

# **Lived Experience Focus Groups Report for Women's Health Plan: Phase Two**

January 2026

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# 1. Introduction

In August 2021, the Scottish Government published the [Women's Health Plan](#) setting out an ambitious vision to ensure that all women and girls living in Scotland experience the best possible health across their lifetime.

As part of the Scottish Government's commitment to gather the views of women and girls to inform the second phase of the Women's Health Plan, five third sector organisations working in Scotland were commissioned and funded to carry out focus groups. This report provides a summary of the key findings from the focus groups.

## 1.1 Organisations

The following five third sector organisations carried out the focus groups:

[Age Scotland](#) aims to improve the lives of people over the age of 50 living in Scotland. Their campaign to ensure that the needs of older people are addressed by policymakers at both local and national levels.

[British Heart Foundation](#) Scotland (BHF) supports people living with heart and circulatory disease through campaigns to raise awareness of the issue to policymakers and funding vital research.

[CEMVO Scotland](#) offer training, development and advice to over 600 third sector organisations working with ethnic minority communities in Scotland to support them to build their capacity and sustainability.

[Simon Community Scotland](#) provides support to people who are experiencing or who are at risk of homelessness. They also offer support to people once they have secured a safe home to aid their recovery from the experience of being homeless.

[The Young Women's Movement](#) aims to raise awareness of the rights of young women living in Scotland. In response to the views of young women, their current focus is advocating for young women's right to access to adequate health and reproductive care.

## 1.2 Participants

The Women's Health Plan adopts a life course approach, acknowledging that experiences at different stages of life shape health and wellbeing over time. Therefore, it was important that the experiences of girls and women living in Scotland of varying ages were explored in the discussions. The focus group discussions included the views of 99 participants, ranging from girls in their early teens to women up to 90 years old. Participants were recruited from across both rural and urban areas in Scotland.

The Women's Health Plan is underpinned by an intersectional approach recognising that many women and girls in Scotland will face multiple, and often overlapping,

disadvantages and barriers to accessing good healthcare. Intersectionality acknowledges that there are many different factors that make up people's identities, for example their sex, gender, ethnicity, sexual orientation, socio-economic background, disability, religion and more. Therefore, participants included women from different ethnic minority groups; those identifying as being from the LGBTQ+ community; women living with life-long health conditions and those who have experience of homelessness and substance use.

Informed consent was sought from all participants involved in the discussions.

## 2. Findings

### 2.1 Health priorities for women and girls

The discussions highlighted three main priorities across all groups:

- Health Education and Preventative Care
- Gynaecological and Reproductive Health
- Mental health and wellbeing

### 2.2 Health Education and Preventative Care

When discussing areas that should be prioritised, focus group participants highlighted the need for improvements in health education. Many participants noted that they feel unable to access support for their own health needs due to their lack of health literacy.

**Older women** in the focus groups stated they wished they had been educated on aspects of women's health when they were younger, especially around health and wellbeing in later life. They noted having access to information and support earlier would have enabled them to have taken preventative actions to protect their health from a younger age. Women taking part in the **Age Scotland** focus group noted that increasing the accessibility of health information would empower women to be proactive over their own health.

Focus group participants suggested that sharing health information in a wide range of community settings people regularly visit, such as libraries, religious centres, leisure centres and supermarkets, would help women to access the health information they need. Women from ethnic minority backgrounds also highlighted that health information needs to be readily available in other languages.

The **young women and girls** who took part in the focus groups asked for more comprehensive health education to manage their health needs and to better understand their physical and mental health and wellbeing, both during and after puberty. They wished to increase their confidence when interacting with health professionals, suggested asking health professionals to come into schools to share information and that posters and leaflets sharing health information and education should be displayed around schools. They noted that this would enable young women to be able to seek health support without having to approach a parent or

teacher for help or relying on accessing unreliable information online. They considered this to be particularly important for sexual and reproductive health, including information on clinics and where to seek help for an unintended pregnancy.

*“The GP says that they’ll put you on ‘this’, and it’s some big title or word I’ve never heard before, before they even ask if there are any other symptoms or issues I’m experiencing. I’ll take it because I trust them, but I don’t feel like I’ve been understood or listened to.”*

**The Young Women’s Movement Scotland Participant**

Women participating in the **Simon Community Scotland** focus group, who had lived experience of growing up in poverty or who had left education early, stated they had missed opportunities to become health literate and that they lacked knowledge on how to access support for their health needs. They stressed that for some women it is important that health education continues throughout adulthood.

Women with heart or circulatory conditions highlighted the need to educate women on how to recognise the signs of heart conditions and how these symptoms differ from those experienced by men. Increasing women’s knowledge and understanding would encourage them to seek help earlier, enabling vital intervention that could potentially save lives.

*“I think this day and age, the general public still don’t think that women in their 20s and 30s and 40s can have a heart attack. And a lot of the issues are that women also present with heart attacks and heart ill health in significantly different ways. The signs and symptoms are different [...] And we could end up having serious heartburn or what we think is indigestion for weeks on end. And it’s actually something a lot more serious. But because we’re women, we kind of just plod on and we don’t do anything about it.”*

**British Heart Foundation Scotland Participant**

Women participating in the **Age Scotland** focus group advocated for everyone to attend an annual health check appointment, which they felt would enable the early detection of health conditions and provide opportunities for health practitioners to share health information. They also emphasised the importance of attending screening services to support early cancer detection and facilitate early intervention. Additionally, participants also advocated extending screening services to cover a wider age range of women.

### **2.3 Gynaecological and reproductive health**

In all focus groups, gynaecological and reproductive health was recognised as a priority area for women’s health. The specific issues highlighted varied according to participants’ age and life stage.

The **young women and girls** who took part focused on puberty, hormonal changes and periods. They reported feeling unprepared for the physical and emotional changes of puberty, often unsure what was “normal” in terms of their periods. Some who had sought reassurance from health professionals reported feeling dismissed, and being told issues were “purely hormonal” and that they would “grow out of it”. Such encounters left them feeling embarrassed and less inclined to seek medical help in the future.

Another concern raised was the potential impact of taking hormonal contraception. Some participants reported being inadequately informed of the side-effects, and that their worries were sometimes dismissed by health professionals, who told them they “shouldn’t be concerned about it”. The young women stated they were unsure where to seek support on how to manage their mental health while taking the contraceptive pill. Some participants noted feeling unable to approach their peers for fear of being judged for using contraception. They reported that they would find it awkward discussing the topic with their GP or a parent.

Some young women felt that age-appropriate sex education should be mandatory in school for all pupils, delivered in a relaxed conversational format rather than as a standard lesson.

Women participating in the **Simon Community Scotland** focus group reported lacking a full understanding of what to expect during the perimenopausal and menopausal phases of their life. Like the younger women, knowing where to get answers to their questions regarding what was normal was difficult and this had left them feeling confused and unsupported. For some, peer-led support had been helpful in filling these gaps.

Women participating in the **British Heart Foundation** focus group emphasised the importance of health professionals having specialised women's health training and being able to distinguish whether the symptoms they are experiencing are caused by medication or hormonal changes related to the menopause.

*"I'm kind of struggling to accept that at age 40, I have to swallow all these tablets for the rest of my life. But one of the things that was kind of put out there was that all these side effects might be perimenopause. It might be nothing to do with your medication, but you have to wait to see the GP that had the training on women's health and menopause"*

**British Heart Foundation Scotland Participant**

## **2.4 Mental health and wellbeing**

Mental health and wellbeing was highlighted in all of the focus group discussions as an aspect of women's health that should be prioritised. Focus group participants reported that balancing family life, work and unexpected life events can be stressful and negatively impact their wellbeing. Participants recognised that good mental health was vital for them to keep motivated, to be physically active and to make healthy decisions.

*"None of us in this little group seems to have got away with life without being really stressful. I mean, we don't need stress. But we as women, actually, we've all possibly had too much stress. And it's definitely had an effect on our health."*

**British Heart Foundation Scotland Participant**

This was especially true for women who were unpaid carers, and who expressed that the responsibility of caring for a relative who was unwell or who had additional needs often left them feeling isolated. Without adequate support, they often prioritised the needs of the person they cared for over their own health needs, resulting in deterioration of their own mental and physical health.

*“I was admitted to hospital 3 weeks ago and discharged myself because I had a caring role to do at home and there was nobody here to look after my kids.”*

**British Heart Foundation Scotland Participant**

Many women also reported encountering various challenges accessing support. Women participating in focus groups run by **Age Scotland** noted that there is a stigma associated with discussing poor mental health and ageing, which may prevent women from seeking help. Similarly, women in the focus group run by **CEMVO** explained that, in some communities, it is not considered appropriate to openly discuss certain aspects of life, highlighting a need for accessible counselling services.

Participants from the **Young Women’s Movement** discussions described turning to close friends or trusted adults before seeking professional help. While most reported having an adult who could support or advocate for them, some did not, often because they were reluctant to burden a relative who was struggling with their own mental health. The youngest participants reported feeling that their mental health was often overlooked.

Women who participated in the **Simon Community** focus groups reported inadequate mental health support, noting health professionals relied heavily on prescribing medication rather than offering any longer-term support or therapeutic care. Participants reported that referrals for supportive services have long waiting lists and private counselling is too expensive. Women attending the focus groups who had a history of substance use encountered additional challenges accessing mental health support, reporting often being “passed from pillar to post” between service providers. The women emphasised the need for holistic mental health care that is integrated with other services, such as support for substance use and opportunities for physical activity.

*“One of the things they identified was the social stress of my caring role. That has not changed in two years. They haven’t given me additional respite. They haven’t given me additional support. I don’t have a big support network roundabout. They can’t prescribe that. My doctor is frustrated with the system because social work can’t provide that. So, the NHS isn’t going to fix that. There’s a wider problem.”*

**British Heart Foundation Scotland, Participant**

The need to improve referral systems was also raised in the **British Heart Foundation** focus group. One participant described how due to health and social care system constraints she found it challenging to arrange the respite support she required.

## 2.5 Additional health priorities raised

There were additional health priorities raised in some of the focus groups which are summarised below.

### 2.5.1 Women aged 50+

Women who attended the focus groups facilitated by Age Scotland emphasised that maintaining brain health was a priority. They highlighted the importance of brain health and remaining mentally active to protect their cognitive function and reduce the risk of dementia.

Participants also noted that preserving sensory health, such as eyesight and hearing as well as joint health, was particularly important as women age, as these factors are related to a person living a healthy life and reduce the risk of dementia.

Finally, they stressed the need for high-quality, person-centred dementia care. Such care not only benefits the individual with reduced cognitive function but also provides respite for unpaid carers, allowing them time for their own self-care and helping to reduce stress.

### 2.5.2 Women experiencing homelessness

The lack of available NHS dentists was raised by the women attending focus groups facilitated by **Simon Community Scotland**. Participants noted that even when registering for NHS dental care, the long wait times meant delays to accessing appropriate care.

*“One women phoned to register [with a dentist] and book an appointment in April 2025, however, the first NHS appointment wasn’t until July”*

**Simon Community Scotland**

Women also highlighted that, in order to prioritise their health, other social determinants such as improving housing and providing safety for women experiencing domestic violence must be addressed.

## 2.6 Barriers and facilitators to healthcare

Women were asked to reflect on the barriers they had encountered when trying to access healthcare. Some barriers were linked to healthcare systems whereas others were due to women’s personal circumstances. Many of these barriers interact, creating challenging situations for women. Focus group facilitators also asked women to consider how barriers could be overcome; their suggestions are summarised below.

## 2.7 Frustrations accessing care

A common theme discussed by the women was the challenge of accessing in-person, face-to-face appointments with health professionals.

*“When I go to the doctor, I do not get [an] appointment, they just re-subscribe the medication.”*

**CEMVO Scotland, Participant**

Many GP practices have adopted a system that requires patients to call in the morning to book an on-the-day appointment. Several focus group participants believed this system was inadequate, that it did not meet their needs and made access to health care discriminatory.

The young women from the Young Women’s Movement focus group reported that it is challenging to call their GP to make an on-the-day appointment when their school has implemented a “no mobile phone rule”.

*“If you can’t get through to them in the morning, the receptionist will promise to call you back if you leave a message, and if you miss the call you have to wait until the next day.”*

**The Young Women’s Movement Scotland Participant**

Focus group participants reflected that the challenges of making on-the-day appointments were heightened for carers. Participants explained that for their own privacy it may be inappropriate to take the person they care for with them to appointments and it requires time to arrange caring support. Therefore, the unpaid carers who took part in the focus groups often chose to not seek medical care as it was too challenging, meaning that their own health was impacted.

*“I don’t get to be sick – I’m mum and gran and wife to a disabled husband. There’s no one to look after them, never mind me.”*

**Age Scotland Participant**

The impact of limited opening times of GP practices was an issue raised by a young woman managing a long-term health condition. She explained that taking time to attend appointments often meant missing several hours of school, affecting attendance scores. Other young women echoed these concerns and advocated for longer surgery times.

Women participating in the **Simon Community Scotland** focus group explained that for women who are homeless accessing a phone early in the morning to call the GP practice may not be possible, therefore they miss the opportunity to make an appointment to see a GP. In addition, women who are placed in emergency accommodation may need to travel long distances to reach their GP practice and the cost of this may be prohibitive to accessing healthcare. They suggested that a drop-in healthcare service or support from a dedicated outreach team could help these women to be supported with their complex health needs and remove barriers to healthcare appointments. They also noted that drop-in services could benefit women on low incomes who cannot afford to miss work to attend appointments.

Women living with heart conditions who participated in the British Heart Foundation focus group noted their frustration with experiencing long waiting times to access specialist services.

*“I’m still waiting for an appointment with haematologist for – this has been two years I’ve been waiting on it...”*

**British Heart Foundation Scotland, Participant**

Some older women reflected that they ended up accessing private healthcare due to long waiting times for NHS specialists impacting their quality of life. They acknowledged that this was not an option available to all women.

Several participants in the Age Scotland focus group voiced concerns that increasing digital healthcare services to improve access to appointments could create unintended barriers for those who are not digitally literate or who face language or communication barriers. However, young women participants were supportive of creating an online booking system, believing this would increase accessibility and enable them to have more control of their own appointments.

## **2.8 Location Challenges and Centralisation**

Women living in rural Scotland reflected that access to care can be particularly challenging.

*“I know there's a severe shortage of GPs and there's an even worse situation up in the Highlands and the Islands because we just can't get the GPs to come work up here in rural areas... to come up to the Highlands and the Islands where you're doing an awful lot of travelling, it's very difficult for us to get GPs to stay on”*

**British Heart Foundation Scotland, Participant**

Many of the women noted the challenges accessing healthcare have been exacerbated by the removal of localised community healthcare services in favour of more centralised healthcare services. This has impacted those in rural areas who

might have to travel further for appointments, cover the cost of travel and account for the time it takes to reach appointments. These challenges are especially significant for women who rely on public transport, which may be unreliable and often does not align with appointment times. While women did praise the patient transport services, they noted that their availability is limited as they cannot fully cover the large rural areas of Scotland.

Several participants stressed the need to reinstate community support, which would increase women's ability to access healthcare when they require it, and potentially allow for more preventative care services or low-cost support groups to improve women's wellbeing, which are currently lacking.

Women with complex health needs shared that they would find it beneficial to have access to holistic care and suggested multidisciplinary meetings between healthcare professionals from different specialities and other agencies to help reduce their appointment burden and improve their healthcare and support. It would also limit the risk of miscommunication on the needs of the patient and increase everyone's understanding of that woman's care plan.

## 2.9 Communication

Several of the women discussed their experiencing of communicating with health professionals, including not being able to fully explain their symptom(s) to the doctor and feeling hesitant to ask questions or challenge recommendations on their care with their doctor.

*"I wouldn't know what to say, I would feel too embarrassed in case they thought I was challenging their medical knowledge or authority. I just accept what they say to me and then ask my mum for advice later on."*

**The Young Women's Movement Scotland Participant**

Other focus group participants suggested that communication challenges arise when health professionals presume that patients have a good understanding of their own health issue and, as a result, do not fully explain or clarify the problem.

This was noted as especially challenging for women who do not have English as their first language.

*"When I go to the doctor, I am not able to explain"*

**CEMVO Scotland, Participant**

Participants across the focus groups noted that they would value health professionals taking the time to clearly explain the steps involved in a healthcare treatment or intervention.

In addition, women who were from an ethnic minority background participating in the **Age Scotland** focus group raised concerns that health professionals may overestimate their understanding of the English language and therefore not offer interpretation services. This sometimes resulted in women relying on younger family members to act as interpreters for them, which could be uncomfortable for them and impact that women's right to privacy. Other women raised concerns that when phone interpretation services were used it could complicate communication. Interpreters may not effectively translate the information directly leading to miscommunication between the health professional and the women.

## 2.10 Trust and Rapport

A common theme from the focus group discussions was the difficulty that women experience building trusting relationships with healthcare professionals. Many attributed this to a lack of continuity of care. Women expressed their frustrations, explaining that every time they see a new doctor they are required to repeat their story.

*"It should be the same GP all the time, all the way through, so that they really get to know you and that you have continuity of care. As far as I'm concerned, there's no point in any of us going, having an appointment with the GP and seeing a totally different person every single time and each GP having to read up all the notes which aren't on paper anymore. They're all on the screen. So, you go into the surgery, and they've got their eyes on the screen reading all of this stuff. It's a different person every time. Now to me personally, that's wrong. We all should have continuity and see the same GP all the time. It would be very helpful."*

**British Heart Foundation Scotland, Participant**

Women taking part in the **Simon Community Scotland** focus group explained that their mistrust in health professionals stemmed from experiencing stigma and discrimination from statutory professionals across their lifetime. A number of women noted that they do not have the confidence to advocate for themselves or disagree with decisions made by health professionals in case they are reported as being obstructive to other agencies.

Many of the women from the **Simon Community Scotland** focus group noted experience of traumatic events and stressed the need for practitioners to be trained in trauma-informed care. They highlighted that, due to past experiences, some women may be more comfortable with a female healthcare provider and that this should be accommodated. Likewise, women from ethnic minority backgrounds asked that their cultural beliefs be respected and for female health practitioners to be available to support their care when requested. For both these groups of women the availability of female staff was described as important to feeling safe in a healthcare setting.

It is important to note that there were women in the focus groups who were keen to share that they have experienced positive relationships with their health care practitioners and that they appreciated the difficulty of their role.

## 2.11 Feeling Ignored

Although most of the women reported positive experiences in their care, they were aware of other women who had experienced their health concerns being disparaged. Some participants described being told that their symptoms are simply a normal part of ageing or hormonal changes, leaving participants feeling unsupported, patronised, frustrated and unwilling to seek support again.

Across the focus groups there was agreement that health professionals often see women through a stereotypical lens. They described it as disheartening that women's health problems, particularly in later life, are frequently considered to be psychological rather than physical. Many participants were surprised to learn that health professionals do not undergo specific training on women's health. There was agreement that, as a priority, health professionals should be provided with guidance on how to communicate clearly with women and check their understanding during consultations.

*"When we do have to go and see a GP, we don't want to be told 'Oh, it's wear and tear, there's nothing you can do about it' because that's not constructive, especially for intelligent women who are making a concerted effort to look after our health, to be told in a patronising way that the problems are due to wear and tear is not good enough."*

**Age Scotland Participant**

Women from ethnic minority communities echoed the need for staff to be trained on aspects of women's health. It was noted that women from some ethnic minority backgrounds are at higher risk of developing some health conditions. Focus group attendees described experiences of healthcare professionals not being adequately informed on the implications of ageing for women from ethnic minority communities e.g. the different experiences of menopause.

## 2.12 Quality of Healthcare

For the women in the focus groups, the challenges that have already been discussed impacted the quality of the healthcare that they had received. The participants also highlighted additional factors that they believed negatively impacted the quality of the care women receive in Scotland.

Women participating in the **Age Scotland** and the **Simon Community Scotland** focus groups discussed inconsistencies in service investment across the country. They felt that people who live in urban areas, particularly those with teaching hospitals, have more access to advanced services and more experienced staff than those in rural locations. Participants in the focus group run by Age Scotland also

reported that, in their experience, incurable conditions such as dementia do not receive the same level of service investment as other more “visible” critical conditions.

Many of the women felt that appointment times were too short to enable meaningful conversations between the health professional and patient, further impacting on women’s ability to build a trusting relationship with their healthcare provider.

### **3. Conclusion**

The focus groups provided valuable insight into women’s experiences of Scotland’s health systems and services. Across all age groups, participants agreed that the Scottish Government should prioritise improvements in gynaecology and reproductive health, health education and preventative care, along with mental health and wellbeing.

While many women acknowledged receiving high-quality care and recognised the pressures faced by health professionals, they identified clear areas for improvement. Women expressed a desire to take greater responsibility for their own health, calling for accessible, visible information on services and interventions in locations beyond healthcare settings, such as schools, community centres, and supermarkets. They believed this would enable them to take proactive steps to maintain their health.

Focus group participants also emphasised the need for holistic, person-centred care, including training health professionals to understand the nuances of women’s health and the impact of hormonal changes across the lifespan. To improve communication and reduce misunderstandings, women highlighted the need for interpretation services, trauma-informed practice, and other adjustments to meet individual needs.

Focus group participants noted that implementing these changes would help reduce feelings of dismissal and build trust; encouraging women to seek support and engage with healthcare throughout their lives.

## **4. Appendix**

### **4.1 Methods**

In total, the five organisations ran thirteen focus groups. Ten were held in person at locations convenient to the participants, such as community hubs and schools. BHF ran one online focus group while Age Scotland held two of their discussions online, increasing accessibility for participants.

The focus groups were conducted by experienced facilitators, with an emphasis on inclusive discussion and supporting women to reflect on their experiences. Prior to the discussions, some of the organisations provided the participants with information on the aims and objectives of the first phase of the Women's Health Plan.

#### *4.1.1 Recruitment*

The organisations selected to run the focus groups were chosen due to their engagement with diverse groups of women and girls who were able to share their views on the health of women in Scotland and their experiences of the health system. Each organisation employed different methods to recruit the focus group participants.

In addition to recruiting from their existing network, Age Scotland approached groups of women who met specific demographic criteria. Additional women aged 50 and above were recruited from a pool of survey respondents who indicated they would be interested in taking part in a focus group.

Similarly, the research agency Diffley Partnership, commissioned by the BHF to run their focus groups, recruited participants through existing networks. This included female members of the charity's lived experience panel, comprising of 100 people living with heart conditions across Scotland.

CEMVO worked with two charities dedicated to supporting people from ethnic minority communities. The Organisation for Nepalese Culture and Welfare recruited women from their network to participate in one of the focus groups. The women in this group were all aged between 34 and 50. A second focus group was held with young women from ethnic minority backgrounds aged between 14 and 16 who engaged with the charity Touch of Love.

To reach women with current and past experiences of homelessness, Simon Community Scotland recruited participants through flyers displayed in their Connect Hub and wider accommodation services. Staff also spoke to women who regularly attended the Hub.

The Young Women's Movement engaged with schools and youth groups in areas to recruit participants.

## 4.2 Focus group topic guide

The Scottish Government asked for the focus groups discussion to explore several broad health topics. The group facilitators adapted the topics into questions to use as conversation prompts; examples of questions asked include:

1. What aspects of health are most important to you and women you know?
2. What areas of women's health care or health services do you think the Scottish Government should prioritise?
3. What barriers do you, or women you know, face when accessing health and wellbeing services, and what factors enable them to access such services effectively?
4. What challenges do you, or women you know, face when looking after your own health and wellbeing, and what factors enable them to look after their health effectively?
5. What do you, or women you know, think about the accessibility of current healthcare services in Scotland?
6. How would you describe the quality of current healthcare services for women in Scotland?
7. Is there anything else that you would like to see addressed through the women health plan?



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