



Women's and girls' experiences of health and care

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healthwatch
East Sussex

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Introduction

About Healthwatch East Sussex

Healthwatch East Sussex is your local health and social care champion. We make sure NHS leaders and local council decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



About this report

This report summarises the findings and recommendations from our short survey to explore women and girls' experiences of health and care services in East Sussex between April and May 2025. It provides a countywide overview, and breakdowns for five ICT areas: Eastbourne Borough, Hastings Borough, Lewes District, Rother District and Wealden District.

This activity was funded by an NHS Sussex Working with People and Communities small grant 2024-25.



Background

Published in 2022, the [Women's Health Strategy for England](#) provided a renewed emphasis on women and girls' health outcomes and their access to, and experiences of healthcare.

In Sussex, the NHS and local partners have been working to implement the strategy by:

- Assessing local need and identifying priorities for change
- Engaging local people and health professionals
- Rolling out Women's Health Hubs to meet women and girls' healthcare needs across their whole life course.

Aims and objectives

Aim: Understand women and girls' (aged 14+) experiences of using health and care services in the last 12 months

Objectives:

1. Identify barriers or challenges to accessing health or care services
2. Identify changes to improve experiences of using health or care services
3. Explore preferences around receiving information on health and care services

Methodology

Between April and May 2025, our 16-question survey asked women and girls (aged 14+) to tell us their experiences of health and care.

We asked about four specific areas:

1. Issues important to girls and women when using local health and care services
2. How comfortable girls and women feel talking to health and care professionals
3. Where girls and women currently find support for health and wellbeing
4. Preferences for receiving information on health services

People were able to complete the survey online, in print or over the phone.

188 people shared their feedback and experiences with us. *All percentages presented in this report are a proportion of this number unless otherwise stated.*

Limitations

We recognise digital surveys may be subject to limitations, such as reduced awareness or accessibility for certain groups or communities.



We conducted a primarily **digital survey**, with hard copies available upon request.



Our survey was shared across several channels including **social media, newsletters** and via **partners**.

Key findings: East Sussex

Awareness of screening and testing services available to women and girls is generally fairly high – particularly for cervical screening (see slide 10).

Key barriers that prevent women from accessing healthcare services most commonly include the lack of flexibility in appointment times, worries about not feeling listened to, and negative past experiences (see slides 13–20). Almost 1 in 10 women reported ‘never’ feeling listened to while using health and care services in the last 12 months (see slide 16).


Better booking systems, easier access to appointments, and knowing who they were going to see were most commonly suggested by women as things that would make it easier for them to attend (see slides 21–25).

When asked about communication preferences, email was the most popular option (see slide 36). The preferred location for accessing a women’s health hub was in their own GP practice, with the next most popular option being at a dedicated centre (see slide 37).



Recommendations

When planning, designing and implementing women's health hubs NHS Sussex should:

- 1) Take women's preferences into account for the placement and location of women's health hubs – i.e. hubs within their own GP surgeries or at a dedicated centre (slide 37).
 - 2) Take women's preferences into account for the conditions they would like to be able to access support for at a women's health hub (see slide 38 for the conditions selected by East Sussex respondents to our survey).
 - 3) Use email as the primary method for communicating with women about the health services available to them, with alternative methods and formats on offer for women who do not have access to email.
 - 4) Establish appointment booking systems for the women's health hubs that enable women to book an appointment day and time that works for them.
 - 5) Ensure patients are given the option of requesting to see a female clinician at women's health hubs.
- 

Recommendations (cont.)

- 6) Ensure patients are always informed of who they will be seeing in advance of their appointment and, where appropriate, make patients aware of the gender of the clinician – particularly where appointments relate to intimate health.
- 7) Ensure any additional needs a patient may have are considered and adjustments can be made where needed. This may include offering extra time for appointments, ensuring pain relief options are offered, and making other adjustments for patient anxiety and past trauma.

For women's health care across the wider health and care system:

- 8) Address recommendations 3–7 in other health settings.
- 9) Consider how to raise awareness of bone density tests for women.
- 10) Raise awareness amongst professionals of women not feeling listened to, and support both clinical and administrative staff with training around empathetic communication and listening skills, and all staff on trauma-informed care.

Recommendations (cont.)

11) Support GPs to upskill in key areas of women's health such as gynaecological health and menopause.

12) Consider how to reach out to and reassure women who have had negative past experiences: how can they be reassured that things have changed?

Recommendations for Healthwatch East Sussex

13) Share this report and continue to feed back women's and girls' experiences of health and care services with commissioners and providers.

14) Share insight and reports on women and girls' experience of health and care with Healthwatch England to support national intelligence on this theme.

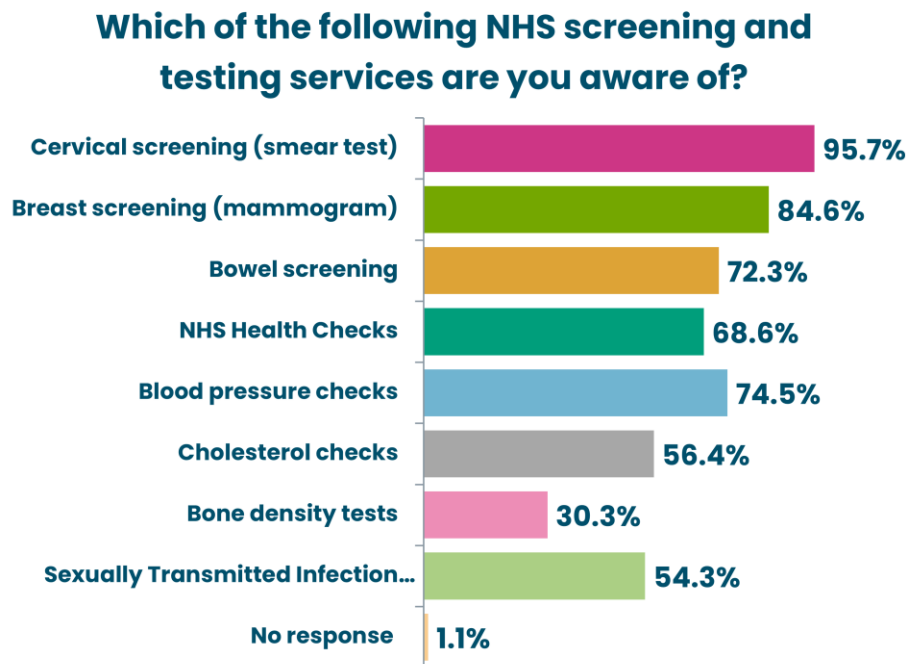
15) Explore opportunities for further engagement to explore the experiences and preferences of women and girls in relation to health, care and wellbeing provision.



1. Screening and testing awareness and access

Our survey responses showed awareness of key NHS screening and testing services available to women was generally high.

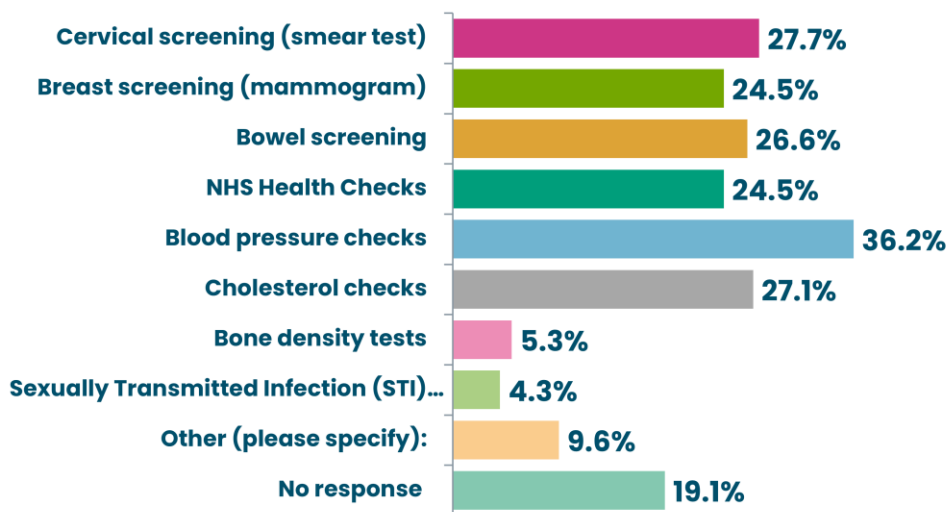
Across the county, 95.7% of respondents were aware of cervical screening (smear tests) and 84.6% were aware of breast screening (mammograms). Bone density tests were least well-known, with only 30.3% of respondents being aware of these.



1. Screening and testing awareness and access (cont.)

Even though different tests are offered to different age groups, the number of women who had used or tried to access NHS screening and testing services in the last 12 months was similar across many of the tests (24% to 28% of respondents). More respondents had used or tried to access blood pressure checks (36.2%). Fewer people had used or tried to access sexually transmitted infection testing (4.3%) and bone density tests (5.3%).

Which of the following NHS screening and testing services have you used or tried to access in the last 12 months?



1. Screening and testing awareness and access (cont.)

Awareness being a lot higher than uptake is not surprising. Many women will have heard of tests they haven't been offered in the last 12 months or that they may not yet be or are no longer eligible for.

However, our findings suggest that if uptake is low for screening such as cervical and breast cancer screening, this may not be entirely due to low levels of awareness. Even if they've heard of the service and are eligible for it, women aren't always accessing it.

So why not?

What are the barriers to access for women?

2. Barriers to access and what would make it easier to attend

2.1 Barriers to access

We asked women: 'What barriers, if any, have stopped you attending or booking a healthcare appointment in the last 12 months?'

This question wasn't just about screening services but about all healthcare appointments.

The biggest barrier was 'lack of flexibility in appointment dates/times', with 47.9% of women highlighting this.

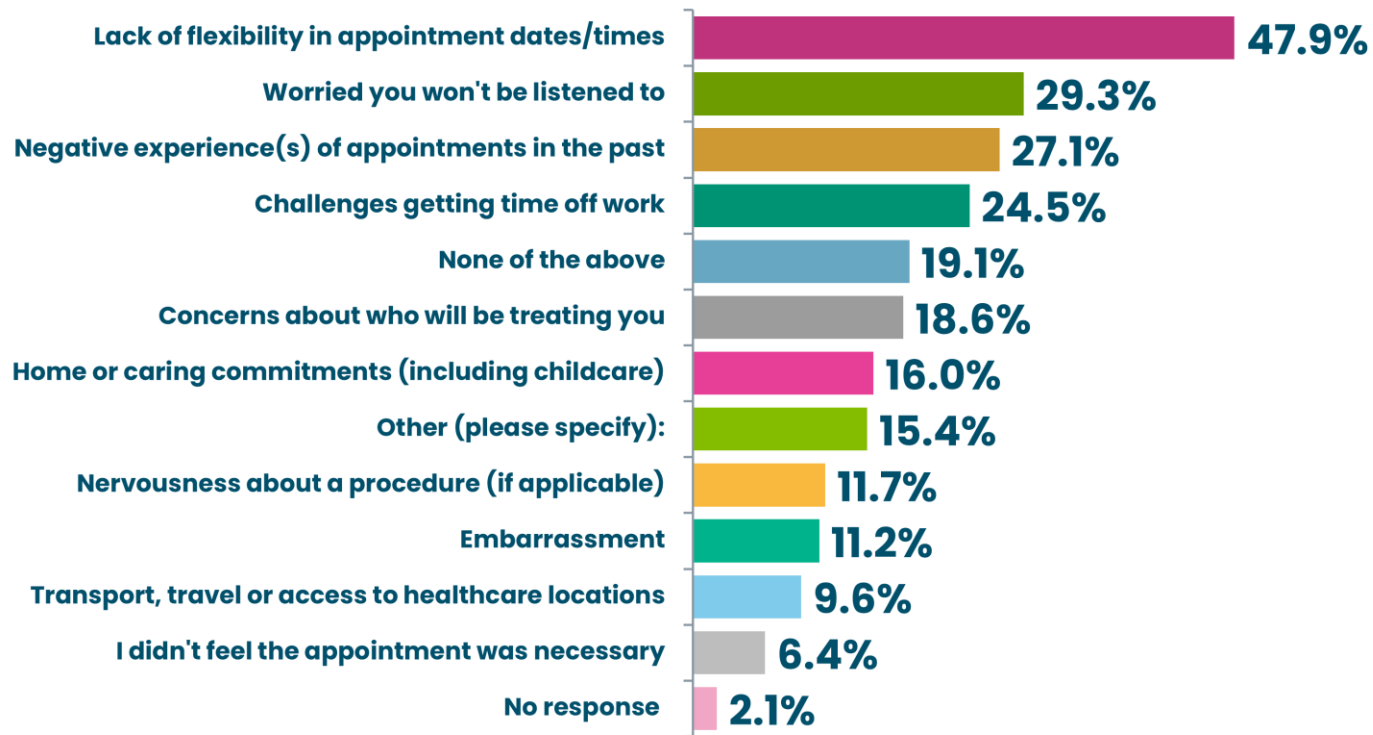
Women were also most put off by being worried they wouldn't be listened to (29.3%), by negative experiences of appointments in the past (27.1%), and by challenges getting time off work (24.5%).

The chart on the next slide shows the full list of responses.

2. Barriers to access and what would make it easier to attend

2.1 Barriers to access (cont.)

What barriers, if any, have stopped you attending or booking a healthcare appointment in the last 12 months?



2. Barriers to access and what would make it easier to attend

2.1.1 Barrier: Lack of flexibility in appointment dates/times

When we asked women how often they had flexibility to book appointments at a date/time that suited their needs in the last 12 months, 30.9% said 'never'. Only 8.5% said this had happened 'all the time' (19.7% 'most of the time'; 38.8% 'some of the time').



"It's difficult to find appointments for working/caring patterns. Particularly as online offering is only available in working hours."



"There's often a lack of flexibility when booking appointments, which means if you say you can't make a certain date/time they don't offer you an alternative that better suits your needs."



"I have found it difficult booking my smear test – I work full time [...] and requested for the appt to be on a particular day (any date / time would be fine). Twice it has been booked on another day, which I had to cancel as I was working."



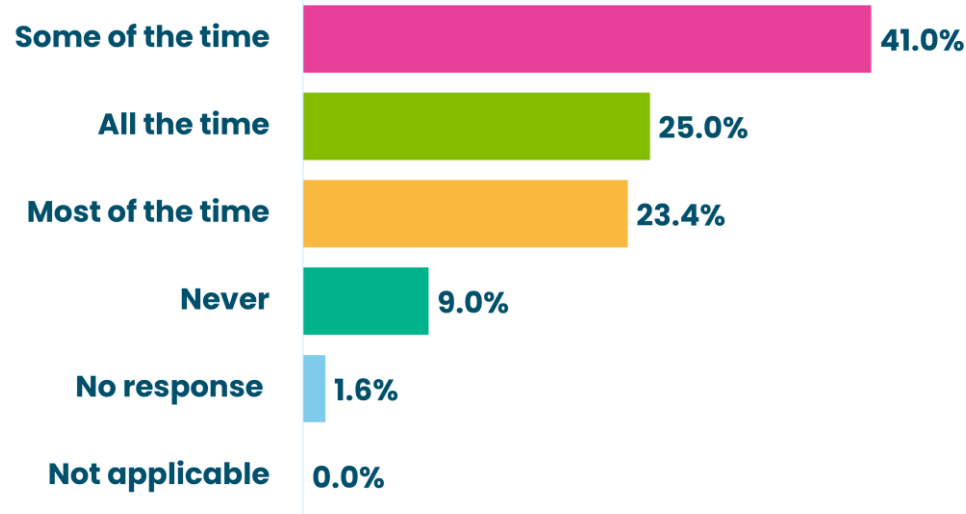
"Basically, it is so difficult getting an appropriate appointment that you don't bother."

2. Barriers to access and what would make it easier to attend

2.1.2 Barrier: Worries you won't be listened to

When we asked women how often they felt listened to while using health and care services in the last 12 months, experiences varied. The greatest proportion indicated 'some of the time' (41%), with only 25% indicating 'all the time'. Concerningly, 9% indicated 'never'.

Based on your experiences of using health and care services in the last 12 months, please tell us how often you felt listened to



2. Barriers to access and what would make it easier to attend

2.1.2 Barrier: Worries you won't be listened to

We asked about any instances where they'd not felt listened to, and when this happened. Almost half of the people who answered this question said that they had not felt listened to during an appointment (45.7%).

Women also said they'd not felt listened to while booking an appointment (33.0%), during follow-up after an appointment (26.6%) and while raising concerns or a complaint (11.2%).



"I often find in appointments that the GP is rushed or dismissive of what you are saying if they don't think things/symptoms are relevant or linked. They do not make you feel like they have much time and need you in and out."



"I'm 14. I had awful period pain and heavy all the time told it's normal even when I fainted. I actually have PCOS. I went to hospital twice and [...] they said I had a panic attack and my pain was psychological due to autism. Sent me home screaming. 6 months later after months of these awful 'panic attacks' they found severe gallstones and now I'm waiting for surgery. This was only coz my mum kept pushing and demanding scans. Nobody listens to me when something is wrong."



"It seems aches and pains when you are in your 60s just means degenerative changes and you feel ignored. Takes so long to feel listened to and find a GP who is empathetic."

2. Barriers to access and what would make it easier to attend

2.1.3 Barrier: Negative experiences of appointments in the past

We heard that negative past experiences had regularly put people off using NHS services.

“

“Because of [previous] lack of care and support, I have avoided reaching out to the GP or any other reason and I have some other new health concerns that need addressing.”

“

“My appt with a consultant re pelvic floor health was so humiliating I have never returned. I was told an operation would temporarily affect my sex life and so I'd want to talk that through with my husband before making a decision. I have a wife and when I said this there was uncomfortable laughter. Someone was continually walking in and out the room and eventually sat down – no idea who they were or why they were present. I found it quite upsetting to talk about very sensitive issues with that sort of distraction. [...] I have never returned for any follow-up appointments – the whole thing is so humiliating.”

“

“I have had bad experience with cervical smear, because of this I have not been for many years. I have been sent standard letters but no one from my surgery has asked me about this at any time. I do understand that this screening is important but I cannot do it.”

2. Barriers to access and what would make it easier to attend

2.1.4 Barrier: Consideration for additional needs

When we asked women how often any additional needs they have were considered and responded to in the last 12 months (e.g. translation, anxiety, disability), 39% of those who answered this question said 'never'. (89 people answered this question, with 99 either not answering or choosing 'not applicable').

“

"I have autism and I find it very hard to look after my health independently and to communicate with the health service. [...] I struggle to manage my physical health issues and mental health issues. I feel like I'm continually pushed away by a health service that assumes I'm not disabled and can look after my health independently. The local mental health service have been blunt that they cannot offer my support because I'm too complicated for them, but can't pass me to anyone else for support [...] I see very little point in contacting the health service because I may as well not bother."

“

"The doctor was very insensitive; when I told him it was unbearably painful, he asked me 'what did you expect?' and refused to give me pain medication until half way through the procedure [...] I can't imagine how a sexual abuse survivor would have coped in that situation."

2. Barriers to access and what would make it easier to attend

2.1.5 Barrier: Concerns about wasting clinicians' time

“

“I always worry that my issues are less valid than other people’s issues and perhaps I’m wasting a slot for someone in more need.”

“

“Sometimes when required to explain your reason for try to book a GP appointment it can sometimes feel you have to justify your request.”

“

“I was diagnosed with a rare and incurable cancer five years ago and have been treated at hospitals across Sussex and the Royal Marsden at London and Sutton. I feel very hesitant to reach out for support as NHS staff are always repeatedly informing me how busy they are which makes me feel uncomfortable. I do my best to never bother anyone, but this makes it difficult when you need support. For example, I had sepsis last year and CPR last month during a complication in day surgery, and I would have been so grateful to just speak to someone about what this means for my health and my mental health.”

2. Barriers to access and what would make it easier to attend

2.2 What would make it easier for women to attend healthcare appointments?

We asked women: 'What would make it easier for you to attend healthcare appointments?'

60.6% said 'more flexible appointment times' would make it easier for them, mirroring what we heard about the biggest barriers. 58% said 'options to receive support with more than one issue at the same appointment' would also make it easier.

The option chosen by the fewest people was 'information to help me better understand the benefits of attendance' (4.3%). This suggests lack of information or being unaware of why they should attend is not something women consider to be a significant problem.

The chart on the next slide shows the full list of responses against the options given.

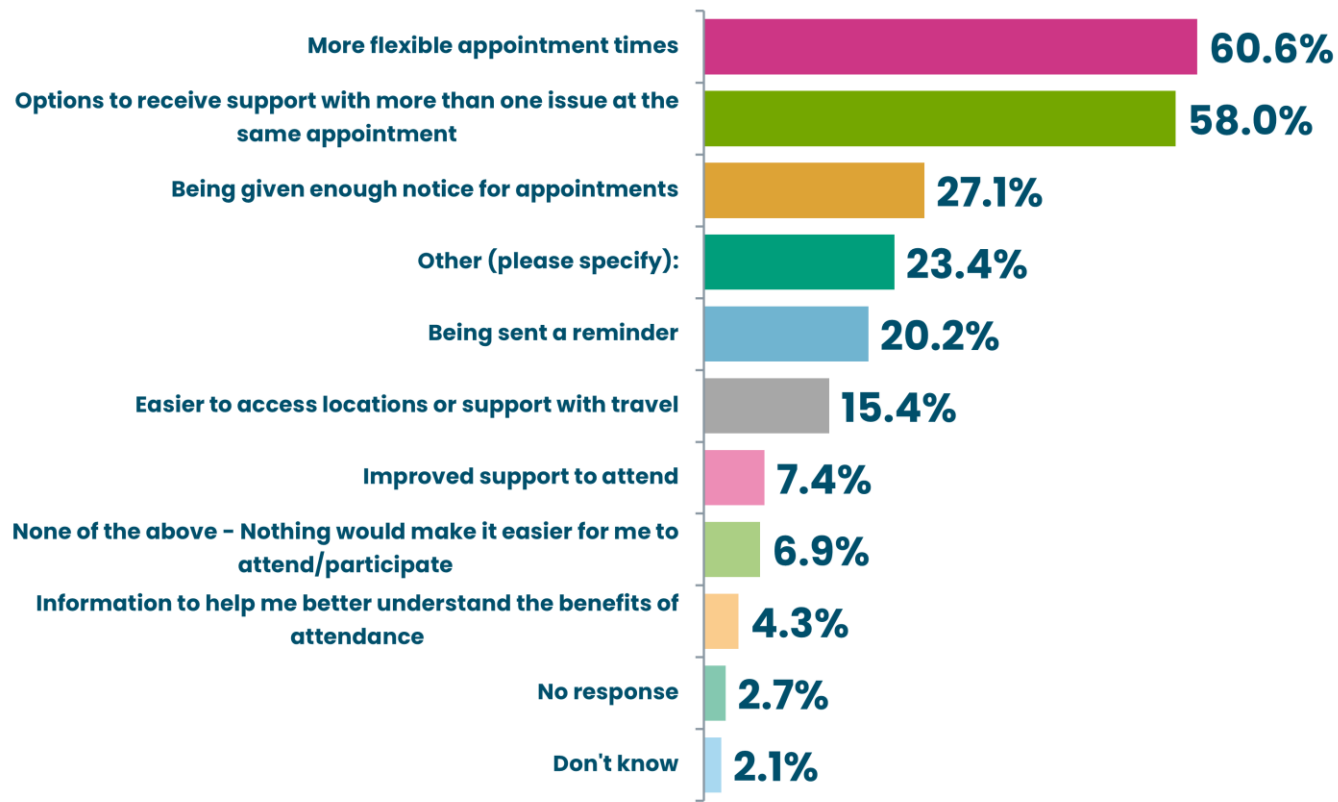
Where women provided comments to this question, common themes included:

- Having easier access to appointments / better booking systems
- Being informed or being able to choose who your appointment will be with
- Having confidence staff will be empathetic and that you'll be listened to

2. Barriers to access and what would make it easier to attend

2.2 What would make it easier for women to attend healthcare appointments? (cont.)

What would make it easier for you to attend healthcare appointments:



2. Barriers to access and what would make it easier to attend

2.2.1 What would make it easier: Access to appointments and better booking systems



"I would like it to be easier to make an appointment. I often put off trying to make an appointment as I know it will be difficult and time consuming."



"I don't feel my issues were gender specific and feel this does apply to all genders. Easier access to all appointments including telephone."



"Make it easier to access the GP – I often don't really need an appointment, I usually need a referral or a prescription, but there is a whole palaver getting to that point. Being able to text or email would really work for me as I am self employed as a teacher, so I can't just answer the phone whenever!"



"Make it accessible: time, female GP, booking appointment etc."

2. Barriers to access and what would make it easier to attend

2.2.2 What would make it easier: Knowing or choosing who you will see



"Being [able] to request a female GP"



"I've been avoiding booking an appointment for vaginal itching because I don't know who I will see."



"Honesty about the availability of female staff for appointments so at least I can be mentally prepared. The clinic nurse told me they thought if they told us the Dr was a man, we might not attend. Honesty is the best policy."



"Being able to book a follow up appointment with the same practitioner."

2. Barriers to access and what would make it easier to attend

2.2.3 What would make it easier: Empathetic staff and being listened to



"More time given to making you feel comfortable and to ask any questions before any procedure is done."



"Proactive support and the effort made to read notes."



"Please listen and believe people, recognise that patients can be more knowledgeable about their condition in some instances."

2. Barriers to access and what would make it easier to attend

2.3 What would make people more or less likely to attend?

We asked women about what would make them more or less likely to use a health service or attend an appointment.

Of the options given, having 'a confidential space for me to tell my story' was important to the biggest proportion of people (75% 'more likely'). Having 'used the service before' would also make people more likely to attend (58% 'more likely').

However, being able to bring a friend or family member with me' was overall neither more nor less likely to encourage women to attend (48.9% 'neither more nor less likely', compared to 39.9% 'more likely'). The same was true for the service being 'solely for women and girls' (45.7% 'neither more nor less likely' compared to 39.9% 'more likely').

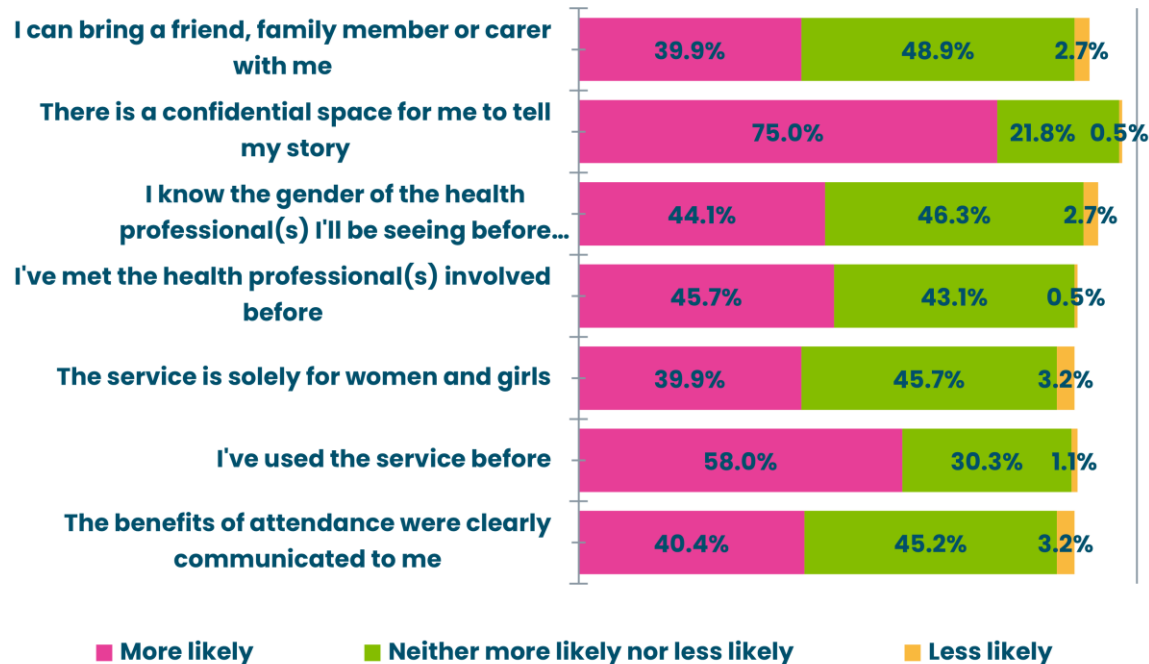
Opinions were more evenly split on knowing 'the gender of the health professional' before attending (46.3% 'neither more nor less likely' compared to 44.1% 'more likely').

The chart on the next slide shows the full list of responses.

2. Barriers to access and what would make it easier to attend

2.3 What would make people more or less likely to attend?(cont.)

Please tell us if the following make you feel more likely or less likely to use a health service or attend an appointment:



(NB. The above chart does not include those who chose 'don't know' or who did not give a response to this question, who make up the remainder of responses on each line.)

2. Barriers to access and what would make it easier to attend

2.3.1 The gender of the health professional

This was an issue that arose across the questions we asked, with positive and negative experiences being reported.

Noting a positive experience, one woman told us:



"I was given the option to choose a female health professional when I had to have a vaginal scan."

In contrast, another woman told us:



"I cannot bring myself to speak to a male GP about my intimate health."

Others compared their experiences seeing male and female professionals:



"I saw a paramedic practitioner and a doctor from my surgery who were both incredible. They were understanding, explained when they felt there was inconsistencies and rather than shrugging me off, would push for further testing to try and find out why I was experiencing what I was. Both of these practitioners were female, and I believe that made a huge difference to my level of care as it was a women's health issue, and my previous bad experience was for the same health complaint, but with a male doctor. I always try and get an appointment with those female practitioners now."

2. Barriers to access and what would make it easier to attend

2.3.2 Other concerns around gender

A small but significant number of respondents were concerned about the difference between gender and biological sex and how this might impact their healthcare.



"[I would like to] be sure of the sex of the health care professionals (not their self ID) especially for intimate examinations."



"I would like my biological sex to be recognised as the significant medical category it is."



"Information which removes the word 'woman' from women's healthcare information makes things much harder to understand. I can't be expected to remember all the body parts I have which appears to be the need given moves towards 'inclusivity'. When the NHS has taken such a sexist approach towards women's healthcare, it makes it such that I can never feel fully listened to by individual practitioners – because the NHS as a whole is systemically sexist."

2. Barriers to access and what would make it easier to attend

2.4 Positive experiences

We asked women to tell us about any positive experiences they'd had of using health or wellbeing services in the last 12 months.

Some key themes emerged from their responses:

- Empathy and support being shown
- Quality of care received
- Feeling listened to
- Good communication
- Access to services

2. Barriers to access and what would make it easier to attend

2.4.1 Positive experiences: Empathy and support



"Great experience with abnormal smear and treatment. Understanding, explained well, supportive."



"The nurse that I have for my depot injection and also carries out my cervical smear is wonderful, due to historical experiences and the anxiety and fear I have, she does her best to be as patient, and as understanding as possible."

2.4.2 Positive experiences: Quality of care



"This surgery has been the first that have really taken my concerns seriously and sent on referrals for additional help. I've had lots of problems with painful periods, ovaries etc in the past and many previous surgeries have been so terrible [...] I was incredibly nervous to go back, but it was a painless referral for scans and I felt like I didn't have to bargain my way to getting healthcare!"



"A female GP put my mind at rest after examining a breast lump that was just in the skin and has since gone away. She saw me quickly and gave advice on other issues at the time."

2. Barriers to access and what would make it easier to attend

2.4.3 Positive experiences: Feeling listened to



"Dr [X] is wonderful. She looks at any problems as part of a whole, rather than in isolation, explains why something is happening, takes what you're saying seriously and I've never felt dismissed by her for myself or others. She makes you feel empowered."



"The practitioner I saw for my wellbeing appointment was friendly, informative and took time to ask about and listen to my preferences for ongoing treatments and follow up."



"I contacted my GP to discuss HRT. I was very well prepared with research and symptoms list as I was expecting to have to fight for a diagnosis due to my age [...]. The doctor I spoke to recognised that I was well researched and allowed me to lead in my care."

2. Barriers to access and what would make it easier to attend

2.4.4 Positive experiences: Good communication



"GP appointment after short wait – non-urgent. Clear and useful discussion about monitoring my health condition and possible problems. GP messaged me a couple of week later to see if symptoms better or not. I was pleasantly surprised."



"My cervical screening was very positive, in past appts I have been rushed to get on the couch, have the smear and then go, this occasion the nurse explained why, when, how, the results, etc to me in detail and gave me a chance to ask questions, it was so refreshing!"



"The doctor I saw was [...] brilliant, listened to me, gave me time, arranged tests and gave good explanations. I was so very grateful. They called me when my test results came in and arranged a telephone call to discuss them. [...] They could have just [...] not bothered with a follow up chat, but the GP went through each result and was reassuring."

2. Barriers to access and what would make it easier to attend

2.4.5 Positive experiences: Access to services



"My doctors used a text messaging service and online booking system to make my appointment, which was excellent. I could respond in my own time, and they were very responsive."



"Online access via online consultation platform, Anima, has meant I do not have to call to interact with the practice."



"I'm very pleased I can now order my prescriptions and book appointments on the nhs app."



"As someone who works in ASC, it is wonderful being able to book diagnostic appointments on weekends."

3. How women receive and would like to receive health related information

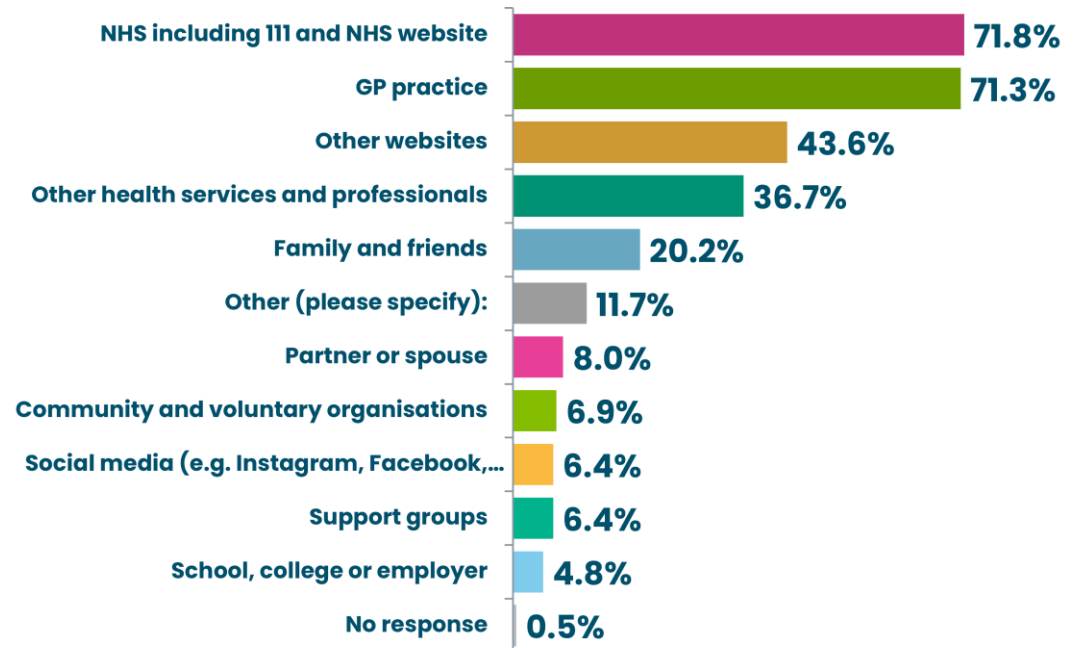
3.1 Where women go for health-related information

We asked women: 'Where would you usually go for health related information?'

People reported using a mixture of in-person and online sources, but the most popular were NHS and health service sources.

Other websites were also popular places to go for information.

Where would you usually go for health related information?



3. How women receive and would like to receive health related information

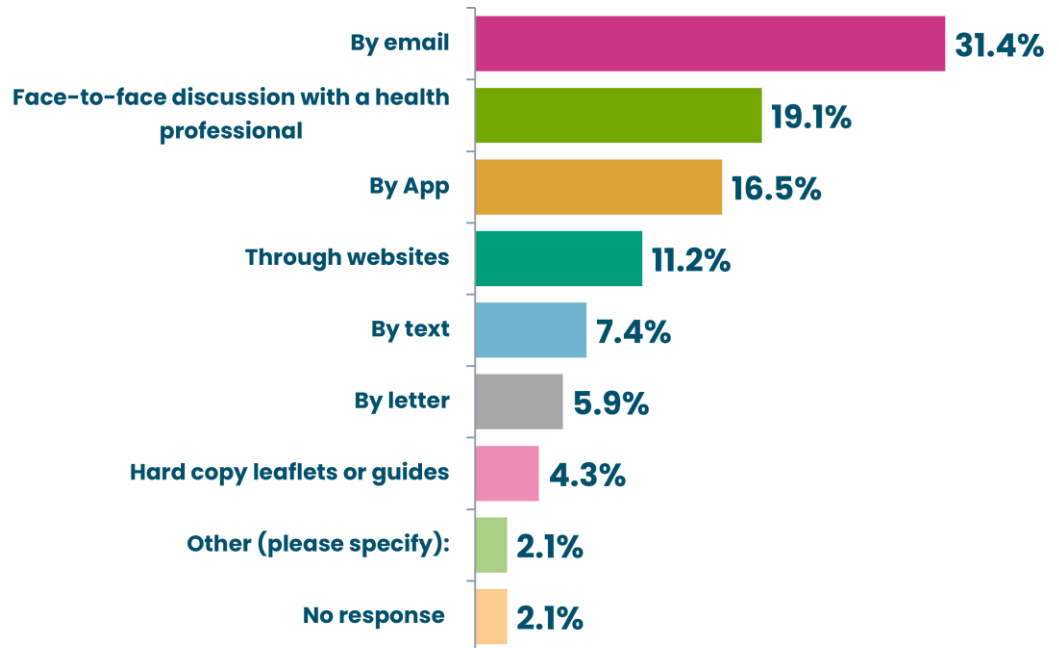
3.2 How women would like to receive information about health services

We asked women: 'How would you most like to receive information about the health services that are available to you?'

Email was by far the most popular option.

Letters and hard copy leaflets were the least popular.

How would you most like to receive information about the health services that are available to you?



4. Preferences for women's health hubs

4.1 Where women would like to access a Women's Health Hub

We asked women where they would most like to access a Women's Health Hub.

The most popular option was at their own GP practice (42.6%), followed by at a dedicated centre (31.9%).

The least popular – chosen by no respondents – was at another GP practice.

Where would you most like to access a Women's Health Hub?



4. Preferences for women's health hubs

4.2 Conditions women would like to access support for at a Women's Health Hub

We asked women which conditions they would most like to be able to access support for at a women's health hub. We asked people to choose up to 5 options from a list of 21 categories. The top 5 that were chosen by the most people were:

Ranking	Conditions	%
1	Gynaecological health - including ovarian cysts, fibroids, polycystic ovary syndrome, hysterectomy, endometriosis, adenomyosis	50.5%
2	Menopause, perimenopause and hormone replacement therapy (HRT)	45.2%
3	Bones, joints and muscle health - including arthritis, osteoporosis, fibromyalgia	44.1%
4	Bladder and urinary - including urinary tract infections (UTIs), kidney infections, leaking pee, incontinence	38.8%
=5	Breast health	35.6%
=5	Healthy ageing and long-term conditions	35.6%

5. Conclusion

Across our survey, several key themes emerged from women's experiences of health and care services.

Difficulties in booking appointments at all, and in booking an appointment for a suitable time create barriers for women, which put many off attempting to access healthcare services. We also heard concerns about privacy when making or accessing appointments.

Women often do not feel listened to – not just during appointments, but also while booking an appointment and at other points of the process while interacting with health services. Many women used phrases such as feeling 'fobbed off', 'dismissed' and 'patronised' by healthcare staff. We heard how much respondents value empathy and personalised care.

Negative past experiences affect women's confidence in engaging with healthcare services. In some cases, this discourages them from accessing healthcare at all.

Women are generally aware of services, tests and screening available to them and in general do not feel that they need more information about the benefits of attending. What they do need is a more accessible service that is better at taking their needs into account.

5. Conclusion (cont.)

Respondents were happy to communicate via digital methods where appropriate, and many were keen to use these tools for things like booking appointments or managing prescriptions in order to save time.

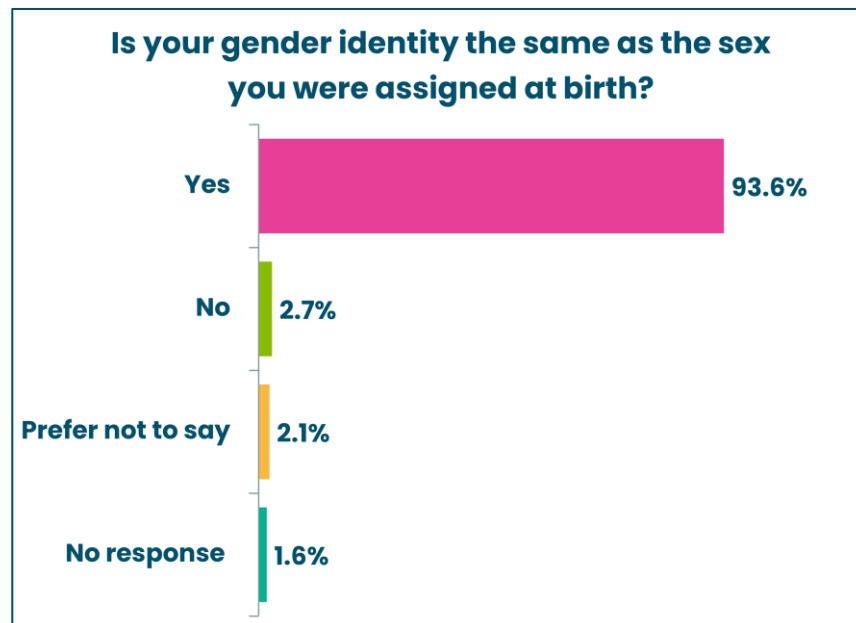
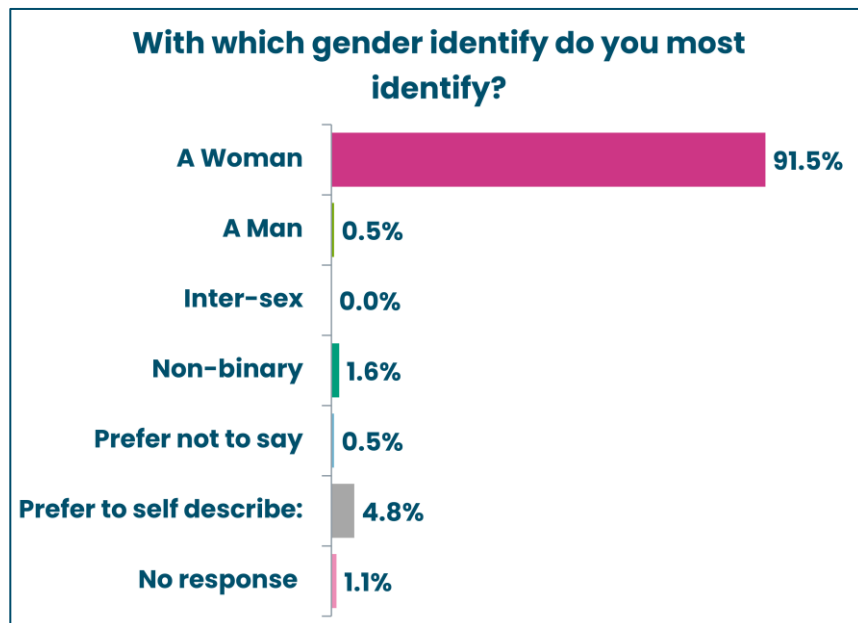
Women were most keen to access women's health services at their own GP practice. Having used a service before made them more likely to attend, and knowing who they would see in advance was a recurring theme – often, but not only, relating to the gender of the practitioner.

Many women were keen to access specialist services for particular areas of women's health.

However, many of the themes and issues raised by respondents were not specific to women's health. Women and girls make up half of the population, so their needs and concerns around health and care services are relevant to more than just 'women's health' provision.

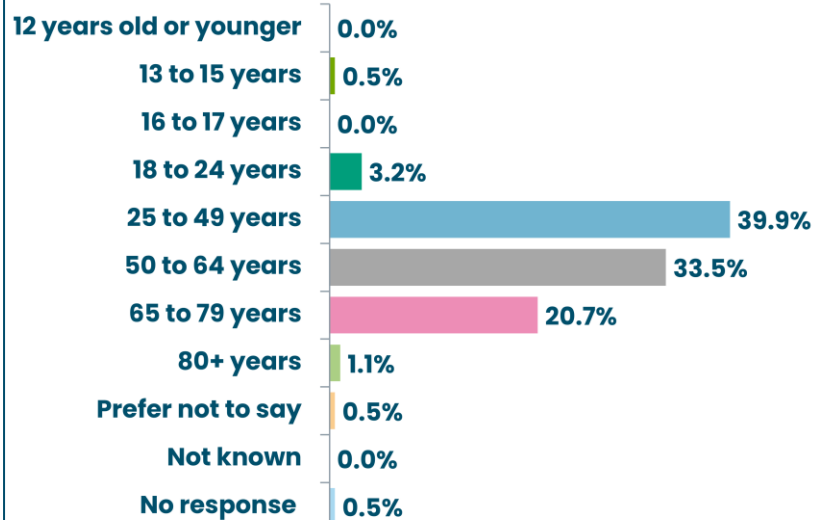
Who did we hear from?

We heard from 188 people across East Sussex.

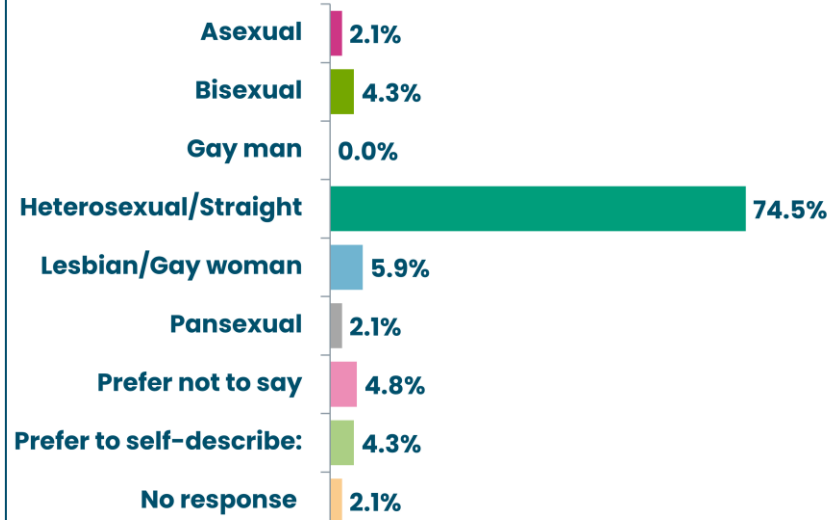


Who did we hear from?

Please tell us your age:

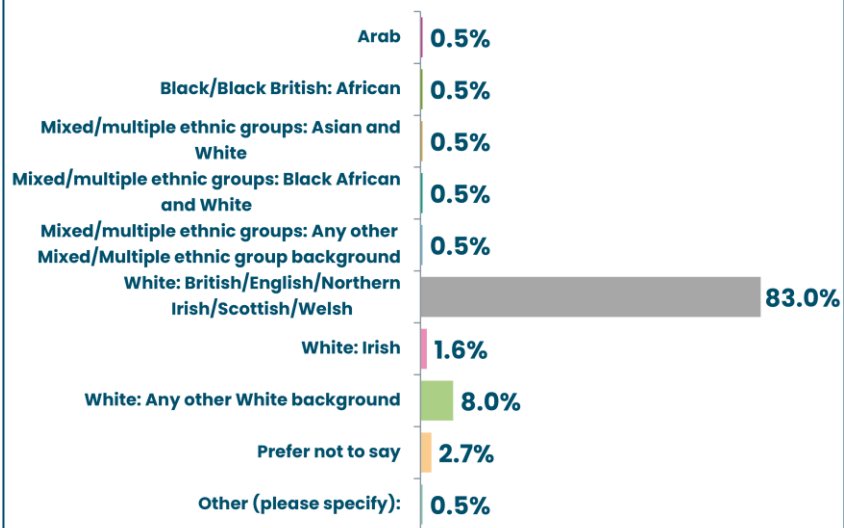


What is your sexual orientation?

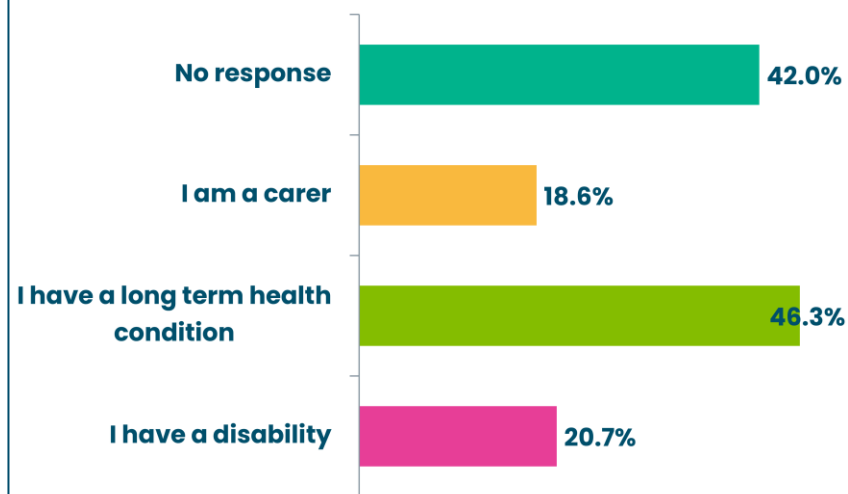


Who did we hear from?

Please describe your ethnicity:



Please select any of the following that apply to you:





Eastbourne

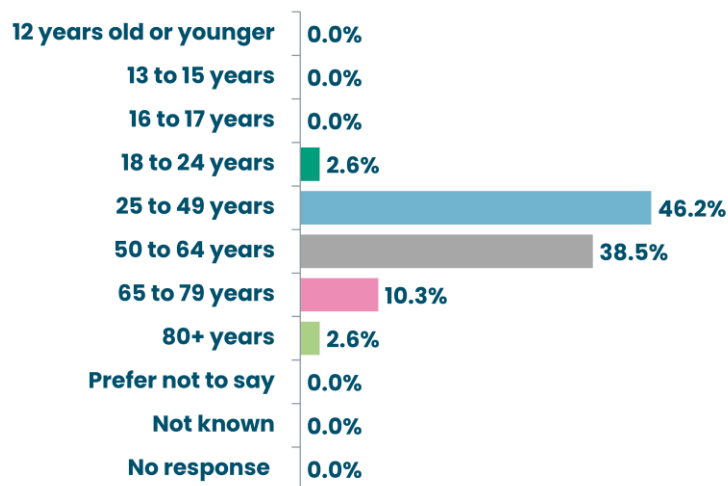
Who did we hear from?

We heard from 39 people in Eastbourne.

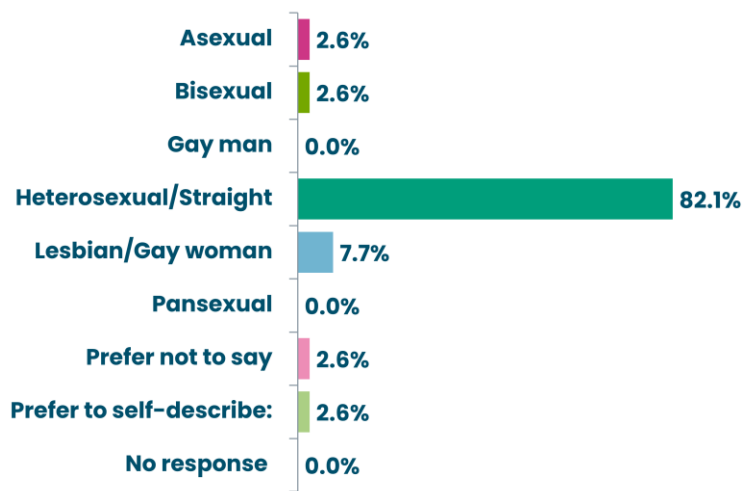
92.3% were women, with 2.6% non-binary and 2.6% preferring to self-describe. 94.9% said their gender identity is the same as the sex they were assigned at birth, with 2.6% saying their gender identity is not the same as the sex they were assigned at birth, and 2.6% preferring not to say.

89.7% were white British/English/Northern Irish/Scottish/Welsh; 5.1% were from other white backgrounds; 2.6% were Arab; and 2.6% were mixed/multiple ethnic background.

Please tell us your age:



What is your sexual orientation?



Eastbourne findings

Experiences in Eastbourne were similar to countywide, but there were some key differences.

Awareness:

- There is lower awareness of breast screening in Eastbourne than countywide (79.5% compared to 84.6%), blood pressure checks (66.7% Eastbourne; 75.5% countywide) and cholesterol testing (46.2% Eastbourne; 56.4% countywide).
- There is higher awareness of NHS health checks (79.5% Eastbourne; 68.6% countywide) and bone density tests (38.5% Eastbourne; 30.3% countywide).

Experiences:

- Concerns about who will be treating you; home or caring commitments (including childcare); and nervousness about a procedure were cited more commonly as barriers in Eastbourne than countywide (all 28.2% Eastbourne; 11-19% county). Embarrassment was also a more common barrier (23.1% Eastbourne; 11.2% county).
- When asked what would make it easier to attend appointments, easier to access locations or support with travel (25.6% Ebne; 15.4% county), and being sent a reminder (30.8% Ebne; 20.2% county) were more commonly cited in Eastbourne than countywide.

Eastbourne findings (cont.)

The top 5 conditions that women in Eastbourne would most like to be able to access support for at a women's health hub were:

Ranking	Conditions	%
1	Menopause, perimenopause and hormone replacement therapy (HRT)	53.8%
2	Gynaecological health – including ovarian cysts, fibroids, polycystic ovary syndrome, hysterectomy, endometriosis, adenomyosis	51.3%
=3	Bladder and urinary – including urinary tract infections (UTIs), kidney infections, leaking pee, incontinence	48.7%
=3	Mental health and wellbeing – including depression, anxiety, eating disorders	48.7%
5	Menstrual health – including period pain, heavy menstrual bleeding, pre-menstrual syndrome (PMS)	41.0%



Hastings

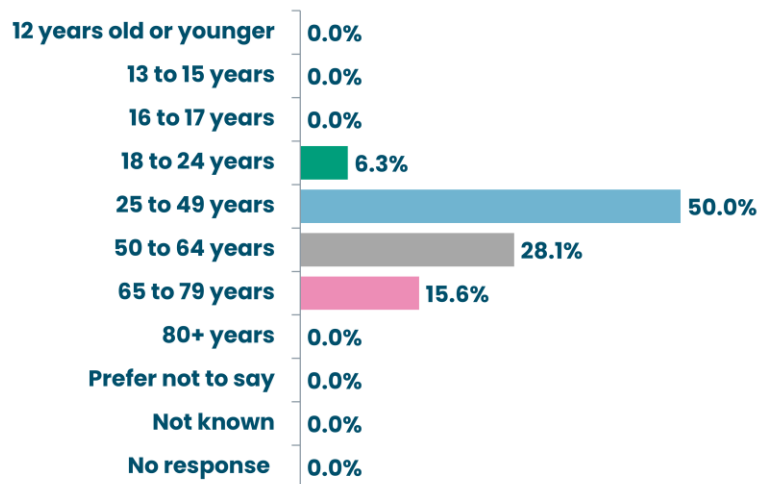
Who did we hear from?

We heard from 32 people in Hastings.

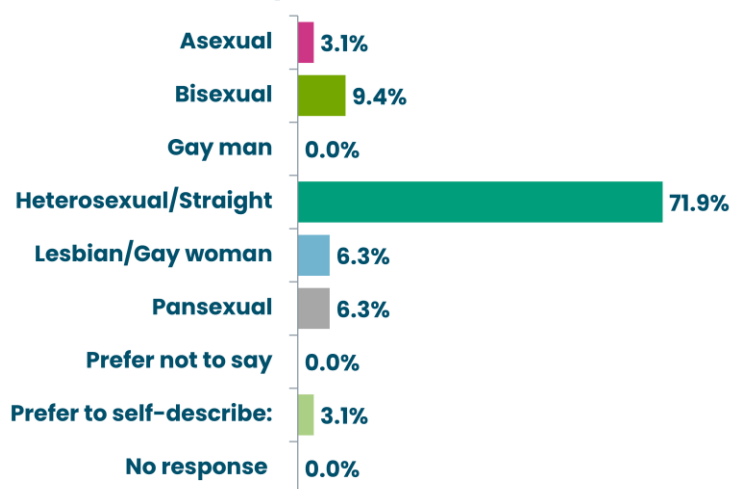
87.5% were women, with 3.1% non-binary, and 9.4% preferring to self-describe. 90.6% said their gender identity is the same as the sex they were assigned at birth, with 9.4% saying their gender identity is not the same as the sex they were assigned at birth.

84.4% were white British/English/Northern Irish/Scottish/Welsh; 9.4% were from other white backgrounds; 3.1% were mixed/multiple ethnic background; and 3.1% preferred not to say.

Please tell us your age:



What is your sexual orientation?



Hastings findings

Experiences and preferences in Hastings were broadly similar to countywide, but there were some key differences.

Awareness:

- There is higher awareness of bowel screening in Hastings than countywide (78.1% compared to 72.3%) and higher awareness of sexually transmitted infection (STI) testing (62.5% Hastings; 54.3% countywide).

Experiences:

- Fewer people in Hastings were told which health professional they would see prior to an appointment (40.6% all or most of the time Hastings; 53.2% countywide); fewer people were made to feel comfortable (37.5% all or most of the time Hastings; 66% countywide) and fewer felt listened to (34.4% all or most of the time Hastings; 48.4% countywide).
- The most commonly cited barrier to attending or booking an appointment in Hastings was negative experiences of appointments in the past (43.8% Hastings; 27.1% countywide) and the second highest was challenges getting time off work (40.6% Hastings; 24.5% countywide).

Hastings findings (cont.)

The top 5 conditions that women in Hastings would most like to be able to access support for at a women's health hub were:

Ranking	Conditions	%
1	Gynaecological health – including ovarian cysts, fibroids, polycystic ovary syndrome, hysterectomy, endometriosis, adenomyosis	56.3%
2	Menopause, perimenopause and hormone replacement therapy (HRT)	53.1%
3	Bones, joints and muscle health – including arthritis, osteoporosis, fibromyalgia	50.0%
4	Healthy ageing and long-term conditions	40.6%
=5	Attention deficit hyperactivity disorder (ADHD), autism, neurodivergence	31.3%
=5	Bladder and urinary – including urinary tract infections (UTIs), kidney infections, leaking pee, incontinence	31.3%



Lewes

Who did we hear from?

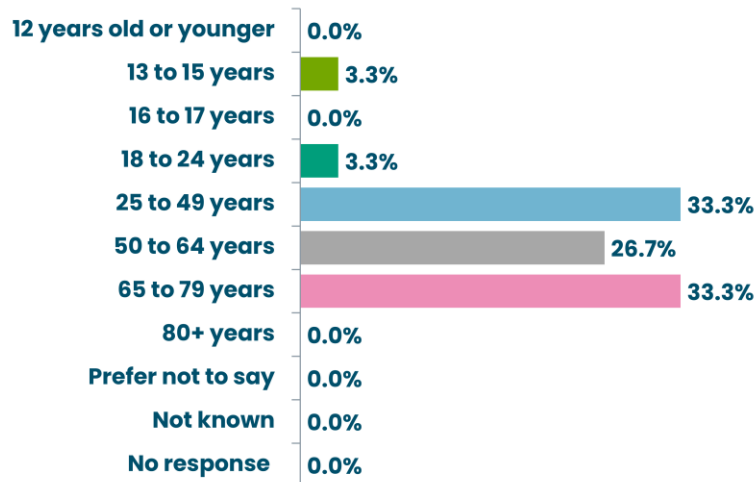
We heard from 30 people in Lewes.

86.7% were women, with 3.3% non-binary, 3.3% men and 6.7% preferring to self-describe.

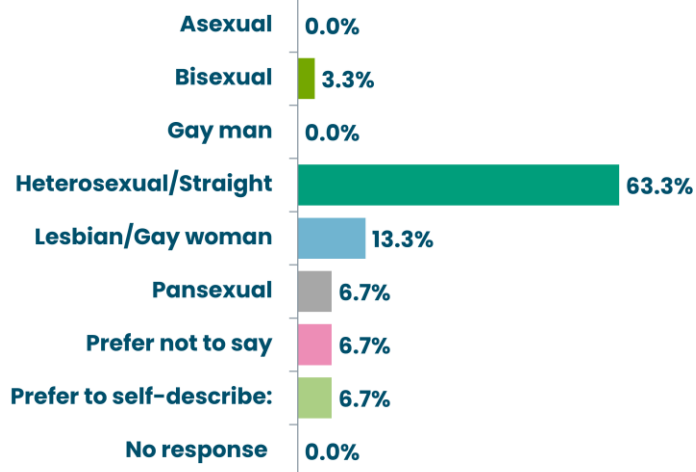
96.7% said their gender identity is the same as the sex they were assigned at birth, with 3.3% saying their gender identity is not the same as the sex they were assigned at birth.

86.7% were white British/English/Northern Irish/Scottish/Welsh; 3.3% were Black/Black British: African; 3.3% were mixed/multiple ethnic background.

Please tell us your age:



What is your sexual orientation?



Lewes findings

Experiences and preferences in Lewes were broadly similar to countywide, but there were some key differences.

Awareness:

- There is lower awareness of cervical screening in Lewes than countywide (90% compared to 95.7%).
- There is higher awareness of NHS health checks (80% Lewes; 68.6% countywide) and cholesterol testing (66.7% Lewes; 56.4% countywide).

Experiences:

- A higher proportion in Lewes reported that they had always felt listened to (36.7% Lewes; 27.7% countywide).
- A higher proportion were told which health professional they would see prior to the appointment (46.7% 'all the time' in Lewes, compared to 32.4% countywide).
- A higher proportion were made to feel comfortable (43.4% 'all the time' in Lewes, compared to 32.4% countywide).

Lewes findings (cont.)

The top 5 conditions that women in Lewes would most like to be able to access support for at a women's health hub were:

Ranking	Conditions	%
=1	Gynaecological health – including ovarian cysts, fibroids, polycystic ovary syndrome, hysterectomy, endometriosis, adenomyosis	46.7%
=1	Breast health	46.7%
=3	Bladder and urinary – including urinary tract infections (UTIs), kidney infections, leaking pee, incontinence	36.7%
=3	Menopause, perimenopause and hormone replacement therapy (HRT)	36.7%
=5	Bones, joints and muscle health – including arthritis, osteoporosis, fibromyalgia	33.3%
=5	Healthy ageing and long-term conditions	33.3%



Rother

Who did we hear from?

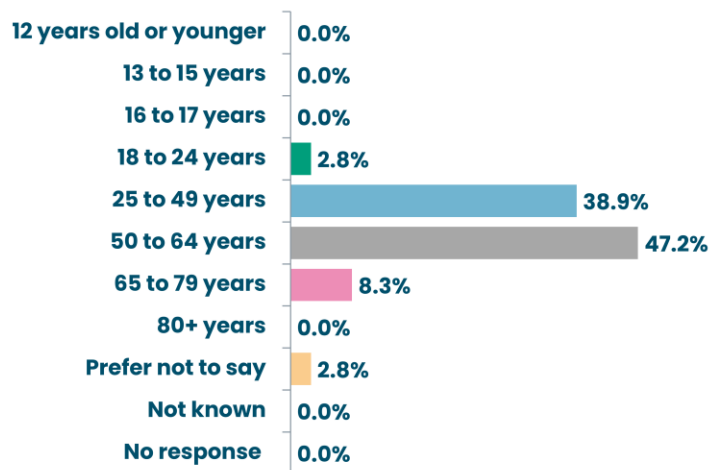
We heard from 36 people in Rother.

94.4% were women, with 2.8% preferring to self-describe and 2.8% preferring not to say.

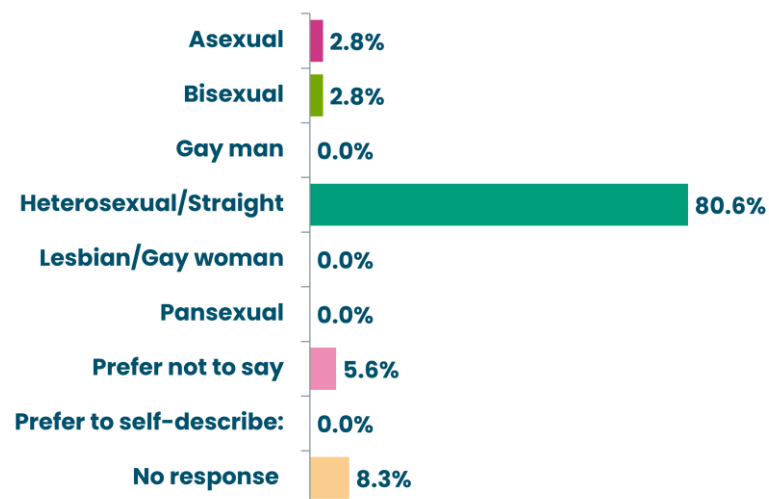
94.4% said their gender identity is the same as the sex they were assigned at birth, with 2.8% preferring not to say and 2.8% not giving a response.

77.8% were white British/English/Northern Irish/Scottish/Welsh; 5.6% were White Irish; 8.3% were another white background; 2.8% preferred not to say, and 5.6% gave no response.

Please tell us your age:



What is your sexual orientation?



Rother findings

Experiences and preferences in Rother were broadly similar to countywide, but there were some key differences.

Experiences:

- A lower proportion in Rother reported that they had always felt listened to (22.2% Rother; 27.7% countywide).
- Higher proportions in Rother had not felt listened to while booking an appointment (36.1% Rother; 33% countywide), during follow-up after an appointment (30% Rother; 26.6% countywide), and when raising concerns or a complaint (19.4% Rother; 11.2% countywide) – but fewer had not felt listened to during an appointment (38.9% Rother; 45.7% countywide).
- Transport, travel or access to healthcare locations was a bigger barrier in Rother than countywide (13.9% Rother; 9.6% countywide).

Preferences for women's health hubs:

- In Rother, a dedicated centre was more popular than their own GP practice as a location for a women's health hub (50% chose a dedicated centre; 36.1% their own GP practice).

Rother findings (cont.)

The top 5 conditions that women in Rother would most like to be able to access support for at a women's health hub were:

Ranking	Conditions	%
1	Menopause, perimenopause and hormone replacement therapy (HRT)	55.6%
2	Bones, joints and muscle health – including arthritis, osteoporosis, fibromyalgia	47.2%
3	Gynaecological health – including ovarian cysts, fibroids, polycystic ovary syndrome, hysterectomy, endometriosis, adenomyosis	44.4%
=4	Bladder and urinary – including urinary tract infections (UTIs), kidney infections, leaking pee, incontinence	36.1%
=4	Healthy ageing and long-term conditions	36.1%



Wealden

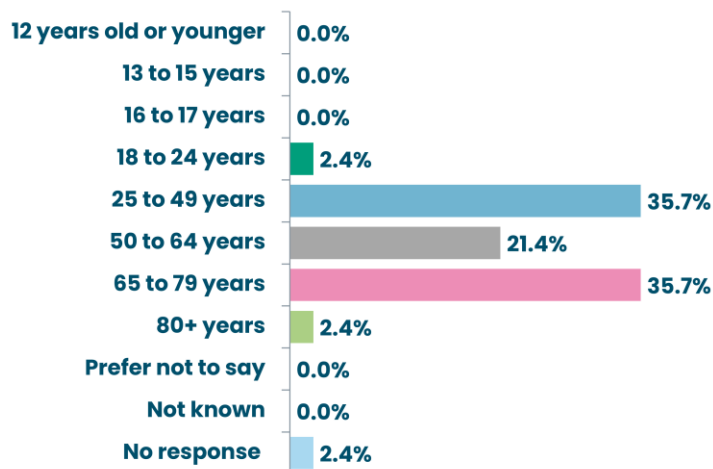
Who did we hear from?

We heard from 42 people in Wealden.

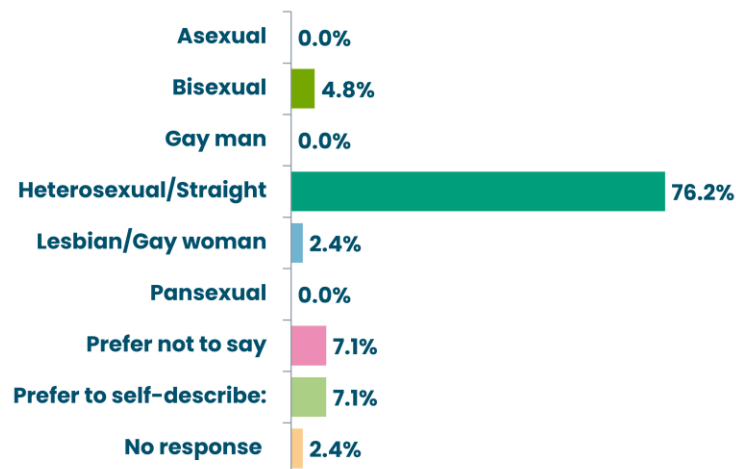
97.6% were women, with 2.4% (1 person) not giving a response to this question. 95.2% said their gender identity is the same as the sex they were assigned at birth, with 4.8% not giving a response to this question.

81% were white British/English/Northern Irish/Scottish/Welsh, and 9.5% were another white background. The remainder either preferred not to say or did not give a response.

Please tell us your age:



What is your sexual orientation?



Wealden findings

Experiences and preferences in Wealden were broadly similar to countywide, but there were some key differences.

Experiences:

- A higher proportion in Wealden reported that they had always felt listened to (35.7% Wealden; 27.7% countywide).
- A higher proportion in Wealden were told which health professional they would see prior to the appointment (38.1% 'all the time' in Wealden, compared to 32.4% countywide).
- A higher proportion were made to feel comfortable (40.5% 'all the time' in Wealden, compared to 32.4% countywide).
- When asked what would make it easier for them to attend healthcare appointments, the most popular response in Wealden was 'options to receive support with more than one issue at the same appointment' (59.5%). In Wealden, this was chosen by more people than 'flexible appointment times'.

Wealden findings (cont.)

The top 5 conditions that women in Wealden would most like to be able to access support for at a women's health hub were:

Ranking	Conditions	%
1	Gynaecological health – including ovarian cysts, fibroids, polycystic ovary syndrome, hysterectomy, endometriosis, adenomyosis Menopause, perimenopause and hormone replacement therapy (HRT)	54.8%
2	Bones, joints and muscle health – including arthritis, osteoporosis, fibromyalgia	50.0%
3	Breast health	42.9%
4	Bladder and urinary – including urinary tract infections (UTIs), kidney infections, leaking pee, incontinence	38.1%
5	Healthy ageing and long-term conditions	33.3%

Comparative data

The following slides provide comparative data between the overall countywide picture and responses from the five ICT areas of Eastbourne, Hastings, Lewes, Rother and Wealden.

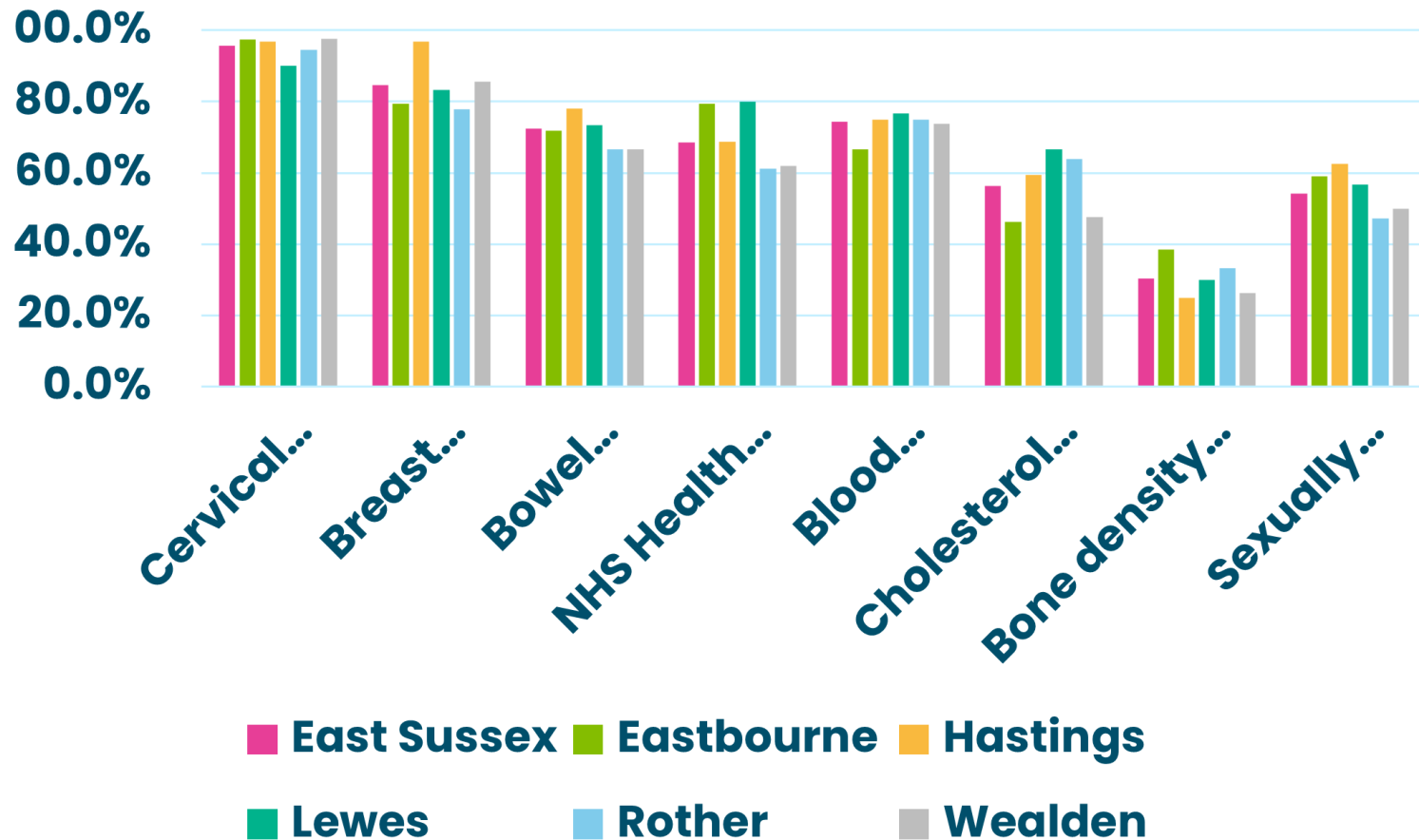
Comparative data is provided for:

- Awareness of NHS screening and testing services
- How people would most like to receive information about health services available to them
- Where people would most like to access a Women's Health Hub



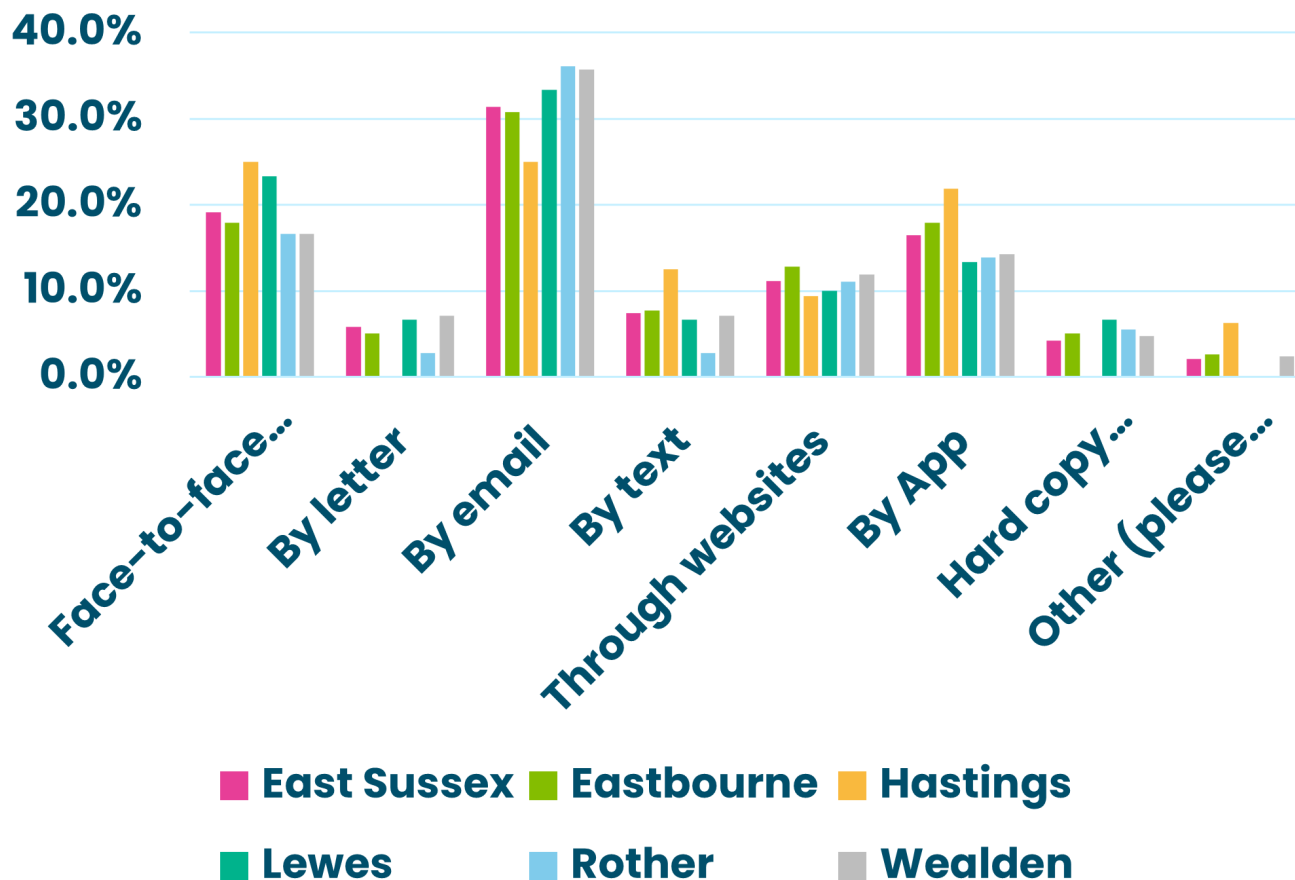
Comparative data

Awareness of NHS screening and testing services

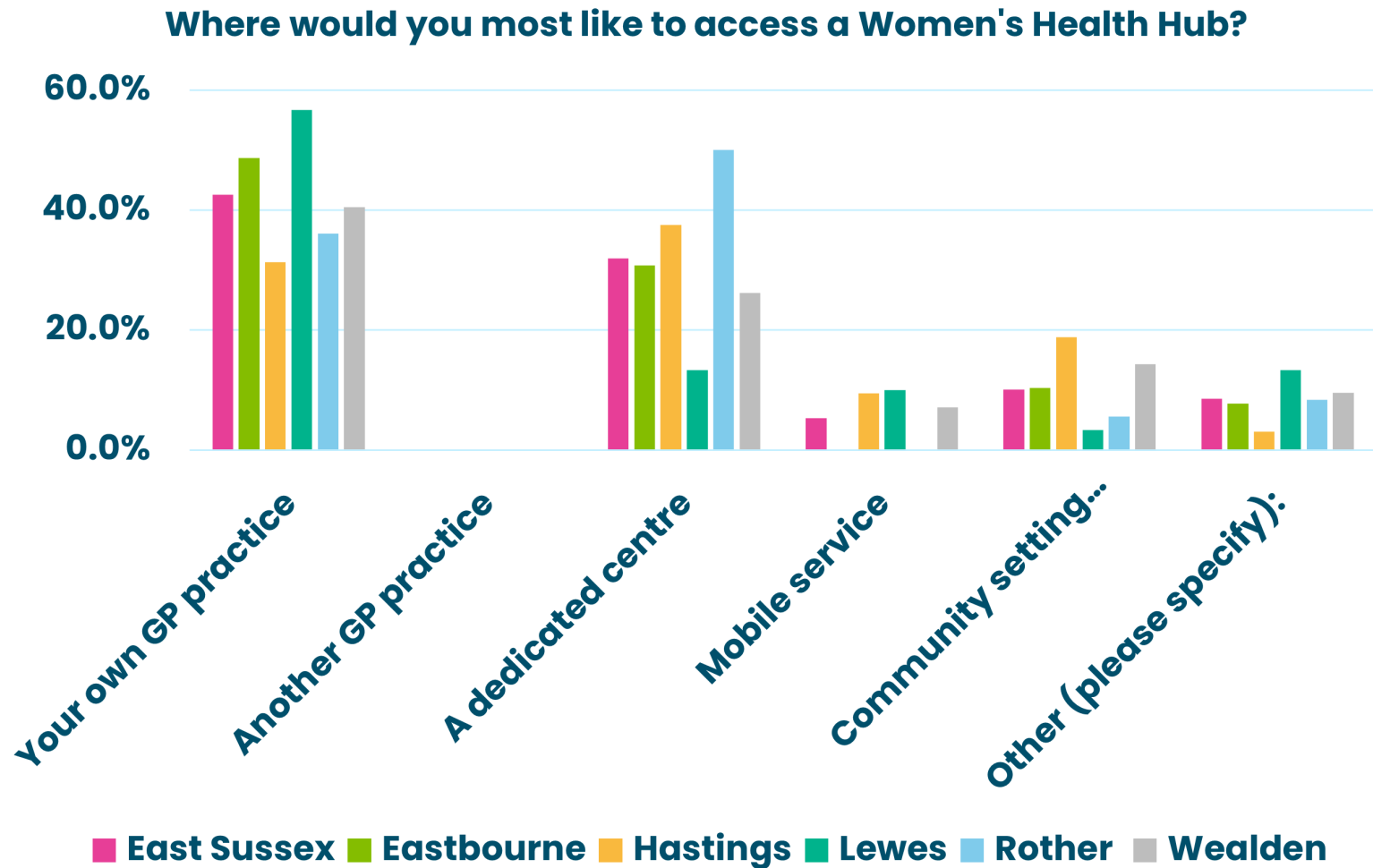


Comparative data

How would you most like to receive information about health services that are available to you?










Comparative data



For more information

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-  [Healthwatcheastsussex](https://www.instagram.com/Healthwatcheastsussex)
-  [Healthwatcheastsussex](https://www.linkedin.com/company/Healthwatcheastsussex)