



# **Women's Health Plan: Second Annual Report on Progress**

**January 2024**

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# Introduction



The [Women's Health Plan](#) was published in August 2021 and sets out how the Scottish Government intends to address inequalities in women's health outcomes. Running over a three-year period from 2021 – 2024, its sixty-six actions focus on six priority areas which are i) menopause, ii) menstrual health, iii) endometriosis, iv) abortion and contraception, v) post-natal contraception and vi) heart health.

The Women's Health Plan has brought change for Scotland. We now have a Women's Health Leads Network; a specialist menopause service in every mainland health board and a 'buddy' support system in place for the Island health boards; we have a new women's health platform on NHS Inform; there is a menopause and menstrual health workplace policy

for NHSScotland; and a Women's Health Champion.

The first [Report on Progress](#) provided a comprehensive update on the progress made since the publication of the Women's Health Plan from August 2021 until January 2023.

The [interim progress update](#) published in August 2023 provided a further update on key highlights that had taken place in the subsequent months.

This second annual report continues to highlight the progress made to deliver the Women's Health Plan across Scotland, and in particular the important role and accomplishments of stakeholders across the health sector and beyond who are working toward the Women's Health Plan's ambition that all women and girls enjoy the best possible health, throughout their lives.

## Cross Cutting Actions



### Professor Anna Glasier: Scotland's Women's Health Champion

“” I have thoroughly enjoyed the last year working as the Women's Health Champion and am truly honoured to be given the opportunity.“”

It is now almost a year since I took up the post of Women's Health Champion.

During 2023 I have met with scores of people working in government, in the NHS and in the Third Sector, as well as women themselves, who have kindly shared their experiences and health journeys with me. Their enthusiasm for the Women's Health Plan has been palpable, and these meetings have helped me to understand how things are currently being done and what the potential barriers are to delivering high-quality services. I have heard many examples of good practice, and, importantly, have connected people who work in similar areas but who don't know one another.

The Women's Health Plan includes 66 short, medium and long-term actions. Although being involved with all the actions, when first appointed I chose three areas for my particular focus - menstrual health, menopause, and cardiovascular health.



Within **menstrual health** I am taking a particular interest in [polycystic ovarian syndrome \(PCOS\)](#) which is less well known than [endometriosis](#), but which affects women from puberty to the post-menopausal years and is associated with an increased risk of cardiovascular disease and diabetes.

I chose the [menopause](#) since all women undergo menopause and yet there is widespread misunderstanding about its nature and the options for treatment if women have troublesome symptoms.

[Cardiovascular disease \(CVD\)](#) is among the most common causes of death among women in the UK. Of the four UK nations, Scotland has the highest incidence of both CVD and its associated risk factors. Importantly too, the social determinants of health have a big role to play in disparities in the prevalence of CVD.

Having spent much of my NHS career and my academic research working on contraception and abortion I have also continued to take a particular interest in the work of the **sexual health** and **abortion** policy teams.

Working with the [Health and Social Care Alliance Scotland](#) (ALLIANCE) provides opportunities to engage with women directly through the Lived Experience Stakeholder Group and raising awareness through speaking at webinars including PCOS and a panel discussion for World Menopause Day on 18th October on all things related to menopause. I recently had an enjoyable visit to the ALLIANCE in Glasgow for an interview with Irene Oldfather to talk about my role as the Women's Health Champion.



I publish a quarterly [blog](#) to keep people informed of what I have been doing as Women's Health Champion and the wider work that is being achieved.

### Working with Health Boards

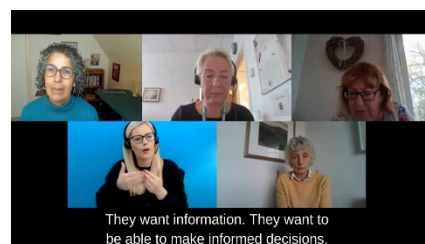


All Boards are now represented on the Women's Health Leads Network. I chair a quarterly meeting with the Network where we update members on progress with the Plan. It is a forum for sharing examples of good practice, discussing things that are not going well and agreeing how best to take forward certain elements of the Plan. We have visited NHS Greater Glasgow and Clyde, NHS Lothian and NHS Grampian and held interesting and fruitful

discussions on the role of the Boards in improving Women's Health. In 2024 I hope to visit more Boards.

### Menopause

Widespread publicity in the media about the menopause has resulted in a marked increase in women attending their general practice for menopause advice and a subsequent increase in referrals to specialist menopause services. In line with one of the actions of the Women's Health Plan, all health boards in Scotland now have access to a menopause specialist (the Island Boards through a buddy system). A thriving Scottish Menopause Specialist Network meets quarterly to discuss challenges and facilitators to menopause care.



I feel that much routine menopause management can, and should, be done in General Practice and I strongly believe that there should be a GP in every practice with an interest in women's health including the menopause. To this end we have been working with NHS Education for Scotland (NES) to develop a free and flexible training programme for healthcare professionals working in general practice in both menstrual health and menopause.

### Menstrual Health

Stimulated by the success of the Menopause Specialist Network we have recently set up a Menstrual Health Clinical Network with the aim of improving the

management of women with menstrual problems such as heavy menstrual bleeding, endometriosis, polycystic ovarian syndrome etc. It is already a useful forum for discussing difficult cases and providing clinical updates including a recent spotlight on pre-menstrual syndrome (PMS).

### **Health Inequalities**

The purpose of the Women's Health Plan is to reduce health inequalities and improve health outcomes for women in Scotland. I am working with the Scottish Deep End Project on a pilot study involving taking a specialist Women's Health Service to a small number of Deep End Practices. The service would offer all aspects of women's reproductive health care but also use the opportunity to deliver care in a holistic way assessing, for example, risk factors for cardiovascular disease and with a view to improving future health. The aim would be to ensure that practitioners already caring for women benefit from working alongside a women's health specialist so that they can improve their confidence and the quality of their service.

### **Cardiovascular disease**

I have been working to ensure that the actions within the Women's Health Plan on cardiovascular disease are progressed. I have set up a small group to help provide tools to ensure that women with cardiovascular disease are given accurate and high-quality advice about prenatal health, contraception and management of the menopause.

Throughout the reproductive life course women have contact with specialist healthcare providers with conditions which are associated with an increased risk of CVD in later life. Premature menopause, PCOS, pregnancy-induced hypertension (PIH) and recurrent miscarriage are all associated with increased CVD risk and yet this lifetime risk is often not communicated to women when they are seen by obstetricians and gynaecologists, who may be focused on managing the immediate concerns and symptoms.

I am now discussing reinstating routine self-monitoring of blood pressure (BP) among women with PIH throughout Scotland. During the Covid-19 pandemic, throughout Scotland women attending maternity services and diagnosed with PIH were given a blood pressure monitor and urine testing strips to self-monitor their condition. After delivery they were asked to return the BP monitor. When service delivery moved into post-pandemic recovery, most health boards stopped the self-monitoring initiative. I am keen to trial encouraging women to keep the BP monitors and participate in regular telemonitoring through the Connect-me BP programme, as while some women with PIH may have their BP checked at the routine post-natal visit they may not be fully made aware of their increased risk of hypertension.

### **Contraception**

**Long-acting reversible contraception (LARC):** Abortion rates have risen significantly in Scotland in the last year. While many factors influence abortion rates, including access to abortion services; the cost-of-living crisis; changing attitudes towards the acceptability of abortion and to different methods of contraception, it

seems likely that access to contraception is playing a role. Contraception is one of the cheapest public health interventions available.

The most commonly used methods of contraception in the UK are oral contraceptives and male condoms which have annual failure rates during typical use of 9% and 18% respectively. The most effective contraceptive methods are the so-called longer-acting reversible methods of contraception (LARC - intrauterine devices and contraceptive implants) with annual failure rates of <1% and much higher continuation rates than pills or condoms. Yet general practices and sexual and reproductive health (SRH) services in Scotland are not meeting the demand for LARC.

With assistance from a short-life working group we have explored the reasons for this and discussed alternative models of LARC provision.

**Improving provision of post-partum contraception (PPC):** Working with the National PPC Network we are hoping to ensure that all women in Scotland attending antenatal clinics have a routine discussion by 34 weeks gestation on PPC and that their method of choice is recorded in their maternity record.

At a very recent meeting of the Network, we learned that considerable progress is being made with this initiative.

**Contraceptive choices for younger women:** We are aware of changes in attitude across the UK and Europe whereby younger women (<30 years) are moving away from hormonal contraception. We hope to look into this further with stakeholders from across the UK, and young women themselves, to understand what support we could put in place to provide young women with the information that they need to make decisions about their reproductive health, through access to accurate and comprehensive information resources, in the places where they are.

### Reflections on my overall experience



I have thoroughly enjoyed the last year working as the Women's Health Champion and am truly honoured to be given the opportunity.

Almost without exception everyone I have met has been enthusiastic and unfailingly helpful. I am particularly grateful to Professor Marion Bain and to the civil servants in the Women's Health Team who have helped me to understand how things work in Government and kept me on the right track.

I think the Plan has made considerable progress in raising the profile of Women's Health both among the public and among healthcare providers and enthusiasm for the plan is still strong. I hope that in the time that remains to me as Women's Health Champion I will be able to make tangible changes to improve healthcare for women in Scotland.

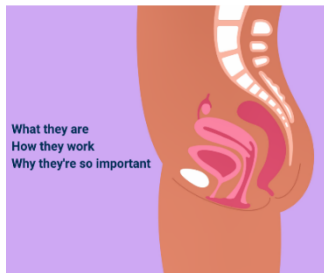
**Professor Anna Glasier, OBE**

## Women's Health Platform

The development of content on the NHS Inform Women's Health Platform is an ongoing part of the delivery of the Plan.

New content providing information around [planning for pregnancy](#) has been added to the platform and a new film has been added to support women around their [pelvic floor health](#).

### Spotlight: Taking care of your pelvic health

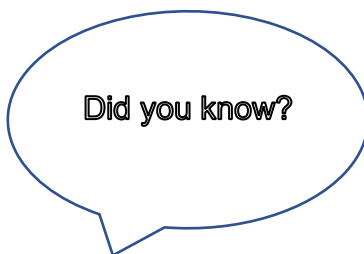


Whilst not one of the identified priorities in this iteration of the Women's Health Plan, women's experience of urinary incontinence and the importance of enabling good pelvic health were identified as areas where women and girls need more information.

A new [pelvic health section](#) has been developed on the NHS Inform Women's Health Platform – with information on pelvic floor muscles, pelvic organ prolapse, transvaginal mesh implants, urinary incontinence in women and urinary tract infection. The content places an emphasis on prevention to optimise future health alongside advice on care and support for those experiencing symptoms.

In August 2023, a new [animation](#) on the pelvic floor was added, to illustrate where the pelvic floor muscles are in the body, their function, and why it is important to exercise them like any other muscle in the body.

In January 2024, an additional supportive film was added which provides women and girls with information from healthcare professionals about how a woman's life course can impact her pelvic floor and future health, why it is important to maintain pelvic floor muscles and how to do pelvic floor exercises.



You can create a QR code for the pages of the women's health platform that you can share on posters, correspondence etc? Just click 'create QR code' in the toolbar.

It's a quick and easy way to share good quality, reliable health information.

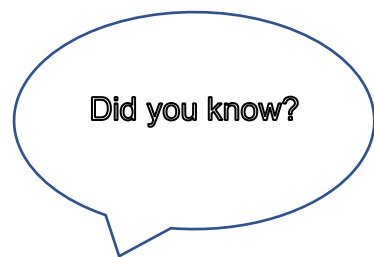


## Lived Experience: Health and Social Care Alliance Scotland (the ALLIANCE)

“It was a great meeting and I always learn so much!”

The ALLIANCE’s Lived Experience Stakeholder Group has continued to meet on a quarterly basis. The Group has met with both Scottish Government and NHS staff responsible for actions in the Plan, to discuss progress and input their feedback. This included meeting with the NHS Near Me team to discuss their work on endometriosis, and the Scottish Government heart health policy team. In September 2023, the Group met with Professor Anna Glasier, Women’s Health Champion, to highlight their experiences and priorities.

The ALLIANCE has also supported members of the Stakeholder Group to contribute to other areas of work on women’s health including speaking at ALLIANCE women’s health events, participating in focus groups, and sharing their experiences via blogs and videos. There were also several training and learning workshops across 2023 for lived experience group members to attend at their interest.



You can find out more about the ALLIANCE work on Women’s Health [here](#).



### Spotlight: Conversation Café toolkit

In July 2023, the ALLIANCE launched a Conversation Café toolkit for women’s health. The toolkit brings together guidance and resources to support groups, organisations and communities to host independent discussions on women’s health.

A conversation café is an informal space where a small group of people can come together in a facilitated but open conversation on a particular topic. There is emphasis placed on creating an environment where relationships are formed, where everyone feels comfortable to speak, but where listening is also a valuable act.

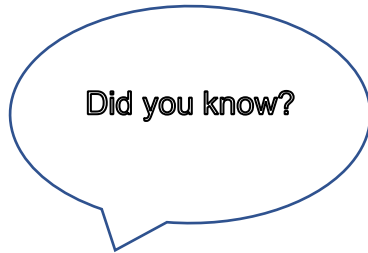
The model of Conversation Cafés is a way to bring women and people with lived experience together in a safe and supportive environment to

debunk myths and dispel shame and allow them to feel listened to and valued when it comes to their health.

The toolkit can be used flexibly by each group to help them set up, host and evaluate their own independent Café. It includes example session plans, prompt discussion

questions, facilitator support and links to an online resource hub. The toolkit promotes NHS Inform as a resource to be used within the Cafes so that participants have access to information on their health needs.

Since its launch the ALLIANCE has been working with partners to promote the toolkit's use across Scotland. An information and support session was held in November 2023, and further facilitator support sessions will continue on a quarterly basis. Interest in the toolkit has been positive, and a number of case studies will be produced next year with groups who have used the toolkit locally.



You can host your own Conversation Café in your community or workplace? You can find out more [here](#).

## Sharing good practice in primary care

### Policy in Practice

#### **Opportunistic support for women in Dumfries and Galloway: cervical screening visit**

The cervical screening visit, which takes place between ages of 25 and 65, is an ideal opportunity to offer advice, support and signpost to trustworthy resources about aspects of women's health across the life course. A project carried out a number of years ago by Dr Christine Grant and Dr Heather Currie in Ayrshire and Dumfries and Galloway showed the benefits in this approach for providing advice about menopause. A pilot is now underway to expand on this work to other aspects of women's health.

Meetings are currently taking place with practice nurse teams across NHS Dumfries and Galloway to engage, offer support and seek needs. Meetings so far have been resoundingly positive with a willingness to implement and a sense that this is achievable.

Needs identified and resources to be developed so far:

Information leaflets or fold out booklet showing QR codes for more information on stages of contraception, menstrual health, pre pregnancy optimisation of health, menopause, heart health, hypertension to be developed.

Adjustment of cervical screening visit template to include triggers for certain questions for example:

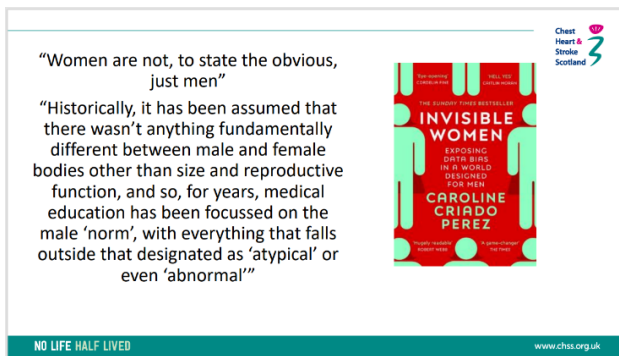
- If not using contraception and trying for pregnancy, advise folic acid etc
- If premenopausal and not trying for pregnancy, advise on menstrual health and contraception if applicable
- If premenopausal and had pregnancies, any history of pre-eclampsia etc to alert re risk of hypertension
- If aged 45+ ask specifically about menopausal symptoms
- If postmenopausal, what age was last period—may alert to those with untreated early menopause and hence a focus on bone and cardiovascular health

If you would like more information about this project, please email [womenshealthplan@gov.scot](mailto:womenshealthplan@gov.scot).

## Women’s Health Leads

All NHS Boards are now represented on the Women’s Health Leads Network. The Network meets quarterly to discuss areas of learning and challenge across Scotland. The Network also highlights where Scotland wide approaches can be of benefit – which to date has included a national approach to access to LARC and the provision of education around women’s health, through ‘Women’s Health Masterclasses’, aimed at those working in women’s health.

Women’s Health Masterclasses were recommended by the Women’s Health Leads, who articulated the importance of understanding why women experience inequality in their health, how this impacts their lives and what can be done to address it.



In October 2023, the first ‘Women’s Health Masterclass’ was held by NHS Education for Scotland and was attended by 290 colleagues. The first of an ongoing series, ‘Understanding Women’s Health’ featured presentations from Dr Amy Small, Dr Heather Currie, Dr Sarah Luty and Lucia Condron.

More information is available [here](#) with more Masterclasses to be held in 2024.

## Relationships, Sexual Health and Parenthood (RSHP) Education

The provision of RSHP education is one of the key, evidence-based interventions to support the wellbeing of children and young people. Through the provision of age and stage appropriate education from 3-18 we can support children and young people to understand the importance of happy, safe, healthy and consensual friendships and relationships. This includes learning about issues that can affect women in particular to help promote an early intervention approach.

The Women’s Health Plan highlights the need for access to high quality resources for schools for both parents and teachers, as well as those young people in school and those who struggle to attend.

The revised statutory teaching guidance on RSHP was out for public consultation until November 2023. This guidance links to key RSHP resources, including RSHP.scot and helps schools to provide consistent, high-quality provision of RSHP education for all young people in Scotland.

## Parental Engagement on Relationships, Sexual Health and Parenthood (RSHP) Education: ‘the Chat’

A coalition of NHS Boards (NHS Borders, NHS Grampian, NHS Greater Glasgow and Clyde, NHS Tayside and NHS Eileanan Siar) have commissioned an

independent company, TASC (Scotland), to conduct a parental engagement exercise exploring RSHP learning, known as '[the Chat](#)'.

The Chat is a facilitated conversation with parents and carers about where, what, when, why and how children and young people learn about relationships, sexual health and parenthood.

There are four key areas of interest:

1. Finding out from parents and carers how they support their child's RSHP learning at home.
2. What they know and think about the RSHP learning going on at school.
3. How they want home and school to work together (so that children and young people get the best learning experiences).
4. What would help parents and carers at home in their role as their child's most important educator on all these matters.

More information about the programme of work can be found [here](#).

## **Holistic health care for women**

### **Spotlight: Women's Health Hubs in the Deep End**

The aim of the Women's Health Plan is to improve health outcomes and health services for all women and girls in Scotland. It is underpinned by the acknowledgment that women face particular health inequalities and, in some cases, disadvantages because they are women.

Studies have shown that women do not always receive equal healthcare to men and that outcomes for women are poorer. The conditions in which women and girls live significantly impacts overall health and women's ability to access healthcare services.

Services are not often developed with the needs of women in mind, and in particular those women who – for numerous reasons – may not have confidence in health practitioners where a relationship of trust has not been established.

All women and girls should have good access to specialist women's health services, but evidence shows that women who live in more deprived areas need them even more and, in addition, need support to be able to access them.

Working with *General Practitioners at the Deep End* we plan, over one year, to test a new outreach, community-based approach whereby we bring specialist women's health services directly to women who need them most, in the general practice setting. The aim being that by providing these services where women feel comfortable, and have already built trusted relationships with staff, there is increased uptake amongst women who are traditionally less likely to access specialist care and support.

## **Policy in Practice**

### **NHS Highland: Support for Gypsy / Traveller Women's Groups**

An NHS Highland Health Improvement Specialist has been working in partnership with Highland Council Tenants Participation Officer and MECOPP's Community Health Worker to establish Women's Groups for Gypsy / Traveller communities, with one worker based in Inverness and one in Fort William.

These groups have followed a 'conversation cafe' approach at the pace of the women who have participated. Participation has varied from session to session as these women tend to live a very busy and spontaneous life, revolved around their children. Relationship and trust development has been crucial to the success of these groups, with the women taking the lead on the topics they have discussed. These groups have also included fun activities; building on cooking, baking and crafting skills that the women have been interested in.

Topics that have been discussed during the group sessions have included:

- Oral Health for children: Childsmile worker visited
- Nutrition
- Exercise: with a walking group established in one area
- Smoking cessation
- Accommodation and environmental impacts on health
- Access to primary care including GP's and Dentists

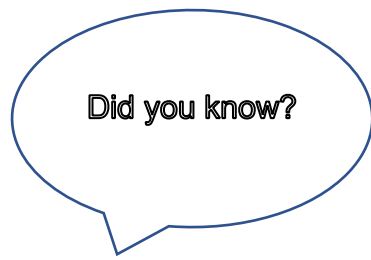
Health topics that have been asked about by women on a one-to-one basis following the sessions (possibly as these issues are culturally sensitive to discuss in a group) have included:

- Access to contraception: information regarding local sexual health services provided
- Pregnancy: registering with midwives
- RSHP education in schools
- Cervical Smears
- Domestic abuse

Other outcomes have included building trust and confidence in agencies, building social capital and seeing confidence grow.

If you would like more information about this project, please email [womenshealthplan@gov.scot](mailto:womenshealthplan@gov.scot).

## Women's Health in Community Pharmacy Services



NHS community pharmacies in Scotland can offer support and advice on women's health and provide treatment that can be accessed without an appointment with general practice.

NHS Pharmacy First Scotland provides advice, treatment and referral, if necessary, for a number of women's health issues, for example cystitis, period pain and thrush as well as providing antibiotics for specific common clinical conditions such as uncomplicated UTIs in women.

There's more information on the service [here](#).

Women can access free emergency hormonal contraception (EHC) from the pharmacist. A three-month supply of progesterone only contraception (POP) is also available free of charge from community pharmacies. Known as 'bridging contraception' this supply is available for any women who might need it until they can access a longer-term supply of the contraception they would like. This is usually walk-in without the need for an appointment or blood pressure check.

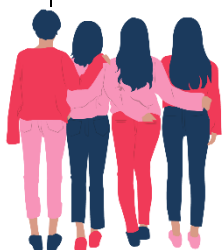
# Contraception, abortion, sexual health, and pre-pregnancy

## Pre-pregnancy

**Information and awareness:** Providing support in planning pregnancy can help raise awareness of the importance of optimising health before pregnancy. Work is ongoing in this area, and new [information](#) has been published on the NHS Inform Women's Health Platform. The information provides help for those planning a pregnancy to understand what might help improve fertility, their health and the health of any future pregnancy, as well as feel able to cope with the changes that having a baby can bring – from managing an existing health condition to practical things like finances or housing. There are also links to additional resources including a tool, developed by the charity [Tommy's](#), which provides personalised help and support for those planning a pregnancy.

## Contraception

### Changing trends in contraception project



A change in the methods of contraception being used by women and girls in Scotland has coincided with a rise in abortion rates across all age groups and demographics. Since 2021, there has been a 19% rise in abortion rates, with the highest rates in young women.

Given the impact of this on women, the Women's Health Champion Professor Anna Glasier was keen to better understand the driving

forces behind these changes and how to improve outcomes for women and girls' reproductive health.

Through a short-term project, evidence is being collated on the trends in contraception looking at i) barriers in access and ii) attitudes towards contraception. Working with key stakeholders, the project will conclude with a report setting out a series of next step recommendations.

Alongside gathering the routine data, we have asked health care providers their views on the changing trends in contraception and abortion via semi structured questionnaires. The results demonstrate a mixture of complex and integrated factors that will require a whole systems approach to addressing the sexual and reproductive needs of women and girls in Scotland.

If you would like more information about this project, please email [womenshealthplan@gov.scot](mailto:womenshealthplan@gov.scot).



## **LARC Short Life Working Group**

The LARC Short Life Working Group was established in response to feedback from the Women's Health Leads, who highlighted women's difficulties in accessing LARC, across Scotland.

The group, chaired by the Women's Health Champion, has met regularly since May 2023 and discussed the many challenges and opportunities that exist in improving access and provision. The final meeting will be held in early 2024, when the Group will agree their conclusions and recommendations.

### **Policy in Practice**

#### **LARC provision in Primary Care**

Dr Louise Hamilton has secured funding to conduct a two year pilot project in West Dunbartonshire.

The aim is to develop and evaluate a training LARC hub to provide IUD fitting for the patients of all nine practices in the locality. Building on existing skills and experience, the service is hosted in a Practice which has existing arrangements for interpractice working, and there is a FSRH Faculty Recognised Trainer (FRT) who will lead on the service development and provision of supervised IUD fitting and mentoring.

The LARC hub will train peers, including nurses and GPs, to Faculty (FSRH) standards to obtain Letter of Competence (LoC) in intrauterine techniques.

The goal is to train at least one clinician to fit IUDs in each practice by the end of the two year project. The hub will provide 26 sessions per year (one session every fortnight) providing capacity for ten trainees, thus enabling around five trainees to be certified in Year One, and a further five in Year Two.

The anticipated benefits include:

- Increase access to IUD fitting within local area and reduce unwarranted variation in access to IUD provision
- Potential reduction in termination of pregnancy locally which is higher than national average
- Enhance the skills of local General Practice Nurses and GPs
- Provide additionality in services being available within Local General Practice Services increasing capacity within the NHS Provision for IUD fitting
- Patients don't need to travel out with their Locality area for IUD Fitting and GPs and GPNs don't need to travel out with the area for training / mentoring

A model pelvis has also been procured which will be used to train other practices in the area on how to remove coils. If you would like more information about this project, please email [womenshealthplan@gov.scot](mailto:womenshealthplan@gov.scot).

## Postpartum Contraception

### Spotlight: The Scottish Postpartum Contraception Network



Postpartum contraception (PPC) work had already begun in a number of Boards, but the Women's Health Plan served as a catalyst to reframe PPC through a national lens. And so, the Scottish Postpartum Contraception Network was born! This 'grass roots' network brings together a group of multidisciplinary healthcare professionals including midwifery, obstetrics, sexual

health, pharmacy, public health and clinical researchers, with representatives from all of the 14 Scottish Board areas meeting quarterly.

Alongside this, in 2022/23 the Scottish Government provided funding for a national project focused on training, implementation and resource development for PPC, which was delivered by NHS Lothian with the support of the PPC Network.

### Expanding access to training and education for staff

- A free two-part national webinar series 'ABC of PPC' was delivered to over 400 attendees. To allow flexible access, the sessions were recorded and made available to watch later on-demand.
- A new e-learning module dedicated to PPC has been developed with NHS Education for Scotland and will be available on the national professional development platform TURAS in early 2024 along with a range of supporting resources for staff.
- In Spring 2023, over 100 colleagues from across the UK gathered in Edinburgh for the 2nd Scottish Postpartum Contraception conference. The programme featured clinical, research and policy updates as well as practical training workshops and the long-awaited opportunity for some in-person networking. Feedback was overwhelmingly positive and there are plans to deliver another conference in late 2024.

But training is only one of the necessary elements required to achieve successful implementation of PPC into routine care.



A 'shared learning' approach is integral to achieving the wider dissemination of these interventions and in helping to overcome the common barriers encountered throughout the implementation process. We were keen to formalise this support in a more equitable way across Scotland and over the last 12 months have been offering implementation and training support visits to every Board.

As well as delivering ‘hands on’ training and re-igniting regional enthusiasm for PPC, these visits have also allowed us to strengthen network links and build up a more detailed picture of current PPC activity across Scotland. They have also identified the need to optimise current routine data collection systems to allow us to capture and share national PPC activity more accurately, a key focus for us going forward.

### **Improving information for service users**

Another objective of this project was to develop and centralise national patient resources for PPC, including the creation of a new animation for use during the antenatal period. It can be accessed publicly [here](#) in English, Mandarin, Polish, Punjabi and Urdu with more languages and further method-specific animations to follow.

“I thought it (the animation) was very inclusive. It used a lot more images rather than jargon which is very useful for people with a language barrier, or people who are distracted and can’t always listen to the things being said to them.” (Participant from evaluation study of PPC animation)

### **What next for PPC in Scotland?**

We have lots to be proud of in terms of progress to date, but there is still much to do. In terms of training, we have had the first hospital women’s health [pharmacist](#) complete formal training in implant insertion and hope to expand this model to other members of the multidisciplinary team to support wider PPC provision.

We are developing a national training programme to expand knowledge and skills acquisition in immediate postpartum intrauterine device insertion and are also exploring how we can further integrate PPC into the curricula for midwifery and obstetric training to equip clinicians with the necessary skills for their future practice at the earliest stage.

All of this will help us move closer to the goal of ensuring that everyone has the opportunity to discuss their future fertility and contraception during pregnancy and has simplified access to the full range of contraceptive methods at the time of childbirth.

“I mean it’s a bit of no-brainer isn’t it? I probably wouldn’t get round to making an appointment afterwards (for contraception), looking after a new baby, getting no sleep. I’m all for anything that makes life easier!” (PPC research participant)

**Dr Michelle Cooper, Consultant in Gynaecology and Sexual Health, NHS Lothian & Chair of Scottish PPC Network**

## Policy in Practice

### **NHS Highland: Improving access to Post-Partum Contraception (PPC).**

Highland Sexual Health services, along with NHS Highland Public Health colleagues, are piloting a new model of PPC care. This includes ensuring that women can be supplied with their preferred method of contraception or a “bridging method” if there is a wait for a procedure. Ideally, this will be prior to discharge from hospital, or at least by day 10 postpartum.

In addition to this, NHS Highland are training a small number of community midwives within Caithness and Sutherland area to fit sub dermal implants. This is being done following the national training pathway and will enable midwives to fit sub dermal implants for contraception for post-natal women prior to day 10 post-partum. Caithness and Sutherland is a remote and rural area which covers a vast proportion of North Highland’s geography.

This pilot aims to ensure that women, who have delivered their baby and live within the Caithness and Sutherland area and choose an implant as their preferred long-acting reversible method of contraception, will have access to this service within 10 days of delivery. Discussions are taking place with Maternity services locally to try to establish implementation of providing progestogen only oral/injectable contraception for women prior to discharge from hospital, where desired.

Education and confidence levels around discussing, and prescribing/administering contraception are being explored and this will inform what additional support may be required to effectively discuss contraception in the ante natal period so there is a plan in place for women post-delivery.

## Abortion

**Safe access zones:** Following the commitment made by the Scottish Government in September 2022 to provide full support to Gillian Mackay MSP’s proposed members bill on safe-access zones, Ms Mackay MSP introduced the Abortion Services (Safe Access Zones) (Scotland) Bill into parliament on 5<sup>th</sup> October 2023.

**Early Medical Abortion at Home (EMAH):** Work continues to take forward the recommendations in the EMAH evaluation, [published](#) in March 2023. Updated Scottish Abortion Care Providers (SACP) guidance has been issued, emphasising the importance of informed patient choice throughout the early abortion care pathway and aiming to improve equity of access to EMAH across Scotland. High-quality patient information on abortion care is currently being developed for national use, and we continue to work closely with abortion care providers to help implement improvements to EMAH care. We have also published an approval to take mifepristone at home up to 24 weeks gestation following an in-person appointment when the patient will take misoprostol and pass the pregnancy in the hospital or clinic.

# Menopause and Menstrual Health, including endometriosis

## Spotlight: Menopause and Menstrual Health in the Workplace



The [National Menopause and Menstrual Health Policy for NHSScotland](#) and supporting documents were published on 31 October 2023.

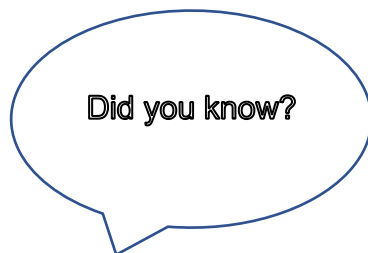
The policy outlines the impact menopause and menstrual health can have at work and the role of the line manager in supporting employees.

The policy also supports employees to experience good menstrual health and menopause at work and provides advice and guidance on how they can be supported when they experience symptoms which affect their work.



Whilst each individual's experience of menopause and menstrual health related symptoms will differ and symptoms may change over time, enabling conversations about the menopause or menstrual health will help create an environment where colleagues feel more confident to seek support and can work comfortably.

Work is now beginning on promoting the policy more widely amongst employers across all sectors.



Whilst the policy was written specifically for NHSScotland it can be used by any organisation or employer who wants to, to provide a basis for workplace policies on menopause and menstrual health.

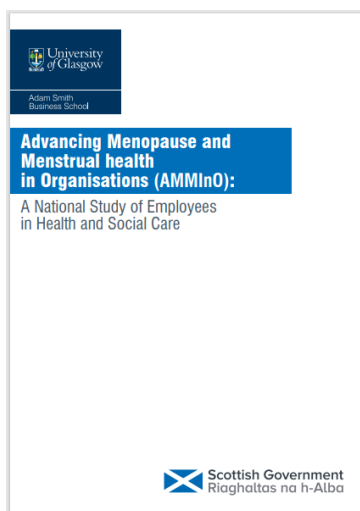
The supporting resources, including line managers and workplace adjustment guides, are intended for use more widely across a variety of employment sectors. The policy and supporting documents are freely available on the [National Wellbeing Hub](#) which is accessible to the public.

## **Advancing Menopause and Menstrual health In Organisations (AMMINO)**

“Flexibility and kindness. An employee being able to work flexibly in order to respond to their experiences. Sometimes I know that sitting in agony for an hour will produce relatively little work. Whereas meeting my need to relieve pain and soothe, results in more productivity overall. “” (From an Allied Health Professional, Band 6, Full-time)

To inform the NHSScotland Menopause and Menstrual Health Policy, the working group who led the development worked in partnership with the University of Glasgow on ground-breaking research to establish a new evidence base on women’s experience of working in NHS Scotland in relation to menstrual health and menopause.

In October 2022, the University conducted a survey with over 6,000 NHSScotland colleagues to understand their experiences of menopause and menstrual health in the workplace. Results from the survey and the University’s independent report can be accessed [here](#).



The report makes several recommendations. In relation to menstrual health, it proposes the ‘MAPLE’ framework for period positive workplaces: (Microleave, Allyship, Physical environment, Line Management, and Education and awareness).

For menopausal transition, practical recommendations include: line managers who are supportive and themselves supported in solution-based assistance; a consideration of processes around disclosure and evidence; education and



MAPLE (Microleave, Allyship, Physical environment, Line Management, and Education and awareness)

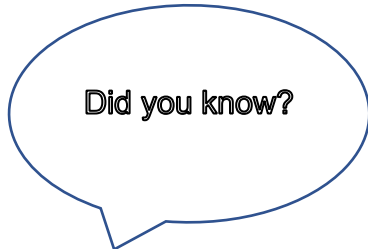
awareness; and agile and temporary changes that enable short-term adaptation to accommodate menstrual health episodes or as symptoms change as employees move through menopausal transition.

Other recommendations include: Actively confront bias or misinformation around women, ageing, health and work across the organisation and with key stakeholders; introduce structural mechanisms and procedures that facilitate best practice and timely support in the workplace; commit to embedding best practice as an ongoing endeavour.

If you would like to know more about the report and its findings, contact Professor Riach on [kathleen.riach@glasgow.ac.uk](mailto:kathleen.riach@glasgow.ac.uk)

## Education and Training for Primary Care in Menopause and Menstrual Health

NHS Education for Scotland (NES) are developing a bespoke training package and framework focussed on menopause and menstrual health for general practice and others working in Primary Care.



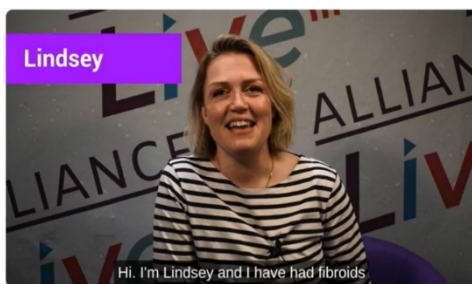
As part of this work, a [menopause symptom questionnaire](#) has been developed to help women to keep a note of their symptoms and how they are feeling. This questionnaire can be shared and discussed with healthcare professionals to help them understand the different symptoms experienced.

## Menstrual Health: raising awareness by sharing lived experience

“The lived experience really made me appreciate a different perspective from my own period history and about how we better support people.”

The ALLIANCE have hosted a number of events and produced resources on the topic of menstrual health in 2023, to provide expert information on understanding and managing periods and menstrual health conditions, including the sharing of lived experience.

You can find more information [here](#), including the most recent webinars which looked at [PCOS mythbusting](#) and “Everything you need to know about PMS”.



A fibroids journey  
The ALLIANCE  
565 subscribers  
Subscribe  
1  
Share  
Download

Several videos have been developed on menstrual health conditions, where those experiencing menstrual health conditions have been able to showcase their story.

This has included [a fibroids journey](#), [living with adenomyosis](#) and [managing menstrual health conditions](#).

Did you know?

You can watch The ALLIANCE Women's Health Webinars on their [YouTube channel](#).

The ALLIANCE have also worked with partner organisations and community groups to organise in-person workshops and discussions on menstrual health and menopause to groups of women in Glasgow, Forth Valley, Edinburgh and Stirling. These community sessions were an opportunity to signpost women directly to NHS Inform and share resources on women's health.

## Endometriosis

We are working with NHS Education for Scotland (NES) to develop a series of endometriosis resources for primary care to provide further material to support the Menopause and Menstrual Health e-learning being created by NES.

We are also working with charities such as Endometriosis UK and have funded the organisation with over £24,000 to work with those with lived experience and clinicians to develop new resources to ensure more people with endometriosis in Scotland are informed about the treatment and management of endometriosis associated pain.

In addition, we have also funded the new charity Endometriosis South of Scotland with £18,000 to develop their online platform to host information on a range of topics and deliver sessions to support those with endometriosis in managing the condition, physically and mentally.

### Spotlight : Endometriosis research



The Scottish Government collaborated with Wellbeing of Women on a £250,000 research call in 2022.

The research grant was awarded in March 2023 to the University of Edinburgh, with the funding covering a period of 3 years, from financial year 2022/23. This funding is supporting the EPiC2 project, which will be primarily run by the EXPPECT team at the University of Edinburgh.

The EPiC2 research is a randomised, double-blind, placebo-controlled feasibility trial involving 100 women receiving care for endometriosis to evaluate the drug dichloroacetate in the management of endometriosis-associated pain. If successful, the drug could be the first ever non-hormonal and non-surgical treatment for endometriosis – and the first new treatment in 40 years.

The data from this research will help to plan a future large scale, UK-wide trial. The lead researcher is Dr Lucy Whitaker, University of Edinburgh. Dr Whitaker will work in collaboration with colleagues within the EXPPECT centre in Edinburgh, Aberdeen and Birmingham.



# Menopause

## World Menopause Day



“I always come away from these events feeling more positive and although I haven't shared my personal experience it makes me feel like I have and I've been given support.”

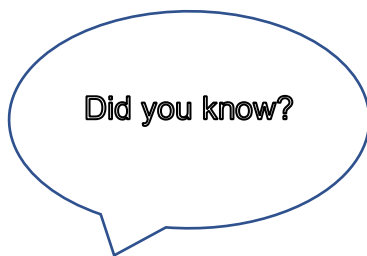
To mark World Menopause Day The ALLIANCE, in partnership with the Scottish Government, hosted a 'Talking Menopause' online panel discussion. The aim of the event was to provide women across Scotland with reliable information to help them feel more informed about menopause.

The panel members were: Professor Anna Glasier, Women's Health Champion, Dr Heather Currie, gynaecologist in NHS Dumfries & Galloway and Rachel Weiss, founder of the Menopause Café. Feedback from the event has been very positive.

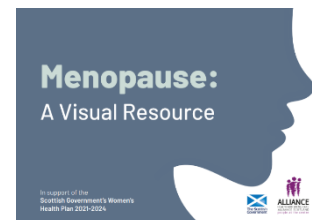
“The event also reminds me to accept what I'm going through is normal and to adapt my life and embrace it.”

“I felt solidarity with other women in going through the process & gained confidence in my own knowledge & understanding.”

A recording of the session is available here: [Talking Menopause - Webinar Recording - YouTube](#)



The ALLIANCE have published a [visual resource on menopause](#) which brings together a number of graphics covering subjects such as menopause myths, menopause and the workplace and menopause and sexual wellbeing.



## Heart Health

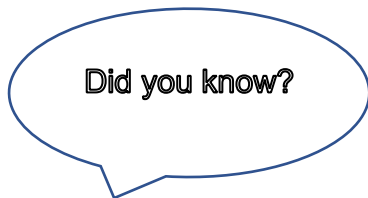
### Spontaneous Coronary Artery Dissection (SCAD) Pilot

[SCAD](#) is a tear on the wall of a coronary artery (a large blood vessel), which supplies blood to your heart. It can cause angina, heart attack and cardiac arrest. SCAD affects a younger, predominantly female population and requires a different approach to management than atherosclerotic disease.

The Scottish Government have funded a SCAD pilot project which will test a Scottish SCAD service, with the aim of building expertise to support equitable care. This will include consideration of female specific management elements (contraception, pregnancy, HRT, cyclical chest pain etc).

### Cardiac Computerised Cognitive Behavioural Therapies (cCBT) Tool

A cardiac cCBT tool is underway and is currently in use in cardiac rehabilitation services in five NHS boards, with an evaluation in progress. Work to review the tool has been completed with user stories updated to reflect women's lived experience.



Chest, Heart & Stroke Scotland have established an online support group for women with [heart health conditions](#). Find out more [here](#).

### Policy in Practice

#### NHS Dumfries and Galloway: heart health care in obstetrics and gynaecology

Hypertension is a significant risk factor in women for cardiovascular disease, with early identification and treatment recommended. Women are at increased risk of developing hypertension at certain times in their life course, particularly if they have adverse pregnancy outcomes and during the menopause transition. Obesity is another significant risk factor not only for cardiovascular disease, but also for breast and endometrial cancer. NHS Dumfries and Galloway are working to identify opportunities within obstetrics and gynaecology services to identify hypertension and obesity and offer support and appropriate intervention.

Upcoming activity includes;

- Information leaflet designed to provide to women with adverse pregnancy outcomes about subsequent risk for hypertension and recommended monitoring, with highlighting to primary care teams.
- All women attending menopause and gynaecology clinics to have BMI and blood pressure measured. Funding has been identified to purchase blood pressure monitors which can be provided to those patients with raised levels, enabling them to measure at home over a week and then report to primary care team for further assessment and management.

If you would like more information about this project, please email [womenshealthplan@gov.scot](mailto:womenshealthplan@gov.scot).

## Gender and Health

### **Equally Safe at Work**

[Equally Safe at Work](#) is a programme that supports employers to improve their employment practice, advance gender equality and prevent violence against women.

Four NHS Boards (Public Health Scotland, Ayrshire and Arran, Dumfries and Galloway and Healthcare Improvement Scotland) took part in the initial pilot which commenced in July 2022. The pilot has now ended and in November 2023, the Boards were accredited as Equally Safe at Work employers.

The Scottish Government are working closely with Close the Gap and Health Boards to further increase NHSScotland participation in the programme when it is re-launched in Spring 2024.

## Next Steps

The current iteration of the Women's Health Plan comes to a close in August 2024. In order to dedicate the necessary effort to the delivery of the current Plan, work will begin on the next phase of the Plan after that time.

From September, work will commence on the development of the next iteration. Consultation will take place with women and girls, including our lived experienced stakeholder group, clinical experts, academics and those working in the women's health arena to determine the priorities, aims and actions that will form the content of the policy.

During the interim phase between the end of the current policy and the development of the next, work will continue to improve women's health with the long-term actions acting as a bridge between policies to ensure that work continues.

The current governance structure will remain, with the working groups continuing to drive forward the ambitions of the Plan, so that all women and girls in Scotland enjoy the best possible health, throughout their lives.

## Conclusion

This report highlights key areas of work that have been progressed since the publication of the Annual and Interim Reports in January and August 2023 respectively. We are particularly pleased to be able to highlight the work our partners have been doing to make a real and tangible difference to the lives of women and girls, in Scotland.

We would like to thank all those who have been driving forward the delivery of the Plan since August 2021, and especially those who have contributed their local practice examples for this report.

If you are keen to implement any of the practice examples in your area and would like more information about any of the work highlighted in this report you can email [womenshealthplan@gov.scot](mailto:womenshealthplan@gov.scot).

You can stay up to date on the Women's Health Plan via Prof Glasier's quarterly [blogs](#).



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