

# Women's Health Plan: Review of the Data Landscape



**HEALTH AND SOCIAL CARE**

# Contents

<b>Contents</b> .....	<b>1</b>
<b>Executive summary</b> .....	<b>3</b>
Background.....	3
Approach .....	3
Summary .....	3
<b>1. Introduction</b> .....	<b>5</b>
Background.....	5
Approach .....	5
Key definitions .....	6
Scope.....	6
<b>2. Overview of data sources</b> .....	<b>7</b>
2.1 General health .....	7
Life expectancy.....	7
Healthy life expectancy.....	7
Self-assessed general health .....	9
Mental health .....	9
2.2 Reproductive health.....	11
Contraception .....	11
Teenage pregnancy.....	12
Termination of pregnancies .....	12
Maternity care .....	13
Menopause.....	14
2.3 Health conditions .....	15
Endometriosis .....	15
Coronary heart disease .....	15
Alzheimer’s disease and dementia .....	16
Chronic pain.....	16
Breast cancer.....	17
Cervical cancer .....	18
2.4 Health risks and behaviours .....	19
Physical activity .....	19
Obesity.....	19
Smoking.....	20

Alcohol .....	20
2.5 Healthcare experiences .....	21
Healthcare access and experiences.....	21
Waiting times .....	21
2.6 Unpaid care and the health and social care workforce .....	23
Provision of unpaid care .....	23
Health and social care workforce.....	23
<b>3. Summary and gaps.....</b>	<b>25</b>
3.1 Summary .....	25
3.2 Data gaps .....	29
3.3 Next steps.....	30

# Executive summary

## Background

This document is an accompaniment to the Women's Health Plan (WHP) 2021-24 final report. It sets out a range of publicly available data on the health of women in Scotland and highlights where there appear to be gaps. This report will be used to inform the development of the next phase of the WHP. Going forward, further work will be undertaken to explore the sources and their implications in more detail.

## Approach

To identify relevant sources, searches were carried out for data relating to the priority areas of the WHP (menopause, menstrual health, endometriosis, abortion and contraception, post-natal contraception and heart health) as well as broader topics such as women's general health and health-related behaviours.

The searches were conducted using the Public Health Scotland (PHS) website, the Scottish Government website and Google. Stakeholders such as PHS also helped with identifying relevant sources.

## Summary

There is a great deal of published data on health conditions, health behaviours and healthcare experiences which are broken down by gender. Key sources include the Scottish Health Survey (SHeS), data published by PHS and data published by National Records of Scotland (NRS).

The most recent findings from the sources identified highlight that:

- Women have a higher healthy life expectancy than men but because they live longer, they spend more time in poor health compared with their male counterparts.
- Women are consistently experiencing a greater burden of mental health issues than men. Anxiety amongst young women is more than double that of their male counterparts.
- Teenage pregnancy rates increased in 2022 for the first time in over a decade.
- Termination of pregnancy rates increased substantially in 2023.
- Women are having children later in life and rates of maternal obesity, diabetes and preterm birth rates have been increasing since 2010/11.
- Deprivation is a key mediating factor across several aspects of women's health.
- Alzheimer's disease and dementia are the leading causes of death in women and breast cancer is the most common cancer for women.
- Women are more likely to be living with chronic pain compared with men.

- Women are less likely to be physically active than men and almost two thirds of adult women are overweight or obese.
- Almost two thirds of GPs are women and a higher percentage of women are unpaid carers than men.

However, this report also identified gaps in the publicly available data on the health of women in Scotland. In particular, there is a lack of published data around:

- Menarche, specifically the age of onset in Scotland and menstrual health conditions such as painful and heavy periods, premenstrual syndrome (PMS), period poverty, and menstrual migraines.
- Gynaecological conditions such as polycystic ovary syndrome (PCOS) and endometriosis.
- Menopause and perimenopause, for example the age of onset, prevalence and experiences of symptoms and the prescription rate of HRT for the treatment of menopause symptoms.
- Contraception other than LARC methods, for example the contraceptive pill and barrier methods such as condoms.
- Infertility and miscarriages, for example rates of infertility and miscarriages across different groups of women in Scotland.

# 1. Introduction

## Background

This document is an accompaniment to the Women's Health Plan (WHP) 2021-24 final report. Published in 2021, the WHP<sup>1</sup> aimed to improve health outcomes and health services for all women and girls in Scotland. It included 66 actions over six priority areas, including menopause, menstrual health, endometriosis, abortion and contraception, post-natal contraception and heart health.

As well as actions to, for example, address gaps in service provision and raise awareness of health issues in women, the Plan included actions focused on improving data collection and building evidence around women's health.

This document was developed to support these actions by setting out a range of publicly available data on the health of women in Scotland and highlighting where there appear to be gaps. It covers a range of topics including general health, reproductive health, health conditions, health behaviours, healthcare experiences and unpaid care and the health and social care workforce (specifically GPs).

This report will be used to inform the development of the next phase of the WHP. Going forward, further work will be undertaken to explore the sources and their implications in more detail.

## Approach

The priority areas of the WHP (menopause, menstrual health, endometriosis, abortion and contraception, post-natal contraception and heart health) were taken as the starting point for the development of this document. Searches were carried out for data sources relating to these areas, as well as broader topics such as women's general health and health-related behaviours. The searches were conducted using the Public Health Scotland (PHS) website, the Scottish Government website and Google. Stakeholders such as PHS also helped with identifying relevant sources.

The sources covered in this report either are currently or were previously published on a regular basis, meaning that standalone or one-off research reports have not been included in most cases.

For each source, methodological information and the frequency of publication are provided, as well as a brief description of some of the most recent findings, to give an indication of types of information that the source can provide.

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<sup>1</sup> [Scottish Government – Women's Health Plan 2021-2024](#)

## Key definitions

**Menarche** is the first occurrence of menstruation.

**Menopause** marks the ceasing of menstruation and usually happens for women between the ages of 45 and 55.

**Perimenopause** happens before menopause when women have symptoms of menopause but menstruation has not completely stopped.

**Endometriosis** is a disease in which tissue similar to the lining of the uterus grows outside the uterus. It can cause severe pain in the pelvis and can make it harder to get pregnant.

**Polycystic ovary syndrome (PCOS)** is a common condition that affects how a woman's ovaries work. Main features include irregular periods, excess androgen (high levels of "male" hormones in the body) and polycystic ovaries (enlarged ovaries and contain fluid-filled sacs called follicles).

**Woman and female** – the terms "woman" and "female" are used interchangeably throughout this report, reflecting the different terminology used by the sources.

## Scope

This document was produced by Scottish Government analysts but is not intended to provide a methods-based comprehensive or systematic review of all relevant available data or literature. Rather, it covers a selection of sources that were identified through the search process described above. This means that while it covers a range of information relevant to the WHP, it does not cover all publicly available data on the health of women in Scotland. For example, some surveys discussed, such as the Scottish Health Survey (SHeS), disaggregate all data by sex but not all of these data have been detailed.

Further, while an overview of the most recent findings is provided for each source, the aim was not to synthesise or draw conclusions from these findings or identify caveats associated with them.

## 2. Overview of data sources

### 2.1 General health

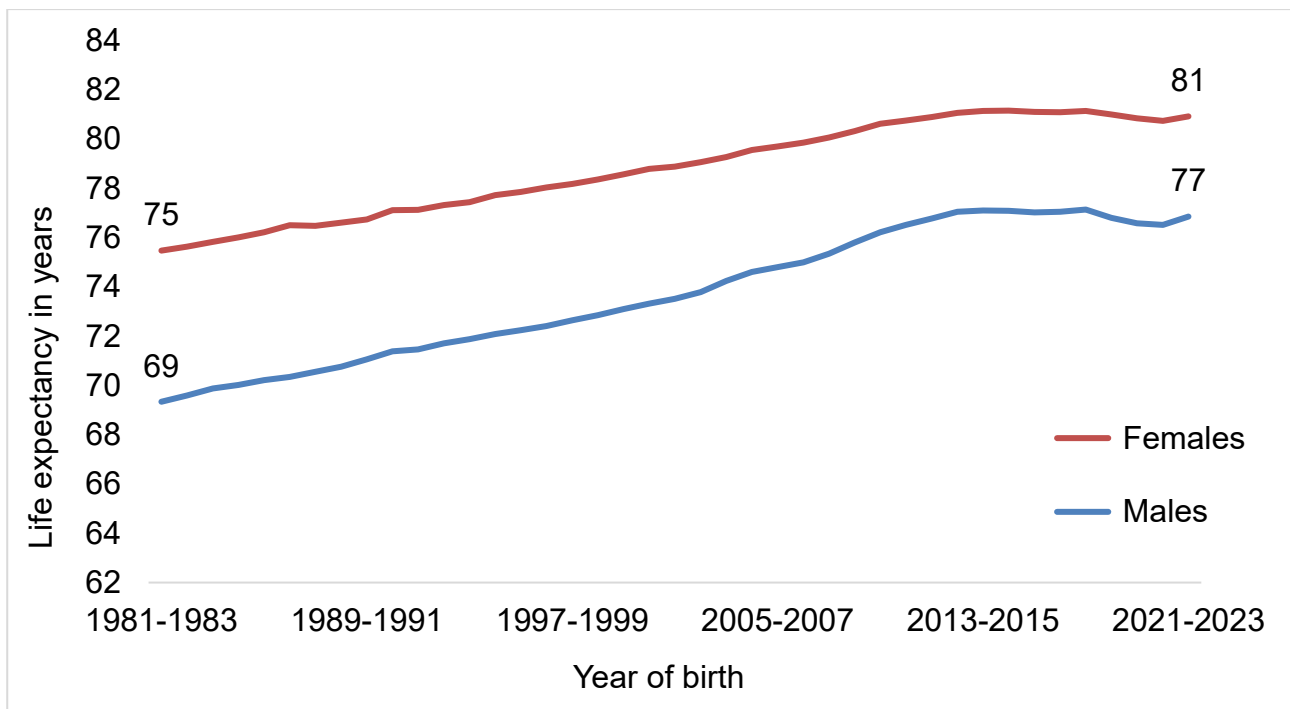
#### Life expectancy

##### National Records of Scotland<sup>2</sup>

National Records of Scotland (NRS) release data on life expectancy in Scotland every year, based on data from the previous three years for various geographical areas in Scotland. The most recent publication covers the period 2021-2023.

- Life expectancy in 2021-2023 was 80.8 years for females and 76.8 years for males.
- It has increased by almost 5 weeks for females and 13 weeks for males since 2020-2022 although it is still lower than before the pandemic.

**Figure 1: Trends in life expectancy in Scotland, 1981-1983 to 2021-2023**



Source: [National Records of Scotland 2024](#)

<sup>2</sup> [Life Expectancy in Scotland, 2021-2023 | National Records of Scotland \(nrscotland.gov.uk\)](#)

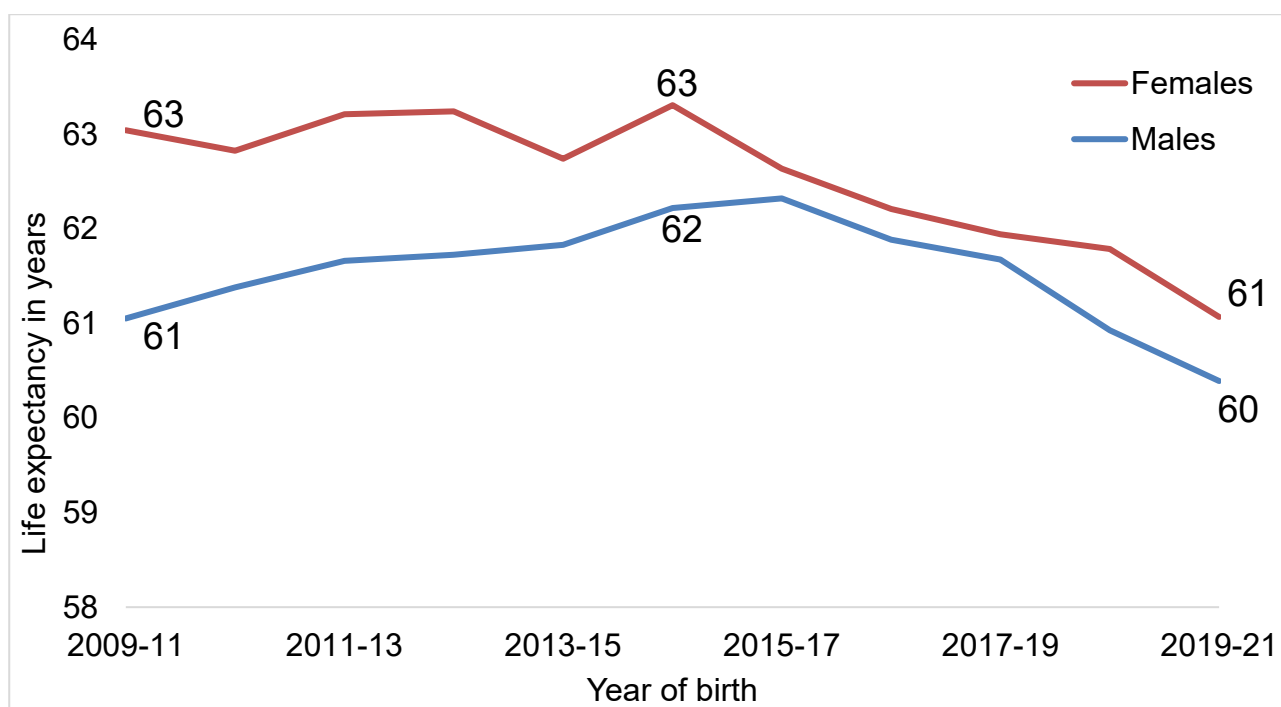
## Healthy life expectancy

### National Records of Scotland<sup>3</sup>

NRS also produce data on healthy life expectancy in Scotland on an annual basis. Healthy life expectancy is the average number of years of life that people spend in good health<sup>4</sup>. The most recent publication covers the period 2019-2021.

- In 2019-2021 healthy life expectancy at birth for females was 61.1 years and 60.4 years for males. This means that females are spending more years in poorer health than males on average, given that life expectancy for females is higher.
- This has decreased in previous years, from 63 years in 2014-16 for females and 62 for males.

**Figure 2: Trends in healthy life expectancy at birth in Scotland, 2009-2011 to 2019-2021**



Source: [National Records of Scotland 2022](#)

<sup>3</sup> [Healthy Life Expectancy in Scotland, 2019-2021 | National Records of Scotland \(nrscotland.gov.uk\)](#)

<sup>4</sup> Good health is based on how people rate their own health in the [annual population survey \(APS\)](#). The HLE estimates are derived from the good health prevalence rate (calculated from the APS survey data) and deaths and population data, through which the average number of remaining years in good health can be calculated for each age group and geography.

<sup>5</sup> [Methodology Guide \(nrscotland.gov.uk\)](#)

## Self-assessed general health

### Scottish Health Survey<sup>6</sup>

The Scottish Health Survey (SHeS) provides data annually on the health of adults (16+) and children (0-15) living in private households in Scotland. The latest published report covers data collected in 2022. In 2022, 4,394 adults and 1,764 children took part in the survey.

SHeS reports on the self-assessed general health of adults and children. Respondents were asked to assess whether their health was very good, good, fair, bad or very bad.

- There were similar patterns of self-assessed general health between women and men aged 16 and over in 2022 – 69% of adult women described their health as ‘very good’ or ‘good’ compared with 71% of adult men.
- However, the difference was more pronounced among younger age groups. The proportion of women aged 16-24 who described their health as ‘very good’ was 30% compared with 47% of men aged 16-24.
- Across all ages, women (42%) were more likely than men (32%) to report a limiting long-term health condition.

## Mental Health

### Scottish Health Survey<sup>7</sup>

SHeS reports on trends in mental wellbeing for adults using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)<sup>8</sup>, the General Health Questionnaire 12 (GHQ-12)<sup>9</sup> and CIS-R anxiety and depression scores<sup>10</sup>.

- GHQ-12 scores of 4 or more (indicative of a possible psychiatric disorder) were substantially higher for women (31%) than for men (22%) in 2022. These proportions have increased for both sexes since 2019, however women have seen a higher increase than men – an increase of 12 percentage points for women compared with 7 percentage points for men.
- Levels of mental wellbeing tend to increase as women age. Higher WEMWBS scores indicate greater wellbeing. In 2022, women aged 16-24

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<sup>6</sup> [Scottish Health Survey - gov.scot \(www.gov.scot\)](https://www.gov.scot)

<sup>7</sup> [Scottish Health Survey 2022 Main Report Volume 1 \(www.gov.scot\)](https://www.gov.scot)

<sup>8</sup> [The Warwick-Edinburgh Mental Wellbeing Scale \(WEMWBS\)](#) is a 14-item scale with 5 categories summed to provide a single score to measure mental wellbeing. WEMWBS scores range from 14 to 70, with higher scores indicating greater wellbeing.

<sup>9</sup> [General Health Questionnaire 12 \(GHQ-12\)](#) is a standard measure of mental distress and mental ill-health consisting of 12 questions, each one assessing the severity of a mental problem over the past few weeks.

<sup>10</sup> The complete [CIS-R](#) comprises 14 sections, each covering a type of mental health symptom and asks about presence of symptoms in the week preceding the interview.

had a mean WEMWBS score of 44.3, compared with 49.7 for those aged 65-74.

- In 2021/2022 combined, anxiety was highest for young women aged 16-24. A third (33%) of this group reported two or more symptoms of anxiety compared with 13% of their male counterparts.
- In 2021/2022 combined, 13% of women experienced 2 or more symptoms of depression. The proportion of women experiencing 2 or more symptoms of depression was highest for women aged 25-34 (16%), women with lower incomes (16% of those in the bottom income quintile) and women with a limiting long-term condition (23%).

### **Scotland's Census<sup>11</sup>**

Scotland's Census is the official count of every person and household in the country. There has been a census in Scotland every 10 years since 1901, except 1941. The 2021 census in Scotland was moved to 2022 due to the impact of the Covid-19 pandemic. The Census provides data on health, disability and unpaid care across the population.

- A higher percentage of females (13%) reported a mental health condition than males (9%) in 2022 which was a similar pattern to 2011.
- The biggest difference was amongst 16-24 year olds where the percentage of females (20%) reporting a mental health condition was nearly twice as high as males (11%).

### **Mental Health Inpatient Census<sup>12</sup>**

The Mental Health Inpatient Census is carried out by the Scottish Government and all NHS Boards annually. It covers patients occupying mental health, addiction and learning disability beds who are funded by NHS Scotland at a point in time, together with patients receiving Hospital Based Complex Clinical Care (HBCCC). The most recent publication covers data collected on the 11 April 2022. At the 2022 Census there were 2,876 mental health, addiction and learning disability inpatients in NHS Scotland.

- In 2022 around two fifths (41%) of all mental health inpatients were female.
- There were 46 inpatients aged under 18. Of those, 87% (40) were female.
- Of all adults self-harming in the week prior to admission, 44% were male and 56% were female. However, given only 41% of adult patients in the Census are female, this suggests females are at a higher risk of self-harm compared with males.
- Females were more likely to express suicidal ideation on admission (58%) than males.

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<sup>11</sup> [Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census \(scotlandscensus.gov.uk\)](https://scotlandscensus.gov.uk)

<sup>12</sup> [Inpatient census 2022: parts one and two - gov.scot \(www.gov.scot\)](https://www.gov.scot)

## 2.2 Reproductive health

### Contraception

#### **Long-Acting Reversible Contraception (LARC) Key Clinical Indicator (KCI)<sup>13</sup>**

This annual release by PHS reports on the prescribing of long-acting reversible methods of contraception (LARC) in primary care and sexual health settings in Scotland. This includes the contraceptive implant, intrauterine device (IUD) and intrauterine system (IUS) but not other reversible methods such as the contraceptive pill or condoms. The most recent publication is for the year ending 31 March 2024.

- The overall LARC prescribing rate decreased from 51.8 to 48.4 per 1,000 women between 2022/23 and 2023/24. This is lower than rates before the Covid-19 pandemic, 54.3 in 2019/20.
- The IUS (commonly known as the hormonal coil) replaced the contraceptive implant as the most common type of LARC prescribed.
- There is variation in LARC prescribing rates across age groups with the highest uptake in the 45+ and 25-29 age categories (a prescribing rate of 49.2 and 44.2 per 1,000 women in that age group respectively). However, in 17% of prescriptions no age data is recorded which may mean that variation by age is more or less than it appears to be.
- Since 2013/14, prescribing rates for LARC methods were higher in primary care settings compared to sexual health settings, however this has changed since the Covid-19 pandemic and in 2023/24 prescribing rates were higher amongst sexual health settings compared to primary care (25.5 and 22.9 per 1,000 women respectively).

#### **Dispenser payments and prescription cost analysis<sup>14</sup>**

This annual release by PHS reports on the number and cost of NHS prescriptions dispensed in the community in Scotland. The report includes the number of contraception and emergency contraception prescriptions dispensed. It should be noted that these data only cover prescriptions dispensed in community pharmacies and not those prescribed in other settings such as sexual health clinics. It should also be noted that these data are not published with the intention of monitoring population health. The most recent publication is for the year ending 31 March 2023.

- Levels of combined hormonal contraceptives being dispensed in community pharmacies decreased by 23% between 2019/20 and 2022/23.

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<sup>13</sup> [Long Acting Reversible Methods of Contraception \(LARC\) in Scotland - Year ending 31 March 2024 - Long Acting Reversible Contraception \(LARC\) Key Clinical Indicator \(KCI\) - Publications - Public Health Scotland](#)

<sup>14</sup> [Dispenser payments and prescription cost analysis - Financial year 2022 to 2023 - Dispenser payments and prescription cost analysis - Publications - Public Health Scotland](#)

- Since 2019/20, levels of progestogen-only contraceptives have remained stable whilst levels of emergency contraception being dispensed in community pharmacies have slightly reduced (by 2.48%).

## Teenage pregnancy

### Teenage Pregnancy Statistics<sup>15</sup>

This annual release by PHS provides an update on teenage pregnancy statistics in Scotland which are based on age at conception and presented by year of conception. The most recent publication is for the calendar year ending 31 December 2022.

- In 2022 the teenage pregnancy rate in Scotland rose for the first time in over a decade, increasing from 23.3 per 1,000 women in 2021 to 27.1. This increase was mostly driven by pregnancies in those aged between 17 and 19 years.
- However, the national teenage pregnancy rate in 2022 is lower than the rate observed in 2019 (27.7).
- Teenage pregnancy rates increased across all levels of deprivation in 2022 but increases were greater in less deprived areas (SIMD 2 to 5) than the most deprived (SIMD 1)<sup>16</sup>.
- Teenage pregnancy rates were still more than three times higher for those living in the most deprived areas compared with the least deprived areas in 2022.
- There is considerable variation in teenage pregnancy rates across local authorities. The highest rate is 45.4 per 1,000 women in Dundee City and the lowest is 11.2 in East Dunbartonshire.

## Termination of pregnancies

### Termination of Pregnancies Statistics<sup>17</sup>

This annual release by PHS provides an update on termination of pregnancies. Data are derived from the Termination of Pregnancy Submissions Scotland (ToPSS) system. Numbers and rates of termination are provided on a variety of characteristics such as previous termination, statutory ground, gestation and method of termination. The most recent publication is for the calendar year ending 31 December 2023.

- The termination rate was 17.6 per 1,000 women in 2023. This is a steep increase since 2021 when the rate was 13.5 per 1,000 women. This

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<sup>15</sup> [Teenage pregnancies - Year of conception, ending 31 December 2022 - Teenage pregnancies - Publications - Public Health Scotland](#)

<sup>16</sup> [Scottish Index of Multiple Deprivation](#) is the Scottish Government's standard approach to identify areas of multiple deprivation in Scotland.

<sup>17</sup> [Termination of pregnancy statistics - Year ending December 2023 - Termination of pregnancy statistics - Publications - Public Health Scotland](#)

represents a 30% increase in service demand since 2021 and a 10% increase since 2022.

- Increases were observed across all age groups and in all NHS board areas since 2022.
- Termination rates have generally been trending upwards across all deprivation areas, although the rate of increase was greater in the most deprived areas, and as a result inequalities have widened. Termination rates for women living in the most deprived areas of Scotland (SIMD 1) were double that of those living in the least deprived areas (SIMD 5).
- Earlier gestation terminations (under nine weeks) were less likely when women were from more deprived areas and rural/remote areas.

## Maternity care

### Births in Scottish Hospitals<sup>18</sup>

This annual release by PHS reports on pregnancy, childbirth and the early care of babies born in Scotland. The most recent publication is for the year ending 31 March 2023.

- There were 44,557 maternities (a pregnancy ending in a live or stillbirth) in Scotland in 2022/23. The upward trend in maternal age continued with women aged 35 years and older accounting for around a quarter of all maternities.
- Around two fifths (39%) of live singleton babies were born by caesarean in 2022/23, the highest proportion since reporting began and a steep increase since 2013/14 (29%).
- Rates of maternal obesity and diabetes are increasing with over a quarter (28%) and nearly a tenth (9%) of maternities now affected by obesity and diabetes respectively.
- Preterm birth rates have been increasing since 2010/11 for both singleton and multiple deliveries.
- Pregnant women are more likely to live in the most deprived areas compared with the general population. Deprivation impacts the health of pregnant women and babies across Scotland with women from more deprived areas being more likely to be overweight or obese, have diabetes, to give birth prematurely and to babies small for their gestation compared with those from less deprived areas.

### Maternity Care Survey<sup>19</sup>

The Maternity Care Survey was run by the Scottish Government, with support from NRS. It asked women about their most recent NHS maternity care experience and

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<sup>18</sup> [Births in Scotland - Year ending 31 March 2023 - Births in Scotland - Publications - Public Health Scotland](#)

<sup>19</sup> [Maternity Care Survey - gov.scot \(www.gov.scot\)](#)

covered the maternity care journey from antenatal care through to care at home after the birth. The latest published report covers data collected in 2018. This was the third iteration of the survey with the first run in 2013 and the second in 2015. This means that publications only represent pre-pandemic results.

Findings from 2018 included that:

- Nine in ten women (90%) rated their antenatal care positively.
- Over three fifths (63%) of women saw the same midwife for all or most of their antenatal check-ups.
- Just over nine in ten women (91%) rated the care they received during their labour and birth positively.
- Over four in five women (81%) felt any concerns they raised during the birth were taken seriously.
- Just over eight in ten women (82%) rated their postnatal hospital care positively.

## Menopause

### **Dispenser payments and prescription cost analysis<sup>20</sup>**

PHS publish a report annually on the number and cost of NHS prescriptions dispensed in the community in Scotland. The most recent publication is for the year ending 31 March 2023. The report covers the dispensing rate of “female sex hormones and their modulators” which includes Hormone Replacement Therapy (HRT) to treat the symptoms of menopause. However, it should be noted that whilst these data may include HRT it cannot be said whether this trend represents the dispensing rate of HRT for treating menopause symptoms alone.

- The dispensing rates of female sex hormones and their modulators saw a sharp increase between 2020/21 and 2022/23. There were 827,298 female sex hormones and their modulators dispensed in community pharmacies in the financial period 2022/23. This has more than doubled since 2020/21.

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<sup>20</sup> [Dispenser payments and prescription cost analysis - Financial year 2022 to 2023 - Dispenser payments and prescription cost analysis - Publications - Public Health Scotland](#)

## 2.3 Health conditions

### Endometriosis

#### **Endometriosis UK – Analysis of Endometriosis Service Provision in Scotland<sup>21</sup>**

Endometriosis UK conducted research on behalf of the Scottish Government to understand the provision of, and barriers to, care for endometriosis in Scotland. Although not routinely published by PHS, the report includes PHS data on admissions and waiting times for patients in Scotland. The data covers the period of 2015/16 to 2019/20 and shows:

- During this time period, 24-34 year olds were the most common age group amongst endometriosis patients in Scotland.
- The number of patients waiting over 12 weeks for a laparoscopy<sup>22</sup> rose dramatically between March and June 2020, by more than threefold, in line with Covid-19 pressures on the NHS. Note that these data refer to all patients waiting for inpatient/day case admission for laparoscopy, not just those to diagnose/treat endometriosis.

### Coronary heart disease

#### **The Scottish Burden of Disease study<sup>23</sup>**

The Scottish Burden of Disease (SBoD) study is a national, and local, population health surveillance system which monitors how diseases, injuries and risk factors prevent the Scottish population from living longer lives in better health. It is updated on an ad-hoc basis and currently provides data from 2014-2019 which disaggregates by sex, age and geography.

- In 2019, ischaemic heart disease (IHD) (another term for coronary heart disease (CHD)) was the second leading cause of death and years of healthy life lost for women, accounting for 48,091 disability-adjusted life years (DALYs)<sup>24</sup>.

#### **Scottish Heart Disease Statistics<sup>25</sup>**

This annual release by PHS provides an update on heart disease in Scotland. The most recent publication is for the year ending 31 March 2023.

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<sup>21</sup> [Analysis of Endometriosis Service Provision in Scotland - Final 0.pdf \(endometriosis-uk.org\)](#)

<sup>22</sup> Laparoscopy is a type of keyhole surgery used to diagnose and treat conditions. The majority of endometriosis patients are diagnosed via laparoscopic surgery, there is not currently a non-surgical route to a definitive diagnosis.

<sup>23</sup> [Scottish Burden of Disease \(shinyapps.io\)](#)

<sup>24</sup> DALYs for a disease or health condition are the sum of the years of life lost due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to prevalent cases of the disease or health condition in a population. 1 DALY represents the loss of 1 year in full health.

<sup>25</sup> [Scottish heart disease statistics - Year ending 31 March 2023 - Scottish heart disease statistics - Publications - Public Health Scotland](#)

- In 2022/23 the age-sex standardised incidence rate of CHD was 219.7 of new cases per 100,000 population for females compared with 469.1 new cases per 100,000 population for males.
- Males have a higher 30-day survival rate post first emergency admission than females (94% compared with 91.1%). This gender gap has narrowed from 3.4 percentage points to 2.9 percentage points between 2013/14 and 2022/23.

### **Scottish Health Survey<sup>26</sup>**

SHeS reports on trends in CHD/IHD on an annual basis and provides breakdowns by sex, age, income, area deprivation and long-term illness.

- In 2022, 4% of adult women and 6% of adult men reported doctor-diagnosed CHD/IHD in Scotland.
- The proportion of women reporting doctor-diagnosed CHD/IHD increased with age, ranging from 0-1% of women aged 16-44, 3-8% of women aged 45-74 and rising to 11% of women aged 75+.
- The proportion of women reporting doctor-diagnosed CHD/IHD increased as deprivation increased, with 7% of women in the most deprived areas (SIMD 1) having doctor-diagnosed CHD/IHD compared with 2% in the least deprived areas (SIMD 5) in 2022.

### **Alzheimer's disease and dementia**

#### **The Scottish Burden of Disease study<sup>27</sup>**

- In 2019, Alzheimer's disease and dementias were the leading cause of death and years of healthy life lost for women, accounting for 57,117 DALYs. This is considerably higher than the burden of disease for men, who accounted for 34,241 DALYs.

### **Chronic pain**

#### **Scottish Health Survey<sup>28</sup>**

SHeS reports on the prevalence and impact on the lives of individuals (both adults and children) living with chronic pain in Scotland, as well as access to support. These data were collected and published for the first time in the 2022 report. Figures are reported by age, sex and area deprivation.

- A higher proportion of women (43%) reported being in chronic pain (defined as being currently troubled by pain or discomfort lasting three months or more) compared with men (33%) in 2022.

<sup>26</sup> [Supporting documents - The Scottish Health Survey 2022 – volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/supporting-documents/the-scottish-health-survey-2022-volume-1-main-report)

<sup>27</sup> [Scottish Burden of Disease \(shinyapps.io\)](https://shinyapps.io/scottish-burden-of-disease/)

<sup>28</sup> [The Scottish Health Survey 2022 – volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/supporting-documents/the-scottish-health-survey-2022-volume-1-main-report)

- The gap between sexes was most stark amongst those age 16-24. Over a quarter (27%) of women in this age group were experiencing chronic pain compared with 9% of men.

## Breast cancer

### Cancer incidence in Scotland<sup>29</sup>

This annual release by PHS provides an update of cancer incidence statistics in Scotland from January 1997 to December 2021. The Scottish Cancer Registry collects information on every cancer in Scotland and uses data to inform cancer control.

- Breast cancer was the second most common cancer overall (5,180 diagnoses) and the most common cancer in females (5,143 diagnoses) in Scotland in 2021.
- The number of breast cancer diagnoses in females increased by 6.2% (298) in 2021 compared with 2019.
- In the decade to 2019, number of breast cancer diagnoses increased but rates, or risks, remained similar.
- There were 174 breast cancers diagnosed per 100,000 females in 2021, an increase of 4.5% compared with 2019.

### Scottish breast screening programme statistics<sup>30</sup>

This annual release by PHS provides an update on breast screening statistics. It includes Scottish Breast Screening Programme (SBSP) performance standards, attendance figures, cancer detection rates, biopsy results and screening outcomes. The most recent publication is for the year ending 31 March 2023. Since women are invited to attend breast screening only once every three years, trends in national performance are mostly examined in three-year periods.

- More than 3 in 4 women took up their screening invitations (75.9%) for the three year period 2020/23. This is an increase on the previous three-year period when uptake was 74.5% and pre-pandemic (2017/20) when uptake was 72.2%.
- Women from more deprived areas were less likely to attend breast screening. Only six in ten women (64.2%) from the most deprived areas (SIMD 1) went for screening compared with eight in ten (82.8%) from the least deprived areas (SIMD 5).
- In the 2020/23 period, the invasive cancer detection rate<sup>31</sup> for women aged 53-70 who had been screened within five years of their last attendance was

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<sup>29</sup> [Cancer incidence in Scotland - to December 2021 - Cancer incidence in Scotland - Publications - Public Health Scotland](#)

<sup>30</sup> [Scottish breast screening programme statistics - Annual update to 31 March 2023 - Scottish breast screening programme statistics - Publications - Public Health Scotland](#)

7.3 per 1,000 women screened. This is the highest invasive cancer detection rate seen over the past ten reporting periods. This may be a result of the pause to screening due to the pandemic leading to a backlog of screens.

## Cervical cancer

### Cancer in Scotland<sup>32</sup>

- Overall, the risk of cervical cancer has remained fairly similar over the past decade, however, there has been a reduction in risk in the 25-29 year age group, possibly due to younger females receiving the human papilloma virus (HPV) vaccination.
- In 2021, there were 342 cervical cancers diagnosed, 3% lower than pre-pandemic levels (351 in 2019).
- Cervical cancer was nearly twice as commonly diagnosed in the most deprived compared with the least deprived areas of Scotland.

### Scottish cervical screening programme statistics<sup>33</sup>

This release by PHS provides annual and quarterly cervical screening statistics. It reports on screening population coverage by age group, NHS board, deprivation and HPV immunisation status. The most recent publication is for the year ending 31 March 2022.

- The percentage of eligible women (those aged 25 to 64) who were up-to-date with their screening participation was 68.7% in 2021/22. This is down 0.7 percentage points compared with the previous year and has been declining since 2018/19.
- Women from deprived areas are less likely to participate in the screening programme. For the most deprived areas (SIMD 1), 62.4% of eligible women were screened compared with 73.1% of eligible women from the least deprived areas (SIMD 5).
- Uptake of screening is lowest in women aged 25-29 (53%) and increases with age until a peak of 78.6% at 50-54 years, after which the coverage declines again to 69.2% in those aged 60-64.

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<sup>31</sup> Invasive cancer is cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues. The invasive cancer detection rate is a measure of effectiveness of the screening process.

<sup>32</sup> [Cancer incidence in Scotland - to December 2021 - Cancer incidence in Scotland - Publications - Public Health Scotland](#)

<sup>33</sup> [Scottish cervical screening programme statistics - Annual update to 31 March 2022 - Scottish cervical screening programme statistics - Publications - Public Health Scotland](#)

## 2.4 Health risks and behaviours

### Physical activity

#### Scottish Health Survey<sup>34</sup>

SHeS reports on physical activity and sport for adults and children. It measures the proportion of people meeting the Chief Medical Officer's Physical Activity Guidelines<sup>35</sup>, sedentary time as well as reasons and barriers for participating in physical activity and sport.

- Overall, women are less physically active than men. In 2022, 60% of women met the physical activity guidelines compared with 70% of men.
- This difference by sex can be seen across age bands, SIMD and disability breakdowns.
- For children, the same pattern appears. Two thirds (66%) of girls met the guidelines in 2022 (including activity at school) compared with 72% of boys.
- For adult women the main barriers to taking part in more physical activity or sports are 'It's difficult to find the time' (34%), 'Health isn't good enough' (21%) and 'Not really interested' (12%). Most common barriers specified by men were 'It's difficult to find the time' (34%), 'I already do enough' (18%) and 'Health isn't good enough' (16%).

### Obesity

#### Scottish Health Survey<sup>36</sup>

SHeS publishes adult and child data on body mass index (BMI) by age, sex, income, area deprivation and long-term conditions.

- In 2022, 63% of adult women were overweight or obese compared with 70% of men.
- Amongst women, the age group with the highest prevalence of overweight or obese were those aged 55-64 (73%).
- More adult women are living with obesity (BMI of 30+) compared with men, 30% and 28% respectively. Similarly, more women are living with morbid obesity (BMI of 40+) (6%) than men (3%).

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<sup>34</sup> [Supporting documents - The Scottish Health Survey 2022 – volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/supporting-documents/the-scottish-health-survey-2022-volume-1-main-report)

<sup>35</sup> For adults - at least 150 minutes of moderately intense physical activity or 75 minutes of vigorous activity per week or an equivalent combination of both. For those aged 5 to 18 years - an average minimum of 60 minutes of moderate to vigorous intensity physical activity per day. [UK Chief Medical Officers' physical activity guidelines communications framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/uk-chief-medical-officers-physical-activity-guidelines-communications-framework)

<sup>36</sup> [Scottish Health Survey 2022 Main Report Volume 1 \(www.gov.scot\)](https://www.gov.scot/supporting-documents/the-scottish-health-survey-2022-main-report-volume-1)

## Smoking

### Scottish Health Survey<sup>37</sup>

SHeS reports on cigarette and e-cigarette smoking status, frequency, attempts to quit, quit intention and exposure to passive smoke on an annual basis. It also provides breakdowns by sex, age, income, area deprivation and long-term conditions.

- In 2022, 13% of women were current cigarette smokers compared with 18% of men.
- There has been a decrease in the proportion of women reporting themselves to be current smokers over time, decreasing by 15 percentage points from 28% in 2003.
- In 2022 9% of women said they were a current user of e-cigarette or vaping devices compared with 10% of men.
- Unlike smoking cigarettes, there has been an increase of e-cigarette or vaping use for both men and women, increasing from 5% for both in 2014 to 10% for males and 9% of females in 2022.

## Alcohol

### Scottish Health Survey<sup>38</sup>

SHeS reports on frequency and level of alcohol consumption on an annual basis. Breakdowns by age, sex, income, area deprivation and long-term illness are provided.

- Women self-report consuming less units of alcohol per week compared with men on average – 8.9 mean units of alcohol per week for women compared with 16.5 mean units of alcohol per week for men in 2022.
- There has been a steady decline in the reported mean number of alcohol units consumed by women over time, decreasing by 1.2 units from 10.1 in 2008.
- Women were less likely to report consuming alcohol at hazardous or harmful levels compared with men in 2022 (15% of women compared with 31% of men).
- This has also steadily decreased for women over time, decreasing by 5 percentage points from 20% in 2008.
- Among women, hazardous or harmful drinking was most prevalent among those aged 35-64 years old (17-20%). Levels of hazardous or harmful drinking were lowest for women aged 75 or over (8%).

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<sup>37</sup> [The Scottish Health Survey 2022 – volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-health-survey-2022-volume-1-main-report/pages/110-to-119.aspx)

<sup>38</sup> [The Scottish Health Survey 2022 – volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-health-survey-2022-volume-1-main-report/pages/110-to-119.aspx)

## 2.5 Healthcare experiences

### Healthcare access and experiences

#### Health and Care Experience Survey<sup>39</sup>

The Health and Care Experience Survey (HACE) is run in partnership by the Scottish Government and Public Health Scotland. It is sent to a random sample of people who are registered with a General Practice (GP) in Scotland, have an address in Scotland and are aged 17 and over. The survey has been conducted every two years since 2009 and asks about people's experiences of accessing and using their GP and out of hours services, care and support provided by local authorities and other organisations and caring responsibilities. While the most recent publication covers the period 2023/2024, only the 2021/2022 report has publicly available disaggregated data on gender.

Findings from 2021/2022 include that:

- A quarter (25%) of women could not contact their GP in the way they wanted. This proportion was the same for men (25%).
- The proportion of women who were not offered a chance to see or speak to the person they wanted in two days was 71%, similar to the proportion for men (73%).
- When asked how they would rate the care provided by their GP practice, two thirds (66%) of women rated it positively (compared with 67% for men) and 13% rated it negatively (compared with 15% for men)<sup>40</sup>.
- When asked about their engagement with health professionals, 90% of women agreed that they understood the information they were given by a health professional, 86% said they were able to ask questions if they wanted to and 85% said they were listened to.
- Over two fifths (42%) of women said they did not know the healthcare professional well, 14% disagreed that they were given the opportunity to involve the people that matter to them and 13% disagreed that staff helped them feel in control of their treatment/care.

### Waiting times

#### NHS waiting times – stage of treatment statistics<sup>41</sup>

This release by PHS relates to the length of time patients wait to be seen as a new outpatient or admitted for treatment as an inpatient or day case. The statistics are released quarterly and can be disaggregated by specialty. The data below are for the gynaecology specialty.

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<sup>39</sup> [Health and Care Experience Survey - gov.scot \(www.gov.scot\)](https://www.gov.scot)

<sup>40</sup> Respondents were asked to choose from excellent, good, fair, poor and very poor.

<sup>41</sup> [Stage of treatment waiting times - Inpatients, day cases and new outpatients quarter ending 30 June 2024 - NHS waiting times - stage of treatment - Publications - Public Health Scotland](#)

- Across the period 1<sup>st</sup> April – 30<sup>th</sup> June 2024, 60.9% of patient waits on new outpatient waiting lists for gynaecology were seen within 12 weeks<sup>42</sup> compared with 65.5% for all specialties. 73% of gynaecology patient waits were seen within 20 weeks, compared with 74% for all specialties
- Across the period 1<sup>st</sup> April – 30<sup>th</sup> June 2024, 62.2% of patient waits on inpatient or day case admissions waiting lists were seen within 12 weeks compared with 58.4% for all specialties. 73% of patient waits were seen within 20 weeks, compared with 68% for all specialties.

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<sup>42</sup> Treatment Time Guarantee (TFF) – Following the decision to treat, all eligible patients should wait no longer than 12 weeks for treatment as an inpatient or day case.

## 2.6 Unpaid care and the health and social care workforce

### Provision of unpaid care

#### Scottish Health Survey<sup>43</sup>

SHeS presents data on unpaid caring prevalence in adults and children disaggregated by sex and the impacts of unpaid caring responsibilities.

- In 2021/2022, 18% of adult women reported providing regular help or unpaid care to someone else compared with 13% of adult men.
- Across all age groups, women were more likely than men to report providing regular help or unpaid care for someone else. For example, 27% of women aged 45-64 reported care giving compared with 20% of men of the same age.
- Women were also less likely to be able to take up paid work due to unpaid caring responsibilities compared with their male counterparts for those aged 25-34, 35-44 and 65-74.

#### Scotland's Census<sup>44</sup>

The Census provides data on provision of unpaid care and disaggregates these data by age and sex. It asked people if they look after, or give any help or support to family members, friends, neighbours or others.

- There was a higher percentage of females providing unpaid care (13.5%) than males (10.1%) in 2022.
- This was the case across most age groups. The gap between females and males was highest in the 50-64 year old age group (23.9% compared with 14.7%) followed by the 35-49 year old age group (17.9% compared with 11.8%).

### Health and social care workforce

#### General Practice workforce<sup>45</sup>

This annual release by NHS Education Scotland (NES) provides information on the GP workforce contracted to work in Scottish practices. It includes information about the number of GP practices and profile of patients registered. First conducted in 2013, the most recent publication is for the year ending 31 March 2023.

- As at March 2023, 62% of GPs in Scotland were female. This represents a shift over the past 10 years from a near 50/50 split.
- The highest proportion of female GPs are under 40.

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<sup>43</sup> [Scottish Health Survey 2022 Main Report Volume 1 \(www.gov.scot\)](http://www.gov.scot)

<sup>44</sup> [Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census \(scotlandscensus.gov.uk\)](http://scotlandscensus.gov.uk)

<sup>45</sup> [General Practice Workforce Survey 2023 | Turas Data Intelligence \(nhs.scot\)](http://nhs.scot)

- There are roughly the same number of male and female GPs age 50 and older (737 and 795 respectively).
- Female GPs are more likely to work part time. 57% of the GP Whole Time Equivalent (WTE) workforce are female.

### **Primary care Out of Hours Workforce Survey<sup>46</sup>**

Published annually by NES, the Primary Care Out of Hours (OoH) Workforce Survey has been designed to capture information from the Primary Care OoH services in each NHS Board area. The most recent publication is for the year ending 31 March 2023.

- Female GPs made up a larger percentage of the OoH workforce than male GPs in 2023 (53% compared with 45%). However, female GPs were recorded as providing 42% of the total GP input to OoH services.

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<sup>46</sup> [Primary Care Out of Hours Workforce Survey 2023 | Turas Data Intelligence \(nhs.scot\)](#)

## 3. Summary and gaps

### 3.1 Summary

While not intended to be comprehensive in coverage, this report has highlighted that a range of publicly available data on the health of women exist, with key sources including the Scottish Health Survey, data published by Public Health Scotland (PHS) and data published by National Records of Scotland (NRS).

The table below summarises the sources covered in this paper and includes a brief description of the data available from each. Throughout this exercise a number of gaps in the publicly available data have been identified which are discussed below, before next steps are outlined.

Dataset name	Source	Frequency of publication	Topic covered	Description
<a href="#">Life expectancy in Scotland, 2021-2023</a>	National Records Scotland	Annually	Life expectancy (LE)	Provides a comparison of life expectancy and healthy life expectancy between males and females and presents changes over time. LE and HLE trends, disaggregated by sex, provide a useful insight into the overall health of a population and allow comparisons to be made between Scotland and other countries.
<a href="#">Healthy life expectancy in Scotland, 2019-2021</a>	National Records Scotland	Annually	Healthy life expectancy (HLE)	
<a href="#">Scottish Health Survey 2022</a>	Scottish Government	Annually	Self-assessed general health, mental health, coronary heart disease/ ischemic heart disease, chronic pain, physical activity, obesity, smoking, alcohol, unpaid carers	<p>SHeS provides data on the health of adults (16+) and children (0-15) living in Scotland. It is a useful tool for monitoring trends in population health conditions, health behaviours and provision of unpaid care. It allows analysis to be conducted across different characteristics such as sex, age, income, area deprivation and disability status.</p> <p>It covers a range of health topics such as general wellbeing, mental health, heart disease, chronic pain and obesity. Data on health behaviours allow us to understand the prevalence of certain risk factors for diseases, for example levels of physical activity, smoking and alcohol consumption across different cross-sections of the population. It also provides data on the provision of unpaid care disaggregated by sex and the impacts of unpaid caring responsibilities.</p>

<a href="#">Scotland's Census 2022 - Health, disability and unpaid care</a>	Scotland's Census	Every 10 years	Mental health, unpaid carers	<p>Scotland's Census is the official count of every person and household in the country. The Census provides data on health, disability and unpaid care across the population and disaggregates these data by age and sex.</p> <p>The Census is a good data source for monitoring the health of the entire population and has been useful for highlighting key gender gaps in health. For example, 2022 data has highlighted that young women (aged 16-24) are nearly twice as likely to report a mental health condition compared with their male counterparts (20% and 11% respectively). However, as it is only published every ten years, regular trend analysis cannot be conducted.</p>
<a href="#">Mental Health Inpatient Census 2022</a>	Scottish Government	Annually	Mental health inpatients	<p>The Mental Health Inpatient Census is carried out by the Scottish Government and all NHS Boards annually. It covers patients occupying mental health, addiction and learning disability beds who are funded by NHS Scotland at a point in time, together with patients receiving Hospital Based Complex Clinical Care (HBCCC).</p> <p>The Mental Health Inpatient Census enables us to track differences in mental health care provision between men and women, but only across mental health inpatients, not across the general population.</p>
<a href="#">Long-Acting Reversible Contraception (LARC) Key Clinical Indicator (KCI) 2024</a>	Public Health Scotland	Annually	LARC methods contraception	<p>PHS publish data on LARC methods of contraception in primary care and sexual health settings which is useful for monitoring uptake of these methods over time and across different settings. LARC includes the contraceptive implant, the intrauterine device (IUD) and intrauterine system (IUS) and therefore does not give us information on other reversible methods of contraception such as the contraceptive pill or barriers methods, such as condoms.</p>
<a href="#">Dispenser payments and prescription cost analysis 2024</a>	Public Health Scotland	Annually	Contraception and female sex hormones and their modulators (including HRT)	<p>PHS collect data on prescriptions dispensed in community pharmacies which may add value to our understanding of healthcare provision. However, these data are not published with the intention of monitoring population health and they do not cover prescriptions dispensed elsewhere (for example in hospital pharmacies or sexual health clinics), therefore caution is advised when interpreting results.</p> <p>The report includes the number of contraception and emergency contraception prescriptions dispensed. It should be noted that because these data only cover prescriptions dispensed in community pharmacies and not those prescribed in other settings such as sexual health clinics, the data could be under</p>

				<p>reporting.</p> <p>Additionally, the report covers the dispensing rate of female sex hormones and their modulators which includes Hormone Replacement Therapy (HRT) to treat the symptoms of menopause. However, it should be noted that whilst these data may include HRT it cannot be said whether this trend represents the dispensing rate of HRT for treating menopause symptoms alone.</p>
<a href="#">Teenage Pregnancy Statistics 2023</a>	Public Health Scotland	Annually	Teenage pregnancy	This annual release by PHS allows us to monitor rates of teenage pregnancies over time and has highlighted the recent increases. These data are disaggregated by age, area deprivation, outcome of pregnancy, health board and local authority allowing us to understand differences in trends across multiple groups. It also provides data for England and Wales which provide useful context.
<a href="#">Termination of pregnancies 2023</a>	Public Health Scotland	Annually	Termination of pregnancies	This annual release by PHS provides an update on termination of pregnancies. Trend analysis allows us to monitor rates across time which has highlighted the recent stark increase in terminations of pregnancies. Data are disaggregated by age, place, known ethnicity, area deprivation as well as previous termination, statutory ground, gestation and method of termination.
<a href="#">Births in Scottish Hospitals 2023</a>	Public Health Scotland	Annually	Pregnancy, childbirth, early care of babies	This annual release by PHS reports on pregnancy, childbirth and the early care of babies born in Scotland. This allows us to monitor live birth rates, gestation at birth, birthweight, neonatal care required as well rates of maternal BMI and diabetes.
<a href="#">Maternity Care Survey 2018</a>	Scottish Government and National Records of Scotland	2013, 2015, 2018	Antenatal care, labour and birth, postnatal care in hospital/ midwife-led unit, neonatal care, feeding, postnatal care at home and community	The Maternity Care Survey was run by the Scottish Government, with support from NRS. It gives us insight into NHS maternity care experience from antenatal care through to care at home after birth. The latest published report covers data collected in 2018 which was the third iteration of the survey with the first run in 2013 and the second in 2015. This means that publications only represent pre-pandemic results and follow up analysis cannot be conducted.
<a href="#">Endometriosis UK</a>	Endometriosis UK (Public Health Scotland data)	One-off	Endometriosis diagnoses, admissions and waiting times for diagnoses/	This report was published by Endometriosis UK and analysed endometriosis data from PHS. It gives us some insight into age groups most likely to be diagnosed with endometriosis and waiting times for laparoscopy. However, due to the lack of a clear methods approach in the report and lack of

			treatment	transparency into the specific data used, as well as only presenting data from 2015/16 and 2019/20, it could not provide us with a trend analysis and interpretation of data is limited.
<a href="#">The Scottish Burden of Disease study 2019</a>	The Scottish Burden of Disease	Ad hoc	Disease prevalence by sex - Alzheimer's and dementias and ischemic heart disease	This study is useful for understanding the burden of different diseases across Scotland and provides a comparison of disease prevalence between males and females. It has highlighted the burden of diseases such as Alzheimer's and dementia and ischemic heart disease has on women in Scotland. However, it is updated on an ad hoc basis with the latest update being 2019, therefore it may not be the most reliable source for monitoring population health.
<a href="#">Cancer incidence in Scotland 2023</a>	Public Health Scotland/ Scottish Cancer Registry	Annually	Cancer incidence - breast and cervical cancer	This annual release by PHS provides an update of cancer incidence statistics in Scotland from January 1997 to December 2021. The Scottish Cancer Registry collects information on every cancer in Scotland and uses data to inform cancer control. These data are disaggregated by sex which allows us to monitor which cancers are most prevalent in women.
<a href="#">Scottish breast screening programme statistics 2023</a>	Public Health Scotland	Annually	Breast screening uptake	This annual release by PHS provides an update on breast screening statistics. It includes Scottish Breast Screening Programme (SBSP) performance standards, attendance figures, cancer detection rates, biopsy results and screening outcomes. This report provides us with information on public health surveillance and prevention programmes across different groups of the population.
<a href="#">Scottish cervical screening programme statistics 2023</a>	Public Health Scotland	Annually	Cervical cancer screening uptake	This release by PHS provides annual and quarterly cervical screening statistics. It reports on screening population coverage by age group, NHS board, deprivation and HPV immunisation status. As above, cancer screening data provides us with information on public health surveillance and prevention programmes across different groups of the population. For example, it has highlighted that cervical screening uptake is lowest in young women (age 25-29) and those from deprived areas.
<a href="#">Health and Care Experience Survey 2021/22</a>	Scottish Government / Public Health Scotland	Annually	Experiences with health and social care	The Health and Care Experience Survey (HACE) is run in partnership by the Scottish Government and Public Health Scotland.  It is useful for monitoring experiences of those who engage with health and social care services and disaggregates data by sex (though these breakdowns are not published annually). The survey allows us to gain insight into differences in satisfaction in service provision between men and

				women and highlights areas where patients feel there is a need for improvement. It should be used for analysing health and social care experiences rather than being used as a tool for monitoring disease prevalence in the population due to its sampling method not being representative of the population.
<a href="#">NHS waiting times - stage of treatment statistics 2024</a>	Public Health Scotland	Quarterly	Outpatient and inpatient waiting times for different specialties including gynaecology	This report gives us an annual update on NHS waiting times across different specialties. It allows us to monitor the time patients are waiting to be seen for inpatient and outpatient gynaecology appointments. Further analysis broken down by sex would provide useful insight into waiting times experienced by women across all specialties.
<a href="#">General practice workforce 2023</a>	NHS Education Scotland	Annually	Headcount and WTE for GPs, nurses and other GP staff by age, sex and staff group	This annual release by NHS Education Scotland (NES) provides information on the GP workforce contracted to work in Scottish practices. It includes information about the number of GP practices and profile of patients registered. It allows us to monitor the proportion of women in the general practice workforce.
<a href="#">Primary care Out of Hours Workforce Survey 2023</a>	NHS Education Scotland	Annually	GPs and nurses working in primary care OoH, challenges and experiences in filling shifts, use of multi-disciplinary teams	Published annually by NES, the Primary Care Out of Hours (OoH) Workforce Survey has been designed to capture information from the Primary Care OoH services in each NHS Board area. As these data are disaggregated by sex it provides insight into the proportion of women in the primary care out of hours workforce.

### 3.2 Data gaps

A number of gaps in the published data were identified in completing this exercise, particularly around reproductive health and female-specific health conditions. These gaps are outlined below.

Firstly, there is a lack of published data on menstrual health. This includes information on menarche, painful and heavy periods, premenstrual syndrome (PMS), period poverty, menstrual migraines, polycystic ovary syndrome (PCOS) and endometriosis. Future research could focus on examining the prevalence of these conditions, for example through analysing clinical datasets, as well as developing our understanding of women's experiences of these conditions.

The lack of publicly available data on endometriosis in Scotland may be in part due to the challenges associated with diagnosing the condition, which make it difficult to collect data on its prevalence and the experiences of affected women. The only identified published Scottish data on endometriosis was included in a report conducted by Endometriosis UK which analysed PHS data. However, as this was a one-off report which covered the period 2015/16 to 2019/20, more recent trend data on the prevalence of endometriosis and waiting times for care cannot be explored using publicly available information.

There is also a lack of published data on the menopause in Scotland. PHS publish data on the levels of female sex hormones and their modulators dispensed in community pharmacies, including HRT used to treat menopause symptoms. Whilst these data may indicate how many women are receiving treatment for menopause symptoms, it may also include patients receiving female sex hormones to treat other conditions. Therefore, it is not a reliable indicator of the number and rate of prescriptions of HRT being prescribed to treat menopausal symptoms specifically.

Additionally, there is a gap in the publicly available data on the average age of menopause in Scotland and the prevalence of associated symptoms. However, questions on menopause and perimenopause have been introduced for the first time in the Scottish Health Survey 2024 which will be published in 2025.

Another gap is the lack of published data on contraception. Whilst PHS publish routine data on the prescription of LARC methods, this does not include other reversible methods such as the combined and progesterone-only contraceptive pill and barrier methods such as condoms. As mentioned, PHS publish dispensing data on forms of contraception dispensed by community pharmacies, but these do not include sexual health clinics. It would be valuable to understand more about the provision of all contraception in Scotland given the recent increases in terminations of pregnancies and teenage pregnancies.

There is also a lack of data on miscarriages and infertility across Scotland. No published data was identified during this exercise that covers miscarriages. This may be partly due to the difficulty in quantifying miscarriages as many happen before women know they are pregnant. Similarly, it is difficult to monitor infertility as many women may not engage with their health practitioner for a number of years before seeking treatment.

Overall, although there are sources which allow us to analyse women's health by various characteristics, there is limited data published on under-represented and marginalised groups and more vulnerable populations due to small sample sizes in national surveys. This reflects a gap in the data landscape which would allow for a more detailed understanding of health inequalities across Scotland.

### **3.3 Next steps**

Going forward, the sources identified in this scoping exercise will inform the development of the next phase of the WHP. Further work will be undertaken to explore the sources and their implications in more detail as well as to address the

gaps in the published data identified, ensuring that we continue to strengthen the evidence-base on the health of women in Scotland.



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