

100,000 help shape Women's Health Strategy with more urged to come forward before close

- The call for evidence will close on Sunday 13 June
- Already 100,000 women, organisations, clinicians and carers have responded so far

Women from Asian and minority ethnic backgrounds, those living in the Midlands and East of England and women between 16 and 18 years old and those over-50 are being urged to respond to the government's [call for evidence](#).

There has already been an incredible response to the call for evidence, with over 100,000 women, organisations, clinicians and carers sharing their experiences of the health and care system, to help inform the first ever government-led Women's Health Strategy.

The Health and Social Care Secretary, and the Minister for Women's Health are urging women to respond before the call for evidence closes on Sunday 13 June to enable as many women as possible to have their say and capture a variety of views on access to services, experiences and health outcomes.

Secretary of State for Health and Social Care, Matt Hancock, said:

I am committed to making sure women's health and wellbeing needs are being met – and we need your help to do this.

100,000 responses is incredible and I am grateful for everyone who has taken the time to share their thoughts with us. Women's experiences are diverse and it's crucial we make sure this strategy is representative of all the challenges they face and that we are meeting all of their needs.

This is the final push – there are only a few days left so I urge you to keep spreading this message and keep responding to our call for evidence.

Minister for Women's Health Nadine Dorries said:

We've already had a phenomenal response to our call for evidence and I want to thank everyone who has shared their invaluable and insightful experiences. We are opening up conversations and breaking down taboos to make sure the healthcare system is meeting women's needs.

However these early findings highlight the low response rate from

some groups of women.

There's only a few days left – I urge every woman to respond to the call for evidence if they haven't done so already, and I encourage them to tell their friends and family – it's crucial this strategy works for all women and recognises their variety of experiences.

Let's finally make our voices heard. Let's talk about women's health.

As well as health issues specific to women, the strategy will look at the different ways in which women experience health issues that affect both women and men. Women with health conditions such as diabetes, heart conditions, osteoarthritis, are also being urged to share how their condition has affected them.

Women are being encouraged to share their experiences as well as their priorities for a Women's Health Strategy, designed to increase the health and wellbeing outcomes of women in England.

The call for evidence has been designed to be user friendly, quick to fill in and easily accessible from people's mobiles. People who live with and care for women, organisations with experience of providing services for women and those with an expertise in women's health are also encouraged to share their views.

Read the [Women's Health Strategy: Call for Evidence](#)

The 6 core-themes included in the call for evidence are:

- placing women's voices at the centre of their health and care – how the health and care system engages with and listens to women at the individual level as well as at the system level
- improving the quality and accessibility of information and education on women's health – women having access to high-quality information when they need to make a decision, increasing health literacy, as well as increasing awareness and understanding of women's health conditions among clinicians
- ensuring the health and care system understands and is responsive to women's health and care needs across the life course – supporting women to maximise their health across their lives, and ensuring services are designed to maximise benefits for women
- maximising women's health in the workplace – deepening our understanding of how women's health issues can affect their workforce participation and outcomes, both with regards to female-specific issues such as the menopause, but also conditions that are more prevalent in women such as musculoskeletal conditions, depression or anxiety
- ensuring that research, evidence and data support improvements in women's health – inclusion of women and women's health in research and data collection and how that information is used, and driving participation in clinical trials to support improvements in women's

health

- understanding and responding to the impacts of COVID-19 on women's health – supporting women through the unique challenges they've faced during the pandemic

There is strong evidence of the need for greater focus on women's health:

Although female life expectancy is higher than men in the UK, women on average spend less of their life in good health compared with men. Female life expectancy in this country has been improving more slowly than male life expectancy since the 1980s.

Less is known about conditions that only affect women, including common gynaecological conditions which can have severe impacts on health and wellbeing, but for which there is currently little treatment. A key example of this is endometriosis with the average time for a woman to receive a diagnosis being 7 to 8 years, and with 40% of women needing 10 or more GP appointments before being referred to a specialist.

There is also evidence that the impact of female-specific health conditions such as heavy menstrual bleeding, endometriosis, pregnancy-related issues and the menopause on women's lives is overlooked. This includes the effect they can have on women's workforce participation, productivity, and outcomes.

High-quality research and evidence is essential to delivering improvements in women's health, yet studies suggest gender biases in clinical trials and research are contributing to worse health outcomes for women. Although women make up 51% of the population, there is less evidence and data on how conditions affect women differently. A University of Leeds study showed women with a total blockage of a coronary artery were 59% more likely to be misdiagnosed than men and found that UK women had more than double the rate of death in the 30 days following heart attack compared with men.