

## Organisations call for the Government to accelerate action on women's health

**Today, the RCOG along with 48 other organisations representing women's health and mental health are calling for concrete action if women are to receive the quality healthcare they need across their lifetime.**

The UK government election manifesto promised “never again will women's health be neglected” yet recent polling commissioned by the RCOG shows that only 5% of women think the government is treating women's health as a priority.

Our organisations can attest to the devastating impact on women and their families of underinvestment in women's healthcare. Every day, we hear from women living with life-shattering gynaecological conditions and in need of reproductive healthcare, often waiting months and years for appointments and care. We hear safety and quality reports of maternity services highlighting the impact of poor maternity staffing on women's care, and we hear about stark health inequalities affecting the most vulnerable women in our society.

We understand that the government is operating in a challenging fiscal context and this is why we want to work with you to offer solutions to drive NHS savings and economic growth. Investment in women's health makes economic sense. The NHS Confederation found that every additional £1 of public investment in obstetrics and gynaecology services per woman in England is estimated to deliver a return on investment of £11<sup>1</sup>. As it stands, unintended pregnancies cost an estimated £193 million to the NHS in England each year.<sup>2</sup> Contraception is one of the most cost-effective preventative interventions, with the government's own analysis demonstrating that every £1 spent on publicly funded contraception saves £9 in averted direct public sector healthcare and non-healthcare costs.<sup>3</sup> Looking specifically at the provision of long-acting reversible contraception (LARC) in primary care, every £1 invested creates £48 in savings for both the NHS and the wider system over 10 years.<sup>4</sup> As such, we urge the UK government to prioritise women's health needs in upcoming Spending Review, and the 10-Year Health Plan to follow.

46% of women surveyed by the RCOG found accessing women's health services difficult or very difficult. We believe that the Women's health hub model provides an opportunity to tackle this. Early evidence shows that hubs reduce the number of appointments women need and move care into communities. The hub model also helps to prevent poor health outcomes with priorities based on local need, this is vital to reducing health inequalities. The progress made on establishing women's health hubs across England is now at risk. Financial challenges facing Integrated Care

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<sup>1</sup> [Women's health economics: investing in the 51 per cent | NHS Confederation](#)

<sup>2</sup> [Health matters: reproductive health and pregnancy planning – Public Health England](#)

<sup>3</sup> [Extending Public Health England's contraception return on investment tool: Maternity and primary care](#)

[Settings – Public Health England](#)

<sup>4</sup> [Extending Public Health England's contraception return on investment tool: Maternity and primary care](#)

[Settings – Public Health England](#)

Systems<sup>5</sup> may force them to discontinue or scale back their hubs, now that the central mandate and ring-fenced funding has been removed.

Women face some of the longest NHS waits. There are currently over 600,000 women waiting to see a gynaecologist in England, many are waiting for months and years with serious conditions preventing them from living full, healthy lives, reaching their potential, and participating in the economy. Women make up a significant portion of the UK workforce in key sectors but many have to work less, or stop work altogether<sup>6</sup>, because their health needs are not being met. Long-term, sustained funding to address the complex systemic issues driving gynaecology waiting list growth will be critical to achieving the government's goal of ensuring people wait no longer than 18 weeks, and will ultimately save money.

Despite the dedication and hard work of maternity teams, there simply aren't enough staff to provide the safe, personalised and compassionate care that every woman deserves. The tragic impact for women will continue until the government invests in improved staffing levels and training time, including for perinatal mental health services. Lord Darzi's report adds to the clear evidence that key factors in maternity staffing such as burnout, unstable working patterns, loss of trained staff and challenges with training are holding maternity services back. It was encouraging to see the recent NHS guidance reference the importance of focusing on challenged services, including maternity and neonatal care. However, we are concerned that valuable initiatives, such as Maternal Medicine Networks, are at risk of deprioritisation as ring-fencing is removed, in the face of difficult fiscal trade-offs between services.

Finally, to move towards a health service that not only tackles poor health in the short term, but prevents it in the long term, the government must end staggering inequalities in health outcomes for women across the UK. Austerity and insufficient investment in the NHS has disproportionately affected women and girls. This is cutting lives short, with women in the most deprived areas of the UK dying many years earlier than their least deprived counterparts. In England, Black, Asian and minority ethnic women have worse outcomes and experiences than white women across multiple outcomes including decades-long disparities in the risk of dying during or shortly after pregnancy, stillbirth and premature birth, and diagnosis and treatment of gynaecological cancers. Vulnerable women with severe mental illness are also experiencing inequalities in service access, as their needs are not met by non-trauma informed and flexible services. Ending inequalities in women's health will require strong investment in public health to support women to live in good health for longer. The 10-Year Health Plan must make visible and coordinate connections with UK government Departments to achieve sustainable and long-term improvements to the wider factors shaping women's health.

This week, as we mark International Women's Day, we collectively urge the government to 'accelerate action' and put women and girls at the heart of health policy. Through investment in the women's health hub model, support for safe and personalised maternity care and the obstetrics and gynaecology workforce, and tackling health inequalities, the government can achieve its essential missions and deliver better health for women and girls across the country.

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<sup>5</sup> [NHS England » Annual assessment of integrated care boards 2023/24](#)

<sup>6</sup> [The impact of an endometriosis diagnosis on monthly employee pay and employee status, England - Office for National Statistics](#)

Yours sincerely,

<b>Dr Raneer Thakar, President of the Royal College of Obstetricians and Gynaecologists</b> <b>Kate Lancaster, CEO of the Royal College of Obstetricians and Gynaecologists</b>
<b>Gill Walton, CEO of the Royal College of Midwives</b>
<b>Dr Mumtaz Patel, Senior Censor and Vice President for Education and Training, and Acting President for the Royal College of Physicians</b>
<b>Dr Lade Smith CBE, President of the Royal College of Psychiatrists</b>
<b>Dr Claire Shannon, President, Royal College of Anaesthetists</b>
<b>Dr Emma Ferriman, President of the British Maternal and Fetal Medicine Society (BMFMS)</b>
<b>Mr Ashish Pradhan, Chair of The British Society of Urogynaecology</b>
<b>Dr Arvind Vashisht, President of the British Society for Gynaecological Endoscopy (BSGE)</b>
<b>Professor Matt Phillips, President of the British Association for Sexual Health and HIV (BASHH)</b>
<b>Mrs Leena Gokhale, Consultant Gynaecologist and President of the British Society of Gynaecological Imaging</b>
<b>Dr Daniele Bryden, Dean of the Faculty of Intensive Care Medicine</b>
<b>Mr Stephen Dobbs, President of the British Gynaecological Cancer Society</b>
<b>Dr Pallavi Latthe, Chair of the British Society for Paediatric and Adolescent Gynaecology (BritSPAG)</b>
<b>Dr Nahid Gul, President of the British and Irish Association of Robotic Gynaecological Surgeons (BIARGS)</b>
<b>Professor Janice Rymer, Chair of the British Menopause Society</b>
<b>Dr Patricia Lohr and Dr Tracey Masters, Co-Chairs of The British Society of Abortion Care Providers (BSACP)</b>
<b>Deirdre Lyons, President of the British Society for Colposcopy and Cervical Pathology (BSCCP)</b>
<b>Dr Janet Barter, President of the Faculty of Sexual and Reproductive Healthcare</b>
<b>Janet Lindsay, Chief Executive of Wellbeing of Women</b>
<b>Athena Lamnisos, CEO of The Eve Appeal</b>
<b>Jenny Ward, Chief Executive at the Lullaby Trust</b>
<b>Jane Plumb MBE FRCOG FRSA, CEO of Group B Strep Support</b>
<b>Greta Westwood, CEO of the Florence Nightingale Foundation</b>

<b>Shauna Leven, CEO of Twins Trust</b>
<b>Kath Abrahams, Chief Executive at Tommy's</b>
<b>Hope Plumb, Co Director at Elayos Amelia Sommers, Co Director at Elayos</b>
<b>Heidi Eldridge, CEO at MAMA Academy</b>
<b>Sarah Land, Charity Manager &amp; Co-Founder at PEEPS-HIE Charity</b>
<b>Dr Marlize De Vivo, PhD &amp; Sally Kettle Chief Executive Officers of the Active Pregnancy Foundation</b>
<b>Justin Irwin, CEO of the Maternal Mental Health Alliance</b>
<b>Naomi Delap, Director at Birth Companions</b>
<b>Angela McConville, Chief Executive of National Childbirth Trust</b>
<b>Dr Kim Thomas, CEO, Birth Trauma Association</b>
<b>Leena O'Hara, Operations Manager at CMV Action</b>
<b>Leanne Turner, Founder/CEO of Aching Arms</b>
<b>Jane Fisher, Director of Antenatal Results and Choices</b>
<b>Munira Oza, Chief Executive of The Ectopic Pregnancy Trust</b>
<b>Karen Burgess, Chief Executive &amp; Founder of Petals Charity</b>
<b>Sarah Fishburn, Chair of the Pelvic Partnership</b>
<b>Dr Jackie Ross, Chair of the Association of Early Pregnancy Units (AEPU)</b>
<b>Vicki Robinson, Chief Executive of the Miscarriage Association</b>
<b>Keji Moses, Founder &amp; CEO at Mayahs Legacy</b>
<b>Carla Cressy, Founder &amp; Chief Executive at The Endometriosis Foundation</b>
<b>Dr Jessica Heron, CEO for Action on Postpartum Psychosis</b>
<b>Katy Crabbe, CEO of ICP Support</b>
<b>Charlotte Howden, CEO of Pregnancy Sickness Support</b>

**Nicola Gilham, Head of Charity for Child Bereavement UK**

**Nicola Welsh, CEO of Held in Our Hearts**