

P-06-1444 Women of North Wales have the right to have a Menopause Services Clinic in Ysbyty Gwynedd - Correspondence from the Petitioner to the Committee, 09 October 2025

I am grateful for the responses from Carol Shillabeer and Sarah Murphy AS/MS; however, despite their thoughtful and measured replies, they do not adequately address the core concerns of the petition. In fact, their responses are largely similar to previous ones and fail to confront the key issue.

The urgent need remains: women in North Wales require a clinic at Ysbyty Gwynedd. Deeside Hospital, Wrexham Maelor, and Flintshire are not central to North Wales and cannot serve the population effectively. The petition highlights a real and pressing gap in healthcare access for women in this region, which must be addressed immediately.

I again urge the committee to refer to the maps sent in my previous reply, which clearly demonstrate that Ysbyty Gwynedd is the central location for North Wales patients.

My reply to both letters below:

Frist one Carol Shillabeer

Below my reply to : Sarah Murphy AS/MS

I share Ms Owen's desire to see women have access to menopause care as close to their homes as possible. Since our first correspondence with the Petitions Committee about this issue, the Health Board's ability to provide such local support has improved considerably, with a number of Consultant Gynaecologists undertaking the British Menopause Society's (BMS) Menopause Certificate

Thank you for the update. While it is welcome news that several Consultant Gynaecologists have undertaken the British Menopause Society's (BMS) Menopause Certificate, this appears to be the same information previously provided. Could you please explain how these developments will translate into improved access to menopause care locally, particularly at Ysbyty Gwynedd? In addition, will the Health Board be able to provide statistics on the number of women who have received support at Ysbyty Gwynedd so that progress can be properly measured?

This information would help the Committee assess whether local services are meeting women's needs effectively.

As I indicated in my previous response, Consultants who hold the BMS Certificate are able to manage 90% of referrals for menopause support, and appointments are now being

delivered in each of our three acute hospitals (Ysbyty Gwynedd, Glan Clwyd Hospital, and Wrexham Maelor Hospital).

This is encouraging news, and I particularly welcome confirmation that clinics are being held at Ysbyty Gwynedd. Could you please provide further detail on how often clinics are being delivered at each of the three hospitals? In addition, it would be helpful to receive statistics on attendance, as well as feedback from patients both those who are able to attend and those who may be prevented from doing so due to travel, work, family, or other commitments.

This information would help the Committee assess whether local services are meeting women's needs effectively.

As more of these BMS qualified Consultants are based in Ysbyty Gwynedd than in Glan Clwyd Hospital or Wrexham Maelor Hospital, there is a greater opportunity for women from North West Wales to be invited to an appointment at their local hospital. That said, as we operate a treat in turn policy, based on our Women's Services pan North Wales capacity, it is possible that some women from Gwynedd and Môn may be invited to appointments at Glan Clwyd or Wrexham Maelor, if this means that they can be seen more quickly.

If there are more BMS qualified Consultants based at Ysbyty Gwynedd than at the other sites, it is unclear why women living in Ynys Môn, Gwynedd and the surrounding areas would be directed to clinics elsewhere. Could you please explain the rationale for this approach? It would also be helpful to see the statistics on how many women from the Ysbyty Gwynedd catchment area have been offered appointments at other hospitals, and the reasons behind these allocations.

This information would help the Committee assess whether local services are meeting women's needs effectively.

I must stress that this pan-North Wales, treat-in-turn approach has a number of key benefits, which include:

- **Fairer access** for all patients, not limited by postcode. Thank you for outlining the benefits you see in the pan North Wales, treat-in-turn approach. However, I have a number of concerns about the points raised:

- **Fairer access for all patients:** As the maps I submitted previously demonstrate, this approach does not appear to deliver fair access. I have suggested that Ysbyty Gwynedd be designated as the central hospital for North Wales menopause services, with the other hospitals acting as satellite hubs. This would provide a fairer model of access for women across the region.

- **Better use of capacity, reducing delays:** Could you please provide the statistics that evidence this claim, so that the Committee can better understand the impact on waiting times?
- **Resilience against staff shortages:** It is important to note that staff are able to travel more easily than the number of patients to one consultant who would see in a single clinic. Allowing staff to move between sites may be both more efficient and more environmentally sustainable, helping to reduce the carbon footprint.
- **Shorter waiting times through available slots:** It seems that a more effective booking system could achieve this outcome without requiring women to travel significant distances.

This information would help the Committee assess whether the current approach is the most effective and equitable way of delivering menopause services across North Wales.

In contrast, dividing waiting lists by geography can lead to unequal access and underused capacity.

While I understand the concern about dividing waiting lists by geography, it is not clear why this should lead to unequal access or underused capacity. If a more effective booking system were implemented, as is common practice elsewhere, this issue could be mitigated. As noted previously, if staff are able to travel more easily than the number of patients one consultant can see in a single clinic, this would allow for more flexible scheduling. Additionally, reducing unnecessary travel for patients and staff would have clear environmental benefits by lowering the overall carbon footprint.

This information would help the Committee assess whether the current approach is the most efficient, equitable, and sustainable way of delivering menopause services.

Ms Owen has also raised concerns that not all women will be able to travel to appointments offered at venues further away from their local acute hospital. Where this is the case, the Health Board will explore options available to the patient, including the Non-Emergency Patient Transport Service (NEPTS) or financial reimbursement for using public transport to travel to an appointment.

I am fully aware of the Non-Emergency Patient Transport Service (NEPTS), having used it myself and worked within the third sector supporting many others who rely on such services. However, the issue for women is not solely about financial support. I would suggest that Health Board representatives, including Ms Carol Shillabeer, consider personally experiencing the journey from locations such as Llandona Ynys Môn / Pwllheli, or any other parts of the island and Gwynedd to Ysbyty Gwynedd or Glan Clwyd to a menopause clinic appointment. This includes factoring in travel time, family or work commitments, and the challenge of returning home promptly. Words alone do not capture the practical difficulties faced by patients in accessing these services.

This information would help the Committee assess whether current arrangements are genuinely accessible to all women in the region.

Should patients decline to travel, and they are part of a registered vulnerable group or have additional requirements, yet are unable to access NEPTS or reimbursement for transport costs, the service will review their circumstances on a case-by-case basis.

Could you clarify whether access to NEPTS or transport reimbursement is means tested? If it is, there is a risk that some patients could be excluded and potentially signed off due to nonattendance, despite having legitimate health or accessibility needs.

This information would help the Committee assess whether vulnerable patients are able to access menopause services without being disadvantaged.

While our BMS qualified Consultants are able to support women with 90% of menopause related issues – often with appointments at their local hospital, our three Menopause Specialists are continuing to provide more specialist advice and support to the smaller number of women (c10%) with more complex presentations, through both face-to-face and virtual appointments.

In her letter to you, Ms Owen queried whether this more specialist support was being provided in face-to-face clinics at Ysbyty Gwynedd. Unfortunately, it is not always possible to arrange face-to-face clinics with our Menopause Specialists across all three of our acute hospital sites, however, additional activity has now been introduced during the weekends at Glan Clwyd Hospital.

Why are face-to-face clinics not being offered at Ysbyty Gwynedd, given that it would be more cost effective and efficient for a single consultant to travel to Ysbyty Gwynedd rather than for multiple patients to travel to Glan Clwyd Hospital? As previously suggested, Ysbyty Gwynedd could serve as the central hospital for North Wales menopause services, with the other sites operating as satellite hubs. This model would provide fairer and more accessible care for women across the region.

This information would help the Committee assess whether current arrangements are the most effective way of delivering specialist menopause support.

This arrangement is similar to how NHS bodies across Wales and the wider UK provide access to more specialist care, with services provided at regional centres, or at a limited number of venues across a smaller geographical area, in order to make the best use of resources.

While I understand that specialist services are often concentrated at regional centres to make the best use of resources, Ysbyty Gwynedd remains the better choice as the central hospital for North Wales. Staff are able to travel more easily than the number of patients

one consultant can see in a single clinic, making this approach more efficient. Additionally, reducing patient travel would have clear environmental benefits by lowering the overall carbon footprint.

This information would help the Committee assess whether the current service configuration is the most effective, equitable, and sustainable option for women across the region.

Ms Owen also queried the allocation of face-to-face and virtual appointments. I can confirm that our Menopause Specialists triage all referrals and decide on the most appropriate mode of appointment, based on a patient's clinical complexity and any pertinent additional information from their clinical notes or letter of referral. Women are always asked if they are agreeable to a virtual appointment and the vast majority of patients are happy to proceed on this basis. As a consequence, we are increasing the number of follow up appointments provided on a virtual basis.

Could you please provide the actual numbers underlying this statement? Specifically, I would like to know how many patients have agreed to virtual appointments, and how many follow up appointments are now being conducted virtually, rather than percentages.

This information would help the Committee assess the practical impact of virtual consultations on access to menopause services.

I do hope that Ms Owen finds these additional comments helpful, and I thank her once again for highlighting this important issue. I can assure you and Ms Owen that the Health Board will continue to closely monitor its menopause service arrangements, including feedback provided by women who access care and treatment, in order to ensure that we provide the best possible experience and outcomes.

I welcome the Health Board's commitment to monitoring its menopause service arrangements and gathering feedback from women who access care. I am available to offer my help and support regarding consultation, patient participation, and ensuring that the voice of patients is fully represented in the development and delivery of these services.

This information would help the Committee ensure that menopause services continue to meet the needs of women across North Wales effectively.

Yours sincerely, **Carol Shillabeer Prif Weithredwr/Chief Executive**

My reply to : Sarah Murphy AS/MS

As previously outlined, menopause is a priority area in the Women's Health Plan, which includes seven specific actions – short, medium and long-term – which, once delivered, will improve the experience of women when accessing services

Could you please clarify when the Women's Health Plan, including the seven specific actions relating to menopause, will be formally launched and when these actions are expected to be delivered?

This information would help the Committee assess the timeline for improvements in women's access to menopause services.

The Women's Health Plan was published six months ago, in December. It was developed by the Women's Health Strategic Network, a clinically-led, strategic group to improve quality, sustainability and outcomes of NHS services for women in Wales. The plan was shared with stakeholders, and patient voice groups including Fair Treatment for the Women of Wales (FTWW) and the Women's Health Wales Coalition for feedback, before being finalised.

FTWW is a patient-led charity dedicated to achieving health equality for women, girls and people registered female at birth. It advocates for women's healthcare needs locally, nationally and at UK-level. The Women's Health Wales Coalition brings together more than 60 charities, UK-wide umbrella organisations Royal Colleges and patient representatives in Wales

If the Women's Health Strategic Network is clinically-led, why was it not structured as a balanced partnership steering group including a strong patient voice? Could you clarify exactly which stakeholders and patient voice groups the plan was shared with prior to finalisation?

I have been in touch with Fair Treatment for the Women of Wales (FTWW) and understand that it is a newly formed organisation with a relatively small membership of around 67 members and 202 Facebook followers. How, therefore, can engagement with such small-scale groups be considered sufficient to reflect the needs and experiences of women across Wales in the development of the NHS Women's Health Plan? and what work have they done specifically with the women of North Wales ?

This information would help the Committee assess whether the plan genuinely incorporates a broad and representative patient perspective.

The Women's Health Plan is a 'living' plan. We will be listening to feedback from women as the it is implemented. It provides an opportunity for us to make a real difference to how the women's health services are delivered. The Women's Health Strategic Network will continue to work with both FTWW and the Women's Health Wales Coalition during delivery. There will be mechanisms within the network where those with lived and learnt experiences and expertise will be invited to participate, including reference groups and task and finish Groups.

As noted previously, the groups mentioned are still very small and in the early stages of development, with limited membership and support. It is unclear how they will be able to provide a representative and effective patient voice. There are many other organisations

and services that could contribute to this work. A strong, balanced network is needed, supported by an experienced coordinator who can actively engage with people with lived experience, understand what is truly needed, and ensure their input shapes service delivery. The network should not be solely clinically led, as these risks overlooking the practical and lived realities of women accessing menopause services.

This information would help the Committee assess whether the current arrangements are sufficient to capture a meaningful and representative patient perspective in the implementation of the Women's Health Plan.

There is an expectation in the plan that health boards adopt a co-production approach as they implement the actions within the plan. To support this, the Women's Health Strategic Network will be working across NHS Wales Performance and Improvement (the new name for the NHS Executive), and with the public as partners, to create a framework of co-production.

I welcome the expectation in the plan that health boards adopt a co-production approach. I am available to assist with this work, drawing on my previous experience as the Making the Connections Officer within the third sector. In that role, I supported the development of better people-focused public services by enabling Local Service Boards to deliver the Single Integrated Plan, and strengthened the capacity of third sector organisations to contribute effectively to public service design, development, and delivery.

My work ensured that third sector organisations were:

- Better prepared to deliver public services, including co-produced services
- Equipped to work through consortia or collaborations
- More informed and able to engage meaningfully with service users
- Better able to influence decisions affecting the design and delivery of public services

I worked collaboratively with many organisations, including the Local Authority and Betsi Cadwaladr University Health Board, which strengthened my knowledge and understanding of voluntary, health, and social care sectors, including legal frameworks, policy, funding, structures, and systems. I would welcome the opportunity to contribute this expertise to support co-production within the Women's Health Plan.

This information would help the Committee assess whether co-production is being implemented effectively and meaningfully across NHS Wales.

The Women's Health Plan has been published in an Easy Read version and can be accessed at the following link: [The Women's Health Plan for Wales - NHS Wales Performance and Improvement](#)

Work is underway to identify available data, and data gaps, to inform the development of a women's health dashboard. We will take the petitioner's comments into consideration as part of this work

This is encouraging news, and I welcome the development of a women's health dashboard. I am available and willing to offer my support in this work, drawing on my experience in co-production and engagement with patient and voluntary sector groups.

This information would help the Committee assess whether the dashboard effectively captures data that reflects the needs and experiences of women across Wales.

Health boards are scoping out the delivery in their geographical area of pathfinder Women's Health Hubs that support the timely diagnosis and treatment of women's health conditions including menopause. These will be operational by March 2026.

Could you please clarify where these Pathfinder Women's Health Hubs will be located?

This information would help the Committee assess how accessible these hubs will be for women across different regions of Wales.

In relation to research, Health and Care Research Wales, supported by the Welsh Government, have provided £3m for the first women's health research centre in Wales to enhance the quality and scope of women's health research. This is in addition to the previously announced £750,000 allocated to a focused call on women's health research, which was launched in April 2025. Could you please clarify where the new Women's Health Research Centre is based?

Health and Care Research Wales has a thriving public involvement community. It routinely requires and supports public involvement in its research centres and within any funding schemes and does not fund anything unless there is good quality public involvement built into the development and delivery of research projects. Public partners are routinely part of assessment panels and funding boards, and people with lived experience are also peer reviewers.

I understand that Health and Care Research Wales has a strong commitment to public involvement in research. It routinely requires and supports public participation within its research centres and funding schemes, ensuring that no projects are funded without meaningful public involvement. I appreciate that public partners are represented on assessment panels and funding boards and that individuals with lived experience also act as peer reviewers.

However, while reviewing Health and Care Research Wales' work on public involvement, I found it difficult to locate detailed information on specific projects in North Wales, particularly those related to menopause and women's health.

I have been informed that there are plans to connect with local leads in November 2025, which is encouraging. I have requested further details about this, including whether there are any current or upcoming local initiatives focusing on menopause in North Wales.

I also sought clarification on how public partners especially those with lived experience of menopause are selected to participate in panels or act as peer reviewers. A clearer understanding of this process would help in assessing the depth and inclusivity of public involvement at this stage.

At present, I remain somewhat unclear about how individuals like myself can get involved. I have not seen any advertisements or calls for involvement, and I was previously unaware of Health and Care Research Wales. I have therefore asked whether an Expression of Interest (EOI) can be submitted proactively, or if it must only be in response to active adverts, which I have never come across.

It was also mentioned that Health and Care Research Wales plans to meet with a menopause support group and Fair Treatment for the Women of Wales (FTWW). This suggests that engagement with menopause support networks in North Wales has not yet taken place. I have asked for clarification on which menopause group they intend to meet and for more information about any past collaboration with FTWW, particularly around menopause and women's health in North Wales.

Finally, I was informed that meetings are planned with an organisation called "Menopause Connect." Unfortunately, I have been unable to locate much public information about this group and would appreciate a contact number or further details to enable me to follow up directly.

This information will be valuable in helping the Committee assess whether local services and research initiatives are effectively meeting the needs of women in Wales.

The focused call launched in April followed a women's health prioritisation exercise, which involved women in setting the research agenda from the outset. This included two public surveys and a facilitated workshop with women and practitioners. They determined the top 10 research priorities, including a question about menopause. This was then included in a research funding call, which closed in May. The committees which will assess the applications will include people with lived experience.

Could you please provide further details about the women's health prioritisation exercise? Specifically:

- Where did the facilitated workshop take place, how many people attended, and how were participants invited?

- Regarding the two public surveys, I am not aware of these; could you clarify how they were shared with the public?
- Could you provide figures on how many women participated in total and where they were from?

This information would help the Committee assess how representative the research prioritisation process was and whether it genuinely captured the views and experiences of women across Wales.

Sarah Murphy AS/MS

Minister for Mental Health and Wellbeing

North Wales maps below :

As members can see from the maps of North Wales, the hospitals mentioned are clustered far from the central area, making them less accessible to many North Wales patients. This highlights the importance of ensuring that Ysbyty Gwynedd is treated as an equal partner, not an afterthought.

I would therefore suggest that Ysbyty Gwynedd should serve as the Central Hospital for the North Wales Menopause Clinic, with the other hospitals operating as satellite hubs.

