The NHS Wales Women's Health Plan

2025-2035

GIG CYMRU NHS WALES | Y Weithrediaeth Executive

A 10-year Vision for Women's Health in Wales

National Strategic Clinical Network for Women's Health

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Foreword

Ministerial Foreword

I am proud to support the publication of the first NHS Wales Women's Health Plan.

Women and girls make up just over 50% of our population. But modern medicine has not always met their needs because it has been based on a "typical male experience" of care, resulting in significant inequalities between men and women.

There is a growing body of evidence about women's symptoms being undervalued, overlooked or dismissed; about women waiting longer than men for pain relief. This can have a significant impact on wellbeing because of delays in diagnosing disease, failures to offer effective treatment and poorer outcomes.

Inequalities are not just based on gender. There are also different patterns of need and presentation across ethnicity, disability, pregnancy and maternity. The health service in Wales must demonstrate competence across all protected characteristics to respond to the health needs of women and girls to reduce inequalities in health outcomes.

Services for women and girls must respond to the differing needs of individuals with protected characteristics under the Equality Act 2010, including the *Anti-Racism Action Plan for Wales*, and services for people across all gender identities. People who are transitioning or non-binary may also encounter gender-related health issues. Health boards must acknowledge this and ensure they are offered appropriate care and support.

I want this plan to ensure women and girls receive equitable, good-quality health services throughout the course of their lives. It focuses on specific priority areas where a specific need for improvement has been identified. But achieving improvements in health outcomes for women and girls is bigger than improving NHS services alone – it requires cross-government working to address the wider determinants of health. This plan is just one part of a much bigger picture when it comes to improving women's health and wellbeing.

As we work on the plan and its actions, we will also be working to improve research into women's health, with the launch of the call for women's health research, with a budget of £750,000 in April 2025.

This 10-year plan has been two years in the making and follows the publication of the Welsh Government's *Quality Statement for Women's and Girls' Health* in 2022. This made clear that approaches to healthcare need to change so women can access the care they need in a timely way; that the health service is responsive to their choices and needs and that research and development reflects women and girls' lived experiences.

Developing this plan has been undertaken in three stages. The discovery phase was completed in 2022, with the publication of *The Discovery Report – Foundations for a Women's Health Plan*. It improved our understanding of the needs of women in Wales by asking what matters to them.

> *The voices and experiences of more than 3,800 women and girls from across Wales, were captured – I want to thank all those who took part in this work and share their experience.*

This was combined with an evidence review of women's health, identifying key themes and recommendations to provide the foundations on which the plan would be built.

The establishment of the National Strategic Clinical Network for Women's Health, and the appointment of Dr Helen Munro, as Wales' first ever clinical lead for women's health moved us into the design phase. Led by clinicians, the network aims to enhance the quality, safety, and outcomes of patient care at national, regional, and local levels.

The plan has been designed through partnership working via the Women's Health Network and has involved 100 named contributors from all the health boards, Public Health Wales, the NHS Executive, academia and Welsh Government. It is informed by the quality statement, the discovery report, and by the Third Sector Women's Health Wales Coalition's Quality Statement for the Health of Women, Girls and those Assigned Female at Birth. Expert clinical reference groups were established for the main priority areas. Feedback on the draft plan was sought from the NHS and members of the Third Sector Women's Health Wales Coalition and focus groups were held with under-represented women (women aged 16 to 25 and Black, Asian and Minority Ethnic women).

The quality statement makes it clear that health boards should ensure there are appropriate levels of diagnostic, therapeutic and surgical capacity to enable women who require interventions for health needs specific to women and girls – including menstrual and fertility care, endometriosis and menopause – to receive care as close as possible to home without significant waits.

Gynaecological and pelvic health conditions were identified as the areas of highest concern to women and girls in the discovery report. This will be an area of priority work for the NHS in Wales to ensure timely care is available although other areas will be considered. The Women's Health Network will have a vital role in supporting the NHS to make these improvements.

While the plan has been in development, we have made progress in strengthening existing services and recruiting new staff across Wales – there are now pelvic health co-ordinators and specialist endometriosis nurses in every health board working directly with women, to help them understand their condition and provide valuable support.

We have launched Endometriosis Cymru – a dedicated website providing information on the condition – established new one-stop clinics for breast cancer and improved access to perinatal psychology. All are examples of how we and the NHS are listening to women's needs. But there is more to do to improve access and reduce variation across Wales.

The new Curriculum for Wales helps to educate and empower young women about their own health through mandatory learning about menstrual health, wellbeing and conditions which can affect the reproductive system, including where to get further information and support. The development of a women's health website for Wales is an action I am keen to see delivered.

But improving women's health is not limited to gynaecology and reproductive health. There are a number of conditions, where gender inequality is evidenced and there is a need for gender competent services and cultural competence training. New pathways and advice for a range of conditions which primarily, but not exclusively, affect women, are in development such as migraine, autism and asthma. Pathways for stroke, heart disease and eating disorders have been developed and introduced across the NHS in Wales to improve access to and the standard of care.

And through the General Medical Services Quality Improvement Framework, we are supporting GPs to have conversations with women around several lifestyle behaviours with a focus on prevention and making every contact count.

The NHS will need to build on this work and demonstrate how it is considering the needs of women in health conditions where there are gender disparities.

The Women's Health Network has an important role in advocating for women across these other health conditions and clinical networks. This role will include working with the other clinical networks to ensure women's needs are considered; their voices are heard and their experiences are recognised.

We now move firmly into the delivery phase of the Women's Health Plan and are committed to introducing women's health hubs in Wales. Work has already started to define the model and pathway to ensure these hubs, which will be available in each health board area by March 2026, improve timely access to services making it easier for women to obtain care they need while promoting preventative measures and empowering them to take charge of their health and wellbeing. The aim is to improve equitable access to services, enhance the patient experience, and ensure that women receive holistic care tailored to their individual needs.

> *"This plan is the culmination of a huge amount of work, and I would like to thank the National Strategic Clinical Network for Women's Health for their dedication to getting us to this point – but this is only the beginning. The real work starts now.*

This is an ambitious 10-year plan – I am determined it will drive real improvements in women's health and outcomes; it will advocate for women and girls in the NHS and will empower women to be heard when accessing healthcare.

This is a living plan, capable of responding to new issues and new evidence in real time, including any results from the new research which will be taking place in Wales from April 2025.

Our collective task now is to deliver the ambitions set out in this plan and deliver the changes women and girls in Wales want to see.

Sarah Murphy

Minister for Mental Health and Wellbeing.

NHS Forewords

‘A More Equal Wales’ is one of the seven goals of the Wellbeing of Future Generations (Wales) Act 2015. Yet data in Wales currently shows us that, although women have a higher life expectancy than men, men spend more of their life in good health compared to women. It is a priority, therefore, that we look at the NHS Wales Women’s Health Plan as an opportunity to reduce these inequalities across the life course, to do this we need high quality data.

As Chief Executive of Digital Health and Care Wales, I am mindful that there is much more that we can do in the digital and data space to improve our understanding of women’s health. We are committed through the Plan, to driving equality in women’s health, through better data and information, working collaboratively with our health and care partners and women in Wales to achieve this.

Helen Thomas

Chief Executive, Digital Health and Care Wales, and Chair of the National Strategic Clinical Network for Women’s Health Leadership Group.

> *We are committed through the Plan, to driving equality in women’s health, through better data and information, working collaboratively with our health and care partners and women in Wales to achieve this.*

The NHS Wales Executive recognises that the Plan is being delivered at a time of significant challenges, not only for the NHS in Wales, but also the populations and people it serves. Nevertheless, with challenges come opportunities. The pandemic showed that the NHS can adapt and change rapidly when required. We now have an opportunity, through the delivery of the NHS Wales Women’s Health Plan, to do things differently, which we must do.

Over the next ten years, through the oversight and support of the NHS Wales Executive we want the gender health gap to close in Wales. The NHS Wales Executive will monitor and evaluate how the Plan is being delivered across all services, including primary and secondary care, and hold to account where necessary. We have a unique opportunity in the NHS Wales Executive and through our Clinical Networks, to ensure that women’s health becomes a priority on everyone’s agenda. Through the effective delivery of the Plan, we shall enable this to happen.

Dr Meinir Jones

National Clinical Director Networks, NHS Wales Executive.

It has been a great privilege to be appointed the first Clinical Lead for Women's Health in Wales, and lead on the design of an NHS Wales Women's Health Plan. Much is happening both nationally and internationally to raise awareness around the need to prioritise women's health, and my hope is that the Plan will align with this global vision. The earlier 'Discovery Report' and the 'Quality Statement for Women and Girls' have been the foundations for the Plan, as have the strategies and experiences from our neighbours across the UK.

The NHS Wales Women's Health Plan, like the English Strategy and the Scottish Plan, has focused on key priority areas in healthcare, in which we can deliver meaningful improvements, across the next ten years. In designing and editing the Plan I have had the pleasure to meet with many different and highly skilled professionals from across all areas of our health services. They have provided their time, insight, experience and often the words needed to shape the Plan. It has truly been a team effort and for this I am incredibly grateful.

Patricio Marquez, of the World Bank stated "Healthy women are the cornerstone of healthy societies"[1]. We need to consider that this is a Plan that will improve the health for everyone in Wales and have far-reaching effects on society as a whole.

Dr Helen Munro

Clinical Lead, National Strategic Clinical Network for Women's Health, NHS Wales Executive.

A note on language

Women's Health

We recognise that some individuals who need access to women's healthcare do not identify themselves as women or girls, and we are clear that all services must be appropriate and sensitive to individual needs. We use the terms 'woman' and 'women's health' with the understanding that some trans men and non-binary people recorded female at birth are included and may also require access to these services.

Executive Summary

Executive Summary

The NHS Wales Women's Health Plan (the Plan) is a ten-year vision (2025-2035) that outlines an NHS Wales approach to improving the health outcomes for women in Wales.

It is an NHS Plan, which has been co-ordinated and led by the National Strategic Clinical Network for Women's Health (the Network) with involvement from NHS staff, colleagues, experts in the field, and third sector organisations. It builds upon the work of the 'Discovery Report'[2], which captures the voices of 4000 women and girls in Wales across six ambition areas.

The Plan will be delivered over ten years, through short, medium and long–term actions. It will follow a life course approach, with a focus on delivery of services from 16 years of age, often an important time of transition within health services for girls. The Network will work with the Maternity and Neonatal, and Child Health Strategic Networks to ensure that the health of girls in the early-years and adolescent period are prioritised.

The Plan outlines the key health inequalities experienced by women in Wales at a population level, and highlights some of the disparities in health that are emerging. It will, however, also highlight opportunities for closing the gender gap, improving health across our NHS services and bringing to our attention areas of innovation and best practice delivered by our motivated and committed NHS staff.

The Plan will be delivered over ten years, through:

Short-term actions
Up to 2 years

Medium-term actions
3-5 years

Long-term actions
6-10 years

The Network is in a unique position to drive the delivery of the Plan through its partnership working across the wider NHS Wales Executive, Public Health Wales, primary care and Health Boards. This includes the monitoring and evaluation of the delivery of the Plan utilising, for example the national pathways and the 'NHS Quality and Safety Framework'[3].

The role of the Network has a dual purpose; it is not only responsible for enhancing services for on conditions specific to women but also plays a crucial role in advocating for women within other National Strategic Clinical Networks. This involves challenging and collaborating with those networks, to consider the distinctions between men and women, as well as the differences among various groups of women, and supporting them with implementing necessary changes.

Taking a preventative approach to women's health is aligned to the Welsh Government's 'A Healthier Wales Our Plan for Health and Social Care', which advocates for achieving "a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health"[4].

Whilst many examples of preventative activities exist in relation to women's health, a preventative approach is not systematically embedded across the life course for women, resulting in missed opportunities to help women to access the support they need. Prevention is therefore integral to every part of the Plan.

The Plan takes a life course approach which means that 'women's health' is broader than gynaecology and maternal health related conditions. The Plan includes work highlighted from other National Strategic Clinical Networks, such as Mental Health, Musculoskeletal, and Diabetes, showing the challenges and enablers needed to close the gender gap.

The Plan includes eight priority areas which draw upon insights from 4,000 women and girls, as outlined in the 'Discovery Report', which underpins our ten-year vision for the Plan.

Our vision is that in 10 years:

Women will experience better access to health services, including access to health information, with a prevention focus, improved health outcomes and reduced inequalities in health.

Our workforce will be appropriately skilled and trained to deliver women's health in a variety of settings providing for a range of complexity.

Health Boards will prioritise women's health services across the life course and listen to and act upon the voices of women in the development of these services.

Data collection across Wales in every service, irrespective of specialism, will be disaggregated by gender and sex, and data will be used to better understand women's health needs, through research and innovation, to improve service provision and outcomes.

In reading this document, please consider the additional reference documents in the appendices.

"Women's health is everyone's health. By improving the health of women in Wales we will improve the health of the nation.

1

Introduction

1. Introduction

As cited in the ‘Welsh Government Quality Statement for Women and Girl’s Health 2022’[5], the current healthcare framework often bases diagnostic criteria and treatment on male experiences, leading to the undervaluation and dismissal of women’s unique health needs and symptoms.

This gender bias is evident in patterns of health inequalities, where women, for example, tend to live fewer years free from disability compared to men and often wait longer for pain relief. Women’s symptoms, particularly for conditions such as cardiac disorders, asthma, incontinence, and mental health issues, can differ significantly from men’s, necessitating a gender-specific approach to healthcare. In Wales, it is essential for health services to be competent in addressing the specific health needs of women and girls across all conditions - beyond just gynaecological issues—by recognising these differences and providing culturally and gender-sensitive care to reduce health inequalities.

The Plan will build upon the work of the 'Discovery Report'[2] across six key ambitions:

Research

The Welsh Government has financially committed £750,000 of investment to research focused entirely on women's health concerns, which will be launched in April 2025, following a rapid prioritisation exercise in autumn/winter 2024. Further to this is the commitment to encourage a bid from Welsh universities for catalytic funding to create a Women's Health Research Centre. The Network will work with Health and Care Research Wales (HCRW), and the academic community within Wales to ensure the voices of women and girls are the foundations on which high quality research is built.

Information, Education, Communication

A 'digital first' approach can be effectively used in healthcare to facilitate and support patients and service users. The Network will collaborate with key data and digital services to ensure that the data collected at local and national level support delivery of the Plan. This will include the development of an NHS Wales women's health website.

Women's Voices

The effective delivery of the Plan will rely upon listening to the voices of women in Wales by identifying and embedding techniques and behaviours that ensure women's and girl's voices are heard in every interaction they have with the NHS. The Network and NHS Wales will be providing the opportunity to listen to and collaborate with those with lived and learnt experience via Task and Finish Groups to participate in the design and delivery of women's health services. There will be an expectation that Health Boards will similarly involve women, and those with lived and learnt experiences locally, in implementing the Plan.

Health in the Workplace

A safe and healthy working environment is a fundamental principle and right at work. Health Boards should ensure that policies are in place to support women, such as becoming 'menopause and menstruation friendly' employers. The Network will work with key organisations in Wales to raise awareness of the key issues, to pioneer best practice and provide advice and guidance on how the workplace can support wellbeing, work-life balance, and mental health.

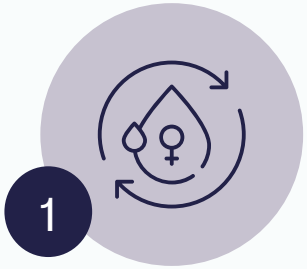
Intersectionality

Several factors including race, physical attributes, socioeconomic status, education, employment, housing, and access to healthcare services, influence women's health. Domestic abuse disproportionately affects women from minority ethnic groups due to long-standing structural inequalities, which can have adverse effects on mental health. The intersectionality of these issues is critical to the fair delivery of the Plan, and this will be a key priority. This will be supported through the recruitment to the Network of an Equality, Diversity and Inclusion Champion.

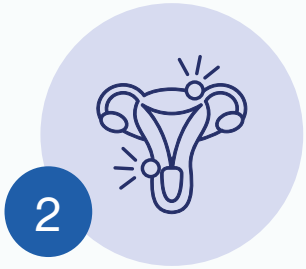
Improved Access

Amongst many lessons learnt during the Covid-19 pandemic, was that delivery of health services via digital platforms can be a positive and progressive step to enabling access, not least for women who often have multiple care roles and find accessing in-person appointments a challenge. But there must be choice. Access must be person-centred and, to ensure this, we must co-produce women's health services.

These ambitions are embedded in the Plan across The 8 Priority Areas which will be delivered across short, medium and long-term actions. They are;



1 Menstrual Health

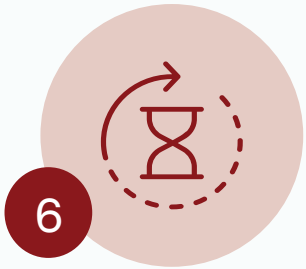


2 Endometriosis and Adenomyosis

3 Contraception, Post-Natal Contraception and Abortion Care

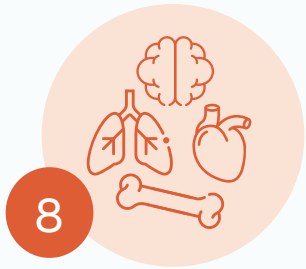
4 Preconception Health

5 Pelvic Health and Incontinence



6 Menopause

7 Violence Against Women, Domestic Abuse and Sexual Violence



8 Ageing Well and Long-term Conditions Across the Life Course

Each priority area is expanded on within the Plan

Short-term period
Up to 2 years

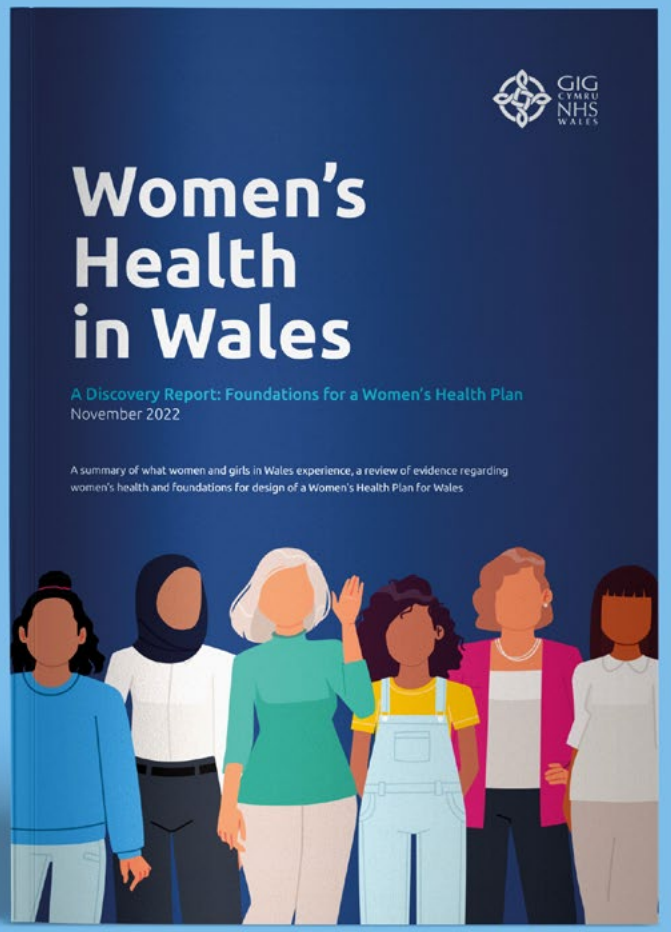
Medium-term period
3-5 years

Long-term period
6-10 years

It is important the Network continues to listen to the voices of women in Wales to co-create and build on the work established through the 'Discovery Report'[2].

To support the implementation of the Plan and ensure that it is co-produced by women in Wales, the Network has agreed to the following within the first two years:

- Commission a 'deep dive' into the 4000 results of the 'Discovery Report'[2] to develop a framework to support future learning.
- Survey women aged 16 25 years, those over 65 years of age, and those from Black and Minority Ethnic Groups.
- Recruitment of an Equality, Diversity and Inclusion (EDI) Champion to the Network.
- Create an NHS Women's Health Website.



The Health of Women in Wales

The Health of Women in Wales

A Life Course Approach

At every phase of life, women have specific needs and opportunities to optimise their health and wellbeing. A life course approach is built on evidence-based strategies and the right to the highest attainable standard of health at all times[6].

While women comprise 51% of the population in Wales, they represent a much higher proportion of the primary carers in society and exert a strong influence on the health behaviours of their families and local communities. Although women are living longer, a significant proportion of their life, almost two decades, is spent in ill health.

Adopting a life course approach provides an insight into the impact of the many biological, behavioural and social determinants of health and wellbeing. Not only do events occurring at each stage of an individual woman's life have an impact on the quality of the next stage, but there is clear evidence of a strong intergenerational transmission of both good and bad health behaviours and outcomes.

Most importantly, a life course perspective offers us the potential for early intervention to reduce the risk of certain diseases developing.

We need to use knowledge and data collected throughout women's lives to develop improved services for women that follow prudent health and care principles[9] which sit at the heart of 'A Healthier Wales'[10], avoiding the unnecessary wasting of resources and ensuring the delivery of value-based outcomes.

Placing women and their needs at the centre of our service planning and taking practical steps to harness existing resources and use them more efficiently can achieve this. We need to work together, with a shared vison for women's health in Wales.

Principles of Prudent Health and Care[9]

Equity based care, treating greatest need first

Do no harm – do some measurable good

Do the minimum appropriate, to achieve the desired outcomes

Choose the Most Prudent Care, openly together with the patient

Consistently apply evidence-based medicine in practice

Co-create health with the public, patients and partners

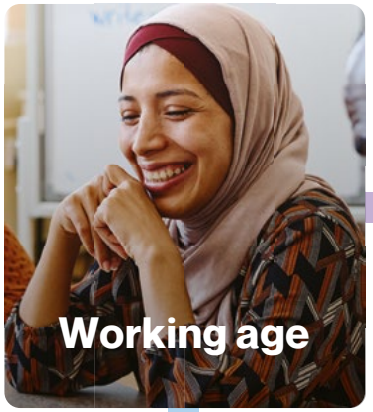
Population of Wales

51% women

49% men

1 in 4 girls experience childhood sexual abuse

35% of girls have low mental wellbeing scores



4,500 young female carers in Wales

11.9% of girls achieve the recommended physical activity targets

3.1% of girls smoke

40.9% of girls drink alcohol

51.2% of women meet physical activity guidelines

22.3% of women have a disability

22% of women (16-44) have a mental health diagnosis

12.4% of women smoke

9.8% of women drink above alcohol guidelines

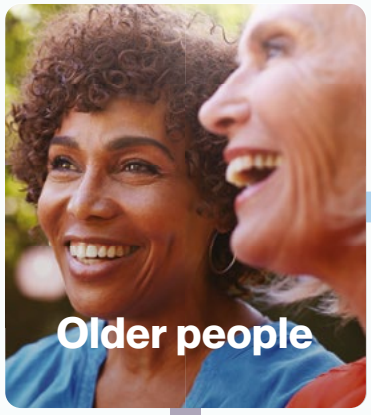
Women earn on average **£1 p/h less** than men in 2023

71% of the part-time workforce is made up of women

52% of women have reported being sexually harassed or abused in the workplace

13.8% of pregnant women in Wales were smoking with 11.7 through to delivery

60.1% of women are above the recommended BMI during pregnancy



50% chance of women receiving a wrong diagnosis following a heart attack

13.5% of the female population is made up of women of menopausal age

Over 60% of UK women have at least one symptom of poor pelvic floor health

31.6% of women reported a mental health problem during pregnancy

81.8 years is the average life expectancy for a woman

60.5 years female **healthy** life expectancy

1 in 3 women will have a fragility fracture

14.2% Alzheimer's in women is the leading cause of death in women in Wales

Women are **twice** as likely to develop Alzheimer's compared to men

*Data references page 125

> *Black, Asian and Minority Ethnic people make an immeasurable contribution to a prosperous, healthier, more equal Wales with vibrant cultures and thriving languages.*[7]
>
> **Rt Hon Mark Drakeford MS**

Wider Determinants of Health

Women are the 'shock absorbers of poverty', tending to bear responsibility for household budgets and to skip meals and make other sacrifices to support their children.

UK Women's Budget Group (2022), The gendered impact of the cost of living crisis[12].

3. Wider Determinants of Health

3.1 The Building Blocks of Women's Health

The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health. Systematic variation in these factors leads to health inequalities which are avoidable differences in health outcomes between groups or populations. Health disparities are a particular type of health difference that is closely linked with social, economic and/or environmental disadvantage and adversely affect groups of people who have systematically experienced greater obstacles to health[13].

For example, women's health is influenced by more than access to healthcare. For the women of Wales to be healthy, we need all the right building blocks of health and wellbeing to be in place. The building blocks are the positive things that everyone needs to be healthy, and they include things like warm homes, good jobs, education, enough money to pay bills, safe childhoods and connections with people in our communities. There is a need to reduce health inequalities and prevent them from getting worse, by targeting their causes and mitigating their impact.

Between 2018 and 2020, life expectancy for women in Wales was on average 82 years. However, there was a 6.3 year gap in life expectancy between women residing in the least and most deprived areas respectively (84.7 years versus 78.4 years). During the same time, a gap of 16.9 years was observed in healthy life expectancy between women residing in the least deprived and most deprived areas (70.2 years versus 53.3 years)[14].

2018 — **6.3 year gap** in life expectancy women residing in the least and most deprived areas — 2020

2018 — **16.9 year gap** in **healthy** life expectancy between women residing in the least and most deprived areas — 2020

Women from all age groups are more likely to live in more deprived areas than men according to analysis of the Census 2021 data[15].

Evidence has shown that black and minority ethnic groups and disabled and lone parent women face especially worse health disparities linked to social and economic status[16]. Being in employment is not necessarily protective against poverty and women are more likely to be in working poverty than men. Across all age groups, women were more likely to be in material deprivation than men, with 13% of women materially deprived compared with 9% of men[17]. Living in poverty is known to be damaging for health and one of the main causes of poor health and health inequalities.

The Welsh Government is committed to tackling poverty, addressing the gender pay gap and eradicating male violence against women and girls. Significant work is being undertaken across the Welsh Government, the public and the third sector to address these major societal issues. It is vital that the NHS works with other public bodies to improve health equity and work to improve the wider determinants of health.

3.2 Link between Gender Equality and Health

Gender equality is key to achieving a prosperous and modern economy that can deliver sustainable and inclusive growth. Gender equality is essential for ensuring that men and women can contribute fully at home, at work and in public life, for the betterment of societies and economies at large. Gender gaps persist in all areas of social and economic life, and the size of these gaps has often remained persistent[18].

Gender inequalities play a role in driving inequities in health and wellbeing. Gender can interact with, and frequently amplifies, other inequalities, such as race or poverty, in shaping our entire life experience. Gender equality can also play an integral part in contributing to the 'building blocks' of good health.

Whilst the workforce participation rates of women have moved closer to those of men over the past few decades, women are still less likely to be in the workforce and often experience lower job quality. Women with jobs are more likely to work part-time, for lower pay, and in less lucrative sectors. Women are also less likely to advance to management positions and are more likely to face discrimination in the workplace[18]. We know that fair work is a key determinant of health.

On average, women spend roughly triple the amount of time that men do each day in unpaid care and domestic work, according to the latest available data from around 90 countries[19]. That work includes a variety of unpaid activities, such as taking care of children and the elderly, and domestic chores. This double burden of managing work and home life can impact women's health and wellbeing, with increased stress and mental health problems[20].

On average, women spend roughly triple the amount of time that men do each day in unpaid care and domestic work, according to the latest available data from around 90 countries[19].

3.3 Intersectionality and vulnerability

Intersectionality in women's health means looking at how different aspects of a woman's identity, such as her race, gender, income, and more, combine to impact her health. Instead of seeing these factors separately, intersectionality helps us understand how they work together to create unique health challenges for each woman[21]. By using this approach, healthcare providers can create better, more personalised care plans that address the specific needs of diverse groups of women[22].

There are some groups of women, who are particularly vulnerable, and as a result have worse health outcomes. High numbers of women in prison and those in contact with the criminal justice system experience poor physical and mental health and many are living with trauma. Almost 60% of women who offend have experienced domestic abuse[23]. Romany Gypsy, Roma and Irish Traveller communities, migrants and sex workers are known to face some of the starkest inequalities in healthcare access and outcomes. The reasons for these poor health outcomes are complex, but include the impact of discrimination and stigmatisation, the complicated nature of health systems and the effects of wider social determinants of health[24].

3.4 How can we promote gender equality?

Promoting gender equality would deliver several benefits for societies and economies. Providing equal opportunities has an intrinsic value for women. Likewise, societies that treat women fairly are also healthier, happier, more trusting, equal and inclusive[25]. Having more women at work tends to reduce income inequality and support household incomes during economic downturns, which will lead to fewer health inequalities[26].

Policies that reconcile work and family life, notably through early education and care services, can help level the playing field by compensating for disadvantages at home. They allow women to progress in their careers, if that is their choice, and avoiding the transmission of disadvantages to children. They can also support parents' participation in the labour market and mitigate the detrimental impacts of financial hardship on the future outcomes of children[18].

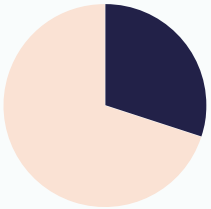
3.5 Health in the Workplace

Women have specific physical health needs in the workplace. This requires an integrated approach that prioritises health interventions that support women at all stages of their working lives.

This must include addressing common issues relevant to menstrual health, menopause, mental health, and chronic conditions that disproportionately affect women.

Due to deep-rooted gender inequality, women in Wales bear a disproportionate share of caring responsibilities and dominate traditionally lower-paid occupational sectors, such as health and social care. For women who experience intersecting disadvantage and discrimination, for example, women who are racialised, disabled, or single mothers, their outcomes are poorer.

In the UK, women from black and minority ethnic groups are twice as likely to be on zero-hour contracts when compared with white men[27].



Thirty point two percent of disabled women in the UK reported being trapped in severely insecure work in 2022[28].

38%

In Wales, 38% of single parents, the majority of whom are women, are living in relative income poverty[28].

Evidence has also shown that 75% of women who experience domestic abuse and violence are targeted at work, ranging from harassing phone calls and abusive partners arriving at the workplace unannounced, to physical violence[29]. Twenty one percent of employed women take time off work because of domestic abuse and 2% lose their jobs as a direct result of abuse[29]. Fifty two percent of women have reported being sexually harassed or abused in the workplace[30]. In 2023, NHS England launched its first ever, sexual safety charter, in collaboration with key partners across the healthcare system[31]. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. NHS Wales should consider a similar charter.

73%

Research by Women's Aid in 2022 found that 73% of women living with and having financial links to their abuser said the cost-of-living crisis has either prevented them from leaving or made it harder to do so[32].

By encouraging workplaces to be inclusive and supportive, environments can be created where women can thrive, without health related barriers affecting their careers.

Healthy Working Wales[33] (HWW) is a national programme that aims to improve health and prevent ill health among the working age population, by working with and through employers and workplaces. It does this through a digital offer to provide employers with a self directed approach to employee and workplace health and wellbeing activity. By encouraging a culture of openness and support, HWW aims to contribute to a more equitable and healthier workplace for all women, ensuring their wellbeing is prioritised in line with broader health and employment issues.

The menopause is also a key time in the lives of women when their work life can be negatively impacted by their physical health. Through policies such as the 'All Wales Policy on Menopause'[34], employers can be supported in their duty to create safe supportive environments for women during the menopause. An example of this can be seen in Cwm Taf Morgannwg University Health Board (CTMUHB) where Menopause@CTM[35] was launched in 2021, a dedicated service to support CTMUHB staff, born out of the realisation that employees at CTMUHB should feel supported.

Achieving gender equality and empowering all women and girls is Goal 5 of the 'Sustainable Development Goals'[36] and aligns with the 'Wellbeing of Future Generations Act (Wales) 2015'.

The Plan and 'Advancing Gender Equality in Wales'[37] are synergistic in their goals and approaches. Together, they aim to create a more equitable society where women can achieve optimal health and wellbeing, free from discrimination and inequality. By aligning these initiatives, Wales can make significant strides towards both improved health outcomes for women and the overall advancement of gender equality.

Prevention Based Women's Health

4. Prevention Based Women's Health

4.1 A Prevention Framework for Women's Health

The 'Better for Women' report published in 2019 by the Royal College of Obstetricians and Gynaecologists (RCOG) highlights that a preventative approach is required across the life course to prevent predictable morbidity and mortality and to address the determinants of health specific to women's health[38].

Prevention strategies in women's health encompass a wide range of practices aimed at reducing the risk of diseases, enhancing quality of life, and ensuring that women live longer, healthier lives. Taking a preventative approach to women's health is aligned to 'A Healthier Wales'[4], which advocates for achieving "a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health".

Whilst many examples of preventative activities exist in relation to women's health, a preventative approach is not systematically embedded across the life course for women, resulting in missed opportunities to help women access the support they need.

Prevention is, therefore, integral to every part of the Plan, including:

- Preventing unintended pregnancies.
- Preventing sexually transmitted infections (STI).
- Preventing poor outcomes in gynaecological conditions.
- Preventing violence against women and girls.
- Preventing the onset of non-communicable diseases, including mental health conditions, where possible, and addressing inequalities in outcomes for established conditions.
- Preventing cancers, where possible.

"Prevention is the cornerstone of maintaining and improving overall health and wellbeing, and for women, this focus becomes even more critical due to the unique health challenges they face throughout their lives.

Dr Amrita Jesurasa
Consultant in Public Health Medicine,
Public Health Wales.

Preconception health is a particular area in which opportunities remain for maximising a preventative approach, as highlighted within this Plan.

Access to, and investment in, contraception services is one of the simplest and most effective ways to support women's health in Wales. Forty five percent of pregnancies within the UK are unplanned or associated with feelings of ambivalence[39], which have been estimated to lead to direct healthcare costs of £193m per year in the UK[40]. More importantly, women who have unintended pregnancies are more likely to delay prenatal care, experience violence, and have mental health problems[41]. In addition, children of women who have unintended pregnancies are at increased risk of mental and physical health problems and are more likely to struggle in school[42]. Investing in safe, effective contraception is one way to prevent this, and figures show £9 in savings for every £1 invested in publicly provided contraception over ten years[42].

As well as access to contraception, the frequent, routine touchpoints for women within the NHS in the preconception and postnatal periods provide opportunities to promote uptake of immunisations, routine screening programmes and adoption of healthy behaviours. They also help to identify and manage clinical and behavioural risk factors, and to offer support to women with any issues affecting wider determinants of their health and wellbeing.

Screening programmes are offered across the life course to women and are evidenced based programmes that either prevent disease or identify disease early to improve outcomes. These are cervical screening to prevent cervical cancer; breast screening to detect breast cancer early; and antenatal screening which is a key part of antenatal care. Other universal programmes are also available such as diabetic eye screening and bowel cancer screening. Enabling women to consider taking up their screening offer is key to improved outcomes.

45%

of pregnancies within the UK are unplanned or associated with feelings of ambivalence.

which have been estimated to lead to direct healthcare costs of

£193 million

per year in the UK.

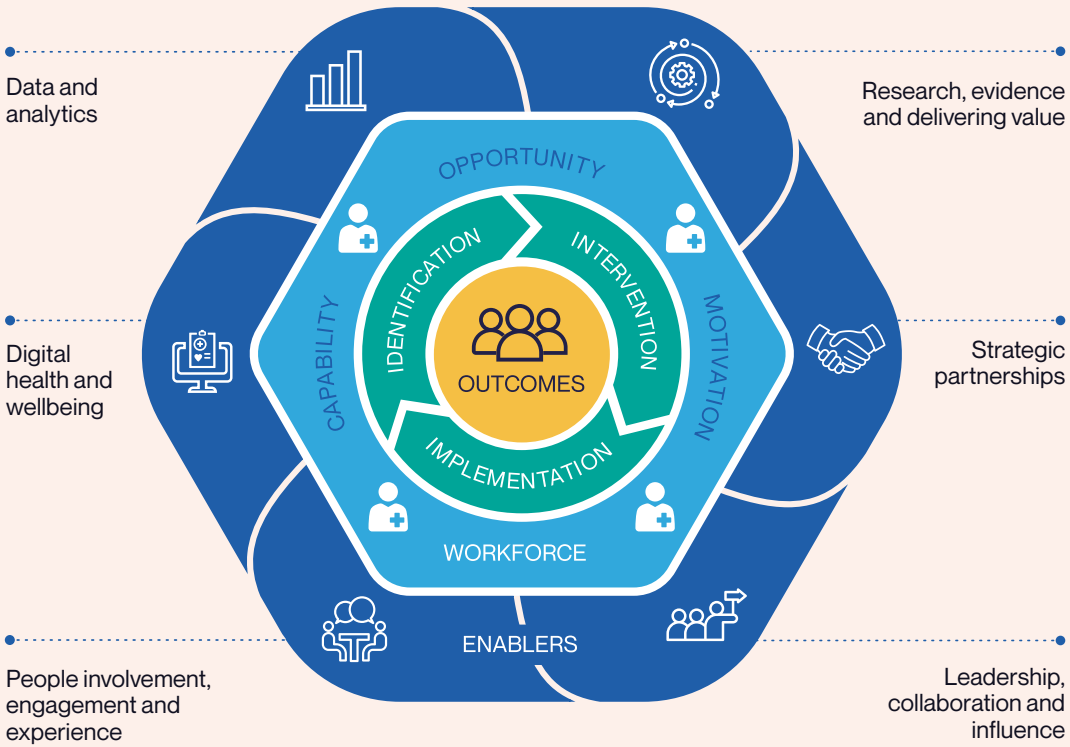
More importantly, women who have unintended pregnancies are more likely to delay prenatal care, experience violence, and have mental health problems.

Whilst many of these effective preventative interventions are well recognised, barriers exist to implementing these systematically into practice. Public Health Wales has developed the Prevention-Based Health and Care (PBHC) Framework[43], which identifies fundamental components needed to shift the health and care system towards a prevention-based approach (figure 1).

Figure 1: Prevention-based health and care – A framework to embed prevention in the health and care system in Wales.

Prevention-based health and care

A framework to embed prevention in the health and care system in Wales



Outcomes

What are the desired outcomes?

Identification

Who needs to benefit and how can they be reached equitably?

Intervention

What high quality prevention activity is needed?

Implementation

How should prevention activity be delivered safely, equitably and in a timely and person centred way?

Is prevention activity scaled to meet need? Are there gaps in provision? Is there unwarranted variation?

Workforce

Who will deliver the prevention activity?

How can optimum conditions be created to support the workforce's capability, opportunity and motivation to deliver prevention activity?

Enablers

How can enablers support a coordinated and systematic approach to delivering prevention activity?

How will we know if the desired outcomes are being achieved?

To embed a preventative approach to women's health, applying the PBHC framework can help to build consensus on:

- The priority outcomes to be addressed.
- The target population(s) to be reached equitably.
- The population's needs.
- The evidence-based interventions required and their alignment to the 'Six domains of healthcare quality' (Safe, Timely, Effective, Efficient, Equitable, Person-centred).
- What is needed to address: unwarranted variation; gaps in preventative activity; scalability of high-quality interventions.
- Workforce considerations.
- Key action to progress the implementation of the enablers of preventative approaches, for example, in relation to data, digital requirements, public involvement, research and evaluation priorities, and strategic partnerships.

Women's Health Research

Delivery of the Women's Health Plan must be underpinned by high-quality evidence and a research community within Wales that prioritises women's health.

Professor Jacky Boivin
Professor of Health Psychology (Women's Health), Cardiff University.

5. Women's Health Research

It is well known that the lack of women specific health evidence and data, explains and perpetuates women's poor healthcare experiences and outcomes, and leads to a widespread failure to invest in the services women need.

With eight universities, Wales can boast some of the most well-respected academic institutions in the UK. Producing high calibre research, and home to the globally acclaimed SAIL databank[44], Wales is a leading exemplar in the academic world.

In March 2024, the Welsh Government announced how it would support investment in women's health research over the coming years. This included a prioritisation exercise in autumn 2024 and, a commissioned call in early 2025 with £750,000 of investment. Further to this, is the commitment to encourage a bid from Welsh universities for catalytic funding to create a Women's Health Research Centre[45].

The Network will collaborate with HCRW, and the Welsh Government to ensure research is aligned with the needs of women, first and foremost, and that outputs have an impact on the services women use on a day-to-day basis. Through its partnerships, the Network will have the unique opportunity to co-produce with patients, researchers and other stakeholders, to gather evidence that will help shape policy and directly inform decision-making in women's health across Wales.

The women's health innovation sector in Wales, including technology and devices, has significant growth potential to improve women's health. To make sure innovations in health work for women, and address outcomes that matter to them, we need to ensure that academics, patients, and industry (including women innovators) work in partnership. The Network will seek to support and facilitate a space where diverse and interdisciplinary partners can come together to devise, develop, and evaluate tools and interventions to improve women's health in a co-productive and rigorous way. This space should include third sector women's organisations that have direct and current contact with women, including women that may not want, or be able, to participate in research.

Opportunities to participate and train in women's health research need to be accessible to those working in health and care services, especially primary and community care settings. Ways to inform and integrate research into GP practices, at an individual or cluster level, need to be better facilitated. The Network will seek to bring together the key stakeholders (i.e., HCRW, academic institutions, primary care and Health Education and Improvement Wales [HEIW]) to learn what the barriers are and where the opportunities lie to create and grow 'research active' primary care clusters.

Finally, there needs to be guidance developed that ensures a sex and gender intentional lens is embedded in all areas and stages of research and infrastructure in Wales. The Network will work with partners to create a framework and associated training (e.g., Continuing Professional Development activity, capacity-building resources) that supports this ethos, which can be disseminated across the NHS Wales Executive and key stakeholders, including the Welsh Government and the third sector.

Summary of aims to support women's health research in Wales.

The Network will work with partners to:

- Create priority areas for development, as highlighted through the Discovery Report and ongoing engagement with women.
- Identify best pathways for efficient implementation of research findings.
- Facilitate collaboration between industry and the NHS to devise, develop, and evaluate tools and interventions that address identified priority areas for development in women's health in a co-productive and rigorous way.
- Co-produce a 'best-practice' sex and gender intentional framework and build capacity to integrate the framework in research infrastructure in Wales.
- Ensure that dedicated sustainable funding for women's health research is made available.
- Create and grow 'research active' primary care clusters.

Example of Women's Health Research Project from Bangor University. Dr Ceryl Davies, Social Care Economist, Centre for Health Economics and Medicines Evaluation, School of Health Sciences:

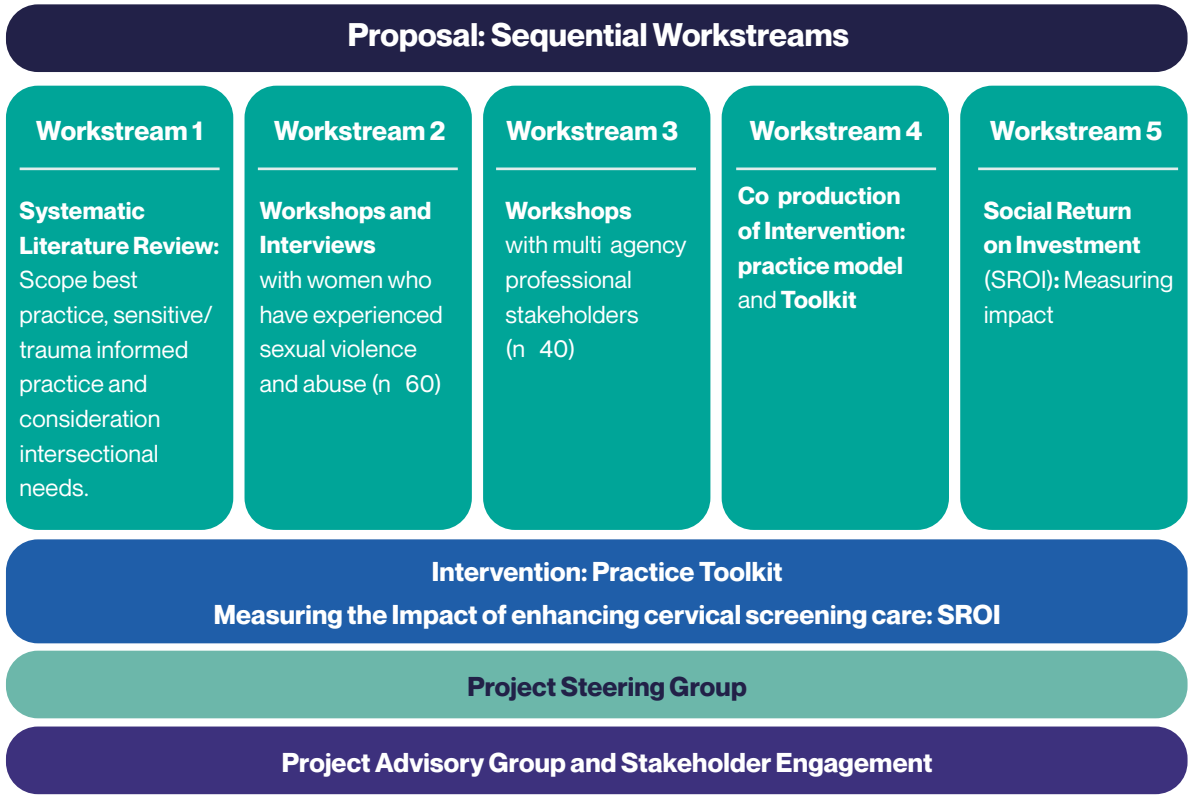
Title: What is the impact of enhancing cervical screening care provision in Wales, England and Australia for women who have experienced sexual violence and abuse?

Key statistics: The nature of the problem

- Estimates reflect that one in four girls experience childhood sexual abuse.
- One in three women experience sexual violence.
- Women who have experienced sexual violence and abuse (SV&A) often experience challenges to attending health care, including accessing care immediately following an episode of abuse and difficulties in accessing healthcare throughout their lives.
- There is continued decline in the uptake of cervical screening, with several practical barriers reported (e.g. the emotional anxiety caused), with additional barriers reported from women of ethnic minority backgrounds.
- Calculations indicate that raising screening coverage to 84% could save the NHS £10 million, with estimates that cervical screening saves around 5000 lives a year in the UK*.
- When women who have experienced SV&A do attend for cervical screening the experience is often difficult and re-traumatising.

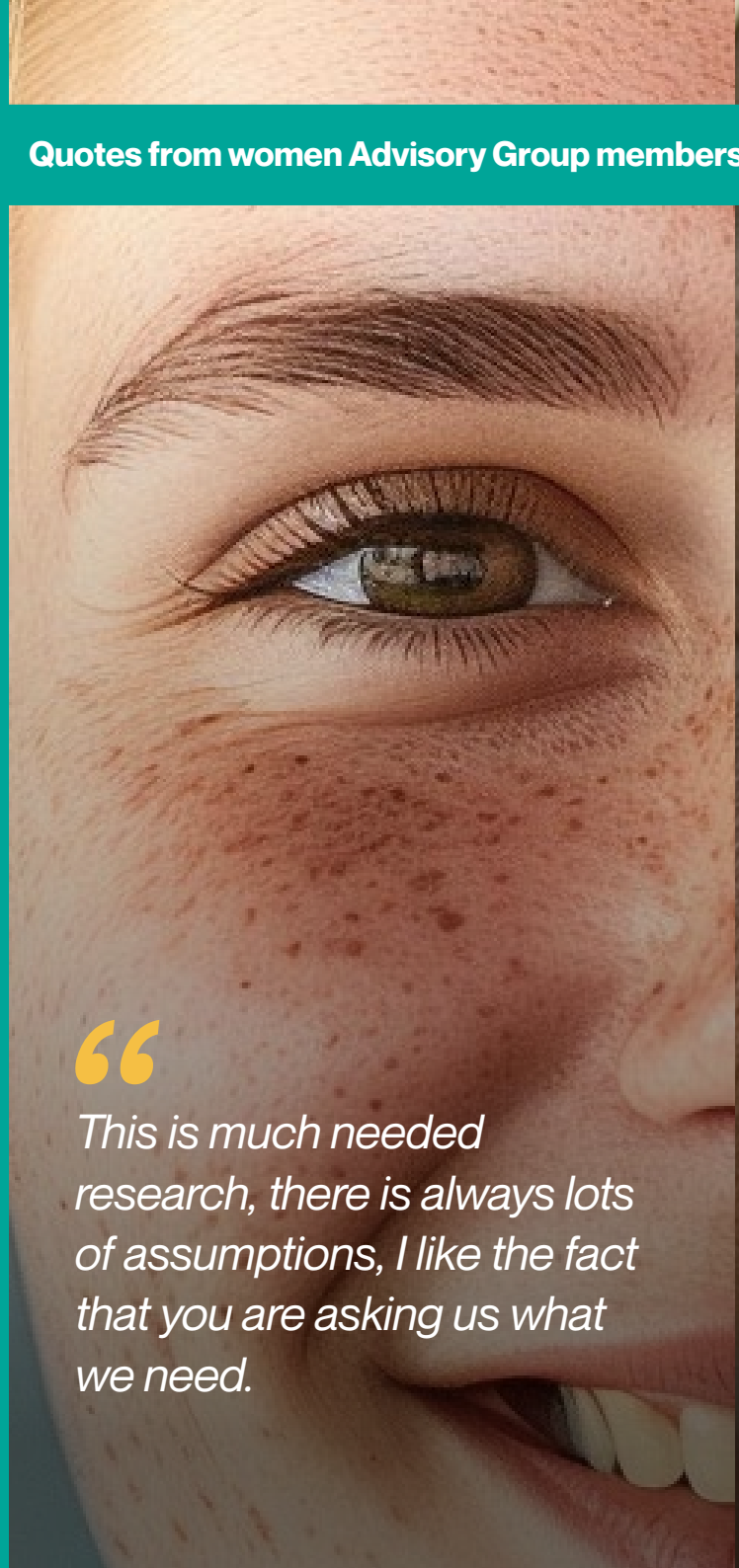
Aims and objectives

The aim is to identify, explore and measure the impact of enhancing cervical screening care provision in Wales, England and Australia for women who have experienced SV&A.

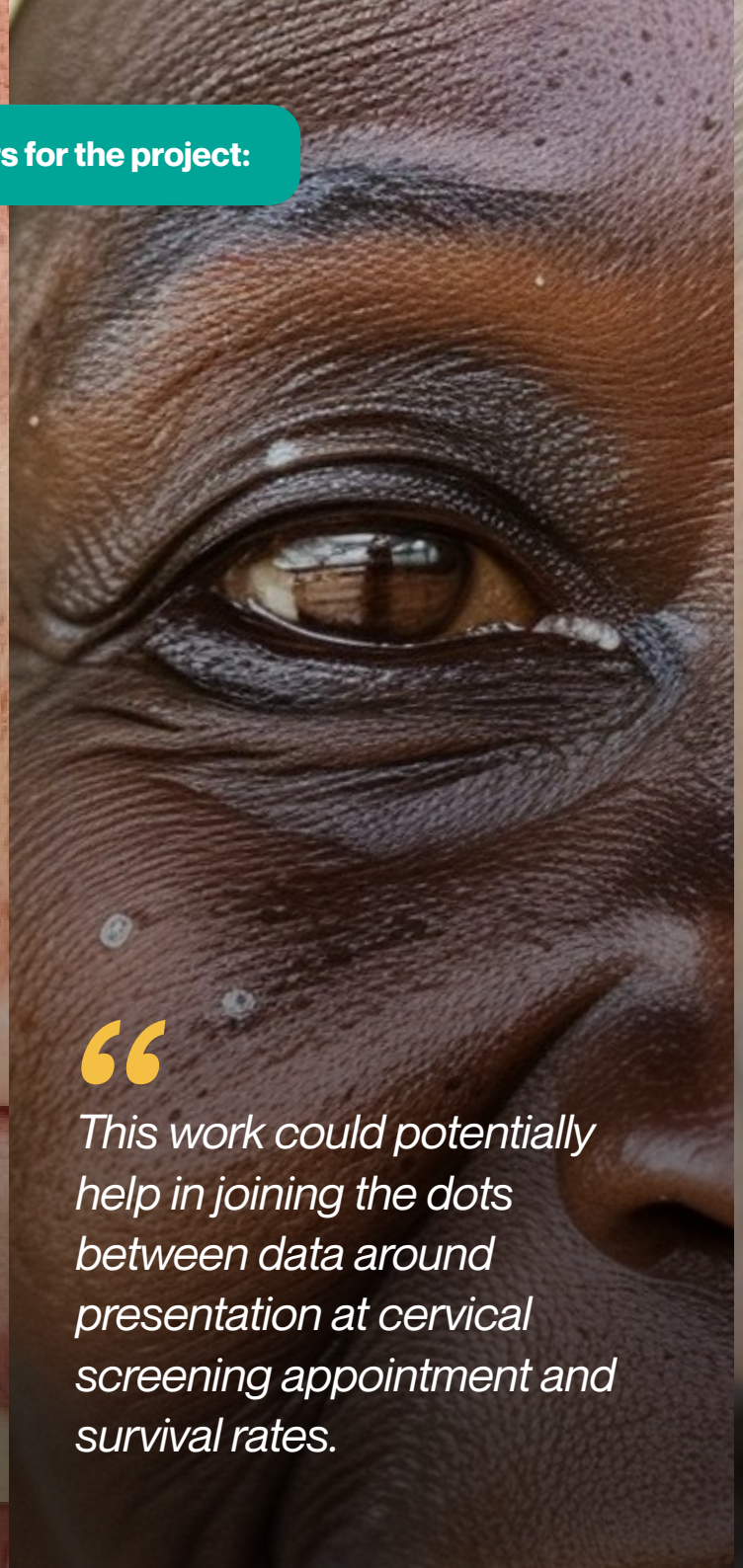


* Jo's Trust (2017). Cervical screening in the spotlight.

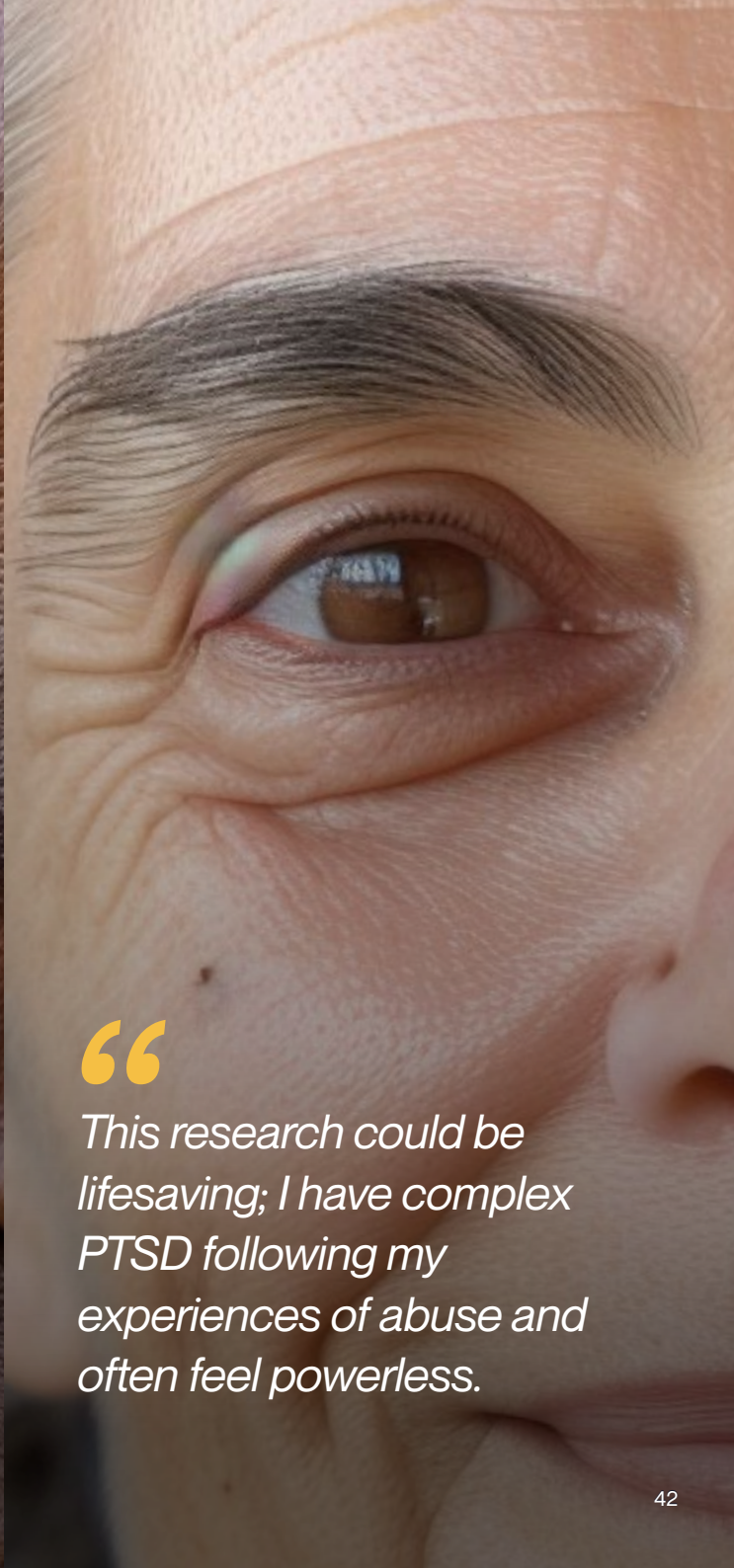
Quotes from women Advisory Group members for the project:



This is much needed research, there is always lots of assumptions, I like the fact that you are asking us what we need.



This work could potentially help in joining the dots between data around presentation at cervical screening appointment and survival rates.



This research could be lifesaving; I have complex PTSD following my experiences of abuse and often feel powerless.

Data-driven Decision-making

In the evolving landscape of healthcare, data-driven decision-making is pivotal to enhancing women's health outcomes. Data plays a critical role in driving improvements and achieving better health outcomes for all women.

Navjot Kalra
Assistant Director Data and Analytics,
Digital Health and Care Wales

6. Data-driven Decision-making

Data-driven decision-making supports shared decision-making in consultations, quality improvement in services, resource allocation, and research.

It is integral to value-based healthcare because it relies on robust data to measure health outcomes, identifies areas for improvement and tailors interventions to individual patient needs. Data-driven decision-making is essential to achieving this by providing insights into patient needs and care processes.

It is a key aim of the Network, through its collaborations with digital partners, to create high-quality and meaningful data dashboards that will:

Reduce health inequalities through digital systems.

Digital systems are critical in reducing health inequalities by ensuring that all women, regardless of geographic location or socioeconomic status, receive consistent, evidence-based care. These systems will engage women as active partners in their healthcare, allowing them to plan for their needs at all stages of life. Digital systems ensure that women's needs are met because they have a clear understanding of the care they can expect to receive using an appropriate evidence base therefore supporting women to empower themselves.

Standardise digital records for seamless, person-centred care.

Standardising and linking health data provides a comprehensive view of the patient, reduces errors and drives improvements by enabling comparison and benchmarking. Digital records are more than just part of a woman's medical history; they also facilitate the seamless sharing of information between health and social care professionals, ensuring that women can access care wherever and whenever they need it in Wales. Collecting standardised information creates a single source of truth and allows for the sharing and storing of data so that healthcare professionals can make informed, timely decisions based on comprehensive, real-time insights to provide person centred care to improve women's health and experience.

Collect meaningful outcomes.

Structured questionnaires, such as Patient Reported Experience Measures (PREM) or Patient Reported Outcome Measures (PROM) provide valuable insights into symptom burden and quality of life. They are important tools and should be embedded across our healthcare systems to be accessed by patients and their clinicians in support of new models of care.

Collaborate and innovate.

Bringing clinicians and analysts together to start answering some of the key questions affecting women's health is crucial. Developing models to predict health risks and outcomes for early intervention is essential. Embracing technologies like artificial intelligence (AI) and machine learning can uncover patterns in data, whilst collaboration among clinicians, analysts, researchers, patients, industry and policymakers fosters actionable insights.

Actions to support data-driven outcomes of the Women's Health Plan.

- Develop a national plan to enhance data related to gender and sex.
- Develop a national approach to informatics systems to provide relevant, high quality, standardised data, available by gender and sex, to drive service improvement.
- Measure services for women using surveys, clinical data and peer review that reflect the quality of patient care and its outcomes.
- Utilise the analytical capabilities of the National Data Resource (NDR) to support evidence-based services for women across NHS Wales.

"By leveraging data, we can provide personalised care, reduce inequalities (between women and men and within women), enhance care quality and improve health outcomes for women at every stage of their lives".

Helen Thomas
Chief Executive, DHCW.

Connecting Care: Supporting Community-Based Services

Connecting Care aims to support the provision of care across a range of community-based health and social care services. This encompasses services for pregnancy and postpartum support ranging from health visitors to mental health services, community nursing and support from allied health professionals providing support throughout the woman's life cycle. The initiative aims to facilitate the sharing of information to safeguard the most vulnerable women in Wales, eliminating the need for them to share their stories repeatedly and reducing the impact of revisiting their trauma. By capturing data, Connecting Care will enable population-based insights to better plan preventive services, support, and screening for women. Through a shared care record, information will be easily accessible, ensuring that women's care is delivered at the right time and place by the appropriate professional.

Digital Maternity Cymru: Transforming Maternity Care and Empowering Women with Digital Tools

Digital Maternity Cymru aims to overcome the challenges of fragmented systems by ensuring efficient, effective processes that improve the quality and safety of care for women and babies. The programme's vision is to deliver a digital maternity solution that not only supports clinicians but also empowers women to actively participate in their care, leading to improved outcomes and experiences. Through a patient portal, women will have access to their personal maternity records, allowing them to engage with their care, stay informed about their care plans, and communicate their needs and preferences to clinical teams. Consistent, evidence-based guidance will be available through the portal, supporting informed decision-making and consent that aligns with individual circumstances and family needs. This will foster stronger partnerships between women and healthcare providers.

NHS Wales App

The NHS Wales App equips women with digital tools to manage their healthcare needs. From booking appointments, ordering repeat prescriptions, viewing their GP health records, access to evidence-based information, NHS 111 Wales, to using My Health Journal, women are empowered to organise their health needs. Planned for future development, features such as the "About Me" record will ensure that a woman's preferences and wishes are always considered and taken into consideration when developing personalised care plans. Soon, women in Wales will have access to an accredited resource library and apps, including a link to a dedicated women's health platform. Women will also have authorised access to information for those they care for, such as their children, partners, or older people.

Digital transformation has the potential to revolutionise women's health, and Digital Health and Care Wales (DHCW) is actively supporting digital inclusion and literacy for women as part of DHCW's Digital Inclusion Alliance Wales Charter Action Plan[46], working closely with the Digital Communities Wales[47] programme and Digital Services for Patients and Public[48] (DSPP) led Digital Champions initiatives.

The 8 Priority Areas

7. The 8 Priority Areas

The following chapters focus on clinical areas that are a priority in Wales.

Each chapter clearly outlines the key actions that will help to implement the Welsh Government 'Quality Statement for Women and Girls'[5], and ambitions of the 'Discovery Report'[2]. Wales needs a whole system, joined-up, life course approach to women's health. Each action has been 'assigned' to a responsible body, although multiple organisations may need to be involved.

A timeline to support delivery of short, medium or long-term actions has been applied.

Short-term actions
Up to 2 years

Medium-term actions
3-5 years

Long-term actions
6-10 years

The right to health is a human right and the health of a nation is determined by the health of its girls and women.

Dr Flavio Bustree
Former Assistant Director General at the World Health Organization (WHO).

Our vision is that in 10 years:

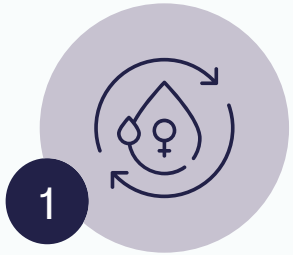
Women will experience better access to health services, including access to health information, with a prevention focus, improved health outcomes and reduced inequalities in health.

Our workforce will be appropriately skilled and trained to deliver women's health services in a variety of settings, providing for a range of complexity.

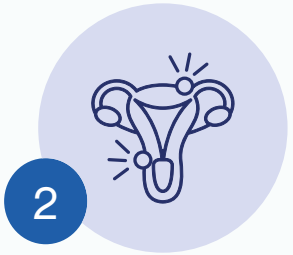
Health Boards will prioritise women's health services across the life course and listen to, and act upon, the voices of women in developing these services.

Data collection across Wales, in every service, irrespective of specialism, will be disaggregated by gender and sex, and data will be used to better understand women's health needs, through research and innovation, to improve service provision and outcome.

The 8 Priority Areas are:



Menstrual Health

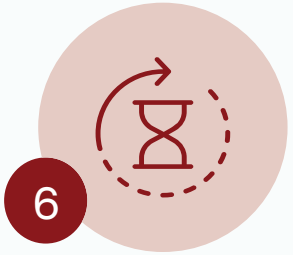


Endometriosis and Adenomyosis

Contraception, Post-Natal Contraception and Abortion Care

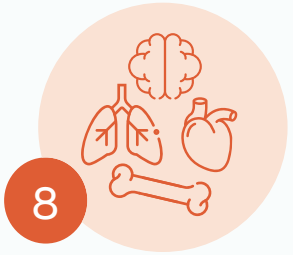
Preconception Health

Pelvic Health and Incontinence



Menopause

Violence Against Women, Domestic Abuse and Sexual Violence



Ageing Well and Long-term Conditions Across the Life Course

Menstrual Health

Menstrual Health directly impacts women's overall wellbeing, education, and economic participation, and is connected with cross-cutting themes such as gender and sex equality, access to healthcare, and education.

One in three women experience heavy periods, where the blood loss interferes with the woman's physical, emotional, social and material quality of life and which can occur alone or in combination with other symptoms.

Menstrual health disorders include heavy menstrual bleeding (HMB), endometriosis, fibroids, adenomyosis, polycystic ovary syndrome (PCOS) and pre-menstrual syndromes (PMS), pre-menstrual dysphoric disorder (PMDD).

HMB may place an economic burden on the individual and wider society by reducing participation in school and at work. One study found on average 8.9 days of total lost productivity per year due to presenteeism, defined as the lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury, or other condition[49]. 67.7% of the study participants wished they had greater flexibility in their tasks and working hours at work or school during their periods[49].

1 in 3

women experience heavy periods.

8.9

days of total lost productivity per year due to presenteeism.

67.7%

participants wished they had greater flexibility in their tasks and working hours at work or school during their periods[49].

In 2021, Bloody Brilliant launched as an online resource and educational platform for adolescents[50]. It is co designed with young people to help break taboos and enable open conversations about period health, including what is normal and when they should seek help.

The Welsh Government has also invested over £9million into reducing period poverty in Wales through their Period Dignity Action Plan[51]. NHS Wales will work with Welsh Government to build a society where period equity exists, where women and girls have access to:

- Products, facilities, and healthcare to manage their period and menstrual health.
- Universal education about menstrual health.
- Freedom from stigma and discrimination that restricts access and choices.

Short-term: up to 2 years Medium-term: 3-5 years Long-term: 6-10 years

Actions

Time Frame	Action	Accountability and Partnerships
Short	Make Every Contact Count (MECC): Clinicians should take the opportunity to ask women about menstrual health and menopause as part of existing touchpoints such as cervical screening or health checks, and ask within other, non-gynaecology related health appointments when it is appropriate to do so.	GP Practices / Primary Care Clusters / Health Boards
Short	Develop and raise awareness of Bloody Brilliant resources.	Women's Health Network
Short	Scoping exercise to review current workforce capability and capacity to deliver specialist women's health 'hubs' in each Health Board to support timely diagnosis and management of menstrual health conditions, with a pathfinder in each Health Board by the end of March 2026.	Women's Health Network / Welsh Government
Short	Developing learning materials on menstrual health including: endometriosis, pelvic health and menopause for school nurses to use at secondary level.	Welsh Government / Women's Health Network
Medium	Develop educational materials to support knowledge and learning for everyone including boys and men.	HEIW / Women's Health Network / PHW
Medium	Every Health Board to benchmark current services against the updated National Institute for Health and Care Excellence (NICE) guideline NG88 (2021) with clear actions to close gaps in provision to improve access to specialist diagnostics and treatment (i.e. hysteroscopy).	Health Boards
Medium	Increasing menstrual health research opportunities in Wales.	HCRW / Women's Health Network / Welsh Government and Industry
Long	National Women's Health Dashboard with reporting against key measurables in menstrual health.	Health Boards / DHCW

Endometriosis and Adenomyosis

Endometriosis and Adenomyosis has significant effects on women's physical and mental health, fertility, and quality of life, and they intersect with themes such as access to specialised healthcare, mental health support, and advocacy for reproductive rights.

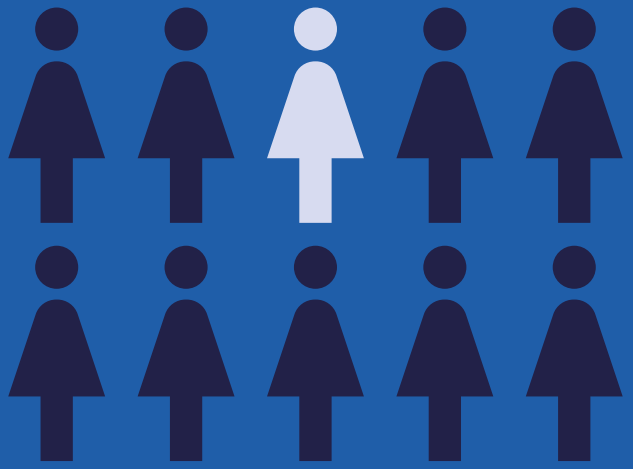
Endometriosis is a chronic condition where tissue, like that found inside the womb, starts to grow in other parts of the body. Adenomyosis is a condition where the lining of the womb (uterus) starts growing into the muscle in the wall of the womb, causing severe symptoms, including painful periods and pelvic pain. It can also affect a woman's fertility. For most women suffering from endometriosis and/or adenomyosis, accessing a diagnosis and appropriate care is a long and fraught process, with multiple barriers and misdiagnoses. Delays in diagnosis are often detrimental to a woman's quality of life and may result in disease progression. Healthcare professionals, familiar with the challenges posed by endometriosis and adenomyosis, agree that managing needs on a continuum, as with other chronic conditions, such as diabetes or inflammatory bowel disease, is a priority.

Endometriosis affects one in ten women in Wales[52], but, on average, women wait ten years from their initial presentation to diagnosis. It is, therefore, likely that this figure is an under representation of the true prevalence. A survey in Wales found that 78.2% of women felt doctors caused a delay in getting a correct diagnosis with, on average, 26 visits to their doctor before the diagnosis was made[53].

The 'Endometriosis Task and Finish (T&F) Group Report 2018' described service provision across primary, secondary, and tertiary care as wholly failing to meet women's needs, resulting in a lack of access to appropriate care for women across Wales[53].

In 2021, in response to one of the key recommendations from the T&F Group, the Welsh Government provided funding to each Health Board to recruit Endometriosis Clinical Nurse Specialists (CNSs)[54]. Their role is to provide direct care and support for those affected by endometriosis and adenomyosis. In 2022, they received the *Welsh Pharmacy Award for Developments in Female Health*, recognising their role in improving access to services for girls and women.

Endometriosis affects one in ten women in Wales[52]



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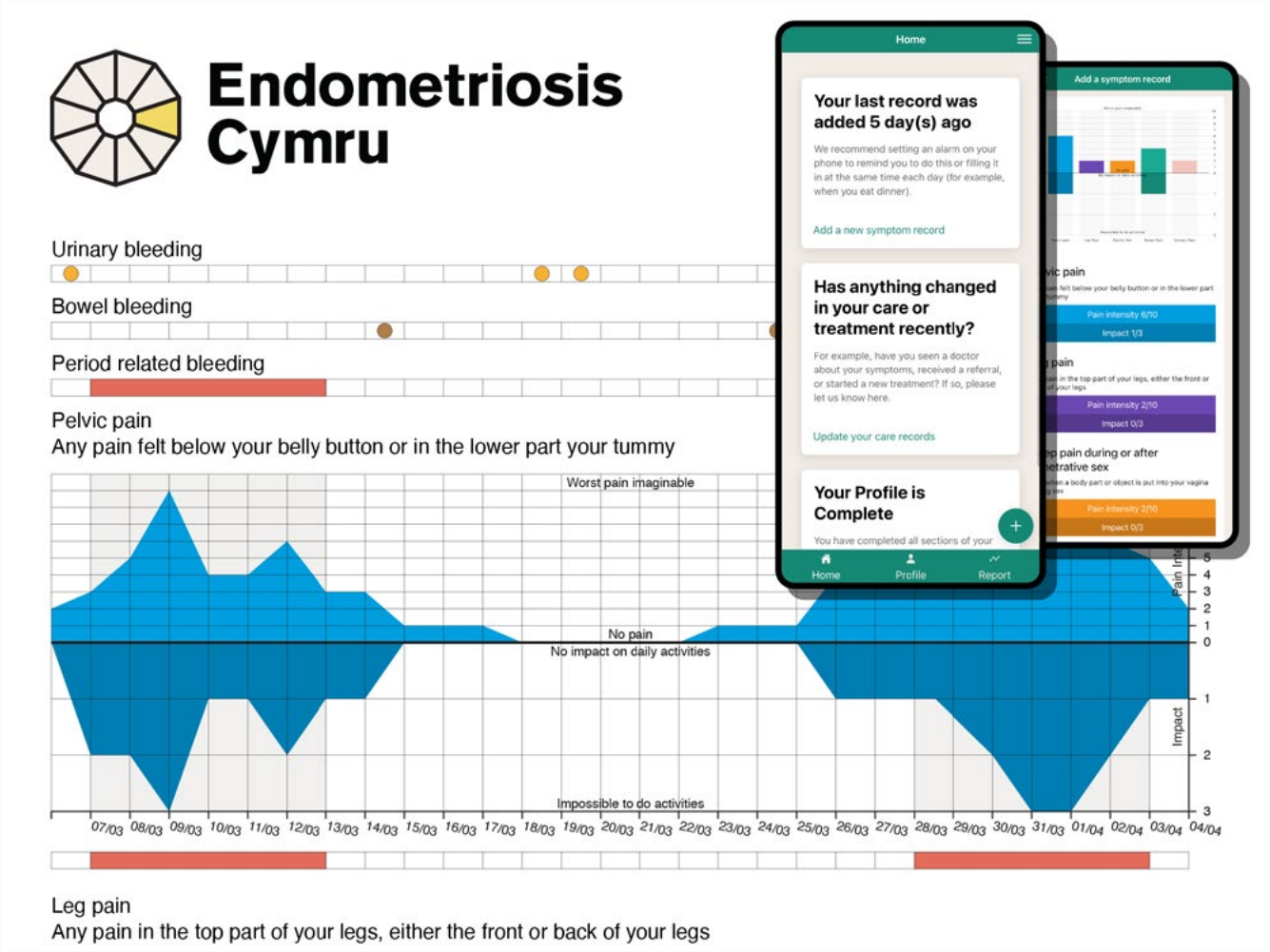
26

visits to their doctor before the diagnosis was made.

In July 2024, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) published 'A Long and Painful Road', a review of the quality of care provided to adult patients diagnosed with endometriosis[55]. Among the recommendations made was the need to raise awareness of the chronic nature of endometriosis amongst patients and the public, and how they should seek help. It also recommended improved training for healthcare practitioners on recognition of the symptoms and treatments. The Network will work with the Gynaecology Clinical Implementation Network (GCIN) to consider how these recommendations can be fully implemented.

One way to improve awareness amongst patients and the public is through Endometriosis Cymru[52]. The website contains high-quality evidence-based information with advice for healthcare practitioners and support tools for patients such as the endometriosis 'symptom checker'. The website is a collaboration between NHS Wales, Welsh Government, Cardiff University and Fair Treatment for Women of Wales.



Short-term: up to two years | Medium-term: three to five years | Long-term: six to ten years

Actions

Time Frame	Action	Accountability and Partnerships
Short	Develop and raise awareness of the Endometriosis Cymru website to support patients and the public.	Women's Health Network / Endometriosis CNS
Short	Provide education and training to all healthcare practitioners on endometriosis and adenomyosis as chronic conditions. To ensure patients receive multi-professional care including access to adequate mental health support.	HEIW
Short	Agree a robust monitoring framework including key performance indicators and outcomes from national pathways.	Health Boards / NHS Wales Executive
Medium	Sustainably fund and deliver a model for tertiary care provision in Wales.	JCC / Welsh Government
Medium	Develop an Endometriosis Clinical Reference Group, to support the delivery of national recommendations.	Women's Health Network / Gynae CIN
Medium	Undertake a demand and capacity modelling activity in each Health Board.	Health Boards
Long	Scoping activity to understand the need for specialist community-based endometriosis nurses.	SPPC / Welsh Government

Contraception, Post-Natal Contraception and Abortion Care

Contraception, Post-Natal Contraception and Abortion Care are essential for empowering women to make informed choices about their reproductive health, and they align with overarching themes such as access to comprehensive healthcare, gender and sex equality, and education on sexual and reproductive rights.

Women in Wales are currently subject to geographical inequities in access to long-acting reversible contraception (LARC – including intrauterine device/system (IUD/IUS), implant or injection). Information about how and where to access LARC may not be easily found and leave women assuming that the method may not be available to them locally. The impact of this on the woman, her family and society should not be underestimated.

The number of individuals receiving LARC in sexual health clinics (SHC) decreased by 10% in 2023 compared to the previous year, and by 30% since the highest number recorded in 2019[56] (figure 2). Contraception is highly cost effective. Every £1 spent on contraception provision results in a £9 saving to the public sector, making contraception a public health intervention with a highly compelling economic case[40].

Figure 2: Number of individuals receiving LARC in SHCs, by type and year.

Contraception provision is an essential part of women's healthcare during the reproductive years (menarche to age 55). Whilst its use is primarily for prevention of pregnancy, it has additional benefits and uses including management of gynaecological conditions, such as HMB, and as part of Hormone Replacement Therapy (HRT). Women should have access to all suitable methods of contraception in a timely fashion. Every month that a woman waits to start her preferred method of contraception has a potential for an unplanned pregnancy. While many are welcomed, unplanned pregnancy can be associated with poorer outcomes for mother and child and represent a missed opportunity to optimise pre-pregnancy health[57].

To help support greater access to contraception, community pharmacies have been commissioned, since 2011, to provide emergency contraception to women and girls who are 13 years of age or older. There are 687 community pharmacies in Wales providing the Pharmacy Contraception Service, which includes 99% of all pharmacies in Wales. There are 3,000 emergency contraception consultations in community pharmacies every month, of which, more than 90% take place within 72 hours of unprotected sexual intercourse (UPSI). Most Health Boards also have condom-card schemes which support young people (<25 years) to access free and confidential sexual health advice and free condoms.

In April 2023, a new, expanded, national Pharmacy Contraception Service was launched, that allows pharmacists to provide the progesterone-only contraception pill (POP), at the same time as emergency contraception, often known as 'bridging' contraception. For women and girls who wish to access a broader choice of oral contraception, the Pharmacy Independent Prescriber (PIP) service allows the provision of all types of oral contraception by an independent prescribing pharmacist. This service enables both initiation and ongoing repeat supply of oral contraception. Approximately 50 community pharmacies in Wales currently provide contraception in this way, with plans to rapidly expand the service. More than 3,000 contraception consultations with independent prescribing pharmacists took place in 2023, with an increasing number of pharmacists training to become PIPs.

3,000

emergency contraception consultations in community pharmacies every month.

90%

take place within 72 hours of unprotected sexual intercourse (UPSI)

There are significant 'touchpoints' in the reproductive life course, where contraception counselling and provision is essential, including after birth, abortion and in the perimenopause. Doctors, nurses and allied healthcare professionals can facilitate these discussions effectively and maintaining training and expertise across this group of professionals, to ensure local and timely access, is essential.

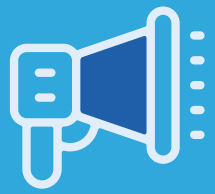
As with contraception, abortion is a fundamental aspect of women's reproductive healthcare and health rights. With one quarter to a third of all pregnancies ending in abortion, it is one of the most common gynaecological procedures. Abortion care should be available locally and without delay, for all women across Wales as timely access reduces complications, distress and cost.

Currently, many women with complex medical conditions and those accessing abortion at higher gestations in Wales must travel long distances and wait an unacceptably long time for their care. This is at a cost to women, their families, the environment and the economy.

Reduced training opportunities and conscientious objection within local NHS gynaecology services can impact on safe and timely unscheduled and/or complex abortion care and should be included in a review of workforce and training within Wales.

National statistics from 2022 show that the total number of abortions has increased year-on-year, with women in the most deprived areas of Wales, and the 20-24 years age group most affected (figure 3). Most abortions (91%) occur before 10-weeks' gestation and by the medical abortion route[58] (figure 4).

In February 2022 the temporary measures, put in place during the COVID-19 pandemic, to allow women in Wales to take both abortion medications at home, were made permanent, supporting greater and more equitable access to abortion care in Wales[59].



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1/4 — 1/3

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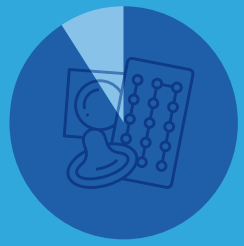


Most abortions (91%) occur before 10 weeks' gestation and by the medical abortion route.

> *Improving access to abortion care empowers women to time their pregnancies and plan their lives.*
>
> **Dr Amanda Davies**
> Chair British Society of Abortion Care Providers, Wales.

Figure 3: Crude abortion rates per 1,000 women by IMD decile, Wales, 2021 and 2022.

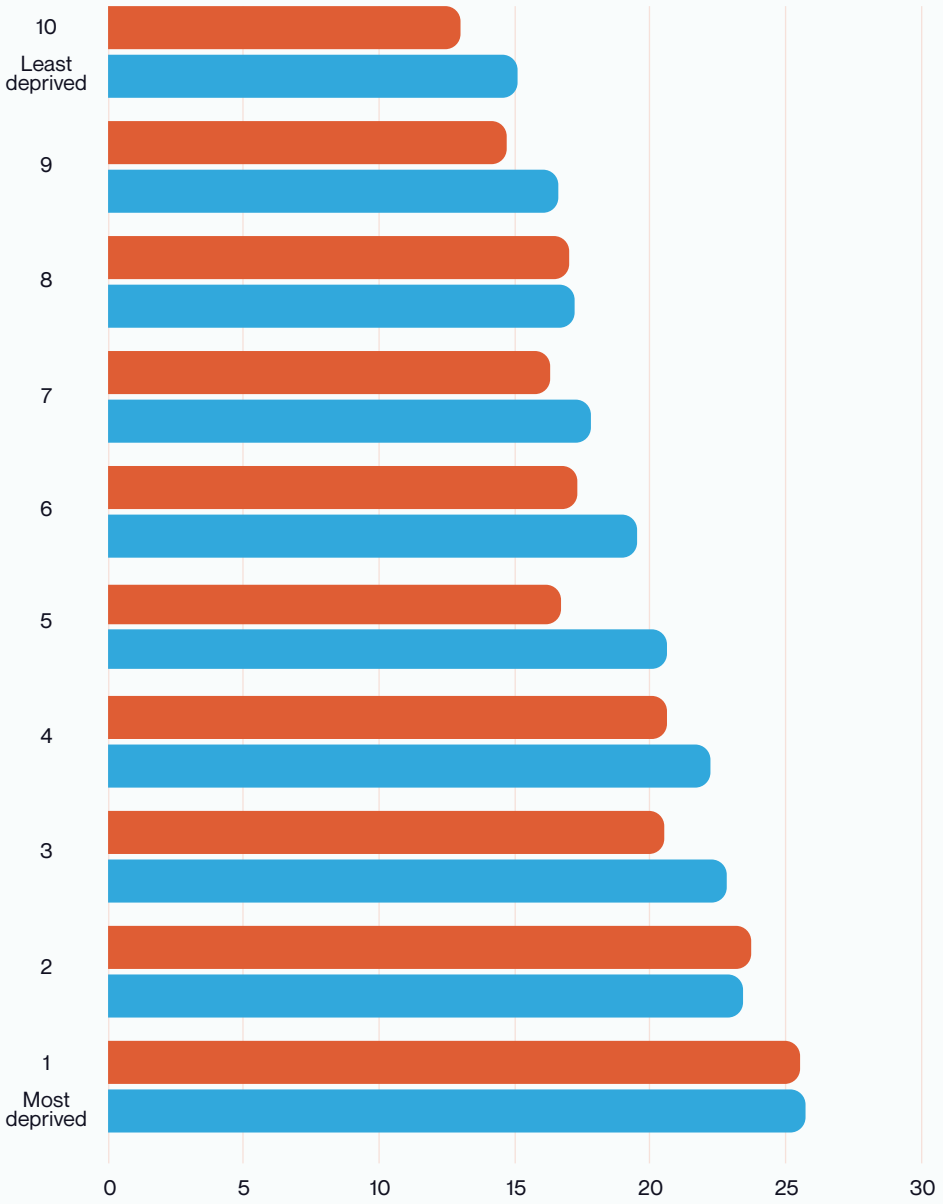
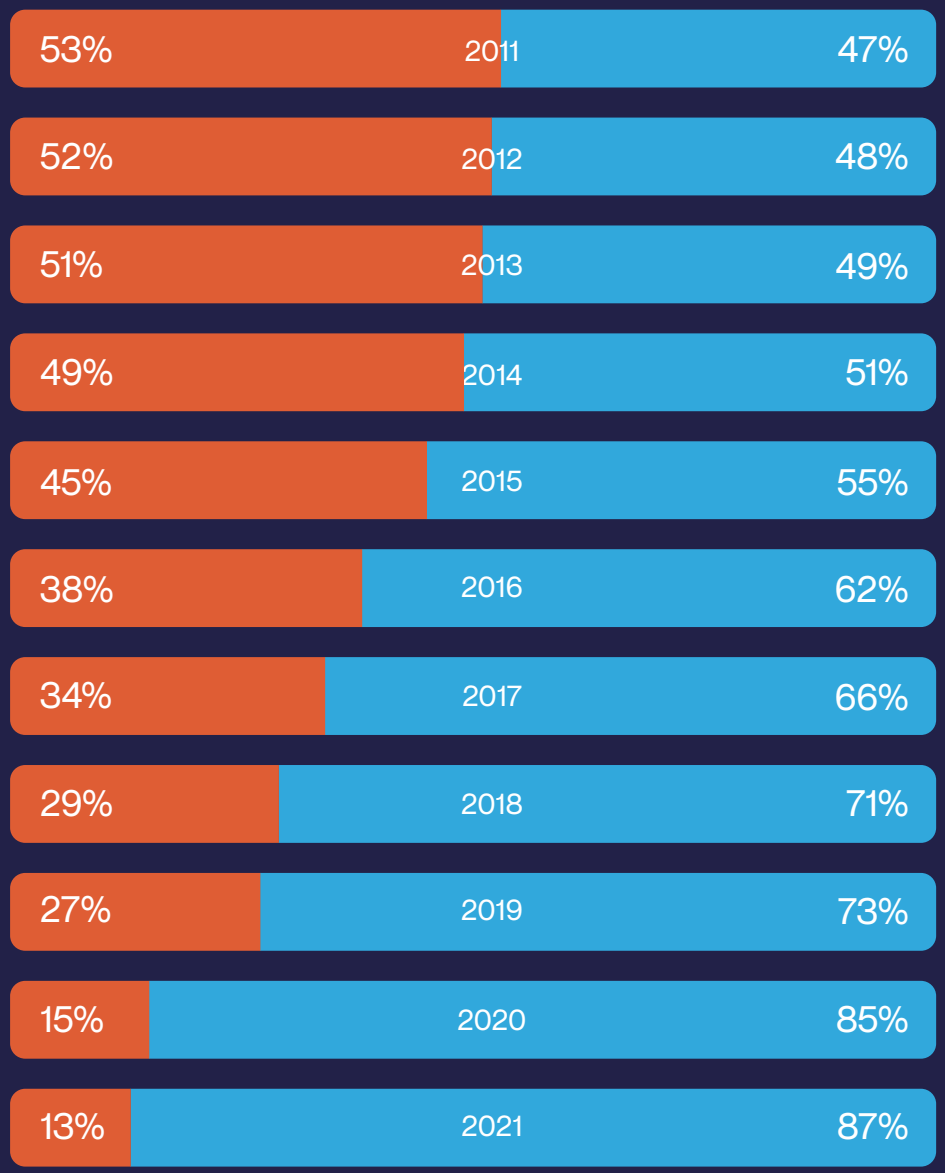


Figure 4. Percentage of abortions by procedure type (medical or surgical), England and Wales, 2011 to 2021.



Short-term: up to 2 years | Medium-term: 3-5 years | Long-term: 6-10 years

Actions

Time Frame	Action	Accountability and Partnerships
Short	Increase online availability of reliable information on contraception choices and abortion care for women, and how to access locally.	Women's Health Network / PHW
Short	Health Boards to include contraception and abortion care within their Integrated Medium Term Plan (IMTP).	Health Boards
Short	Collect Key Performance Indicators (KPI) for contraception and abortion care to be shared with national database.	Health Boards / NHS Wales Executive
Short	Set-up a 'Contraception and Abortion Care' Clinical Reference Group to support the delivery of recommendations.	Women's Health Network
Medium	Review training and workforce to ensure appropriate staff for delivery of LARC and abortion care, to include primary care / specialist sexual and reproductive health / midwifery and obstetrics and gynaecological services.	Women's Health Network / HEIW
Medium	Review current local commissioning of LARC.	Health Boards / Welsh Government
Medium	Extend training of PIP in provision of oral hormonal contraception in pharmacies across Wales.	Welsh Government
Long	Undertake research to support delivery of equitable contraception and abortion services in Wales.	Academic Institutions / HCRW / Women's Health Network
Long	Sustainably fund and deliver services for complex and mid trimester abortion care.	JCC / Welsh Government / Women's Health Network

Preconception Health

Preconception Health is crucial for ensuring healthy pregnancies and maternal wellbeing and connects with core themes such as access to quality healthcare, mental health support, and education on maternal and child health.

The preconception period is the time before a woman becomes pregnant, which can in the broadest sense commence any time from menarche. It is, however, often 'narrowly' thought of as the time that women and their partners self-identify that they want to become pregnant and begin to think how their health might impact on their chance to conceive, their pregnancy, and the health of their baby.

> Evidence shows, however, that preconception health (PCH) should begin a lot earlier than the weeks or month before conception, to ensure the best possible outcomes for both baby and mother and, even if women do not intend to have children, good preconception health brings health benefits to all girls and women.

Content for diagram taken from 'Making the Case for Preconception Care: Planning and preparation for pregnancy to improve maternal and child health outcomes[57].

Preconception health

Describes "the health of women and men during their reproductive years, which are the years when they can have a child".

Good preconception health encompasses two main concepts:

1. Planning pregnancy

Enabling women and their partners to choose if and when to start or grow their families.

2. Fit for pregnancy

Recognising that many pre pregnancy health behaviours and risk factors are amenable to change.

At the individual level, this can be via services offering interventions that support and give advice on planning and being fit for pregnancy, including health behaviours and risk factors (such as smoking cessation, sensible alcohol consumption, awareness of the risks from substance misuse, and achieving and maintaining a healthy weight). It may also include advice on the building blocks of health (wider determinants of health), including relationships, housing, education, employment and financial stability.

Data collected in Wales has shown that, during initial assessment,

13.8% of pregnant women were smoking

11.7% smoking through to delivery

61.07% were above the recommended Body Mass Index (BMI)

31.6% of pregnant women reported a mental health problem[60].

Women who are healthier at conception have a better chance of becoming pregnant, having a safe and healthy pregnancy and giving birth to a healthy baby[61]. There are opportunities by 'Making Every Contact Count'[62] across the life course to promote preconception health and reduce risk.

Examples of prevention include the 'CF PROSPER Study'[63] that is supported by the Rare Disease Implementation Network, which is looking at supporting shared decision-making around preconception care for those with Cystic Fibrosis. Similarly, 'Best Start'[64], a collaboration between Betsi Cadwaladr University Health Board and over 50 groups, seek to support women before, during and after pregnancy via online health resources. Both are excellent examples of supporting preconception and postnatal care with a patient-centred approach to service delivery.

We need to create healthier communities through population measures that:

- Integrate contraception and preconception care at the same time and at a much earlier stage before pregnancy.
- Continue the preconception care discussion during and between pregnancies, including the immediate and longer-term postnatal period. The postnatal period provides unique opportunities to support women's longer-term health, irrespective of whether women go on to have a future pregnancy or not.
- Ensure that high-risk groups, including women with long-term conditions and those with multiple vulnerabilities, receive early help to plan pregnancy and additional support to have a healthy pregnancy.
- Encourage population level interventions to promote preconception health across the life course that align with general health and wellbeing messages for the whole population.
- Influence the wider determinants of health and risks, for example housing, education or employment, and tackle inequalities in pregnancy outcomes at a local level.

Short-term: up to 2 years | Medium-term: 3-5 years | Long-term: 6-10 years

Actions

Time Frame	Action	Accountability and Partnerships
Short	Develop high quality accessible evidence-based information on preconception care available via an NHS Wales women's health website including "Planning for Pregnancy" toolkit.	Women's Health Network / Welsh Government
Short	Carry out a 'listening exercise' to find out what preconception means to people including health care professionals.	Women's Health Network / EDI Champion / PHW
Short	Provide training, tools and resources for frontline professionals to support them to deliver preconception care.	GP Practices / Primary Care Clusters / Health Boards
Medium	Develop 'preconception indicators' by improving the quality and completeness of information gathered at booking in the maternity services dataset.	Health Boards / Maternity Network
Medium	Collaborate across Networks to create a joined-up approach to managing the emerging risks for preconception health, including mental health, epilepsy, and type 2 diabetes, substance misuse, alcohol services and rare diseases.	NHS Wales Executive / Women's Health Network
Medium	Health Boards to ensure they have a 'preconception strategic plan' in place to develop a 'preconception health policy' to support and co-ordinate a whole system approach.	Health Boards
Long	Develop measurable indicators of 'preconception health' at national and local levels.	Women's Health Network / NHS Wales Executive
Long	Develop a whole systems approach to preconception health, working in partnership to consider wider determinants, such as housing, education, income, work and relationships.	Welsh Government / NHS Wales Executive

Pelvic Health and Incontinence

Pelvic Floor Dysfunction significantly affects women's quality of life and can impact physical, emotional, and social wellbeing, interlinking with access to specialised healthcare, education on body awareness, and the need for mental health support.

Pelvic floor dysfunction is an umbrella term encompassing a wide range of conditions in which the pelvic floor muscles around the bladder, anal canal, and vagina do not work properly. The three most common and definable symptoms of pelvic floor dysfunction are urinary incontinence, pelvic organ prolapse and faecal incontinence. However, others include emptying disorders of the bladder and bowel, sexual dysfunction and chronic pelvic pain.

New data reveals that over 60% of UK women have at least one symptom of poor pelvic floor health and one in four women have never done pelvic floor exercises that can prevent and improve symptoms[65]. The antenatal and postnatal period is a time in which women are most at risk of developing pelvic floor dysfunction, and greater strides need to be made to reduce the risk with a greater aim on prevention.

A rapid review by the HCRW Evidence Centre published in 2024[66] evaluated interventions for preventing continence issues from birth trauma. It confirmed existing NICE guidance and found strong evidence supporting exercise-based interventions, particularly pelvic floor muscle training (PFMT), for preventing postnatal urinary incontinence. There is, however, limited evidence on the long-term effectiveness of PFMT. The review emphasises the need for more research on non-exercise interventions, long-term outcomes, and the cost-effectiveness of these interventions. It also recommends qualitative studies to understand women's experiences and perspectives on preventing continence issues.

There are modifiable risk factors (BMI over 25 kg/m2, smoking, lack of exercise, constipation, diabetes) for pelvic floor dysfunction which women should be made aware of with advice and information to support positive change. A key part of this is removing stigma associated with pelvic floor dysfunction. Urinary incontinence is considerably under-diagnosed or diagnosed late because of social stigma, embarrassment, and lack of knowledge. Many patients perceive incontinence as part of the natural aging process and therefore have a low expectation of successful treatment.

New data reveals that over

60%

of UK women have at least one symptom of poor pelvic floor health and one in four women have never done pelvic floor exercises that can prevent and improve symptoms[65].

Priority 5

Hywel Dda University Health Board is developing a comprehensive pelvic health pathway, to address the rising incidence of pelvic health conditions across all genders and life stages. The initiative aims to tackle barriers such as stigma and the fragmented management of pelvic issues, which are traditionally handled separately by various teams (bowel, bladder, uterus).

The new approach emphasises a multi professional virtual hub that centralises care, involving physiotherapists, specialist nurses, and other healthcare professionals to create individualised treatment pathways. This team based model is designed to reduce waiting times, improve patient experiences, and streamline referrals.

Engagement with patients is integral, with initiatives like a Service User Engagement Group and a pelvic health website providing resources and support. The use of digital platforms for self help and symptom tracking has been key, alongside educational programmes for healthcare professionals to enhance knowledge and collaboration in pelvic health management.

“Within ten years we want women to feel educated and empowered to better understand their pelvic floor and how to prevent dysfunction. We want to see a skilled, multi-professional workforce across different settings, providing patient-centred care, and we want to see high-quality research, led from Wales, which impacts positive change.

Rhiannon Griffiths
Clinical Lead Physiotherapist for Pelvic Health,
Aneurin Bevan University Health Board.

Short-term: up to 2 years Medium-term: 3-5 years Long-term: 6-10 years

Actions

Time Frame	Action	Accountability and Partnerships
Short	Provide access to evidence based high quality information on pelvic health and perinatal health (inc. videos), via an NHS Wales women's health website.	Women's Health Network /NHS Wales Executive / PHW
Short	Services to benchmark against national standards and guidelines and T&F Group recommendations with annual reporting.	Health Boards
Short	Review workforce to ensure integrated pelvic health services include members of the multi-professional teams including psychological support.	Health Boards
Medium	Engage with academic institutions to highlight key evidence gaps and opportunities for new research.	Women's Health Network / Universities / HCRW
Medium	Develop a 'pelvic floor dysfunction symptom checker' that enables early signposting to appropriate services and information, and forms part of a self-referral system across Wales including Patient Reported Experience and Outcome Measures (PREMS/ PROMS).	GCIN / Women's Health Network
Medium	Undertake a scoping exercise on the potential of primary care based 'pelvic floor dysfunction teams'.	Welsh Government / Women's Health Network / HEIW
Medium	Hold national 'pelvic floor dysfunction' events to improve peer to peer support and training.	GCIN / Women's Health Network
Long	Report data from an 'All-Wales Pathway for Pelvic Floor Dysfunction' with agreed KPIs (i.e. referral to treatment (RTT) / did not attend / demand and capacity), including analytics from national pathways.	NHS Wales Executive

Priority 6

8 Priority Areas

Menopause

Menopause represents a critical stage in women's health that can affect physical and mental wellbeing and is connected to themes such as access to healthcare, education on ageing, and support for mental health and lifestyle management.

Menopause is when your periods stop due to lower hormone levels. It usually affects women between the ages of 45 and 55, but it can happen earlier. It can happen spontaneously, or for reasons such as surgery to remove the ovaries (oophorectomy), cancer treatments like chemotherapy, or a genetic reason.

Women of menopausal age (45-55 years) make up

13.5%

of the female population in Wales, approximately 220,000 women[67].

Women account for over half the population of Wales and at some time in their lives will experience symptoms of the menopause. It is common for women to have to leave employment because of symptoms in the transition to, and beyond menopause, and/or to require many interventions from healthcare professionals to deal with them. Given the economic and societal burden upon women aged 45 and over, universal access to better menopause support and treatment is essential.

The 'All-Wales Menopause Task and Finish Group Final Report', published in January 2023 outlined a number of key recommendations to Health Boards, NHS Wales and Welsh Government[68]. Their acceptance and implementation have been limited across the Health Boards. Access to trained, evidence-informed health care practitioners, for example, at primary and secondary care level is variable. A multifaceted approach to menopause care is required (see figure 5 right) which provides access and support for women at varying stages, but with timely onward referral if necessary.

Figure 5: A multifaceted approach to menopause care.

With increased media attention and high-profile cases, there has been a significant increase in HRT prescribing in Wales. Between 2018 and 2023, the monthly data regarding number of HRT items per 1,000 patients ranged from a national average of 6.10 in April 2018 to 22.33 in March 2023[69]. However, the data shows that this has been predominantly amongst women from the least deprived (lowest quintile) areas of Wales. Uncertainty in the HRT market, with shortages of certain types of HRT (i.e. implants, types of oestrogen gels) have also greatly impacted how patients have been able to choose and use HRT. Monthly prescriptions, for example, do not support consistency and reliability to the detriment of patient health and may lead to premature stopping.

Part of effective delivery of menopause services is supporting appropriate clinical referrals in a timely and efficient way. Bleeding on HRT is a common side effect, especially in the initial six months of use, and it is paramount that this group of women are seen in appropriate facilities using specific pathways. Innovative ways of managing women who bleed while using HRT, who have a very low risk of cancer, in community 'one-stop' clinics are being developed with positive patient outcomes and should be considered in all Health Boards.

> *Implementing single pathway clinics in gynaecology, where specialists perform ultrasound at the point of care, has proven to be an effective and a resource-efficient model in women's healthcare. This approach streamlines patient management, optimises resource use, and supports overall healthcare delivery.*
>
> **Mr Alan Treharne**
> Gynaecologist and Menopause Specialist, Cardigan Integrated Health Clinic, Hywel Dda University Health Board – 'One stop' unscheduled bleeding on HRT clinic.

Short-term: up to 2 years | Medium-term: 3-5 years | Long-term: 6-10 years

Actions

Time Frame	Action	Accountability and Partnerships
Short	Review of prescribing practices relating to HRT, repeat prescriptions, including access to implants.	Welsh Government / JCC / Women's Health Network
Short	Every Health Board to benchmark current provision of 'specialist menopause services' against NICE 23 guideline and T&F Group recommendations, with clear actions for gaps in provision and data collection.	Health Boards
Short	Work with third sector and charities to develop community menopause champions and advocates.	FTWW / Women's Health Network
Medium	Scoping exercise to understand the workforce capacity to deliver menopause management within primary care at practice and cluster level.	GP Practices / Primary Care Clusters
Medium	Embed national pathways on management of menopause and bleeding on HRT in primary care.	NHS Wales Executive / Health Boards
Medium	Reporting of key measurables against 'women's health dashboard' nationally (i.e. waiting time to see specialists, collection of PREM/PROMs, outcomes from national pathway analytics/Cancer pathways).	Health Boards / Women's Health Network / DHCW / NHS Wales Executive
Long	Undertake research to improve understanding about the menopause and its impact on women's health and wellbeing.	Women's Health Network / HCRW

Violence against Women, Domestic Abuse and Sexual Violence

Violence against women and girls poses severe health risks and long-term psychological consequences and relates to themes such as gender-based discrimination, mental health services, and the need for comprehensive support systems and legal protections.

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015[70] seeks to improve the public sector response to Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) in Wales. The main aims of the Act are to 'prevent' VAWDASV as well as 'protect and support' those who have experienced it. The ambition of the Act is to make "Wales the safest place to be a woman in Europe". The Act puts a duty on Local Authorities and Health Boards to prepare, publish and implement joint local strategies for tackling VAWDASV and to take reasonable steps to achieve the objectives set out in the local strategy. It also places a duty on the relevant authorities to identify and provide support to victims and survivors of VAWDASV. One of the mechanisms for this is 'Ask and Act'[71].

This enables appropriate staff to recognise victims and survivors of VAWDASV, and create a safe space for disclosure and then ensure signposting or referral to support is available. Each Health Board should have a sound understanding of the needs of the population concerning VAWDASV and the health issues related to it as consequences of the abuse and trauma. Health Boards should also have mechanisms and interventions available to support those who disclose or are otherwise identified as victims and survivors. The Act creates a general duty to have regard to the need to remove or minimise any factors that increase the risk of violence against women and girls or exacerbate the impact of such violence on victims.

> We know that experiences of VAWDASV impact victims' and survivors' health. As the majority of victims and survivors are women, it is vital to consider not only the impact of VAWDASV on women's health but also how they access health services to meet their needs[72].

We know that victims and survivors of VAWDASV may not always recognise the link between the abuse they experience and their health issues and that barriers to accessing health due to perpetrator control, shame and concerns for statutory interventions for families and children once the issues are identified, exist. Timely access is imperative to support earlier intervention and reduce harm and achieve the best health and life outcomes possible.

Evidence shows that women who experience domestic abuse and sexual violence:

- Present more frequently to health services.
- Have more admissions to hospital than non-abused women.
- Are issued with more prescriptions.

There is also a linear relationship between severity of domestic abuse and sexual violence and the use of health services. The most prevalent effect on victims is on their mental health, including post-traumatic stress disorder, depression, anxiety and suicidal thoughts. Physical health consequences include broken bones, digestive issues, eating problems, pain, headaches, fainting, seizures, hypertension, urinary tract or vaginal infections, sexually transmitted disease and sexual dysfunction[73]. Non-fatal strangulation is thought to be the second most common cause of stroke in women under 40 years, with other health impacts including migraines, burst blood vessels and vision impairment, brain injury, seizures and dementia[74].

For all victims of VAWDASV there can be a reluctance to seek health care, with increased rates during pregnancy. Victims can do this for reasons such as not wanting to be asked questions by professionals or simply that someone having contact with them is too traumatic, this can be particularly the case with non-recent child sexual abuse and earlier domestic abuse. Sometimes perpetrators prevent victims from accessing support. This can lead to more significant illnesses becoming apparent before help is sought, if at all. Non-disclosed abuse may present in a number of ways, such as at a dentist with untreated tooth decay, or late presentation and treatment for cancer.

Research by the Domestic Abuse Commissioner undertaken in 2022/23 found that survivors in Wales are highly likely to disclose and seek support in health-based settings, second only to disclosing to police[75]. We need to consider health not only as meeting the health needs associated with domestic abuse, but also as a place to seek safety and support from other forms of abuse, such as Female Genital Mutilation (FGM) and forced marriage. Greater understanding and research are needed to support this with Wales specific data.

According to the 'Strategic Policing Threat Risk Assessment',

117 crimes are recorded, by police (England and Wales), every hour,

but this is likely to be an under representation as only 25% of offences are reported[76].

Violence against women and girls is a national priority and in August 2024 the UK government stated that extremist misogyny will be recognised as a terrorist offence. Women and girls have long recognised the threat that has increased over time, Welsh and UK government policy is now recognising this and the need to respond is compelling.

Survivors in Wales are highly likely to disclose and seek support in health-based settings, second only to disclosing to police.

Figure 6: Rate of domestic abuse-related incidents and crimes combined, as recorded by the police

Wales
28 per 1000 population

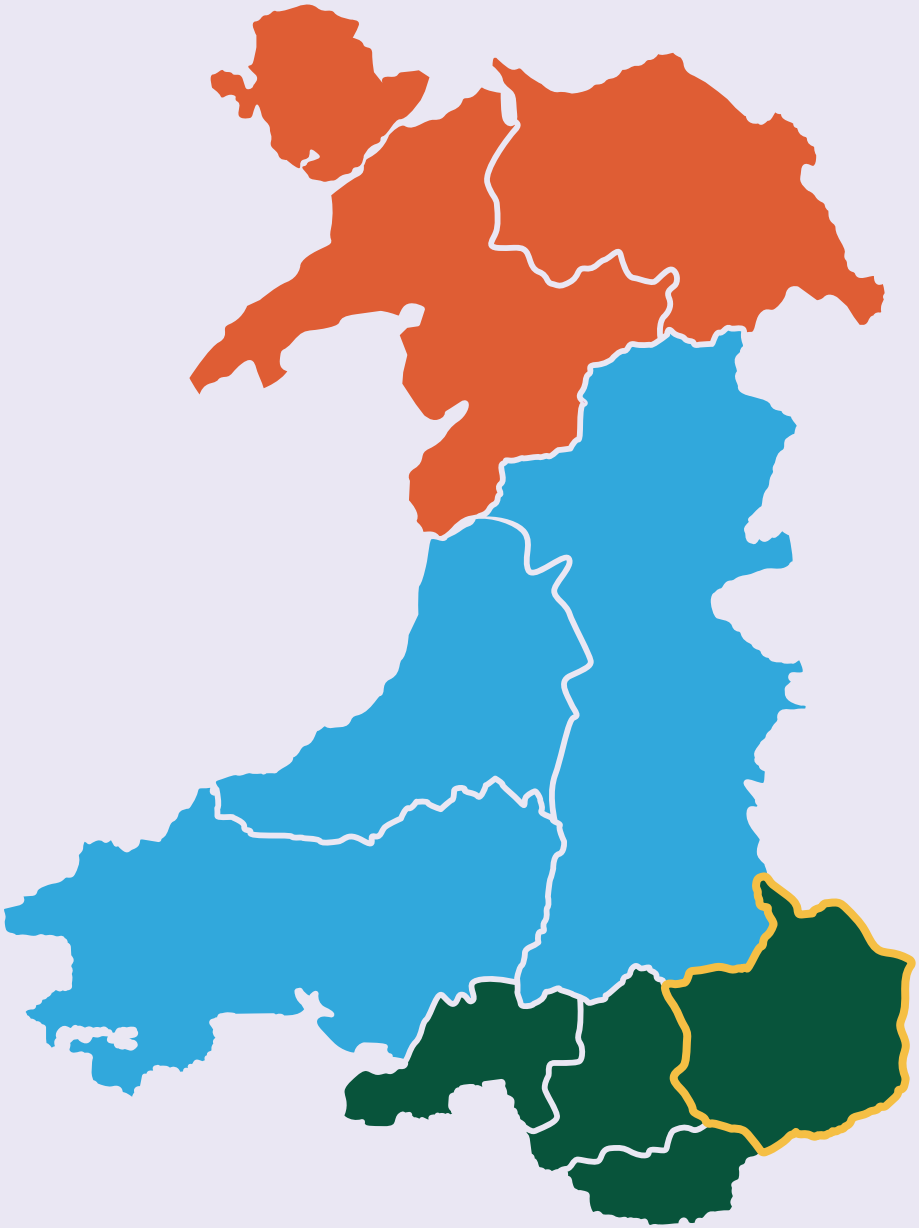
England and Wales
24 per 1000 population

North Wales
27 per 1,000 population

Dyfed Powys
22 per 1,000 population

South Wales
24 per 1,000 population

Gwent
43 per 1,000 population



In the year ending March 2023, the total number of domestic abuse crimes and incidents (not classified as crimes) which were recorded by police in Wales totalled 86,637 (28 per 1000 population)[77] (Figure 6).

The 'See Me' campaign in South Wales highlights lived experiences of women and girls across South Wales to raise awareness and to encourage victims to come forward, encourage sign spotting and reporting[78].

Published in 2022, 'Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity', seeks to raise awareness and understanding of how trauma can impact on everyone's lives, and sets out an all-society framework to support a coherent, consistent approach to developing and implementing trauma-informed practice across Wales[79]. Trauma-informed organisations understand that adversity, trauma and distress can occur to anyone and at any point across the life course. They aim to create psychosocially healthy conditions for both the workforce and people they support to minimise exposure to adversity, trauma and distress and are confident in understanding what interventions and supportive factors someone may need in place to prevent and mitigate the long-term impact on physical and mental health and wellbeing.

As highlighted earlier, (Health in the Workplace) domestic abuse and violence often occur in the workplace, from harassing phone calls and abusive partners arriving at the workplace unannounced, to physical violence, resulting in time off work due to the domestic abuse or loss of jobs. 52% of women have reported being sexually harassed or abused in the workplace[30]. In 2023, NHS England launched its first ever, 'Sexual safety in healthcare – organisational charter', in collaboration with key partners across the healthcare system[31]. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this.

52%

of women have reported being sexually harassed or abused in the workplace[30].

 Short-term: up to 2 years

 Medium-term: 3-5 years

 Long-term: 6-10 years

Actions

Time Frame	Action	Accountability and Partnerships
 Short	Undertake a scoping exercise to consider the need for each Health Board to have a dedicated staff or VAWDASV 'Champion' to support data collection, training, implementation of policy including the VAWDASV Act and the Serious Violence Duty[80].	Health Boards / Women's Health Network
 Short	Seek commitment from NHS Wales to sign up to a 'sexual safety in healthcare organisational charter'.	NHS Wales / Welsh Government
 Medium	Create clear referral pathways to specialist services accompanied with guidance that is inclusive of all victims regardless of age, gender, sex, sexual orientation, race, ethnicity, or disability.	SPPC / NP / Health Boards / Women's Health Network
 Short Medium / Long-term	Provide education on VAWDASV across the life course for all healthcare professionals to build workforce confidence and competence to ask about violence and ensure opportunities are not missed to disclose and prevent continuum of harm.	Women's Health Network / HEIW / GP Practices / Primary Care Clusters / Health Boards
 Long	Conduct research to build on evidence base into how VAWDASV impacts health and inform a targeted response.	Academic Institutions / HCRW

Priority 8

8 Priority Areas

Ageing Well and Long-term Conditions Across the Life Course

Ageing Well and Long-term Conditions Across the Life Course encompasses the physical, mental, and social health of women as they grow older, and aligns to themes such as access to prevention based healthcare, support for chronic disease management, and the promotion of healthy lifestyles and social engagement.

Women in Wales are living longer with an average age of 82 years[81]. However, healthy life expectancy has dropped to 60.3 years, with women from black and minority ethnic groups, disabled women and from areas of greater deprivation, affected most[82]. We want Wales to be a nation where women can be supported to live full and healthy lives from birth to death.

> *Women don't become invisible once they hit their menopausal years and beyond.*
>
> **Women's Voices**

This section presents key areas of clinical focus that have come from the National Strategic Clinical Networks and programmes within the NHS Wales Executive. They are in no means an exhaustive representation of the areas that need our attention. They are a snapshot to outline where work is currently being delivered, where priorities for women's health already exist, or where further attention is required. It is the intention that any unconscious bias that exists to the needs of women within health and across networks, will move to conscious questioning, purposeful collecting of data, and pro-active delivery of services.

As described in earlier sections, the Plan needs to be delivered in collaboration with the other eleven National Strategic Clinical Networks, so increasing potential opportunities for reaching as many women as possible in Wales.

To facilitate a life course approach to women's health, Networks need to commit to:

- Disaggregation of data by deprivation, sex and gender.
- All Networks to consider their work-plans annually through a 'women's lens' and ask, "what does this mean for women with ... e.g. asthma/ rheumatoid arthritis etc".
- Collaboration across networks to support training and education on women's health.

7.8.1 Adolescent Health and Wellbeing

The Plan focusses on those aged 16 years and above. Outcomes for younger girls will be included within the work of the Maternal and Neonatal Network and Child Health Network, both of which the Network will work alongside.

Data collected in Wales, have shown worrying trends in health and wellbeing amongst adolescent girls. For example, the percentage of girls with low mental wellbeing scores increases as they get older, with around twice as many 16 year-old girls having a low mental wellbeing score, compared with 16 year-old boys (figure 7). Additionally, fewer adolescent girls, when compared with boys, achieve the recommended physical activity target of at least 60 minutes per day across the week (figure 8). More girls than boys aged 11-16 years will drink alcohol or smoke (figure 9 and 10)

Get Fit Wales is a free programme that encourages young people to adopt healthy lifestyle habits. CTMUHB is working with Newydd Housing Association and local high schools to improve mental and physical wellbeing in children and young people, initiatives like this should be encouraged across Wales[83].

Figure 7: Percentage of 11-16 year olds with low mental wellbeing scores by sex, 2021.

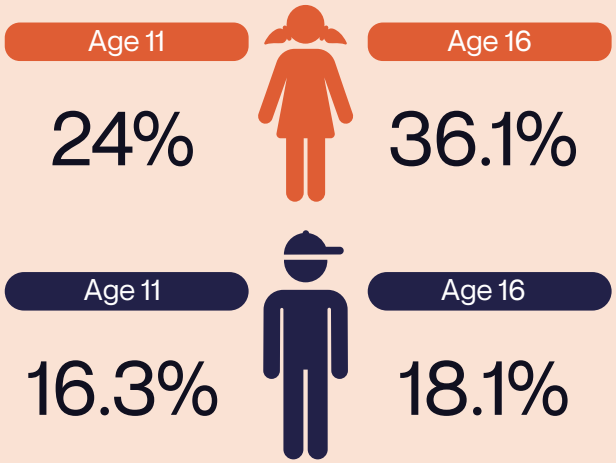


Figure 8: Physical activity in adolescents: percentage of those achieving recommended target.

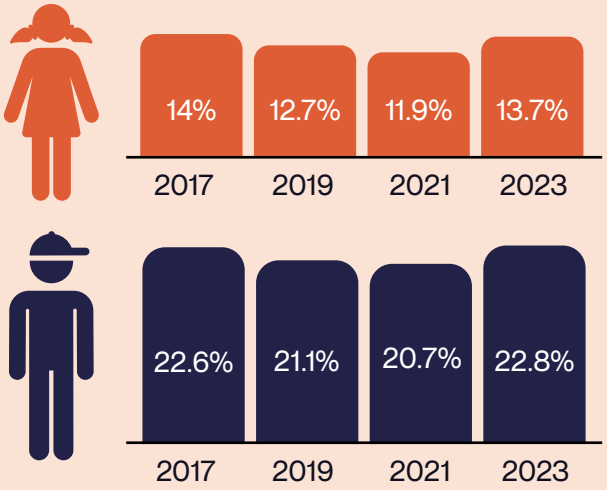


Figure 9: Percentage who reported drinking alcohol, ages 11-16, Wales.

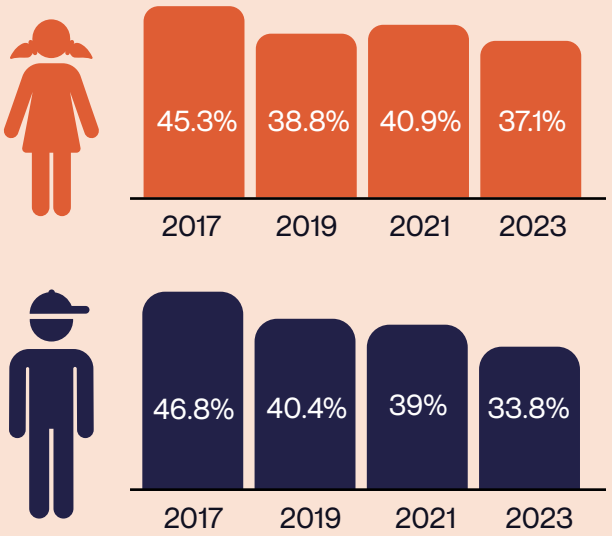
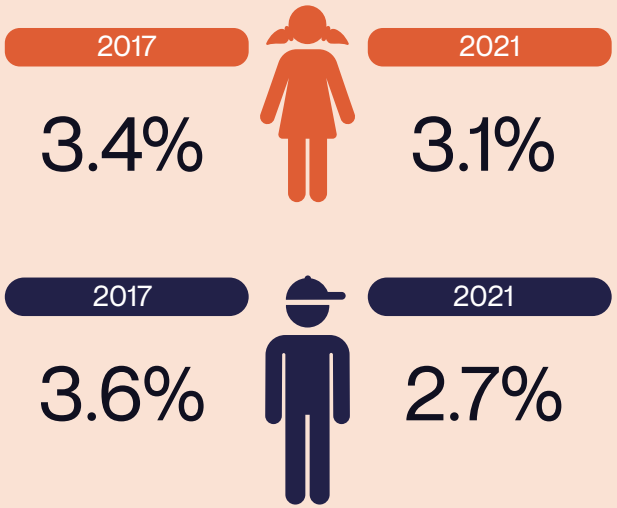


Figure 10: Percentage of 11-16 year olds who smoke, Wales, 2012 to 2019.



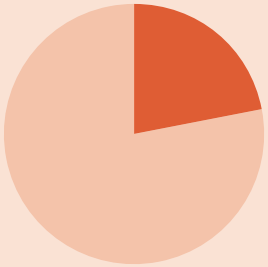
> *It is the right of every adolescent girl to survive and thrive. Yet the investments in the health of adolescent girls continue to be under-prioritised and that is contributing to a health gender gap with potentially devastating consequences for girls and their communities. They have the potential to become the largest generation of change-makers the world has ever seen, helping societies and economies to prosper. Investing in girls' physical, mental, and reproductive health can lead to economic and social returns of up to ten times their cost — making it an investment that contributes to a more equitable and prosperous world for all.*

Catherine Russell
Executive Director, United Nations International Children's Emergency Fund (UNICEF).

7.8.2 Sexual health, HIV and Blood Borne Viruses

The publication of the Plan aligns with the priority areas for sexual health which are due to be published in 2025.

Central to this is the understanding that sexual health and sexual rights are fundamental to the health of the population and women's health specifically. A key action to addressing sexual wellbeing is a person-centred and holistic approach that works collaboratively with wider services and policies tackling stigma and improving sexual wellbeing.



↑22%

Recent data has shown a 22% increase in diagnosis rates of chlamydia, the majority in those that are female, with re-infections more frequent in those aged 15-24 years[56].

The complications associated with chlamydia infection can have far-reaching consequences beyond the initial diagnosis, including chronic pain and sub-fertility. While the majority of syphilis diagnoses are in men, there has been a 26% increase in cases amongst females, between 2021 and 2022, with an overall upward trend noted since 2013[56]. Diagnosis among 25-44 years of age is highest. Although the number of cases of congenital syphilis remain small, the impact in terms of health outcomes is significant. Congenital Syphilis can lead to developmental delay, intellectual disabilities, sight and hearing impairment, all devastating and preventable sequelae[84].

Improving access to services and ways of testing for STIs, including opportunistic self –sampling will help to remove stigma and meet the WHO elimination targets for 2030[85]. Part of this focus will be on the roll-out of novel ways to detect the Human Papilloma Virus (HPV), the cause of most cases of cervical cancer. Currently, seven out of ten eligible women, present for their routine cervical (smear) test in Wales[86]. Participation in this potentially life-saving test has dropped across the UK. If recommended by the UK National Screening Committee, self-sampling could be one way to support greater uptake, especially amongst women who cannot attend clinics, for example, due to disabilities, and caring responsibilities.

Pre-exposure Prophylaxis (PrEP), used to prevent HIV, is widely available across Wales but HIV continues to be seen as an LGBTQ+ issue. Greater attention is needed to raise awareness of, and access to, PrEP for heterosexual women who are currently under-represented in those services providing PrEP.

The reporting on intersectionality by gender (i.e. ethnicity, disability) is key to developing equitable services. Currently, this data is not captured consistently within service case management systems. It is anticipated that a data monitoring plan with key indicators will be included in the Sexual Health Priority Areas document due to be published in 2025.

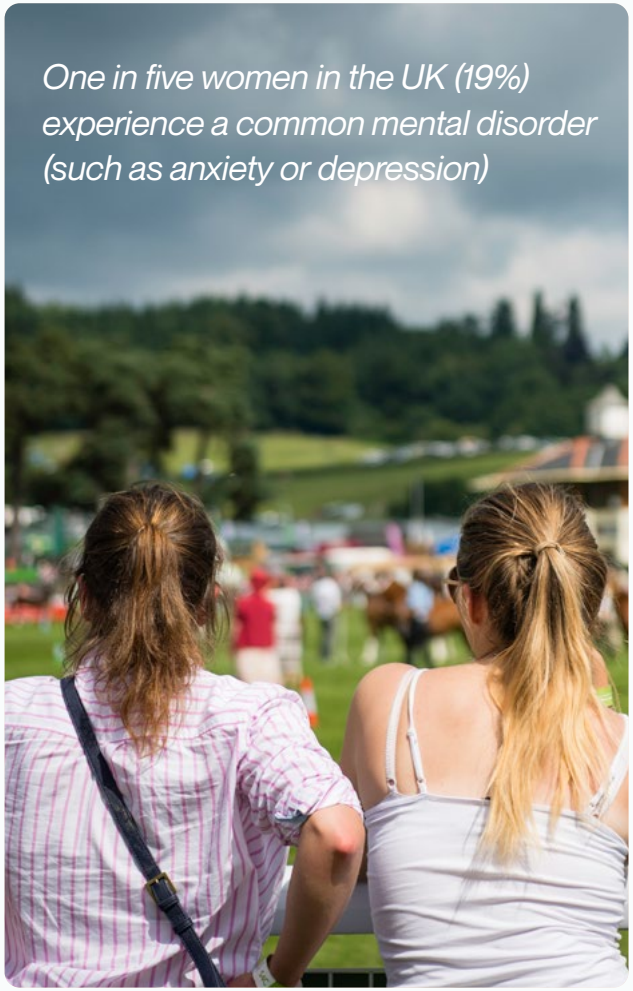
The Network will collaborate with relevant sexual health teams within Public Health Wales, and local services, on cross-cutting themes and priorities which strengthen the purpose and vision for better healthcare for women in Wales.

7.8.3 Mental Health and Wellbeing

Mental ill health among women is on the rise. One in five women in the UK (19%) experience a common mental disorder (such as anxiety or depression), compared with one in eight (12%) men. Within Wales this is even greater, with 22% of 16-44 year olds with a mental health diagnosis. There is also a worrying upward trend in incidences of mental ill health amongst young people. Data within Wales shows that women and girls between the ages of 10-24 years, are three times as likely to self-harm compared to males. Mental health is clearly linked with hormonal changes, with research needed to better understand the impact. Suicide rates amongst females is also increasing with 5.7 deaths per 100,000 in 2023, compared with 5.4 deaths per 100,000 in 2022, the highest rate for females since 1994[87].

The Real Time Suspected Suicide Surveillance (RTSSS) programme[88] was established in PHW in April 2022 providing a 'real-time' capture of suspected suicide data, via police-based data capture methods. The programme hopes to bring together data from across Wales to identify means of prevention, which could lead to a reduction in suicides in the future. Suicide and self-harm prevention training will be prioritised alongside this to ensure mechanisms are multi-pronged and e-modules are available through the training hub[89].

Intersectionality also plays a key role, with women from black, minority and ethnic groups at particular risk of experiencing common mental disorders, and challenges to their mental health, such as racism and stigma. This was noted in the 'Discovery Report' where women from black, minority and ethnic groups felt less 'heard' when speaking with a healthcare professional.

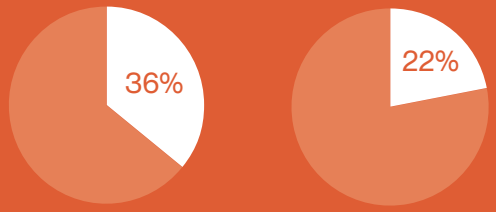


Evidence from the Agenda Alliance indicates that women's mental health is linked to their experiences of violence and abuse, with data showing that[90]:

53%

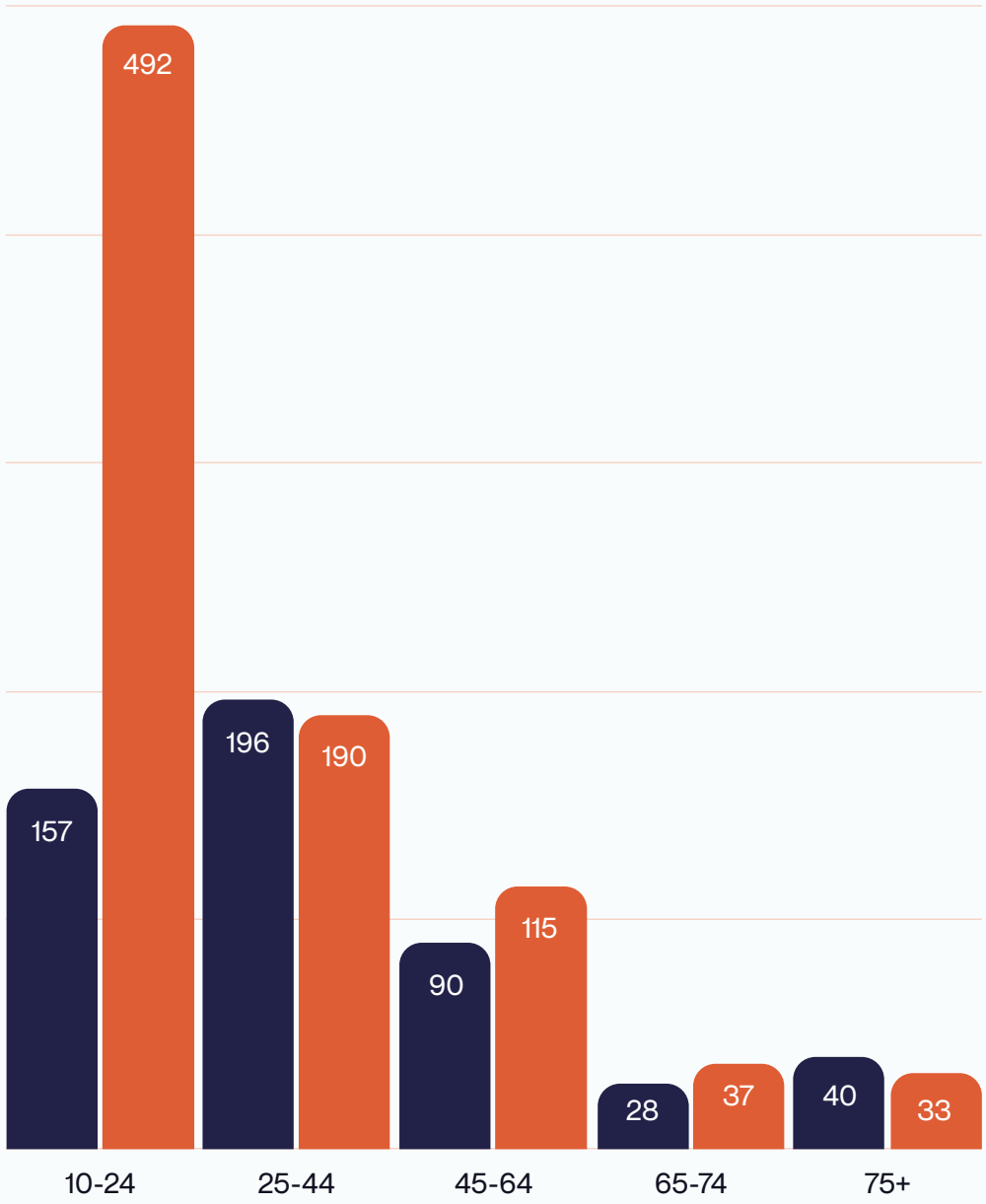
of women who have mental health problems have experienced abuse.

More than three quarters of women (78%) who have faced extensive physical and sexual violence, in both childhood and adulthood, have experienced life threatening trauma, and 16% have Post Traumatic Stress Disorder (PTSD).



Over a third (36%) of women who have faced extensive physical and sexual violence in both childhood and adulthood have attempted suicide, and a fifth (22%) have self-harmed.

Figure 11: Age-specific self-harm admission rates by sex (rate per 100,000 people).



> *There is a general need for a more holistic approach to women's health with improved integration between physical health and emotional wellbeing/mental health care across health and social care sectors.*
>
> **Dr Chris O'Connor**
> Clinical Lead Strategic Programme for Mental Health, NHS Wales Executive.

Examples of projects working well:

Whilst eating disorders impact people of all genders and of any age, the overall lifetime prevalence is significantly higher in women than men[91]. The Eating Disorders Clinical Implementation Network are developing an 'All Wales Early Intervention Eating Disorder Service'. They are also creating a needs assessment and clinical pathway to support the Avoidant Restrictive Food Intake Disorder (ARFID) service, with a CPD programme for those working in specialist eating disorder services and those in generic services.

Locally, the Perinatal Mental Health CIN has introduced an 'All Wales Perinatal Pathway', and an 'All Wales Training Plan', and is supporting specialist Perinatal Mental Health Teams within Health Boards to work towards meeting the Royal College of Psychiatry Standards for Community Perinatal Mental Health Services[93]. Within south and mid-Wales there is a regional 'in-patient' specialist to support perinatal mental health care, with a model that could be expanded across Wales.

An example of prevention work nationally is 'The Body Project'[92] designed primarily for adolescent girls and young women. This group-based intervention provides a forum for high school girls and college aged women to confront unrealistic appearance ideals and develop healthy body image and self-esteem.

Becoming a Perimenopause and Menopause Drugs and Alcohol Aware Service, Hywel Dda University Health Board

"Within Hywel Dda there was noted an increase, albeit small numbers, in drug and/or alcohol related deaths or non fatal poisonings in women under 20 and over 40 years of age. The limited evidence suggests that the impact of perimenopause and menopause could be having a significant impact upon the health and addictive behaviours of women who are experiencing symptoms. There is a scarcity of data collected about clients who are experiencing perimenopause and menopause, not just in drug and alcohol services but across much of the healthcare system. With this in mind, we decided to aim to become a perimenopause/ menopause aware substance misuse treatment service and developed a working group to progress this.

The group has grown and £10,000 was secured to develop some training for staff and develop a group work programme for women. Alcohol Change have been involved and we have just had our first focus group in order to define what the training and group work programme will need to entail."

Kate Watson-Jones
Advanced Nurse Practitioner Substance Misuse, HDUHB.

7.8.4 Alzheimer's and Dementia

Women have a greater risk of developing dementia during their lifetime than men, with women twice as likely to develop Alzheimer's, the most common cause of dementia[94]. It is the leading cause of all deaths in women in Wales. The main reason for this greater risk is due to women living longer than men and old age is the biggest risk factor for this disease. Genetics and Traumatic Brain Injury (TBI) are further risk factors. Oestrogen is thought to have a range of protective effects on brain health, including an ability to block some of the harmful effects of substances involved in Alzheimer's disease. The 'Dementia Action Plan for Wales'[95], is due to be re-published in 2025, and will consider how women are affected, their needs, and interventions to reduce dementia risk and improve brain health throughout the life course.

Example of good practice:

In 2022, a Gwent-wide 'Dementia Friendly Communities' group was formed, merging the individual Local Authority steering groups into one overarching group. The group is working with ethnic minority communities, and other established community groups to engage with women. This group identified three areas they wanted more information about dementia, menopause and diabetes. The information, including on brain health, is delivered in a community space that is familiar to the group and with translation support. They are creating information content according to need and taking a flexible approach depending on knowledge, experience and cultural elements. A mixture of clinicians, third sector and Local Authority are supporting the project, with data being gathered on numbers of people attending, links to other services and/or uptake of support.

Women have a greater risk of developing dementia during their lifetime than men, with women twice as likely to develop Alzheimer's.

7.8.5 Diabetes

Over 212,000 people live with diabetes in Wales, affecting more men than women across all age groups (figure 12). However, Type 1 Diabetes Mellitus (T1DM) is especially aggressive in women <40 years and those from ethnic minority groups and areas of deprivation.

Figure 12: Diabetes prevalence is higher in older people, and for males. QAIF, 2021/22, Welsh Government.

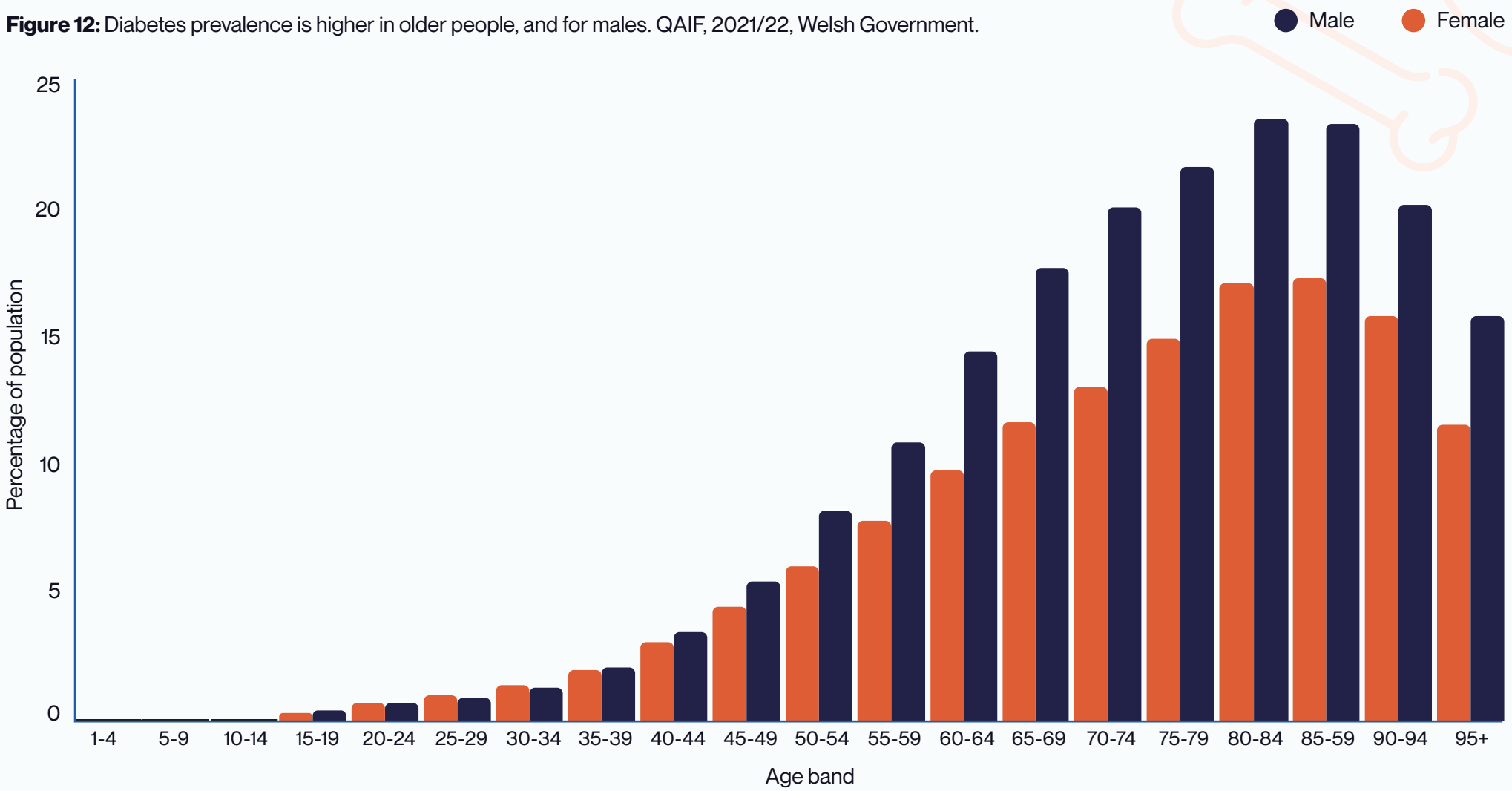


Figure 13: Percentage of registered patients aged 17+ years with diabetes in Wales, by Health Board. Cardiff and Vale University Health Board have the lowest rate, 6.6%, and Aneurin Bevan University Health Board the highest, 8.7%. Note that these rates have not been adjusted for age or sex, and differences between the Health Boards will in part be due to differences in population profiles. QAIF, 2021/22, Welsh Government.

Aneurin Bevan University Health Board
8.7%

Cwm Taf Morgannwg University Health Board
8.6%

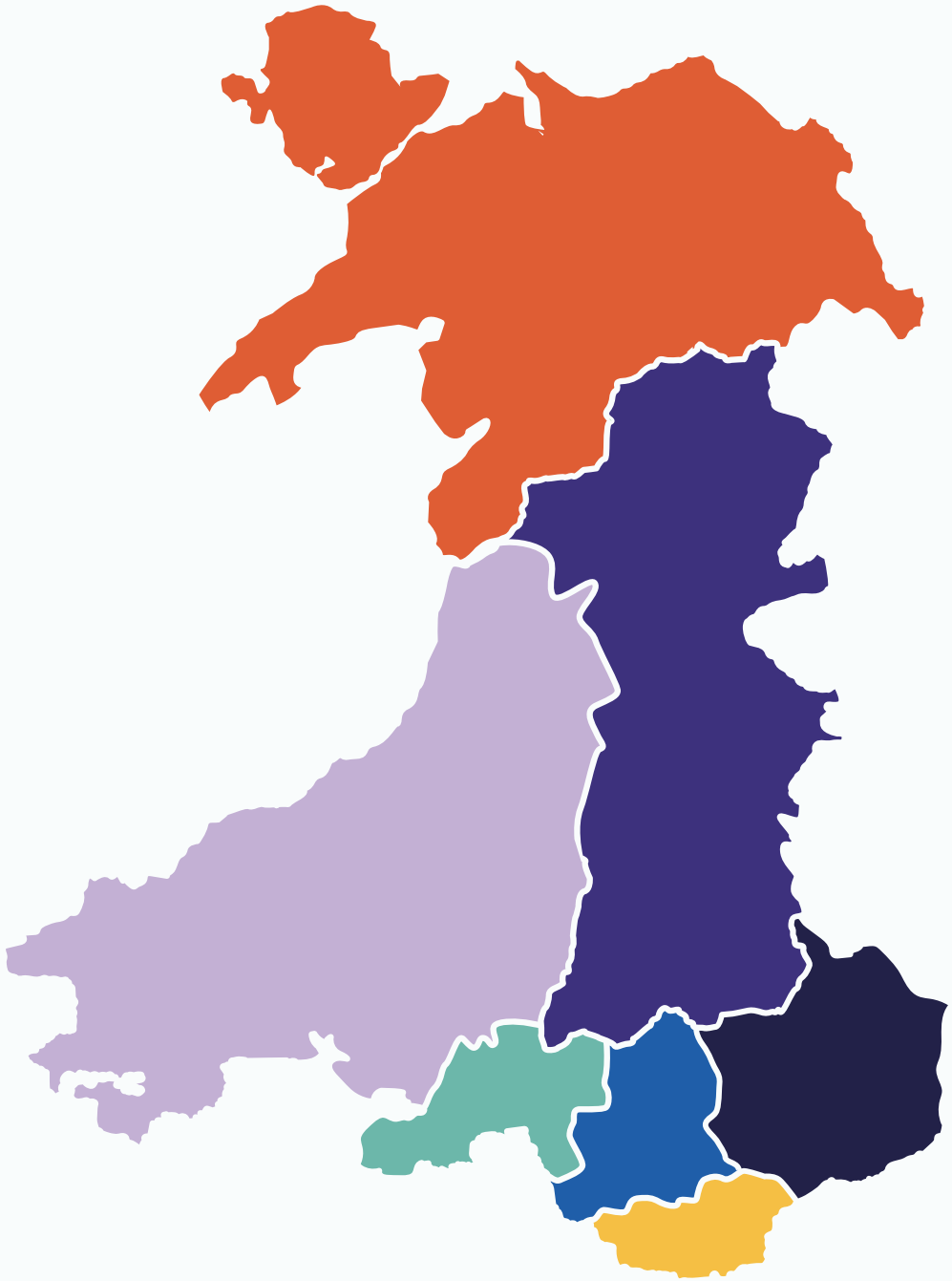
Hywel Dda University Health Board
8.4%

Betsi Cadwaladr University Health Board
7.9%

Powys Teaching Health Board
7.8%

Swansea Bay University Health Board
7.8%

Cardiff and Vale University Health Board
6.6%



Evidence shows that women are more severely impacted by the consequences of diabetes compared to men[96]:

- Women with diabetes have a greater risk of heart disease (HD).
- Women are more likely to be on lower incomes and lack time and ability to focus on caring for themselves on top of caring for others, so leading to poorer outcomes.
- Women are more likely to have retinopathy and neuropathy, and hormonal fluctuations may exacerbate this further, such as in pregnancy.
- Diabetes control is more difficult for women due to hormonal fluctuations.
- Elderly women with Type 2 Diabetes Mellitus (T2DM) and end stage renal disease are more likely to die than men with similar problems.
- Women with diabetes are four times more likely to suffer a stroke than women without diabetes.

Key interventions such as Hybrid Closed Loop (HCL) systems could play a significant role in supporting women to manage their diabetes more effectively. NICE TA943 recommend that they should be used in pregnancy or when planning a pregnancy, and for children and young people[97].

But glucose levels are affected by hormonal fluctuations at other times, such as in the perimenopause, and there could be wider opportunity for HCL systems to help women with diabetes. More research is needed.

The National Strategic Clinical Network for Diabetes has identified the following areas which require greater focus.

- Increased use of HCL systems for eligible women and research into other uses i.e. menopause.
- Effective services for those with disordered eating and T1DM, linking in with Eating Disorder CIN.
- Improved screening of risk factors for heart disease and prevention.
- Greater support for women with young onset T2DM.
- Improve preconception care for those with T2DM.
- Increase prevention for those with gestational diabetes.

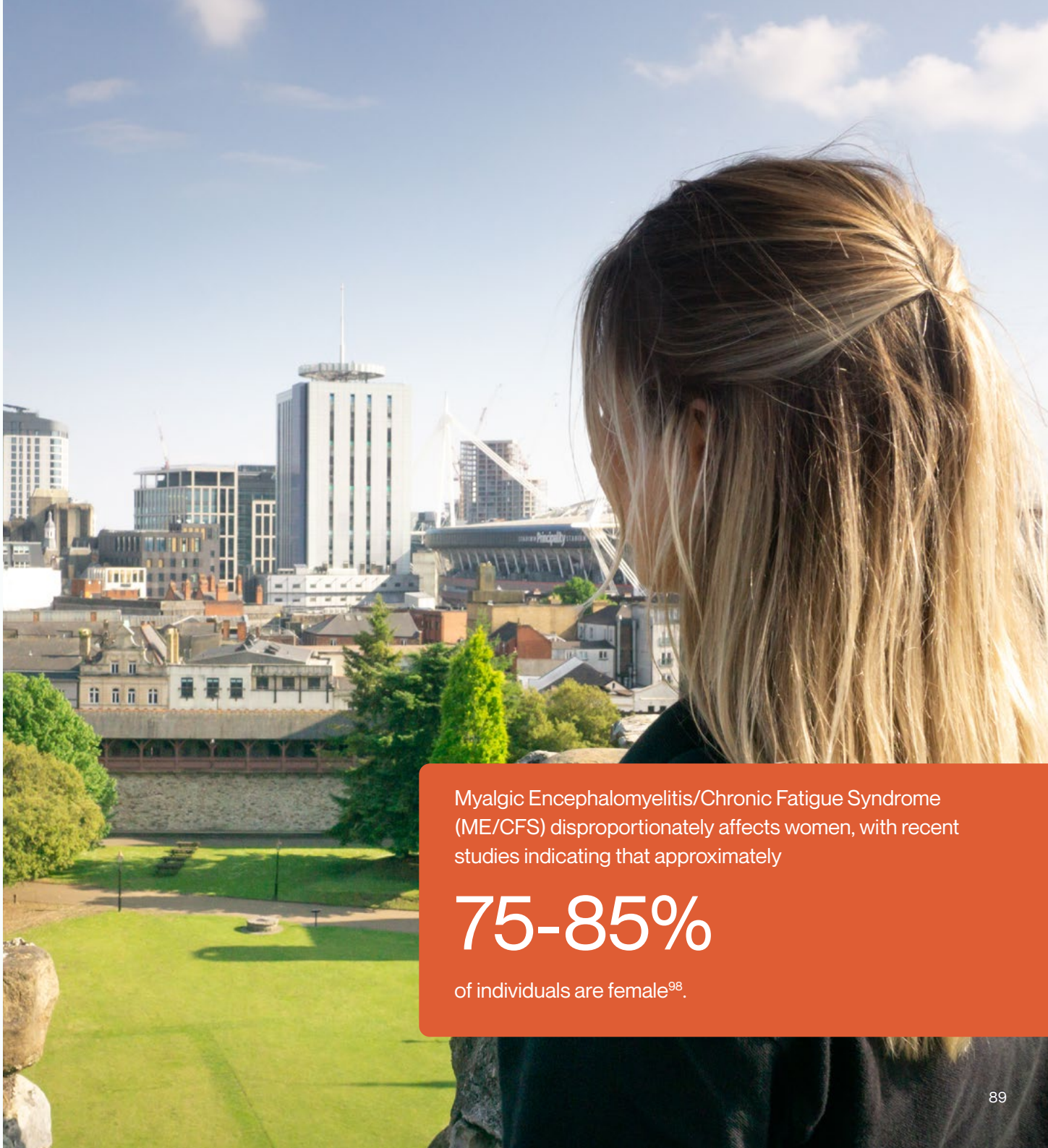
Women receive very little information about blood glucose fluctuations related to their menstrual cycle. Personally, I've never received any formal education or information through clinic visits. This is an area that is really lacking and understanding it sooner would have been beneficial. The knowledge I've gained over the years has come from personal curiosity, and later, from using technology like the Libre in my late 20s. It was a game changer to "see" what happens on specific days of the month. I remember taking screenshots of my blood glucose, which stubbornly sat at 13mmol for three days each month. When I showed these to my (male) doctor, he finally explained, 'That's a physiological change in your body, where you become more insulin resistant. We just need to accept those days as they are'. This information came to me over a decade later than it should have. Many women, me included, tend to blame themselves for higher blood glucose levels during these days, even though they have little control over it. Better education in this area could make a huge difference.

Patient, 36 years old
Type 1DM, Aneurin Bevan University Health Board.

7.8.6 Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) disproportionately affects women, with recent studies indicating that approximately 75-85% of individuals are female[98]. The impact of ME/CFS on women's health can be profound, leading to significant physical, emotional, and social challenges. Women with ME/CFS experience a range of symptoms that hinder their ability to participate in daily activities, maintain employment, and act as carers[99]. People with ME/CFS are more likely to have co-morbid conditions such as Irritable Bowel Syndrome and Fibromyalgia, which also affect more women than men, and can lead to additional challenges for diagnosis and healthcare support.

The 'Women's Health Wales Coalition Quality Statement'[100] emphasises the need for equitable access to diagnosis and treatment for women experiencing ME/CFS, recognising the unique challenges they face. By integrating this understanding into the Plan, there is an urgent need for tailored healthcare services, increased awareness, and dedicated research funding aimed at improving diagnosis, treatment, and support for women affected by ME/CFS.



Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) disproportionately affects women, with recent studies indicating that approximately

75-85%

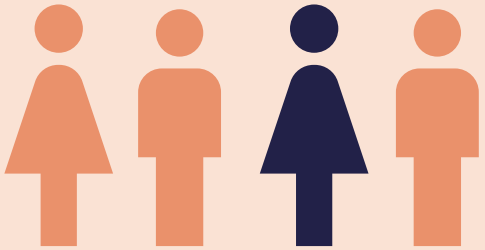
of individuals are female[98].

7.8.7 Cardiovascular Disease

Cardiovascular Disease (CVD) is a major cause of ill-health and death in Wales. It is largely caused by risk factors that can be controlled, treated or modified such as high blood pressure and cholesterol levels (modifiable risk factors). Some risk factors such as age and sex, however, cannot be controlled (non-modifiable risk factors). These major risk factors increase the likelihood of developing CVD, such as coronary heart disease, and stroke. Although CVD cannot be cured, the condition can often be managed with medication and lifestyle changes to prevent the disease from progressing (e.g. eating a healthy diet, exercising, stop smoking, limit alcohol consumption and stress). Oestrogen hormone is heart protective, it helps to control cholesterol levels and prevent atherosclerosis and subsequently hypertension. Therefore, after menopause, the risk of CVD increases significantly.

CVD causes more than one in four (27 per cent) deaths in Wales[101], or around 9,600 deaths each year. CVD will kill 5,200 men and 4,400 women in Wales each year with an overall cost to the Welsh economy (including premature death, disability and informal costs) estimated to be £1.5 billion each year[102].

Ischemic Heart Disease (IHD) is the second leading cause of death for women in Wales, killing twice as many women as breast cancer. However, an audit on revascularisation of women in Wales showed that women were 23% less likely to undergo revascularisation in the six-month period following an acute myocardial infarction, compared to men[103]. A study by the University of Leeds found that women had a 50% higher chance of receiving a wrong initial diagnosis following a heart attack, with a 70% increased risk of death after 30 days compared with those who had received a correct diagnosis. Evidence also shows that women are less likely to be prescribed medications that prevent further heart attacks[104].



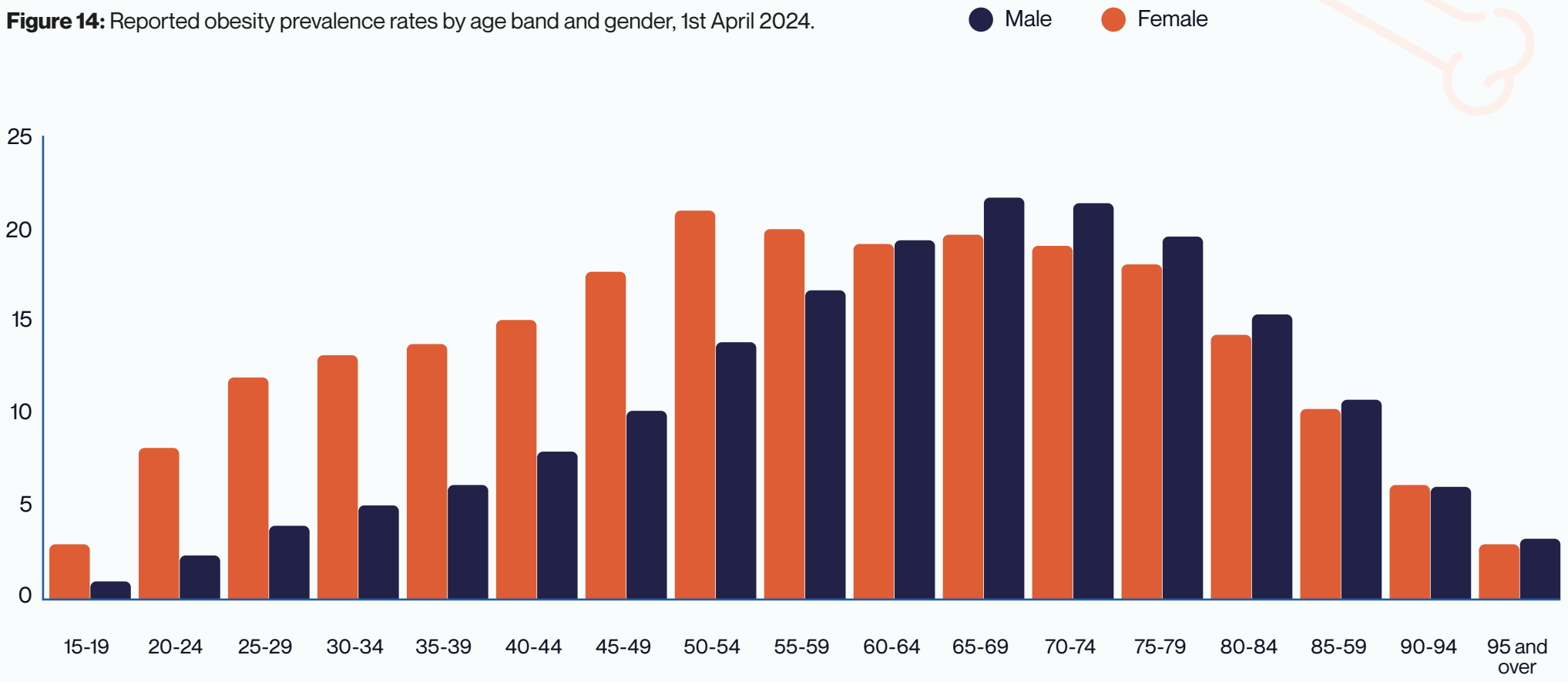
CVD causes more than one in four (27 per cent) deaths in Wales[101].

A study by the University of Leeds found that women had a **50% higher** chance of receiving a wrong initial diagnosis following a heart attack.

With a **70% increased risk** of death after 30 days compared with those who had received a correct diagnosis.

The Network will collaborate with the Cardiovascular Network to ensure the 'Quality Statement for Heart Conditions' employs a women-focused lens[105]. A key part of this will be regarding prevention and a focus on modifiable risk factors such as obesity. Women over 65 years are more likely to be obese when compared with men of a similar age (figure 14). There are multiple opportunities across the life course where services can educate, inform and empower women to make healthy choices and identify other contributory factors. Health care professionals can be educated to manage women's health more effectively.

Figure 14: Reported obesity prevalence rates by age band and gender, 1st April 2024.



The recovery programme is about service transformation to support recovery in cancer waiting-time performance.

7.8.8 Cancer Recovery Programme

The National Cancer Recovery Programme, as part of Planned Care, was established in 2024 to deliver quality and sustainable performance improvement in cancer pathways. This was in response to a new, pan-Wales approach to service and pathway improvement, within services providing diagnostics and treatment of cancer.

The recovery programme is about service transformation to support recovery in cancer waiting-time performance. It is focussing on the five cancer types with the poorest cancer waiting-time performance. Two of the five chosen cancer types primarily affect women, (gynaecology and breast), this is in addition to skin, lower gastrointestinal (GI) and urology cancer pathways. Data (figure 15 and 16) shows that the incidence rates are statistically significantly lower for women for urological cancers (bladder, kidney, urinary tract), colorectal and within upper GI cancers (liver, oesophagus and stomach).

However, in terms of one-year survival, there is statistically significantly lower outcomes for females with bladder cancer.

75% v 59%

The programme is also acutely aware of the impact of intersectionality and vulnerability, on outcomes in cancer care and survival. There is published research that shows that increased intersectionality leads to worse patient outcomes with respect to cancer. There is work ongoing to determine the scope of this issue in Wales, which could, and should, lead to a collaborative piece of work between the Cancer Recovery Programme, Cancer Network and a newly appointed Equality, Diversity and Inclusion (EDI) champion for women's health. This could focus on a campaign or programme of work looking at improving cancer access, and subsequently outcomes for women in Wales with high degrees of intersectionality.

Cancer incidence

Figure 15: 5 cancers with highest incidence in females,
European age-standardised rate per 100,00, all ages, Wales, 2020.

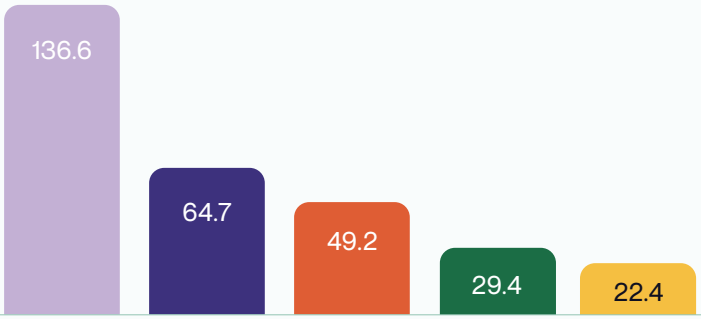
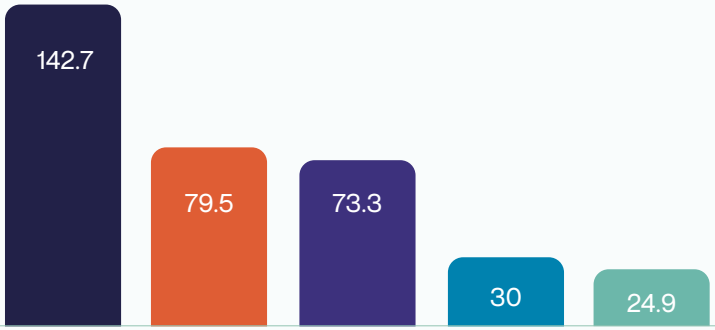


Figure 16: 5 cancers with highest incidence in males,
European age-standardised rate per 100,00, all ages, Wales, 2020.



Cancer mortality

Figure 17: 5 cancers with highest mortality in females,
European age-standardised rate per 100,00, all ages, Wales, 2022.

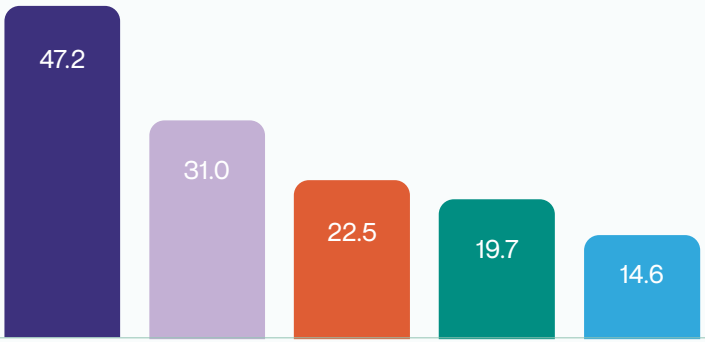
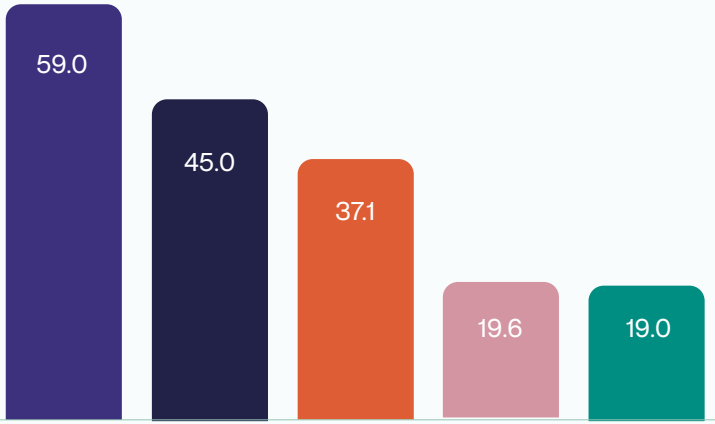


Figure 18: 5 cancers with highest mortality in males,
European age-standardised rate per 100,00, all ages, Wales 2022.



Breast Lung Colorectal Uterus Melanoma of the skin Head and neck Prostate Urinary tract excluding bladder Oesophagus Pancreas
Cancer of unknown primary origin

7.8.9 Musculoskeletal Conditions

Musculoskeletal (MSK) conditions are the most common cause of long-term pain and physical disability globally. They are the leading cause of life-limiting conditions in Wales (figure 19), and are strongly linked to deprivation, ethnicity, gender and age. Women consistently demonstrate more prevalent and severe clinical presentations of MSK disorders, and this disparity increases in magnitude with age.

Figure 19: Causes of life- limiting long term conditions age 16> years.

	Female	Male
Musculoskeletal complaints	20%	13%
Heart and circulatory complaints	10%	12%
Endocrine and metabolic complaints	8%	7%
Respiratory system complaints	8%	8%
Mental disorders	14%	10%

MSK conditions often effect multiple body areas and systems, requiring joined up multi-professional care. They can impact physical, emotional, social, economic, and mental health, making MSK conditions a significant public health concern.

Bone Health (osteoporosis and fragility fractures) are one of four key groups within MSK conditions which disproportionately affects women.

One in three women

will have a fragility fracture over the age of 50 years, compared to one in five men[106].

Additionally, following a first fracture, there is a one in three chance of sustaining another fracture within 12 months. The high incidence of fragility fractures can result from a lack of active case finding and untreated osteoporosis which increase with age (figure 20). There is a huge economic burden to the health service and wider society for fragility fractures[107].

The Bone Health Clinical Implementation Network will sit under the MSK National Strategic Clinical Network within the NHS Wales Executive, and use the 'National Clinical Framework' to guide progression of osteoporosis and bone health services.

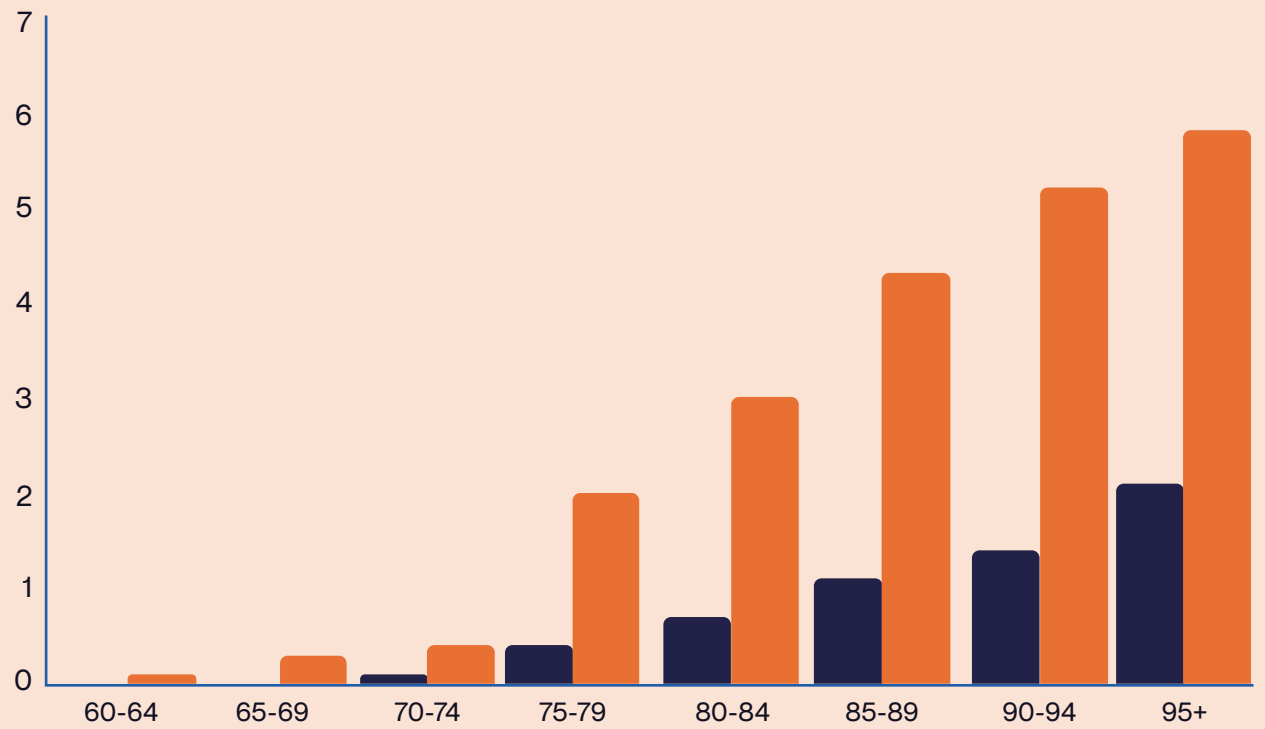
The newly formed Rheumatology Clinical Implementation Network also sits within the Musculoskeletal (MSK) Network and will oversee the services provided to care for patients with Inflammatory Rheumatic Conditions living in Wales.

Rheumatoid arthritis is the most common inflammatory condition, affecting 1% of the population. It has a two to three times higher prevalence in women than in men, suggesting female hormonal factors play a role in the development of the disease. It can present throughout a woman's life course with peak incidence at times of hormone change such as menopause and following childbirth[108].

Other rarer autoimmune conditions such as Lupus, which affects approximately 2000 people in Wales[109], also predominately affect women compared to men with a ratio of 9:1. Many rheumatic autoimmune conditions require immunosuppressive treatment, the choice of drug treatments needs to be discussed carefully with women, especially during childbearing years. Providing an adequate workforce to support women with these diseases in Wales is paramount.

To ensure best practice for women with inflammatory rheumatic diseases in Wales, all Health Boards contribute to the 'National Early Inflammatory Arthritis Audit'[110]. This includes data on 'time to diagnosis', as well as 'time to commencing treatment', important determinants which are known to have a direct impact on patient outcomes. Regular evaluation of this data provides a detailed picture of rheumatology services, with recommendations of how to improve and reduce variation in care standards across Wales.

Figure 20: Osteoporosis prevalence increases in line with age and is consistently higher amongst females.



7.8.10 Palliative Care and End of Life Care

Palliative care is an interdisciplinary clinical caregiving approach aimed at optimising quality of life and mitigating suffering among people with serious, complex, and often terminal, illnesses. Data has shown that one in four people currently do not get the end of life care and support they need. The number of people with palliative care needs is increasing. If current trends continue, approximately 37,000 people will die with palliative care needs each year by the 2040s[111].

Being free of pain is people's biggest priority at end of life[112].

Research shows that more than

one in three

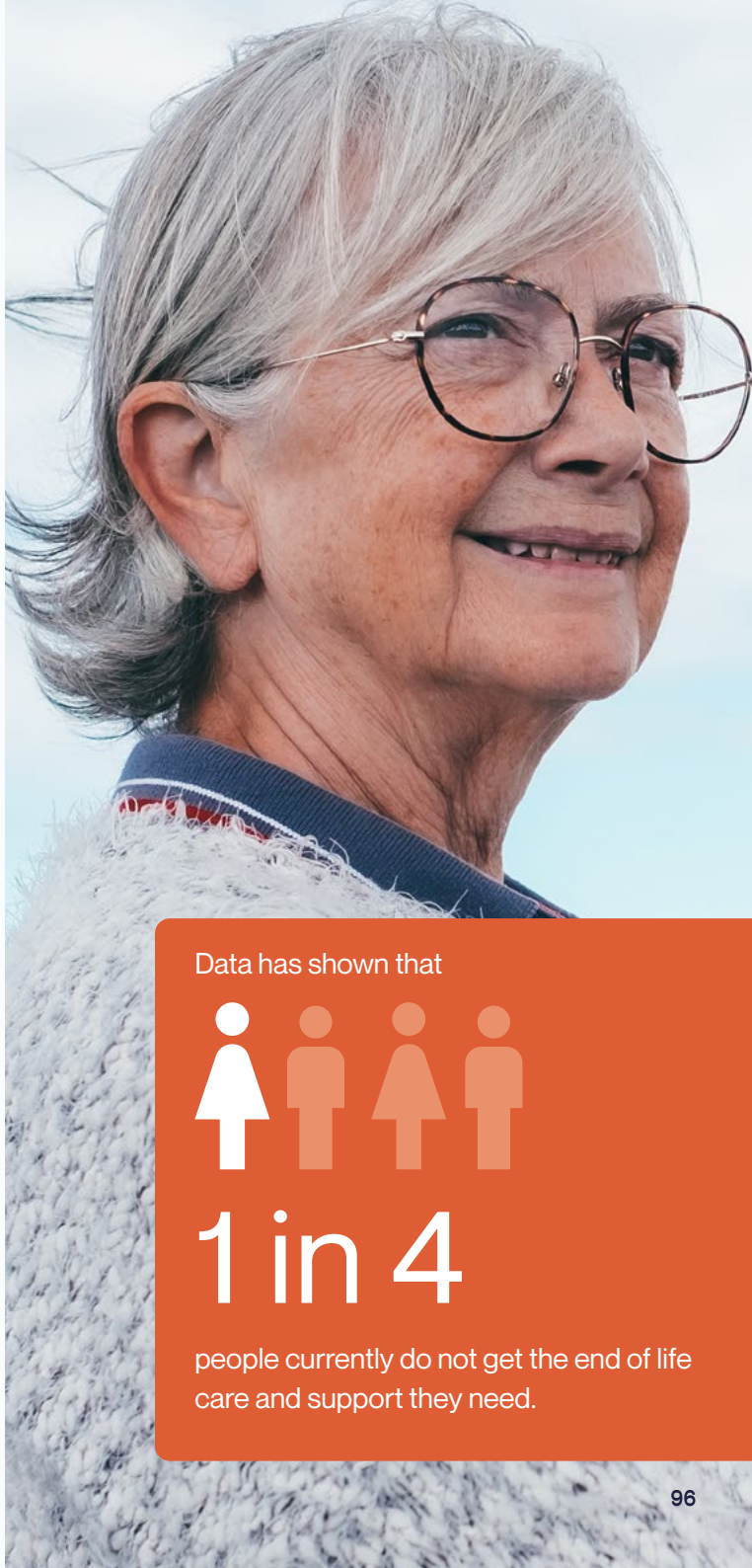
people in Wales were severely or overwhelmingly affected by pain or breathlessness in their final week of life[111].

Evidence shows that women often report more severe daily feelings of pain, nausea, and fatigue[113,114,115] but may also have to report greater symptom distress than men for their pain to be acknowledged[116].

While some research shows that terminally ill women tend to be more open, accepting of palliative support, and engaged with their end of life journey[113,117] other studies show that some women are less likely than men to state a preference for end of life care treatments such as chemotherapy, cardiopulmonary resuscitation and artificial feeding[118,119].

The evidenced reasons behind this are not yet substantive and should be fully explored, however such findings do highlight potential inequalities in the way women are approaching, deciding on, and ultimately accessing treatments which could improve their quality of life.

Data also suggests that women with ovarian, cervical and uterine cancers have a higher number of interactions with unscheduled care and emergency admissions and spend longer in hospital after an emergency admission than the general end of life population[120]. As we have highlighted previously, women are more likely to be unpaid carers, with research showing that unpaid carers take on significant care giving roles, but lack the support they need both pre and post bereavement[121].



Data has shown that

1 in 4

people currently do not get the end of life care and support they need.

The Programme for Palliative and End of Life Care (PEOLC) is working to:

- Achieve a national goal to enable people to die in their preferred place of care.
- Target policies and funding to address the psychological needs of women.
- Co-design a national service specification which includes a position statement on 'unpaid carers' to highlight the disparity between gender as it relates to women's health.
- Ensure HCP are trained and equipped in palliative care and end of life medicine, through the creation of a 'National Competency Framework'.
- Increase 'death literacy' to ensure that patients, families and communities are better prepared to deal with end of life situations.
- Provide guidance and training to HCP on Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR) decisions to ensure they are made transparently and in line with patients' preferences.
- Promote Advance Future Care Planning (AFCP) to enable individuals, including women, to make informed decisions about their future care, including training for HCP.

Action areas for supporting women's health:

- Work to better understand the PEOLC needs of women through use of PREM/PROMS.
- Agree a PEOLC 'National Service Specification' that supports the needs of women.
- Prioritise the needs of women in PEOLC through Health Board frameworks such as IQPD/IMTP and collect meaningful data to improve services for women

Short-term: up to 2 years Medium-term: 3-5 years Long-term: 6-10 years

Actions for Ageing Well and Long-term Conditions Across the Life Course

Time Frame	Action	Accountability and Partnerships
Short	Empower women to manage their own health needs, understand the ageing process and preventative interventions and how to access health systems to support them.	All Networks will partner with DHCW
Short	Scope within each Network where gender and sex specific data can be collected to start to inform targeted interventions.	All Networks will partner with DHCW
Short	Educate the workforce in the provision of culturally competent care, ensuring that diverse populations receive tailored health education and services.	Health Boards / HEIW / Women's Health Network
Medium	Ensure a collaborative approach to service design, between Health Boards, and other key stakeholders including those with lived and learnt experiences, to create inclusive services that cater to the diverse needs of women, particularly those with multiple vulnerabilities, such as elderly women or those with multiple health conditions.	Health Boards
Medium	Build awareness that healthy ageing starts with young women by engaging with schools and universities/colleges.	Welsh Government / Women's Health Network
Long	Monitor emerging patterns of multiple morbidity in older women, through data collection, and tackle the risk factors that cut across conditions, including intersecting needs.	NHS Wales Executive / All Networks
Long	Increase training for HCP around older women's health conditions, and prevention/ screening opportunities (e.g. CVD, Dementia, MSK).	GP Practices / Primary Care Clusters / Health Boards / HEIW / Networks
Long	Scoping exercise to consider how to provide and fund respite care for unpaid carers.	Welsh Government

How the NHS Wales Women's Health Plan will be Delivered

8. How the NHS Wales Women's Health Plan will be Delivered

The health system in Wales has adopted a collaborative approach to integrated planning, delivery and monitoring of healthcare services.

A collaborative approach ensures all elements of the system are working together to achieve shared outcomes outlined in our national policies, namely 'A Healthier Wales'[4].

The Plan embraces collaboration to ensure all aspects of women's health are coordinated and robust to meet the needs of women in Wales. By bringing together Health Boards, Special Health Authorities, and Trusts alongside the Welsh Government, third sector partners, and women themselves, the Plan will help drive better services and population outcomes.

8.1 Through working in partnership and collaboratively

The Network is one of 11 National Strategic Clinical Networks in Wales, that puts clinical leadership at the forefront, and which ensures that national functions work collaboratively, breaking previously experienced silo working.

Collaboration with the networks to ensure women's health is prioritised, will be key to reducing gender inequalities.

The dual role of the Network must be highlighted: it is not only responsible for enhancing services for conditions specific to women but also plays a crucial role in advocating for women within other networks. This involves challenging and collaborating with those networks to consider the distinctions between men and women, as well as the differences among various groups of women, and supporting them with implementing necessary changes.

The Network will provide a central coordinated approach for women's health in Wales bringing together stakeholders from multiple perspectives. Through reference groups, T&F groups, national pathways, and national standards and guidelines, approaches for implementation can be agreed and applied directly by the delivery organisations (i.e. Health Boards), as well as via Welsh Government policy mechanisms such as the Planning Framework.

Systems roles in delivery of the Plan:

Llywodraeth Cymru
Welsh Government

Welsh Government

- Develop and issue policy regarding women's health.
- Hold organisations accountable for actions and undertake performance management of Health Boards/ SHAs and Trusts informed by NHS Wales.

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NHS Wales Executive

- Working in collaboration with NHS Wales to develop interventions and improvements following publication of the Plan to improve outcomes.
- Inform Welsh Government on variation (both unwarranted and warranted) in services and outcomes.
- Support Health Boards not meeting expectations set out in the Plan.

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NHS Wales

- Provide operational / clinical expertise in the development of approaches / interventions as recommended in the Plan.
- Implement national approaches agreed via the Plan.

8.2 Engaging with Patients and Public

To implement the Plan, it is critical that women are involved in all aspects of its delivery over the next ten years.

The Network recognises that a significant number of women and girls contributed to the 'Discovery Report'[2] published by Welsh Government in 2022, which helped us understand patient and public priorities when it comes to women's health.

Some age groups and populations were not as well represented, for example those aged 16-25 years and those over 65 years. There were also fewer voices from black and minority ethnic groups, disabled women including those living with long-term physical and mental health conditions, those with learning disabilities or who are neurodivergent and LGBTQ+ individuals. We understand that individuals' identities and circumstances might mean they identify with more than one group, so we will be looking to better understand how personal characteristics and experiences can intersect with each other, particularly when it comes to health and care.

The Network understands that involving a wide range of stakeholders in the implementation of the Plan will be key to its success. We will be undertaking further engagement with patients, the public, charities, and groups who represent and advocate for their communities, for example the 'Women's Health Wales Coalition' whose 2022 report and members have played a vital role in supporting the development of the Plan in Wales.

We understand that some voices are seldom heard when it comes to their health and care needs, so we will be proactive and flexible in our approach, listening to community leaders and advocates about what works best for their communities and acting on their advice. We will undertake a range of activities, including workshops and surveys as 'first steps' in delivering the Plan and we will be working with academics to carry out research to analyse and enable a deeper understanding of the stories, experiences, and priorities shared with us in the 'Discovery Report'[2].

The importance of amplifying women's voices in health care is underscored by findings from the 'Health and Social Care Committee Report on Gynaecological Cancers'[122], which highlighted that many women experience their symptoms being dismissed or ignored by healthcare professionals. This systemic issue not only undermines trust in the healthcare system but can also lead to delayed diagnoses and worsened health outcomes. The Network plays a critical role in ensuring that women's experiences and concerns are heard and valued. By advocating for women to be taken seriously when reporting symptoms, the Network can help foster a healthcare environment that prioritises listening to patients, ultimately contributing to more timely and effective care for all women. This integration of women's voices into the broader health dialogue is vital for addressing disparities and ensuring equitable health outcomes.

As we move forward with developing, implementing, and overseeing delivery of the Plan, there will be mechanisms within the Network where those with lived and learnt experiences and expertise will be invited to participate. These will include T&F and Reference Groups.

There will be an expectation that Health Boards will fully adopt a co-production approach to their implementation of the Plan wherever possible. Co-production is often not fully understood or can be misinterpreted. To mitigate this, the Network will work across the NHS Wales Executive with the public and patient partners, and our academic colleagues to create a framework for co-production.

The framework will clearly outline what 'co-production' means and how it can be implemented accessibly by Health Boards and service leads to develop services for their patients in line with the Plan. The framework will include tools for monitoring and evaluating services, such as PREMS/PROMS which are one way that healthcare providers can better understand what is and isn't working for patients and where improvements can be made.

Collaboration with third sector organisations like health charities, grassroots groups, and professional bodies will be key to delivery of the Plan over the next ten years. We know that the third sector has a wealth of expertise to share with us in terms of insights into members' experiences, research and data, and often also as service providers themselves. The Network will ensure that regular meetings occur between its core leadership groups and third sector partners as the 'critical friend' to ensure progress is being made in a timely way and meeting the expectations of their members.

We will collaborate with Llais[123], who are the independent statutory body, set up by Welsh Government to give the people of Wales more say in the planning and delivery of their health and social care services, locally, regionally and nationally. The Network will work closely with Llais to engage on key questions and topics over the delivery phase of the Plan.

8.3 Primary Care

Primary care serves as the initial point of contact for individuals seeking healthcare. Effective primary care relies on collaborative multi-professional teams that leverage each member's expertise to enhance person-centred outcomes and experiences. The Primary Care Model for Wales (PCMfW) emphasises the importance of safe and efficient systems to guide patients to appropriate care, as well as integrated team approaches for holistic care delivery.

Figure 21: Primary care model for Wales – The primary care approach to place-based care.

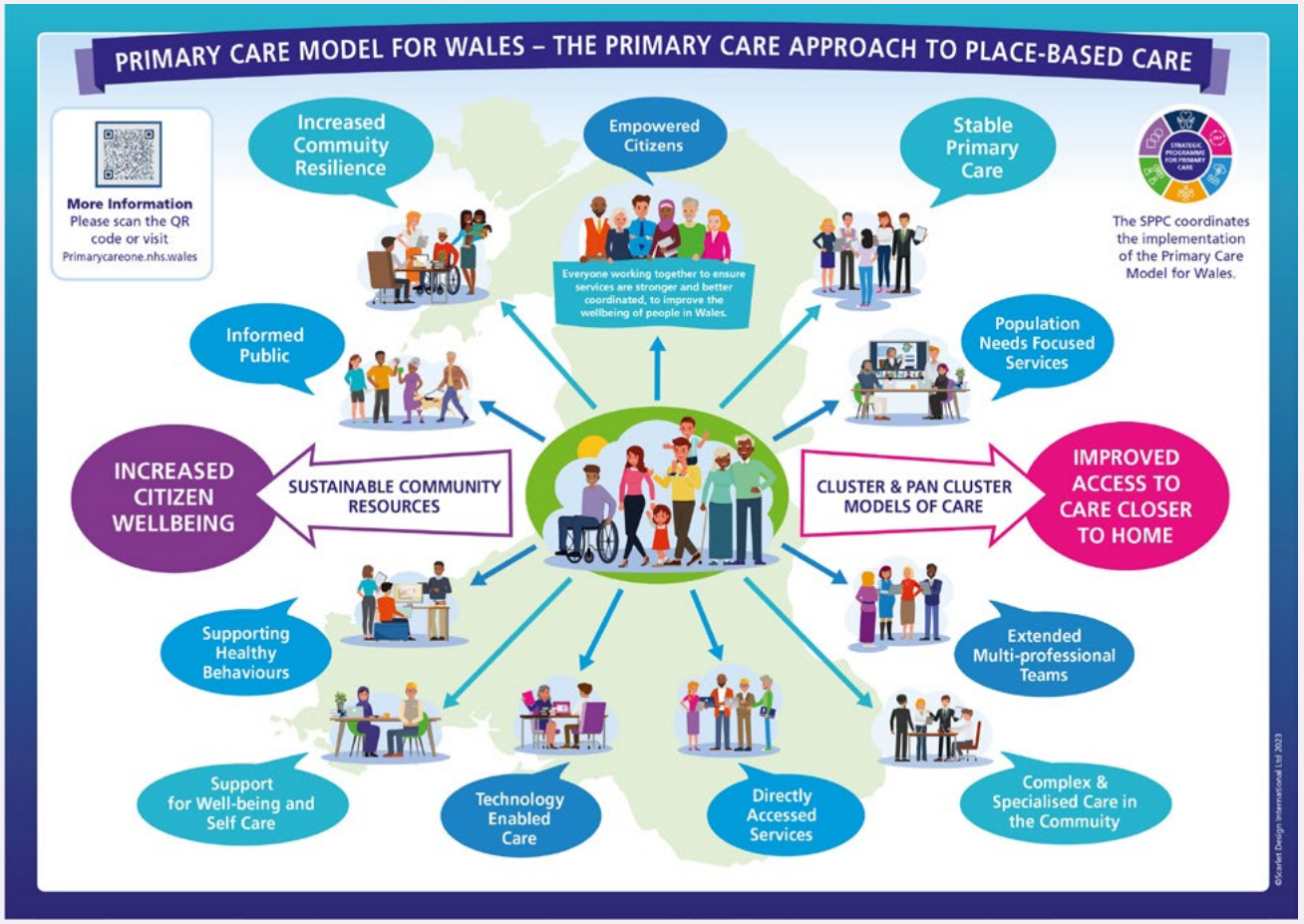


Figure 22: The Strategic Programme for Primary Care.

The Strategic Programme for Primary Care[124] (SPPC) is working to deliver the PCMfW as a key strategic driver for 'A Healthier Wales'. This is delivering a place-based care approach through 60 Clusters, improving understanding of needs at a community level and ensuring that local resources are used most effectively in each community. Local clinical leadership is engaging the primary care workforce in identifying and addressing gaps in care and testing new approaches to improve clinical outcomes and patient experience.

National Pathways

Over the last 18 months the Planned Care Programme has worked closely with clinical leads including primary care to collaboratively develop nationally agreed pathways across all specialty areas, such that they are both clinically led, evidence informed and available to primary care on a web-based platform. The main objective of these 'national pathways' will be to optimise and reduce variation of care for women and girls within community and primary care setting. In turn, pathways support patients with specialist secondary care needs to be seen in a more timely way.

With full engagement from all Health Boards in Wales to prioritise these 'national pathways' we can begin to reduce unwarranted variations in access to women's health and prioritise services and workforce, according to local data.

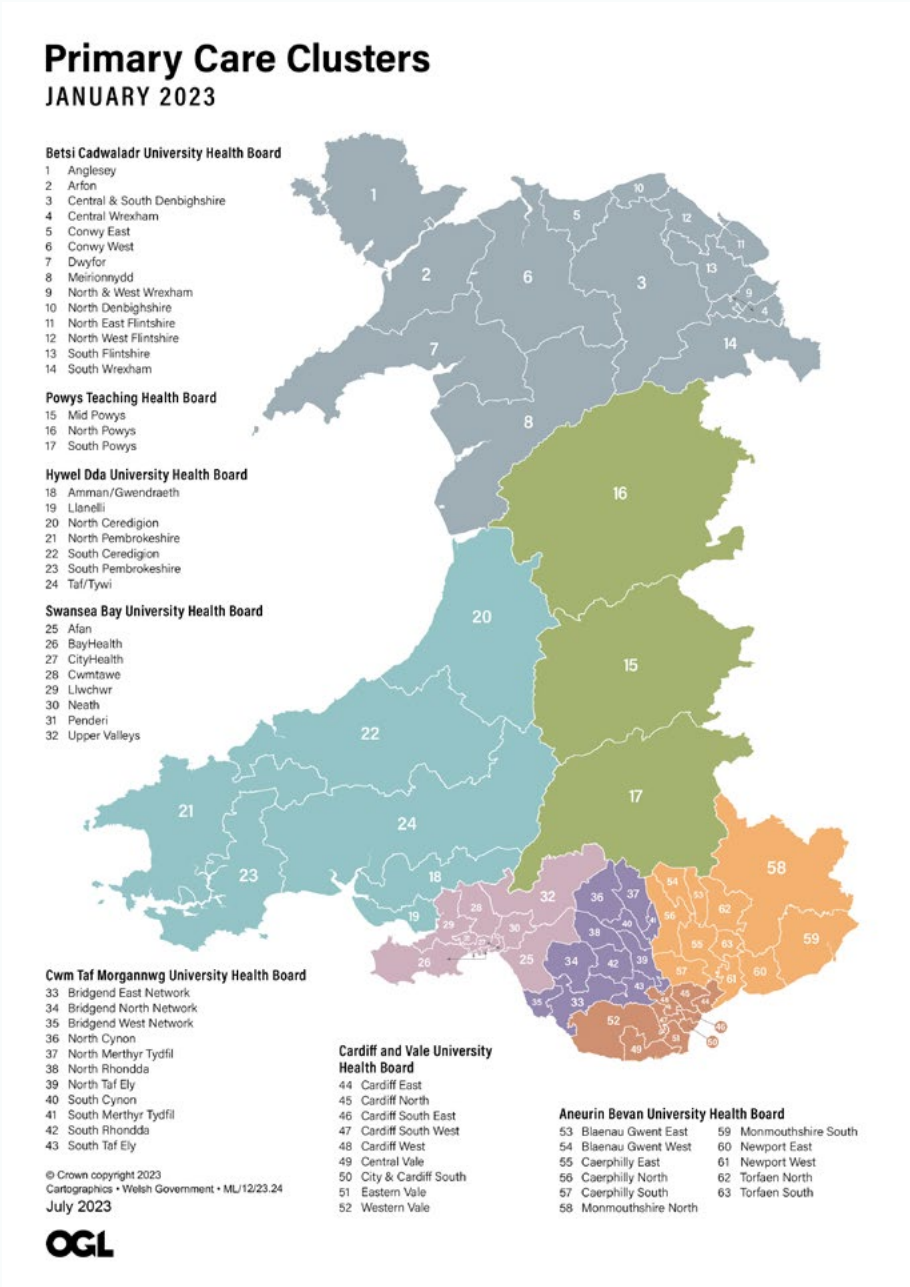
Benefits of Cluster services

1. Prioritisation of the needs of the most vulnerable groups, such as implementation of the IRISi (Identification and Referral to Increase Safety) programme[125] which is an initiative designed to train primary care staff to identify and respond to domestic abuse, improving safety and access to support services for affected individuals.

2. In some areas cluster leads hold thematic roles, such as 'women's health' and work with colleagues in secondary care services to improve integration. Opportunities to work with specialists in secondary care to upskill and reduce referrals as seen in the Taff Ely Menopause Project, a multipronged programme designed to upskill primary care and strengthen links between primary and secondary care by the introduction of an email advice service.

3. Collaboration with health and social care teams which facilitate a holistic approach that address the wider determinants of health. For example, women often provide a caring role and when unpaid this can impact opportunities to study or earn an income. Poverty is associated with poor health outcomes so actions to ensure that women are not disadvantaged can contribute to more equitable health outcomes.

Figure 23: Primary Care Clusters Map.

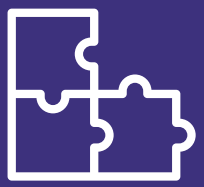


Example of cluster level delivery includes:

Cardiff East Menopause Project

This project was a multipronged programme designed to upskill primary care (specialist menopause training offered for a clinician in every practice, multiprofessional education sessions offered at different levels of complexity) and strengthen links between primary and secondary care by the introduction of an email advice service.

> *Primary health care enables health systems to support a person's health needs – from health promotion to disease prevention, treatment, rehabilitation, palliative care and more. This strategy also ensures that health care is delivered in a way that is centred on people's needs and respects their preferences... (it is) the most inclusive, equitable and cost-effective way to achieve universal health coverage.*
>
> World Health Organisation[126]



The Problem

- Lack of specialised menopause provision in Cardiff and Vale
- Increased demand
- Women reported difficulty accessing treatment or being refused HRT

The Solution

- Menopause clinics delivered by GP with Special Interest (GPwSI) in Menopause at cluster level, with full access to patient records
- Electronic Referrals with inclusion of a Green Climacteric Survey
- Triaged to either e-advice back to GP or virtual consultation

The Outcome

- Positive Patient Reported Outcome Measures (PROM)
- Positive feedback from referring GP
- Education and training opportunities

As in all areas of the NHS there are significant constraints within primary care which impact on delivery. Whilst striving to provide high quality, efficient, evidence based primary care services it is essential to remember that general practice is commissioned to provide 'general medical services' (GMS). A thorough needs assessment is required in each Health Board to determine what services are required, staffing and training needs and sources of sustainable funding to deliver the Plan, effectively.

Fifty nine percent of all patient contacts in the NHS are with GPs[127]. NHS funding provision to general practice has reduced from over 8.7% of expenditure in 2005/06 to 6.1% of the budget in 2020/21[128]. Supplementary services are commissioned by Health Boards leading to variability in provision.

In relation to workload:

- There has been a 32% increase in the number of patients per full-time equivalent (FTE) GP from 2013 to 2022, compounded by increasing patient complexity[128].
- Eighty percent of GPs fear their workload is detrimental to patient care[128].
- Access to specialist assessment, treatment and advice has been impacted significantly by a backlog of care following COVID delays. GP services provide advice and reassurance whilst appointments are awaited creating further demand on GMS services.

The publication of the Plan is an opportunity to look at new models of working and delivering care close to home for women. In England, 'Women's Health Hubs' have been supported through the 'Women's Health Strategy'[129] to deliver many aspects of women's health within communities including:

- Menstrual problems, assessment and treatment.
- Menopause assessment and treatment.
- Contraceptive counselling.
- Provision of the full range of contraceptive methods (including long-acting reversible contraceptives [LARCs]) for both menstrual problems and prevention of pregnancy.
- Preconception care.
- Breast pain assessment and care.
- Pessary fitting and removal.
- Cervical screening.

80%

of GPs fear their workload is detrimental to patient care.

A cost-benefit analysis on Women's Health Hubs in England, found them to not only be cost-effective but have far reaching benefits for staff and patients[130]. The report showed that for every £1 spent on implementing a 'primary care network' sized hub (30,000-50,000) there were £5 of benefits created. Other quantified benefits included improved quality of life for women by providing improved access to treatment compared with the current system, cost savings from moving LARC procedures out of secondary care, reduced menopause related absences from work, and reduced unplanned pregnancy[130].

To consider such models in Wales, significant scoping including financial requirements need to be carried out within each Health Board, to ensure that any service development fulfils the needs of the local population and is sustainably funded.

Summary of actions:

- A scoping exercise of the delivery of women's health across Wales, including current services, demand, workforce and funding requirements.
- Review current Locally Enhanced Services (LES) relating to women's health services.

For every £1 spent on implementing a 'primary care network' sized hub (30,000-50,000) there were £5 of benefits created.

8.4 Measuring Progress

Governance

The governance and implementation of the Plan will be overseen by the NHS Wales Executive with annual reports on behalf of NHS Wales provided to Welsh Government.

Effective reporting and progress tracking against the Plan is vital for ensuring that the vision is realised over the next decade. Given the complexity and scope of the initiatives outlined in the Plan, achieving meaningful outcomes will require a sustained commitment and collaborative effort from clinicians, public health officials, and community groups.

The Network will collaborate with NHS Wales and Welsh Government to understand new initiatives that may enhance women's health throughout the duration of the Plan.

Quality

The 'Duty of Quality' statutory guidance (2023)[131] establishes essential principles for delivering high-quality health services in Wales, outlining the responsibilities of health and care organisations to ensure that care is safe, effective, and patient centred. This guidance complements the 'Health and Care Quality Standards (2023)'[132], which provide a comprehensive set of benchmarks aimed at promoting high standards of care across the health and social care sector. These standards focus on key areas such as safety, effectiveness, dignity, and respect, ensuring that services are designed with the needs of patients, including women, in mind.

Together, these frameworks create a robust foundation for enhancing the quality of care delivered across Wales, particularly for vulnerable populations who are known to experience disparities in health outcomes. The integration of the 'Duty of Quality' statutory guidance and the 'Health and Care Quality Standards' into the Plan is vital for its effective implementation.

By aligning the Plan with these quality frameworks, healthcare providers can ensure that their services are tailored to meet the unique health needs of women, such as reproductive health, mental health, and chronic disease management. This alignment facilitates a culture of accountability and continuous improvement, ensuring healthcare organisations rightly prioritise women's health and wellbeing. Furthermore, the emphasis on quality within these frameworks promotes collaboration among healthcare providers, policymakers, and community organisations, facilitating the exchange of best practices and resources. The commitment to high-quality care outlined in these statutory guidelines and standards will play a critical role in achieving the objectives of the Plan, ensuring that women across Wales receive comprehensive, responsive, and equitable healthcare throughout their life course.

Quality Statement	Health Board
Safe	Quality Framework, Getting It Right First Time (GIRFT)
Timely	National Pathways
Effective	Women's Health Dashboard
Efficient	Prudent Healthcare Principles
Equitable	Collection of data by gender and sex, Health Impact Assessments
Person-centred	PREM/PROM

The Network will:

- Ensure a robust governance structure is in place to oversee the implementation and delivery of the Plan.
- Collaborate with DHCW and the Performance and Assurance Directorate to agree a monitoring strategy.
- Through a period of consultation, agree KPIs, with stakeholders.
- Provide annual reports on Health Board progress against the Plan.
- Where Health Boards are not meeting the standards agreed, we will work with the Quality, Safety and Performance team to support them with service improvement.

Monitoring mechanism	
Planning Framework	The annual 'NHS Wales Planning Framework' will set out specific expectations and requirements for the coming three-year period.
Integrated Quality, Planning, Delivery (IQPD) reports	Health Boards will provide annual reports on progress against the Plan through annual IQPD meetings with Welsh Government.
Integrated Medium Term Plans (IMTP's)	Health Boards, and wider NHS organisations, will be required to include an outline of their strategic priorities, objectives and actions to improve women's health as outlined in the Plan in their IMTP's.
Detailed progress reporting	Health Boards will be required to provide detailed progress reports on the implementation of the Plan at one, three and five years. These reports should include KPIs, milestones and outcomes achieved, challenges faced and plans for improvement. At ten years a more detailed report will include 'next steps' recommendations.
Data collection and analysis	Performance against the Plan will be measured using KPIs. Health Boards will utilise the analytical capabilities from the dashboards to support evidence-based services for women.
Peer Review	The Network will collaborate with other clinical networks on relevant peer review programmes to enhance the quality of care and outcomes for women's health services. By sharing expertise and best practices, they will identify areas for enhancement and drive positive change. The findings from peer review will inform necessary improvements in women's healthcare, help monitor Health Board progress against the Plan, ensuring person-centred care, and evidence-based practices are prioritised for continuous improvement in women's health services.

Conclusion

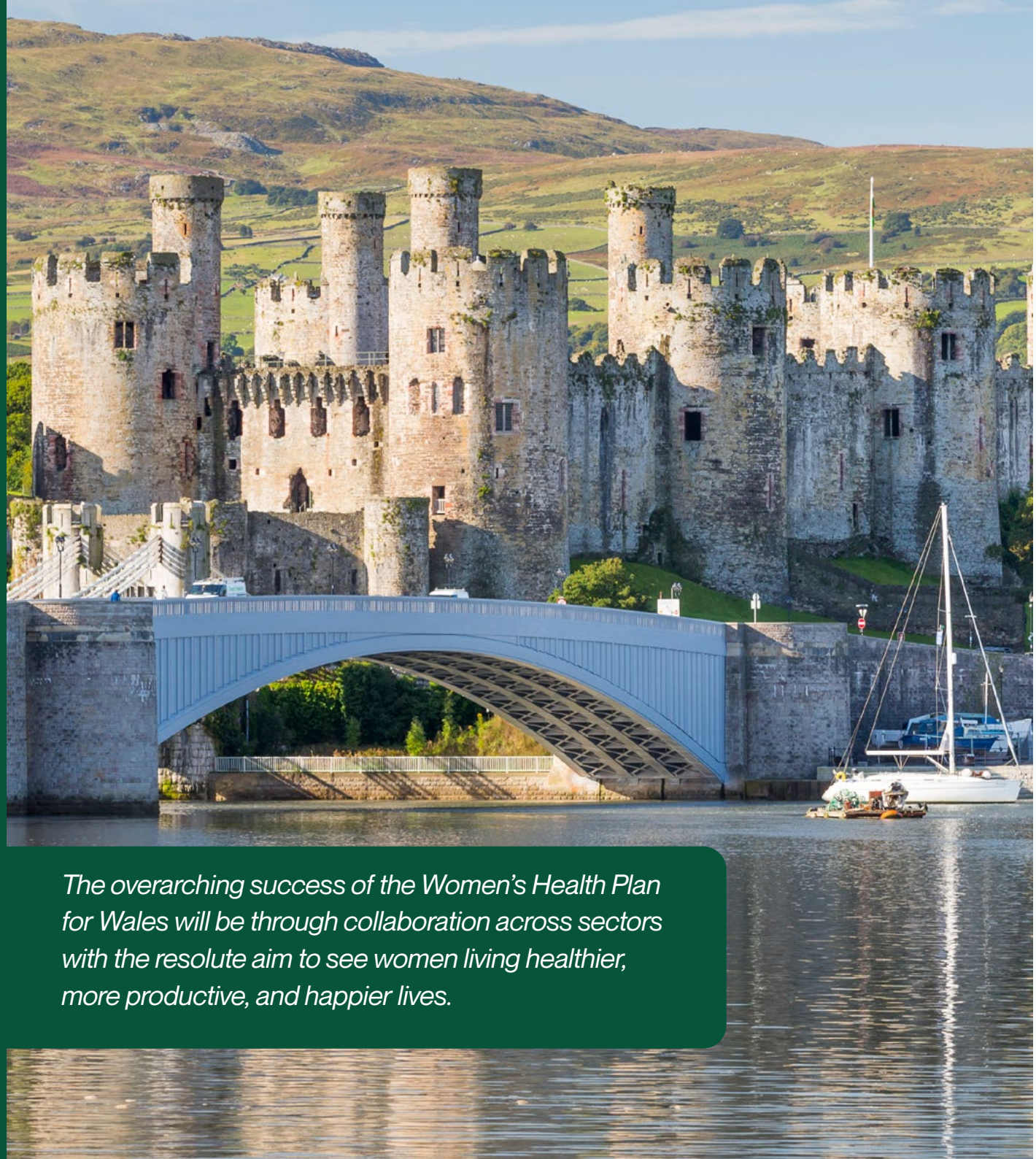
9. Conclusion

This is the first Women's Health Plan for Wales, designed and delivered by the NHS Wales Executive on behalf of the Welsh Government.

Wales has a unique opportunity to improve the health of 51% of the population. We currently do not have the fragmentation and splintering of women's healthcare that exists in other parts of the UK, which has been so damaging for women. We need to protect and value the health systems which put the person at the centre. By benchmarking against the Women's Health Plan, we have an opportunity to re-evaluate what we have, what is working well, where change is needed and where investment should be focused. Women's health extends beyond clinical services, encompassing health promotion, prevention, research, and data-driven decision-making. There needs to be a whole system approach to creating a 'left shift', driving care back into the heart of our communities with a prevention-based focus.

Inclusivity is at the heart of the Plan, with a commitment to see active engagement with diverse populations and ensuring that all women's voices are heard and involved in shaping their own health services.

Wales has a unique opportunity to improve the health of women.



The overarching success of the Women's Health Plan for Wales will be through collaboration across sectors with the resolute aim to see women living healthier, more productive, and happier lives.

It is through true collaboration across healthcare systems and fostering a co-production approach, that the gender health gap in Wales will be closed and better health outcomes for women across the life course will be ensured. Through its leadership, the Network is committed to embedding gender equality into the heart of healthcare, ensuring that the health of women is recognised as essential to the health of the entire Welsh population.

There are innovative projects already happening, many of which we have highlighted in the Plan. The Network is committed to reducing the current variation of care seen across Wales, a bringing together of best practice, and calling-out where women are being underserved and unheard. By coordinating efforts between NHS Wales, Welsh Government, third sector organisations, and women themselves, we can ensure that women's health becomes a priority in every aspect of healthcare planning and service delivery.

This is a 10 year vision for women's health in Wales. There will need to be space to reassess and reform as new evidence and ways of working develop, and as the needs of the population change. The Network will play a pivotal role in helping to deliver the Plan, but the overarching success of the Women's Health Plan for Wales will be through collaboration across sectors with the resolute aim to see women living healthier, more productive, and happier lives.

Appendices

Appendices

Acknowledgements

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Glossary and Terminology

ABUHB	Aneurin Bevan University Health Board
ACD	Accelerated Cluster Development
AFAB	Assigned Female at Birth
AFCP	Advance Future Care Planning
AI	Artificial Intelligence
ARFID	Avoidant Restrictive Food Intake Disorder
BCUHB	Betsi Cadwaladr University Health Board
BMI	Body Mass Index
BSACP	British Society of Abortion Care Providers
CEO	Chief Executive Officer
CFS	Chronic Fatigue Syndrome
CHP	Community Health Pathways
CIN	Clinical Implementation Network
CNS	Clinical Nurse Specialist
CPD	Continuous Professional Development
CTMUHB	Cwm Taf Morgannwg University Health Board
CVD	Cardiovascular Disease
CVUHB	Cardiff and Vale University Health Board
D2K	Data to Knowledge
DHCW	Digital Health and Care Wales
DNA CPR	Do Not Attempt Cardiopulmonary Resuscitation
DSPP	Digital Services for Patients and Public
EDI	Equality, Diversity and Inclusion
EDS	Ehlers-Danlos Syndrome
EDT	Executive Directors Team
FGM	Female Genital Mutilation
FM	Fibromyalgia
FSRH	Faculty for Sexual and Reproductive Healthcare
FTE	Full-Time Equivalent
FTWW	Fair Treatment for Women of Wales
GCIN	Gynaecology Clinical Improvement Network
GI (lower and upper)	Gastrointestinal (lower and upper)
GMS	General Medical Services
HCL	Hybrid Closed Loop
HCP	Healthcare Professionals
HCRW	Health and Care Research Wales
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HMB	Heavy Menstrual Bleeding
HPV	Human Papilloma Virus
HRT	Hormone Replacement Therapy
HSCC	Health and Social Care Committee
HWW	Healthy Working Wales
IBS	Irritable Bowel Syndrome
IHD	Ischemic Heart Disease
IMTP	Integrated Medium Term Plans
IQPD	Integrated Quality, Planning, Delivery
IRISi programme	Identification and Referral to Improve Safety
IUD / IUS	Intrauterine Device / Intrauterine System
JCC	Joint Commissioning Committee
K2P	Knowledge to Practice
KPI	Key Performance Indicator(s)
LA / LAs	Local Authority / Local Authorities
LARC	Long-Acting Reversible Contraception
LES	Locally Enhanced Services
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning
LMUP	London Measure of Unplanned Pregnancy
LSOAs	Lower Super Output Areas
MAS	Memory Assessment Services
ME	Myalgic Encephalomyelitis
MECC	Make Every Contact Count

MSK	Musculoskeletal
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NDR	National Data Resource
NES	Nationally Enhanced Services
NHSWE	NHS Wales Executive / The Executive
NICE	National Institute for Health and Care Excellence
NP	National Pathway(s)
P2D	Practice to Data
P&A Directorate	Performance and Assurance Directorate (NHS Wales Executive)
PBHC Framework	Prevention-Based Health and Care Framework
PCH	Preconception Health
PCOS	Polycystic Ovary Syndrome
PCPGs	Pan-Cluster Planning Groups
PCMfW	Primary Care Model for Wales
PEM	Post Exertional Malaise
PEOLC	Palliative and End of Life Care
PESE	Post Exertional Symptom Exacerbation
PFMT	Pelvic Floor Muscle Training
PHW	Public Health Wales
PIP	Pharmacy Independent Prescriber
PMDD	Pre-Menstrual Dysphoric Disorder
PMS	Premenstrual Syndrome
POP	Progesterone-Only Contraception Pill
POTS	Postural Orthostatic Tachycardia Syndrome
PREMS	Patient-Reported Experience Measures
PrEP	Pre-exposure Prophylaxis
PROMS	Patient-Reported Outcome Measures
PTHB	Powys Teaching Health Board
PTSD / Complex PTSD	Post Traumatic Stress Disorder / Complex Post Traumatic Stress Disorder
RCOG	Royal College of Obstetricians and Gynaecologists
ROTT	Reasons Other Than Treatment
RSE	Relationships and Sex Education
RTT	Referral to Treatment
RTSSS	Real Time Suspected Suicide Surveillance
SAIL databank	Secure Anonymised Information Linkage databank
SBUHB	Swansea Bay University Health Board
SCN	Strategic Clinical Network
SHA	Strategic Health Authority
SHC	Sexual Health Clinic
SPPC	Strategic Programme for Primary Care
SRO	Senior Responsible Officer
SROI	Social Return on Investment
STI	Sexually Transmitted Infection
SV&A	Sexual Violence and Abuse
T1DM	Type 1 Diabetes Mellitus
T2DM	Type 2 Diabetes Mellitus
T&F	Task and Finish
TBI	Traumatic Brain Injury
The Executive	NHS Wales Executive
The Network	National Strategic Clinical Network for Women's Health
The Plan / WHP	NHS Wales Women's Health Plan
UPSI	Unprotected Sexual Intercourse
VAWDASV	Violence against Women, Domestic Abuse and Sexual Violence
VBHC	Value-Based Healthcare
WBFGA	Wellbeing of Future Generations Act (Wales) 2015
WCP	Welsh Clinical Portal
WHH	Women's Health Hubs
WH Network	Women's Health Network
WHO	World Health Organisation

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https://www.gov.wales/healthier-wales-long-term-plan-health-and-social-care

Action on disability: the right to independent living framework and action plan
https://www.gov.wales/action-disability-right-independent-living-framework-and-action-plan

Advancing Equality in Wales Action Plan 2020
https://www.gov.wales/sites/default/files/publications/2020-03/advancing-gender-equality-plan.pdf

Anti-racist Wales Action Plan
https://www.gov.wales/anti-racist-wales-action-plan

Cancer Improvement Plan 2023 – 2026
https://executive.nhs.wales/functions/networks-and-planning/cancer/

Health and Social Care Quality & Engagement Wales Act
https://www.gov.wales/health-and-social-care-quality-and-engagement-wales-act-summary

Human rights act reform: a modern bill of rights
https://www.gov.wales/human-rights-act-reform-modern-bill-rights

LGBTQ+ Action Plan for Wales
https://www.gov.wales/equality-planning-strategy

National Clinical Framework: a learning health and care system
https://www.gov.wales/national-clinical-framework-learning-health-and-care-system

Pan-Cluster Planning Groups (PCPGs): Accelerated Cluster Development (ACD) Toolkit
https://primarycareone.nhs.wales/tools/accelerated-cluster-development-toolkit/

Period Proud Wales Action Plan
https://www.gov.wales/period-proud-wales-action-plan

Prudent Healthcare – Securing Health and Wellbeing for Future Generations
https://www.gov.wales/sites/default/files/publications/2019-04/securing-health-and-well-being-for-future-generations.pdf

The Quality Statement for Women's and Girls Health
https://www.gov.wales/quality-statement-women-and-girls-health-html

Wellbeing of Future Generations Act 2015
https://www.gov.wales/well-being-of-future-generations-wales

Welsh Government workforce equality, diversity and inclusion strategy: 2021 to 2026
https://www.gov.wales/workforce-equality-diversity-and-inclusion-strategy-2021-to-2026

Women's Health Wales: A Quality Statement for the Health of Women, Girls, and those Assigned Female at Birth 2022
https://www.ftww.org.uk/2021/wp-content/uploads/2022/05/Womens-Health-Wales-Quality-Statement-English-FINAL.pdf

Reference table for Life Course Infographic

Ref	Data	Link
A	Population 51% female 49% male	Population estimates for the UK, England, Wales, Scotland, and Northern Ireland: mid-2023 - Office for National Statistics
B	1 in 4 girls experience childhood sexual abuse	Measuring the impact of enhancing care provision in cervical screening for women in Wales, England and Australia who have experienced sexual violence and abuse. - Bangor University
C	35% of girls have low mental wellbeing scores	SHRN Data Dashboard - Public Health Wales (nhs.wales)
D	4,500 young carers in Wales	Unpaid care by age, sex and deprivation, Wales - Office for National Statistics
E	11.9% of girls achieve the recommended physical activity target	SHRN Data Dashboard - Public Health Wales (nhs.wales)
F	3.1% of girls smoke	SHRN Data Dashboard - Public Health Wales
G	40.9% of girls drink alcohol	SHRN Data Dashboard - Public Health Wales
H	51.2% of women meet physical activity guidelines	Public Health Outcomes Framework (2022) - Public Health Wales
I	22.3% of women have a disability	Disability by age, sex and deprivation, England and Wales - Office for National Statistics
J	22% of women (16-44) have a mental health diagnosis	Women's Mental Health Facts - Agenda Alliance
K	12.4% of women smoke	Public Health Outcomes Framework (2022) - Public Health Wales
L	9.8% of women drink above alcohol guidelines	Public Health Outcomes Framework (2022) - Public Health Wales
M	Women earn on average £1 p/h less than men in 2023	Gender pay gap in the UK - Office for National Statistics
N	71% of the part-time workforce is made up of women	Women and the Labour Market – Women's Budget Group
O	52% of women have reported being sexually harassed or abused in the workplace	SHW0040 - Evidence on Sexual harassment in the workplace – this paper references: TUC (2016) Still just a bit of banter? Sexual harassment in the workplace in 2016
P	3.8% of pregnant women in Wales were smoking with 11.7 through to delivery	Maternity and birth statistics: 2023 [HTML] | GOV.WALES
Q	60.1% of women are above the recommended BMI during pregnancy	Maternity and birth statistics: 2023 [HTML] | GOV.WALES
R	50% chance of women receiving a wrong diagnosis following a heart attack	Editor's Choice - Impact of initial hospital diagnosis on mortality for acute myocardial infarction: A national cohort study - Jianhua Wu, Chris P Gale, Marlous Hall, Tatendashe B Dondo, Elizabeth Metcalfe, Ged Oliver, Phil D Batin, Harry Hemingway, Adam Timmis, Robert M West, 2018 (sagepub.com)
S	13.5% of the female population is made up of women of menopausal age	Population estimates for the UK, England, Wales, Scotland, and Northern Ireland: mid-2023 - Office for National Statistics
T	Over 60% of UK women have at least one symptom of poor pelvic floor health	RCOG calling for action to reduce number of women living with poor pelvic floor health | RCOG
U	31.6% of women reported a mental health problem during pregnancy	Maternity and birth statistics: 2023 [HTML] | GOV.WALES
V	81.8 years is the average life expectancy for a woman	Health expectancies in Wales with inequality gap - Public Health Wales
W	60.5 years female healthy life expectancy	Health expectancies in Wales with inequality gap - Public Health Wales
X	1 in 3 women will have a fragility fracture	An overview and management of osteoporosis - PMC
Y	14.2% Alzheimer's in women is the leading cause of death in women in Wales	Deaths registered in England and Wales - Office for National Statistics
Z	Women are twice as likely to develop Alzheimer's compared to men	Why is dementia different for women? | Alzheimer's Society

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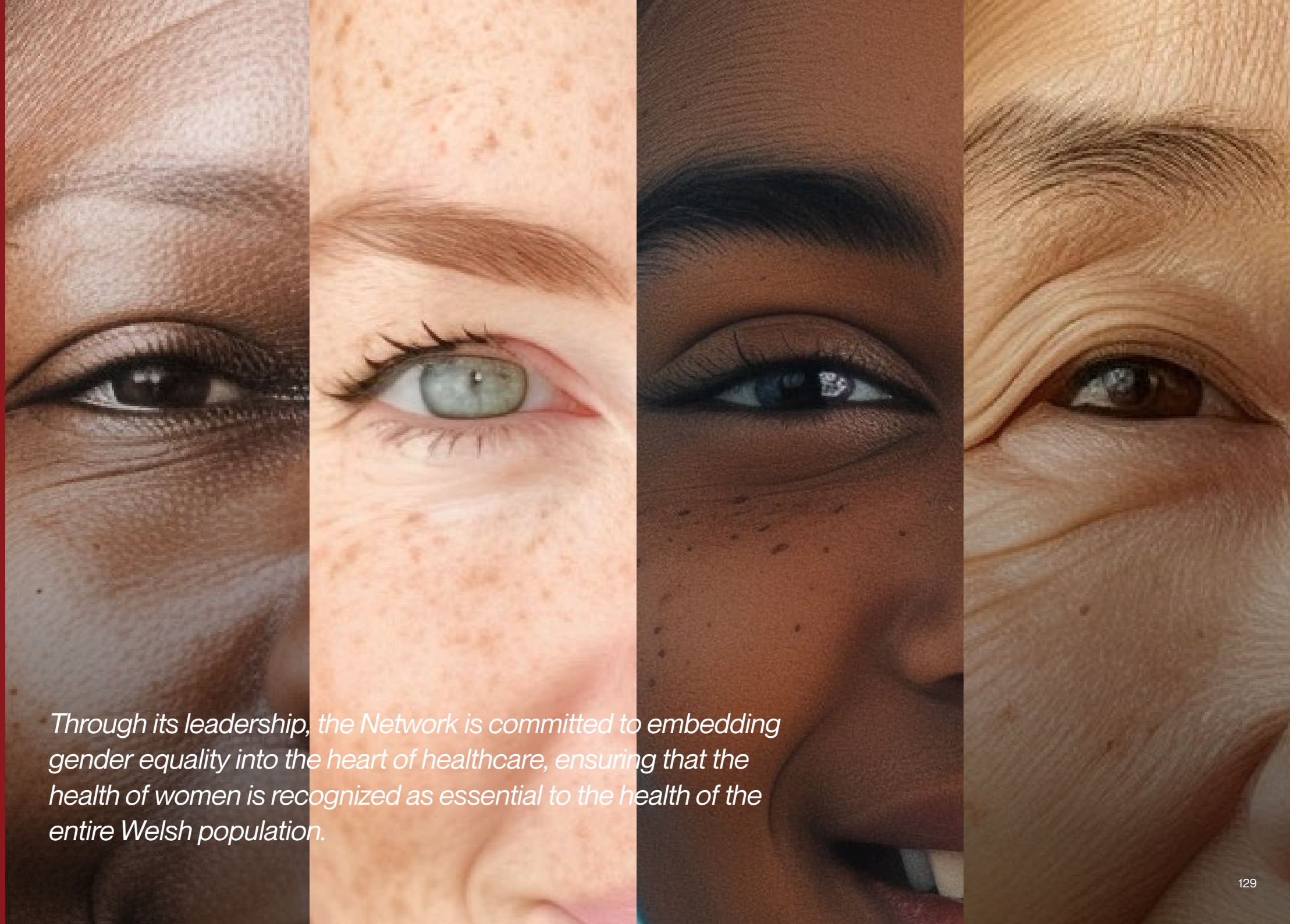

Through its leadership, the Network is committed to embedding gender equality into the heart of healthcare, ensuring that the health of women is recognized as essential to the health of the entire Welsh population.

GIG CYMRU NHS WALES | Y Weithrediaeth Executive

The NHS Wales Women's Health Plan 2025-2035:

A 10-year Vision for Women's Health in Wales

National Strategic Clinical Network for Women's Health

December 2024