Women's Health Needs Assessment

GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

Contents

1. Executive Summary

This Women's Health Needs Assessment supports the delivery of the Welsh Government's Women's Health Plan by examining the health needs of women in Powys and identifying gaps in current provision. Although women in Powys have a higher life expectancy than the Welsh average, they spend many years in poorer health and continue to experience delays in diagnosis, limited access to specialist services, and inequalities linked to deprivation and rurality.

Powys has an ageing population, and more than 5,700 women live in the 30% most deprived areas of Wales. Poverty, transport challenges and low incomes disproportionately affect women and contribute to poorer outcomes. Screening uptake for cervical and breast cancer has declined locally and nationally, with significant variation between practices. Cancer remains the leading cause of avoidable death among women.

Menstrual health conditions such as dysmenorrhoea, premenstrual syndrome/ premenstrual dysphoric disorder and endometriosis have a substantial impact on daily life. Demand for the recently established Endometriosis and Women's Health Service has increased rapidly, highlighting likely considerable unmet need. Contraception is mainly delivered through primary care, with rising use of long-acting reversible contraception. Early medical abortion remains accessible through BPAS, and birth rates continue to decline.

Menopause is a growing area of demand. HRT prescribing in Powys is above the national average, but variation between practices and recent workforce surveys indicate the need for further staff training and consistent care models. Access to holistic menopause support, including psychological therapies and specialist review, remains limited.

Secondary care capacity is constrained by the absence of local inpatient services. As a result, a large proportion of gynaecology outpatient and inpatient activity takes place outside Powys, mainly in England. Key diagnostic services such as hysteroscopy, colposcopy and urogynaecology are not currently available in county.

Overall, the assessment identifies clear opportunities to strengthen prevention, improve access to timely care, expand specialist provision and reduce inequalities across the life course. These findings will inform recommendations for the Powys Women's Health Steering Group to support the development of equitable, person-centred services for women.

2. Introduction

The NHS in Wales has recently published its Women's Health Plan, a ten-year vision designed to improve healthcare services for women. The plan sets out how NHS organisations in Wales will work to close the gender health gap by delivering more accessible, person-centred services that reflect women's needs and are informed by their lived experiences.

Research shows that although women generally live longer than men, they spend fewer of those years free from disability, often wait longer for pain relief, and many report that their symptoms are dismissed or not taken seriously. This population needs assessment aims to build a clearer understanding of women's current experiences of healthcare in Powys. It uses available evidence to identify potential unmet need and to assess the services required to deliver the aspirations set out in the Women's Health Plan.

The assessment describes the local context and existing services and reviews published evidence to identify the most appropriate and cost-effective solutions, highlighting gaps in provision where they exist. It does not include detailed local engagement with women, as this work is being undertaken separately, but it draws on views gathered at an all-Wales level.

Finally, it will produce recommendations to be considered by the Powys Women's Health Steering group.

3. Demographics – Women in Powys

Powys had an estimated population of 133,891 in 2022, of whom 50.6% were female[i]. There is some variation across the life course: females make up 48.3% of those aged 0–15 years, rising to 52.7% among those aged 64 and over. With a median age of 51 years**,** Powys has an ageing population.

Overall population growth in Powys has been marginal over the past decade, increasing by around 1%**.** However, changes within age groups have been much more pronounced. The number of children aged 0–15 has fallen by 14%**,** while the population aged 65 and over has increased by 28%**.**

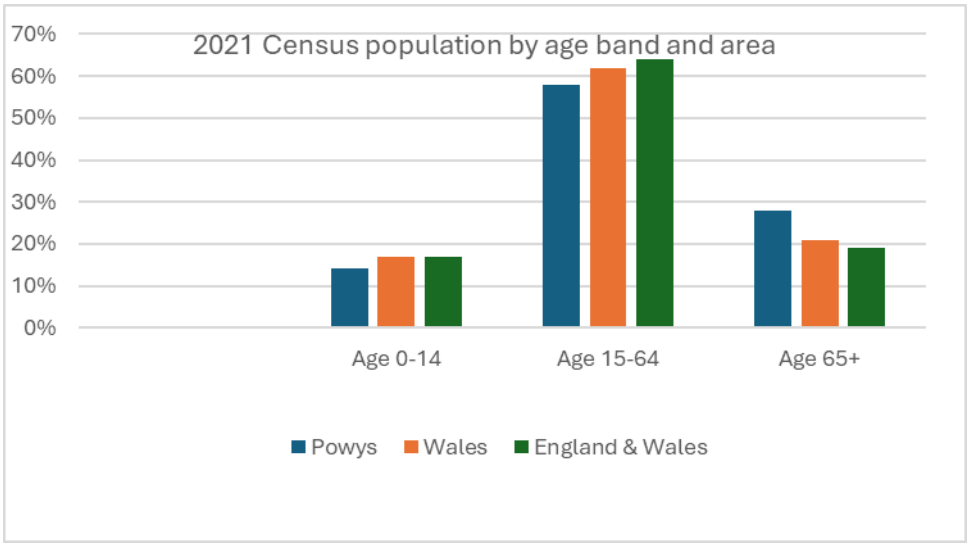

Figure 1: Population in Powys 2011 and 2021 Census

Powys has a slightly lower proportion of females in its population (50.7%) compared with England and Wales overall (51%), making it the third lowest Welsh local authority in this respect. More than 34% of females in Powys are aged over 65, reflecting the county's older age profile.

The highest concentrations of the female population are found in the Welshpool and Newtown localities area, with 9,513 and 8,708 females respectively. In contrast, Ystradgynlais has the lowest number, with 5,206 females[ii].

3.1 Place of Birth

Census 2021 data shows that 4.7% of people living in Powys were born outside the UK. Most of these individuals were born in EU countries, with 0.47% born in countries outside both the UK and EU. Within Powys, Welshpool has the highest proportion of residents born in EU countries at 3%, while Brecon has the highest proportion born in other countries at 3.6%. A gender breakdown is not available, although migration patterns typically show men arriving first, followed later by women.

3.2 Sexual Orientation

According to Census 2021, 2.27% of Powys residents (2,550 people) identified as Lesbian, Gay, Bisexual or Other (LGB+), which is lower than the Welsh average of 3%.

A total of 8.7% of respondents did not provide information on sexual orientation, a higher non-response rate than the Welsh average. Of those who identified as LGB+ in Powys, 47% were aged 34 or under, indicating a younger age profile within this group.

3.3 Life Expectancy

Across Wales, life expectancy increased in 2021–2023 compared with 2020–2022, rising to 82.0 years for females and 78.1 years for males. These figures are now broadly in line with the last pre-COVID-19 period (2017–2019)[iii]. Life expectancy continues to vary by gender, with women on average living longer than men. In Powys, people are expected to live longer than the Welsh average, with life expectancy estimated at 79.7 years for males and 83.4 years for females[iv].

Comparable Life Expectancy Powys / Wales

Area	Life Expectancy by Gender and gap		
	Males	Females	Gap
Wales	78.1	82	3.9
Powys	**79.7**	**83.4**	**3.7**

Table 1: ONS July 2022

Although women are living longer in Wales and Powys, healthy life expectancy has declined. In 2020–2022, males born in the most deprived areas of Wales were expected to spend 70.2% of their lives in "good" health, compared with 83.6% in the least deprived areas. For females, healthy life expectancy reached its lowest level since the time series began, at 61.5% in the most deprived areas and 80.7% in the least deprived.

Healthy life expectancy represents the average number of years a person can expect to live in good health, based on current mortality rates and self-reported health status. It therefore adds an important quality-of-life dimension to overall life expectancy.

In Powys, healthy life expectancy is similar for males and females, at 65.5 years and 65.9 years, respectively. For comparison, the average healthy life expectancy across Wales during the same period was lower: 60.3 years for males and 59.6 years for females.

Whilst this shows that Powys performs better than the Welsh average in terms of healthy life expectancy, figure 2 shows that women spent a longer period of their life in ill health compared to men

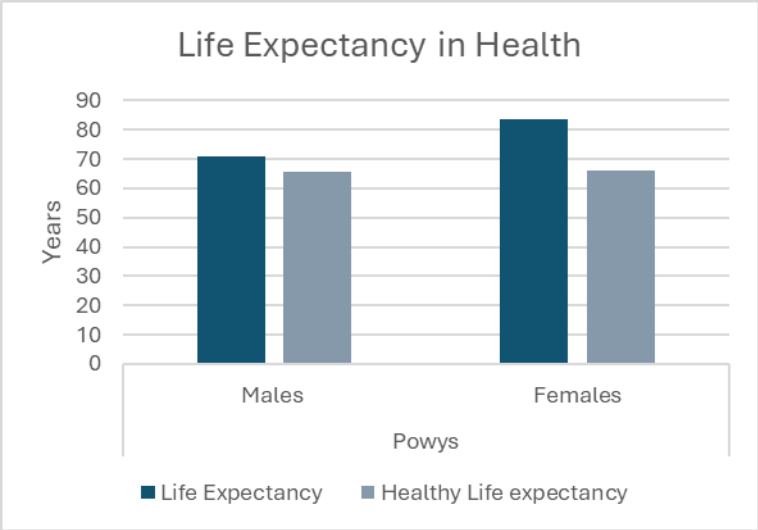

Figure 2: Life Expectancy ONS 2025

3.4 Mortality

Avoidable Death

Avoidable deaths are defined by the UK's national statistical bodies as deaths under the age of 75 that could have been prevented or treated through timely and effective public health measures or healthcare interventions. These include deaths from vaccine preventable diseases, alcohol or drug-related causes, injuries, and cancers where earlier diagnosis or treatment might have led to a different outcome.

Rates of avoidable deaths are consistently higher in the most deprived groups compared with those in the least deprived areas. Among females, cancer remains the most common cause of avoidable mortality[v].

Age-Standardised Mortality Rates

Age-standardised mortality rates (ASMRs) are used to compare mortality outcomes across areas while accounting for differences in population size and age structure. They are expressed per 100,000 population and allow for more meaningful comparison over time and between locations.

In Wales, Powys has the lowest male ASMR at 954.5**,** followed by Monmouthshire (961.0). For females, Monmouthshire recorded the lowest ASMR at 720.1, with Powys next lowest at 751.6.[vi].

4 Women's Health Inequalities

Women's health is strongly shaped by social determinants such as economic status, education, access to healthcare, and the availability of social support. Addressing these inequalities requires a multi-sectoral approach that combines economic empowerment, improved healthcare infrastructure, and targeted social interventions[vii].

Health outcomes and healthcare access vary markedly among women. Inequalities are reflected in higher risks of pregnancy complications, delays in cancer diagnosis, and

poorer outcomes for women living in poverty, some LGBTI women, women with disabilities, and those with lower levels of education.

It is well established that deprivation—encompassing factors such as poor housing, unemployment, poverty, and limited educational and economic opportunities—is closely linked to poorer health outcomes.

4.1 Understanding Deprivation in Powys

The Welsh Government uses the Welsh Index of Multiple Deprivation (WIMD) to measure relative deprivation. WIMD compares deprivation across eight domains (e.g., income, employment, housing) for 1,909 Lower Super Output Areas (LSOAs) in Wales, ranking them from 1 (most deprived) to 1,909 (least deprived). This enables meaningful comparison of deprivation levels across Powys[viii].

Powys contains 79 LSOAs, of which:

- 11% (9 LSOAs) fall within the 30% most deprived in Wales.
- Ystradgynlais 1 is among the 10% most deprived in Wales.
- Llandrindod East/West, Newtown East, Newtown South, and Welshpool Castle rank within the 20% most deprived in Wales.
- Newtown Central 1, Newtown Central 2, St John's 2 (Brecon), and Welshpool Gungrog 1 rank in the 30% most deprived Wales.

The 2025 WIMD has recently been published and whilst there are limited changes overall for Powys, it does shows that overall Powys is the fourth least deprived local authority in Wales, it is second in Wales for having the lowest concentration of areas in the most deprived half of Wales[ix].

Powys has a mixed picture when it comes to poverty with ten LSOA in the top 90% for wealth but also has one LSOA in the 10% most deprived in Wales there are 10 LSOAs in the top 20% least deprived areas in Wales, in the top 30% of least deprived areas in Wales, Powys has a further 16 LSOAs (Welsh Gov, 2019).

As shown in the table, more than **5,706 women** live in the **30% most deprived areas** of Wales., and 3,393 of these are of reproductive age. While Ystradgynlais is the most deprived area, the greatest concentration of population is in the Northeast of the county**,** particularly around Newtown and Welshpool.

Number of women living in poverty

Deprivation	LSOA	Aged 16-90+	Aged 16-55
Most Deprived 10%	Ystradgynlais 1	459	284

Most Deprived 20%	Llandrindod E/W	548	274
	Newtown E	841	479
	Newtown S	744	488
	Welshpool Castle	626	329
Most Deprived 30%	Newtown C1	716	502
	Newtown C2	621	371
	St John's 2	600	372
	Welshpool Gungrog 1	551	294
Total Female Population in age band	Powys	57,728	33,543

Table 2: ***Population data 2022***

National research indicates that one in five people in the UK live in poverty, and women are disproportionately affected.

4.2 Economic Disadvantage

Earnings in Powys are relatively low, with an average income of **£33,458**, which is **£1,200 below** the national average and almost £7,000 below the UK average. A gender pay gap is also evident: men in Powys earn an average of £536.80 per week in full-time gross pay, whereas women earn £462.50**,** a difference of £124 per week**.** The cost of living in Powys is high; the average house price is 11.8 times higher than the average disposable income, and transport and shopping costs are elevated due to the rural nature of the county. In 2024**,** 22.2% of children aged 0–15 in Powys were living in poverty[x].

The introduction of the Socioeconomic Duty[xi] in Wales in March 2021 means that public bodies, including Powys Teaching Health Board, have to think about how strategic decisions can improve inequality of outcome for people who suffer socio-economic disadvantage. The duty is:

- *When making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way*

that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.

As a public body, consideration of equality for people at socio-economic disadvantage is a legal requirement.

4.3 Disability

People who report having a disability are more likely to live in the most deprived communities. Women, in particular, are significantly more likely to have an illness or health condition that limits their day-to-day activities. In the most deprived areas, 16.0% of females reported being limited "a lot," compared with 6.8% in the least deprived areas—a difference of 9.2 percentage points [xii]..

5. Prevention

5.1 Life Course Approach

NHS Wales has adopted a life course approach to improving women's health, with service provision beginning at age 16. Endorsed by the World Health Organization, this approach marks a shift away from a purely medicalised model centred on clinical interventions. Instead, it emphasises a holistic and preventive framework designed to support women's overall health and well-being throughout their lives.

Rather than focusing solely on reproductive health, the life course approach expands the scope of care to include a broad range of issues that affect women at different stages of life. This encompasses mental health, violence against women, and the wider social and environmental determinants of health that shape women's long-term outcomes.

Womens Health Needs Across the Lifecycle.

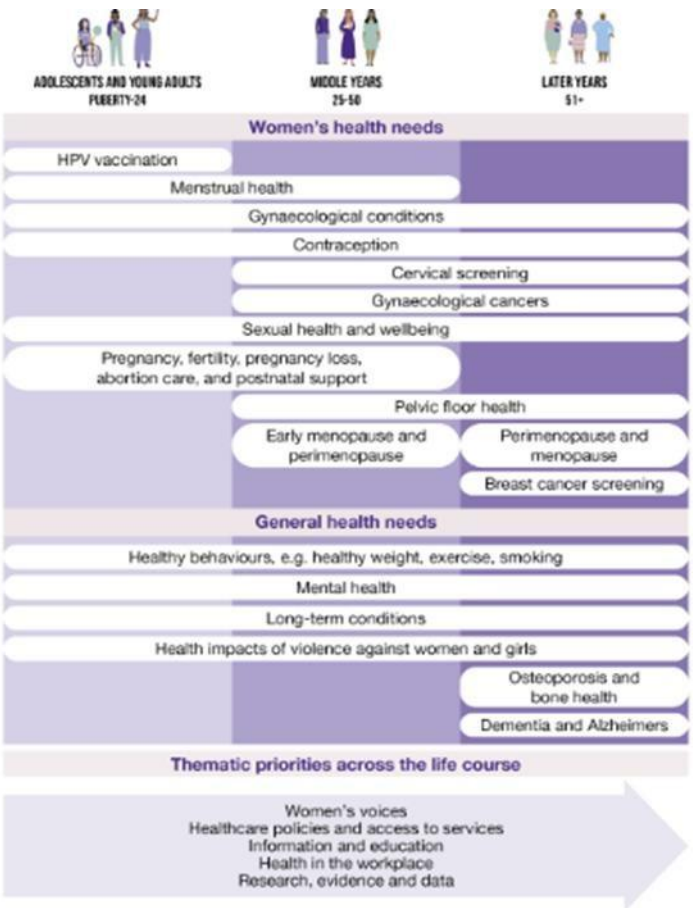

Figure 3:Women's Health Strategy – GOV UK

Prevention is a fundamental component of the holistic life course approach. It is grounded in empowering women to make informed, healthy choices and to seek support at an early stage when required. The emphasis is on promoting good health and preventing negative health outcomes throughout the lifespan. Preventative

services therefore encompass a wide range of interventions, including access to vaccination, cancer screening, contraception, and abortion care.

Cancer remains a major concern, and in Powys it was the second highest cause of death among women aged over 65 in 2024[xiii]. Early detection through screening is known to significantly improve treatment prognosis and outcomes. However, current data indicates a downward trend in the uptake of cancer screening programmes, both locally and nationally.

Cervical screening is designed to prevent cervical cancer by identifying individuals at higher risk and detecting early cell changes that can be treated promptly and effectively. Women aged 25–64 are routinely invited for screening. Over the past eight years, both local and national cervical screening coverage have declined. Public Health Wales data shows that coverage in Powys fell from 78.2% in 2017–18 to 72.8% in 2021–22, against a national target of 80%. Although Powys continues to have the highest overall coverage of all Health Boards in Wales, this headline rate masks considerable local variation. Practice-level data shows coverage ranging from just 66% in parts of North Powys to 79% in the Mid cluster.

Cervical Screening Coverage by Cluster

Clusters	Average %	Range %
North Powys	71.6	66 – 77
Mid Powys	71.7	68 - 79
South Powys	73.7	72 - 77
Wales	69.6%	

Table 3: Practice Level Coverage by Cluster PCC April 2025

Breast cancer remains one of the UK's biggest health challenges. It's the most common cancer in women in the UK, and one of the leading causes of death for women under 50[xiv].

All women are invited for breast screening every three years. Screening can detect cancers when they are too small to see or feel, and finding and treating cancer early provides the best chance of survival.

In 2022/23, breast screening uptake across Wales was just over 56%, while in Powys it was just under 72%. Although this is positive, it may not provide a fully accurate picture, as uptake has varied significantly over the past three years. Breast screening data has not been published at locality level since 2021; however, at that time there was a 4.3% difference in uptake between the North and South clusters.

There is a strong association between screening uptake and socioeconomic status.

Women from lower socioeconomic backgrounds are less likely to engage with screening programmes, often due to competing health priorities, fear, reduced access, and limited health literacy.

Uptake data from Powys suggests that this pattern—lower screening rates among women from more deprived socioeconomic groups—is also reflected locally.

Evidence shows that interventions aimed at improving screening uptake are effective. These include promotion of the screening programme by health professionals, clear explanation of its benefits to women, and personalised follow-up for missed appointments, such as SMS reminders. In addition, making screening services easily accessible and available at convenient times significantly improves participation.[xv].

6. Priority 1: Menstrual Health

Menstrual disorders are common:

- They make up 12% of all referrals to gynaecology services; many are also managed in primary care.
- The prevalence of heavy menstrual bleeding (HMB) in adolescents is up to 37%.
- Over 70% of adolescents experience dysmenorrhoea (painful periods).
- Severe dysmenorrhoea is reported in up to 29% of women.
- Up to 30% of women experience severe premenstrual syndrome (PMS), with 10% meeting the criteria for premenstrual dysphoric disorder (PMDD)[xvi].

Menstrual symptoms can have a profound impact on daily life. Dysmenorrhoea is linked with depression, anxiety, poor sleep quality, and reduced concentration, and can significantly affect academic performance for women and girls in education. For some, symptoms are more severe. Premenstrual dysphoric disorder (PMDD) is an acute form of premenstrual syndrome, defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), as occurring when at least five out of 11 distinct premenstrual symptoms are present, including at least one related to mood, and when these symptoms cause significant distress or impaired functioning[xvii].

Endometriosis is another major cause of menstrual-related morbidity, affecting around one in ten women of reproductive age in the UK. It is characterised by the presence of endometrial tissue outside the uterus, most commonly within the pelvis on structures such as the ovaries and peritoneum. The condition often presents with chronic pelvic pain, severe period pain, deep pain during intercourse, and gastrointestinal or urinary symptoms that coincide with menstruation. Diagnosis can be challenging, with an average delay of around nine years from first presentation to confirmed diagnosis.

These conditions can be severely debilitating and have substantial impact on the lives of women and their families, including negative effects on fertility. Symptoms frequently lead to time away from work or education. Management options include hormonal treatments and analgesia, with surgical intervention required when symptoms do not respond to medical therapy.

Access to information, peer support and advice has expanded in recent years through online forums, helplines and support groups. While these resources can be valuable, particularly during times of crisis, they should complement rather than replace local provision and in-person support services.

6.1 What Powys is doing:

A local Endometriosis and Women's Health Service was established in September 2023. The service is delivered by a multidisciplinary team led by specialist nurses and physiotherapists and builds upon an existing continence and pelvic health service. Historically, referral numbers were relatively small and stable at just over 65 per year for the past two years. However, since April 2025 the service has expanded rapidly, with 156 referrals received within the first eight months alone. The majority of these

referrals are self-referrals, with only 19% coming through primary care. The most common reasons for referral are endometriosis, menstrual symptoms, and pelvic pain.

As of November 2025, the service has an active caseload of 270 women. Most consultations are delivered virtually, although four face-to-face clinic sessions are available for those who require in-person assessment. Caseload distribution shows a significant concentration in the mid-cluster area, where 81% of service users reside. A further 17% come from the north of the county, with the remainder based in the south. Due to capacity constraints and a waiting list exceeding 12 weeks, the service has not yet been actively promoted. The age range of service users extends from 16 years to 45 and above.

The rapid growth in Endometriosis and Women's Health Service referrals almost certainly reflects substantial unmet need across the county, as the services grows and become more visible there will be a need to promote an more equitable approach to the delivery of the service.

These figures relate only to the nursing component of the service, as physiotherapy activity data is not currently available.

7. Priority 3: Contraception and Abortion Care

The World Health Organisation defines sexual health as an integral component of overall health, wellbeing and quality of life. To support this, women and men should have access to high-quality information and education that enables them to make informed decisions about their reproductive health.

All women who wish to use contraception should be supported to access their preferred method in a way that is timely, convenient and fully informed. Comprehensive sex education should begin well before puberty to ensure young people have the knowledge; they need to make safe and informed choices.

Sexual health services play a vital role in the prevention and early detection of sexually transmitted infections and are an essential part of promoting and maintaining good reproductive health.

7.1 Contraception

In the main contraceptive services are delivered through primary care, sexual health clinics or online. (Sexual Health - Powys Teaching Health Board, Sexual Health Wales - Home page (www.shwales.online))

Women who wish to access a sexual health clinic must currently travel outside the county, either to neighbouring Welsh providers or across the border into England. Although this operates on a reciprocal basis, it unfortunately means that activity data for Powys is not available.

7.1.1 Long-acting reversible contraception (LARC)

There is a growing trend towards the use of long-acting reversible contraception, as these methods are among the most effective forms of contraception available. In Powys, primary care teams prescribe and administer the vast majority of LARC. Aside from a temporary decline in 2020, levels of administration have remained relatively stable. LARC provision is commissioned in primary care as a Local Enhanced Service, and all GP practices in Powys are signed up to deliver this contract.

Number of LARC units prescribed by primary care, by type, Health Board and year 20202024

PTHB	2020	2021	2022	2023	2024
IUD/IUS	283	415	434	423	431
Implants	349	437	404	404	382
Injections	1,730	1,722	1,804	1,901	1,941

Table 4: General Practice Prescribing Data, 2025

Since April 2025, sexual health services in Powys have administered a total of 160 long-acting reversible contraception (LARC) methods, comprising 97 intrauterine devices (IUDs) and 63 contraceptive implants.

During the same period, only two practices in the north of the county made no referrals for implant insertion. In contrast, practices in Brecon, Haygarth and Llanidloes recorded the highest referral numbers, with 17, 13 and 9 women referred respectively.

LARC provision by Sexual Health Service

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Total	**22**	**19**	**22**	**20**	**28**	**17**	**32**
IUCD	12	9	12	17	17	11	19
Implants	10	10	10	3	11	6	13

Table 5: PTHB Sexual Health Activity data

7.1.2 Emergency contraception

Emergency oral contraception (EOC) can be taken up to five days after unprotected sex or contraceptive failure. In Powys, EOC is available free of charge from both General Practice and Community Pharmacies.

In the year since September 2024, Community Pharmacies in Powys have dispensed 717 items of EOC, a figure that has been steadily increasing since 2020. In contrast, prescriptions issued through Primary Care have gradually decreased, with 111 prescriptions provided over the same period.

As expected, pharmacies in the larger towns of Newtown, Brecon, and Welshpool dispense the highest number of EOC items. Smaller towns such as Llanfyllin, Llanwrtyd Wells, and Knighton dispensed fewer than five EOC items in the year. While this distribution offers some insight into patterns of access, it is important to note that pharmacy dispensing figures may be influenced by non-residents, such as tourists, which could slightly inflate the numbers for certain areas.

7.2 Abortion Care

Abortion rates in England and Wales have increased significantly, reaching a record high in 2022, with nearly one in three conceptions ending in abortion. Several factors are thought to contribute to this rise, including challenges in accessing contraception, increasing financial pressures, and the wider introduction of abortion pill treatment in 2020. This has improved access and convenience as all the medical assessments and

consultations will be done by telephone and most women won't have to attend a clinic (for gestations up to 10 weeks).

In contrast, abortion rates for those under 18 have continued to decline nationally since 2007.

A similar pattern is seen in Powys. In 2022, there were 374 abortions for Powys residents, including 15 abortions in women aged under 18. Because overall numbers are relatively low locally, year-to-year variation can appear large. Therefore, rates per 1,000 women provide a more reliable measure.

- Among under-18s, Powys has the third lowest conception rate in Wales.
- The Wales under-18 conception rate is 14 per 1,000, compared with 11 per 1,000 in Powys.
- The general conception rate is also lower in Powys, at 69 per 1,000, compared with 71.4 per 1,000 across Wales.

While the figures show an almost 10% increase in abortions in Powys over the past thirteen years, this rise mirrors national trends, and Powys has consistently remained below the all-Wales abortion rate.

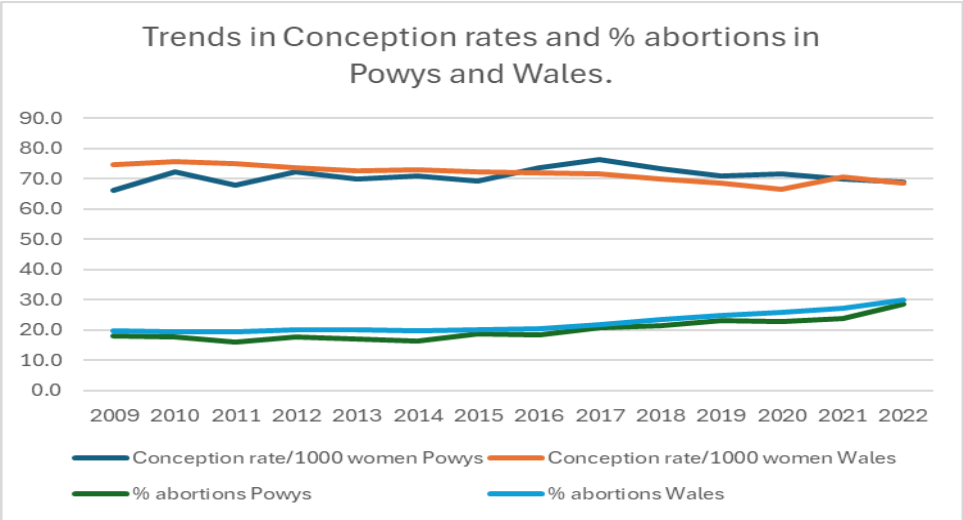

Figure 4: Abortion statistics, England and Wales: 2021 - GOV.UK Access to Abortion Services Pub Nov 2025

Abortions can be undertaken either medically or surgically. In 2020, 89% of abortions were medically induced, meaning they were performed at under ten weeks' gestation.

Whilst the conception rate in Wales has shown a decline for the same period the rate in Powys is too variable to identify a trend.

It is important to note that birth rates in Powys are declining, reflecting the wider trend observed across Wales.

Births Registered for Powys Residents 2013-2022

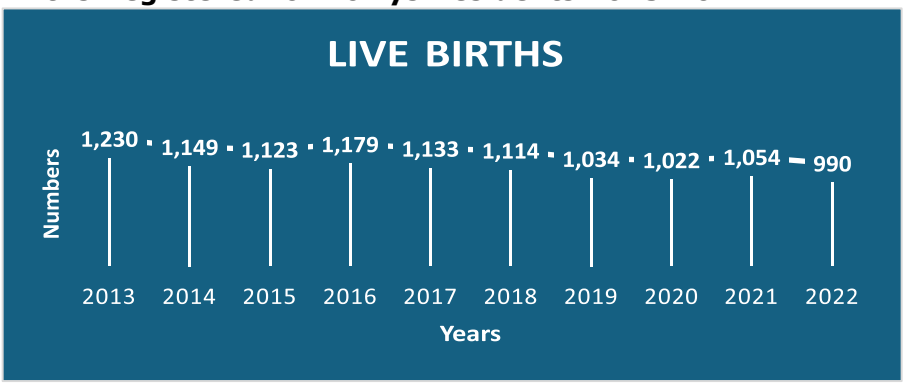

Figure 5; Source: ONS Crown Copyright Reserved [from Nomis on 14 October 2025]

7.3 What Powys is doing:

Most of the contraception in Powys is delivered through primary care, either via general practice or community pharmacies. There has been a continued increase in the provision of long-acting reversible contraception (LARC), with all GP practices offering some level of LARC service. Sexual health services within Powys Teaching Health Board are also seeing a rising number of women attending specifically for LARC, reflecting broader trends in demand.

Powys Teaching Health Board's sexual health services provide both contraception and sexually transmitted infection (STI) care. Activity continues to increase, with growth observed in both face-to-face appointments and telephone contacts.

However, the absence of a dedicated IT system makes it difficult to capture and monitor service activity accurately. This presents challenges in understanding true levels of need within Powys and may contribute to misconceptions about demand. It also limits the ability to identify gaps in provision, particularly for younger women and those from marginalised communities, where unmet needs are often more pronounced.

During the COVID-19 pandemic, access to early termination of pregnancy was streamlined through telemedicine, and this approach has since been adopted into routine provision. Powys commissions early abortion services through BPAS, which remains accessible and responsive. Later-gestation abortion care is provided across

multiple sites outside the county. There is currently no indication that access to these services is inadequate or problematic.

8. Priority 6: Menopause

Menopause is the stage in a woman's life when her periods stop as a result of the natural reduction and eventual loss of ovarian reproductive function. The ovaries produce the hormones oestrogen, progesterone and testosterone. As a woman approaches menopause, declining oestrogen levels cause changes in how the body functions, resulting in a wide range of physical and emotional symptoms.

Menopause lasts on average around seven years. The most common symptoms include night sweats, insomnia, low mood, reduced energy, low libido and brain fog. It typically occurs between the ages of 45 and 55. Although not all women will experience symptoms, an estimated 80–90% will have some degree of menopausal symptoms, and approximately 25% report their symptoms as severe and debilitating.

Equitable access to menopause care should be available locally and must be responsive to individual need. Care should be delivered through a multifaceted approach, including community-based support and access to Women's Health Hubs[xviii]. General Practice plays the central role in providing clinical management of menopause and in referring women for psychological support where needed.

Since 2020, there has been a marked rise in the number of women being prescribed Hormone Replacement Therapy (HRT). This increase is partly attributed to high-profile campaigns led by public figures, which have raised awareness of menopause and the challenges many women face during this transition.[xix]. .

Prescribing data over the past two years shows that Hormone Replacement Therapy (HRT) prescribing rates have begun to stabilise, with the Welsh average remaining just over 14 prescriptions per 1,000 population per month. However, as illustrated in Figure 5, monthly prescribing rates within the Powys Teaching Health Board area are significantly higher than the national average.

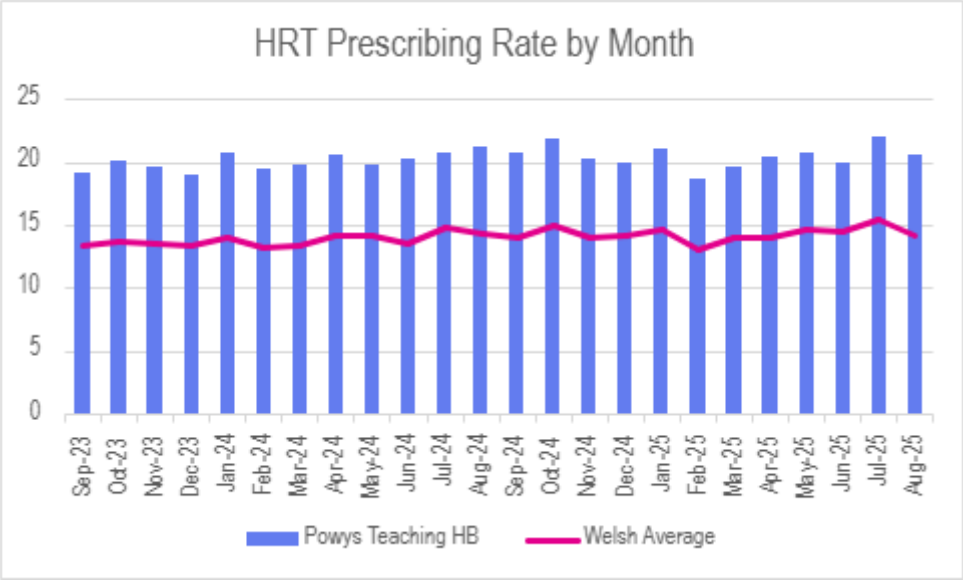

Figure 6: Prescribing Rates per 1,000

However, when prescribing activity is examined at practice level, there is considerable variation between practices. Some of this variation may reflect differing prescribing habits or differences in population demographics. Positively, there does not appear to be any association between prescribing patterns and socioeconomic gradient.

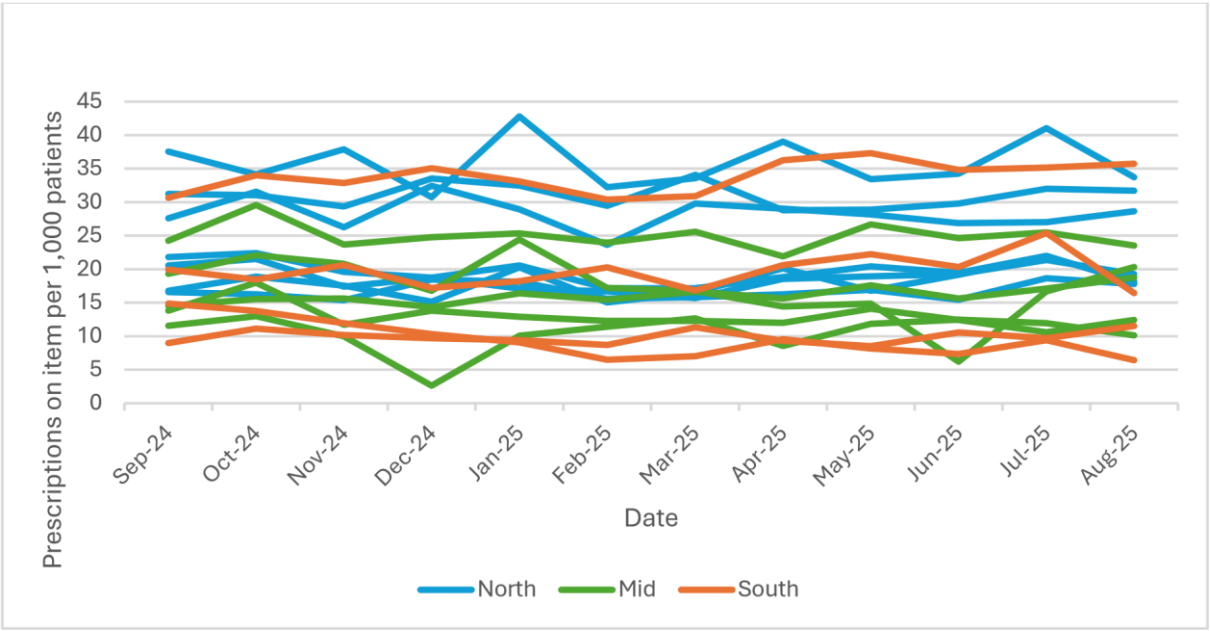

Figure 7: HRT ***Prescribing rates per 1,000 by practices***

It should be emphasised that the management of menopause is not limited to pharmacological treatment. Care should take a holistic approach, incorporating interventions to support healthy lifestyle choices, access to facilitated support groups, and the availability of cognitive behavioural therapy to help manage menopause related symptoms.

The "All-Wales Menopause Task and Finish Group Final Report," published in January 2023[xx], outlined several key recommendations for Health Boards. These include benchmarking the current provision of specialist menopause services against the NICE 2023 guidelines[xxi] to ensure equitable, high-quality care across Wales.

8.1 What Powys is doing

Prescribing of HRT in Powys is above the national average, although there remains considerable variation between practices and cluster areas. A recent survey conducted by the Powys Primary Care Academy highlighted gaps in up-to-date knowledge regarding the management of menopausal symptoms. In response, £50,000 has been allocated to support training for all relevant primary and community healthcare staff. Staff from eleven practices have already been identified for further training in menopause management.

In addition, the Protected Learning Time (PLT) session scheduled for March 2026 will deliver the College of Sexual and Reproductive Healthcare (CoRSH) *Essentials of Menopause Care* training to approximately 150 registered healthcare professionals working in Powys General Medical Services.

9. Secondary Care Provision

In terms of women's health care there are currently no inpatient facilities, Powys does not have the population base necessary to support large hospitals or specialist centres. Therefore, women will need to travel further – including across the border – for treatment. For many patients in border areas, it may be much more convenient to access services in their neighbouring county or country.[xxii].

In terms of outpatient facilities, as described earlier in the report, community-based services are operated by Powys Teaching Health Board along with an 'outreach service'.

During 2024/2025 outpatient activity for gynaecological assessment totalled 5619, of these 47% were seen in England with Wye Valley and Shrewsbury and Telford seeing the vast majority. Referrals into other Health Board areas were mainly to the south and west of Powys. Whilst individual patient level activity is not available, and it is not certain about referral patterns, it does appear that a higher rate of outpatient referrals are made from the mid-cluster area with Wye Valley alone accounting for 28% of all gynaecological activity.

Whilst the number of people seen as gynaecological inpatients is small at a total of 813 for the same year a similar pattern is seen with 31% of inpatients being seen in Wye Valley.

In the north of the County referral patterns maybe less clear but do include Shrewsbury and Telford along with the activity which will remain in Wales. But at 15% of the total outpatient's activity and 11% of inpatients activity going to Shrewsbury and Telford hospital it raises concern that there may not be equitable referring patterns.

In terms of in-reach activity there are eight visiting consultants with access across the County. All offer a range of gynaecological services, but they predominately focus on menstrual bleeding, endometriosis and menopause management. Unfortunately, diagnostic procedures are limited mainly to colposcopy, other common such as ultrasound, hysteroscopy and urogynaecology along with complex menopause management is not provided in Powys.

During 2024–25, a total of 1,170 women were seen in consultant gynaecology clinics, accounting for 2,282 booked appointments. The majority of these women were seen at Brecon War Memorial Hospital.

Between April and December 2025, 1,244 women attended consultant gynaecology clinics across 2,083 booked appointments. Most attendances took place at Brecon War Memorial Hospital, followed by Llandrindod Wells Hospital. For both years follow up rates averaged 1.67.

Appendix 1 presents a map illustrating the distribution of *unique patient* episodes in gynaecology clinics by residential postcode at Lower Layer Super Output Area (LSOA) level. Darker shading represents higher numbers of women seen, while lighter shading indicates lower numbers. There appears to be no clear correlation between clinic attendance and areas of greatest socioeconomic disadvantage.

10. Recommendations

1. Women should have access to high quality, evidence-based literature regarding health and well-being. With appropriate signposting for further information or services, this should include voluntary and third sector provision.

2. Make Every Contact Count (MECC): Clinicians should take the opportunity to ask women about menstrual health and menopause as part of existing touchpoints such as cervical screening or health checks.

3. Whilst Powys is relatively less deprived, it does have pockets of deprivation where evidence shows health outcomes are worse for women. This should be taken into consideration when planning future services and access to the women's health hub.

4. The availability of data regarding service provision within Community Services is currently inadequate. A proposal to improve data collection and analysis has been taken forward, which is a positive step. It is important that the future data set enables an assessment of equitable and appropriate access to services across the county.

5. At every opportunity women should be encouraged to engage with all appropriate screening programmes. The benefits of the programme should be explained and appropriate literature provided.

6. Targeted action should be taken to address the marked variation in coverage of cervical screening at cluster level, it is likely that this variation also exists in other cancer screening programmes offered to women.

7. There needs to be a further review of unmet need for the endometriosis and women's health services. With such significant increase in referral to the service and lengthening weighting times to be seen, it seems unlikely that the service can continue to be successful in its current format.

8. There should be a review of young women's access to contraception as this is only provided through primary care within county or through sexual health

clinics out of county. Current provision would not support access to those in education.

9. Staff who have been offered funding for training in menopause management should be supported and encouraged to attend the appropriate training. Also, the protected learning time sessions should be actively promoted and seen as an opportunity for joined up provision in Powys.

10. A review of the current in-reach consultant gynaecologist service would support standardisation along with a review of equity of access and also provide an opportunity to consider if more diagnostic investigations could be undertaken in county.

11. The current secondary care activity appears to be skewed to the middle of the county, this maybe as a result of anomalies in age distribution or contacting arrangements but it should be assessed in the light of health inequalities and demand and capacity.

12. The design of future services and redesign of current services should take into account health inequalities across the country and targeted delivery to address unmet needs of women.

11. References

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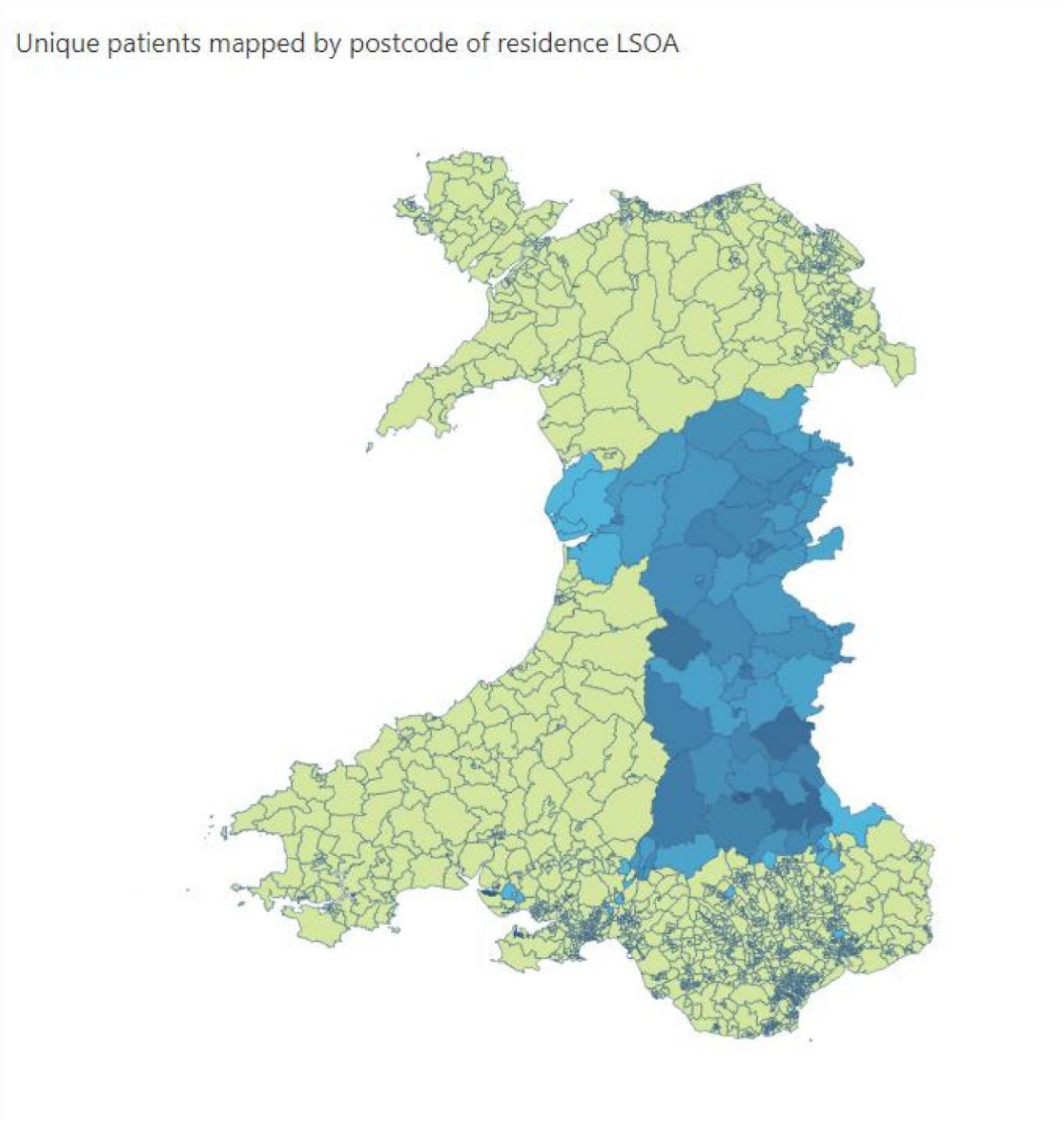
[xix] Hormone Replacement Therapy Uptake and Discontinuation Trends From 1996-2023: An Observational Study of the Welsh Population. Robin Andrews 19 May 2025

[xx] All-Wales Menopause Task and Finish Group, Final Report, January 2023 [HTML] | GOV.WALES [xxi] Overview | Menopause: identification and management | Guidance | NICE

[xxii] NHS cross-border care between Wales and England: 2024 [HTML] | GOV.WALES

12. Appendix 1



Open in Power BI
OutpatientProvider
Data as of 15/12/25, 14:06
Filtered by **IsSubmissionData** (is 1), **OUTCOME_TYPE** (is Attendance), **TRT_FY** (is 2024-2025 or 2025-2026), **MAIN_SPEC** (is Gynaecology)

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