

Meeting:	NHSG Board Meeting
Meeting date:	6 February 2025
Item Number:	8
Title:	Women's Health Plan Progress Update
Responsible Executive:	Geraldine Fraser, Integrated Families Portfolio Executive Lead
Report Author:	Alice Ritchie, Clinical Nurse Manager and Katie Colville, Director of Midwifery

1 Purpose and recommendations.

This is presented to the Board for:

- **Assurance** – Review and scrutinise the information provided in this paper and confirm that it provides assurance that NHS Grampian has progressed during 2024/25 with the priority areas outlined in the Scottish Government's Women's Health Plan and towards addressing improvements in women's health across NHS Grampian.

This report relates to:

- Government policy/directive – Women's Health Plan
- NHS Grampian Strategy: Plan for the Future – (People, Places and Pathways; with a focus on women's health)

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is to provide assurance regarding the progress being made within NHS Grampian toward achieving the priority areas outlined in the Scottish Government's Women's Health Plan and highlights the ongoing work to improve women's health outcomes across Grampian.

2.2 Background

The Scottish Government published the Women's Health Plan (WHP) in August 2021 which outlined several key priority areas for both NHS Boards and the Scottish Government (SG) with the aim of supporting improvements and outcomes in Women's Health across Scotland. The three-year plan was aligned to five priorities areas which were:

- Sexual and Reproductive Health
- Cardiac Health
- Endometriosis and Menstrual Health
- Inclusion Health
- Menopause

The Scottish Government are currently reviewing the WHP with input from each Board to identify and collaborate on the next steps. Phase two of the plan is planned for release in 2025.

2.3 Assessment

Since the Women's Health Plan was published, NHS Grampian has embarked on a journey of improving women's health across Grampian. The WHP outlined several local and national outcomes to be taken forward. This report presents updates on the progress of the local outcomes only.

The report will highlight work that is happening across the organisation, as well as look to future improvements within women health provision across Grampian.

Sexual and Reproductive Health

Improve access to abortion services			
Term	Outcome	NHSG Progress	RAG Status
Short Term	Make telephone or video consultation universally available as an option for abortion services.	Initial contact with NHS Grampian abortion services is via telephone. Consultations are carried out via a mixture of face to face and phone depending on personal circumstances	
	For post abortion contraception, provide all women with 6- or 12-months progestogen only pill with their abortion medications. Fast track to long-acting reversible contraception if desired	All women are provided with the option to receive appropriate post abortion contraception.	
	Review data collected on abortions to ensure it is relevant, whilst protecting anonymity.	Local data continues to be collected, is stored securely as per local Policy, and there is	

		ongoing data review by the Sexual Health Working Group.	
Medium Term	NHS, Local Authorities, Justice agencies and Scottish Government to work together to find ways of preventing women feeling harassed when accessing abortion care due to protests or vigils.	Local Standard Operating Procedure Published September 2024 to support decision making around any potential breach of The Abortion Services (Scotland) Act 2024.	
	Increase options for women around where they can take abortion medication (mifepristone).	Medication can be dispensed via a variety of routes including: posted, collected by women or taken in a supervised clinical setting. Dispensary route decided, jointly, between clinician and the woman	
	Provide mid-trimester abortion care locally or regionally for all indications	<p>Abortions are provided up to 20 weeks in Grampian. Ongoing work being undertaken for provision to 24 weeks.</p> <p>To increase capacity of abortion services we have taken forward the following:</p> <p>Scan appointment availability has increased in Moray.</p> <p>Inpatient capacity for provision of abortion services has increased to seven days from six.</p> <p>An additional Gynaecologist has been recruited to support waiting times and local access</p>	

Improve access to contraception services, including rapid and easily accessible postnatal contraception.

Term	Outcome	NHSG Progress	RAG Status
Short Term	Promote use of video or telephone, in addition to face-to-face, consultation for women, including those in prisons, to	NHS Grampian has a dedicated sexual health website (Grampian Sexual Health Services), with option for patients to book a	

	provide greater privacy, dignity, choice and flexibility.	consultation via telephone or an online booking system. Physical Access options being explored – location and vulnerable groups; alternative options explored including telephone provision for HMP.	
	Provide accessible information and advice on pre-pregnancy care.	NHS Inform is promoted as the central point for pre pregnancy care in Grampian: Planning for pregnancy NHS inform	
	Provide creative, holistic and outreach models of care for sexual health and contraception services	Several programmes of work are ongoing, including exploring the development of sexual health services provided in primary care.	
	Increase availability of LARC (Long-Acting Reversible Contraceptive) as one of a range of options for contraception available to women	Local and National data shows a reduction in LARC provision by primary care, with numbers still below that of pre COVID-19 pandemic. Exploration of barriers and support being provided by Sexual Health and Public Health with aim of increasing the provision of LARC by primary care. Letters have been sent to GPs to encourage long-acting methods of contraceptive (LARC) uptake and to better understand barriers to delivery in primary care.	
	Ensure that discussions on contraception take place during pregnancy. Women should be given adequate and appropriate information on their options, as well as rapid access to their preferred method where applicable.	NHS Grampian have rolled out training to midwives on contraception with it now incorporated into routine reviews. In addition, this is now also embedded in the postnatal discharge pathway. Local data is showing improving compliance in discussions taking place with women. However, no increase in uptake at point of discharge is evident at present. Ongoing data review to identify any challenges and areas for	

		improvement, alongside continued education for maternity staff.	
--	--	---	--

Endometriosis and Menstrual Health

Improve access to information for girls and women on menstrual health and management options. Improve access for women to appropriate support, speedy diagnosis and best treatment for endometriosis.			
Term	Outcome	NHSG Progress	RAG Status
Short Term	Where appropriate offer women who are eligible for combined hormonal contraception, the option of a continuous or extended regimen and raise awareness of the option of no bleeding, even if contraception is not required.	Work ongoing nationally. 'No bleeding' option embedded in general practice and supported in primary and secondary care via the national network.	
Medium Term	Use existing programmes, such as the HPV vaccination programme, to provide general information to young people about periods, menstrual health and management options.	Opportunities being explored with Public Health and Scottish Government; with vision to expand current service provision in schools and pharmacies.	
	Provide access in each primary care team to a Healthcare Professional (HCP) or HCPs who have a specialist knowledge in menstrual health including awareness of the symptoms of PMS, PMDD, heavy menstrual bleeding, endometriosis and their treatment options	Work ongoing within Grampian to encourage uptake of this outcome. Equity across the Board not established as yet with some practices leading with this work NHSG is reviewing patient pathways with guidance to support decision making in primary care currently being peer reviewed. Clinical lead and specialist service available within Grampian with links to National Network. Ongoing work to identify educational needs of clinical staff in Grampian.	

		NHSG priority to actively tackle stigma and raise awareness of endometriosis ongoing.	
	Implement and raise awareness of current national guidelines on endometriosis and develop and implement further pathways for care where these don't currently exist – for example endometriosis outside the pelvis	Ongoing work across Primary and Secondary care to promote National NICE guidance and local policies. NHSG supports flexible working for those with Endometriosis where possible.	
Long Term	Strengthen collaborative working between regional specialist endometriosis centres, territorial and special NHS boards and primary care providers, to drive improvement in patient pathways and achieve equitable access to care and treatment.	This is a long term combined local and national action. NHSG Clinical lead working alongside the Endometriosis Network to support collaborative working and improve local pathways in primary and preventative care, with clear sign posting for support	

Menopause

Ensure women who need it have access to specialist menopause services for advice and support on the diagnosis and management of menopause.			
Term	Outcome	NHSG Progress	RAG Status
Short Term	Develop, maintain and promote a support network for Menopause Specialists throughout Scotland. Each healthcare professional (HCP) with special interest in menopause should have access to at least one Menopause Specialist for advice, support, onward referral and leadership of multidisciplinary education.	NHSG participate and support the National Menopause Network. Local specialist menopause provision available with established working group to address issues arising and improve equitable provision across Grampian.	
	Provide a holistic approach to care by promoting greater joint working between healthcare professionals on menopause diagnosis and treatment across primary and secondary care and specialist clinics, including through joint education sessions starting with pre and post qualification training on gynaecology	Promotion of joint working continues through local networks, and the Menopause working group to promote holistic care provision for women in Grampian. Educational opportunities being explored in conjunction with the national training which will be released in 2025 – sustainable options being explored.	

		In addition, local guidance to support decision making in primary care is being developed	
Medium Term	Provide access in each primary care team to a Health Care Professional who has a special interest in menopause.	<p>Work ongoing within Grampian to encourage uptake of this outcome via NHSG working group.</p> <p>Equity across the Board not established as yet, with some practices leading with this work.</p> <p>Access to specialist services in secondary care are available within Grampian to support decision making with links to National Network.</p>	
	Develop a menopause and menstrual health workplace policy, as an example of best practice, starting with NHSScotland, and promote across the public, private and third sector.	<p>National Once for Scotland Policy released October 2023.</p> <p>To support this policy NHSG developed local guidance for workforce.</p>	
	Provide a specialist menopause service in every NHS Board, and where sub specialisation is impractical (e.g. islands) develop a buddy system	<p>Further guidance from SG awaited for expectation on what is incorporated as specialist provision.</p> <p>NHSG currently offers access to specialist menopause clinician and pathway.</p> <p>High demand on Menopause service remains, with large volume of referrals due to increased awareness and public/social media campaigns. Through reviewing pathways; re vetting our current waiting lists and providing additional waiting list initiative clinics we have significantly reduced our waiting times from 110 weeks in June 2024, to 5 weeks for new patients and between 15-20 weeks for specific named consultants in January 2025.</p>	

	Ensure women are properly supported around the time of menopause to assess their future risk of osteoporosis and fractures and given appropriate lifestyle advice.	<p>NHS Inform website promoted as main resource for public in Grampian.</p> <p>Education sessions/resources continue to be delivered to NHSG staff on general wellbeing throughout menopause including bone health.</p> <p>Further opportunities are being explored on how to mirror workforce provision to the wider public.</p>	
--	--	---	--

Cardiac Health

Reduce inequalities in health outcomes related to cardiac disease			
Term	Outcome	NHSG Progress	RAG Status
Short Term	In all heart health consultations, opportunities should be taken to provide individualised advice and care to women, and in all pregnancy and pre-pregnancy discussions and interactions opportunities should be taken to optimise women's heart health to optimise women's holistic health as part of the life course approach.	<p>Specialist advice and support is offered within Grampian for all women having contact with the service.</p> <p>Clinical Leads have worked with the Scottish Obstetric Cardiology Network (SOCAN) to develop National Standards and Education. This information was utilised for all training related to women's health.</p>	
Medium Term	Ensure women with CVD have access to mental health support, regardless of whether they are accessing a cardiac rehabilitation programme.	NHS Grampian is working on potential options on how to link cardiology and the mental health team. At present challenges remain due to high pressures within the mental health service.	
	Establish appropriate representation of women in clinical research and where appropriate pregnant and postpartum women should be included in clinical trials.	Recruitment of female research participants continues to be supported in Grampian.	
Long Term	As part of Cardiac Rehab, provide an individualised biopsychosocial assessment and a shared decision care plan with	Work ongoing in NHSG to promote biopsychosocial assessment and shared decision making.	

	interventions specific to women's needs and choices.		
	Every cardiology department will have access to a clinician with expertise in women's heart health	NHSG has established clinicians with expertise in women's heart health	

Inclusion Health

The outcomes aligned to Health Equalities within the WHP are at a combined local and national level. Locally we have prioritised the following actions:			
Term	Project	NHSG Progress	RAG Status
2024/25	Smoking in Pregnancy	Supporting pregnant women who smoke to quit.	
	Vaccinations uptake	Increasing uptake of vaccinations for pregnant women.	
	Pathways	Increasing awareness and signposting to income maximisation pathways - emergency infant feeding pathway ongoing.	
	Screening Programmes	Addressing inequalities in uptake of screening programmes - pregnancy and newborn, cervical, bowel, breast, diabetic retinopathy	
	Sexual Health	Currently exploring health equity plan with LARC team	
	Trauma informed care/Gender Based Violence	Work ongoing to promote awareness	

In summary, we are progressing through the outcomes set against each priority however we remain off track with timelines due to restricted resources. Governance is provided through priority leads and reporting through the Women's Board.

To identify educational requirements around women's health we will be sharing an anonymised electronic survey to all GP's, Advanced Practitioners and Pharmacists in primary care within Grampian. This survey will help shape our next steps for education delivery in 2025.

2.3.1 Quality/ Patient Care

The WHP includes local and national actions to address the inequities within women's health. Implementation of the WHP actions will ensure equitable access to patient care.

2.3.2 Workforce

The three-year plan included actions to support staff development and drive forward the priorities set out in the WHP with a key focus on education and development of national guidance. There is no current workforce implications outlined in this report, although future work to progress actions against the WHP may identify workforce needs. Should future workforce implications be identified these will be presented through normal processes.

2.3.3 Financial

This plan addresses the need to ensure the health and care needs of women in five key priority areas are supported to reduce exacerbating health inequities. Due to the challenging financial climate no financial resource was aligned to the WHP by the SG, with current work undertaken within current service resources.

2.3.4 Risk Assessment/Management

Successful implementation of the WHP will ensure that the foundations are laid for reducing inequities in women's health in the longer term in Grampian and to achieve the ambitions set out in Plan for the Future. Delays in completing the actions are a direct result of resource restrictions, with ongoing capacity challenges from both an infrastructure point and workload/workforce perspective.

2.3.5 Equality and Diversity, including health inequalities

An Initial Impact Assessment screen has been completed (Appendix 1). Due to the broad nature of the WHP and no potential negative impact identified within the IIA screening tool, a full Equality Impact Assessment (EQIA) has not been carried out.

Women's services aim to reduce inequalities and the work within this report highlights various ways in which we are doing this. The report outlines several work streams where EQIA assessments are required, these will be completed, and due consideration of the Public Sector Equality Duty and Fairer Scotland Duty will be given.

2.3.6 Other impacts

- Vision and Leadership
- Effective Partnerships
- Local outcomes improvement plans, community planning etc

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate. No external engagement has taken place yet, but this will be included in work moving forward as needed.

- Women's Health Plan Development Day, 10 December 2024
- NHSG Women's Board, 12 December 2024
- NHSG IFP Board, 18 December 2024

2.3.8 Route to the Meeting

Outcomes shared here have been considered within each priority steering group. Updates are provided to the Women's Board each month and with any required escalations being raised through the IFP Board. The Women's Board and IFP Board continue to support the outcomes laid out in the WHP with their feedback informing the development of the content presented in this report.

- Women's Board 12th December 2024
- IFP Board 18th December 2024

2.4 Recommendation(s)

The Board/Committee is asked to:

- **Assurance** – Review and scrutinise the information provided in this paper and confirm that it provides assurance on progress during 2024/25 towards addressing women's health in Grampian with the ask for support in raising the profile of the WHP and inequalities within Women's Health across Grampian.

3 Appendix/List of appendices

- Appendix 1 – IIA Screen