



# A Work in Progress: An evaluation of progress of the Women's Health Strategy for England

## Foreword by Ranee Thakar, RCOG President

The RCOG's mission is to improve the health of women and girls across the globe, and it has been a true privilege to contribute to this mission as President. I was greatly encouraged to see the Labour Party's commitment in its 2024 election manifesto that 'never again would women's health be neglected,'<sup>1</sup> not only because it indicated that the future UK Government was keen to seize the opportunity to transform the lives of women and girls, but also because of the recognition behind it: that the health of women has been neglected.

There have been great strides made in women's health in England over the past few years, with the RCOG at the forefront. Our 2019 Better for Women report<sup>2</sup> kick-started a focus on women's health that led to the publication of the Women's Health Strategy for England in 2022. The Strategy provided much needed direction to improve the lives of women across England, and echoed our recommendation in Better for Women that a whole life course approach must be adopted across women's health. The Women's Health Ambassador and the National Clinical Director for Women's Health have greatly supported that focus, and the work of the national Getting It Right First Time (GIRFT) teams should be commended. Investment, including the £25m committed in 2023 to establish or expand women's health hubs, and the further £126m announced this year for family hubs have also helped to secure real improvements for women. Furthermore, the announcement of the national maternity inquiry and the Government's commitment to ensure patient voice is centred across public service design, must also be celebrated.

However, there has never been a greater need to renew focus on achieving the vision set out in the Women's Health Strategy and in the RCOG's Better for Women report. Women are still not able to access the care they need across their whole life course, and inequality in access and outcomes continues. The Government has rightly set ambitious national targets to tackle elective care waiting times, halve violence against women and girls, address inequality in maternity outcomes, and the 10 Year Health Plan for England sets out fundamental reforms to how care is delivered. If achieved, this will transform the lives of women and girls. However, the 10 Year Health Plan lacks the necessary detail of how it will ensure the system has the critical resources it needs to deliver this for all women, and how focus will be maintained while the system grapples with a complex reorganisation.

This short evaluation provides an initial assessment of progress made against the ambitions of the Women's Health Strategy while highlighting the opportunities the Government has to build on its progress. Our call to action for the Government is clear and urgent: act now to refresh the Women's



Health Strategy, to ensure that all public services know what actions they must take to achieve better for women. Because, when we get it right for women, everyone benefits.

## Foreword by Jane Plumb, MBE FRCOG FRSA, RCOG Women's Network

Women are the heart of our families, our communities and our society. But for too long, their health needs have been overlooked, misunderstood or sidelined. I have heard from countless women and people using women's health services who have been dismissed, misdiagnosed, or left waiting in pain, the consequences of which are often devastating and avoidable.

In my role as Chair of the RCOG Women's Network, I have seen the power of lived experience. When people are truly listened to – when their voices shape the policies and services that affect them – things change for the better. The Women's Health Strategy's call for evidence showed just how strong that voice can be, with over 100,000 people sharing their stories, struggles, and hopes for better care. It also showed the urgent need for a system that works with and for women, not around them, and that a system that recognises the full picture of women's lives and health and that values their insight is essential, not optional.

The Government's 10 Year Health Plan has made the commitment to give people more control and choice about their care, but this must be backed by action. A refreshed Women's Health Strategy is the opportunity to make that promise real, and it must be clear, backed by sustainable funding, and built on genuine partnership with those who use and deliver care. This is not just about delivering better services – this is about trust – showing women that they and their health matters, and that the system will listen, learn and act. We have made progress in women's health, but we have much further to go. The Government must ensure momentum is not lost. Let's keep women's voices at the centre of everything we do.

## Executive summary and recommendations

Both the RCOG's Better for Women report and the Women's Health Strategy provided comprehensive evidence to show why women's health required additional focus and attention. Together, they underlined the ongoing impact of a health system historically designed with men as the default - in service and policy design, in research and clinical trials, and in the training of healthcare professionals. The Women's Health Strategy supported the findings of RCOG's Better for Women report, recognising that there are many opportunities to take a preventative approach to women's health, with significant benefits to both women and the NHS.

The Strategy has achieved some notable successes. Alongside setting in motion ambitions for women's health for the first time ever in England, it recognised the need for holistic services



designed with women's lives in mind, prompting the establishment of women's health hubs. The Strategy is also driving important research across women's life course, which is already better illuminating women's experiences, and will hopefully shape improved care and outcomes.

As we mark three years of this 10 year Women's Health Strategy, it is clear that to fully achieve its ambitions, 2025 can only be a time to accelerate progress. As the Government reflected in the 10 Year Health Plan, the NHS is at a 'historic crossroads', and the RCOG agrees that the Government's key strategic shifts are necessary to improve women's health. Elective waiting times for gynaecology have increased since the Women's Health Strategy was published in 2022,<sup>3</sup> and whilst reducing elective waiting times is a Government priority, almost 580,000 women in England are still waiting for care.<sup>4</sup> Health inequalities remain a key challenge, with Black women still two to three times more likely to die during pregnancy or shortly after birth than white women.<sup>5</sup> There is still much to do to ensure all women, wherever they live, can receive high quality and timely care across their whole lives.

But women's health is not simply a problem to be fixed – it is an opportunity. We know women play pivotal roles in every level of our society – in our family lives, but also in our local, national and global communities. Investing in women's health also makes good financial sense, with an estimated £11 return on investment for every £1 spent on obstetrics and gynaecology.<sup>6</sup> But most importantly, investing in and giving focus to women's health will help the Government ensure our health system is fit for the future. Over 60% of the NHS workforce is women,<sup>7</sup> and women hold over 77% of jobs across the wider health and social care sector.<sup>8</sup> Delivering better care for women is not only the right thing to do, but it is economically essential for the nation to thrive, and critical to ensuring that the necessary reforms outlined in the Government's 10 Year Health Plan are a success.

The Women's Health Strategy did not have a strong focus on maternity, with maternity-specific work undertaken via the maternity and neonatal strategy and the infrastructure set up to support its delivery. It therefore follows that this analysis also does not look at maternity in detail. However, the RCOG is committed to improving the safety and quality of maternity services, and we look forward to playing a lead role in the Secretary of State's recently announced national inquiry and taskforce.

## Recommendations

1. **The Women's Health Strategy should be refreshed in 2025** and the Government should commit to regularly reviewing the Strategy at least every three years throughout the 10-year period.
2. **The refresh of the Strategy must set out:**
  - How it will align with other cross-Government strategies and commitments, especially the 10 Year Health Plan;



- What the UK Government will do to ensure that the foundational building blocks, as set out in the 10 Year Health Plan, are in place and how they will enable improvements across women's health;
  - What actions local systems and commissioners must take to drive these improvements across women's health, and by when and;
  - How the Government will ensure accountability and transparency if local systems are to have more autonomy in service design and delivery, as set out in the 10 Year Health Plan.
3. **A refreshed Women's Health Strategy must set out clear and specific actions for Government, Integrated Care Boards (ICBs) and other commissioners to continue to build on the progress of women's health hubs**, as part of the shift to neighbourhood health services. This must include plans for how the Government will monitor the provision of hubs, to ensure progress is not lost.
4. **For menstrual and gynaecological health**, a refreshed Women's Health Strategy must:
- Maintain a focus on increasing and co-ordinating the broad range of research that is still needed to improve women's healthcare, including actions to incentivise funders, industry, and clinical academia to focus on women's health, and continued support for the Reproductive Health Survey for England.
  - Set out how the Government will improve information and education to make a meaningful difference to women's health, including improving inclusive menstrual health education in schools, developing public health campaigns with a focus on reaching women from deprived and marginalised communities, and exploring best practice, driven by the UK's other women's health strategies and plans.
5. **A refreshed Strategy must set out urgent plans to ensure sexual and reproductive health is a strategic priority across the healthcare system** and that public health funding will be utilised to address unmet need and inequalities, workforce capacity issues, and access to contraception and abortion services. It should also recommend how to accelerate research and innovation in contraception methods.
6. **For cancer**, a refreshed Strategy must:
- Set out how the cervical cancer elimination plan will be successfully delivered, clarifying ownership and accountability for delivery of all aspects including measures to increase screening, given the abolition of NHS England.
  - Drive a life course approach to preventing cancer, through population-level actions to support good health and cross-government collaboration to improve the wider determinants of health.
  - Commit to boosting public awareness of the symptoms of gynaecological cancers, backed by investment in a national awareness campaign, especially for early diagnosis



for the two most common gynaecological cancers, which currently have no screening programme.

- Determine actions to address inequalities in timely access diagnosis and treatment, including through ensuring better-disaggregated data and committing to ongoing support for clinical research.
7. **A refreshed Strategy must deliver a life course approach with equity at its heart.** It should be supported by visible and strong connections with all UK Government departments to secure improvements to the many factors which shape women's health and wellbeing, such as employment, a strong social security system and the environment. This may also be delivered by a wider cross-Government strategy to address health inequalities, as recommended by the over 250 members of the Inequalities in Health Alliance.
  8. **The Government must use the Strategy to set out how it will ensure funding for specialist services is protected** to ensure all women, wherever they live, can access the care they need across their life course.

## A note on language and terminology

In this report, we refer to 'women's health', but it is important to acknowledge that it is not only women for whom it is necessary to access women's health and reproductive services in order to maintain their gynaecological health and reproductive wellbeing. Gynaecological and obstetric services and delivery of care must be appropriate, inclusive, and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.

# Maintaining momentum in women's health: key themes for a refreshed Strategy

## Menstrual health, gynaecological conditions and menopause

Ensuring all women can easily access comprehensive support for gynaecological conditions, menstrual health and menopause was, and should continue to be, a core function of a Women's Health Strategy. These predictable and common aspects of women's healthcare, were top priorities for survey respondents in the Strategy's call for evidence, and many women are impacted by menstrual or gynaecological issues, with almost 580,000 women in England currently on a



gynaecology waiting list.<sup>9</sup> As well as having severe impacts on women's lives, unmet need in this area comes with significant economic costs, estimated by NHS Confederation to be well into the billions every year.<sup>10</sup>

## Joined-up care through the women's health hub model

The expansion of the women's health hub model across England, backed by expanding growing evidence base, has been one of the foremost successes of the Strategy so far. Hubs bring together healthcare professionals and existing services to provide integrated women's health services in the community, centred on meeting women's needs across the life course, and can be designed flexibly to meet local needs.

£25 million of funding was allocated between 2023 and 2025 for every Integrated Care Board (ICB) to establish or expand a hub, and enable more women to access a range of vital services in the community, including diagnostic tests, long-acting reversible contraception, personalised advice and support.<sup>11</sup> This was supported by important policies to support delivery, including the Government's core specification<sup>12</sup> and cost benefit analysis,<sup>13</sup> as well as an early evaluation<sup>14</sup> commissioned by the DHSC, and a consensus position from organisations representing healthcare professionals working across primary care, secondary care and sexual and reproductive health services.<sup>15</sup>

Evidence suggests that hubs can help deliver improved efficiency across the system, high patient satisfaction and value for money - with the Government's own modelling finding that for every £1 spent on Hubs there is estimated to be on average £5 in benefits, rising to £13 in best case scenario modelling.<sup>16</sup> The vision and funding provided by the Strategy to provide care closer to home has delivered tangible improvements for many women, including improving access and reducing the number of appointments women need to attend.

Given increasing demand for gynaecology care, and the fact that the majority of women on gynaecology elective waiting lists are waiting for outpatient care, hubs can also support the Government to achieve its ambition to recover the 18-week national elective standard by March 2029.<sup>17</sup>

While the Government has emphasised its support of hubs, the RCOG and many other stakeholders are concerned that with no further ringfenced funding, and in the face of ICB budget cuts, mergers, and the removal of hubs from the NHS Operational Planning Guidance, ICBs will wind down or pause the development of these services.<sup>18</sup>

In addition, disparities in gynaecological and menstrual health persist. The RCOG's Elective Recovery Tracker demonstrates that women living in more deprived areas tend to wait the longest for care,<sup>19</sup> and the NHS Confederation found that local authorities throughout England with higher levels of deprivation report worse women's health outcomes.<sup>20</sup> Recent research has also suggested that fewer ICBs than thought have a hub which meets NHS England's core specification requirements, which risks perpetuating regional inequalities.<sup>21</sup>



A refreshed Strategy must therefore set out clear and specific actions for the Government and ICBs to continue to build on the progress of hubs to drive down gynaecology waiting lists and ensure everyone can access high quality, integrated women's health services.

## **Improving women's health research**

Another central success of the Women's Health Strategy has been in accelerating progress on research to support greater evidenced-based policymaking and clinical decisions across women's health. Recognising the historic underinvestment in research into women's health conditions, as well as the lack of diversity and women's voices in clinical research more broadly, the Strategy set out several ambitions to shift the dial.

This included commissioning a National Institute of Health and Care Research (NIHR) Policy Research Unit in Reproductive Health (RH-PRU), which launched in 2024,<sup>22</sup> and a regular reproductive health experiences survey, the Reproductive Health Survey for England.<sup>23</sup> The Reproductive Health Survey has provided important data on the breadth of reproductive health problems, and has broadened our understanding of inequalities. Further analysis of this data to understand how to improve access is underway.<sup>24</sup> It is encouraging to see investment to support evidence-based policymaking on women's health, and a refreshed Strategy should maintain this focus and ensure a rapid translation of findings into service improvements. The RCOG also welcomed the Government's recent decision to publish disaggregated data of elective waiting times data, which includes age, sex, ethnicity and indices of multiple deprivation deciles. This is something the RCOG has recommended for several years, and will not only support researchers, but also equip those working across services to implement effective local solutions to ensure all women can access timely and high quality care.

More broadly, the Strategy set important ambitions to improve diagnosis and care by increasing women's participation in research around long-term conditions and encouraging research into sex-based differences in health conditions. There has been further research on this, and the NIHR Research Inclusion Strategy 2022-2027 now includes aims to improve the diversity of research participants and voices which shape the research agenda.<sup>25</sup>

However, women's health remains underfunded and under-researched, with women still significantly under-represented in clinical trials.<sup>26</sup> The Strategy must maintain a focus on increasing the broad range of research that is still needed to improve women's healthcare. This includes setting out actions to incentivise funders and clinical academia to focus on women's health, particularly the root causes of conditions, sex-based differences in general health conditions, and into developing better diagnostic tools and treatment.<sup>27</sup>

## **Access to information and tackling inequalities**

The Strategy has improved access to high quality, evidence-based education and information on women's health, recognising that this is crucial for women to maintain their health, make informed decisions, and know when and how to seek care. There have been improvements and additions to



the NHS website, including a hub collating relevant information on conditions such as adenomyosis.<sup>28</sup> A 2024 review of the introduction of compulsory Relationships and Sex Education, which includes women's health conditions, concluded that it is broadly working well.<sup>29</sup> The Government recently updated the statutory guidance, which includes some vital topics to promote women's health.<sup>30</sup>

However, the need for menstrual and reproductive healthcare in England is high, and delays in diagnosis and a lack of awareness of symptoms exacerbate barriers to access and education.<sup>31</sup> There is further work for the Government to improve, develop and streamline the information women receive to support their health, and a refreshed Strategy should consider how to improve information and education. This could include improving inclusive menstrual health education in schools, and public health campaigns with a focus on reaching women from deprived and marginalised communities, as recommended by Wellbeing of Women.<sup>32</sup>

The Welsh Government is currently developing a website for women in Wales to access health information, which is being co-designed with women, with support from the Women's Health Research Centre. The RCOG supports this work, and would encourage the UK Government to consider how this approach could help to improve information available to women in England.

## Recommendations

- **A refreshed Strategy must set out clear and specific actions for the Government and Integrated Care Boards (ICBs) to continue to build on the progress of women's health hubs** to drive down gynaecology waiting lists and ensure everyone can access high quality, integrated women's health services. This must include how the Government will monitor the provision of hubs, to ensure progress is not lost.
- **A refreshed Strategy must maintain a focus on increasing and co-ordinating the broad range of research that is still needed to improve women's healthcare.** This includes setting out actions to incentivise funders, industry, and clinical academia to focus on women's health, particularly the root causes of conditions, and into better diagnostic tools and treatment. It must also continue to support a Reproductive Health Survey for England every two years to understand women's experiences, monitor progress and support service design.
- **A refreshed Strategy should consider how to improve information and education to make a meaningful difference to women's health.** This may include improving inclusive menstrual health education in schools, developing public health campaigns with a focus on reaching women from deprived and marginalised communities, and exploring best practice, driven by the UK's other women's health strategies and plans.





## Sexual and reproductive health rights

Sexual and reproductive healthcare (SRH), including easy access to contraceptive options and abortion care, is a core service underpinning women's health and wellbeing. These services are also fundamental to gender equality, supporting bodily autonomy, and are crucial to pre-conception health, supporting women to choose if and when to become pregnant, and to prepare for pregnancy.<sup>33</sup> Despite this, commitments to improve SRH were not explicitly included in the Women's Health Strategy. There is a vital opportunity for the Government to rectify this in a refreshed Strategy, supporting its ambitions to address unmet need, establish the shift from ill-health to prevention, and move care from hospital to communities.

### Contraception

The Strategy recognised the importance of convenient access to contraceptive options and high quality information and support, and that there is strong estimated return on investment (ROI) for publicly funded contraception for the public sector, at £9 for every £1 invested, rising to £32 ROI for contraception provided in maternity settings.<sup>34</sup> It also encouraged the women's health hub model, which can support improved contraception access.<sup>35</sup>

Beyond the Strategy, since 2023, women have also been able to access oral contraception through their local pharmacy,<sup>36</sup> and the Government recently committed to making emergency hormonal contraception available free of charge at pharmacies in 2025,<sup>37</sup> changes we have long called for, alongside the Faculty of Sexual and Reproductive Healthcare (FSRH).<sup>38</sup> However, the future plans for sexual and reproductive health that were promised in the Women's Health Strategy have not progressed,<sup>39</sup> and access to contraception remains concerning.

Recent surveys, polls and data suggest many women are still facing difficulties or delays in accessing contraception,<sup>40</sup> particularly women and people from more deprived or racially minoritised groups,<sup>41</sup> and long-acting reversible contraception (LARC) remains below pre-pandemic levels.<sup>42</sup> Over the last decade, a real-terms reduction in the public health grant has seriously impacted SRH services, with the Health Foundation estimating a 32% reduction in spend in this area between 2015/16 and 2025/26.<sup>43</sup> This has real impacts on women's lives and future healthcare needs.

The real-terms uplift to the grant as set out in the Spending Review 2025/26 and 10 Year Health Plan is welcome,<sup>44</sup> but it is essential that the Government makes clear how it will ensure local plans utilise this funding to reverse the impacts on SRH, such as fewer clinics offering services despite increasing demand, and greater cuts in more deprived areas. In addition, fragmented commissioning arrangements between the NHS and local authorities continue to impact women's ability to access contraception when and where they need it.<sup>45</sup> Actions and ambitions to tackle this have been set out in the FSRH Hatfield Vision.<sup>46</sup>

Shifting preferences in type of contraception also point to the need for improved access and further research and innovation to improve the whole contraception offer.<sup>47</sup> The Scottish Government has

led a focus on this and broader work to increase the availability of LARC,<sup>48</sup> providing opportunities for shared learning and collaboration to inform the Strategy in England.

## Abortion care

The Women's Health Strategy did not include any detail on ensuring access to robust and high quality abortion services. Given the challenges women experience in accessing contraception and the fact that around one in three sexually active women in Britain are thought to access abortion during their lifetime,<sup>49</sup> the Strategy as it stands omits a crucial part of women's healthcare, and is at odds with its life course approach. Latest available data also shows stark disparities in England meaning that those living in the most deprived areas are almost twice as likely to access abortion than their least deprived counterparts.<sup>50</sup> The case for action in a refreshed Strategy is clear.

There has been some welcome progress in supporting women to access abortion outside of the Women's Health Strategy, for example the creation of Safe Access Zones around abortion clinics in England and Wales,<sup>51</sup> and the inclusion of abortion care within the portfolio of the Minister responsible for women's health<sup>52</sup> to better reflect its integral role in women's healthcare. More recently, MPs in the House of Commons voted to remove women from the criminal law in relation to their own pregnancies.<sup>53</sup> Whilst the legislation must be debated in the House of Lords, the RCOG and others strongly believe criminalising abortion is not in the public interest, and there has been extensive public support to decriminalise abortion.

However, there is much to do beyond legislative change to ensure women can access good abortion care throughout their life course, and the Women's Health Strategy should play a crucial role. This must include ensuring the NHS and abortion services are well supported to ensure person-centred care and provide equitable access to specialist services for women who need complex care or care in the second or third trimester. At the moment, despite the development of a surgeon-led hub network, some women are still having to travel vast distances to access care, or be forced to continue their pregnancy.<sup>54</sup> There is also vital work to be done to boost abortion workforce training and numbers, to ensure there are enough clinicians able to deliver complex abortion care, and to provide all women with treatment choice.<sup>55</sup>

## Recommendations

As a crucial tenet of a life course, preventative approach to women's health, an updated Women's Health Strategy must detail how the Government will deliver material improvements in contraception and abortion provision in England.

A refreshed Strategy must set out:

- **Urgent plans to ensure sexual and reproductive health is a strategic priority across the healthcare system, and how public health funding will be used to:** address unmet need and inequalities in access to contraception; address commissioning problems; improve access to

post-pregnancy contraception; support access to abortion services in the second and third trimester and for complex care; and ensure a SRH and abortion care workforce is fit for the future. It must also be supported by cross-government action on the wider factors which shape women's decisions to continue or end a pregnancy, such as the cost of childcare.

- **How the Government will accelerate innovation in contraception in a way which has real impact on women's choices**, including allocating research funding,<sup>56</sup> and improving access to services.

## Cancers

### Prevention, diagnosis and treatment for gynaecological cancers

An updated Women's Health Strategy must focus on prevention of cancer more broadly, aligning with the Government's strategic shift from ill-health to prevention, and the 10 Year Health Plan ambition to make transformational progress on both primary and secondary prevention. Delivering a life course approach with equity at its heart, discussed in the following section, to improve women's general health, is key. For example, it is well documented that smoking significantly increases the risk of developing cervical cancer,<sup>57</sup> and that the increasing rate of womb cancer diagnoses over the last 25 years are thought to be linked to rising rates of obesity.<sup>58</sup>

Awareness of the key symptoms of gynaecological cancers is important for early diagnosis, particularly as there are no screening programmes for womb and ovarian cancers, the two most common gynaecological cancers. Although the original Strategy recognised the crucial role public awareness campaigns play in driving earlier diagnosis, it made no concrete commitments to future campaigns. Building on successful campaigns in regions of England,<sup>59</sup> an updated Strategy should commit to boosting public awareness of the symptoms of gynaecological cancers, backed by investment in a national awareness campaign.

The NHS is still missing some of its key cancer waiting time targets,<sup>60</sup> with evidence suggesting there are particularly long waiting times for some gynaecological cancers.<sup>61</sup> An updated Strategy must align with ongoing work across the system to ensure everyone can access investigations to support earlier diagnosis and treatment. This can build on the important ambitions set out in the 10 Year Health Plan to boost the analytical abilities and tools available to ICBs to ensure a deep understanding of population need. Analysis of service performance and improvements must be supported by accurate data sets on all gynaecological cancers, which can be disaggregated by cancer type, ethnicity, age, sex, geography, sexual orientation, gender, trans status and socioeconomic background.<sup>62</sup>

Similarly, the Strategy should continue to support progress in clinical research and practice. Since 2022, the NHS has published a best practice timed diagnostic pathway for gynaecological cancers to encourage consistent and effective diagnosis pathways,<sup>63</sup> and there have been several new clinical guidelines published.<sup>64</sup> Important research has been funded, alongside the recently launched Endometrial Cancer Audit Pilot (ECAP) and the Ovarian Cancer Audit Feasibility Pilot (OCAFP), which

concluded in 2023.<sup>65</sup> Supporting research into prevention, early diagnosis and screening is also crucial to transforming outcomes.<sup>66</sup>

The provision of high quality gynaecological cancer screening, diagnosis and treatment is underpinned by the need to address existing pressures within the obstetrics and gynaecology workforce, as well as ensuring training keeps pace with evolving clinical practices, technological advances and shifting workforce demands within O&G surgery.<sup>67</sup>

## **Cervical cancer elimination**

The Strategy recognised the need to address barriers to cancer diagnosis, improve experiences of services and deliver more personalised screening and surveillance programmes.

There has been some welcome action to tackle this. In 2023, NHS England announced an ambition to eliminate cervical cancer by 2040, backed by a cervical cancer elimination plan published in March 2025, which sets out specific actions to improve vaccine and screening uptake and to properly address entrenched health inequalities.<sup>68</sup> In addition, clinical guidance to support access to cervical screening for physically disabled women and autistic women was published in 2024.<sup>69</sup>

However, many women and people with a cervix continue to experience barriers to accessing screening: HPV vaccine coverage for female students is below the Strategy's 10-year ambition of 90% coverage.<sup>70</sup> Cervical screening uptake is also still well below NHS England's acceptable performance level of 80% or greater, with only 69% of eligible individuals adequately screened in 2023-2024.<sup>71</sup>

A continued focus on eliminating cervical cancer as part of a refreshed Women's Health Strategy is a significant opportunity to realise the Government's prevention agenda. This must include delivering a co-ordinated response to HPV vaccination and cervical screening, which can improve women's health as well as eliminate HPV-caused cancers more broadly. This complements commitments in the 10 Year Health Plan to introduce the option for HPV self-sampling for under-screened groups from January 2026.<sup>72</sup>

An updated Strategy should set out how the cervical cancer elimination plan and commitments in the 10 Year Health Plan will be fully-funded and delivered, with clear ownership and accountability of delivery throughout the integration of NHS England into the DHSC. In addition, the Government's national cancer plan that is currently in development must clearly restate the commitments to continue momentum and ensure integration with a broader cancer strategy.

## **Recommendations**

Ensuring a preventative, life course approach to cancer through an updated Women's Health Strategy is a significant opportunity to reduce the incidence of, or even eliminate, some gynaecological cancers. An updated Strategy must:



- **Set out how the cervical cancer elimination plan will be delivered** throughout the reorganisation and abolition of NHS England, and clarify ownership and accountability for delivery. This is key to increasing HPV vaccine and cervical screening uptake and making clear progress towards equality in outcomes.
- **Drive a life course approach to preventing cancer**, through population-level actions to support good health and cross-government collaboration to improve the wider determinants of health.
- **Commit to boosting public awareness of the symptoms of gynaecological cancers**, backed by investment in a national awareness campaign. This is particularly important for supporting early diagnoses of the two most common gynaecological cancers, which currently have no screening programme.
- **Determine actions to address inequalities in timely access diagnosis and treatment**, including through ensuring better-disaggregated data and committing to ongoing support for clinical research.

Further detailed recommendations can also be found in the RCOG and British Gynaecological Cancer Society policy position on gynaecological cancers.<sup>73</sup>

## Delivering a life course approach with equity at its heart

The Strategy committed to a life course approach to women's healthcare and services – rather than orienting care around a disease or a condition, the system should deliver responsive care around a woman's predictable health needs across her life to promote, prevent and restore health. The RCOG strongly advocated for this approach in its Better for Women report in 2019 and fully supported the Government's determination to create this shift in women's healthcare.

Alongside supporting a life course approach, the Strategy made clear that the wider contexts of women's lives play an important role in health outcomes, and this goes beyond the health service. The Strategy committed to a renewed focus to tackling inequalities at a 'whole-society level' to ensure all women can have better access, experience and outcomes. It identified specific groups of women in inclusion health groups who face particular barriers, and illustrated the impact of poverty and deprivation, the importance of supporting women in work, providing mental health support to women, and the long-term health impacts of violence against women and girls.

## Supporting preventative health services and population health

The Strategy recognised the importance of services which help people to maintain good general health and provide support for issues that can have significant, wide-ranging and unequal health impacts. The 10 Year Health Plan made hugely welcome commitments to support primary prevention and action on the social determinants of health, including the commitment to a smoke-



free generation and ‘moonshot’ action to tackle obesity, such as restricting the advertising of unhealthy food and increasing the value of the Healthy Start scheme.

However, the RCOG is concerned that despite these welcome commitments, the need for Integrated Care Boards (ICBs) to make significant financial savings could lead to a rollback on progress for integrated intervention across services. For example, smoking cessation support in hospital care and in maternity services has reached a huge number of people, with rates of smoking during pregnancy decreasing by 41% since 2019/20.<sup>74</sup> A refreshed Women’s Health Strategy must build on the 10 Year Health Plan and ensure that every ICB provides effective and accessible prevention services, including stop smoking services.

The 10 Year Health Plan recognised the positive health impacts of tackling air pollution – with health risks across women’s life course, this is a welcome acknowledgment. In addition to this, the refreshed Strategy should set out further detail on reducing carbon emissions and developing a climate resilient health service, as set out in the RCOG policy position on climate change and women’s health.<sup>75</sup>

## **Poverty and deprivation**

Poverty and deprivation can have a significant health impact across women’s lives through many routes, including making it harder to live healthily and access healthcare, and affecting mental health.<sup>76</sup> This ultimately cuts lives short, with women in the most deprived areas having a life expectancy many years shorter than their least deprived counterparts, and a higher likelihood of dying during or shortly after pregnancy.

The Strategy set an ambition to close the gap between healthy life expectancy between the most and least deprived areas, and the current Government aims to halve the gap in healthy life expectancy between the richest and poorest regions through the 10 Year Health Plan.<sup>77</sup> However, it made limited commitments to address the root causes of these inequalities, which require clear actions and collaboration across all parts of Government. It is therefore crucial that a refresh of the Women’s Health Strategy makes visible and strong connections with all UK Government departments to secure improvements to the many factors which shape health and wellbeing. This should be delivered by a cross-government strategy to reduce health inequalities, with clear measurable goals that consider the role of every department and every available policy lever.

## **Fertility and pregnancy**

Pregnancy outcomes are influenced by women’s health before conception, and health during pregnancy can shape health long after birth. This means that fertility, pregnancy and postnatal care are times when there are tangible benefits to taking a life course approach to women’s health, for both women and the NHS, and the Strategy recognised this.

The Strategy made strong commitments towards equitable access to NHS-funded fertility treatment. This included addressing geographical variation in funding decisions, removing non-clinical access



criteria, improving access for same-sex female couples and improving trusted information available for women and healthcare professionals. Successes since 2022 have included a removal of need for costly and unnecessary enhanced screening for female same-sex couples accessing reciprocal IVF and an improved ratings system to support patients make informed decisions about 'add-on' treatments.<sup>78</sup>

However, the Strategy's wider ambitions on improving access to treatment have not been delivered, particularly around changing NHS funding criteria for same-sex couples and removing non-clinical barriers. Unlike elsewhere in the UK, fertility funding decisions take place at ICB level and so vary by local area, with many offering well below the NICE-recommended provision. The number of NHS-funded cycles in England is also the lowest in the UK, at only 24% in 2023.<sup>79</sup> This is set to get worse, with emerging proposals in some areas, including Cheshire and Merseyside<sup>80</sup> and Manchester,<sup>81</sup> to reduce NHS-funded IVF cycles due to cost. The Government must act to safeguard funding to fertility services and reignite national action to ensure all women can access high quality fertility services. A refresh of the Women's Health Strategy should also commit to update the Human Fertilisation and Embryology Act 2008, with the greater focus on patient safety recommended by the Human Fertilisation and Embryology Authority (HFEA).

Recognising that many aspects of maternity care sat outside its remit, the Strategy nevertheless drove some successes including the introduction of pregnancy loss certificates.<sup>82</sup> Much of the work to improve the safety and quality of maternity care will continue to take place outside the Women's Health Strategy, not least the recently announced national maternity review and the on-going three-year delivery plan for maternity and neonatal services.

A refreshed Strategy should sit alongside this work, complementing measures to improve maternity care where appropriate. The Government should also seize the opportunity to focus on wider policy changes that could support women across their lives as this will also improve pregnancy outcomes and address inequalities. For example, facilitating education, training and collaboration across the healthcare system to anticipate long-term risks posted by conditions like hypertension or preeclampsia.

## Long-term conditions

A co-ordinated, preventative approach to long-term health conditions provides significant opportunities to deliver an effective response to predictable health needs and realise the benefits of the life course approach. The Strategy's call for evidence reflected a desire for improvements in care for a wide range of health conditions, including long-term conditions like cardiovascular disease, diabetes, dementia and musculoskeletal (MSK) conditions, and this is set against a general decline in people feeling supported to manage their long-term conditions between 2019 and 2024, as explored by National Voices.<sup>83</sup>

Cardiovascular disease, for example, is a leading cause of death in women, and there is evidence of specific risk factors across the life course of many women, including in pregnancy, menopause and for women living with long-term gynaecological conditions. A refreshed Strategy has the opportunity



to better join up care to improve access to support and accelerate preventative action. With long-term conditions including cardiovascular disease, which is a focus of other women's health plans and strategies, the Government should also consider including emerging findings from the Scottish Government's work to improve women's heart health.

The Strategy also committed to preventing mental health issues wherever possible, providing timely access to specialist support, addressing disparities within this, and also improving mental health literacy within the general population. This was supported by an investment of £302m for Family Hubs and the Start for Life programme, £100m of which was ringfenced for perinatal maternity services. In January 2025, the Government committed a further £126 million for the continuation of the programme until March 2026, with £36.5m committed for perinatal mental health services, and reported that more than 400 family hubs have been established.<sup>84</sup>

However, family hubs are not in place everywhere,<sup>85</sup> and there is high need across women's mental health services.<sup>86</sup> Inequalities in women's mental health services also continue to be pervasive, with significant variation by ethnicity found in access to perinatal mental health services in England.<sup>87</sup> Population growth, increasing demand, complexity of need and costs of delivering services also may mean that ICB and Local Authority budgets may not be sufficient to ensure specialist programmes deliver their maximum impact. Given recent long ICB budget cuts, a refresh of the Women's Health Strategy must put in place measures to ensure specialist mental health services for women are protected. The Government may also wish to consider the final report of the Women's Mental Health Taskforce in 2018 to consider how to improve provision and access to mental health services for women.<sup>88</sup>

## Supporting women in the workplace

The Strategy set an ambition for health conditions and disabilities to no longer be a barrier to women's participation in work, with a vision to 'make flexible work the default'<sup>89</sup> and for employers to feel well equipped to support their female employees. Some workplaces have introduced policies to support women at work, and the Government's Get Britain Working White Paper<sup>90</sup> and Employment Rights Bill have set out proposals that could positively impact women in the workplace, such as strengthening protections for pregnant women and asking relevant employers to produce action plans to address gender pay gap issues.

However, in the RCOG's 2024 research,<sup>91</sup> it was clear that gynaecological health conditions continue to impact women's ability to work. Women told us that support from employers varied, and in many cases was non-existent, with many others discussing the stigma, taboo and embarrassment they experienced around disclosing their conditions and needs at work. Alongside this, the gender pay gap, maternity pay which does not reflect the cost of living, prohibitively expensive childcare, persistent maternity discrimination and the prevalence of insecure work all disproportionately affect women, shaping their health and reproductive options.<sup>92</sup> Given women are vital to our paid and unpaid workforces, the health and work needs of women must be further strengthened across all

Government strategies. A refresh of the Women's Health Strategy could drive this and encourage further collaboration and targeted action across departments, services and sectors.

## Violence against women and girls

The Women's Health Strategy acknowledged the long-term health impact of violence against women and girls, emphasising the role the health system must play in prevention and early identification, with the health workforce well equipped to provide women with specialist support. Good progress has been made, including Female Genital Mutilation (FGM) awareness campaigns and the banning of virginity testing and hymenoplasty in 2022.

More recently, the Government promised to halve violence against women and girls over the next decade in its 2024 manifesto and has committed to publishing a Violence Against Women and Girls Strategy in summer 2025.<sup>93</sup> There have also been efforts made to better coordinate action across all services via the 'Safer Streets' mission and in recent legislative reforms.<sup>94</sup> The recognition and ambition is welcome, but, as with other services that support women's health and safety, these specialist services are under threat as a result of funding pressures.

There are many other aspects of inequality in women's healthcare that are not explored in depth in this evaluation, but should be a key element of a Strategy refresh. This includes, but is not limited to, barriers to accessing care, the importance of translation and interpreting services for women who have difficulty reading or speaking English, supporting women in the criminal justice system and those in contact with social care, and clear action to address racism and discrimination. The Government should consult with expert organisations to understand these areas in greater depth to inform the refresh of the Strategy.

## Recommendations

- **The Strategy must be supported by visible and strong connections with all UK Government departments to secure improvements to the many factors which shape women's health and wellbeing, such as employment, a strong social security system and the environment.** This may also be delivered by a wider cross-Government strategy to address health inequalities, as recommended by the over 250 members of the Inequalities in Health Alliance.
- **The Government must set out how it will ensure funding for specialist services is protected to ensure all women, wherever they live, can access the care they need across their life course.**



## The building blocks needed to deliver the vision of the Women's Health Strategy

To achieve success across all areas of women's health, there are key 'building blocks' which must be in place across our health system and wider services. Many of these were recognised in the Women's Health Strategy and the Government has also recognised these foundations in the 10 Year Health Plan to achieve the Government's strategic shifts. However, the 10 Year Health Plan does not include a clear roadmap of how systems will achieve this, both as individual local systems and as a national collective. Amidst reorganisation and Integrated Care Budget (ICB) cuts, key questions remain around how this will be achieved sustainably and in a way which ensures an equitable service across the country. Without clear Government support at a national level, this risks further fragmentation of systems and missed opportunities to drive better collaboration, efficiency and agile and supportive patient care.

### Governance, reporting and funding

The Government has made clear that local health systems are being given increasing freedom to take ownership of their service delivery and spending plans, and reduced the number of targets for ICBs. This increasing devolution has been underscored by the Government's decision to remove funding ringfences, to abolish NHS England and by the 10 Year Health Plan, which set out a range of mechanisms the Government wants to embed to drive 'earned autonomy'.<sup>95</sup>

Flexibility for local systems to design services for local populations is important, but it remains unclear from the 10 Year Health Plan how the Government will ensure there is robust central governance to ensure all ICBs are delivering a quality service. At present, NHS England (NHSE) provides bespoke support to ICBs that are most challenged, and has driven helpful pilots to accelerate achievement of national targets. The 10 Year Health Plan emphasises that NHSE will retain this responsibility, but with redundancies across all levels of the system and the intention for NHSE will be abolished by 2027, it remains unclear what capacity there will be in future to continue this.

Multiple ICB mergers are also on the horizon, and it is unclear how they are making operational decisions, such as budget trade-offs for specialist services and the approach to elective care delivery. There are unanswered questions about how the Government will ensure all levels of the system can ensure transparency and accountability to the public, and the RCOG is concerned that this could not only disadvantage but harm women, who already face barriers to accessing care. The Government must urgently set out how it plans to ensure accountability between local systems and national Government, and how it will ensure specialist women's services are protected from cuts.



## Listening to women

In the Strategy's call for evidence, 84% of women and girls reported that they often did not feel listened to, with symptoms dismissed by healthcare professionals.<sup>96</sup> This included not being listened to when pain was the main symptom, particularly for gynaecological conditions. The Strategy acknowledged the need for the Government to ensure that a more diverse range of women were represented in policy and research work, and support efforts to promote diverse leadership and representation at every level of the health service.

There has been some important recognition of the importance of centring the voices and experiences of service users. The 10 Year Health Plan recognised the need to better centre the voices and experiences of service users, by widening information and choice about care, making feedback central to service design and funding flows, and increasing the use of quality metrics like patient reported outcomes and experience measures. Alongside the introduction of the Single Patient Record, it also set out significant ambitions to improve access to health information and care by transforming the NHS App, working with patient groups and organisations to test new functions.

However, it is unclear how well consultation and co-production are being led at an ICB level, and whether there will be capacity to deliver ongoing and effective participation and service design given budget and staffing cuts. The Government must use a refresh of the Women's Health Strategy to set out further detail on how it expects commissioners across the system to engage women with lived experience and use best practice co-design principles. This is also an important opportunity to set out further detail on education and training to ensure women feel listened to while accessing services in person, and how the health system will ensure equitable levels of support for women with different levels of health literacy, who have translation and interpretation needs or who are digitally excluded.

## Supporting the women's health workforce

The Long Term Workforce Plan was published in 2022, but it lacked specific numbers on how the health service would meet growing demand across women's health services. In the 10 Year Health Plan, the Government committed to publishing a 10 Year Workforce Plan by the end of 2025, but indicated that rather than looking at workforce numbers, it would consider what workforce skills will be needed, and where they need to be deployed.<sup>97</sup> However, to understand the answer to those questions and to facilitate sustainable, long-term workforce planning, the Government must establish where the NHS workforce is starting from, and to do this, it must collate and publish current and future workforce numbers.

The 10 Year Health Plan emphasises its intention to support a 'skills drive', with a wider package of support to develop better training for NHS professionals.<sup>98</sup> Access to training is very important to the NHS workforce, including RCOG members, but professionals across the system consistently raise time and capacity as key barriers that prevent them from accessing training. Better workforce planning is therefore essential to achieving the Government's vision, and the RCOG would urge the



Government to consider workforce numbers in its 10 Year Workforce Plan, and reflect these in a refreshed Women's Health Strategy.

## Digital, data and research

The 10 Year Health Plan places digital transformation at the heart of the NHS's future, from patient interfaces and access to services (e.g. the NHS APP, and Single Patient Record), to workforce tools and training.<sup>99</sup> However, digital maturity across the health system still varies greatly,<sup>100</sup> and whilst the 10 Year Health Plan acknowledges this and historic underinvestment in capital,<sup>101</sup> it still remains unclear how the Government will ensure the system is supported to maximise capital investment against complex reorganisation and reform. Additionally, whilst some patients may benefit from a digital first interface, many patients, including women and people prefer or require in-person appointments or may not be able to access digital platforms. Though the Government has emphasised its commitment to patient choice, the RCOG recommends that the Government sets out how it will mitigate digital exclusion and ensure patient's choice for in-person communication remains.

The Women's Health Strategy stated that the Government would monitor and encourage research, increase women's participation, and set the ambition that any health and care research which 'did not take into account sex-based differences, does not receive public funding'.<sup>102</sup> As this evaluation has outlined, the Government has played an important role in encouraging research, and the 10 Year Health Plan makes clear the Government is committed to continue doing this, especially for prevention and long-term health conditions. However, given women have been historically underrepresented in research and conditions that impact women require much further research, we would urge the Government to refresh the Women's Health Strategy to reflect on the progress seen across research, and make clear how they will ensure women are not left behind in future research investments.

## Conclusion and summary of recommendations

As this evaluation shows, the past three years have seen some tangible successes to celebrate across women's health, many as a result of the Women's Health Strategy. The Government's ambition to reform the health system to make it 'fit for the future' to benefit all is clear. However, this ambition must be matched by a refreshed Women's Health Strategy to ensure this ambition can be achieved for all women, and to comprehensively set out how the Government will ensure that 'never again', women are left behind. A refresh of the Women's Health Strategy will enable the Government to safeguard against hard-won green shoots of progress in women's health being lost, as well as



ensuring that all parts of the system are clear on what actions they must take to deliver better care for all women across their life course.

## Recommendations

**1. The Women's Health Strategy should be refreshed in 2025** and the Government should commit to regularly reviewing the Strategy at least every three years throughout the 10-year period.

**2. The refresh of the Strategy must set out:**

- How it will align with other cross-Government strategies and commitments, especially the 10 Year Health Plan;
- What the UK Government will do to ensure that the foundational building blocks, as set out in the 10 Year Health Plan for England, are in place and how they will enable improvements across women's health;
- What actions local systems and commissioners must take to drive these improvements across women's health, and by when and;
- How the Government will ensure accountability and transparency if local systems are to have more autonomy in service design and delivery, as set out in the 10 Year Health Plan.

**3. A refreshed Women's Health Strategy must set out clear and specific actions for Government, Integrated Care Boards (ICBs) and other commissioners to continue to build on the progress of women's health hubs**, as part of the shift to neighbourhood health services. This must include plans for how the Government will monitor the provision of hubs, to ensure progress is not lost.

**4. For menstrual and gynaecological health**, a refreshed Women's Health Strategy must:

- i. Maintain a focus on increasing and co-ordinating the broad range of research that is still needed to improve women's healthcare, including actions to incentivise funders, industry, and clinical academia to focus on women's health, and continued support for the Reproductive Health Survey for England.
- ii. Set out how the Government will improve information and education to make a meaningful difference to women's health, including improving inclusive menstrual health education in schools, developing public health campaigns with a focus on reaching women from deprived and marginalised communities, and exploring best practice, driven by the UK's other women's health strategies and plans.

**5. A refreshed Strategy must set out urgent plans to ensure sexual and reproductive health is a strategic priority across the healthcare system** and that public health funding will be utilised to address unmet need and inequalities, workforce capacity issues, commissioning problems and access to contraception and abortion services. It should also recommend how to accelerate research and innovation in contraception methods.

**6. For cancer**, a refreshed Strategy must:



- ii. Set out how the cervical cancer elimination plan will be successfully delivered, clarifying ownership and accountability for delivery of all aspects including measures to increase screening, given the abolition of NHS England.
  - i. Drive a life course approach to preventing cancer, through population-level actions to support good health and cross-government collaboration to improve the wider determinants of health.
  - ii. Commit to boosting public awareness of the symptoms of gynaecological cancers, backed by investment in a national awareness campaign, especially for early diagnosis for the two most common gynaecological cancers, which currently have no screening programme.
  - iii. Determine actions to address inequalities in timely access diagnosis and treatment, including through ensuring better-disaggregated data and committing to ongoing support for clinical research.
- 7. **A refreshed Strategy must deliver a life course approach with equity at its heart.** It should be supported by visible and strong connections with all UK Government departments to secure improvements to the many factors which shape women's health and wellbeing, such as employment, a strong social security system and the environment. This may also be delivered by a wider cross-Government strategy to address health inequalities, as recommended by the over 250 members of the Inequalities in Health Alliance.
- 8. **The Government must use the Strategy to set out how it will ensure funding for specialist services is protected** to ensure all women, wherever they live, can access the care they need across their life course.





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