The Power of Informed Choice:

A Call to Action for Women's Health Equity

ALL-PARTY
PARLIAMENTARY GROUP
ON WOMEN'S HEALTH

Executive Summary

Informed choice is a fundamental principle of good healthcare. Yet too many women in the UK lack the information and support they need to make decisions about their health, treatment, and care. Six years after the APPG on Women's Health's 2017 **report**, which highlighted systemic failings in the provision of information and patient support, progress remains painfully slow for women across the country.

While the **Women's Health Strategy** has introduced a framework for improvement, findings from the APPG's recent inquiry reveal that many women are still not treated with dignity, are not given clear information about treatment options, and are not properly informed about the risks and side effects of medical interventions.

This report outlines ongoing barriers and potential solutions to ensuring that informed decision-making is embedded in every aspect of women's healthcare. Drawing on insights from three expert-led information-gathering sessions on menstrual wellbeing, pregnancy, and menopause, the APPG sets out clear recommendations for NHS England and the Government to drive real change.

Recommendations:

1. **The Government should prioritise the training of healthcare professionals in women's health by embedding mandatory education on conditions such as endometriosis and polycystic ovary syndrome (PCOS), and menopause into medical and professional development curricula.**
2. **The Government should integrate women's health training into the Quality and Outcomes Framework (QOF) and other incentive schemes.**
3. **The Government should support the NHS in creating accessible, culturally appropriate, easy-to-read information available in multiple languages.**
4. **The Government should prioritise the full implementation and expansion of women's health hubs (WHH) across England to ensure women have access to integrated, high-quality care at every stage of their health journey. ICSs should have ring-fenced funding to allocate to the delivery of WHH over the next 5 years, with responsibility for ensuring effective delivery at each part of the NHS in each ICS footprint, including through the women's health strategies of each provider.**
5. **The Government should prioritise early intervention strategies in women's health, ensuring that GPs, pharmacies, and WHHs are equipped to detect and manage conditions at an early stage.**
6. **The Government should embed women's health within primary and community care strategies to align with the Department of Health and Social Care's three core shifts - hospital to community; treatment to prevention; analogue to digital.**
7. **The Government should invest in specialist training for pharmacists to better support them to deliver effective and timely women's health needs, particularly in menopause care.**

The report highlights the urgent need for greater investment in training, digital solutions, and public awareness campaigns to ensure that informed choice becomes a fundamental right for all women, not a privilege for some. With Women's Health Hubs, pharmacy services, and primary care providers playing a greater role in early intervention and preventative care – in line with Department of Health and Social Care priorities – the Government has an unmissable opportunity to shift the focus of healthcare from crisis response to proactive support.

The APPG on Women's Health urges immediate Government action to implement these recommendations. By prioritising education, accessibility, and integration, we can build a healthcare system that truly empowers women – giving them the knowledge, confidence, and autonomy to make informed decisions about their own health.

Foreword from the Chair of the All-Party Parliamentary Group on Women's Health, Gill Furniss MP

Every woman should have access to clear, accurate, and timely information, enabling her to make the best decisions about her health, treatment, and care. Yet, six years on from the APPG on Women's Health's landmark 2017 report, women across the UK continue to face significant barriers in accessing the information, support, and medical advice they need to make informed decisions about their healthcare.

Our original report uncovered a disturbing reality: too many women were not treated with dignity, were not given sufficient information about their treatment options, and were not adequately warned of potential side effects. While the Women's Health Strategy has provided a much-needed framework to improve women's health, the findings from our recent information-gathering sessions demonstrate that there is still much more to be done.

The Women's Health APPG and the Parliamentarians who sit on the Group are committed to ensuring that women's health is transformed and given the priority status it requires to ensure that 51% of the population are not overlooked in their care and treatment. This will require training, clear and accessible information for patients, joined up work from Government and NHS bodies, and effective patient pathways that take into consideration the lived experience of women across the country. There is a prime opportunity now, with a new Government and upcoming 10-Year Health Plan to ensure that every woman, at every stage of life has the knowledge, choices and high-quality care she deserves.

The APPG on Women's Health urges the Government and NHS England to act decisively on these recommendations. We cannot afford to wait another six years to make progress. By embedding informed choice at the heart of women's healthcare, we can create a system that truly meets the needs of all women—one that treats them with dignity, listens to their concerns, and gives them the power to make decisions about their own health with confidence.

Gill Furniss MP

CASE STUDY

Eri Arakawa

Menopause Patient Case Study

I don't remember my mother suffering symptoms and my older female friends never talked about perimenopause to me, so I was totally oblivious when I started to experience symptoms.

I found myself sweating and I noticed a change in body odour on the short walk from the station to work. I couldn't remember things. I found myself apologising for my 'senior' moments. I would forget what I was talking about mid-sentence. I was overwhelmed by work. I started to misplace my keys and my phone frequently. I was easily irritable and frequently cross with my children. I went from a social butterfly to not wanting to go out. I was tired, not sleeping well, and waking up hot and bothered with heart palpitations in the early hours of the morning. Then I couldn't get back to sleep as my mind would start racing and I would worry about everything. My joints ached and I often felt stiff. These were some of the symptoms I recall and I didn't feel like me anymore.

I clearly remember celebrating my 48th birthday, and I was feeling well and happy with my busy life and my three children who were finally all in secondary school. But within two months, exacerbated by the start of the pandemic and a change of role at work, I felt like a nervous wreck.

I began to suspect I was perimenopausal. My periods were still regular and I didn't have the hot flushes or the dripping night sweats that I associated with menopause but I knew something wasn't right.

My friend told me about an online course on perimenopause so I started that and I booked myself a GP appointment. I was lucky enough to see a GP who had a special interest in menopause and led the menopause clinic at my local hospital. She diagnosed me on my symptoms alone (because of my age). She printed off some information and booked me in for a follow up appointment in two weeks time

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Introduction

In 2017, the APPG on Women's Health launched an inquiry into whether women were given informed choice about the range of safe and effective treatment options available to them. The subsequent report, based on this inquiry, found that women were not treated with dignity; were not provided with sufficient information about their treatment options; and were not appropriately informed about treatment side effects when counselled about their gynaecological health. These findings highlighted systemic failings in how women navigate healthcare services, making clear that a lack of information, support, and shared decision-making was limiting women's ability to make informed choices about their own health.

In the third year of the Women's Health Strategy, and as the Government is developing its 10 Year Health Plan, the APPG is assessing progress since 2017, and considering what interventions and support from Government and the NHS are needed to ensure women can make informed decisions about their healthcare across the life course.

As part of its series dedicated to championing informed choice, the Group held three information-gathering sessions focused on menstrual wellbeing, pregnancy, and menopause across 2023 and 2024. These sessions brought together influential leaders, decision-makers, healthcare professionals, and patients to assess the progress made and explore practical solutions to the remaining barriers that prevent women from accessing the information, services, and treatment options they need.

Several overarching themes emerged from these discussions, forming the basis for the recommendations set out in this report. Key areas requiring Government action include:

- **Healthcare professional education:** Ensuring GPs, specialists, and pharmacists receive training to recognise and respond to women's health conditions effectively.

- **Accessible, culturally appropriate health information:** Ensuring women are empowered with the knowledge to make informed choices about their treatment options.

- **Joined-up patient pathways:** Integrating primary, community, and specialist care to reduce waiting times, improve early intervention, and ensure women receive the right care, at the right time, in the right place.

This report sets out a clear call to action for NHS England and the Government, outlining the urgent steps needed to ensure informed decision-making is at the heart of women's healthcare. With the Women's Health Strategy providing a foundation, there is now an unmissable opportunity to drive real change, ensuring that every woman, at every stage of life, is treated with dignity, provided with accurate information, and fully empowered to make the healthcare choices that are right for her.

to decide if I wanted to start Hormone Replacement Therapy (HRT).

It took me a few weeks to pluck up the courage to start my prescription for oestrogen gel and progesterone tablets. Things didn't improve straight away. I was stressed at work because my role had changed. I was totally out of my comfort zone and working from home. I was the oldest member of staff at work and my male line manager had no idea what I was talking about when I mentioned perimenopause. I had no peer support at work and the workload became challenging. My anxiety rocketed, self-confidence plummeted and what used to be an enjoyable job was no longer the case.

HRT started to ease some of my symptoms but it was only the start. It's taken time to find what works for me. I swapped HRT gel for HRT patches and I switched from oral progesterone to the Mirena coil. I started vaginal oestrogen – I have used tablets, cream and now settled on the ring. I also use testosterone gel, having started on the pump twice a week but switching to the gel applied daily. It took me two and half years to finally feel like my old self.

Early on, I realised that HRT wasn't the only treatment option for my perimenopausal symptoms. Getting enough sleep, managing my stress levels, feeling supported by my workplace and at home by my family, flexible working options, lifestyle changes, movement, self-care and alternative treatments are all essential for me to manage my symptoms.

There is no one size fits all treatment just like there is no same perimenopausal journey. You just have to find what works for you. Peer support is what has kept me going. None of my friends really understood what I was talking about when I first noticed my symptoms three years ago. Now they are experiencing what I am talking about and come to me for advice. I set up an informal WhatsApp group namely because I couldn't remember who I shared what to and now

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Education and Training

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1. The Government should prioritise the training of healthcare professionals in women's health by embedding mandatory education on conditions such as endometriosis and polycystic ovary syndrome (PCOS), and menopause into medical and professional development curricula.

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2. The Government should integrate women's health training into the Quality and Outcomes Framework (QOF) and other incentive schemes.

As the front door of the NHS for many patients, primary care professionals must be appropriately educated to understand the wide range of symptoms for various conditions. From the evidence presented to the APPG during the information-gathering sessions, it is clear that this is not happening consistently across primary care at present. There is an awareness of the challenges faced by primary care colleagues, but this gap in knowledge is leading to slower diagnoses for women. Each woman will present symptoms differently, and therefore it is vital that healthcare professionals are equipped with adequate training on women's health conditions to support women in making informed choices about their care.

Training and incentivising healthcare professionals to better understand and address women's health conditions is essential to improving health outcomes and ensuring equitable care. Women often face significant delays in diagnosis and treatment for conditions such as endometriosis, PCOS, and menopause-related symptoms due to a lack of awareness and prioritisation in medical training. By providing targeted education and ongoing professional development on women's health across the life course, healthcare providers will be better equipped to identify, diagnose, and manage these conditions effectively.

Equally important is the need for healthcare professionals to actively listen to women, taking their concerns seriously and fostering open, respectful communication. Women's experiences and symptoms are too often dismissed or minimised, leading to delayed diagnoses and inadequate care. Encouraging a culture where healthcare professionals engage with women as partners in their health journey—validating their concerns, explaining options clearly, and supporting shared decision-making—is crucial in ensuring the best possible outcomes.

Additionally, incentivising training underscores its importance and encourages a systemic cultural shift within healthcare services, fostering greater empathy, understanding, and attentiveness to women's specific needs. One way to achieve this is by integrating women's health training and patient-centred communication into the Quality and Outcomes Framework (QOF), ensuring that primary care providers are recognised and rewarded for delivering high-quality, gender-responsive care. Without these measures, women will continue to face unnecessary pain, frustration, and poor health outcomes, perpetuating gender disparities in healthcare.

Investing in the education of healthcare professionals—both in clinical knowledge and in effective, compassionate communication—is a critical step toward building a system that supports informed choices and delivers high-quality, inclusive care for all women.

it has snowballed into an informal peer support group of more than 80 women.

Three and a half years on, I am in a good place most of the time. But life remains a juggling act. At times of increased stress, my sleep goes out the window, my anxiety and overwhelming thoughts return and my physical symptoms resurface but I am aware that I need to pause and redress the balance and I know things will get better.

The more we talk about it at home, with our friends and at our workplace, the more it becomes our everyday. Acknowledgement leads to acceptance, and education leads to empowerment, and we can help ourselves to feel better. I was lucky to have got a diagnosis quickly and prescribed the recommended treatment straight away but it's also been a long road to feel like my old self again.

Accessible Information

3. The Government should support the NHS in creating accessible, culturally appropriate, easy-to-read information available in multiple languages.

Our 2017 report found that 67% of women said they first found out information about their condition from the internet. During our oral evidence sessions, the high instances of women using the internet to get information regarding their healthcare remained a consistent trend. While ideally patients receive information about their conditions from healthcare professionals, the reality is patients using the internet as a resource remains a fact

While it is disappointing that women must do their own research rather than relying solely on healthcare professionals, it is also essential that healthcare professionals communicate openly, transparently, and sensitively at the earliest possible opportunity. This includes ensuring that patients receive all relevant information about their conditions in a way that is clear, accessible, and culturally appropriate. Healthcare professionals must acknowledge diverse backgrounds and health literacy levels to empower women in making informed decisions about their healthcare.

The NHS website serves as a crucial resource for individuals seeking reliable health information and is often the first place people turn to when searching online for guidance on medical conditions. The APPG recognises the work of NHS.uk in ensuring that information is accessible, written in easy-to-read English, and available in multiple languages. Their work has set a strong precedent for ensuring accessibility and inclusivity. However, it remains imperative to continuously refine and update content to reflect evolving medical knowledge, patient needs, and cultural considerations.

When information is presented in complex medical jargon or fails to address cultural nuances, it can create significant barriers to understanding and decision-making, leaving many women unable to make informed choices about their healthcare. Culturally appropriate information is essential in ensuring that women from different communities can access guidance that aligns with their values, traditions, and lived experiences. This includes the use of inclusive language, relevant case studies, and references to community-specific healthcare concerns. Without this, many women—particularly those from ethnic minority backgrounds, migrant communities, or those with lower health literacy—may struggle to access and trust the healthcare system.

This lack of accessibility disproportionately affects marginalised communities, exacerbating existing health inequalities. Public health campaigns must also play a role in ensuring that information reaches all communities effectively, using a variety of communication channels that reflect the diversity of the UK population. By ensuring that the NHS website remains a trusted, inclusive, and accessible source of information, and by improving healthcare professionals' communication practices, we can empower women to take control of their health across the life course and work towards reducing disparities in health outcomes.

CASE STUDY

Veronique Griffith MD/PhD

Endometriosis patient, medical doctor, medical anthropologist, and researcher
Case Study

Pretend you are walking into a clinic appointment that you have been waiting a very long time for with symptoms that you are worried about. Within 15 minutes of entering the clinic room, you hear the word endometriosis for the first time and find yourself signing a consent form for a surgery you never knew was a thing until 5 minutes ago. (This is not a made-up scenario but a compilation of experiences of women with endometriosis that I spoke to during the course of my research.) This type of whirlwind decision-making makes it difficult to make informed choices/decision-making about your own care, ask appropriate questions, and consider the impact of such decisions on yourself, your family, and your job.

Informed choice is an output of shared-decision-making (between health professionals and patients) and helps us to move away from paternalistic (top-down) notions of clinical care where the patient is expected to do what the doctor says. It highlights that patients have the power to make decisions about their own bodies. Informed choice means more than just the provision of information, it means ensuring the understanding of the information provided. This requires tackling the often-limited opportunities to engage in meaningful discussions with health professionals.

To make decisions about your own body with healthcare professionals requires trust. I myself was told in my first visit for what I would later learn were endometriosis symptoms that it was 'just my "normal" period' and promptly sent home. My experience of care is not isolated but has been supported in my and others' research which has found a pattern of endometriosis patients being told 'it's [just] a normal period', you are just 'trying to get out of going to school', and that I 'will send you to a psychiatrist' by health professionals

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Joined-Up Patient Pathways

4. **The Government should prioritise the full implementation and expansion of women's health hubs (WHH) across England to ensure women have access to integrated, high-quality care at every stage of their health journey. ICSs should have ring-fenced funding to allocate to the delivery of WHH over the next 5 years, with responsibility for ensuring effective delivery at each part of the NHS in each ICS footprint, including through the women's health strategies of each provider.**

5. **The Government should prioritise early intervention strategies in women's health, ensuring that GPs, pharmacies, and WHHs are equipped to detect and manage conditions at an early stage.**

6. **The Government should embed women's health within primary and community care strategies to align with the Department of Health and Social Care's three core shifts - hospital to community; treatment to prevention; analogue to digital.**

7. **The Government should invest in specialist training for pharmacists to better support them to deliver effective and timely women's health needs, particularly in menopause care.**

Gynaecological services are critically under-resourced, leading to some of the longest waiting times in secondary care. Across Integrated Care Boards (ICBs), waiting times vary significantly, ranging from 10 weeks to 26 weeks, with a national average of 16 weeks[1]. Despite the mounting pressure on secondary care, gynaecological conditions – and women's health more broadly – have not been politically prioritised to the extent required.

The Women's Health Strategy sets out a 10-year vision with commitments to improve women's health across England. Although it was published in the previous Parliament, under the last administration, the new Government has a valuable opportunity to push forward key priorities within the strategy. This will not only alleviate pressures on the healthcare system but, most importantly, address the inequalities that persist in women's health, ensuring that women and girls are treated with dignity and respect.

including GPs. Such negative experiences result in increased stress (which in turn worsens symptoms of endometriosis), lack of trust in health professionals, and avoidance of seeking care. This can impact on physical and mental health and on daily functioning, including at work and at home. This context makes it difficult for patients to take in and process information to make informed choices about their care.

Informed choice starts before the patient is in the room with the doctor. It requires consideration of how and what information is shared. Informed choice can only happen if the patient is able to have a productive conversation with their healthcare provider and requires healthcare professionals to be informed themselves. You cannot share information that you do not know as a clinician. This means addressing misinformation on endometriosis that medical professionals have. Informed choice also requires diagnosis. You cannot make an informed choice about treatment without a diagnosis. If you have no potential access to care, you will not get to the point of shared decision-making required for informed choice.

Pamphlets are often used as a tool for informed choice. Pamphlets should be used as a tool in conjunction with the clinic visit not as a replacement for it.

Finally, I would like to urge us to remember that informed choice in care involves both patients and clinicians. Putting too much burden on patients risks us not prioritising key issues impacting on patient care in endometriosis (including policies and system issues around waiting times and issues in identification and diagnosis of endometriosis). It is the responsibility of clinicians to diagnose and provide information to patients to be able to make informed choices. It is the responsibility of healthcare professionals and policy-makers to guide patients in informed choice as stewards of the health system.

Reference: 1 Department of Health and Social Care (2024), Women's health hubs: cost benefit analysis, Link: https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-cost-benefit-analysis

The Need for Early Intervention & a Shift Towards Prevention

A fully integrated and proactive approach to women's health must prioritise early intervention, primary care, and community-based services in line with the Government's three core shifts:

1. **From hospital to the community** – Empowering primary care, WHHs, and pharmacies to manage women's health conditions earlier, reducing the reliance on secondary care.
2. **From treatment to prevention** – Investing in education, screening, and proactive management of women's health conditions to prevent worsening outcomes and reduce NHS burden.
3. **From analogue to digital** – Expanding digital healthcare solutions, such as remote consultations and online resources like the NHS website, to improve access, particularly for women in remote or underserved areas.

Embedding these shifts into the women's health pathway is essential to create a system that delivers timely, personalised, and effective care. A more integrated, preventive, and digitally enabled approach will not only improve health outcomes for women but also contribute to a more sustainable, efficient healthcare system that meets the needs of all women across the life course.

The Role of Women's Health Hubs in an Integrated Care Model

Across our sessions, the importance of the proper implementation and nationwide rollout of women's health hubs was consistently championed.

The women's health hub model, as outlined in the strategy, are a useful vehicle for delivering a more joined-up approach to women's health. By integrating primary and secondary care with sexual and reproductive health services, women's health hubs provide a collaborative model that enhances accessibility, efficiency, and patient outcomes.

Women's health hubs can help ease the widely acknowledged pressures on primary care by providing GPs with the support of specialist services in secondary care. This bridges the gap between services, allowing for better management of gynaecological conditions outside of hospital settings. As a result, women will receive high-quality care from skilled healthcare professionals at any point within the system, reducing unnecessary delays and ensuring that informed choice remains at the heart of women's healthcare.

Expanding these hubs not only alleviates strain on the wider NHS but also ensures that women have access to coordinated, specialist-led care, ultimately improving patient pathways and reducing disparities in health outcomes.

> Women's health hubs can help ease the widely acknowledged pressures on primary care by providing GPs with the support of specialist services in secondary care.

CASE STUDY

Ruth Unstead-Joss

Diabetes in Pregnancy Case Study

When I was invited to speak about decision-making in pregnancy, I wondered what I could offer. As I looked through the event information, I noticed different terms being used: informed consent, informed choice, informal decision-making. But for me, making decisions about medication or how my baby might be born didn't feel like a defined process with a beginning and an end. It felt like something I was doing instinctively—every day—driven by a desire to keep my baby safe.

Now, when I reflect back, I see that there were moments others might call "informed choices." I want to share one chapter of that: my experience with diabetes during my pregnancies with Fraser in 2014 and Finlay in 2018.

In Fraser's Pregnancy (2014) around three months in, I developed intense itching on my hands and feet—so bad I'd scratch until I bled. I looked online and learned it could be a liver issue. Tests came back fine, but I noticed the itching worsened after eating fatty food. I shared this with my obstetrician, who said something powerful: "Ruth, you know your own body." That trust stayed with me.

Later, due to family history, I was tested for gestational diabetes. The test came back positive. Once I began managing my blood sugar with diet and medication, the itching subsided. I realised the problem wasn't fat—it was high blood sugar. This made me suspect I'd been diabetic for much longer than expected, long before the official diagnosis. That realisation didn't come from a test; it came from being listened to, and from listening to myself.Four years later, at a different hospital, I was tested early for diabetes and got a call the next day: my blood sugar was very high, and I needed to start insulin immediately. I was surprised—last time, I'd managed with diet and pills. I asked if I could try that again. The nurse said, "It's your decision—you can try."

Strengthening the Role of Pharmacies in Women's Health

Attendees at our evidence sessions also highlighted the untapped potential of pharmacy services in supporting women's health – particularly in menopause care.

Community pharmacies are often the first point of contact for women seeking advice on symptoms such as hot flushes, sleep disturbances, and mood changes. As an accessible and convenient alternative to GP appointments, pharmacies play a vital role in delivering timely, evidence-based support to women navigating menopause.

By equipping pharmacists with specialist training on menopause management, they can:

- **Offer expert guidance on symptom management and over-the-counter treatments.**
- **Signpost women to further healthcare services when needed.**
- **Help break the stigma surrounding menopause by fostering open conversations in a trusted, familiar setting.**

Expanding the role of pharmacies in menopause care not only relieves pressure on primary care services but also ensures more women receive timely, accessible, and informed support. This approach is particularly valuable in reducing health inequalities, as pharmacies are often more readily available in underserved or rural areas, where access to specialist care may be limited.

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I appreciated that. I tried managing with diet alone, but within a day, I saw it wasn't enough. I chose to start insulin, and it felt like *my* choice, not something imposed on me.

This team also explored the possibility that I had a genetic form of diabetes—MODY (Maturity Onset Diabetes of the Young). Their knowledge helped me understand that I'm always a little bit diabetic, and that pregnancy makes it worse. That insight helped me make more informed choices to protect my baby.

Looking back, a few things stand out that made informed choice possible. Listening to my body, I knew when something wasn't right. Working with professionals who listened and shared their expertise, but also admitted what they didn't know. Being trusted, I wasn't told what to do—I was supported to choose. Having access to information, but here's where I saw room for improvement.

There's a lot of great information available—like the resources from RCOG—but no one signposted me to them during appointments. That's a missed opportunity. Information is only helpful if it reaches you when and how you need it.

Everyone accesses information differently. I used NHS websites and Diabetes UK. Others might prefer videos, leaflets, or community-based resources. That's why it's crucial to involve a diverse group of women and birthing people in creating and sharing information—not just producing it, but ensuring it's accessible and shared in ways that reflect real lives.

Informed choice is possible—when there is trust in women and birthing people, when healthcare professionals collaborate with openness, and when information is available, timely, and accessible. My story of diabetes in pregnancy wasn't just medical—it was emotional, instinctive, and deeply human. And it was shaped by being heard, respected, and supported to make the choices that were right for me and my babies.

Conclusion

Ensuring that women's health is prioritised within the healthcare system is essential to enabling informed choice at every stage of their lives.

A well-trained healthcare workforce, accessible health information, and an integrated, patient-centred approach will empower women to make decisions based on clear, reliable, and timely information. By embedding mandatory women's health education into medical training and incentivising professional development through the Quality and Outcomes Framework (QOF), healthcare professionals will be better equipped to recognise symptoms, provide accurate diagnoses, and discuss all available treatment options openly.

Without these measures, women will continue to face delays in diagnosis, inadequate treatment options, and systemic gender biases that limit their ability to make informed choices about their own health. Additionally, access to clear, culturally appropriate, and multilingual health information is crucial to ensuring that women—regardless of background or literacy level—understand their health conditions and the choices available to them.

A joined-up patient pathway, with women's health hubs, strengthened primary care services, and expanded roles for pharmacies, will further support informed decision-making by ensuring that women have access to the right information and care, at the right time, in the right place.

Investing in early intervention, preventative care, and digital solutions will ensure that women are engaged in their healthcare decisions from the outset, rather than only when symptoms become severe or urgent. These measures align with the Government's three core healthcare shifts—moving from hospital to community care, from treatment to prevention, and from analogue to digital—ensuring that women can access information and support where and when they need it.

The new Government has a unique opportunity to build on the Women's Health Strategy, making informed choice a real and tangible right for all women by ensuring education, accessibility, and integration are at the heart of the healthcare system.

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