



Office for Health
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North East and
North Cumbria

North East & North Cumbria Women's Health Conference 2023

Abstract Summary

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Introductory note

The North East and North Cumbria Women's Health Conference took place on Thursday 19th October 2023. Over 80 abstracts were received across a range of different topics, testament to the range of work, expertise, and knowledge across the region and so much practice to share. As there wasn't space on the agenda to showcase all this work, a summary of all abstracts received is presented below. Please note, this details a high-level summary of the information received and the key contact for each should you wish to find out more detail.

*An Asterix included in the heading of the abstract summary shows this submission was presented at the conference.

Cancers

A health equity audit of the cervical screening programme across the North East

Geographical Area: Regional

The health equity audit aimed to produce a series of recommendations to improve uptake of cervical screening across the North East and North Cumbria. With particular focus on unwarranted variation of uptake in certain groups/ individuals. We make recommendations to address key barriers and issues identified by the health equity audit in order to improve equitable uptake of cervical screening.

Contact: Emma Wright, Public Health Registrar, NHS England, emma.mcclay@nhs.net

A partnership approach to improving breast screening uptake in North Tyneside

Geographical Area: North Tyneside

The national breast screening programme was affected by the impact of COVID-19 mitigation measures. When it 'restarted' in North Tyneside, uptake was extremely low in area covered by the North Shields Primary Care Network (PCN).

The local authority led a Cancer Prevention Network (including the local authority public health team, the local ICB, North Shields PCN, Wallsend PCN and the local VCS) which worked in partnership to improve screening uptake and cancer awareness in the local area. Evidence based approaches included, creating a communication campaign to raise awareness and simplify the booking process, creating a programme of reminder phone calls to eligible population and addressing barriers such as removing car parking fees in agreement with the local NHS FT

Uptake improved markedly in the North Shields PCN and the approach supported other PCNs to improve uptake.

Contact: Chris Woodcock, Senior Public Health Manager, North Tyneside Council, chris.woodcock@northtyneside.gov.uk

Breast Abscess Pathway

Geographical Area: Gateshead

The breast abscess pathway at Gateshead Health Foundation Trust was developed in 2019 to optimise the treatment of patients with a suspected breast abscess. This involved the introduction of two dedicated appointments in each one stop breast clinic for patients with a suspected breast abscess, to which practitioners in emergency departments or GP

surgeries can refer patients. At this single appointment, the patient can be assessed by a breast surgeon, be prescribed appropriate antibiotics, have imaging and ultrasound guided aspiration and have appropriate follow up arranged. We performed a retrospective audit of the use of the breast abscess pathway.

Between November 2022 and May 2023 there were 236 available dedicated breast abscess clinic appointments. 75 patients were seen in these appointments. The mean time between referral and appointment was 0.79 days, with almost all patients waiting 0 or 1 days. Three patients waited longer than this, due to bank holidays. 55% of patients were diagnosed with an abscess and were treated appropriately. Other patients had other acute breast conditions that were appropriate to be seen in an urgent breast clinic.

The introduction of this breast abscess pathway has streamlined the assessment and management of patients with a suspected breast abscess. Patients are seen and treated promptly by a specialised breast surgery team.

Contact: *Gwen Bromley, Consultant Oncoplastic Breast Surgeon, Gateshead Health NHS FT, gwen.bromley@nhs.net*

Breast Easy Campaign (“Boob Easy”)*

Geographical Area: Sunderland

During a meeting with an advocacy group Sunderland People First, we heard from local advocate Sharon who explained her experiences of receiving a recall letter following her recent routine mammogram appointment. Sharon has a learning disability and explained the letter she received wasn't in a version she could understand. In response we spoke with several NHS teams, in particular those at the local Breast Care Clinic who confirmed that the 3 standardised recall letters for patients following their mammogram weren't available in easy read. We made it our aim to rectify this issue.

To help raise awareness of this significant change an easy read poster has been developed alongside press releases, social media campaign and videos to be shared in key locations, aimed at encouraging patients who need these letters in easy read to speak to a healthcare professional.

Contact: *Tara Mackings B.E.M, Project Lead, Healthwatch Sunderland, tara.mackings@pcp.uk.net*

Breast Pain: Releasing Capacity on the 2WW Symptomatic Service

Geographical Area: Gateshead

In the UK there are 560,000 symptomatic breast referrals annually, and this is continuing to rise. Approximately 20% of all referrals to one-stop breast clinic in the UK are related to breast pain

A review of GP referrals to the one stop breast clinic over a 2-week period (10th - 21st May 2021) was carried out to assess the viability and safety of a stand-alone mastalgia pathway.

There were 183 new patient referrals. 77/183 referrals were related to breast pain (42%) and these were sub-divided into the following groups: 'Pure Breast Pain' (13/77), 'Breast Pain with Lump' (50/77) and 'Breast Pain with Other Symptom' for example, discharge (14/77).

Alongside experienced Breast Care Nurses and Radiologists, we can safely develop a breast pain service for a clearly defined, low risk group of patients. A routine mastalgia clinic would be a safe and feasible option for those patients presenting with no risk factors and breast pain alone, thus releasing capacity on the symptomatic 2WW service

Contact: *Gwen Bromley, Consultant Oncoplastic Breast Surgeon, Gateshead Health NHS FT, gwen.bromley@nhs.net*

Building in resilience and reducing inequity in gynaecological cancer surgery in the North East and North Cumbria

Geographical Area: Regional

Specialised commissioned complex gynaecological cancer surgery centres at Queen Elizabeth Hospital, Gateshead (Gateshead Health NHS Foundation Trust, GHNFT) and James Cook University Hospital, Middlesbrough (South Tees Hospitals NHS Foundation Trust, STHNFT) provide level 3 services to the entire NENC region. In recognition of the vulnerability of the gynaecological cancer surgical service to disruption at one site and the potential for the exposure of patients to disparities in access to services, Specialist Commissioning (NHSE/I) requested the Northern Cancer Alliance (NCA) to undertake focussed work across the region to build resilience into the future service model.

Initial scoping work with multi-professional feedback suggested that a managed clinical network (MCN) under a lead provider (GHNFT) arrangement was desirable and that this should include a third site for some complex cancer surgery at the Royal Victoria Infirmary (Newcastle-upon-Tyne Hospitals NHS Foundation Trust, NUTH).

The aims of the MCN are linked to its principles for delivering excellent, evidence-based care across the region with minimal variation and without reference to organisational boundaries. Specific objectives in development include: prioritisation of understanding staffing requirements in line with future service development through piloting of new working models; measurement of outcome variations and clinical performance indicators to guide future recruitment and service development and implementation with ongoing evaluation of regional clinical pathways, supported by one cancer MDT flexed across the working week.

Contact: *Stuart Rundle, Consultant Gynaecological Oncologist, Gateshead Health NHS Foundation Trust stuart.rundle@nhs.net*

Clinical outcomes of patients presenting with breast pain to one stop clinics over a two-month period

Geographical Area: Gateshead

One-stop breast services are under relentless pressure caused by increasing referrals and insufficient staffing numbers. Although referrals to these clinics are made under the cancer two-week-wait pathway, the vast majority of patients have benign or normal findings. Breast pain is a very common reason for referral and is rarely associated with malignancy.

This study aimed to assess the outcomes of women presenting with breast pain over a 2-month period (March-April 2021). Of 791 proformas completed, 184 women (23%) presented with breast pain as their only symptom. Mean age was 52 (median 52, range 17-93). 79% (145/184) were aged 40+; of these, 133 had mammography on the day, with the remaining 12 having had previous mammograms <12 months ago. 68 of 133 patients had mammography as their only investigation, and 77 had US in addition to mammography (including the 12 with mammography <12 months earlier). All patients aged <40 had US only (39/184).

In all 184 patients, only one cancer was found (0.54%), which was an incidental finding on mammography in the contralateral breast to the pain (age 79, G2 8 mm IDC, node negative). This supports recent findings that breast pain alone is rarely associated with breast cancer, and imaging all women, particularly with US as an adjunct, appears not to be an efficient use of resources. Further stratification based on risk may help to refine the investigation pathway.

Contact: *Simon Lowes, Consultant Breast Radiologist, Gateshead Health NHS Foundation Trust simon.lowes@nhs.net*

Co-producing colposcopy communications to support patients to access healthcare: A service improvement project*

Geographical Area: sub-Regional – Northumberland and North Tyneside

In 2022, a service improvement project was undertaken to understand barriers to accessing colposcopy which informed a pilot intervention to facilitate attendance.

The project aimed to understand why patients do not attend appointments, what might improve patients' access, and factors to consider when communicating with the public to facilitate attendance. The project identified the importance of, developing communications with the target population, this helped us consider how we communicate with the patient population, in particular our most vulnerable groups.

All colposcopy communications were reviewed to inform the communication strategy Findings from community engagement informed the design of a new patient letter, colposcopy website, and improvements to the way we directly communicate with patients

via text. The new colposcopy website includes co-designed accessible, inclusive health information. This website includes department walk throughs, patient and staff videos and plain language frequently asked questions.

Transforming colposcopy communications focusing on public engagement, health literacy, and personalised care has been pivotal in combatting health inequalities and improving access to healthcare. This project has shown how a public health informed communication strategy has the potential to positively influence women's health.

Contact: *Lisa Nevens, Public Health Operational Services Manager, Northumbria Healthcare NHS Foundation Trust, lisa.nevens@nhct.nhs.uk*

Day-Case Mastectomy Target- Achievable and Sustainable for the Future of the NHS

Geographical Area: Gateshead

Mastectomy remains a commonly used surgery in the management of breast cancer. National guidelines now recommend that we aim to carry out 50% of mastectomy procedures as day-cases. This project assesses how achievable the recommended day-case mastectomy (DCM) rates are within our trust, how DCM rates can be improved and whether this can be applied to other trusts.

82 patients were included for analysis and the average age was 58. Overall 54.9% had their mastectomies as day cases, including patients with immediate reconstruction and all nodal procedures. 62% of patients who underwent simple mastectomies had their procedures done as day-cases compared to 35% of patients previously. Mean length of stay decreased for all types of mastectomies over this period compared to the previously audited period. The rate of day-case mastectomies improved significantly. This has been attributed mainly to a drive to adjust patient expectations. This has had huge financial implications in the trust.

Contact: *Gwen Bromley, Consultant Oncoplastic Breast Surgeon, Gateshead Health NHS FT, gwen.bromley@nhs.net*

Developing and piloting an intervention to reduce colposcopy non-attendance and corresponding inequalities: A mixed methods study

Geographical Area: sub-Regional – Northumberland and North Tyneside

This study aimed to better understand drivers of colposcopy non-attendance and pilot a targeted intervention. The project was initiated by Northumbria Healthcare NHS Foundation Trust's multi-disciplinary Outpatient Steering Group. The Public Health team led the project with the colposcopy team.

Data collection occurred between January to April 2022 via telephone-calls and interviews. The sample included women who did not attend or cancelled colposcopy appointments; women attending clinic and colposcopy staff. Data was thematically analysed to inform a telephone-based intervention identifying and addressing barriers to attendance. This was piloted over 7 weeks (August-September 2022) for all scheduled appointments. Non-attendance rates during this time were compared to the pre-intervention period.

Themes identified were administrative, forgetting, anxiety, work, childcare and transport. During the 7-week pilot, we attempted to contact all colposcopy patients to remind of appointments and address barriers to attendance. Non-attendance dropped from 16% to 11% in the 20% most deprived areas, from 12% to 9% in women aged 25-39 and from 20% to 12% in women aged 25-39 in the 20% most deprived areas. Overall, non-attendance rate fell from 10% to 8%.

Contact: Lisa Nevens Public Health Operational Services Manager Northumbria Healthcare NHS Foundation Trust lisa.nevens@nhct.nhs.uk

Evaluation of a Health and Wellbeing event for women following treatment for gynaecological cancer

Geographical area: Gateshead

In April 2023 the gynaecological oncology Clinical Nurse Specialist team hosted an event for women. The day was held in a local hotel. Sessions were delivered on:

- Managing anxiety and fear of recurrence
- Craft and chat
- Benefits of physical activity after treatment
- Ask the expert
- Menopause and sexual functioning.

Thirty women attended the event, 20 who had had treatment for gynaecological cancer and 10 carers.

An evaluation was undertaken by questionnaire and learning shared

Contact: Helen Manderville, Macmillan Gynae/Oncology Clinical Nurse Specialist, Gateshead Health NHS Trust, helen.manderville1@nhs.net

Improving Muslim Women's Uptake of Cancer Screening-the IMCAN study*

Geographical Area: Regional

Women from ethnic minority backgrounds attend breast, bowel, and cervical screening less often than white-British women, making them less likely to benefit from earlier diagnosis of cancer. To tackle these cancer inequities, targeted community-centred approaches can be

used. Faith messages consistent with one's belief system, can be integrated as an asset-based model of addressing screening barriers in a culturally sensitive manner.

The current study, conducted by a wider team including researchers from Sunderland, Glasgow, Wisconsin, Newcastle, Northumbria, King's College London, Leeds Beckett, and NHS, aims to investigate feasibility of the intervention to improve screening uptake among UK Muslim women.

We believe this is the first UK study to explore a co-designed faith based intervention to encourage the uptake on colorectal, breast and cervical screening in a Muslim population.

Contact: *Dr Floor Christie-de Jong, Associate Professor in Public Health for Medicine, University of Sunderland, floor.christie@sunderland.ac.uk*

Improving One Stop Breast Clinic Service Efficiency with Radiology-Led Discharge

Geographical Area: Gateshead

One Stop Breast Clinics (OSBC) may lead to extended waiting periods for patients between examination, radiological assessment and discharge. This can lead to significant anxiety for the patient, and over crowding in the unit. We offer an alternative solution with radiology-led discharge for patients considered low-risk after clinical assessment.

A Rapid Process Improvement Workshop (RPIW) evaluated patient flow in the OSBC and quantified delays. Patients were tracked from checking-in to discharge over a one-week period. The timings were recorded at each stage of the process and areas for improvement were identified. For patients who were recorded as having a low index of clinical suspicion and those with normal or benign imaging, a radiology led discharge protocol was developed.

51% of patients had radiology-led discharge, reducing the average time that those patients spent in the department from 142 minutes to 76 minutes. Clinics have an average of 20 patients in them; therefore this is a saving of 11 patient-hours per clinic. Subsequently, the waiting rooms are less crowded during the clinic and patient reported the reduced waiting time for results reduced levels of anxiety during the one-stop clinic service.

Contact: *Gwen Bromley, Consultant Oncoplastic Breast Surgeon, Gateshead Health NHS FT, gwen.bromley@nhs.net*

Innovating cancer care through virtual clinics and podcasts – Bright Ideas in Health Award Winner 2023

Geographical Area: Gateshead

During the Covid pandemic, we identified the opportunity to improve patient care and developed innovative ways of working by reconfiguring services and embracing technology.

Through engagement with patients, we developed a series of virtual cancer clinics to provide our patients much needed peer support by allowing cancer patients and their carers to come face-to-face in a supportive and safe, virtual environment. This programme of online clinics facilitated open discussion and sharing of personal experiences of living with and beyond cancer. The evaluations from the sessions have been very positive, patients have found it to be a safe forum for exchanging perspectives, and sharing concerns and gaining confidence to press ahead with their treatments.

Building on the success of this digital initiative, the power of podcasts has been leveraged to greatly improve the accessibility to cancer information and engage with a much wider audience. This has allowed anyone who is affected by or concerned by cancer to engage with this support at a time and place of their choosing. Over 40 podcasts have been created relating to surgery, chemotherapy, side effects of treatments, and Health and Wellbeing.

Contact: *Caroline Tweedie, Specialist Breast Care Nurse, Gateshead Health NHS Foundation Trust, caroline.tweedie@nhs.net*

NEY Breast Screening Health Equity Audit

Geographical Area: Regional

Sponsored and supported by NEY NHSE the aim of the HEA was to determine equality of access and uptake from the breast screening programme delivered across NENC and Yorkshire and Humber in order to make recommendations for further work to reduce health inequalities

The HEA has produced a series of recommendations under the following themes:

- Cross cutting/system
- Deprivation, transport and employment
- Protected characteristics
- Inclusion health
- Feedback from public survey

Contact: *Claire Mathews, Health and Wellbeing Programme Lead, Office for Health Improvement and Disparities NE, claire.mathews@dhsc.gov.uk*

Patient preferences of contrast-enhanced spectral mammography (CESM) versus breast MRI

Geographical Area: Gateshead

Most women diagnosed with breast cancer require only mammography and ultrasound to assess the extent of their disease prior to treatment. Depending on the nature of their disease and their planned treatment, some women also require MRI, which is more time-consuming, expensive, and some patients find it claustrophobic. Contrast Enhanced Spectral

Mammography (CESM) is a type of mammography that is gradually gaining momentum in the UK as a potential alternative to breast MRI. Our Trust introduced CESM in October 2021 and is currently the only site offering this service in the region. CESM is carried out within the breast unit and is less expensive than MRI. The aim of this study was to evaluate patient preference between the two modalities.

Patients undergoing both MRI and CESM for the same clinical indication completed a questionnaire about their experiences of each procedure including the comfort of breast compression, the sensation of intravenous contrast, their level of anxiety, and overall their preference. Participants were also given the opportunity to explain their preference by free text. The first 70 consecutive patients returning their questionnaires were included. Patients overall preferred CESM to MRI

Contact: *Simon Lowes, Consultant Breast Radiologist, Gateshead Health NHS Foundation Trust simon.lowes@nhs.net*

Pedicle Perforator Flap – A District General Hospital’s Experience

Geographical Area: Gateshead

Local flap volume replacement techniques may be used in patients undergoing breast conservation surgery, in whom volume displacement techniques and therapeutic mammoplasty are inappropriate. In these cases, defects of up to 150g can be adequately filled by mobilising pedicle intercostal artery perforator flaps. Here, we review our results since introducing a local flap service in a high-volume breast screening unit 22 months ago.

Hospital coding records for “perforator flap” were searched and cross-referenced with patient notes. Data recorded included age, BMI, smoking status, tumour size, type of flap, complications and any further surgery or delays to adjuvant treatment. A total of 19 patients were included in the study

The introduction of a local flap volume replacement service, using perforator flaps, has allowed breast conservation instead of mastectomy, with few complications, in patients where tissue displacement techniques or therapeutic mammoplasty would not be appropriate.

Contact: *Gwen Bromley, Consultant Oncoplastic Breast Surgeon, Gateshead Health NHS FT, gwen.bromley@nhs.net*

The impact of the Targeted Lung Health Check Programme for women

Geographical Area: Regional

Lung cancer is the leading cause of cancer death among women, and more women die from lung cancer than breast, ovarian and colorectal cancer each year.

Currently TLHC are ongoing in Tees Valley, Sunderland and South Tyneside and Newcastle/Gateshead. In the Northeast we will have 100% TLHC programme coverage by March 2024.

Nationwide, more than 62.3% of eligible women undergo breast cancer screening but less than 5.8% of all eligible smokers pursue lung cancer screening. Researchers estimate that these new screening guidelines will increase the number of women eligible for lung cancer screening by 40%.

Contact: *Kate Harrington, Respiratory Consultant, Northern Cancer Alliance*
Kate.Harrington@nhs.net

The last decade of breast MRI in a regional breast unit: change in demand and clinical indications

Geographical area: Gateshead

There is increasing pressure on all breast imaging services, including MRI. This study aims to evaluate the number of breast MRI examinations performed over an 11-year period spanning January 2012 to December 2022, and any trends in the clinical indications.

Between 2012-2019 there was a year-on-year increase in the number of MRI scans, from 60 in 2012 to 288 in 2019. In 2020, the number dipped to 186, likely secondary to the COVID-19 pandemic, but this has gradually risen again to 278 scans in 2022. Between 2012-2016, the principal indication for MRI was lobular carcinoma, accounting for an average of 38.3% of examinations over that period (range 37.1-41.7%), with neoadjuvant chemotherapy (NAC) accounting for 5.1% of scans over the same timespan (range 1.7-9.7%). From 2017, the proportion of examinations performed for assessment of NAC increased sharply to 28.2% and continues to show a proportionate year-on-year increase. Spanning 2017-2022, NAC assessment now accounts for an average 35.2% of all scans (range 28.2-38.8%). The next most common indication for MRI is surveillance (16.2% of scans in 2022) followed by occult disease (12.9%)

It can be concluded that the 4.8-fold increase MRIs between 2012-2019 largely reflects increased use of NAC, but workload for other indications has also increased. This trend was interrupted during the COVID-19 pandemic, but seems to have recovered and reached a plateau for the time being.

Contact: *Simon Lowes, Consultant Breast Radiologist, Gateshead Health NHS Foundation Trust*
simon.lowes@nhs.net

The need for location variation as a method to potentially increase uptake of cervical cancer screening in the region: The results from a regional survey

Geographical Area: Regional

This project aimed to explore the reasons why women, and people with a cervix delay or do not attend cervical screening and explore preferences to where women and people with a cervix would prefer to have the screening completed. An electronic survey was distributed across the North East and North Cumbria. Social media and word of mouth were used to distribute the survey. 1454 respondents from North East and North Cumbria completed the survey. 1281 (95%) stated they had attended a cervical screening appointment within the last 5 years. However, reasons for delaying or not attending cervical screening were 'Unable to get an appointment at a convenient time' (n=365; 15.4%), followed by 'Struggled to get through to the GP surgery to make an appointment' (n=257; 10.9%). Most (71.5%) highlighted their preference was to complete screening at the GP practice where they are registered, followed by a walk-in appointment at a sexual health clinic (20.4%), then by an appointment in a mobile unit within walking distance of the persons home (18.7%). These results highlight the need for more choice and flexibility for women and people with a cervix to attend cervical screening, which could be in the form of a mobile cervical screening unit. This is now forming a future project to assess whether a mobile cervical screening unit can improve the uptake of cervical screening, especially for those who face inequalities and barriers to accessing healthcare services.

Contact: Jill Fozzard, Nurse Colposcopist & Training Facilitator, Newcastle Upon Tyne NHS Foundation Trust & Gateshead NHS Foundation Trust, jill.fozzard@nhs.net

The Who, the Why and the What of LocSSIP in Reconstructive Breast Surgery – A Process to Reduce Human Factor Derived Errors

Geographical Area: Gateshead

Local safety standards for Invasive Procedures (LocSSIPs) are locally derived standards created by multi-professional clinical teams which apply to invasive procedures. A multi-professional collaboration took place in our trust to develop a LocSSIP specific to reconstructive breast surgery where prostheses are being used, reviewed and updated annually. This includes instructions based on implant hygiene as well as safety checks around the correct prosthesis selection. This has been well received and implemented across all personnel within the specialty.

The successful implementation of a LocSSIP specific to prosthesis-based breast surgery at our trust has resulted in no further never events. We would recommend the development of such a protocol to other breast units in an attempt to reduce human factor derived errors.

Contact: Gwen Bromley, Consultant Oncoplastic Breast Surgeon, Gateshead Health NHS FT, gwen.bromley@nhs.net

Transforming national ambition into regional success: Screening for Lynch Syndrome in women with endometrial cancer

Geographical area: Gateshead

The overarching aim of the project is to ensure 100% of patients with colorectal or endometrial cancers receive an initial tumour test to screen for LS-related cancers, and further, to evaluate, implement and establish pathways to 'mainstreaming' definitive germline genomic testing in the cancer clinic.

We believe we are the first team / cancer alliance nationally to be able to demonstrate 100% intention to test for screening all endometrial cancers. We have made great progress in completing the goals of the project for sustainable mainstreaming genomics in cancer clinics.

Contact: *Stuart Rundle, Consultant Gynaecological Oncologist, Gateshead Health NHS Foundation Trust stuart.rundle@nhs.net*

Use of LOCALizer RFID tags in the pre-operative localisation of axillary lymph nodes

Geographical Area: Gateshead

Breast conserving surgery is the mainstay of breast cancer treatment for most women. Because of early breast cancer detection, and in some cases downstaging of disease with neoadjuvant chemotherapy, most cancers are impalpable and require localisation prior to surgery. Pre-operative tumour localisation is traditionally done on the morning of surgery using a guidewire inserted into the tumour under ultrasound or x-ray guidance, but this leads to delays in theatre start times and is anxiety-provoking for the patient.

In recent years a number of wireless devices have become available, which can be inserted days or even weeks before surgery. In June 2019 our unit was the first in the UK to start using radiofrequency ID (RFID tags) as a localisation technique. Soon afterwards, we became the first to use RFID tags to localise metastatic axillary nodes for targeted axillary dissection, a procedure that is becoming increasingly commonplace to excise clinically-relevant disease and minimise morbidity for the patient.

To assess the safety and efficacy of using RFID tags in the axilla, we reviewed our practice to analyse the first 75 cases of RFID-targeted axillary nodes inserted between 12th June 2019 and 27th October 2022, during which an overall total of 1,296 breast and axillary tags were deployed into 1,120 patients.

All tags and their respective nodes were successfully excised at surgery with no significant complications. The use of RFID tags for the pre-operative localisation of axillary nodes is safe and feasible.

Contact: *Simon Lowes, Consultant Breast Surgeon, Gateshead Health NHS FT, simon.lowes@nhs.net*

Women's Health Integrated Placement

Geographical Area: Gateshead

In September 2022 CBC Health Federation collaborated with Gateshead Primary Care Teams, our voluntary sector and local university to develop a Integrated Placement for student nurses. This was developed to showcase Primary Care as a first destination career. The placements consisted of two days clinical practice in a GP surgery and one day in a community venue with our social prescribing link workers (SPLW).

Cohort 3 is due to commence in September 2023 and will be supported by our lead nurse and SPLW to develop and execute a project to increase the number of cervical screenings and appointments for women's health through:

- Planning a social media campaign to educate and inform
- Developing reading material which is specific to the services of the practice and ensuring this is accessible to all patients
- Engagement of local community in community venues outlining the importance of attending yearly screenings, especially those who are socially excluded.
- Developing a programme to be rolled out to local schools to provide information and education on screening programmes.

Cohort 1 &2 of the programme have resulted in nursing students securing employment within Primary Care, which can be extremely rare for newly qualified nurses and has also resulted in hard to reach communities registering with their local GP to access services

Contact: Nicola McDougal, Strategic Workforce Development Lead, CBC Health Federation, nicola.mcdougal@nhs.net

Working in partnership to build awareness of cancer with ethnically minoritised women

Geographical Area: Middlesbrough

The Northern Cancer Alliance (NCA) have been working with NUR Fitness in Middlesbrough. NUR is an award-winning community initiative that is dedicated to helping women and children become healthier, both physically and mentally, improving self-esteem and confidence. This is achieved through educational courses, fitness classes, practical classes and building a safe environment where all cultural and religious needs can be catered for. NUR specialise in working with women from an ethnic minority background. A lot of the women they work with do not speak English as their first language.

The women had identified gaps in their community around cancer awareness. It wasn't something that was discussed in their culture, and they wanted to change this narrative. NUR wanted to teach and empower the women they work with so they could pass on information to family and eventually become cancer champions for the wider community.

NCA and NUR worked with CRUK to deliver and support this, using a variety of engagement activities. CRUK Roadshow nurses delivered bespoke health stands initially to build confidence and a relationship with the women. This was then followed by a Talk Cancer workshop delivered to 14 women who were starting their roles as cancer champions in the community as well as other community public-facing roles. The workshops were interpreted in Arabic and Urdu. This project has been successful in increasing cancer awareness in a community where English isn't some women's first language and access to health information can be difficult.

Contact: *Sheron Robson, Programme Manager, Northern Cancer Alliance,*
sheron.robson1@nhs.net

Working in partnership to develop a breast pain pathway*

Geographical Area: sub-Regional

The Northern Cancer Alliance (NCA) through the managed clinical network for breast cancer services have been working to develop a new pathway for women with breast pain. Breast pain alone is not a symptom of cancer however women who do experience breast pain will often have concerns that the pain could be linked to cancer. Previously women with breast pain would have been referred into a clinic for assessment alongside women with symptoms suspicious of cancer (a lump etc), raising anxiety for them.

Successful breast pain pathway models from across the UK were researched and a task and finish group (including clinical and non clinical staff, primary and secondary care representatives and a lay rep from NCA) was established. This group developed a bespoke approach for the NENC due to our geography and the new pathway was agreed by partners. The pathway has been established in 3/4 breast screening centres initially, and plans are in place for rolling out to the non screening sites in 23/24

Contact: *Sheron Robson, Programme Manager, Northern Cancer Alliance,*
sheron.robson1@nhs.net

Healthy Ageing and long term conditions

Exploring health and social care needs of older South Asian women

Geographical Area: Newcastle

As part of a three-year Big Lottery Funding project, this study aimed to evaluate older South Asian (SA) women's social activities delivered in the West end of Newcastle. A quantitative study design was adopted to collect information from service users attending the sessions ran by SEARCH-WEF (West End Friends).

In total two services were evaluated, social group activities, one to one befriending. Feedback forms were completed by the service users attending the social activities on a weekly basis from May 2022 to January 2023 for over six months and until saturation of data. A total of 89 feedback forms were collected.

The results showed that the majority of service users attended for company and reduce loneliness. In particular the SA women's group enjoyed chatting to each other and took ownership of their group by taking snacks/cultural dishes into the sessions to share with other group members. Nearly one third of the SA women's group members were regular attendees. The SA women also prioritised their health which was a common reason too.

Contact: *Dr Zeibeda Sattar, Assistant Professor in Health Policy, Northumbria University, zeb.sattar@northumbria.ac.uk*

Forever Fit*

Geographical Area: Redcar and Cleveland

As part of the You've Got This Programme, a programme called "Forever Fit" was devised, originally conceptualized as a low-impact step class. However, practical challenges emerged, as the participants' mobility constraints rendered traditional mat exercises impractical. To accommodate this, the class structure was revamped into a dynamic circuit-based format, facilitating easy adaptations at each station to suit individual abilities. The below video showcases a group of women who confronted these challenges head-on. These women, representing the target demographic, exemplify the struggles associated with such barriers: [Everyone Active Edit 26th June 2023 \(vimeo.com\)](#)

As the participants' self-assurance grew, they extended their engagement beyond the class, forging connections that transcended the exercise setting. This organic social network morphed the class into a vital community hub. With strategic collaboration between Everyone Active, YGT, and social prescribers, the initiative evolved into a referral pathway. This avenue became particularly relevant for individuals navigating chronic health conditions, mobility limitations, and isolation, amplifying the initiative's impact.

Contact: *Lauren Perkin, Programme Officer, You've Got This, Public Health South Tees, lauren.perkin@youvegotthis.org.uk*

Healthcare use by women with joint hypermobility in Northumberland*

Geographical Area: Northumberland

Aim & Objectives: To measure the burden of hypermobility on the NHS especially: Prevalence of hypermobility from general practice data; Pattern and costs of secondary healthcare use.

We measured the number of people with a diagnosis of hypermobility from 30 GP surgeries in Northumberland (approximately 300,000 general population). We compared secondary healthcare activity and costs between people with and without hypermobility.

Project outcome/evaluation

1. Prevalence of hypermobility from GP records is 4.4 per 1000.
2. Women of childbearing age are affected more than men (Male-Female ratio 3:1)
3. Hospital admissions to General Medicine, Obstetrics & Gynaecology, Surgery and Orthopaedics were higher in women with hypermobility.
4. Outpatient attendances to Rheumatology, Physiotherapy, Orthopaedics, and Obstetrics & Gynaecology were also higher.
5. They have about twice as many mental health appointments.
6. For 1,302 patients with hypermobility, additional cost was £261,037 for A&E, Acute Inpatient and Outpatients in 2022. Cost per patient was £932.37 compared to £731.88 in those without hypermobility.

Contact: *Dr Ben Frankel, The Sele Medical Practice, Hexham. Ben.frankel@nhs.net*

Menstrual Health and Gynaecological Conditions

Development of a diagnostic ultrasound service within an integrated sexual health service: a new model of care

Geographical Area: South Tyneside

Two ultrasound machines were introduced in two community sexual health services within South Tyneside and Sunderland Foundation Trust in September 2022 in order to develop a specialist diagnostic service to manage intrauterine contraception problems, complex non-palpable implant removals and investigate and or treat some gynaecological presentations 'in house'. The aim of this study was to audit the impact of the introduction of transvaginal and upper arm ultrasound on the patient journey and to consider any potential cost benefit by preventing onward referral to radiology, gynaecology or sexual health.

117 ultrasound scans were performed within the dates surveyed, 110 were transvaginal ultrasound and 7 of which were of the upper arm. Common indications included missing intrauterine contraception threads and symptoms such as unscheduled bleeding or pelvic pain following an intrauterine contraception fit. Of the 117 patients, only 20 required follow up or onward referral, many of which was with the same consultant within their office gynaecology service in the hospital. A significant number of patients were reassured and discharged.

Having ultrasound available at the first point of care has reduce onward referral to secondary care which offers a significant financial benefit to the Trust and gynaecological input has been through a direct referral process with the same consultant. The use of ultrasound in Community Sexual Health provides significant benefits to patients. It provides reassurance and or investigation and treatment for a range of contraception gynaecological problems, allowing patients to receive care closer to home and improving the patient journey. Ultrasound as part of their initial assessment also prevents onward referral which is cost saving.

Contact: Dr Katherine Gilmore. Consultant in Community Sexual and Reproductive Health, South Tyneside and Sunderland NHS Foundation Trust, katherinegilmore@nhs.net

Durham Gynae, Primary Care Women's Health Forum*

Geographical Area: County Durham

Following the media explosion around menopause care the Tier 2 and secondary care clinics have been inundated with menopause referrals. Working together with Derwentside PCN and Chester-Le-Street PCN, we have developed Women's health hub clinics to offer menopause advice and improved access to LARC and IUD. With a plan to incorporate IUD fitting for all reasons in both areas.

What was done? Education was provided by Dr Julie Oliver and Dr Janette Mills (consultant at CDDFT) at the half day education sessions to all local GPs

Chester-Le-Street PCN has developed a menopause clinic taking referrals across the PCN on menopause problems. All PCN practices can make a referral with a proforma that is emailed.

Training for the GPs leading the Chester-Le-Street service is being supported by Dr Julie Oliver – lead in the tier 2 gynaecology service. Pathways are established for these service users to get quick access to the Tier 2 clinic for IUS fittings or support with more complex menopause needs.

Derwentside PCN has established a womens health hub for fitting LARC for contraceptive reasons. All GP practices across Derwentside can refer directly into this clinic. Clinics have been established in East and West towns at different times. Care coordinators have been trained how to access the clinic and make bookings. The next project is to expand the service to all IUS fittings.

Contact: Dr Julie Oliver, GPwER Gynaecology, Durham Gynae, Primary Care Women’s Health Forum, julieoliver@durhamgynae.co.uk

Let’s Talk Cervical Screening

Geographical Area: Regional

Gateshead Health NHS Foundation Trust Staff, in partnership with Roche Diagnostics UK and Ireland. took part in a "Flash Mob" at The Angel of the North. The Flash Mob was held at on 24th June 2023 and was staffed by a Colposcopy nurse and screening staff to hand out information and answer any questions people may have had. The event is part of an ongoing public awareness campaign called Let’s Talk Cervical Screening. The campaign aims to educate women in Gateshead and the surrounding areas about HPV and cervical screening as well as helping alleviate any concerns when it comes to booking an appointment.

As part of the wider campaign, educational leaflets and posters were circulated to GP practices throughout Gateshead. Screening staff have also set up promotional stalls at local pride events and open days. A campaign website has been built providing credible information, together with a film containing open and honest discussions about cervical screening.

Contact: *Trudy Johnson, North East and Yorkshire Cervical Screening Manager, Gateshead Health NHS Foundation Trust, trudyjohnson1@nhs.net*

South Tyneside Period Dignity Donation Scheme*

Geographical Area: South Tyneside

The project aims to ensure that our community is supported to understand ‘normal’ menstruation and access products required to have a healthy period, linking with South Tyneside Council’s ambition ‘Healthy and Well’

It provides accessible period products to all, by use of a ‘box project’ providing free products and encouraging donations, resulting in self-sustaining, light touch support.

Internal pilot in Council premises evaluated well – wider scheme planned for public spaces.

Contact: Karen Armstrong, Public Health Practitioner, South Tyneside Council,
karen.armstrong@southtyneside.gov.uk

Reducing barriers to access and improving health outcomes - Staff cervical screening

Geographical Area: Gateshead

Research shows 38% of women and other people with a cervix were unable to get a convenient appointment the last time they tried to book, and 1 in 5 haven't been able to access one at all. In helping to raise awareness of cervical screening and cervical cancer in the workplace and supporting staff to look after their cervical health we will be helping to create an environment where staff feel able to raise topics such as cervical screening and other health concerns ensuring they can attend this potentially life-saving test. Jos's cervical trust promotes the 'Time to Test' workplace initiative. Opinions already sought from the workforce via digital anonymous questionnaire – positive feedback around launching staff cervical screening service.

Contact: Sharon Denise Clark, Joint Colposcopy Clinical Lead & Lead Nurse Specialist, Gateshead Health Foundation Trust, sharondenise.clark@nhs.net

Improving engagement with digital communication: Colposcopy Website

Geographical Area: Gateshead

The Colposcopy service actively sees around 2000+ patients per year. Recent attendance at PRIDE event from Lead Nurse and lab screening team in Newcastle July 2023 and engagement with local LGBTIQ+ community focused on reducing fear and accessing screening/colposcopy services. Talks are planned with the local Transgender support group also in relation to accessing screening and attending examinations and working alongside our LD nurse. The website needs to be engaging in order to aid in reducing anxieties and improving service user engagement. This may also assist us in reducing both new and potential follow up/return for treatment and DNAs which are reported as part of the quarterly/annual KC65 data submissions to NHSE.

Contact: Sharon Denise Clark, Joint Colposcopy Clinical Lead & Lead Nurse Specialist, Gateshead Health Foundation Trust, sharondenise.clark@nhs.net

Mental Health and Wellbeing

Maternal Mental Health Service

Geographical area: Sunderland and South Tyneside

In April 2022 the Maternal Mental Health Service launched at South Tyneside and Sunderland NHS Foundation Trust following a recommendation from the NHS long term plan. It was identified that some women with moderate to severe or complex perinatal psychological needs relating to, or arising from, their maternity experience were falling through the gaps in existing service provision

The MMHS aims to help women with difficulties related to Trauma, Loss, and/or Fear during their maternity experience. The service offers support throughout all aspects of maternity care from pregnancy planning, during pregnancy, and up to 12 months after birth.

Assessment with psychologist and/or specialist midwife, and MDT joint working where needed. Following assessment intervention may include:

- Psychological Therapy
- Specialist midwife support
- Joint working/consultation with other professionals

Since launching the service has received over 200 referrals, a service evaluation took place at 1 year post launch. The results of this evaluation suggest that the MMHS are largely reaching service users reflective of NENC region and are meeting their aim to address the gap in previous services.

Contact: *Lorna Middlemass, Lead Midwife for Maternal Mental Health, South Tyneside and Sunderland NHS Foundation Trust, lorna.middlemass@nhs.net*

Designing Accessible Perinatal Mental Health Services for Women

Experiencing Socio-economic Disadvantage in the Northeast and North

Cumbria (the MaMS Study)

Geographical Area: Newcastle

Approximately 25% of women in England experience mental health problems during pregnancy or up to a year post-birth. Perinatal mental health (PMH) services aim to support women during this time, but many women face significant barriers to accessing this support. This project explored reasons why PMH services in the Northeast and North Cumbria (NENC) are not reaching some women – particularly those from disadvantaged backgrounds – and ways to improve their access and engagement with services.

Interviews were conducted with 23 professionals from various healthcare, voluntary and social/community sectors, and 20 women from disadvantaged backgrounds with PMH distress experiences. Themes were analysed using Levesque's framework on barriers and

facilitators to healthcare access. Researchers at Newcastle University led the project, in collaboration with partners from the NENC Local Maternity and Neonatal System. Five women with maternity care and/or PMH support experiences contributed to the research design.

The project's outcomes were shared with NENC maternity and mental health stakeholders during two workshops, where they acknowledged the challenges identified and affirmed the relevance and feasibility of the proposed recommendations.

Contact: *Dr Lem Ngongalah, Faculty fellow, Newcastle University,*
lem.ngongalah@newcastle.ac.uk

The health impacts of violence against women and girls

Dismantling Disadvantages*

Geographical Area: Regional

Agenda Alliance and Changing Lives published a report called *Dismantling Disadvantage* on the 10th of July this year, and found that in 2021 a woman in the North East of England was 1.7 times more likely to die early as a result of suicide, addiction, or murder by a partner or family member than in the rest of England and Wales.

TSWF Final Report (agendaalliance.org)

The most striking finding in the study is that women are dying early, due at least in part to neglected social, economic and health needs, let down by multiple services. Our findings make a clear case for change, demonstrating the web of personal, social, and economic costs that emerge because of inadequate, and sometimes harmful, service provision. Drawing from our research, we identify five ways in which services and systems should be redesigned to better meet the needs of women with multiple unmet needs.

Contact: *Laura McIntyre, Head of Women's and Children's Services, Changing Lives, laura.mcintyre@changing-lives.org.uk*

Domestic Abuse Health Advocate in Primary care

Geographical Area: Sunderland

3 year pilot funded by the Police and Crime Commissioner (PCC) and Sunderland CCG who commissioned Wearside Women in Need commenced in 2017 to train staff and provide a Domestic Abuse Health Advocate working into each of the Sunderland GP practices. The pilot was a success and the programme was extended to all GP practices in Sunderland.

The pilot aimed to embed routine enquiry into primary care by:

- Routine enquiry for unaccompanied women aged 16 + to ask if they had or were currently experiencing domestic abuse
- Offering comprehensive specialist support to women experiencing domestic abuse through the DA Health Advocate

Microsoft Forms (office.com) ICB Report GP Advocate 2022-2023.pdf

Contact: *Dr Chandra Anand, NENC ICB Named GP, Chandra.anand@nhs.net*

evaluating healthcare-based Independent Domestic Violence Advisor provision within maternity services

Geographical Area: Newcastle

Domestic violence and abuse (DVA) in pregnancy is associated with poor maternal and infant outcomes. Independent Domestic Violence Advisors (IDVAs) work to secure the safety of those at risk of harm from DVA. There is evidence for effectiveness of IDVAs across several health settings, but little is known about how IDVAs function in maternity settings.

The RIVA (maternity Violence Advisor) study aims to evaluate the implementation and impact of IDVAs on staff practices and patient outcomes in three maternity services in England.

A mixed-methods case study design was used, including providing implementation support to sites through a DVA specialist service, documentary analysis, interviews, survey, analysis of routine data and lightening reports with implementation staff.

Contact: Hayley Alderson, Senior Research Associate NIHR ARC, Newcastle University hayley.alderson@newcastle.ac.uk

FGM: Routine Enquiry in Movements into City*

Geographical Area: Newcastle

Following the opening of an Asylum Seeking Hotel for families in the city, the 0-19 service offered health assessments to all families within the hotel. As part of that holistic health assessment routine enquiry around FGM was made on every female in the hotel.

This has lead onto working with both GP's, Newcastle Upon Tyne NHS Foundation Trust Paediatric Forensic Unit and 0-19 service. The new pathway includes that all women and girls at any point of contact with the 0-19 service will be offered routine enquiry around FGM (where appropriate) and at all movements into the UK contacts regardless of age of child.

The new health pathway means that if there is an identified FGM need with no current safeguarding risks for the child or woman and they would like a medical assessment of their FGM then we have devised a pathway within the Trust that minimises the female having to repeat her story and supports her wish to be medically assessed for health problems associated with FGM both now and in the future.

Contact: Rebecca Humphreys, Specialist Health Visitor Complex and Vulnerable Families, Newcastle Upon Tyne NHS Foundation Trust, Rebecca.humphreys@nhs.net

Routine Enquiry within general practice

Geographical Area: Sunderland

Domestic homicide reviews show that victims have had some contact with their GP practice in the lead up to their death. 80% of women in a violent relationship seek help from health services, usually GPs, and these are sometimes the only professional they have had contact with, a victim will be assaulted up to 50 times before they ask for help.

The initiative uses a "whole practice" approach where **all** general practice staff are trained to identify the signs and risks associated with domestic abuse however, routine enquiries are only conducted by general practice clinicians such as practice nurses, GP's and HCA's. This approach provides a comprehensive internal and external support framework for staff to effectively respond to patients that have been identified as suffering from abuse. We currently have 38 surgeries within Sunderland involved with the initiative.

Contact: Anne Coxon, WWiN Health Advocate, WWiN, anne.coxon@wwin.org.uk

Evaluating healthcare-based Independent Domestic Violence Advisor provision within maternity services

Geographical Area: Newcastle

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The RIVA (mateRnItly Violence Advisor) study aims to evaluate the implementation and impact of IDVAs on staff practices and patient outcomes in three maternity services in England. A mixed-methods case study design was used.

Recommendations for practice include securing strategic support, developing a comprehensive communication strategy, delivering training, and facilitating access to maternity team meetings within the trust. Practical factors to enable IDVAs to carry out their role effectively included being co-located within the trust and having access to a confidential space. Whilst sustainability was increased by IDVAs having access to supervision and trusts conducting a local needs assessment to map available services and identify gaps in provision. It is important to ensure that IDVA provision is implemented in impactful and sustainable ways to improve outcomes for women and their infants.

Contact: Hayley Alderson, Newcastle University. hayley.alderson@newcastle.ac.uk

Mental Health and Wellbeing

Maternal Mental Health Service

Geographical area: Sunderland and South Tyneside

In April 2022 the Maternal Mental Health Service launched at South Tyneside and Sunderland NHS Foundation Trust following a recommendation from the NHS long term plan. It was identified that some women with moderate to severe or complex perinatal psychological needs relating to, or arising from, their maternity experience were falling through the gaps in existing service provision

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Contact: *Lorna Middlemass, Lead Midwife for Maternal Mental Health, South Tyneside and Sunderland NHS Foundation Trust, lorna.middlemass@nhs.net*

Designing Accessible Perinatal Mental Health Services for Women Experiencing Socio-economic Disadvantage in the Northeast and North Cumbria (the MaMS Study)

Geographical Area: Newcastle

Approximately 25% of women in England experience mental health problems during pregnancy or up to a year post-birth. Perinatal mental health (PMH) services aim to support women during this time, but many women face significant barriers to accessing this support. This project explored reasons why PMH services in the Northeast and North Cumbria (NENC) are not reaching some women – particularly those from disadvantaged backgrounds – and ways to improve their access and engagement with services.

Interviews were conducted with 23 professionals from various healthcare, voluntary and social/community sectors, and 20 women from disadvantaged backgrounds with PMH distress experiences. Themes were analysed using Levesque's framework on barriers and facilitators to healthcare access. Researchers at Newcastle University led the project, in collaboration with partners from the NENC Local Maternity and Neonatal System. Five

women with maternity care and/or PMH support experiences contributed to the research design.

The project's outcomes were shared with NENC maternity and mental health stakeholders during two workshops, where they acknowledged the challenges identified and affirmed the relevance and feasibility of the proposed recommendations.

Contact: *Dr Lem Ngongalah, Faculty fellow, Newcastle University,*
lem.ngongalah@newcastle.ac.uk

Integrated maternal mental health services

Geographical area: North Cumbria

North Cumbria is one of two sites funded in 2022 to develop a Maternal mental health service, with the ambition: To co-produce and implement a holistic, personalised and trauma informed approach to care – within and outside the service; To integrate MMHS within maternity (including the Afterthought/Birth Reflection Service) and gynaecology pathways, and develop robust links with other services offering psychological or mental health input in the perinatal period (e.g., Talking Therapies Cumbria and Perinatal Mental Health Services); To offer timely access to specialist assessment and evidence-based treatment with a focus on psychological interventions in line with NICE guidance – to women having moderate to severe psychological difficulties with a significant association with a trauma or loss in the maternity/perinatal/neonatal context.

Contact: Elspeth Desert, Consultant Clinical health psychologist and Clinical Director, North Cumbria Integrated. Elspeth.desert@ncic.nhs.uk

Supporting birth-mothers severed from their children by addiction*

Geographical Area: Regional

Tina's Haven is a pioneering project which intends to build a replicable model of practice for birthmothers severed from their children by addiction. The project is being developed by a collaborative team of female artists, therapists, and practitioners from The Barn at Easington, Addictions North-East, and The Women's Liberation Collective.

Tina's Haven addresses prevailing issues such as: addictions, addiction treatment and recovery, childhood and adult trauma, child-parent severance, and being a child in the care system. Tina's Haven seeks to fill a gap in provision and services for birthmothers who are primarily survivors of complex trauma and substance use issues. One that deliberately falls outside of a traditional 'fix the problem' or 'preventative' model of support; instead, focussing upon women's recovery through their discovery and connection with the land, each other and with themselves.

The project is distinct and unique in its approach, in terms of both the emerging model and the combination of practitioner's skills, which includes arts and nature-based community

practice, somatic recovery, trauma informed support, rights based feminist community development, VAWG expertise and substance recovery support.

Contact: Dr Sue Robson, Founder and Evaluator, Tinas Haven. Sue@suerobson.co.uk

A Co-Produced Rapid Literature Review of Trauma Informed Care for Girls in the Children and Young People's Secure Estate*

Geographical Area: County Durham

In 2019, Ministry of Justice (MoJ) data indicated that girls represent very much a minority (3%) in secure justice placements for under 18-year-olds (e.g., in Secure Children's Homes and Secure Training Centres) in England and Wales. According to MoJ data, girls were significantly more likely than boys to experience restrictive physical interventions and to self-harm in these settings. Girls are a highly vulnerable group and their pathways into these settings are closely linked with histories of exposure to multiple traumatic events, particularly physical and sexual abuse, and ongoing victimisation in interpersonal relationships.

We are currently undertaking a rapid review of the academic literature to identify the evidence for trauma-informed and trauma specific care for girls in such settings. The review is using an innovative, co-production methodology to identify research studies and grey literature that investigates or discusses trauma informed care for girls in the Children and Young People's Secure Estate. This review is being conducted in two stages: 1) a rapid review of the current international literature; 2) a lived experience expansion of these findings, using an adapted critical interpretive synthesis (CIS) approach. CIS is characterised as iterative, interactive, dynamic, and recursive.

Contact: *Professor Tammi Walker, Professor of Forensic Psychology & Principal of St Cuthbert's Society, Durham University.* Tammi.walker@durham.ac.uk

The WHiST model

Geographical Area: South Tyneside

WHiST delivers health and wellbeing services to women in a centrally placed purpose-built building in South Shields, established in 1986 by local women. WHiST aims to improve physical and mental health for women, to increase skills, choices and life chances through learning, to promote independence and empower women to make positive changes in their and their families' lives. 93% of women attending felt that women- only provision is important to them.

Our service model is informed by biopsychosocial dimensions, recognising the influence of many causal factors affecting health and wellbeing. A high proportion of service users live in two of the most deprived wards in the borough. We aim to promote social inclusion as a key aspect of wellbeing. Services are free of charge to reduce barriers to access.

The WHiST model incorporates wraparound provision. Support is flexible, women-centred and allows for long term intervention if needed, meaning women can make lasting changes. Our service is needs-led and responsive, with straightforward, accessible referral processes. A holistic programme is offered, incorporating coproduction and peer support.

corinne@whist.org.uk

The Happy Mums Foundation – Breaking out of the Echo-ChamberThe Happy Mums inclusion and engagement project emerged in 2020, aiming to reach a wider range of women. We added Inclusive to our core values and created a new volunteer role - of Inclusion Champion and set up regular Inclusion Panels to bring these champions together. We invited representatives of communities which had previously been underrepresented. These panels now meet 6 monthly and set our Inclusion aims, priorities and targets for the next period.

As a result of the outreach work which followed, we have partnered a range of organisations to provide intersectional support, improve cross-sector signposting for maternal mental health and co-create a research project with Newcastle University to explore different cultural conceptions of maternal mental health and co-produce resources.

We are co-planning a cross-sector event called Mumkind which will encourage mums to tell their stories in a range of ways, for therapeutic impact but also to feed lessons back into statutory services. We are working with a refugee an asylum seeker group, women's group, LGBTQ+ group, NHS maternal and perinatal mental health services, and other third sector partners, all grouped around the Maternity Voices Partnership.

Contact: Sarah Penn, Director and Lead for Engagement, The Happy Mums Foundation CIC.
sarah@happymums.org.uk

Menopause

Developing a community-based menopause service for women in Stockton & Hartlepool using a holistic approach*

Geographical Area: Hartlepool and Stockton.

Our aim is to improve a woman's experience of her journey through the menopause and beyond, using a two-staged approach.

The first stage was the introduction of menopause drop-in cafes where women can talk openly in a relaxed and safe setting, plus providing reliable resources and information about menopause. These were hosted by the Nurse Lead in Menopause and supported by Health and Well Being Coaches. We work collaboratively with local small businesses who are in full support of the drop-in cafes with an agreement to closing their business to the public during the drop in sessions

The second stage provided menopause clinics with an experienced health professional with a special interest in menopause. These clinics provide an opportunity for a holistic assessment during a thirty-minute consultation, where decision making about treatment and management is focused on individual need and choice. All of this was done whilst working within our competencies and referring to a specialist clinic if appropriate.

The two staged model has proved a huge success according to the patient feedback we have received. By attending the drop-in cafes, women feel more empowered to seek further support in managing the symptoms that are having a severe impact on their health. Following on from a patient centered consultation in the menopause clinic, many woman were initiated on HRT after detailed risks / benefits were explored. Others had existing treatment regimens optimised and ongoing monitoring is offered to all patients.

Contact: Lucy Newton / Lin Greenfield, GP Lead / Nurse Lead, lucy.newton2@nhs.net / lin.greenfield@nhs.net

Development of a specialist menopause service in South Tyneside and regional menopause guidance for primary care

Geographical Area: South Tyneside

In January 2023, a consultant led menopause service was established in South Tyneside, aiming to provide a holistic approach to the management of more complex menopausal presentations, where specialist advice is required. This was designed to support the 'Advice and Guidance' service which is already in place. Referral criteria include difficulties with hormone replacement therapy, management of premature ovarian insufficiency, hormone sensitive cancers, current cerebrovascular or cardiovascular disease, venous thromboembolism and other concurrent health issues.

A regional menopause guidance has also been developed to support the provision of consistent, high quality menopause care within primary care. This has been developed as part of a multidisciplinary team of Community Gynaecologists and specialist registrars, all of whom deliver menopause care in the North East of England.

The outcome of this project has enabled healthcare professionals within primary care to further increase their knowledge and confidence in managing menopause related problems. This has reduced pressure on secondary care, is cost saving and allows redirection of more complex cases for specialist support. This model of care allows women to receive individualised menopause care, closer to home without the need to be referred into secondary care, thus improving the patient journey.

Contact: *Katherine Gilmore, Consultant in Community Sexual and Reproductive Health, katherinegilmore@nhs.net*

Menopause; Learning from lived experience and women's voices

Geographical Area: Regional

The national Menopause Network includes membership from Health and Social Care which serves as a powerful and rich platform of learning and sharing across the menopause transition. The network is a facility to encourage and build formal and experiential learning and the support of the Chair who has specialist menopause clinical training. The opportunity to share and spread experiences, research and signposting normalises the menopause. As a result of the engagement internally, the network stands as a huge repository of expertise, signposting resources and access to the Menopause Ambassador role created to extend support.

The network Chair extends awareness training to colleagues across health and Social Care. As the author of the first NHS England Menopause Policy, the Chair is able to articulate the rationale for workplace support, to draw on and amplify the voices of network members in terms of their lived experience and to challenge systems to offer support, change and strategic vision for women's health outcomes.

Lived experience and the voices of members drives further change; which was evident in the recent clinic at South Tees Hospital, run by the network Chair. The clinic offered staff the opportunity to access onsite specialist menopause support and follow up if required. The feedback critically mirrored the voices of national network members; difficulties accessing trained GPs with confidence in menopause symptoms management, difficulty in gaining formal and informal support; especially problematic for some with cultural 'barriers' and support in the workplace is varied, limited and dependent on manager awareness and/or reliant on the individual raising the issue which can be highly sensitive and embarrassing; particularly for anyone who doesn't recognise as a woman.

Contact: *Jacqui McBurnie, NHS England Menopause Network Chair, NHS England. J.McBurnie@nhs.net*

Perimenopause and Menopause in the Workplace*

Geographical Area: Newcastle

The aim of this project is to raise awareness of women's experiences of Perimenopause and Menopause in the workplace and improve support for all.

Perimenopause and Menopause in the workplace was raised in our UNISON self-organised women's group. We launched a survey to gather more views from staff, 89% of respondents told us that their symptoms had affected their ability to do their job to some extent.

UNISON women's officers met with Organisational Development to discuss survey results. Similar themes were highlighted via our Mental Health Advocates. We worked together to take actions to build on the already existing support in the workplace.

- Review of NCC Menopause Policy and guidance and promotion to staff
- Menopause Teams Channel launched – peer support (245 members)
- Managers Online Training Module created
- 'Menopause in Minutes' online Menopause video for all staff
- Ongoing Menopause workshops and webinars
- Ongoing UNISON Menopause member learning sessions
- Menopause Café events commence
- Special Menopause Café to mark World Menopause Day 18 October 2022
- Menopause Masterclass event February 2023
- Outreach work
- Use of wellbeing plans to enable a constructive conversation between manager and individual to develop an individualised plan for their wellbeing at work.

Evaluation has shown this work has: Increased awareness of the policy and support available (including reasonable adjustments when appropriate); and increased awareness and understanding of Menopause across managers and staff.

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Developing Women's Neighbourhood Health Hubs

A Women's Health Steering Group was established by Washington PCN and other stakeholders including health services, inequality leads, public health, minority groups representative and Healthwatch including patient representation. The group aimed to improve access to women's sexual health and medical screening, to reduce health inequalities of all women across Sunderland with a focus on deprived areas and hard to reach members in our communities who are part of our steering group.

A large piece of work was around access to LARC and we have worked with our public health colleagues, GP practices and Medical representative to audit what is available and target better resources using health data to identify gaps and challenges. We have identified gaps in provision and staff training and used this as our starting point to improve care.

We identified early on 4 main areas to focus the steering groups actions on:-

1. LARC improvements and upskilling staff
2. Menopause and Health checks
3. Developing women's health Hubs
4. Tackling inequalities in health

Underpinning these areas will be patient engagement to ensure and this is supported by Healthwatch in Sunderland.

We have some excellent Enhanced access services which are well established and utilised across the City and have worked with our GP Alliance. I have links with the menopause support group in Sunderland which is multi-disciplinary and has patient representatives and have developed a supportive website for patients. We have come a long way in the 18 months since setting up this group and are nearly at the point of delivery then we can start to evaluate.

Contact: Hazel Taylor, Advanced Nurse Practitioner/ Clinical Director Washington PCN.
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Fertility, pregnancy, pregnancy loss and post-natal support

Engaging with minority groups to improve access to fertility services

Geographical Area: Gateshead

The aim of this project was to engage with diverse and minority groups within our area, identify barriers to accessing treatment and build a positive relationship with these communities. The groups identified were the LGBT community and the local Strict-orthodox Jewish community.

Gateshead Embryologists liaised with the local Jewish community leaders to develop an adapted pathway for fertility treatments in line with Halachah Jewish law, including supportive patient information and staff education. The LGBT community increasingly seek regulated fertility clinics to achieve parenthood. Gateshead Fertility utilises social media and its website to inform and engage with this group of patients. Staff have developed gender-neutral and same-sex specific literature and created treatment pathways for Shared-Motherhood arrangements.

The good reputation of Gateshead Fertility has led to increased demand for treatment. We received an award from the Bensham community. Donor sperm services at Gateshead have increased by 60% since 2019 and a recent audit of website enquiries shows that almost a quarter of all enquires come from the LGBT community regarding the use of donor sperm. Social media posts promote Pride and LGBT awareness and receive a good response.

Contact: *Sophie Jewitt, Laboratory Manager, Gateshead Health NHS Foundation Trust.*
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Sharing information across the constellation of care: Maternity and the Great North Care Record

Geographical Area: Regional

Safe and secure information sharing across care providers has the potential to improve outcomes and experience, including information accessibility, better care coordination and reduced duplication. In the North East and North Cumbria (NENC), significant progress has been made towards a single maternity electronic patient record (EPR) whereby maternity clinicians involved in a woman's care can access to her maternity record regardless of which maternity unit in the region she presents. Six of 8 NENC maternity providers utilise a common maternity EPR – BadgerNet – and the remaining two Trusts have adoption plans.

However, while this NENC-wide maternity EPR supports horizontal care coordination and information availability, there remains a "jigsaw" of care records in IT systems used by other practitioners in a woman's constellation of care, such as A&E or primary care. To address this challenge, a collaboration between the NENC Local Maternity and Neonatal System and the regional shared care record, the Great North Care Record (GNCR), was established with two aims:

1) Maternity teams access to GNCR Viewer – BadgerNet users have an 'in context' click to a pregnant person's GNCR. That means maternity teams can see various 'widgets' or 'tiles'

which include data from other sources such as medication, GP record, social care data. This is available now.

2) Maternity information shared to GNCR (Connector)– this is where a BadgerNet summary is shared to GNCR for viewing by others involved in a pregnant person's direct care. This is scheduled for release in 2023/4.

Contact: Louise Wilson, North East and North Cumbria Local Maternity and Neonatal System. nencicb-cu.lmns@nhs.net

Becoming pregnant after a baby loss: improving inter-pregnancy care for women with type 1 and type 2 diabetes Geographical Area: Newcastle

The aims of this study was to: Explore and better understand: (i) women with diabetes' experiences of becoming pregnant after baby loss; (ii) healthcare professional perspectives on providing pre-conceptual care to this group; (iii) Develop good practice recommendations to improve care and support after baby loss and preparation for future pregnancies among women with diabetes.

Data were collected November 2020-July 2021. Thirty participants (women with diabetes=12, healthcare professionals=18), participated in a semi-structured virtual interview. Data were analysed using Thematic Analysis.

Three main descriptive themes: (1) Decisions around becoming pregnant after baby loss; (2) The triple burden of baby loss, diabetes and planning for pregnancy; and (3) Discontinuities and constraints in inter-pregnancy care. Our participants knew straight away that they wanted to try for another baby. The short inter-pregnancy interval highlighted a small window of opportunity to help women with diabetes both grieve and prepare for pregnancy. Care provision varied across providers. Gaps in knowledge, training, and skills coupled with unclear referral pathways culminated in a precarious inter-pregnancy interval which was challenging to navigate.

Recommendations included to include training to equip healthcare professionals with the words and skills to facilitate a sensitive discussion of pregnancy plans so that women with diabetes can have timely access to pre-pregnancy support.

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Maternal adiposity and the effectiveness of weight management interventions in pregnancy.

Geographical Area: Newcastle

This study aimed to explore if targeting women in early pregnancy for weight management interventions, based on adiposity measures (e.g waist circumference, skinfold thicknesses), compared with body mass index (BMI), increases intervention effectiveness for gestational diabetes mellitus (GDM) prevention and gestational weight gain (GWG) reduction.

The International Weight Management in Pregnancy (i-WIP) collaboration has a living database of Individual Participant Data (IPD) from Randomised Controlled Trials (RCTs) was updated to identify new trials. IPD for adiposity measurements were requested following a review of trial protocols and an author survey. IPD was used in a meta-analysis to investigate treatment-covariate interactions between adiposity measures and intervention effectiveness for GDM prevention and GWG reduction.

The development and validation of the conceptual model confirmed the relevance of adiposity for GDM/GWG. Of the 158 identified RCTs in i-WIP, none used adiposity as inclusion criteria. Fifteen RCTs collected data on adiposity and nine (n=6089 participants) shared IPD; seven of these had only recruited women with overweight/obese BMIs. Treatment-covariate interactions identified that intervention effectiveness was significantly associated with thigh circumference in relation to GDM (interaction effect: -0.009; 95% confidence interval (CI): -0.017, 0.002, $p < 0.019$, one trial n=1537), and significantly associated with bicep skinfold in relation to GWG (Interaction effect: 0.063, 95% CI: 0.004, 0.112, $p < 0.035$, five trials, n=2219). No other adiposity measures showed significant interactions

Conclusion: Adiposity data are not routinely used to target intervention participants, and rarely collected in RCTs. A majority of interventions with adiposity data only included women with overweight/obesity, limiting the exploration of adiposity across a wider range of women. Future work should explore the effect of adiposity on GDM/GWG in a dataset with varied adiposity levels.

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Forever Cherished Maternity Bereavement Services*

Geographical Area: North East of England (Sunderland and South Tyneside)

The aim of creating the Forever Cherished Service was to provide an all-encompassing service which was multifaceted in nature to meet the individualized needs of bereaved families throughout their bereavement journeys and beyond.

The Forever Cherished service won the “Innovation champion award” for the Northeast and North Cumbria in March 2023 and I won National Bereavement midwife of the year.

Contact: *Charlotte Mutton, South Tyneside and Sunderland NHS Foundation Trust,*
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Risk Prevention Measures in Maternity

Geographical Area: South Tyneside and Sunderland

STSFT is committed to providing the highest standard of care to support expectant and new mothers and their partners. We are committed to ensure that all care is mother and family centred, non-judgemental and that mothers decisions are supported and respected.

Our work involves risk prevention measures, reducing these risks will improve the health and well-being for women and their babies.

However, gaps were identified, for example, STSFT have a TDS team who provide support to pregnant women, however the referral rates were low. Since coming into post as Public Health Lead Midwife; all maternity settings have access to CO monitors, staff now have annual mandatory face to face Tobacco Dependency in Pregnancy training which includes; CO training, VBA and the referral pathway. The RPI now happens across both sites which is the NENC risk prevention recommendations.

Staff training has allowed the TDS service to be fully embedded, all maternity referrals go through the TDS team and the referral rates are increasing. The team works closely with local stop smoking services to provide more choice, and SSS for partners. Family hubs have been launched in areas of highest deprivation and highest smoking prevalence (South Tyneside and Sunderland).

Whilst the referral rates are increasing, my priority is for women to engage with the TDS and quit smoking and stay quit. In addition, we are linking in with Public Health Practitioners from across both local authorities, including established steering groups.

Contact: *Michelle Bowie, South Tyneside, and Sunderland NHS Foundation Trust.:*
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Negative for Now

Geographical Area: Stockton on Tees

Syphilis cases have increased on Teesside since 2018. In 2020 syphilis diagnoses were greater in women and heterosexual men than MSM, with pregnant women carrying a significant burden of disease. In response to the increase in cases a working group was established which transitioned into an Outbreak Control Team in November 2021.

System partners worked to complete a review of service utilisation, and an audit against British Association of Sexual Health and HIV (BASHH) guidelines with the aim of improving access to testing, training for health visitors and midwives and producing a targeted comms campaign.

The service review has shown a sharp decline in utilisation and testing during the pandemic resulting in higher positivity rates. The audit found that none of the three BASHH standards were met. The findings have been used to plan and deliver syphilis prevention activities, including measures to raise awareness of syphilis among health professionals and the

public, clear advice on safe sex and when repeat testing is recommended in pregnant women, and improved clinical pathways.

Contact: *Abigail Neasham and Jessica Young, Stockton Borough Council.*

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Engaging with maternity service users in co-production across the North East and North Cumbria (NENC), Local Maternity and Neonatal System (LMNS)

Geographical Area: Regional

The Three-year Delivery Plan for Maternity and Neonatal services sets the ambition that Maternity & Neonatal Voices Partnerships (MNVP):listen to and reflect the views of local communities. All groups are heard, including bereaved families.

1. have strategic influence and are embedded in decision-making.
2. have the infrastructure they need to be successful. Workplans are funded. MNVP leads (MNVP chairs) are appropriately remunerated and receive appropriate training, administrative and IT support.
3. The project outcome is we have coproduced an engagement model. There are three different types of service user roles:

Service User Voice Representatives: Three representatives sit on the LMNS Board who provide perspective from women, their families and carers. They support the MNVP leads and work at a strategic level across the whole of the NENC.

Maternity Voices Partnership Leads: There are ten MNVPs which are teams of women and their families, commissioners and providers, working together to review and contribute to the development of local maternity and neonatal care at their local hospital. Each is led by one or more individuals who connect with and serve women and their families in their local community.

Patient and public voices partner :Members of the public are included in a range of different sub-groups such as clinical networks, workforce, quality and safety. Their role is to champion the views of women, babies and families through the design of maternity and neonatal services.

There is a particular focus on supporting women from black, ethnic and minority background, in addition to people from deprived backgrounds.

Contact: *Amanda Tester, North East and North Cumbria Integrated Care Board (ICB) Local Maternity and Neonatal System (LMNS). amanda.testner1@nhs.net*

Perinatal well-being resource

Geographical Area: Sub Regional

We wanted to create a video resource to support mothers' perinatal well-being because in the UK around 1 in 5 women will experience mental health problems during or after pregnancy. At Close-Knit, we share resources that support parents to build relationships with their babies and we recognise that when mothers are struggling with their mental health it can be harder to build that relationship.

We were fully funded by the Postcode Neighbourhood Trust to produce and share our perinatal well-being video animation. We co-produced the video with 40 mothers, 10 fathers and 33 practitioners, whose roles ranged from strategic to frontline, from VCSE to perinatal specialist services. The co-production process happened in three phases, speaking to parents and practitioners separately. The first phase was about identifying themes and content through an online survey. Phases two and three focused on the initial and adapted script and storyboard through focus groups and additional conversations. In July the video was launched at a playgroup and online, it has had engagement of over 1.9k across Instagram and Facebook and we have had over 500 visits to the video weblink. 87.5% of parents asked reported that the video had given them ideas of how to improve their mental well-being and 100% of those who didn't already know of the importance of their mental well-being for their baby, reported that the video had raised their awareness. The resource is being shared through at least 15 partners including the 'Healthier Together' app which covers 9 areas in the north of England and evaluation is ongoing.

Contact: *Bethany Munby, Close-Knit CIC, info@close-knit.org.uk*

Myalgic encephalomyelitis/chronic fatigue syndrome, family planning, pregnancy, and parental and child health– A systematic review and ongoing mixed methods pilot study

Geographical Area: Newcastle

Aim and objectives:

1. To examine and summarise existing evidence relating to Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and pregnancy, both in relation to pregnancy outcomes and experiences of pregnancy, but also the effect of pregnancy on ME/CFS severity and symptoms using a mixed methods systematic review.
2. To further the evidence-base by working with patients and health care professionals to develop an exploratory mixed methods pilot study investigating research priorities in partnership with people with ME/CFS, their partners, and relevant health care professionals, relating to ME/CFS, family planning, pregnancy, labour and birth, and parental and child health.

Results of the systematic review: Sixteen articles were included: four quantitative (one grey), ten qualitative (eight grey) and one grey mixed-methods study. Findings showed that current evidence on ME/CFS in pregnancy is limited in amount and by quality, and findings are inconclusive. More high-quality research is urgently needed to support the development of evidence-based guidelines on ME/CFS and pregnancy

Ongoing work: The pilot study is currently in developmental phases, and we are working with both people with ME/CFS, their partners, and health care professionals to establish their research priorities.

Contact: Dr Emma Slack, Newcastle University. emma.slack1@newcastle.ac.uk

Test and learn collaborative prototyping for improved maternal mental health across NE and N Cumbria

Geographical Area: Regional

The aim was to develop place-based, co-produced prototypes creating opportunities to integrate VCSE provision and peer support in meaningful way, co-producing new models of maternal mental health.

Novel social prescribing link work prototypes launched in four areas of NENC hosted in VCSE. Developing responsive non-clinical support for women experiencing mild-moderate mental health needs with focus on health inequalities related to pre-conception, pregnancy, loss and post-natal support through lens of trauma, loss and fear.

Collaborative project led by Ways to Wellness with funding and support through successful bid by NENC Mental Health ICS and Perinatal MH Clinical Network team to NHSE Fast Follower programme. The project has been a catalyst for innovative collaboration across NHS, primary care, academia, VCSE, VONNE, local authorities (with Family Hubs), Maternity Voices Partnership coming together under project Steering Group.

Steering Group launched quarterly learning workshops to maximise impact bringing cross-sector partners together around women's health across region. April 2023 launched Mosaic of Maternal Mental Health factors working with women with lived experience and frontline staff across the collaboration to develop an understanding of the intersection of issues we support women with including but not limited to poverty and cost of living impact, domestic violence, rural isolation, teenage parenthood, child removal, migrant and refugee women and women from minoritised ethnic communities.

Interim evaluation [published](#) April 2023.

Contact: Ang Broadbridge, Ways to Wellness. ang.broadbridge@waystowellness.org.uk

Adherence to aspirin in pregnancy: a co-produced systematic review and meta-ethnography.

Geographical Area: Newcastle

Women are advised to take low-dose aspirin (LDA) if at increased risk of a serious pregnancy complication: pre-eclampsia. This systematic review aimed to synthesise qualitative evidence related to barriers and facilitators of adherence to LDA in pregnancy.

A systematic review and meta-ethnography of qualitative research was co-produced by representatives from charities, public, clinical and academic members. Electronic databases, archives of charities and professional organisations were searched using predefined search terms. The meta-ethnography approach was utilised, using reciprocal translation and line-of-argument synthesis.

Out of 3094 items identified through systematic searches, six studies were included in the review. Four 3rd level constructs were identified: informational gap, verbal and non-verbal signals from the health care system, personal assets, and control. In an explanatory model we demonstrate that women are advised to take prophylactic LDA in a context of lack of information and misconceptions with patchy and inconsistent messages from the health care system. Women ultimately control their decision about use of LDA, however arrival to a decision depends on utilisation of personal assets defined as unique inherited or acquired characteristics.

There is an opportunity to support women and their support networks through improving the quality of information and its provision. This has the potential for reducing an intense need in utilisation of personal resources/assets and making use of this important preventative medicine more equitable.

Contact: *Raya Vinogradov, Newcastle upon Tyne NHS Hospitals Foundation Trust.*
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Termination of Pregnancy Service

Geographical Area: Sunderland

The aim was to streamline patient journey to minimise trauma and increase access for patients

This was done by: Referral from GP, Family planning clinic, Gynaecology, EPAU, self-referral; Written/ electronic information explaining process and all options available at gestation; Nurse led Telephone consultation; Nurse led One stop appointment including scan, STI screening and counselling within 7 days of telephone review (NICE); Choice of medical home, medical ward, surgical (MVA) within 2 weeks of referral (NICE); Full range of contraception options offered and started for >90% women before completion of process; Open access for post TOP follow up; Quick review if complications arise; and, HCG 4 weeks after medical procedures.

Supporting services include: Support from pregnancy loss mental health service; Support from young person specialist nurse; Input from safeguarding team; Referral to RVI for late

surgical terminations under GA; Ultrasound scan training for all Contraception specialist nurses; EPAU dept to monitor / investigate/ treat ectopic pregnancy; Inpatient option and care on D47 by gynaecology nurses.

Contact: Sarah Gatiss, Sunderland and South Tyneside Foundation.
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ERicar: engaging Czech-Slovak Roma women in the co-creation of an antenatal care information resource*

Geographical Area: Newcastle

Czech-Slovak Roma women in the UK suffer barriers to antenatal care such as stigma contributing to reduced engagement with health services. There is a scarcity of research and intervention studies with this population. The aim of this study was to co-create an information resource on antenatal care with a group of these women through participatory research. Women's stories of their pregnancy journeys provided an understanding of their maternity needs, to inform design considerations for a prototype of an antenatal care information resource.

Research activities: Six two-hour story-telling workshops with 6-8 women supported by a peer researcher and an interpreter; Two workshops focused on the co-creation of an antenatal information resource; Design-based participatory methods and thematic analysis, culminating in a webinar for public and professional stakeholders and a community event for Roma families.

Finding: The women spoke about unplanned pregnancies, nausea and vomiting, pregnancy loss and birth trauma. They experienced stigma and the lack of compassionate care, yet the main message they wished to convey was women's need to overcome the taboo from their community of seeking help for their mental health. Our co-created information resource offers support and signposts Roma women to reliable information and healthcare provision potentially reducing poor maternal and perinatal health outcomes. This study could be replicated in other marginalised newly arrived groups of migrant women to facilitate timely uptake of antenatal care and maternal mental health support services.

Contact: Mabel Lie, Newcastle University. Mabel.lie@ncl.ac.uk

Family Nurse Partnership

Geographical Area: Sunderland

FNP data evidence's that intensive parenting support improves development outcomes of vulnerable children. The cost effectiveness of commissioning evidence-based early interventions is well documented; particularly those which mitigate against the potentially devastating impact of vulnerability factors.

Although many clients are not known to services at enrolment many have experienced neglectful childhoods and have little support. Mental health, intimate partner violence and safeguarding concerns have been greatly exacerbated over the last 10 years. FNP

therapeutic relationship – continuity of care supports disclosure - materials to support sensitive conversations & clients to access & engage with other services when needed.

The strengths of FNP are that we empower young parents, support early intervention, healthy pregnancy & strong focus on wellbeing, support all young people to plan their own future, access other services, and improve aspirations. We gain a clear understanding of what daily life is like, with a strong focus on the voice of the child/ we often have children having children. FNP materials discover the impact of the parents' own experiences on their ability to care for their own children and the risk posed by others.

The values of FNP support high levels of client engagement i.e., those clients who usually avoid or disengage with others often work extremely well within FN) our understanding of trauma, our kind and non-judgmental, strengths-based approach helps reduced the stigmatisation in seeking support.

Contact: *Angela Ward, Family Nurse Partnership Harrogate and District NHS Foundation Trust. Angela.ward7@nhs.net*

Postnatal Contraception Uptake and Access in the North East and North Cumbria: findings from the PoCo Study

Geographical Area: Regional

The PoCo Study, funded by the NIHR ARC NENC, was the first study to survey postnatal contraception (PNC) experiences across a whole UK region, and the first to examine provision across the full pregnancy and postnatal pathway. The aim of the study was to explore women's and healthcare providers' views on and experiences of contraception care following a pregnancy in the NENC region, an important area of postnatal care that we know anecdotally is often perceived to be suboptimal. The project involved a survey of more than 2,500 women across the NENC region who had completed a pregnancy in the last three years, and focus groups and interviews with midwives, GPs, health visitors, obstetricians and sexual health staff, who provide contraception care during the postnatal period. It was supported by a multidisciplinary steering group, and guided by a PPI group of women who had been recently pregnant. The study found that PNC uptake in the NENC region is currently low, and that there are stark and sometimes surprising inequalities in the distribution of provision. Women and healthcare professionals described emotive experiences of receiving and providing PNC care respectively. In this oral presentation, we will summarise the key findings of the research to date, outline recommendations and implications for providers and commissioners, and describe our plans for ongoing research in this area.

Contact: *Malcolm Moffat, Newcastle University. Malcolm.moffat@newcastle.ac.uk*

Experiences, expectations, and preferences of women undergoing Dilatation and Evacuation (D&E) Surgical Termination of Pregnancy (STOP).

Geographical Area: Newcastle

This qualitative interview study explored women's experiences, expectations and preferences around Surgical termination of pregnancy (STOP) above 15 weeks gestation. Specific areas explored included experiences of different attributes of abortion care and outcomes of importance to women.

Semi-structured interviews were conducted with 10 women who had STOP above 15 weeks' gestation within the previous 7 days. Purposeful maximum variation sampling ensured participants had a wide range of relevant attributes. Generative thematic analysis was used to identify themes in the data.

Three main themes were identified:

1. Managing choice and making decisions.
2. Organisation of care. Included service access and support.
3. Anticipation of the unknown.

This study explored the views of a seldom heard group of women and highlighted experiences as highly individual, for a variety of reasons, with varying expectations and concerns. It also suggests that many women have expectations of trauma and are often relieved this does not reflect their actual experience. The study shows that health care services significantly influence women's experiences. This includes organisation and accessibility of services, information provision, treatments utilised, and those who deliver the care.

Contact: Terri Brosnan, Newcastle upon Tyne Hospitals, Terri.brosnan@nhs.net

The Role of the Bereavement Midwife

Geographical Area: Northumberland

The role of the bereavement midwives involves multiple elements to support families following a stillbirth, neonatal death, late miscarriage, and termination of pregnancy for fetal abnormality. These include but is not limited to: The implementations of the National Bereavement Care Pathway within Northumbria NHS Foundation Trust to ensure all bereaved families are offered the same high standard of care; Training of staff on the subject of baby loss; Support families through their bereavement journey from on diagnosis of a pregnancy loss to supporting women in subsequent pregnancies. Using a bespoke plan of care for individual families; Ensure all information provided to families is up to date and accurate; Guide families through the funeral arrangements process; Assist in the investigations process; Work closely with other bereavement leads within the trust; and, Part of the Regional Bereavement Midwives Forum.

Contact: Jenny Gregory & Nira Flanighan, Northumbria Healthcare NHS Foundation Trust.
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Baby Box

Geographical Area: Regional

The aim of the Baby Box is to give every child in the North East the best start in life.

Since 2020 we have been working with new parents, midwives, health visitors, 1001 critical days, children and families Newcastle and the Regional Voices Network. Parents told us that they had little understanding or skills/support to interact with their baby and the importance of those early interactions for baby development and bonding. They said there was a massive gap in “preparation for pregnancy and parenting” and they felt the baby box would provide a practical opportunity to help inform and educate parents to be with the baby development basics.

The Baby Box includes toys and books and activities focused on laughing, playing, singing, reading and counting and includes essentials like a blanket, changing mat, bath towel to get parents started with baby care. Partners include NSPCC and The National Literacy Trust.

The box is being piloted vulnerable families at Gateshead NHS, Newcastle NHS and Barnardo’s. Initial feedback has been positive from both parents and health professionals involved in the process:

Initial feedback from our evaluation shows a unanimous positive response.

Contact: Claire Allin, The Children’s Foundation. claire.allin@nhs.net

Meeting the challenge of involving women in the development of maternity care focused research in the region

Supported by regional partners (NIHR CRN*, NIHR RDS*, Newcastle University), we developed and evaluated an innovative maternity research focused patient and public involvement (PPI) group. This group engages with pregnant women/new parents in more accessible ways by taking PPI out into the community. Researchers, developing maternity focused research projects in the region, attend the group to discuss their ideas and get advice/feedback from women with recent experience of local maternity services. The group runs from a community space, allowing women to attend and engage in childcare activities and play with older children during the session. During the Covid-19 pandemic, the group successfully shifted to online meetings. Sessions are supported by an experienced researcher and lay facilitator. PPI contributors are remunerated for their time.

In conclusion, this innovation has created a mechanism by which researchers and women can have meaningful discussions guiding the development of research in the region. We are now developing this to increase the ability of a wider range of women to get involved in activities designed to improve reproductive health care in the region.

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Best Start in Life pathway for pregnant smokers

Geographical Area: Northumberland

The Best Start in Life pathway is adapted from the NENC Tobacco Dependency in Pregnancy pathway which aims to reduce smoking rates at delivery.

The BSIL pathway uses the funding and mandated model of contacts but expands the offer to support a holistic model of care for women. As well being trained smoking cessation practitioners, the BSIL Advisors have completed Health Coaching qualifications which enables them to offer a bespoke behaviour change approach to smoking cessation. The majority of our smokers live in IMD 1 and 2 areas and experience multiple health inequalities and vulnerabilities. The model is therefore centred around the individual woman's needs, which ensures that her smoking is considered in relation to other complex social needs. Interventions include offering support with a wide range of issues which may prevent a quit attempt such as housing and financial support, support with safeguarding issues, emotional support and referral to appropriate services, physical activity in pregnancy, vaccinations and infant feeding. We also support the NENC Incentive Scheme for pregnant smokers.

Women are seen in their own homes or in their local Family Hub, who we work closely with to ensure women receive ongoing support for their complex social needs.

The pathway has seen excellent results in the reduction of SATOD across the Trust (currently 5% YTD) and has quit rates of up to 77%. We have also collated extensive qualitative evidence in the form of written and video case studies which families are happy to share.

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Can exercising with the Function Re-adaptive Exercise Device (FRED) improve stress incontinence in women following childbirth? (BabyFRED)

Geographical Area: Newcastle

The overall aim of this study is to reduce symptoms of Urinary Stress Incontinence (USI), experienced as a sequelae of childbirth, by using a novel exercise device (the Functional Re-adaptive Exercise Device, FRED) that promotes automatic, non-invasive activation of the pelvic floor muscles. The objectives of this study are to determine (1) the effectiveness of 12 sessions over four weeks of FRED intervention on exercise-induced stress incontinence, (2) the experiences of postpartum women and people who have given birth who have in performing the exercise, and (3) their tolerance and acceptability to the exercise

intervention. These objectives will be achieved through (1) evaluating post-exercise pad weight test, USI symptom, and HRQoL questionnaires e.g. ICIQ LUTS, ICIQ-UI SF, and external pelvic floor contraction strength before and after FRED intervention, and (2) using a narrative enquiry-based assessment of exercise experiences using FRED. By demonstrating the effectiveness of exercise using FRED for postpartum women with USI, the findings of this study will help facilitate the development of the intervention into widespread use to reduce USI symptoms in this population and improve health-related quality of life. The research is being undertaken by Northumbria University as a collaboration between the department of Sports, Exercise and Rehabilitation and the Department of Nursing and Midwifery.

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Experience of food insecurity during pregnancy in high-income countries: a qualitative systematic review

Geographical Area: Newcastle

This systematic review aimed to synthesize and understand pregnant women's experiences of food insecurity to help guide policy and community recommendations to mitigate the impact of food insecurity during the prenatal period.

Qualitative literature focusing on pregnant women's experiences of food insecurity since the global financial crisis of 2008 were eligible for inclusion in this review. Searches included seven databases, grey literature, reference lists, citations, and contacting authors. Data were analysed using thematic synthesis approach, with NVivo used to code the data. Hand drawn thematic maps were then used to group and link codes into relevant themes and subthemes. 21 eligible studies were included in the review.

Findings from this review identified three major themes: barriers in access to food, impact on physical and mental health and established coping strategies. To conclude, experiencing food insecurity significantly impacts on women's nutrition and diet. The findings of this review are important to inform the maternity needs of women experiencing food insecurity. The experiences food insecurity among pregnant women suggest current support initiatives are not doing enough. This requires urgent public health interventions to tackle poverty and inequality among pregnant women.

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Preconception and Pregnancy Nutrition Support for Women with a History of Bariatric Surgery: A Survey of Healthcare Professionals' Awareness, Provision, and Barriers to Practice

Geographical Area: Newcastle

This study aimed to investigate the provision of preconception and pregnancy-specific nutritional support in England and Wales for women preparing for, or with a history of, bariatric surgery.

A survey was distributed to healthcare professionals working in obesity or maternity services in England and Wales in 2019, using email, social media, and postal questionnaires. We received 135 responses from dietitians (32%), midwives (26%), nurses (10%), GPs (7%), bariatric surgeons (7%), obstetricians (6%), and other healthcare professionals (13%).

Less than half (45%) of respondents felt that they were 'very familiar' with the needs of women during the preconception stage or pregnancy after bariatric surgery. Barriers to providing nutritional support included: resources, time, communication, contact, and information. Respondents commented that dietitians are best placed to provide the support due to their expertise in nutrition and that this advice should be provided before surgery to ensure informed consent. It was also recognised that GPs and midwives are easiest to access post-surgery, particularly after discharge from the bariatric service, and they may have frequent contact before and during pregnancy.

Optimal pregnancy-related nutritional support provision requires a multidisciplinary approach both pre- and post- surgery. Healthcare professionals would welcome formal training and signposting towards guidance on pregnancy-related nutrition after bariatric surgery.

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Beststart Peer Support Project

Geographical Area: North Tyneside

The Best Start project provides peer support to new parents across North Tyneside. Volunteers with their own experience of parenting are trained to offer support to other parents, with a key focus on breastfeeding. Breastfeeding can help protect babies from ill health. It also supports close and loving relationships so that babies get the best possible start in life.

In the first 12 months we have trained 22 volunteers, set up 3 peer support groups, delivered 141 sessions, welcomed 378 attendees to our groups.

Best Start was set up in 2022 in response to a proposal developed by North Tyneside Council that recognised that when deciding whether to breastfeed, mothers would talk over concerns with close friends and family, and in the UK there is a culture where fewer women breastfeed and social networks lacked positive breastfeeding experience. The aim of the peer support model in North Tyneside is to fill this gap by linking mothers who have breastfeeding and parenting experience to new parents, offering training and support to do so.

Breastfeeding peer support is recommended by the World Health Organisation and forms part of the UK National Institute of Clinical Excellence Guidance on maternal and child nutrition and routine postnatal care. The UNICEF Baby Friendly Initiative standards requires that additional support such as peer support is provided.

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CYPT Transformation Epilepsy: Baseline Evaluation and Service Improvement Programme; Sodium Valproate for girls of childbearing age

Geographical Area: Regional

Sodium Valproate is associated with significant risk of birth defects/developmental disorders in children born to females who take valproate during pregnancy.

NICE Clinical Guideline 137 strengthens warnings that valproate must not be used in girls of childbearing potential, unless alternative treatments are not suitable. This project is the first of its kind in England and Wales and is a positive step forward in relation to improvements to paediatric epilepsy care in the North East and North Cumbria (NENC). The purpose was to facilitate local improvements to the care for CYP with epilepsy to reduce variation, improve health and other outcomes and improve care and experience for young people and their families

The project and findings report provide a baseline for improvement and a series of recommendations about how to target resources and develop multi-agency processes. This is a result of close collaboration between primary, secondary and tertiary care and included wider stakeholders including education partners. It brings together information from the stakeholders, collected in a multitude of ways as well as data from various sources, primarily the Epilepsy 12 Round 3 Cohort 2 dataset, which has since been updated in June 23.

Regional variation exists in relation to a range of areas including rate of prescription of sodium valproate to girls of childbearing age.

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Barriers and facilitators of vaccine hesitancy for COVID-19, Influenza, and Pertussis during pregnancy: an Umbrella Review

Geographical Area: Newcastle

An umbrella review to explore the barriers and facilitators to Influenza, Pertussis and COVID-19 vaccination during pregnancy, and to inform interventions to encourage uptake (PROSPERO registration: [blinded for peer review]).

Ten databases were searched for systematic reviews published between 2009 and April 2022 exploring the predictors of vaccination or effectiveness of interventions to improve

vaccination for Pertussis, Influenza, or COVID-19. Both pregnant women and mothers of infants under two years were included. Barriers and facilitators were organised using the WHO model of determinants of vaccine hesitancy through narrative synthesis, the Joanna Briggs Institute checklist assessed review quality, and the degree of overlap of primary studies was calculated.

16 reviews were included. Considerable overlap was found especially for intervention reviews, and the quality of the included reviews and their primary studies varied. Sociodemographic factors were specifically researched in the context of COVID-19, exerting a small but consistent effect on vaccination. Concerns around the safety of vaccination particularly for the developing baby were a main barrier, and key facilitators included recommendation from a healthcare professional, previous vaccination, knowledge around vaccination, and communication with and support from social groups. Intervention reviews indicated multi-component interventions involving human interaction to be most effective.

The main barriers and facilitators for Influenza, Pertussis and COVID-19 vaccination have been identified and constitute the foundation for policy development at the international level. Further research should focus outside of sociodemographic factors, particularly around the effect of recommendation from a healthcare professional and the effectiveness of interventions to improve uptake.

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North East & North Cumbria 6-8 Week Postnatal Maternal Health Review Template and Planning a Pregnancy Infographic*

Geographical Area: Regional

The aim of the project was to provide a consistent, equitable offer across the North East and North Cumbria region in relation to the General Practitioner (GP) 6-8 week postnatal maternal health review and future family planning guidance and advice.

A survey carried out in 2021 by Maternity Neonatal Voices Partnership (MNVP) exploring the views and experiences of women highlighted the need to develop the 6-8 week postnatal maternal health review. Key themes identified from service users included:

- Personalised care focusing on the health and wellbeing of the mother.
- Addressing post birth medical needs, concerns, and expectation.
- Opportunity to offer, provide and signpost to specialist support and information.

In collaboration with Primary Care Network (PCN) colleagues in North Cumbria and MNVP we co-produced and developed the North Cumbria 6-8 week Maternal Health Review Template. The template was to support GPs when completing the review, providing a consistent approach in line with NICE Guidance (2021) to be recorded and accessible on SystemOne and EMIS. The template records the physical examination, emotional health

and wellbeing, with digital links enabling practitioners to access national and local resources.

Alongside these resources the NENC Planning a Pregnancy Infographic was developed in collaboration with the Local Maternity Neonatal System, MNVP and Geordie Mums as a pre-conceptive information resource for service users.

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Enhancing Maternal Health through Perinatal Physical Activity

Geographical Area: Middlesbrough

Aims and objectives:

- Myth Dispelling: Address and dispel prevailing myths surrounding physical activity during the perinatal period, providing accurate information to counter misconceptions.
- Independent support: Develop resources that empower individuals to engage in physical activity without the constant need for professional assistance, promoting self-sufficiency.
- Enhance accessibility: Streamline existing resources to ensure they are more easily accessible to a wider audience, facilitating engagement with relevant information.
- Increased Awareness: Raise awareness about the advantages of maintaining physical activity during the perinatal period, fostering a better understanding of its benefits.

The project is an insight driven set of resources which were collaboratively developed with a range of partners to address current physical inactivity levels within the perinatal period. The project consists of three handouts. The handouts are categorised by stage of perinatal period: preconception, pregnancy and postnatal. The leaflets contain concise information on managing physical and mental health during the perinatal period and a QR code which links to further resources.

Various partners were engaged for consultation, including local Talking Therapies' service, Public Health, South Tees Hospital Trust among other professionals and parents.

The project is still in the beginning stages of implementation and therefore no evaluation has taken place. The proposed evaluation will involve collecting analytics from the QR code as well as patient and health professional feedback. As the resources will be disseminated through a wide variety of partners there should be a wide range of feedback provided.

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Engaging with minority groups to improve access to fertility services*

Geographical Area: Gateshead

Gateshead Fertility Unit has been providing specialist fertility treatments, including IVF, since 1996. The aim of this project was to engage with diverse and minority groups within our area, identify barriers to accessing treatment and build a positive relationship with these communities. The groups identified were the LGBT community and the local Strict-orthodox Jewish community.

Gateshead Embryologists liaised with the local Jewish community leaders to develop an adapted pathway for fertility treatments in line with Halachah Jewish law, including supportive patient information and staff education.

Staff have developed gender-neutral and same-sex specific literature and created treatment pathways for Shared-Motherhood arrangements

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