

# Dorset Women's Health Programme

## Impact Report

February 2026



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## Executive summary

NHS Dorset commissioned Health Innovation Wessex (HIW) to bring together the impact of the Dorset Women's Health Programme (DWHP) from December 2023 to December 2025.

This slide deck highlights key impacts from the programme focusing on six priority areas: menopause, pelvic health disorders, long-acting reversible contraception (LARC), young women's physical and mental health, minoritised groups & mobile support, and the Dorset women's health online resource.

The original aim in Dorset of this programme was to bring together healthcare professionals and existing services to provide integrated women's health services, centred on meeting women's needs across the life course.

The programme vision - 'To **improve** the **health outcomes** and **experience** for the women in Dorset with **equal and timely access** to existing services.'





## Executive summary

- **Key impacts include:**
  - Improved access to women's health services
  - Significant increase in clinician knowledge and confidence
  - Measurable influence on referrals and clinical behaviour
  - Strengthened community engagement and support
  - Digital innovation driving reach and awareness
  - Better understanding of women's experiences and barriers
  - System-wide collaboration and national influence
  - Improved workforce capacity for women's health
  - Increased data and real world evaluation.

The programme has delivered **large-scale educational impact, expanded digital support, enhanced clinical pathways, and improved the visibility of women's health needs** across Dorset.





## Background

In March 2023, the government announced £25 million for Women's Health Hub (WHH) and published [The Women's Health Strategy for England \(Department of Health and Social Care \(DHSC\), July 2022\)](#) which set out 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to women.

Based on evidence from the government's 'Women's Health Strategy: Call for Evidence' which nearly 100,000 women in England responded to, there were multiple issues with women's health services that were also reflected by a Dorset-wide survey conducted by NHS Dorset in 2024. Some of the findings nationally and locally included fragmented commissioning, a lack of service integration, where women are required to attend a range of different services which do not always provide holistic care for the issues they face. Additionally, women report spending longer in pain, waiting longer for access to care and waiting longer for diagnoses when compared with men.

In Dorset, a collaborative group came together to review, improve and enhance the education and information available to support women's health. This group included NHS Dorset, Health Innovation Wessex, University Hospitals Dorset, Dorset County Hospital, Dorset Women Community Interest Company (CIC) and Bournemouth University (BU).





# Introduction



## Purpose and scope of this slide deck

NHS Dorset commissioned Health Innovation Wessex (HIW) to evaluate the impact of the Dorset Women's Health Programme (DWHP) from its inception in December 2023 until December 2025.

This impact report will be presented to the NHS Dorset Outcomes Committee in February 2026 and to the NHS Dorset Board in March 2026.

This slide deck highlights key impacts focusing on six priority areas: menopause, pelvic health disorders, long-acting reversible contraception (LARC), young women's physical and mental health, minoritised groups & mobile support, and the Dorset women's health online resource.

## Methodology

This slide deck draws on both qualitative and quantitative data, including feedback from healthcare professionals and Dorset women. It incorporates survey results, audits, training evaluations, and digital engagement analytics and impact has been summarised.





# What was the Dorset Women's Health Programme?



The **original aim** in Dorset of this programme was to:

- Bring together healthcare professionals and existing services to provide integrated women's health services, centred on meeting women's needs across the life course, where care is not limited to interventions for a single condition but instead is wrapped around the needs of an individual woman, which in some cases may be multiple needs. In addition, improving access to and experiences of care, improving health outcomes for women, and reducing health inequalities.

The **programme vision**:

- To improve the health outcomes and experience for the women in Dorset with equal and timely access to existing services.

Following public engagement by Dorset Women CIC, the women of Dorset reported that they did not want a physical hub due to distance and travelling difficulties, therefore a virtual hub was created with the online resource providing education, information and support across Dorset.



## Let's talk about women's health

Following the publication of the [Women's Health Strategy for England](#), we have worked with non-profit organisations, clinicians and women in Dorset to build this website.

This site has early help and self-help advice about the [priority areas for women and girls](#) so they can make informed choices about their wellbeing. You can also find services available in Dorset.





# Patient and public community conversations



It was essential that this programme was underpinned by the voice and opinions of the women and girls of Dorset.

Dorset Women Community Interest Company (DWCIC) had been working on women's health for some years prior to this programme commencing. Their insights and previous work were used to underpin this programme, along with the following engagement activities:

- Digital survey which received nearly 1,000 responses from Dorset women
- Focus groups held with minoritised and marginalised women groups including gypsy travellers, children and young people with learning disabilities and autism, multiple and diverse faith groups and homelessness communities
- Bournemouth University and DWCIC symposiums and workshops
- 21 groups connected to the work which amplified Dorset women's under-represented voices including women's lived experience stories
- Public representation in project meetings, steering group and workshops.





# Dorset Women's Health Programme - six priority areas

The public engagement which took place in Dorset, including previous work undertaken by Dorset Women Community Interest Company, resulted in the six priorities below being identified as most important to the women and girls of Dorset. These formed the Women's Health Programme which was undertaken from December 2023 to March 2025.

## Our Dorset women's health online resource

- Website repository of information, education, awareness, self-help and service provision
- Programme branding and logo
- Education for professionals

## Menopause

- Supporting women in the workplace, and their colleagues to support them
- Supporting Dorset women to access awareness of and management of symptoms, support groups and treatment where required
- Education for professionals on symptoms

## LARC

- Service improvement
- Provision in primary and secondary care where appropriate
- LARC for contraceptive and non-contraceptive reasons

## Minority groups and mobile support

- Public engagement to identify need and examine Dorset Intelligence & Insight Service (DiIS) data
- Support that can visit rural areas and build on existing Dorset provision
- Taking a service to under-represented groups : information, education and provision

## Young women's mental and physical health

- Physical health including HPV vaccinations: education, engagement and uptake
- Mental health including perinatal mental health, suicide prevention, self-harm and eating disorder support

## Pelvic health disorders

- Current pathways including for immediate referral to pelvic health physio
- Campaigns and awareness for early help
- Innovation and use of mobile technology to manage symptoms





The programme has delivered **large-scale educational impact, expanded digital support, enhanced clinical pathways, and improved the visibility of women's health needs** across Dorset.



# Key impacts



## Improved access to women's health services

- **Two** new care pathways enabling more timely and better access to service closer to home.
- The creation of an online resource website supporting **thousands** of Dorset women with evidenced based self-help, education and support.
- The provision of **1,100 funded licences** for women to access the Squeezy app.

## Significant increase in clinician knowledge & confidence

- **16** health care professionals (HCPs) attended pelvic floor training and have cascaded this training forwards.
- **11** HCPs attended racial discrimination training and **100% reported** to have good or excellent knowledge post training.
- In the first set of three menopause webinars, **218 HCPs** attended with **96%** of those attending reporting that they think it will reduce secondary care referrals.
- In total for all six webinars, **351 hours of training** has been provided to HCPs on menopause with those feeling extremely confident rising from 0% to **39%** post training.

## Measurable influence on referrals & clinical behaviour

- **Reduced referrals** for bleeding during menopause due to national guidelines.
- More **efficient menopause service** has expediated query response.
- Increased reliance on Poole Menopause Clinic, multiple advice and guidance from the same GPs, seen as a **trusted specialist support**.



# Key impacts



## Strengthened community engagement and support

- Over **1600** responses to the digital women's surveys to hear the public voice.
- **21** groups connected to the work which amplified Dorset women's under-represented voices including women's lived experience stories.
- **28,868** views to the online health resource and **eight** podcasts providing support and increasing DWHP awareness.

## Digital innovation driving reach and awareness

- The creation of an online resource website supporting **thousands** of Dorset women with evidenced based self-help, education and support.
- **5** digital apps uploaded to the Our Dorset ORCHA library.
- **226** downloads from **four** menopause apps.
- **170** registrants adopted Squeezy app licence due to targeted campaign.

## Better understanding of women's experiences and barriers

- **Six** targeted schools supported human papillomavirus (HPV) vaccine campaign.
- **53** reviews from Dorset women supported changes to the online resource.
- The two digital surveys, lived experience stories and public engagement throughout has shaped this work and surfaced the experiences and barriers experienced by women.



# Key Impacts



## System-wide collaboration and national influence

- Over **ten system partners** worked together on this programme.
- The system team have published **six case studies** regarding the work and impact.
- There has been over **three abstracts** written for national publication resulting from this programme.
- The team presented at **NHS Confed Expo** in 2025 to celebrate their **system-led approach**.
- **Funding** secured from Wessex Health Partners for research into workplace menopause support.
- The pelvic health training has been **spread** to Milton Keynes **and further spread and scale** is planned.
- NHS Dorset and Health Innovation Wessex have shared the work undertaken in Dorset with national colleagues including **NHSE** and **NICE**, which has **influenced national policy and plans**.

## Improved workforce capacity for women's health

- **351 hours** of training has been provided to HCPs on menopause.
- **20** link nurses supporting Dorset schools and vaccinations.
- **Three** further menopause webinars provided **133** hours of training.

## Data and evaluation

- Real World Evaluation (RWE) report for pelvic health Train the Trainer training has **shown improvement in knowledge attainment, retention and application** for the **benefit of women in Dorset**.
- Minoritised group data report which pulled **available local and national data** to start to give an **understanding to the barriers**.



# Menopause

## Project focus:

- Supporting women in the workplace, and their colleagues to support them
- Supporting Dorset women to improve awareness of and management of symptoms, access support groups and treatment where required
- Education for professionals on symptoms.

## Deliverables achieved:

- Access to evidence-based early help/self help/awareness/information
- Access to consistent information, and less misinformation
- An opportunity to understand more and manage their symptoms at an early stage
- Difficult symptoms being understood and managed effectively
- Increased support and knowledge in primary care
- Reduced need for an appointment with a clinician
- Increased emotional wellbeing and physical wellbeing due to better knowledge around symptoms.

## Key impacts



### Significant increase in clinician knowledge and confidence

- In total for all six webinars, **351 hours of training** has been provided to HCPs on menopause with those feeling extremely confident rising from 0% to **39%** post training.

### Measurable influence on referrals and clinical behaviour

Menopause audits show:

- Clear **shifts in referral patterns**
- **Reduced bleeding-related referrals** following national guideline rollout
- GPs more frequently using advice and guidance services due to quicker turnaround times, demonstrating **trusted specialist support**
- **Targeted areas of support.**

### Strengthened community engagement and support

- **Four menopause apps adopted** following an innovation scan, with over **226 downloads** to date
- Menopause page on the women's health online resource is the second most viewed webpage with **2,440** views.

### System-wide collaboration and national influence

- National visibility through **British Menopause Society** abstract submission and influence to **NHSE** and **NICE** on future focus on menopause support
- **Funding** secured from Wessex Health Partners for research into workplace menopause support.





# Pelvic health disorders



## Project focus:

- Training health professionals to signpost for pelvic floor muscle dysfunction
- Understanding medical-technology use among women and their experiences
- Data for informing revised pathways to care and earlier access to self-management
- An evaluation report from HIW on year 1 pathway changes.

## Deliverables achieved:

- Development and delivery of a clinical pathway using medical technology (squeezy app) to support women to aid in pelvic floor exercises alongside initial data
- Creation and delivery of two train the trainer pelvic health training sessions for health professionals currently undertaking gynaecology examinations
- Dedicated webpage for women on the Our Dorset women's health online resource alongside engagement to support our understanding
- Dissemination of learning through a RWE report on the pelvic health train the trainer training and one published abstract

## Key impacts

### Improved access to women's health services

- New and improved pathways including the provision of medical-technology - **1,100 funded licences** for women to access the Squeezy app enabling more women to access pelvic floor support and treatment digitally.

### Significant increase in clinician knowledge and confidence

- Pelvic health Train the Trainer programme **improved clinical practice, skills, and staff engagement across Dorset** and beyond.

### Improved workforce capacity for women's health

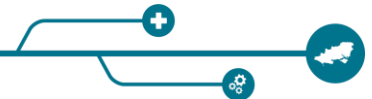
- Additional training **funding** via Bournemouth University for scaling pelvic health education.

### System-wide collaboration and national influence

- **Regional visibility** through abstract submission
- **Spread and scale** of the training to Milton Keynes and possibly further with discussions ongoing.

### Data and evaluation

- Real World Evaluation (RWE) report for pelvic health Train the Trainer training has **shown improvement in knowledge attainment, retention and application** for the **benefit of women in Dorset**.





# Minoritised groups and mobile support

## Project focus:

- Understand current service use, including facilitators and barriers for women in Dorset, where access to care is limited to enable targeted and equitable improvements
- Develop a training package to equip healthcare workers with stronger cultural awareness and understanding of unconscious bias
- Improve women's health materials to ensure cultural inclusivity and exploring how mobile support can enhance education and access to information.

## Deliverables achieved:

- A data report which starts to give an understanding to the barriers and key areas where access to care needs to be improved, along with recommendations
- An impact report summarising the racial discrimination training which was offered across Dorset to HCPs to equip them with a greater understanding of cultural differences and greater insight into potential subconscious bias
- Improved materials on women's health which are inclusive to women from different ethnicities. These have been produced where identified such as the gypsy traveller community asking for an easy read leaflet and have been combined into the online resources project and launch.

## Key impacts

### Significant increase in clinician knowledge and confidence

- **38.5** hours of racial discrimination and cultural awareness training for staff has been delivered immersive scenarios with **measurable pre/post confidence gains**.

### Strengthened community engagement and support

- Engagement with minoritised groups, including Afghan women's health support sessions, delivered in **culturally safe environments**
- Engagement with diverse **trusted community leaders** helped to increase awareness, messaging and participation
- Our Dorset women's health online resource has provided **quicker and more equitable access** to help and advice.

### System-wide collaboration and national influence

- **National visibility** through NHSE Core20PLUS case study, HIW case study, NHS Confed Expo presentation and other presentations to NHSE.

### Data and evaluation

- A data report which pulled **available local and national data** to start to give an **understanding to the barriers** and recommendations for improvement.





# Long-acting reversible contraception (LARC)

## Project focus:

- Development of a community pathway for routine coils for non-contraception (hormone replacement therapy [HRT] and heavy menstrual bleeding [HMB])
- Create a sustainable and resilient local LARC workforce
- Increase understanding of women's needs and experience of local LARC services
- LARC target postnatal offer for vulnerable women.

## Deliverables achieved:

- The new pathway has been designed, commissioning discussed and awaiting next steps
- Increasing primary care capacity through training, including scoping the existing landscape of trained clinicians through a workforce audit which has now expanded to a Needs Assessment
- Building a resilient LARC workforce with business continuity plans in place to be able to continue delivering the service coupled with available and current training offers
- Shifting activity and commissioning into the more cost-effective models and pathways
- Increasing understanding of women's needs and experience of local LARC services
- Building awareness across the system of the LARC offer and pathways through system providers and primary care

## Key impacts

### Improved access to women's health services

New and improved pathways such as:

- **Community non-contraceptive coil fit pathway**, supporting HRT and menstrual health needs
- **Increased access** to LARC (long-acting reversible contraception) through workforce development.

### Improved workforce capacity for women's health

- Mapping of LARC workforce and **identification of training** needs across Dorset
- Needs Assessment supporting greater insights
- Identified multiple key insights with a key theme around capacity in each provider location.

### System-wide collaboration

- **A system-wide, aligned approach** designed to enhance community health outcomes.





# Young women's physical and mental health

## Project focus:

**Physical health** – An HPV educational campaign targeted at six schools in the Dorset area that have:

- A historically low uptake of the HPV vaccine
- A historically low level of engagement with the NHS Dorset School Aged Immunisation Service (SAIS).

**Mental health** – A webpage that could both inform and signpost young people to mental health services in Dorset.

## Deliverables achieved:

- A campaign ran with six schools to improve uptake of the HPV vaccine
- Mental health content has been included in the new website to support young people.

## Key impact

### **Strengthened community engagement and support, and improved workforce capacity for women's health**

- **Twenty** Link Nurses now meet all Dorset schools in person to understand their needs and identify the most effective ways to promote vaccinations—addressing the previous limitations of centralised email communication.

### **Significant increase in clinician knowledge and confidence**

- DWHP activity has **strengthened the understanding of schools' cultural needs** and highlighted that schools value vaccination knowledge and learning just as highly as the Dorset Vaccination team.

### **Improved access to women's health services**

- Stronger relationships and reach into schools and **mental health information** available on the new online resource website.

### **Data and evaluation**

- Live information enables **proactive planning of clinics, supports daily decision-making** (rather than weekly), and provides **tailored action plans for each school** — enhancing targeted support delivered jointly by schools and the DWHP.





# Our Dorset women's health online resource

## Project focus:

- Create a website repository of evidence-based information, education, awareness, self-help and service provision
- Create programme branding and logo
- Provide education for professionals.

## Deliverables achieved:

- The creation of a new online resource website starting with a number of key topics identified as important to the women in Dorset.

## Key impact

### Strengthened community engagement and support

- Dorset Menopause Support CIC have received awards for contribution to mental health and wellbeing
- Focus groups held with minoritised and marginalised women groups including gypsy travellers, children and young people with learning disabilities and autism, multiple and diverse faith groups and homelessness communities to inform website content.

### Improved access to women's health services

- The online website is reaching **thousands** of women for information and support and signposting of services.

### Digital innovation driving reach and awareness

- Launch of the Our Dorset Women's Health online resource with **28,868** page views in the first reporting period, and a strong audience interest in the menopause, pelvic health and gynaecology pages
- **Eight** women's health podcasts created to reach broader audiences.

### System-wide collaboration and national influence

- Multiple presentations showcasing the Dorset work.





## Online resources **created by the women of Dorset for the women of Dorset**

Serving as the **catalyst**, the online women's health resource enabled the **delivery of evidence-based support** and the development of a **central repository**



# Dorset Women's Health Hubs: Influencing Nationally



NHS Dorset and system partners including Health Innovation Wessex have been influencing colleagues nationally and showcasing the Dorset achievements and impacts.

- Activities have included:
- Dorset celebration event on 24 April 2025 – attended by national NHSE and Getting It Right First Time (GIRFT) colleagues
  - NHS Confed Expo presentation on 12 June 2025 – attended by national NHSE Women's Health team
  - Presentations to NHSE, Department of Health and Social Care (DHSC) and National Institute for Health & Care Excellence (NICE) – between June 2025 and January 2026.





# Return on investment



This programme was funded with £297k of non-recurring funding from NHSE, plus the staff time from within the system across the partner organisations which was provided as benefit in kind.

This funding enabled the programme team and wider partners to undertake the following:

- **Listening to the local population** - Over **1600** responses to the digital surveys to hear the public voice, connected with over **21** groups which amplified Dorset women's under-represented voices including women's lived experience stories. This feedback was **heard** and **acted upon**, informing the six projects undertaken and the content for the online resource.
- **Provision of support and information** – a new online resource website was designed and created providing education, information and support to thousands of women and girls in Dorset. To date, it has received **over 28,868** views to the online health resource, and **eight** podcasts have been created to provide further support & increasing DWHP awareness. Whilst this has not been measured, anecdotally this will have reduced primary care appointments.
- **Training for health care professionals (HCPs)** - **16** HCPs attended pelvic floor training and have cascaded this training forwards, **11** HCPs attended racial discrimination training, **351 hours** of training has been provided to HCPs on menopause with **96%** of those attending reporting that they think it will reduce secondary care referrals. This is yet to be measured and reported.
- **Funding of £4,951 secured** from Wessex Health Partners for a Dorset partnership to continue research into **co-identifying gendered barriers/facilitators to improve menopause support within organisations across the Wessex region**.
- **Pelvic health support and treatment** - **1,100** funded Squeezy app licences purchased and funded for the Dorset population.
- **Evaluation of the pelvic health disorder training** – demonstrating the value of the training and spread of this more widely.
- **Evaluation of the overall programme** – demonstrating the overall value and impact from this programme; this is expected to be published in the next month.





## Future plans



Continued engagement and awareness through the Dorset Women CIC supporting service improvement



Planning underway for another menopause symposium early 2026 showcasing partnership working and sustained awareness for women's health

Improving menopause support and resources across Wessex - the WHP funded research project aims to address this

Further pelvic health TtT training aims to support scale and adoption alongside CPD accreditation

Building on the DWHP work through BU MRes Insights Programme

A new community coil fit pathway for non-contraception from 01 April 2026, and a resilient workforce

Wessex Women and Girls Research and Innovation Network to create a dedicated network to continue to build on innovation in this space

Real World Evaluation to evaluate the use of the Squeezy app





# 2026 Poole Menopause Clinic (PMC) future plans



**Disseminate menopause webinars more widely** through GP Alliance\*



PMC is looking at advice and guidance (A&G) in terms of which practices are sending them in so they can **target their education at those with the most need**



**Continue widespread physician education to keep engagement - potentially more webinars**



Government announced that menopause will be one of the rollouts in the new NHS Online hospital. **Mr Tim Hillard invited to be on National Steering Group.** To be confirmed what transpires but ultimately **local access to good advice for women has to be the main goal**

\*Dorset GP Alliance (GPA) is now a community interest company (CIC), confirming their long-term role in supporting and representing general practice across the county. Their role remains the same: to ensure views of general practice in Dorset are listened to, heard, and reflected in decision-making.





# Acknowledgements

We would like express our thanks to system partners including those below:

- NHS Dorset colleagues
- Dorset Women CIC
- Dorset Menopause Support CIC
- Bournemouth University
- Dorset County Hospital NHS FT colleagues
- Dorset HealthCare University  
NHS FT colleagues
- University Hospitals Dorset NHS FT colleagues
- Health Innovation Wessex
- Wessex Health Partners
- Dorset Local Authority – Public Health
- The women and girls in Dorset.

Please see appendix eight for quotes from key colleagues

The programme's collaborative, data-driven approach is shaping future priorities, with a strong emphasis on education, digital innovation, and reducing health inequalities.





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Part of the  
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*Local change, national impact*



# Appendices



# Appendix one - Menopause

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# Poole Menopause Clinic (PMC) advice and guidance (A&G) audit

January-April 2023 analysis

This audit aimed to understand complexity of A&G referrals from primary care

Week	Low	Medium	High	Total	Clinic appt made
3.1.23	-	-	-		
10.1.23	5	4	5	14	0
17.1.23	3	7	4	14	2
24.1.23	4	9	2	15	0
31.1.23	3	11	5	19	0
7.2.23	1	6	5	12	0
14.2.23	4	12	4	20	0
21.2.23	1	9	2	12	0
28.2.23	3	6	3	12	0
7.3.23	3	7	2	12	0
14.3.23	3	8	1	12	0
21.3.23	4	13	3	20	1
28.3.23	3	11	1	15	0
4.4.23	-	-	-	-	0
11.4.23	-	-	-	-	0
18.4.23	3	7	2	12	0
25.4.23	4	6	3	13	3
<b>Total weeks</b>	14				
<b>Total number of A&amp;G</b>	202 total:	Complexity high: 42 (21%) Complexity medium: 116 (57%) Complexity low: 44 (22%)			
<b>Average per week</b>	14.4		<b>Number converted to clinic appt</b>	3 (1.4%)	

## Subject of A&G received, total by main category of query (ordered high to low)

- Testosterone prescription: 26
- Questions about hormone replacement therapy (HRT) preparations: 24
- Bleeding problems: 22
- Venous thromboembolism (VTE) related: 17
- Symptom control: 17
- Breast cancer or ductal carcinoma in situ: 15
- Premature ovarian insufficiency (POI) or early menopause: 15
- Family history (FH) of breast cancer: 13
- Cardiovascular history: 10
- Benign gynaecological conditions: 8
- Other health conditions: 8
- Progesterone intolerance: 5
- Age >65 years: 5
- Migraine: 5
- Mood: 5
- Contraception in older women: 2
- Other cancers: 2
- FH concern (not breast cancer): 1
- Pre-menstrual dysphoric disorder: 1
- Genitourinary syndrome of the menopause: 1





# PMC advice and guidance (A&G) audit

January-April 2023 analysis

Over a period of 14 work weeks,  
202 A&G were completed

Average number of  
A&G completed per  
week was 14.4

Out of the 202, 3 were  
converted to a clinic  
appointment (1.4%)

**42 (21%)** were  
considered  
**high  
complexity**

**115 (57%)** were  
considered  
**medium  
complexity**

**44 (22%)** were  
considered **low  
complexity**

The complexity assessment is subjective but in general medium and high complexity queries are reasonable. Low complexities ones could potentially have been done within primary care.

Responding to A&G takes a similar time to seeing a patient (approximately 10-15 minutes) so reducing queries is helpful. A&G needs funding and should be recognised as part of the contract  
A&G requests should be thoughtful and ask a specific question(s) not a general fishing expedition for multiple problems

## Common reason for referrals:

1. The most common reason for an A&G is a **testosterone** query (action below)
2. The second most common reason for an A&G is a query about a **HRT preparation** for that patient
3. The third most common reason for an A&G is a **bleeding** related question.



**The above structured the 2025 DWHP menopause webinars**

## Actions:

- ✓ Since this audit, two initiatives were enacted hoping to impact A&G
- ✓ Testosterone available on Dorset Formulary
- ✓ National Guidelines on Bleeding on HRT published April 2024. Poole was a major contributor to this guideline and Mr Tim Hillard was one of two principal authors. Their pathway has been changed to reflect this since January with a reduction in referrals.





# PMC attendance audit

August-October 2023 analysis

This audit was undertaken to understand referrals (including geographical area where women reside, and other characteristics) to target pockets of support in Dorset. This audit highlighted the main indication for Menopause Clinic attendance.

11 clinics with 95 appointments  
(average 8.6 per clinic)

Total number of DNAs (did not attend): 11  
(average of 1 DNA per clinic)

Total number of completed reviews: 84  
22 new (26%), 62 follow ups (74%)

Three most common indications for a menopause clinic appointment:

Poor symptom control	Past history of breast cancer	Premature ovarian insufficiency
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## Principle Indications for these reviews (highest to lowest):

- Symptom control: 19
- Breast cancer: 14
- POI: 13
- Thrombophilia/VTE risk: 6
- Bleeding problems: 6
- Early menopause: 5
- Migraine: 3
- Testosterone: 3
- Older than 65 years: 3 / Other co-morbidity: 3 / Other cancers: 2 / Gynae cancer: 2
- Progesterone intolerance 2 / Vaginal symptoms: 1 / FH cancer: 1 / Cardiovascular risk: 1



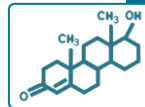
The audit timeframe followed on from the introduction of testosterone onto the Dorset Formulary and any referrals for testosterone were being redirected which would potentially have reduced referrals on this



Although the 'appropriateness' of the initial referrals was not formally assessed in general the subject matter suggested that the majority of the referrals were appropriate



Overall, the appropriate use of A&G can streamline the referrals to those that are more appropriate



The inclusion of testosterone on the Dorset Formulary will reduce referrals and A&G



The introduction of National Guidelines on Bleeding and HRT after Gynae Cancer (published September 2024) will help



The main problem with menopause waiting times is historic due to the suspension of the service during COVID and the re-organisation of outpatient services across University Hospitals Dorset NHS Foundation Trust (UHD)



# PMC advice and guidance (A&G) re-audit

June-September 2025 comparison data

## The A&G re-audit – comparing 2023 and 2025

### 2023

Three most common reasons for A&G:

Bleeding problems | Prescribing queries | Testosterone use

### 2025

Three most common reasons for A&G:

Symptom control | Prescribing queries | Testosterone use

- The expected decline in A&G has not occurred. The PMC think this is probably due to the fact that they now have a very efficient service** that turns round queries in a week or so whereas before they were taking weeks to get back with a response. Thus, GPs are relying on it more. There are multiple A&Gs from the same GPs, however, the audit probably demonstrates that the PMC is more on the local map/in many GPs eyes as a useful resource than it was considered previously.
- Bleeding queries declined since introduction of national bleeding guidelines** (Poole was one of the leading sites) and these have been pushed heavily locally & nationally by NHSE.
- Increase in clinic conversion relates to more complex queries** being sent whereas before PMC think they would have just been referred to clinic.

**Main finding: The audit demonstrates a huge unmet need still around menopause**

	2023	2025	Trend
Av/week	14.4	17.25	Increase
High complexity	21%	26%	Increase
Medium Complexity	57%	54%	Slight decrease
Low complexity	22%	20%	Similar
Clinic conversion	1.4%	13.5%	Marked increase





# Menopause webinars analysis - background

As part of the DWHP and the menopause project, the provision of education and support for primary care staff aimed to reduce inappropriate referrals to secondary care. In total, three menopause webinars were delivered between January-March 2025 (cohort one). A further three webinars were delivered between June-September 2025 (cohort two) by Mr Tim Hillard (Consultant Gynaecologist, PMC, UHD) & hosted by Dorset GP Alliance due to further demand. Topics were based on the PMC's most common reasons for referral and demand/audits. These were:

First cohort

- Managing Bleeding on HRT (28/01/25, 95 attendees)
- Testosterone (05/02/25, 72 attendees)
- Practical Prescribing of HRT (11/03/25, 51 attendees)

Second cohort

- Vaginal and urogenital symptoms of the menopause and how to manage them(17/06/25, 64 attendees)
- Discussing the risk/benefits of HRT (01/07/25, 31 attendees)
- Alternatives to HRT (23/09/25, 38 attendees)

	Cohort 1	Cohort 2
Number of attendees	218	133
Number of pre-event survey responses	86 (39%)	62 (47%)
Number of post-event survey responses	96 (44%)	38 (29%)

**Impact:** In total, 351 hours of training for healthcare professionals working in primary care pan Dorset. Attendees were surveyed to uncover their experience of the training and the impact it had on their confidence and practice.

## ACTIONS:

- Clinicians are being directed from Our Dorset women's health online resource Menopause page to the Dorset GPA site to enable them to watch the menopause recordings 'A series of clinician-facing webinars have been held throughout 2024 and 2025 to support GPs to help women they see within their practice. All clinical staff are able to watch the recordings by accessing the secure area of the GP Alliance website.'  
<https://www.dorsetgpalliance.co.uk/menopausewebinars>.
- **Promotion:** webinars being re-promoted/shared in GP comms and ICB primary care





# High level pre/post findings (six webinars)

## **Impact:** In both cohorts, attendees reported an increase in confidence following the training webinars

In the first cohort, the percentage of people who rated themselves as 'extremely not confident' dropped from 13% to 0%, while the percentage of people rating themselves as 'extremely confident' rose from 0% to 31%

In the second cohort, the percentage of people who rated themselves as 'extremely not confident' dropped from 5% to 0%, while the percentage of people rating themselves as 'extremely confident' rose from 0% to 39%

The most significant barrier to attendees achieving their learning goals was **time and/or capacity**

The webinars were viewed as 'excellent', 'useful', and 'informative', and **the majority of attendees would be interested in further webinars and training on this topic**

The primary reasons for participants attending the webinars were:

**To improve/update knowledge**

Patient benefit/  
practice  
relevance

Specialised  
professional  
interest/  
development

The most common things people wanted to achieve through attending the training were:

**Improved knowledge/understanding or ensure knowledge up to date**

Make informed  
prescribing/care  
decisions (pros,  
cons, alternatives)

Improved  
confidence/  
reassurance that  
management is  
correct

The webinars were positively received by both cohorts, with **nearly all attendees believing that the education will support their practice, reduce referrals, and positively impact women in Dorset**





## Making a difference: The Dorset Menopause Programme.

In June 2025, this abstract was submitted to the British Menopause Society (BMS) annual scientific meeting showcasing impact of the three menopause webinars from January-March 2025. The abstract is a good example of validation as healthcare professionals can quote/reference from this. It also demonstrates that Dorset are working scientifically. Mr Tim Hillard will be presenting the PMC re-audits to the BMS this year which will not only gain further recognition of Dorset work on a wider scale but also provide added published evidence to support any future applications/ investment.

### Introduction

- 01** The increasing public awareness around the perimenopause, menopause, and HRT has resulted in a corresponding increase in demand for menopause appointments, which an already over-stretched health care system has struggled to provide.
- 02** As part of the Women's Health Strategy, the Dorset Women's Health Programme was established to implement the women's health hub initiative via a women's health website and a number of projects focusing on areas important to women.
- 03** Within Dorset, Menopause was identified by patients as one of their six priority topics.
- 04** We established a hub-and-spoke model from our specialist menopause clinic, providing group training through themed webinars.
- 05** An audit of our referrals identified the top three problems as Bleeding on HRT, Testosterone Issues, and Prescribing issues with HRT.
- 06** Our aim was that these webinars would empower primary care clinicians to manage these problems and reduce referrals.

- ### Methods
- 01** The 3 webinars were conducted live at lunchtime and were open to all clinicians working in women's health in Dorset.
  - 02** They were divided into 2 sections; a 20-minute overview and a 40-minute Q&A session. The Webinars were recorded and subsequently made available online. All attendees were asked to complete a questionnaire pre and post webinar.

### Results

How confident are you with your knowledge of this topic?

Level of confidence	Pre-webinar feedback (86)	Post-webinar feedback (85)
Extremely not confident	12%	0%
Some what not confident	21%	1%
Neutral	33%	7%
Some what confident	34%	60%
Extremely confident	0%	32%

In total, 218 people attended the three webinars (95, 72, 51).

- Most clinicians identified time as the biggest barrier to achieving their learning goals; the webinars met their expectations.
- 96% wanted further webinars.
- 96% believe this training would reduce secondary care referrals.
- All attendees found the format useful and felt they would positively impact and support women throughout Dorset.

### Conclusion

By delivering dynamic, targeted, and interactive webinars, we can improve knowledge and confidence in primary care, empowering clinicians to elevate patient outcomes and streamline referrals to secondary care. Three further webinars have now been planned.

The initiative was accompanied by an online educational patient resources. <https://ourdorset.org.uk/women/>

# Dorset ORCHA library and adopted menopause apps *Data analytics*



Four menopause apps were adopted by NHS Dorset ORCHA library and uploaded to the [Digital – Our Dorset](#) website as part of the DWHP to support Dorset women. The data below shows that the apps have been accessed, but more promotion is needed to increase downloads.

Reach and Engagement	
How many people have downloaded or registered for each app?	
<b>Balance</b>	153 downloads, 133 of those since April 2025 i.e. the launch of the Dorset women's health online resource and the menopause page. 110 of these were between April-August 2025 and 61 were in April 2025 alone
<b>Healthista Menopause pack</b>	19 downloads, all since April 2025
<b>Health and Her app</b>	43 downloads, 34 of them since April 2025
<b>Owning Your Menopause</b>	11 downloads, 10 since April 2025



# Dorset Menopause Support Community Interest Company



Dorset Menopause Support CIC (DMSCIC) provided anonymous lived experience stories from Dorset women which were uploaded onto the Menopause page on the Our Dorset Women's Health online resource supporting thousands of Dorset women. DMSCIC supported the design of the January-March 2025 menopause training webinars for primary care.

## DMSCIC provides:

- Free monthly in person menopause information and support meetings with guest speakers featuring occasionally, including a menopause support after breast cancer group which is run in collaboration with BooBs Breast Cancer Charity based in Shaftesbury
- One to one consultations and couples guidance (in person or online video call) both available fully funded for many who apply
- Community group and organisation menopause talks for businesses, clubs and other healthcare professionals/therapists
- Free pop-up menopause 'walk and talk' events at weekends.

## Responses from women across the southwest contributed to this report

- Certain surgeries are starting to make more of an effort, but this is probably down to one clinician who has an interest in women's health/menopause
- Some surgeries are starting to prescribe women testosterone
- Women want clinicians to be more knowledgeable in the menopause; they feel that clinicians are still not knowledgeable enough so many women are still getting dismissed (see Dorset women's health digital survey findings - top two barriers to accessing care are availability of appointments and not feeling listened to)
- Overall picture is there is still a lot more work to be done
- DMSCIC Founder & CEO states she is often a last resort and sees women who are really struggling, and acknowledges she'll hear more negative responses.

DMSCIC received the **Andy Jacobs' Award for Mental Health and Wellbeing** in October 2025. This award was presented to DMSCIC as **recognition of their outstanding volunteering contribution.**



## Women's feedback around Our Dorset women's health online resource

- Multiple women stated that the online resource is a good idea/great for resources, but **any future funding needs to be spent on educating clinicians - this is the majority view**
- Online resource is an amazing library, but it's **sometimes hard to find local help**
- Lots of signposting to NHS resources **but women need signposting somewhere closest to them for quick and easy access to local services**
- **Can't get reassurance or psychological support off a website**



# Women's health symposium – menopause

The Centre for Midwifery and Women's Health (CMWH) at Bournemouth University (BU) shone a spotlight on the Menopause in November 2024 providing **an opportunity to better understand the menopause, including discussions on latest treatment options and menopause in the workplace**. This event was for the public, staff, students, researchers, charity partners and local organisations

<https://www.youtube.com/watch?v=tJtnwGylQjQ>

## Speakers:

- **Tim Hillard:** Consultant Gynaecologist and Menopause Specialist, University Hospitals Dorset, Poole
- **Dr Abbie Laing:** GP and Menopause Specialist, University Hospitals Dorset, Poole
- **Kathy Abernethy:** Menopause Specialist Nurse and BMS Menopause Specialist, Director "The Menopause Course"
- **Dr Sarah Hillier:** Senior Academic in Nutrition, Centre for Midwifery and Women's Health, Bournemouth University

The CMWH showcased current research in this area at BU in a series of elevator style presentations from colleagues Dr Hyun-Joo Lim Principal Academic in Sociology, Psychology PhD researcher Eunhee Kim, as well as an overview of Nutrition related projects from PhD researcher Rebecca Owen (ANutr) and staff Dr Reena Vijayakumaran, Senior Lecturer in Nutrition, Dr Fotini Tsofliou, Principal Lecturer in Nutrition, Dr Sumanto Haldar, Lecturer in Nutrition Sciences and Dr Chloe Casey, Lecturer in Nutrition.



## Menopause on the Political Agenda Key Milestones

- 1978: International Menopause Society founded
- 1989: British Menopause Society established
- 2002: WHI Published – widespread media coverage
- 2011: BMS Statement & letter to Secretary of State calling for menopause check for all women at 50
- 2014: CMO's annual report: The Health of the 51%
- 2015: NICE guidance NG23 on Menopause
- 2019: RCOG *Better for Women* report
- 2022: NHS Women's Health Strategy
- 2022: Government Menopause Task Force
- 2022: All Party Parliamentary Group (APPG) on Menopause #menopause revolution
- 2024: NICE guidance update
- 2024: RCOG report on UK gynaecology care crisis





# Successful funding from Wessex Health Partners – improving menopause support within organisations across Wessex

Following the DWHP and prior work by Dr Hyun-Joo Lim (Principal Academic in Sociology, Bournemouth University), the DWHP team and Dr Hyun-Joo Lim submitted a successful funding bid to Wessex Health Partners (WHP) in October 2025 which includes the network of:

- Helen Crook (Programme Manager, NHS Dorset)
- Leah Gallon (Associate Director, Innovation Adoption, Dorset Locality, HIW)
- Tim Hillard (Consultant Gynaecologist, UHD)
- Michael Dooley (Obstetrician & Gynaecologist)
- Rowan Chambers (Founder and Director, DMSCIC)
- Marianne Storey (DWCIC)
- Dr Sarah Hillier (Senior Lecturer in Nutrition, BU)
- Dr Hyun-Joo Lim

*“This project aims to **co-identify gendered barriers/facilitators to improve menopause support within organisations across the Wessex region, and to co-develop resource ideas that address these issues for a follow-up project through Patient and Public Involvement and Engagement (PPIE) group discussions.** Menopause, especially workplace support, has been identified as a key priority for women and girls by Wessex Health Partners, the Dorset Women’s Health Transformation Hub, and the national Women’s Health Strategy for the UK (2022). This project builds on the Principal Investigator’s (PI) British Academy/Leverhulme-funded study (2024-6), ‘How Effective Are Menopause Policies at Universities in England?’ This research found that, **despite some improvements in awareness and support provision, stigmatisation and discrimination against staff experiencing menopause persist, driven by deeply entrenched sexism and ageism**”*

Dr Hyun-Joo Lim

**Impact:** Dorset women wanted menopause resources, and this successfully funded project hopes to start to address this at an individual and organisational level and support system policy. This collaboration is important to recognise as part of the continued work and engagement following the DWHP, and which has supported further work around women’s health in Dorset.





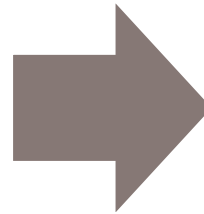
# WHP funding bid

Since menopause has heightened in awareness in the UK – universities are introducing menopause cafes/policies to explore how effective these are in practice. Dr Hyun-Joo Lim has undertaken an online survey with university staff, completed three focus groups and undertaken menopause policy analysis.



## Outcome:

- Successful funding
- Work will continue until July 2026
- Changes are still required to support awareness and attitudes, including organisations and institutions
- A diverse team (including Wessex individuals/NHS/institutions/other professionals) contributing to work collaboratively, from multiple institutions and providers in our region and from other disciplines, offers multiple layers with different perspectives



## Anticipated impact:

- Findings from the project will inform a larger grant proposal aimed at developing resources to raise male awareness and foster male allyship around menopause in the workplace
- Enhanced project visibility and a visible thread into wider networks – education will then expand into informing everyone, not just male allyship. This project hopes to raise awareness of issues, and provide help with experiences
- Continued collaboration and connections will support innovation – not just innovation unilaterally





# Appendix two – Pelvic health disorders



# Squeezy app data & update of licences

## Background & challenge

As part of this programme, NHS Dorset funded 1,100 licences of the Squeezy app to increase access to appropriate education, information and digital treatment for women with pelvic health dysfunction.

These licences were originally only being issued by healthcare professionals undertaking vaginal examinations, so that they could appropriately refer the women to using the app or could refer them for more specialist help. NHS Dorset were keen to widen the clinical services who can provide women with these licences to ensure that as many as possible are used.

## Impact

20/1/26: 170 registered patients. Circa 200 submissions per week with a 65% conversion rate.

Change in approach for licences has started to see numbers accelerating, this is making a difference especially in pockets of Dorset.

## Comms (led by NHS Dorset)

- Following the original launch, due to low uptake numbers, the Squeezy app company Living With provided a new QR code to a 'second cohort of women' for a poster. This 'second cohort' of women can self-refer due to seeing the poster on wards/receiving communication about it and is outside of the Pelvic Health Train the Trainer work and first cohort of women
- A poster and text communications were sent to selected group of patients via the GP bulletin
- Communications were also sent across clinical teams asking team members to promote the app where appropriate and asking patients to download the app during consultations, as we know this makes them more likely to use. Healthcare professionals have a vital role in positively influencing women to utilise the app
- Utilise 'every contact counts' method to support downloads
- Communications email sent around self-referral to app and circulated with poster (and digital screen version) to services pan Dorset.



# Real World Evaluation - pelvic health clinical pathway with Squeezy app

## Background

- Health Innovation Wessex provided a funded real world evaluation (RWE) to evaluate the use of the Squeezy app as part of this pathway.

## Findings/Outcomes

- Require more data due to less women taking up licences. From 1,100, just over 170 licences haven been used
- Women have said they can afford £2.99 and have advised healthcare professionals to give free licences to women who can't afford to pay
- Providers unlikely to fund continuation of licences. No resources/funding to pilot separate workstream to support push of licences

## Lessons learned:

- Engagement stronger when clinician involved as human element is key
- Healthcare professionals are influential in encouraging uptake.

## Next steps

- This RWE is ongoing; the future findings will be published once the available data has been analysed.
- Anticipated impact:** the evaluation hopes to support wide scale adoption and show improved health outcomes for Dorset women.



## Download the Squeezy app for free!

Squeezy is the market-leading mobile app for the management of a range of conditions associated with pelvic floor muscle dysfunction.

It contains all you need to exercise your pelvic floor with an exercise programme, reminders and an audio-visual tool to help you squeeze.

1. Create your exercise plan
2. Set reminders
3. Do your exercises
4. See your progress

Access the Squeezy app for free until 30th June 2026 using the QR code.



[www.bit.ly/dorset-pelvic-health](http://www.bit.ly/dorset-pelvic-health)



# Train the Trainer (TTT) 'Prevent and Improve Pelvic Floor Dysfunction Across Dorset' sessions November 2024 - background

One in three women suffer from urinary incontinence at some point in their life<sup>1</sup>. Pelvic floor muscle training is the gold standard conservative management that is effective in about 80% of cases. Women with stress urinary incontinence who carry out their pelvic floor muscle training are eight times more likely to report a cure than those who do not exercise<sup>2</sup>. Importantly the exercises need to be carried out regularly.

- A collaboration between Bournemouth University, Dorset County Hospital (DCH) NHS Foundation Trust, University Hospital Dorset NHS Foundation Trust (UHD), Dorset HealthCare University NHS Foundation Trust, and NHS Dorset – committed to improve how their services manage women presenting with urinary incontinence.
- They introduced a Train the Trainer programme to prevent and improve pelvic floor dysfunction across Dorset.
- The staff who were offered the opportunity to attend the training on pelvic floor muscle training were those who already carry out vaginal examination, such as sexual health nurses, and clinicians working in general practice. This did not include midwives as they had previously been offered different training.
- The intention was to train approximately thirty members of staff.
- The trainer worked within the pelvic health physiotherapy team at DCH. The trainer was the same for both the training sessions. The training provided was approximately 1.5 hours, in November 2024, both virtually and face to face.
- The Trust was awarded a funded RWE support by HIW.



**Christina Leadley**  
Team Lead Pelvic Health Physiotherapy  
Dorset County Hospital

Filming of staff who have undertaken the training about how it will improve skills and inform their future practice  
<https://vimeo.com/1033933696/45c0cb8ac7?share=copy>

**Professor Carol Clark**  
Faculty of Health and Social Sciences  
Bournemouth University

<sup>1</sup> Milsom I, Gyhagen M. The prevalence of urinary incontinence. *Climacteric*. 2019;22(3):217-222. doi:10.1080/13697137.2018.1543263

<sup>2</sup> Dumoulin C, Cacciarri LP, Hay-Smith EJC. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. *Cochrane Database Syst Rev*. 2018 ;10(10):CD005654. doi: 10.1002/14651858.CD005654



# RWE 2025 report on pelvic health TTT training – key points



## Evaluation questions included:

1. What were the experiences of the staff attending the training [to allow for refinement of the training model in the future]?
2. What was the impact of the training on the staff attending the training [to determine the value of the training provided]?
3. What was the fidelity of the two training sessions provided [defined as whether the training delivered included the content as intended]?
4. What was the experience of the trainer delivering the training [to allow for refinement of the training model in the future]?

HIW co-designed a survey, a self-assessment, a fidelity checklist and topic guides to address the evaluation questions and training.



Figure 1. Training attendance rates

Table 1 provides a summary of the anticipated and actual data collected.

Table 1. Summary of the data collected

Data source	Anticipated data collection (n)	Actual data collected (n)	Data limitations
Surveys and self-assessment: a) Pre-training b) Immediately post-training c) One-month post-training	a) 16 b) 16 c) 16	a) 14 b) 14 c) 4	<ul style="list-style-type: none"> <li>Limited responses to the one-month post-training survey and self-assessment.</li> </ul>
Interviews a) Staff b) Trainer	a) 10 b) 1	a) 0 b) 1	<ul style="list-style-type: none"> <li>No staff interviews conducted as offer declined by participants.</li> </ul>
Fidelity assessment of the training delivered (via co-produced fidelity checklist)	a) 2	a) 2	<ul style="list-style-type: none"> <li>Both training sessions were delivered by same subject matter expert who also developed the training material.</li> </ul>



# RWE 2025 TTT training – key points

All respondents reported they found the training relevant, appropriately delivered, and reported increased confidence.

Participants who completed the survey immediately after training expressed satisfaction, 43% (n=6) of participants stated no improvements were needed to the training. All respondents described applicability of training to their role, **either agreed or strongly agreed that the training length was appropriate.**

A few suggestions for future improvements included: additional **time for anatomy, practical assessments, further questions.**

## Participant profile & generalisability

Training attendees already had a specialist interest and high motivation. Future CPD-accredited delivery is likely to attract similar participants. Findings may not generalise to staff with lower baseline interest.

## Self-assessment design

Combination of multiple-choice and open-ended questions was beneficial. Reduced risk of a ceiling effect and improved sensitivity to change. Self-assessment effectively captured knowledge attainment and retention. Despite higher participant burden, this format should be retained.

## Training format & engagement

Both virtual and face-to-face formats were offered. Face-to-face training had fewer non-attendees and higher engagement. In-person delivery better supported commitment and wider training benefits. Virtual delivery did **not** negatively impact knowledge acquisition or retention and remains a viable alternative.

## Follow-up data collection

Low response rate to the one-month post-training survey. Alternative strategies needed to improve future response rates.

**Training** on pelvic floor muscle training for clinicians working in primary care who have an interest in women's health **resulted in:**



**Knowledge attainment:** improvement in knowledge and understanding of pelvic floor muscle training found immediately after attending the training in all participants who completed the self-assessment



**Knowledge retention:** improved knowledge and understanding of pelvic floor muscle training maintained in all participants who completed the one-month post-training self-assessment



**Knowledge application:** increased confidence in initiating conversations, conducting assessments, and directing women to self-management tools concerning pelvic health dysfunction symptoms reported by all participants who completed the surveys



**Shared learning and opportunity to engage with peers**



# Evaluation of TTT 'Prevent and improve pelvic floor dysfunction' across Milton Keynes University Hospital (MKUH) using Our Dorset Model

- **Aim:** training on pelvic floor muscle training for clinicians working in primary care who have an interest in women's health
- **Rationale for completing this project taken from the Dorset initiative** – increase clinician knowledge and understanding of pelvic floor dysfunction for those practitioners with an interest in Pelvic health and work in the field.
- **MKUH aimed to utilise same information and presentation packs to enable best evidence to be formulated for national implementation.** Targeted staff were similar to those involved in Dorset, with those already engaging in pelvic health clinics and assessments being prioritised. The initiative fitted well with a secondary project funded by the ICB to improve services available locally.
- Trainers were part of the pelvic health physiotherapy team based at MKUH and were present at both sessions.
- Sessions were allocated 1.5hrs to include training and all questions
  - June 2025 – face-to-face
  - June 2025 – virtually via MS teams

## Perceived success of training

Trainers felt the training was successful and well received by participants – **more so in the face-to-face training than online.**

## Considerations for future training

The training was valued by all attendees and MKUH were **surprised by the lack of specific training available as standard to professionals with a special interest in pelvic floor dysfunction.**

## Future considerations

It was proposed locally that **further sessions will be provided**, whilst maintaining high level of fidelity to support the current 'Pelvic Health Strategy' within the local ICB. Training will be in conjunction with other pelvic health service implementations, (e.g. the Pilot study of the Squeezy Self-management digital based care programme) to substantiate improvements in local pathways under development with local specialists.

*Christina Edley (Clinical Team Lead, Pelvic Health Physiotherapy, MKUH) has adopted and adapted the Dorset TTT session and has acknowledged it as NHS Dorset work*

*'Well done for such a great innovation - we loved doing it'*





# Dorset's 'Prevent and Improve Pelvic Floor Dysfunction across Dorset' TTT November 2025 survey - key findings



Following the November 2024 training, a digital survey was shared for completion to all training participants (n=16) and was open for 21 days, to obtain feedback and support impact around how it's changed their clinical practice and next steps. Four respondents replied and said the following:

## What was the biggest impact on your practice following the training?

- **How many individuals suffer with pelvic floor dysfunction**
- Offering to check pelvic floor exercise technique for ladies. Opportunistically asking ladies about pelvic floor exercises when relevant to consultations. Confidently being able to teach them how to do them
- Discussing pelvic floor training within my consultations
- **I was more likely to raise pelvic floor issues and considerations in consultations.** I also spoke to colleagues about this and encouraged them to consider discussing in consults and signposted to Squeezy

## Have you gone on to train other staff?

- Yes x 2
- No x 2

## How many staff have you trained following the session?

- 4
- Approx. 30

## What has their feedback been?

- Helpful especially female GPs
- **Really interesting and informative**

## What has enabled you to train others?

- **Increased knowledge of subject**
- **Monthly clinical meeting we hold as a GP surgery.** Have a GP trainee at our practice

## What has prevented you from training others and what could change to enable that?

- **Not specialist in field of practice**
- N/a
- Another colleague did this so not an option
- **Time, finances and structure.** Ideally need education sessions set up soon after training so as not to lose confidence

## Have you recommended the Squeezy app from your consultations?

- Yes x 4

## Roughly how many women did you give the Squeezy app QR code to access the free licences?

- 3 women
- 2 women
- 20 women
- **'2, I work in practice with generally most patients being happy to pay for it'**



# Dorset's 'Prevent and Improve Pelvic Floor Dysfunction across Dorset' TTT November 2025 survey - key findings (continued)

## What barriers have you faced?

- No respondents replied

## Have you received any patient feedback after recommending the app and if so, please could you summarise?

- No x3
- Most people find the app helpful to remind them to do their exercises

## Have any patients chosen to pay privately and not accept the free licence?

- Yes x 3
- No x1

## Please can you explain why?

- App is not expensive

## Your feedback will help us to shape future training - please describe anything we could improve?

- **Knowledge of pelvic floor dysfunction prior to the training would have been helpful-it is a complex subject**
- Useful training, thank you
- Nothing new to add, I felt the training was really good and met my needs
- I don't know re the above - if they proceeded to use this

## Do you have any other comments that would be useful for the project team to be aware of? Including if you feel more training is needed or other pelvic health training need to be addressed?

- Some knowledge before train the trainer would have been helpful
- N/a
- How to refer if women do not see any improvement
- **It would be great to run sessions for GP networks or as part of the GP training scheme**





# Summary of findings from follow-up training survey, RWE report and MKUH training

25% of training participants responded to the survey

Increased knowledge has enabled practitioners to train others following the February 2025 training

All findings highlighted that participants found the training effective, relevant and met their needs

Majority of women are not accepting the free squeezezy app licence as they feel the app is not expensive

Only half of respondents have gone onto train others

Do not assume baseline level of knowledge or skills of participants (RWE report), and this aligned with a comment in the November 2025 survey 'Knowledge of pelvic floor dysfunction prior to the training would have been helpful-it is a complex subject'

Both survey findings stated that participants stated no improvements were needed to the training

Not being a specialist in this field of practice has highlighted a barrier from training others

Face to face engagement enables higher engagement

Time, finances and structure can be a barrier

MKUH were surprised by lack of specific training available as standard to professionals with a special interest in pelvic floor dysfunction

Biggest impact from the November 2025 training indicated that practitioners felt they were more likely to raise pelvic floor issues and considerations in opportunistic conversations & consultations

## Impact:

- There is available funding through Bournemouth University to deliver a further phase of training, and this is being explored.
- We now have an effective model to adopt and scale evidenced by the MKUH training.

*"You may well have heard from some of my other colleagues already. We have cascaded the training to all our staff and now have the Dorset squeezezy app as a SMS link for both men and women when we have discussed this within our consultation"*

*- Pelvic Health TTT training attendee (2025)*





# BU Partnership event – April 2025 (Abstract based on RWE pelvic health TTT training)

**Aim:** Disseminate findings from the pelvic health TTT RWE to create further interest in the training and future impacts.

**Outcome:** Christina Leadley (Team Lead and Clinical Specialist Pelvic Health Physiotherapist, Dorset County Hospital NHS Foundation Trust) presented an abstract at the BU Partnership event supporting the RWE of the Our Dorset train-the-trainer programme to prevent and improve pelvic floor dysfunction across Dorset. Christina was the lead author and delivered the training.

## Impact:

- System-wide partnership working and collaboration across Dorset
- Conversations with Lancashire ICB have taken place who are interested in the Our Dorset TTT training model and wish to build their own package using ours as a template, this will be acknowledged work from Our Dorset
- Ongoing conversations continue with Exeter University who supported in the Our Dorset TTT training model
- Shared learning through WHP Women & girls conference in May 2025 showcasing the DWHP work and impact
- Disseminating findings of the TTT training will continue to raise impact.

  
  
**Dorset Research & Improvement Event:  
“Working in Partnership”**  
Wednesday 23rd April 2025 - Talbot Campus, Bournemouth University  
**Abstract Submission Form**  
*Join us to celebrate and share your [QI](#), [Clinical Audit](#) or [Research!](#)*  
*We are delighted to invite abstracts for our upcoming all-day event, jointly hosted by Bournemouth University, Dorset County Hospitals NHS Trust, Dorset HealthCare NHS Trust, and University Hospitals Dorset NHS Trust.*



# Appendix three - Minoritised groups and mobile support



# Dorset data report

- In March 2025, the Dorset data report produced from this programme was shared across the system including Dorset Intelligence & Insight Service (DiiS), Health Inequalities, Prevention and Population Health Management and Equality Diversity & Inclusion People teams for review.
- A working group and action plan was created based on the data report's recommendations to identify relevant committees/working groups/meetings which could start to address recommendations required to provide targeted support.
- Additionally, the data report was shared with WHP following the Wessex Women and Girls Research and Innovation for Healthier Lives event in May 2025 (where NHS Dorset showcased the DWHP work) and following the Women's Health in Research Wessex Report June 2024. A Wessex Women and Girls Research & Innovation network has since been developed, which this report has fed into.

## Aims of Report

1. Collate data to support what we know and identify our gaps in knowledge
2. Look at what the programme has influenced through our project group work
3. Identify future recommendations

The Dorset Women's Health survey (conducted in May/June 2024) found that respondents across all cohorts, including minoritised groups, identified "availability of appointments" as the biggest barrier to accessing healthcare, driving the focus of this report on appointment waiting times.

We have identified and explored the same three questions for collating national and local data against the project groups (See Slide 20).

## Minoritised Groups and Mobile Support deliverables and objectives

### Deliverables:

- An overview of data and a better understanding of wait times to support a focused, targeted approach
- Provide key improvements to support with the reduction of wait times

### Objectives:

- Examine DiiS data and provide an overview of wait times for women of different ethnicity, and from different minority groups across Dorset.



# Core20PLUS 2024-25 NHSE Ambassador Programme



**Background:** The Core20PLUS 2024-25 Ambassador programme is a key enabler of the Core20PLUS5 approach, NHS England's strategy to reduce healthcare inequalities at a national, regional and system level.

The programme aims to address healthcare inequalities in England by engaging people working within the NHS and social care to promote health equity. It focuses on improving health outcomes in 5 clinical areas whilst targeting the 20% most deprived population and addressing disparities amongst marginalised groups.

Ambassadors work to raise awareness and the profile of healthcare inequality, share knowledge, support improvement initiatives and foster community-driven solutions to bridge healthcare gaps and ensure equitable access to quality care for all.

**Outcome:** A case study has been completed by HIW focusing on the DWHP data report and inequalities.

**CORE20 PLUS 5**

**Addressing Health Inequalities in Women's Health: Minority Groups in Dorset**

Region and organisation: Health Innovation Wessex; Dorset; South West

Focused on: Women's health

Want to know more?

Contact: Nicky Smith, Innovation Adoption Programme Manager  
Email: [nicky.smith@hiwessex.net](mailto:nicky.smith@hiwessex.net)

**Impact:** This poster/case study will be promoted alongside submission of this impact report in February to continue awareness of women's health in Dorset and inequalities.





# Staff racial discrimination training across Dorset February 2025

SimComm Academy worked in collaboration with NHS Dorset and Bournemouth University to develop 'Staff racial discrimination training across Dorset – supporting inclusion, what to recognise both in yourself and others.

This was an inclusive, simulation-based pilot workshop across the Dorset Integrated Care System (ICS) which involved 5 immersive scenarios with actors, along with expert facilitation and debriefing. Delivery was through experiential learning with 360 feedback, from the perspective of the actor in role, the facilitator, and the participants in addition to personal reflection. A digital toolkit for participants / NHS Dorset was co-produced.

## February 2025 training feedback

**Which specific topic areas in this workshop did you find most useful? (Themes from 11 attendees)**

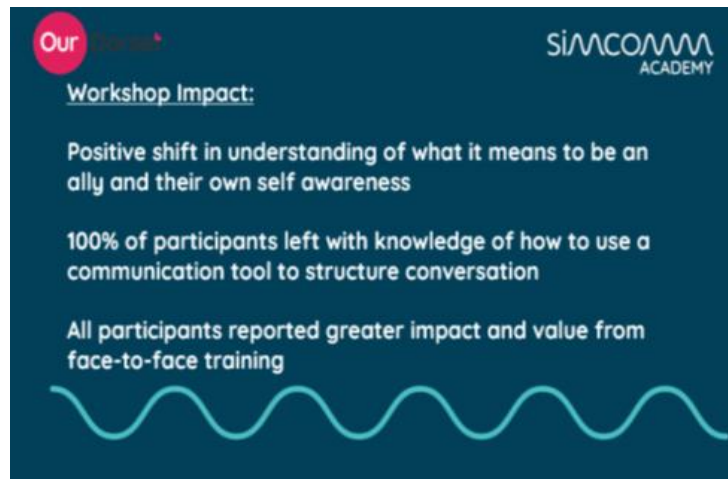
- Real-life scenarios and roleplay (10 responses)
- Group discussions and sharing experience (4 responses)
- Allyship (1 response)
- The wheel of advantage (1 response)

**Would you recommend this workshop for others within your organisation?**

- 100% would recommend

**Which of the training events for racial discrimination in healthcare have you found most useful, the online eLearning or face to face training?**

- 100% found face-to-face learning most useful.



The infographic features the 'Our Dorset' logo in the top left and 'SIMCOMM ACADEMY' in the top right. It contains three main sections of text: 'Workshop Impact:' followed by 'Positive shift in understanding of what it means to be an ally and their own self awareness', '100% of participants left with knowledge of how to use a communication tool to structure conversation', and 'All participants reported greater impact and value from face-to-face training'. A decorative teal wavy line runs horizontally across the bottom of the infographic.

**Workshop Impact:**

Positive shift in understanding of what it means to be an ally and their own self awareness

100% of participants left with knowledge of how to use a communication tool to structure conversation

All participants reported greater impact and value from face-to-face training

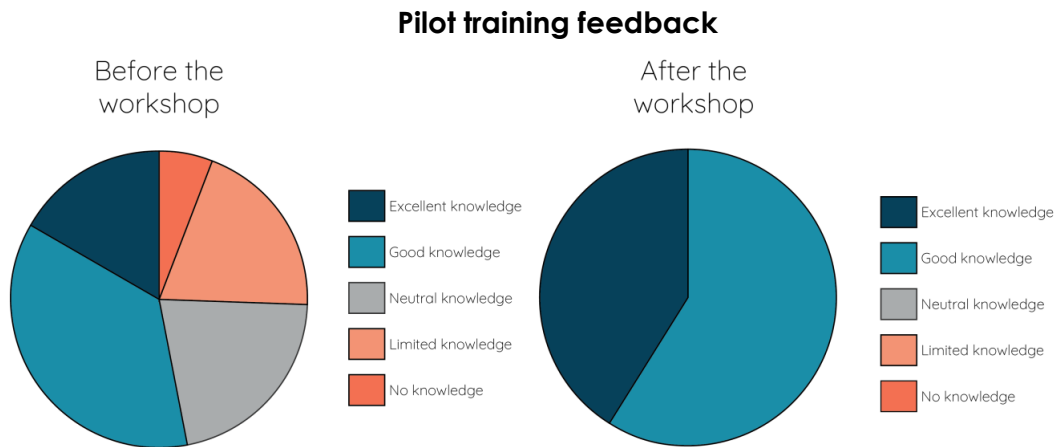




# Staff racial discrimination training across Dorset February 2025

Following the February 2025 training pilot, pre and post surveys were conducted as outlined below.

**Before February 2025 workshop, 47%** of participants had no, limited, or neutral knowledge of a topic area.



**Immediately after the February 2025 workshop, all participants expressed good or excellent knowledge in the topic areas.**

The responses highlight how participants were encouraged to think critically about their role as allies and specifically prompts participants to assess their ability to engage in introspection and self-awareness. With the shift from before the workshop, to after the workshop, there is an evident increase in participants committing to becoming effective allies and promoting diversity, equity and inclusion.





# Staff racial discrimination training across Dorset February 2025

**Before February 2025 workshop**, 55% of participants had limited or no knowledge identifying the characteristics of an effective ally and champion.

I can identify the characteristics of an effective ally and champion.



**Immediately after the February 2025 workshop**, all participants had good or excellent knowledge.

Participants explored and discussed how allyship in the workplace is crucial for inclusion and equality and that an ally does not have to be a member of a marginalised group but can support and take action to help others in that group. Through observed simulation, forum theatre and fishbowl simulation, participants examined and reflected on how to approach interactions with an open mind and a non-confrontational demeanour.





# Staff racial discrimination training across Dorset February 2025

## Personal pledges

**February 2025:** participants were encouraged to take proactive steps in committing to specific actions or behaviours that align with the principles of cultural allyship.

### What is your personal pledge following this workshop?

- “Transparency”
- “Pause, take a breath and think”
- “Be more open to perspectives. Take a step back and think about that person's culture”
- “Others may have had a lifetime of discrimination. Call people out. Challenge that behaviour.”
- “Make less assumptions”
- “Open mindedness”
- “Willingness to learn”
- “I don't know what I don't know. I am ignorant to others' plights”
- “I was closed off (before the training)”
- “Ask more questions”
- “Don't assume this is a homogenous group”
- “Listen more. I sometimes jump to conclusions”
- “Willingness to learn more about others' backgrounds”



*“Being a woman, I feel that you sometimes accept health inequalities as you have lived with it, but watching the examples acted out, really highlighted the inequalities and barriers to health care.”*

**November 2025 survey respondent**





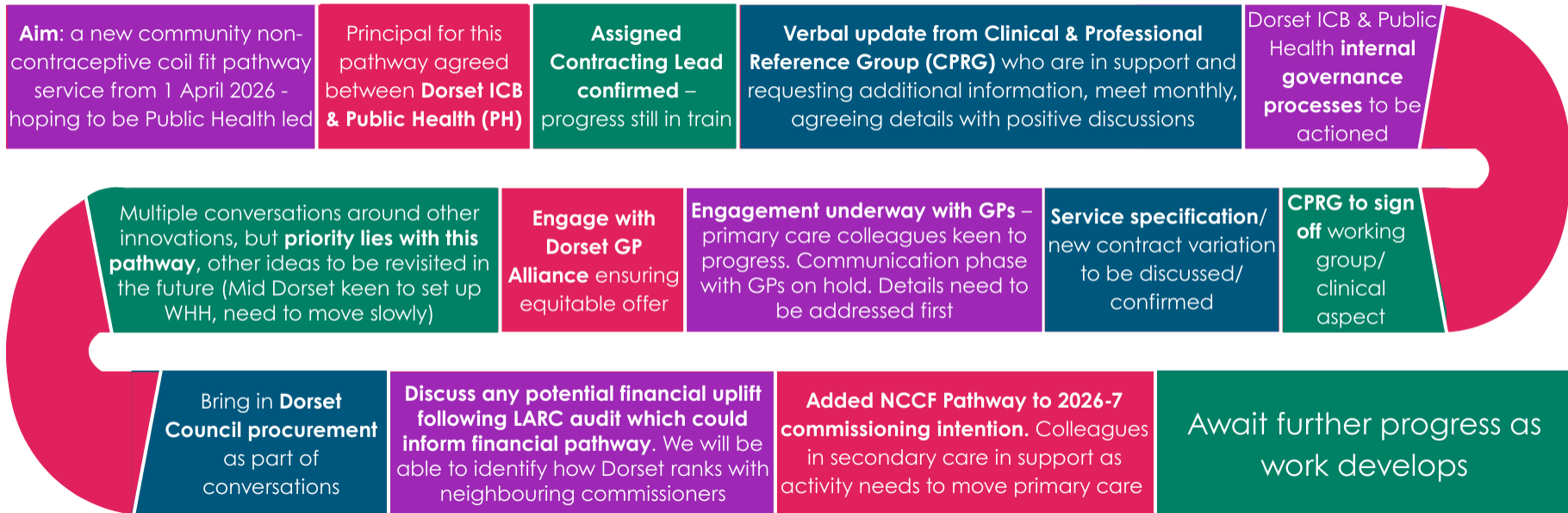
# Appendix four - Long-acting reversible contraception (LARC)



# Community non-contraception coil fit pathway – progress since 1 April 2025 and next steps



One of the key deliverables for the long-acting reversible contraceptive (LARC) project was to develop a community pathway for routine coils for non-contraception (hormone replacement therapy [HRT] and heavy menstrual bleeding [HMB]). This would support with increasing access to LARC for vulnerable women and girls in Dorset, improve equity and increase primary care capacity. Additionally, it hopes to reduce pressure on secondary care by reducing inappropriate referrals and reduce wait lists. Below highlights the journey so far since 01 April 2025.



**Anticipated impact:** integrated system service improvement supporting Dorset women's health outcomes and inequalities in terms of supporting access (availability of appointments) and addressing concerns raised by Dorset women in terms of not being listened to.



# Appendix five - Young women's physical and mental health



# Young women's physical health: Suggested actions from the March 2025 Education Campaign HPV Report

Explore the possibility of a major research project looking into HPV and the reasons behind a 'no'.

The level of detail for non-responders and active non-consents collected by the SAIS team needs to be explored in order to consider future engagement and HPV vaccine uptake.

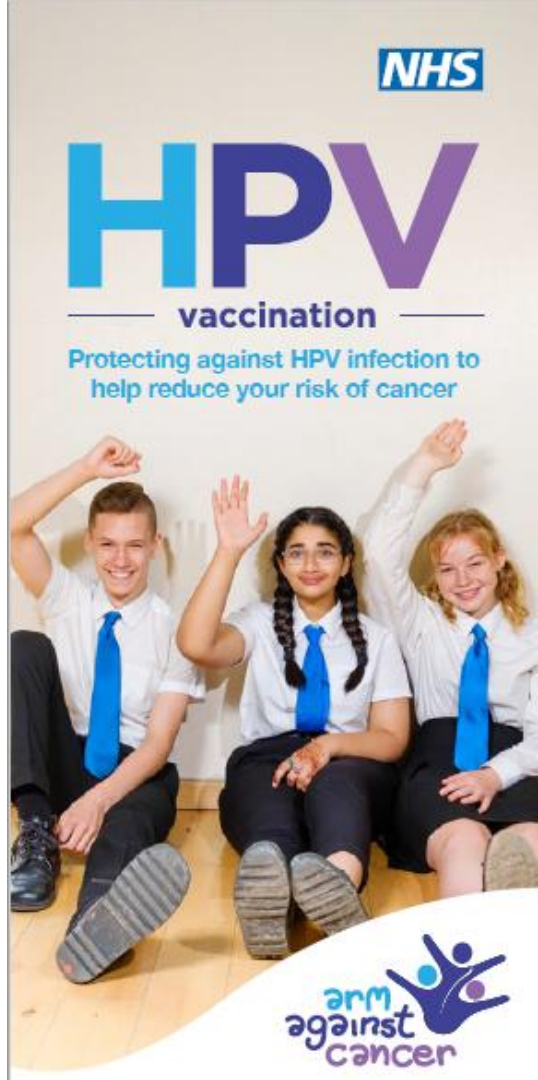
Grow the campaigns to include parents, whether this be through parents' evenings or community collaborative events.

Continue to build on the HPV education campaign by expanding the campaign to other schools in the Dorset region.

Work with the school nursing team to explore the method of obtaining consent and whether alternatives (or additional supports) could be used.

Set up a dedicated HPV vaccination dashboard on DiiS (parents the Flu dashboard) that can integrate more information that can be explored and utilised towards an effective campaign across the region, or in specific areas.

- Work with the other southwest vaccination teams in:
- Collaborating on methods of delivery and school engagement
  - Identifying data sources and comparing what is collected
  - Exploring the success of high vaccination uptake areas to enable similar initiatives.





# What happened since the March 2025 campaign?



**Link nurses** – There are now have 20 Link Nurses that operate with the vaccination team that actively engage all Dorset schools to understand their needs and the best method of promoting vaccination to both students and parents.

**School relationships** - Through the work on the DWHP, it became apparent that schools wanted stronger relationships, and it was realised that schools feel that knowledge and learning around vaccinations is important.

**Digital dashboard** – a digital dashboard has been implemented that allows the team to collate and understand real-time, trustworthy data whilst, at the same time, allowing the vaccination team to have better communication with individual parents and gathering consent. It has allowed the team to explore live information, plan future clinics and act on daily reports rather than having to wait for weekly reports. It has allowed the team to create individual action plans for each school and enable this to become a priority.

*"The work we were able to complete through this project enabled us to focus on a small number of schools developing fresh ideas and methods to target our concerns around uptake and engagement. Utilising a different approach to promote vaccination and making direct contact with the person interested/ responsible or co-ordinating vaccination within the chosen school helped us to develop different methods for each school based around their needs/ engagement."*

- Paul Bolton, Clinical Services  
Manager





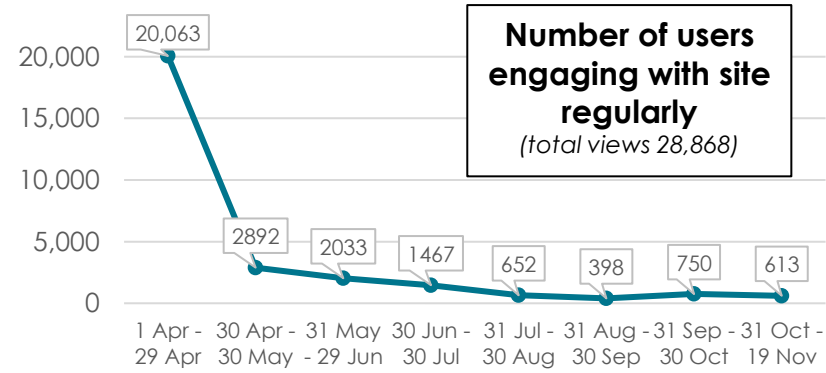
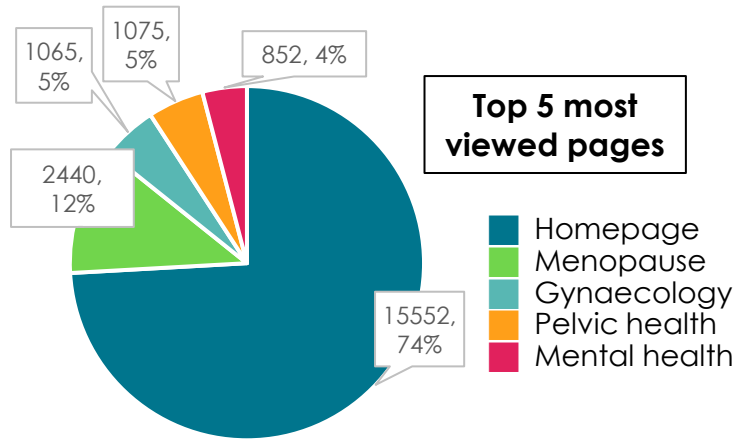
# Appendix six – Our Dorset women’s health online resource



# Our Dorset women's health online resource data analytics



## Website analytics from 1 April 2025 – 19 November 2025



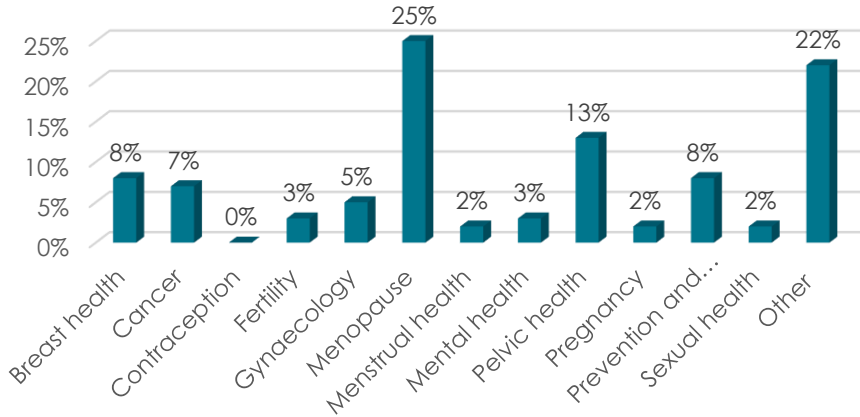


# Key findings: Our Dorset women's health online resource feedback



Survey period: 7 April – 27 November 2025 (234 days) - 53 responses received

## What specific health information and/or services did you visit the Women's Health website for?



The most popular topic/reason for visiting the website was menopause. The second most popular category was 'other' – these responses included the following themes:

- Browsing/curiosity/general information/broad interest/seeing what is on offer
- Age-related information
- Female sterilisation
- Support following sexual assault.

Although the online resource contains a paragraph on the home page setting out that the site is aligned to the **women's health strategy focus areas**, multiple women are wanting to access information on additional physical health conditions, including:

- Dizziness
- Asthma
- Autoimmune disease (these disproportionately affect women)
- High blood pressure
- Cholesterol
- Osteoarthritis
- Activity plans

When asked how easy it was to find the information they needed out of 5 (with 1 being not easy, 5 being very easy), 43% of respondents rated 1 out of 5

When asked whether the online resource helped highlight available services across Dorset, 56% of respondents said no

75% of respondents said they did not take action (e.g. book appointment) following visiting the site; however, this could be due to self-help enabled through the online resource



# Key findings: Our Dorset women's health online resource feedback



Respondent categories: 77% member of the public, 9% healthcare professional, 5% caregiver and 'other', 4% parent

Feedback themes from free-text answers, including suggestions of what respondents would like to see on the online resource:

- access
- waiting lists
- need for more age-related
- post-menopausal
- disability information
- more information on local services
- making incontinence information clearer – (it may be that the term 'pelvic health' is not clearly understood as including bladder and incontinence information)
- female sterilisation
- more information on postpartum and family including health visiting
- breast feeding groups
- links to Family Hubs
- childcare choices.

*"I liked that it sent you to many websites so you could have the most relevant information. Absolutely. It has made it much clearer on how to access support."*

Feedback and suggestions for improvement from respondents:

- "Add a link to the "Just a period" campaign and the WOW period symptom checker"
- "There is no information on Women's Health research in Dorset. UHD and BU are research active and HSU recently was awarded money for PPI work on women's health"
- "Prolapse diagrams very unclear unless you are a healthcare professional. Given Dorset has a large post-menopausal population this is important"
- Simplify terms and narrative to make it easier to understand and less technical
- More 'spoken' / inclusive/accessible resources
- Consider other good examples of how women's health information can be tiered to meet different audiences
- Add short reels to cater for younger populations e.g. Instagram/TikTok size information nuggets.



# Key findings: Our Dorset women's health online resource feedback



What was missing from the website that you wanted to find?

(Themes):

- more on local services
- less technical language
- need for more 'age related' information
- more mental health information for women
- postpartum support
- more information on menopause (HRT after a hysterectomy, post menopause information for older women, support groups for menopause)
- self-referral sterilisation service
- disability information
- men's health
- pelvic health (especially UTIs, incontinence and bowel screening, fertility).

***"I can't think of anything, however I would like to praise the inclusivity of the message 'information for everyone'"***

***"The site is beautiful and such an important resource! I'm really pleased it exists!"***

## Outcomes

All feedback received up to mid-October has already been listened to and Dorset Women CIC have made demonstrable changes, resulting in substantial amendments to the online resource since the April 2025 launch.

Further feedback is regularly monitored and addressed with clinician oversight and support.

## Impact

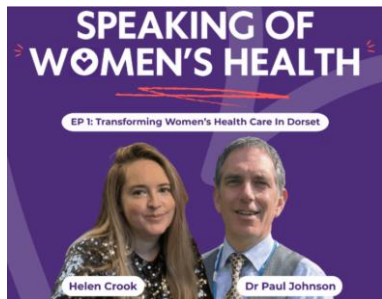
Dorset Women CIC have responsively acted on women's feedback and identified additional IT-led improvements to continue to refine and support service improvement and women's experiences.



# Our Dorset women's health online resource - engagement



Dorset



**Podcasts:** Eight fantastic podcasts have been recorded with the DWHP team for each of the six priority areas to amplify DWHP work and promote the Dorset women's health online resource. A prevention-based podcast is split with Mental Health. There are also four bonus podcast with GPs - quick fire 10-minute episodes. Podcasts are being published on a staggered basis; episode one launched on 12 January 2026



**Women's cricket showcase:** DWIC had a stall talking about women in sport and promoting the Our Dorset women's health online resource

## Impact

Widening promotion of podcasts via social media/wider stakeholders will enable broader reach, amplify support, and continue to help address inequalities/challenges around accessing evidenced based help and advice



**DORSET  
General Practice  
Alliance**

**Dorset GPA:** autumn membership event discussing the Our Dorset women's health online resource with health professionals/ providing resources to cascade





# Appendix seven – Survey and events



# Background and context



## 2024 survey

- NHS Dorset published a digital survey/listening exercise on 16 May 2024 for 34 days to complement the engagement work being undertaken and the focus sessions.
- There were nearly 1,000 responses from the survey which were analysed in June 2024 by HIW and helped NHS Dorset shape the Our Dorset women's health online resource and all other projects within DWHP.

## 2025 survey

- In November 2025, a repeat survey was codesigned by HIW and NHS Dorset to capture views of individuals in Dorset and how they felt in accessing services to help shape services/ensure the Our Dorset online resource stays relevant and useful and identify if anything had changed.
- The survey was live from 28 October 2025 - 25 November 2025 (open 28 days) and was sent to various social media, websites and other channels during this time to advertise it for completion.
- **The survey received 686 responses.** This survey provides insights to understand the difference the DWHP has made for women across Dorset.
- HIW supported analysis of responses highlighting key findings and themes.



### Dorset Women's Health – we want to hear from you!

The Women's Health Strategy for England (Department of Health and Social Care 2022, updated 2024), sets out 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to women. Although women in the UK live longer on average than men, the evidence shows they spend a greater proportion of their lives in ill health or disability.

NHS Dorset have been working closely with Dorset Women Community Interest Company (CIC), system partners and women themselves over the past two years to understand how to implement the recommendations from the Women's Health Strategy for England locally across the county of Dorset, as well as women's health priorities overall, driving forward the Dorset Women's Health programme.

As part of the programme, the [Dorset Women's Health Website](#)

was developed, to be a central point of reference for all information, awareness, self-help, and service provision concerning women's health for the women of Dorset, as well as five additional projects:

- Menopause
- Pelvic Floor Disorders
- Young Women's Mental and Physical Health
- Long-Acting Reversible Contraception
- Minority Groups & Mobile Support

A survey was circulated in May last year to help support and direct the work of NHS Dorset and partners. A new survey is being re-circulated to gather views and experiences from women and girls in Dorset to find out if anything has changed. It will also help to develop the website and ensure it remains relevant and useful to the women and girls in Dorset, as well as helping to inform future work being taken forward by teams working across women's health in Dorset.

The survey is live until Tuesday 25<sup>th</sup> November 2025. All responses are confidential. Take part using the following link:

<https://www.surveymonkey.com/r/DorsetWomensHealthSurvey2025>

Or scan the QR code.



If you have any questions about this survey or would like to request a paper or an easy read version of the survey, please email

[communication@nhsdorset.nhs.uk](mailto:communication@nhsdorset.nhs.uk)





# Key findings from 2024 & 2025 Dorset women's health digital survey



## General findings

For those who had accessed the website, the top 3 pieces of feedback were **ease of access, all information in one place and interesting content**

Majority of women found out about the website via work

Cervical screening is service area that most women feel easy to find out info

The Our Dorset women's health online resource was attributed as the greatest contributor to an improvement in obtaining information since 2024

The follow up survey **resulted in raised awareness of the Dorset women's health website for 516 individuals who were not previously aware of it; however, the majority of women are not aware of the website**

## 2024 and 2025 comparison

Minor improvement in availability of appointments (increase from 30%-38%), or in women feeling listened to (increase from 18%-29%) as per responses from 2024 & 2025 Dorset digital women's health survey evidencing a continued barrier in accessing care

There has been no change between the two surveys in the area where women feel is most difficult in finding information, this remains menopause. Despite a decrease from 34%-30% this remains the area with a lack of available information

19% of respondents noticed changes following the work undertaken in Dorset with examples of positive change including **quicker access, quick responses and easy access to Doctors and proactive contact for regular reviews**

There has been **no change between the two surveys in the area where women feel least confident in finding support, this remains pelvic health**

There was an increase in people going to the GP to look for information in women's health needs compared to 2024

## Impact

**Over 1,600** survey responses have informed meaningful next steps, with clear user demand for expanded health information, enhanced usability and practical case studies

### Improved access, awareness and confidence in women's health services since 2024

Survey findings indicated a positive shift in perceptions of women's health services. In 2025, the most common response to unmet service needs was "none," alongside a marked increase in women reporting no gaps in available information (rising from 9% to 22%). Menopause and mental health remain the most frequently identified priorities, with consistent demographic representation across both surveys strengthening the reliability of these findings.

# Dorset Women's Health Programme celebration event – 24 April 2025



This event focused on stakeholders and was a celebration of the work that had taken place over the last 12-18 months, including the launch of the Our Dorset women's health online resource Women's health – Our Dorset as a central resource for evidence-based preventative and self-help advice and support.





# Appendix eight – Quotes



**We need to listen, to learn by trying to understand others' lived experiences, and we need to co-design the services that people and communities in Dorset need**



Patricia Miller OBE, previous Chief Executive, NHS Dorset





*The work of the Women's Health Hubs has helped bring some clarity and focus, creating a set of priorities that have harnessed the ideas and enthusiasm of our clinicians and user groups. Your willingness to be present, involved and help lead has been great.*



Paul Johnson, Chief Medical Officer, NHS Dorset





**I remain hugely grateful for everything HIW have overseen, led on and supported with, under the Dorset Women's Health Programme. They are an incredible organisation and working in partnership with them has greatly increased the success of this programme and benefited thousands of clinicians and women across the Dorset system**



Helen Crook, Programme Manager for Dorset Women's Health Hubs – NHS Dorset





“

As with menopause, I think there is a huge unmet need out there on many WH issues and it will take a long time to redress the balance. [...] I think they've been (menopause webinars) a huge success and should be continued

”



Tim Hillard, Consultant Gynaecologist, UHD





**It was an absolute pleasure working with colleagues across HIW and through the women's pelvic health project identifying each of the organisation's strengths and recognising the potential for the future**



Professor Carol Clark, Professor in Physiotherapy, Bournemouth University





**I felt dismissed when I tried to talk about my symptoms. This programme gave me a voice and helped me feel heard.**



Survey respondent, Women's Health Hub





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Innovation  
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