

Women's Health Plan: Implementation Plan – Year One

July 2022

Women's Health Plan: Implementation Plan

The Women's Health Plan¹ sets out 66 short, medium and long term actions which will drive forward change and improvement in women's health to ensure that we achieve a Scotland where all women and girls enjoy the best possible health, throughout their lives.

The Women's Health Plan Implementation Programme Board²(the Board) has been established to oversee and drive the delivery of the Plan. The Board brings together a range of organisations to ensure that the actions within the Plan are implemented effectively and in partnership, with continued input and influence from women themselves. The Board is supported by a Delivery Group made up of those who have responsibility for leading the work to deliver the actions in the Plan.

This Implementation Plan has been developed as a tool to assist the Board in its monitoring of progress with a particular focus on deliverables for Year One, which are due to be achieved by September 2022.

The Year One deliverables are the outputs which will enable the successful implementation of the short term actions and set the foundation for the Women's Health Plan.

The first Women's Health Plan Annual Progress Report will be published in Autumn 2022 and will set out progress against these, and other, outputs and actions within the Plan.

A further Implementation Plan will be published setting out the outputs for the medium and long term actions during year two of the Women's Health Plan.

¹ [Women's health plan - gov.scot \(www.gov.scot\)](http://www.gov.scot)

² [Women's Health Plan Implementation Programme Board - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Year One outputs

The table below outlines the Women's Health Plan short term actions along with outputs which are the key deliverables for the first year of the implementation of the Women's Health Plan. These outputs will set the foundation for the Plan and create the building blocks to further progress.

Reporting on the outputs will be in the first annual update and progress report which will be published in Autumn 2022.

Priority: Cross cutting actions.	
Aim: Actions which cut across all of the Plan's priority areas, and underpin some of the others.	
Actions	Output
1. Establish a central platform for information on women's health on NHS Inform.	<ul style="list-style-type: none"> Refreshed information is published on menopause and menstrual health, including endometriosis. The Women's Health Platform is live on NHS Inform.
2. Seek women's lived experience, through the continuation of a lived experience group, to inform health policy and improve healthcare services and to ensure women are meaningfully involved in decision making and priority setting going forward.	<ul style="list-style-type: none"> Recruitment of a Senior Development Officer (The ALLIANCE). Establishment of a Stakeholder Lived Experience group. Development of an Operational Plan including a programme of events.
3. Share examples of good practice to encourage primary care to consider different and more flexible options for provision of women's health services to best meet the needs of their communities.	<ul style="list-style-type: none"> Undertake an exercise to gather good practice examples. Share examples with Health Board Primary Care Leads and General Practice. Development of a Women's Health Plan Knowledge Hub.
4. Promote the use of video or telephone consultation where appropriate to support access to services for women, particularly those who may otherwise be required to travel long distances or who may have difficulty travelling to appointments.	<ul style="list-style-type: none"> Current use of Near Me video consultation mapped in respect of women's health priority areas. Development of an engagement plan to promote use of Near Me.
Priority: Improves access to abortion services.	
Aims:	
<ul style="list-style-type: none"> All women will be able to access timely abortion care without judgment. All women will have choice about how and where they access abortion services. 	
Actions	Output
12. Make telephone or video consultation universally available as an option for abortion services.	<ul style="list-style-type: none"> Issue a Chief Medical Officer letter to Health Boards. Engagement with Members of Scottish Abortion Care Providers network on whether the Chief Medical Officers letter

	had been received and the service is being offered.
13. 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.	<ul style="list-style-type: none"> • Issue a Chief Medical Officer letter to Health Boards. • Engagement with Members of Scottish Abortion Care Providers network on whether the Chief Medical Officers letter had been received and the service is being offered.
14. Review data collected on abortions to ensure it is relevant, whilst protecting anonymity.	<ul style="list-style-type: none"> • Provide an updated digital platform for Health Boards to input data relating to abortion. • Update the data collected to ensure it is both necessary and relevant.
Priority: Improve access to contraception services, including rapid and easily accessible postnatal contraception.	
Aims: <ul style="list-style-type: none"> • All women will be able to access a full range of contraception easily, quickly and confidentially. • All women will be able to access sexual health services easily, quickly and confidentially. • All women will have easy access to the information and advice they need to best prepare themselves for pregnancy. 	
Actions	Outputs
19. Promote use of video or telephone, in addition to face-to-face, consultation for women, including those in prisons to provide greater privacy, dignity, choice and flexibility.	<ul style="list-style-type: none"> • Current use of Near Me video consultation mapped in respect of women's health priority areas. • Current use of Near Me in prisons mapped to identify where further action is needed. • Development of an engagement plan to promote use of Near Me.
20. Provide accessible information and advice on pre-pregnancy care.	<ul style="list-style-type: none"> • Short life working group established to develop evidence based content. • Content published on NHS Inform Women's Health platform.
Priority: 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.	
Aims: <ul style="list-style-type: none"> • All young people will be aware of normal menstrual health. • Average diagnosis time for endometriosis will be reduced. • All women will be able to access the right support and effective treatment for endometriosis. • When required, all women will have access to a specialist endometriosis centre. 	
Actions	Output

<p>27. Promote the use of positive language around menstrual health.</p>	<ul style="list-style-type: none"> • Menstrual health, content including endometriosis and polycystic ovary syndrome on NHS Inform reviewed, refreshed and published. • Refreshed Relationships, Sexual Health and Parenthood guidance for young people includes positive language around menstrual health, including endometriosis. • Scottish Government Endometriosis research grant awarded.
<p>28. 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.</p>	<ul style="list-style-type: none"> • Contraception content on NHS Inform raises awareness of no bleeding option. • Faculty of Sexual and Reproductive Health guidelines promoted among healthcare practitioners through NHS Inform.
<p>Priority: Ensure all women who need it have access to specialist menopause services for advice and support on the diagnosis and management of menopause.</p>	
<p>Aims:</p> <ul style="list-style-type: none"> • When required, all women will have timely access to menopause support and services. • Healthcare professionals will be aware of the impact medical or surgical treatments to induce menopause have on subsequent health. • All women will have access to a Healthcare Professional with an interest in menopause through primary care. 	
<p>Actions</p>	<p>Outputs</p>
<p>34. 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.</p>	<ul style="list-style-type: none"> • Development of a Menopause Specialist Network. • Quarterly meetings of the Menopause Specialists Network. • Network membership representative across NHS Scotland.
<p>35. 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.</p>	<ul style="list-style-type: none"> • Training sessions provided on menopause for pre and post gynaecology qualification. • National Specialist Menopause Network supports joint working across primary and specialist care. • Examples of joint menopause support across primary and secondary care collated and shared on a Women's Health Plan Knowledge hub.

36. Establish a dedicated menopause policy post within Scottish Government.	<ul style="list-style-type: none"> Establishment of a menopause health policy post in DG Health and Social Care.
Priority: Reduce inequalities in health outcomes related to cardiac disease.	
Aims: <ul style="list-style-type: none"> Opportunities for optimisation of cardiovascular health and risk reduction will be taken across a woman's life course. Healthcare professionals will be aware of gender specific differences in presentation and management of heart disease in women and act to reduce inequality of care and improve outcomes. All women will have access to information on the risk factors for and symptoms of heart disease enabling them to quickly and confidently describe their own symptoms when speaking to healthcare professionals. All women with heart disease will receive appropriate support in managing their risk factors, recovery and living with a long-term cardiac condition through appropriate follow up and access to cardiac rehabilitation and psychological support. All women with heart disease will be provided with individualised advice and co-ordinated care to access safe contraception, termination, assisted conception, pregnancy and gynaecological care. 	
Actions	Outputs
44. 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.	<ul style="list-style-type: none"> Invite the Scottish Obstetrics Cardiology Network to contribute to the development of the pre-pregnancy care framework. Identification of cardiac risk factors embedded within Scottish Government Pre-pregnancy Framework. NHS Inform content on pre-pregnancy care includes information on cardiac risk factors. Inclusion of Women & Heart Disease in the Heart Failure Hub's 'Ensuring Success in Heart Failure' conference (Autumn 2022). Promotion of life course approach through Scottish Obstetric Cardiology Network, National Heart Disease Task Force. Launch of Pre-preconception toolkit by Scottish Obstetric Cardiology Network.
45. Where research shows there are sex-related differences in prevention, diagnosis, investigation or treatment of Cardiovascular disease (CVD) these should be detailed in guidelines and pathways.	<ul style="list-style-type: none"> Inclusion of content highlighting sex-related differences in Heart Failure pathways developed as part of the implementation of the Heart Disease Action Plan. Inclusion of content highlighting sex-related differences in Chest Pain

	<p>pathways developed as part of the implementation of the Heart Disease Action Plan.</p> <ul style="list-style-type: none"> Engagement with SIGN on review of Cardiac Rehabilitation guidelines.
46. Improve information and public awareness of heart disease symptoms and risks for women.	<ul style="list-style-type: none"> Women's Heart Health campaign on NHS Inform. "Wear it Red Day" 2021 promoted on Scottish Government social media.
Priority: Reduce inequalities in outcomes for women's general health.	
Aims:	
<ul style="list-style-type: none"> Gender and cultural competence will be built into health policy and healthcare services. Undervaluation of caring professions will be addressed. Accountability, transparency and participation should be the basis for budget decisions and public expenditure will be reflective of the needs and rights of women and girls. Clinical training and CPD will include education, training and long term coaching, in equality, diversity and human rights. 	
Actions	Outputs
55. Establish a Health Equality team within Scottish Government, to pursue intersectional healthcare policy with a particular focus on sex, race, disability and sexual orientation.	<ul style="list-style-type: none"> Health Inequalities policy team established in DG Health and Social Care.
56. Encourage NHS boards to engage with the Equally Safe at Work employer accreditation programme.	<ul style="list-style-type: none"> Establishment of an Advisory Group to inform work around NHS Boards engagement with the Equally Safe at Work accreditation programme. Establishment of a pilot project with a geographic mix of health boards. Good practice guides on achieving Equally Safe at Work accreditation developed. Evaluation report of pilot project.
57. Ensure National Performance Indicators are disaggregated where appropriate.	<ul style="list-style-type: none"> Initial exercise carried out to review current National Performance Indicators and those in development to ensure they are disaggregated by gender. Gender breakdowns provided as part of the regular process of updating the National Performance Framework.

ANNEX A: Women’s Health Plan Actions

The table below includes all the numbered actions outline in the Women’s Health Plan which have been separated by priority area then into their anticipated timescales for delivery in the short, medium and long-term. A further Implementation Plan will be published setting out the outputs for the medium and long term actions during year two of the Women’s Health Plan.

Table Key

Short term	Actions to be delivered within one year of publication (August 2022)
Medium term	Actions to be delivered within one to three years of publication (2022 until 2024)
Long term	Actions to be delivered within three years of publication (2024 onwards)

Priority: Cross cutting actions.	
Aim: Actions which cut across all of the Plan’s priority areas, and underpin some of the others.	
Actions:	
Short Term	1. Establish a central platform for information on women’s health on NHS Inform.
Short Term	2. Seek women's lived experience, through the continuation of a lived experience group, to inform health policy and improve healthcare services and to ensure women are meaningfully involved in decision making and priority setting going forward.
Short Term	3. Share examples of good practice to encourage primary care to consider different and more flexible options for provision of women's health services to best meet the needs of their communities.
Short Term	4. Promote the use of video or telephone consultation where appropriate to support access to services for women, particularly those who may otherwise be required to travel long distances or who may have difficulty travelling to appointments.
Medium term	5. Establish a national Women’s Health Champion and a Women’s Health Lead in every NHS board to drive change and share best practice and innovation.
Medium term	6. Promote use of Relationships, Sexual Health and Parenthood (RSHP) resources to teachers and parents as part of the school curriculum and to support workers to ensure young people who are non-attenders or not in mainstream education have access to resources.
Medium term	7. Improve collection and use of data, including qualitative evidence of women's lived experiences, ensuring disaggregation by protected characteristics. Robust intersectional analysis of this data should be used to inform service design and improve healthcare services and women's care and experiences.
Long term	8. Adopt a life course approach in all services to improve women's health holistically.

Long term	9. Provide and promote a 'Women's Health' Community Pharmacy service.
Long term	10. Establish a Women's Health Research Fund with the aim of closing gaps in scientific and medical knowledge in women's health for both sex specific and non sex-specific conditions.
Long term	11. Develop a programme to ensure that cultural competence, gender competence, trauma informed practice and human rights is embedded as a core component within all clinical education, training and Continuing Professional Development (CPD).
Priority: Improve access to abortion services.	
Aims:	
<ul style="list-style-type: none"> • All women will be able to access timely abortion care without judgement. • All women will have choice about how and where they access abortion care. 	
Actions:	
Short Term	12. Make telephone or video consultation universally available as an option for abortion services.
Short Term	13. 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.
Short Term	14. Review data collected on abortions to ensure it is relevant, whilst protecting anonymity.
Medium term	15. 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.
Medium term	16. Increase options for women around where they can take abortion medication (mifepristone).
Medium term	17. Provide mid-trimester abortion care locally or regionally for all indications.
Long term	18. Build on the recommendations above by reviewing the provision of abortion services in Scotland to ensure services for all those deciding to terminate their pregnancy are fully accessible and person-centred.
Priority: Improve access to contraception services, including rapid and easily accessible postnatal contraception.	
Aims:	
<ul style="list-style-type: none"> • All women will be able to access a full range of contraception easily, quickly and confidentially. • All women will be able to access sexual health services easily, quickly and confidentially. • All women, who choose to become pregnant, will have easy access to the information and advice they need to best prepare themselves for pregnancy. 	
Actions:	
Short Term	19. Promote use of video or telephone, in addition to face-to-face, consultation for women, including those in prisons, to provide greater privacy, dignity, choice and flexibility.
Short Term	20. Provide accessible information and advice on pre-pregnancy care.

Medium term	21. Develop a Framework for Pre-pregnancy Care, to raise awareness and understanding of the importance of optimising health before pregnancy, including healthy diet, keeping active, stopping smoking and the risk of drinking alcohol during pregnancy or when planning for pregnancy.
Medium term	22. Provide training for non-NHS staff to support conversations with women about health and healthcare services.
Medium term	23. Provide creative, holistic and outreach models of care for sexual health and contraception services.
Medium term	24. Increase availability of LARC (Long Acting Reversible Contraceptive) as one of a range of options for contraception available to women.
Medium term	25. 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.
Long term	26. Provide more routine sexual healthcare through primary care, community pharmacies and online where appropriate, to enable specialist sexual health services to prioritise those most at risk of sexual ill health or unintended pregnancy.
Priority: 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.	
Aims: <ul style="list-style-type: none"> • All young people will be aware of normal menstrual health. • Average diagnosis time for endometriosis will be reduced. • All women will be able to access the right support and effective treatment for endometriosis. • When required, all women will have access to a specialist endometriosis centre. 	
Actions:	
Short Term	27. Promote the use of positive language around menstrual health.
Short Term	28. 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.
Medium term	29. Use existing programmes, such as the HPV vaccination programme, to provide general information to young people about periods, menstrual health and management options.
Medium term	30. 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.
Medium term	31. 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.

Medium term	32. Commission endometriosis research to find the cause of the condition, leading to the development of better treatment and management options, and a cure.
Long term	33. 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.
Priority: Ensure women who need it have specialist menopause services for advice the diagnosis and management of menopause.	
Aims:	
<ul style="list-style-type: none"> • When required, all women will have timely access to menopause support and services. • Healthcare professionals will be aware of the impact medical or surgical treatments to induce menopause have on subsequent health. • All women will have access to a Healthcare Professional with an interest in menopause through primary care. 	
Actions:	
Short Term	34. 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.
Short Term	35. 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.
Short Term	36. Establish a dedicated menopause policy post within Scottish Government.
Medium term	37. Provide access in each primary care team to a HCP who has a special interest in menopause.
Medium term	38. Provide a specialist menopause service in every NHS Board, and where sub specialisation is impractical (eg. islands) develop a buddy system.
Medium term	39. 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.
Medium term	40. Ensure women are properly supported around the time of menopause to assess their future risk of osteoporosis and fractures and given appropriate lifestyle advice.
Medium term	41. Launch a public health campaign to remove stigma and raise awareness of the symptoms of menopause.
Long term	42. Build a basic understanding of menopause among all healthcare professionals. This should include awareness of the symptoms of perimenopause and menopause and awareness of intermediate and long-term consequences, and know where to signpost women for advice and support.
Long term	43. Acknowledge the importance of menopause, menstrual health and endometriosis within mental health policy, ensuring policies recognise

	the impact these conditions can have on women's mental as well as physical health, including awareness of the symptoms of PMS and PMDD.
Priority: Reduce inequalities in health outcomes related to cardiac disease.	
Aims:	
<ul style="list-style-type: none"> • Opportunities for optimisation of cardiovascular health and risk reduction will be taken across a woman's life course. • Healthcare professionals will be aware of gender specific differences in presentation and management of heart disease in women and act to reduce inequality of care and improve outcomes. • All women will have access to information on the risk factors for and symptoms of heart disease enabling them to quickly and confidently describe their own symptoms when speaking to healthcare professionals. • All women with heart disease will receive appropriate support in managing their risk factors, recovery and living with a long-term cardiac condition through appropriate follow up and access to cardiac rehabilitation and psychological support. • All women with heart disease will be provided with individualised advice and co-ordinated care to access safe contraception, termination, assisted conception, pregnancy and gynaecological care. 	
Actions:	
Short Term	44. 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.
Short Term	45. Where research shows there are sex-related differences in prevention, diagnosis, investigation or treatment of CVD these should be detailed in guidelines and pathways.
Short Term	46. Improve information and public awareness of heart disease symptoms and risks for women.
Medium term	47. Ensure women with CVD have access to mental health support, regardless of whether they are accessing a cardiac rehabilitation programme.
Medium term	48. Establish appropriate representation of women in clinical research and where appropriate pregnant and postpartum women should be included in clinical trials.
Medium term	49. Establish a peer support forum for women with lived experience of CVD.
Long term	50. Improve awareness and education among healthcare professionals of sex-related differences in presentation and management of heart disease in women of all ages.
Long term	51. As part of Cardiac Rehab, provide an individualised biopsychosocial assessment and a shared decision care plan with interventions specific to women's needs and choices.
Long term	52. Encourage increased representation of women clinicians by promoting diverse role models and encourage mentoring for trainees.
Long term	53. Every cardiology department will have access to a clinician with expertise in women's heart health plan.

Long term	54. Establish appropriate representation of women clinicians on guideline committees and within research design and development teams.
Priority: Reduce inequalities in outcomes for women's general health.	
Aims:	
<ul style="list-style-type: none"> • Gender and cultural competence will be built into health policy and healthcare services. • Undervaluation of caring professions will be addressed. • Accountability, transparency and participation should be the basis for budget decisions and public expenditure will be reflective of the needs and rights of women and girls. • Clinical training and CPD will include education, training and long term coaching, in equality, diversity and human rights. 	
Actions:	
Short Term	55. Establish a Health Equality team within Scottish Government, to pursue intersectional healthcare policy with a particular focus on sex, race, disability and sexual orientation.
Short Term	56. Encourage NHS boards to engage with the Equally Safe at Work employer accreditation programme.
Short Term	57. Ensure National Performance Indicators are disaggregated where appropriate.
Medium term	58. Build an intersectional evidence base around women's health inequalities ensuring women's healthy life expectancy and quality of life are used as measures in addition to total life expectancy.
Medium term	59. Build an evidence base on women's health inequalities, with specific focus on the impact of sexism, racism, ableism, and other forms of discrimination including homophobia and transphobia on women's health.
Medium term	60. Develop gender competency across Scottish Government and NHSScotland, starting with the knowledge, information and data workforce and key decision makers such as those in finance and procurement.
Medium term	61. Increase awareness and understanding of how to effectively use and apply the Public Sector Equality Duty within health and social care, and work to close the implementation gap, as a means to improving women's health.
Medium term	62. Encourage greater transparency in budget decision making, through intersectional gender budget analysis, within health-specific budget processes.
Medium term	63. Establish Gender Equality and Gender-based Violence policy lead positions to work within Health Directorates and with NHS Boards.
Long term	64. Develop tools, including a toolkit and coaching, to support HR managers in the health and social care sector to develop and implement employment practices and policies which are intersectional and gender-competent.
Long term	65. Ensure mental health policy and service provision is gender and culturally competent, and that the implementation of actions in the Mental Health Transition and Recovery Plan takes account of women's

	specific mental health inequalities. Ensure gender and cultural competence is reflected in any future mental health policy.
Long term	66. Address undervaluation within health and social care sector pay, taking into account recommendations from the independent Review of Adult Social Care.



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