



Horsham District Women's Health Survey Report

Access to Health Care for Women

May 2025

Report written by:

Cheryl Berry
*Community Partnership Lead
Healthwatch West Sussex*

Supported by:

Dr Emma Woodcock
*GP Managing Partner Orchard Surgery Horsham,
Co-Clinical Director Park and Orchard Primary Care
Network and GP with an interest in Women's Health.*

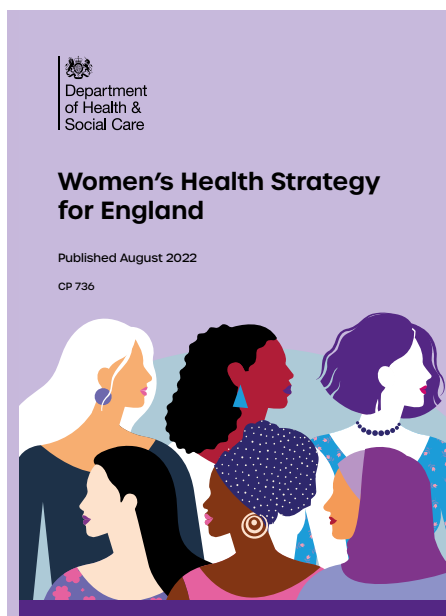
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Context

National evidence and strategy

Although women and girls make up **51% of the UK population**, evidence suggests they do not receive the same level of care, investigation, or treatment for common and significant diseases as men.

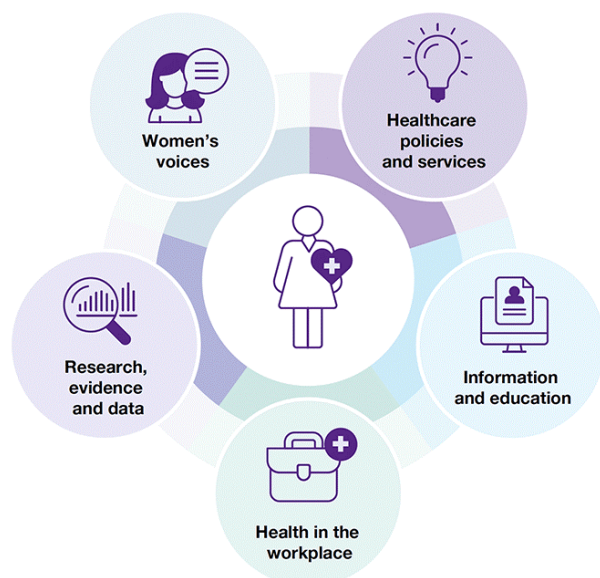


The consequence of this inequality is that women end up with poorer health in **more significant disease areas** than men.

In response, the Department of Health and Social Care (DHSC), published the **Women's Health Strategy for England in August 2022**, which sets out NHS England's ambition for improving women's health over the next ten years.

The national strategy set out a six-point action plan to ensure women's voices are heard, to improve access to services, address disparities in outcomes, provide better information and education, and improve the way in which the health and care system engages with women and girls.

The national six-point plan



The diagram shows the 5 key themes:

- Healthcare Policies And Services
- Information And Education
- Health In The Workplace
- Research, Evidence And Data
- Women's Voices

Ensuring women's voices are heard:

Tackling taboos and stigmas, ensuring women are listened to by healthcare professionals, and increasing representation of women at all levels of the health and care system.

Improving access to services:

Ensuring women can access services that meet their reproductive health needs throughout their lives, and prioritising services for women's conditions such as endometriosis. Ensuring conditions that affect both men and women, such as autism or dementia, consider women's needs by default and are clear on how conditions affect men and women differently.

Addressing disparities in outcomes amongst women:

Ensuring that a woman's age, ethnicity, sexuality, disability, or where she is from does not impact upon her ability to access services, or the treatment received.

Better information and education:

Enabling women and wider society to easily equip themselves with accurate information about women's health, and healthcare professionals to have initial and ongoing training to treat patients knowledgeably and empathetically.

Greater understanding of how women's health affects their experience in the workplace:

Normalising conversations about taboo topics such as periods and menopause is essential to ensure that women can remain productive and feel supported in the workplace. It also involves highlighting the many examples of good practice by employers. This is key to improving how the health and care system engages with and listens to all women and girls, using a life course approach.

Supporting more research, improving the evidence base and spearheading the drive for better data:

Addressing the lack of research into women's health conditions, improving the representation of women of all demographics in research, plugging the evidence gaps, and ensuring existing data is broken down by sex.

The national evidence of need

Although **women** in the UK live longer than men, women spend significantly more time in ill health with a lack of support with specific issues including miscarriage and menopause. There are disparities in women's health across the country, for example:

- Many **diseases and disorders** strike women more than men, including stroke, heart disease, Alzheimer's, Crohn's Disease, Irritable Bowel Syndrome, gastro disorders, depression, anxiety, insomnia.
- **Women are 28% more likely to wait** more than 4 months for NHS treatment than men (54% vs 42%)
- More than **570,000 women in the UK** are on the waiting list for a gynaecology appointment— over a 60% increase on pre-pandemic levels.
- **1 in 3 women** do not take up their invitation for cervical screening.
- **Menopausal women lack basic support**. Around 80% say workplaces have no policies or help in place, and 45% of women avoid speaking to a GP due to stigma.

- Women are **50% more likely** than men to receive a wrong diagnosis for a heart attack.
- **Women spend over a quarter of their lives** in ill health or disability, compared with around one fifth for men.
- In recent years, **healthy life expectancy has fallen for women** but has remained stable for men.
- 77% of the NHS workforce and 82% of the **social care workforce are women**.
- **Women are more likely than men to be carers**, to live in poverty, and to experience physical and sexual abuse.

Women's Health Hubs – what are they?

Women's Health Hubs bring together healthcare professionals and existing services to provide integrated women's health care in the community, with a focus on meeting women's needs throughout their lives.

The aim of the Women's Health Hub is to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities.

At a neighbourhood level, this will be the first step toward reducing inequalities and providing better access to basics services women require.

Women's Health Hub

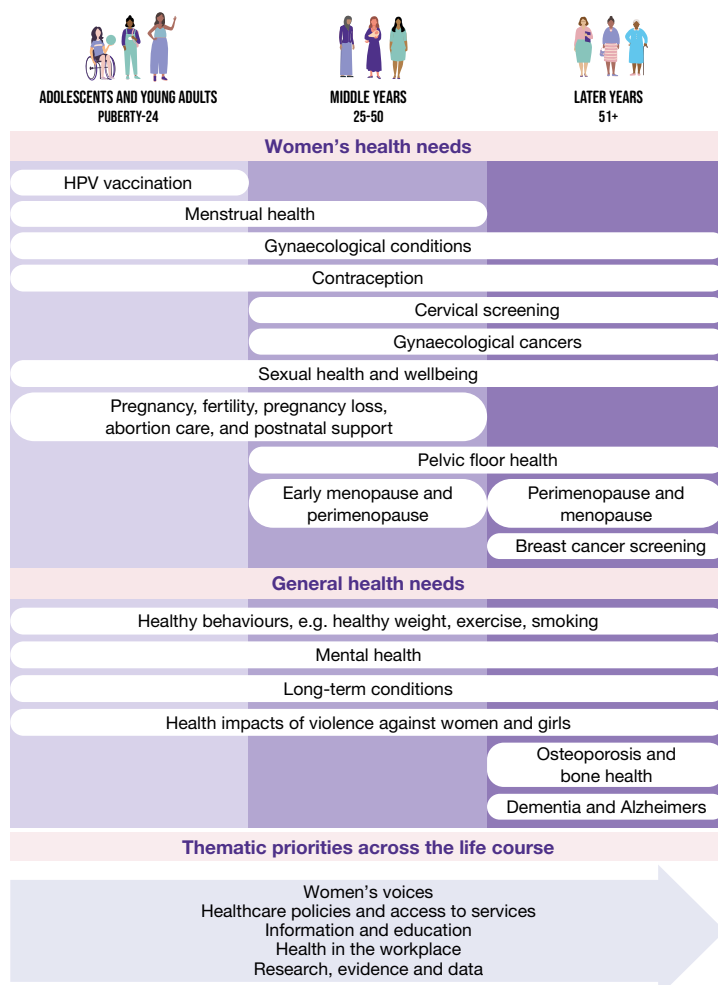
Services offered.

A Hub could offer a variety of services such as:

- treatment for menstrual problems
- a full range of contraceptive services and methods
- cervical and other screening
- menopause support and treatments
- preconception care
- breast problems
- emotional wellbeing services.

An example is in the **diagram** to the right.

Women's health across the life course



Sussex women's health statistics

The gap between the least and the most deprived areas can be significant, encompassing disparities in income, employment, education, health, crime, and access to services, with the most deprived areas facing challenges across multiple dimensions.

For example:

In **Brighton and Hove** the difference in life expectancy between the most and least deprived areas is 7.7 years for women

In **East Sussex** the difference in life expectancy between the most and least deprived areas is almost 10 years for women

In **West Sussex** the difference in life expectancy between the most and least deprived areas is 14 years for both men and women

Across Sussex, cardiovascular Disease (CVD) is the second largest contributor to the life expectancy gap between those in the most and least deprived groups. Females in Sussex with CVD aged 40-59 are less likely to receive lipid lowering therapies (statins) than males.

Lipid lowering therapies Statins are one of the best-studied classes of medications and the most used drugs for lowering low-density lipoprotein (LDL) cholesterol. They are the most effective drugs for prevention of coronary heart disease, heart attack, stroke, and death.

In the **South-East among females**, the age-specific suicide rate was highest in those aged 45 to 49 years (7.8 deaths per 100,000).

Horsham District data

Local data for Horsham District in the last 2 years shows that smear uptake is lower than the national average, contraceptive uptake has reduced from pre-Covid levels and there has been an increase in sexual offences locally.

Data for the **four Primary Care Networks** (groups of practices that collaborate in providing care for patients) covering the integrated neighbourhood of the Horsham District indicate a female population of 71,728 (51%). Of these, 36,009 are aged 25–64.

Smear uptake figures for Year 23/24:

Age group 25–49: 75.5%.

Age group 50–64: 77.5%.

Both of these results are below the 80% national target.

Contraception:

National data shows that there was a 20.6% decrease in contraception related contacts with Sexual and Reproductive health services in 2023/24.

In the same year there was a reduction in long-acting reversible contraceptive use from 55% to 54%. And use of the contraceptive pill has decreased to 28% compared to 39% in 2020/21.

In addition to this, 13% more emergency contraceptive items were provided by Sexual Health Services nationally compared to 2022/23.

Sexual abuse:

The **table** below shows an increase in sexual offences in the Horsham area.

Indicator	Period	Horsham		South East		England		England Range	Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest		
Syphilis diagnostic rate per 100,000 New data	2024	↗	11	7.4	10.1	16.5	137.8		0.7
Gonorrhoea diagnostic rate per 100,000 New data	2024	↘	68	45	65	124	1,114		18
Chlamydia detection rate per 100,000 aged 15 to 24 years (Female) New data	2024	↗	68	1,026	1,338	1,589	578		4,923
Chlamydia proportion of females aged 15 to 24 years screened New data	2024	—	925	14.0%	15.6%	18.0%	8.7%		43.7%
New STI diagnoses (excluding chlamydia aged 24 and under) per 100,000 New data	2024	↘	388	260	333	482	2,903		126
HIV testing rate per 100,000 population	2023	↘	2,529	1,700.8	2,272.2	2,770.7	360.9		15,587.5
HIV late diagnosis in people first diagnosed with HIV in the UK	2021 - 23	—	2	28.6%	47.5%	43.5%	100%		0.0%
New HIV diagnosis rate per 100,000	2023	↗	5	3.3	9.9	10.4	45.9		0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2023	↗	87	1.10	1.91	2.40	12.45		0.56
Total prescribed LARC excluding injections rate / 1,000	2023	↗	1,505	61.9	52.0	43.5	9.7		86.2
Under 18s conception rate / 1,000	2021	↗	9	3.5	10.7	13.1	31.5		1.1
Under 18s conceptions leading to abortion (%)	2021	↗	5	55.6%	58.5%	53.4%	25.0%		91.7%
Violent crime - sexual offences per 1,000 population	2022/23	↘	305	2.1	2.9*	3.0	1.3		7.0

Sexual and Reproductive health profiles – Horsham South East and England comparator
(Source: Fingertips–Sexual and Reproductive health Profiles)

The case for a women's health survey in Horsham District

Women have talked of the increasing challenges women face in accessing health care in the Horsham area. In discussion with many local people, clinicians and the community, the problem appears to have worsened in recent years due to increased demand for appointments at GP practices and a deskilling of staff during the Covid pandemic, for example, for coil fittings.

Some of the key views shared were around poor access to GP's and other clinicians with more expertise, waiting times for hospital appointments and long distances to travel for some specialist services. Another frequently mentioned area of expert clinical need is perimenopause and menopause services.

In addition, women in Horsham District have expressed concerns about accessing Sexual Health Services which are now based in Crawley. There has also been a significant increase in immigrant and refugee females of all ages in Horsham District who often struggle with language and cultural barriers. This can also be another barrier to accessing healthcare.

Since the Covid pandemic, there has been an increasing need for mental health and wellbeing support for women and local data suggests more women are suffering domestic abuse than ever before.

Listening to Horsham women

In the last few years, Orchard Surgery in Horsham has worked collaboratively with Horsham Wellbeing Hub to try and improve access to support for menopausal women in the surgeries and to help those in the wider Horsham community.

They currently offer a programme of regular events:

Menopause Café Horsham

Gather to eat cake, drink, and discuss menopause – in the town centre on alternate months and advertised on Eventbrite.

Menopause Information Evenings

In collaboration with **Horsham Wellbeing Hub** – Horsham District Wellbeing provided by West Sussex County Council and Horsham District Council. These events are held several times a year in the Wellbeing Hub or Orchard Surgery, are advertised on Eventbrite and the **Wellbeing Hub website** and are free to attend.



In addition to these community events, **Menopause Group consultations** are currently open to Park and Orchard Primary Care Network patients. This is a service that could potentially be accessible for all patients if a Women's Health Hub were developed in the future.

Introduction

Given what we have heard from women and girls in Horsham District, Park and Orchard Primary Care Network, Horsham Local Community Network and Healthwatch West Sussex wanted to ensure that these views were captured in a survey.

We also wanted to gain insights into the potential benefits of developing a specific Women's Health Hub for women in the Horsham District area to address these concerns.

Our survey aimed to identify themes and to discover if a Women's Health Hub style of approach – having the opportunity to explore health related issues with appropriate professionals in a safe space – is needed in Horsham District area. Clinics could potentially be run at the weekend and weekday evenings. We also wanted to learn from local residents about any barriers encountered in accessing women's health services currently.



Horsham District Women's Health Survey

Together with Park and Orchard Primary Care Network and Horsham Local Community Network (LCN), we are keen to gain insights into the potential benefits of developing a specific **Women's Health Hub** for the benefit of women in the Horsham District area.

Our survey aims to discover if you feel this type of approach would improve timely access to good quality care for women, by having the opportunity to explore health related issues with appropriate professionals in a safe space for women.


Clinics could be run at the week-end and evenings. We are very interested in any potential barriers you've encountered in accessing women's health services to date.

Your answers are important to help us shape this local community service that will be designed to better support you and your family needs now and in the future.

The survey closes on the 28th February 2025.


We would like to learn your views and extend a warm welcome to carers, family members, and any individuals who wish to share their thoughts.

Please support us by answering a very short survey.



If you require any support please contact:
If you would prefer to complete by phone, or a hard copy please call 0300 012 0122 or email [Cheryl](mailto:Cheryl@healthwatchwestsussex.co.uk) ([Cheryl](mailto:Cheryl@healthwatchwestsussex.co.uk))

All responses provided will be anonymous.



0300 012 0122
healthwatchwestsussex.co.uk
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HAVE YOUR SAY IN OUR WOMEN'S HEALTH SURVEY



Emma is GP Managing Partner at Oakwood Surgery, Horsham & Co-Chief Officer of Park and Orchard PCN. Cheryl is the Community Partnership Lead at Healthwatch West Sussex.



National Evidence and Strategy

Although women and girls make up 50% of the UK population, the evidence suggests they are not receiving the same level of care, investigation or treatment for common and important diseases when compared to men. The consequences of this inequality to that women and girls with severe health or more significant disease areas than men.

In response, the Department of Health and Social Care (DHSC) published the Women's Health Strategy for England in August 2022, which sets out the Government's ambition for improving women's health over the next 10 years. The national strategy will set a clear action plan to ensure women's voices are heard to improve access to services, address disparities in outcomes, provide better information and education, and improve the way in which the health and care system responds to women and girls.

The Menopause Care Horsham Cluster is a local, whole and holistic approach to the menopause and related health issues.

Regular Menopause Information Evening in collaboration with Horsham Menopause Hub, Horsham District, Horsham & District GP, and HMO.

In addition, they provide Menopause Group consultations for patients. This is a service that could potentially be accessed at a Women's Health Hub as developed in the future.

Women's Health Hub

A Women's Health Hub brings together local health professionals and community resources to provide an integrated women's health service within the local community. It could offer a range of services such as: menopause services, sexual health, reproductive health, and women's wellbeing support. It could also offer a range of services and support to women and girls, such as: family members and individuals who wish to share their thoughts.

The survey aims to discover if you feel this type of approach would improve timely access to good quality care for women, by having the opportunity to explore health related issues with appropriate professionals in a safe space. Clinics could potentially be run at the weekend and weekday evenings. We are very interested to learn of any potential barriers you've encountered in accessing women's health services. Your answers are important to help us better support you and your family needs now and in the future.

Clinics could be run at the weekend and weekday evenings.

Please do complete the survey which closes the end February 2025
<https://www.smartsurvey.co.uk/s/horshamwomenshealth/>



The survey was jointly devised and promoted widely via an A4 flyer through Healthwatch, Park and Orchard PCN communication and community partners.

The survey opened at the end of September 2024 and closed at the end of February 2025.

This report is based on the 1,247 survey responses received.

We would especially like to thank Ben the Editor of **All About Horsham** for his kind support helping to promote the survey.

Thank you. We would like to thank all those who have taken the time to complete the survey and shared their thoughts to support this important piece of work.

Summary

A Personalised Care Approach

Academic evidence shows that supporting women in making decisions about their healthcare is essential for achieving the best health outcomes and ensuring effective use of NHS resources.

Personalised care enables people to experience choice and control of their own health needs which increases self-confidence and resilience.

Effective personalised care requires healthcare professionals and others to work collaboratively across organisational boundaries within a local neighbourhood as part of the Integrated Neighbourhood Team structure. Good communication and collaboration help to produce flexible, safe, equitable and effective care that reflects individual needs and preferences.

Survey Statistics

We are delighted to have received 1,247 survey responses. This is a good sample survey size statistically, especially when combined with system and national data. It therefore provides a good indication of the current concerns and women's feelings about the need for a Women's Health Hub in Horsham District.

Total responses: n1,247

Female responses: n1,234

This represents 1.7% of the total female population and 3.4% of those aged 25-64 years living in the Horsham District.

1,229 (99%) of responders confirmed the services they would like to attend if a Women's Health Hub were to be set up.

This is so crucial to delivering better services and support for women's health. It is overlooked and underfunded and has been for far too long.

Survey Headlines

Lack of joined up approach

The survey has highlighted that women's sexual and reproductive health needs are provided by different services. Some are provided out of the Horsham District.

Since these services are not joined up or are out of area, this can mean extra time is needed for travel, time off work or away from other activities.

Challenging geographical access

Women attend their GP service in the Horsham area yet have to travel to Crawley or further afield to attend a Sexual Health Clinic, a Pessary Clinic or to see a gynaecologist.

Lack of access to clinician with special interest

Responders shared that they would like to access services led by clinicians with a special interest in women's health. It is important to add that with input from gynaecologists and community organisations to support.

There was interest in the inclusion of cervical smears, coil fitting, menopause support, breast screening, and addressing complex gynaecological issues such as abnormal vaginal bleeding and endometriosis.

In particular, the survey demonstrated an urgent need for perimenopause and menopause consultation with a specialist GP.

Need for the wide range of services being joined up

Other areas of interest included access to local comprehensive sexual health and family planning services, including safe sex education, mental health services for anxiety, stress, and alcohol support.

Interest was shown in services that offer a psychosocial and holistic approach to include general wellbeing, lifestyle advice and coaching, as well as education for breast checks.

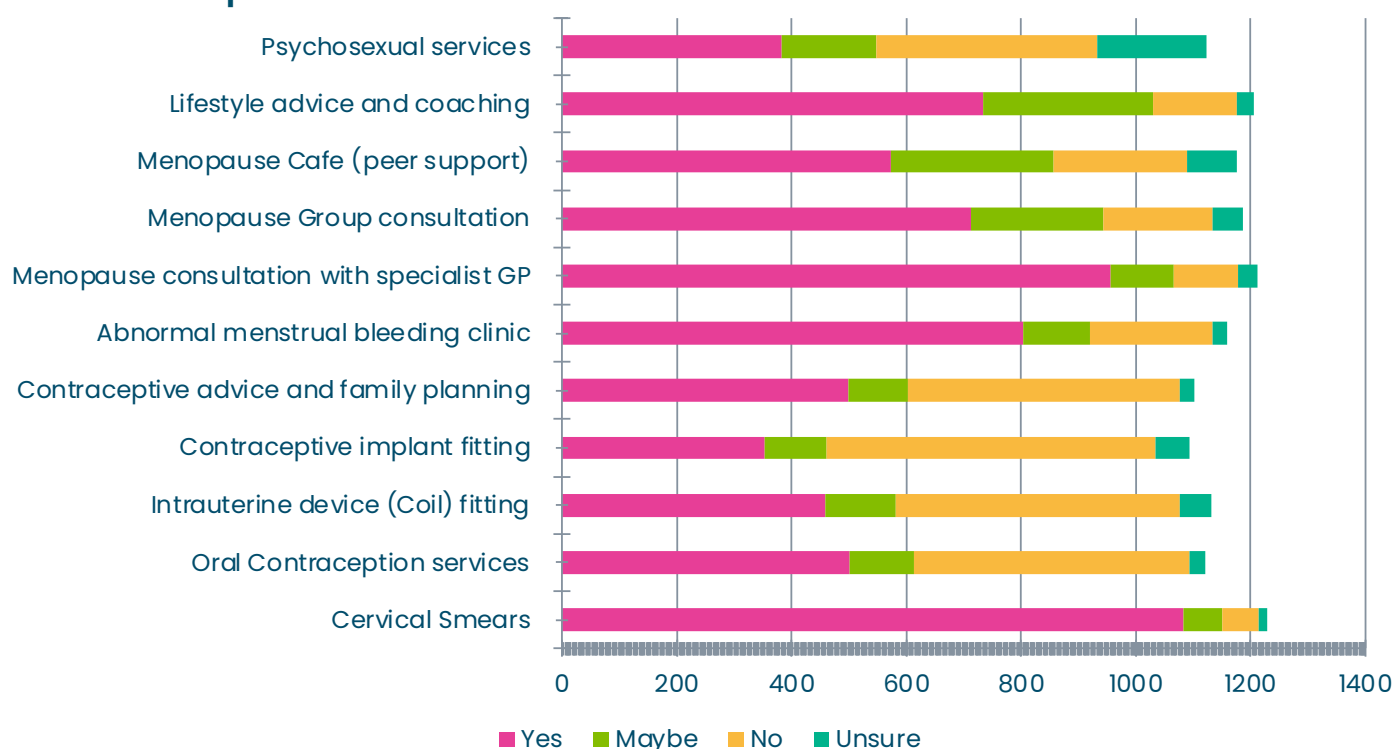
Another area of interest was maternity services including post birth and early years childcare.

Mother and daughter gynaecological sessions were also identified as a need by some respondents.

Other suggestions included grief support for the loss of a child, dementia support, cancer support, and physio services for pelvic pain and pelvic floor weakness.

Currently have to go to Crawley for sexual health which is costly and time consuming.

Services responders would like to attend



For a local Hub to be successful, interested parties and services will need to collaborate from the ground up. Key organisations will be primary care, secondary care, sexual and reproductive health services, statutory services such as Horsham District Council, West Sussex County Council, and voluntary and community and social enterprise (VCSE) organisations. Some of these relationships already exist and have been fostered through the Horsham Local Community Network.

Neither I nor my daughters have been able to access the care needed for endometriosis/polycystic ovary, as the services are too fragmented to enable diagnoses and follow through.

Lack of signposting to services and accessibility

It is also clear that many services do exist in Horsham or in the wider District, but some women do not or cannot access them. This highlights the opportunity for a Hub to play a significant role in signposting and connecting women to existing services.

Education, improving knowledge and self-care/management

Throughout the survey there is a clear message regarding the need for education for all ages, including shared sessions that cross the generations and the sexes.

Responders have suggested there is a need to create a Community of Women – own space, safe space, café, support clubs, talks, and workshops. This would help provide women with high-quality information and resources, leading to a more holistic and integrated approach to health care and better support for self-care.

School visits for teens. Where did all of the sexual health classes go? These are important for young women to understand their bodies and for young men to start showing respect.

Volunteers

Participation of the wider community and patients in the development and provision of services within the Hub will be key to its success. The inclusion of appropriately trained volunteers to support those attending helps foster a sense of community ownership and contribute to realising the benefits of a circular economy.

Domestic abuse

Since the pandemic, there has been an increase in domestic abuse being reported in general practice and in community organisations. We asked about the need for support in this area, as it is often not spoken about. A safe space, such as a Women's Health Hub would be an ideal place for appropriate information and support.

I may not need an interpreter or domestic abuse service today but know I would appreciate the service if needed.

Barriers to accessing a Women's Health Hub

Respondents shared a number of barriers that would stop them being able to access or attend appointments. The main concern was around the day and time of the appointment as demonstrated in the table below:

Barrier	Response Percent	Response Total
Day and time of day of appointment	48%	581
Work commitments	40%	491
Nothing	33%	397
Location	26%	321
Transport	8%	92
Having to go alone	4%	51
No hearing support	1%	16
No translation service	0%	3

Other concerns raised were family commitments caring for children or other family members.

Some respondents shared that their physical, emotional, and mental health issues such as social phobia, might prevent them from attending an appointment. To improve access to support, video consultation or telephone could be used.

Parking was of concern due to the availability of parking spaces, the cost and availability of public transport.

This needs to be a priority as the only healthcare professional with any advice on menopause was the pharmacist.

Appointment flexibility including the length of wait for an appointment and the availability of appointments at different times, such as in the evening.

Concern about staff skills and sex of the clinician. The possibility of having to see a male doctor was raised. Some people stated they lack trust in GPs due to previous experience.

Not registered with a GP practice

The survey also highlighted that **65 respondents were not registered** with a GP Practice.

These patients are missing out on the benefits of being supported by a GP Practice.

May struggle to access support for healthcare needs, such as seeing a GP or specialist, routine and screening check-ups, vaccination, signposting to other services, and medication/ repeat prescriptions.

The poster features the NHS logo at the top right. The main heading is 'Please come and register with your local GP'. Below this, it states 'The NHS is here to support you and keep you safe'. A yellow sticky note graphic on the right says: 'I have the right to register and receive treatment from a GP practice. I do not need a fixed address. I do not need identification. Anyone in England can see a GP.' Below the main heading, there are two columns of text. The left column, titled 'You do not need:', lists three items with 'X' marks: 'proof of address or ID', 'proof of immigration status', and 'an NHS number'. The right column, titled 'How do I register with a GP?', lists two items with '✓' marks: 'Find a GP and more information at www.nhs.uk/register' and 'Telephone your local GP surgery and ask to be registered as a patient'. At the bottom, a dark blue banner contains the text 'The NHS is here to help and to keep you safe and well'.

Please come and register with your local GP

The NHS is here to support you and keep you safe

You do not need:

- ✗ proof of address or ID
- ✗ proof of immigration status
- ✗ an NHS number

How do I register with a GP?

- ✓ Find a GP and more information at www.nhs.uk/register
- ✓ Telephone your local GP surgery and ask to be registered as a patient

The NHS is here to help and to keep you safe and well

Next steps

The next steps to developing an effective Women's Health Hub in Horsham.

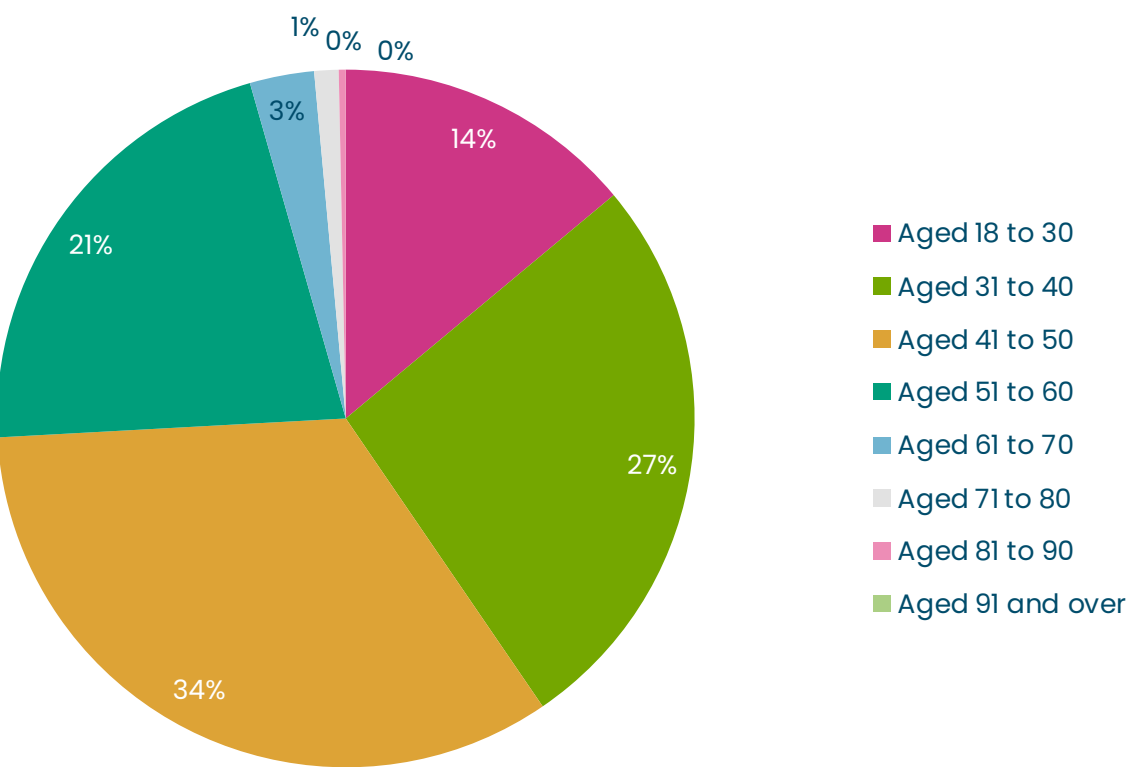
- The results from the survey will help support improvements and priorities in the way care is provided for women and girls in the Horsham District and Community.
- Bringing together people and services to begin planning and developing a Women's Health Hub for the Horsham District. Using a co-production approach involving patients, women in the community, Patient Participation Groups, local Voluntary, Community and Social Enterprise organisations (VCSE), Primary Care and specialist services.
- Learning from other experiences of Women's Health Hubs in Sussex and the UK.
- Developing and bring together resources and training information.
Supporting both clinicians and non-clinicians to extend their skillset in local practices, the Hub and community organisations.
- Include appropriately trained volunteers to support those attending, helping to promote a level of community ownership.
- Use an approach that embraces personalised care. Evidence shows that supporting women in the decisions they make about their healthcare is essential for achieving best health outcomes and effective use of NHS resources. Personalised care enables people to experience choice and control of their own health needs which increases self-confidence and resilience.
- To initially identify a few key services to focus on, building services according to population need with a focus on accessibility and addressing health inequalities.

The survey responses in more detail

Horsham District has a female population of 71, 728 (51%) of the total population. The survey was completed by 1, 247 people. 1,234 females completed the survey which equates to 1.72% of the total female population in the Horsham District.

Age range of responders

96% (n1,186) who completed the survey were aged 18 to 60 years -18-30 (14%, n173), 31 to 40 (27% n329), 41 to 50 (34%, n418), 51-60 (21%, n266).



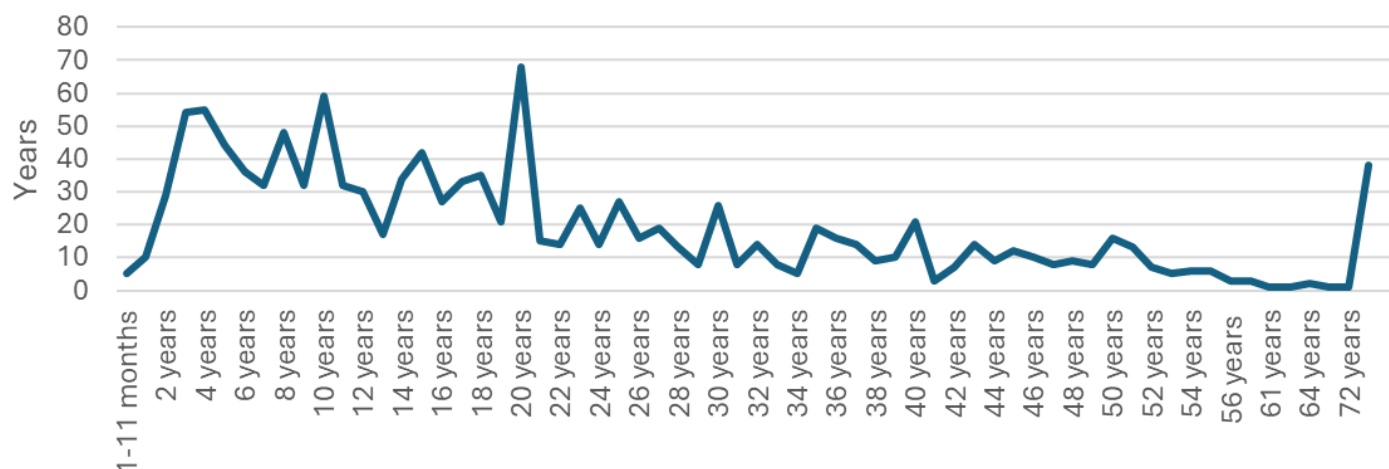
Main areas of Horsham where responders live

The main areas of Horsham district responders live were RH12 (59%), RH13 (39%) and other areas 2%.

RH10	1	RH11	3	RH12	729	RH13	479
RH14	5	RH16	1	RH20	9	RH22	1
BN5	3	BN44	2				

How long responders have lived in Horsham District

Respondents stated that they have lived in the Horsham district from a few months to over 72 years. With 33% (n404) being new to the district having lived in the area for between a few months to 10 years.



Responders GP surgery

The main GP practice responders currently use are Park Surgery (73%), Orchard Surgery (17%) and other GP surgeries (10%).

Billingshurst Medical Centre (n5)	Courtyard Surgery (n28)	Cowfold Medical Group (n4)	Glebe Park Surgery (n3)
Henfield Medical Centre (n5)	Holbrook Surgery (n28)	Park Surgery (n885)	Orchard Surgery (212)
Pulborough Medical Group (n4)	Riverside GP Surgery (n22)	Rudgewick Medical Centre (n2)	Southwater Village Surgery (n9)

Out of Horsham District area GP Practice

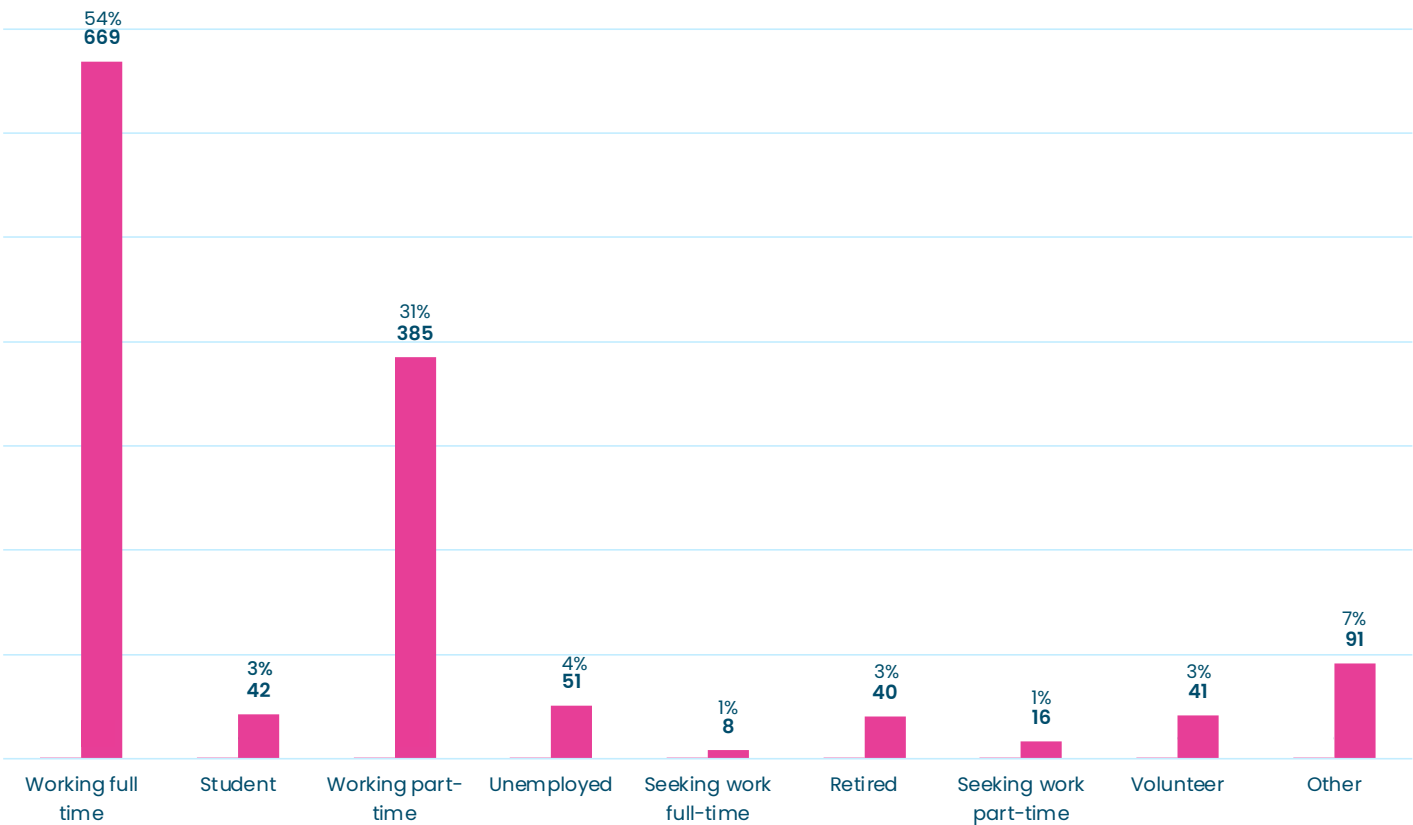
65 (5%) of respondents informed that they are not registered with a GP.

NHS guidance about registering with a GP practice.

Bewbush Medical Centre (n1)	Ifield medical Practice (n1)	Loxwood GP Surgery (n1)	Leith Hill Practice Dorking (n1)
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Employment Status

The employment status of responders showed that 85% (n1,054) work full or part time.



Responders Characteristics



Gender

Female (n1234, 99%)

Male (n2)

Other (n2)

Prefer not to answer (n6)

**Gender different to the sex
assigned at birth**

Yes (n87, 7%)

No (n1147, 93%)

prefer not to answer (n6)



Primary
language

English (n1186, 99%)

Need an interpreter (n11, 1%)



Disabilities

Disability (n51, 4%)

Long-term condition (n179, 14%)

**Do you consider yourself
disabled as set out in the
Equality Act 2010?**

Yes (n124, 10%)

No (n1084, 87%)

Prefer not to say (n33, 3%)



Sexual
orientation

Asexual (n43, 4%)

Bisexual (n35, 3%)

Gay (n3)

Heterosexual (n1049, 86%)

Lesbian (18, 1%)

Pansexual (n5, 1%)

Prefer not to say (n57, 5%)



Ethnic
background

White British, Irish, other (n1134,
92%)

Asian or Asian British (n40, 3%)

other ethnic group (n19, 2%)

Mixed (n22, 2%)

Black or Black British (n7, 1%)

Prefer not to say (n17, 1%)



Religion or
Beliefs

Buddhist (n7, 1%)

Christian (n459, 37%)

Hindu (n7, 1%)

Jewish (n3)

Muslim (16, 1%)

No religion (n667, 54%)

Prefer not to say (n17, 1%)

Responses about the idea of a Women's Health Hub

Many respondents shared that the idea of a Women's Health Hub was very much needed in the Horsham District.

Thoughts of a Women's Health Hub

Sounds an amazing idea. It is needed!

This is a wonderful idea and much needed. Sounds great.

Excellent idea and fully support it.

This would be a fantastic support.

The sooner it can come the better.

Love this idea!

Would be very grateful for this service.

This is an essential need to our health services in Horsham.

Great idea - get in place!

The main services that responders would like to attend from completing the multiple answer question (responses to Yes and Maybe) are cervical smears (94%), menopause consultation with specialist GP (88%), lifestyle advice and coaching (85%), menopause group consultation (80%), abnormal menstrual bleeding clinic (79%) and menopause café (73%).

Other services responders would like to be able to use oral contraception service (55%), family planning (55%), intrauterine device (Coil) fitting (51%), psychosexual services (49%) and contraceptive implant fitting (42%).

Thoughts of a Women's Health Hub

This hub could quite literally be a lifesaver for many instead of having the constant battle with surgeries and never-ending wait lists for referrals. Women deserve so much better.

If women weren't gaslit at every turn and could actually see a good GP wouldn't have a need for it.

This is a brilliant idea. My recent experience of trying to speak with a GP about HRT, to address perimenopause symptoms highlights the importance of specialist health services. They do need to be built on the most current research and guidance rather than outdated and ill-informed practice.

Responders' comments about the Women's Health Hub

236 respondents completed the free text boxes.

The key themes were to aim for a One Stop Shop.

193 (82%) respondents fully supported the idea: fantastic idea, really needed, sooner it can become real the better.

It is important that the service is staffed by appropriately trained GP's and staff who are supportive.

The services provided needs to be full gynaecological led support services including smears, coil fitting (n55, 23%) and cater for complex gynaecological issues.

36% of the responders wanted the service to include perimenopause and menopause support (n74), and HRT support and advice (n10).

Administration to include information, advice, signposting, and a helpline (n25, 11%).

It is better to improve existing services of NHS than create new ones.

Get the health visitor team back in the community!

Better support for those with polycystic ovarian syndrome than just losing weight, and support for infertility.

For the service to provide specialist advice, training, and education generally and specifically for girls. The service needs a flexible approach with regards to opening hours to support working patterns, be accessible and well promoted.

Create a community of women – a women's only safe space with a café, support clubs, talks, workshops, and exercise classes, to also help combat loneliness and isolation.

Other areas suggested included:

- Sexual health services (n14). Including safe sex education.
- Mental health services to include anxiety, stress, and alcohol (n12).
- Breast and cervical screening (n10).
- Psychosocial/holistic approach to include general wellbeing, advice, and support (n9).
- Family planning services (n9).
- Endometriosis services and education (n7).
- Breast checks and education (n6).
- Maternity services including post birth and childcare.
- Mother and daughter gynaecological sessions.
- Grief support – loss of a child.
- Cancer support, and physio services for pain.

The circular economy is evidenced by a number of responders offering to volunteer to help support the service.

Happy to volunteer on an event to help.

Responders would also like to be able to access the following key services:

- Community mental health services (80%)
- Help for older people (76%)
- Help for young people (74%)
- Help for children (67%)
- Dementia support (67%)
- Advice about benefits (60%)
- Social care information (63%)
- Domestic abuse support (50%)
- Interpreter support (29%)

Other thoughts and comments

57 respondents completed the free text boxes, and the key themes were:

Information and advice about other support services.

Advice for young people on contraceptives. Information about menstruation related to puberty such as pain and impact on mental health, **premenstrual syndrome (PMS)** support.

Eating disorders, anorexia, and bulimia. Family planning, baby health and wellbeing. Breast feeding for new mums. Post-natal pelvic floor classes, and support.

Paediatrician for young mums.

Despite the media attention to domestic abuse there is still wide misunderstanding of the issue and the help available.

Support for managing chronic conditions, social anxiety, mammograms, carer support and information.

A hub for meeting people. Healthy lifestyle choices, getting fitter, exercise classes to help reduce loneliness. Weight management and exercise.

Fertility support - have been struggling for 3 years and services are non-existent.

A safe space just for women to access women's healthcare.

Seems like an excellent idea to use the service as a hub for all these areas of support.

A lot of this stuff I used to access at my local Children Centre before the cuts.

Things that might prevent attending a Women's Health Hub appointment.

The key things that might stop someone from attending an appointment at a Women's Health Hub were:

- Day and time of the appointment (n581, 48%)
- Work commitments (n491, 40%)
- Nothing (n397, 33%)
- The location (n321, 26%)
- Transport (n92, 8%)
- Having to go alone (n51, 4%)
- No hearing support (n16, 1%)

80 respondents completed the free text box for other reasons and the key themes were, access to the Hub, family commitments, childcare and caring roles, flexibility of appointments, staff skills and physical, emotional, and mental health.

Access to the Hub: Parking at no cost or minimal cost (n12). Disabled access (n2).

Family commitments, childcare, and caring roles: childcare (n14) and caring role (n3).

Appointments: The length of wait for an appointment (n6), the availability and flexibility of the appointments (n3). The time of day of the appointment (n3), no evening appointments. Telephone system used.

Staff skills: The possibility of having to see a male doctor (n3). Lack of trust in GPs. (n4). Skills of people who will run the sessions.

Physical, emotional, and mental health issues. Social phobia. Health. Mental health issues.

Things that might prevent attending a Women's Health Hub appointment.

If there was too much group work, this would put me off using the service.

Depends how far ahead you would need to make a booking.

Availability of blue badge parking.

Would need to bring my son with me.

Having to use the telephone to make appointments.

If it was further or more difficult to get to than current GP.

Thoughts and comments –what might stop attendance.

173 respondents completed the free text box about what would stop access, the key themes were:

- Appointment times and inflexibility.
- Provided during working hours.
- The need for evening and week-end appointments.
- Have extended hours for those who work.
- Have emails and phone call options.
- Need to ensure sufficient capacity of appointments for demand.

Staff skills: Properly trained staff not a co-ordinator of navigator.

The building/venue needs to be: central and not in a shopping centre. This needs to be a safe space for women from men. To have a toddler play area and baby change facilities. Safe space holistic and expert space.

Accessibility: good access needed for all levels of disability including scooters. Consider those who have anxiety about medical appointments. Consider environment for those with hearing aids and other disabilities.

Transport: Availability of public transport. Cost of parking. Availability of parking. Cost of transport.

Things that might prevent attending a Women's Health Hub appointment.

Would need someone to attend with me due to anxiety and information on 'what to expect.'

Unable to attend outside of school hours.

School time would be advantageous for single parents.

Need flexible appointments.

Safety: do not want to leave home after 4pm.

No trust that the experience would be positive and respectful, especially with regard to intimate examinations.

Some young people are scared of being honest with doctors as they may breach confidentiality and tell their parents. Information is too explicit in letters.

It is difficult to walk into a room of strangers and struggle with new environment.

356 responders completed the free text question about the development of a Women's Health Hub.

Many responders confirmed they like the idea of a Women's Health Hub.

Fantastic idea especially for advice.

Volunteers might like to help alongside the healthcare professionals.

Absolutely necessity since the closure of the family planning clinic at Horsham hospital.

I nearly cried at the thought of a clinic that specialises in women's health.

A woman's hub is a great idea. It would offer focussed support in an engaging environment.

A huge benefit for women in Horsham.

The main themes:

The environment needs to be supportive for those who are nervous or live with specific health conditions.

Disabled and autism friendly.

A supportive place where a health professional listen to patient's needs.

It is important that health services are built on the most current research and guidance rather than ill-informed practice.

Attendance for appointments will improve as not having to travel out of the Horsham area for women's health gynaecology related support.

Responders thoughts and ideas of a Women's Health Hub.

This could be a lifesaver for many instead of the constant battles with surgeries and never-ending waiting lists.

A safe space to divulge concerns and share experiences.

Consider women without partners or family and do not enmesh family planning and children services as can be degrading to some and upsetting and off putting.

Supportive healthcare staff to educate some women about their own health and to help reduce stigma and secrecy especially around perimenopause.

Reservations that women still risk mental health misdiagnosis as hysteria labelling.

It can be really difficult to attend appointments when juggling a young family plus work.

The learning disability female population are diagnostically overshadowed when it comes to menopause and early menopause.

Women are the backbone of caring for people in the community and putting this support in one place would be so beneficial.



Talk to us

If you have questions about the content of this report, please either call 0300 012 0122 or email cheryl.berry@healthwatchwestsussex.co.uk

How this insight will be used?

We recognise that all health and care services are under pressure at this time and have had to adapt their ways of working. We will share this report with the local NHS, Local Government, and other providers to help them understand where things are working well and services are adapting to meet peoples' needs, and to help them identify any gaps. We see this as a continuation of discussions taking place and will continue to use this fresh insight and the solutions presented to challenge for a better future.

For help, advice, and information or to share your experience

We also help people find the information they need about health, care and community and voluntary health and care support services in West Sussex.

Here to help you on the next step of your health and social care journey



You can review how we performed and how we report on what we have done by visiting our website www.healthwatchwestsussex.co.uk



Healthwatch West Sussex works with **Help & Care** to provide its statutory activities.

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