Alliance Womens Health Plan Lived Experience Stakeholder Development Workshop
5 March 2025

- Discussed the term ‘bikini medicine’ and the perception of what women’s health is

- Women and aging, isn’t the issue it’s bone health, brain health which is earlier stage. Coming at it from a later stage in life is the wrong direction as early intervention for prevention is more effective.

- Women see aging as something to be feared and we need to deconstruct these conversations

- Women are majority of paid/ unpaid carers. Problem for the rest of society if not women being taken care of.

- Culture of hysteric health. Not getting the same investigations or pain management as men.

- As women do not constructively advocate for themselves or address the dismissive culture in healthcare, instead they use less constructive means of support such as resources within the menopause industry as they are desperate for support and aren’t getting it from where they should be.

- Educating young women, empowering them. Intergenerational conversations, and separating boys from girls in education settings to allow for open discussions

- Need to educate young women and empower them. Encourage intergenerational conversations.

- Intersectionality- Need to consider the impact of culture and tradition on underrepresented groups such as those with disabilities and ethnic minority groups. Impact of immigration challenges on accessing information and services

- Roadmap- the idea that not one size fits all, but a process which can be tweaked. Consider how we label and communicate things

- NICE recent analysis found 1/12 women go to doc regarding pelvic dysfunction, but almost half of women have symptoms of prolapse and do not go to doctor. Misconception that it is common and normal

Pelvic health-

- Postcode lottery around self-referral for physio support. Needs to be a standardised option for self-referral.
- Pelvic physio support at crisis point, different attitude required among women and healthcare providers than ‘its not bad enough’
- Easier accessibility to apps and easier subscription processeses. Eg. funding for apps such as squeezy as the cost is a barrier for some people from accessing it.
- Counter argument- Apps such as squeezy, headspace vs no screen time for mental health
- Misinformation- young people interested in wellbeing but they get info from the wrong place. Idea of ‘they don’t want you to know’ comes from mistrust and leads to a less constructive means of accessing support from less reliable sources.
- Posters in doctors surgeries
- Prevention rather than fixing it at crisis point
- Messaging of health issues is important not to label things as an issue of aging.
- Menu of options rather than roadmap

Gynaecology:

- Benefit of bringing advocate along to appointments
- Near me consultation process is good for accessibility but barriers and safeguarding issues to be considered re who is listening/ honesty in consultations. Is it appropriate for young women?
- Education in schools could be separated for girls and boys
- More training for health professionals, nurses. Midwives in rural areas especially
- Representation & diversity for underrepresented groups. People don't see themselves. Class level, ethnicity, race- unique challenges from general messaging. Need to fund groups which represent minority groups.
- Disparities in health data for black and minority ethnic women. Restrictions on immigration status and access to support as this is through public funds.

Aging well- bone health

- Social prescribing useful: Nuffield programme
- Weigh to Go and Weigh to Go Maintenance | NHS Lanarkshire