



Women's Health at Molineux: engagement report

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Introduction

This report documents feedback given by women who took part in engagement activity as part of the development of the new community women's health service in Newcastle.

The objective of this engagement was to improve understanding of women's experiences of healthcare services, in particular:

- What matters most to women when accessing care
- Barriers to accessing support for women's health conditions
- Gaps in knowledge and information

It seeks to **tell the stories of women from Newcastle**, helping to inform how the women's health clinic will be shaped, both as we evaluate the pilot and continue to develop the service.

Most of the data, therefore, is qualitative, and is intended to supplement the existing national, regional and local data that already exists, giving a voice to women from the city.

54 women in total took part in engagement activity to share their experiences of healthcare: 33 women attended in-person and online focus groups, 16 completed an online survey, and five women working in the NHS had a 1-2-1 interview, to share their experiences of healthcare both as a patient and a practitioner.

All comments in the report are anonymised.

Key learnings

Across all engagement activity there was strong support for a dedicated Women's Health Hub, and clear ideas of what women could imagine the service doing. In summary, we heard that:

The Women's Health service should be focused on women's health with specialist knowledge, expert care, and a holistic approach that recognises the connections between symptoms, life stages, physical health and mental health.

There should be faster access to advice and care, preferably from female clinicians, and a service that feels welcoming, rather than clinical.

Women should be given choices both about how they receive care, and the treatment they are given.

The service should be the one place to go for women's health care: ultrasounds, blood tests, triage and referrals, all through one point of contact.

Reflecting on what we were told, it is clear that calling the service 'women's health' helps women feel that they are attending a specialist clinic dedicated to them, that will fulfil their healthcare needs. This would give them confidence before they even attend appointments.

“ I'd want a centre where you know people do this day in day out, and also that it's okay to talk to them, that they listen to women talking about these problems. I'd feel more comfortable in that situation than going to the GP for a smear and testing

Key learnings

The women we spoke to talked about the importance of getting easier access to specialist women's healthcare, delivered in a compassionate, culturally sensitive and joined-up way. They consistently described wanting to feel listened to, believed and supported, with enough time to explain what is happening to them and understand their options.

Across every group and interview, the strongest message was that women often feel their symptoms, pain and concerns are dismissed or minimised.

Participants repeatedly described experiences of not being taken seriously, receiving inadequate explanations, or having to advocate strongly for themselves before receiving appropriate care. What mattered most was feeling heard, understood and treated as an individual.

They also described significant barriers to accessing care, including long waits for appointments.

But access is about considerably more than waiting times. Women described difficulty obtaining appointments and navigating services, being passed between providers, uncertainty about where to go for help, fragmented records and communication, and not always knowing who was responsible for their care. Some women felt they had to become highly informed and persistent advocates for themselves in order to get appropriate help. Cultural, language, childcare and digital barriers further reduced access for some communities.

They also highlighted the importance of proactive information throughout women's lives. Women wanted clearer information about what is normal at different ages and life stages, particularly around perimenopause, menopause and later life, rather than having to identify symptoms themselves and know which questions to ask.

There was no single model of care that suited everyone. Some women wanted female clinicians while others prioritised expertise and speed. Some strongly preferred private one-to-one appointments, face to face, while others welcomed group sessions, peer support, online and community-based options.

How we engaged with women across Newcastle

Engagement activity was managed and carried out by the Newcastle GP Services Communications Manager during June and July 2026. Six focus groups, five stakeholder interviews and an online survey took place.

Focus groups

Each focus group was an hour long and held over lunchtime at a community venue; the online group was held on an evening over Zoom.

Details of the focus groups:

- Walking football group for the over 50s, Blakelaw Leisure, NE5; 2 women attended
- Community space at Mindful Therapies, Carliol Square, NE1; 7 women from the Pakistani Muslim community and local residents attended
- Riverside Community Health Project, NE4; 8 women from the Bangladeshi community
- Fenham Association of Residents Community Centre, NE4; 13 local residents attended across two groups
- Online group; 3 local residents attended

Stakeholder interviews

Stakeholders interviewed included a pharmacist, social prescribers, and a nurse colposcopist, all working in healthcare in Newcastle, but also recipients of healthcare in the city. Their comments and responses relate to both working in the NHS, but also as patients.

Recruitment for engagement activity: how we got women involved

Patients were recruited through several methods including:

- Social media engagement on Facebook (targeted at patients) and LinkedIn (targeted at organisations working with and supporting women in Newcastle)
- Through Haref/Connected Voice who supported with recruitment by messaging existing contacts/groups
- Via posters and flyers at venues where focus groups were held
- Practice text/email out (to patients registered at the practice)
- Weekly email to GP practices (targeted at practice staff)

The method of communication that led to the highest sign-up rate for engagement activity was direct text messages and emails from practices.

Themes

Based on both the focus groups and stakeholder interviews, 10 cross-cutting themes emerge consistently across different communities, ages and professional perspectives.

Overall, women described a healthcare system that can feel difficult to navigate and, at times, dismissive of their concerns. They want a Women's Health service that provides timely access, expert advice, culturally sensitive support, trauma-informed care, integrated mental health services, and a trusted environment where women feel listened to, understood and empowered. Many themes are reflective of concerns about health services in general.

Difficulty accessing timely, appropriate and joined-up care

Access to care was a strong theme discussed in every group and interview. This included long waits for appointments, difficulty getting through to GP practices, being redirected between services, and delays in diagnosis and treatment. Many women described giving up or seeking private care due to these barriers.

One woman described a particular reason for needing to get appointments at a specific time, when managing women's health issues:

"I think just one very simple thing that most people will complain about when they're talking about GPs is getting an appointment ... If you can book that in yourself, it can avoid things like 'we can't do that test at the minute because you're bleeding'. Women who know their cycle can plan mid-cycle to be able to get an appointment at a time that's relevant to their condition."

Some women talked about the difficulty of managing childcare and work while attending appointments.

Some participants described feeling almost reluctant to book a GP appointment unless they were certain their problem was sufficiently serious.

One woman said she sometimes felt:

"Almost apologetic when I go to the GP."

Another described physically getting ready to leave because she knew the appointment was short and felt she should not take more of the GP's time.

Some women talked about self-referral and/or direct access to specialist women's health support. Participants questioned whether every woman should have to navigate primary care first when they may principally need specialist advice or reassurance.

"I might want to speak to someone, say, about a gynae issue or a women's health issue ... who might just be able to either reassure me or help me with that."

Women described health services which sometimes felt fragmented, with different clinicians, departments and record systems operating separately. The challenges of navigating different services and the uncertainty about where to go to help was an issue described by many.

One participant mentioned being passed between services while trying to establish information about her contraception, which still wasn't resolved after months of trying.

The route into the women's health service is an important part of women's experience of it, not simply what happens once they arrive.

"So, I think it's a lot of mixed messages with the pharmacy, with the 111 with the walk-in centres, the A&E. There's so much information. You're not sure where to go."

“ At 14, I will never, ever forget a GP sitting in front of me and my mum and basically saying either go on the pill or have a child because that's the only way that you're going to help the symptoms

“ I just found them totally not interested. I was overreacting to things like pain or it's normal. You know, 'you should expect to get some pain', just dismissive

“ So, I kind of just got on with it. That's what's expected, isn't it? We're expected to get on with it

Feeling dismissed, unheard or not taken seriously

Many participants described experiences of having symptoms minimised, concerns dismissed, or feeling 'gaslit' by healthcare professionals. This was particularly evident around menopause, chronic pain, reproductive health conditions and post-natal concerns.

"They treated me like I didn't exist. They accused me of having sexual diseases. They were talking over the top of me, not including me in any of the conversations. And bearing in mind, [I was] 18 years old, never had a smear test, and then all of a sudden you're having ultrasounds, people putting hands up you. It was traumatizing."

One participant spoke at length about the long-term impact of medical gaslighting and the lack of support for her mental health, sharing her frustration with the lack of empathy and understanding from medical professionals, including being dismissed as 'silly' by a consultant.

Women repeatedly described occasions when symptoms, pain or concerns had been minimised or insufficiently explored. This was particularly strong around menopause, chronic pain, reproductive and gynaecological conditions and mental health.

"Because quite often you'll go [and see your doctor], and if you're feeling really down, and obviously you know your hormones are all over the place, you get offered an antidepressant, and I said I don't I don't need an antidepressant. I'm in pain. I'm in so much pain, it's ruining my life."

"I think a bit more transparency about things like pain, you know, not just kind of dismissing – 'Oh well, most people tolerate it, so you'll be fine'. Why they think that the pain is something you just have to put up with, it's quite shocked me ... [we need] a bit more transparency, even if something is going to be painful, at least talk you through it and try and give you a little bit of reassurance."

Women described appointments in which they felt rushed, consultations where clinicians appeared not to consider their wider history and situations where they felt they had to repeatedly return before their problem was adequately investigated.

One woman described years of treatment and investigations before a GP considered whether her recurrent symptoms might be hormonal:

"Why is it taking me this long? And these... knocking on these many doors?"

Another described attending a GP in severe emotional distress:

"I was in hysterics talking to him and he just sat there typing ... and he turned and looked at me and said, 'Well, what do you want me to do about it?'"

Conversely, the engagement also contained examples of very good care.

These tended to involve clinicians who listened carefully, looked at the woman's wider history and explained what was happening.

Women wanted services that felt safe, compassionate and non-judgemental. Stakeholders and patients described the lasting impact of traumatic healthcare experiences.

"I think a lot of people with the doctors feel intimidated, a little bit uncomfortable, a little bit talked down to. So I definitely think making people feel that they're welcome, they're being listened to. They're being given advice and information that they can process. You know, they're not being bombarded with big words. And that there's some sort of follow up, and some sort of plan put in that's easy to understand. Because for too long, women have almost been made to feel like 'just put up with it and shut up about it'."

Need for better information and education throughout women's lives

"I do think there's an expectation that we can just go through menstruation, perimenopause, menopause, and we just know what's happening. And I don't feel even now that there's enough information or somewhere to go. We account for 50% of the population, and yet we're expected to just float through these big life changes, without any proper guidance or advice."

Women reported gaps in accessible, trustworthy information about women's health conditions, particularly:

- Menopause and perimenopause
- Endometriosis
- Menstrual health
- Fertility and reproductive health
- Postnatal wellbeing

Women wanted reliable information about women's health conditions and a better understanding of their bodies across different life stages, but rather than simply having more information available, they wanted relevant guidance to be offered proactively at appropriate points in their lives.

One participant summarised her information need as:

"For me, it's what to expect as you get older."

Another felt women should not have to recognise perimenopause themselves and then work out where to get help:

"There should be just more proactivity around when women get to a certain age ... an automatic trigger to then arm them with information about perimenopause, menopause, what happens post-menopause."

She added that women should be given:

"... access to all of the places, the people, the tools, the information ... rather than you having to know which questions to ask, know which doors to bang on."

One interviewee spoke about the need for awareness and campaigns to educate women about the symptoms of perimenopause and the importance of early intervention. She highlights the lack of information and awareness about menopause, leading to misdiagnosis and inappropriate treatment.

"A lot of women won't go if they don't feel that it's anything out of the ordinary because they're told everyone has pain, everyone has cramps, everything is normal, it's to be expected. So the message coming out to women initially is part of the problem if it's not given correctly."

Another also highlights the need for more education and debunking of myths around women's health issues, especially on social media platforms.

"Patient A is going to just take anything on face value that they're looking at on Google, that's a problem. We need regulated resourcing."

“ I would say my mum really struggles to advocate for herself.

She's in her 60s, and through menopause, she had a really tough time because she just felt like she was being dismissed.

She's been like she's been through the wringer, and you just have to learn to advocate for yourself

Women increasingly research and advocate for themselves – but not everyone can

"I actively avoid Doctor Google. I always go to the NHS website, and if I can't get the information there, I would try and find it from my local GP practice."

Google, the NHS website, the NHS App and other online resources were common sources of health information.

Several women were digitally confident enough to research symptoms and decide whether they needed a medical appointment. However the majority of these women said they would use the internet for basic information or a starting point, but not for detailed medical advice; they rely on health professionals for accurate information, but were comfortable enough to self-triage.

"I think if I've googled the life out of it, like I do, then if serious, I just go to the GP and get an appointment."

Some were also beginning to use AI to understand possible connections between symptoms and prepare for appointments.

"I do like using AI. You know, to do a bit of a deeper dive ... then it can come up with what might be a good option to say at your next appointment."

One participant described years of separate symptoms being:

"Treated in isolation."

She used AI to help bring the information together:

"I'm still suffering despite XYZ, this test, that test ... and I think we need to look at it holistically."

Several women described online information almost as a tool for self-advocacy – helping them know which questions to ask, which tests might be relevant and when to challenge or query advice.

"Yeah, you want to like back yourself up because if if you're questioned by a health professional, you want to feel like you've got the ammo."

However, participants repeatedly acknowledged that not every woman has the same confidence, literacy, digital access or ability to advocate for herself.

One woman said:

"I feel like, as an intelligent, capable, assertive woman, I can find out what I need to ... However, not everyone is in that position."

But information is not the same as reassurance. Even women with strong health knowledge or digital skills sometimes wanted a conversation with someone rather than more written information.

One participant said:

"I can read thousands of things ... but I really need reassurance. I need somebody to talk to."

Women may not always need (or want) an investigation or treatment. Sometimes they want to ask whether something is normal, understand what they should do next or receive reassurance from someone with appropriate expertise.

Providing opportunities for these conversations could prevent women becoming lost in online information – not all of which is accurate – or repeatedly navigating services unnecessarily.

Trust depends heavily on communication and positive healthcare experiences

Trust was strongly linked to positive healthcare experiences. Women valued:

- Being listened to
- Clear explanations
- Follow-up communication and being involved in decisions
- Consistent clinicians
- Compassionate conversations
- Clinicians who had read and understood their history
- Clinicians who took their symptoms seriously

Poor communication often undermined confidence in services.

"I had an operation on my knee last August, and I knew I was going to be six weeks in a wheelchair. I knew I was going to be [better] in four months, and I knew there was an end to it. Whereas with women's health, it's just like it just seems to go on forever. I can cope with the pain in my knee. I'm not sure I can cope with the hormone things that go on with the menopause and stuff, I think that have a much more draining effect on my mental health."

There was no simple finding that women either trusted or did not trust healthcare professionals. Trust varied according to women's previous experiences and, importantly, according to the individual clinician.

One woman described a GP who finally looked across several years of recurrent symptoms:

"Looking at your records, I can see you've had a catalogue of things happening ... looking at your age ... it's probably hormonal."

A relatively simple treatment then resolved symptoms which had persisted despite numerous previous investigations.

The example illustrates something repeatedly raised elsewhere in the engagement: women want professionals to see the whole person and their history rather than addressing each presentation in isolation.

There is a preference for female healthcare professionals

"I think that's one of the reasons why we need female clinicians, because with all the will in the world, a man hasn't had a period or endometriosis."

Across several groups, particularly among Bangladeshi and Pakistani women, there was a strong preference for female clinicians for intimate or sensitive women's health issues.

"You know, if I have a sore throat, I will go to a male doctor. It doesn't matter. But if it's something down there, I would prefer to be seen by a female."

Participants felt female professionals often had greater understanding and empathy. However, some participants said their priority was being seen quickly by a specialist, and this was less of an issue.

"In the past, just from experience, I think women are more empathetic because they've probably been there, or they know."

One woman shared an experience of being directed to a male pharmacist for a women's health issue, leading to discomfort.

Women want a clinic that is designed for them, one that is welcoming

Some participants wanted a different environment to a typical healthcare setting, describing a more welcoming environment for women to talk openly.

"I would want it to be a less clinical, less sterile environment. I think if it's really clinical, I don't think you're as comfortable. I mean, I'm not very good. I get white coat syndrome! So more casual, a less formal approach."

Another wanted " ... ***nice seats, making you feel at ease – take your mate with you***".

And one woman talked about the importance of providing care in the community:

"I like the idea of a community setting, and the idea that it's not a gynaecology type name because I think that'll be really positive for women. Just to say that it's a women's health place. I like that idea because then it's a broad sort of spectrum of women's health problems. A lot of women don't like going into hospital."

“ I think those sort of things need to be talked about within our communities more openly. People think young people don't go through menopause at such a young age. They just think, you know, you just gained weight or you're losing the plot for no reason

“ I felt completely down, but I didn't go and tell the GP because I didn't want to get on medication ... there is stigma, in the Asian community

Cultural, language and accessibility barriers

"I think we need to have these open discussions, not just within our communities, but within every community, and it's not just with the Pakistani community, the Bangladeshi community. It affects all the South Asians, all of the BAME communities."

"I've got a couple of friends who are a GP or consultant. They speak my first language, because sometimes I cannot express myself with English. So when I struggle ... I ask them, and they tell me."

Several people reported challenges including:

- Difficulty accessing interpreters
- Language barriers affecting appointments and digital services
- Cultural stigma around discussing women's health
- Need for culturally sensitive care
- Desire for a more diverse workforce

"[in the hospital], I felt I was being ignored because I was the only lady having a scarf on, and I had to keep my scarf on because there was a lot of people coming in through the day. I had no privacy."

Some participants talked about the importance of normalizing discussions about women's health issues within communities.

"You need more awareness of cultural differences and opinions. So, in our cultures, we don't talk about the C word. We think, oh God, someone's got cancer. That's it. It's the end of the world."

Mental health as an integral part of women's health

"Every single time I step into any kind of forum around menopause, I don't see any mental health representatives there. It's all clinical psychologists. We're reduced to a diagnosis, and it does feel really dehumanising"

Mental health repeatedly emerged alongside physical health concerns.

Participants highlighted:

- Menopause-related mental health challenges
- Anxiety and depression
- Trauma from healthcare experiences
- Postnatal mental health difficulties
- Need for counselling and emotional support within services

Many felt mental health support should be embedded within any women's health service.

"And then you've got chronic pain counselling or whatever the appropriate counselling which accompanies the issue that you have been diagnosed with. It's mental health support. It's miscarriage. It's termination. It's loss. It's financial issues. It's all of these things which aren't looked at."

One participant talked about the need for better education and support for partners and family members of women going through health issues, and the broader impact on them.

"I think more education around being trauma informed when you're talking to patients ... have they ended up having to have a hysterectomy because they've had cancer? Have they had to have a hysterectomy because a childbirth's gone wrong and they've haemorrhaged? Sometimes women go in for investigations and come out with no womb or no ovaries, and they're not warned about it because it's not until they [the doctors] get in there and they see the damage that's done. All of these things are not kind of taken into account. It's not just about the women either. You've got the partners of the people as well, because they're going to suffer too."

“ You know you get Weight Watchers – why don't they just have like a menopause club?

... people can just go if they're suffering with menopause, just go with a group of women, and realise that actually we've got a lot in common, and then have a health professional there ... just kind of bounce it around a little bit, because you know we've all dealt with it in our own way, and you've got a group of women in a similar situation

Value of peer support and community-based approaches

Choice and flexibility should be important principles for the service – there was no one clear description of how participants felt services should be delivered. Some people were quite resistant to group clinical consultations because of privacy; others were much more positive, particularly if sessions were small, tailored and meant they could be seen quicker.

There were clearly mixed views as to what works best, so being able to choose should be a critical part of any care.

'... all I want to do is sit there in front of someone, but then I'm very conscious I won't do that to take up a GP appointment'

Many participants saw benefits in group education, support groups and community-based services, particularly for conditions such as menopause and endometriosis. While privacy remained important for some issues, women valued learning from others with shared experiences and reducing stigma through open discussion and peer support.

"Even if you don't ask a question for you, you learn so much by listening to other people, and it's empowering to be in a group where other people are living through it and may have had it for years and years, and you are sitting there as newly diagnosed, thinking, 'Oh my God, is this going to be me?' The first one I went to ... everyone was just opening up because you were in a shared space, a safe space."

Whilst there was interest in group consultations, a number of woman said that they would want more detail on what this would look like. They wanted to know how group consultations would be run, who would be there, how would it be set up?

"I'd need more information on what a group consultation was, and what it was trying to achieve"

There was also some concern about not being able to share private and intimate details in a group setting that may be important for diagnosis and/or care/treatment. Women weren't simply saying 'I don't fancy going to a group', they talked about potentially withholding clinically relevant information in front of other patients.

“Not at this point in my life, I wouldn't ... I think it wouldn't be appropriate for me ... if you feel you don't want others to hear things about you, then you wouldn't necessarily share that, and it may be a critical piece of information that's important to your care.”

Some women preferred one-on-one consultations for privacy, and discussed the challenges of group appointments for personal health issues.

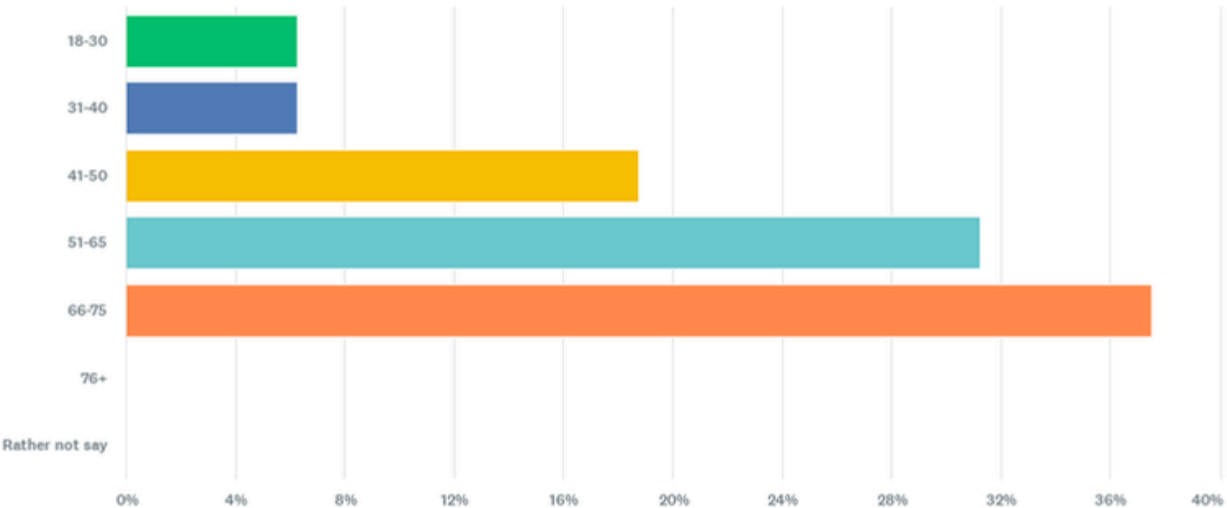
“We just probably need more of a joined-up approach, with a network of professionals to run a women's health morning type thing for women, just as a drop-in to come and have a chat as a group, and then maybe as individuals to have a consultation ... just have a chance to speak one on one and say, ‘I'm just a bit worried about this. What do you think I should do?’”

Online survey

16 women responded to the online survey. The opportunity to respond was given primarily to those who couldn't make a focus group, and the survey was also advertised on social media.

Q11 16 responses

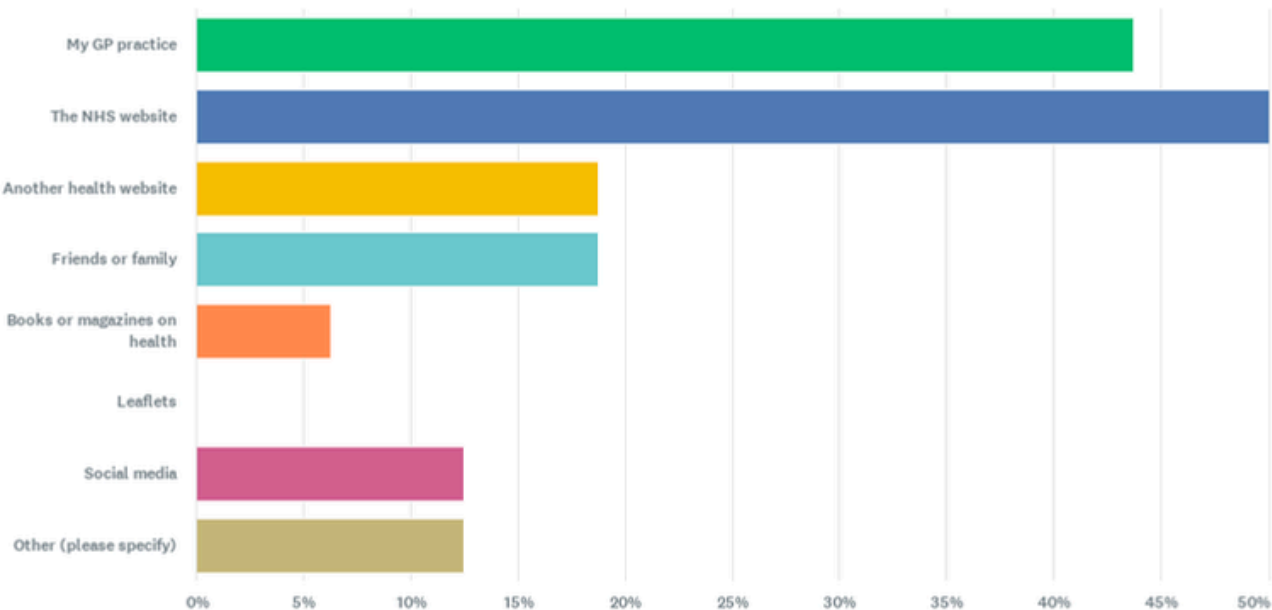
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The majority of those who responded said they got their health information either from the GP (30%) or the NHS website (31%).

Q1 16 responses

Where do you currently go for health information?

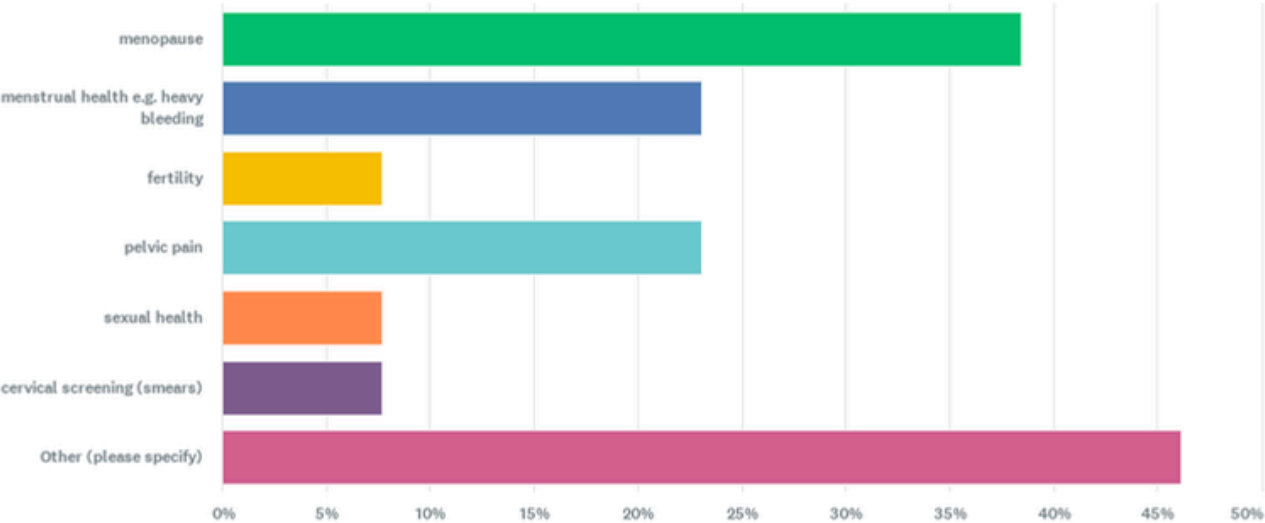


When asked what topics they would like more information on, respondents gave the following answers:

- Menopause 38%
- Menstrual health 23%
- Pelvic pain 23%

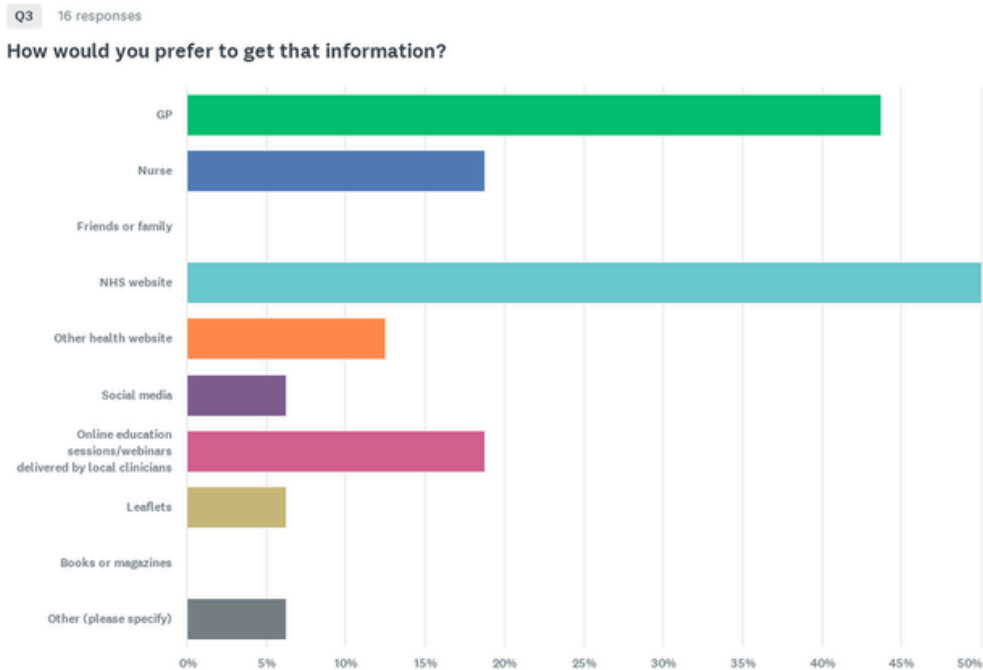
Q2 13 responses

Are there topics you want more information about?



For those that responded 'Other', two women said arthritis, one said prescribed drugs, one said vaginal dryness, one said screening and one said mental health.

When asked where they would prefer to go for that information, GP and NHS website were the most popular responses:



75% said they would attend a group consultation if offered one. 13% were undecided or would want more information on what that would entail.