

Dorset Women CIC E1_mixdown v3 (1)

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Women's health, NHS Dorset, community engagement, menopause, GP training, patient empowerment, data collection, cultural diversity, minority groups, sustainable initiatives, healthcare system, collaboration, advocacy, digital survey, public health.

SPEAKERS

Anjali Mavi, Speaker 1, Speaker 2, Speaker 3, Speaker 4, Marianne Storey, Speaker 5



Marianne Storey 00:09

Welcome to Episode One of speaking of women's health, a podcast that gives you the opportunity to see behind the scenes of a recent NHS programme that focused on women's health. I'm Marianne story.



Anjali Mavi 00:21

Hello everyone, and I am Anjali Mavi.



Marianne Storey 00:24

Anjali, how are you doing? This is our first episode. How you feeling?



Anjali Mavi 00:28

Feeling very excited to more about this amazing programme, which you've been working from last three years. And it's my debut here. It's your



Marianne Storey 00:36

debut on the podcast. But welcome, welcome to Dorset women. I'm thrilled to have you here. I have to say, it's great to have someone here with me, asking the questions



Anjali Mavi 00:48

absolutely and really looking forward. But why I'm here, Marin, tell me more about this project and what we are here to do with this podcast. I know lots of women, and I'm a mom, a wife, a community activist, so I know a lot about of kind of barrier women face in their lives, especially women from non white background, heritage, and women and girls who need additional needs. But what's different about this podcast? Tell me



01:17

more about it.



Marianne Storey 01:19

You are a woman, a wife, a community activist. Yes, you load lots of women, you do a lot of work in your community. You are amazing. So this podcast is about a very specific programme of work that Dorset women were involved with, with the NHS locally, and we thought it was really important that we gave all the women in Dorset an opportunity to understand what this programme was all about and to find out what goes on behind the scenes of a programme like this, and the kind of things that lots of incredible people In the NHS are working on. Because sometimes we talk very negatively about women's health and the NHS, for very good reasons. I have to say, you know, we're all very well aware of the long waiting times. And everybody knows somebody. Some of us have even got stories ourselves about, you know, difficult experiences we've had with the NHS, so I wanted to just put a slightly different slant on that. I wanted women to be able to understand that there is a lot going on in the NHS to try and improve that on their behalf, right? And Dorset women's been campaigning for a long time for this kind of programme with the NHS. Three years ago, we started this programme, and I have to say it's been a real success story, because we campaigned, and we campaigned, and we went to the people at the top, and we wouldn't let it lie, and we kept going, what are you doing about women's health? What are you doing about the waiting times? And to be fair to NHS Dorset, they came to the table, and it has been such a successful programme of collaboration between women and very senior people in the NHS. So that's the point of the podcast. Does that answer your question?

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Anjali Mavi 03:07

Yeah, kind of I absolutely say that. But I really want to know whether this project has made any difference, especially for the girls and women in Dorset. And I'm interested to know about how this project worked behind the scene, because I can tell you, the waiting list of having a GP appointment is still a big challenge. So how this programme really helped?

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Marianne Storey 03:35

It's a very good question, actually, and probably one that's not that easy to answer, because programmes like this take a long time. And not only did they take a long time to actually happen, it takes a long time to really see the difference. I guess we will hear the answers to that from our guests. Why don't we ask them that question? Because I could give you my answer, but I think it's important that you hear from the people actually been, you know, working in the hospitals, in commissioning departments, in public health, what they've been trying to achieve. And, you know, it's only been an 18 month programme, right? And as I say, things take a long time to change in the NHS. So let's see what they have to say. I would say that it has really started something that was very, very long overdue. It's brought people together. It's got people working together. It's got people prioritising women's health in a way that just or hasn't been done for decades. And it's started to, I would say, hold the NHS to account for which they have been very willing to be held to account in Dorset to some of these problems that women have been experiencing. And so for me, that's the biggest thing it's done. It's really got the ball rolling. So I don't, wouldn't say that. You know, it's changed the world, yet it still may well do. That, but it started you

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Anjali Mavi 05:02

sound really very positive, and I can see that our guests for today are very senior people from NHS. And I hope the questions we come up and will be answered by the stakeholders who are in NHS, and they know better than us.

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Marianne Storey 05:18

They're certainly very senior people. We've got Paul Johnson coming on today, who is the Clinical Director for pretty much all of the NHS in Dorset. So from a medical point of view, it doesn't really get much more senior than him, and he was the senior officer for the whole programme. And then we've got Helen crook, who's coming, who was the programme manager, so she was responsible for making the whole thing got done and on time and in budget and all those other fabulous things. So yeah, it'd be really interesting to hear what they wanted for this project and what they think it's achieved. So shall we crack on and hear from them?

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Anjali Mavi 05:53

Absolutely, I can't wait to hear and get answer of my old questions. You

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Speaker 1 06:03

do you want to just tell Anjali, or tell the podcast who you two are? Because obviously I know you both very well, and they don't know you from a

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Speaker 2 06:11

bar of soap. So my name is Paul Johnson. I am a GP and also the chief medical officer for NHS Dorset, which is the commissioning organisation part of the NHS in the county of Dorset, and also I was asked to be and accepted, with enthusiasm, to be the Women's Health Champion on behalf of NHS Dorset, which meant that I got very involved in the women's health hub and the development of the programme that we'll be talking about today.

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Marianne Storey 06:42

So what does that actually mean to be a medical director or clinical director, and what's the difference? And what do you do every day? What, in a sort of nutshell?

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Speaker 2 06:50

So in a nutshell, the main, the main job that I guess I've got, is to make sure that the services that we make sure are available to the population in Dorset are clinically as best as they can be, that are safe and effective. They use the best evidence that we've got available to us, and also make sure that where our clinical teams are working with you, that we've got the best environment, both in the way it's organised, and also in the where they are meeting you and looking after you as we possibly can. So can I create the best conditions for our clinical teams to do their job as well as they can? And I think that's, that's the overarching responsibility that I have.

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Speaker 1 07:30

I mean, it sounds like a bit of a Wizard of Oz kind of situation. I mean, how do you do that? What do you actually do sit in your office and without instructions, or how

S**Speaker 2 07:41**

does that work? So I think the most important thing is, I think making sure that we properly understand the population, endorse it the needs of the population, that the things that they need to use our services for in order to try and stay well and then get better when they're unwell. So there's an awful lot of data and experiential data gathering and talking to our population, that's part of that. And then it's very much. It's not me saying what to do. It's, I guess, as we come in to talk about what we did around the Women's Health Project, it's a similar sort of thing to that. It's getting people in the room together, whether it be virtual or whether it be in person, to look at what services are being provided. What's the experience like for those providing the services as well as those on the receiving end of the services, and how can we make them better? And let's work on that collectively. Let's work on that together. And then the role of a commissioner is to try and enable that to happen. Make sure we use the resources that we've got available as effectively as we can so that those services deliver what they need to for the population. So I guess that's kind of how I go about it, very much in partnership and very much working as closely as possible with other people in the county. Have you been called the Wizard of Oz before? I've been called lots of things, but never the Wizard of Oz. Chief meddling officer is often the one that is used because, because, I guess I kind of see no clinical area is out of bounds in the opportunity that we have so but no The Wizard of Oz. I might stick with that. Unfortunately, though, I've just realised the Wizard of Oz at the end of the film is all a bit of a sham.



09:19

Okay, let's just skim over that.

S**Speaker 1 09:24**

Everything behind the scenes. That's it. That's



09:27

it. Absolutely, yeah. Do you want to ask anything?

A**Anjali Mavi 09:30**

Anjali, it's very fascinating for me actually hearing you doing so many things all together and wearing a lot of good hats. And it's very good to know there's people now thinking about women health in within NHS and in your position, so I think it's really remarkable, and I'm really glad I'm part of it so I can hear more about it.

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Speaker 1 09:51

Let's move to Helen. Then Helen, what was your title in this job and what did that mean?

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Speaker 3 09:56

Thanks, Maria. I'm looking forward to seeing what my nickname will be in a minute as well. Yes. So Hello everyone. I'm Helen crook, so I am a programme manager in what we call our transformation team at NHS Dorset. So transformation could be shorter term, which we'd call probably sprint, so very quick transformation, or longer term, over many years, and that can include all manner of things. So a new service, a new pathway with an existing service, a new product procurement, of a new system, many, many things. And I work in the what we call the delivery side of the team. So we are a group of project managers and programme managers who, I would say, act as enablers to change so we will be assigned to a project or a programme running across the Dorset system, or sometimes even wider than that, of course, to do all manner of things. So project documentation, looking at the risks, looking at the alignment with strategic priorities, what else is happening nationally and regionally, anything that domain dependencies and interdependencies. And I would say a big part of my role is just bringing people together so much like Paul, but in a different way. So what's happening across the system? How do we work as a team and a partnership of people to enact that change? I was so pleased to be asked to programme manage this about, I say, 18 months ago. It's probably more like two years ago now. I come from a women's health background, primarily. So before this, worked in perinatal mental health for quite a few years, both NHS England, and before that, in a provider trust, and before that, worked clinically in psychology. So because Women's Health is such a passion of mine, when I got asked to do this, I absolutely jumped at the chance, and it's been such a pleasure to do it really has.

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Speaker 4 11:38

Do you do data collection also? So we look at data

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Speaker 3 11:41

very much. For any programme, all of it needs to be evidence based and database. We work very closely with what we call our dice team, so our Dorset intelligence and insight team. Who are, I'm going to call them the experts. I'm definitely not a data expert, but I rely on those brilliant people who are so we, at the beginning of this programme, of course, we looked at what the data was telling us. So even things like, I don't know, what is the gynaecology waiting list like in Dorset? What's it like in different pockets of Dorset? You know, the kind of geography or different community groups, but also things like public health reports, fingertips reports and data from women, of course. So that qualitative data, what do women and girls actually want? So there's the what I think of the data, the numbers, but actually the qualitative data, which is equally as important, of course.

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Speaker 1 12:26

So I think I've come up with an analogy for you Helen, as the kind of Captain of the Star Trek, driving the shit, getting the data in from all the other people. But that's how I see your role in this programme. What do you think I'll take that. I think that's fine.

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Speaker 2 12:42

Take that over the fake Wizard of Oz anytime, Helen, if I were you,

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12:45

it's a win. It's a win. Absolutely

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Speaker 1 12:49

Okay. So we've come together today to talk about very specifically, the women's health programme that finished earlier in this year, and we launched it. You said two years ago, Helen, it really was that long ago now, wasn't it how time flies when we've been having fun, and it has, it was fun. It was it was a great project to be involved in. It wasn't a huge amount of money that came from NHS England to do this project, was it? And it was always one off money. So we always knew from the outset, and all of us were really ambitious about it, weren't we? We wanted to change the world, but we knew we couldn't. So we knew there was a limit to what we could do. But maybe starting with you, Helen, what did you hope this programme, knowing all of that, and what I guess was the one big thing that you hoped would change for women in Dorset,

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Speaker 3 13:36

big question to start off with. So I would say, I think the key thing is, literally, how do we find a new way of engaging with women and girls that's meaningful for them and that we can sustain in the future and spread to other programmes as well? So as you said, Marianne, we do have a limited financial envelope, and that's true of probably most projects and programmes. I would say that's not a new thing, and that's not always in our control. But what is in our control, I firmly believe, is how much we engage with the people who are on the receiving end of the services and the changes we make that is absolutely in our control. And I think at the start of this programme, yes, there are some we could call them restrictions and things we have to abide by, but we have control in the approach that we take and the people that we engage with. So for me, it was very much okay. This is the financial envelope. This is the kind of statutory instructions of what we need to do now. How do we engage with women and girls? Endorse it to put something in place that's meaningful for them and that we can perhaps drive forward outside of this programme as well.

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Speaker 1 14:37

When you say, use the expression engage with women, what does that mean to you? I mean, what do you mean go out and talk to them? Do you mean get them involved in the project? What? What does that mean?

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Speaker 3 14:46

I think it's whatever is meaningful to them. I would be honest and say guilty in, let's say, setting up an engagement event and expecting people to just come and meet with us somebody they've never met before, and give lots of information. And then we wonder. It doesn't work. We need to learn from that and move on and actually put things in place and engagement opportunities, and working with opportunities that are meaningful for each person, and actually listening to that. So for some people, that was some of us from the team, and we did literally going out to different community face to face events and being part of their existing meetings and community events to find out what would actually be meaningful change for them and how we engage with them. We put out a digital survey as well. Some people prefer giving their feedback online. That's absolutely fine. So we did that last year and got nearly 1000 responses. I'm very pleased to say, working, of course, with Dorset women, so with Marianne and her team, even before we put any kind of documentation back to our colleagues at NHS England, we partner with Dorset women so we could make sure that okay, every decision that we make throughout this whole programme is CO produced with those that were on the receiving end. And that for us, and I think you'd probably hopefully agree, Marianne, we've worked together, so we put those opportunities in place that are meaningful for people, rather than what we think would work as NHS people, it's what our community of women and girls feel will be useful for them.

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Anjali Mavi 16:10

Was any any kind of moment or particular story you think, Oh, that really make a difference, or this will really work? Is there any story or any moment you want to share with us.

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Speaker 3 16:22

I think a few things when we engage with particular groups in the travelling community, I remember a few of us went to a particular meeting and they let us know that they'd had experience that some people in the NHS and other more kind of strategy organisations had, let's say for information to get out there, like a leaflet, they had changed it in the way that that we felt would be useful, whereas they told us, actually, work with our community. Give us a leaflet and we will make the amendments for you, because we know what our community wants. So there were some really key tips. I would say that I just didn't realise that were really useful in that domain. I would also say, and I'm so that's why I'm so pleased that Paul has been a senior person for all of this programme that we can't take a them and us approach. Yes, this programme is very much about women and girls, but it's also about the partners of women and girls. It's about the family members. We need to bring males along with us. Marianne and I were very positively asked to speak at the Bournemouth uni Women's Health symposium last year, weren't we? Marianne, I think it was last June. It's gone very quickly, and I will always remember this for the rest of my days. I think the audience were primarily female, which is probably what I expected, but there were three male students in the audience, so probably early 20s. And I remember perhaps naively thinking at the time, well, this is strange. There's some men in the audience. Why have they come to a women's health event? And one of them spoke up and said, Oh, I bet a few of you are wondering why I'm here. And he said that his mother had recently been through the menopause, and because nobody had ever told him about it, he didn't really know what it was, what it meant, why she was acting differently. And he actually said, if somebody had bothered to tell me, then I would have understood and could have helped her. But nobody gave me that chance, and I will always, always remember that, that it's not to them and us. We need to do this together. So that's something that will always stick in my mind.

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Speaker 5 18:19

That's great example, and really kudos to that. Boy.

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Speaker 1 18:21

How about you, Paul, when this project started, was there anything in particular that you really wanted to see change in Dorset?

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Speaker 2 18:28

I think there's three things for me that were really key. I mean, the first one was, whenever you get a bit of small amount of funding, or even a larger amount of funding, what it is more than anything else, it's a stimulus to get people in a room who have experience and expertise in whatever it is. And for us here, it was bound to women's health, talking together, sharing experiences are much about, you know what Helen has been talking about, but giving them a space to get enthused and energised and to learn from each other. And we had consultant gynaecologists, we had research academics, we had people with lived experience. We had a whole diverse group of people coming together who all saw women's health through their lenses. The cumulative effect of that was greater than the sum of its parts, and that's one of the really exciting things. It's a stimulus for different conversation. I think the other bit is because it's not recurrent. What it challenges us to do is to look at what's the resource that we currently got that we are using to look after and support women's health, and how can we use that differently? There isn't any more coming our way. But are we spending our money? Are we utilising our clinicians and our volunteers and our key stakeholders in the best way that we can that meets the needs of the women of Dorset. And I think that's the question that people started asking, and that's where some of the work came out of this. So it challenges us to think differently. And I think the third thing, which builds on Helen's point, is during my time as a GP, I think we went through three. The phases of relationship between the clinician and the patient. And when I started out, the clinician was the expert. The clinician had all the information. The patient came in to hear from the expert and to be told what was the best thing that should be done for them and for their health. It then moved on to there being a shared amount of information, but I think the information was undistilled, and this was when the internet was just getting going, and it was really difficult for people to try and discern what was fact compared to what was hearsay and anecdote on the internet. And I think there was a huge amount of misinformation out there, which led to a bit of resetting of the relationship, which was good, but the information wasn't quite as it should be. I think we're in a much better place now, where the relationship has shifted even further, that the power base sits with the patient, and we've still got a way to go in that. And I think one of my hopes was that we would shift the power around controlling one's own health and making decisions about one's health and helping yourself and choosing when it's appropriate to get that expert help and then to be involved in shared decision making around it. I think if we look at some of the outcomes that we've had from this project, that was a real driver. You get power when you get information. I mean, Helen's example of the boy whose mother went through, went through the menopause, or through the travelling community, who could adjust their own information. They then had the information that was helpful for them to make decisions for themselves or their family. That meant that not only could they have a better conversation as equals with their clinician and be involved in the decision making, but also they could manage an awful lot of things themselves because they had the information and the power to do so. So I think, I think those three things, and you don't need much of a spark of money coming up front to do that. You need some but actually it can go a lot further than the actual pounds and pence that you get in the pot to be able to do it. And I think for me, that was where I kind of wanted to see the real fruits from the project.

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Speaker 1 22:00

It's really fascinating listening to the two of you talk about this, especially because I've been on this journey with you, right? And it's just really refreshing to hear you just remind us of what it was that you wanted to get from it. And I think listening to you, I'm hearing three things. One is it sounds like you really wanted NHS Dorset to change the way it worked with women, as opposed to just saying, right, this is what you're going to get. The second sounds like you really wanted to see the system shift in the way it worked together. And the third one sounds like you're saying that you really wanted to try and move information to wards women and the public, rather than away from definition. And I think the two of you have really summarised that really, really well. So to what extent do you think you did achieve those things? I say you we what? To what extent do you think we achieve those things?

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Speaker 2 22:54

And I pick you up on that last bit, because I have to say that without Dorset women and without your work and your input, we wouldn't have achieved it.

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Speaker 1 23:02

Yeah, I wholeheartedly agree with that. So it isn't something that really has been you putting your money where your mouth is saying, the way you worked with us really demonstrated how you were prepared and able and did work differently.

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Speaker 2 23:17

Yeah, and there was some nervousness up front, because we're very used to we get some resources, and we have some indicators that we have to measure ourselves against, and there's a sense of need to control because we have to report back on having achieved certain things. I have to say that the blueprint that we were given for what a good outcome from this looks like, we ended up quite a long way away from that. But I think that was the right thing, because we got to a better outcome. But I think the nervousness was saying, Dorset women, Marianne, here's the resource. You tell us what we should do with it, and it's one of those uncomfortable things where we go actually, I'm not the expert. I could come up with something that I think would look great because the consultant gynaecologists tell me that's the best thing to do, or the consultant Public Health says that's the best thing to do, but we could miss the mark and we could all we could do was manage the things that we thought were the biggest issues, which may or may not be the things that actually the women in Dorset are really concerned about. So it was a nervous handing over, but it was absolutely the right thing to do, and you stepped up, and were a real key partner and a key leader in all of this.

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Speaker 1 24:19

Well, I think we were real living examples of how much passion women had for it, and how much they had to say, and how much they had to contribute, and to what extent that could really make a difference. And you know, hearing you talk about those three things, which I hope I've summarised fairly accurately, I think we would have agreed from you, had we set out from the beginning to achieve those things, I think we would have said, Yes, those are three good things to achieve. So it's interesting reflecting back that that is what you wanted in the first place.

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Anjali Mavi 24:46

I was not part of the initial, you know, process, but then it's a big project dealing with different people. Is there any moment during this time you felt a biggest challenge, or you feel like we're gonna fail? And. This, or maybe it will be difficult. So how you as a team navigate that? And because I can see that, being working in the community, sometime, you have your setup of doing things, but things doesn't go as what you expect and as you plan.

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Speaker 3 25:13

I don't think, and I am not just bigging us up as a team now, but we haven't come across too many challenges. And that's not because everything is plain sailing, but I think it's because of the approach that we took. And I know we keep saying it, but from the outset, before we did anything, we worked with Marianne, we worked with Dorset women. Even our priorities for the programme were set by women and girls in Dorset. And I think if you take that approach to start with, and then build all of your other partners. So Marianne and I and Paul even looked at the terms of reference for our groups that we had to drive this work forward. We looked at the membership. We did all of that together as true CO production. It wasn't just Paul and I going away as NHS and back briefing Marianne. It's let's do this as a team together. And I think if you take that approach from the start, and you build those working relationships from the start, there's not really anything that you can't get through. So even when difficult things come up, as they do with any project or programme, we're able to get through it really well. And hope Marianne would second that as well. You know, there are difficult conversations along the way. We have different deadlines, and some things are tricky, I think, when you work with lots of different partners. So we've talked about Dorset women, of course, but our Bournemouth University colleagues, Wessex, Health Partners, health innovation, Wessex have been amazing, and many that I haven't mentioned yet, inevitably, different people come to a programme with different priorities and different objectives. And I think one of the key things that we need to do as a programme team is manage expectations, but work in a CO produced way, so we take all of that into account, and we move forward in a way that's effective for everybody. And we do that because we took that approach from the start, and because we built those relationships. And it sounds like a quite simplistic thing, but I do believe in all of the programmes in the last few years that I've been part of, generally, things are more difficult because you don't have that communication, you don't have those relationships, and that's something that we built from the very start.

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Speaker 2 27:15

I think there's always a danger when you get a group of people who are passionate together, you've got advocates for everything. And it wasn't just advocates for women's health, it was advocates for particular aspects of women's health. And there is a risk when you do that, that you get a list of everyone's priority and you can't achieve everything. And I do remember the outputs of the very first workshop that you held as part of this Marianne, the long list of ideas that people came up with was absolutely huge, and each one of those in their own right, had a really good reason for us pursuing and working with but actually, everyone was prepared to work through let's distil these out. We can't do 2530 different things. What are the things that, collectively, we can all agree are the things that we really should be focusing on. And everyone managed to get there. And I think that was a really helpful journey, because even those who may well be very passionate about the inside of the left knee, the inside of the left knee didn't become a priority, but they were still engaged and still part of the programme. So I think that was a real risk, and it's always a risk when you do this, but we managed, collectively, to get beyond



28:23

that. Oh, great. Thank you so much. Thank you, Anjali.

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Speaker 1 28:27

I think we'd be lying. Helen and I if we said that we didn't have any moments at all, or we thought, can we really still pull this off? I mean, there was, I could think of a couple Helen, where we were wondering, it's really going to work. But I think you've said exactly as what I would say was that actually, by those times when, when we were really up against it, and we were a couple of times, let's be honest, because you always are on projects like this, yeah, you know, our relationships like, as you said, was so strong by then that we, we just found a way through it, didn't we? And there was no blaming Anjali that I think that was a really interesting part. When we did come up to those moments, nobody was there to blame somebody else. Or how has this happened? Or why has this happened? It's like, right? And this was Helen's skill, really, is here we are. What are we going to do about it? Who can do what? And actually, people just consistently put their hands up, didn't they, and said, I'll do this. I'll do that. And there were times when we worked through the weekend late at night, and I think that really talked to what Paul was saying about the passion in the room. And the passion was in the room from those first workshops, and it carried through. There were people on this programme who really wanted this to work. So even when we were up against it, there was enough of that to get us through those hairy, yes, a couple, but, you know, a couple of hairy, like hairy times.

S**Speaker 3 29:47**

And I really think you're right, Marianne, we did have those conversations, and I remember saying to you at the time, and I still believe it now that okay, these difficult things are happening. How do we get through this? But we always brought it back to. You, why are we doing this? We are doing this because we genuinely believe that women and girls endorse it, deserve better, and when we come back to that key objective, there's nothing that we can't get through. And I remember us talking about that at the time, Marianne, and it's true, the passion is there. We went through difficult times, of course, but the passion is there. We know what we're doing this for, and we achieved it.

**30:24**

Well done. I can see,

S**Speaker 1 30:27**

well, let's, let's just go back again to what it was that we were trying to achieve, and whether we think we did achieve it. Because Paul's List of 2530 things, clearly we couldn't achieve all of them, but we have five really clear priorities. You managed a number of what we called work streams, different pieces of work, that we're achieving different things. But I think there's overall three things that we've been talking about, that shift in the way the system works together, that movement of information from clinicians to women and patients. Do you think we achieved it? And is there really a point where you can say, right, we've done that, or is it an ongoing process? And if so, what is that ongoing?

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Speaker 2 31:03

I think there is evidence we have shifted the dial. If you ever get to the point you say it's done and dusted, then feel very uncomfortable with yourself, because actually it very rarely is or something external will come along that changes and says, actually you're not finished after all. But I think there's been a big shift in the dial. I think if we look at the online resource that's been pulled together. There is a huge amount in there that provides the expert knowledge that was often you had to go looking hard for or you got from a specialist that is now available and in a way that is accessible and understandable for women within Dorset and I think that's a key enabler that allows people to have that power, have that knowledge, be able to make their own decisions and to know where and when they need to get extra help. So I think that's really worked. I think menopause is a really key good example where I think we've shifted clinicians. I remember as a GP, menopause was seen with a degree of simplicity from a clinical perspective. And there were one or two treatments that you may or may not offer, and there were some fine, you know, some narrow criteria as to why you would do that. And I think the understanding of menopause has shifted hugely over that time, but many of my peers have not been able to keep up with that shift. And although a GP isn't supposed to necessarily be an expert, we are generalists. We have areas of interest, but we can cover a large number of things, and there are experts we can call on lots of women see their GP because they are struggling with a whole diverse issues around menopause and the training that's been put on, and the level of engagement from the GPs, particularly around menopause, has been quite, you know, really good feedback from them, and I think that's helped empower that general practice workforce to understand the nuance and the complexity that sits within that particular condition. So I think those are real successes that, for me, say that we have shifted the dial on the way we think collectively and the way we work through some of these things together. The programme has to come to an end, just because the funding is for a time and image period only. So I think it's more about what's the legacy and what are the things that can continue to improve without necessarily needing a programme to drive them. And I think that's where the ongoing support that you provide around the website, that's where starting those educational sessions for GPs that the appetite has come back, and there's more people saying we're prepared to do this. And it doesn't necessarily need money to do it. It just needs the appetite and people able to do that. So I think there are triggers there that say the work will continue, even outside of the funding, and we've still got enough advocates in the system who will shout loudly, and that's the other thing. People have found their voice and found that people are receptive to their voice, and I don't think that bit will change.

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Anjali Mavi 34:00

I would like to add a question here for Paul. Here, you just said that the project is in the end now, and it is a legacy. We can take it forward. But do you think this project has changed the way NHS Dorset will approach the woman in future? Do you think this, this project really put that impact now in the system?

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Speaker 2 34:20

So yes, and some. So I think it has, and there is a commitment, both from NHS, Dorset as an organisation, but the wider NHS to continue meet and engage. And that group that we brought together, they still want to meet, and Dorset women is enabling that to continue, and that's more because willing participants, rather than because it's a programme and we and we have to meet. So I think that exploration of ideas and that discussion space will continue. I think the other bit that's really valuable, and I think Helen touched on this as well, it's not only challenged how we approach women's health, it's challenged how we approach some of the ways that we design our services and some of the ways we think differently. So I think it will change other aspects of health care. You know, I'd love to see it impact Men's Health, where we talk about prostates in a different way than we've been talking about up until now. And I think it will, I think it will have wider ramifications than just within women's health. Good.

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Speaker 1 35:16

Thank you. How about you, Helen, what do you think we've achieved, and what do you see happening?

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Speaker 3 35:22

Nick, I think the key word for me, and I think it has come up throughout this discussion, is empowerment. I count myself as a Dorset woman, of course, but all you know, pretty much all of the women and girls that we've engaged with and continue to do people have really reported that they don't want to be spoon fed. They want the information for themselves. One of the key things that we really set out to do that, I think we have achieved fingers crossed, is to provide that evidence based information to women so they can make those decisions, or are equipped to make those decisions about their own physical and mental well being, and have access to that information so they can do that in a timely way. And I think that's where our website that went live in April really comes in. So that really helps women to navigate the healthcare system, endorse it all in one place. So that should be far, far easier for them, but have access to information on what might be really normal, what might be something to look for, and importantly, where to get help if they need it. So empowerment, for me, is such a huge thing, and I think that really feeds into the sustainability element. It's not us telling women and girls what to do, is saying, Here you go, there's all the information that we've got. We really hope that this empowers you to make those decisions that you need, and that's something that's sustainable for them, I think, into the future. And I think also to say, and we've touched on this many times already, that we always knew that this programme was time limited, very sadly, would help definitely work on this forever, if I could, but we always knew it would come to an end. And I think that's why we set up sustainable elements from the start. So working with women and girls, of course, who Dorset women, making sure that we had a sustainability element for the website to keep updated. We talked earlier about, do we ever come to a point where, right, it's all done and dusted and everything's changed? Of course, we don't. Things continually change for the better as a result of feedback that we get from women and girls, from clinicians, from their families, and building those elements in I feel so proud, I think, of what we've managed to achieve together. And although the programme has ended, there are so many passionate people working across the system, and I think that this programme has been a real kind of vehicle, I would say, to get women's health really high up on the agenda, endorse it regionally and nationally, and we still have the Women's Health national team as well to make sure that we are we're not going anywhere. People know that women's health is important and will continue to vouch for it into the future, months and years. I think,

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Speaker 1 37:50

yeah, I wonder if it's worth mentioning Helen that you know, there is work ongoing, although this particular project funding has ended, we do know, don't we, that our colleagues in the hospitals and now in the community are, you know, purposefully getting together, very specifically to talk about their initiatives in hospitals, for example, around gynaecology, waiting times and that kind of thing that is ongoing, just to reassure women that we haven't just stopped this project, and Dorset women is continues to be involved in those conversations, even though We have to say goodbye to you two. Our focus has definitely shifted into that arena. So we are continuing to work on women's health. I just wanted to mention that, and so that, you know, we reassure women that it's still happening Yes, and also, women isn't going anywhere. As you two very well aware that we continue to advocate for voices women and hold, you know, all sorts of commissioning organisations, just, not just in health, you know, to account for what women need in in Dorset.

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Anjali Mavi 38:47

So, Maureen, I have one last question, actually, if you

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Speaker 1 38:52

don't mind, is your last? Anjali, I hope there's more,

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Anjali Mavi 38:55

that's for sure, because it's this project fascinating me now, because I've just got involved in it. And when we talk about women right now, our focus is door set women. But I come from the community which has lot of different cultural differences. There is a difference when you talk about English women and the women with colours and because of their culture, so is this project has some kind of different approach to make them understand about either it's menopause or any other health issue. Because I myself from Indian community, and I know there is a lot of myth, they don't talk about it, and there is a difference in the culture.

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Speaker 3 39:34

Well, good question, because yes, we did have a specific project whittled down from all of the many, many ideas that we talked about earlier. So we did some, what I call thematic analysis, to really get down to some, some key we had six projects within the programme, and one of those was termed minority groups and mobile support. So specifically looking at, you know, who do we have living in Dorset? What are their needs based on where they live, based on their culture, based on. Background, and how do we change things for the future to make sure that they're getting the care that they need? So we had that project set up as a result of that, a brilliant project manager, Nicky, as part of that, put together with colleagues a really robust, what we call a data report, and that really sets out things like waiting times and what's happening in different pockets of Dorset. And the recommendations from that, I'm very pleased to say, are going through what we call our EDI groups, our quality, diversity, inclusion groups, going on annual reports. So we've got really key recommendations and actions that are being driven forward by the whole of the system, and looking at how we get information out to people, rather than expecting them to come to us. And that links into really what I mentioned earlier with the traveller groups that we engage with as men, as well as many other groups, of course, and looking at how we get information to people in a timely way and in a way that is meaningful for them, I think there's absolutely still more work to do, and we have recommendations to take forward as well. We also put on, as part of that, some racial discrimination training for staff across the Dorset system, and that was really to help them to have more culturally competent conversations in their practice with women and girls throughout Dorset. And we got some really positive feedback from that, as well as some cultural champions that are now operating throughout Dorset as well. So some really positive things to mention. I think there's always more to do, and I think that's why in the work that Dorset women are carrying on, there will still be that continual engagement with different community groups in Dorset as well. If I

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Speaker 1 41:30

just add to what Helen was saying, I mean, I think we had some really strong advocates actually right from the very beginning, and actually even going into that stakeholder work, shocky kind of work that we did at the very beginning of the project. It was very clear that it was going to be a priority from the absolute beginning, women from different minority communities, culturally, but also disabled women, older women, younger women. We were already seeing data at that point that was concerning us around the inequalities that some women were experiencing, so it was a priority from the get go. And I think Helen you mentioned recently that some of that work is ongoing too, isn't it?

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Speaker 3 42:08

It is, yeah, and I think that's the key thing to mention. Although our programmes ended, that doesn't mean that all of the work just stops. So we've built in all of that sustainability anyway, but so much of the work continues. I mean, just to talk about menopause, I know you brought that up a few moments ago, we've worked again with with another third sector organisation called Dorset menopause CIC, who support women in the Dorset community who've helpfully seen an improvement when they've seen their GP. So the women that Dorset menopause support have let us know that the women that they support have been to their GPs more recently, who've been on the receiving end of some of the menopause webinars that we put on, who've had a better service. And that is music to our ears. Fantastic. It's so so great, isn't it? And we've got another one happening in September, so those will be uploaded to the GP Alliance site, so for 1000s of clinicians to benefit from to inform their practice. So there is still so much, so much that's happening,

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Speaker 1 43:07

and we have a whole episode coming up on menopause. So I'm hoping that Anjali will bring her myth busting questions to the experts that we'll have on that episode. Please remember that, Anjali, I won't remember it because my menopause, so please make a note.

M

Marianne Storey 43:23

Actually, do you have any other questions before we

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Anjali Mavi 43:26

No, I'm very glad I met all of you, and I'm happy this project is there and it is. It's not like it's finished, I know from funding point of view, as marie said, but it will be continued, and we can share the information too, as much as a moment and this broadcast, I think is a good idea, at least whatever we have done through this project can be now shared with many people, not only in Dorset, in many different locations, through social media. So, yeah, great.

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Speaker 1 43:53

So just remains for me to say. Thank you so much you two for joining us on this episode of the podcast. It's been a real pleasure talking to you both, and so fantastic to hear that that you aspire to, and we aspire to, and seen some really fundamental things about how NHS Commissioning sees women's health. And I love what you said, Paul, about how the learning from this actually goes, will go beyond women's health too, into other projects, just the way that we've worked together, and you've worked with the public, you know that that is the music to my ears, that that will have a far reaching effect. So thank you so much.

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Speaker 2 44:30

It's been an absolute pleasure. I'm going to say I've learned so much, not only in how we should approach things like this and how we should engage in what proper engagement looks like. I've learned an awful lot about women's health, some of the unique challenges that women face, and how we need to pay attention to those, and how women are great ambassadors for themselves, and we need to create the space that you would do that. And it's been an enjoyable experience. So lots of learning from. Me having gone through this process with both yourself, Marian, and you, Helen, and thank you, both of you, for taking what was a very sketchy idea when it was presented to me and I pass on to you, and creating something really successful as a result.



45:15

Well, thank you. That's that's what happens when you ask a bunch of women to

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Speaker 2 45:18

do something. Are you saying that there's a man I might have just come up with some sort of vague idea of idea, and it would have gone no further had you not given it. But I think you're probably absolutely right.



45:28

Helen, did you want to add anything?

S**Speaker 3 45:30**

Thank you. I've also learned a huge amount. I think, I think as a woman, I've learned so much more about my health, which will be very beneficial into the future when I reach a kind of perimenopause and menopause aid, as well as many other things pelvic health. So I've learned a huge amount from the clinicians. I think for me, I've learned about an approach of CO production by working so closely with Marianne that I can take to future programmes to adopt that way of working in everything that I do in the future. And that's been hugely beneficial, not just for women's health, but for other elements, I would say, and I think I would just also add, for anyone who listens to this in the future, is just to to really invest in women's health. And when I say invest, it's not just about the financial investment, but it's really thinking about how we empower women to make decisions for themselves, how we give them the information, how we value what they need and what they bring. I think that's something that's vitally important. And I think for kind of future commissioning, we know that if we invest in women and women's health, we do in future years, see benefits. I think there is a tendency to see women's health as something that takes quite a few years to see benefits from. But if we make the change now, women will be better off in the future, and it will actually be better for the healthcare system as well. So I would like to end with that is just think about investing in women's health, both emotionally, both financially, and keep it high on the agenda.



46:55

Love that. Helen, you're beginning to sound like me. Oh



46:57

yeah, you're roughing off on me. Marianne



47:02

Bible, work here is done.

M**Marianne Storey 47:07**

So that brings us to the end of our first episode. Anjali, I've really enjoyed that. Have you?



Anjali Mavi 47:13

Yes, it was really interesting podcast. Amazing experience and learning information from Dr Paul and Helen.



Marianne Storey 47:22

So lots more episodes to come. Make sure you follow and subscribe in all the usual places, and if you want to check out the Women's Health website, we will put the link to that in the show notes. Thank you for listening, and we really look forward to seeing you next time you you.