



Department of Health & Social Care

From Maria Caulfield MP
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Rt Hon Caroline Nokes MP
Chair, Women and Equalities
Committee
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Dear Caroline

Follow up questions from the WESC Women's Reproductive Health inquiry session

Thank you for inviting me to give oral evidence to the committee's inquiry on women's reproductive health. I am now writing with a response to the remaining questions you have shared with us. Please find my responses to these questions below.

1. There have been calls to move away from using the term 'benign' to describe gynaecological conditions as it has contributed to their deprioritisation. What is the Department, and NHS England, doing to support a shift in approach?

In clinical terminology, the term benign is used to identify tumours which are not malignant and non-cancerous. Benign may also be used if a woman has a non-cancerous condition or disease, or symptoms without a diagnosis, as is the case with a number of gynaecological and reproductive conditions such as menstrual disorders. This term is not unique to gynaecology and can be seen across a number of other specialities and can be interpreted differently depending on a clinical or non-clinical perspective.

In policy terms the department refers to 'gynaecological conditions or individual conditions by name, e.g. endometriosis. We recognise that these conditions can have severe and long-term impacts on women's health and wellbeing, and through our Women's Health Strategy we are committed to improving women's health outcomes and how the health and care system listens to women and girls for all gynaecological conditions and symptoms.

We recognise stakeholder concerns around the use of the term 'benign' in reference to gynaecological conditions. Use of terminology in clinical settings is a matter for NHS England and the relevant royal colleges to advise on, however, the department would support a move away from using the term 'benign' to describe gynaecological conditions and symptoms if evidence suggests this would be beneficial.

2. *Is women's reproductive health taken as seriously by researchers as some conditions that only affect men? What is the Government doing to encourage more research of these conditions?*

The Government takes women's reproductive health seriously and is funding research into this area, but we are aware there is more to do. Women's health has been neglected due to historical male bias in the health and social care system, and in health research, which we are working to overcome by:

1. Commissioning more research into women's reproductive health.
2. Increasing scientific and research capacity in women's reproductive health.
And
3. Increasing the representation of women in shaping, participating in and undertaking research.

The Department for Health and Social Care funds both commissioned and responsive research through the National Institute for Health and Care Research (NIHR).

In August 2023, the NIHR announced an investment of £100 million into 20 Policy Research Units (PRUs), including a new PRU dedicated to Reproductive Health which will launch in January 2024. This unit will undertake research on policy areas such as menstrual health, gynaecological conditions, menopause and pelvic floor. In addition to Reproductive Health-PRU, the NIHR funds several PRUs of relevance to the priority areas within the Women's Health Strategy for England, such as Healthy Ageing; Dementia and Neurodegeneration; Mental Health; Maternal and Neonatal Health and Care and Cancer Awareness, Screening and Early Diagnosis. The PRUs create a critical mass of experts for research who support each other and build up skills to provide a long-term resource for policy research and a rapid-response service to call for evidence.

The NIHR have also funded an early evaluation of Women's Health Hubs which aims to explore the 'current state of the art', mapping the WHH landscape, studying experiences of delivering and using hub services, and defining key features and early markers of success to inform policy and practice. Findings will be published following peer review of the final report.

The Government recognises the need to boosting capacity and capability in women's reproductive health to increase the volume of high-quality research applications being funded. The NIHR is building research capacity in terms of people, services and facilities in women's reproductive health research. The NIHR supports and encourages researchers at each stage of their career to address barriers to career progression for women, so to increase the expertise in all areas including women's health. To illustrate this commitment, in partnership with Wellbeing of Women, the NIHR Academy have launched an exciting opportunity for Women's Health Doctoral Fellowships. This will support both career development and the pipeline of researchers with expertise in women's health issues.

The NIHR is also actively ensuring that women are included in every stage of research and that there are consultation mechanisms to ensure that the issues that affect women's health and that women are concerned about are subjects of research.

3. *Is enough research being done to ensure the diagnosis and treatment of women's reproductive health improves?*

The Department, through the NIHR, has invested significantly in research in women's health against the burden of disease. Disability Adjusted Life Years have improved over the last decade for women and research has played a significant role in this.

To illustrate, together, two NIHR-funded studies (ARTISTIC; MAVARIC) heavily influenced the UK National Screening programme, which applied their findings to adopt HPV testing. Following a successful pilot programme alongside recommendations by the UK National Screening Committee, samples are now tested for HPV as a primary screening test for cervical cancer and other diseases across England. In addition, ARTISTIC and MAVARIC have had international influence on national policy guidelines for cervical screening in Argentina, Denmark, Ireland, Germany, Spain, the USA, and European Union.

It can be difficult to assess burden of disease when there are known issues with late diagnosis. For example, there may be many women living with endometriosis who do not have a diagnosis, so assessing the full burden of condition is a challenge. By researching less invasive procedures including use of AI and MedTech we hope to improve diagnosis and make it less stressful for women.

The NIHR has funded several recent studies looking at non-invasive ways to diagnose conditions, including a study investigating home-based ways of diagnosing and monitoring gestational diabetes, and a study into non-invasive diagnosis tests for endometrial (womb) cancer.

Previous NIHR-funded research has positively impacted the ways in which we approach and treat women's reproductive health issues. For example, a £1.8m study into the prevention of miscarriage showed that progesterone could increase the chance of having a baby for women with early pregnancy bleeding and a history of pregnancy loss. The National Institute for Health and Care Excellence guidelines now recommend progesterone treatment which could prevent more than 8,000 miscarriages each year. Moreover, NIHR-funded research found that Gabapentin does not reduce long-term pelvic pain and has unpleasant side effects. As a result of this study, the Royal College of Obstetricians and Gynaecologists will update its existing guideline for pelvic pain.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. Caulfield'.

MARIA CAULFIELD