The voice of nursing in the UK

Royal College of Nursing : Response to the Department of Health and Social Care: Women's Health Strategy for England: Call for Evidence [Women's Health Strategy: Call for Evidence - GOV.UK (www.gov.uk)](www.gov.uk)

With a membership of over 450,000 registered nurses, midwives, health visitors, nursing associates, nursing and midwifery students, nursing support workers and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The health and wellbeing of women is critical to the wellbeing of society, the growing body of evidence to support the knowledge that many women suffer poorer health outcomes because of their status in society. The RCN supports any moves to recognise the injustice caused to women and girls, simply by virtue of their gender and roles they assume in our community.

The title of this consultation "Woman's Health let's talk about it" - perhaps this needs more action than further discussion on the issues, as the evidence is widely available about the issues. A clear well-funded implementation plan, which is integrated, person-centred care and focus on prevention as well as treatment is critical if a real difference is to be made.

There is an implicit assumption that this consultation is referring to woman's health generally, and does not focus on the myriad of issues around Maternity care, which is catered for in the DH SC Strategy for Maternity care across England (Transforming Maternity Services (https://www.england.nhs.uk/mat-transformation/).

Women's healthcare does not always receive the attention it deserves despite the numerous reports and evidence based studies and the impact not just on women but the whole of society. RCOG (2021) Better for women: A life course approach (rcog.org.uk) outlined some critical issues:-

- 49% of girls have missed an entire day of school because of their periods
- 45% of pregnancies are unplanned
- Less than 50% of all pregnant women have a BMI within the normal range
- 44% of women say the menopause affects their mental health
- The number of deaths from cervical cancer is predicted to grow by 143% by 2040 (RCOG 2019).

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We acknowledge the development of separate strategies by DHSE for both Tackling Violence Against Women and Girls Strategy, and the new Sexual and Reproductive Health Strategy, and hope that they will add to the evidence and support for women in these, sometimes intersectional arenas.

We particularly support clearer systems for integrated commissioned services, to support best practice across both urban and rural areas of health and social care.

The focus on the need to better support woman's health in the workplace is critically important, especially in the Health Service where a significant percentage of the workforce is female. 47% of the UK's workforce is female (RCOG 2012) and approximately 77% of total staff in the NHS are female (NHS Digital 2018).

It is a useful step forward to have such a strategy, which will hopefully inform policy and commissioning. However some members expressed concern that it is for England only, and hope that similar strategies will be developed soon in the devolved nations.

It is important to stress the need for any implementation plan to actively engage with women, girls, men, communities and voluntary and support groups, as well as with the healthcare professionals involved in delivering care plans. This must include commissioners and service providers, and should be adequately and sustainably resourced to provide a meaningful and appropriate service to meet the needs of women and girls.

With regard to the specific questions asked in the consultation:-

1. Placing women's voices at the centre of their health and care

Women often feel that they are not heard and can struggle to obtain the information or services that they need from primary care/general practice and acute services.

Members repeatedly raise concerns about the fact that women are not listened to and this is why it can still take 7 years for a diagnosis of endometriosis and the only treatments are hormonal or surgery. Similarly women with fibroids are often left with a long lead in to accurate diagnosis, affecting their physical and mental health and delaying treatment has negative consequences for their wellbeing and ability to function both at home and in the work place. "*Only those who push hard get referred, once referred they often have to fit into pathways that are not designed around individual but grouped by conditions".*

This is equally so for issues that could impact on fertility such as Polycystic ovaries syndrome (PCOS) and again endometriosis. Women often report that they are turned away and told to 'keep trying' when trying to conceive, without the appropriate advice, support or referrals.

Examples of women not being listened to include:-

- Taking 1-8 years to diagnose endometriosis (endometriosis UK)
- Poor management of menopause symptoms evidenced by lost days at work and women under performing
- Lost days of education (at all levels from secondary through to higher and professional) due to poor menstrual health
- Under diagnosis of Premenstrual Syndrome (PMS) and Premenstrual dysphoric disorder (PMDD)
- Under reporting of sexual violence & harmful practices

One suggestion could be to have easier access to other healthcare professions, if women feel they are not being listened to. At present GPs can be the gateway to care, and women often feel abandoned by the systems which does not enable them alternative easy access to services.

Some specific issues of seldom seen and vulnerable women include:-

- Women who are in prisons – their needs are not met well, in particular where institutions have been designed around men. Diet, wellbeing, family contact, impact of incarceration on families and future opportunities. Older women in prisons, the need for more 'closer to home' units that offer personalised support to vulnerable women.
  It is anticipated that the recent HMI Prisons' public consultation on *Expectations: Criteria for assessing the treatment and conditions for those held in women's prisons* will help to address some of these issues.
- Women in immigration centres and the need to better support for them.
- Women who live with lifelong learning disabilities, limited life choices, choices imposed by others, denied the opportunities for building close relationships.
- Women impacted by domestic abuse, modern slavery, and other abuses.
- Women and girls who are homeless or those living in temporary accommodation, which can carry on for many years.
- Mental health issues, which are less well understood, across the life course, including perinatal mental health and mental health and Menopause. (LINK to RCN RESOURCES)
- COVID-19 impact on mental health on families and women - social isolation, domestic abuse, school/child care closures and financial pressures and employment instability.
  (MMHA reports https://maternalmentalhealthalliance.org/mmhpandemic/)
- Reduced funding for, and access to contraception and family planning services, women can struggle to access LARC due to loss of local services.
- Provision of pain relief – women more likely to have chronic conditions including fibromyalgia / arthritis, in addition to chronic pain following pregnancy and childbirth. There is some evidence that women's pain is underestimated in terms of treatment.
- Continued provision of virtual healthcare will help women who have caring responsibilities (either for children or adults).

2. Improving the quality and accessibility of information and education on women's health

Education from a young age in school is the key to enabling all of society, not just girls and women to better understand their own bodies, health and sexual wellbeing, so that young women (and men) grow up understanding their bodies and are more informed about the normal changes they go through at different stages in life.

Women need to be aware of the appropriate support group or information to access it, a directory of good quality information would help – there are many options for access to information however the quality, in particular across some social media sites leads to incorrect information. This can lead to false expectations of what they can reasonable expect from health and social care.

These need to be in different formats such as blog, peer support and films, and in languages they can understand, including those for whom English is not their first language and those who have hearing impairment. Currently most women get information from varied sites and this may result in some using treatments that are not recognised, helpful or evidenced based.

Independent Interpreter services across the sector – evidence suggest patchy access, and there is a real need to extend access to these services across the health and social care sector.

Fertility education is not widely or freely available. Women often do not know that their ovarian reserve or chances of conceiving diminish as they get older. They are also not well informed about their menstrual cycle including ovulation, the conception window or the stages of the menstrual cycle.

Our *Promoting menstrual wellbeing* publication highlights that menstruation is a natural process that girls and women need to feel empowered to talk openly about, yet this aspect of heath is often still seen as a taboo subject. Such stigma may result in many girls and women tolerating unnecessary levels of bleeding, pain and other associated symptoms. This can have a significant impact on their lives across a wide range of domains, including education and work, family life, social life, and their general quality of life. https://www.rcn.org.uk/clinical-topics/womens-health/promoting-menstrual-wellbeing)

Period poverty (the lack of access to sanitary products due to financial constraints), awareness has improved in recent years, but continues to be an issue for many girls and women.
https://www.rcn.org.uk/clinical-topics/womens-health/promoting-menstrual-wellbeing/period-poverty

From a nursing perspective, there is limited women's health sessions in pre-registration training and even less in post qualifying programmes. Some medical training, for example GPs, fail to address these issues in education programmes. There needs to be interested and well educated staff looking after women and not just seeing them when there is a crisis such as a very low haemoglobin or continued visits to the GP with cyclical pain.

The access women have to information can be variable, and not always evidence based. Many woman seek advice from:-
Family and Friends, Social Media, Google/search, papers and magazines and Health Care Professionals. Suggestions to improve access to information.

- National TV campaigns
- Evidence based NHS Information Hub
- NHS Advice line dedicated to women's health

With regard to health care policies to support educated evidence based care, there is access for healthcare professionals (through the acute services) to a wide range of policies e.g. flexible working, remote working, occupational health, counselling etc., however members have reported that this can be far less accessible if working in primary care and variable in the independent sector.

3. Ensuring the health and care system understands and is responsive to women's health and care needs across the life course

Members report gaps in access to women's health care in many stages of life including sexual health and reproductive services, fertility care, postnatal care and menopause. Having access to better care and information when trying to conceive or managing issues such as endometriosis or Polycystic ovaries syndrome (PCOS) can impact a woman later in life. For example, education that explains that fertility treatment will have a higher chance of a live birth under the age of 36 may prevent older women being diagnosed with depression or anxiety due to childlessness or trying to conceive at a later age where the chances of success are low. PCOS can also lead to increased risk of diabetes and cardiovascular disease later in life.

Menopause in general (despite NICE guidance) and menopause at work are still not well recognised or discussed. Women with Premature Onset Menopause (POI) are often told they are too young for menopause and not given the help they need. RCN resources on Menopause, Menopause at Work and Menopause and Mental health can be found here https://www.rcn.org.uk/clinical-topics/womens-health/menopause

Women in some areas are not able to access Long Acting Contraceptives (LARC) or Ensured provision of Sexual and Reproductive Health services during the second COVID-19 wave and beyond in the UK Ensuring provision of SRH services during the second COVID-19 wave and beyond in the UK 16 October 2020 - Faculty of Sexual and Reproductive Healthcare

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There is also a need for equitable NHS funding for fertility treatment and better care pathways. This requires more commitment to more equitable services and flexibility for attending services, where they are available, including more *out of hours* services for routine appointments. (RCN position statement https://www.rcn.org.uk/professional-development/publications/rcn-fertility-provision-uk-pub-009494)

The NICE twins and triplets guideline needs to be fully implemented. The MBRRACE Confidential Enquiry into twin deaths support this as well. The HFEA multiple births minimisation strategy has been very successful on reducing the multiples rate from over 24% to less than 8% but the public health message of the risk of multiples for mothers and babies has to be maintained particularly for those having fertility treatment abroad. (HFEA Fertility trends 2020) . We have recently published these guidelines to support best practice- RCN Multiple Births Midwife Standard - https://www.rcn.org.uk/professional-development/publications/rcn-multiple-births-midwife-standard-uk-pub-009564

The health issues that can adversely impact the most women or result with the biggest positive impact includes:

1. Menstrual wellbeing
2. Sexual health and contraception
3. Menopause
4. Violence against women and girls
5. Tackling alcohol / tobacco misuse
6. Lifestyle choices, including obesity.

A hub of interested and trained clinical staff that looked after women throughout the life course would improve service provision, with evening and weekend options, as well as online trustworthy options.

4. Maximising women's health in the workplace

The impact of this is not well understood, there are some studies that identify specific issues around menopause support, and evidence that women do not tell their employers when they are trying to conceive or have experienced a miscarriage. Research shows that 1 in 6 couples will be diagnosed with infertility and that those people are likely to be in employment. Research also shows that people are reluctant to speak to their employer about it, because they fear it could detrimentally affect their career. Data further demonstrates that 19% of people facing infertility reduce their hours or leave employment completely. This can be challenging for an employer operationally, but also financially. https://fertilitynetworkuk.org/trying-to-conceive/fertility-at-work/

Members reported that conditions including Heavy Menstrual bleeding (HMB), endometriosis, fibroids, Premenstrual Syndrome (PMS) and menopause are all frequent reasons for sickness. This may happen on a cyclical basis for some and often women report that they do not wish to disclose the reason for absence to managers. This in turn leads to employment issues, which may adversely affect women seeking appropriate and timely help for the condition.

A more open attitude that starts in school, where women and men feel more comfortable discussing these, often hidden conditions, would provide a better environment for understanding the true extent of these conditions. Regular support meeting, awareness raising planned events, policies and self-help tips can also all help. Attitudes to disabled women in the workplace and lack of adjustments to meet their employment needs remains an issue also.

"What I would like to see is a women's health clinic within the Trust but due to funding of this it is rejected, but I think by optimising health of the workforce there would be savings, as well as greater satisfaction for employees, that they are cared for".

Maximising women's health in the workplace will require a greater focus on how employers can support flexible working for women who are undergoing cyclical conditions, such as PMS or the menopause. It should be noted that the same group of women may also have caring responsibilities for children, grandchildren, elderly parents or relatives. Women should not be disadvantaged by this at work, where career progression and equity of access to opportunities should be taken account of.

The need to have the correct workforce in place to support best practice, especially post pandemic is critical to improving healthcare. RCN has recently published its Nursing Workforce Standards (Nursing Workforce Standards | Professional Development | Royal College of Nursing (rcn.org.uk)) . They have been developed on the principles of it being vital that the right staff, with the right skills are in the right place, at the right time. The Standards work alongside each nation's legislation and can be used by all nursing staff, along with those responsible for funding, planning or commissioning services that require a nursing workforce.

5. Ensuring research, evidence and data support improvements in women's health

Research, evidence and data are critical arenes for improving healthcare. The need for research is ever growing, and further investment in targeted areas of research into woman's health, the impact on women and families and the need to better understand the intersectionality of conditions, lifestyle choices and /or life circumstances cannot be underestimated.

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For example FGM (Female Genital Mutilation) specialist services are not well represented across the country. The data collected via NHS Digital in the last few years provides part of the picture to better understanding the women and girls affected by FGM. However, it does not provide a full picture of the extent of issues, and requires more robust and different ways of gathering the evidence to inform appropriate commissioning across the UK, to ensure the right services are available to those women and girls who need it. The last major study conducted to understand the volume of those affected was completed over 8 years ago and has not been replicated.

There is also a question to be considered around how researchers can ensure that the voices of marginalised groups are reflected in research. This could include meaningful researchers engagement with those affected and working with community leaders / support groups, especially of vulnerable groups, and of the seldom heard to engage them in research design and to recruit them as principle investigators.

An essential part of planning services will require robust ONS data on ethnicity breakdown, given the inequity that exists amongst ethnic minority groups.

6. Understanding and responding to the impacts of COVID-19 on women's health"

The impact of Covid-19 on women's health is an ongoing picture to be revealed.

Members reported that overall access to healthcare has deteriorated across service provision, as it has restricted access to healthcare, increased the burden of caring and increased childcare/home education responsibilities and made mental health and stress worse.

Some suggestions for ongoing provision include:

- building services around woman's needs, taking account of emerging evidence about trauma informed care and the complexity of the lives of women accessing services.
- Extend access to consultations / follow-up telemedicine which can enable geographical equity to healthcare for many, whilst recognising that not all women can / want to access telemedical services.
  The last year has shown clear issues with access to technology in more rural areas, as well as the cost of accessing online services for some women.
- Emerging evidence of the negative impact of lockdown and the pandemic on domestic violence and abuse.
- The extent of the negative impact on women's mental health, has long been lobbied for, whilst emerging data reveals a picture of patchy and ill-informed services, which do not always meet girls and women's needs.
  This is equally across the spectrum of perinatal mental health.

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- The temporary changes in termination of pregnancy legislation need to be imbedded in practice, as emerging evidence demonstrates positive impacts on woman wellbeing. law so that women can access pills by post.
- The negative impact on fertility treatments as fertility clinics were closed during the first lockdown, women who have reached 40 years of age have had their NHS fertility funding removed as they no longer meet the criteria for funded fertility treatment.
- Confusion initially about women being advised not to get pregnant within the first 3 months of having the Covid vaccine, which led to women delaying fertility treatment and not attending long awaited fertility appointments, although that guidance has now changed.
- The impact of childcare support / carer responsibilities which is often reliant on women and the negative impact of this during the pandemic, needs to be carefully considered when services are being commissioned and planned.
- Reasonable and appropriate plans to best support the backlog in services which have been overshadowed by the burden placed on the NHS over the last year. This is particularly evidence in cervical screening, cancer care, access to LARC and across all areas of healthcare where appointments and treatments have been deferred/delayed.
  This also requires a need to encourage women to seek help early for conditions which are adversely affecting their lives.
- Need to focus on the health and wellbeing of girls and women of childbearing age to reach the target of halving maternal and infant mortality.
- Workplace recognition of the impacts of changes on women's health, including puberty, heavy / painful periods and menopause, were repeated themes in our evidence gathering. The BMS, RCOG, RCGP, RCN and FSRH joint framework statement regarding the restoration of menopause services in response to COVID-19 (2021)
- Considered use of the evidence from the Gender Gap Report 2020 https://www.weforum.org/reports/gender-gap-2020-report-100-years-pay-equality
- Using the UN Sustainable Goals to focus care provision, including consideration of how UK healthcare can work to achieve the aim of Goal 5: Achieve gender equality and empower all women and girls https://www.un.org/sustainabledevelopment/gender-equality/
  RCN (2021)Leaving No-One Behind. The role of the nursing profession in achieving the United Nations Sustainable Development Goals in the UK (2021)
  https://www.rcn.org.uk/professional-development/publications/rcn-leaving-no-one-behind-uk-pub-009-653
- Expand understanding of the economic impact of poor heath among women and how women support the economy.

Overall, there is acknowledgement that the past 18 months has been stressful and very challenging for everyone, however moving forward requires a clear well-funded implementation plan, with integrated and person-centred care. This has to be integrated across all the health and social care systems, with easy access across traditional boundaries in health and in social care to provide both effective prevention as well as treatment if this strategy is to make a positive a difference.

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