

# Women's Health

Exploring women's views on local NHS services

**healthwatch**  
Bracknell Forest

**healthwatch**  
Slough

**healthwatch**  
Windsor, Ascot and  
Maidenhead



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# Summary

“It’s really important for clinicians to give women good, clear information about the options available to them. They should listen to the patient and work with them to find the best solution for them.”

- Healthwatch Bracknell Forest, Healthwatch Slough, and Healthwatch Windsor, Ascot and Maidenhead heard from **580 women** in this project to explore **women’s views about local NHS services for women’s health** (excluding maternity care). 507 filled in the survey. 73 attended focus groups facilitated with the intention of hearing views from women of Asian heritage, who were less heard in the national Women’s Health Strategy survey.
- **Women told us they had a good experience of services when** they experienced quick appointments, helpful communication, compassionate care provided by various healthcare professionals, felt heard and understood, and received good information.
- **Many women found it difficult to get the care they need** because they could not access GP appointments as a first port of call, had long waiting times for referrals, were given incorrect or no information, were not listened to or treated with respect and could not find the necessary support or services.
- **Dedicated resources are needed** for women’s health, including translated information resources and suitably trained interpreters – culturally sensitive, evidence-based information and access to wellbeing resources and peer support is valued
- **GPs have an important role to play** whether in providing women’s health hubs or referring women to them – if hubs are not going ahead, women still need to access female-specific services that hubs were intended to bring together and provide.
- **Women had valuable ideas for improvements to women’s healthcare** including more timely access to appointments and information and support for a community-based hub where they could seek peer support and wellbeing services alongside healthcare.
- **Most women would like to continue seeking support for their women’s health from their local GP**, however it was noted that some practices do not have knowledgeable staff or availability of services such as cervical screening or IUD fitting so access is inequitable.
- **Our Healthwatch recommendations** invite the NHS to act on these findings and to co-produce all service changes with local women.

# Introduction

In March 2023, the government announced a £25 million investment to establish new Women's Health Hubs as part of the Women's Health Strategy for England.

These hubs are designed to make healthcare services in local communities work better together, so they are more efficient and better meet the needs of individuals. This initiative also aligns with the NHS Long Term Plan, which aims to introduce alternative models of care to reduce the need for up to one-third of outpatient appointments.

The core services offered by Women's Health Hubs include support for preconception care, menstrual issues, menopause, contraception, breast pain, pessaries, and cervical screening, as well as the screening and treatment of sexually transmitted infections. The model also allows for the inclusion of additional services, such as care for incontinence or pelvic organ prolapse, assessment of recurrent urinary tract infections, breast screening, and osteoporosis evaluation.

We chose to focus on this project to give an opportunity for women in East Berkshire to have their say and influence the delivery of women's health services locally. In the [national women's health survey](#), women of Asian ethnicity were under-represented so we planned to use focus groups to reach Asian women who may not have had the opportunity to have their voices heard nationally.

We wanted to know about women's experiences of any gynaecological (women's health, excluding maternity care) or sexual or reproductive advice or treatment. We also wanted to know what their thoughts were on how women's health services and information could be delivered in the future.

## Listening to women

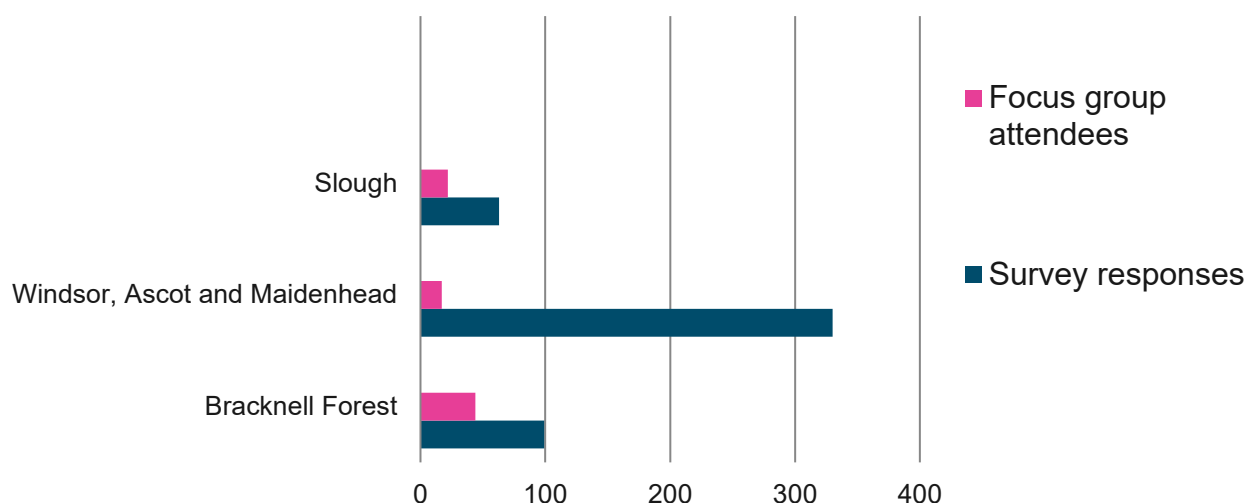
### Our approach

We collected feedback using an online survey which was translated into four community languages (Punjabi, Nepali, Polish and Urdu) and in person at focus and discussion groups.

**We heard from 580 women, who live in East Berkshire. 507 filled in the survey (with 171 fully completing it) and 73 attended focus and discussion groups.**

There were differences between responses across the three local authority areas, and this is reflected in the report. Women in Windsor, Ascot and Maidenhead responded in greater numbers to the survey while our focus groups contributed more information in Bracknell Forest and Slough.

Numbers of responses by area:



Our community languages versions of the survey were promoted on social media and in community WhatsApp groups with translated adverts, but no responses were received in those languages. Our conclusion is that visiting local groups to facilitate discussion with the support of group leaders is a better way to reach those whose first language is not English and for whom a written survey presented in English is inaccessible.

## Partnership working

We worked with several partner organisations including Frimley Health, Frimley Integrated Care Board and Bracknell Forest Public Health Team. By engaging with partners early in the design of the project we have been able to keep them informed as we gather information and share contacts. We hope that working in this way will lead to greater change as a result of the feedback provided by women across East Berkshire.





# Our findings

Next in our report we explain what women told us they need to support access to healthcare. This includes comments from each of the three areas that our local Healthwatch services cover – Bracknell Forest, Slough, and Windsor, Ascot and Maidenhead.

Then we focus on the journey through care – what women told us about seeing a GP, and about referral to hospital and experiences there.

Finally, we look at key women's health touchpoints – what women told us about menopause care, gynaecology services, cervical screening, problems with periods, and contraception clinics.

## What women need to support access to healthcare

We asked women what would improve care locally, what sources of information they use to support health, and what might stop them getting help for a women's care issue when needed.

### What women told us would improve care locally

#### Key themes

They told us that they felt women should be listened to when they raise female-specific health concerns.

They said that easy access to appropriate specialist care is important, whether from trained staff at the GP surgery or in other settings.

"I had to wait a while to have the coil replaced after it came out from a heavy bleed. Only one GP at the doctors can do this surgery so I had to wait as she is on holiday. In the meantime, they have put me on the pill."

**Slough resident**

Being able to have any treatment needed in a timely manner was important, both in hospital and at their GP.

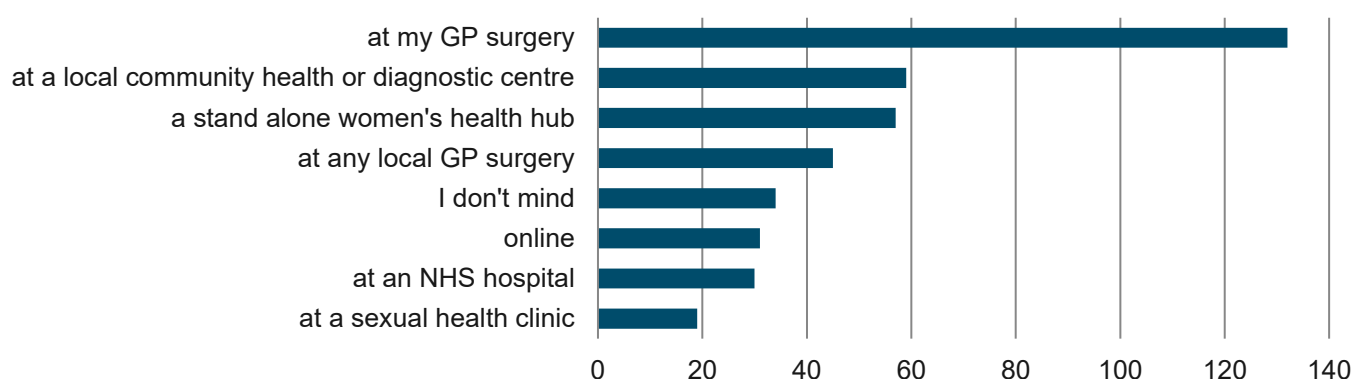
Women noted the value of a women's health hub where they could seek support alongside activities that benefit their health. This was particularly valued by women of South Asian ethnicity.

"Women's exercise classes are really good, and I'd like to see more of those. There are some classes that happen at the centre and that could be another place to give information and support." **Windsor, Ascot and Maidenhead resident**

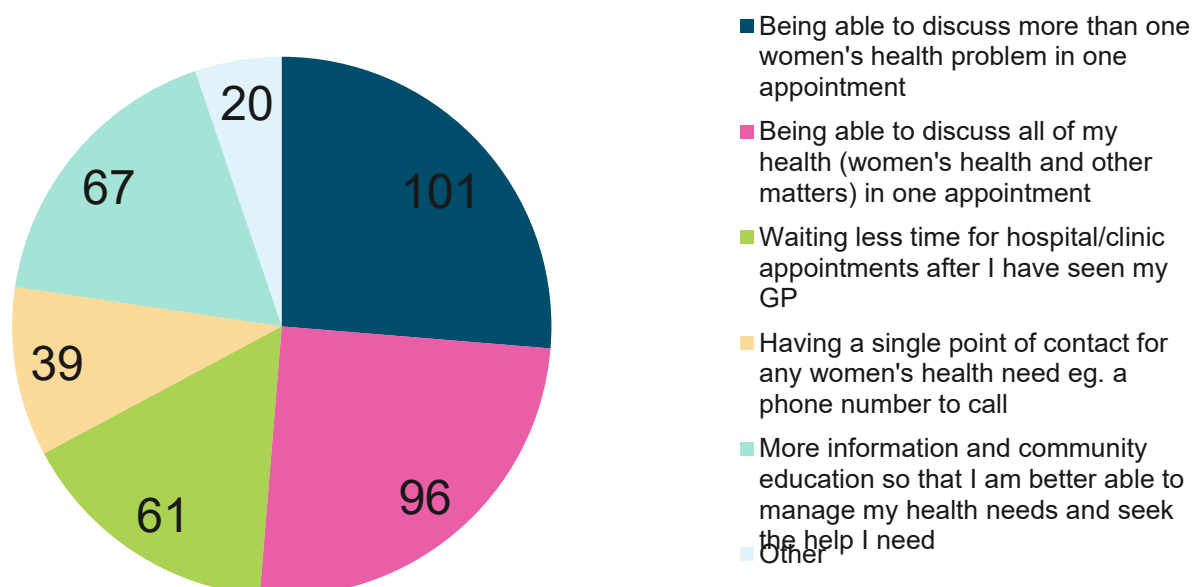
"The 1st and most important thing which I think should be is a separate surgery clinic for women." **Slough resident**

## Where would be the best place for you to get women's health services?

Women's preferences or the location of services were varied, but with a theme of local access being preferred (note 'my GP surgery', 'any local GP surgery' and a local health/diagnostic centre in the chart below – together, the majority of those replying).



## Would any of these possible changes to how women's healthcare is provided help you to manage your health?



Women could tick more than one option in reply to this question. Women wanted more information and community education to help them manage their health needs. The pattern of replies also suggests that a holistic approach is valued – being able to talk about more than one thing in an appointment (whether several women's health issues or women's health and general health together).

## Voices from Bracknell Forest – what would improve services?

(18 free text suggestions and ideas from 44 women at focus groups)

Women in Bracknell Forest told us that they wanted more female healthcare professionals with specialist knowledge and training in women's health issues.

Some mentioned access issues, whether needing appointments to be after 5pm or long waits to see GPs with expertise in menopause care.



Several called for joined up thinking – awareness on the part of health professionals of women's health in a holistic sense, in one case, and a wish for women's health clinics or hubs from others.

"Access to specialist services such as through well women's services so you can be seen and talk with people who have specialist knowledge and can see you holistically. My daughter has polycystic ovary syndrome, and she has equally struggled to get any advice or support and has waited many months for a more specialist follow up appt for cysts."

From our focus groups the most important issue was difficulty understanding healthcare information, and the effect that this can have on a woman's overall health and wellbeing.

"I cannot understand doctors who don't speak Nepali. I bring a friend, but they are not qualified to pass on the medical advice. It would be valuable to have a representative who properly understands our needs, speaks our language and has the same standards to ensure that correct medical advice is passed on."

## **Voices from Slough – what would improve services?**

(15 free text suggestions and ideas from 22 women at focus groups)

Women in Slough also spoke about wanting to discuss their women's health issues with female healthcare professionals.

Access to information was seen as important, and face to face health information sessions and health appointments thought valuable. Women suggested community leaders could be trained to provide information and signposting related to women's health.

"When I lived in Woodley my GP practice held a support group for women going through menopause. I was great to meet other people who were going through the same thing and could share tips and tricks."

Women in our focus groups raised the importance of good written and verbal communication from health professionals. Leaflets available in different languages and distributed at GP surgeries, and in the community, was important

so women could be better educated and know when to seek help from a health professional. Some women felt that their GP had not given them good information, including about self-help or alternative therapies, and the potential side effects of medication.

“I think there should be more leaflets available in different languages. Information is really important. Women in our community are often very shy, and they might wait for somebody to visit like a lady health visitor who they feel comfortable with. I think people often get diagnosed later and it's important for things like women's cancers that they feel comfortable getting information in their own language. The images on leaflets are important too. There should be pictures of people who look like the women who are going to be using them, people from our community.”

The value of easy access to services was noted by some, whether self-referral to a women's health specialist clinic or to an ordinary GP appointment. One woman commented on the need for cultural awareness and sensitivity –

“[I suggest] education for all ages on women's health issues, to be made regular in GP settings available in daytime and evenings for those who may work. It should be openly discussed what is normal and what is not etc. In some communities it is very taboo to discuss, there needs to be a discreet element to allow women to attend and feel comfortable. Separately appointments in GP setting should be with a female and should be listened to not providing standard responses [so that] no one feels heard.”

## **Voices from Windsor, Ascot and Maidenhead – what would improve services?**

(59 free text suggestions and ideas from 17 women at focus groups)

We had a larger number of responses overall from Windsor, Ascot and Maidenhead than from the other local authority areas and heard from a greater number of women there with ideas for improvements to services.

There were suggestions that healthcare professionals need specialist training in this area of care, but less emphasis on the professional being female.

The need for prompt and easy access to appointments was again mentioned, and some women mentioned improved access to screening tests and health checks as a possible service improvement. Health education for women and girls was mentioned by some – including talks for women at GP surgeries, education in schools, and workplace support too.

Again, women stressed to us the importance of being listened to about their female-specific health issues. Several mentioned the importance of women's health services being prioritised and funded.

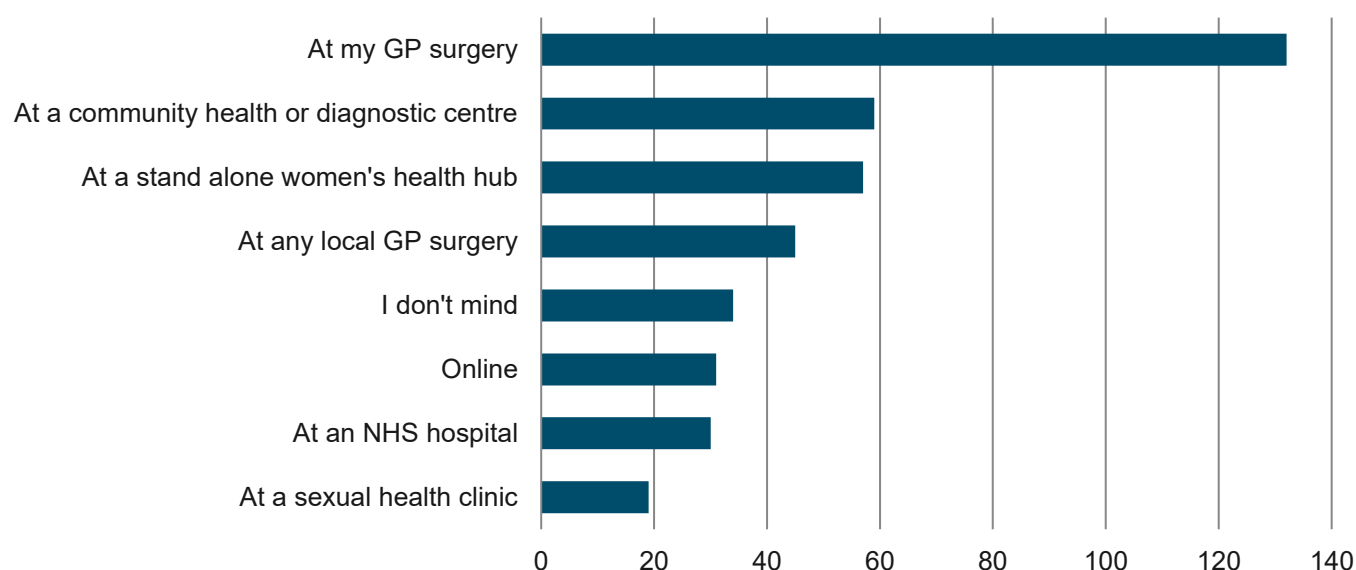
**"We are 51% of the population and hold society together so treat us with respect and learn how to help."**

Peer support was valued with several women saying that this already exists informally, but they would like more information and structure.

**"I'm 44 and I want to prepare for the next steps mentally as well as physically, many women don't know, they don't understand about the menopause and the symptoms. I just want to be in the best health. I'm training my brain and telling myself it's just a phase. Small group support and more information are needed."**

## Where do you get information to support your health?

Women told us that they use a range of possible information sources – a majority seeking information from NHS sources, particularly their GP surgery.

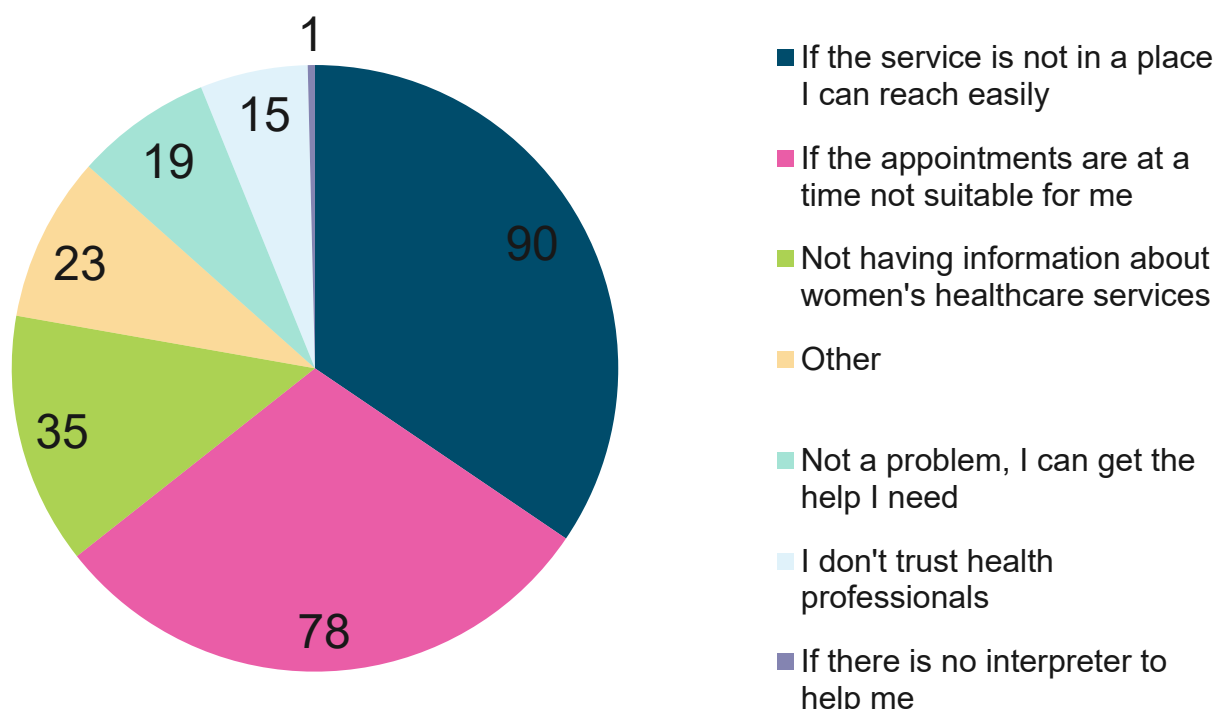


Those replying could select more than one option in our survey question – different communities in different areas may have different patterns of information acquisition which could potentially be mapped in targeted local research by NHS organisations.

## What might stop women getting the help they need?

The 2022 Women's Health Strategy for England reported that more than 4 in 5 (84%) of women responding to their survey had at times felt that their healthcare professionals were not listening to them and while women make up 51% of the population, historically the health and care system has been designed by men for men.

Through our survey and focus groups we heard about women's experience of getting care locally and the barriers they could face in doing so.



Additionally at focus groups women highlighted the need for readily available translation services at GP and hospital appointments and the necessity of face-to-face appointments for those women who do not speak English as a first language and lack confidence with understanding medical language. Women frequently told us (through an interpreter) that they were put off making appointments as they would not be able to make themselves understood.

“I don't check up on my health much. I find it really difficult to communicate properly. I don't speak good English, so this deterred me from seeking help.” – **Bracknell resident**

Many women told us about difficulty getting a GP appointment as a barrier to getting good care for their women's health needs. Making an appointment, availability of appointments and timing of appointments were mentioned.

“Predominant care is from the GP... that's when I can get an appointment. No appointments are available, the reception staff are happy to fob you off to the pharmacist.”– **Windsor, Ascot and Maidenhead resident**

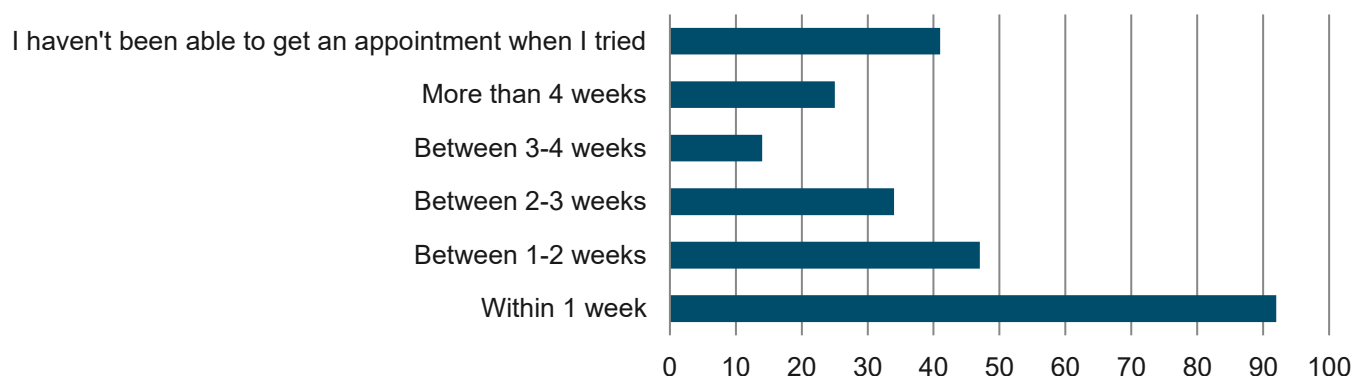
Again, women spoke about the need to see a female health professional.

“Not being able to have a woman nurse or doctor would stop me going to appointments. So, knowing beforehand is crucial.”– **Slough resident**

# The journey through care

## Seeing a GP

### How quickly were you seen by your GP surgery?



It was worrying to note that more than 40 women reported not being able to get a GP appointment when they tried. We also noted that significant numbers waited more than 1-2 weeks for an appointment. Waiting a long time for an appointment can be worrying and potentially could mean a health condition could be getting worse without treatment.

### If you had a good experience at your GP appointment for this issue, what worked well?

130 women provided responses

- **Caring and compassionate staff.** Women consistently reported that the most positive aspect of their GP experience was having caring and compassionate staff. This was especially important when undergoing procedures that can be uncomfortable or painful, such as smear tests and the fitting of intrauterine devices (IUDs or "coils"). A healthcare provider who is patient, gentle, and attentive can significantly improve the overall experience and reduce feelings of discomfort or embarrassment.
- **Good listening.** Many women told us that being listened to and taken seriously was important to them. Women value when their concerns, symptoms, and preferences are acknowledged by their healthcare provider.
- **Informed choice.** Being given choice was also a key component of a positive experience. Women appreciated having a range of treatment options



presented to them, rather than being given a one-size-fits-all approach. Women experiencing menopause or perimenopause particularly value when their healthcare provider offers different approaches to managing symptoms and gives them the option to select a path that aligns with their personal circumstances and values.

- **Good communication.** Women wanted to feel that their healthcare provider is well-informed and knowledgeable, particularly on complex issues such as menopause and perimenopause.
- **Timely access to care.** Women valued being seen quickly, whether for initial consultations or follow-up care, and appreciate when their concerns are addressed without unnecessary delays.

“I was given a consultation to discuss my contraception options and given leaflets/ information about them to read. The clinician listened to me and answered my questions and took my wishes into account. I was then able to book an appointment with a specialist nurse to carry out the procedure. The nurse also talked to me about my chosen option and how long the procedure would take, offered to answer any questions and was very friendly and supportive. She kept me informed of what she was doing at every stage of the procedure”. – **Windsor, Ascot and Maidenhead resident**

## **If you had a bad experience at your GP appointment, or have been unable to make a GP appointment, what could have been done better?**

104 women provided responses

- **Lack of knowledge about women's health issues.** One of the most frequently raised concerns was the lack of knowledge and awareness among healthcare professionals about specific women's health issues, particularly menopause care and contraception. Some women told us that their symptoms or questions were either ignored or not taken seriously because of the healthcare provider's limited understanding.
- **Barriers to accessing GP practices.** Another significant issue is the difficulty women face in accessing GP services. Making an appointment can be a frustrating and time-consuming process, with difficulty getting through on the telephone, long waiting times, or the inability to book appointments at times that are convenient mentioned. Additionally, many women reported the challenge of having sensitive health matters discussed over the telephone rather than face-to-face. These personal issues require a level of privacy and empathy that is harder to achieve in a phone consultation. This can make women feel uncomfortable or unwilling to open up about their health needs.

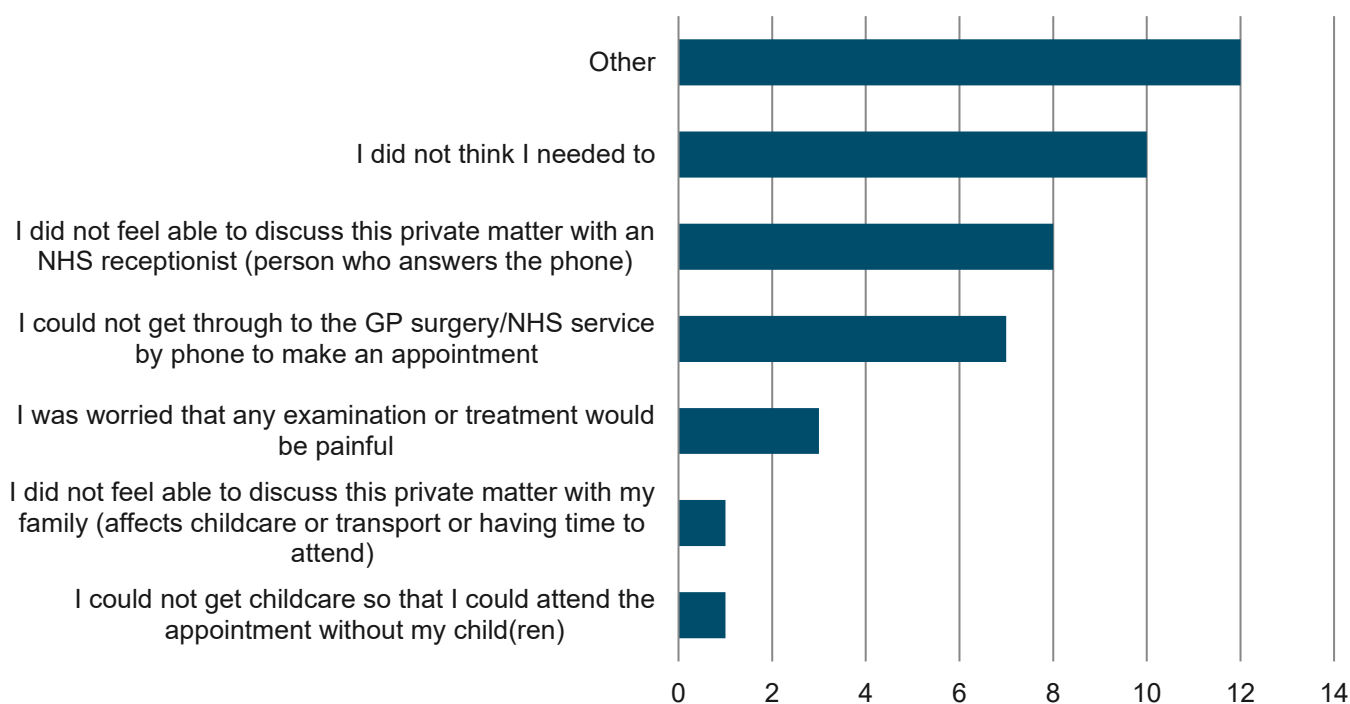
This was a strong theme from our focus groups listening to women who have the additional challenge of language barriers and cultural needs.

- **Poor staff attitudes and lack of personalised care.** Women expressed dissatisfaction with the attitudes of healthcare staff, particularly when they felt that staff were not providing the level of care that is tailored to their individual needs. Instances of poor customer service, dismissive behaviour, or lack of empathy can leave women feeling unsupported, disrespected, and hesitant to return for future consultations.
- **Poor communication.** In some instances, women felt they were not given sufficient information about their condition, available treatment options, or potential side effects, leaving them unable to make informed choices about their health.
- **Inaccessible treatments and care.** Lack of access to certain treatments at their GP practice was a source of frustration for some women. They found that some services, such as pain relief for coil fittings or hormone therapy (like testosterone) for menopause care, are not readily available there. This can make women feel that their health concerns are being neglected. In some cases, women told us they were forced to seek private healthcare options, which can be financially burdensome and will not be an option for everyone.

“I was able to speak to my GP about my issues but they did not refer me to a Gynaecologist until I had concerns regarding my fertility. I had been to my GP for years about this issue and was constantly told that nothing could be done.” **Slough resident**

“Ever since I realised my symptoms such as overwhelming anxiety and joint pain may be linked to the menopause - about 3 years ago - I have found it impossible to find someone at my GP surgery who has knowledge of this area and with whom I can arrange an appointment to discuss. I have had a range of contradictory advice ranging from take high dose HRT to immediately stop your HRT and for significant times I feel I have self-diagnosed and managed by reading on the internet with the dr just agreeing to any prescriptions I write to them about. I still feel quite lost and lonely with what to do for the best.” **Bracknell Forest resident**

## I did not (or could not) contact my GP surgery or other NHS service about my health problem or need because...



While the numbers were low, it is concerning to note that factors including being unable to get through on the telephone prevented some women from making healthcare appointments that they needed. Reasons given in the 'Other' category' included that it is difficult to get an appointment outside work hours and thinking that the service would offer the advice or care needed.

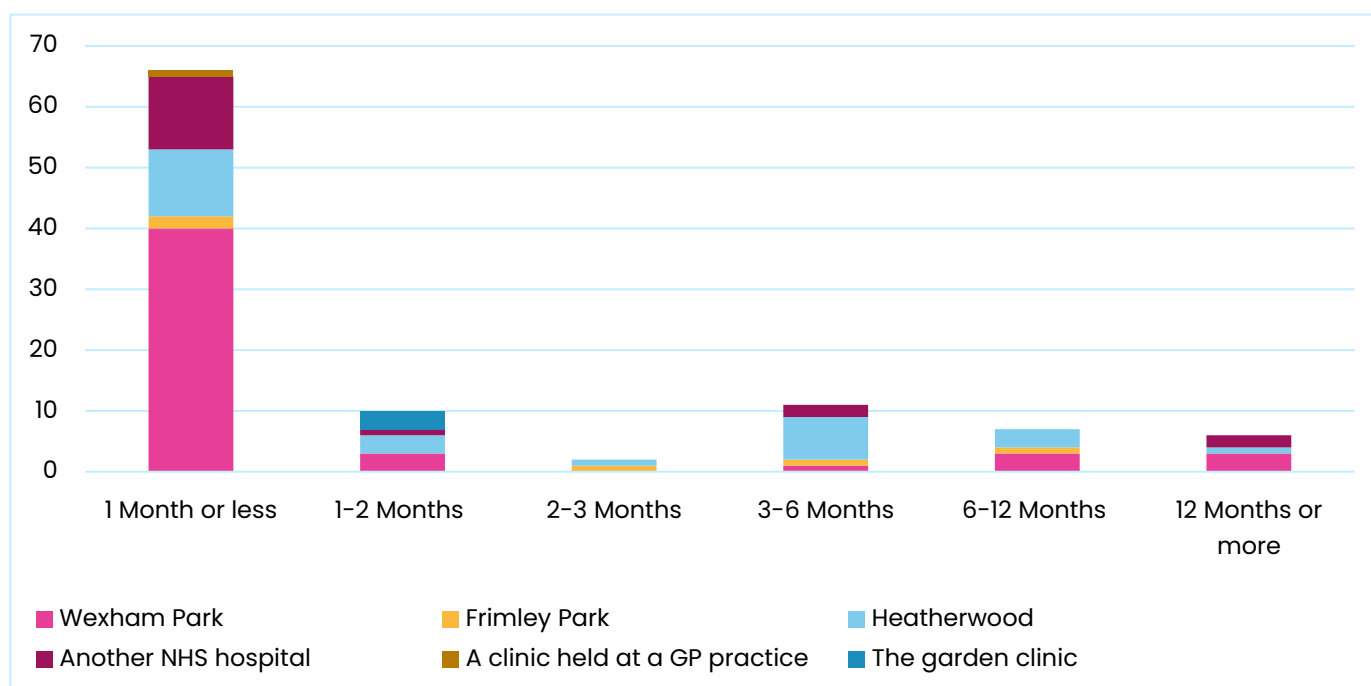
Was unsure concerns would be dealt with around periods. Have been told by many they just tell you to go on the pill but that causes many negative side effects. You feel as no other solution so do not go to gp for support and problem just remains **Slough resident**

## Referral to Hospital

87 people who provided feedback were seen at a hospital or clinic, typically referred by their GP (a few services accept self-referral).

## How quickly did you get seen at the hospital or clinic?

There were relatively few waits reported of longer than 2–3 months:



## If you had a good experience at the clinic or hospital you went to, what worked well?

59 people provided feedback

- **Kind and empathetic staff.** Women appreciated being referred to a specialist who was kind, respectful and empathetic. They mentioned the importance of feeling safe in potentially stressful environment.
- **Knowledgeable staff.** Women highlighted the importance of being kept informed and the re-assurance they felt after talking to a knowledgeable professional.
- **Quick and efficient appointments.** Receiving an appointment in a timely manner and then being seen quickly on the day was valued by the women who provided positive feedback.

“The doctor scanning me, saw me walk into reception with water for the ultrasound, she was running early, called my name, enabled me to jump the reception queue and go straight to my appointment where she explained everything that would happen with kindness and plenty of information. She and her colleague were kind, knowledgeable, put me at

ease, quick and efficient without making me feel rushed. What an amazing service!" **Windsor, Ascot and Maidenhead resident**

## If you had a bad experience at the clinic or hospital you went to, what could have been done better?

43 women provided feedback

- **Poor staff attitudes and lack of dignity during intimate procedures.** Women reported poor staff attitudes during intimate procedures. A lack of sensitivity and respect left some feeling humiliated and traumatised. We heard about lack of understanding around conditions like polycystic ovary syndrome (PCOS). This can lead to women feeling unsupported and alienated, worsening their health, and discouraging future medical visits.
- **Poor communication.** Poor communication exacerbates stress for many women. Issues like abrupt or impersonal communication about appointments, pre-surgery instructions, or follow-up care contribute to confusion and anxiety.
- **Long waiting times for referrals** Some women experienced long waits for specialist referrals. These delays are particularly problematic for time-sensitive conditions such as suspected cancer or reproductive health issues, leading to frustration, emotional distress, and delayed treatment that can impact health outcomes.
- **Receiving incorrect treatment.** We received a worrying report of a patient almost receiving the wrong surgery. Such mistakes pose serious health risks and erode confidence in the healthcare system.
- **Lack of information about health conditions or procedures.** Women felt they are not given enough information about their condition, treatment options, or procedures. This lack of communication leaves them feeling powerless and unsure about their care.
- **Lack of joined-up care and fragmentation of services.** The lack of co-ordinated care between healthcare services is a challenge. Some women were referred back to the start of the process after trying treatments or investigations that were ineffective, causing delays and frustration.

"The poor doctor I finally saw at 5.30 pm on a Friday evening almost performed the wrong surgery. (I am a health professional) I was aware he was making a mistake; he was so shaken when he realised. I was very

empathetic as I could see how exhausted he was as was doing a double list.” **Windsor, Ascot and Maidenhead resident**

“Nobody was there to check you in. I had to knock on a door, give my name, door closed and I sat alone in the waiting room. Appointment was over an hour late, no explanation, no apology. When I was called in, it was a male doctor. Absolutely, not what I wanted given the procedure I was having – he was on his phone, didn’t even look at me and told me to sit down. It was a very uncomfortable atmosphere with him and an observing student. The doctor failed to tell me what to expect post colposcopy and so I wasn’t prepared for the bleeding afterwards. He was a cold, unsympathetic man and I cried throughout. All he said was, ‘what’s going on with you?’” – **Bracknell Forest Resident**

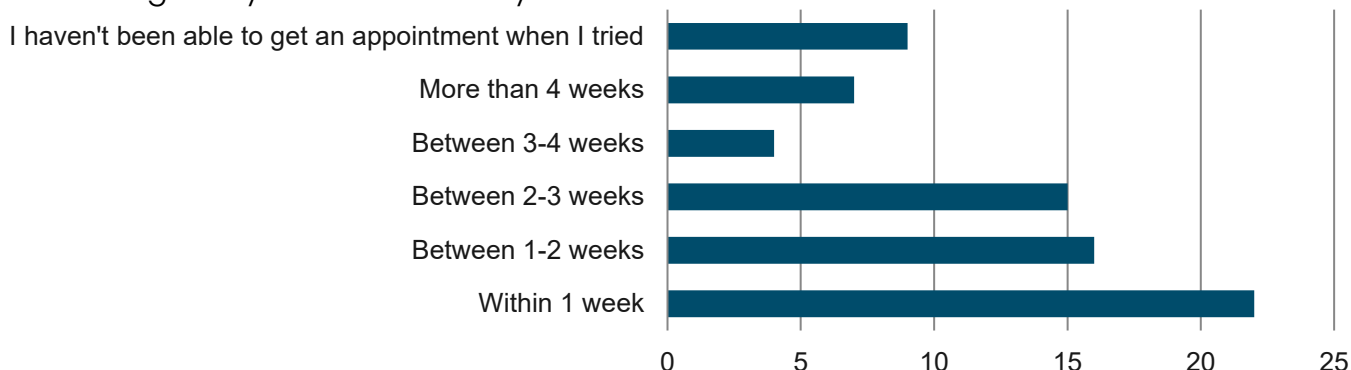


# Focus – key women's health touchpoints

## Menopause care

105 women gave feedback about their care during menopause or perimenopause. This was a key theme for women from Windsor, Ascot and Maidenhead with 70 responses received from the Royal Borough.

How long did you wait to see your GP for this issue?



There was an even split with around half of women thinking they had received good care and the other half who were unhappy.

People who had a good experience mentioned knowledgeable health professionals, having a female GP and being listened to.

People who had a bad experience spoke about lack of understanding and knowledge around menopause care, having a male GP, difficulty getting appointments and preferred treatment options being unavailable on NHS.

Women who were unable to make a GP appointment to discuss their care mentioned that they did not think this service was available at their doctors or that the practicalities of getting an appointment at a convenient time made it too difficult.

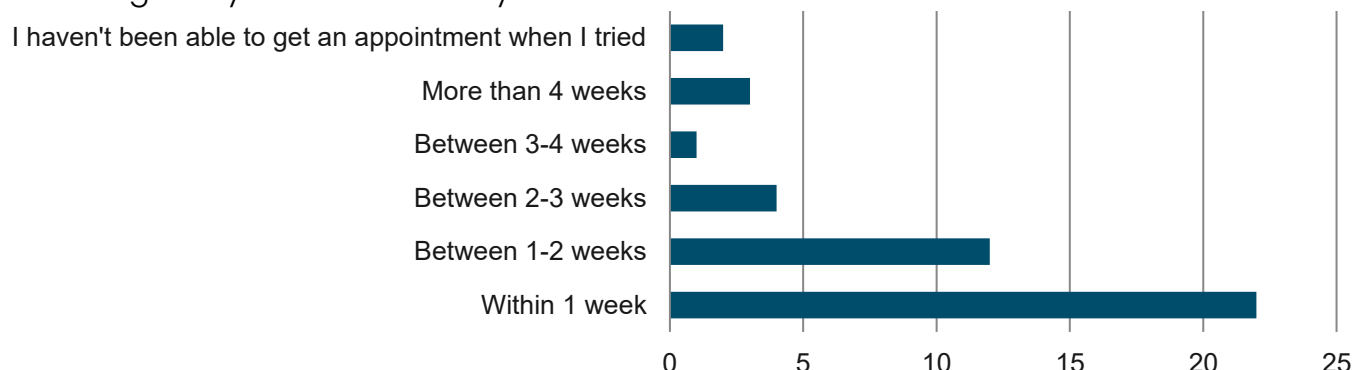
**"No appointments available for advice. Appointments were for emergencies only and urgent matters only." Windsor, Ascot and Maidenhead resident**

Of the 13 women who were referred for a hospital appointment, 12 were seen quickly in under 1 Month.

## Gynaecology

58 women gave us feedback about their experience of care for gynaecology, which includes women's cancers and care of the female reproductive system.

How long did you wait to see your GP for this issue?



People who had a good experience mentioned quick referrals, compassionate and knowledgeable staff, and being taken seriously.

Women who had a bad experience told us about being dismissed, or pain being attributed to other things, and difficulty getting appointments.

The waiting times for treatment in a hospital or clinic were longer for gynaecology than for other health conditions. This led to women feeling anxious or being in pain for extended periods of time.

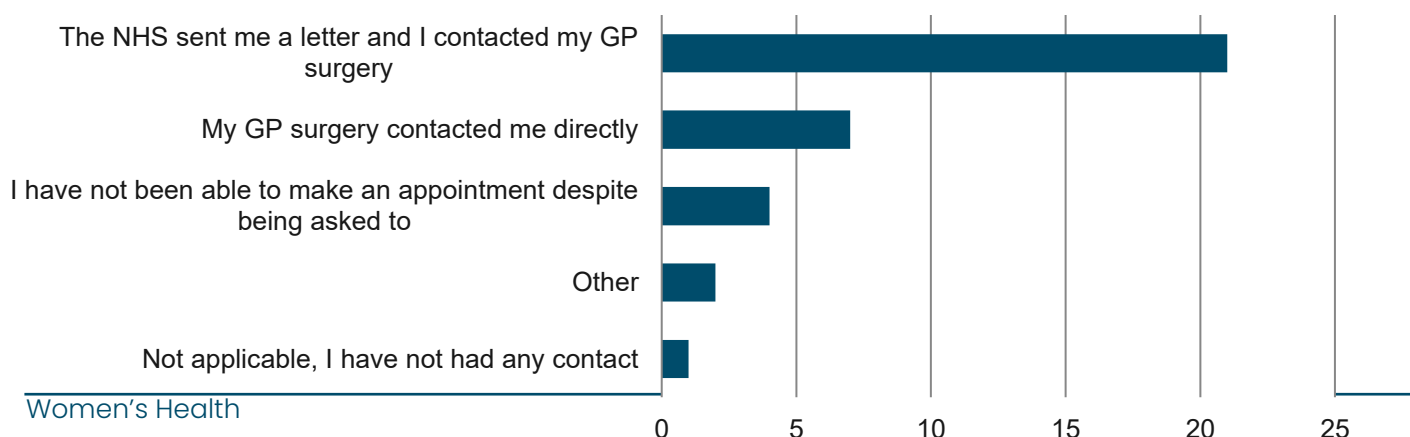
Women also told us about poor experiences in hospital related to communication, staff attitudes, and excessive pain during procedures.

**"I have been told that I will not be seen because the waiting list for gynaecology is 18 months. Gynaecology contacted my GP suggesting a different medication to try." – Slough resident**

## Cervical screening

35 women gave feedback about their experience of cervical screening.

How did you make the appointment?



Comments indicated that women appreciated the screening appointment being quick and efficient as well as valuing kind and caring staff. Some people mentioned being pleasantly surprised that it was not as painful as anticipated.

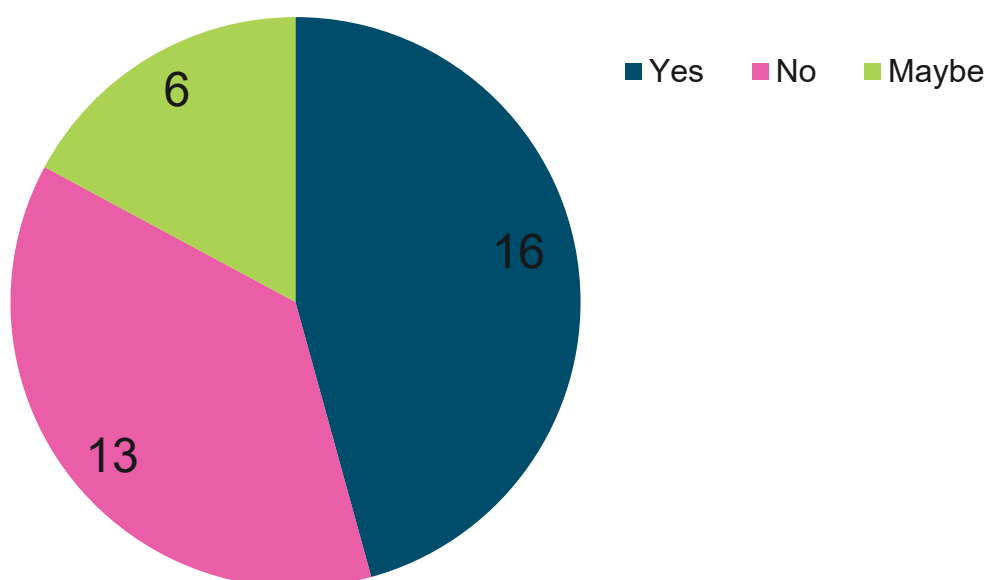
**“Really quick to get an appointment and the nurse was absolutely lovely and made it as pain free as possible.” Bracknell Forest resident**

For women who did not have a good experience they frequently mentioned pain, embarrassment and not being given the results of the screening quickly or in their preferred way.

Only 5 women who gave feedback were referred to a hospital appointment after screening. Most were seen in under 2 Months, but one person waited 6-12 Months for her appointment.

10 women told us that they would be more likely to attend an appointment for cervical screening if it could be booked at the same time as another appointment.

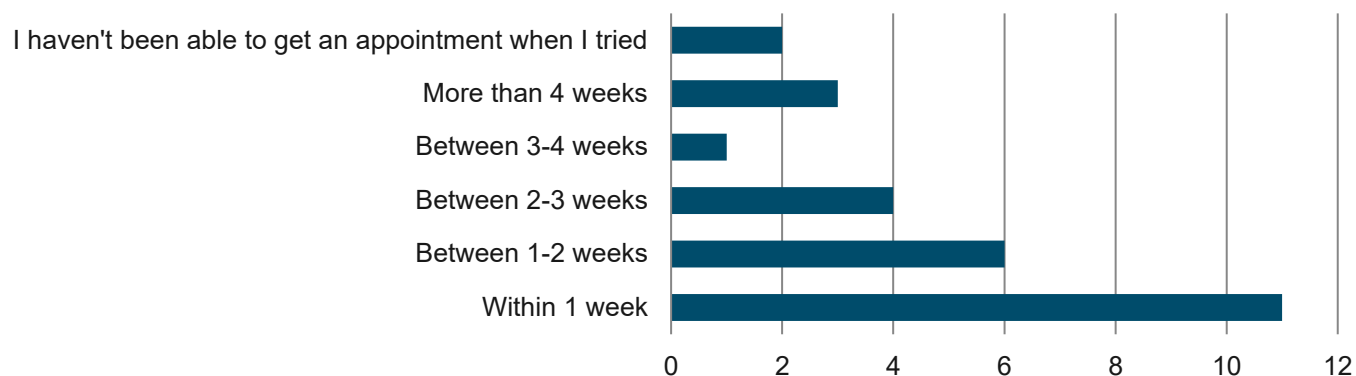
Home testing kits for cervical cancer have been developed and may be available from NHS providers in the near future. We asked women if they would be more likely to have cervical screening if they were provided with a home test kit. 35 women replied to this question and more than half expressed interest in home testing – the feasibility of making kits available could be explored further by local NHS services.



## Problems with my periods

32 women gave us feedback about their experience of seeking care for problems with their periods.

How long did you wait to see your GP for this issue?



Women told us that they appreciated quick appointments, well informed staff and timely onwards referrals.

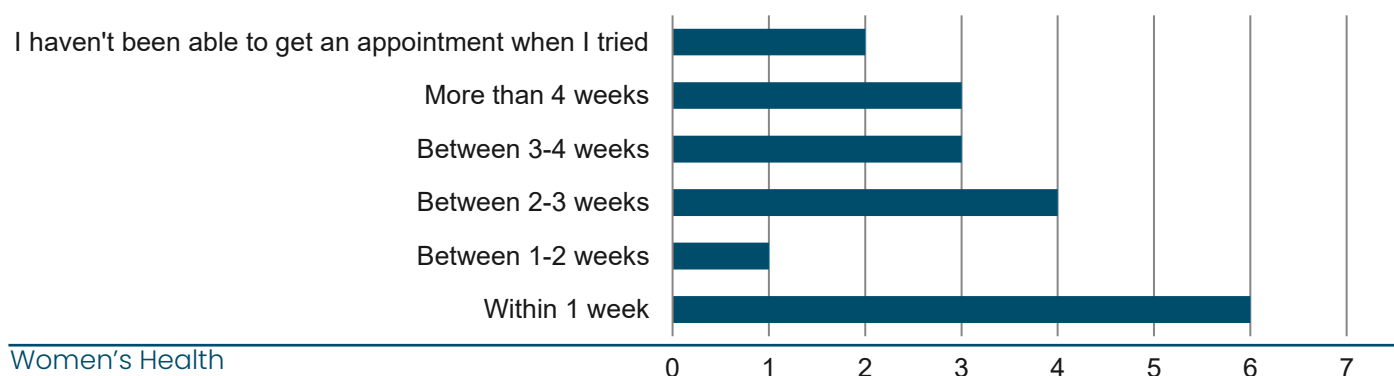
Negative feedback related to communication, long waiting times, lack of priority given to female specific conditions, not being listened to and being given incorrect information.

**"I was unsure concerns would be dealt with around periods. I have been told by friends, they just put you on the pill but that causes many negative side effects. You feel as though there is no other solution so do not go to GP for support and the problem just remains."– Slough resident**

## Contraception

32 women gave feedback about seeking information and advice for their contraceptive needs.

How long did you wait to see your GP for this issue?



Women who had a good experience said their healthcare staff were knowledgeable, approachable and kind. They told us that they had in-depth conversations in order to make an informed choice about contraception.

In contrast women who had a bad experience often felt pushed into certain choices, particularly the IUD or 'coil'.

# Voices from community groups

As part of our engagement plan Healthwatch hosted 5 focus groups with the aim of speaking to women from Asian ethnic groups, especially those who have additional communication needs because they do not speak English as a first language.

We asked them, *what would you like to tell us about your care? What was good? Anything that was not good? Can you suggest any ways that NHS women's health services could be improved?*



The groups we attended were

Early Help Hub, Slough Refugees. (10 women attended)

Café Mama, JMJC mosque, Slough (12 women attended)

Asian Women's Group, Maidenhead (17 women attended)

English Language Café, Bracknell (9 women attended)

Women's Wellness afternoon co-hosted with public health Bracknell for the Nepali community. (35 women attended)

## Information and Communication

At Bracknell Language Café women felt that more information about Women's Health issues would be helpful to them and they would use printed leaflets or posters most. These should be translated into other languages as necessary.



They told us that it is also important that simple large text is used alongside pictures to help understanding as some women do not read well.

People were not sure how to navigate the British healthcare system. In their country of origin, they may be able to book appointments with specialists directly. We were asked by one individual how she could get testing for ovarian cancer. We advised her to contact her GP in the first instance to talk about any symptoms and her family history of ovarian cancer.

**"I don't know how to go about getting tested. My mother died of ovarian cancer, and I'm worried, I just don't know what to do next." – Bracknell Forest resident**

At the Maidenhead Asian Women's group, a key theme was access to good quality written information about women's health.

**"I think there should be more information leaflets that are offered through the GP's or through groups like this. The lady who runs this group is well connected... people like that who are in the community could help with spreading information if there were leaflets available. The older women read in Urdu but not so much in English. Younger people do tend to read English better so particularly focusing on information for the older generation."– Maidenhead resident**

This was also valuable to the Nepali group-

**I think our community needs more information especially about Women's Health, the language is the biggest issue for us. If we had some leaflets that were written in Nepalese, then that would help. I'm not sure about videos or online stuff because most people don't use the Internet very much. – Bracknell Forest resident**

Women also told us about the importance of sensitive information being shared compassionately and the need for comprehensive discussion of their options, including non-medical support.

**I was informed by my GP that I am going for an early menopause. It was really upsetting, and I cried for days they did not offer me anything apart**

from going privately for IVF which is a very expensive treatment. I did my own research and started taking supplements and I conceived- **Slough Resident**

I went to see my doctor because I've been having problems with the menopause, hot flashes and sleepless nights. They've offered me tablets, but I don't want to take them, I'm worried because I had really painful, long periods before, and I don't want that to come back again. They said it might do, they didn't really offer me any other advice other than taking the tablets. - **Maidenhead resident**

I've had recurrent miscarriages and was transferred to a gynaecologist, but I've had many friends or family members tell me how there is a wealth of other steps that can help to take, which I feel I firstly didn't know anything about myself, and I haven't ever been informed either. - **Maidenhead resident**

## The importance of groups and women coming together

Women valued the community support groups they attend and said that targeted health focused groups would help them manage their women's health.

"Asian women are not getting outside that much so that's why coming together is so important."- **Maidenhead resident**

"Groups like this one really help people come together and it helps to talk with people who are going through the same things as you. Small groups would be brilliant, maybe one for older ladies to discuss menopause." **Maidenhead resident**

In Slough women told us that a hub would help with information sharing as well as giving a focus for the community.

I would like a women's hub to spread the knowledge and meet other sisters in a safe space. **Slough resident**

At our Nepali women's wellness event, alongside public health colleagues, women told us that they valued the opportunity to come together and ask for information and signposting from the team of professionals. We used an interpreter which was vital to sharing information and listening to this group who did not speak English.

"Who's going to hear us?' This is a very good programme, it's great to be able to come here today, meet with other women and talk to you and the other professionals here. We want to be heard; we need somewhere we can talk and services to help and support." – **Bracknell Forest resident**

## Translation services are vital

Communication and translation were the biggest issues for women in the Nepali focus group, that prevented them from getting help and support.

Women told us that they did not know that their doctor or hospital could arrange an interpreter for them. Very few of the women we spoke to had requested or used a professional interpreter.

Where language is a problem in discussing health matters, NHS England and NHS Scotland guidance stipulate that a professional interpreter should always be offered, rather than using family or friends to interpret.

Women are using friends, family or people in the community to translate for them, but this is not always reliable and may prevent them from discussing intimate matters related to their women's health.

"The men in our community will act as if they understand when they come with you to the doctor but when they come out, they say, "I didn't know what he said." – **Bracknell Forest resident**

At the Language Café women told us that face-to-face appointments make it easier for them to understand information, but these are not always offered-

"I'm very nervous to talk on the phone when I phone my doctor, I can't make them understand me easily, it's much better if I can speak to someone face to face." **Bracknell Forest resident**

Access to interpreters is fundamental to choice, consent and being listened to. One woman had experienced difficulty with interpreters. She told us:

"I need to have a Cantonese interpreter. when I make a doctor's appointment, I do book this but sometimes the doctor dials the phone number and there is nobody there who can speak Cantonese, so I don't have any way of communicating easily. This has happened twice to me."

**Bracknell Forest resident**

People at the language café also spoke about family help with interpretation. One person uses her brother and another her husband to attend medical appointments to help her, but when they need to talk about sensitive women's health issues this is not appropriate.

## Difficulty getting GP appointments

People in all the focus groups told us that they find it difficult to make a doctor's appointment and therefore take the first step to addressing any health needs.

Women spoke about the challenge of calling at 8am when caring for young children or older family members, not being able to use the online form for booking due to poverty, language barriers or lack of digital skills and feeling that their surgery will not take their request seriously because it is not an urgent health need.

I have looked on social media and have done my own research for information. It is ridiculously hard to get a GP appointment in the first place. – **Slough resident**

In my experience when I call my GP for an appointment for anything to do with Women's Health such as periods, they just don't take it seriously and it's very hard to get an appointment. – **Maidenhead resident**

# Recommendations

We have 8 recommendations for local services:

*Improve listening to women* when they have a women's health problem - women need to feel confident that their health matters.

Provide printed *information* leaflets and posters on key aspects of women's health *translated* into languages as needed locally. Use *simple language and culturally appropriate images*.

Pay attention to how *to listen to women from South Asian communities* - foster *long term relationships with community groups and establish women's health champions*. This has been successful in the maternity space where champions are members of some women's community groups.

Act to *improve sharing of knowledge and skills in Primary Care Networks and across the Frimley footprint* so GPs can provide care quickly in women's preferred location.

*Consider a community-based women's health hub model*. Women indicated that peer support, wellbeing activities such as women only exercise classes and drop in knowledge and information sessions are valuable. Involve local women in the creation and co-ordination of such a service.

*Offer information about health rights and access to interpreting in key communities* to ensure uptake as needed. Use a co-production and community-empowerment approach to develop this work.

*Continue to work to reduce waiting times*, ensuring timely access to care

*Co-produce (and later evaluate) all planned service changes with women from the area which the service will serve*, being sure to reflect community diversity when seeking views and when recruiting involvement partners.

# Response

We thank NHS Frimley Integrated Care Board (ICB) and Frimley Health NHS Foundation Trust for their joint response below. We will be following up with the ICB and the Trust in December, and look forward to reviewing their progress against our recommendations.

*NHS Frimley and Frimley Health NHS Foundation Trust welcome this important report and would like to thank Healthwatch Bracknell Forest, Slough, and Windsor, Ascot and Maidenhead for their work in bringing together the voices of over 580 women across East Berkshire.*

*We are particularly grateful for the focus groups with women of Asian heritage, which have helped ensure that often underrepresented voices are heard. The rich insights into women's experiences – both positive and negative – across GP and hospital settings provide vital information to help us improve services.*

*It is clear from the report that GPs continue to be seen as central to women's health. Across Frimley, we are working to:*

- Equip GP practices and primary care teams with the right information, pathways and access to treatments such as pessaries, so more care can be delivered closer to home.*
- Provide targeted advice and guidance to GPs to improve women's health care and reduce the need for multiple referrals.*
- Prioritise reducing waiting times, so women can access the care they need more quickly.*

*The report also highlights the need for better communication, culturally sensitive and translated information, and compassionate care. We recognise that many women would like more dedicated information and opportunities to discuss their health. In response, we are:*

- Building on successful initiatives such as our recent Women's Health webinar, which was well attended and positively received.*
- Exploring how we can co-design more tailored resources with local women, including translated materials and culturally relevant support.*
- Considering opportunities to improve written information and interpreter*



*services, so all women can make informed choices and feel confident in seeking care.*

*We also note the strong interest in peer support, wellbeing activities, and the concept of community-based women's health hubs. As the NHS undergoes significant change, we will ensure that:*

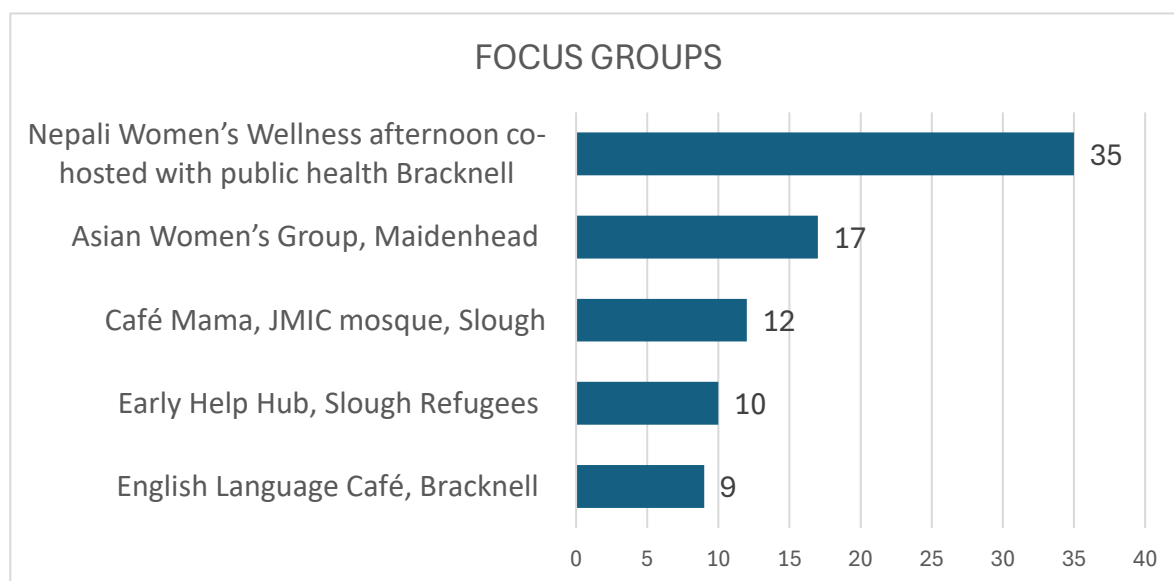
- These findings inform the plans of any future organisational arrangements, keeping women's health as a clear priority.*
- Future service changes continue to be co-designed with local women and diverse community groups, reflecting the rich insights shared in this report.*

*Thank you again to Healthwatch and to all the women who generously shared their experiences. We look forward to continuing to work together to act on what we have heard, so that women's health services across Frimley truly meet the needs of our diverse communities.*

# Appendix

## Focus Groups – Women Taking Part

Here we note the numbers of women we listened to in meetings/focus groups (where we did not collect demographic information) and demographic information for our survey, together with reflections on the dataset gathered for this report. taking part



## Demographics – survey

Only around 160 women replied to our ‘about you’ questions at the end of the survey. Demographic data are presented visually below.

The women who replied were a mixture in terms of age (from age 18 and upwards – women from all age brackets up to ‘76 to 85 years’). These women were mainly White, but 23% were of Asian ethnic background – none told us they are Black.

A majority replying about religious belief were Christian, but we also heard from Hindu and Muslim women, and one Jewish woman, as well as a number of atheists.

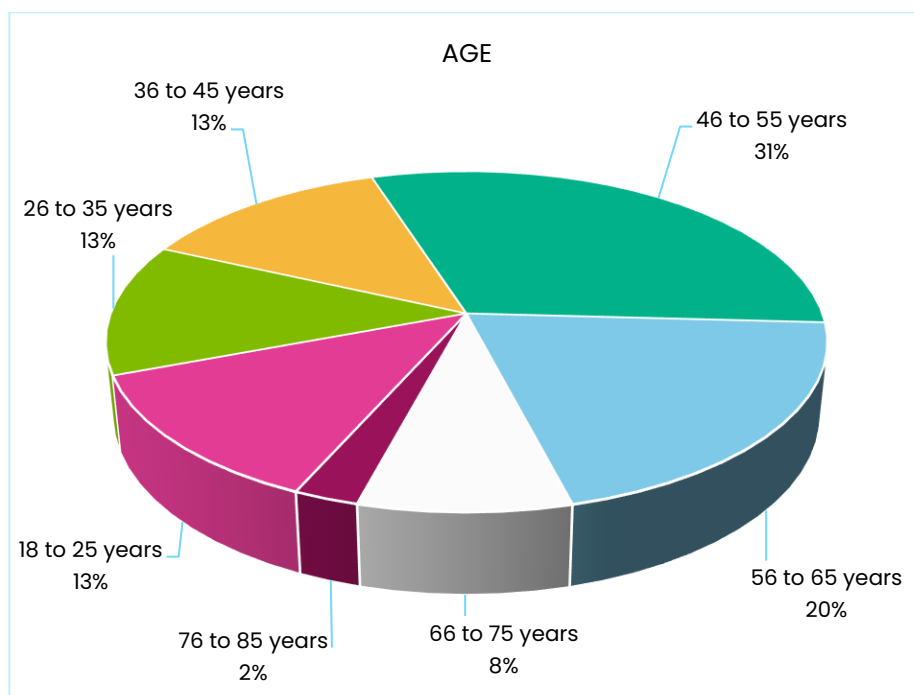
Around 27% of women replying reported living with a disability (compared to 17.7% of whole population in England in [2021 census](#)), 61% a long term condition (50.1% of UK women, [ONS data 2022](#)), and 12% were carers (8.8% of whole population in England in [2021 census](#)).

Most replying were heterosexual (90% – compared to 93.9% of women nationally, [ONS 2025](#)). The full range of types of marital/partnership statuses we asked about was represented.

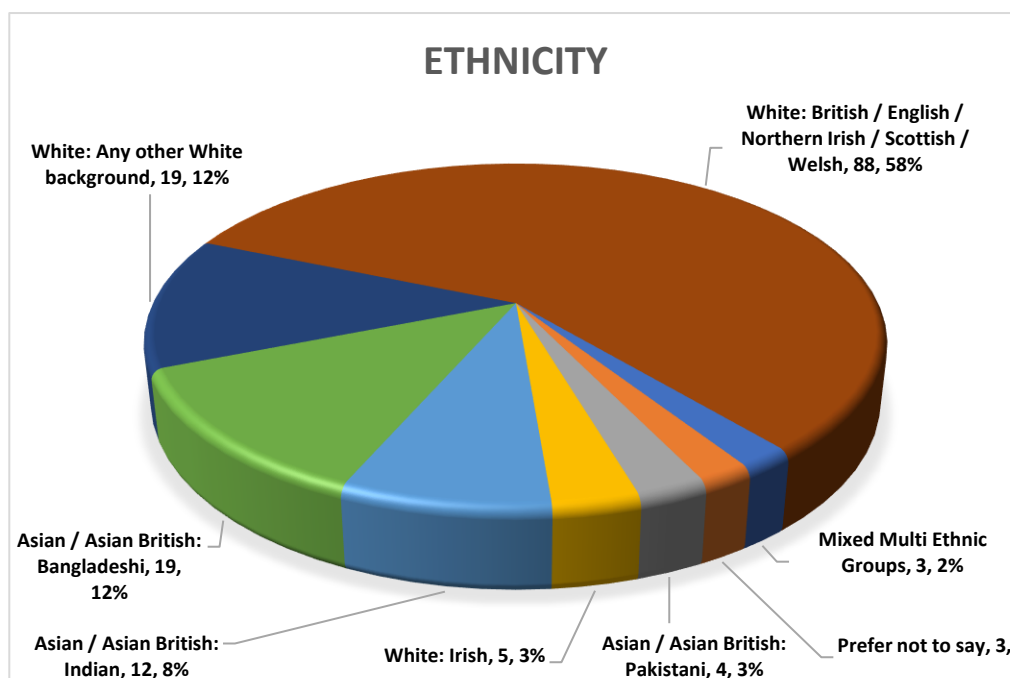
This report uses the term women’s health. The delivery of health care, including of women’s health services, should be personalised, appropriate and inclusive for all, including for those who have the protected characteristic of gender reassignment, those who have/do not have a gender identity, and when a person’s gender identity differs from their sex registered at birth. No respondents told us in the survey that they were trans men or non-binary people registered female at birth. Problems with national census data mean that reliable national estimates of numbers in these categories are not currently available (see [ONS 2025](#)).

We don’t know the characteristics, other than sex, of the (approximately) 347 women who chose not to reply to the ‘about you’ survey questions. We thought that starting the survey with those questions might be off-putting, but possibly women would have answered them in order to reach the questions where they could share their views. However, we are encouraged by the diversity of the 160 women who did reply to the questions

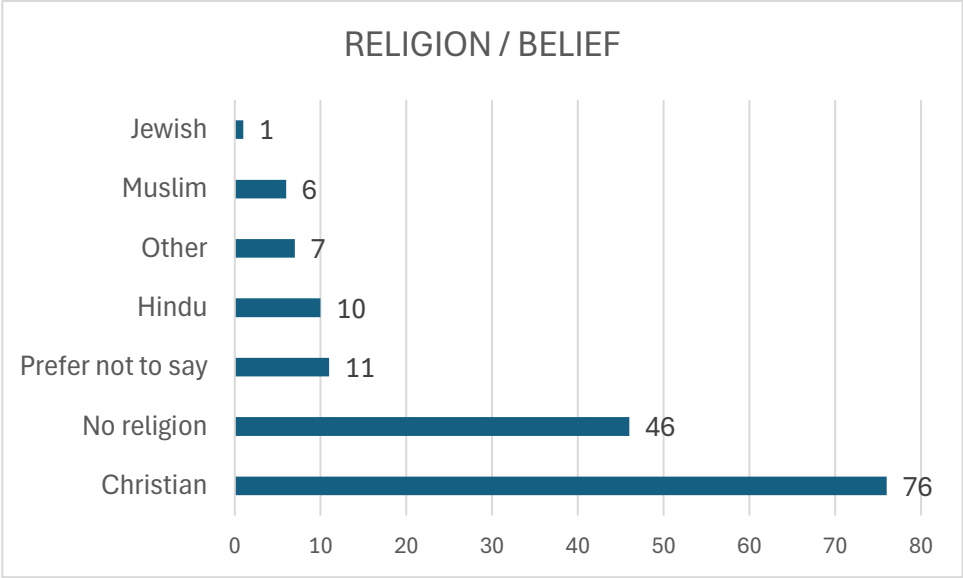
## Age



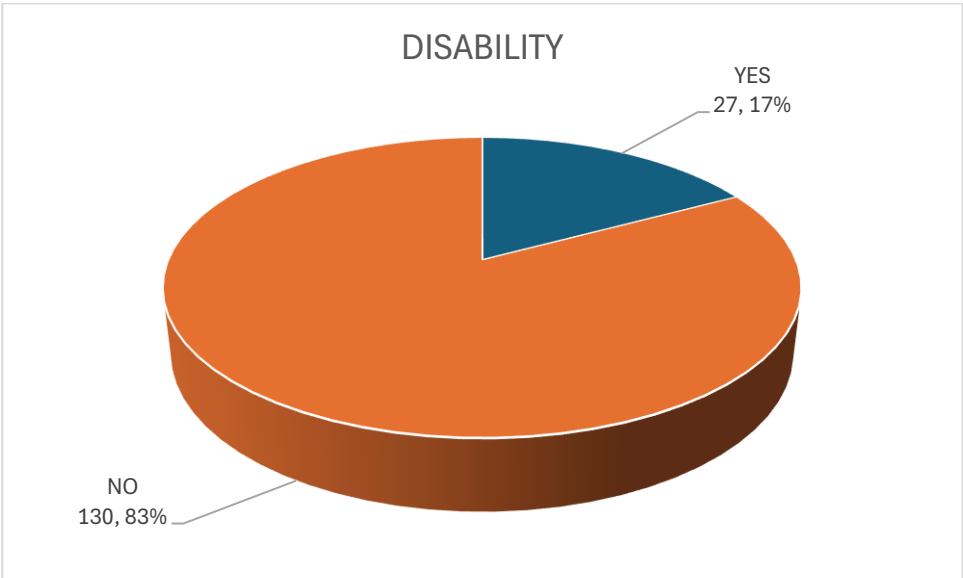
## Ethnicity



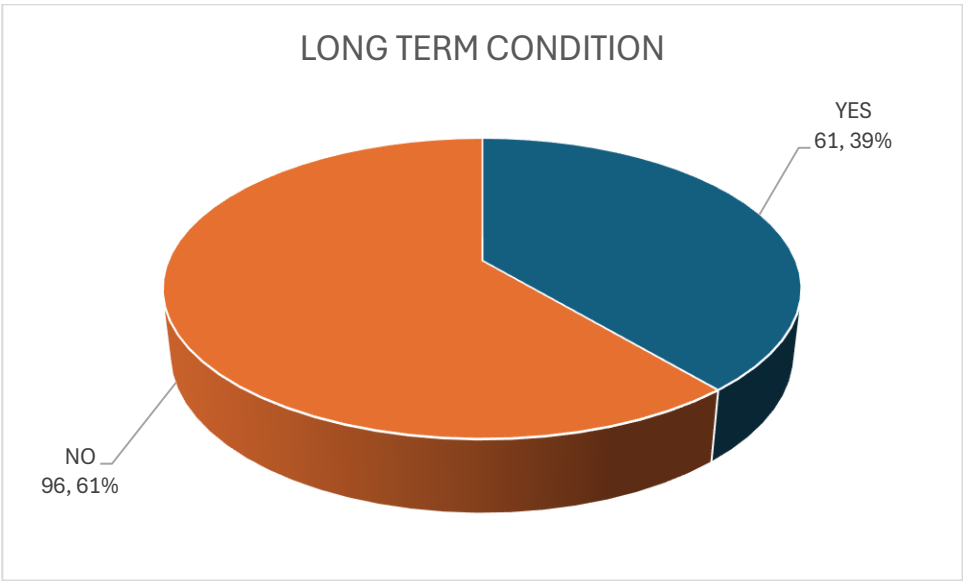
Religion



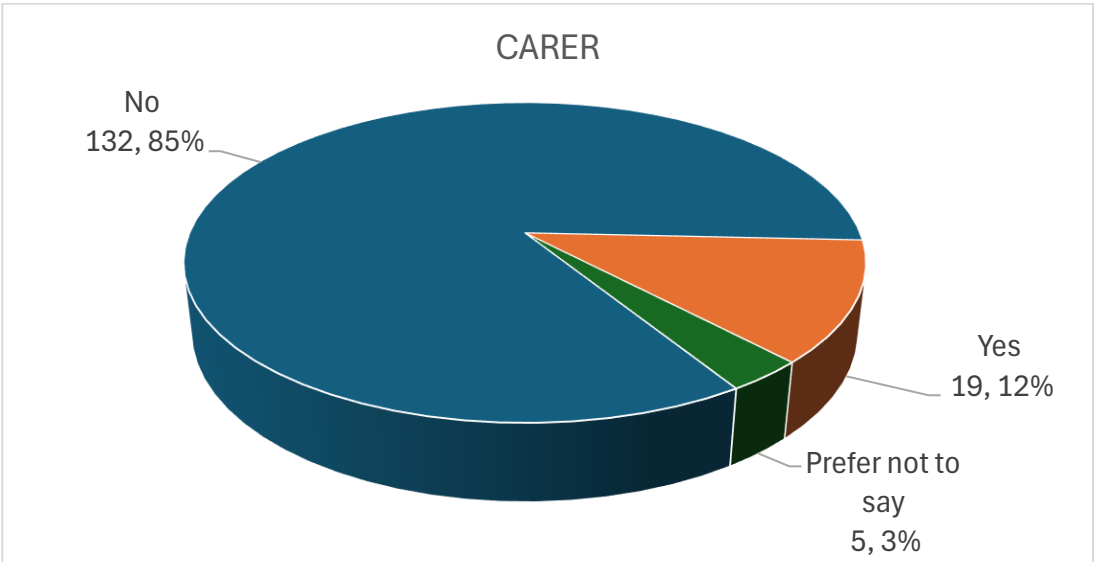
Disability



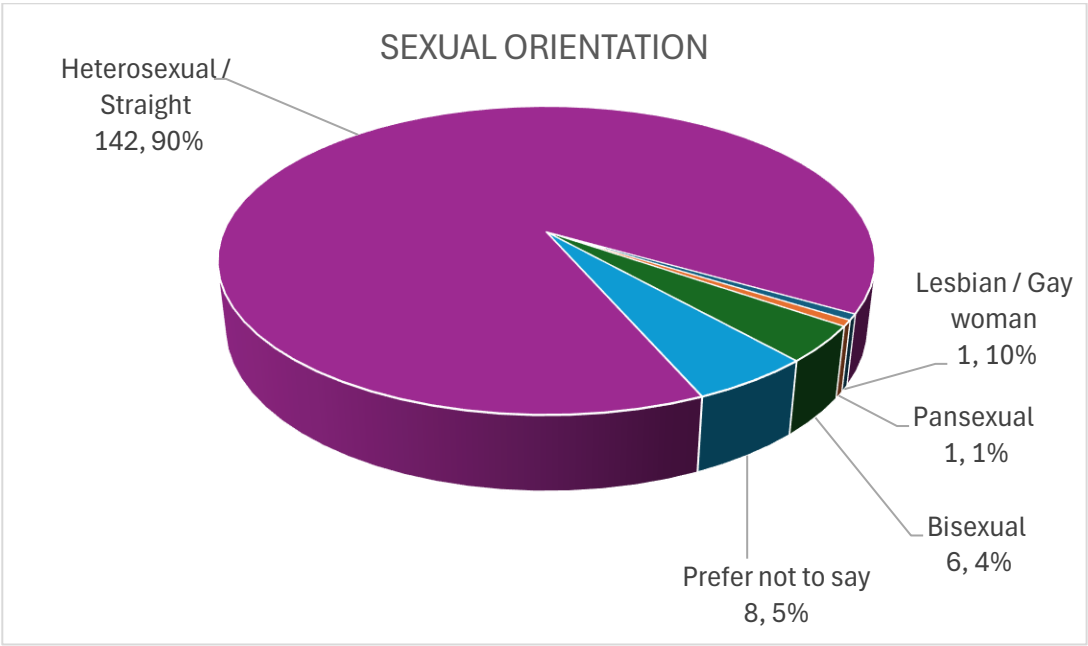
Long Term Condition



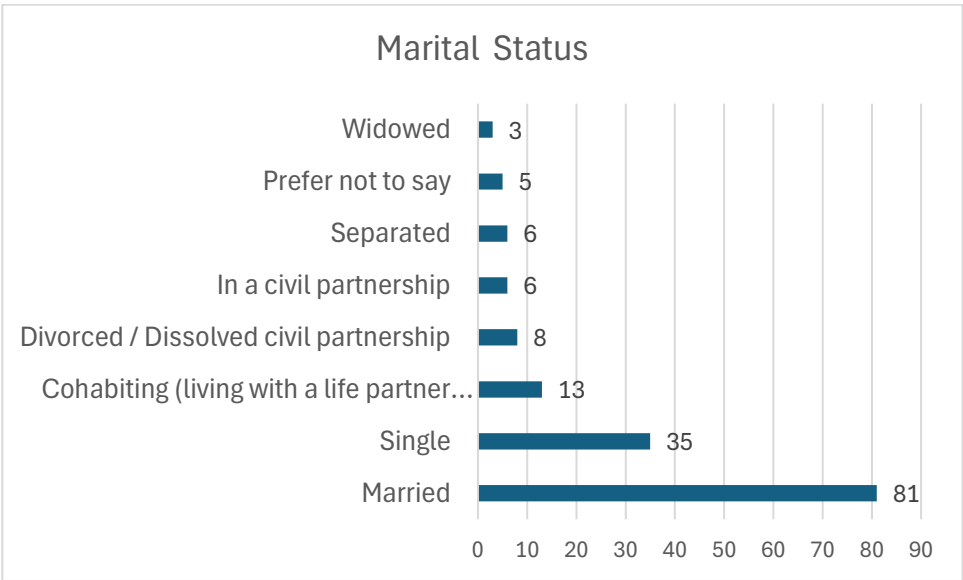
Carer



Sexual Orientation



Marital Status



## Reflections

It is a strength of our project that we heard from a large sample in the survey overall, supplemented by our targeted approach to listening in the community using focus groups visits to community groups.

Windsor, Ascot and Maidenhead is over-represented in the survey compared to Bracknell and Slough, so we have not made area-specific recommendations. Nor do we have numbers large enough commenting on any individual, named NHS service to warrant commenting service by service.

Not all survey respondents answered all of the questions, including the demographics questions, so generalising from the data we have is limited by this to some degree.

It is important to provide more than one way to share experiences and views – and to promote the opportunity to take part in a variety of ways (e.g. through local WhatsApp groups, by word of mouth, on social media etc). We found collaboration with other organisations to arrange/facilitate focus group sessions was effective, as we had anticipated.

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