

Women's Health services - existing service user insights across south west London

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1. Introduction

This report brings together existing insight relating to women's health services, with a particular focus on services currently provided within E Block at St Helier Hospital. It draws on what patients, families and local communities have shared about their experiences of maternity, neonatal care, gynaecology and specialist women's health services.

The review incorporates findings from previous engagement activities, including the 2020 Improving Healthcare Together consultation, which included proposals to relocate some specialist services from St Helier Hospital. Alongside more recent engagement and research, this insight helps us understand people's experiences of these services and what matters most to them when accessing care.

By bringing together existing insight, the report aims to identify common themes across service areas, highlight what people value in their care, identify gaps in current understanding and inform where further engagement may be needed to support future planning.

2. Methodology

This report brings together insight published between 2020 and 2026 by voluntary and community sector organisations, CQC and local NHS organisations. Insight was gathered through a variety of methods including surveys, face to face discussions and interviews.

The report aims to identify key themes including experiences of care, challenges and barriers to accessing, neonatal, maternity, gynaecology and specialised care services.

3. Summary of key findings

There were several recurring themes relating to maternity, neonatal, gynaecology and specialist women's health services. Whilst some of the detail varied between services, people consistently highlighted the importance of communication, involvement in decisions about care, access to support, continuity of care and personalised approaches that recognised individual circumstances and needs. The review also highlights several areas where there is limited existing insight, particularly relating to service location, travel and the potential impact of future service changes.

Key findings:

- **Communication and information** - People highlighted the importance of receiving clear, timely and consistent information, understanding what was happening, knowing what to expect and having opportunities to ask questions. Some people described receiving conflicting information or uncertainty about what would happen next.
- **Feeling listened to and involved in decisions about care** - People described the importance of having concerns taken seriously and being involved in discussions and decisions about their care, rather than being told.
- **Access to care** - People described challenges relating to referrals, investigations, appointments, treatment and access to specialist support. Waiting times, delays and uncertainty about pathways were recurring themes, particularly within gynaecology and specialist women's health services.
- **Continuity and coordination of care** - People described experiences of having to repeat information, receiving different advice from different professionals and experiencing gaps in communication between teams. Continuity of care and better coordination between services were commonly highlighted.
- **Personalised and inclusive care** - People highlighted a desire that care recognised individual circumstances, communication needs, cultural needs and personal preferences.
- **Emotional support** - People described experiences of anxiety, uncertainty, stress and emotional distress associated with maternity, neonatal and women's health care. The importance of emotional support, reassurance and opportunities to discuss concerns was reflected across the insight.
- **Health inequalities and barriers** - Some people described experiences relating to language barriers, cultural barriers, discrimination, bias and unequal treatment, alongside concerns about how these factors may affect access to care and experiences of services.
- **Consideration of families, partners and carers** - Feedback emphasised the importance of involving families appropriately in communication, decision-making and care, and recognising the wider impact that services can have on parents and family members.

4. Feedback by service area

4.1. Neonatal wards

1. Clear communication and information

- **Access to information:** Parents highlighted the importance of clear and timely information about their baby's condition, their treatment plan and what to expect. They want staff to explain what was happening clearly and give them opportunities to ask questions. ^(1, 2, 3, 4)
- **Sensitive communication:** Parents described the impact that language, tone and the way difficult conversations were handled could have during situations which can be stressful or traumatic. The language and tone used by staff can significantly affect parents' experiences. Parents want staff to communicate with empathy and sensitivity. ^(1, 2, 3, 4)

“Educate support staff to handle difficult conversations with emotional intelligence. This includes using the right tone of voice and being transparent in interactions.” ⁽¹⁾

2. Involvement and choice

- **Involvement in care:** Some parents described feeling overlooked or insufficiently involved in discussions and decisions about their baby and wanted greater acknowledgement of the parent voice. Parents want to be recognised as partners in their baby's care and have their knowledge, views and concerns taken into account. ^(1, 2)
- **Choice and decision-making:** Some parents described being directed towards particular actions rather than having the opportunity to discuss options with clinicians. Parents want the opportunity to have discussions with clinicians rather than simply being told what to do. Clear explanations about available options can help parents understand and participate in decision making. ^(1,2,3,4)

3. Continuity and transition of care

- **Continuity and handovers:** Parents described delays, having to repeat their story, hearing differences in advice and experiencing problems with handovers or communication between teams. Parents value staff understanding their journey without having to repeatedly explain what has happened. ^(1, 2, 4)
- **Transitions between services:** Parents highlighted the need for more preparation and support when their baby moved between stages of neonatal care or when preparing to go home. ⁽²⁾

4. Emotional support

- **Emotional and psychological support:** Parents described feelings including anxiety, helplessness, hopelessness and guilt while their baby was receiving neonatal care. They valued empathetic staff, opportunities to talk about their experiences and access to mental health and peer support from other families ^(1, 2)

- **Feeling heard:** Parents highlighted the importance of being listened to and having difficult experiences acknowledged. They valued being listened to and having their experiences acknowledged ^(2, 3, 4)

5. Inclusive and personalised care

- **Culturally sensitive care:** Families described language and cultural differences affecting communication and understanding, including the need for appropriate interpretation and clearer explanations. Parents want care that recognises cultural, language and their individual needs. ^(1, 2, 3, 4)
- **Personal connections with staff:** Parents highlighted how introductions, use of names and small personal interactions with staff could affect their experience. This included staff introducing themselves and using parents' names. ^(3, 4)

6. Practical support and education

- **Infant feeding support:** Parents described difficulties around breastfeeding, milk supply and latching, alongside the importance of having feeding choices respected. Parents value practical support, including realistic information about challenges. ^(1, 2)

"I would have liked to have known about problems with breastfeeding, how the milk comes in and latching. I would have liked awareness that breast feeding doesn't come easily." ⁽¹⁾

- **Preparation and education:** Parents highlighted the value of practical information and preparation for caring for their baby. ⁽²⁾

7. Support for the whole family

- **Support for mothers:** Families highlighted the need for the mothers postnatal care to continue while their baby was receiving neonatal care. Parents value a holistic approach that continues to recognise and support the wellbeing of both mother and baby ^(1, 2, 4)
- **Fathers and wider family:** Feedback highlighted occasions where fathers and wider family members felt less visible in communication and involvement in care. Fathers and other family members want to be recognised in communication, decision-making and opportunities to be involved in their baby's care, including skin-to-skin contact ^(2, 4)

8. Environment and facilities

- **Space for families:** Parents raised practical issues around family rooms, space to stay close to their baby and facilities that supported them to spend time on the neonatal unit. Families described family facilities and the physical environment as important aspects of their experience, highlighting the importance of appropriate arrangements that enable them to spend time with their baby and be involved in their care ⁽²⁾

4.2. Gynaecology

Summary of key findings across gynaecology care

1. Access and waiting times

- **Timely access to specialist care:** Women described long waits for referrals, investigations and specialist gynaecology appointments. Some reported repeatedly chasing services or having to strongly advocate for themselves to progress their care, and there were specific accounts of major delays and stress associated with accessing gynae services. ^(5, 7, 8, 19)
- **Accessible appointments and locations:** Women highlighted the importance of services being easy to reach, including considerations around location, transport, parking and mobility. Flexible appointment times were also welcomed, particularly for people balancing work or caring responsibilities. ⁽⁵⁾

2. Listening and involvement

- **Feeling listened to and believed:** Women reported concerns, symptoms and pain being dismissed or not taken seriously. This could result in repeated attempts to seek help and delays before further investigation or diagnosis. Similar experiences were reported in relation to conditions including endometriosis and PCOS, and among Black and Global Majority women in relation to pain and diagnostic decision making. ^(5, 6, 7)

“They knew their stuff and took me seriously, listened, empathised and discussed options with me.” ⁽⁵⁾

- **Self-advocacy:** Some women described having to repeatedly raise concerns, chase services or push for further investigation and specialist support. This could add stress and leave women feeling responsible for progressing their own care. ^(5, 6, 7)

3. Continuity and joined-up care

- **Ongoing specialist support:** Women valued knowing a specialist was available to contact for support while they were waiting or if symptoms changed. They also welcomed follow up, advice on managing symptoms and having a clear route back into specialist care. ⁽⁵⁾
- **Joined-up care between services:** Women described fragmented pathways between GP, hospital and specialist services, including poor communication, unclear responsibility and limited follow up. More coordinated care and clearer clinical ownership were valued. ⁽⁵⁾

“I want joined up care - I don’t want to have to read my patient notes to understand my own complex case” ⁽⁵⁾

- **Joined-up care across specialties:** Some people described challenges where gastrointestinal symptoms overlapped with gynaecological conditions, highlighting the importance of coordination between specialties. Gastroenterology insight included examples of a lack of joint up working where gastrointestinal symptoms overlapped with conditions such as endometriosis and adenomyosis. ⁽⁹⁾

4. Information and preparation

- **Knowing what to expect:** Women described experiences where they were not adequately prepared for examinations or procedures, including concerns about how pain and procedures were explained beforehand. Women valued clear information in

advance about appointments, examinations and procedures so they understood what was going to happen and felt prepared, particularly where procedures could be intimate or painful. ⁽⁵⁾

- **Clear information throughout the pathway:** People described confusion around referrals, waiting times, treatment options and available support, including conflicting advice from different professionals. Women wanted clearer information about what was happening, what came next and how to navigate the pathway. Conflicting advice or uncertainty about how pathways worked could make services harder to navigate. ⁽⁵⁾

5. Specialist expertise and treatment

- **Specialist knowledge:** Women reported perceived gaps in knowledge and confidence around gynaecological conditions, including endometriosis, and wanted access to appropriate specialist expertise. Women wanted confidence that clinicians had appropriate expertise. Some women linked delays in diagnosis and treatment to perceived gaps in specialist knowledge or access to specialist support. ^(5, 6)
- **Investigation of symptoms:** Some women described symptoms being attributed to anxiety, weight, menstrual changes or other factors without underlying causes being fully explored. Women highlighted the importance of persistent or worsening symptoms being properly investigated rather than dismissed without further exploration. Some reported long delays before underlying conditions were identified. ^(5, 6)
- **Pain and procedures:** Women described painful or distressing experiences during some gynaecological examinations and procedures and wanted pain to be anticipated, acknowledged and appropriately managed. ^(5, 7)

“We need more pain relief than ‘soon be over.’” ⁽⁵⁾

6. Inclusive and personalised care

- **Cultural and individual needs:** Women highlighted the importance of care that recognises cultural and individual needs and avoids assumptions. Cultural stigma could make conversations about intimate health more difficult, and some women valued options such as a female clinician or chaperone where this would help them feel more comfortable. ^(5, 7, 8)

“Ensuring cultural and religious needs are met... female practitioners offered.” ⁽⁵⁾

- **Bias and unequal experiences:** Black and ethnic minority women described experiences of bias, discrimination, stereotyping and feeling dismissed or not adequately understood. Concerns included pain not being taken seriously, barriers to timely appointments and inequity in access to gynaecological care. ^(5, 6, 7, 8)
- **Language and communication needs:** Women highlighted the importance of information being accessible and communication needs being recognised, including appropriate support where English was not their first language or they had additional communication needs. ^(5, 7)

7. Emotional wellbeing and daily life

- **Emotional impact:** Women described frustration, anxiety and distress associated with prolonged symptoms, uncertainty, dismissal and delays in accessing care. Repeated self-advocacy could add further emotional strain. ^(5, 7, 19)
- **Impact on everyday life:** Women described delays and ongoing symptoms affecting work, education and other aspects of everyday life. Ongoing gynaecological symptoms and waiting for care could affect work, education, relationships and everyday activities, alongside the physical and emotional impact of living with symptoms. ⁽⁵⁾

8. Financial circumstances

- **Access to private care:** Some women paid privately for scans, consultations, investigations or treatment when they experienced difficulties accessing timely NHS care. This meant alternative routes to care were more available to people who wanted to or were able to pay. ^(5, 7)

9. Community support

- **Community and voluntary sector support:** People described community and voluntary-sector support as useful for awareness, peer support and helping them understand how to advocate for themselves. Particularly for people who experienced barriers within mainstream healthcare. ^(5, 7)

4.3. Maternity

1. Information and choice

- **Clear and accessible information:** People reported a lack of clear, accessible information during pregnancy, labour and after birth, including around caesarean sections, the delivery process and staying healthy during pregnancy. Women highlighted the importance of receiving clear information throughout and value being given information early enough to prepare and ask questions. Gaps in information can make it harder to understand options and make informed decisions. ^(1, 10, 11)
- **Choice and decision-making:** Some people reported being told what to do rather than being given the opportunity to discuss choices with clinicians, and feeling overlooked or not involved in discussions and decisions. Women valued the opportunity to understand and discuss their options. Choice is valued throughout the maternity journey, rather than only around where to give birth, and women value being involved when decisions about their care change. ^(1, 10, 13)

2. Listening and involvement

- **Feeling listened to and believed:** Some women described concerns being dismissed or their voices not being heard during pregnancy, labour and postnatal care, which could leave them feeling they needed to be more assertive to receive appropriate care. They valued clinicians who listened and took their concerns seriously. ^(1, 10, 14)

“When I mentioned to one midwife at the end of pregnancy that I was struggling she wasn’t really listening and wrote in my notes that I was doing well. I came away feeling like I didn’t matter.”⁽¹⁾

- **Personalised and compassionate care:** Women described experiences of poor communication, lack of empathy and unequal relationships with healthcare professionals, which could leave them feeling unsupported or unsafe. They valued staff who communicated sensitively, showed empathy and took account of their individual circumstances.” (3, 4, 10, 14)

3. Continuity and joined-up care

- **Continuity of care:** Women described seeing different midwives or professionals, having to repeat their circumstances and receiving different advice. Women value seeing the same midwife or familiar professionals throughout pregnancy and after birth. National maternity survey evidence also shows experiences vary according to how frequently women have contact with the same midwife. (1, 10, 12)

“I saw a different midwife every time, repeating myself over and over, creating unnecessary anxiety and too much different advice which I found hard to sift through.” (1)

- **Joined up information and care:** Women highlighted the importance of professionals having access to relevant information and information being shared effectively across the maternity pathway. (1, 20)

4. Mental health and emotional support

- **Mental health support:** Women described emotional wellbeing being overlooked or support feeling difficult to access. Some were unsure where to get help and wanted information about mental health support earlier in pregnancy. Local perinatal mental health insight also identified concerns around referrals, waiting times, continuity and experiences with healthcare professionals. (1, 15, 16, 17, 18)
- **Early information and signposting:** Wandsworth engagement found some women in were unsure how to access mental-health support and said they would have valued information about postnatal mental health earlier in pregnancy. Women wanted clearer information about emotional and mental health support before they reached a point of crisis. (15, 16)
- **Peer and community support:** Women valued opportunities to speak to people with similar experiences during pregnancy and after birth. Community and peer support can provide reassurance and connection, particularly where people feel isolated or where stigma makes talking about mental health more difficult. (1, 15)

5. Postnatal care and support

- **Postnatal support:** Some women described postnatal care as rushed or insufficient, including gaps in follow-up, feeding support and emotional support. The Sutton maternity insight similarly identifies aftercare, feeding support and finding support after leaving hospital as areas needing improvement, while national maternity survey evidence identifies deterioration in some experiences of postnatal care. (1, 10, 11)
- **Home visiting and postnatal care:** Some women reported not receiving home visits and described clinic-based models that did not fit their cultural needs. For example, Croydon community insight heard from women whose cultures meant mothers and new babies traditionally remain at home for the first month, making clinic attendance difficult. (14, 1)

- **Infant feeding support:** Some women described difficulties accessing feeding support or feeling pressured towards particular feeding choices. Women value practical, individualised feeding support and information about breastfeeding challenges. Croydon community insight includes an experience where a woman felt unable to push back against advice to switch to formula until her husband advocated for her. ^(1, 14, 19)

6. Inclusive and culturally sensitive care

- **Culturally sensitive care:** Women described language barriers, cultural stigma and maternity or postnatal care that did not always recognise different cultural practices and preferences. Women want professionals to recognise cultural needs and preferences and communicate with patience and understanding. ^(1, 15, 19)
- **Language and communication needs:** Women whose first language is not English may need information and communication adapted to their needs. Local evidence highlights the importance of professionals being patient, asking appropriate questions and making information accessible, including through translation. ^(1, 13, 15)

7. Racial inequalities and experiences of Black women

- **Racism and unequal experiences:** Black women described racism, harmful assumptions, poor communication and unequal power dynamics within maternity care. Some felt unsupported or unsafe and entered maternity services prepared to advocate strongly for themselves because they expected their concerns might not otherwise be heard. ^(1, 7, 14)
- **Self-advocacy and trust:** Some Black women felt they needed to actively prepare for bias, challenge assumptions or strongly advocate for themselves to receive safe and respectful care. This could affect trust and leave women carrying responsibility for ensuring their own safety during pregnancy and birth. ^(1, 7, 14)

8. Digital support

- **Digital information and records:** Women expressed interest in digital tools that could provide trusted information and easier access to maternity records. Better digital sharing of information between professionals also has the potential to support continuity and reduce the need for women to repeat information. ^(1, 20)
- **Digital support alongside face-to-face care:** Some people described barriers or a lack of confidence when using technology. In Epsom & St Helier some people described low confidence using digital technology and highlighted the importance of maintaining face-to-face options alongside digital services. ^(1, 15)

9. Staffing and confidence in services

- **Staffing can affect women's confidence and experience:** Concerns were reported by pregnant women about going into labour at weekends because they had heard staffing levels could be lower. ^(14, 19)

This is particularly consistent with local insight from Healthwatch Sutton relating to maternity services at St Helier Hospital, which identified concerns around being listened to, conflicting advice, aftercare and access to support following discharge.

4.4. Specialised Care

Existing insight specifically relating to assisted conception, early pregnancy services and emergency gynaecology is comparatively limited. The themes below are drawn primarily from wider women's health engagement.

1. Assisted conception and fertility

- **Timely access to fertility care:** some people highlighted that fertility is time-sensitive and that delays in investigation, referral or treatment can have significant consequences for people trying to conceive. ⁽⁵⁾

"I needed scan. When it was fine was too late to heal... I lost the last chance to have a baby." ⁽⁵⁾

- **Follow-up and ongoing care:** Some people described gaps in fertility and longer-term reproductive healthcare, including delayed follow-up and uncertainty about who was responsible for ongoing care. ⁽⁵⁾

2. Early pregnancy and pregnancy loss

- **Timely access to care:** Insight highlighted the potentially significant impact of delays for people experiencing pregnancy loss or trying to conceive. Pregnancy loss and other early-pregnancy concerns can require timely assessment and support, and people highlighted concerns about delays where reproductive health needs were urgent. ⁽⁵⁾

3. Acute and emergency gynaecology

- **Access to urgent care:** some women described accessing emergency care for severe pain, heavy bleeding and other acute gynaecological symptoms. Some reported delaying attendance because of anticipated waits and only seeking help once symptoms became severe. ⁽⁵⁾
- **Feeling listened to and appropriately investigated:** Some women felt their symptoms were not taken seriously or adequately investigated during urgent care, including experiences of symptoms being attributed to other causes or being discharged without further investigation. ^(5, 7)
- **Pain management:** Some women described severe or recurrent pain and wanted this to be recognised and appropriately managed. Wider gynaecology evidence also highlights concerns about racial bias in how pain is assessed and responded to. ^(5, 7)
- **Privacy and dignity:** Women experiencing acute symptoms, including heavy bleeding, highlighted the importance of maintaining privacy and dignity while waiting for emergency care. ⁽⁵⁾
- **Clear pathways and follow-up:** Some women described moving between GP, A&E and specialist services without clear responsibility or follow-up and wanted clearer information about what would happen next and how to access specialist support. ⁽⁵⁾

5. Feedback from the 2019/2020 Improving Healthcare Together consultation

In 2020, the Improving Healthcare Together consultation sought views on proposals to change the way some acute and specialist hospital services were provided across South west London and Surrey Downs, including the potential relocation of some services from St Helier Hospital. The findings have been included in this review because they provide relevant insight into parent and community views on service relocation and the issues that people considered most important when responding to proposed changes.

Views varied by geography, with greater concern expressed by communities living closest to St Helier and more positive views reported in parts of Epsom and Sutton. Key themes emerging from the engagement included: ^(21,22)

- **Keeping care local:** people value their local health services and keeping services closer to home.
- **Bringing services together:** There were concerns about the separation of pre-natal, ante-natal and maternity care staff across different hospitals reducing consistency of care and support. People felt the whole of maternity, gynae and early pregnancy should remain together.
- **Quality and safety of care:** people supported the idea of bringing specialised services together, where this could help to improve access to senior clinicians should they be needed. Some people expressed they would be happy to travel further for better care.
- **Travel and access:**
 - **Travel time, transport and parking:** People were worried about accessibility and travel when thinking about the relocation of services. This included concerns about public transport links, how long it takes to travel to hospital, the cost of transport, parking and other access issues, especially for older people, people living with long-term illnesses and those who live on a low income or have trouble getting out and about. There were some mixed views, with some people willing to travel further and some preferring to be cared for at home or closer to home.
 - **Impact on health inequalities;** People were concerned that relocating services could have a greater impact on communities already experiencing inequalities - need to consider access for those who are least likely to have access to private transport. Feedback highlighted that increased distance could discourage people from deprived communities from seeking care. It was felt that BAME groups, Gypsy, Roma, Travellers, those with a mental health illness and those from more deprived backgrounds, who historically experience difficulties around appropriately accessing health services, may be affected.
 - **Access pathways;** there is a perception that any change to major acute services has the potential to create a degree of confusion across patient groups around the appropriate pathway to care. Confusion about the location of services may lead to a failure or delay in accessing acute services, which could further complicate health needs and worsen health outcomes.
 - **Accessing unfamiliar locations:** Concerns that older members of traveller communities might find it challenging to navigate new and unfamiliar hospital locations. Additionally, people with disabilities, particularly those who are blind or visually impaired, or who have sensory impairments as a result of

neurological conditions or learning disabilities, could find accessing and navigating around unfamiliar hospital buildings challenging.

- **Urgent access to maternity care:** There were concerns that longer travel times for mothers in labour, whether traveling by car or ambulance, could leave to increased risk of complications and negative outcomes as a result of delays.
- **Family and caring responsibilities:** There were concerns about logistics and travel time should you need to balance care in the hospital and caring for family at home.
- **Impact on birth choice:** concerns about reduction of choice, in which some mothers might feel pressure to choose a home birth over travelling a further distance for a hospital birth. Some mothers may also be put off home births, if they feel the distance to travel to hospital if there are complications is too far. There is also a perception that, for a small number of people, this change in choice may disrupt entrenched behaviours or family traditions, such as several generations of a family giving birth at the same hospital.
- **Continuity of care:** separating out outpatients and specialist care, could see more patients seeing different clinicians, which would impact continuity of care.
- **Impact on neighbouring hospitals/ambulances:** there was a concern that if people decide to choose to seek care in an alternative hospital due to the change, this could place additional capacity on hospitals. There were also concerns that increased travel times and access issues would put further demand on the already pressured ambulance service.
- **Communication;** people shared it was vital, that any change is well communicated and justified to ensure clarity and buy-in.

‘It will also make it more difficult for people to understand their treatment pathways...In the longer term the programme needs to be publicly communicated/available’ (BAME focus group, Sutton)

6. Gap analysis and consideration for future engagement

The existing insight available largely relates to experiences of care rather than the infrastructure or location of services. We have a good understanding of what people value in their care and some of the challenges they experience, particularly around access, communication, continuity, involvement in decisions and feeling listened to. There is less insight on how service location and the physical environment could affect people’s experiences, and what a move in the location of services could mean for patients, families and different communities.

Gaps in the insight

- **Impact of location:** how service location affects access and experience, including travel time, transport, parking and cost.
- **Physical environment:** what patients and families need from the estate, including accessibility, and facilities.
- **Specialised care:** assisted conception, early pregnancy and ambulatory hyperemesis services.
- **Neonatal care:** facilities for families, visiting, travel.

- Impact on different communities: how a location could affect groups experiencing health inequalities or additional barriers to accessing healthcare.
- What should be protected: which aspects of current services, relationships and pathways patients most value and would want maintained through a change in location

Considerations for future engagement informed by gap analysis;

- Engage patients and families from each affected service to understand what matters most to them and what communication they would value if services moved location.
- Explore travel and accessibility, including public transport, parking, cost, mobility, childcare and the impact of repeated appointments.
- Understand expectations of the new environment, what needs to be maintained, including continuity of care, trusted relationships, specialist expertise and joined-up pathways.
- Prioritise underrepresented communities and people experiencing health inequalities to understand whether the change in location could create or increase barriers.
- Logistics - explore communication and support needs before, during and after the change in location, including what information people need and how they want to receive it.

7. Sources

1. [Developing our Clinically-led Strategic Plan for South West London – insight from local people and communities about maternity and neonatal care \(2026\)](#)
2. [Croydon Neonatal Whose Shoes? Event \(2024\)](#)
3. [Epsom and St Helier Whose Shoes? Event \(2024\)](#)
4. [St George's Whose Shoes? Event \(2024\)](#)
5. [Women's Health Survey Report \(2026\)](#)
6. [Patient Experience and Trust in NHS Primary Care \(2025\)](#)
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8. [Improving Access to Women's Health Services across South West London](#)
9. [Gastroenterology Outpatients Survey Report \(2026\)](#)
10. [People's Experiences of Maternity Services in the London Borough of Sutton \(2025\)](#)
11. [CQC Maternity Survey 2024](#)
12. [CQC Maternity Survey 2025](#)
13. [My Maternity Journey](#)
14. [The Five X More Black Maternity Experiences Report: Continuing the Conversation \(2025\)](#)
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20. [South West London Integrated Care System Digital Strategy 2025–2028](#)

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22. [Improving Healthcare Together 2020–2030 – Final integrated impact assessment](#)