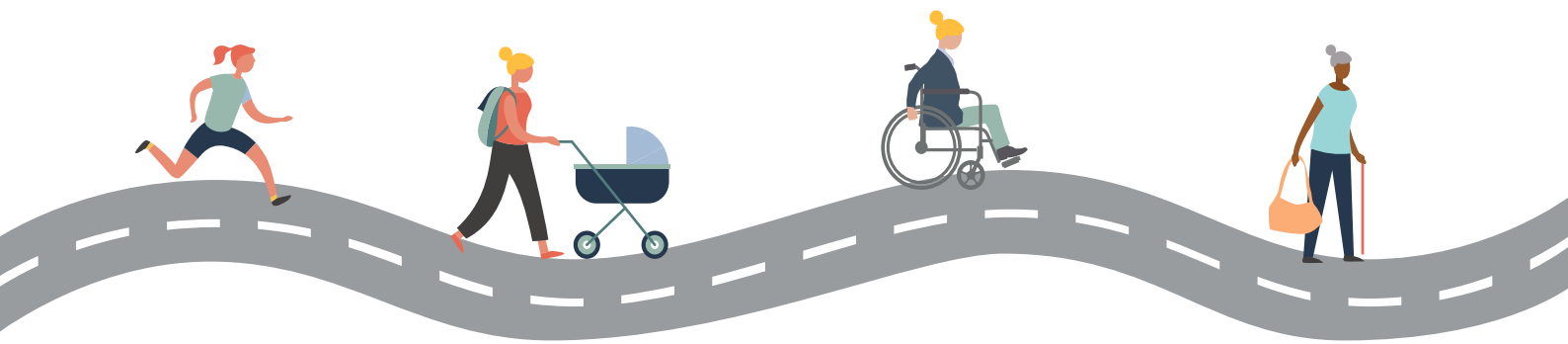
Women's Health Plan

Phase Two
2026-2029

Scottish Government
Riaghaltas na h-Alba

Contents



Foreword by the Minister for Public Health and Women's Health

Women and girls make up 51.4% of Scotland's population, and their health matters.

The first Women's Health Plan, published in August 2021, set out our ambitious vision to improve health outcomes and health services for all women and girls in Scotland. As Minister for Women's Health, I am proud of the positive progress that has been made in this first phase of the Plan. I would like to take this opportunity to thank Professor Anna Glasier, Scotland's first Women's Champion, who has been pivotal in advancing change in women's health. We know this is just the beginning of the journey, but Phase Two takes us further.

I am determined that our focus on the health of women and girls continues, and we build upon the strong foundation created through the first phase.

Phase One of the plan achieved real impetus to bringing the health of women and girls into the spotlight, and made tangible progress. But too many women continue to face avoidable health inequalities across the course of their lives. There remains a great deal more for us to do.

That's why I am pleased to present Phase Two of the Women's Health Plan.

Informed by a rich evidence base and, vitally, the voices of women and girls, this next phase builds on the priorities set out in the Women's Health Plan. The plan includes additional areas of focus where our partners, including women and girls, have told us change and improvement are needed most.

I would like to express my sincere and heartfelt thanks to all those who contributed to the development of Phase Two. Women and girls across Scotland have taken time from their busy lives to share their personal accounts and experiences. Our partners, including clinicians, third sector colleagues and academics, have shared their time, expertise and commitment over many months. I am grateful for their contribution to this important work.

Within Phase Two there are four new key priority programmes that are at the forefront of this work:

- Transforming gynaecology services to ensure women and girls have timely access to gynaecological care;
- Eliminating cervical cancer;
- Improving support and understanding of women's brain health;
- Using innovation to ensure women and girls have access to the best quality care.

New actions are also included on optimising women's future health through prevention and early intervention so women can live longer, healthier lives. This includes pelvic floor health, bone health and heart health.

A whole government approach is vital to ensure that the specific health needs of women and girls are met across all aspects of their lives because women's health is everyone's business. The Women's Health

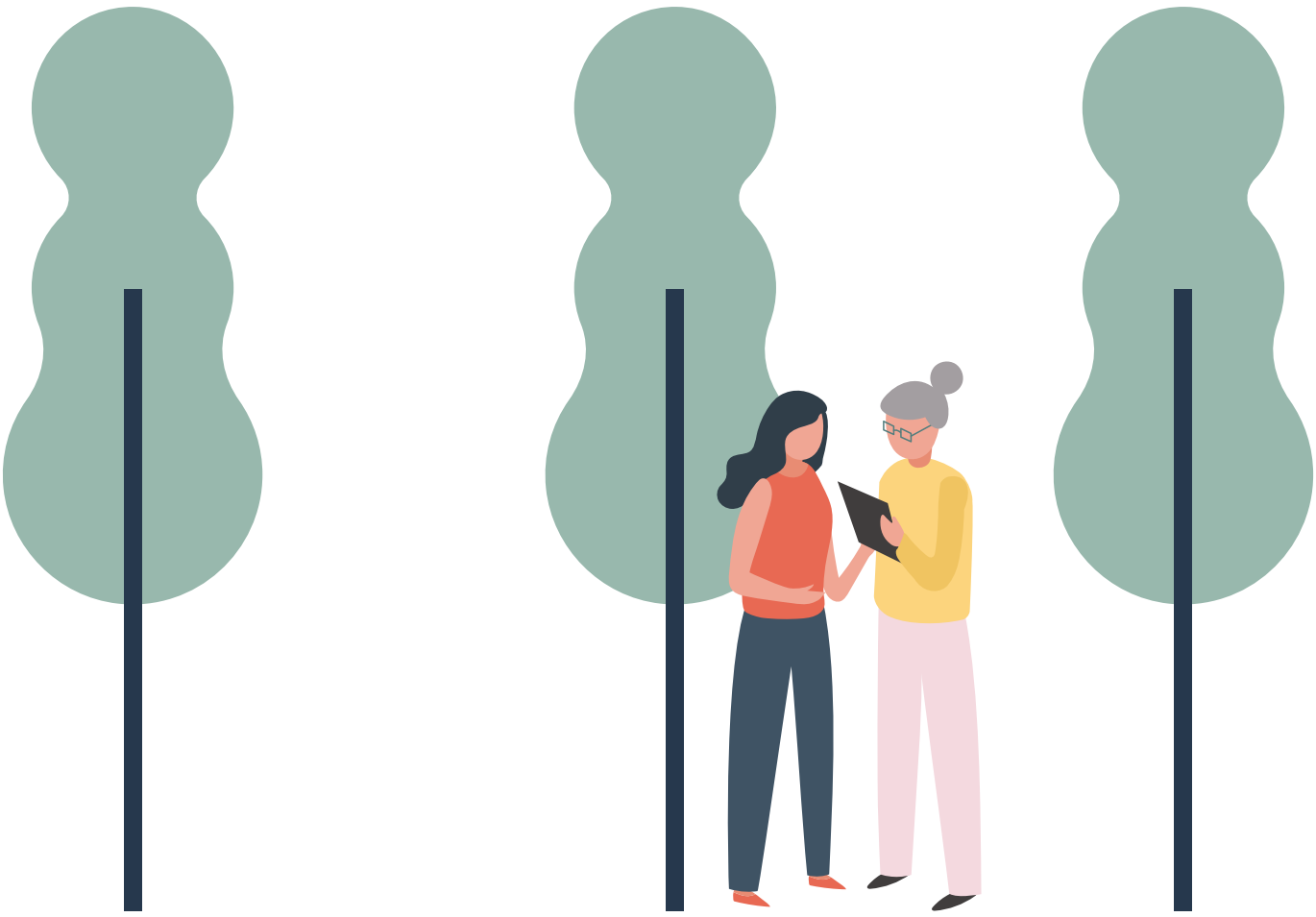
Plan does not exist in isolation. Across the Scottish Government, policies in health and beyond, are driving positive change for women and girls, covering areas such as pregnancy and maternity services, screening, mental health, violence against women and girls, support for unpaid carers, fair work, and much more. As part of that positive change, we have established the Scottish Maternity and Neonatal Taskforce which will enhance the safety and quality of maternity and neonatal services in Scotland, focusing on improving outcomes and experiences for all women and babies.

Improving health outcomes for women and girls is not only about services but also about culture change. Women and girls should not feel that they have to fight to be heard or struggle to access timely and appropriate healthcare. Changing cultural and societal attitudes towards women's health is vital. Phase Two of the Women's Health Plan reiterates this Government's commitment to seeing that through.

System-wide renewal is essential, and this Plan aligns with wider work to improve access to treatment and services, shift care into communities, expand digital innovation and focus on prevention. These systematic changes will benefit women and help achieve our ambition: for women and girls to enjoy the best possible health throughout their lives.

When women and girls are supported to live healthy lives, everyone benefits. That's why we must remain ambitious and committed to delivering real, lasting change for women and girls in every aspect of their lives, with health at the heart of all we do.

Jenni Minto, MSP
Minister for Public Health and Women's Health



Introduction by the Women's Health Champion and Co-Chair of the Women's Health Plan Short Life Working Group

I was extremely proud to take up the post of Women's Health Champion for Scotland at the end of January 2023. I was honoured to have been asked, excited by the thought of the challenge and I have not lost any enthusiasm for the task over the last two years.

Although involved in all aspects of the Women's Health Plan from the outset, I prioritised work on menstrual health and menopause, contraception and abortion and heart health. Looking back over the last three years I believe that we have made progress in all these areas, but the work is not finished and will continue into Phase Two of the Plan. The Women's Heath Plan Team, with help from our stakeholder groups, has worked hard to make good quality information about both menstrual health and menopause available on NHS Inform. Recent surveys have shown that many women in the UK feel ill-informed about the menopause and don't know where to find reliable information. I hope that in time to come they will turn to NHS Inform rather than to social media for help.

At the same time as improving information for the public, we have worked with NHS Education for Scotland (NES) and other partners to provide educational tools on menstrual health and menopause for Primary Care. We hope that these tools will improve the quality of consultations in primary care including, for example, encouraging GPs to consider a working diagnosis of endometriosis earlier when women present with symptoms such as dysmenorrhoea (painful periods).

A critical barrier to improving the reproductive health of women and girls has been the very long time that they have to wait to be seen and treated when referred to secondary care. We have worked closely with the Minister for Women's Health to draw attention to this, and I am pleased to say that gynaecology is considered a priority area and has received extra funding to help towards reducing waiting times. We all know that, despite additional funding, the problem will persist. Gynaecology is no longer a purely surgical speciality; the majority of women referred to see a gynaecologist do not need even an outpatient procedure. In Phase Two of the Plan, we are determined to tackle the issue of re-design of gynaecology services proposing that much of the work could be undertaken in the community by SRH specialists/ community gynaecologists, with appropriate funding.

With respect to heart health, I am thrilled that work linking women with pregnancy induced hypertension and pre-eclampsia after their discharge from maternity service, to 'Connect-me' (the remote system for monitoring and managing hypertension) will be taken forward as a data pilot project in NHS Lothian. If this project is successful, then we need to highlight other reproductive health conditions, such as Polycystic Ovary Syndrome (PCOS) and premature menopause, which are associated with a significantly increased risk of heart disease in later life for which long term monitoring of blood pressure should be of benefit.

As for contraception and abortion, it was a particular honour to chair the Expert Group charged with reviewing the Abortion Law. The work was intense, but all members of the group were proud to have been part of the exercise to ensure abortion is treated first and foremost as a healthcare matter. The report[1] was published in November 2025 and I sincerely hope that it will progress through the parliamentary process following the election in May 2026.

1 Review of Abortion Law in Scotland Expert Group: report

In contrast I feel I have failed dismally in my efforts to try to restore access to the long-acting methods of contraception to where it was before Covid. Although contraception is undoubtedly one of the most cost-effective public health interventions, it is seldom regarded as a priority, even at a time when the emphasis on healthcare in Scotland is aiming to move towards prevention. But I am not ready to give up on the challenge.

I also chaired the Expert Group on Cervical Cancer Elimination. The report[2] from this group was published in December 2025. The Group recommended to the Minister that we work towards eliminating cervical cancer by 2040. It will not be easy as we need to ensure that 90% of girls are vaccinated against HPV by the age of 15 and that 90% of women are screened regularly. Vaccine hesitancy is on the increase and many women find cervical screening embarrassing and sometimes uncomfortable. Changing human behaviour is a huge challenge but if all the relevant participants, including the government, come together with a shared vision and a national effort, we should be able to succeed. I hope to continue working on this topic to ensure that we do not lose momentum in this collective ambition.

Looking forward to Phase Two of the Plan we know that everyone in the NHS is extremely stretched and the last thing we want to do is present them with a long list of new things to do. Women's Health should be everyone's business and I hope that the ambition of the Women's Health Plan, that women and girls enjoy the best possible health, throughout their lives, continues to be something that all polices and services can aspire to – beyond the specific actions set out in the Women's Health Plan.

We are anxious in Phase Two of the Plan to do more for older women. In consultation with various groups, we have identified bone health, pelvic floor health, brain health and investing in future health as areas where we could contribute. We have set up a small group to help us with the work on pelvic floor health, with an emphasis on prevention of both urinary and faecal incontinence. We are working with the Royal Osteoporosis Society to provide more accurate information to women about bone health, and I will sit on the Scottish Fracture Liaison Service Audit Group.

Two thirds of the 90,000 people living with dementia in Scotland are women. I am also sitting on the Brain Health and Dementia Risk Cross Policy Group and am pleased to report that, at the first meeting, it was decided to focus on three main areas – Early Diagnosis, Brain Health Services and Women.

Scotland is a small country. We all know one another. In Women's Health we have a consensus on where we want to get to, and we are pretty clear about to how to do it. I think we have the commitment and enthusiasm that are the key to success.

Professor Anna Glasier, OBE
Women's Health Champion

2 Cervical Cancer Elimination in Scotland Expert Group Final Report

Introduction by Deputy Chief Medical Officer and Co-Chair of the Women's Health Plan Short Life Working Group

As Deputy Chief Medical Officer for Scotland, I have had the unique privilege of leading both the development and the implementation of the very first Women's Health Plan ever to be published in the UK. I am proud to be able to see that initial vision through to the next phase, shaping the next steps in our journey towards a Scotland where 'women and girls experience the best possible health, throughout their lives'.

More than half of the population accessing healthcare in Scotland are women, but we know through our work to develop the Women's Health Plan that women and their health needs are not necessarily considered as different to men, and our services are often not fully meeting the needs of women.

The first Women's Health Plan for Scotland was published in August 2021 and it is important to acknowledge that much has changed since then. The Covid 19 pandemic was an unprecedented period in time, the significant impact of which continues to be felt today as our health services work towards recovery.

For our Plan, this meant delivering our actions in challenging times, alongside delivery partners whose capacity and resilience was stretched like never before. I am extremely proud of what was achieved in the first three years of the Women's Health Plan and I believe it has brought positive change for Scotland.

In 2023, we appointed Scotland's first ever Women's Health Champion, Professor Anna Glasier OBE, who is leading ground-breaking work and providing demonstrable leadership in the Women's Health Plan's priorities and beyond. We launched the NHS Inform Women's Health Platform to ensure women and girls are able to access a reliable source of information, empowering them to make informed decisions about their health. We commissioned NHS Education for Scotland (NES) to develop training resources on Menstrual Health and Menopause for healthcare practitioners across primary care. We published a menopause and menstrual health workplace policy for NHS Scotland, supporting staff to positively manage their menopause and menstrual health at work within a sector where women make up the vast majority of the workforce.

These achievements demonstrate tangible progress and provide a strong foundation from which to move into the next phase of the Women's Health Plan.

Anchoring all of our work are two core Scottish Government products. Firstly, the Health and Social Care Service Renewal Framework which sets out the strategic policy intent for health and social care in Scotland for the medium to longer term. The framework is focused on key principles of improving access to treatment and services; shifting the balance of care to community; expanding digital and technological innovation and focussing on prevention, all of which will benefit women.

Alongside this, the Population Health Framework has been co-developed with the Convention of Scottish Local Authorities (COSLA) and in collaboration with Public Health Scotland (PHS), NHS Directors of Public Health and other local, regional and national partners. This Framework sets out how we work collaboratively across all sectors to support people to live healthy and fulfilling lives and stop health problems arising in the first place.

This next phase of the Women's Health Plan has been crafted to align closely with both these frameworks and their fundamental principles.

The development of the next phase of the Women's Health Plan is collaboration and co-design in action. We have engaged with clinical experts, academics, the third sector and those working in the women's health arena, bringing our partners together to share their expertise and to help shape our next steps. Women from across Scotland, from a wide range of ages and backgrounds, gave their time and shared their views helping to ensure that our Plan reflects the needs of the women of Scotland. We are truly grateful to you all.

It is only through collective effort that we will be able to achieve improved health outcomes for women and girls across Scotland. Whilst we may have a long way to go to fully achieve our ambitions we have already demonstrated that, together, progress is possible.

Professor Marion Bain
Deputy Chief Medical Officer for Scotland

What do we know about women in Scotland?

Average life expectancy at birth for a woman in Scotland is **80.8 years**

Women's life expectancy at birth in the most deprived areas is **74.9 years** compared to **85.4** years in the least deprived areas. This is a difference of **10.5 years**

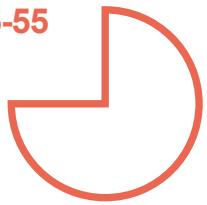
The average age at which a woman has her first period is **Twelve**

Women in Scotland lose 11,574 healthy years of life due to falls, compared to 10,925 for men

Twice as many women, as men, are admitted into hospital with hip fractures, in Scotland

Women make up 98% of the childcare workforce in Scotland

Just under three quarters of those aged 45-55 and around half of those aged 56 and over **(53%)** report they have experienced **symptoms of menopause or perimenopause in the last 12 months**



1 in 12 deaths in women in Scotland each year are caused by ischaemic heart disease.

51.4% of Scotland's population are women

Women make up **89% of primary school** teachers in Scotland.

Twice as many women (20.4%) than men (10.5%), aged between 6 and 24, report living with a **mental health condition**

Around **60,000** women in the UK are out of work due to **menopause symptoms,** leading to an estimated potential economic loss of £1.5 billion annually

Two in three people with dementia (65%) in the UK are women

Around **400,000** women in Scotland are of menopausal age, i.e. **45-55 years**

78.8% of people employed in NHS Scotland are female

NHS SCOTLAND

The average age at which a woman will reach menopause is 51

42% of women in Scotland report living with a **limiting long condition** or disability

Women make up **81%** of the **social services workforce** in Scotland

1

The Women's Health Plan – Phase Two

The Women's Health Plan was published in August 2021 and marked the beginning of a journey, where we started to create the conditions needed to improve health outcomes for all women and girls in Scotland.

Our ambition remains the same. We want all women and girls in Scotland to enjoy the best possible health, throughout their lives. This document sets out actions which will be taken forward by the Scottish Government and its partners to move us closer to achieving this ambition.

Women and girls experience various health needs and risks during their lives which are not the same as those of men. This may relate to starting and managing periods, choosing contraception, accessing abortion services, planning for pregnancy, managing pelvic floor health, managing menopause symptoms and the manifestation of chronic conditions such as heart disease. We know women are more likely than men to experience osteoporosis and dementia, and therefore need specific support and information to manage their health and wellbeing in their later years.

Easy Read Versions

An Easy Read version of the Women's Health Plan is available here.

The Easy Read version of Phase Two has been published alongside this document.

This set of actions is informed by two key reports developed and published as part of the implementation of the Women's Health Plan. A Review of the Data Landscape, published in 2024 sets out some of the routinely published data on women's health currently available in Scotland and highlights key gaps. The second report, published in 2023, titled Women's experiences of discrimination and the impact on health: research was a two-phase research project carried out to build an evidence base on women's health inequalities in Scotland. The findings in this project have contributed to the evidence base on women's health inequalities, discrimination and young women through in-depth exploration of women in Scotland's intersectional experience. This report reiterates the importance of understanding that individuals can have multiple parts of their identity that lead to disadvantage and to worse consequences for health[3].

By continuing to take an intersectional approach, Phase Two aims to address the inequalities that affect the health of all women and girls in Scotland. It is a revised set of actions that builds on the aims in the first phase of the Women's Health Plan with additional areas of focus. In the delivery of these actions, it will be essential to address the particular needs of women who may need additional help or support, including those managing the impacts of poverty, minority ethnic women, disabled women and women and girls living in rural and island areas of Scotland.

3 Women's Health Plan: experiences of discrimination and the impact on health - research findings

The Women's Health Plan does not exist in isolation. There is a significant volume of work being taken forward across the Scottish Government on women's health and reducing inequalities, including mental health, maternal health, screening, addressing the gender pay gap and eliminating violence against women and girls.

Equally Safe is Scotland's world leading plan to address violence against women and girls. It looks to all public services to prevent and eradicate all forms of violence them. Services that we come into contact with on a day-to-day basis can be forces of positive change and we know that women and girls are frequent users of health services. As such, NHS Scotland is well placed to provide trauma-informed, compassionate and impactful support, for both primary and secondary prevention of violence against women and girls.

Services across health and social care should be considering their role and supporting women and girls through early engagement and intervention.

Phase Two is published alongside a narrative document which demonstrates the breadth of work underway across health policy to achieve our collective ambition: *that all women and girls enjoy the best possible health, throughout their lives.*

1.1 Building on Progress

The first phase of the Women's Health Plan focused on creating the conditions for change in order to improve health outcomes for all women and girls in Scotland – we are now building on this foundation. The Women's Health Champion role, NHS Board Women's Health Leads and Lived Experience Programme will all continue. These are not included as specific actions in this document as they are continuations of existing work.

There is a widespread commitment to build on the progress taking place across Scotland to improve health outcomes for women and girls and acknowledgement that women's health is everyone's business. When the health of women and girls is supported, everyone benefits.

Scotland now has a:

- ✔ Women's Health Champion
- ✔ Women's Health Lead in every NHS Board in Scotland
- ✔ A dedicated Women's Health Information Platform on NHS Inform
- ✔ Bespoke training packages on menstrual health and menopause for general practice and others working in Primary Care
- ✔ NHS Scotland Menopause and Menstrual Health Workplace Policy
- ✔ A specialist menopause service in every mainland health board
- ✔ A Women's Health Lived Experience Programme
- ✔ Women's Health Research Fund

1.2 Do we still need a Women's Health Plan?

Yes. Change, especially righting health inequities that have existed for millennia, takes time, collective effort and renewed focus.

"For centuries, women and people assigned female at birth had their symptoms repeatedly dismissed by predominantly male physicians and attributed to 'hysteria.' This stance, along with the historical lack of female academics and senior clinicians, has meant that conditions that affect women have been under-prioritised in policy and research. Much is still unknown about common conditions such as endometriosis and fibroids, and a research gender gap persists in the UK[2]."

British Medical Journal (BMJ), 2025

The health and social care landscape, and our wider society, has changed since 2020-21 when the first phase of the Plan was written and published. Health inequalities remain and, in some instances, have widened.

Gynaecology waiting times in particular have significantly increased since 2021[5]. Across the UK, women's healthy life expectancy has declined[6]. Pressure on our public services poses a significant challenge as does the cost of living crisis. Women are more likely to be on multiple waiting lists and women are more likely than men to report a limiting long-term health condition[7].

We know that women are still under-represented in health research and that failure to gather data on disease and disease outcomes related specifically to women has, over many years, limited knowledge and impacted health outcomes.

On top of this many women bear the brunt of unpaid labour such as childcare, cooking or housework; many women live in poverty, many women are in low-paid employment, and are more likely to suffer from domestic abuse – all of which impact on their health.

This growing body of evidence makes it clear why our Women's Health Plan continues to be so important and why we must continue this work. This second phase of the Women's Health Plan builds on the progress made to date and, importantly, shines a spotlight on additional areas of women's health where change and improvement are needed.

Listening to Women and Girls

Women often report being dismissed, disbelieved, and unheard by healthcare staff. This is more likely to happen to people who are minoritised owing to their gender, ethnicity, ability, class, sexual orientation, age, or religion, who can experience prejudice and discrimination[8].

"… girls and young women feeling dismissed and unable to advocate for themselves… put them off seeking healthcare for unrealised issues at a later date."

Young Women's Movement Phase Two Focus Group Findings, 2025

We know that people want to be more involved in decisions about their care and there is growing evidence that they are more satisfied with consultations where they have been able to express what matters to them. But women and girls of all ages have told us that they do not feel listened to by healthcare practitioners, or do not feel that their particular needs and experiences are taken seriously.

4 BMJ 2025; 390:r1164
5 Waiting for a way forward | RCOG
6 Women's Health Plan: Review of the Data Landscape
7 Ibid
8 BMJ 2025; 390:r1164

Through the first phase of the Women's Health Plan research was undertaken, to explore Women's experiences of discrimination and the impact on health. The research found that young women in Scotland regularly felt dismissed, disbelieved and their pain minimised in healthcare settings. Supported by this evidence base the Shaping Healthcare Inclusivity for Fair Treatment for young women (SHIFT) project involved co-producing with young women and key partners (e.g., healthcare professionals, experts in women's health and inequalities, third sector organisations, and policy makers), a training animation to support healthcare professionals in improving healthcare experiences for young women. The animation articulates the lived impact of dismissal and shared benefits of empathy, listening, and collaborative care and can be viewed here: https://vimeo.com/1122917114?share=copy

"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."
Age Scotland Phase Two Focus Group Findings, 2025

We want women and girls of all ages to feel valued and listened to when they seek healthcare. Older women have spoken of feeling "patronised and overlooked" by healthcare professionals, with health concerns dismissed as just a part of getting older. Older minority ethnic women reported that healthcare staff lacked knowledge about the specific health issues they face, such as experiencing the menopause earlier.

Realistic Medicine is an approach to healthcare that aims to put people at the centre of decisions about their care, with healthcare professionals working with them to understand what really matters to them and their families. Practising in this way should empower women and girls to be able to make choices about their healthcare based on reliable information on options available to them, in the context of what would work best for their personal situation.

Through the delivery of Phase Two of the Women's Health Plan, we will work to ensure that healthcare professionals across Scotland address the particular, specific and intersectional needs of women and girls, through a Realistic Medicine approach so that they receive the care that matters to them, in the right place at the right time.

1.3 Mental Health and Wellbeing

"Girls and young women… want to understand more about how their physical and mental health change during puberty."
Young Women's Movement Phase Two Focus Group Findings, 2025

We want women and girls to enjoy the best possible mental health and wellbeing, throughout their lives.

Mental health and wellbeing has been consistently raised as an area of importance for women and girls, and this has been evident throughout all aspects of engagement undertaken to develop this Plan. Findings from the Focus Groups carried out for Phase Two of the Women's Health Plan illustrated concerns around mental health and wellbeing from women and girls throughout the life course. Girls noted they are left out of discussions around mental health, including managing anxiety. Stress during puberty was a specific topic of concern for many young women. Older women also raised mental health as a priority, particularly as it relates to many other areas of women's health including menopause, unpaid caring responsibilities and feelings of loneliness. Women who had experience of substance use had particular difficulty accessing mental health treatment.

Our Review of the Data Landscape sets out some of the routinely published data on women's health currently available in Scotland and highlights that 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.

The Scottish Government published the Mental Health and Wellbeing Strategy in June 2023. It sets out the shared vision of the Scottish Government and of COSLA to improve mental health and wellbeing in Scotland. The accompanying Delivery Plan and Workforce Action Plan were published in November 2023. An interim Progress Report was published in June 2025. This Strategy highlights the importance of taking an intersectional approach so we can most effectively understand and tackle structural inequality and health inequalities, including gendered inequality. It recognises we need support, services, care and treatment that are person-centred, anti-racist, culturally and gender sensitive, age-appropriate, fully inclusive and in a range of formats.

A refreshed Mental Health & Wellbeing Strategy Delivery Plan will be published in 2026. This refresh is being overseen by the Mental Health Strategy Leadership Board. The Board features a wide range of perspectives and networks, including representation of women's voices through our Equality and Human Rights Forum and Diverse Experience Advisory Panel. As part of this refresh, we will carefully consider how to include targeted strategic actions that make a tangible contribution across a number of policy areas from a mental health perspective. This will include collaboration with the aims and ambitions of the Women's Health Plan, so that women and girls enjoy the best possible mental health and wellbeing, throughout their lives.

1.4 Strategic Context

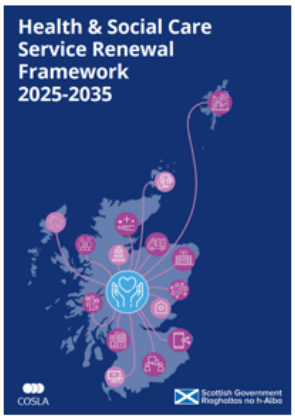
The health of women and girls is everyone's business. Phase Two does not exist in isolation. The Women's Health Plan supports work already being undertaken on women's health across Scotland and aims to reduce health inequalities and drive forward improvement in health services for all women in Scotland.

The Scottish Government will continue to work in collaboration with partners including Health Boards, Public Health Scotland (PHS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES), the Centre for Sustainable Delivery (CfSD,) the Health and Social Care Alliance Scotland (the ALLIANCE), the wider Third Sector and, of course, women and girls, to implement Phase Two of the Women's Health Plan.

Phase Two adopts a dual track approach. This approach combines wide mainstreaming aims to achieve long-term cultural change alongside specific and targeted action. This document sets out overarching aims and ambitions alongside specific actions to drive forward improvements and reduce inequalities for the health of women and girls.

The Scottish Government promotes a mainstreaming approach to equality to ensure that the impact of policies, programmes and legislation on groups of people who share a protected characteristic are assessed by all areas and at all levels. Under the Equality Act 2010 (Scotland) all public authorities must carry out an Equalities Impact Assessment (EQIA) – this means the specific needs of women and girls should be considered in the development, implementation and evaluation of all health and social care policy. EQIA's have been undertaken to inform the Women's Health Plan and Phase Two, these are available on the Scottish Government website.

But the needs, experiences, and views of women and girls should be central to all policy, with public bodies integrating women's experience. In practice, this means that the needs of women and girls should be integral to how decisions are made; policies are designed and developed; services are delivered, and how money is allocated and spent.



We also know that the NHS requires significant renewal and reform to ensure that we have a susinable health service, given the scale of growing demand it faces. The Scottish Government has recently published three documents detailing a new vision for health and social care services in Scotland to address these challenges and give focus to the reform work. This vision is to "enable people to live longer, healthier and more fulfilling lives". The actions included within this Plan align with this wider renewal work. We know that improving access to treatment and services; shifting the balance of care into the community; expanding digital and technological innovation; and focussing on prevention will benefit women and help achieve our longstanding ambition, for women and girls to enjoy the best possible health throughout their lives.

As part of this reform, Scotland's Population Health Framework (PHF) provides a population-wide approach to improving health outcomes by focusing on prevention, early intervention, and the wider determinants of health and wellbeing. The PHF aims to reduce broad and persistent health inequalities experienced across all of society, recognising that social and economic disadvantage, place and other structural factors have a profound impact on long-term health. By strengthening the evidence base and promoting whole-system, cross-government and cross-sector collaboration, the PHF supports the creation of conditions in which the whole population can thrive. Within this broader context, the Framework sits alongside the Women's Health Plan, aligning wider efforts to reduce wider health inequalities.

More detail on the development of Phase Two of the Women's Health Plan can be found in the Appendix.

2

Women's Health Plan: Priority Programmes

Ambition
Our ambition is for all women and girls to enjoy the best possible health throughout their lives.

The Scottish Government will undertake four priority programmes as part of this second phase of the Women's Health Plan. These programmes are in addition to, and complement, the 40 actions with the aim of driving forward progress in women's health.

2.1 Transformation of Gynaecology Services

Aim
For all women and girls in Scotland to have timely access to gynaecological care.

Priority Programme One
The Scottish Government will develop, and NHS Boards will implement, a National Plan for Gynaecology.

This programme of service transformation will ensure the timely provision of high-quality gynaecological care which is sustainable for the future.

A National Gynaecology Plan will initially focus on addressing waiting times challenges, moving towards sustainable change, redesign and improvement for gynaecology services across Scotland.

Gynaecology was not identified as an area in need of specific and additional focus during the development of the first phase of the Women's Health Plan in 2020-21. However, waiting lists in gynaecology have grown rapidly since the start of the COVID-19 pandemic. Women are now waiting too long for new outpatient appointments and inpatient or day-case treatment, with evidence that many are resorting to accessing emergency medicine and/or private care for urgent treatment.

As of November 2025, there were 64,535 waits for a gynaecology appointment or procedure in Scotland although waits of more than a year have fallen in recent months. 18.1% for new outpatients and down 3.9% for inpatient and day-case procedures between July and November 2025.. This has a significant impact on the quality of life of the women waiting for treatment, living with symptoms including extreme and chronic pain, heavy menstrual bleeding, incontinence and poor mental health. This affects their ability to work, to provide care, to access education, to enjoy life, and for some it will affect their fertility.

"Tackling gynaecology waiting times was seen as a critical area of focus for [Lived Experience] Group members. Group members urged that actions around reducing waiting times should also take into consideration demographic pressures and differences… a restructure, although a large undertaking, would make care more efficient."
Lived Experience Development Day – ALLIANCE – March 2025

Addressing excessively long waiting times is our primary focus in the immediate term. The growth in waiting lists reflects sustained pressures on theatre capacity, outpatient infrastructure and specialist workforce availability, alongside increasing clinical complexity. Reducing the overall waiting times for gynaecology and focussing on longer-term service sustainability will impact other priority areas of the Women's Health Plan including waiting times for endometriosis or fibroid diagnosis and treatment as well as access to specialist menopause care. Primary care plays a crucial role in early identification and timely referral, yet access to diagnostics and primary care management of common gynaecological symptoms varies across Scotland. Strengthening support for assessment in primary and community settings, alongside clearer referral pathways, will be important to reduce avoidable delays.

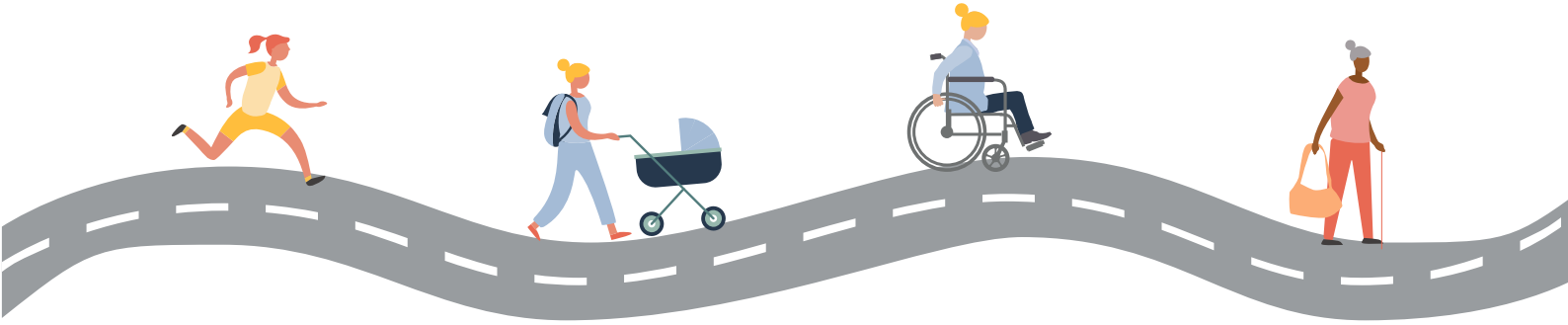
In the financial year 2025-2026, over £10.5 million was allocated to Health Boards to target long waits for gynaecology, through waiting list initiatives and recruitment.

But we know more must be done.

Our ambition for gynaecology will align with those of the SRF, and in particular its focus on reducing long waits for planned care, working to ensure that women and girls live longer, healthier and more fulfilling lives. We want gynaecology services for women that are accessible in a timely manner. This should include support for prevention and early intervention and should ensure services are designed around the needs of women and girls, where there is more access to care and support in the community and where services are planned on the basis of the best possible care. Gynaecology care should enable rapid detection of gynaecological cancers and the detection of conditions such as endometriosis, PCOS or fibroids as early as possible. Women should be effectively supported to manage chronic gynaecology conditions and women and girls should no longer have to attend multiple appointments or experience years of healthcare interaction before they receive the treatment and care they need.

The national plan will explain how women will increasingly receive high quality and effective care closer to home. It will improve support and treatment for women with gynaecological and urogynaecological conditions, including postmenopausal bleeding, heavy menstrual bleeding and urinary incontinence. The plan will describe how, in the longer term, these improvements would move more services into the community and enable women to self-refer, where appropriate, for timely access to examination, scanning, biopsy and smaller procedures.

As we redesign services, we will work to reduce inequalities in access and outcomes, particularly for women in deprived communities, disabled women, minority ethnic women and those in rural and island areas. Achieving this requires coordinated improvement to ensure women receive the right support at the earliest opportunity.



2.2 Elimination of Cervical Cancer

Aim
For cervical cancer to be eliminated in Scotland by 2040.

Priority Programme Two
The Scottish Government will develop, publish and implement an Action Plan for the Elimination of Cervical Cancer.

In 2024, the Scottish Government established an Elimination of Cervical Cancer Expert Group to consider how Scotland can reach the World Health Organisation (WHO) targets for the elimination of cervical cancer. WHO recommends that at least 90% of girls are fully vaccinated against HPV by the age of 15, at least 70% of eligible women have cervical screening by age 35 and again by age 45, and at least 90% of women diagnosed with cervical disease should be treated. While WHO has established specific targets, the Expert Group and the three subgroups (covering vaccination, screening and treatment) have made specific recommendations to ensure that efforts in Scotland are equitable and inclusive for all.

The Scottish Government aims to eliminate cervical cancer as soon as possible. Modelling using Scottish data, including cancer incidence, HPV vaccination rates, vaccine effectiveness estimates, and cervical screening coverage suggests that, with current levels Scotland could eliminate cervical cancer as a public health problem within the next 25 years (between 2046 and 2050). However, the projections indicate stark inequalities:

- women residing in the least deprived areas may meet this target as early as 2036-2040
- women residing in the most deprived areas, may never reach elimination without targeted interventions.

To achieve earlier elimination and reduce inequalities, higher HPV vaccine uptake and increased screening at all ages are needed, particularly in the most deprived groups.

Mathematical modelling also shows possible elimination of cervical cancer in Scotland by 2040. That would require reaching equitable vaccine uptake of 90%; equitable screening coverage of 90%; and equitable coverage of 90% for catch-up vaccination with an extended age range (15-39 – an extension which would need to be approved by the JCVI).

This is a challenging and ambitious target, and we are committed to pursuing innovation and investment while driving collaborative efforts across healthcare and beyond to achieve elimination at a population level by 2040.

Even so, we know that women in our most deprived communities face significant challenges and barriers. Modelling tells us that successful elimination in these areas will take longer, likely until around 2045. Addressing the needs of women in these communities now is vital, and self-sampling in the cervical screening programme will therefore begin in some of Scotland's most deprived areas in Spring 2026, as part of the Scottish Government's concerted efforts to tackle these inequalities.

Evidence shows that there have been no cases of cervical cancer caused by HPV types targeted by the vaccine in fully vaccinated women who were given their first dose at aged 12 or 13 years old since the HPV programme was first introduced in 2008.[9] To achieve earlier elimination and reduce inequalities, higher HPV vaccine uptake and increased screening at all ages are needed, particularly in the most deprived groups. Taking by far the most optimistic scenario – achieving 90% vaccine uptake and screening coverage in the most deprived women and extending the age range for catch-up vaccination for women[10] – overall elimination could be brought forward to 2036-40 at a population level but would still take until 2045 in the most deprived parts of Scotland.

The Expert Group's recommendations will be used to develop an Action Plan for the Elimination of Cervical Cancer.

9 No cervical cancer cases detected in vaccinated women following HPV immunisation
10 Current eligibility applies to: women under 25 who would have been eligible under routine, and catch up programmes, introduced in 2008 and; those boys who became eligible from academic year 2019/20.

2.3 Women's Brain Health

Aim
For women's brain health to be better understood and supported.

Priority Programme Three
Women's Brain Health will be an early priority for the work of the Brain Health and Dementia Risk Group, led by the Chief Medical Officer (CMO), which is setting national priorities in response to emerging evidence around risk factors for dementia.

It is estimated that up to 90,000 people in Scotland are living with dementia, around 65% of whom are women. Dementia is the leading cause of death for women in Scotland[11]. Women are also more likely to assume the burden of caring for someone with a diagnosis of dementia, accounting for 60-70% of caregivers in Scotland. We also know that women are more likely to care for someone for more than five years than men. The Scottish Government is responding to this growing evidence around the impact of dementia on women.

Members of our Lived Experience Group highlighted the importance of brain health for women. Women who took part in focus groups with Age Scotland, particularly participants in their 50s and 60s, also raised brain health as an area which is important to them as they get older.

"The needs of older women, including brain health and dementia, need to be considered in the next phase of the Women's Health Plan ... particularly relevant given Scotland's ageing population"
Lived Experience Development Day – ALLIANCE – August 2025

With the number of people living with this condition likely to increase by up to 50% by 2044, work is needed now to improve the experiences of women with dementia, to reduce the risk of dementia in later life and to consider how to support unpaid carers, caring for people with dementia.

It is estimated that dementia costs the Scottish economy around £4 billion every year (based on overall UK figures). Demands on Scotland's health and social care systems, as well as the significant contribution of unpaid carers, are only set to increase as our population ages.

Through the CMO's group on Brain Health, and with the support of the Women's Health Champion, the Scottish Government will look in detail at the particular needs and experiences of women from prevention to end of life care, and including how to better support those who are unpaid carers for loved ones with dementia.

11 Alzheimer's and other dementia deaths - National Records of Scotland (NRS)

2.4 Innovation to Support Women and Girls

Aim
That innovation will have a pivotal role in ensuring women and girls have access to the best-quality care.

Priority Programme Four
We recognise the transformative impact of innovation and its pivotal role in ensuring women and girls have access to the best-quality care.

To support the testing, adopting and scaling of innovations to support women and girls we will explore the innovation opportunities, working with our three NHS Scotland Innovation Hubs and partners across Scotland, around three key priority areas:

- menopause care and support;
- gynaecological care and support; and
- data to enable effective design and development of innovation.

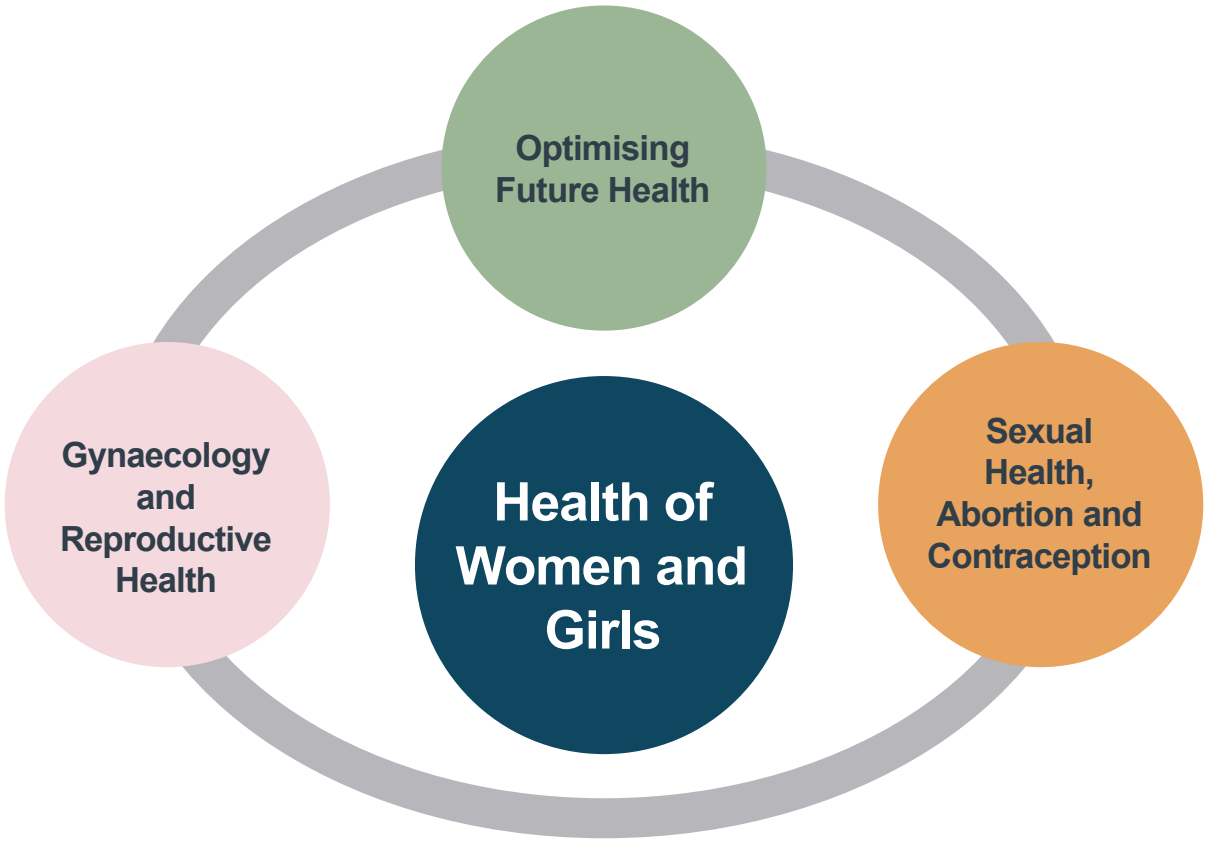
The transformative potential of innovation is undeniable. We recognise, and want to harness, the transformative impact of Innovation and its pivotal role in ensuring women and girls have access to the best-quality care.

"Within the next phase of the Women's Health Plan, the [Lived Experience] Group wished to see a commitment to prioritising research into women's health, and investing in innovation."
Lived Experience Development Day – ALLIANCE – March 2025

We will seek to work collaboratively with partners across the UK, academia, industry and the third sector to identify opportunities to transform the care women and girls receive.

3

The Health of Women and Girls – Cross-Cutting Actions



Following on from the Women's Health Plan, these cross-cutting actions continue our commitment to improving women's health research and data, and to improving the information available to women and girls.

In 2025, we announced our Women's Health Research Fund, with Scottish Government funding of £250,000, which we will continue in the coming years. We know that we need to understand more about the health of women and girls in Scotland which is why we have included action on a national women's health survey. In doing so, we are creating better intelligence about the health of women and girls and collecting longitudinal data, allowing us to monitor change over time to help provide the health and care that women need and deserve.

A group of researchers in the University of Edinburgh is proposing a national Health of Women Scottish Research Network aiming to bring together researchers and clinicians across Scotland to:

- Promote collaboration across disciplines and institutions.
- Align with, and help shape, Scottish Government priorities on women's health.
- Support joint research funding bids, workshops, and policy engagement.

The scope will be deliberately broad - encompassing women's health across the life course, not limited to reproductive health, and responsive to emerging priorities such as mental health, metabolic health, bone and brain health, cardiovascular risk, and rare or under-researched conditions.

Our aim to improve the information available to women and girls responds to what they have told us, and their need to have access to reliable and trusted health information. As concerns increase about the levels of mis-and-dis information online, providing accurate high-quality information, clearly communicating trusted sources, continues to be essential. We will work to ensure that information reflects the ways women and girls access health advice, whether online, in community settings or via trusted local networks and tailor our approaches to meet diverse needs.

While in recent years public awareness has grown, stigma still shrouds many areas of women's health. For example, many women still feel unprepared for, and lack clear, reliable information about managing menopause symptoms or pelvic floor dysfunction. Social media has increased the visibility of menopause, but the abundance of information is causing confusion and amplifying misinformation. This has made clinically accurate and accessible menopause resources for women, like NHS Inform, more vital than ever.

We know that not everyone is able, or wants, to access information online. Through carrying out user research with women and girls we aim to provide information that addresses their intersectional needs, in different formats, in a variety of languages with accessible Easy Read and British Sign Language (BSL) versions.

3.1 The Health of Women and Girls – Ambitions, Aims, Actions

Ambition

Our ambition is for a Scotland where health outcomes are equitable across the population, so that all women and girls enjoy the best possible health throughout their lives.

Aims

1. Women's health data and research will be strengthened.

2. Women and girls will have access to consistent, reliable and accessible information across the life course.

Actions

Cross-cutting

1. The Scottish Government will:

- Run and award a Women's Health Research Fund with dedicated funding and recurring call every three years.
- Conduct a national survey on women and girls health in Scotland and repeat at five year intervals, using findings to inform policy and service design.

2. The Scottish Government will work with partners to improve women's health data in Scotland by:

- Working with Health Boards to understand and utilise data at a local level
- Reviewing existing health data to ensure disaggregation by sex as a first step toward intersectional data on women's health.
- Broadening the availability of data on contraception.

3. The Scottish Government will work with partners to create a minimum data set for menstrual parameters (key metrics that characterise the menstrual cycle including: cycle length, regularity and bleeding volume).

This minimum data set will be incorporated into electronic health records, clinical studies and data collection to ensure menstruation is routinely recorded.

4. The Scottish Government will carry out user research with women and girls to inform the development of health information resources, ensuring that they meet the intersectional needs of women and girls in Scotland.

5. The Scottish Government will carry out research to gain deeper insight into the barriers and challenges faced by women in seeking help for health conditions, including public attitudes and contributing factors to societal stigma around women's health.

Ambition

Our ambition is for a Scotland where health outcomes are equitable across the population, so that all women and girls enjoy the best possible health throughout their lives.

Aims

1. Women's health data and research will be strengthened.

2. Women and girls will have access to consistent, reliable and accessible information across the life course.

Actions

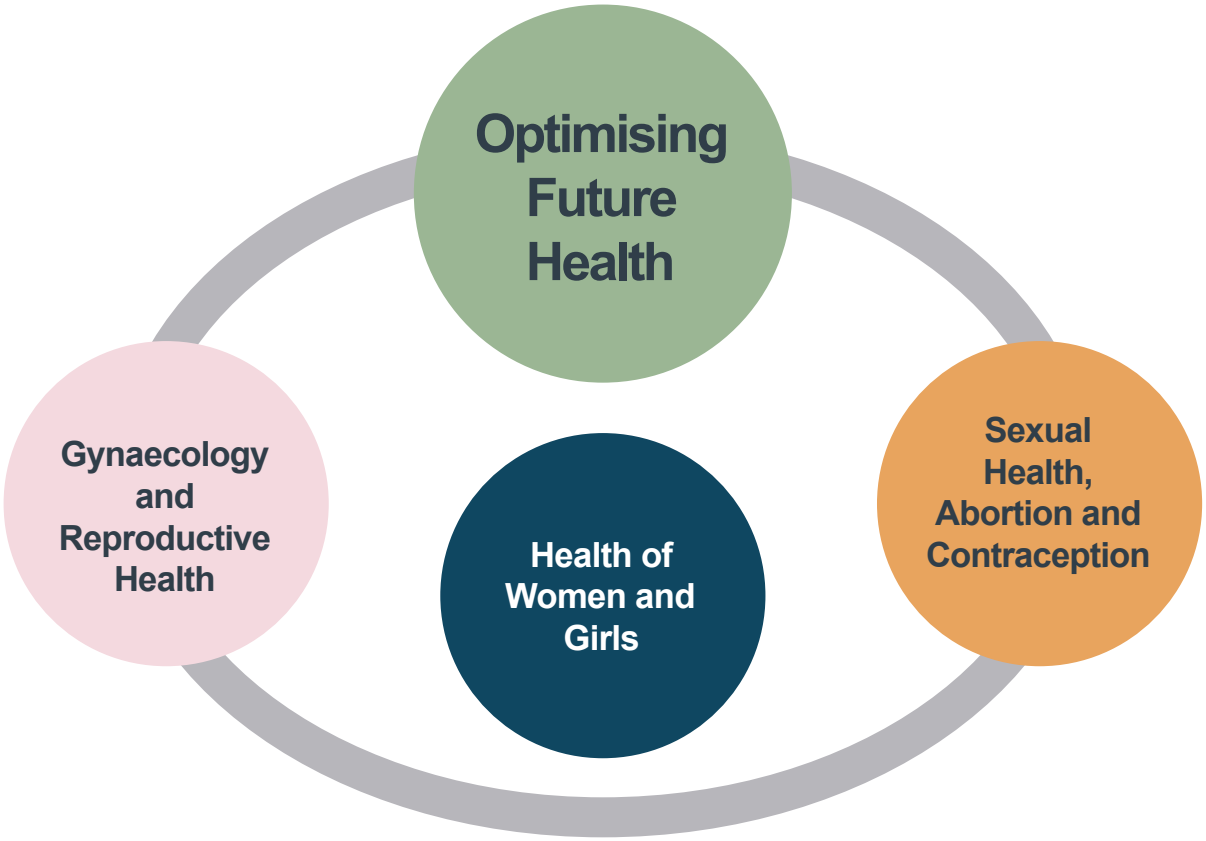
Cross-cutting

6. The Scottish Government will expand the NHS Inform Women's Health Platform by adding information on:

- vulval and vaginal health
- chronic and recurrent Urinary Tract Infections (UTIs)
- faecal incontinence
- perimenopause and menopause
- bone health, osteoporosis risk and prevention
- pain management for abortion

4

Optimising Future Health



"I think prevention would be a good thing to invest more in, catch people early."
Age Scotland Focus Group Participant
[age 85-89, rural]

In Optimising Future Health, Phase Two of the Women's Health Plan reaches beyond reproductive health with brain health, bone health and pelvic floor health as key considerations, adding to existing work on heart health supporting older women's health concerns.

In focusing on prevention, and early intervention, we can support improvement in women's healthy life expectancy, so they can enjoy longer healthier lives with better health in later years. We know many women and girls experience significant barriers to optimising their health.

The building blocks for good health begin in the earliest years, starting with preconception. Preconception care is a set of preventative actions and supports aimed at improving the health of all people of reproductive age before a pregnancy occurs, recognising that many pregnancies are not identified until early development is already underway. Preconception care addresses a wide range of health and lifestyle factors and acknowledges the importance of conditions that enable and encourage behaviour change.

Its aim is to improve maternal and child outcomes, enhance long-term child health and reduce risks, with benefits that extend across the life course and into future generations.

Women of all ages have told us they want more **education on women's health**, earlier, including how to stay healthy and prevent long-term conditions – to optimise their future health. Women with experience of poverty and homelessness said there is a lack of early education on women's health which has an impact well into adulthood[12].

Women make up 59% of those out of work because of ill health[13]. We also know that women make up:

- 96% of the early learning and childcare workforce[14]
- 89% of primary school teachers[15]
- 79% of the adult social care workforce[16]
- 79% of NHS Scotland employees[17]

The Scottish Trade Unions Congress has highlighted women's health as an area of priority. A significant number of women's health related motions have passed at Women's Conferences over recent years, highlighting the importance of women's health, particularly in the workplace. We will build on the action commenced in phase one of the Women's Health Plan relating to women's health in the workplace.

We also know that **physical activity** is a powerful tool for the prevention of ill health.

There is strong evidence of its protective effect against conditions such as coronary heart disease, some cancers, hypertension, obesity, type 2 diabetes, and osteoporosis. It also plays a vital role in supporting pelvic floor health and maintaining strength and balance – these are key components of optimising future health that help sustain mobility, confidence and independence, particularly in later life.

These benefits are especially important during life stages such as menopause, when women may face increased health risks and often experience a decline in activity levels. We know women and girls face barriers to participation in sport and physical activity and are less likely to meet recommended physical activity levels. Research shows that women and girls participate less in sport and physical activity than men and boys[18].

12 Simon Community Focus Group WHP Phase Two: Report
13 Long-term sickness becomes top reason for women being out of the labour market | TUC
14 Annual Statement on Gender Policy Coherence
15 School teachers - Summary statistics for schools in Scotland 2023 - gov.scot
16 Annual Statement on Gender Policy Coherence
17 Annual report | Turas Data Intelligence
18 On Track: Research & data spotlight - sportscotland the national agency for sport in Scotland

Bone health is important at every age and stage of life, particularly for women who have a higher risk of osteoporosis – a disorder in which bones become very fragile and more likely to break in later life.

- We know that half of women over 50 will break a bone due to osteoporosis.
- For women, bone loss starts to increase after the menopause because oestrogen levels decrease. Men lose bone more gradually than women[19].

Bone density peaks around age 25-30 and then begins to decrease after age 50, meaning we lose more bone than we gain as we age. Therefore, it is important we all look after our bone health across our life course, taking preventative steps. This includes eating well, taking vitamin D and calcium supplements (if indicated) and being active and doing weight-bearing and strengthening training exercises to help keep our bones strong and healthy[20].

Some women are at greater risk of osteoporosis due to genetics, lifestyle factors and specific medical conditions or treatments. For example, those experiencing early menopause or a hysterectomy before the age of 45, conditions like rheumatoid arthritis or eating disorders, or specific long-term medications such as steroids or chemotherapy can all impact bone density.

Taking a preventative approach to bone health will involve ensuring women and young people have access to reliable information and resources to raise awareness about good bone health. Improving the assessment of women's future risk of osteoporosis and fractures by healthcare professionals through the promotion of existing clinical guidelines and tools in primary care is also important. Using opportunities to discuss bone health with patients is key, including those diagnosed with early menopause in whom hormone replacement therapy can be a preventative measure.

"A main priority within discussion was timely access to pelvic health physiotherapy, both for prevention and treatment of pelvic floor concerns. There were also calls for standardised referral to [pelvic floor] physiotherapy."
Lived Experience Development Day – ALLIANCE – March 2025

We know that symptoms of incontinence and prolapse impact significantly on the lives of women and girls.

- 60% of UK women have at least one symptom of poor pelvic floor health[21].
- A 2024 study found 61% of women surveyed had recently experienced urinary incontinence, 22% faecal incontinence and 17% prolapse symptoms[22].

Supporting women to understand how they can prevent, predict and treat problems with their **pelvic floor** is critical to helping women and girls to enjoy optimal health over the life course.

There are now accessible resources available on NHS Inform, including an animation designed to help women better understand their bodies by explaining how the pelvic floor muscles work and a film with a 'how to' on pelvic floor exercises.

Pelvic floor weakness often starts during pregnancy and following child birth, exacerbated by vaginal tears. Implementation of the OASI Care Bundle and perineal care has the potential to prevent third and fourth degree tears during child birth. NHS Boards are considering next steps for implementation in Scotland.

Work continues to support those harmed by transvaginal mesh, including a specialist mesh service in

19 Osteoporosis - Causes - NHS
20 Osteoporosis: How to build up exercise for your bone strength
21 The Royal College of Obstetricians and Gynaecologists (RCOG) (2023), RCOG calling for action to reduce number of women living with poor pelvic floor health
22 Urinary incontinence, faecal incontinence and pelvic organ prolapse symptoms 20–26 years after childbirth: A longitudinal cohort study - Hagen - 2024 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library

NHS Greater Glasgow and Clyde and funded independent provider options to allow women a choice of who performs surgery. We have also commissioned the Scottish Pelvic Floor Registry and Audit Programme, led by PHS, to collect and analyse data to improve pelvic floor services in Scotland.

Building on the work undertaken through the first phase of the Women's Health Plan, **women's cardiovascular health** remains a priority. We will continue to optimise opportunities for cardiovascular health, risk reduction and awareness raising across a woman's life course.

Cardiovascular disease (CVD) is a leading cause of ill health and death for women in Scotland. More than 7,000 women died from CVD in 2024, and ischaemic heart disease kills more than 2.5 times as many women as breast cancer in Scotland, each year.

Our CVD Risk Factors Programme aims to reduce avoidable CVD death by 20% in 20 years by improving the identification and management of key CVD risk factors. These risk factors are high blood pressure, high cholesterol, raised blood sugars, obesity and smoking. The programme includes a particular focus on taking opportunities to identify women's risk factors throughout the life course. Evidence suggests that risk factors like smoking, diabetes and high blood pressure can increase the risk of a heart attack more in women than in men[23].

There are several points in a woman's life course during which there are important opportunities to identify cardiovascular risk – for example, during and after pregnancy, menopause or for women with known reproductive health conditions, such as PCOS. We will continue to optimise opportunities for improving cardiovascular health, risk reduction and awareness raising across a woman's life course.

"A focus on prevention, including education, would… ensure that women could advocate for themselves and access initiatives and services delivered through Phase Two… an example put forward by the Group was the use of existing touchpoints to share specific information or provide add-on care."

Lived Experience Development Day – ALLIANCE – August 2025

In this phase of the Plan we are focused on improving the pathways of care relevant to those key points in women's life course. This includes work to test pathways to better inform women of lifetime CVD risk following hypertensive disorders of pregnancy and to build on the work taken forward in the first phase to support healthcare professionals with information and support about menopause management in women with CVD.

23 Millett ERC, Peters SAE, et al. (2018). Sex differences in risk factors for myocardial infarction: cohort study of UK Biobank participants, BMJ, Vol 363

4.1 Optimising Future Health – Ambitions, Aims, Actions

Ambition

For all women and girls to experience the best possible health, from pre-conception and throughout the life course.

Aims

1. Healthcare services will support all women and girls to live long and healthy lives, focussing on prevention, early intervention and delivering person-centred care.

2. Women and girls will be informed and empowered to live long and healthy lives.

Actions

Health across the life course

7. The Scottish Government will continue work to support improvement in pre-conception and inter-conception health by:

- Further embedding the Scottish 'OK' Question into routine health care for women of reproductive age, to create more holistic, joined-up care aligned to individual need – including women who are not planning a pregnancy.
- Working with services that support women's health, in the context of pregnancy desires, enabling informed choice through accessible and non-judgemental support.

8. The Scottish Government will review service pathways for pre-existing medical conditions to optimise women's health before and between pregnancies to improve maternal and fetal health and future child health and development.

9. The Scottish Government will work with partners to review, update and promote the Women's Health content on RSHP.scot to help girls and young women better understand their health, and know where and how to access help and support.

10. NHS Boards will maximise the use of women's health 'touchpoints' to promote future health, staying well and preventative options by building on existing work to deliver holistic women's health care. Resources will be developed to support healthcare professionals to confidently hold conversations on women's health needs.

11. The Scottish Government and Public Health Scotland will collaborate to:

- Develop information for girls and women on the benefits of physical activity across the life course.
- Create learning and development opportunities for those working with girls and women on the importance of physical activity to health across the life course.
- Produce guidance on how to create sport and physical activity environments, services and opportunities that are conducive to the needs of girls and women

Ambition

For all women and girls to experience the best possible health, from pre-conception and throughout the life course.

Aims

1. Healthcare services will support all women and girls to live long and healthy lives, focussing on prevention, early intervention and delivering person-centred care.

2. Women and girls will be informed and empowered to live long and healthy lives.

Actions

Pelvic Floor Health

12. The Scottish Government will assess and map the provision of pelvic floor physiotherapy across NHS Scotland, including workforce capacity, to identify gaps and areas for improvement.

13. The Scottish Government will work with partners to establish a standardised referral pathway for pelvic floor physiotherapy, aiming to prioritise prevention and early rehabilitation.

14. NHS Education for Scotland will develop faecal incontinence management education for health care professionals working in Primary Care.

Bone Health

15. The Scottish Government will work with partners to develop and promote information and resources on bone health specifically for women and girls, including risk factors for osteoporosis.

16. The Scottish Government will work with partners to promote the use of existing guidelines and tools for the diagnosis and management of osteopenia and osteoporosis.

This will focus on prevention and early intervention, particularly for women with risk factors.

Heart Health

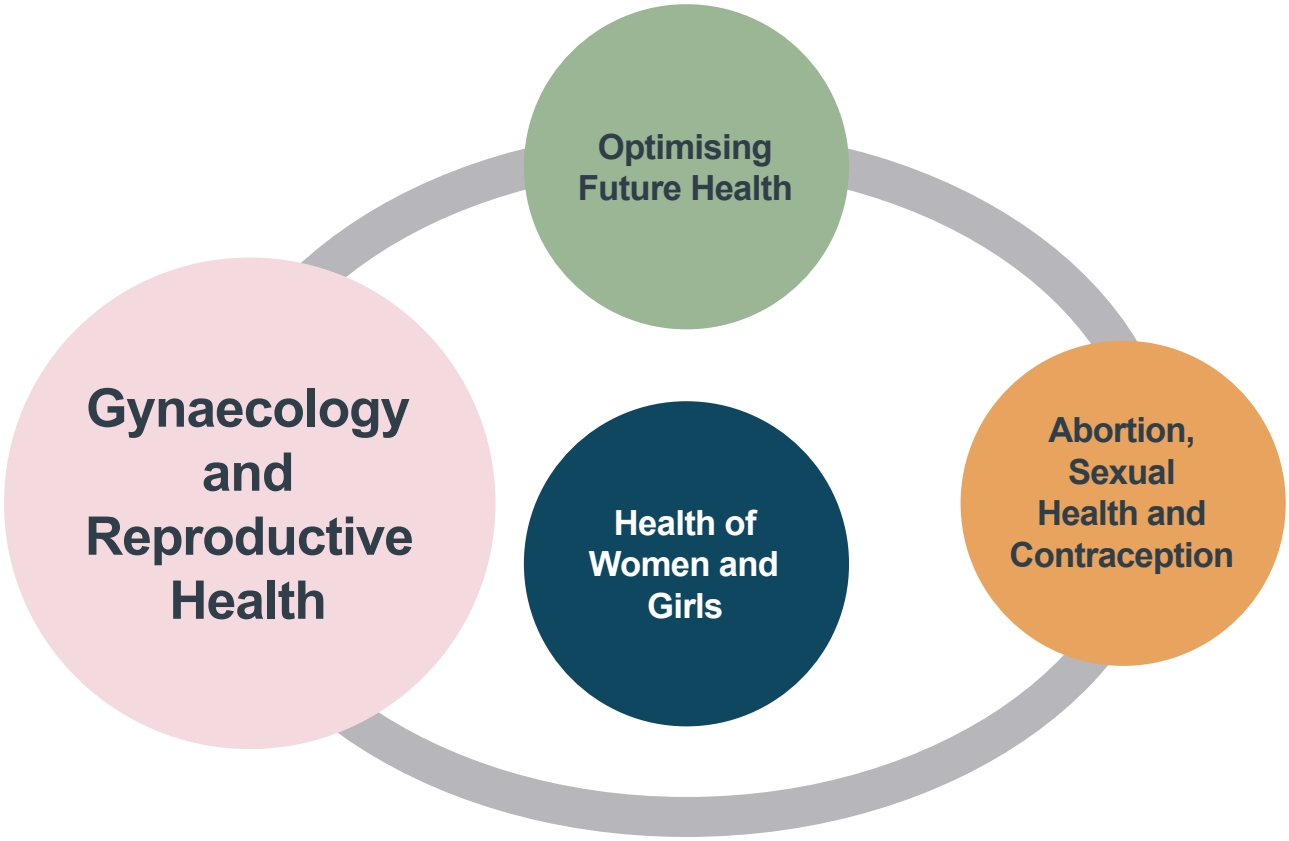
17. The Scottish Government will support NHS Boards to test and implement new pathways of care to ensure women who experience hypertensive disorders of pregnancy are informed about their lifetime CVD risk and are provided with opportunities to reduce this risk.

18. The Scottish Government will work with third sector and academic partners to involve women with lived experience of cardiovascular risk factors in the development of the CVD Risk Factors programme, to ensure their insights shape priorities and delivery.

19. The Scottish Government will work with our partners through the CVD Risk Factors Programme, to deliver education for healthcare professionals in order to improve awareness of how cardiovascular risk factors and cardiac disease interact with women's health, particularly during menopause and pregnancy.

5

Gynaecology and Reproductive Health



While gynaecology was not identified as an area in need of specific and additional focus during the development of the first phase of the Women's Health Plan in 2020-21, priorities including menopause, menstrual health and endometriosis all fall under the specialty of gynaecology. In this next phase we are expanding our focus. In addition to the priority programme to ensure all women and girls in Scotland have access to timely and sustainable gynaecology services, we will undertake specific actions relating to menstrual health, fibroids, endometriosis, adenomyosis, PCOS and menopause.

It is estimated that, by the age of 50 years, 80% of Black women and nearly 70% of white women will have had fibroids[24]. Between two and four in 100 women get pre-menstrual syndrome (PMS) that is severe enough to prevent them from getting on with their daily lives[25]. It is estimated around 1 in 10 women in the UK are affected by endometriosis[26].

24 Prevalence | Background information | Fibroids | CKS | NICE
25 RCOG Guidelines on PMS Reference: T, Pearlstein Prevalence, impact on morbidity, and disease burden. In: PM O'Brien, AJ Rapkin, PJ Schmidt, editors, The Premenstrual Syndromes: PMS and PMDD. Boca Raton, FL, USA: CRC Press, (2007). pp. 37–47.
26 Endometriosis | NHS inform

"Securing a diagnosis is a crucial first step which enables those with endometriosis to make informed choices about the management and treatment of their condition."
Endometriosis UK – Our strategy for 2025-2030

It is important to ensure that women who can be effectively supported within primary care are able to access that care promptly, while those with more complex needs can reach specialist services without delay. We want women to be able to access the support and treatment they need regardless of what their diagnosis may ultimately be. The first step on any diagnosis journey is to recognise that the symptoms being experienced are affecting a person's day-to-day life, and that they know where to go for help. There can be two stages to diagnosis, a 'working diagnosis' at primary care level and a confirmed diagnosis in secondary care. For example, not everyone with endometriosis will choose a diagnosis in secondary care, which can mean an invasive procedure, if they are happy their symptoms can be well managed without this.

Through the first phase of the Women's Health Plan we have taken action to raise awareness of endometriosis and other menstrual health conditions and to improve access to reliable information on symptoms. Actions in this next phase continue to build on that momentum with a particular focus on building knowledge and understanding of menstrual health symptoms and conditions, including endometriosis and adenomyosis, at an earlier age.

There are currently around 400,000 women in Scotland of menopausal age, between 45 to 54 years – although we know some women will experience menopause at a younger age.

Every woman will, at some point, experience menopause. Whilst not all women will experience menopausal symptoms when they go through the menopause, up to 80-90% will have some symptoms, with 25% describing them as severe and debilitating[27]. Variation in menopause support and care persists across Scotland, which is why menopause remains a focus.

Building on the work from the first phase of the Women's Health Plan, we will take a more targeted approach to address the inequity of menopause care across Scotland. Research will allow us to explore the reasons why hormonal replacement therapy (HRT) is less likely to be prescribed to women in deprived communities and how improvements can be made for more equitable care in Scotland. We will use this evidence to design and implement targeted improvements, with a specific focus on reducing inequalities to ensure women in the most deprived communities receive timely, high-quality support.

For women experiencing more complex menopause symptoms – whether due to induced menopause following surgery or cancer treatment, spontaneous premature menopause, or living with a pre-existing physical or mental health condition – more targeted attention will be given to ensure better access to holistic and timely menopause support, and we will consider how we optimise the future health of women during this life transition.

27 British Menopause Society (BMS) (2022) What is the Menopause?

5.1 Gynaecology and Reproductive Health – Ambition, Aims, Actions

Ambition

Our ambition is for all women and girls to enjoy the best possible reproductive and gynaecological health throughout their lives.

Aims

1. For women and girls in Scotland to feel informed, confident and supported in their menstrual health.

2. For women to feel prepared and informed on what to expect during perimenopause/menopause, know how to seek support for managing symptoms and have access to timely treatment and care.

3. Diagnosis times for all menstrual health conditions, including endometriosis, are reduced.

Actions

Menstrual Health

20. The Centre for Sustainable Delivery will:

- Review the current Endometriosis Care Pathway to align with updated NICE guidance, identifying gaps and opportunities for improvement.
- Develop and support implementation of a suite of clinical pathways, and associated patient friendly versions, to support better diagnosis and treatment of gynaecological conditions.

21. The Scottish Government will work with partners to explore how to provide additional education and support for school-aged girls and young women on periods and menstrual health, with the aim of developing new resources.

22. The Scottish Government will work with partners to support healthcare professionals in community, primary and secondary care to ensure that a full blood count and ferritin measurement is considered when seeing women or girls with symptoms of heavy, frequent or prolonged menstrual bleeding (to identify/exclude iron deficiency and implement appropriate treatment).

This will include updating the Heavy Menstrual Bleeding Pathway.

23. NHS Education for Scotland (NES) will develop and roll out educational materials for healthcare professionals in order to improve understanding, diagnosis and management of mood changes/disorders across the menstrual cycle (including Premenstrual Dysphoric Disorder (PMDD) and Premenstrual Syndrome (PMS)).

24. The Scottish Government will work with partners to promote the use of existing guidelines, education and other tools on pelvic pain, irregular periods and heavy menstrual bleeding in primary care, to support the timely diagnosis and management of menstrual health conditions including fibroids, endometriosis, adenomyosis and PCOS.

25. NHS Boards, with the support of the Scottish Government, will pilot drop-in sessions which enable primary care staff to hold regular case discussions with specialists with a focus on menstrual health conditions, including fibroids, endometriosis, adenomyosis and PCOS.

Ambition

For all women and girls to enjoy the best possible sexual and reproductive health and wellbeing, free from harm, throughout their lives.

Aims

1. For women and girls in Scotland to feel informed, confident and supported in their menstrual health.

2. For women to feel prepared and informed on what to expect during perimenopause/ menopause, know how to seek support for managing symptoms and have access to timely treatment and care.

3. Diagnosis times for all menstrual health conditions, including endometriosis, are reduced.

Actions

Menopause

26. The Scottish Government will work with partners to undertake research which explores the reasons HRT is prescribed less often to women in deprived communities.

27. The Scottish Government will develop and promote a toolkit which will support healthcare professionals in both primary and secondary care to deliver Group Consultations on Women's Health, with an initial focus on Menopause Care.

28. The Scottish Government will work with the Menopause Clinical Reference Group to improve support for women experiencing:

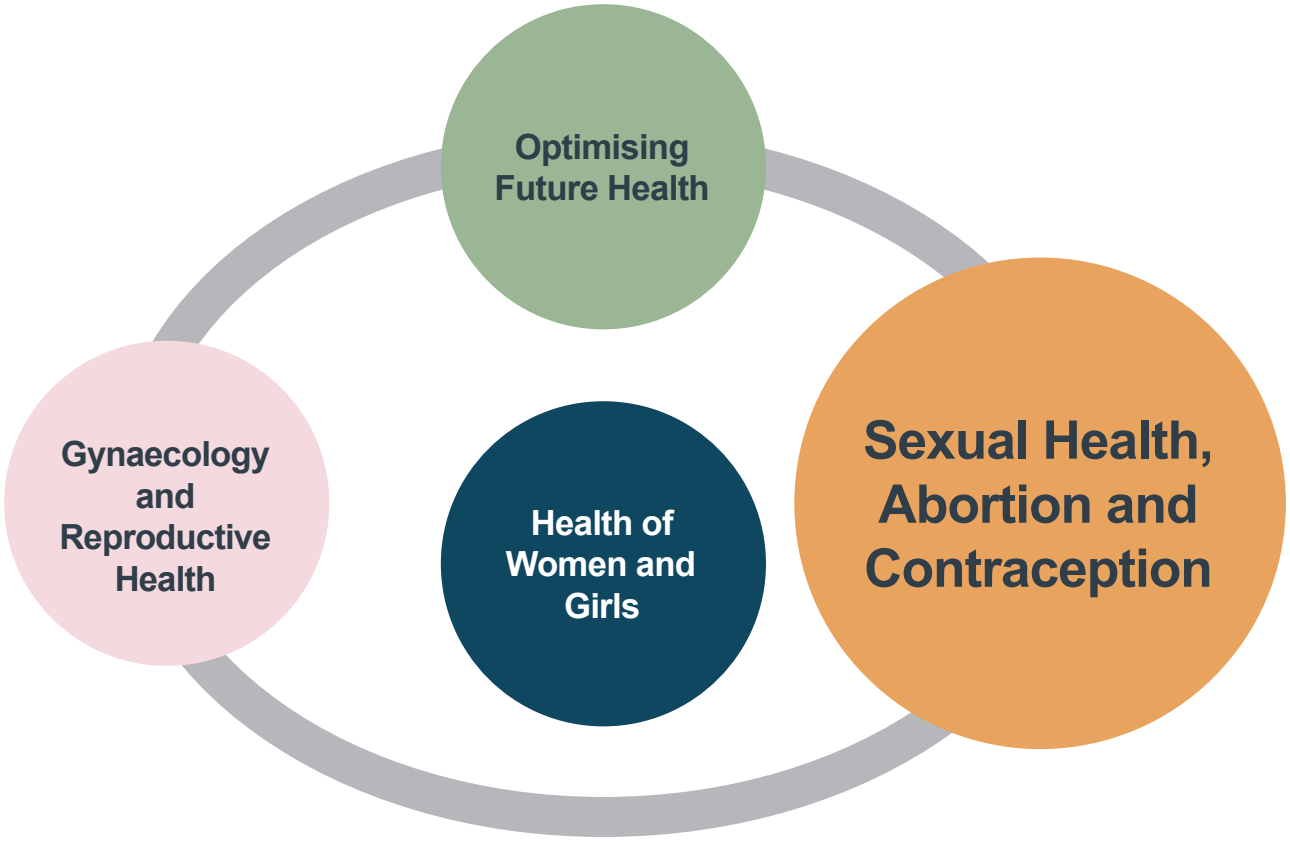
- Treatment induced or spontaneous premature menopause;
- Menopause with pre-existing gynaecology conditions such as fibroids, endometriosis, adenomyosis; and
- pre-existing mental illness

through the promotion of a holistic, interdisciplinary approach which will include the development of guidance and resources for women, and for healthcare professionals.

29. NHS Education for Scotland will offer education sessions for Healthcare Professionals on emerging issues or 'hot topics' for menopause clinical management.

6

Sexual Health, Abortion and Contraception



Recent data in Scotland indicates a shift in patterns of contraception use. Overall prescribing rates for contraception have seen a decline in recent years[28], while abortion rates have increased[29]. This shift reflects global patterns, with studies highlighting a rise in the use of non-hormonal methods of contraception. It is important that we understand contraception use throughout Scotland, including for gynaecological reasons, so we can shape service delivery. Furthermore, post-partum and post-abortion access to contraception remain a priority and ongoing work in this area will continue.

Women and girls should have access to accurate information and effective contraception to prevent unintended pregnancy. But it is also right that anyone who needs access to abortion care should be able to

28 Long Acting Reversible Contraception - ScotPHO

29 Termination of pregnancy statistics - Year ending December 2024 - Termination of pregnancy statistics - Publications - Public Health Scotland

access services in a safe, inclusive and timely manner. It is estimated that one-in-three women in Scotland will access abortion services in their lifetime, making abortion care a core component of reproductive healthcare. We intend to build on the actions set out in Phase One of the Women's Health Plan to improve consistency and equity in abortion provision across Scotland, considering both geographical and service barriers. Patient choice must be at the heart of abortion care, and it is essential that services reflect this by offering a full range of clinically appropriate options. It will be important to develop and improve training and clinical capacity, alongside standardising care pathways and ensuring that the information we receive about abortion services helps to meaningfully monitor access. It is our overall aim that women will be able to access the full range of abortion care they need in Scotland, supported by a legal and clinical framework that reflects modern clinical practice and supports safe and timely access to care.

Sexual health and wellbeing is particularly important for young people as they navigate the complex terrain of sexual development, healthy relationships, consent, health and wellbeing and reproductive choices. We are committed to ensuring that young people have access to the information, support, and resources needed to make informed decisions about their sexual and reproductive health.

6.1 Sexual Health, Abortion and Contraception – Ambition, Aims, Actions

Ambition

For all women and girls to enjoy the best possible sexual and reproductive health and wellbeing, free from harm, throughout their lives.

Aims

1. For women and girls to be empowered to make informed and autonomous choices about their sexual and reproductive health, free from stigma and harm, throughout their lives.

2. For women and girls to have inclusive and timely access to the full range of contraceptive care.

3. For women and girls to have safe, inclusive and timely access to the full range of abortion care.

Actions

Contraception

30. To better understand the issue of hormone hesitance, the Scottish Government will:

- Deliver an academic-policy knowledge exchange fellowship project specifically looking at hormone hesitancy in Scotland.
- Build an evidence base to understand the factors influencing changing attitudes to the use of hormones, particularly amongst young women.
- Utilise this research to support women and girls in Scotland to make informed decisions about their reproductive health from trusted sources.

31. The Scottish Post Partum Contraception Network, with Public Health Scotland, will develop a standardised, national minimum dataset for post-partum contraception activity, for use across maternity systems in Scotland.

32. NHS Boards will integrate existing NHS Scotland educational resources on postpartum contraception into maternity staff training, to support timely access to the full range of contraception options after childbirth for those who request this (including implant and intrauterine device insertion).

Sexual Health

33. The Scottish Government will ensure that young people have access to the information, support, and resources needed to make informed decisions about their sexual health by:

- Delivering a national Summit on Young People's Sexual Health and Wellbeing in partnership with NHS Boards, academia and the Third Sector. This summit, co-designed with young people, will generate consensus for shared actions to improve the wellbeing of young women and girls, including to:
  - Improve awareness and understanding in professionals and young people of the health impacts of Non-Fatal Strangulation.
  - Update the 'Key Messages for Young People on Healthy Relationships and Consent' resource using the most recent evidence and input from young people.

Ambition

For all women and girls to enjoy the best possible sexual and reproductive health and wellbeing, free from harm, throughout their lives.

Aims

1. For women and girls to be empowered to make informed and autonomous choices about their sexual and reproductive health, free from stigma and harm, throughout their lives.

2. For women and girls to have inclusive and timely access to the full range of contraceptive care.

3. For women and girls to have safe, inclusive and timely access to the full range of abortion care.

Actions

Abortion

34. The Scottish Government will continue the review of the law on abortion to ensure that abortion is seen, first and foremost, as a healthcare matter.

35. NHS Boards will establish a service for abortion up to 24 weeks for all indications, within Scotland.

36. NHS Education for Scotland (NES) and the Scottish Government will improve training and skillsets for abortion provision across Scotland by:

- Developing training on pain management for abortion.
- Developing and implementing a national training pathway within Scotland for surgical abortion at all gestations, including treatment room surgical procedures for early surgical abortions.
- Encouraging and funding training with third sector providers, in anticipation of a national training pathway for abortion up to 24 weeks for all indications.

37. The Scottish Government will work with NHS Boards to, where appropriate, standardise abortion care across Scotland.

- Scottish Abortion Care providers will produce national guidelines on abortion care to 24 weeks gestation.
- The Scottish Abortion Care Providers will be supported to standardise data collection on access to abortion, including waiting times, across Scotland.

38. NHS Boards will increase choice and flexibility of how patients can access their abortion medication for 'early medical abortion at home', including local pharmacy collection and home delivery where appropriate.

39. NHS Boards will review theatre lists for surgical abortion and treatment room surgical procedures provision for induced and spontaneous abortion and increase provision where necessary to ensure that women can be offered a choice between medical and surgical abortion, without delay.

40. The Scottish Government and NHS Boards will use existing data to improve access to post-abortion contraception.

7

Implementation, Monitoring and Evaluation

Monitoring the implementation of Phase Two of the Women's Health Plan will be key to its success. This will be achieved through a number of approaches, which together will help us form a rounded picture of its delivery, progress and challenges.

The Women's Health Plan Phase Two: Monitoring and Evaluation Framework

Following the publication of Phase Two, work will start on the development of a Monitoring and Evaluation Framework. This Framework will set out how progress will be measured, with timelines, and the data sources that will be used to do so.

The Framework will be published alongside the Theory of Change that was used to develop Phase Two. This document will illustrate the longer-term aims and ambitions of Scotland's Women's Health Plan, as well as its shorter-term actions.

Annual Reporting

Reporting against the actions will take place on an annual basis and will be informed by the Monitoring and Evaluation Framework. The first annual report will be published in Spring 2027.

Implementation

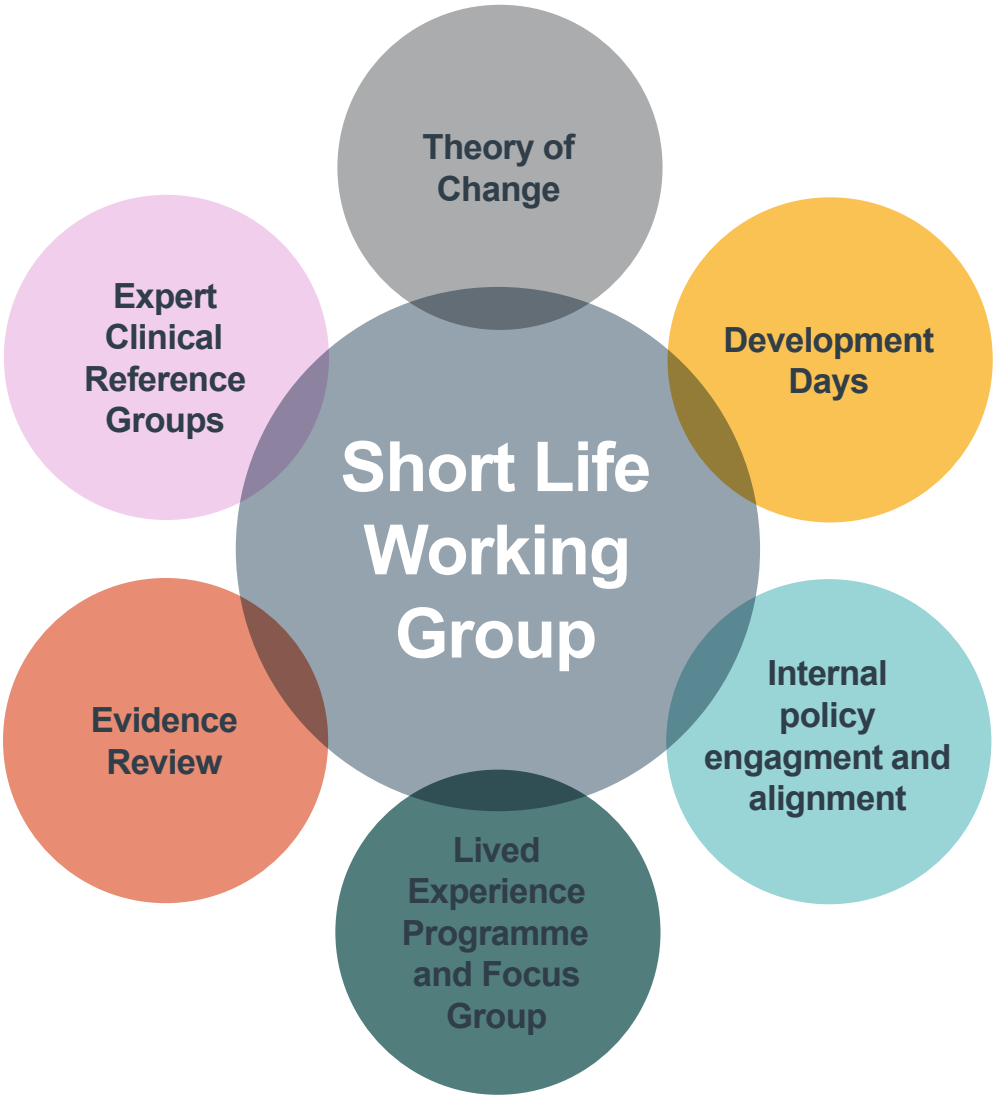
The intersectional needs of women and girls will be central in the implementation of Phase Two. We will continue to work closely with the Health and Social Care Alliance and Lived Experience Group to ensure the lived experience of women and girls is a central consideration in how these actions are delivered.

Implementation will be supported by a Women's Health Plan Ministerial Oversight Group, chaired by the Minister for Public Health and Women's Health. This Group will provide guidance and governance for Phase Two, working to support partners across Scotland to deliver the Plan and provide challenge when necessary.

8

Appendix

Development and Governance of the Women's Health Plan: Phase Two



Short Life Working Group

We established a Short Life Working Group, to:

- Share their expertise to inform Phase Two of the Women's Health Plan
- Identify gaps in the provision of services, consider existing areas of best practice and consider actions to address these gaps
- Engage with their organisations and networks to support the development of Phase Two of the Plan

Membership, terms of reference and minutes of meetings can be found here.

Theory of Change

We have worked to develop a Theory of Change to underpin this work, setting out our long-term vision for women's health and the many activities and inputs needed to achieve this. This will be used to develop a Monitoring and Evaluation Framework. We will publish the Theory of Change and Monitoring and Evaluation Framework as we move into implementation of Phase Two.

Development Days

We held in-person development days bringing together colleagues across the NHS, Third Sector, academia and policy, asking what they thought should be our focus going forward.

Expert Clinical Refence Groups

We have engaged with existing groups including:

- Heart Health sub-group
- Menopause Clinical Network
- Menopause Clinical Reference Group
- Menstrual Health Clinical Reference Group
- Pelvic Floor Health Expert Group

Evidence Review

We have updated our evidence base looking specifically at what has changed for women and girls in Scotland since the publication of the Women's Health Plan in 2021.

We published a 'Review of the Data Landscape' that sets out some of the routinely published data on women's health currently available in Scotland which also highlights key gaps. This report has been used to inform Phase Two.

Much of this evidence is captured in the EQIA document published alongside Phase Two.

Engagement with Women and Girls

Engagement with women and girls is central to the Women's Health Plan. We have worked to ensure women and girls have been meaningfully involved in policy development, that our work is rooted in the real experiences of women in Scotland and that addresses what is most important to them. We have undertaken a series of meetings, development days and focus groups, consulting with women and girls across Scotland and asking what they want to see prioritised going forward.

ALLIANCE Lived Experience Programme

Health and Social Care Alliance Scotland (The ALLIANCE) is an independent Scottish charity and strategic partner of the Scottish Government. As a national third sector strategic intermediary The ALLIANCE has strong expertise in engaging people with lived experience in policy and practice development across health and social care in Scotland.

The ALLIANCE continues to support the Women's Health Plan through their dedicated lived experience programme, including a Women's Health Lived Experience Stakeholder Group. This programme provides increased opportunities for people with lived experience to meaningfully contribute to effective policy development and service improvements within women's health.

As part of the lived experience engagement for Phase Two of the Women's Health Plan, The ALLIANCE hosted two development day discussions for their Women's Health Lived Experience Group to ensure the views of those with lived experience were captured and informed Phase Two. These discussions were held in-person in March and August 2025.

Women in attendance emphasised the requirement for:

- additional support to make sustainable lifestyle changes to optimise their future health, noting the impacts of social determinants of health and barriers to living well
- more support for women in later life
- the importance of access to reliable information and education around menstrual cycle, fertility and women's health more generally
- the need for more mental health services for women and more joined up working across specialities, for example gynaecology and mental health.

These development days gathered views from a wide range of stakeholders including people with lived experience but also representative organisations.

Focus Groups

In addition to our lived experience engagement undertaken in partnership with the ALLIANCE, we also commissioned third sector organisations to undertake smaller focus groups. The specific aim of these focus groups was to hear from women and girls who are often not heard from in the policy making process, including women experiencing homelessness, minority ethnic women, girls as young as 12, and women in their 90s. The Focus Groups were held in Spring 2025.

These organisations we worked with were:

- Age Scotland
- British Heart Foundation Scotland
- Council of Ethnic Minority Voluntary Organisations (CEMVO)
- Simon Community Scotland
- The Young Women's Movement

A full summary report detailing findings from these focus groups is published alongside Phase Two.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

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