

APPG on Women's Health Joint Event
A Joint Event of the APPG's with an Interest in Women's Health – Executive Summary
 Tuesday 1st November, 3pm to 4pm, Portcullis House Room Q

Overview

The All-Party Parliamentary Group (APPG) on Women's Health is a cross-party group of MPs in the UK Parliament of Westminster. The Group works to bring together Parliamentarians, clinicians, patients, and other relevant stakeholders to discuss women's health and related issues.

Following the publication of the Women's Health Strategy in July 2022, the APPG on Women's Health hosted a hybrid meeting with the Chairs of APPGs with an interest in women's health. The event provided an opportunity for parliamentarians and stakeholders to discuss the implementation of the recommendations in the Strategy.

Agenda

15:00pm – 15:05pm	Welcome from the APPG on Women's Health Co-Chair, Gill Furniss MP
15:05pm – 15:15pm	Introduction from the APPG Chairs'
15:15pm – 15:45pm	Discussion between APPGs on the implementation of the recommendations in the Strategy
15:45pm – 15:55pm	Discussion on what the Department of Health and Social Care are currently doing to implement the recommendations
15:55pm – 16:00pm	Closing remarks and overview of asks from the APPG on Women's Health Co-Chair, Cheryl Mackrory MP

Speakers

- Kate Lancaster, Chief Executive Officer, the Royal College of Obstetricians and Gynaecologists
- Marian Holliday, Deputy Director, Acute Care Policy at the Department of Health and Social Care
- Cheryl Mackrory MP
- Gill Furniss MP
- Bell Ribeiro-Addy MP
- Catrin Hughes, Secretariat, APPG on Sexual and Reproductive Health

Representation and interest was indicated by the following other APPGs:

- APPG on Menopause
- APPG on Endometriosis
- APPG on Maternity
- APPG on Sexual and Reproductive Health
- APPG on Black Maternal Health

Executive Summary

Welcome and Introduction from the APPG on Women's Health Co-Chair, Gill Furniss MP and introduction from the APPG Chairs.

Gill Furniss MP (GF), Co-Chair of the APPG on Women's Health opened the meeting thanking the speakers and APPG representatives for attending. GF welcomed the publication of the Women's Health Strategy and the opportunity that has been created to improve women's care in England. GF also noted the broad number of areas covered in the Strategy, including the menopause, cancers, fertility, pregnancy, and menstrual health.

GF outlined the aim of the meeting to discuss ways in which the Department of Health and Social Care will deliver on these recommendations and how parliamentarians can work together to ensure women are directly impacted by the opportunities in the Strategy. GF also noted that the APPG on Women's Health will be looking to continue to collaborate with the APPGs to push forward the recommendations within the strategy.

Discussion between the APPGs on the implementation of the recommendations in the Strategy and key asks to Government.

Discussion focused on evidence from the Royal College of Obstetricians and Gynaecologists (RCOG) and the Department for Health and Social Care (DHSC) Women's Health Strategy team. Questions were also taken from those listening and discussion centered on the implementation of the Women's Health Strategy.

Kate Lancaster (KL) welcomed the Women's Health Strategy on behalf of the RCOG as a great starting point to addressing the health concerns of women. KL expressed the need for an implementation plan with clear deliverables targeted towards the current gynaecological care backlogs and inequalities. She noted that to deliver on the level of ambition that is set out in the Strategy, adequate funding would also be required. The RCOG is keen to continue working with the APPGs and Dame Lesley Regan, in her role as ambassador and voice of the profession, to improve the health of women and girls across the country.

Marian Holliday (MH) spoke on the rationale behind the Women's Health Strategy which focused on two key areas: how the health system listens to women, and on improving women's health outcomes. The Strategy focuses on four critical areas: menstrual health, fertility and pregnancy, menopause, and mental health, around the lack of information, awareness, and access to women's health services, and education, training, research and data. The Strategy further focuses on amplifying women's voices and ensuring there is women's health leadership in the system. MH expressed that it is a priority for the Department to engage with APPGs, experts and women and girls to discuss how best to implement and deliver the Strategy.

Cherilyn Mackrory (CM), Co-Chair of the APPG on Women's Health, asked the group what each APPG would like to see from the Strategy.

KL answered that the RCOG would like to see an implementation plan from the Department with collaboration from working groups. This would help services to anticipate the measures that they will have to implement.

Catrin Hughes (CH), from the APPG on Sexual and Reproductive Health (SRH), asked for a key focus around contraceptive care. The Strategy makes reference to the APPG on SRH's report which reviewed access to contraception, and the APPG would like to ensure that steps are taken in line with the report's recommendations.

CM said that she would like to see continuity of care for all women and safer outcomes for Black, Asian and minority groups. The Strategy discusses equity and equality, and CM would like to see it target those living in the most deprived areas. She praised the Strategy for its recommendations around baby loss and maternity safety and encouraged ministers to continue implementing action in this space.

Bell Ribeiro-Addy (BRA), Chair of the APPG on Black Maternal Health, expressed that the Government was lacking in its collection of ethnicity data for women. Further, there are stark differences in the data collection methods between trusts. BRA would like to see parity in data collection across the country to ensure that services are able to improve.

CM asked KL what the RCOG thinks about safety and the impact on access to women's health. KL responded that the Strategy is ambitious but that actions like implementing women's health hubs could help tackle inequalities. The RCOG would like to know when we might see pilots of these across the country. Further, KL spoke on funding access for women's health services and encouraged the Department to publish a funding plan for the Strategy.

CM asked MH what success looked like for her team in the delivery of the Strategy. MH responded that success is multifaceted but that on the top level, the team wanted to see women reporting better outcomes and experiences, and the health disparities between men and women reduced. Within these key objectives, the team needs to monitor how it can deliver individual components and to what success. There is a continual need for the team to prove that it is making a difference and actioning the recommendations.

Melissa Barnett-Welch (MBW), Secretariat to the APPG on Women's Health, raised questions asked by stakeholders in the virtual audience.

Stakeholders raised how organisations can support in the delivery of the plan and if DHSC were considering introducing guidance or incentives for ICBs to prioritise women's health.

MH confirmed that guidance is necessary to ensure recommendations are followed through on a local level. CH suggested that a checklist of services required by local authorities would ensure that women's health is prioritised by ICSs and that ICBs are held accountable for providing certain services against specified timelines. KL welcomed the notion of a checklist and noted that the funding requirements for this would need to be taken into consideration and may vary across ICSs.

CM continued by asking the group whether the expectation is that the NHS and Social Care will find extra money to fund the Strategy or whether Trusts will need to divert money. KL responded that it

would need to be a mixture of both. She stressed the importance of an implementation plan to identify where reorganisation is required at a local level and what would need extra funding.

Stakeholders asked how the Strategy is helping research be conducted. KL responded that the Strategy has a clear ask in terms of research and data collection and would like to see this implemented.

Stakeholders further asked why the Strategy does not include certain conditions like PMS/PMDD, period poverty, or why there is no audit about cord clamping at birth. MH responded that during the consultation period, so many conditions were raised that the Strategy had to focus on the most prominent conditions raised.

CM asked MH how the Department and NHS England are working together to implement the recommendations in the Strategy. MH responded that NHS England worked closely with the Department to develop the Strategy and will continue to do so in its implementation. Engagement and development will be clearer once the ministers in Government have been settled.

Closing Remarks and Overview of asks

CM closed the discussion by asking the group how parliamentarians can work together to ensure the recommendations in the strategy are implemented and variation of patient care is reduced across the country.

CH responded that her APPG would like to see an implementation plan and details on delivery timelines for the Strategy. She would also like to see whether implementation will be in line with the APPG on SRH's action plan.

KL responded that at a time when public funding is under pressure, it is ever more important for parliamentarians to be advocates for women's health and hold the Department to account for the delivery of the Strategy.

Meeting Outputs

- Produce a summary of key asks and questions following the meeting to be shared with the relevant Minister, Maria Caulfield MP.
- Invite Maria Caulfield MP to a meeting with the APPG on Women's Health to discuss implementation plans for the Strategy.