Scotland's First Women's Health and Wellbeing Plan

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Hearing the Voices of Women in Scotland

Report from our online survey

October 2020

Contents

1. About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

2. Introduction

The Women's Health Group was created in February 2020 to work together to develop, promote and implement a Women's Health Plan[1]. The Women's Health Plan will underpin actions to tackle women's health inequalities by:

- Raising awareness around women's health
- Improving access to healthcare for women across the life course
- Reducing inequalities in health outcomes for girls and women, including gender based inequalities both for sex specific conditions and in women's general health

Building on the work already being undertaken across Scottish Government, NHS Scotland and the third sector the Women's Health Group will:

- Provide a focal point for discussion, leadership and direction to focus policy development and quality improvements on the needs of all women across Scotland
- Link strategically with other developments and policy areas across the Scottish Government as appropriate to ensure women's health and wellbeing is considered in policy output by the Scottish Government
- Identify gaps in the provision of services, consider existing areas of best practice and develop actions to address these gaps
- Produce a Women's Health Plan
- Support health boards, local authorities, partner agencies and professional organisations to work collaboratively to ensure services best meet women's health needs

The initial priorities for the Women's Health Plan will be to:

- Ensure rapid and easily accessible postnatal contraception
- Improve access to abortion and contraception services, including for young women
- Improve services for the women undergoing menopause, including increasing the knowledge and understanding of women, families, healthcare professionals and employers

[1] https://www.gov.scot/groups/womens-health-plan-womens-health-group/

- Reduce inequalities in health outcomes which affect women, such as endometriosis and antenatal care
- Reduce inequalities in health outcomes for women's general health, including work on cardiac disease

It is recognised that successful progress in improving care will require the collective efforts and engagement from a wide range of stakeholders including the third sector and, most importantly, people with lived experience. The ALLIANCE believe a rights based and person centred approach is necessary to understand the challenges faced by women in Scotland to ensure policy, interventions and services reflect the needs of individuals and their families.

The ALLIANCE, as a national third sector strategic intermediary, has strong expertise in engaging people with lived experience in policy and practice development across health and social care in Scotland, and is well placed to develop and host this work. An initial proposal of the work was put forward by the ALLIANCE in August 2020, and the lived experience survey is the first stage of the scoping exercise which will be followed by a development day focussing on the themes from the survey.

3. Methodology

The survey (see appendix 2) was shared via the ALLIANCE's social media platforms and via targeted emails to organisations in a stakeholder list (see appendix 1) who were asked to share the survey with their contacts. This approach was taken to ensure as representative a group of people were reached with the survey as possible. The survey was open from 26 August to 14 September 2020 and had 405 responses in total, with a reasonable range of respondent demographics, however there are limitations to the survey, it was online meaning that it could show bias towards those who have a computer and internet connection, and we were only able to distribute in English so respondents needed enough English language skills to respond.

3.1 Results

Information and Services

This section aims to interrogate how access to information and services for women's health can be improved.

The first question focussed on access to information about abortion, contraception, other sexual health, heart problems, menstrual health, menopause and endometriosis, asking if respondents knew where to go to access information. Knowledge was generally high, the lowest was endometriosis with 63%. Please note that all the percentages are independent of each other so do not total 100%.

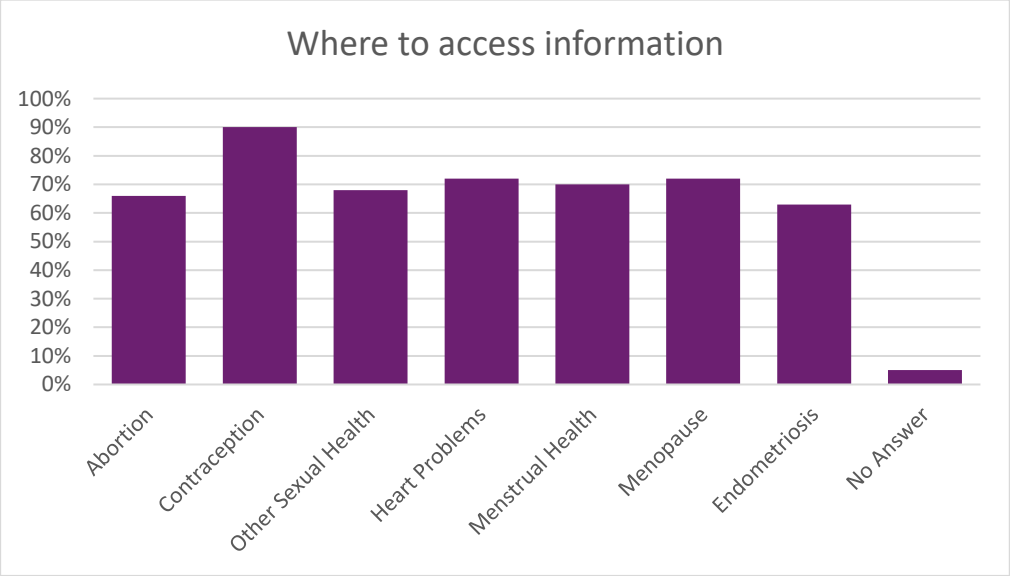


Figure 1: Selections for: Do you know where to go to access information for (select what you do know)

Following this, respondents were asked to indicate which health areas they had accessed information about, results are shown on the following graph, contraception

was the highest, with 74% of participants accessing information, and heart problems was the lowest at 16%.

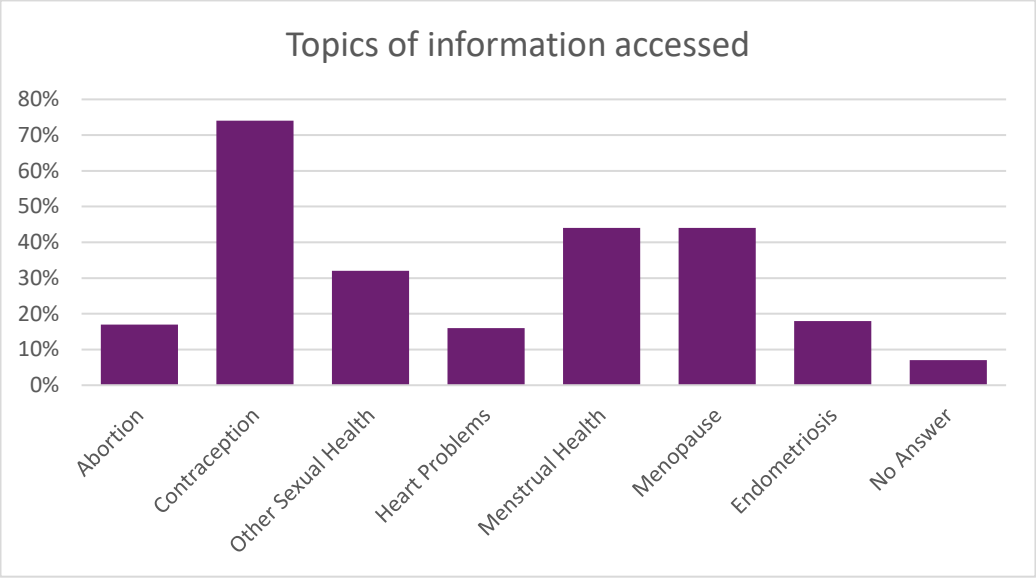


Figure 2: Selections for: Have you ever accessed information about? (select all that apply)

Respondents who had accessed information were then asked where they accessed it. The most common combination of places where respondents had accessed information was through their GP and sexual health clinic.

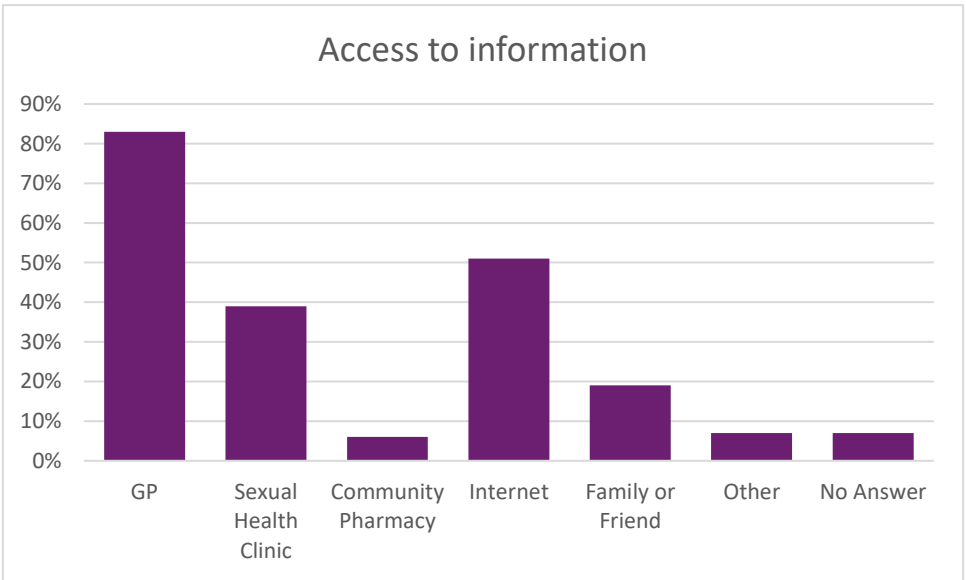


Figure 3: Answers to the question: Where did you go [to access information]?

Respondents were then asked whether they knew where to access services for the same issues. The best known was contraception, with 81% of respondents knowing where to go, and the lowest was abortion with only 51% knowing where to access abortion services. This is shown in the following graph:

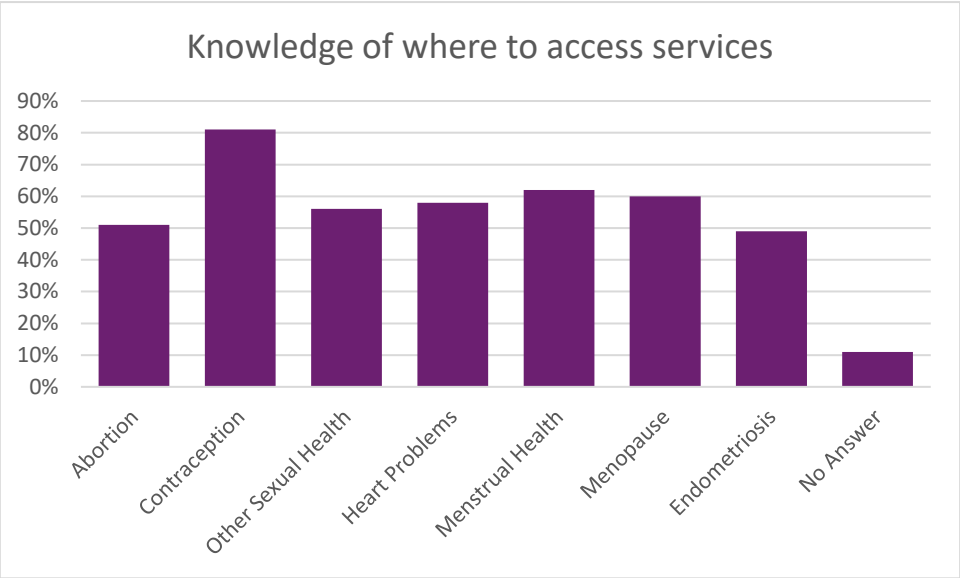


Figure 4: Selections for: Do you know where to go to access services for (select what you do know)

When asked how information for women, families and partners about women's health and wellbeing services could be improved and their preferred way to access information, two themes emerged from the responses. The first was on the method of communication, with the most popular response being one reliable website to access comprehensive information about all areas of women's health. The importance of considering other communication methods was also highlighted by many respondents and is particularly important to consider due to the survey being online and therefore in the most part only accessible to those who can use the internet.[2] Respondents suggested a range of communication methods including social media advertising, flyers and posters in a range of places where women are likely to be such as GP waiting rooms, nurseries and libraries. This information should include information about local services, be 'informative without being too technical' and be available in a range of languages including British Sign Language. Public health advertising was suggested to bring stigmatised topics into the open.

> *"A central website for women's health, including sexual health and perinatal health"*

The second theme from the responses to this question was education, both for women and girls at key stages in their lives so they are prepared for puberty and menopause and recognise when to seek help, and for healthcare professionals, in particular GPs. Respondents raised that improving the general knowledge and awareness among GPs of women's health and GPs being proactive in starting conversations around menstrual health would improve experiences of seeking help

[2] One respondent was helped to complete the survey by phone.

as many respondents were made to feel dismissed or like they were ‘wasting GPs time’ when presenting with symptoms, particularly of menopause or endometriosis.

> *“Start with early education and awareness in schools, including the menopause.”*

Contraception, Abortion and Sexual Health

This section aims to understand how we can improve access to and experience of contraception, abortion and other sexual health services.

When the 88% of respondents who had accessed contraception services were asked where they accessed services the most common response was through their GP, with 89% of respondents accessing this way.

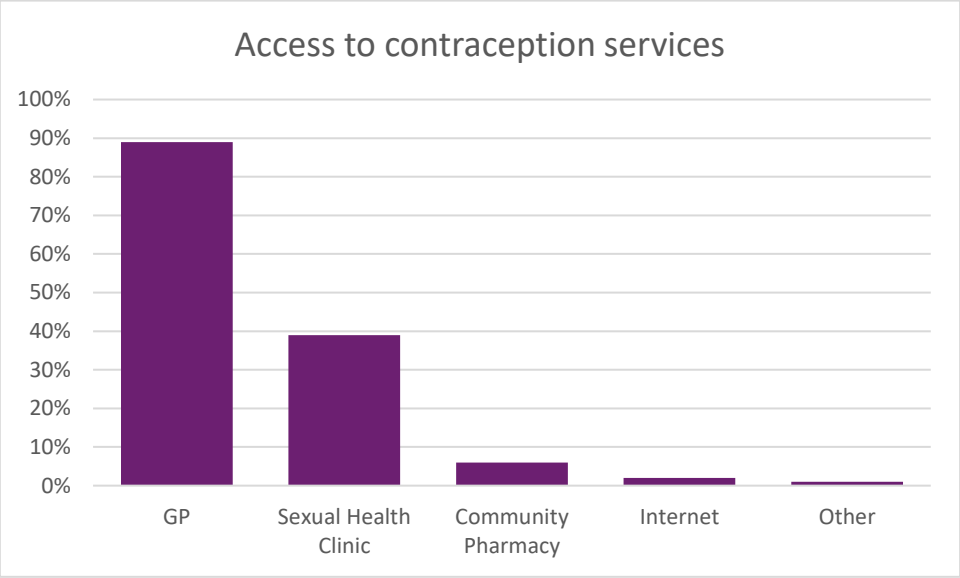


Figure 5: Answers to the question: Where did you go [to access contraception services]?

Respondents who selected the ‘other’ option were asked to provide more information; answers included accessing condoms through their university, a gynaecologist when growing up abroad, other specialist for advice due to an existing health condition and a family planning clinic.

There were very mixed responses when respondents were asked if they were satisfied with the service they received, even within single answers. People who were dissatisfied cited misinformation or unclear information from healthcare professionals, particularly surrounding side effects and their full range of options, not all of which are available for everyone locally, and long waits. Many women also mentioned that they preferred female GPs. Most satisfied respondents had received a fast service and been given information that was correct and in full.

Respondents were also asked if they had ever been on the oral contraceptive pill, to which 90% of respondents answered yes. Those who responded yes were asked further questions. When asked if they would be likely to access the oral contraceptive pill directly from their community pharmacy if given the option, 75% said yes, believing it would be easier, quicker and they would not need an appointment. The 25% of respondents who said no expressed concerns including reduced discussion of risks, privacy and pharmacists not having access to doctors' notes and other medical records that may be important.

Respondents were also asked whether they would anticipate convenience, privacy, speed of access or confidentiality being a consideration in accessing the oral contraceptive pill from a community pharmacy. 85% of respondents felt that convenience would be a factor, followed by speed of access at 78%. This appears to show that respondents prioritise these two factors above privacy and confidentiality concerns, though this is not the case for every respondent.

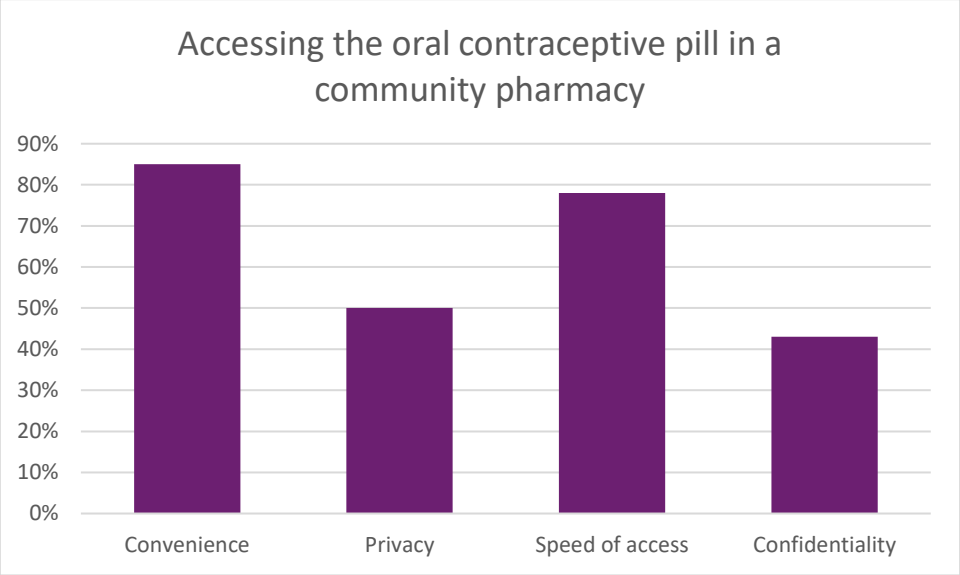


Figure 6: Answers to the question: Would you anticipate any of the following being a consideration for you accessing the oral contraceptive pill in a community pharmacy?

Following this, respondents were asked about access to abortion services, of those who responded, 18% had accessed abortion services, mostly through their GP, with 7 respondents choosing more than one option. The most common combination was GP and Sexual Health Clinic.

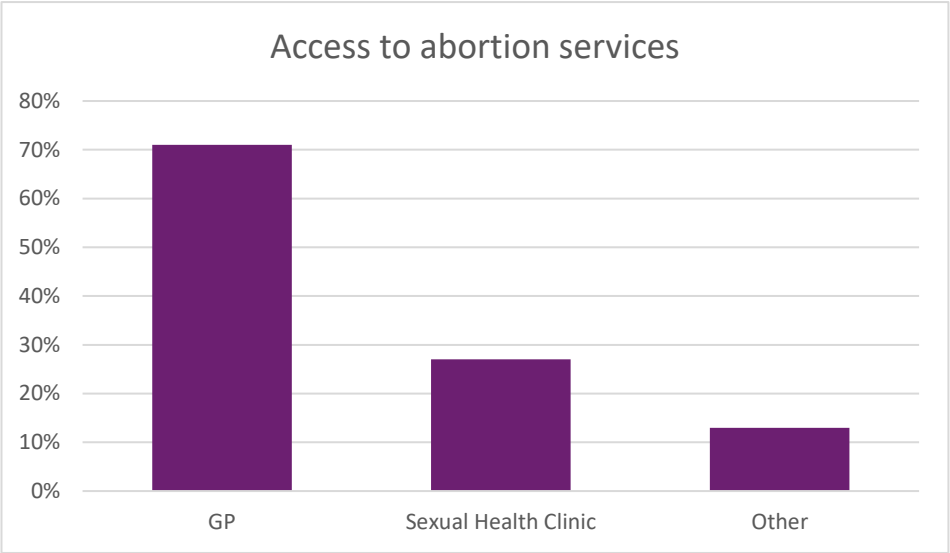


Figure 7: Responses to question: Where did you go [to access abortion services]?

Responses covered by 'other' included the hospital, family planning centre and a specialist clinic for pregnancy complications. There was a range of responses regarding satisfaction with the service, most who answered yes did so because they received a fast service that informed them fully. Most who answered negatively mentioned judgement from health professionals.

Respondents were also asked whether they had accessed other sexual health services and 41% of respondents had. They accessed these services via the routes shown in the graph below:

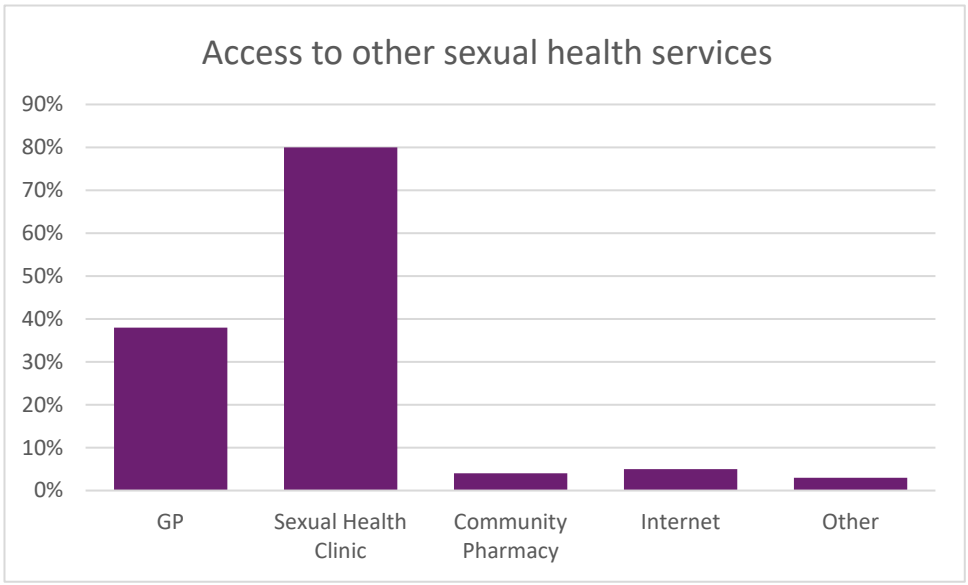


Figure 8: Answers to the question: Where did you go [to access other sexual health services]?

Those who selected other accesed services via a charity, a maternity ward, a pharmacy, a gynaecologist and an assisted conception service. Satisfaction levels ranged from very satisfied to exremely unhappy. Most of the positive answers mentioned efficiency whereas negative answers mentioned feeling rushed, rude or uninformed staff and being dismissed by staff.

The final question in this section asked respondents whether any other factors in their lives have impacted on their access to contraception, sexual health or abortion services. The most common factors which had impacted were work schedules, as respondents were often unable to get a suitable appointment or wait for clinics without appointments, and childcare responsibilities. Other factors included existing physical and mental health conditions, including one woman who was housebound and has not had a smear for over 10 years, and proximity to services for people living in the highlands and islands. Two participants mentioned that they felt uncomfortable speaking to healthcare providers about their sexual health as they are part of the LGBTQ+ community.

> *"Care, domestic and work arrangements have all made it challenging to get an appointment at a convenient time"*

Menopause and Menstrual Health Including Endometriosis

This section aims to understand how we can improve access to and experience of menopause and menstrual health services.

In total, 70% of respondents told us that they had sought medical care or advice regarding their menstrual health. When asked where they accessed the service, 96% of those asked had accessed through their GP, with other routes significantly less common. The most common answers from those who selected 'other' were the hospital, gynaecologist or other specialist.

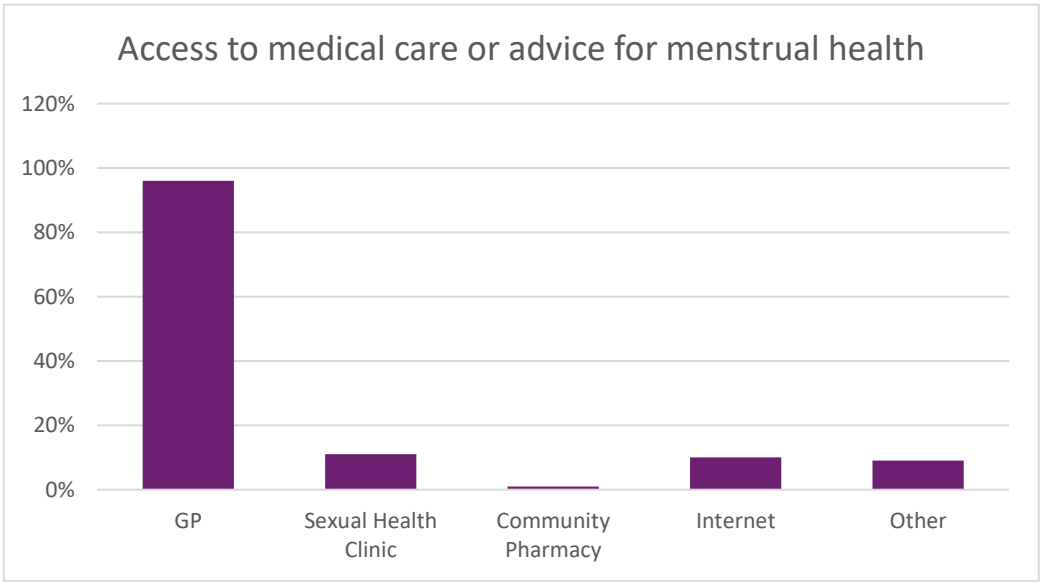


Figure 9: Answers to the Question: Where did you go [to seek medical care or advice for menstrual health]?

When asked whether they were satisfied with the service they received many of the answers, both positive and negative, referred to the healthcare professional and whether or not they were knowledgeable and friendly. This, along with time taken to reach a conclusion, appear to be the main deciding factor in whether the respondent was satisfied with the service. Another common theme is being put on contraception, usually the oral contraceptive pill, as a default which many respondents felt simply masked, rather than solved, their issues.

Following on from this was a specific question about menopause health services, which 35% of respondents had accessed. Similar to menstrual health services, most respondents had accessed via their GP, with significantly lower numbers accessing via other means. From those who selected 'other' the answers were varied, including the gynaecologist, facebook support groups and the hospital. The results are shown in the following graph:

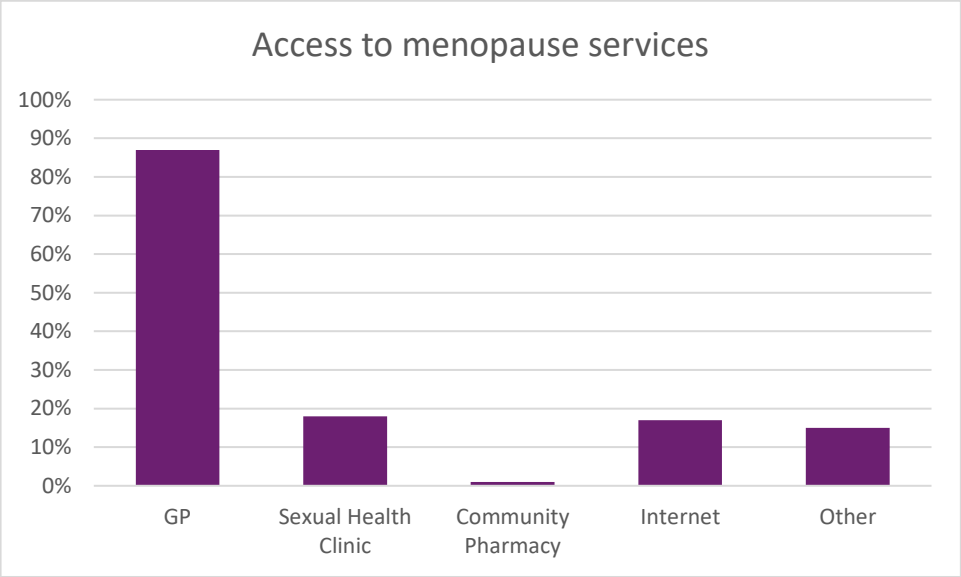


Figure 10: Answers to the question: Where did you go [to access menopause health services]?

When asked how satisfied the respondent was with the service they received, answers were mixed, thought there were more positive responses than negative. Most of the negative responses had had an experience were they felt the healthcare professional looking after them wasn't well informed about menopause.

Respondents were next asked about endometriosis, which 16% had accessed health services for. As in the following graph, 91% of respondents accessed via their GP, though a significant number selected other, reflecting the wide range of experiences when seeking help for endometriosis.

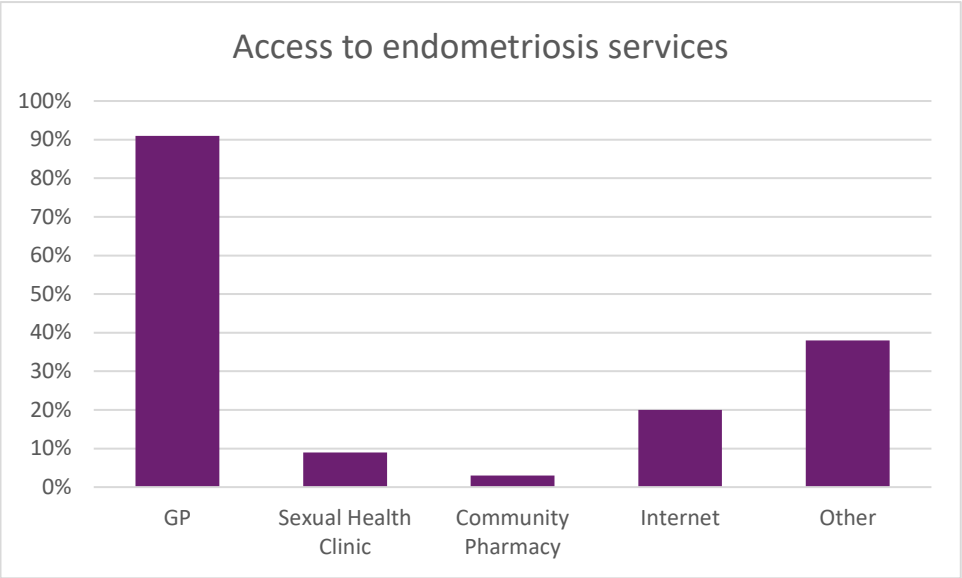


Figure 11: Answers to the question: Where did you go [to access health services for endometriosis]?

As with menopause, the most common responses from 'other' were the hospital and gynaecologist, however several respondents also went to private clinics and 2 attended support groups. Satisfaction with the service was quite evenly divided between a positive and a negative experience, though almost all responses mentioned that they had waited longer that they found acceptable.

As with the previous section, respondents were asked about other factors in their lives which had impacted on their access to menstrual health, menopause or endometriosis care. Two answers were by far the most common; work schedules made it difficult to get an appointment, caring responsibilities meant that it was hard to find time and the facilities were not child-friendly. Other themes were limited care/medication options due to existing physical or mental health conditions and age factors.

The survey also asked whether respondents recieved any education in school relating to periods or menstrual health. 71% of respondents had, 24% had not and 5% did not know whether or not they had received it. Of those who received period or menstrual health education, only 35% felt that it had helped them to deal with actual life experiences of periods/menstrual health.

The final question in the menopause, menstrual health and endometriosis section covered induced menopause. 13% of respondents had experienced surgery or treatment that induced menopause and were asked how they felt services, advice or information following surgery/treatment could be improved. The majority of respondents gave very similar answers that more information on the risks and side effects should be offered beforehand and more follow up was needed, with some respondents reporting no follow up at all. Ideally the follow up should be with a consistent healthcare professional with whom the person can discuss any issues they have.

> *"Ensure that patients are fully informed of all the risks and empowered to make the decision that is best for them."*

Heart Health

This section aims to inform whether women are able to recognise the symptoms of heart problems and how heart healthcare can be improved.

All survey respondents were asked what symptoms they would associate with heart problems, and there was a wide range of responses, with over 40 symptoms mentioned. The symptoms with the most mentions were breathlessness (mentioned by 45% of respondents), chest pain (43% of respondents) and heart palpitations/irregular heart rhythm (24%). Unspecified 'pain' was mentioned by 9% of respondents, along with 'arm pain' (16%), 'jaw pain' (6%) and a tight/crushing pain in chest being mentioned by 6% of respondents. Two more popular responses were tiredness/fatigue/lethargy (16%) and feeling lightheaded/dizzy/faint (9%).

The rest of the section was specific to the 20% of respondents who had accessed healthcare regarding heart problems. When asked where they accessed heart healthcare, the most common responses were the GP and hospital, with many respondents going first to the GP, then on to the hospital. Several respondents had also gone to A&E. Overall, more people were satisfied with the service they received than not, negative responses were mostly due to aftercare or follow up being disappointing, or a long wait that left issues undiagnosed for too long, as illustrated by the quote below this can have knock-on effects.

> *"No - wait for diagnostics was so long I was no longer pregnant - when in labour they didn't know where to put me as weren't sure if I had a serious problem or not"*

Respondents were then asked whether they have been offered cardiac rehabilitation. Those who had been offered cardiac rehabilitation and participated were asked how satisfied they were with the service; 2 respondents had reduced service due to COVID-19. 5 were satisfied, and 4 felt that the information was very generic and not always relevant to their situation. One person had been offered cardiac rehabilitation and did not participate as they did not get offered it until weeks later and had returned to normal activity levels, so did not feel it was necessary.

The final heart health question asked respondents whether they had ever received information about contraception or risk in pregnancy in relation to their heart problems. 88% of respondents had not received any information. Those who had received information wrote that it focussed mostly on what types of contraception would be useful. This was given either in written form or through a conversation with a doctor and helped participants make choices about what type of contraception was best for them.

Research into Women's Health

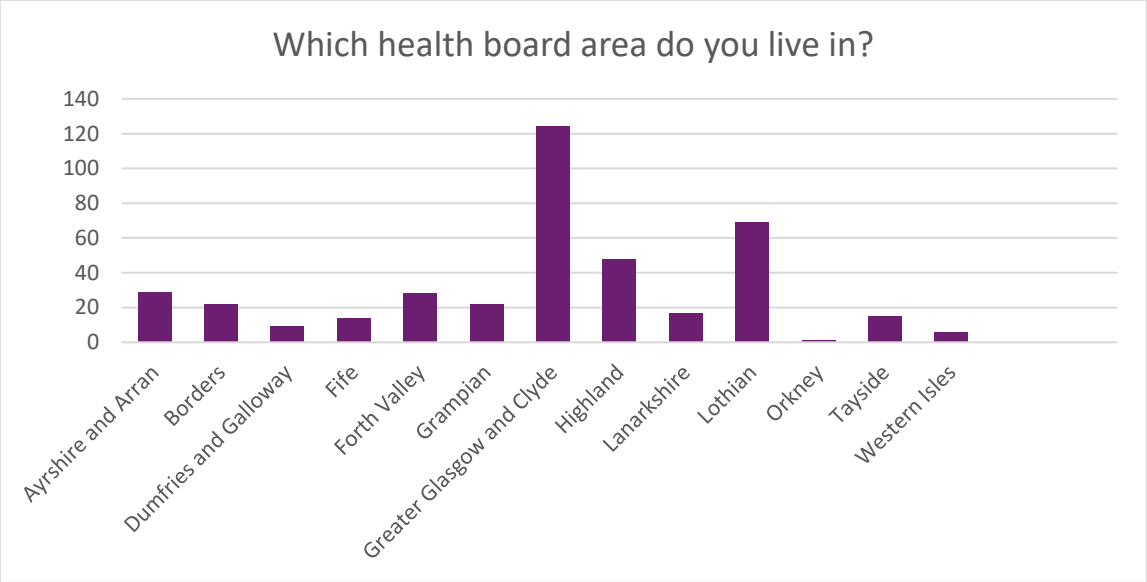
This section aims to explore why women are less likely than their male counterparts to take part in health or wellbeing related research studies and what may encourage them to take part.

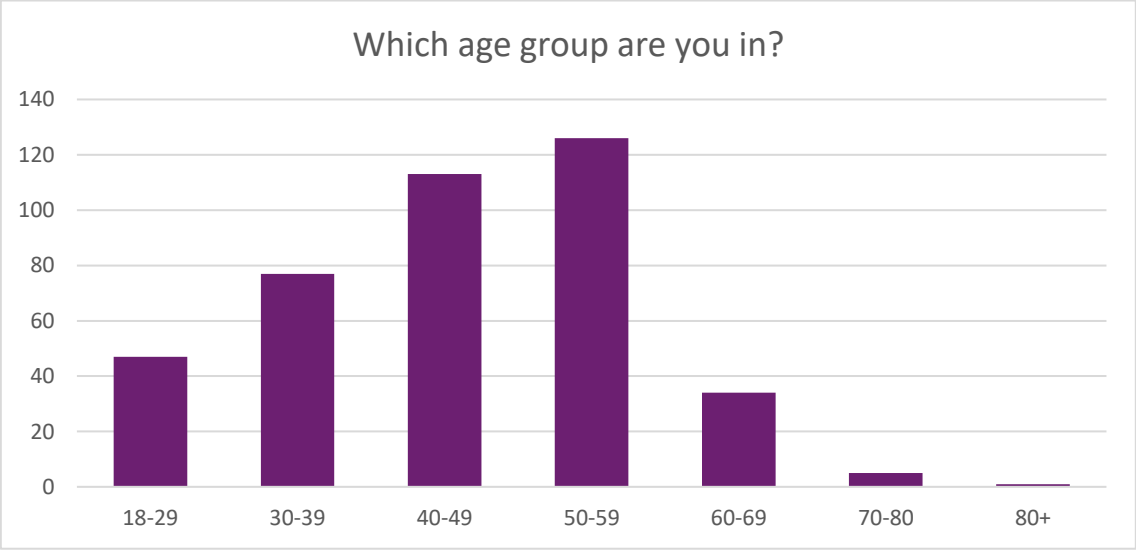
88% of respondents said they would take part in a health or wellbeing related research study, and those who said they would not were asked why and whether anything might encourage them to take part in a study. The most common reasons why they would not take part were time, work and existing caring responsibilities. Other factors mentioned include; anxiety, health (both that they had no health conditions of interest and due to existing conditions), embarrassment, concerns it would be invasive, previous negative experience and age. Many respondents felt that nothing could encourage them to take part in a study. For those who responded that they could be encouraged, payment, privacy, flexible times and the ability to participate from home (online or on paper) were suggested along with the research having a significant potential to help people.

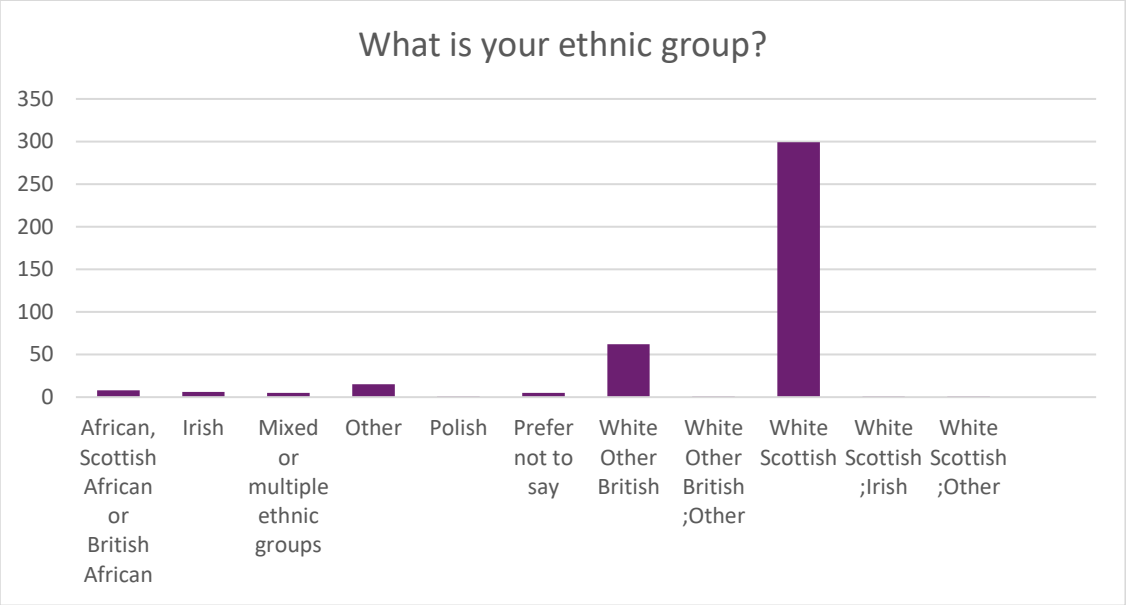
> *"Honestly, payment. Especially if the study would stop me from going to work. I'd also consider taking part if it was to do with a procedure I elected to… I also would consider if I felt the study had significant potential to help people."*

3.2 Respondent Demographics

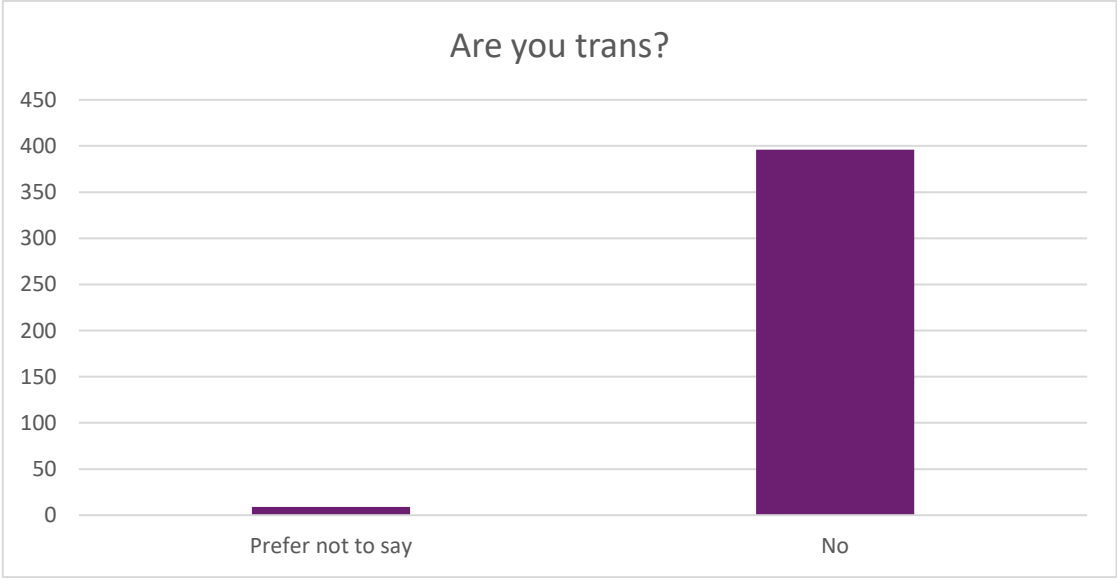
The following graphs illustrate the demographic breakdown of survey respondents. There was a reasonably good demographic spread, with 13 of the 14 health board areas represented, all age categories, and a reasonable spread across the other characteristics. Of the 165 people who self-identified as having a health condition, the two most common were a long term physical condition or a mental health condition. Due to the relatively small sample size, the data has not been analysed by demographic, however in future it is recommended that a larger study is done to facilitate intersectional analysis and ensure that any actions are based on appropriate information for targeted groups.

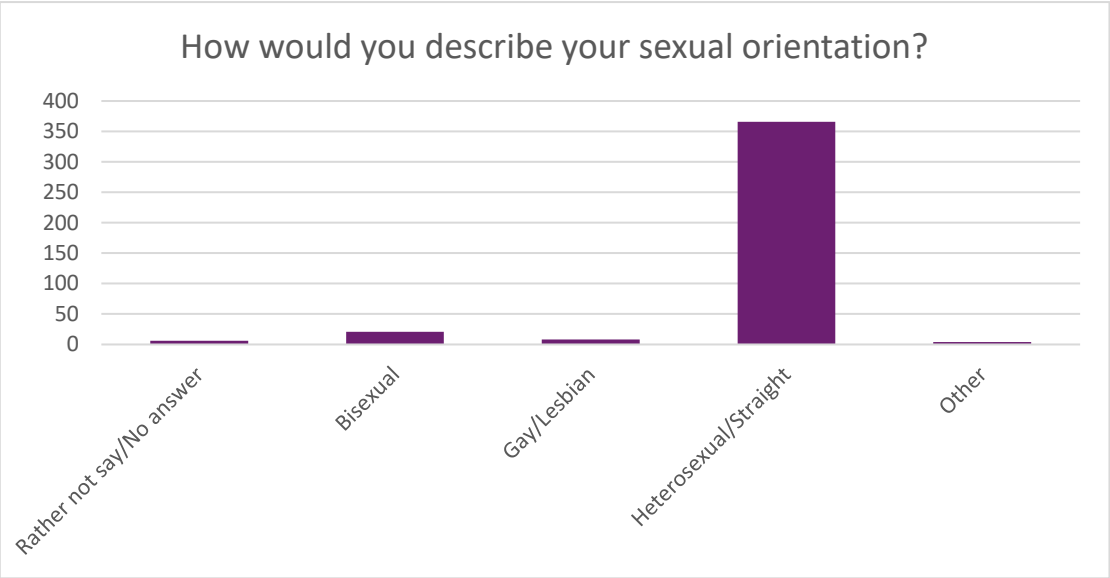


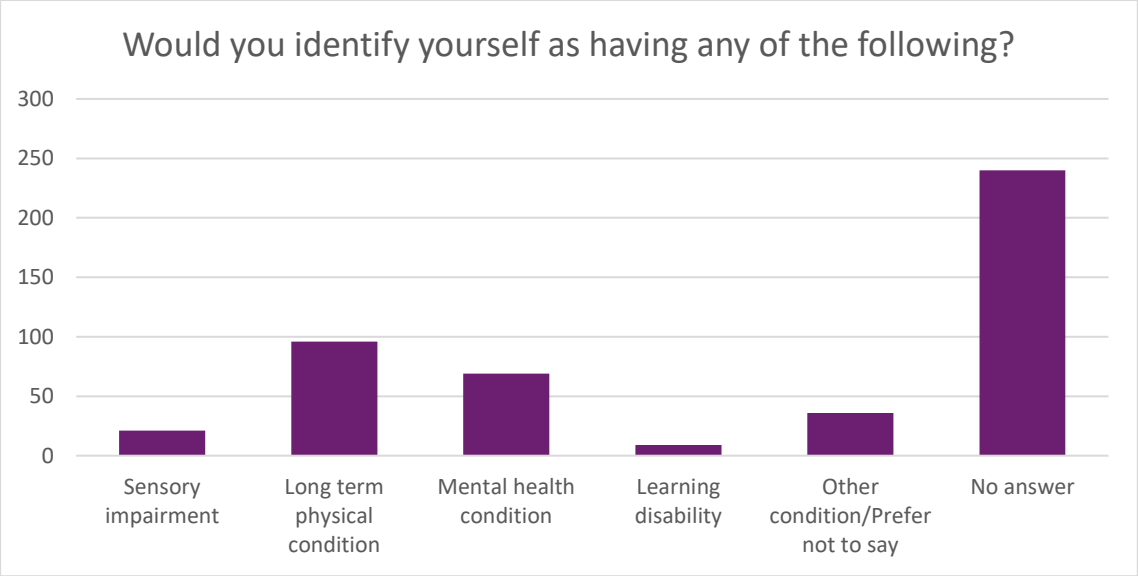



What is your ethnic group?
350
300
250
200
150
100
50
0
African, Scottish African or British African
Irish
Mixed or multiple ethnic groups
Other
Polish
Prefer not to say
White Other British
White Other British ;Other
White Scottish
White Scottish ;Irish
White Scottish ;Other


What gender are you:
450
400
350
300
250
200
150
100
50
0
Non-binary
Male
I'd rather not say
Female


Are you trans?
450
400
350
300
250
200
150
100
50
0
Prefer not to say
No


How would you describe your sexual orientation?
400
350
300
250
200
150
100
50
0
Rather not say/No answer
Bisexual
Gay/Lesbian
Heterosexual/Straight
Other


Would you identify yourself as having any of the following?
300
250
200
150
100
50
0
Sensory impairment
Long term physical condition
Mental health condition
Learning disability
Other condition/Prefer not to say
No answer

3.3 Key Messages

Many common themes emerged throughout the survey responses, with positive experiences and improvements to be made as well as themes in the negative experiences. Positive messages include that accessible, reliable information and healthcare professionals who are well informed about women's health and proactive with discussions, particularly around stigmatised topics such as menopause are needed and very welcome when they are available. Another key message was that the speed and efficiency of the service has an influence on levels of satisfaction, along with consistent aftercare.

Some contrasting themes from less positive experiences are that across all areas of women's health, respondents reported feeling like they were wasting healthcare professionals time or not feeling heard, particularly when they then received unclear or incomplete information. Some respondents felt that they were put on the oral contraceptive pill as a default which masked symptoms of menstrual health issues such as endometriosis and delayed diagnosis. There were also mentions of the risks of treatment, both surgery and medication, not being fully discussed before taking place.

There were strong messages to be drawn from the questions asking if any other factors in respondents' lives had made accessing healthcare difficult and the question asking those who would not participate in a research study why they would not. These were that it was difficult to fit in visits around work, caring responsibilities limited their time and mobility – especially since most places to access women's health services are not child friendly, and therefore changes in opening hours or flexibility with care arrangements need to be implemented. Another theme from this area was existing health conditions causing complications such as clashes of medication or making the person housebound, making access harder. Proximity to services was also highlighted as a particular problem in remote areas.

Appendix 1:

This stakeholder list comprises ALLIANCE members and non-members to ensure the reach necessary to cover the breadth of women's health. Each organisation on this list was invited by the ALLIANCE to share the Lived Experience Survey with their members:

- Who Cares? Scotland
- Families in Trauma
- Women's Rape and Sexual Abuse Centre Dundee & Angus
- Click, partnership that supports women who sell sex
- Terrence Higgins Trust
- Waverley Care
- HIV Scotland
- Menopause Café
- Women's Menopause Group
- Endometriosis UK
- Engender
- Glasgow Women's Library
- Scottish Trans Alliance
- BHF Scotland
- Chest Heart & Stroke Scotland
- Individuals with history of heart health issues
- CEMVO
- Scottish African Women's Network
- Polish Family Support Centre
- MECOPP, including Gypsy/Traveller Women's Voices project
- Hope for Autism
- The Junction
- Young Scot
- Glasgow Disability Alliance,
- Scottish Women's Autism Network
- RNIB Scotland
- deafscotland
- Anam Cara
- LGBT Health and Wellbeing
- The Poverty Alliance
- Breast Cancer Care Scotland
- Cancer Support Scotland
- Girlguiding Scotland
- YWCA Scotland
- Sikh Sanjog
- AMINA Muslim Women's Centre

- Reach Community Health Project
- Saheliya
- BEMIS
- Stroke Association
- Shakti Women's Aid
- One Parent Families Scotland
- Scottish Refugee Council
- LGBT Youth Scotland
- GCVS
- Grampian Regional Equality Council
- West of Scotland Regional Equality Council
- Central Scotland Regional Equality Council
- Edinburgh and Lothians Regional Equality Council
- Minority Communities Addiction Support Services
- SAY Women
- Sikhs in Scotland
- Sikh Women's Group at Glasgow Gurdwara
- Faith in Community Scotland
- Streetwork
- Simon Community
- Social Bite
- Addaction
- Alcohol and Drugs Action
- SACRO (Click partner)
- Families Outside
- Howard League Scotland
- Tomorrow's women, Glasgow
- Scottish Women's Aid
- Close the Gap

Appendix 2:

Scottish Government Women's Health Plan - Lived Experience Survey

Fields marked with * are mandatory.

The Scottish Government is currently working to develop a Women's Health Plan. The aim of the Plan is to tackle women's health and inequalities by raising awareness around women's health, improving access to healthcare for all women at all stages of life and reducing inequalities in health outcomes for girls and women.

The initial priorities for the Women's Health Plan are to:

- Ensure rapid and easy-accessible postnatal contraception;
- Improve access to contraception and abortion services including for young women;
- Improve services for women undergoing the menopause, including increasing the understanding and knowledge of women, families, healthcare professionals and employers;
- Reduce inequalities in health outcomes which affect women, such as endometriosis; and
- Reduce inequalities in health outcomes for women's general health, including work on cardiac disease.

We want to ensure the Women's Health Plan meets the needs of all women and girls[1] and, with these initial priorities in mind, this survey has been developed to seek the views and experiences of women in Scotland to help to inform the Plan.

The ALLIANCE and its sub-contractors will not distribute or disclose your personal information to third parties unless we have your written permission or are required by law to do so. We comply with the Data Protection Act 2018 and GDPR 2018 when handling your personal information. If you have any concerns about how we use your personal information, contact the Data Protection Officer at: DPO@alliance-scotland.org.uk. Alternatively, you have the right to complain to the ICO https://ico.org.uk/concerns/ You also have the right to object to how we process your personal information, the right to access, correct, sometimes delete and restrict the personal and sensitive personal information we use. Together with the right to receive your information in a machine-readable format for transfer to another organisation and not to be subject to a decision based solely on automated processing, including profiling.

We will retain your personal information for 3 years from the closing date of the survey. Published information will be kept for perpetuity.
By completing this survey you are consenting to us processing your personal information for the above purposes, which is our legal basis for processing your personal information.

Thank you for taking the time to share your thoughts, views and experiences, your input is key to ensuring the Plan reflects the needs and experiences of women.

[1] Our Plan is inclusive of trans women, trans men who continue to require access to women's health services, those with variations in sex characteristics and non-binary people. In taking an inclusive approach, we are clear that a core principle of this work is to uphold the dignity and rights of all women and girls in a way that responds effectively to their needs.

I confirm that I have read and understood the above privacy policy and agree to participate in the survey.☐

Glossary - Lived Experience Survey

Abortion - An abortion is the medical process of ending a pregnancy. The pregnancy is ended either by a medical abortion, which involves taking medication, or a surgical abortion, which involves a small operation. It's also sometimes known as a termination of pregnancy.

Abortion services – a healthcare setting where you can discuss or obtain an abortion. Abortion services are specialist and are usually available from hospital or sexual and reproductive health clinic.

Cardiac Rehabilitation – is an individualised programme usually made up of a mix of exercise and education sessions designed to help people in in their recovery after a cardiac event (such as heart attack or heart surgery) or to support living with a long-term condition such as heart failure.

Community Pharmacy – your local pharmacy which in Scotland dispenses NHS prescriptions and offers core NHS services.

Contraception - Contraception aims to prevent pregnancy. Some examples of contraception are: condoms, contraceptive pill, contraceptive implant, contraceptive injection, contraceptive patch, diaphragms, intrauterine device (IUD).

Contraception services – healthcare setting where you can discuss and/or obtain contraception.

Endometriosis - Endometriosis is a common condition where tissue that behaves like the lining of the womb is found outside the womb.

Heart Problems – we are using this term to cover all diseases involving the heart and circulation, including: congenital heart disease, inherited cardiac conditions, coronary heart disease, heart attack (Myocardial Infarction or MI), atrial fibrillation, heart failure and stroke.

Health Services – refers to all settings in which you can obtain healthcare or advice including GP practice, pharmacy, hospital, sexual health clinic, NHS websites and phone lines.

Menopause - The menopause is when a woman stops having periods due to ovaries stopping producing hormones, and is no longer able to get pregnant naturally, the menopause is a natural part of aging. Induced menopause is when a

treatment such as surgery which removes the ovaries, and some cancer treatments, which can damage the ovaries, leads to menopause.
Hysterectomy - An operation to remove the cervix and womb, and sometimes the ovaries too.
Menstrual cycle - The monthly process in which an egg develops and the lining of the womb is stimulated to prepare for possible pregnancy. If the egg is not fertilised, it is reabsorbed back into the body and the lining of the womb is shed. This is known as a period or menstruation.
Menstrual health – relates to the menstrual cycle including periods.
Sexual Health Services – In Scotland sexual health services include: Advice and provision of contraceptive methods, including emergency contraception; Advice, testing and treatment on sexually transmitted infections (STIs); HIV testing; Pregnancy advice; and Abortion advice and provision

Information and Services

1.a. Do you know where to go to access **information** for (select what you **do** know):
☐Abortion
☐Contraception
☐Endometriosis
☐Heart Problems
☐Menopause
☐Menstrual Health
☐Other Sexual Health

b. Have you ever accessed **information** about? (select all that apply)
☐Abortion
☐Contraception
☐Endometriosis
☐Heart Problems
☐Menopause
☐Menstrual Health
☐Other Sexual Health

c. Where did you go?
☐GP
☐Sexual Health clinic
☐Community Pharmacy
☐Internet
☐Family or friend
☐Other (Please specify:)

2. Do you know where to go to access **services** for (select what you **do** know):
☐Abortion
☐Contraception
☐Endometriosis
☐Heart Problems
☐Menopause
☐Menstrual Health
☐Other Sexual Health

3. How could we improve information for women, families and partners about women's health and wellbeing services that are available and how would you prefer to access them? (e.g. internet, flyers etc.)

Contraception, Abortion and Sexual Health

4. Have you ever accessed contraception services?
at most 1 choice(s)
☐Yes
☐No

Where did you go?
☐GP
☐Sexual Health clinic
☐Community Pharmacy
☐Internet
☐Other (Please specify:)

Were you satisfied with the service you received, and why/why not?

5. Have you ever been on the oral contraceptive pill?
at most 1 choice(s)
☐Yes
☐No

a. If the oral contraceptive pill was available directly from your community pharmacy, would you be likely to access it this way?
at most 1 choice(s)
☐Yes
☐No
Why?/Why not?

b. Would you anticipate any of the following being a consideration for you accessing the oral contraceptive pill in a community pharmacy?

☐Convenience

☐Privacy

☐Speed of access

☐Confidentiality

6. Have you ever accessed abortion services?

at most 1 choice(s)

☐Yes

☐No

Where did you go?

☐GP

☐Sexual Health clinic

☐Community Pharmacy

☐Internet

☐Other (Please specify:)

Were you satisfied with the service you received, and why/why not?

7. Have you ever accessed other sexual health services?

at most 1 choice(s)

☐Yes

☐No

Where did you go?

☐GP

☐Sexual Health clinic

☐Community Pharmacy

☐Internet

☐Other (Please Specify:)

Were you satisfied with the service you received, and why/why not?

8. Have any other factors in your life (e.g. existing health conditions, care responsibilities, domestic or work arrangements) impacted on your access to contraception, sexual health or abortion services?

Menopause, Menstrual Health including Endometriosis

9. Have you ever sought medical care or advice for periods or anything else regarding your menstrual health?
at most 1 choice(s)
☐Yes
☐No

Where did you go?
☐GP
☐Sexual Health clinic
☐Community Pharmacy
☐Internet
☐Other (Please specify:)

Were you satisfied with the service you received, and why/why not?

10. Have you ever accessed menopause health services?
at most 1 choice(s)
☐Yes
☐No

Where did you go?
☐GP
☐Sexual Health clinic
☐Community Pharmacy
☐Internet
☐Other (Please specify:)

Were you satisfied with the service you received, and why/why not?

11. Have you ever accessed health services for endometriosis?
at most 1 choice(s)
☐Yes
☐No

Where did you go?
☐GP
☐Sexual Health clinic
☐Community Pharmacy
☐Internet

☐Other (Please specify:)

Were you satisfied with the service you received, and why/why not?

12. Have any other factors in your life (e.g. existing health conditions, care responsibilities, domestic or work arrangements) impacted on your access to menstrual health, menopause or endometriosis care?

13. Did you have any education at school relating to periods or menstrual health?
at most 1 choice(s)
☐Yes
☐No
☐I don't know

Did this help you deal with actual life experiences of periods/menstrual health?
at most 1 choice(s)
☐Yes
☐No

14. Have you had experience of surgery or treatment that has induced menopause?
at most 1 choice(s)
☐Yes
☐No

How could we improve services, advice or information following surgery/treatment?

Heart Health

15. What symptoms would you associate with heart problems?

16. Have you ever accessed healthcare regarding heart problems?
at most 1 choice(s)
☐Yes
☐No

Where did you go?

Were you satisfied with the service you received, and why/why not?

17. Have you been offered cardiac rehabilitation?
at most 1 choice(s)
☐I have never been offered cardiac rehabilitation.
☐I have been offered cardiac rehabilitation and I participated.
☐I have been offered cardiac rehabilitation but I did not participate.

Were you satisfied with the service you received, and why/why not?/Could you tell us why you did not participate?

18. Have you ever received information about contraception or risk in pregnancy in relation to heart problems?
at most 1 choice(s)
☐Yes
☐No

What sort of information, and how did this help you to make decisions about contraception/pregnancy?

Research into Women's Health

Women are underrepresented in almost all areas of clinical research and we would like to understand the reasons behind this.

19. Would you take part in a health or wellbeing related research study?
at most 1 choice(s)
☐Yes
☐No

Why not?

Is there anything that might encourage you to take part in a study?

The following questions are to record who is represented by this study. This will help us to better understand the needs of women in Scotland, however you are not obligated to share any information.
None of the data will be used to identify participants and will only be shared with the Women's Health Plan groups as a set. Individual responses will not be shared.

20. Which health board area do you live in?
☐NHS Ayrshire and Arran
☐NHS Borders
☐NHS Dumfries and Galloway

☐NHS Fife
☐NHS Forth Valley
☐NHS Grampian
☐NHS Greater Glasgow and Clyde
☐NHS Highland
☐NHS Lanarkshire
☐NHS Lothian
☐NHS Orkney
☐NHS Shetland
☐NHS Tayside
☐NHS Western Isles

21. Which age group are you in?
at most 1 choice(s)
☐18-29
☐30-39
☐40-49
☐50-59
☐60-69
☐70-80
☐80+

22. What is your ethnic group?
☐White Scottish
☐White Other British
☐Irish
☐Polish
☐Gypsy/Traveller
☐Roma
☐Showman /Showwoman
☐Mixed or multiple ethnic groups
☐Asian, Scottish Asian or British Asian
☐African, Scottish African or British African
☐Caribbean or Black
☐Other
☐Prefer not to say

23. Are you:
at most 1 choice(s)
☐Female

☐Male
☐Non-binary
☐I'd rather not say

24. Are you trans?
at most 1 choice(s)
☐Yes
☐No
☐Prefer not to say

25. How would you describe your sexual orientation?
☐Bisexual
☐Gay/Lesbian
☐Heterosexual/Straight
☐Other
☐Rather not say

26. Would you identify yourself as having any of the following? Tick all that apply:
☐Sensory impairment
☐Long term physical condition
☐Mental health condition
☐Learning disability
☐Other condition/ Prefer not to say

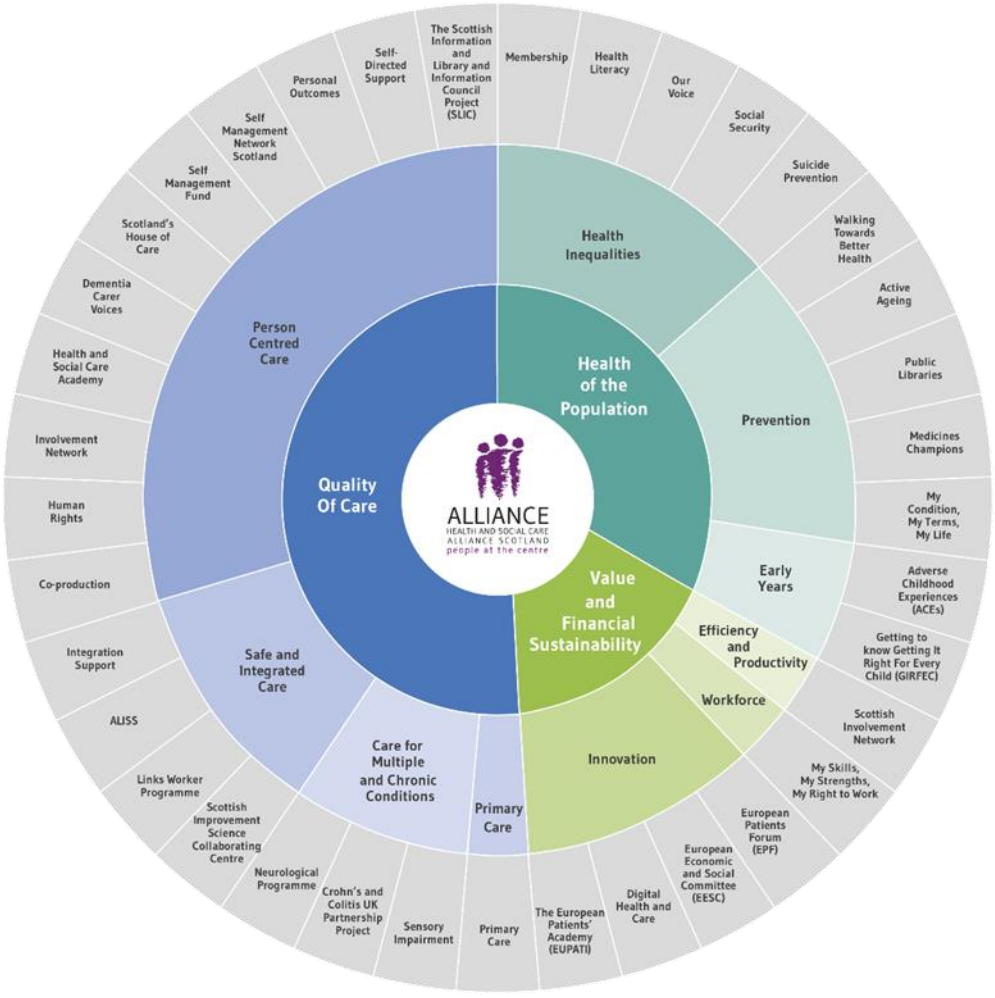
About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. It brings together over 3,000 members, including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals.

Since its formation in 2006, the ALLIANCE has built a strong track record in helping to shape and deliver policy, particularly in relation to self management, co-production, person centred and asset-based approaches and human rights. By harnessing the voice and capacity of disabled people, people living with long term conditions and unpaid carers across Scotland, the ALLIANCE and its members contribute significantly to the drive for transformation in public services.

The ALLIANCE's portfolio of work is strongly guided by our members and aligned to the Christie Commission agenda, the integration of health and social care, and the National Performance Framework

The ALLIANCE has worked with Glasgow School of Art to map out our existing work against the Scottish Government 2020 Vision, to show the breadth of our wider activity.



For further information contact:

Irene Oldfather, Director Strategic Partnerships and Engagement, the ALLIANCE
☎ 0141 404 0231 ✉ Irene.Oldfather@alliance-scotland.org.uk @IreneOldfather

Grace Beaumont, Development Officer, the ALLIANCE
☎ 0141 404 0231 ✉ grace.beaumont@alliance-scotland.org.uk @gracecbeaumont

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Health and Social Care Alliance Scotland (the ALLIANCE)
Venlaw Building, 349 Bath Street, Glasgow G2 4AA
☎ 0141 404 0231 ✉ info@alliance-scotland.org.uk @ALLIANCEScot

www.alliance-scotland.org.uk

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