

There has never been a better time for women's health in the UK. The 'strategies',¹ 'plans',² and ambitions of the devolved nations' governments have promised to reduce the inequalities that women experience.

This editorial uses the phrase 'women' throughout. This is not aimed at being exclusive but is inclusive of the trans population, recognising that not all those born with female reproductive organs identify as a woman and not all women have female reproductive organs.

CASE FOR CHANGE

For too long the physical, psychological, and social wellbeing of women has been compromised because of periods, pregnancy, or menopause. For too long research has been focused on male physiology and anatomy forgetting that, as quoted by Caroline Criado Perez in her book, *Invisible Women. Exposing Data Bias in a World Designed for Men*, that 'women are not, to state the obvious, just men'. And for too long women of colour have been compromised more than others, creating a further inequality within an existing inequality.^{3,4}

The disproportionate impact of the wider social determinants of health on women is also undervalued, requiring system-wide change from social care, employers, voluntary sector, and the public if women's health and wellbeing is to improve.

There are many reasons that a spotlight on women is essential:

- women in the UK live longer than men but spend longer in ill health and disability;⁵
- women represent 51% of the UK population and 49% of the workforce, and undertake the vast majority of unpaid caring roles in society;^{6,7} and
- there is a lack of data and evidence about conditions only affecting women, and those conditions affecting both men and women but exerting their impact in different ways,

leading to missed symptoms and late presentations.

For those of us working at the frontline of health care trying to provide a holistic, life course approach, it is painfully evident that the current system of episodic care, inadequate women's health information, and siloed commissioning consistently fails women; particularly those who find the system-wide barriers particularly hard to navigate. Some gynaecological conditions, including endometriosis, polycystic ovary syndrome, and premature ovarian insufficiency, require a long-term condition management approach. They should receive the same parity of esteem as other long-term conditions rewarded for management in primary care. Many women suffer with menstrual problems, tolerating them far too long because of the stigma associated with discussing 'period problems', not knowing what 'normal' is. An estimated 50% of pregnancies are unplanned,⁸ with an increasing number of women requesting abortion.⁹ Many perimenopausal women suffer unnecessarily in the workplace and feel forced to give up their careers or reduce their working commitments and ambitions.

Women's health care would also benefit from focusing on prevention and early intervention to optimise preconceptual health and wellbeing to improve pregnancy outcomes, reduce the impact of common menstrual disorders by easier access to intra-uterine system insertions, improve gynaecological cancer outcomes by prevention, screening, and earlier diagnoses, and optimise long-term health in the post-reproductive phase of their lives.

THE WOMEN'S HEALTH STRATEGY FOR ENGLAND

The wide-ranging ambitions of the Women's Health Strategy for England, published in July 2022, aims to improve women's health care. The strategy recommendations were informed by a survey of nearly 100 000

women.¹⁰ Women said that they do not feel adequately supported in every aspect of their health and wellbeing, which included accessing high-quality information on women's health issues, being dismissed by healthcare professionals, and feeling unsupported in their workplace.

The priority areas identified by women as problematic are ranked in order of importance by their responses to the survey:

- menstrual health and gynaecological conditions;
- fertility, pregnancy, pregnancy loss, and postnatal support;
- menopause;
- mental health and wellbeing;
- cancers;
- health impacts of violence against women and girls; and
- healthy ageing and long-term conditions.

MAKING THIS WORK

The appointment of the Women's Health Ambassador, Dame Lesley Regan, has been well received by the health community. Regan is supporting the policy team at the Department of Health and Social Care to deliver the ambitions of the Women's Health Strategy by:

- ensuring women's voices are central to developments;
- improving information and awareness;
- optimising access to streamlined care delivery;
- reducing disparities in health outcomes between women;
- supporting women in the workplace;
- developing education and training for health and care professionals;
- increasing opportunities for research and evidence; and
- ensuring improved data and digital access to information is available to all women.

The 2022 strategy calls for 'women's health hubs' – the provision of intermediate holistic 'one-stop' care, as recommended in the Royal College of Obstetricians and Gynaecologists Better for Women report of 2019.¹¹

These 'hubs' do not need to be new builds, or even physical clinics in a specific geographical

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location. They may be virtual advice centres where women can be reviewed, triaged, and signposted to appropriate services to meet their individual needs. Hybrid models will need to be developed, dependent on local need and informed by public health data metrics and the availability of clinical expertise.

In England, the recent introduction of integrated care systems (ICS) provides the ideal opportunity to build healthcare provision around the specific needs and priorities of local populations. By developing co-commissioning arrangements between health and social care sectors, women's health hubs can provide one-stop services for menstrual disorders, long-acting reversible contraception, fitting vaginal ring-pessaries, and management of menopause symptoms. These services would be similar to those provided for long-term conditions, such as diabetes, traditionally provided in secondary care but with appropriate training and locally agreed pathways are now provided in 'out-of-hospital' settings by multidisciplinary teams.¹²

The Primary Care Women's Health Forum women's health hub toolkit contains many resources and examples to support clinicians and commissioners to consider the opportunities to develop local care.¹³ But to make this work it requires:

- prioritisation at ICS level: commitment from NHS and local authority commissioners to work together and improve services for women;
- review of funding pathways: maximising financial efficiencies by providing one-stop care in out-of-hospital settings;
- ensuring the multidisciplinary workforce are performing optimally by developing affordable, accessible, modular training packages appropriate for local needs;
- system-wide working: recognition of the impact of poverty, unemployment, and wider social determinants of disease exerted on women's health and wellbeing; and
- engaging the voluntary sector and using co-production to reduce inequalities by ensuring the care delivered is fit for purpose within the local community.¹⁴

CONCLUSION

The current government interest in women's health care provides us with a unique opportunity to improve the care that women receive at every point across their life course. Realising this ambition will significantly reduce the inequalities that women currently

experience when trying to access health care. Women are increasingly asking for advice and help with health concerns and symptoms that disturb or debilitate their day-to-day lives. They may have tolerated their problems for a long time, but only now feel empowered to talk about them following the positive media attention that menopause has received.

There will be no additional funding made available or reduction in workload to manage and implement the recommendations of the Women's Health Strategy. Nevertheless, there are many opportunities to improve efficiency by providing the life course holistic care that women want and need, preferably in a single episode or visit, thereby allowing women to get on with their education, employment, or caring responsibilities

As Dame Lesley Regan says, '*when we get it right for women, everyone in our society benefits.*'

Anne Connolly MBE,

GP with a special interest in gynaecology, Bevan Healthcare, Bradford; Chair of Primary Care, Primary Care Women's Health Forum.

ADDRESS FOR CORRESPONDENCE

Anne Connolly

Bevan Healthcare, 14 Piccadilly, Bradford BD1 3LS, UK.

Email: anne.connolly@bradford.nhs.uk

Dame Lesley Regan DBE,

Professor and Head of Obstetrics and Gynaecology, Imperial College at St Mary's Hospital, London; Women's Health Ambassador for England, Department of Health and Social Care, UK Government.

Provenance

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Competing interests

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