:	2769
		skipped:	33

3. What is your age group?

14–15 years		1%	37
16–17 years		5%	142
18 – 24 years		6%	157
25 – 34 years		11%	305
35–44 years		16%	435
45–54 years		19%	518
55–64 years		21%	571
65– 74 years		14%	379
75–84 years		6%	174
85+ years		1%	31
Prefer not to say		1%	28
		answered:	2777
		skipped:	25



4. Where do you live?

Leicester City		31%	855
Blaby		7%	207
Charnwood		20%	557
Harborough		7%	190
Hinckley & Bosworth		10%	272
Melton		4%	106
North West Leicestershire		9%	237
Oadby & Wigston		4%	115
Rutland		4%	103
Out of area		3%	94
		answered:	2769
		skipped:	33

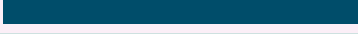
5. What is your ethnicity?

Arab		>1%	10
Asian/Asian British: Chinese		1%	23
Asian/Asian: Pakistan		2%	53
Black/Black British: African		1%	40
Black/Black British: Any other Black/Black British background		1%	14
Mixed/Multiple Ethnic groups: Black African and White		>1%	7
Mixed/Multiple Ethnic groups: Any other Mixed/Multiple ethnic groups background		>1%	13
White: Irish		1%	39
White: Roma		>1%	3
Asian/Asian British: Bangladeshi		2%	61
Asian/Asian British: Indian		14%	389



Asian/Asian British: Any other Asian/Asian British background		1%	34
Black/Black British: Caribbean		1%	20
Mixed/Multiple Ethnic backgrounds: Asian and White		>1%	9
Mixed/Multiple Ethnic groups: Black Caribbean and White		1%	14
White: British/English/Northern Irish/Scottish/Welsh		62%	1722
White: Gypsy/Traveller/Irish Traveller		>1%	5
White: Any other White background		7%	193
Any other ethnic group		>1%	9
Prefer not to say		2%	66
Other:		2%	42
White: Any other White back-ground		2%	2
		answered:	2766
		skipped:	36

6. Please select any of the following that apply to you:

I have a disability		15%	409
I have a long-term condition		37%	1008
I am a carer		11%	296
None of the above		47%	1258
I prefer not to say		6%	153
		answered:	2689
		skipped:	113



7. Are you pregnant or have you given birth in the last 26 weeks?

Yes		2%	58
No		89%	2421
Prefer not to say		1%	30
N/A		8%	220
		answered:	2729
		skipped:	73

8. What is your relationship status?

Single		21%	584
Married/civil partnership		49%	1360
Separated or divorced		7%	197
Partnered/living with a partner		13%	349
Widowed/surviving civil partner		6%	163
Prefer not to say		4%	104
		answered:	2757
		skipped:	45

9. Which of these best describes what you are doing at present?

Employed		50%	1378
Self-employed		5%	128
Unemployed but looking for work		3%	95
Unemployed and not looking for work		2%	67
Full-time education, training or apprenticeship		6%	166
Long-term sick/ disabled		4%	106
Retired whether receiving a pension or not		22%	602
Looking after the family		2%	62
Prefer not to say		3%	77



Other:		3%	74
		answered:	2755
		skipped:	47

10. Which of the following applies to you? Please tick all the boxes that apply.

I am serving personnel in the Armed Services		>1%	7
I have previously served in the Armed Services		1%	25
I am a family member of someone serving in the Armed Services		2%	46
I am a reserve in the Armed Services		>1%	6
I am a civilian or have another role in the Armed Services		1%	33
None of the above		92%	2462
Prefer not to say		4%	98
		answered:	2671
		skipped:	131



Demographics data – topic-based surveys

1. Are you?

A woman		99%	412
A man		>1%	1
Non-binary		>1%	2
Prefer not to say		>1%	1
Prefer to self-describe		>1%	0
		answered:	416
		skipped:	12

2. Do you identify as the gender you were assigned at birth?

Yes		99%	410
No		>1%	1
Prefer not to say		>1%	2
		answered:	413
		skipped:	15

3. What is your age group?

16-17 years		6%	16
18 – 24 years		3%	9
25 – 34 years		18%	48
35-44 years		20%	53
45-54 years		16%	43
55-64 years		24%	64
65- 74 years		12%	33
75-84 years		1%	4
85+ years		0%	1
Prefer not to say		1%	28
		answered:	271
		skipped:	9



4. What is your age group? (Menopause Survey)

Under 40 years		4%	3
40-45 years		9%	7
46-50 years		17%	13
51-55 years		28%	21
56-60 years		29%	22
61-64 years		8%	6
Over 65 years		5%	4
Prefer not to say		0%	0
		answered:	76
		skipped:	2

5. What is your age group? (Healthy ageing and long-term conditions survey)

Under 45 years		7%	5
45-54 years		14%	10
55-64 years		29%	20
65-74 years		34%	24
75-84 years		11%	8
85+ years		1%	1
Prefer not to say		0%	0
		answered:	70
		skipped:	2

6. Where do you live?

Leicester City		24.52%	102
Blaby		9.86%	41
Charnwood		18.51%	77
Harborough		7.45%	31
Hinckley & Bosworth		9.38%	39
Melton		4.81%	20
North West Leicestershire		10.34%	43
Oadby & Wigston		6.01%	25
Rutland		5.29%	22
Out of area		3.13%	13
Prefer not to say		0.72%	3
		answered:	2769
		skipped:	33



7. What is your ethnicity?

Asian/Asian British: Chinese		1%	6
Asian/Asian: Pakistan		1%	6
Black/Black British: African		0%	1
Black/Black British: Any other Black/Black British background		1%	4
Mixed/Multiple Ethnic groups: Any other Mixed/Multiple ethnic groups background		0%	1
White: Irish		2%	10
Asian/Asian British: Bangladeshi		2%	7
Asian/Asian British: Indian		7%	28
Asian/Asian British: Any other Asian/Asian British background		0%	1
Black/Black British: Caribbean		1%	3
Mixed/Multiple Ethnic backgrounds: Asian and White		0%	1
Mixed/Multiple Ethnic groups: Black Caribbean and White		0%	2
White: British/English/Northern Irish/Scottish/Welsh		74%	307
White: Gypsy/Traveller/Irish Traveller		0%	1
White: Any other White background		8%	34
Prefer not to say		1%	3
Other:		0%	1
		answered:	416
		skipped:	12



8. Please select any of the following that apply to you:

I have a disability		22%	93
I have a long-term condition		47%	195
I am a carer		14%	57
None of the above		38%	159
I prefer not to say		3%	11
		answered:	416
		skipped:	21



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