



# Feedback summary (Briefing)

Women's health and services  
in Suffolk

Published February 2024

**healthwatch**  
Suffolk

Trusted Insights

# 1. About this report

A brief introduction to this report and Healthwatch Suffolk CIC, including any relevant sources of insight.



## About Healthwatch Suffolk

We collect and share lived experience to improve standards of health and social care in Suffolk, regionally and nationally. Our independent role is enshrined in law, supported by trusted data and embedded in local integrated care systems by established relationships with partners. Our service is founded on long-standing values of transparency, accountability and accessibility. We want everybody to feel equally valued, listened to, seen and heard.

For more information about our role, and how we are inclusive, please [visit our website](#).



### Our core purpose is to...

Collect and share lived experience to influence better standards of health and social care.



### We live and breathe...

Co-production in everything possible. We are inclusive, transparent, accessible, and accountable. We believe passionately that listening and responding to lived experience is vital to create health and care services that meet people's needs.

## This report

This report is intended to support developing plans to address women's health needs in Suffolk and North East Essex (SNEE), coordinated by the Women's Health Programme Insight and Oversight Group in SNEE. Furthermore, it offers an overview of local feedback about women's health issues and services as a foundation of lived experience evidence useful to the work of Healthwatch Suffolk, and its partners.

### Data source

The data available within this report has been exported from the Healthwatch Suffolk Feedback Centre ([www.healthwatchesuffolk.co.uk/services](http://www.healthwatchesuffolk.co.uk/services)).

Generally, Feedback Centre comments were recorded by:

- Healthwatch Suffolk Community Development Officers (CDOs) working in the community as a part of their day-to-day core Healthwatch activity.
- Visitors to the Healthwatch Suffolk website (from searches online, or through links available on service websites).

We have also included observations from our CDOs about their engagement with people in communities and information about related projects and surveys.

Healthwatch Suffolk did not run any specific call for local feedback to inform this report.

### For more information

Please contact [info@healthwatchesuffolk.co.uk](mailto:info@healthwatchesuffolk.co.uk), or call freephone 0800 448 8234 to connect with our team.

# 2. Relevant insight

Explore our published insights about women's health in Suffolk, and read informal feedback from our Community Development Officers.



## Existing work and insight

At the time of publishing, Healthwatch Suffolk has shared several reports concerning women's health in Suffolk. Please see brief information about our projects below, with links to further information and reports.



### Maternal mental health (Published March 2023)

National analysis of 2,693 experiences across England showed how new mothers and birthing parents feel six-week postnatal checks – required of GPs in England – were failing many new mothers. We explored 45 responses from people who took part in this national Healthwatch survey from Suffolk, and called for change.

[Explore more](#)



### Menopause and perimenopause support (Published December 2022)

Over 400 people across Suffolk and Waveney shared their personal experiences of the menopause and perimenopause, and the support they had received. Respondents were asked for their perspectives across a range of different topics, including how their treatment could have been improved and how the advice they were offered.

[Explore more](#)



### Experiences of maternity care 2021–2022 (Published March 2022)

Analysis of the experiences of 147 new parents, who shared their experiences of having a baby in Suffolk throughout 2021 and early 2022. Their feedback revealed four key drivers of patient experience that we shared to shape services.

[Explore more](#)

### Experiences of maternity care (Published November 2021)

We shared the experiences of 90 people who had used maternity services during the COVID pandemic, highlighting a range of issues that had impacted people's care and support at the time. Our news item highlights that around a third of the feedback was positive. However, people highlighted several concerns about their care, including that staff did not approach aftercare support with empathy or understanding, lack of monitoring and that specific support (e.g., for breastfeeding, pain relief or mental health) was not easily available or offered.

[Explore more](#)



## Screening during the pandemic (Published September 2021)

In September 2021, on behalf of the NHS, we asked people to share their experiences of accessing screening services and to share views about using them during the pandemic. Our summary report includes various references to people's experiences of different types of screening at the time, including breast screening and cervical screening.

[Explore more](#)

## More insight from other research projects



### My Health, Our Future (Phase seven)

My Health, Our Future is a programme of research exploring the wellbeing of young people across Suffolk. In total, the programme has now recorded and analysed more than 55,000 responses from young people attending schools and colleges across the county.

In 2023/24 (phase seven), more than 13,000 responses were recorded relating to a range of issues and topics (e.g., sexual harassment in school/college, wellbeing, education about mental health and hormones, awareness of sexual health support and much more).

Some key findings from female students in 2023/24 are outlined below.

#### Wellbeing, happiness, and anxiety

- Female students had lower average wellbeing scores than male students (19.5 vs. 21.3).
- Female students were more likely to report being unhappy with their health, compared to male students (14% vs. 8%).
- Female students were more likely to indicate 'moderate' to 'severe' levels of anxiety, compared to male students (47% vs. 23%).

- 31% of female students were concerned about their weight, compared to 25% of male students.

## Sexual health

- 77% of female students in Year 9 and above were not aware of integrated contraception and sexual health services (iCaSH).
- 20% of female students were aware of iCaSH before the survey, compared to 15% of male students.
- The biggest barriers preventing female students from accessing sexual health services were feeling embarrassed, and not knowing where a clinic was. More detail about our responses is shown in the table below.

	Female	Male
I would be embarrassed	37%	26%
I don't know where there is one	24%	19%
I don't have a sexual health service near me	4%	4%
I don't want to call for an appointment	17%	9%
I have to rely on family/parents for transport	19%	10%

## Sexual harassment

Our survey included a definition of sexual harassment as follows:

*“Sexual harassment is any unwanted sexual behaviour that makes someone feel upset, scared, offended or humiliated, or is meant to make them feel that way”.*

Within this context, young people responded to a series of statements about some forms of harassment they may have seen, ranging from people ‘making sexual jokes’ in school or college, to the sharing of ‘images or videos of other students of a sexual nature’.

- 42% of female students had heard or seen a form of sexual harassment compared to 30% of male students.
- This included more than 1 in 3 female students reporting they had heard/seen the sending of ‘unwanted messages of a sexual nature’ (36%), and the sharing of ‘images/ videos of other students of a sexual nature’ (37%).
- Almost a quarter of female students had heard or seen the use of ‘sexual threats’ (23%).

The table below includes more detail about how young people responded to our statements.

	Female	Male
Making sexual jokes	67%	49%
Homophobic or transphobic language	61%	42%
Unwanted messages of a sexual nature	36%	20%

## Women's health and services in Suffolk

Healthwatch Suffolk - Feedback report

Sharing images/ videos of other students of a sexual nature	37%	20%
Making sexual comments about other student's appearances	47%	27%
Making sexual threats	23%	16%
Other unwanted sexual behaviour	29%	17%
None of the above	25%	46%

- Female students were more likely to report that they wouldn't feel comfortable reporting sexual harassment at their school or college compared to male students (26% vs. 17%).
- 30% of female students felt confident to report and 42% of male peers felt confident to report sexual harassment at their school or college.

### Hormones

- Female students were more likely to say they were not given enough information about the physical and emotional changes their bodies may be experiencing during puberty - or information was not provided to them at the right time.
- Almost a quarter of female students said they were not given enough information about emotional changes to expect, compared to 16% of male students.

	Female	Male
I was given information but not at the right time	19%	13%
I wasn't given enough information	17%	11%
I was given information but not at the right time	15%	13%
I wasn't given enough information	24%	16%

### Visiting primary care

Female students were more likely to select negative statements compared to male students. For instance, almost a quarter of female students felt they wasn't taken seriously by the GP (24%) and wasn't believe about the level of pain they were experiencing (22%).

	Female	Male
I felt listened to	33%	49%
They really tired to help	33%	42%
I felt relieved after seeing the medical practitioner	21%	27%
I wasn't taken seriously	24%	13%

I was dismissed because of my age	17%	8%
I was dismissed because of my gender	4%	4%
I was told that what I was experiencing was normal during puberty, even though I felt it wasn't	29%	12%
I wasn't believed about the level of pain I was experiencing	22%	10%
I didn't feel involved in discussing options about treatment	16%	15%

Our countywide summary of the key phase seven findings can be found on <https://healthwatchsuffolk.co.uk/mhof/mhof-phaseseven/>. For more information about MHoF, and to access all reports, please visit <https://healthwatchsuffolk.co.uk/mhof/>.



## Dementia care and support in Suffolk

In May 2023, we published a report (and other resources) about people's experiences of dementia care and support in Suffolk. Although not directly related to women's health, the report includes many references to the experiences of women with dementia. This included, for example, instances where women had felt uncomfortable with care arrangements because their requests for female carers had not been met.

Our reports and videos included important key learning about the support people need, and the project is helping to shape and inform a developing dementia strategy for Suffolk.

Please visit <https://healthwatchsuffolk.co.uk/ourresearch/dementia/> to learn more about this research, and to watch our videos of people sharing their lived experiences.

## Informal reflections from our Community Development Team

Our Community Development Officers visit local services and communities across Suffolk to engage with people about their experiences of using NHS and social care services.

Following their visits, the team provides a summary of patient feedback to practice managers for service improvement and records the feedback onto our Feedback Centre. This, combined with direct digital feedback, helps to ensure our service listings offer a balanced perspective as to people's current experiences of the services.

Our staff have reflected that women sometimes feel clinicians can be dismissive about their concerns and symptoms, or even ignored. In one example, a woman had her care transferred from one hospital to another after they felt a consultant had entirely dismissed their pain. Upon transfer of their care, the person had received swift and appropriate treatment (an operation). Similar sentiments are reflected in the comment we have highlighted overleaf.

With regard to gynaecological or menopause and perimenopause support, people have reported visiting multiple doctors without being able to move forward with investigations. One patient told us they had spoken with, but not seen, eleven different clinicians in a year when trying to get their concerns addressed.

Various other women in communities told our staff they had felt dismissed by GPs, or had been unable to speak with a doctor about their symptoms or concerns. Instead, they had been issued with medication, with little or no discussion and there appeared to be inconsistency in advice between clinicians. People have also expressed that there is a lack of information available to people about what to expect from the menopause.

We have also received feedback about how preference over the gender of clinicians (e.g., requests for female staff) can be a barrier to accessing care. In one instance, our team assisted a lady who was seeking an appointment with a female GP. She had been told that there was no way to meet this preference, other than to call each morning to find out if an appointment was available or to visit the practice website to access eConsult. The person did not use online services. We were able to facilitate a conversation with reception to help the person to know when female GPs may be available, but this experience shows the difficulties some digitally excluded women can face.

A lack of choice relating to the gender of clinicians can also lead to people refusing care. In one case, a local charity had encouraged a woman to attend for cervical screening, with a person chaperoning them. But when they got to the room, the nurse was male and the patient refused to go forward with their appointment due to their history. Feedback of a similar nature was also noted about vulnerable women attending for scans in maternity services. One person expressed to our staff that they felt a lack of advanced warning about the gender of sonographers can lead people to feel very uncomfortable, conflicted between feelings of security or safety and the need for important scans.

**“I have had untold amounts of issues with this GP surgery. Some of the staff are genuinely trying to help, but the majority of people I have seen and spoken to have been dismissive, unkind and not listened or taken me seriously...**

**“A lot of the time I just get prescribed medication without seeing or speaking to a doctor or nurse, particularly for my chronic pain. I have been to see practitioners at the surgery over the last couple of years for a few different things and have been met consistently with I am just anxious, hormonal, stressed, over-thinking or there’s just nothing they can (will) do. Never sent for tests or further examinations until it has gotten worse and I push and push to be taken seriously.**

**“Most recently I went for a gynaecological appointment firstly with a nurse who tried her best to help but said I needed to see a GP. There were no face-to-face appointments, and only phone appointments over two weeks away. So they suggested I ring for the on the day team. I did this and was completely invalidated and belittled and told I was hormonal and didn’t meet requirements for any scans. I am now left no better off than before I went to the surgery.”**

# 3. Feedback Centre

Analysis of feedback recorded on the Healthwatch Suffolk Feedback Centre ([www.healthwatchsuffolk.co.uk/services](http://www.healthwatchsuffolk.co.uk/services)).



## About the Feedback Centre

The Healthwatch Suffolk Feedback Centre is a platform people can use to find, rate and review any health or social care service in Suffolk. You can visit the Feedback Centre on <https://www.healthwatchsuffolk.co.uk/services>, where it is possible to view the feedback people have left about services, including responses from services.

There are more than 20,000 reviews currently listed against hundreds of local services. All feedback is moderated by the Healthwatch Suffolk team to make sure it is not abusive, that it is grounded in a genuine experience of using a service, and that it does not identify any person.

For more information about the Feedback Centre, please contact us.

## Sentiment summary

In total, 98 comments were recorded between January 2022 and January 2024 referencing women's health (25 comments were removed about maternity services because they were included in other briefings referenced in this document). The overall sentiment of these comments is shown in the table below.

Service	Count	Positive	Mixed	Negative
All services	98	39 (39%)	19 (15%)	40 (41%)

Comments were included if they were listed against particular women's health services or if they mentioned key words associated with women's health issues and support. Most comments (86, 70%) related to local maternity and neonatal services and support. The table below shows the number of comments captured about each support theme, and their overall sentiment.

Theme	Count	Positive	Mixed	Negative
Maternity care	63	28	15	20
Gynaecology care	10	3	2	5
Menopause support	7	3	1	3
Breast clinics and cancer services	6	2	0	4
Perinatal mental health support	4	1	0	3
Cervical screening	3	1	1	1
Accident and Emergency	2	1	0	1
iCaSH Suffolk	2	0	0	2
Other	1	0	0	1

## Key themes (by service and support type)

The following information is intended to offer a brief outline as to some of the key issues included in people's feedback. It is important to note that the quantity of data available to us is not sufficient to claim that the feedback is representative of every person using NHS or social care services in Suffolk.

### Maternity care and support

We have previously published reports about the experiences of new parents in Suffolk (covering the period 2020 – 2022 and prior) to shape and inform the development of local maternity and neonatal system strategies.

- [Click here to download](#) our report published March 2022
- [Click here to view our summary](#) published November 2021

The feedback included in our analysis is inclusive only of comments received since April 2022 (following the publication of our most recent maternity experience briefing).

### Positive feedback

Positive comments highlight the helpfulness of continuity of care, with 10 comments referencing this:

*"I saw the same midwife for each appointment and received really good care. All appointments were arranged well and I had lots of extra appointments to monitor my baby's growth and everything at all points was well explained. Once I'd had my baby I was well supported around feeding and given advice to help."*

*"Excellent continuity of care. I had the same team throughout my maternity experience. This helped me with my confidence in them. I had a post-partum haemorrhage and necessary procedures, which were big things to cope with. I was in for 3 days total in the hospital and was able to have my birthing partner with me for the whole time. Just very caring team and going through a few difficult things, meant they really just knew me and my needs and wishes."*

*"I had good midwives and great continuity which was great, the students were very good too and I felt very supported. It was such a great birth and that was all down to the staff. I did privately do hypnobirth as don't think it was available or offered by the hospital."*  
*"After having my previous child a couple of years ago and this one a few months ago, I was able to see the difference in the continuity of care teams. It was excellent and made such a difference to me. Yes, Covid will have played a part last time, but seeing the same team helped so much, which in a way I would have expected in Covid due to having 'bubbles'. I would say too that the mental health support was really good too, as the last experience was difficult due to covid and lack of support from family being allowed, and it being my first. So, I was nervous, but they were brilliant."*

Only two out of a total of 18 comments about community midwives were negative, with most comments describing them as having a positive attitude and being easy to contact:

*"I've been so well supported by my community midwife in Bury St Edmunds. She has provided all the information and support I've needed and has been really easy to get hold of when I've needed her. She has also been so flexible around my job."*

*"The community midwives based at Hartismere Hospital have been great, they offer wonderful support and I have been able to call her whenever I've needed advice, I really can't fault the care provided."*

*"I found the community midwives to be friendly and they made sure that I had the number to call if I had any questions. I liked that they came to the house after the birth and I felt well supported."*

Maternity staff in the hospital were also described as supportive and empathetic:

*"I contacted the maternity triage unit in the morning and shared the concerns I had about my pregnancy, they were empathetic, helpful and supportive on the phone and arranged an appointment for me within 30-minutes time. I arrived at the unit and was seen very quickly and greeted by friendly and professional staff, they made me feel at ease and the process for checking me out was quick and efficient. They were reassuring throughout and explained to me what was happening."*

*"I had one midwife throughout my labour and was well supported after the birth with feeding my daughter as she struggled to latch on well but the staff were great and I was very grateful for the support."*

*"The maternity staff did a really good job. I had regular scans and blood tests done by the hospital team and they were always great. My community midwife was also really good, very supportive and the care after the birth was very good as they were incredibly supportive."*

## **Negative feedback**

Multiple people described a lack of staff and support after birth, particularly for feeding:

*"Once I'd had my baby and the staff realised that I was formula feeding they weren't interested in me at all. I wasn't supported or shown where to go or what to do"*

*"My experience when having my baby was mixed. The actual birth was good but I had little continuity. Afterwards, I didn't feel at all supported when I had difficulties breastfeeding. I had really wanted to breastfeed but I had so little help that I didn't manage to in the end which was a real shame."*

*"I found there was limited support. I was not aware that there was a reflections service to help with difficult births and the breast feeding support and information about what support is available more widely was limited."*

People also shared negative feedback about check-up appointments, including 6-week checks:

*"I didn't feel that the 6 week check for both me and my baby was that great and I didn't*

*have confidence that knew how to use the red book and what to complete it. It felt like a tick box exercise just asking if I smoked or was experiencing domestic abuse, but there was no physical examination. After speaking to another GP to raise my concerns, I have been able to re-book both checks for them to be done in the next few weeks. I left the initial appointment very disappointed."*

*"Refused to see my three week baby so ended up phoning 111 and spending the night in hospital. Not informed by anyone about having an infection 10 days post section! Left it for another week as was in agony to be told I should had been informed a week previous! Lack of patient care!"*

## Related work

Positive action is progressing within the Suffolk and north east Essex (SNEE) maternity and neonatal system to improve outcomes for patients and clinicians from six-week checks. The work follows the publication of our report about people's experiences in support of a national Healthwatch campaign.

Please read our news item for more information about this work: <https://healthwatchsuffolk.co.uk/news/healthwatch-england-reports-national-improvement-to-maternal-mental-health-support/>



A statement from the ICB reads:

*"We are developing a checklist to help women and birthing people prepare for their appointment in advance, and clinicians across Suffolk and north east Essex (SNEE) will have better guidance about issues that should be covered as a part of the six-week check. This is in addition to a toolkit from NHS England that will support GPs to complete six-week checks.*

*"Importantly, our local system has co-produced the checklist to make sure it is meeting people's needs. The checklist is currently being trialled across SNEE over a three month period. There are four GP practices trialling the checklist, which they send to new mothers when they are invited to their postnatal check appointment. Women and birthing people are encouraged to complete the checklist in advance of their appointment in order to empower them to discuss topics that matter to them.*

*"The checklist covers physical health and mental health to ensure all aspects of postnatal recovery are included. Feedback is being collected from those people using the checklist via the Let's Talk SNEE engagement platform. There is a plan to produce the checklist in different languages and it will be available via the new maternity website in SNEE launching soon. The checklist will be rolled out to all GP practices in Suffolk and north east Essex during 2024."*

***“My experience when having my baby was mixed. The actual birth was good but I had little continuity. Afterwards, I didn’t feel at all supported when I had difficulties breastfeeding. I had really wanted to breastfeed but I had so little help that I didn’t manage to in the end which was a real shame.”***



Other negative comments about maternity care included those about a lack of information and advice, and issues with communication between staff and patients on wards:

*"I received no information about induction at all (potential side affects, increased risks etc). I saw a consultant previous to the induction who in front of me told me they are 'googling' to see if my stats mean I can have induction! Really why would they tell me they are googling it?! It does not give you much confidence. I was not offered pain killers and had had no examinations when we went through to the birthing suite. The midwife was 'about' but barely spoke to me, I was not encouraged to do anything like walk about, try different positions, or anything. I did get to the point where I was in so much pain I asked for an epidural."*

*"I received no information about induction at all (potential side affects, increased risks etc). I saw a consultant previous to the induction who in front of me told me they are 'googling' to see if my stats mean I can have induction! Really why would they tell me they are googling it?! It does not give you much confidence. I was not offered pain killers and had had no examinations when we went through to the birthing suite. The midwife was 'about' but barely spoke to me, I was not encouraged to do anything like walk about, try different positions, or anything. I did get to the point where I was in so much pain I asked for an epidural."*

*"When I was in labour I had difficulty convincing the midwife to check things were progressing as they didn't want to check me. I was 4 weeks early and by the time they checked me the first time I was 8 cm dilated. I was then moved quickly to a delivery suite."*

*"I had a complex pregnancy and people weren't reading my notes so I had to explain multiple times that I wasn't now having a multiple birth which was incredibly hard."*

## Gynaecology (Ten comments)

### Negative feedback

Four of the five negative comments about gynaecology services were about communication and access to services:

*"On numerous occasions I've tried to make appointments, I waited over an hour to be seen, multiple times be told to come back if my condition worsened (it has been so bad for the last 2 years already) I had to demand to be referred to a gynaecologist. You literally have to be half dead to get an appointment at the surgery."*

*"Despite getting updated reminders of my telephone consultation I was not called, when I phoned up to find out when I would be called, I was informed that everyone in that department had gone home and that they could see from the phone list everyone was called other than me."*

*"I've had a 3 month wait to be seen by one hospital department and also years for surgery. Gynaecology aren't getting all the information they needed and I've not been given any information and have been left hanging, unsure of what will happen next. I was originally told I would be seen in 2 months but now waiting over 3 months to be seen again but that date has come and gone so I'm now unsure when I will actually have my appointment."*

## Positive feedback

Three positive comments were about patients' experience of the gynaecology service when attending for an appointment. They tended to reflect on how people had received good information, advice, and treatment:

*"Receptionist was friendly, efficient and polite and directed me to waiting area. Appointment time was 3.20 and I was called in by 3.30. Nurse explained that Dr that I had appointment with was not in so advised of change. I was nervous and unsure what to expect but very quickly and efficiently informed of procedures to be undertaken. I had a biopsy and hysteroscopy which I hadn't anticipated but staff were fantastic. I didn't feel overly embarrassed or uncomfortable and was kept informed and reassured at all stages. The information I was given was well explained and throughout I was being spoken to which made me feel more relaxed and respected. They worked together as a great team."*

*"My mother had an appointment with Stour Ward Gynaecology at Ipswich Hospital today. My mother is 82 and she was nervous about attending. Two staff members provided my mother with an excellent level of care. They explained everything, they didn't rush my mother, they were both friendly, professional and reassuring."*

*"Traumatic experience regarding the procedure. All staff, consultants, anaesthetist very reassuring and professional. They were able to reduce the trauma I was feeling and explained each step of the gynaecology surgery in clear and professional terms. Surgeon and anaesthetist visited me following the procedure with the findings of the surgery and explained what they had been able to remove and the biopsy tests that would be performed. I owe all the staff a huge debt of gratitude. At my age, I had been terrified of the impending surgery, they reassured me and were so kind, they enabled me to feel less apprehensive."*

## Menopause support (seven comments)

All three positive comments describe good information and advice for menopause at GP surgeries, for instance:

*"These clinicians are well trained and study for their qualifications, one in particular specialises in women's health, which is so helpful for menopause questions. I have never had a problem with this Surgery they are always helpful, kind and caring."*

*"I visited surgery for the first time. Saw a Doctor. Menopause issue which has left me feeling extremely anxious. She listened and gave further steps"*

The negative comments surround getting an appointment at the GP, at all or with a specific practitioner:

*"It gives me the option to name a particular clinician to get back to me, but doesn't allow me to insert the name of the person I wish to see. Instead, I am giving a list of doctors I've never heard of. It's also very insensitive; I wish to consult with the Senior Nurse Practitioner I saw over a long period last year regarding menopausal/gynaecological issues, but her name, as well as names of most of the doctors and staff, seem to have vanished into a black hole. Instead I'm being asked to accept anyone who happens to be around to get back to me. Where's the patient care continuity?"*

*“Ring at 8am, wait in queue for 35 minutes only to be told all routine appointments have gone. Only day off work and have to call on the day. Now got to do it all again next week. I am a menopausal woman with fibromyalgia that manages to work but can't get an appointment, very unhelpful”*

The mixed comment also describes difficulty getting an appointment for what the patient thinks to be menopause related symptoms:

*“On the day general stuff is OK here. I have however had problems getting heard about symptoms I believe are menopause related. As I am younger it was dismissed. It has now taken 2 months to get an appointment for a blood test and I am coming in for that next week. I felt dismissed and that I do not know my own body, but this does seem to run in our family and it is not really that uncommon. Meanwhile, I am struggling.”*

### Breast clinics and cancer care (six comments)

Three comments about breast clinics referenced difficulties people had faced when trying to get an appointment or referral to secondary care:

*“I used the breast problem link via Ask my GP to report my concern with breast pain and a swollen lump (the lump has been examined and cleared in the past but is feeling bigger ATM). A breast consultant called and told me over the phone this is NOT cancer as there is NEVER pain with breast cancer and I was sent a video about breast pain management. I was hoping for an examination and mammogram (like before) but they said they are getting too many referrals from GPs and clinics and have been overrun with cases that do not need further investigation. I sent another request to ask what is the treatment if the pain is a cyst and a second consultant called and explained how breast cancer is 100% never with pain (I have friends who have shared experiences of pain with breast cancer but I was told this would be coincidental). This time, however, they have offered to see me at the breast pain clinic on a non-urgent referral. There is up to a 4 week wait for this. I feel glad that I have persisted to be seen but worry about anyone else who would be turned away and then not feel confident to follow up again and get face to face reassurance. Especially when the video actually says that worrying about cancer can give you cancer!”*

One person commented about the experience of LGBT\*Q+ people undergoing treatment for breast cancer, and their perception of how clinicians approach their conversations differently in light of their sexuality.

*“As a same sex couple and partner of someone undergoing cancer treatment I am constantly asked who I am to justify why I am at appointments. Consultants and ward staff ask questions that if I was a man wouldn't even be asked. One doctor wouldn't even talk with me and ignored the fact I was even there. Another wouldn't then look at my partner when they were giving really bad news, they really haven't been sensitive at all and appear to need basic training. Staff have also given poor advice after seeing the breast cancer diagnosis in isolation and didn't take in to consideration how other areas had been affected so further damage has been caused.”*

Another person commented positively about their care from the James Paget University Hospitals NHS Foundation Trust.

***“After reporting breast pain, and a change to an existing lump, it took two attempts to be referred as a non-urgent case (they are trying to reduce the high numbers of urgent referrals). I am glad I persisted, and I was very pleased with the care and attention from both the consultant and especially the mammogram staff who showed the highest level of care and patience. The clinic has undergone a huge transformation since I last visited and is very welcoming (friendly helpful reception staff), efficient (consultation and imaging all in same clinic) and smart looking. My visit was under two hours too.”***

*"Was seen by the breast clinic in October 2022 and they have worked so hard the past year trying to work out what was going on for me. I did struggle at first with not seeing the same doctor but once I was assigned to one doctor she was amazing, I had multiple tests done as we didn't want to jump straight into surgery I was seen every 2-3 months and when we exhausted all options I was scheduled to have an operation. I had my operation and my doctor reassured me and explained the possible outcomes because we weren't sure what was going to be found! The receptionists greet you with a lovely smile and the team who work within the Broadland suit are all so lovely and caring. They make you feel at ease and always remember your face. I am so grateful for the care I received from these amazing people."*

## **Perinatal mental health care and support (Four comments)**

Two comments were about patients' negative experiences with staff at their GP practice:

*"...one of your GPs couldn't be bothered to pick up the phone for 5 mins after I stated I was depressed, not in a good way and suicidal whilst being in my second trimester of pregnancy, the GP sent an email telling me to get fresh air and spend time with friends? Not even knowing my situation? And we wonder why mental health is at its prime."*

*"My daughter had a lot of trauma from her birth, and then was denied medical care from her surgery. Rude arrogant receptionists that made disgusting comments like "it's your own fault" and "it's not hard" sighing down the phone to a concerned parent. DISGUSTING."*

There were also two comments about the Suffolk Perinatal Mental Health Team. One was positive, and one was negative.

*"Told we were over reacting when we were trying to plan for all eventualities and they didn't seem interested in safety planning. The language staff used was not neutral and they didn't choose their language well and every issues raised during the pregnancy was put down to my mental health."*

*"The truth? I probably wouldn't be here filling this in without the amazing support and care of these guys. They never gave up on me- even when I disengaged, split and ignored their calls... They really do care and they make sure you know that they do."*

## **Cervical screening (Three comments)**

All three comments that made a reference to cervical screening were about access to appointments in primary care. One of the comments highlights a lack of awareness about flexible options for cervical screening in the county.

*"I don't use the surgery much but when I called the surgery to arrange a cervical screening appointment and I was given one for the following week which was good. The phones can be busy and I did call in the morning to be told that there were no appointments available but to call back later in the day and I was then given a face to face appointment. Its hard to wait so long on the phone and then take call backs at work when I can't have my phone on me."*

*"I have had some difficulty trying to arrange a cervical screening appointment as there is*

*little flexibility with appointments.”*

*“Until recently I wasn't aware that GP+ appointments are available or that there was another service offering cervical screening at different times of day. When I tried to book mine it took a while to get the appointment, I didn't know of the other service so just waited.”*

## Accident and emergency departments (Two comments)

Two comments were about patients who had visited accident and emergency departments following advice from clinicians.

The positive comment described polite staff in A&E:

*“After calling the maternity ward I was advised to come to A&E. I've been seen by the nurse and they said I would be fast tracked, but not sure how long that will be, I haven't been here long at all. The staff have been polite too.”*

The negative comment described poor communication between gynaecology and accident and emergency departments in a local hospital:

*“Even though I had been told to attend A&E by Gynaecology there seemed to be a break down in contact between the departments. I also find it outstanding as did others there that there was an inability to access a patients records even though I had been to the hospital for a procedure only days before.”*

## Integrated Contraception and Sexual Health Services (Two comments)

Both comments highlight problems people have experienced regarding access to contraception and sexual health services or treatment, including problems with contacting services and lengthy waiting times.

*“I called in June but was told that to have a coil fitted it would be a 4 month wait. A friend has been told that for an implant it will be a year. My GP got me on a waiting list with GP+ which was given some additional funding to try and reduce the waiting list, but I was called the day before the appointment to say it was cancelled. I'm hoping that I will now get seen by the service in the next month or so.”*

*“I need an implant removed but I've called on and off nearly 15 times over a couple of months and have not got through to speak to anyone yet. My surgery have said that they can't remove it and I need to attend the clinic so need to get through to them.”*

We will be making this report publicly available by publishing it on the Healthwatch Suffolk website.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

**If you require this report in an alternative format, or language, please contact Healthwatch Suffolk on 0800 448 8234 or by email to [info@healthwatchsuffolk.co.uk](mailto:info@healthwatchsuffolk.co.uk)**

## **Contact us**

### **Healthwatch Suffolk**

**Email:** [info@healthwatchsuffolk.co.uk](mailto:info@healthwatchsuffolk.co.uk)

**Tel:** 0800 448 8234

**Website:** [www.healthwatchsuffolk.co.uk](http://www.healthwatchsuffolk.co.uk)