



Women's Health Strategy

Women's voices must be heard – nationally and locally

April saw the Government publish [The Renewed Women's Health Strategy for England](#), committing to: put women's voices at the heart of NHS decision-making, tackle gynecology waiting times, and improve pain relief and care for conditions such as endometriosis, fibroids and menopause.

The strategy recognises what many women have been saying for years: that they feel dismissed, unheard and left waiting too long for diagnosis and treatment.

These national commitments strongly reflect the findings of our Healthwatch Staffordshire deep dive report – “Women's Health Issues: Uncovering the Reality Behind Gynaecological Conditions”.

From 304 women across Staffordshire, we heard that:

- 84% were not diagnosed when they first sought help
- 81% were not referred to a specialist after seeing their GP
- Women with endometriosis waited an average of nearly 9 years for diagnosis, with some reporting waits of over 30 years
- More than 200 women reported significant negative impacts on their mental health, and 180 on relationships and physical health
- Over 40% had required surgery, with many experiencing long waits, poor follow-up or limited pain relief

Women repeatedly told us they felt their symptoms were described as “normal”, were passed between services, or had to pay privately to be taken seriously.

Our report calls for better listening to women's lived experience, clearer and faster diagnostic pathways, improved GP training in women's health, and more joined-up gynecology services – priorities that mirror the ambitions set out in the renewed national strategy.

Healthwatch Staffordshire will continue to use women's voices to influence commissioners and providers, ensuring national commitments lead to real improvements for women locally. [Read the full Healthwatch report here.](#)

In our new report we uncover the reality behind gynaecological conditions.

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Mental Health Report Published

In the autumn of 2025 and the early part of 2026, we visited over 35 voluntary organisations supporting people with mental health needs. We asked people the question as to how they kept well after discharge from mental health services. We also ran a survey asking the same question.

We have now produced the report which feeds back on what we found. We have framed the report around the Five Ways to Wellbeing.

We would like to thank all of you who shared your experiences with us and hope you find [this report](#) of interest.

Mental Health Report



What you told us about how you stay well after discharge from services.

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Other Work

Diabetes Deep Dive

For one of this year's new Deep Dives we are teaming up with John Bridges, the Chair of the East Staffordshire and Surrounds Diabetes UK Patient Network.

At the latest Network meeting John and Dave talked at some length about Foot Care and Amputations and the new project. It was met with a favourable response. John has already devised and circulated a Patient Survey on Diabetic Footcare and Podiatry Services in Staffordshire and Stoke-on-Trent which you can [complete here](#).

There was also a wide-ranging discussion about current frustrations about the lack of a coherent strategy in Staffordshire.

Online Trust Consultation

Recently, Healthwatch Staffordshire team members contributed their thoughts on the proposed [NHS Online Trust](#). Across the country local Healthwatch provided 53 written responses to the consultation. The seven themes raised nationwide are listed below.

- Benefits for the Online NHS Trust are recognised and there is opportunity to address issues related to accessibility of services
- Digital use is widespread with the possibility to increase in scope and usability.
- Digital exclusion and accessibility One of the clearest messages from respondents was about the possible risks of exclusion of access to virtual care.
- Human support and community-based upskilling. Respondents reported the need for hands on training and trusted support to upskill patients to access digital healthcare.

- Communication, transparency and patient choice. Respondents said that NHS Online must be clearly explained and optional, with the ability to say no, opt out, or switch to face-to-face care.
- Clinical safety, workforce capacity and governance. Another theme respondents raised is concern about readiness of the NHS Online programme and safety.
- Co-design, feedback and independent evaluation Finally, respondents reported the need for inclusive design and accountability of NHS Online, including the opportunity for those with a range of lived experience to co-design the programme.

You can read more about the themes raised and the Government’s response [here](#).

New ICB Clusters and Healthwatch Stroke Services Research

As part of the Government’s strategy for Health, many of the Integrated Care Boards (ICBs) across England are being merged into new ICB “Clusters”.

Locally, the Staffordshire and Stoke-on-Trent ICB is now being merged with the Shropshire, Telford and Wrekin ICB to form the new:

Shropshire, Telford and Wrekin, Staffordshire and Stoke-on-Trent ICB.

As a result of this, we are now liaising more closely with colleagues at the other three local Healthwatch in the ICB Cluster (Stoke-on-Trent, Shropshire, and Telford and Wrekin). There is a joint project to collect people’s experiences of using Stroke Services across this whole region.

Staffordshire residents can participate in this work by submitting any feedback on local stroke care [here](#).



Engagement and Community Events

Building Confidence for a CQC Inspection

At this session for General Practices held at Uttoxeter Racecourse, Dave delivered a presentation to an audience of GPs, practice managers and business managers on Healthwatch Insights and Support.

As part of this, he spoke about our previous work with [Holmcroft](#) and Hazeldene GP practices.





Community Connect Event 2026

Robert attended this event organised by dDeaflinks who are “committed to bridging the gap for the BSL community and improving access for Deaf and hard of hearing people”. You can contact them using:

admin@deaflinks.co.uk - ☎ 01782 219161

or 📱 Text 07791 459307



Cancer Awareness Bus

We again helped our Support Staffordshire colleagues on the Cancer Awareness Bus, at various venues. This involved talking to the public and raising awareness of cancer screening. Dave attended sessions at Burton Market Place and Winshill during April.



Enter and View Visit

Dave visited the Emergency Department at Queen’s Hospital, Burton-on-Trent to conduct an Enter and View visit with one of our students, Areesha Quazi.



BEAT Event Tamworth

At this large-scale heart screening event, Dave assisted with directing patients, completing exit questionnaires and working with the Diabetes stand. The event was part of population health management attended by over 600 patients of Tamworth GP practices.



Staffordshire Mental Health Network

At this quarterly meeting Dave updated everyone on the progress on our Mental Health Deep Dive and heard case studies presented on dementia carer support and a new virtual reality support service for care homes and hospices.



Biddulph Doctors’ Patient Participation Group

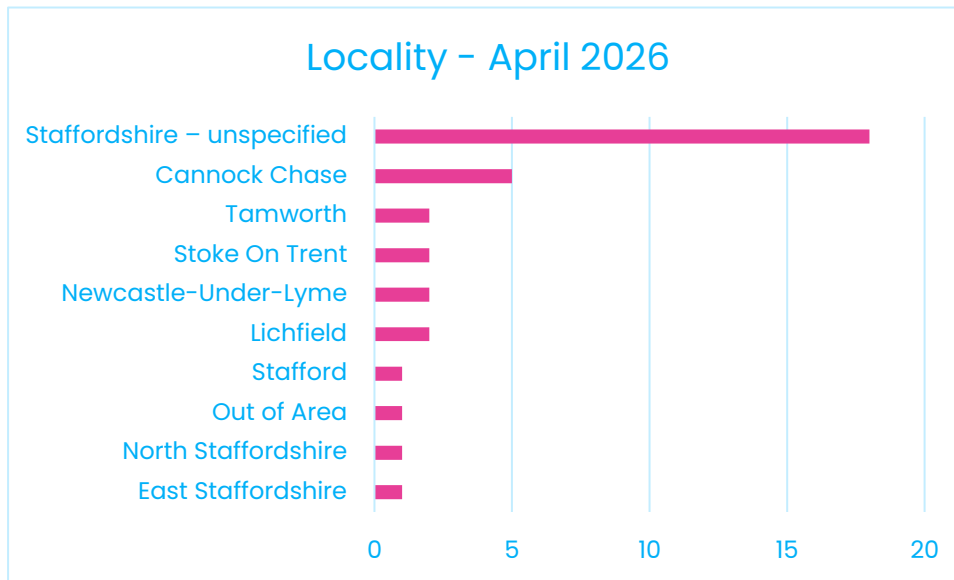
Robert made an informal presentation to evidence who Healthwatch is and what we do. He spoke about what we did last year, what we are doing this year and the current state of play concerning the 10-year plan.





April Feedback

35 responses were collected from across the County as follows:



Please note that the feedback does NOT cover Enter & View Visits nor responses to Surveys.

Key Issues

Social Care – several people complained about this. We heard that people who saved responsibly could not now access funding for care and also that (separately) self-funders were “left to get on with it”. A relative observed a lack of continuity with staff and not enough time was allowed for staff visits, although staff tried hard. Another person had difficulties sorting out care packages for herself, her son and her daughter with autism and learning difficulties. We also heard about safeguarding issues between staff members.

GPs – difficulties with getting appointments and with travelling to a partner GP practice without a car. Two people experienced difficulties getting home visits for housebound patients. There were difficulties with codings for reasonable adjustments and one GP failed to take a cancer diagnosis into account when dealing with a patient. Others had difficulties getting referrals and accessing medication promptly after a hospital discharge. Somebody else struggled with their mental health during changes to their medication being passed between the GP and their Consultant with poor communication. Once again, we heard from patients who had been deregistered from GP after “aggressive” behaviour which was a symptom of autism or mental health conditions. After a referral for surgery with a private provider a patient was passed back and forth between them and the GP to obtain a fit note. On the plus side, the new GP triage system was welcomed as it avoided phoning at 8am for an appointment.

Waiting times were still a problem in A&E, exacerbated by a lack of communication with a relative kept back in the waiting area after a patient was seen. People complained about waiting times of 6 months for an eye operation and 70 weeks for spinal surgery. Frustrated with a lack of action for a painful condition another patient went private. Someone with post-surgery problems

was left waiting for 3 years for their follow-up and mental health appointments were cancelled 5 times in a row.

Hospital care – issues with personal care leading to pressure sores were reported alongside removal of a patient’s personal items. Another patient was not mobilised properly after treatment leading to long-term mobility issues. Scans were cancelled after a patient “missed” a previous appointment they had not been informed of. An inter-departmental referral was cancelled without explanation and scans were mis-read. Someone else reported that AI knew more about their condition than the consultant. There was a lack of person-centred care when a patient who was hard of hearing was presumed to lack capacity. And when a patient with Premenstrual dysphoric disorder was treated for a physical problem, the effects on her mental health were not taken into account.

Other – A Health Harmonie clinic in Cannock was closed leading to travel issues for an elderly lady’s follow-up care. We were also copied into three formal complaints this month.

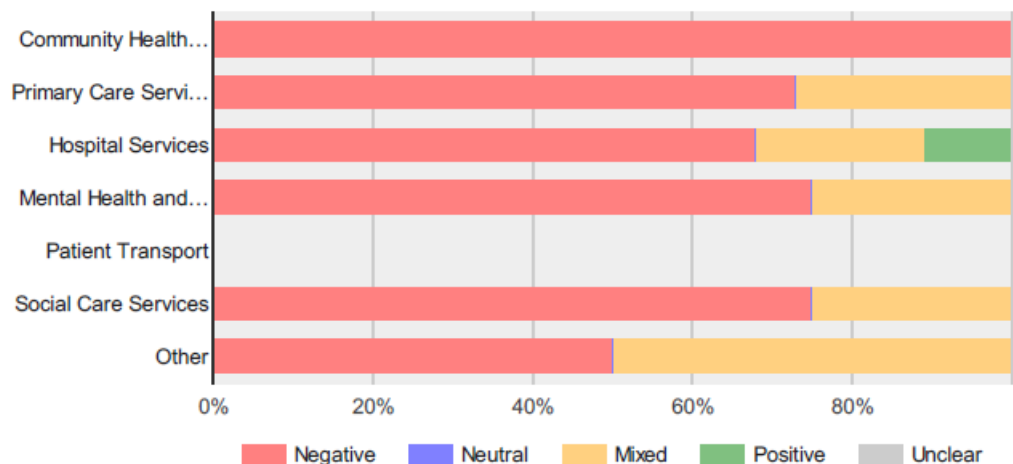
Service Categories

This month, there were 29 responses about Hospital Services and 19 concerning Primary Care. Other feedback was for Social Care Services (9), Mental Health and Learning Disabilities (6), Community Health Services (2), and Other (2).

Under **Hospital Services** the responses mainly covered inpatient care (8), general surgery (4), care of the elderly (2), emergency/A&E (2) and outpatients (2).

In **Primary Care** the responses were mainly about GP services (14), with two mentions for dentistry and one each for diagnostic & screening services, PALS and pharmacies.

Satisfaction by Service Type



Themes

Various **Treatment and Care** themes were mentioned 76 times, and within this area, the topics mentioned most often were:

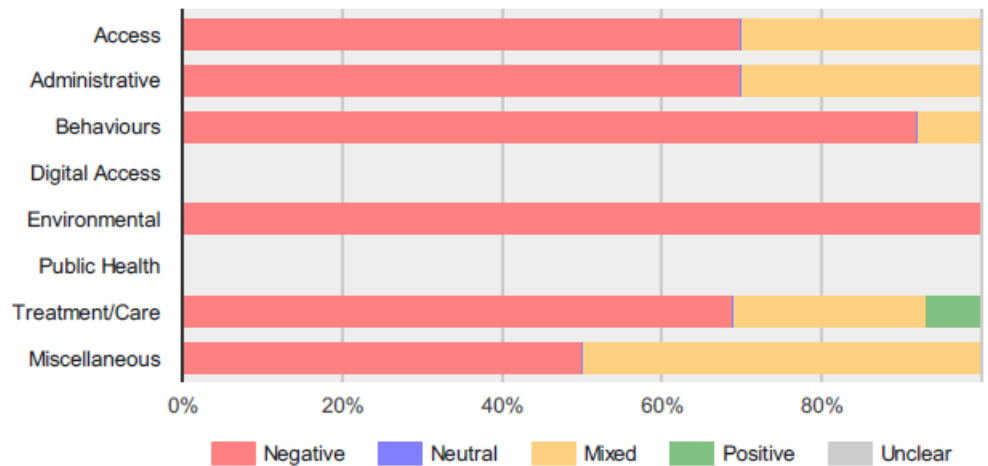
- Quality of treatment (17)
- Person centred care (10)
- Caring, kindness, respect and dignity (10)
- Communication with patients, treatment explanation/verbal advice. (9)
- Consent, choice, user involvement and being listened to (5)



Administration was raised 18 times with a focus on booking appointments followed by letters /records/results, cancellation and referrals.

Access to services was mentioned 10 times, staff attitudes and performance 11.

Satisfaction by Theme



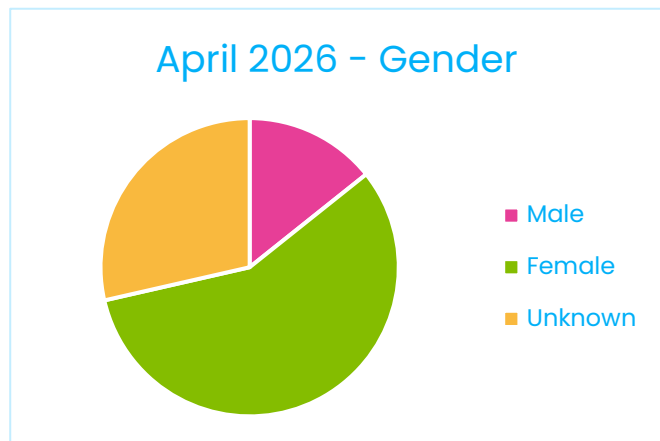
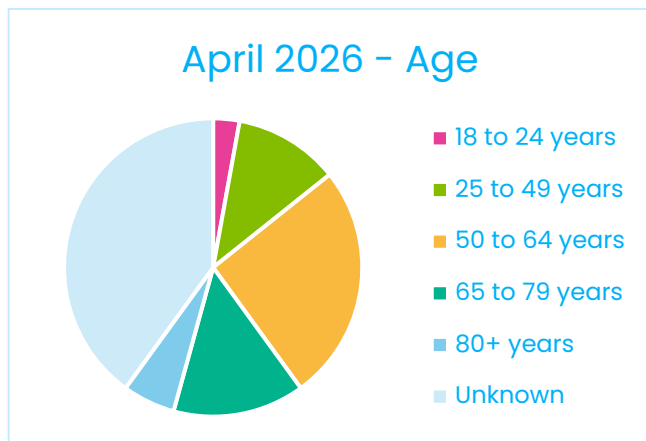
Positive Feedback from April

2 hospital inpatients services received praise in April.

At County Hospital in Stafford a patient *“Felt very relaxed prior to my operation and well looked after by the doctors and nurses very grateful to all of them”*

While at Solihull Hospital Ward 15, *“Everything went perfectly all staff were amazing”*.

Demographics



We reached 9 carers and 2 members of the LGBTQIA+ community. Under ethnicity all but two of those who specified were White. One of the other two classed themselves as Black/Black British, the other did not say.

There were 3 respondents who said they had a disability resulting from a long-term condition and 2 with an unspecified long-term condition. Specified conditions included: mental health (4 including Premenstrual dysphoric disorder (PMDD)), cancer (3 including myeloma), infections (3 including urine and middle ear), mobility (3), dementia (2), gynaecology (2 - Fibroids and coil). Others mentioned autism (2), Mast Cell Activation Syndrome (MCAS), visual impairment,

carpal tunnel syndrome, pressure sores, gallstones, bladder prolapse, respiratory issues, cardiac arrest and stroke, spinal problems.

Healthwatch England News

Our colleagues at Healthwatch England have released the following articles during April.

What do survivors of domestic abuse tell Healthwatch England about their NHS care?

[People face challenges to getting the help they need.](#)

Two-thirds of patients and carers experience NHS admin problems

People still feel lost in the healthcare system, according to [new research](#) Healthwatch England has published with The King's Fund and National Voices.

What Healthwatch England are hearing about maternity care

People who have used maternal health services told us [what matters most to them](#): feeling listened to, receiving clear and accurate information, and having continuity of care.

House of Lords Mention

In April William Pett, the Interim Director of Policy and External Affairs for Healthwatch England, [spoke to the House of Lords Public Services Committee on ambulance and A&E services](#), outlining the four Ds – delays, decisions, disarray and dedication.

He drew on work from several local Healthwatch (including Staffordshire) to share some of the very real patient experiences from reports like our [999 Ambulance Report](#)

Social Media Catch-up

Highlights you may have missed:

We promoted a launch event [for Chase Recovery, Newcastle-under-Lyme](#), a Lived Experience Recovery Organisation (LERO) – a community-based, peer-led rehabilitation programme for individuals who have experienced substance misuse and are seeking a new life of meaning and purpose.

Even as we go into spring, COVID-19 can be very dangerous for people with a weakened immune system. [Book to top up your protection.](#)

Awareness campaigns with useful links:

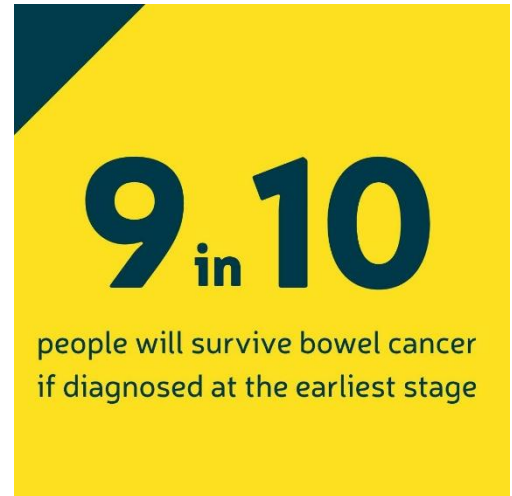
For Autism Awareness Month we shared [how to best support people with autism](#), and provided links to local sources of help: Lifeworks North Staffs, Staffordshire Adults Autistic Society, PEGiS (Parent Engagement Group in Stoke) and As One CIC.

April is also Awareness Month for both **Irritable Bowel Syndrome (IBS)** and **Bowel Cancer**. IBS is one of the most common digestive conditions and is defined by belly pain along with a change in bowel habits. Find out more at [Guts UK](#). Bowel Cancer UK are focusing awareness on early diagnosis and “want as many people as possible to know that bowel cancer is treatable and curable especially if diagnosed early.” [Find out more about symptoms](#) and #PassItOn.

For **Stress Awareness** Month test your stress levels on [The Stress Management Society website](#) and find some suggestions to help you cope more effectively.

For **Testicular Cancer Awareness** Month knowing how to check your testicles can make a real difference. [Watch this video](#) (with a BSL interpreter) that shows how to check yourself correctly

We would also like to raise awareness of the [support provided by Parkinson's UK](#) for **World Parkinson's Day** and – for **World Haemophilia Day** – the fact that “thousands of women and girls are living with a bleeding disorder without knowing it.” [Find out more, check symptoms and help spread awareness:](#)



Get in touch

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