

**Debate Pack**

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## Women's health

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# 1

## Background

There will be a debate on women's health on 27 February 2025 in Westminster Hall. The debate will be led by Helena Dollimore MP. Health policy is devolved and this debate pack covers policy in England.

### 1.1

## Gender health differences

This debate pack uses the term 'women's health' to refer to the health of people who were registered as female on their birth certificate; this may include trans men and some non-binary people.

[Women live longer than men on average, but spend a greater proportion of their lives living with illness and disability.](#) Research about gender health differences in the UK, and their drivers, is discussed in a [Lords Library article](#) from 2021.<sup>1</sup>

Women's health is affected both by gender differences in the diagnosis and treatment of general conditions like heart attacks, and by the experience of women-specific conditions like endometriosis, fibroids and menopause that can cause severe pain and distress. Campaign organisation [Endometriosis UK](#) reported in March 2024 that respondents to their online survey waited almost nine years, on average, for their diagnosis of endometriosis.<sup>2</sup>

Wait times for gynaecology services have doubled since the covid-19 pandemic.<sup>3</sup> The [Royal College of Obstetricians and Gynaecologists has published a dashboard showing various statistics](#) including the number of referrals on waiting lists and the number of A&E attendances for gynaecology conditions.

Long waits can worsen health issues, which means women may need to take more time off work or school, struggle with their caring responsibilities, and need more serious interventions. In addition to the personal cost, there are wider economic implications: the [NHS Confederation](#) estimates that the impact of women's conditions on their overall and mental health leads to absences costing the UK economy £11 billion per year.<sup>4</sup>

## Women's health inequalities

Access to health services and health outcomes are not the same for all women: the [NHS Confederation's report on women's health](#) also notes that

<sup>1</sup> On 07.03.25 we removed a paragraph covering research by Manual. On review, we did not feel this met our standards of reliable research.

<sup>2</sup> Endometriosis UK, '[Years of being "dismissed, ignored and belittled": Endometriosis UK urges improvement to deteriorating diagnosis times](#)', March 2024

<sup>3</sup> BBC News, '[Gynaecology waiting lists double, leaving women in pain](#)', 18 November 2024

<sup>4</sup> NHS Confederation, '[Women's health economics: investing in the 51%](#)', 2 October 2024

access to women's health services is poorer in more ethnically diverse areas, and health outcomes are worse in more deprived areas.

Inequalities in women's health include:

- higher risks of complications in pregnancy and delivery, and delays in cancer diagnoses, for women from minority ethnic backgrounds<sup>5</sup>
- women from the most deprived areas live 20 years fewer in good general health than women from the least deprived areas. Women living in poverty may struggle to live healthily, and are more likely to experience poor mental health and chronic stress<sup>6</sup>
- some Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) women experience poorer health than others, women with disabilities are less likely to report having good or very good health, and women with low education reported poorer health than women with high education<sup>7</sup>

## 1.2

# Developing the Women's Health Strategy for England

The previous Conservative government launched a [call for evidence on women's experiences of healthcare](#) in March 2021, to feed into the first Women's Health Strategy for England. Almost 100,000 people responded, and the key priorities they identified were:

- gynaecological conditions (63%)
- fertility, pregnancy, pregnancy loss and postnatal support (55%)
- the menopause (48%)
- menstrual health (47%)
- mental health (39%)

Many women (84%) responding to the survey said they had not been listened to by a healthcare professional. Respondents said some GPs seemed unfamiliar with women's health conditions like menopause and endometriosis, making it difficult to get referred to specialist services. More

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<sup>5</sup> Royal College of Obstetricians & Gynaecologists (RCOG), [Policy position: racial and ethnic equality in women's health](#), accessed 17 February 2025

<sup>6</sup> Royal College of Obstetricians & Gynaecologists (RCOG), [RCOG position statement: poverty, deprivation and women's health](#), accessed 17 February 2025

<sup>7</sup> European Institute for Gender Equality, [Gender Equality Index 2020: digitalisation and the future of work – Domain of health](#), accessed 17 February 2025. Note that the UK was still an EU member state at this point and is included in the analysis

information on the responses received, including analysis by demographic group, is in the [Call for evidence outcome \(gov.uk\)](#).

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A 'life course' approach considers women's health not through individual conditions but by focusing on health needs over the course of women's lives

The government published a [vision for the women's health strategy](#) in December 2021, alongside the consultation outcome. The vision states:

This vision provides a new strategic framework for women's health, based around a life course approach and the five key themes which connect different aspects of women and girls' health [healthcare policies and services; information and education; health in the workplace; research, evidence and data; women's voices], as well as different conditions and issues which arise at different points during the life course.

The actions set out in this vision are just the first step in delivering our ambition to improve experiences of healthcare services and health outcomes for women and girls, and to reduce disparities in women's health.

We will publish a strategy that will set out more detailed delivery plans against each theme and against specific health needs and conditions, aligned with this vision. In the strategy we will set out concrete proposals both on issues that only affect women and girls, and on issues that affect everyone but where there are sex-based differences in prevalence, experience, or outcomes.<sup>8</sup>

## The Women's Health Strategy for England

The [Women's Health Strategy for England](#) was published in August 2022. The ten-year strategy aims to both improve health outcomes for women, and improve how the health care system listens to them, by:

- taking a life course approach
- focusing on women's health policy and services throughout their lives
- embedding hybrid and wrap-around services as best practice
- boosting the representation of women's voices and experiences in policy-making, and at all levels of the health and care system

The strategy addresses specific conditions highlighted by the call for evidence and sets out a six-point plan for change:

1. Ensuring women's voices are heard – tackling taboos and stigmas, ensuring women are listened to by healthcare professionals, and increasing representation of women at all levels of the health and care system.
2. Improving access to services – ensuring women can access services that meet their reproductive health needs across their lives, and prioritising services for women's conditions such as endometriosis. Ensuring conditions that affect both men and women, such as autism or dementia,

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<sup>8</sup> Department of Health and Social Care, '[Vision for the Women's Health Strategy for England](#)', Policy paper, 23 December 2021

consider women's needs by default, and being clear on how conditions affect men and women differently.

3. Addressing disparities in outcomes among women – ensuring that a woman's age, ethnicity, sexuality, disability or where she is from does not impact upon her ability to access services, or the treatment she receives.
4. Better information and education – enabling women and wider society to easily equip themselves with accurate information about women's health, and healthcare professionals to have the initial and ongoing training they need to treat their patients knowledgeably and empathetically.
5. Greater understanding of how women's health affects their experience in the workplace – normalising conversations on taboo topics, such as periods and the menopause, to ensure women can remain productive and be supported in the workplace, and highlighting the many examples of good practice by employers.
6. Supporting more research, improving the evidence base and spearheading the drive for better data – addressing the lack of research into women's health conditions, improving the representation of women of all demographics in research, and plugging the data gap and ensuring existing data is broken down by sex.<sup>9</sup>

The strategy includes specific “top commitments”, including the appointment of a Women's Health Ambassador for England and a clinical women's health lead in NHS England, investing in research on women's health issues and encouraging the establishment of local women's health hubs.

Our briefing paper on the [quality and safety of maternity care \(England\)](#) includes information on the strategy's commitments in this area.

Stakeholders broadly welcomed the strategy, although there was some criticism. For example:

- The [King's Fund said it was not clear how it would lead to medical professionals listening better to women](#), including those from a range of backgrounds.<sup>10</sup>
- The [Local Government Association noted that budgets for local council commissioned services had been cut](#) in recent years, and that sustained funding for councils would be needed to meet the strategy's ambitions.<sup>11</sup>
- [The Lancet published a comment saying that the strategy was too narrowly focused on health services](#), missing an opportunity to address

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<sup>9</sup> Department of Health and Social Care, '[Women's Health Strategy for England](#)', Policy paper, updated 30 August 2022. The strategy was initially published in July 2022 and updated in August 2022

<sup>10</sup> The King's Fund, '[Has the Women's Health Strategy listened to what women really need?](#)', 30 August 2022

<sup>11</sup> Local Government Association (LGA), '[LGA responds to Women's Health Strategy](#)', 20 July 2022

wider societal determinants of women's health such as "gender equity", "sexism, and misogyny".<sup>12</sup>

## New women's health priorities

In January 2024, the Conservative government set out its [women's health priorities for the year](#). These included "problem periods, women's health research and support for domestic and sexual abuse victims". The government also noted that the strategy had already had some success, including "reducing the cost of HRT ... and the rollout of specialist women's health hubs in every local health area".<sup>13</sup>

## 1.3

## Labour government priorities

In response to an urgent question, the Minister for Secondary Care, Karin Smyth, said on 30 January 2025 that "we are committed to the women's health strategy, and we will take it forward as part of the [10-year plan](#)".<sup>14</sup> She also set out the Labour government's priorities for women's health:

- Bringing down gynaecology waiting lists by paying the private sector to treat women faster
- Tackling inequalities in maternity care
- Continuing to support local women's health hubs
- Improving NHS performance by "cutting waiting times for operations, A&E and ambulances; making it easier for people to see a GP or a dentist; and improving the mental health of the nation".<sup>15</sup>

The debate clarified that the government had removed the target to establish women's health hubs not because they wanted to cancel these, but because 39 out of 42 [Integrated Care Board areas](#) already have a hub.

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<sup>12</sup> Jessamy Bagenal et al, [Not misogynistic but myopic: the new women's health strategy in England](#), *The Lancet*, 2022, 400:10363, pp 1568-1570

<sup>13</sup> Department of Health and Social Care, [Press release: Health Secretary announced new women's health priorities for 2024](#), 17 January 2024

<sup>14</sup> [HC Deb 30 January 2025 c428](#)

<sup>15</sup> [HC Deb 30 January 2025 c424](#)

## 2 Women's health statistics

### 2.1 Gynaecology waiting times

As of December 2024, there were 586,013 incomplete pathways for [gynaecology services in the NHS](#). The NHS waiting times standard is that 92% of those on the waiting list at any given time should have been waiting for less than 18 weeks. In December 2024, 44.6% of patients waiting for gynaecology services had been waiting over 18 weeks.

The NHS also has a zero-tolerance policy for waits of over 52 weeks. As of December 2024, 18,859 patients had been waiting for gynaecology services over 52 weeks and the 92<sup>nd</sup> percentile waiting time was 44.3 weeks. This means that 92% of all patients waited less than 44.3 weeks before treatment commenced.

### 2.2 Inequalities in health outcomes for women

A 2021 briefing by the House of Lords Library summarised some of the [health inequalities experienced by women](#):

- Women are more likely to experience common mental health conditions than men.
- Women are more likely to be misdiagnosed.
- Women receive less pain medication after identical procedures and are more likely to be undertreated for pain by doctors.
- Women are less likely to be admitted to hospital when they complain of chest pain.
- Women had more than double the rate of death than men within the 30 days following a heart attack.

The report also highlighted the disproportionate effect of these inequalities on Black and Asian women. For instance, [maternal mortality](#) was four times higher in Black women (34 in 100,000) than White women (8 in 100,000) and almost twice as high in Asian women (15 in 100,000) compared to White women.

According to a [2022 survey](#), more than 84% of women reported they had had experiences of not feeling listened to by a healthcare professional and that their symptoms were not taken seriously. Similarly, many women reported

that it took them several months or years to receive a diagnosis. 40% of women reported needing [10 or more GP appointments](#) before being referred to a specialist for endometriosis.

60% of respondents also said that they couldn't conveniently access services in terms of location and 76% were unable to conveniently access services in terms of timing.

62% of women said that a health condition or disability had impacted their experience in the workplace. Around 1 in 4 of these women said that this had impacted their earnings and opportunities for promotion and over 1 in 5 said that it meant they had to stop work earlier than planned.

## 3 Parliamentary materials

### 3.1 Parliamentary questions

#### Health Services: Women

21 January 2025 | UIN 23980

#### **Asked by: Alice Macdonald**

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effectiveness of women's health hubs.

#### **Answering member: Karin Smyth | Department of Health and Social Care**

The Department has commissioned research and undertaken analysis to assess the effectiveness of women's health hubs.

The Department commissions research through the National Institute for Health and Care Research (NIHR). In 2023, a rapid mixed methods evaluation was undertaken by the NIHR's Birmingham RAND and Cambridge Evaluation Rapid Evaluation Centre to explore the current state and experiences of delivering and using women's health hubs. It identified 17 women's health hubs in England which were established between 2001 and 2022. The final report was published in September 2024, and is available at the following link:

<https://www.journalslibrary.nihr.ac.uk/hsdr/JYFT5036#/abstract>

The Department has published a cost benefit analysis, which estimated that for every £1 spent on implementing a primary care network-sized hub, there are estimated to be £5 of benefits. The cost benefit analysis is available at the following link:

<https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-cost-benefit-analysis>

The Department and NHS England are also committed to learning from the ongoing two-year women's health hubs pilot programme, in 2023/24 and 2024/25. For example, the NIHR has commissioned two projects through the Policy Research Unit in Reproductive Health and the Policy Innovation Unit, which will explore mechanisms for commissioning women's reproductive health services in England and what influences choice of, access to, and satisfaction with these services, including women's health hubs.

### **Heavy Menstrual Bleeding: Contraceptives**

21 November 2024 | UIN 13528

**Asked by: Chris Bloore**

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the potential impact of increasing access to long-acting reversible contraception for heavy menstrual bleeding in primary care on (a) waiting times and (b) demand for secondary care gynaecology services.

**Answering member: Karin Smyth | Department of Health and Social Care**

The National Institute for Health and Care Excellence's guideline on heavy menstrual bleeding recommends an intrauterine system or hormonal coil, which is a form of long-acting reversible contraception (LARC), as a first line treatment. In the women's health strategy call for evidence, held in 2021, we heard about the challenges women faced accessing LARCs for the management of menstrual problems.

A cost benefit analysis on women's health hubs conducted by the Department estimated that if 50% of LARC procedures for gynaecology were provided in women's health hubs, it would produce a net saving of £1.8 million, and reduce pressures on secondary care gynaecology services. The cost benefit analysis is available at the following link:

<https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-cost-benefit-analysis#cost-benefit-analysis-assumptions>

The Department is continuing to work with NHS England to support the establishment of at least one pilot women's health hub in every integrated care system, following a £25 million investment. Pilot women's health hubs provide intermediate and streamlined care in the community, which reduces pressures on services such as secondary care referrals and general practice appointments. A core service offered by hubs is treatment for heavy menstrual bleeding, and the fitting or removal of a LARC. Cutting waiting lists, including for gynaecology, is a key part of our Health Mission and a top priority for the Government.

### **Periods: Health Education**

1 November 2024 | UIN 10305

**Asked by: Chris Bloore**

To ask the Secretary of State for Health and Social Care, whether his Department plans to update the NHS website to include up-to-date information on menstrual health conditions using (a) plain and (b) accessible English.

**Answering member: Karin Smyth | Department of Health and Social Care**

The Department worked with NHS England to introduce a new women's health area on the National Health Service's website in 2023. This brings together over 100 health topics including periods, gynaecological conditions, fertility, pregnancy, heart health, and cancers, and is designed to be a first port of call for women seeking health information. Further information is available at the following link:

<https://www.nhs.uk/womens-health/>

As part of this work, a number of pages were updated, including pages on heavy periods and endometriosis, and a new page on adenomyosis was created. One of the key goals of the NHS website is to provide users with clear and accurate health information. There are no current plans to further update the NHS website on menstrual conditions, subject to the standard review of all editorial content at least every three years.

The NHS has also used its YouTube channel to provide up-to-date information on endometriosis and heavy menstrual bleeding, with further information on both topics available, respectively, at the following two links:

<https://www.youtube.com/watch?v=ABi1ncHorBY>

<https://www.youtube.com/watch?v=1Pgm3ORYVIs&list=PLnhASgDTToTkVLIgKt1XBE-iwZVJxd7Lto>

## 3.2 Oral answers to questions

**Women and Equalities**

18 December 2024 | House of Commons | 759 cc294-302

**Healthcare for Women**

5 March 2024 | House of Commons | 746 cc755-756

**Menopause: Women Leaving the Workplace**

7 February 2022 | House of Commons | 708 c663

## 3.3 Debates

**Endometriosis: Women in the Workplace**

15 January 2025 | House of Commons | 760 cc447-455

**Breast Cancer: Younger Women**

12 November 2024 | Westminster Hall | 756 cc148WH-154WH

## 3.4

# Committee reports

### Women's reproductive health conditions

Women and Equalities Committee

11 December 2024

## 4

# Press and stakeholder materials

The following is a selection of news and media articles relevant to this debate.

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[RCOG responds to reports that central support for women's health hubs will end](#)

Royal College of Obstetricians and Gynaecologists  
28 January 2025

[Can NHS digitalisation improve women's health?](#)

The King's Fund  
27 January 2025

[Women's health strategy: Where are we now?](#)

Nursing in Practice  
20 December 2024

['Health hubs for women would benefit everyone'](#)

BBC News  
26 November 2024

[The economic case for investing in women's health services revealed](#)

NHS Confederation  
2 October 2024

[Women's health in focus: Closing the UK gender health gap](#)

ITN Business  
12 February 2024

[Women's health needs and the pursuit of equity: the absence of a dedicated plan](#)

Senedd Research  
31 January 2024

[Inequalities in midwifery continuity of care during pregnancy](#)

Nuffield Trust  
11 October 2023

[More progress needed on women's health action plan - BMA Scotland](#)

BBC News  
21 August 2023

[Has the Women's Health Strategy listened to what women really need?](#)

The King's Fund  
30 August 2022

## 5 Press releases and government publications

### 5.1 England

[Health Secretary announces new women's health priorities for 2024](#)

Department of Health and Social Care

17 January 2024

[Women's health hubs](#)

NHS England

22 April 2024

[Boost for women and girls as Women's Health Strategy turns one](#)

Department of Health and Social Care

22 July 2023

[Women's Health Strategy for England](#)

Department of Health and Social Care

20 July 2022

### 5.2 Wales

[Major boost for women's health research in Wales](#)

Welsh Government

8 February 2025

[Women's health plan for Wales launched to close the gender health gap](#)

Welsh Government

9 December 2024

[Women's Health in Wales - A Discovery Report](#)

NHS Wales Executive

November 2022

[Quality statement for women and girls' health](#)

Welsh Government

5 July 2022

## 5.3 Scotland

[Women's health plan 2021 to 2024: final report](#)

Scottish Government

8 November 2024

[Women's health plan](#)

Scottish Government

20 August 2021

## 5.4 Northern Ireland

[Minister announces public listening exercise on women's health](#)

Northern Ireland Department of Health

5 March 2024

[Minister Swann outlines Women's Health Action Plan](#)

Northern Ireland Department of Health

13 February 2024

## 6

### Further reading

- House of Commons Library, [Quality and safety of maternity care \(England\)](#), 12 February 2025
- House of Commons Library, [Treatment of lobular breast cancer](#), 6 December 2024
- House of Lords Library, [Women's health outcomes: Is there a gender gap?](#), 1 July 2021

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