

More women urged to come forward to shape women's health strategy

- 50,000 women, organisations, clinicians and carers have responded so far
- The call for evidence will now be extended by 2 weeks allowing even more women to respond

Women from Asian and minority ethnic backgrounds, those living in the Midlands and East of England and women over 50 are being urged to respond to the government's [call for evidence to help inform the first ever women's health strategy](#).

There has already been an incredible response to the call for evidence, with over 50,000 women, organisations, clinicians and carers responding so far.

However, early analysis shows women from the Midlands and East of England, those from Asian and other minority ethnic backgrounds, and over-50s are under-represented in sharing their experiences. This representation is necessary to ensure the strategy works for all women.

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, the call for evidence will be now extended by 2 weeks, to close on 13 June.

Minister for Women's Health Nadine Dorries said:

For generations, women have been living in a health and care system primarily designed by men, for men.

The number of responses to date has been incredible and I thank everyone who has shared their experiences – these interim findings clearly highlight the need for decisive action.

I urge every woman, if they have not yet, to come forward and respond to the call for evidence. It is only by hearing the experiences and priorities of women from all walks of life that we can truly develop a strategy that works for all women.

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 and 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 well-being 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.

Extended quotes

Mika Simmons, co-chair of the Ginsburg Women's Health Board, filmmaker and host of The Happy Vagina, said:

If we are to prevent women suffering and finally close the gender health gap then it is vital that women from all backgrounds and walks of life share their experiences and engage with the consultation.

Every woman is likely to have experienced misunderstanding or loss as a result of misdiagnosis or dismissal of their concerns, as I have, and we owe it to future generations to do all we can to ensure it never happens again.

This consultation presents an opportunity to have our voices heard, and I encourage everyone, from any gender, who has been impacted by a female health condition, to take the time to share their experiences.

Nimco Ali OBE, CEO of The Five Foundation and co-chair of the Ginsburg Women's Health Board, said:

The Department of Health are committed to shaking up the system and delivering policy that protects and supports women and girls across the country, but they cannot do this effectively without true data.

It's amazing to see so many contributing thus far, and we now need women from all regions, ethnicities and age groups to do the same. We must ensure that the future of women's health is designed for the benefit of all, and not some.

Dr Geeta Nargund, senior NHS consultant and fertility pioneer, said:

It is fantastic to hear that over 50,000 people have now contributed to the government consultation, but if we are to achieve equality in healthcare then respondents must be representative of the wider population.

For example, there are specific conditions that are more prevalent in women from BAME backgrounds and if their experiences are not captured by the consultation then there is a risk that their

experiences will not be reflected in future policy decisions or strategies.

Ultimately, this consultation will be used to help support our NHS and healthcare system to deliver the best service it possibly can for all women in the UK, and we must do all we can to ensure it's a success.

Dr Natasha Larmie (MBBS, MRCP), weight-inclusive GP campaigning against weight stigma, said:

Women's health is not limited to gynaecology, fertility and the menopause, it is about every aspect of how a woman experiences and interacts with the health and care system.

From diabetes to dementia, cardiac health to cholesterol women can have vastly different experiences of the health and care system both than from men, and from other women.

This call for evidence offers women the chance to affect real change in the NHS by sharing their experiences and priorities for a women's health strategy. If you haven't already I urge you, take 10 minutes to fill in the survey. It could well be the most powerful thing you do this weekend.

Dr Hazel Wallace, doctor and registered associate nutritionist, founder of The Food Medic, said:

I am so encouraged to see such an incredible response to the Women's Health Strategy so far but I know there are many women that we have not reached yet. I urge women of all ages and backgrounds to come forward and share their stories so that we can work towards improving women's health and healthcare provision.

Kimberley Wilson, chartered psychologist and MSc in nutrition, said:

Having worked with women in educational, public, private, third-sector and forensic settings it is clear to me that attitudes towards women's mental distress and the conditions that impact upon it must be improved. Compared to men, women have a higher prevalence of mood and anxiety disorders, twice the risk of dementia, and rates of hospital admissions for self-harm for young girls continue to rise.

It is essential that we understand the women's experiences in order to develop effective early mental and brain health interventions, treatments, and provide adequate care. Please add your voice to the

Women's Health Call for Evidence.

Emma Cox, CEO of Endometriosis UK said:

It's great to see over 50,000 responses received so far for the Women's Health Strategy: Call for Evidence, demonstrating just how important and needed this work is. If you've an interest in women's health and haven't yet responded, please do take the time to complete the survey. The more responses, the more information the government will have to help make positive changes to improve women's health and treatment in England.

Menstrual conditions such as endometriosis, which affects the 10% of women and those assigned female at birth yet takes on average 8 years to diagnose, have historically been labelled as 'women's issues' and swept under the carpet, or considered embarrassing and not talked about. Yet they may have a severe impact on all aspects of an individual's life. This call for evidence provides a welcome opportunity for the government to hear about the real experiences and impact of women's health issues on both individuals and society, to shape future women's healthcare policies, streamline diagnosis and access to treatments, and deliver improved care.

Dr Edward Morris, President of the Royal College of Obstetricians and Gynaecologists, said:

We are very pleased to see that so far 50,000 women and girls in England have fed into the government's future Women's Health Strategy.

This long-awaited strategy provides an opportunity to improve the health and well-being of women and people through the course of their life, ensuring better outcomes for all.

We would like to encourage those who haven't completed the consultation yet to do so before it closes. By sharing your experiences and views of healthcare in England, including in your workplace, you will be contributing towards creating a healthcare system that puts the needs of women first.

Athena Lamnison, CEO, The Eve Appeal said:

Nothing that worries you about your health should ever be dismissed as 'women's problems'. Women are in touch with health services throughout their lives – not because they're ill, but because of a multitude of reasons from menstrual health, to cervical screening and on to menopause. All of these are opportunities to provide best

quality integrated health care – and that’s what an ambitious Women’s Health Strategy will achieve.

It’s fantastic that 50,000 people have responded to the call for evidence so far. At the Eve Appeal, we know that there are particular communities who have greater challenges accessing the health care they need – whether it’s a physical or learning disability, a past experience of sexual trauma, or if you’re a trans man who still has a cervix – it’s vital that these voices are heard too.

Recent research from Eve found the gender gap in who feels ‘listened to’ when they attend an appointment for a reproductive health issues is huge. People who attend for gynae issues are 5 times more likely to feel trivialised or ignored. This call for evidence puts the patient voice at the heart of the change that’s needed.

Background information

[Women’s Health Strategy: Call for Evidence](#)

[Women’s Health Strategy: Call for Evidence \(easy read\)](#)

[Download a set of media assets](#)

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

1. 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.
2. 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.
3. 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.
4. 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.

5. 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.
6. 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.

Data: responses to the call to evidence

In the tables below:

- responses included are from those who identified themselves as female in the call for evidence
- population data is from [2011 Census Data on Nomis](#)

Table 1: responses to the call to evidence – by region of England

Region of England	Number in call for evidence	% of call for evidence	% of population
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Region of England	Number in call for evidence	% of call for evidence	% of population
South East	8,862	21%	16%
London	8,255	19%	15%
South West	5,293	12%	10%
North West	4,684	11%	13%
Yorkshire and the Humber	3,737	9%	10%
West Midlands	3,607	8%	11%
East Midlands	3,339	8%	9%
East of England	3,052	7%	11%
North East	1,642	4%	5%

Table 2: responses to the call to evidence – by age

Age (years)	Number in call for evidence	% of call for evidence	% of England
16-17	385	1%	2%
18-19	988	2%	3%
20-24	4,899	12%	7%
25-29	6738	16%	7%
30-39	12,047	28%	13%
40-49	7,517	18%	15%
50-59	6,030	14%	12%
60-69	3,221	8%	11%
70-79	737	2%	7%
Above 80	50	0.10%	6%

Table 3: responses to the call to evidence – by ethnicity

Ethnicity	Number in call for evidence	% of call for evidence	% of England
White	37,387	88%	86%
Asian/British Asian	1,035	2%	8%
Black/African/Caribbean/Black British	2,151	5%	4%
Mixed/multiple ethnic groups	1,353	3%	2%