GIG CYMRU
NHS WALES

Women's Health in Wales

A Discovery Report: Foundations for a Women's Health Plan

November 2022

A summary of what women and girls in Wales experience, a review of evidence regarding women's health and foundations for design of a Women's Health Plan for Wales

Contents

Foreword from Eluned Morgan MS, Minister for Health and Social Services 3
Foreword from Judith Paget Chief Executive NHS Wales 6
Executive Summary 7
Why we need a Women's Health Plan for Wales 10
A Life Course approach – why this matters 11
Women in Wales: What the data tell us 12
Healthy lifestyle choices 13
Chronic conditions 13
Menstruation and related conditions 14
Menopause 14
Sexual health, contraception, abortion, and Fertility 15
Health in the workplace 15
Mental health and wellbeing 16
Mortality risk 16
Healthier Wales for women and girls survey 17
Age profile 19
Ethnicity 19
Focus group methodology 20
Insights 21
1. The voices of women and girls (gender inequality and culture) 22
2. Access to healthcare and Health Outcomes 24
3. Wellbeing 29
4. Information and education 31
5. Health in the workplace 36
6. Priorities for research and policy development 39
What's already happening in Wales 42
Access to essential products 42
Endometriosis 42
Menopause and pelvic health 43
A healthy life course approach 44
Priority actions for improvement 44
Next steps and improvements 46
Appendix 47

Foreword from Eluned Morgan

I am committed to improving the health outcomes of the population of Wales and addressing inequalities that exist in our system, therefore I am proud to be able to support the publication of the NHS Wales, Women's Health Plan. We aspire to deliver a service that is equal, safe, equitable and provides the right care for women and girls across the life course. Women and girls in Wales form 51% of the population and deserve the very best possible access, treatment and care across all major health conditions and reproductive and gynaecological health.

We are ambitious for change on women's and girls' health; however we are also mindful that this is not simply a women's issue. We understand and appreciate the overarching societal benefits when women and girls are supported to lead healthy lives.

We have been working hard to improve the quality of care everyone receives in Wales, however, there continues to be some very deep-seated and entrenched differences in the way men and women experience healthcare.

This report describes the admirable and pioneering examples of service delivery for women in Wales. However, there continues to be a need to reduce the variation in the way in which services are delivered and ensure the wider change to ensure that all our health and social care services meet the needs of all women, everywhere.

If we are to be true to our overarching aim of providing person-centred care in Wales, then we must change the way we provide healthcare for women and girls so they can access it in a timely way, so the NHS is responsive to their choices and needs and that research and development reflects women and girls' lived experiences.

In July, I published the Women and Girls Health Quality Statement. This was the first step in transforming the care received by women in Wales. The quality statement sets out what the NHS is expected to deliver to ensure good quality health services to support women and girls through the course of their lives. This must include the differences in the way women present many common conditions to healthcare, which are historically not well recognised or managed. Examples of this include cardiovascular disease and risk, chronic pain, especially gynaecological, continence interventions, neurodiversity and mental wellbeing, where the needs of women differ significantly from services often developed around research evidence more aligned to mascaline norms.

As part of this plan we are developing a new focus on sex and gender related data and evidence of processes and outcomes, to allow properly personalised medical and health interventions that will promote better support and outcomes for women and girls. Audit and research will be a key component to support a programme of capacity and demand modelling, to assess waiting lists and to work with workforce partners to better understand the healthcare staff needed and where best they should be placed in our healthcare systems to ensure women are receiving the most effective response to their needs.

This discovery phase of the NHS Women's Health Plan is the start of a conversation and covenant with women over the next 10 years, taking the 'A Healthier Wales' approach of coproduction. The NHS now needs to respond to women's stated priorities.

We are committed to a range of actions to improve women's health and as such NHS Wales will take action to deliver on the key themes for action, in the short term. The focus will be on firstly establishing a substantive and effective Women's Health Network to consider what women in Wales have told us and to respond, beginning with ensuring the structures in our health services are right.

This includes the following actions:

- **Develop actions, key deliverables, and measurable outcomes from the six priority improvement opportunity areas set out in this discovery report.**
- **Identify and embed techniques and behaviours that ensure women's and girls' voices are heard in every interaction they have with the NHS.**
- **Provide prompt access to help and support across the health system.**
- **Develop better workplace and mental health support, enabling increased uptake of self-care and lifestyle management, and enhance support to cope with the health and wellbeing consequences of being parents and carers.**
- **Enhancing and providing easier access to high quality information resources.**
- **Pioneer best practice and providing advice and guidance on how the workplace can support wellbeing, work/life balance and mental health.**
- **Carry out qualitative and mixed methods research on key topics that support the needs of women and girls.**

Audit and research will be a key component to support the programme of capacity and demand modelling, to assess waiting lists and to work with workforce partners to better understand the healthcare staff needed and where best they should be placed in our healthcare systems to ensure women are receiving the most effective response to their needs.

The Women's Health Network will monitor progress and outcomes against the Women's Health Quality Statement which will also focus on key health conditions like cardiovascular diseases, ischaemic heart disease and incontinence. The Network will support quality and safety and ensure the right patient reported outcome measures (PROMs) and patient-reported experience measures (PREMs) are in place.

Work will commence immediately to develop new actions connected to these proposals for the medium term. So, while they are not addressed in this iteration of the Women's Health Plan, they will be progressed by the Women's Health Network in co-production with Women and girls in Wales.

Together, we are working to address the inequalities in all aspects of health that women are facing. The Women's Health Plan focusses on specific priority areas where a need for NHS Wales improvement was identified. But the Plan is one part of a much wider picture when it comes to women's health and wellbeing.

Eluned Morgan
Minister for Health and Social Services

Eluned Morgan

Foreword from Judith Paget

In recent years, it has become clear that there are some very deep-seated and entrenched differences in the way men and women experience healthcare. Women, girls, and those assigned female at birth make up just over half of our population and account for 47% of the workforce. Women make up a significant majority of the NHS workforce. However, mounting evidence has highlighted a number of themes in all areas of women's health requiring action to ensure improved outcomes for women accessing our healthcare system.

I want a health service in Wales that supports and nurtures women's wider health and wellbeing and delivers a model of care that helps women to remain healthy throughout their lives. Whilst 'A Healthier Wales' makes clear its aim of ensuring person-centred care across the country, there is a need to strengthen this by ensuring that women can access the care they need, and that the health service is responsive in providing that care.

In July, the Minister for Health and Social Services published the Women and Girls Health Quality Statement which sets out what the NHS is expected to deliver to ensure good quality health services to support women and girls through the course of their lives. The Minister also announced that the NHS would develop a 10-year **Women's Health Plan** that will set the course for the way services for women and girls will be provided and develop in the future.

I am pleased to publish the discovery phase of the NHS Women's Health Plan which has been developed with significant input from women in Wales. The survey launched in the summer attracted almost 4,000 individual responses from women and girls aged 16 to 85 and above. The responses have provided incredibly rich detail on the issues and concerns affecting women and their health in Wales. In addition, over 1,000 people from across Wales registered their interest to take part in focus groups to inform the work.

The discovery report outlines some of the areas the NHS are already doing well. What we now need to do is consider the priority areas highlighted in the report and build on those positive foundations.

Judith Paget

Chief Executive NHS Wales

Judith Paget

Executive Summary

Although women and girls make up over half of the Welsh population, women's health and wellbeing is often undervalued and under-resourced and there is a need to reduce health inequalities, improve equity of service and improve health outcomes for women in Wales.

Inequalities in health outcomes exist between both men and women and between different groups of women in Wales. We must work to reduce health inequalities that women experience when it comes to diagnosing and treating, ischaemic heart disease, cardiovascular disease, screening for cancers, and other major health conditions. Health inequalities in different groups of women, in different parts of Wales are unjust and preventable.

We can reduce some health inequalities by identifying gaps in health service provision, considering areas of best practice and developing actions to address these gaps, tailored to meet the needs of all women. It is important to note that health inequalities are socially determined by a set of factors and circumstances and these circumstances can disadvantage people and limit their chance to live longer, healthier lives.

These factors cannot be solely addressed by the Women's Health Plan, however improving access to health services has an important role to play in reducing health inequalities.

Recognising this inequality, the Health Minister tasked the Women's Health Implementation Group to develop a Women's Health Plan for Wales. Developing such a plan is undertaken in three stages:

- **Discover (June – November 2022):** To understand the needs of women in Wales by asking what matters to them. Utilising surveys and focus groups to identify the inequalities and gaps in service provision as well as opportunities for improvements in women's health.
- **Design (2023):** Partnership working via the proposed Women's Health Network; utilise this discovery report, good practise already in place in Wales and review the evidence base to develop a 10-year Women's Health Plan for Wales. This will set clear actions and identify partners to take them forward.
- **Deliver (2024-2034):** Implement and monitor the Plan via the Women's Health Network across the NHS and partners. Ensuring improvements are sustainably delivered across the NHS system with continuous monitoring and outcomes measured to be reported to the NHS Executive.

This **discovery** report presents the state of the nation for women's health in Wales, combining an evidence review of women's health with the voices of women and girls in Wales. Following the consultation of over 3,800 women, this report seeks to build the foundations for the development of a **Women's Health Plan for Wales.**

Gender inequality occurs in different ways: Firstly, women experience specific health conditions such as menstrual problems, endometriosis, and menopause, which are insufficiently discussed or accommodated. Research suggests that many women also feel uncomfortable discussing health issues, or struggle to be heard when they do. Secondly, evidence suggests that general health conditions are often researched predominantly from a masculine perspective of quantitative randomised trials, whereas qualitative and mixed methods better reflect differences in women's health experiences.

Finally, many health conditions are influenced by economic and social issues, and often particularly affect women, who face greater challenges and inequalities in many areas.

The ageing population raises specific additional challenges, as healthy life expectancy has not risen in line with life expectancy. This also increases the number of post-menopausal women in Wales, which increases the risk of further health concerns, such as fragility fractures, osteoporosis, cardiovascular disease, frailty, and dementia[23].

It is crucial that the state of healthcare for women in Wales is assessed and that the voices of women are heard to feed into the Women's Health Plan for Wales. This report draws on quantitative and qualitative research with women in Wales, which identified six key themes that need addressing:

1. **The voices of women and girls (gender inequality and culture)**
2. **Access to healthcare and health outcomes**
3. **Wellbeing**
4. **Information, education, and communication**
5. **Health in the workplace**
6. **Research**

Women reported that taboos and stigma remain when discussing their health and wellbeing, which can be a barrier to receiving the right help. Moreover, women report that medical professionals often don't listen to their concerns or take them seriously, a problem that is even greater for women from marginalised and underserved groups. Even more fundamentally, women report serious **challenges in accessing healthcare.** They reported multiple threats to their **wellbeing,** ranging from feeling overwhelmed and stressed, to worrying about financial and caring responsibilities.

Further, there is significant discomfort around discussing **health issues in the workplace.** Women identified that they often had specific needs, which were not always accommodated.

Next steps and recommendations:

Short term actions (6 – 12 months):

Establish a shadow Women's Health Network to:

- Ensure a substantive Women's Health Network is established as currently proposed within the National Clinical Framework review. With oversight to monitor progress and outcomes against the Women's Health Quality Statement.
- Develop actions, key deliverables, and measurable outcomes from the six priority improvement opportunity areas set out in this discovery report.
    - Identifying and embedding techniques and behaviours that ensure women's and girls' voices are heard in every interaction they have with the NHS.
    - Providing prompt access to help and support across the health system.
    - Developing better workplace and mental health support, enabling increased uptake of self-care and lifestyle management, and enhancing support to cope with the health and wellbeing consequences of parental and carer responsibilities.
    - Enhancing and providing easier access to high quality information resources.
    - Pioneering best practice and providing advice and guidance on how the workplace can support wellbeing, work/life balance and mental health.
    - Carrying out qualitative and mixed methods research on key topics that support the needs of women and girls.
- Audit and undertake demand and capacity modelling of the top major health conditions affecting women and girls, outside of reproductive and gynaecological, and work with the appropriate clinical networks to ensure pathways take into consideration the requirements of the Women's Health Quality Statement.
- Implement the recommendations made by the All-Wales Task and Finish Group on Menopause.
- Consider actions from the planned care work on gynaecology services.

This document will use the term 'women/woman' throughout. It is important to highlight that it is not only those who identify as women who require access to women's health and reproductive services. For example. some transgender men, non-binary people, and intersex people or people with variations in sex characteristics may also experience menstrual cycles, pregnancy, endomertiosis and the menopause. The actions included within this report make clear that all healthcare services should be respectful and responsive to individual needs.

Why we need a Women's Health Plan for Wales

In July, the Welsh Government published the **Quality Statement on Women's and Girls Health.** The quality statement is the important first step in our plans to transform the care received by women in Wales. It sets out what the NHS is expected to deliver to ensure good quality health services to support women and girls through the course of their lives[4].

The Minister for Health and Social Services has requested the production of a **Women's Health Plan for Wales.** The intention is that the plan should help reduce health inequalities, improve equity of service, improve health outcomes for women in Wales, and ensure that NHS services reflect women's needs across their life course. This report is the first phase in developing that plan, the 'discovery' phase.

This report has been developed using a co-productive approach with health professionals as well as women themselves. It brings together in a coherent way, the existing and developing policy framework to address gender-related health disparities, consider the views and experiences of women in Wales and make recommendations to develop a 10-year plan to improve health outcomes for women.

Independent reports[5] have shown that our healthcare system needs to listen to the experience of women and girls and design our systems around their needs. Delivering 'joined up services' for women and girls must start with their experiences and needs. Our starting point has been to listen to the women of Wales about their health and understand what matters to them. Over 3,800 women have shared their views and experiences, the barriers they face and their ideas for how the service can be improved.

This document represents the start of an ongoing conversation between women, girls, and the health service, which seeks to identify priorities for actions to improve outcomes, monitor implementation and interventions, and repeat the cycle to achieve the progress that women and girls deserve.

Whilst significant work has been done to improve healthcare for women, and progress is ongoing, this report highlights disparities in access to and experience of healthcare. These are partially believed to be the result of unconscious bias against women. "Women face unconscious biases and disadvantages at every stage of their heart disease journey. BHF funded research suggests that the deaths of at least 8,243 women could have been prevented through equitable cardiac treatment over a ten-year period in England and Wales." In this report[6], women have shared their stories and told us of their experiences of not always being listened to and heard by their healthcare practitioners. This research and resulting report represent a commitment by NHS Wales to listen to, hear and respond to women and girls.

A Life Course approach – why this matters

Women's physical and mental health and wellbeing are influenced throughout life by the broader social determinants of health, not just the NHS and ability to access healthcare. The ability to improve women's health outcomes is reliant on more than just access to healthcare: social, economic, and environmental factors all impact women's health. The focus of this document is limited to the role the NHS can have in improving women's health.

A life course approach focuses on the changing health and care needs of women and girls throughout their lives. The advantage of this approach is that it allows early intervention of healthcare and promotes better health outcomes and quality of life.

It also looks at the wider determinants of health such as the social, economic, and environmental factors.

Adopting healthy behaviours in childhood and across the life course as adults will reduce the impact of disease and help reduce the gender bias in health inequalities across socio-demographic groups, arising from long-term conditions such as obesity, cancers, heart conditions, stroke, musculoskeletal, respiratory disease, mental ill health and dementia[7].

The 2019 publication **Better for Women**[4] (The Royal College of Obstetricians and Gynaecologists -RCOG) sets out a life course approach to women's health. This approach acknowledges that women and girls require different levels and types of help and support throughout their life. Better for Women highlighted that a strategic approach is required across the life course to prevent predictable morbidity and mortality and to address the determinants of health specific to women and girls.

Women in Wales: What the data tells us

There are over 1.6million women and girls living in Wales making up 50.7% of the Welsh population[8].

Life expectancy and ageing population

Over time, life expectancy has increased in both men and women. The elderly Welsh population is increasing. Out of a population of 3.1 million, over 800,000 people are over 60 and around a third are at least 75[9]. However, a worrying trend is that, although living longer, more years are spent in ill health.

Women in Wales live on average to 82.1 years, whereas men live to 78.3 years. Although women live longer, we now understand that women live more of their later years in poor health. Termed 'Healthy Life Expectancy', women in Wales can expect to live a healthy life until, on average, 62.4 years, with the following 20 years spent in ill health. In contrast, men average 16.8 years in ill health[10].

This inequality is further increased when we consider deprivation.

	Most deprived women in Wales	Least deprived women in Wales
Life expectancy	78.2 years	85.7 years
Gap in healthy life expectancy between most and least deprived women	16.9 years	

Older women are more vulnerable to mental health problems, with depression affecting 28% of the female population of the UK aged over 65. Women are more at risk of dementia than men, with women making up 65% of people who currently have dementia[11]. Dementia has remained the leading cause of death since 2011[12].

There are 13 million women in the UK who are currently peri or post-menopausal, a third of the female population in the UK[13] . Beyond menopause is a time when frailty is more likely, causing an increase in falls, fractures, disability, and harm[14].

Healthy lifestyle choices

Living a healthy lifestyle includes eating a balanced diet, being active, maintaining a healthy weight, not smoking, and drinking alcohol within the recommended limits as well as looking after your mental health. By undertaking healthy behaviours, we can reduce the risk of developing diseases such as cancers and cardiovascular diseases, as well as ensuring health doesn't limit the ability to live a happy and active life. The table below shows the proportion of women in Wales who, in 2020/21, self-reported that they undertake healthy behaviours[15].

Lifestyle (Healthy Behaviour)	Percentage of women in Wales
Not smoking	87.1%
Meeting physical activity guidelines	51.7%
Drinking below alcohol guidelines	51.7%
Eating five fruit or vegetable portions a day	29.3%
Maintain a healthy weight (working age women)	41.5%

Chronic conditions

51% of women reported **long-standing illness**, and 40% of women report feeling limited by these illnesses. In contrast, only 45% of men report long-standing illness, and only 30% report feeling limited by this.

The most common type of illness reported by women was musculoskeletal complaints (reported by 20%), mental health disorders (13%) and heart and circulatory complaints (12%)[16].

Menstruation and related conditions

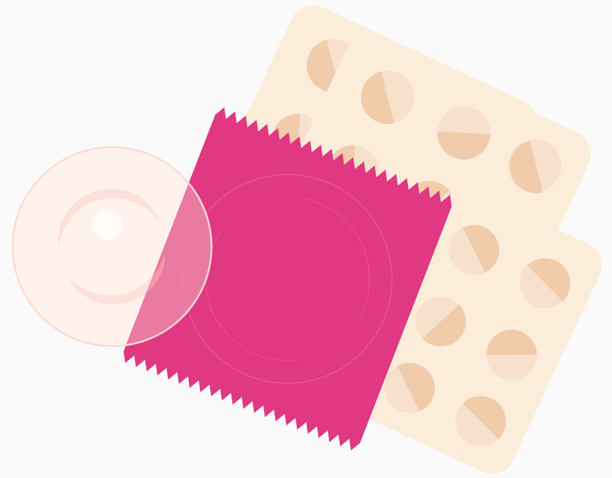
Heavy menstrual bleeding affects one in three women of reproductive age, affecting their physical, psychological, and social well-being. Prevalence increases with age and peaks between 30-49[17] years. However, three in ten women will wait three or more years before seeking clinical advice and support for menstrual disorders.

Premenstrual Syndromes (PMS) is a chronic cyclical menstrual health disorder, with approximately 25% of women experiencing moderate to severe symptoms. Physical, psychological, and behavioural symptoms are experienced leading up to menstruation, after which symptoms settle and disappear[18].

Polycystic ovarian syndrome (PCOS) can be associated with irregular periods, ovulation and fertility problems, weight changes and thinning of hair and can precede health problems in later life, such as type 2 diabetes and high cholesterol[19]. There are very limited treatment options for those living with PCOS due to a lack of research, with a focus on managing symptoms rather than the underlying condition[20]. and reducing risk of long-term conditions. There are specific conditions where more high-quality research is needed to improve health outcomes for women. These include menstrual health, menopause, fertility and pregnancy, cancers and long-term health conditions[21].

Menopause

Menopause is a significant life event when a woman stops having periods[22]. During perimenopause, periods usually become less frequent over a few months or years before they stop altogether. Post-menopause is when periods have stopped for more than 12 months[23]. The average age of menopause is 51, with many women experiencing menopause between the ages of 45 and 55[24].



Sexual health, contraception, abortion, and fertility

The average age of women seeking fertility treatment is 35.7 years, suggesting that there is a need to raise awareness of the decline of fertility during our middle years[25]. The average maternal age in the UK has risen dramatically over the past two decades, with a third of births in Wales occurring to mothers aged 30 to 34. With the current trend for couples to start their families later in life, we have seen women over 40 giving birth in high numbers than those under 20[26]. Having access to sexual reproductive health services enables a reduction in health inequalities[27].

Health in the workplace

Promoting a workplace culture that enables open conversations around menstrual health is necessary. 25% of women don't talk about periods at work, yet 89% have experienced anxiety and stress in the workplace due to their periods[28] . For example, NHS organisations in Wales have the highest overall sickness rates compared to all NHS employers across the UK[29]. Female employees have higher sickness rates than their male colleagues. Women living with heavy periods and gynaecological conditions are likely to experience disruption to their employment on more days per month than women without these conditions. It is also important to note that women report that their periods have impacted their ability to work due to their bleeding, whether their bleeding is heavy and whether or not they have a gynaecological diagnosis[30] .

Women living with gynaecological conditions are likely to experience disruption to their employment on more days per month than women without such conditions. When heavy and painful periods are a monthly occurrence, this can impact career potential[31].

Mental health and wellbeing

Many women in Wales experience mild to moderate mental health problems, yet embarrassment, stigma and shame associated with them remain high [32]. **One in five women in the UK have a common mental health condition such as depression or anxiety**[33] , and women are twice as likely as men to be diagnosed with these conditions[34]. Although more men commit suicide, amongst females, the age-specific suicide rate was highest in those aged 45 to 49, which corresponds with midlife and perimenopause[35].

Mortality risk

The leading causes of death among women in England and Wales can be found below[36]. In this analysis, cancers are considered within their own sites. When all cancers are combined, they also contribute significantly to mortality among women.

Most cancer cases occur in people over 65, with one in four cancers likely to be preventable. Some of the most common cancers affecting women are breast, colorectal, endometrial, lung, cervical, skin, and ovarian cancer. The top preventable risk factors include smoking, being overweight or obese, drinking alcohol, eating a low-fibre diet and processed meat[37].

Leading causes of death in women	% Deaths
Dementia and Alzheimer's disease	**13.0%**
Ischaemic heart diseases	**7.9%**
Cerebrovascular diseases	**5.6%**
Chronic lower respiratory diseases	**5.4%**

Healthier Wales for women and girls survey

In August 2022, we launched a survey targeting women and girls in Wales. The survey ran for 6 weeks and closed on 15th September with 3,812 responses. More detailed written responses were provided by 2,145 respondents. The survey gathered both quantitative and qualitative data from open questions.

Responses for each Health Board

Health Board	National % (Women and girls)	Survey % (Women and girls)
Aneurin Bevan University Health Board	19.1%	17.9%
Cwm Taf Morgannwg University Health Board	14.5%	9.4%
Cardiff and Vale University Health Board	16.9%	16.0%
Hywel Dda University Health Board	11.8%	13.0%
Betsi Cadwaladr University Health Board	21.3%	18.8%
Swansea Bay University Health Board	12.5%	17.4%
Powys Teaching Health Board	3.9%	6.3%
Total	**100%**	**100%**

Survey methodology and analysis

The survey was available for women and girls in Wales over the age of 16 years and in both the Welsh and English language. The first 25% of the open questions were analysed in-depth and from this analysis coding was derived. For example, where menopause was referred to, a code of 'menopause' was created. This allowed the analysis to determine the frequency of responses citing this code within the open question data, alongside the qualitative insights from the comments made. Following the 25% initial analysis, the remaining responses were then reviewed and coded by exception. i.e., recording codes that had not previously been identified, or that had particular importance. The resulting codes (from all the open questions) were then ranked based on how often they occurred (table 1 below).

Table 1 (top 25 codes)

Ranking	Codes
1	Access and efficiency
2	Gender equality
3	Education
4	Wellbeing
5	Better GP support
6	Employer empathy and understanding
7	Openness
8	Menopause
9	Language
10	Employer flexibility
11	Endometriosis
12	Information and communication
13	Training for non-NHS people
14	Stress
15	Mental Health services
16	Public Health campaigns
17	Expensive
18	Training for clinicians
19	School curriculum
20	Employer good health and wellbeing
21	Research
22	Community Health clinics
23	Technology
24	Overwhelming
25	Periods

Respondent characteristics

Age Profile

The most strongly represented age group was those aged 45-54 years, who made up 25.4% of survey respondents, in contrast to 13% nationally. Underrepresented groups included those aged 16-24, who made up 4% of survey respondents, compared to 13% nationally, and those aged over 75 years, who comprised 2.4% of survey respondents, compared to 10.8% nationally.

	Survey	National Statistics
U16	N/A	15.8%
16-24	4.0%	11.1%
25-34	19.9%	12.3%
35-44	24.3%	11.7%
45-54	25.4%	13.0%
55-64	17.3%	13.6%
65-74	6.8%	11.7%
75-84	2.3%	7.5%
85+	0.1%	3.3%
	100.0%	**100.0%**

Source: Office for National Statistics – Census 2021

Ethnicity

Ethnicity of survey respondents was broadly representative of Wales. 97% of respondents identified as 'white' or 'white other', and 3% identified as 'other'.

For Wales as a whole, 95% of people describe their ethnic group as white.

Focus groups

Following the analysis of the survey data, we identified three areas where further insight was needed to inform the voices of women and girls that were unrepresented (under 25s, older age women and those women and girls from ethnic groups).

We conducted two focus groups with women from diverse backgrounds and older women, targeting those individuals who had responded to the survey and volunteered to take part. These took place in early November 2022. The discussions proved valuable and informative with the findings supporting those of the survey. We recommend a further focus group with women and girls under 25.

Focus group methodology

We took each group through an open-ended discussion to explore the following areas:

- **Experiences of NHS care:** To share their experiences of NHS care.
- **Awareness, education, and preparation:** To understand how well informed and prepared women are for their future healthcare throughout their life course.
- **How the NHS can support you better:** To share ideas for how the NHS can improve its service to provide better and more equitable support for women.
- **Mental health and well-being:** To understand how easy it is to access support and how this can be improved.

Insights

There are opportunities to improve NHS services across all life course stages. Six key themes arose from the survey and focus groups:

1. **The voices of women and girls (gender inequality and culture)**
2. **Access to healthcare and health outcomes**
3. **Wellbeing**
4. **Information, education, and communication**
5. **Health in the workplace**
6. **Research**

The voices of women and girls (gender inequality and culture)

Research suggests that women's health concerns are not sufficiently discussed or taken seriously. We wanted to understand how the women and girls of Wales felt about their experiences of healthcare.

They told us that taboos and stigmas remain, and this can often prevent them from seeking help. They felt that this reinforces the idea that some symptoms, such as painful periods, are often debilitating but are dismissed as 'normal'.

The women and girls of Wales, in their own words:

"Listen to girls / women when they need help. Don't dismiss concerns about periods as 'just period pain' when they could be something serious such as endometriosis."

"Believe women when they are in pain. I've been told so many times my periods are normal. I was diagnosed with endometriosis at the age of 31."

"Don't palm us off with 'women problems', we know our bodies and can tell when something isn't right with them."

"It's not being listened to and not being taken seriously as though you don't understand or you're not capable of making decisions about your own health."

"Just understand that women are talking about potentially embarrassing and emotional subjects."

"Faster access to the right care and treatment when needed. Doctors and nurses to be educated on women's health issues to prevent women feeling dismissed when they present to an NHS service."

"Take us seriously, stop dismissing symptoms and minimising them.

He [the consultant] said. 'I think we're dealing with an intelligent and articulate woman, aren't we? And I said yes, I have got a degree and a Masters teaching qualification. And at that point, I thought, how does he treat other women?

Respondents felt they were **not always 'listened to' or 'heard'** by their healthcare professional. Issues and concerns about 'openness' were one of the key areas to be highlighted. They felt that they were unfairly treated compared to their male counterparts and that their concerns were often dismissed. This was echoed in the focus groups with women saying they often have to **'fight' to be heard and taken seriously.**

Respondents felt that more could be done to improve their experience and that better education and training of GPs and other healthcare professionals, with a particular focus on **empathy and open conversations,** would address some of their concerns around listening to them and taking them seriously. They also felt that more specialists and specialist services are needed to treat women's health conditions, such as the menopause, endometriosis, and mental health.

In aiming to improve the care received by women in Wales, **it is important to consider where sex and gender interact with other characteristics, such as age, race, and disability.** The women in the focus groups felt particularly that there is an unconscious bias against women which is exacerbated by both age and race.

Women and girls felt that improvements in the way in which healthcare professionals listen to, communicate with, and treat women was especially important. They felt that age is an issue at both ends with younger women feeling concerned they are too young to be taken seriously – 'not old enough to have real problems' – and older women told us they are made to feel that because they're old, they shouldn't expect to be in good health and so some degree of suffering is normal.

Some women also spoke of experiencing racism both within and outside the NHS. However, this was a small sample and deserves more specific attention in future research.

Life can also be extremely challenging for carers.

> "I am a full-time carer who is virtually disabled due to being left in agony and ignored by the healthcare system. I have literally begged for help. I cannot function myself, much less be of proper use in my caring role."

Within the focus groups, respondents felt that more needs to be done to **improve cultural competence**[38] and ensure training isn't just a tick box exercise. A culture change is needed to start in the place of 'listening to women' and having open conversations about race.

> "There is a massive danger… about training being seen in a tokenistic sense and as a tick box exercise, and it cannot be taken like that. And it has been taken like that in the past. It's so important for this training to be monitored to ensure that it really does have that positive impact. And it can't just be a one off because it's so easy for people to snap back to their original ways of thinking and understanding. We just have to understand that just delivering that information alone doesn't necessarily develop people's understanding."
>
> "I think we need to start from a place of listening and massively with the training element. We run training for frontline staff in the health boards. And on cultural awareness on racism awareness."

Access to healthcare and Health Outcomes

We wanted to explore with women and girls in Wales what, if any, barriers were in their way to being healthy. Within the focus groups, access stood out as the biggest challenge for women: they feel that their first contact needs to be easier to access and more thorough. Women experience many barriers to accessing healthcare: they can't get through on the phone, can't get appointments unless urgent, and, once in an appointment, there isn't enough time.

There was an overwhelming feeling that you can't contact a GP for anything that isn't urgent, and women feel they must endure their smaller health issues until they become a bigger problem. As a result, women are more likely to wait until symptoms are bad, which has a knock-on effect including, ultimately, the potential to create more pressure for the NHS in the longer term.

The women and girls of Wales – in their own words:

There is a clear and strongly held perception that there is a gap in the system for non-urgent health issues.

> "I need to be pushy to get something on the day, but it's almost like if I don't say that my body's falling apart or like my legs hanging off, or really go to town on what the pain is. No one, no one will bother."
>
> "Everything has to be an emergency to get seen to, but sometimes I'm quite happy to wait until next week to talk about a problem that I've had for 14 years. I've survived this long. I can wait till next week."

There's an 8 o'clock race to get your phone ready and… prepare your case to get a routine appointment.

However, many examples of **good practice** were shared, along with ideas for improved access, including practice nurse triage systems, online booking, and community clinics:

> At my surgery "You go through like a triage system and quite often I will have the surgery nurse or the pharmacist. And I know if I've got a prescription query, I would always ask to speak to the pharmacist, and they'll deal with that. And if I have a problem which I think is a little niggle, I can go to the practice nurse. So, there is a wider system."
>
> "We've got so many other healthcare professionals now who have really high skill levels who are able to offer services for a variety of different things and signpost people."
>
> "This idea that you have to go to a GP for everything, I think there needs to be within practices, somebody or a way for patients to access somebody other than a GP."

The two women with **disabilities** in the focus groups had both experienced difficulties accessing care and highlighted that 'red tape' can mean that those with less severe problems fall through the gap.

> "I do have function in my lower limbs. It's just not great. I have had to self-fund my wheelchair currently which has cost me four and a half thousand."
>
> "After my mother had a bad fall resulting in hospital and 13 stitches, "I asked whether or not it was possible to have a referral to the Falls Prevention service. they said well she'd really need to have another fall before they would, so it's only for people who fall frequently."

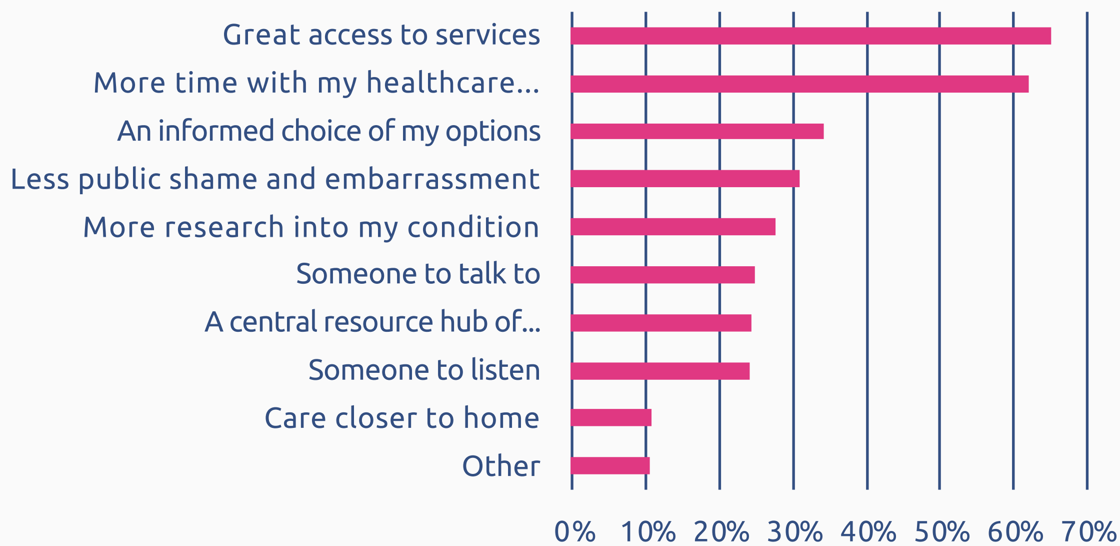
Location can also exacerbate issues with access to healthcare, particularly in more rural areas where residents can be left with little choice as to where and with whom they can access care. Living on a Health Board boundary (Powys and Swansea Bay cited as an example) can mean inability to access the nearest services and having to travel much greater distances.

> "Having to travel long distances to access healthcare is a barrier that needs to be looked at."
>
> "It's a lottery as to the standard of health care you get."
>
> "Would it be a good idea to actually get practice nurses or something like that to come out into the community, to come to a place where people in the village could perhaps come and have their blood pressure done. And you know if they've got diabetes be checked up. But also as a part of her mental health as well, to actually be in a place where they could perhaps sit and have a cup of tea and chat with people afterwards… and then they can be referred into a GP if they need to be."

Corroborating survey data:

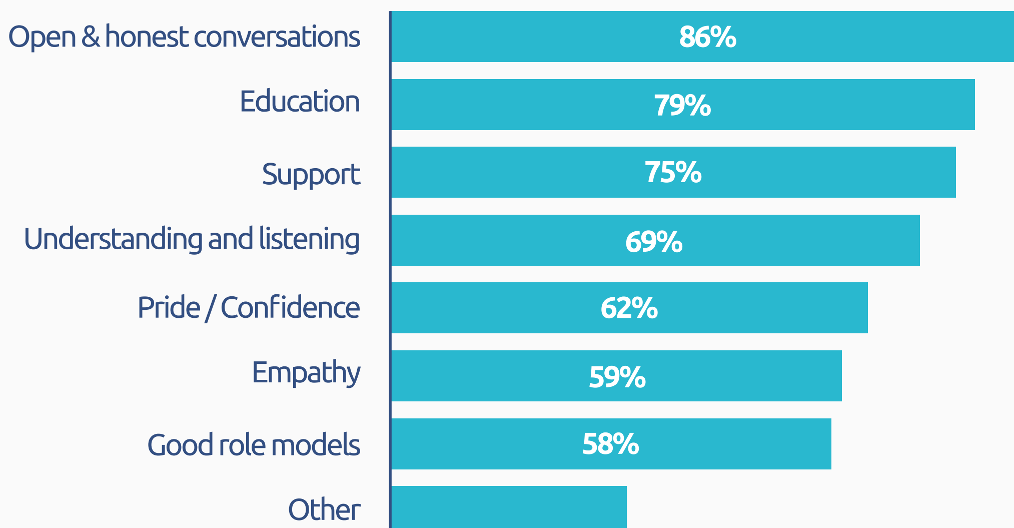
What, if anything could help you to achieve an improved quality of life?
(Standard Survey Q12 -see below - Select all that apply)

- **Over 6 out of 10 said 'access to services' and 'more time with their healthcare professional' which were also consistent with the open responses. (3,600 responses)**



Was there any lack of any of the following? (Standard Survey Q5 – see below)

ALL of the key variables had near to or more than 6 /10 respondents saying they were 'lacking'.



86% of respondents highlighted that **'Open and honest conversations'** could be improved, followed closely by education 79%; and support 75%. These results are consistent with the analysis of the open questions.

In terms of prioritisation of areas of health needs, the respondents scored the following: (Note: the middle-aged groups are overrepresented and so this must be taken into account)

Areas of women's health (Standard Survey Q 31-38 -below) based on asking the respondents to score from 0 – 10 in terms of priority (0 low and 10 high) - the higher the number, the more emphasis there is in terms of prioritisation.

Areas of Priority	Net Promoter Score
Gynaecological & Pelvic Health Conditions - e.g. endometriosis, menstrual health, menopause, pelvic organ prolapse, incontinence, fibroids, heavy menstrual bleeding, PCOS, PMIDD, Adenomyosis, pain...	70
Mental Health & Wellbeing - e.g. anxiety, depression, eating disorders, OCD, bi-polar, self-harm, PTSD	67
Public Health Consideration - e.g. cancer screening / diagnosis and presentation, dental care, smoking cessation	57
Conception, Pregnancy, Maternity - e.g. fertility management, abortion, contraception, maternity	54
Wider Sociological Issues with Health Impacts - e.g. carer wellbeing, violence against women and girls, domestic abuse, sexual violence	54
Chronic Conditions - e.g. ME, fibromyalgia, hypermobility, asthma, heart disease and stroke, osteoporosis, dementia, fragility, end of life	44
Health Issues particularly (but not exclusively) associated with Ageing - e.g. bone health, osteoporosis, dementia, fragility, end of life	41
Neurodevelopmental conditions - e.g. Autism, ADHD	18

NPS = Volume of promoters (score 9-10) less Volume of detractors (score 0-6) Divided by the total contributors x 100

Net Promoter Score®, or NPS® ,is typically used in business and measures customer experience and predicts business growth. However, it can also be applied in the public sector to help understand levels of importance.

Wellbeing

We wanted to find out how women and girls of Wales perceived their **current health and wellbeing.** Survey respondents were asked to rate their current state of health and wellbeing on a scale of 1 to 5, where 1 represented poor quality of life, and 5 represented completely fit and healthy.

While over half of respondents scored 4 and above, only 14% of women scored themselves at a 5 - completely fit and healthy'. 13% of women reported a poor state of health and wellbeing, scoring themselves as 'poor quality of life'.

Wellbeing was highlighted as one of the most frequent topics raised by survey respondents, with many factors affecting wellbeing.

Within the theme of wellbeing the key factors that emerged from text analysis were:

- **Lack of support with caring responsibilities**
- **Tiredness**
- **Worry (especially financial)**
- **Feeling overwhelmed**
- **Stress**

The NHS has a direct or indirect role in supporting women in each of these areas, for example via services, awareness raising, workplace support and more.

The women and girls of Wales - in their own words:

> "Caring for older family members ON TOP of working full time has taken 10 years of my life. I had no support and my own health got worse."
>
> "Managing childcare is a major source of stress for me. My daughter is 2 and in a private nursery, and the cost is massive. I worry that if the cost goes up again with the cost of living (it's already gone up twice this year) I'll have to quit work and take her out of nursery."
>
> "My anxiety levels have increased due to the menopause and it means that affects my energy, behaviours and choices I make, it's rubbing off on my son and there is little support other than antidepressants"
>
> 'I help my father who is a recovering alcoholic which is stressful and has a major impact on my mental wellbeing."

"The NHS really needs to improve when it comes to accessing mental health services.

In the focus groups, women told us they have **not been able to access mental health support** for both themselves and their children. Parents added that there needs to be more done to support parents with children who are suffering from mental health concerns, along with more focus on building resilience in young people, through schools, as a preventative measure.

> "We do need to sort of look at resilience throughout childhood and look at developing the skills and mental well-being and not just resorting to treating at the point of where it's almost like it's not too late, but things could have happened sooner. ...we talk a lot about preventative type health, but we're really not very good at investing in those sides of things and recognizing the sort of things that do work for people because … certainly, when you get to the point of actually needing specialist services, they are woefully inadequate."

The respondents highlighted that women generally bear the larger share of additional responsibilities above and beyond their working life. There are many references to the **lack of family support** (often because of the geographical proximity of their family support system). There is also considerable reference to **expense and affordability**, particularly around childcare and adult care / disability, which impacts on health and wellbeing.

Information and education

If better health services are to be delivered to women in Wales, a key contribution will be improving the information and education that is provided so that women can make informed choices based on their own circumstances and the best evidence available. The findings from the survey and the focus groups are clear that information and education go hand in hand with improved openness to listening to women's concerns. As an example, women told us in focus groups that they prepare for appointments and do their research but feel that their opinions do not matter.

The women and girls of Wales - in their own words:

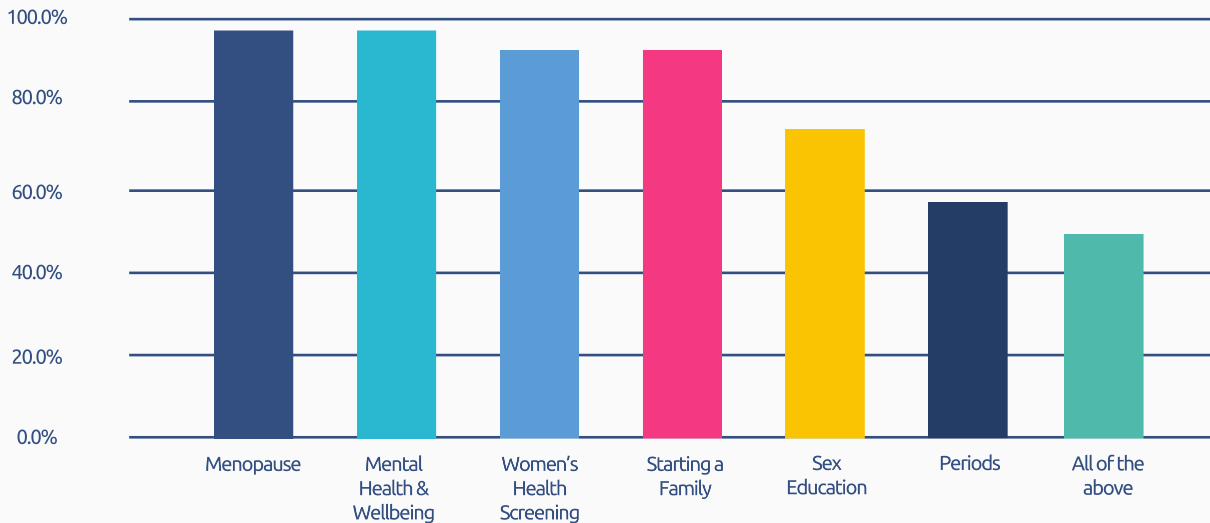
> "Make the website ...(NHS) more user-friendly and a recognised place for sound information. Link to the ""trendy"" streams and forums that young people use, to counteract some of the rubbish and potential harmful material that is out there."
>
> "Send role model figures into schools to speak? Ask popular TikTokers or YouTubers to volunteer to speak about the subject of periods, health and wellbeing to young women in schools."
>
> "I was only ever taught about losing an egg cup amount mid-way through secondary school, but I started at 11 and was having traumatic periods from that age. There needs to be lessons on what to do when periods aren't in the "normal" range."

> “Rather than just teaching women that their periods happen, teach them how their hormone cycle impacts them throughout the month, how it affects their mental state, their performance in sports, and other changes such as their libido.” (woman <25)
>
> “More education on what’s normal and not normal for a woman to go through when it comes to menstruation and sexual health”
>
> “Better menopause care. I really had no idea what the menopause would be like. All I knew was it can cause hot flushes! It’s been a steep learning curve”

In the focus groups, it was felt amongst older respondents that more can be done to support prevention. Older women agreed periodic MOTs /health checks could be valuable. Younger women felt more could be done to prevent or delay hereditary conditions such as dementia, diabetes, or arthritis, by having a conversation sooner with a healthcare professional and being given appropriate lifestyle advice.

> “Health systems are the best at dealing with ill health. And there’s a whole host of things that we need to be looking at to manage positive health and preventing us getting either ill in the first place or preventing ourselves from getting worse within the conditions.”

Almost one in two respondents indicated that they did not feel well informed about any of these areas of women’s health (graph below). The topics about which women felt better informed were sex education and periods, although most respondents did not feel well informed.



When asked where they find information about a healthy life (see the chart below, Q30), the most common sources identified by women were the internet, followed by the NHS website, friends and family, and social media. The highest proportion of women (39% - Q16 below), felt that information about women's health and life course events in their local area was fair.35% thought it was poor, 13% thought it was very poor, and only 2% felt that information was very good.

Concerns were also raised about the importance of information about female adolescence and menarche (the first menstrual cycle). Adolescence represents a time of considerable physical and mental change for young adults. Although initial menstrual periods are often unpredictable in timing and flow, they will usually settle down, but this is not always the case. Focus group respondents highlighted the importance of conveying what to expect and what's normal, as well as encouraging adolescents to seek advice if they have concerns.

> "I was only ever taught about losing an egg cup amount mid-way through secondary school, but I started at 11 and was having traumatic periods from that age."
>
> "There needs to be lessons on what to do when periods aren't in the "normal" range."

More than 70% of survey respondents felt that it was easier to talk more openly about health in 2022. However, as most of these respondents were in the older age group, this does not necessarily mean that the level of openness is good, only that it is better than it used to be.

Where do you find information about a healthy life?

(Standard Survey Q30 see below)

The current perspective shows much less reliance on books & magazines and much more on the digital media (internet / websites / social media).

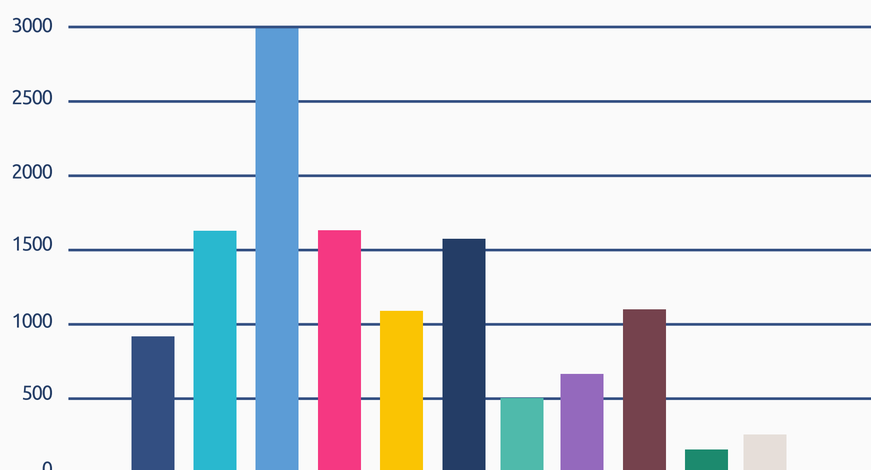
NB Friends and family has maintained an important role that should not be lost – especially where health inequalities could be exacerbated by over-reliance on digital.

By achieving greater awareness and education amongst the population, when women and girls go to their friends and families, they will be more informed going forward and as such this source of support will be enhanced.

There is also a significant opportunity to develop charity, third sector and local support groups to provide additional support for women.

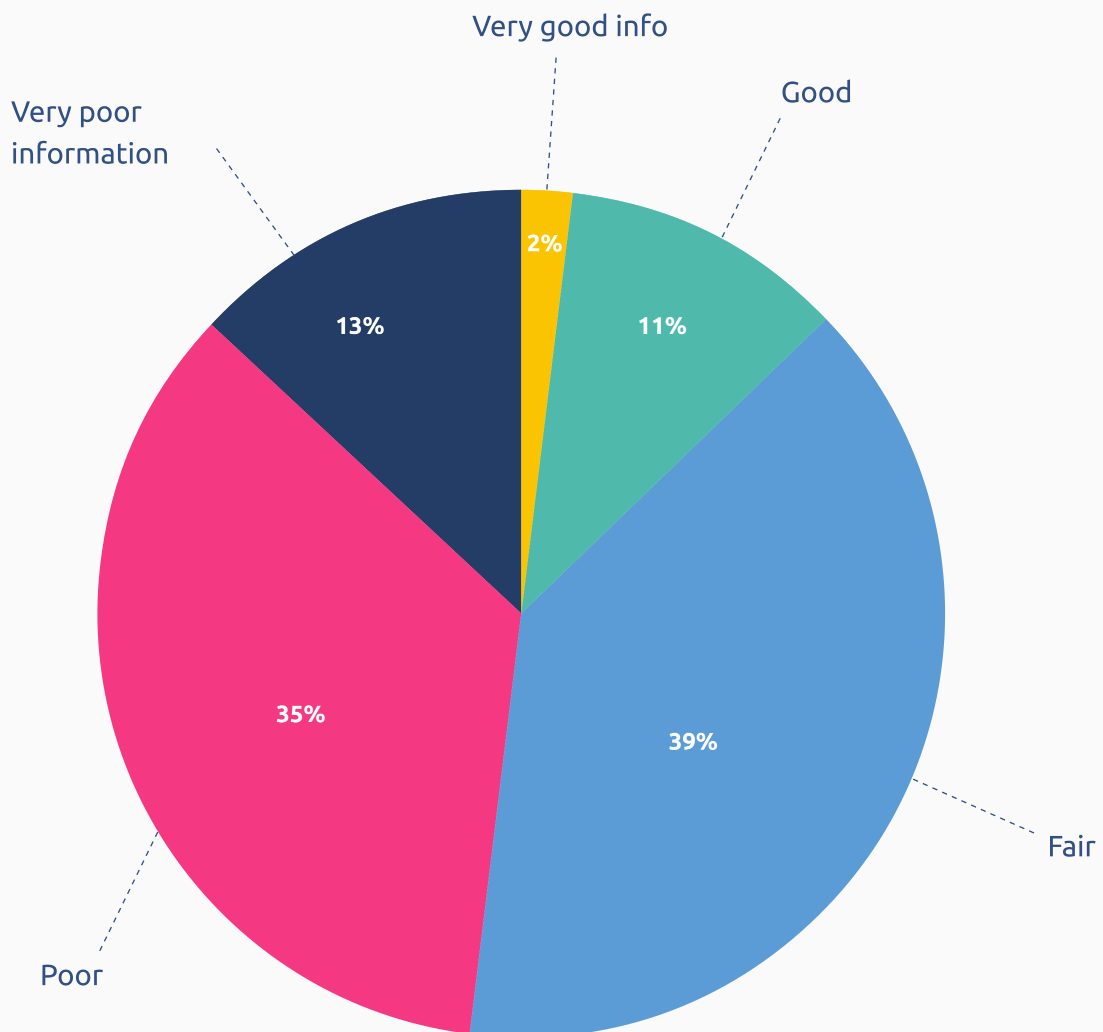
Q30: Where do you find out about living a healthy life? (Select all that apply)

A healthcare professional	966
Family & friends	1678
Internet	2979
NHS website	1706
TV / news	1086
Social media	1654
Charities	497
Leaflet / booklet / poster	661
Books / magazines	1115
Local support groups	125
Other	207



When we asked about women being given sufficient information in their local area, the response, as can be seen below, highlights the need for improvement. (48% Poor vs 13% Good)

Q16: Are women in your local are given sufficient information about women's health & life course events?



Health in the workplace

Women between the ages of 50-64 make up a third of the working age population. Therefore, employers should be paying particular attention to this section of the workforce to ensure support to maximise equity and productivity. This is particularly pertinent as women frequently reported reluctance to discuss health concerns at work.

Respondents provided a rich source of information for possible improvements, particularly around empathy and understanding, flexibility, improved management and policies, culture, discrimination, and inequalities.

Over 83% of respondents are working, with 38% working part time. 43% of working respondents are employed by the NHS.

Women of all ages should also be supported to engage with preventative interventions such as screening and vaccination opportunities, as well as encouraged to build in healthy behaviours to support a positive work/life balance.

The women and girls of Wales - in their own words:

"Understand that those with chronic and fluctuating conditions should have a more flexible approach applied to sick leave entitlement and how absences are managed."

"Improved work life balance - once move into a senior management role expectation is you work significant hours until work completed and undertake regular on call with no rest compensation. This results in burn out and senior staff being under considerable psychological pressure"

"Provide time to attend essential appointments. Be more aware of the impact these events have on women."

"Allow time off for health appointments (currently have to use annual leave). More flexible working."

"They need policies that (are) actually women friendly, men don't have periods or menopause, yet we get a one policy that fits all."

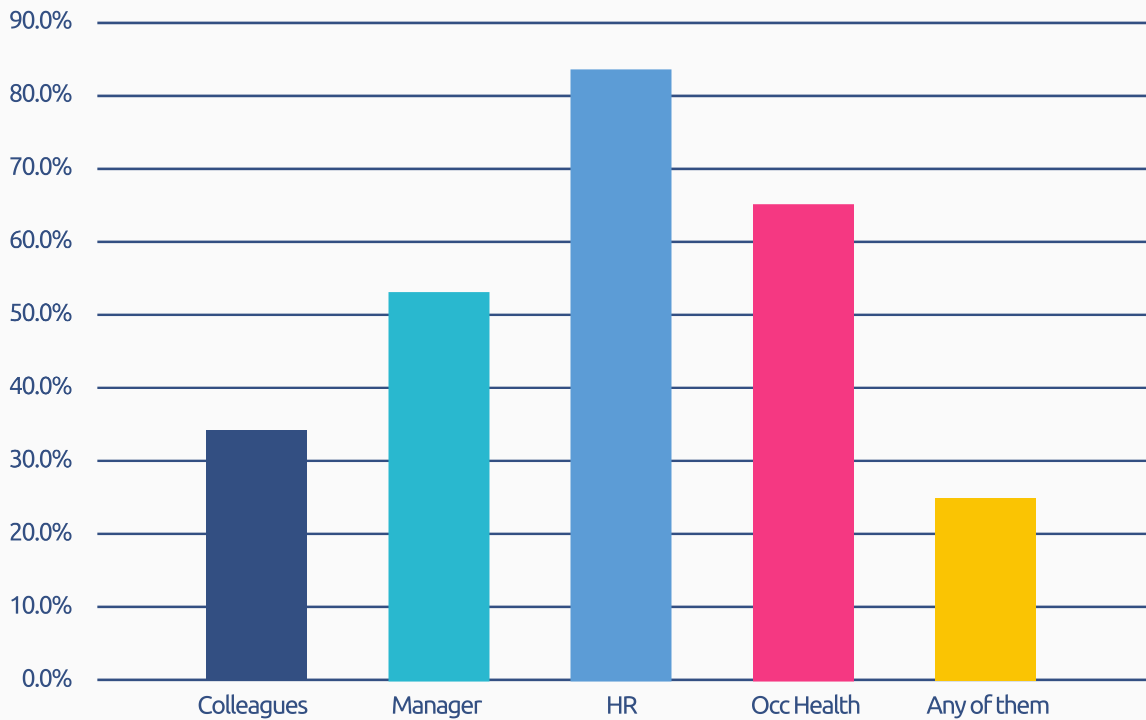
"Implement management and policy that cares about mental health and wellbeing. Stop work culture where life/work balance is not prioritised."

Workplace support varied across health areas. Women indicated the greatest amount of support for mental health and wellbeing, and the least support for periods and menopause (see the chart below 26).

Chart 26: To what extent do you agree or disagree with the statement: "My workplace's support in the following areas is very good" (If using a smart phone - click on the 'V' in each section for the relevant drop down options)

It seems that progress has been made in recent years for mental health and wellbeing support within the workplace and that learning from that could be applied to other areas.

Respondents reported limited comfort in talking about their health at work. One in three respondents were not happy to talk to colleagues about their health, and over half were not comfortable talking to their managers. Almost one in four were not comfortable talking to anyone at work about health (see the chart below).



> "They could be more empathetic and start listening to the employee when they don't quite know how to approach new situations, they can ask questions and take on board the suggestions an employee makes."
>
> "Being understanding, listening, and not judging. Show more empathy. Not made to feel as if I am bothering them."
>
> "More confident to admit to feelings whether premenstrual or brain fog without fear of repercussion."

However, there was a significant amount of praise within survey responses, indicating that there are some good employers.

> "On the whole I think they are doing their best. I am fortunate to now have a brilliant manager."

Priorities for research and policy development

The survey and focus group findings have produced several insights which should prompt further exploration to build up a reliable evidence base and set of data over time.

The women and girls of Wales – in their own words:

> "Invest in more research to improve women's health."
>
> "Encourage more research opportunities into female health."
>
> "Increased training & research surrounding all elements of women's health to ensure the medical gender gap & bias towards the male norm is urgently addressed."
>
> "Quite simply - put more money towards research into women's health and take women's concerns seriously."
>
> "Shockingly, in spite of a diagnosis the treatment is still constant trial and error. I'm appalled by the lack of research into Women's health. As far as I'm concerned, we are still living in the dark ages. It's an absolute disgrace."

The following areas are particularly highlighted as important areas needing more research evidence:

- **Women specific health conditions:** health issues specific to women, such as gynaecological conditions, fertility, pregnancy, pregnancy loss and postnatal support, the menopause, menstrual health, and gynaecological cancers.
- **Gender differences in health: n**ot enough is known about how conditions that affect both men and women may impact women differently such as disability, autism and neurodiversity, mental health conditions, and cardiovascular disease, and symptoms that may be treated differently by health professionals, such as physical pain, and offer women diagnosis and treatment according to their specific needs, through a model of service delivery that is gender and culturally competent.
- **Self-care:** optimising provision of information and education to support self-care within communities.
- **Education and Information:** optimising provision of information and education to women and professionals on women's health issues to improve health outcomes, throughout the whole life course.
- **Violence against women and girls:** health impacts of violence against women and girls, and the specific services available for those who have experienced this.
- **Pornography:** the impact that pornography is having on society, particularly with regards to values, wellbeing, and gender inequality.
- **Protected characteristics:** ensuring that women, and women with different protected characteristics, are represented in clinical trials and studies.
- **Design of models of care:** supporting clinicians to design models of health service delivery that better listen to and serve women's health needs.
- **Health in the workplace:** developing interventions to improve health in the workplace and across sectors, including access to appropriate occupational health services and policies.

This report contributes to a broader set of statements and work to improve the quality of healthcare for women in Wales. The above criteria reflect a common reflection, backed up by the evidence presented, that women's experiences of pain are less likely to be taken seriously or understood in healthcare settings, and that this is exacerbated by additional factors such as disability, race, and age. There remains insufficient data to capture these experiences in Wales, although evidence is being built over time[39].

Although more work is being explored on this, it is thought that diagnostic criteria and treatment for conditions that affect both sexes are often based on the male experience, largely because clinical guidelines are not sex or gender-specific but based on a medically modelled approach that often relies on evidence generated in 'typical' male experience.

This has led to gaps in our data and evidence base which means that not enough is known about conditions that only affect women, for example menopause or endometriosis. Furthermore, inefficiencies have been identified in how services are delivered, for example we know that many women must move from service to service to have their reproductive health needs met, and women can struggle to access basic services such as contraception. Research can therefore play an important role in shaping and evaluating care pathways.

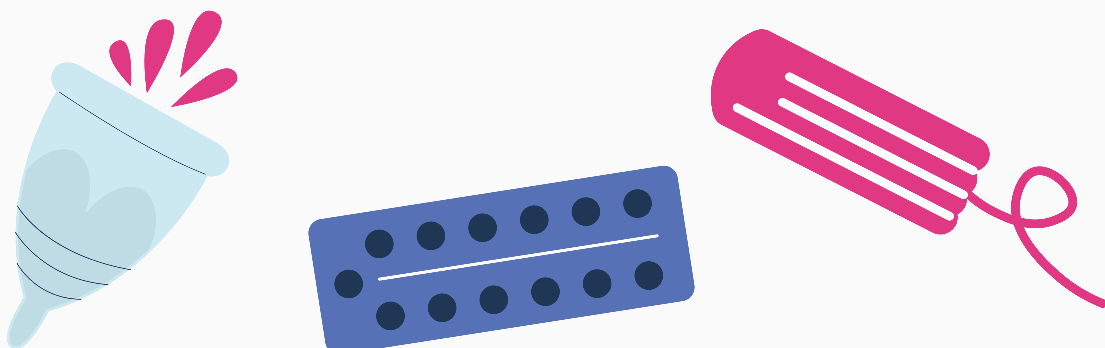
What's already happening in Wales

Access to essential products

Tackling period poverty remains a priority of the Welsh Government but it is time to go further. The Minister for Social Justice will shortly be publishing 'A Period Proud Wales -The Welsh Government plan to end period poverty and achieve period dignity in Wales'. This plan sets out our ambition to ensure that women, girls and people who menstruate have access to essential products when they need them, to provide education and resources to drive up understanding and eradicate stigma and shame associated with periods, and to launch a national campaign and call to action to make Wales a period proud nation. Bloody Brilliant/ Mislif Fi was funded and developed via the Welsh Government initiated "A National Strategic Network for Women's Health" as an awareness campaign aimed at enabling conversations and breaking taboos about menstrual health. It was created based on engagement with hundreds of young people in Wales, across a range of demographics, through surveys, focus groups and young people reviewing all the content drafts

Endometriosis

Endometriosis Cymru is a collaborative project established by Welsh Government and NHS Wales. It aims to raise and increase awareness of the condition and encourages people to discuss their experiences with others to improve our overall understanding of the condition, how it affects individuals, and to better understand which treatments work well and which do not. This by no means creates an exclusive textbook approach to understanding and treating the condition but is certainly beneficial so that within Wales there is an opportunity to widen the understanding of the disease, which will help to inform Healthcare services and be better tailored to patients' needs. Every Health Board in Wales now has a Clinical Nurse Specialist working with their respective Gynaecology Departments.



Menopause

The All-Party Parliamentary Group (APPG) on Menopause has undertaken a detailed inquiry into the current policy and wider landscape around menopause in the UK[40]. The Report found that women themselves are often not equipped with the information they need to understand what is happening to them and their bodies and the taboo that has endured around the menopause, which impacts the workplace and wider society, and the lack of awareness and understanding within the medical profession, has meant that many suffer without their symptoms being recognised.

Earlier this year, the Women's Health Wales Coalition was established. Members of the coalition range from independent patient advocates to condition-specific charities, UK-wide umbrella organisations, and Royal Colleges. The coalition produced a comprehensive document they referred to as 'quality statement' to drive improvements in the health of women across a wide range of conditions and diseases and included several recommendations [41].

The Welsh Government is very aware of the impact that menopause can have on the lives of women. To ensure improvements in how the NHS in Wales supports women experiencing menopause. With support from the Welsh National Safety Advisory Group for women's health & the Royal College of Gynaecology's Welsh Executive Committee, the Welsh Government has established an All-Wales Menopause Task & Finish Group which will be reporting its recommendations towards the end of 2022.

All healthcare professionals should be able to demonstrate some understanding of the potential impact of menopause and provide general health & lifestyle advice, support, and advice to all those affected . Not all women can or want to take Hormone replacement therapy. A healthy lifestyle can reduce the impact and the severity of menopause, increasing awareness to maintain the health of the brain, heart, and bones[43].

A healthy life course approach

The **Healthy Child Wales** Programme supports the health and welfare of all children up to seven and is designed to offer every family support in making healthy choices; investment in the early years of life has a significant impact on a child's health, social and educational development, and their long-term health outcomes[44].

Priority actions for improvement

A qualitative methodology was purposely chosen to listen carefully to the views of women and girls about what they need from healthcare services. This has allowed those gaps to be identified in services that are important to them and their lived experience, and which must be bridged to maximise their health and wellbeing throughout their life course. These can be combined with the Public Health and NHS strengths, and the participative approach already developed to identify initial priorities for a women's health plan.

These must be regularly reviewed, and progress shared with women's groups as part of an ongoing conversation over the lifetime of the Women's Health Plan.

Key deliverables and measurable outcomes must be agreed at an early stage.

Women's wishes	Improvement opportunities to be addressed as priority
The voices of women and girls	**Identifying and embedding techniques and behaviours that ensure women's and girls' voices are heard in every interaction they have with the NHS.** e.g. Understanding how women and girls wish to be heard, enhancing the suite of patient reported outcome measures (PROMS) and patient reported experience measures (PREMS) to evaluate women's experience of service quality in relation to NICE guidance standards, etc. Understanding and awareness of unconscious bias regarding gender or race and the impact on patient outcomes. Effective response to and resolution of concerns about healthcare.
Access to healthcare and health outcomes	**Prompt access to help and support across the health system**, including at primary care team level for, e.g. menstrual, sexual health, mental health, fertility, and menopause related presentations. This includes access to self-care advice, improved information and more accessible communication between women, girls, and the service, particularly for non-urgent GP appointments where there needs to be improved access to primary care team consultations (with appropriate professional skills) for women with conditions where pain affects activities of daily living.
Wellbeing	Examples include: **developing better workplace and mental health support and enabling increased uptake of self-care and lifestyle management**, e.g. social prescribing, diet, exercise, all tailored to women's short- and longer-term needs. Also, **enhancing support to cope with the health and wellbeing consequences of parental and carer responsibilities**, and guidance to help direct to wider societal support. Access to primary care mental health support for non-urgent cases should be developed to allow accurate risk assessment and community-based support e.g., online Cognitive Behavioural Therapy. Consider how we work with educators to build resilience in young people as a preventative measure.
Information, education, and communication	**Enhanced and easier access to high quality information resources,** including to respond quickly at a teachable moment. This includes support from the NHS to educators and other providers of information and resources to women and girls, covering the whole life course e.g. suites of valid, accurate and interactive health information on key topics in a variety of accessible formats and platforms, both digital and non-digital, for use by both women and girls and by those who support them. Consider how women are supported with chronic conditions or inheritable risk factors by providing education and information to help prevent/delay e.g. cardiovascular disease, osteoporosis, continence problems, dementia, diabetes, arthritis.
Health in the workplace	The NHS have a key role in raising awareness of best practice in supporting women in the workplace, both in the NHS itself and in the wider economy e.g. via **pioneering best practice and providing advice and guidance on how the workplace can support wellbeing, work/ life balance and mental health.** NHS Wales should aim to become an exemplar employer and demonstrate how this improves retention and productivity.
Research	**Qualitative and mixed methods research on key topics that support the needs that women and girls** have highlighted in the survey. Also, Digital Health and Care Wales to promote efficient collection of relevant quantitative and qualitative data. Health and Care Research Wales to commit clear resourcing to research programmes addressing questions on women's priority needs.

Next steps and recommendations:

This report has highlighted the needs of women and girls in Wales. The next steps are crucial to ensure that these views are integral to the design of a Women's Health Plan for Wales.

Short term actions (6 – 12 months):

Establish a shadow Women's Health Network to:

- Ensure a substantive Women's Health Network is established as currently proposed within the National Clinical Framework review. With oversight to monitor progress and outcomes against the Women's Health Quality Statement.
- Develop actions, key deliverables, and measurable outcomes from the six priority improvement opportunity areas set out in this discovery report.
    - Identifying and embedding techniques and behaviours that ensure women's and girls' voices are heard in every interaction they have with the NHS.
    - Providing prompt access to help and support across the health system.
    - Developing better workplace and mental health support, enabling increased uptake of self-care and lifestyle management, and enhancing support to cope with the health and wellbeing consequences of parental and carer responsibilities.
    - Enhancing and providing easier access to high quality information resources.
    - Pioneering best practice and providing advice and guidance on how the workplace can support wellbeing, work/life balance and mental health.
    - Carrying out qualitative and mixed methods research on key topics that support the needs of women and girls.
- Audit and undertake demand and capacity modelling of the top major health conditions affecting women and girls, outside of reproductive and gynaecological, and work with the appropriate clinical networks to ensure pathways take into consideration the requirements of the Women's Health Quality Statement.
- Implement the recommendations made by the All-Wales Task and Finish Group on Menopause.
- Consider actions from the planned care programme on gynaecology services.

Appendix

[1] https://gov.wales/review-evidence-socio-economic-disadvantage-and-inequalities-outcome-summary-html

[2] https://www.rcog.org.uk/media/h3smwohw/better-for-women-full-report.pdf

[3] https://www.nhsconfed.org/system/files/2021-07/NHS-Wales-Menopause-Policy-v2-Update.pdf

[4] The Quality Statement for women and girls' health [HTML] | GOV.WALES

[5] Better for women: Full report (rcog.org.uk)

[6] https://www.bhf.org.uk/what-we-do/in-your-area/wales/campaigning-and-influencing/bias-and-biology-the-heart-attack-gender-gap-wales

[7] https://phw.nhs.wales/about-us/our-priorities/promoting-healthy-behaviours/

[8] Population estimates by sex and year (gov.wales)

[9] https://senedd.wales/laid%20documents/cr-ld11773/cr-ld11773-e.pd

[10] Public Health Outcomes Framework (2022) - Public Health Wales (nhs.wales)

[11] https://www.alzheimers.org.uk/about-dementia/risk-factors-and-prevention/hormones-and-dementia

[12] https://www.alzheimersresearchuk.org/leading-charity-urges-action-as-analysis-shows-dementia-has-been-uk-womens-leading-cause-of-death-for-a-decade/

[13] https://www.engage.england.nhs.uk/safety-and-innovation/menopause-in-the-workplace/

[14] https://www.rcn.org.uk/professional-development/publications/making-sense-of-womens-health-uk-pub-010-002

[15] Public Health Outcomes Framework (2022) - Public Health Wales (nhs.wales)

[16] General health and illness by age and gender, 2016-17 to 2019-20 (gov.wales)

[17] https://www.nice.org.uk/guidance/ng88

[18] https://cks.nice.org.uk/topics/premenstrual-syndrome/diagnosis/diagnosi8

[19] https://cks.nice.org.uk/topics/polycystic-ovary-syndrome/management/management-adults/

[20] https://cks.nice.org.uk/topics/polycystic-ovary-syndrome/

[21] https://www.rcog.org.uk/media/h3smwohw/better-for-women-full-report.pdf

[22] https://www.nice.org.uk/guidance/ng23/ifp/chapter/Menopause

[23] https://thebms.org.uk/2021/08/the-british-menopause-society-response-to-the-department-of-health-and-social-cares-call-for-evidence-to-help-inform-the-development-of-the-governments-womens-health-strateg

[24] https://www.nhsconfed.org/system/files/2021-07/NHS-Wales-Menopause-Policy-v2-Update.pdf

[25] https://www.hfea.gov.uk/about-us/publications/research-and-data/fertility-treatment-2019-trends-and-figures/

[26] https://gov.wales/maternity-and-birth-statistics-2021-html

[27] file:///Users/katharinegale/Downloads/fsrh-implementing-our-vision-for-srh-care-in-wales-april-2019%20(1).pdf

[28] https://www.bloodygoodperiod.com/employers-research

[29] https://heiw.nhs.wales/files/weds-focus-on-reports/focus-on-sickness-absence-trends-in-nhs-wales/

[30] https://health.research.southwales.ac.uk/health-research-news/international-womens-day-the-reality-of-the-impact-of-reproductive-health-problems-on-womens-lives-is-far-from-funny/

Appendix

[31] https://health.research.southwales.ac.uk/health-research-news/international-womens-day-the-reality-of-the-impact-of-reproductive-health-problems-on-womens-lives-is-far-from-funny/

[32] https://www.mind.org.uk/about-us/our-policy-work/women-side-by-side/women-side-by-side-toolkit/welsh-context/

[33] https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/women-and-mental-health

[34] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/765821/The_Womens_Mental_Health_Taskforce_-_final_report1.pdf

[35] https://traumaframeworkcymru.com/ https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registration

[36] Deaths registered in England and Wales - Office for National Statistics (ons.gov.uk

[37] https://phw.nhs.wales/news/trends-in-cancer-incidence-and-stage-at-diagnosis-in-wales-up-to-2019/

[38] Cultural competence means being equitable and non-discriminatory in your practice and behaviour. It requires a balanced approach to others in which cultural identity and cultural context are taken into account.

[39] https://www.wcpp.org.uk/publication/improving-race-equality-in-wales/ and https://www.wcpp.org.uk/publication/who-is-lonely-in-wales/ for examples.

[40] APPG-Menopause-Inquiry-Concluding-Report-12.10.22.pdf (thebms.org.uk)

[41] Womens-Health-Wales-Quality-Statement-English-FINAL.pdf (ftww.org.uk)

[42] https://thebms.org.uk/2021/08/the-british-menopause-society-response-to-the-department-of-health-and-social-cares-call-for-evidence-to-help-inform-the-development-of-the-governments-womens-health-strateg/

[43] https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2022/August/010-330.pdf

[44] https://gov.wales/sites/default/files/publications/2022-03/an-overview-of-the-healthy-child-wales-programme.pdf

[45] A healthier Wales: long term plan for health and social care | GOV.WALES

[46] Wellbeing of Wales: 2022 | GOV.WALES

[47] Ministerial priorities 2022

[48] Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19: The Welsh Government's response [HTML] | GOV.WALES

[49] Anti-racist Wales Action Plan | GOV.WALES

[50] More than just words: Welsh language plan in health and social care | GOV.WALES

[51] LGBTQ+ Action Plan for Wales (gov.wales)

GIG
CYMRU
NHS
WALES