

Eluned Morgan MS
Minister for Health and Social Services
Welsh Government

25 March 2022

Dear Eluned

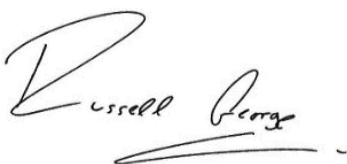
Women and girls' health quality statement and plan

You may be aware that the Committee has identified women's health as a priority issue for the Sixth Senedd. I am writing to ask that, when developing the women and girls' health quality statement and implementation plan, you consider the key issues arising from the [evidence session we held with the Women's Health Wales Coalition on 10 March 2022](#).

The lack of a specific women and girls' health plan in Wales was highlighted by a number of respondents to the consultation we held last summer on priorities for the Sixth Senedd. As you indicated in January that the Welsh Government is developing proposals for women and girls' health, we held a public evidence session with the Women's Health Wales Coalition to explore why a women and girls' health plan is needed, and what it should include. A summary of key issues raised during the session is contained in the attached annex. We would be grateful for a response by 28 April 2022.

As women's health is a priority for us, we will also use the session to help to shape any future work we may undertake.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Annex: Key issues arising from evidence session with the Women's Health Wales Coalition

Background

The Health and Social Care Committee has identified women's health as a priority issue for consideration during the course of this Senedd. The lack of a specific women and girls' health plan in Wales was also highlighted by a number of respondents to our summer 2021 consultation on the priorities for the Sixth Senedd.

We held a public evidence session with the Women's Health Wales Coalition ("the Coalition) to explore why a women and girls' health plan is needed, and what should be included in such a plan. We will also use the session to help shape any future inquiry focused on women and girl's health and/or specific women's health issues.

The evidence session took place on 10 March 2022. [A transcript is available on our website](#). This document summarises the key issues we discussed with the Coalition, and raises points that we believe the Welsh Government should consider when developing the women and girls' health quality statement and plan. We would be grateful for a response by 28 April 2022.

A women and girls' health plan

The Coalition told us that women are more likely to experience poorer healthcare than men, with symptoms often being misdiagnosed or untreated. They said women experience delays in diagnosis and care. We are pleased, therefore, that the Minister has given her commitment to ensure standards of healthcare are improved for all women in Wales.

In its report 'Better for Women'¹ published in December 2019, the Royal College of Obstetricians and Gynaecologists recommended that the four UK nations should publish a women's health plan to address areas of unmet need for women's health. The Scottish Government published its women's health plan in August 2021 and the UK Government aims to publish its final strategy for England in the spring of 2022. Women in Wales must not be left behind. We agree with stakeholders that a women's health plan is needed to drive improvements in women's healthcare experiences across Wales. We therefore welcome the Minister's commitment to publish a quality statement in May 2022, followed by a more detailed health plan in the autumn.

1. Can you confirm that the Welsh Government will:
 - a. engage with Coalition members in the development of the plan, and through sustainable co-production as the plan is implemented, and

¹ Royal College of Obstetricians and Gynaecologists: Better for women

- b. ensure that what goes into the plan are actions that can be measured when implemented.

Lack of data

The Coalition told us that, in terms of diseases that impact on men and women, women's experiences are pushed to the periphery:

"When we study hearts and we study heart attacks, we're studying male hearts and male heart attacks, and actually, women need to be included in that and we need to think of all of these diseases as being something that impacts both."

One possible reason for this could be the under-representation of women in clinical trials. Women's bodies, and the conditions that affect them are under-researched, with the causes and treatments unknown. Less is known about conditions that only affect women including common gynaecological conditions that can have severe impacts on health and wellbeing, such as endometriosis, polycystic ovary syndrome, and premenstrual dysphoric disorder.

The lack of medical research also means that researchers do not have the opportunity to identify and study sex differences in diseases, and creates assumptions that similar medical treatments will work for both males and females. Diabetes, heart attacks and autism are all conditions that can present differently for males and females.

The Coalition told us:

"Women are 50 per cent more likely to receive an initial misdiagnosis for a heart attack, but what we don't know is why that is. And so, we have to speak to women who've had heart attacks and have been misdiagnosed, who tell us that they were initially diagnosed with panic attacks. But that's not something that we can see from the data, so the only way to fill in our [] knowledge gaps, is to speak to women with these experiences, speak to [] the third sector, which does have a really big part to play here, where we do have those patients whom we speak to."

The Coalition also told us that where research is happening, it is not disaggregated by sex or gender, so it is not clear why women and girls present with different issues:

"Without the data, and without knowing where these patients are and how to support them, we don't have improved services."

2. Can you confirm that the quality statement and health plan will include a commitment to increasing the representation of women in clinical trials in Wales. This includes funding research on women's health issues across the life course and ensuring studies analyse and publish data on sex and gender differences in diseases.

More than 100,000 responses were submitted to the UK Government when it consulted on its women's health plan for England last year. It's clear from the responses that many women feel they are not listened to by health professionals. The Coalition said that women in Wales have similar experiences.

According to the Coalition:

"We are living in this cultural and societal landscape where women's voices and experiences have, traditionally, been unheard, dismissed."

The Coalition says that what women really want is not to keep having to retell what can often be traumatic stories, but actually to be involved in co-producing the solutions and developing the mechanisms.

It highlighted a project in Betsi Cadwaladr UHB where the Coalition, as patients, co-facilitate and co-chair, with health board clinicians and management in the women's directorate, a forum called Gynae Voices:

"Essentially, what it does is it brings clinicians, management and patients together in a safe space, where everybody's voice is heard equally. And we're able to work together on improving local services."

It also highlighted the importance of involving the third sector and existing networks, who had well established links with healthcare professionals:

"We can't possibly have every impairment and every issue, every condition around those tables. But what we can do, or what Welsh Government could do, or health boards, or whoever, is work really hard to identify who those organisations are, who the key advocates are, and then really invite them to be part of the conversation, and to be an equal part of the conversation, from the very beginning, where services are conceived, where they're developed, and part of the oversight and scrutiny as well."

We agree that co-production must be at the heart of the women and girls' health quality statement and plan.

3. Can you confirm how you intend to take on board the real life experiences of women in developing and implementing the quality statement and plan, and ensure voices for women's health are built into governance and leadership structure in the NHS.

The COVID-19 pandemic has shone a light on many health inequalities, with disabled people, black and Asian groups, and those living in poor economic conditions, more likely to die as a result of COVID-19. We also heard of the disproportionate expectation and inequality for minority ethnic women when it comes to gynaecological or obstetrical outcomes. That is why intersectionality and hearing the views of different groups of women with lived experience is so important.

4. Can you clarify how services, interventions and funding will be targeted to take existing health inequalities into account.
5. Can you provide details of how the plan will reflect women's multi-layered and intersectional identities and characteristics.

Access to specialist services

The Coalition said that existing models of healthcare provision in Wales have historically not worked for women, because they have not been person-centred or tailored to their specific needs. Those requiring care from different specialties find that they are not adequately joined-up, and there is a lack of collaboration between health boards in developing specialist services and making them universally accessible.

According to Endometriosis UK, on average it takes nine years for women to receive a diagnosis of endometriosis in Wales, with 40 per cent of women needing 10 or more GP appointments before being referred to a specialist. We therefore welcome the recent announcement that specialist endometriosis nurses have been appointed in each Health Board in Wales.

Specialist services to meet women's health needs are not available locally, in every health board. At the moment, some women are not able to access specialist services that are delivered outside their health board (because funds don't follow the patient).

6. Can you confirm that you will address this problem as part of your commitment to improve women's health services.

Information and communication

The recent miscommunication over changes to the cervical screening programme have highlighted the importance of clear and accurate communication.

The Coalition highlighted how the Gynae Voices forum in north Wales is working together to co-produce and improve information given to patients in gynaecology. It says

"...at the moment, many patients have their surgery, the consultant will come around and speak to them whilst they're in recovery, so, they're semi-conscious, and they can't remember what's been said to them."

It said that in north Wales, they had begun to look at how to improve information exchange, so that patients are informed, their concerns answered and they know where to go for further information and assistance, if they need it.

Subject to evaluation of this work, we believe it should be rolled out across Wales. Better communication with women about their care and treatment will help them to make informed choices about their health and care.

7. Can you clarify how the plan will provide for communication with women.

Mental health

A report by the UK's Women's Mental Health Taskforce found that women are more likely to experience common mental health conditions, such as anxiety and depression than men. They say the prevalence is increasing in women, with young women in particular being identified as a high-risk group.

It is well documented that the negative impacts of lockdowns, job losses and the burden of caring during the pandemic disproportionately affected women. The majority of unpaid carers are women and the vast majority of lone parents are women. The challenges of balancing childcare, paid work, caring responsibilities, alongside managing the stresses and uncertainties of the pandemic have, and continue to have, a significant impact on women's health.

The Coalition told us that mental health conditions and issues which they believe have a disproportionate impact on women and girls have been incorporated into the draft quality statement they have shared with Welsh Government officials. This includes perinatal mental health, premenstrual dysphoric disorder, eating disorders, self-harm, trauma and complex PTSD.

8. Can you clarify how you see the women and girls' health quality statement and plan fitting with the new Together for Mental Health Plan, due to be published this autumn.

Education and training

The Coalition highlighted as a priority the need for improved training for health and care professionals. It suggested that health professionals' training on women's health, particularly gynaecology and those associated conditions, may only form six weeks of the training programme. It suggested a number of areas for improvement, including improved medical training, specifically for women's health to be prioritised in foundation doctors' training to address unconscious bias and raise awareness. It suggested a number of areas for improvement, including:

- Involving patients with lived experiences in the design and delivery of training for healthcare professionals;

- Investing in continuing professional development for healthcare professionals and incentivising its take-up;
 - Education of the wider public to ensure greater awareness of women's health.
9. Can you confirm how training in women's health is covered in medical training syllabuses in Wales.

Preventative health

According to the Coalition, the Welsh Government has committed to a number of actions to support a healthier lifestyle, including improving access to stop-smoking services and working to reduce alcohol consumption.

Promoting health and disease prevention can include ensuring women have information about the benefits of building and maintaining a healthy lifestyle, including being physically active and maintaining a healthy weight.

The Coalition suggested that in many cases alcohol consumption, smoking, etc, were actually coping mechanisms for dealing with other issues in life, including chronic illness. It said that without a better understanding of what is driving girls and women to engage in these behaviours it would be very difficult to design services to meet those needs.

It also highlighted the need to make sure that support for mental and physical health is inclusive of those people who are not able to exercise:

"There are lots of us, disabled women, who can't exercise, can't engage in physical activity. So, myself, I used to be really physically active, I used to play sport. When I got ME, if I now exercise, that can create much more harm; it can leave me bed bound."

We welcome Welsh Government's commitment to introduce legislation to reduce price promotions on the unhealthiest food and drink.

10. Can you provide further information on the timing of this legislation.
11. Can you also clarify whether the women and girls' health quality statement and plan will include a focus on promoting health and disease prevention and how this will fit with Healthy Weight, Healthy Wales.

We recognise the case put forward by the Coalition that the plan needs to focus on key clinical issues. However we believe the Welsh Government should work cross-government (i.e. in policy areas that stretch beyond the NHS) to ensure wider systemic changes to tackle women's health inequalities are considered, as well to ensure the plan is joined up with other strategies such as the Violence Against Women, Domestic Abuse and Sexual Violence strategy.

12. Can you confirm whether the women and girls' health plan will take a cross-government approach, and how it will be joined up with other key strategies such as the Violence Against Women, Domestic Abuse and Sexual Violence strategy.