



# Women's Health Report

2023

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# Introduction

Healthwatch Warrington is your local health and social care champion. If you access GPs and hospitals, dentists, pharmacies, care homes or other NHS support services in your area, we want to hear about your experiences. As an independent statutory body, we have the power to make sure NHS leaders and other decision-makers listen to local feedback to help shape and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone both locally and nationally. We can also help you get the information and advice you need to make the right decisions and get the support you deserve.

Locally Healthwatch Warrington received feedback from the public about their experiences using women's services in Warrington. A number of themes emerged, especially around the lack of knowledge of menopausal support and choice for women. After shortlisting this priority to the public vote, we planned a women's health roadshow to expand our outreach. Also, we worked with our digital expertise and created a survey for women to identify themes around women's health services.

We have linked this to the [National Gov.UK Women's Health Strategy for England](#) (updated 30th of August 2022) Department of Health and Social Care. **51%** of the population (Women) face obstacles when it comes to getting the care they need. Although women in the UK on average live longer than men, women spend a significantly greater proportion of their lives in ill health and disability when compared with men. Not enough focus is placed on women-specific issues like miscarriage or menopause, and women are under-represented when it comes to important clinical trials. This has meant that not enough is known about conditions that only affect women or how conditions that affect both men and women impact them differently.

We planned a full event with professional speakers and presented the draft data.

From our data, we have published this report.

We are already working in partnership with Place (Warrington Partners), health partners and Primary Care Networks (PCNs) to recommend training for all GPs and health professionals. We are also linking in with Cheshire and Mersey Integrated Care Board (ICB) strategy around Women's health.

## Methodology

The survey was distributed through social media and campaigns in [Warrington Worldwide](#) as well as through our mailing list.

We carried out a Women's Health roadshow talking to people across Warrington and handing out surveys to those we spoke to.

The survey was available in paper form and freepost envelopes were given for respondents to send back. Help was also offered should they need any assistance to complete it.

Feedback was also obtained from our Women's Health Event.

# Women's Roadshow

healthwatch  
Warrington

LiveWire

## Women's Health Roadshow

Healthwatch Warrington are touring Warrington for an opportunity to speak to residents about Women's health priorities.

### Come and Join us

DATE	VENUE	TIME
Monday 6 <sup>th</sup> February	Culcheth Library	2 pm-4 pm
Tuesday 7 <sup>th</sup> February	Burtonwood Library	10 am- 12 pm
Friday 10 <sup>th</sup> February	Lymm Library	2 pm - 4 pm
Monday 13 <sup>th</sup> February	Penketh Library	10 am- 12 pm
Tuesday 14 <sup>th</sup> February	Stockton Heath Library	10 am -12 pm
Tuesday 14 <sup>th</sup> February	Birchwood Library	3 pm- 5 pm
Wednesday 15 <sup>th</sup> February	Orford Jubilee Hub	10 am - 12 pm



[www.healthwatchwarrington.co.uk](http://www.healthwatchwarrington.co.uk)



As part of our Women's Health Priority, we toured around the hard- to- reach areas of Warrington with support from Livewire Libraries. They kindly let us access their libraries to speak to the local ladies that meet there or access the library on a regular basis.

We held Pop-Up stands over a 2 week period in the hard-to-reach areas of Warrington to ensure we received feedback from ladies that are not accessing the town centre. We were inviting women to come and talk to us about their experiences of Women's Health and inviting them to take part in our Women's Health Survey.

Through this outreach, we spoke to many women from different areas of Warrington who in other circumstances wouldn't have had access to talk to us in person about their experiences.



We were able to speak to people about their experiences of accessing breast care services now that this has been moved to Halton. We were also interested to hear if there are any significant issues with transportation to appointments at the site.

We heard from women who were really struggling with

the medication supply chain and the lack of continuity with brands- causing them to experience constant side effects from different drugs available.

Women spoke to us about their experiences they have had with Breast Screening services and Lobular breast cancers. Some felt that these can often go undetected until it is too late due to them not showing up on normal routine Mammograms.

# Women's Health Event



On the 7<sup>th</sup> of March 2023, we celebrated our Women's Health Event . We had over 40 attendees from the public and stakeholders.

The event had presentations from;

- **Dr Sangeetha Steevart-** GP from Helsby Street Medical Centre who specialises in Menopause treatment.
- **Dr Helena Nik-** Warrington and Halton Hospital Fertility and Menopause Specialist.
- **Dr Ambreen Rauf-** Warrington and Halton Hospital Consultant Obstetrics and Gynaecology.
- **Deborah Edwards-** Project Lead for Cheshire and Merseyside Women's Health Strategy.
- **Kate Walsh-** Clinical Lead and Perinatal pelvic health services.
- **Lydia Thompson CEO of Healthwatch Warrington-** presented the initial findings of the survey.

You can watch the presentations from the Women's Health Event [here](#).

The event was held at Winmarleigh House in the town centre. We ensured that there was easy access to trains and buses.

It was a good way for Women to hear from speakers specialising in Women's Health Services. This was also a safe space for them to share concerns and ask any questions they may have. We also asked local Women's services to send their leaflets so that we could include them in an information pack that was provided to all the attendees.

Furthermore, it was also an opportunity for us to share the infographic that we had compiled from the survey so far.

The event was a great example of partnership working with many of the attendees asking if we would be holding another one soon!

# Findings

## Women's Health Survey

# OVERVIEW

BRIEF REVIEW OF THE **298** RESPONSES FROM OUR WOMEN'S HEALTH SURVEY

*Everything stems from a person's well-being and state of mind. If this is looked after and is healthy, everything will fall into place and the person's physical health will also improve.*

We asked to list the following in order of importance from 1-5  
1 being most important 5 being least



**Our Mental health can impact our resilience to and how we cope with disease**

**More information needed and earlier detection of cancer by reducing age criteria for checks**

My GP surgery did not know anything about the menopause, I was left for several years with perimenopause symptoms. I should have been given HRT years before I asked for it. I thought you could only have it once your periods stopped. Many women still think this.

As someone who is living with PCOS the struggle to get any form of support is ridiculous. The waiting lists are huge, and when you do finally get through to someone they reject you due to weight. I don't feel that weight should be a factor that blocks you from receiving support.

**More support for an ageing population.**

### Age range



When answering the survey, participants were asked to vote on a scale of 1-5 for their priority on the following topics. 1 being the most important and 5 being the least.

## **Menopause: 24% Voted this their top priority.**

Overall, **106** people voted that menopause is their top priority when it came to women's health, this makes sense with the largest percentage of those taking the survey being 45-64 years old and experiencing menopause/perimenopause.

When asked to explain why they picked their top priority, the majority of comments were **"I am menopausal"** or **"Perimenopausal at the moment and suffering"**.

Many comments stated that there is little support for those suffering the effects of menopause in Warrington, and even less understanding by GPs.

### **"I am in menopause and GP knowledge is hit and miss"**

Many women feel that they have been *"Fobbed off with Anti-depressants"* with little explanation why this treatment has been offered and not HRT. **"Because GP's knowledge is very little. They all need to update their knowledge on perimenopause and menopause."**

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*"My GP surgery did not know anything about the menopause, I was left for several years with perimenopause symptoms. I should have been given HRT years before I asked for it. I thought you could only have it once your periods stopped. Many women still think this."*

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Several comments were made stating that many patients were treated for Anxiety/ Depression when it was actually menopause/ perimenopause **"Mental health is being diagnosed instead of menopause"**

Many women felt that there is little information available to them about symptoms, how they can get support and what they can do to help themselves.

### **"There is a big need to help women with menopause especially those in work"**

Some women have said that regular checks with a health professional when they are approaching menopause age would be helpful to understand the signs.

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*"Currently going through perimenopause. Would like to have regular check ins with GP or health professional"*

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## **Mental Health & Wellbeing: 23% voted this their top priority.**

When it came to mental health and well-being, this was the second highest priority. **103** people thought that mental health and well-being were linked to all priorities across the board with one person stating **"Everything stems from a person's well-being and state of mind. If this is looked after and is healthy, everything will fall into place and the person's physical health will also improve."**

Covid-19 and the lockdowns played a big part in the reason that participants rated this highly. Many stated that since the beginning of the pandemic, their mental health has **“declined”**, with many people stating that there isn't enough support in Warrington, especially for women. **“There’s**

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*“Since lockdown the rise in mental health issues is huge and I think there is not enough provision in Warrington , it is unfair on both staff and patients”*

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**a lot of men’s mental health support now available in Warrington, but women’s care is lacking. Queues are too long for Mental Health services and people are struggling.”**

**“Mental health and mental well-being has been a significant area of decline throughout the Pandemic and continues to be so. Whatever we can do to improve awareness of mental health needs for women, to encourage the provision, investment and development of services would be valuable”**

There were many mentions of how Mental health and Menopause are combined and one of the side effects people experience from entering menopause is **“I’ve struggled with my mental health all my life (anxiety) and menopause has exacerbated this. It’s hard to put these in an order of importance though, as all are equally important!”**

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*“Because this is something that affects everyone at any age ,young or old or even as a child. if you have a healthy mind and a positive mind and you are taught tools to use when you feel low or depressed then you can cope better and help yourself to get over depression or anxiety. This affects your whole life, work , social and relationships. Not enough is done to help women who feel tired constantly. Women are not listened to and treated with respect basically.”*

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The majority of those who commented on mental health said they felt provisions for mental health weren't good enough and needed addressing. Mental health goes hand in hand with other issues and by looking after your mental health **“Our Mental health can impact our resilience to and how we cope with diseases.”**

## **Ageing Well and Long-Term Health Conditions: 19% voted this as their top priority.**

**87** people put ageing well and long-term health conditions as their top priority. When asked to expand on why they voted this way, the main theme was that it was **“relevant to their age”**.

Making sure that they understood how to stay healthy as they aged was a top priority and people mentioned **“healthy eating and exercise is beneficial as we get older, it can prevent such things as heart disease and cancer”**

Clearer **“guidelines would be helpful.”** Many respondents said they would like to get information about managing conditions without medication.

***“I am having problems with blood pressure and would like to manage this in another way rather than taking tablets every day”.***

More focus on ageing well for women is wanted by the Warrington residents so that they can have a more proactive approach to ageing.

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*“I think we need to start being a more proactive healthcare system which helps people to prevent conditions from occurring in the first place rather than treating them when they do. Women often put their needs last behind those of their family and we need to educate them on how to stay healthy and which symptoms to be concerned about rather than ignore them until it is too late. A more proactive approach will keep women well in the long term which will positively impact her, her family, society, and our healthcare system as a whole”*

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Many people want more help and advice and for GPs to have more knowledge of support for the effects of ageing and help understanding and managing long term health conditions so they can have a **“healthy and productive life as possible”**

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*“We need to know how to manage the effects of ageing and how they can be mitigated for us to have as healthy and productive a life as possible. GPs need to take the issue seriously as does the Council.”*

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## **Cancers: 19% voted this as their top priority.**

**87** people voted Cancer as a top priority because they have been personally affected by it and felt the enormous and devastating effects.

***“Cancer Kills”, “Cancer needs urgent treatment” “Cancer , because it’s a life threatening and life shortening condition”***

Many people felt that more focus should be concentrated on ‘early symptoms’ to avoid further disease.

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*“Cancer is the most important as its early detection is vital, sharing the importance of attending smears and knowing the symptoms.”*

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People feel that some cancers are overlooked due to age, and more needs to be done on earlier cancer detection **“More information needed and earlier detection of cancer by reducing age criteria for checks.”**, **“Needs more and earlier screening for Women’s cancers.”**

## **Menstrual Health and Gynecological conditions: 15% voted this as their top priority.**

There were **65** votes for Menstrual health and Gynaecological. The majority of these were younger women, suffering from menstrual pain, Polycystic Ovaries Syndrome (PCOS), Premenstrual Dysphoric Disorder (PMDD) and Endometriosis.

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*“This is something that we deal with on a regular basis from a young age. Not enough is known about the issues women face from PMS, PMDD, Endometriosis and Polycystic Ovaries Syndrome- We just get told to get on with it and carry on- but these issues are sometimes debilitating. .”*

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Many of those who voted for this as their priority have struggled with pain or another gynaecological issue and have felt that the only real treatment they are provided with is contraception methods, or are told that it is their weight that is the reason they are experiencing pain.

**“Menstrual health/gynaecological conditions are often viewed as a taboo topic. When discussing with primary care the only solution they tend to offer is to go on a form of contraception which can often have detrimental side effect“**

**“As someone who is living with PCOS the struggle to get any form of support is ridiculous. The waiting lists are huge, and when you do finally get through to someone they reject you due to weight. I don’t feel that weight should be a factor that blocks you from receiving support. “**

**“Because I have personally been struggling with a menstrual issue that severely affects my mental health , it scares & frustrates me that I’m just told to try the next contraceptive medicine in the queue instead of getting any diagnosis or explanation of what this could be.”**

Many chose it because it affects them day to day and is the cause of most of their GP visits- smear tests, contraception and UTIs etc.

The overall response to this priority was their need for GPs to be more understanding of pain and to treat the pain instead of pushing birth control methods.

For many people, periods are a very painful monthly issue which affects mental health and day-to-day life. More understanding of this would be helpful and more awareness in the media about the effects.

# Conclusion

Healthwatch Women's survey is a 'snap shot' sample, and is not meant to be representative of the population of women in Warrington. However, by providing a sample of views and experiences we are able to share them with partners and propose recommendations.

As the reader can see, the age of the women who have shared their experiences has dictated their preference of choice in the 4 areas. This does not mean, for example that gynaecological issues were classed as less important, just that the women reporting in this area were fewer in numbers.

It would appear from our survey results that poor mental health is linked with all the themes identified. The women surveyed commented that they wanted to be 'heard and treated with respect.' Younger women had said that they were 'fobbed off' and were not sent for exploratory scans etc to aid them with a diagnosis around their gynaecological complaints. 'Strong pain relief is prescribed on an ongoing basis, instead of exploring why the pain was there in the first place.'

Demand for services has increased, but the quality of service should be upheld. Women have commented that menopause is not just about women, as it affects families. More information and education around the condition is urgently needed for everyone.

Healthwatch is currently meeting with Warrington Place partners to discuss recommendations and we are delighted that discussions around providing GP training are in progress following our Women's Health event in March this year.

At our event, we were pleased to be supported by several medical speakers including Dr Helena Nik who runs a menopause clinic at Warrington Hospital. There is good work happening in Warrington, but it is minimal due to several indicators. Early discussions with PCN leads are positive and Healthwatch will also link in with Cheshire and Mersey Women's Health strategy to ensure we can work and share good practice.

You can watch the full Women's Health event and all the speakers [here](#).

[National Gov.UK Women's Health Strategy for England](#)

# Recommendations

Recommendations made from findings	
1	Work in partnership with Place, to highlight findings to PCN's and Primary Care Board. To increase training opportunities for health professionals around Menopause and Women's health in general.
2	For Place partners to work with the Government's Women's Health Strategy 2022, to ensure that we work in partnership with other areas including Cheshire and Mersey Women's Health Strategy.
3	Place to expand Healthwatch Women's survey in 6-12 months to share improvements and good practice.
4	Several younger women commented that they felt that they were not listened to, and not sent for exploratory scans but were eventually prescribed opiates to maintain their gynae pain. We recommend that we highlight this to Place, to share with primary care.

## With Thanks

Healthwatch Warrington would like to say thank you to all those that participated in our Women's Health survey and spoke and shared their experiences with us on our Women's Health Rodshow. A special thank you to the staff at Livewire Libraries for hosting our Drop ins, and to all who attended our Women's Health Event.

Thank you to the speakers who made our Women's Health Event a success:

- Dr Sangeetha Steevart
- Dr Helena Nik
- Dr Ambreen Rauf
- Deborah Edwards-
- Kate Walsh

# Appendix

## appendix 1: Data from survey and outreach.

Cancers
I am recovering from breast Cancer.
Because, other than a few women on the telly who talk about menopause ,there is very little information about. Every time I have been to the GP in the last 10 years I am told, "oh well, it's your age." But people my age die of ovarian cancer!! All the time.
I have had cancer in my family and carers for a family member with a long-term condition.
This is important as speed and medical support changes outcomes.
Devastating effects of cancer.
Cancer, currently 1 in 2 - a huge NHS priority.
Threat to life.
Because the NHS abandoned cancer suffers during Covid.
Cancer is the most important as its early detection is vital, sharing the important of attending smears and knowing the symptoms. Menopause, I have also rated high as this can also be a debilitating condition for some women.
Most likely to result in death if not diagnosed and treated on a timely basis
Cancer post Covid -19 is a real issue.
There is an understanding of cancer and the success of self-medicating within the home. Less time remaining in cancer wards with proof of reduced "stress " and comfort by remaining within the patient's home?

Cancer - early intervention is key to survival.
Cancer kills.
Cancer ,because it's a life threatening and life shortening condition.
Close to the heart. Feel the cervical screening should be changed to lower age also breast screening.
Cancers are top priority, especially lowering the age of screening.
There has been cancer in my family and I would like there to be more screening.
If cancer isn't caught earlier enough the outcome isn't good.
Quick diagnosis is vital in saving lives.
Cancer kills.
Cancers need urgent treatment.
Because it can be life-threatening.
Early diagnosis is paramount.
Perhaps if more focus was concentrated by "earlier " symptoms we could avoid further serious disease.
Personal losses and life-threatening.
Immediate life-threatening affects all groups/ages.
Cancer is a disease that affects all parts of the body.
I have suffered from skin cancer for over 6 years and I feel this type of cancer is overlooked. All cancers can have an impact on woman's well-being and mental health.

More information is needed and earlier detection of cancer by reducing age criteria for checks.

What would be most likely cause of death in near future.

Needs more and earlier screening for women's cancers.

Lots of cancers are missed.

## Menopause

Mental health and menopause are combined.

I am entering the menopause and I feel that I have been offered little or no support.

My menopause was diagnosed as anxiety for nearly 2 years - taking unnecessary opiates. Not enough knowledge around it.

Because other than a few women on the telly who talk about menopause there is very little information about it. Every time I have been to the GP in the last 10 years I am told, "oh well, it's your age." But people my age die of ovarian cancer!! All the time.

Currently going through Perimenopause and would like more information and support.

I've struggled with my mental health all my life (anxiety) and menopause has exacerbated this. It's hard to put these in an order of importance though, as all are equally important!!

This is most important to me currently as I am at an age where things are changing rapidly.

I am menopausal.

Peri menopausal at the moment & suffering.

Because menopause can be hell and Warrington is so bad for it including GP and consultants.

Menopause effects all women.

Menopause is having a big impact on me this year.

It took three attempts to get HRT despite having sought advice from a family member who is a GP, consequently, I knew what I needed, was fobbed off with anti-depressants, refused to have them and tried again for HRT.

My top priority is menopause- I have reached the menopause.

I am approaching menopausal age and feel like I have no information and nowhere to go for support.

Because I feel menopause services/clinics are lacking.

So much confusion around the symptoms.

Need more information about symptoms and treatment.

There is so much already being looked at with cancer, we need to look at menopause symptoms and more education about it.

Little if any information is readily available.

Mental health is being diagnosed instead of menopause

Personal experience and needs urgent attention.

I feel you don't know who to turn to when you are starting to demonstrate perimenopause symptoms.

<p>There are very few GPs who take notice of symptoms.</p>
<p>I am approaching the age of going into the menopause and I am worried about it and want to make sure I have all the information to help me through it.</p>
<p>I'm currently experiencing perimenopausal symptoms, however because of my age I feel the GPs aren't taking me seriously.</p>
<p>I have been struggling with menopause for some time.</p>
<p>Because of my age and the issues, I have relating to my own menstrual cycle.</p>
<p>I am of menopausal age. I do not think women know about treatments available to them to help with the symptoms.</p>
<p>Menopause is something that my family is being impacted by and needs more attention since it's a hot topic in the media too.</p>
<p>Within the next few years, this will be affecting me, not many people talk about menopause and how it can affect you, highlighting this would be good.</p>
<p>My GP surgery did not know anything about menopause, I was left for several years with perimenopause symptoms. I should have been given HRT years before I asked for it. I thought you could only have it once your periods stopped. Many women still believe this.</p>
<p>Currently going through perimenopause. Would like to have regular check-ins with GP or health professional.</p>
<p>I am in menopause. GP knowledge is hit-and-miss.</p>
<p>Undiagnosed menopause symptoms meant several irrelevant tests &amp; medications.</p>
<p>There is a big need to help women with menopause especially those in the workplace.</p>
<p>Because GP's knowledge is very little. They all need to update their knowledge on perimenopause and menopause.</p>

My age-menopause I take HRT. Symptoms of menopause.

Menopause more help is needed for women.

## LTH/ Ageing

I have no issues with the first ones listed just age related.

Relevant to my age and likely health problems currently.

Personally, I feel it is good to know that healthy eating and exercise is beneficial as we get older, it can prevent such things as heart disease and cancer. Guidelines would be helpful.

It's important to age healthily especially if you have a long-term condition.

Important to keep well, so you are not a drain on services.

If we age well, I'll have a good quality of life as I get older.

I am over 65 and have a long-term health condition.

I am an older woman who is now having problems with blood pressure and would like to manage this in another way rather than taking tablets every day.

I feel there isn't enough info, support or advice on how to live with long-term conditions, and how to self-manage care. Better info and support for both of these would help reduce hospital appointments, reduce GP use, and would improve overall well-being and welfare for women affected by LTCs.

I think we need to start being a more pro-active healthcare system which helps people prevent conditions occurring in the first place rather than treating them when they do. Women often put their needs last behind those of their family and we need to educate them on how to stay healthy and which symptoms to be concerned about rather than ignoring them until it is too late. A more pro-active approach will keep women well in the long term which will positively impact her, her family, society and our healthcare system as a whole.

Well, as one gets older we need to know how to cope with ageing and what to expect.

We need to know how to manage (in our best interests) the effects of ageing and how they can be mitigated for us to have as healthy and productive a life as possible. GPs need to take the issue seriously as does the Council.

I have found it difficult to get the right support/advice/help with conditions that are previously associated with ageing. Often not listened to or investigated properly to get right help or service within the right timescale

Probably because I am now in that category, but this will become an ever-increasing area of need as the population ages, leading to an increase in the incidence of such things as Type II Diabetes, heart disease, circulatory problems (strokes) and cancers.

As I am approaching 70 I think it's more important to be ageing healthily.

Ways to stay healthy for the long term.

At 71 I worry about not being able to look after myself and being a burden so it's important to me to keep healthy in my old age.

Not enough is being done to help those with long-term conditions. Access to services is severely restricted as there are not enough professionals employed to meet demand.

These issues directly affect me and my family. I have been diagnosed with Osteoporosis and have received no advice or support locally.

There will be no one to care for me as I age (same for my husband), it is therefore important to keep myself as healthy and fit as possible.

Because I am now part of the 'forgotten' generation.

More support for an ageing population.

As people live longer it would make sense to assist and ensure that they are fit and well and not a drain on our otherwise struggling NHS.

With an ageing population we need to be aware of what is available, how to access it and how to keep our own health as good as possible.

Because I am 68 and am trying to age well! Also, because we have an ageing population and we need to manage their health better, for the benefit of all.

## Mental Health

I've struggled all year to get answers to my issues which can affect mental health.

Mental health and menopause are combined.

I've struggled with my mental health all my life (anxiety) and menopause has exacerbated this. It's hard to put these in an order of importance though, as all are equally important!!

Someone's mental health is most important to take care of and following that I believe more needs to be done with regards to gynaecological health.

Concerns over spotting and acting on signs.

Mental health and wellbeing is important for everyone and if everyone's mental health and wellbeing is improved it sets up a more resilient population, better able to cope with other health issues.

I fear that the mental health crisis has hit an all-time now.

As I'm so young only mental health seems relevant atm.

Mental health is becoming an ever-increasing issue with no help or support available.

Mental health is being diagnosed instead of menopause.

If mental health isn't good you can't appreciate the others.

Mental health provision is very poor particularly emergency mental health services.
Since lockdown the rise in mental health issues is huge and I think that there is not enough provision in Warrington , it is unfair on both staff and patients.
Mental health is most important as it impacts on everything else.
Mental health needs addressing.
Mental health issues are rising.
Mental health needs more services.
Mental health is a massive issue with not enough services in Warrington.
Poor mental health impacts a patient's likelihood to comply with screening/ health needs.
There's a lot of men's mental health support now available in Warrington, but women's care is lacking. Queues are too long for mental health services and people are struggling.
Mental health can determine physical health.
Our mental health can impact our resilience and how we cope with the disease.
Mental health and mental well-being have been a significant area of decline throughout the Pandemic and continue to be so. Whatever we can do to improve awareness of mental health needs for women, to encourage the provision, investment and development of services would be valuable.
I have suffered with depression in the past and really struggled during Covid as I had a baby and was home-schooling my eldest , it was tough.
If mental health is not good you can't look after the rest of your body and health conditions.
Without good mental health, you can't cope with all of the others.

Because this is something that affects everyone at any age , young or old or even as a child. if you have a healthy mind and a positive mind and you are taught tools to use when you feel in a low mood or depressed then you can cope better and help yourself to get over depression or anxiety. This affects your whole life-work-social balance and relationships. Not enough is done to help women who feel tired constantly. Women are not listened to and treated with respect basically.

Family experience- mental health crisis need urgent response.

Everything stems from a person's well-being and state of mind. If this is looked after and is healthy, everything will fall into place and the person's physical health will also improve.

Mental health has spiked since the lockdown.

I firmly believe more money from the government needs to be put into mental health services- the waiting lists are getting bigger and longer- this needs addressing as 1.2 million people are waiting on support for poor mental health.

Mental health is underfunded in Warrington.

## **Menstrual Pain/ Gynae**

This is something that we deal with on a regular occurrence from a young age. Not enough is known about the issues women face from PMS, PMDD, Endometriosis and Polycystic Ovaries Syndrome- We just get told to get on with it and carry on- but these issues are sometimes debilitating.

There appears to be very little support for women in this area - we need specific clinics or helplines to advise women who are struggling instead of being fobbed off by GP's who have very little training in gynaecology.

I chose this one because it affects day-to-day living and is the cause of most GP visits - smear tests, contraception, UTIs etc.

Following this I believe that more needs to be done in regard to gynaecological health.

The link between menstruation and mental health affects me monthly.

<p>I have suffered for 19 years with painful periods and have just been fobbed off with things to help with the pain , not actually finding out what is causing the constant pain, heavy bleeding and clots the size of tangerines.</p>
<p>It caused me problems daily not monthly as assumed.</p>
<p>I have bad gynae issues since I was 15.</p>
<p>Women's gynaecological conditions are not prioritised and need to be.</p>
<p>I struggle with gynaecological issues.</p>
<p>Menstrual health/gynaecological conditions are often viewed as a taboo topic when discussing primary care , the only solution they they tend to offer is to go on a form of contraception which can often have detrimental side effects time.</p>
<p>I have endometriosis and suffer from PMS.</p>
<p>I have endometriosis.</p>
<p>As someone who is living with PCOS, the struggle to get any form of support is ridiculous. The waiting lists are huge, and when you do finally get through to someone, they reject you due to weight. I don't feel that weight should be a factor that blocks you from receiving support.</p>
<p>Because I have personally been struggling with a menstrual issue that severely affects my mental health . It scares &amp; frustrates me that I'm just told to try the next contraceptive medicine in the queue instead of getting any diagnosis or explanation of what this could be.</p>
<p>Due to ongoing pelvic discomfort since having my son almost 3 years ago.</p>

<b>Other/ All</b>
I'd like to give them all a 5. As a woman of 48 however my key health concerns are keeping a healthy lifestyle that means I age well. I have suffered from various gynae-related issues and never really found effective treatment on NHS or have been forced to seek private providers. Mental health goes hand in hand with the physical symptoms of mid-life for me so I have also rated this highly. Cancer is of course a concern but I am more directly impacted by the other four.
Nowhere near enough specially trained staff available to discuss, believe and effectively test for Women's health. We need access on a daily basis so appointments can be dealt with by the right specialist at the right time.
They are all priority!!!
I have been taking HRT for the past five years. It worries me at the moment that depending on your postcode you could be without your medication luckily this has not happened to me yet.
They are all relevant.
All are important.
You need to look at the inequalities where women are treated differently to men. There seems to be different treatment for same condition depending on sex.
All are a top priority.
.....because each of the health strategy issues listed are "highest" priorities.
Each of the health issues listed are No.1 priority.
Menopause/Menstrual Health / Healthy Ageing all help with good mental health.
They are all extremely important.
I'm in my eighties and like to feel confident that I will be treated appropriately and quickly for whatever presents itself.
I find as I get older, I worry more about the future.
I have chosen all of them as being important because to anyone suffering any of these conditions, they are of utmost importance. Any woman could suffer from any or all of these during their lifetime, so to choose one above all others is extremely unfair.
NHS care form cradle to journeys end. Total care.
Awareness is key to understanding.
All women's health is vital.
You hear a lot about cancer and mental health issues as you get older. Health creates concern.
We need more help in Culcheth with services.

All of the issues presented are "TOP PRIORITY".

<b>Other Issues to be considered</b>
More understanding and awareness of PMDD.
Smear Tests.
Obesity.
Overcoming Gynaecological problems.
Arthritis
Fertility Checks.
Holistic Health.
Advisory Centres/ Parenting Advice.
Menstrual Pain.
Being a Carer.
Alternative mental health clinics rather than GP.
Younger Woman's health issues, earlier screening.
Sexual health especially for younger women / teens.
Younger Gynaecological issues.
Diet/ Diabetes.
Target more BAME communities as they are not coming forward for screening.
I would like to see more well-women clinics where you can get advice and treatment from female practitioners.
As a Lupus patient (which involves all of the issues mentioned above ) I take every opportunity of mentioning Lupus because this very difficult disease is still not understood.
Long Covid.
Pre-conception and postpartum care. Society now has more and more health conditions and women need to be aware how these can create high-risk pregnancies and put them and their babies at higher risk of intervention and poor outcomes. If they receive pre-conception care so she is healthier prior to going onto a pregnancy this will benefit her and her baby's longer-term health. So little time and care is given to women in the postpartum period - a risky time for undiagnosed health conditions or issues surrounded in myths which makes women ignore them and 'get on with it'. Not to mention high risk of depression and loneliness.
Yes, the continuing success of short stay within hospital only if required? Confidence and security is gained by remaining within the patients home?
Development/neurodivergent conditions are not being picked up in women and girls early enough.
Early menopause, after breast cancer treatment.
Neuro diverse conditions that are often not picked up early in women+ lack of awareness in the different ways Neuro diverse conditions present in women.
Contraceptives and STI checks.
LGBT support.
Auto-immune conditions such as Polymyalgia rheumatica, other muscular-skeletal conditions.
Screening for younger women not just those over 50.
Having a health check once a year or every two years would pick up problems and a stitch in time saves nine!
Help with long term chronic pain condition.
Dementia symptoms and recognising them is always an underlying worry as we age

<p>Returning to physical activity - the last 24 months have increased sedentary lifestyles on a massive scale, and more people have become deconditioned as a result, all while their mental wellbeing has been negatively impacted. It would be good to see any initiatives/support to get women back to being active in a supportive, non-judgemental way.</p>
<p>I would like to see approachable Women's Health clinics in Warrington.</p>
<p>Safe exercise classes for women over 50, with staff who are trained to be able to support people with specific conditions. Many classes include unsafe exercises and there is a lot of emphasis on aggressive sounding workouts.</p>
<p>Yes, pre cancer. There isn't financial support available for those with pre-cancerous cells which keep returning but there is financial support available for alcoholics and drug users.</p>
<p>I would like to see service provided locally so they are easy to access- for instance moving breast cancer screening to Halton for people living in Lymm.</p>
<p>Why does Warrington hospital only test your blood for testosterone levels if you have PCOS. Testosterone has a major effect during menopause and peri menopause.</p>
<p>Perimenopause.</p>
<p>Scans and smears.</p>
<p>Heart health, cardiovascular issues, women don't always realise that this matters to women as much as men.</p>
<p>Highlighting the importance of taking folic acid before conception.</p>

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