Health Innovation Wessex

Independent evaluation of the Dorset Women's Health Programme

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Disclaimer

The final report presents findings from an evaluation of the Dorset Women's Health Programme, commissioned by NHS Dorset. The conclusions in this evaluation are those of the authors and may not represent the views of other stakeholders.

This evaluation was commissioned before the announcement on 13 March 2025 that the management of the NHS would be brought back into the Department of Health and Social Care (DHSC). The description of the innovation, its deployment, and the evaluation findings were accurate at the time of publication. The government decision may, in the future, alter how the report's findings and recommendations are received in this new context. We raise this issue for the reader to note.

Declaration of interest statement

On occasion, we evaluate innovations that we have also supported. Whilst these evaluations are independent, for transparency we disclose our dual role where applicable. The delivery of the Dorset Women's Health Programme was supported by the Innovation Adoption Team (IAT) at Health Innovation Wessex (HIW). IAT also conducted an innovation scan of innovations ready for adoption in areas of women's health. The evaluation was undertaken by the HIW Insight team.

Acknowledgements

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Health Innovation Wessex

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Executive summary

Executive summary

The Dorset Women's Health Programme brought together health and voluntary sector stakeholders to tackle system-wide challenges for the women of Dorset across their life course.

A county-wide survey and focus groups identified six priority projects: **Dorset Women's Health Website, Long-Acting Reversible Contraception (LARC), Menopause, Minoritised Groups and Mobile Support, Pelvic Floor Disorders, and Young Women's Physical and Mental Health**.

Key outputs included the **Dorset Women's Health Website** with self-help resources and service signposting, **training for clinicians** on menopause, racial discrimination and inclusion, pelvic floor disorders, **1,100 Squeezy app licences**, **HPV vaccine assemblies** in five schools, and a **community pathway for LARC** for non-contraceptive purposes.

The evaluation team from Health Innovation Wessex collected the views of 24 staff involved with the programme. Staff felt that the programme has **improved access and experiences of healthcare** for Dorset women, **improved staff knowledge and skills**, introduced **innovation and new ways of working**, and resulted in **relationship building and collaboration** across sectors. Staff acknowledged that it is **too early to see the full impacts** from the programme, but assuming ongoing and increased use of the Dorset Women's Health website, would expect to see an **increase in the use of self-help and more appropriate use of health services**.

Given the stage of programme delivery, a qualitative approach was most appropriate for capturing the experiences and perspectives of those involved in implementation. In future, it will be important to assess quantitative data regarding health outcomes and service use, and to include the perspectives of service users.

1. Background and Introduction

Background

In March 2023, the government announced £25 million for the creation, or expansion, of Women's Health Hubs (WHH), based on evidence from the government's 'Women's Health Strategy: Call for Evidence' (DHSC, 2022), which nearly 100,000 women in England responded to. This supported integrated care boards (ICBs) to introduce at least one WHH in areas where they did not previously exist, or where they were already established, to expand them to wider geographical areas.

Locally, the Dorset Women's Health Programme (DWHP) brought together stakeholders from the health and voluntary sectors to consider solutions to system-wide challenges being faced by women across the life course in collaborative stakeholder workshops. The collaborative stakeholder workshops agreed five strategic project priorities:

- Tackling inequalities and improving access to services particularly for women from minority backgrounds recognising cultural diversity, disability and other protected characteristics.
- Preventing ill health through education and information.
- Tackling wider determinants of health (education, economics, environment, crime, housing, employment).
- Creating joined up services across a woman's life course.
- Tackling mental health specific to women.

To ensure that local projects reflected the needs of Dorset women, further consultation was conducted to build on the extensive work already started by Dorset Women Community Interest Company. Engagement activities included:

- A county-wide survey (with nearly 1000 responses)
- A series of focus groups with underrepresented communities including young women with learning disabilities, the traveller community and other minoritised groups.

A data-driven approach complemented this engagement, using baseline data to identify needs and to inform solutions.

Following the period of consultation, six priority projects for The Dorset Women's Health Hub (DWHH) Programme were identified. Those projects were divided across several project managers who collaborated in delivering the overall programme overseen by the Programme Manager, Helen Crook and Chief Medical Officer, Dr Paul Johnson.

The overall aim of the Dorset Women's Health Programme (DWHP) was to achieve the aforementioned five strategic priorities by bringing together stakeholders from the health and voluntary sectors to consider solutions to system-wide challenges faced by women across the life course. Additional aims include equipping women with evidence-based early help and self-help, improving access to and experiences of care, improving health outcomes, reducing health inequalities and reducing high-

cost interventions. DWHP served as an opportunity to work together to achieve the five strategic priorities by improving patient pathways and access, and to deliver elements of services in a new way rather than deliver new services in themselves. Stakeholders agreed that, in Dorset, the concept of a 'hub' would be interpreted as a virtual model of care working across a population footprint rather than a single physical place.

The DWHP consists of six projects:

- Dorset Women's Health Website
- Long-Acting Reversible Contraception (LARC)
- Menopause
- Minority Groups and Mobile Support
- Pelvic Floor Disorders
- Young Women's Physical and Mental Health

The DWHP projects were launched in July 2024 and funding ceased at the end of March 2025. NHS Dorset (the clients) have commissioned Health Innovation Wessex Insight team (the evaluators) to carry out an independent programme level evaluation of the DWHP.[1]

Table one below shows the aims, and extensive range of activities and outputs generated by each project. Research and knowledge exchange activities are also detailed in the table.

[1] The Insight team have conducted a separate evaluation of the Pelvic Floor Disorders project titled 'Independent evaluation of a train-the-trainer programme to prevent and improve pelvic floor disfunction across Dorset'

Table 1. Project aims, activities and outputs

Project	Aims	Alignment to five strategic priorities	Key activities and outputs
Dorset Women's Health Website (DWHW)	• Launch of website for Dorset Women's Health to provide access to information, self-help resources and signposting for common health conditions in women.	• Education and Information • Prevention	• Dorset Women's Health Website content created and launched. • The site contains self-help resources and signposting to available services, with additional lived experience stories. • Information is aligned to the 12 areas of focus from the Women's Health Strategy for England (DHSC) and the Women's Health Hub core specification (DHSC).
Long-Acting Reversible Contraception (LARC)	• Service improvement. • Provision in primary and secondary care, where appropriate, of LARC for contraceptive and non-contraceptive reasons. • Increased primary care capacity through training, including scoping the existing landscape of trained clinicians. • Building a resilient LARC workforce.	• Joined-up care • Prevention	• Proposal created for a community pathway for LARC for non-contraceptive purposes, with commitment from planned care colleagues to take this forward. • Audit of GP providers to understand the landscape of trained staff to support a new community pathway. • Scoped training opportunities for staff. • Content created for the DWHW.
Menopause	• Provision of education and support for professionals on symptoms, helping to reduce inappropriate referrals to secondary care. • Provision of support for Dorset women to access early and self-help reducing	• Education and Information • Joined-up care	• Creation of information, signposting advice, resources and personal stories from Dorset women for inclusion on the DWHW. • Audit of referrals to secondary care identified top three problems as bleeding on HRT, testosterone issues, and prescribing issues with HRT. • Training for primary care staff delivered via six subject-specific webinars informed by the audit. Inbuilt evaluation. • Innovation scan by HIW.

	the need for primary care appointments.		• Adoption of four menopause apps which have been placed on the Our Dorset app library and linked to the DWHW.
Minoritised groups and mobile support	• PPI engagement to identify support needs for minoritised groups. • Examination of Dorset Insight and Intelligence Service (DiiS) data to identify current trends. • Development of a racial discrimination and inclusion training package for professionals. • Improved service offer to under-represented groups through the use of inclusive and accessible information, materials and education.	• Tackling inequalities • Prevention	• Co-design and delivery (via SimComm Academy) of staff training to raise understanding concerning racial discrimination, unconscious bias and inclusion. Creation of accompanying digital resource pack. Inbuilt evaluation. • Data report. • Engagement activities to understand barriers and facilitators to accessing information and care. • Designated Cultural Allies to support with cultural messaging and influence.
Pelvic Floor Disorders	• A change to current pathways including for immediate referral to pelvic health physiotherapy. • The creation of a Train the Trainer (TTT) model for professionals. • Implementation of innovation and mobile technology to enable the management of symptoms.	• Joined-up care • Education and Information • Prevention	• Creation and delivery of online and face-to-face TTT programme for health professionals. • A new Pelvic Health pathway for Dorset supported by HIW. • Funding for 1100 Squeezy app[2] licences to support women with pelvic floor dysfunction. • Creation of content for a dedicated page on the DWHW to support women with self-care and early help around pelvic floor dysfunction. • Independent evaluation of this project conducted by HIW.

[2] Home Page - Squeezy

Young women's physical and mental health	• Health education/promotion work with schools to improve the uptake of the HPV vaccine to protect against human papillomavirus. • Provision of signposting and supportive information for women with regards to suicide, self-harm and eating disorders.	• Mental Health • Prevention	• Identification of relevant educational resources for delivery within assemblies or Personal, Social, Health and Economic education (PSHE) lessons. These resources were made available for the School Aged Immunisation Service (SAIS) and schools to use. • Educational assemblies delivered by the SAIS across five schools with historically low HPV vaccine uptake. • New model of working developed between SAIS and schools. • Development of content for DWHW on identified mental health priority topics.

Research and knowledge exchange	• To work with Wessex Health Partners to understand the landscape of women's health research in Wessex.
	• Foster links between the DWHP and existing research, supporting additional related research activity where possible.
		• Joined-up care
		• Tackling Inequalities
		• Education and Information
			• Jointly commissioned (with Hampshire and Isle of Wight Integrated Care Board) Wessex Health Partners' report '*Research in the Wessex region in relation to women and girls' health and care needs.*'
			• Collaborative Women and Girls' Health event held in May 2025.
			• Poster presented at the British Menopause Society sharing good practice around staff training.
			• Scheduled launch of podcast series comprising the following episodes:
			  • Programme overview
			  • Menopause
			  • Gynaecology and maternity
			  • Women's mental health
			  • Pelvic health
			  • Screening, immunisation, prevention
			  • Sexual health
			  • Marginalised women.
			
			The podcast is part of the overall evaluation of the programme, a series of 'behind the scenes' discussions with stakeholders about what it was like to be involved in the programme.

2. Evaluation questions and methods

2.1. Evaluation questions

The following evaluation questions were identified in collaboration with the client:

1. What difference has the DWHP made to women in Dorset in terms of:
    a. Access to health information and evidence-based early self-help?
    b. Access to care and experiences of care (including effects for health inequalities)?
    c. Health outcomes?
2. What are key stakeholders' experiences of implementing the project?
    a. What were the associated barriers, facilitators and influences on setup and delivery?
3. What are the factors to consider that can help progress work following the end of funding streams?
4. Has the DWHP impacted on research into women's health in the region, and how?

2.2. Methods

Due to the early and differing stages of the constituent projects and following detailed scoping and evaluability assessments with project leads, the programme level evaluation of DWHP took a qualitative approach to seeking the views and experiences of the programme's stakeholders. We conducted 16 interviews (lasting 30-60 minutes) with key stakeholders from each DWHP project, and those who held key cross-programme insights. A further five participants responded to the interview questions in written form. We also conducted two informal discussions (including a total of three participants) with staff actively involved in conducting and supporting research in the region to discuss the programme's research impacts. We worked with the clients to determine stakeholders to invite to participate. Informed consent was sought prior to the interviews.

2.2.1. Data analysis

Interviews were recorded and transcribed using the MS Word transcription function. Along with written responses to interview questions, the data was coded and analysed thematically. In addition, notes were taken from research discussions and key points integrated with the main findings. We sought participants' permission to include their views on research impacts within the evaluation's findings. Written responses to interview questions were also included in the coding and thematic analysis.

2.2.2. Data collected

Table two provides a summary of the data collected.

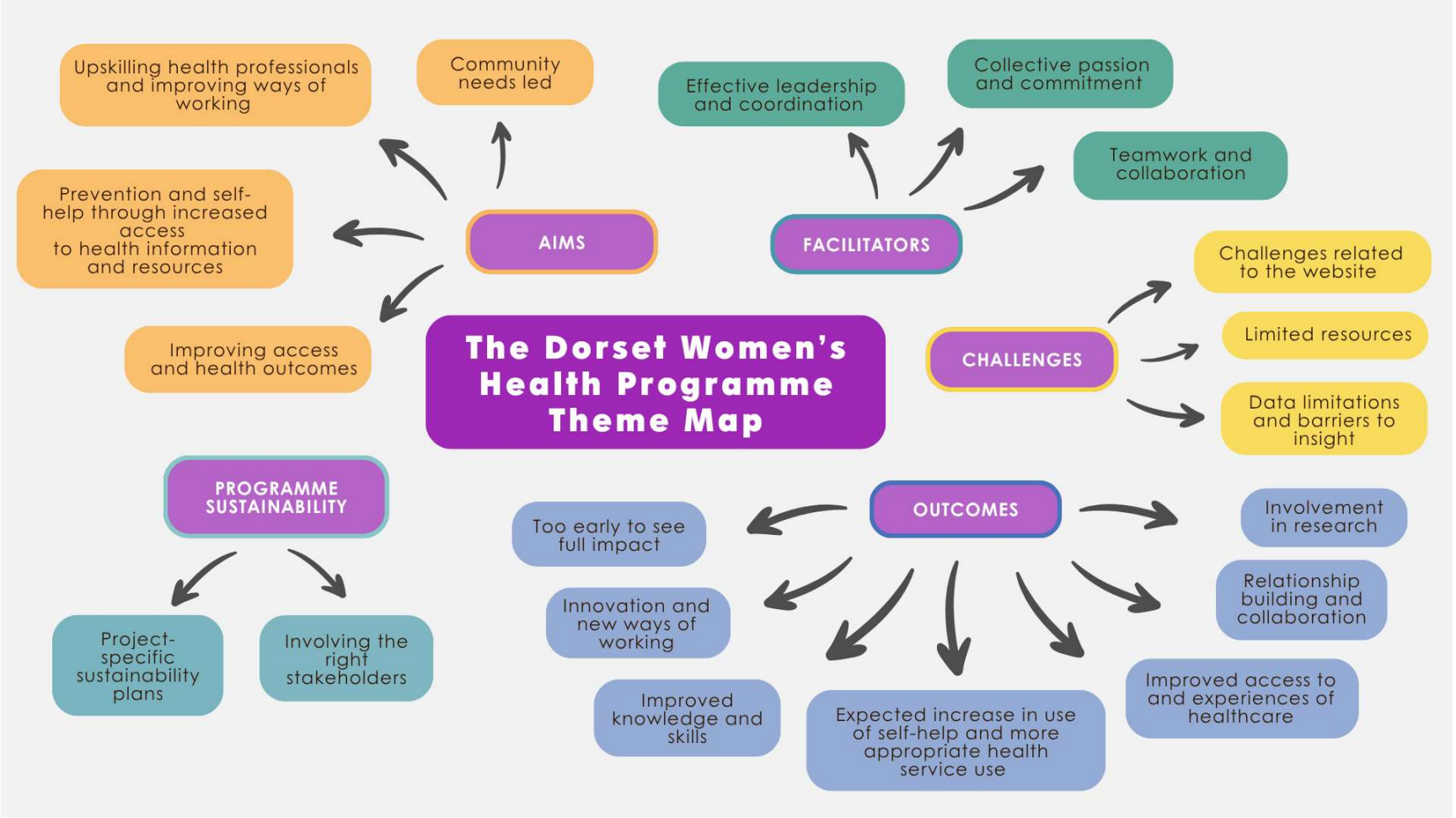
Table 2. Summary of the data collected

Project name*	Number of participants
Menopause	3
Young Women's Mental and Physical Health	5
Dorset Women's Health Website	2
LARC	2
Minority Groups and Mobile Support	1
Pelvic Floor Disorders	4
Respondents with a strategic overview of the programme	4
Research discussions x 2	3
Total	24

*Please note that some respondents had input into more than one project area or held strategic oversight of the programme as well as involvement with specific projects. In this case they have been counted against their 'main' focus of activity.

3. Findings

The following themes were identified within the domains of aims, facilitators, challenges, outcomes and programme sustainability.



3.1. Aims

Participants described the aims of the DWHP as coalescing around a number of key themes, as discussed below.

3.1.1. Prevention and self-help through increased access to health information and resources

Participants consistently highlighted the importance of equipping and empowering women with the knowledge and tools to manage their health proactively.

"Providing women, regardless of who they are, where they live, or what their needs are, with access to evidence based and early help, to empower them to make informed decisions for themselves, about their physical and mental wellbeing, and therefore helping in the prevention space." Participant 17

The Dorset Women's Health website was core to this aim, as a centralised, trusted source of information. Participant 02 described the website as a *"one stop shop"* for women's health, *"where women can get information about anything that might be affecting their health."*

Participants also stressed the importance of early engagement and preventative education within the Young Women's Mental and Physical Health project. For example, Participant 09 described delivering educational talks to Year 8 students about the HPV vaccine, aiming to inform them early about its benefits.

"Give [students] the opportunity to learn more about the vaccine and what it prevents" (P09)

Participant 11 echoed this and saw one of the programme's aims as raising awareness about how HPV vaccinations can help prevent cervical cancer.

"Create awareness about the importance of these vaccinations and how they can help prevent cancer" (P11)

Participant 07 linked improved vaccine uptake to Dorset's cancer elimination strategy; *"…trying to improve uptake of cervical screening and the uptake of the HPV vaccine in Dorset...as part of the cancer elimination strategy."* (P07)

Within the Pelvic Floor Disorders project, early intervention and self-management were recurring priorities. Participant 10 emphasised identifying pelvic floor disorders *"at a really early stage"* and signposting women to self-help resources and *"management of their symptoms before it comes problematic."*

3.1.2. Community needs led

Participants described how the programme aims, whilst informed by national priorities, were also shaped by local community needs, with consultation and co-production at the heart of the programme.

"So I think it started with the specification that came nationally around Women's Health Hubs and I think we set out originally to say there's an ask around a hub. What does that mean in Dorset? And I think the aims were to gather the views of the women and girls in Dorset, understand what the population of Dorset actually needed and wanted because it's very rural and coastal and so to really hear their voices and hence the minoritised groups as well. So really hear the voices across the system as much as possible." (P19)

Extensive engagement activities, undertaken to understand the needs and wants of the women of Dorset, were described.

- Survey

Respondents described the initial consultation survey which was launched across Dorset in May 2024.

"We ran a public survey which received nearly 1000 responses." (P18)

The results of this survey were analysed and shared at a workshop including public representatives and clinicians, which informed project priorities based on the findings from the survey *"out of that workshop fell the priorities"*. (P19)

- Focus groups

A series of focus groups were conducted with underrepresented communities including young women with learning disabilities, the traveller community and other minoritised groups. These groups sought women's views on barriers they faced, their needs and wants, as well as how this translated into the type of information that should be on the Dorset Women's Health website and how it should be presented.

"Tried to go out to different groups that maybe we wouldn't have heard from, more minoritised groups, and gather their view so that we could really then inform the content of the website."(P19)

"PPI discussion with these women across minority public engagement works to hear from women themselves, within these minority groups about what barriers that they feel they had in accessing some of these services." (P08)

The crucial role of Dorset Women's Community Interest Company (CIC) was recognised, who had been engaging with the women of Dorset for many years, in supporting this outreach work, and aligning the focus of projects with women's stated needs and priorities.

"So they really, really listened through the Dorset Women CIC. So the work that (name) and others had already done in the couple of years leading up to this plus the digital survey that was done plus the focus groups and I think that's what led to the six projects being formed." (P19)

"Particularly thanks to Dorset Women CIC… I think that listening exercise and that involvement of the women of Dorset, I think that was really well achieved. I think they managed to do some really good listening exercises." (P20)

"I think it's really important to emphasise the extent to which this programme was the culmination of a year's work beforehand done with women and stakeholders after the launch of the NHSE Women's Health Strategy… The programme was shaped by a combination of this prior work and local service requirements/challenges e.g. HPV immunisation uptake, LARC etc."(P21)

Overall, it was felt that this consultative approach ensured that project work was *"fit for purpose"* (P17) and in terms of the website that something community-led and *"built by the women and girls of Dorset for the women and girls of Dorset"* (P19) had been developed.

- Data driven approach:

Project activity was also shaped by looking at baseline data to identify needs and to inform solutions.

"What does the available qualitative and quantitative data tell us (Dorset Intelligence and Insight Service (DiiS) / Audits / OHID / women's voices)?" (P17)

Participant 09 described targeted outreach to Dorset schools with historically low HPV vaccine uptake and limited engagement with immunisation teams, reflecting a data-driven approach to addressing gaps in access and communication.

"Targeted at local schools in Dorset that had a historically low uptake of the HPV vaccine in the past and also those schools that had a mixture of the low uptake of HPV vaccine, but also had a historically low engagement and communication rate with the school age immunisation team." (P09)

As discussed at 3.3.3, participants described that interrogation of data available on waiting times by ethnicity and inclusion groupings revealed limits in routinely collected data. This led to a focused piece of work on data to identify what is known and recommendations for improving the recording of data in future (please see table one).

3.1.3. Upskilling health professionals and improving ways of working

The DWHP also aimed to provide clinicians with the skills to best serve the women and girls of Dorset in their healthcare needs. Training was delivered through a variety of formats.

Participants highlighted the need for targeted training to ensure clinicians are equipped to effectively support diverse populations. Participant 08 described delivering racial discrimination and cultural awareness training for clinicians as part of the Minority Groups project *"about how to address sort of cultural backgrounds of the different groups."*

Participant 04 described Train the Trainer sessions around pelvic floor health, designed to *"make them aware of…easy tools, practical tools"* and health technology (Squeezy app) that practitioners can recommend to the women they treat. These sessions were also designed to give professionals confidence to speak to women about common sensitive topics, including *"urine continence or pelvic floor problems and how to generate awareness so that they don't feel embarrassed and then that they can talk to. "* (P04)

Participant 14 described webinars on menopause delivered to GPs and other healthcare professionals *"on key topics that are very prevalent and concerning and allow other people to ask questions."* Participant 13 felt that these seminars would form part of their ongoing professional development, allowing them to maintain high standards of care, *"give reliable information and prescribe appropriately."*

3.1.4. Improving access and health outcomes

Improving equitable access to services, and patient pathways, to improve health outcomes was another stated aim of the programme, enacted in various ways across the projects.

"An opportunity to improve patient pathways and access and deliver elements of services in a new way rather than deliver new services in themselves." (P17)

"Improving experiences and efficiencies by creating joined-up care across a woman's life course." (P21)

Digital accessibility was seen as a key enabler. Participant 04 noted the value of women being able to access pelvic floor disorders-related resources from home, while Participant 05 highlighted the importance of helping users easily find both information and self-help tools as part of the Website project.

"Women can…access at their home and they know what to do." (P04)

"To have accessible services for women that are joined together for ease of access…have effective signposting and are all aware of other services in Dorset that support women's health." (P15)

Participant 03 pointed to the development of a community pathway for long-acting reversible contraception (LARC) as a way to reduce wait times and enhance appointment availability through practical steps that directly improve access and experience.

"Community contraception pathway for LARC will help to reduce wait times and enhance women's experiences, access and availability of appointments." (P03)

Ensuring equitable access *"particularly for women from minority backgrounds" and "tackling bias and inequalities"* (P21) was also seen as a core part of this aim.

3.2. Facilitators

3.2.1. Teamwork and collaboration

Strong teamwork and collaboration were consistently described by participants as key to the programme's progress. Participants described a culture of mutual support, where colleagues worked together to overcome challenges and maintain momentum. Participant 04 noted the positive dynamic, observing that *"everyone is helping each other"* while Participant 06 credited the project team for sharing the burden of challenges collectively. Participant 08 highlighted the value of *"regular meetings"* which *"enabled us as a group to progress with the course of the project."*

"This has been a thoroughly enjoyable and rewarding programme to be part of. It has benefited from strong leadership and true partnership working." (P18)

"Really great partnership collaboration and joint working. We built fantastic trusting relationships between stakeholders, and this was instrumental in how much was achieved in the short time and limited resources." (P21)

3.2.2. Collective passion and commitment

As well as exceptional teamwork, a shared dedication to the cause of improving women's experiences was a noted feature of this programme.

"Collective passion and commitment to (a) the subject – we were all hugely invested in improving women's experiences of receiving/finding health information and support (b) serving the women of Dorset. This was universally a priority for everyone and really noticeable as a different way of working to other big programmes I've worked on in the past." (P21)

The dedication and attitude of team members were widely praised. Participants variously described their colleagues as *"so invested"*(P15), having a *"real can-do attitude"* (P10) and willing to go *"above and beyond"* (P03).

"We've always kept in mind our end goal: we all genuinely believe that women and girls in Dorset deserve to live their best lives possible. When we're all here for the same reason, there's nothing you can't get through." (P17)

3.2.3. Effective leadership and coordination

Participants praised project managers and coordinators for their ability to organise complex workstreams, maintain momentum, and bring diverse contributors together. Their leadership was described as both strategic and motivational; ensuring that

despite limited resources, the team remained focused and engaged. Project leaders were credited with fostering a collaborative and purpose-driven environment, where individuals felt supported and aligned around shared goals. Their ability to navigate challenges, communicate clearly, and keep the programme on track were seen as key factors in sustaining progress and morale, and that their approach, encouragement and enthusiasm "*made it a joy to work together*" (P16).

"The project managers did well to bring everybody together and tap into people's expertise." (P07)

"There was this coordinator who's been very good, very proactive in organising the meetings." (P08)

In addition, participant 17 acknowledged the senior leadership of the project for their *"incredibly supportive"* role in helping to address any barriers and championing the work.

HIW and Dorset Women CIC were acknowledged as bringing specific skills and leadership to the table. With regards to HIW, expertise around innovation and its adoption was especially appreciated.

"Our colleagues at Health Innovation Wessex have also been paramount to the success of this programme – their expertise in innovation, horizon scanning and adoption have been absolutely key." (P17)

As highlighted at 4.1.2 Dorset Women CIC were instrumental in extensive engagement work leading up to, and during the period of the DWHP. Their key role in maintaining the website moving forwards was also described.

"Dorset Women's Health [sic] CIC is now the owner of the website. So it's still hosted by NHS Dorset, but they are responsible for updating, reviewing and making sure it's all working fine." (P19)

3.3. Challenges

3.3.1. Limited resources

Participants acknowledged that what projects could achieve was constrained by non-recurrent, small-scale funding and staff capacity. This limited resource pool required a clear focus around projects and managing competing priorities on staff time.

- Clear focus around projects

"I think [name] as the CMO and SRO for this programme, was very clear at the beginning. This is a small part of money, it's non-recurring. We can't start new services. We can't employ new people." (P19)

"Not enough time or resource to achieve what we wanted to achieve." (P21)

Similarly, participant 17 noted *"Due to the non-recurrent nature of the funding we were limited in how much we could change in a relatively short space of time."*

When talking about the Website project, Participant 02 noted that although a physical hub may better meet women's needs, financial constraints meant the project focused on delivering a website.

"I know that the finances don't stretch for it to be anything other than a virtual hub, but I think what women really need is a real hub" (P02)

Participants described the necessity of taking a tightly focused approach, being *"crystal clear to manage expectations from the beginning…The money just didn't enable us to do very much. So we had to be very realistic."* (P09)

Similarly participant 09 explained that limited resources required a focused approach, directing efforts where they would have the most impact. It was therefore decided early in the Young Women's Physical and Mental Health project that mental health would be out of scope for the project.

"We had to be quite specific and targeted with what we did do with that capacity and that resource… there wasn't really enough that we could bring together unfortunately to make a positive difference [in mental health support for young women]" (P09)

- Managing competing priorities on staff time

Participant 06 explained that because of limited resourced time allocated to project work (for the Pelvic Floor Disorders project), *"Staff have had to absorb the demands of the work stream into their current work streams."*

Participant 14 explained that without funding to release staff from clinical duties, the decision was taken to run educational menopause webinars at lunchtime:

"There's no money in this...So the idea was then we've provided a lunchtime webinar which obviously they do in their own time." (P14)

Participant 07 also noted the challenge between supporting the Young Women's Health project and maintaining core service delivery, underscoring the competing priorities faced by providers and the challenges of innovating in a resource constrained environment.

"Supporting the provider to be able to look at innovation and doing something new, but also making sure that they were able to deliver their core service as well." (P07)

"Time was a factor, there was an expectation to launch projects without any extra time to plan or implement effectively."(P15)

3.3.2. Challenges related to the website

Despite positive feedback regarding the website discussed elsewhere, participants also highlighted some challenges. These often related to the time pressures resulting from developing content alongside busy clinical roles.

"The website is useful for women to see what is available in Dorset but is limited with the information on there. The website planning sessions were useful but the end result felt very rushed." (P15)

"We want the information to be evidence based clinically approved, but clinicians haven't actually been given any extra capacity in order to be able to help. So some of them are helping and it's literally goodwill" (P05)

This led Participant 02 to suggest that the website would benefit from the addition of more detailed information.

"I think it needs more information on there about the conditions, (I) think there needs to be in-depth information." (P02)

Balancing clinical precision with user-friendly language was sometimes experienced as difficult. In the opinion of participant 06, following review by a patient body, website content related to the pelvic floor was rewritten in language that was simpler but not necessarily clinically correct, potentially resulting in misleading or inaccurate messaging.

"It's proved to be incredibly challenging to get the wording correct, it was reviewed then by a patient body and a new set of wording was offered. But it was in such lay language that it was misleading and it didn't say accurately what we wanted it to." (P06)

As part of sustainability planning, and to mitigate some of the challenges outlined above, it was agreed that Dorset Women CIC would continue to work with clinicians for website maintenance and updates for a year after the go-live date.

3.3.3. Data limitations and barriers to insight

Participants described limitations in the way women's health data is captured and shared. The lack of specificity in available datasets was a recurring concern. Participant 08 explained that data from existing sources, such as Dorset Intelligence and Insight Service (DiiS), lacked the necessary detail to fully understand the roots of inequality or to track progress effectively, which posed a challenge in the delivery of the Minority Groups project.

"The data... wasn't really broken down to these specific aspects that we wanted." (P08)

Similarly, Participant 03 highlighted that gynaecology data was not broken down into relevant demographic factors, making it difficult to assess disparities in wait times or service access within the programme.

"The gynaecology data isn't segregated...we don't know what the accurate picture is." (P03)

Even when data existed, participants explained that it may not be readily accessible or structured for meaningful analysis, creating a barrier to evidence-based planning. For example, Participant 08 noted the process of obtaining relevant data, which delayed follow-up discussions and limited timely decision-making in the Minority Groups project as *"very, very, very long."*

"So what data exists and then the quality of it for Women's Health is a significant problem and that goes right down to the coding for some things just don't exist particularly in in primary care. And that makes it really, really, hard to then understand what the actual need is and what the actual problem. It is because the data is just not there... So yeah, I would say that's the other big, big, challenge. And I think everywhere that's not unique to Dorset, that's everywhere." (P19)

3.4. Outcomes

3.4.1. Improved knowledge and skills

As discussed earlier in relation to aims, the DWHP projects delivered educational content both to healthcare practitioners and members of the public. Participants provided various observations as to the early effects of education delivered. Below, Participant 13 describes high attendance at menopause webinars:

"The webinars were really well attended...over 90 at each one...a useful reference point." (P13)

Participant 14 shared that post-training audits showed increased confidence in managing menopause-related care,

"We audited [healthcare professionals] and the results were very positive...people were more confident about prescribing HRT." (P14)

Participants also shared positive reports of the results from the Train the Trainer training developed by the Pelvic Floor Disorders project team.

Participant 15 noted that *"training has increased awareness amongst healthcare professionals."*

Participant 17 explained that she had received messages from pelvic health physiotherapists and referrers to them to describe how the training had *"better enabled their practice and is helping provide first line support to women."*

Participants also valued the insight gained from involvement in project work and exposure to relevant data, with Participant 08 noting *"it has helped me to understand some of the inequalities and where they could be."*

3.4.2. Improved access to and experiences of healthcare

Participants felt that the programme enhanced access to healthcare services by leveraging digital tools, simplifying care pathways, and broadening the roles of healthcare professionals. Participant 04 highlighted the successful commissioning of the Squeezy app as part of the Pelvic Floor Disorders project, with 1,100 licences available for women, enabling them to manage pelvic health conveniently via mobile devices. This digital approach was complemented by printed and online materials to support self-referral and awareness.

"Women have been offered access to resources such as the Squeezy app for free as part of the initiative." (P15)

"I do know that there's been significant uptake because that has been looked at, yeah" (P20)

Outreach efforts into schools and communities as part of the Young Women's Physical and Mental Health project were perceived to have improved access to vaccinations (via a perceived improvement in HPV vaccine uptake among Year 9 students following assemblies and awareness sessions).

"There was an increased number of year nine students that came forward to get their HPV vaccine." (P09)

Participant 13 described how, following the delivery of the menopause workshops, GPs with a special interest in menopause were now prescribing treatments like testosterone, reducing reliance on referrals to gynaecologists. This shift was supported by targeted training and webinars, which were well-attended and served as ongoing reference points.

"I have then gone around each of our surgeries within the network and said who would be confident to prescribe testosterone ideally to have a lead GP at each site, which we now have...a GP who's got specialist interest in menopause. So, I think that has been a change that we have done. So that's been obviously quite useful for us as a network." (P13)

The sharing of the menopause webinars with the public via the website was also reported to be directly benefiting women.

"…that really, really helped women… they could ask questions of [name], who was the speaker and you know how that's really helped them understand their symptoms and conditions or…seek different treatment and different help and also those that were waiting to see [name] at his clinic in UHD. He's got a two year waiting list… and actually, some of those women did not need to be waiting. And actually there's things they can do themselves or, you know, there's other treatment options - they don't need to wait for secondary care and actually, by women coming off that waiting list and [name's] auditing that to see if that's been the impact." (P19)

Participant 17 shared feedback received from a colleague working with women going through menopause, *"Women have reported to her that when they now see a professional who has undertaken the training, they are providing them with better support and advice – women have reported feeling listened to and heard."*

Participant 19 also reported patient benefit from the pelvic floor disorders training.

"The training had made a significant difference to one individual because they had been assessed, had appropriately been diagnosed with a prolapse and been sent in…" (P19)

3.4.3. Involvement in research

Participants also explained a range of effects on local research into women's health. Participant 08 reflected on how their involvement in the Minority Groups project helped them to identify a range of groups that could benefit from future studies. They emphasised the potential for co-creating research with communities, ensuring that future work is grounded in lived experience and tailored to real world needs.

"It helped me to understand some of the inequalities...and how we could work with groups to co-create research." (P08)

Participant 03 shared that team members were preparing an "*abstract submission for the British Menopause Society around the impact and efficacy of the menopause webinars."*

Participant 15 explained further evaluation of the training package developed as part of the Pelvic Floor Disorders project, which had been in adopted in other areas; *"Due to the connection with Bournemouth University, the pelvic health group are conducting a service evaluation with other regions who are using the training package."*

Others discussed potential future research stemming from DWHP, for example Participant 09 mentioned early discussions around an HPV-specific research project.

One participant in a research discussion described a report '*Research in the Wessex region in relation to women and girls' health and care needs'*[3] authored by Wessex Health Partners. The report was commissioned by the respective Dorset and Hampshire and Isle of Wight Integrated Care Boards and provides a comprehensive review of research into women's health during 2024 and the previous five years within the Wessex region. This output was reported to have generated interest and enthusiasm for collaboration on women's health and for aligning research activity with local health priorities. The same conversation highlighted specific examples of research activity resulting from DWHP projects including stakeholder events, abstracts submitted to conferences and the development of funding applications.

The second research conversation revealed that the DWHP has served to identify areas for future research: *"There are some very clear research priorities and gaps coming out of it."* However, it also highlighted that further progress is needed to gain maximum impact from the work done to date. Whilst research ideas and opportunities have been generated, to convert these into research activity requires negotiation to ensure that researchers can access locally held datasets and *"building research capacity and capability"* so that practitioners can be released to conduct research work, with the support of their organisations, and with access to relevant training.

3.4.4. Relationship building and collaboration

Participants described that a standout strength of the programme was its emphasis on collaboration across sectors and communities, which fostered inclusive engagement and mutual learning, and the forming of new relationships and collaborations.

"The biggest achievement has been the bringing together of stakeholders in recognition that improvements needed to/could be made, and the co-operation that took place."(P21)

Participant 17 highlighted the building of professional relationships across the system that would pave the way for more joint working in future. These relationships included relationships with schools and the School Age Immunisation Service, peer support and advice between primary and secondary care menopause services and between NHS Dorset planned care/gynaecology team, Public Health Dorset and Sexual Health Dorset.

Participant 04 described working with non-healthcare professionals, such as hairdressers and nail bar staff as part of the Pelvic Floor Disorders project, to create informal spaces where women could feel comfortable discussing health concerns. This built new relationships and extended the programme's reach into everyday community settings.

[3] Women's Health Research in Wessex Report - Oct 2024

"We have been working with the community groups as well who are non-healthcare professionals like, hairdressers and nail bars…so that women can start talking to them" (P04)

Collaboration with minoritised groups was highlighted. Participant 03 highlighted the co-creation of inclusive materials and the strong support from a wide range of stakeholders across the programme. These collaborations helped ensure that the programme was culturally sensitive and community informed.

"I think our engagement with community groups has been really great and the partnership working, the collaboration around inclusive materials as well, the willingness for different stakeholders to support us has been incredible" (P03)

Participant 01 noted that strengthened relationships with schools as part of the Young Women's Health Programme could enhance HPV vaccine confidence in local communities.

"I think as a byproduct of making closer relationships with the schools that will influence vaccine confidence in those communities." (P01)

Professional relationships flourished as well, according to the participants. Participant 04 reflected on the positive experience of working with professionals from various disciplines as part of the Pelvic Floor Disorders project, noting personal growth in communication, leadership, and teamwork. The programme also sparked inter-organisational collaboration, with Participant 06 referencing potential academic partnerships and Participant 10 sharing work with another NHS trust to inspire similar initiatives, as part of the Pelvic Floor Disorders project.

"...Potential collaboration with another academic institute in Exeter, who are interested in our results of this" (P06)

"We've shared some of our work with another NHS trust...who will look into a similar thing." (P10)

3.4.5. Innovation and new ways of working

The Dorset Women's Health Programme has heralded new ways of working across Dorset, resulting from the new collaborations and partnerships that have been forged. Each of the projects represents novel forms of activity, characterised by collaboration, co-production and putting women's needs, and their involvement, at the heart. Projects have also implemented innovative solutions such as apps and training packages.

"A genuine shift to a new way of working that puts women's needs and their involvement in co-design at the centre of a programme." (P21)

"(it's) a different approach…it's really opened our minds as to how we do what we do next." (P01)

"if you look at the programme against the budget, it achieved an awful lot within 12 months. I mean innovation wise, we adopted eight innovations." (P19)

Participant 20 reflected on how the DWHP work has led to greater collaboration with the community and voluntary sectors and a re-envisioning of how care can be planned and delivered.

"There's plenty of capacity out there within our voluntary sector and… the women themselves endorse it. And the more we managed to devolve some of the functions to them, the more effective we found it could be." (P20)

"I guess one of the lessons learned here is that…we need to be much bolder in allowing the users and the charities that represent the users, so the users' voices dictate and determine what we do with our resources." (P20)

On top of this, there was the recognition that learning and approaches taken within current projects can be applied to other projects in future, for the benefit of the wider system.

"Findings from research and recommendations being rolled out as part of other workstreams within the ICB and other system partners." (P16)

And I think we saw that here and if we can roll that out in how we tackle other things, then I think that would be really, really quite powerful. (P20)

3.4.6. Expected increase in use of self-help and more appropriate health services

Participants envisaged that, over the longer term, improved access to information and self-help resources, via the website, should result in increased use of self-care strategies and more appropriate use of health services. This assumes the *"ongoing increased"* (P21) use and sustainability of the Dorset Women's Health Website as the *"focal point for evidence-based information for women, to self-help and understand how to access services should they need to."* (P17)

"Fewer (visits) to GPs and referrals to some women's health services in some specialities, as a result of women being able to access information to self-help, via our website." (P17)

"Reduced referral to secondary care services where women understand pathways and can self-manage or understand the role of their GP and other health practitioners." (P21)

Participant 17 suggested that this may also result in reduced inequalities.

"I think that [the website] has a huge potential to make an impact for, for women, particularly women, for minority groups who might have existing, perhaps existing inequalities. So this might be a way of narrowing those inequalities." (P08)

In terms of specific project related activity, use of self-help strategies would also be promoted via the distribution of the Squeezy app.

"Women better able to manage symptoms of incontinence via awareness of and access to Squeezy app." (P17)

Participant 17 further suggested that the menopause webinars should result in *"fewer referrals by GPs into secondary care specialist menopause clinic"*. This impact has potential to spread beyond Dorset as the recordings have been uploaded to the GP Alliance website, *"for thousands of GPs to benefit from, to support women."*

3.4.7. Too early to see full impact

Whilst encouraging early impacts were reported, several participants acknowledged that it is too early to fully assess the impacts from the various projects. Many components were still in development or had only recently launched at the time of evaluation.

"I think progress has been made in all areas. Some are impossible to measure and would never have been 'ultimately' achieved within the time and the resources available. So an evaluation of what the programme has achieved could only ever really be a measurement of 'progress towards'." (P21)

"I feel that we have achieved the majority of the aims, albeit on a small scale that now needs to be scaled up by others outside of this programme." (P17)

Participant 02 noted that the Menopause project was not yet in its *"completed form"* making it difficult to determine what could ultimately be achieved. This sentiment was echoed by Participant 07, who explained that HPV vaccination assemblies had only just begun, and it would take several weeks to evaluate the effect on uptake as part of the Young Women's Physical and Mental Health Programme.

"I don't know if that's going to increase uptake. We'd probably need to look at that in six weeks, eight weeks' time." (P07)

Similarly, Participant 08 reflected that while the Minority Groups project holds long-term potential, more time and data are needed to meaningfully evaluate its outcomes.

"I think right now maybe it might be too soon. But I think in the long run it's something that we will definitely be able to evaluate more in terms of impact." (P08)

These reflections underscore the importance of ongoing monitoring and evaluation and suggest that the programme's full impact will become clearer as implementation continues and more evidence is gathered. A couple of participants also pointed to the difficulty in evidencing some of the impacts.

"I think they've had a real impact. The question is how we're going to measure it. ..Somebody's looked at the online resource and that's been a light bulb moment for them. Or that's reassured that they're not the only one in those symptoms. Unless they tell you that there's no way of measuring to know that's happened. So that makes it quite challenging." (P19)

3.5. Programme sustainability

3.5.1. Involving the right stakeholders

Participants identified a number of factors that they felt to be important in sustaining the work of the programme.

Participant 06 highlighted the importance of engaging the right stakeholders to ensure long-term oversight and maintenance.

"…there needs to be a good practice around how it's going to be maintained with an engagement of the right stakeholders to oversee it." (P06)

Leadership and commitment were also seen as critical. Participant 14 noted that sustainability depends on involving people who are *"enthusiastic"* and *"able to deliver on what they say they (will) deliver."* Participant 10 echoed this, stressing the importance of securing buy-in from all parties involved. *"To make it sustainable, you need to have sort of all parties committed"* (P10)

Participant 20 highlighted the role of both Dorset Women CIC and HIW in sustaining the progress made.

"And I think we're going to be looking very much on our relationship with Dorset Women and with Health Innovation Wessex as to how we…really to try and keep this going and keep the improvement going that we've seen already." (P20)

3.5.2. Project-specific sustainability plans

Participant 16 explained that they had made arrangements for the developed LARC for non-contraceptive purposes community pathway to be adopted as part of commissioning arrangements to ensure sustainability.

"I ensured that the LARC projects were able to continue outside the wider programme and be included as part of ongoing commissioner contract management processes, as opposed to being stand-alone and having to stop." (P16)

Participants reported that the sustainability of the website was addressed by the role of Dorset Women CIC in its continued upkeep.

"I think it will continue to grow with the Dorset Women CIC overseeing it...because it feels more community, it feels more Dorset led, and I think you know, we've got the sustainability built in there." (P19)

Similarly, provision has been made for the continuation of the Train the Trainer training developed by the Pelvic Floor Disorders project. Participant 17 reported that two further ICBs had adopted the training package *"to enable them to train system-wide clinicians, and in turn help thousands of women."* The team are currently aiming for CPD accreditation for the training to enable future income generation.

With regards to the continuation of the use of the Squeezy app, Participant 19 explained that whilst the funding would cease, the relatively low cost associated with the use of the app may mean that women are happy to continue using it.

"And because obviously the funding of the licences will come to an end, but I think the cost per month is actually quite minimal. So whilst that might be a barrier for some individuals, it's like £2 or something…For the majority it won't be and there's a lot of private users already." (P19)

Participant 15 suggested continued communications with staff who had been involved with the programme; *"Any new initiative could be actively shared in the group, maybe through a newsletter or email round robin."* Similarly, Participant 17 suggested that partners keep in touch via available networks, such as that run by Wessex Health Partners.

"Ongoing collaboration between stakeholders – regular update and review meetings between those involved and those taking over the work e.g the University Hospitals Dorset/Dorset County Hospital Provider Collaborative Women's Health partnership work." (P21)

A desire to see further funding was also stated *"Would love to see the funding for [the programme] maintained"* (P14) especially to provide backfill for clinicians to be released from their day-to-day work to focus on sustaining the programme.

4. Limitations

There were a number of limitations to the evaluation approach:

- Given the stage of programme delivery, an evaluability assessment determined that a qualitative approach was most appropriate for capturing the experiences and perspectives of those involved in implementation. However, the addition of quantitative data would be required to provide a comprehensive assessment of the programme's measurable outcomes and broader population-level impact.

- The scope of this work, agreed with the commissioner, focused on obtaining the views of delivery stakeholders. The views of service users are therefore not reflected here. This limits the ability to assess the programme's relevance, accessibility and effectiveness from the viewpoint of its intended beneficiaries.

- The evaluation was conducted during or shortly after the initial implementation phase. As many of the programme's intended outcomes are likely to emerge over time, this timing restricts the ability to assess sustained impact or long-term change.

5. Conclusions in response to the evaluation questions

What difference has the DWHP made to women in Dorset in terms of access to health information and evidence-based early self-help; access to care and experiences of care and health outcomes?

The DWHP generated a series of outputs through its six constituent projects, as shown below. The focus of these projects was determined through extensive consultation with women of Dorset.

- The Dorset Women's Health website containing self-help resources, information and signposting to local services.
- Menopause training seminars for clinicians.
- Co-design and delivery of staff training to raise understanding concerning racial discrimination, unconscious bias and inclusion.
- Creation and delivery of online and face-to-face Train the Trainer programme for health professionals on pelvic floor disorders.
- Funding for 1100 Squeezy app licences to support women with pelvic floor dysfunction.
- Educational assemblies delivered by the School Age Immunisation Service across five schools with historically low HPV vaccine uptake.
- A community pathway for LARC for non-contraceptive purposes has been developed, with commitment from planned care colleagues to take this forward.

Education and training offered to practitioners in topics related to women's health (e.g. webinars and online training) was seen as improving women's access to health information and self-help, as with greater skills and confidence practitioners would be better able to provide relevant information to the women they treat.

Participants described that the programme has begun to enhance access to care, and experiences of care, in a variety of ways including distribution of 1,100 licences for the Squeezy app, health promotional work regarding the HPV vaccine, and menopause and pelvic floor disorder training.

Participants envisaged that, over the longer term, improved access to information and self-help via the website (and other project activities) would result in increased use of self-care strategies and more appropriate use of health services.

Participants described a shift in ways of working across the system, that put women's needs and involvement in co-design at the centre of the programme. They reported building professional relationships across the system that would pave the way for more joint working in future.

Although it is too early to measure long-term health outcomes, anecdotal accounts pointed to encouraging progress, for example increased vaccine uptake in some schools, women reporting improved experiences when seeing clinicians who have attended menopause training and appropriate diagnosis of prolapse. Continued monitoring will be essential to assess project impacts over time, as will thinking creatively around how best to capture impacts that may be less tangible.

What are key stakeholders' experiences of implementing the project? What were the associated barriers, facilitators and influences to set up and delivery?

Teamwork and collaboration, collective passion and commitment and effective leadership and coordination were key facilitators for the programme. Dorset Women CIC were instrumental in extensive engagement work leading up to, and during the period of the DWHP. Their key role in maintaining the website moving forwards was also described. Stakeholders highlighted the challenges of limited resources, some specific challenges related to creating and maintaining content for the website, as well as data access challenges.

What are the factors to consider that can help progress work following the end of funding streams?

A number of measures to ensure sustainability of work from individual projects were described:

- Participants reported that the sustainability of the website was addressed by the role of Dorset Women CIC in its continued upkeep for a year.
- Arrangements had been agreed for the developed LARC for non-contraceptive purposes community pathway to be adopted as part of commissioning arrangements to ensure sustainability.
- Similarly, provision has been made for the continuation of the TTT developed by the Pelvic Floor Disorders project. Two further ICBs had adopted the training package, and the team were aiming for CPD accreditation for the training to enable future income generation.

In general, sustainability was seen to require involvement of the enthusiastic and reliable stakeholders. Mechanisms to maintain communication between staff who have worked on the programme, for example via a newsletter and meetings, were also recommended.

Has DWHP impacted on research into women's health in the region, and how?

Some research related impacts were reported by participants which included submission of an abstract, and poster, to the British Menopause Society, a service evaluation, development of research proposals, and better understanding of evidence gaps to guide future research. The DWHP was also felt to have stimulated a desire for greater collaboration around research into women's health and for improved alignment with local health priorities.

Some participants felt that further progress is needed to enhance research capacity and capability in the region. This would involve work to ensure that researchers can access locally held datasets and that interested clinicians can be released from their practice to conduct research work, with the support of their organisations and with access to relevant training.