



Department
of Health &
Social Care

Government response to the Women and Equalities Committee's 12th report of session 2024 to 2026: menstrual health of girls and young women



Government of the United Kingdom
Department of Health & Social Care

Government response to the Women and Equalities Committee's 12th report of session 2024 to 2026: menstrual health of girls and young women

Presented to Parliament by the Secretary of State for Health and Social Care
by Command of His Majesty

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Introduction

The government welcomes the Women and Equalities Committee's report on the [Menstrual health of girls and young women](#), which follows on from the committee's previous report on [Women's reproductive health conditions](#).

We are grateful for the committee's inquiry and the insightful and thorough recommendations set out in its report. We considered the evidence provided to the inquiry during the development of our recently published [Renewed Women's Health Strategy for England](#) and these recommendations will inform our approach to implementation.

What the government is doing to improve women's health outcomes

The government agrees with the committee's overarching findings and recommendations for improving women's health outcomes and experiences.

We acknowledge the impact that menstrual health conditions can have on women's lives, relationships, and participation in education and the workforce. We recognise that more needs to be done to support women with menstrual health conditions, particularly around listening to women, improving information and education, and enhancing patient experience.

That is why we have renewed the Women's Health Strategy, building on the 2022 [Women's Health Strategy](#). Our renewed Women's Health Strategy sets out a long-term plan to transform how the health and care system listens to, supports, and meets the needs of women and girls. It:

- puts women's voices and choices at the centre of care
- encourages faster improvements in services and outcomes that matter most to women
- deals with long-standing health inequalities across the life course

The strategy aligns with our [10 Year Health Plan for England: fit for the future](#), which aims to shift care into the community, harness digital innovation and strengthen prevention so women can live healthier, more fulfilled lives.

We agree with the committee's appraisal that the publication of this strategy presents an opportunity for tangible change for girls and women. Through this strategy, women will experience:

- shorter waits for gynaecology care
- fewer painful procedures without informed consent or a choice of pain relief

- easier access to contraception and screening close to home
- information and more control over their health through digital services
- being listened to and taken seriously at the first time of asking
- fewer cases of repeating their story
- more control over their health throughout the life course
- improved working lives
- more opportunities to take part in research
- more digital therapeutics bespoke to women, such as cycle trackers, fertility predictors and symptom diaries
- more women in life sciences and tech leadership

The renewed Women's Health Strategy marks a decisive shift in addressing long-standing failings in women's health outcomes, experiences and access to care. It applies the 10 Year Health Plan to women's health, aiming for faster and more equitable improvements through fundamental reform. This strategy deals with medical misogyny and rebalances power within the healthcare system, putting women's voices and choices first.

The committee's report will support the government to consider what further action can be taken to ensure that the health needs of women and girls are prioritised.

Menstrual education and support at school

Recommendation 1

The government should encourage schools to use part of the RSHE grant funding to train teachers on the menstrual and gynaecological health elements of the curriculum.

The Department for Education should work with the Department of Health and Social Care and stakeholders such as Wellbeing of Women and the royal colleges to ensure that effective training and resources are made available to schools.

There are educators and campaigners willing to provide training and resources for limited cost. Adequate training need not be time consuming.

Recommendation 3

As part of the rollout of the updated RSHE curriculum, the Department for Education should develop resources and guidance for teachers and other school staff to embed menstrual health awareness and support at a whole-school level.

That guidance should include advice on best practice on access to period products and in a way that does not perpetuate stigma.

Government response to recommendations 1 and 3

The Department for Education (DfE) does not direct schools on how to allocate or use school-level funding to support relationships, sex and health education (RSHE) teaching. In addition, DfE does not produce its own RSHE teaching resources, nor does it proactively endorse or mandate the use of third-party materials.

Schools can choose resources that best meet the needs of their pupils, in line with [Relationships education, relationships and sex education \(RSE\) and health education](#) statutory guidance.

That said, the statutory RSHE guidance does include references to materials that were well established at the time of publication. These include:

- [Reproductive health is a public health issue](#), a consensus statement drawing on data and women's lived experiences across the life course, from menstruation through to menopause
- [Period products in schools and colleges](#), which supports access to free period products for pupils who need them

The PSHE Association, a national body for personal, social, health and economic (PSHE) education, has noted that the [updated RSHE curriculum strengthens coverage at secondary level](#). This includes enhanced teaching on menstrual and gynaecological health, such as endometriosis and menopause, alongside a greater emphasis on developing pupils' skills to access appropriate healthcare services and professionals.

The PSHE Association also currently covers [puberty and menstrual wellbeing within a lesson pack](#) (originally developed for Medway Public Health Directorate in response to local priorities) that has since been made available to its members.

[Oak National Academy](#) also hosts a range of freely available, quality-assured resources relevant to menstruation and changing bodies, including:

- key stage 2 content on menstruation (year 4)
- key stage 3 lessons on managing menstruation, the emotional aspects of menstruation, and menstruation within the broader context of bodily change (year 7)

DfE and Department of Health and Social Care (DHSC) officials will meet with [Wellbeing of Women](#) and the royal colleges to discuss issues relating to menstruation and diversity in greater depth.

Recommendation 2

The Department for Education and the Department of Health and Social Care should work with expert stakeholders to ensure the range of guidance being produced to support the introduction of the new RSHE curricula in September 2026 reflects the diversity of experiences of menstrual wellbeing and needs of students.

Schools will need guidance on teaching menstrual and gynaecological health to pupils from different racial and ethnic backgrounds and to those with disabilities.

Teaching materials should reflect a broad range of lived experiences so that students from a diverse range of backgrounds can feel represented and teaching can be tailored to their needs.

Government response to recommendation 2

We agree that students from all backgrounds should have access to comprehensive education on menstrual health. That is why, as part of our renewed Women's Health Strategy, we will launch a new programme to improve girls' menstrual health education.

We will invest an additional £1 million to support targeted work in schools and community settings to support girls' knowledge about menstrual health and when to seek healthcare, provided in partnership with voluntary and community organisations.

We will also update the NHS resources for schools, ensuring that they reflect the lived experiences of students from a diverse range of backgrounds. The updated resources, which can be customised by schools and their local partners, will support young people to navigate the system so that they know where to seek help.

We will partner with voluntary sector and commercial organisations to share health information and advice, and improve access to services for women and girls. We are exploring new commercial partnerships with organisations, with over 50 commercial and voluntary sector organisations joining our market testing events at the start of the year.

Prioritising health education in schools, communities and healthcare settings is the first step to empowering women with the knowledge and tools they need to:

- understand and manage their fertility
- prepare for the best pregnancy outcomes
- navigate the inevitability of the menopause

Recommendation 4

While take-up of the period product scheme is high, there are still some institutions that have not engaged. The government should seek to understand why some schools and colleges have not participated in the scheme and encourage them to do so.

The scheme should be extended indefinitely. The government should also explore extending access points beyond schools and colleges to other settings.

Government response to recommendation 4

The government is committed to ensuring girls and women in education have access to free period products when they need them. Since its launch in January 2020, 99% of secondary schools and 86% of post-16 organisations in England have used the scheme to order period products. For government statistics on the scheme, see the [Period product scheme: management information](#).

To monitor progress and strengthen our understanding of the scheme's impact, we draw on several evidence sources each year. These include the [Parent, pupil and learner voice: omnibus survey](#) and annual surveys of schools and colleges. These insights are used to refine our guidance. DfE will make further announcements on the scheme in due course.

Recommendation 5

Reports that access to school toilets is being restricted are troubling. The government should investigate the extent to which this is happening and request that school leaders take alternative approaches to tackling issues regarding discipline.

Government response to recommendation 5

Schools are responsible for setting behaviour policies, including on toilet use. These must:

- follow national behaviour guidance
- treat all pupils with dignity and respect
- work for their own schools and school community

Schools have duty-of-care responsibilities to pupils. They must fully consider individual circumstances and any health issues when making decisions of this nature.

All schools must comply with the [Health and Safety at Work etc. Act 1974](#). They must take reasonable steps to ensure that staff and pupils are not exposed to health and safety risks.

The [Standards for school premises](#), published in 2015, set out that schools must provide suitable toilet and washing facilities for pupils' sole use. Schools must find reasonable ways, in line with the law, to ensure every child can access clean and safe toilet facilities when they need them.

If parents or children have concerns, they should speak to their school in the first instance. If they are dissatisfied with the school's response, they can make a formal complaint to the school.

The government has no plans to update or amend the guidance. It is for school leaders to develop and implement a policy that works for their own schools and school community, including on toilet use.

Recommendation 6

The renewed Women's Health Strategy should include an aim to improve the provision of school nurses, particularly in more deprived areas, where need is often greatest.

Improving early access to care reduces the risk of symptoms worsening and the increased health and economic costs that accompany delayed treatment.

Investment in school nursing would likely lead to savings over the longer term, and aligns with the prevention and community-based care goals in the government's 10 Year Health Plan for England.

Government response to recommendation 6

The child health workforce, including school nursing teams, plays a central role in helping children and young people to progress through school and into adulthood as happy, healthy and health-literate members of society.

School nurses support girls and young women to understand and manage menstruation, and know when changes may indicate a need for further advice or care. This makes them vital for prevention and early intervention.

High-impact areas 3 and 4 for school nursing (published as part of the [Healthy child programme: ages 0 to 19 high-impact area framework](#) earlier this year) cover the role of school nurses in supporting young people through puberty and adolescence, including menstrual support.

The government is committed to publishing a 10 Year Workforce Plan, which will set out how the NHS will have the right people in the right places, with the right skills to care for patients, including children and young people, when they need it. This plan will also set out how we will support staff through better treatment, better training and more fulfilling roles.

Our 10 Year Health Plan also committed to a professional strategy for nursing and midwifery. The strategy will set out a professional direction for all nurses, midwives and nursing associates in England up to 2040.

NHS website, social media and ‘femtech’

Recommendation 7

We congratulate Wellbeing of Women on developing and rolling out its period symptom checker. It is an excellent tool, which has the potential to be a major breakthrough in improving awareness and understanding of menstrual health problems and speeding up girls’ and women’s access to care and treatments.

We welcome the minister’s commitment to include a link to the checker on the women’s health area of the NHS website. The government must ensure this happens as soon as possible.

It is vital that girls and women can access a symptom checker that they can trust. Primary care networks must encourage its use.

Recommendation 8

Wellbeing of Women’s period symptom checker should be added to the NHS app. The government should work with Wellbeing of Women to determine whether conditions in addition to heavy bleeding and pain, such as irregular bleeding, depression and anxiety, might also be captured by the checker.

Government response to recommendations 7 and 8

Since May 2026, the [NHS website](#) has signposted users from its menstrual health pages to the Wellbeing of Women [Periods information hub](#), which hosts the period symptom checker. It will also be signposted from the NHS App.

Women visiting the NHS website for information about periods, heavy bleeding, irregular periods or missed periods are now signposted to a trusted and comprehensive source of information and support.

The government will work with Wellbeing of Women to explore whether the period symptom checker could be expanded to cover further conditions, such as irregular bleeding and mental health symptoms.

Recommendation 9

Countering women’s health misinformation through increased official and accurate social media content is vital and should be a key part of the renewed Women’s Health Strategy.

The renewed strategy must include a clear plan with measurable actions and targets to demonstrate that this is a top priority.

Government response to recommendation 9

The government agrees that countering women's health misinformation through increased official and accurate social media content is vital.

No single organisation can address online misinformation alone. Social media platforms, governments, regulators, the media and health bodies all have a role to play. The NHS England social media team's role is to make credible health information that is easy to understand, trust and find in the places where people already spend their time.

NHS England uses channels like YouTube, Instagram and Facebook to explain topics such as menstrual health and contraception and conditions like endometriosis - particularly to 18 to 34 year olds who are less likely to visit the NHS website for information. The team also uses audience insight and social listening to understand:

- how people talk about these topics
- what concerns them
- where gaps in understanding exist

That helps NHS England make content that is more empathetic, clearer and genuinely useful.

Examples of their work include:

- an [endometriosis series on YouTube](#) with short explainers led by clinical voices that covers diagnosis, symptoms and treatment. This improves access to clear information in an online space that is often dominated by personal experience content
- a [menstrual health series on YouTube](#) covering topics such as cycle irregularities, heavy bleeding, and what is and is not considered normal
- using audience insight to shape content. The team uses tools such as Pulsar and YouTube search data to understand the language people use, areas of confusion and emerging interest, so content is designed around real information needs

Online misinformation affects all aspects of health and can harm anyone. NHS England will continue to challenge misinformation with clear, discoverable, authoritative content, using existing tools to monitor online conversations and identify trends or inaccurate information that could harm women's health.

Recommendation 10

The government must improve NHS England's processes for approving and publishing third-party health content.

There is a growing number of expert healthcare professionals putting out accurate, engaging and helpful information on social media that merits wider publication and promotion via official channels.

The government should expand the channels via which the NHS communicates, including TikTok and other platforms popular with girls and younger women.

Government response to recommendation 10

Increasing the number of trusted, authoritative voices on NHS England social media channels is important, and something that is being done now more than ever. Content published to these channels must meet clear criteria covering clinical accuracy, accessibility, clarity and quality. NHS England maintains appropriate oversight to ensure content is consistent and effective for their audiences.

These standards are important and mean that, on occasion, it is not possible to share some content. NHS England will work to define acceptable standards to third-party publishers so that more content can be shared.

Publishing content in non-English languages can be challenging, particularly around verifying accuracy quickly enough to stay relevant. As a result, NHS England does not currently publish non-English language content to their social media channels.

NHS England is active on all major social media platforms, publishing regular content on Instagram, Facebook, X, WhatsApp and YouTube - all of which are used by women of all ages. Snapchat, Pinterest, Nextdoor and Reddit are used for activity in support of paid marketing campaigns.

TikTok forms a part of NHS England's future communication plans, with teams working to launch a presence on the platform. TikTok will provide an important route for reaching girls and younger women with health information.

Recommendation 11

The government must hold social media platforms to account for inappropriate censorship of important women's health content.

‘Shadow banning’ is unacceptable and must cease. Social media companies must recognise the significant role they play in girls’ and women’s access to important health-related content.

The government must ensure that strategies are in place to tackle this problem. This must be a key objective of the renewed Women’s Health Strategy.

Government response to recommendation 11

The government recognises the importance of protecting freedom of expression and privacy, which are central to the online safety regime.

The [Online Safety Act 2023](#) does not prevent adults or children from accessing legal content about women’s health. Safeguards for freedom of expression are built into the framework of the act, which places duties on platforms to protect users’ rights to freedom of expression when introducing safety measures.

The largest services regulated by the act will have additional duties. They:

- cannot arbitrarily remove content
- must be clear what content is acceptable for their adult users
- must enforce the rules consistently

Users will have access to effective complaints procedures to appeal when content is unduly taken down.

Recommendation 12

The government should set out, in the renewed Women’s Health Strategy, a rigorous approach to tackling the risks from ineffective, unsafe and exploitative for-profit femtech apps.

To combat demand for these apps, the government must increase resourcing of the NHS’s Innovation, Research and Life Sciences team, to drive forward NHS provision of digital tools.

The strategy should set out clear priorities for the development of women’s digital health functionality, which we believe should include accurate and effective period trackers, grounded in diverse data, and accessible to girls and women via the NHS app. The strategy should set out a timeline to implementation of this functionality.

Government response to recommendation 12

In recent years, there has been a significant expansion in new technologies aimed at women's health and wellness (known as 'femtech').

However, due to the long-standing inequity in access to finance and, more widely, a lack of focus on women's health as a priority area, few femtech products have sufficient maturity of evidence to enable national evaluation, central funding or supported rollout. Much of the market is direct to consumer or classed as 'wellness products', and there is a risk that growth in femtech will not address areas of unmet clinical need, and that consumer adoption will widen health inequalities.

The renewed Women's Health Strategy sets out how we will direct and use technology to benefit all women.

As new medicines are developed, improvements to how the National Institute for Health and Care Excellence (NICE) and the Medicines and Healthcare products Regulatory Agency (MHRA) work together will speed up access and support more streamlined adoption. Access to health technologies will also be supported through a new National HealthTech Access Programme and an innovator passport, which will reduce barriers to spreading proven technologies across the NHS.

We will direct and support the development and use of femtech to:

- shift care to communities
- address clinical challenges in women's health
- reduce health inequalities

We announced in the renewed Women's Health Strategy that we will launch a femtech healthcare challenge, backed by £1.5 million in grant funding. This will support health systems to work with promising femtech developers on areas of unmet need, with a focus on community service models that address health inequalities. This funding will help systems and developers buy products, and free up clinical and management capacity to transform pathways and ways of working. The examples will be evaluated, helping femtech developers generate the evidence needed to scale their products across the NHS.

Action 112 in the renewed Women's Health Strategy commits the government to encouraging new research funding and innovation in women's health in areas of unmet need.

We will identify opportunities for innovation to improve women's outcomes and experiences by transforming care. This will bring together clinicians, researchers and

others to set development and research priorities, such as in wearables for women's health. It will build on our public research focus by signalling to commercial developers and funders the specific areas where innovation and product development are needed.

Action 113 commits us to supporting interventions that reduce potential inequalities in artificial intelligence (AI) development and use through the AI Lab Ethics Initiative.

Partnerships with the Health Foundation and others have helped set standards for AI training data sets, promoting diversity and inclusivity so that technologies - such as breast cancer detection - benefit all demographic groups, including women.

We want to create a system where female leadership in research, entrepreneurship and technology is taken for granted. As a starting point, we will support women's health and technology innovators.

Through the National Institute for Health and Care Research (NIHR), we will launch a new accelerator for female founders with innovations addressing women's health priorities. The programme will provide funding, mentoring, advice, market access and support for scale-up and commercialisation. It will build on the recent NIHR [i4i THRIVE pilot](#) for academic entrepreneurs and SBRI Healthcare [Venture Capital Readiness Programme](#), a tailored 6-month programme to support female founders and leaders in health and social care to become investment and scale-up ready.

As set out in action 116, we will support women to enter, stay and lead in the UK's tech sector through the [Women in Tech Taskforce](#). The taskforce will identify and dismantle barriers to education, training and career progression. It will:

- develop practical solutions for government and industry to implement side by side
- shape policy that encourages diversity and levels the playing field
- encourage sustainable and inclusive economic growth by expanding opportunities for women across the UK

Action 117 sets out that we will collaborate with international partners to support women's health innovation. Through NIHR, we are supporting development in the femtech sector, including forming a new collaboration with the Indian Department of Biotechnology on femtech research and innovation.

As part of the 10 Year Health Plan, we have committed to building a 'HealthStore' to give patients access to approved digital tools to manage or treat their conditions directly through the NHS App. It will bring together local and regional digital therapeutics under a single national entry point by:

- improving equity of access
- integrating tools into care pathways
- ensuring consistent quality across the system

The current scope is limited to medical device-grade apps that also have a NICE health technology evaluation.

Digital health technologies (from at-home monitoring devices through to digital apps and services) are an increasingly important part of NHS treatment and care. They enable patients to manage their own health, and have the potential to provide safer and more personalised care, while reducing pressures on staff who provide direct patient care. Without a streamlined route to assure and evaluate digital health technologies, however, their use varies widely across the NHS.

Most femtech apps are not currently regulated as medical devices, particularly those that monitor period and ovulation cycles.

If the NHS seeks to commission any product for use by patients in England, then it must be assessed against the Digital Technology Assessment Criteria. This gives staff, patients and citizens confidence that the digital health tools they use meet clinical safety, data protection, technical security, interoperability, usability and accessibility standards.

NHS England is not a regulator for health technologies but is the custodian of digital clinical safety standards DCB0129 and DCB0160. Any femtech product that integrates with NHS IT systems must demonstrate compliance with these standards. While NHS England does not have any audit rights to enforce compliance, these are statutory obligations under the Health and Social Care Act 2012.

If a femtech product qualifies as a medical device, it must also comply with The Medical Devices Regulations 2002 for which MHRA is the regulator.

Workforce training, empathy and pain management

Recommendation 13

The renewal of the Women's Health Strategy must include an objective accompanied by clear actions to improve the level of awareness among all primary care practitioners of menstrual health conditions, including that symptoms can begin at puberty.

This will require targeted funding and ring-fenced time for GP training.

Government response to recommendation 13

We recognise the ongoing need to ensure healthcare practitioners have sufficient knowledge of women's health to provide the best possible care.

Recent progress has been made in ensuring knowledge is no barrier to women's concerns being addressed. The General Medical Council (GMC) introduced a new [Medical Licensing Assessment](#) for all medical graduates from 2024 that includes topics relating to women's health. GMC is now updating this to include additional topics and symptoms that reflect women's lived experiences - in particular, recognising how gender intersects with ethnicity and deprivation.

GMC is also reviewing its education framework to ensure all doctors, physician assistants (at present legally known as physician associates) and physician assistants in anaesthesia (at present legally known as anaesthesia associates) are equipped to meet the needs of all people, including through a focus on women's health and understanding of these wider factors.

GMC does not provide, design or commission education and training. Each medical college sets its own undergraduate curriculum.

Women's health is included in the Royal College of General Practitioners' (RCGP) curriculum for trainee GPs, including gynaecology, sexual health and breast health. The curriculum also covers women's healthcare needs across all diseases seen in primary care, ensuring future GPs treat women holistically.

RCGP has published a [Women's Health Library](#), which brings together educational resources and guidelines from the:

- RCGP
- Royal College of Obstetricians and Gynaecologists

- College of Sexual and Reproductive Healthcare

This resource is kept up to date so that GPs and other primary healthcare professionals have the latest guidance to provide the best care for their patients.

Qualified GPs are subject to revalidation requirements, overseen by GMC, with the process led by RCGP. Continuing professional development is essential for demonstrating fitness to practise safely.

For those working in undifferentiated general practice (meaning when patients have not yet been triaged), RCGP advises that learning should:

- stretch across the GP curriculum over the 5-year cycle (which includes women's health)
- be informed by a wide variety of sources
- be kept up to date as part of normal professional practice

Recommendation 14

The government must work with the Royal College of Nursing to ensure that menstrual health is included in the standard training offer for all nurses.

The renewed Women's Health Strategy must include this as an objective, together with a clear plan and timeline for implementation.

Government response to recommendation 14

The Nursing and Midwifery Council (NMC) is the independent regulator of nurses and midwives in the UK, and nursing associates in England. It is responsible for setting the professional standards of practice and behaviour for these professions, which are published in the NMC Code.

The Royal College of Nursing has developed guidance, Promoting menstrual wellbeing, to help members of the nursing community support women and girls in understanding and managing periods from their teenage years through to the menopause.

Recommendation 15

Discriminatory attitudes and assumptions about the pain tolerances of women from some racial and ethnic minority groups, particularly Black women, persist. This is wholly unacceptable. Racial discrimination by healthcare professionals must be vigorously rooted out.

It is deeply disappointing that robust action to tackle this pernicious problem has not yet been taken.

Steps to address racial discrimination must be included in the renewed Women's Health Strategy. Compulsory training on avoiding racial biases in women's health must be core components of training programmes for nurses and doctors.

Government response to recommendation 15

It is unacceptable that women are experiencing racism and discrimination in healthcare settings. We agree with the committee's recommendation that racial discrimination by healthcare professionals must be rooted out.

All doctors, physician assistants (at present legally known as physician associates) and physician assistants in anaesthesia (at present legally known as anaesthesia associates) must register with GMC and meet the standards set out in GMC's Good medical practice to work in the UK. Doctors must also hold a licence to practise.

Good medical practice states that doctors must not discriminate against patients, or allow their personal views to affect their relationship with patients or the treatment they provide. Doctors must not abuse, discriminate against, bully or harass anyone based on their personal characteristics, including gender, race or belief. Failure to uphold these standards puts a professional's registration with the GMC at risk.

The professional standards expected of qualified nurses, midwives or nursing associates are set out in the NMC Code. The code states that registrants must treat people fairly and without discrimination. This includes:

- listening to people and responding to their preferences and concerns
- working in partnership with people to make sure that their care is provided effectively
- encouraging and empowering people to share in decisions about their health, wellbeing and care

Professionals must also challenge discriminatory attitudes and behaviours towards those receiving care, and towards their colleagues.

NMC is currently reviewing its code and revalidation process to modernise future practice and meet the evolving needs of patients. Anti-racism is central to this work. The review is exploring how future standards must support nursing and midwifery professionals to:

- uphold equity, diversity and inclusion
- challenge racism and discrimination

- deal with persistent health inequalities

In 2023, NMC launched [The best midwifery care happens in partnership](#) resources to support midwives in providing effective, safe and compassionate care for all women.

NMC has also worked with the Royal College of Midwives to address the findings of MBRRACE-UK's [Maternal mortality 2020 to 2022](#) report, which identified the differences in maternal outcomes for Black and Asian women when compared with White women.

Separately, the government continues work to meet its manifesto pledge to improve these outcomes by setting an explicit target to close the Black and Asian maternal mortality gap. We will provide an update in due course.

Addressing racism and racial bias in the NHS requires both service redesign and a workforce equipped to recognise and respond to discrimination. The 10 Year Health Plan commits to expanding neighbourhood health teams and introducing roles such as community health workers. Community health workers are drawn from the communities they serve and bring understanding of:

- lived experience
- cultural context
- barriers to access

The [Workforce Race Equality Standard](#), established in 2015, requires NHS organisations to identify and deal with disparities in staff experience and leadership representation. It recognises the link between workforce discrimination and patient care, and compliance is required through the [NHS Standard Contract](#).

Making assumptions about pain tolerance based on race is discriminatory practice. The [Equality Act 2010](#) places a duty on public bodies, including the NHS, to:

- eliminate discrimination
- advance equality of opportunity
- foster good relations

Addressing racial bias in women's health is a legal and ethical obligation for NHS organisations, not only a matter of good practice.

Recommendation 16

The government must work with the health and care sectors' professional bodies to improve health and social care practitioners' understanding of the menstrual wellbeing needs of young disabled and Deaf women. The needs of this group were under-represented in, and underserved by, the Women's Health Strategy published in 2022. Spinal injuries units should be required to provide support and guidance to girls and women on managing menstrual health after paralysis.

Government response to recommendation 16

The government is committed to championing the rights of disabled people. We will work with them to ensure their views and voices are at the heart of all that we do.

The government is committed to ensuring that disabled people's access to and experience of healthcare is equitable, effective and responsive to their needs.

Under the Equality Act 2010, health and social care organisations must make reasonable adjustments to ensure that disabled people are not disadvantaged.

NHS England is in the process of rolling out a [Reasonable Adjustment Digital Flag](#). This enables important information about a disabled patient's needs, and any reasonable adjustments to care and treatment that they require, to be recorded so that support can be tailored appropriately.

The 10 Year Health Plan identifies disabled people as a priority group for neighbourhood healthcare. This includes:

- providing more holistic ongoing support
- recognising the health inequalities they face
- acknowledging, specifically, the mortality gap for people with a learning disability

The neighbourhood health service will support disabled people to take a more active role in managing their own care. This includes increasing uptake of [personal health budgets](#), which give individuals greater choice and flexibility over how their health and wellbeing needs are met.

We recognise that [spinal cord injury can create additional challenges for women and girls](#) in managing their periods. Spinal cord injury centres provide lifelong services and support, including ongoing advice and management for those under their care. Women with spinal cord injuries receive information and advice on menstruation and contraception during

their first inpatient episode of care. This is included in their discharge plan, which is shared with their GP and primary care team.

Through the spinal cord injury centres and voluntary sector, women have access to female discussion forums. Both the Multidisciplinary Association of Spinal Cord Injury Professionals and the Spinal Injuries Association have provided free webinars for staff and those with spinal cord injuries called [Menstruation to Menopause: a spinal cord injury woman's journey](#).

Through [Core20PLUS5](#), trusts and integrated care boards (ICBs) are expected to identify and address the inequalities faced by PLUS groups. This includes disabled people and others with protected characteristics under the Equality Act 2010. Trusts and ICBs are expected to:

- remove barriers to access
- improve reasonable adjustments
- embed inclusive practice across care settings

In November 2025, NHS England's [Statement on information on health inequalities](#) set a clear expectation that ICBs, trusts and foundation trusts routinely collect and use disability data. This data should be used to:

- identify patterns of unmet need and inequitable access
- inform commissioning and service design decisions
- implement and monitor reasonable adjustments
- improve patient experience, safety and outcomes for disabled people

Stronger disability data collection helps systems to:

- take targeted action in line with Core20PLUS5
- meet legal duties under the Equality Act 2010
- support equitable care delivery across the healthcare system

Public bodies have a duty to eliminate discrimination, advance equality of opportunity, and ensure that disabled and deaf women are not placed at a disadvantage in accessing menstrual health support. Improving practitioners' understanding of the menstrual

wellbeing needs of young disabled and deaf women will directly support compliance with the [Public Sector Equality Duty](#).

Ensuring that spinal injuries units provide appropriate guidance on managing menstrual health after paralysis is an important step in meeting these obligations and improving equitable access to care.

Recommendation 17

The renewed Women's Health Strategy should include a specific objective on improving the menstrual wellbeing of disabled and Deaf girls and young women.

This should include provision of information and advice in suitable formats, including in easy read for girls with learning disabilities and in British Sign Language for Deaf girls.

Government response to recommendation 17

ICBs are responsible for commissioning services to meet the health needs of their local population. This includes ensuring that there is adequate provision of British Sign Language (BSL) interpreters to support deaf patients in the community.

The [BSL Advisory Board](#) was established in 2023 to advise the government on issues affecting the Deaf community in their everyday life. The board also established subgroups to focus on particular priorities, including a group focusing on health and social care.

In November 2025, the BSL Advisory Board published [Locked out: exclusion of deaf and deafblind BSL users from health and social care in the UK](#). Former Parliamentary Under-Secretary of State for Health and Social Care Zubir Ahmed MP attended the launch of the report in Parliament and heard about the board's work to improve accessibility, inclusion and the experiences of deaf and deafblind BSL users within health and social care.

Since 2016, all NHS organisations and publicly funded social care providers have been expected to meet the [Accessible information standard](#) (AIS). This sets out how organisations should support the information and communication support needs of people with a disability, impairment or sensory loss.

NHS England published a revised AIS in June 2025 to help ensure that the communication needs of people with a disability, impairment or sensory loss are met across health and care provision.

NHS England is working to support implementation of the AIS through awareness-raising, communication and engagement. The intention is to ensure that NHS staff and organisations understand the standard and the importance of meeting the information and communication needs of disabled people using services.

Recommendation 18

We urge the NHS to record the pain history of women undergoing procedures so that their needs can be prepared for.

The NHS should be able to anticipate that someone who has previously struggled - for example, with a smear test - may require additional support, such as sedation or anaesthesia, for other gynaecological procedures.

Recommendation 19

Additional support for women undergoing painful procedures comes at a cost but is a price that must be paid.

The government should recognise this increase in costs in its allocation of funding to providers, such as sexual health services.

Women should not be put through harrowing, painful procedures due to lack of funding.

Government response to recommendations 18 and 19

It is unacceptable that women experience pain during procedures. We recognise that more work is needed to address women's experiences of chronic and procedural pain.

We will take targeted action to improve how services manage women's pain. Pain was a particular priority for women during our engagement, which informed the renewed strategy, and there is a clear need for further action alongside our broader commitment to prioritise women's voices.

We will test 'patient power payments' - prioritising some gynaecology services as a first step. This approach would vary the amount NHS trusts are reimbursed based on women's feedback on their experiences, including pain management. As set out in the 10 Year Health Plan, patient power payments are an innovative funding mechanism in which patients are contacted after care and asked whether the full payment for that care should be released to the provider.

Prioritising gynaecology services will give women a new way to hold providers to account, helping create a culture where women's pain is taken seriously, and they are offered clear information and choices before procedures such as a hysteroscopy. We have prioritised gynaecology services following feedback that women are having avoidably poor experiences, particularly as a result of not being listened to or supported with pain management. Any funding withheld due to poor experiences would be used for targeted improvements to the same services.

Subject to the results of testing and trials in 2026 to 2027, we will make recommendations for using patient power payments in the 2028 to 2029 [NHS Payment Scheme](#).

Hysteroscopy procedures are a particular area of concern. [One in 3 women have reported severe pain scores](#) of 7 or more out of 10 during NHS outpatient hysteroscopy procedures without sedation.

We announced in the renewed Women's Health Strategy that we will co-develop a standard of care for gynaecological procedures, such as hysteroscopy, working directly with women. This will ensure women have the information and understanding they need to give informed consent, and that they always have a choice of effective pain relief.

We will work with Getting It Right First Time (GIRFT) workstreams in secondary care [gynaecology](#) and [chronic pain](#) to improve standards and reduce variation in both procedural and chronic pain management, including chronic pelvic pain.

We will also publish a standard of care for gynaecological procedures - including long-acting reversible contraception (LARC) fitting - to ensure women can provide informed consent and have a choice of pain relief. In advance of publication, we will write to the health system setting out their responsibilities.

Additionally, the planned introduction of the new single patient record will create a comprehensive, unified and secure health record for every individual that will integrate data from all care settings. This will start with maternity, providing an opportunity for improved data capture. Implementation details, however, are yet to be confirmed.

A renewed women's health strategy within wider NHS reforms

Recommendation 20

Implementation of the 10 Year Health Plan for England, alongside a renewed Women's Health Strategy, could be a turning point in how women and girls experience menstrual healthcare in this country, but the strategies must be clearly aligned and include clear commitments on women's health.

The Women's Health Strategy should set out what it seeks to achieve in the first 2 years, over 5 years and in the longer term.

We reiterate our previous recommendation of an objective to reduce diagnosis times for reproductive health conditions, such as endometriosis, to give clearer focus to the strategy. We also call for the inclusion of a dedicated focus on adolescent menstrual healthcare, with clear care pathways. This would align with the government's ambition to move from treating sickness to prevention.

Addressing racial inequality must also be at the heart of any renewal of the Women's Health Strategy, with clear targets to close the persistent gaps in outcomes and experiences for girls and young women from minority racial and ethnic groups.

Government response to recommendation 20

We agree with the committee that the 10 Year Health Plan and renewed Women's Health Strategy together mark an important opportunity to improve menstrual healthcare experiences. We have ensured that the renewal is aligned with the ambitions of the 10 Year Health Plan.

As part of developing the 10 Year Health Plan, more than 160,000 women¹ took part in the biggest conversation in NHS history. They told us that women's conditions needed to be better understood, and that they needed to be treated with greater respect and dignity. This government is taking action to improve both women's health and their experience of the NHS.

The 10 Year Health Plan sets out 3 shifts, each with distinct benefits for women. Shifting focus from sickness to prevention will help narrow the gap in health risks and inequalities women face, including in heart disease, obesity, and smoking and drinking rates. Moving more of women's healthcare into the community will mean appointments, tests and scans

¹ According to the Engagement insight report appendix: 10 Year Health Plan for England, 67% of the 250,000+ public participants who responded to the Change NHS 'Your priorities for change' survey were female (see table 18 in section '3. Engagement sample'), which equates to over 160,000 women.

are at times and places that fit around women's lives. And, as services move from analogue to digital, wearable technologies (like fitness trackers and heart rate monitors on smartwatches) will enable clinical teams to monitor conditions and offer early advice and interventions.

The renewed Women's Health Strategy is aligned with those ambitions. It sets out systemic changes including redesigning services, improving diagnosis and embedding women's voices so that care improves across all conditions.

It commits specifically to speeding up diagnosis and access to treatment for endometriosis. Priority examples are included where women are most poorly served, but the reforms are intended to benefit women regardless of diagnosis.

Clinical pathways for heavy periods and pelvic pain, including endometriosis, will be redesigned to reduce repeat appointments, unnecessary referrals and long waits. Women with endometriosis will benefit from:

- single points of access for gynaecology referrals (meaning patients are referred through a single 'front door' to support them towards the most appropriate next steps or outcomes, such as a hospital appointment or care in the community)
- a shift away from hospital-only care towards neighbourhood and community settings

Menstrual problems, including those caused by endometriosis, are prioritised as one of the first pathways to be provided through community-based services and the new virtual hospital, NHS Online.

The renewed strategy emphasises informed consent, choice of pain relief and being listened to at first presentation - directly addressing the normalisation of pain that women with endometriosis commonly report.

Data, patient-reported experience measures and transparency will be used to track improvements in time to diagnosis and women's experience of care for conditions including endometriosis.

As set out earlier in this response, the strategy announces a new programme to improve menstrual health education for girls. From this year, an additional £1 million will support targeted work in schools and community settings to improve girls' knowledge of menstrual health and when to seek medical advice. Poor menstrual health literacy is an important factor in delays in diagnosis and treatment for endometriosis.

Reducing inequalities is embedded throughout the renewed strategy. Actions are targeted by deprivation, ethnicity and unmet need, with a focus on:

- marginalised women
- community-based services
- neighbourhood health models
- transparent data

Many initiatives explicitly prioritise areas of highest inequality first, rather than relying on universal rollout alone.

Recommendation 21

We are concerned that the ongoing merger of NHS England into the Department of Health and Social Care poses risks to delivery of a Renewed Women's Health Strategy for England. The government must ensure that it retains the capacity and expertise to deliver on women's health reforms.

The renewed Women's Health Strategy must be transparent about the workforce considerations required to achieve its aims, including how key barriers in time and capacity for training and improved service delivery will be achieved. The government must face the reality that a workforce that is burned out and struggling to retain numbers will not be able to address the problems identified in this report.

Alongside the renewal of the strategy, we recommend the government conducts and publishes a workforce review to ensure that it has the capacity and expertise to deliver it. It should not publish a renewed strategy until it can be certain it has the human resources required to deliver each element of it effectively.

Government response to recommendation 21

The government recognises the committee's concern about the impact of the DHSC-NHS England transformation on the renewed Women's Health Strategy.

We want to assure the committee that girls' and women's health is a priority for this government. We will ensure that services are protected during and after the abolition of NHS England, which is subject to the will of Parliament.

The purpose of the DHSC-NHS England transformation is to strengthen accountability and reduce duplication, supporting clearer ways of working across the health system. It is focused on:

- clarifying roles and responsibilities
- improving alignment between policy, commissioning and service provision

- supporting improved outcomes for patients, including women and girls

The transformation does not involve reductions to NHS services providing direct patient care. No investment to those will be cut.

Service provision and workforce planning remain the responsibility of the health and care system. Implementation planning takes account of business continuity, with the aim of minimising disruption and maintaining progress on existing priorities, including women's health.

The abolition of NHS England and its merger with DHSC, along with the wider commitments in the 10 Year Health Plan, will improve patient care and safety by driving up quality, productivity and innovation across the NHS.

The abolition of NHS England requires primary legislation and, as such, is subject to the will of Parliament. NHS England will continue to undertake its statutory functions, working with the new executive during the transition, until Parliamentary time allows for legislative changes to be made.

During this transformation, we will continue to:

- evaluate impacts
- work collaboratively to ensure continuity of care
- identify and minimise any risks to patient safety

The future DHSC will have a dedicated National Priority Programme Director whose portfolio will include women's health and maternity, ensuring the new centre effectively prioritises girls' and women's reproductive health.

These reforms will give more power and autonomy to local leaders and systems, removing unnecessary bureaucracy and giving them more freedom to serve their local communities.

Existing arrangements across DHSC and NHS England continue to support policy development and system oversight. Throughout this period of change, there remains a focus on maintaining effective working relationships, and supporting staff through learning and development arrangements aimed at retaining talent.

DHSC and NHS England already work together on shared priorities. For example, the Network of Champions (co-chaired by the Women's Health Ambassador and the National Deputy Director for Women's Health at NHS England) brings together leaders in women's health from integrated care systems, including NHS and local councils, to take co-ordinated action to:

- share best practice
- encourage improvements
- reduce inequalities

DHSC and NHS England collaborate on the Women's Health Programme Board, which provides direction and strategic oversight to the NHS England Women's Health Programme, its ambitions and its workstreams. It also serves as the central mechanism for regional chief nursing officers to report on their implementation plans, including risks and issues.

Recommendation 22

The renewed Women's Health Strategy must include increasing access to LARC as a top priority.

There must be a shift across the healthcare system to view LARC as a tool for menstrual health management, not only for contraception. The current commissioning rules prevent far too many girls and women from accessing LARC for menstrual health management, including younger and older women, and women who do not have sex with men.

A shift from viewing LARC only as contraception to viewing it as a tool for menstrual health management would also help reduce stigma as a barrier to access. All women whose menstrual health management could benefit from LARC should be able to access it.

Measures to produce this shift must be set out in the renewed Women's Health Strategy.

Government response to recommendation 22

We are committed to ensuring that everyone receives high-quality contraceptive and gynaecological services, including LARC, when they need them.

ICBs are responsible for commissioning contraception for both contraceptive and gynaecological purposes. This includes:

- essential services under the GP contract and LARC as a local arrangement
- vasectomy and sterilisation services
- the [NHS Pharmacy Contraception Service](#)

Contraception for contraceptive purposes, including LARC, is also a prescribed aspect of local authority sexual health commissioning.

Stakeholders have told us that the most impactful approach to addressing challenges in this area is to clarify commissioning responsibilities and encourage closer collaboration. DHSC will produce a sexual and reproductive health framework that will clarify current responsibilities and bring together existing initiatives, all underpinned by the 10 Year Health Plan, including the:

- Association of Directors of Public Health's resource on [What good sexual and reproductive health and HIV provision looks like](#)
- renewed Women's Health Strategy
- [Men's Health Strategy for England](#)
- [LGBT+ health evidence review](#)

In April 2025, the Secretary of State commissioned NHS England to undertake a lesbian, gay, bisexual and transgender (LGBT+) health evidence review. The review aims to identify barriers to healthcare access and areas where LGBT+ communities experience poorer healthcare experience and outcomes. We expect the findings to be finalised in due course and will consider them carefully.

The renewed Women's Health Strategy commits to simpler, faster access to the full range of contraception, including through community, pharmacy and digital routes, rather than relying solely on GP appointments. Emergency contraception will continue to be available free from pharmacies, reducing inequality and improving timely access.

The renewed strategy supports seamless contraception pathways, with closer working between NHS services and local authorities to reduce fragmentation.

Workforce capacity to provide LARC will be strengthened, including training and certification for insertion. The strategy commits that contraception services should prioritise informed consent, dignity and choice of pain relief, including for device insertion.

Digital access to contraception will expand, allowing women to order contraception from home where services are commissioned locally.

Contraception is treated as a lifelong health need, not a short-term service, with a strong focus on reducing inequalities by deprivation and geography.

Recommendation 23

A key success of women's health hubs is that they have facilitated co-commissioning of LARC by public authority sexual health services and NHS services. This can be an

effective workaround for a dysfunctional LARC commissioning system that has been unfit for purpose since the Health and Social Care Act 2012 was introduced.

Women's health hubs have shown that, by pooling resources as efficiently as possible, they can better meet local women's needs for LARC for all purposes.

This approach must be replicated all over the country until the necessary legislative steps can be taken to fix the dysfunctional system created by the 2012 act.

Government response to recommendation 23

NHS England will soon publish a good practice guide to implementing neighbourhood working in women's health, drawing on the lessons from the [women's health hubs](#) pilot programme.

This guide will inform local commissioning models and the design and delivery of all women's health services, including contraception, to:

- ensure that services such as LARC are available for anyone who needs them, if they cannot be accessed through their GP
- encourage all providers (including general practice, pharmacy, post-pregnancy and sexual health) to work together to provide seamless contraception pathways for all women in a neighbourhood
- enable the commissioning of services to be tailored to what that neighbourhood population needs, and shaped around patients rather than services
- ensure that procedures, such as intrauterine device insertions, are provided in a patient-centred way, regardless of whether for contraceptive or gynaecological reasons
- ensure women are referred to more specialised services only when necessary
- reduce the proportion of women with unmet healthcare needs
- develop and train the neighbourhood workforce to meet local population needs
- improve women's experiences of contraception services

Recommendation 24

The renewed Women's Health Strategy should include a refreshed national commitment to women's health hubs across England. We recommend the government invest at least the same amount as in 2023 to 2025 (£25 million) in ring-fenced integrated care board funding for women's health hubs.

This should come with increased accountability, including assurance that all hubs meet the core specification. There must be a focus on extending the benefits of women's health hubs to girls and women across the country, including in rural areas.

The new Women's Health Strategy must set out a plan to achieve this, with a timeline to full implementation.

Government response to recommendation 24

The 10 Year Health Plan sets out our ambition for high autonomy to be the norm across every part of the country.

ICBs are responsible for commissioning services that meet the healthcare needs of their local population and have the freedom to do so - this includes women's health services.

The government is backing ICBs to do this through record levels of funding. The [Spending Review 2025](#) prioritised health, with record investment in the health and social care system.

The renewed Women's Health Strategy includes an extensive commitment to moving from hospital to community-based care. Action 28 sets out that we will speed up access to better treatment by directing women to the right place at the right time.

The government's recent policy paper on the rollout of neighbourhood health centres, the [Neighbourhood health framework](#), includes an expectation that women's health hub capacity is integrated with neighbourhood health centres, where possible. This will reduce fragmentation and ensure the provision of high-quality services in the community for women.

We will support ICBs to introduce a single point of access to assess all non-urgent referrals to gynaecology and women's health services, enabling women to be directed to the best place for their needs, including community diagnostic centres and neighbourhood health centres.

Recommendation 25

The renewed Women's Health Strategy should set out ambitions for increased research into menstrual health conditions, with specific targets and actions that will incentivise funders, industry and clinical academia to prioritise this area. Such research should focus on the root causes of conditions, as well as improving diagnosis and treatment.

The strategy should also consider the potential merits of dedicated research focused on adolescent girls.

The government should consider the merits of ring-fencing funding for women's health research as part of the strategy.

Government response to recommendation 25

Research and development (R&D) are at the heart of advances in health. If women are not represented in research - and not represented in the leadership in research and innovation - it is unsurprising that their priorities are not high on the agenda.

We will launch the NIHR R&D Innovation Catalyst this year to provide wraparound support for high-priority innovations, with funding available across all translational research phases if main milestones are met. We will ensure the catalyst considers women's health innovations throughout its operation, both for reproductive and pregnancy conditions, and by taking an equitable approach to innovations for any condition.

We will ensure women are not left behind in research. Going forward, NIHR will only fund research that appropriately considers sex-based differences. We will also make it easier for women to participate in clinical trials by integrating the [Be Part of Research](#) service into the NHS App and, in time, automatically matching patients with studies based on their own health data and interests.

We will support female founders in health and care. Within a year, through NIHR, we will launch a new accelerator for female founders with women's health innovations. The programme will provide funding, mentoring, market testing and support for scale-up and commercialisation.

NIHR invested almost £4.7 million in direct research awards on urogynaecological and menstrual health in the last year. This is around 9% of our wider portfolio of women's health research, totalling over £52 million last year.

Our investment in menstrual health research includes funding [research to improve the evidence on diagnosis and care for teenagers with painful menstrual cramps \(dysmenorrhoea\)](#). This will generate resources for primary care professionals and has the potential to enable earlier identification of related conditions such as endometriosis.

NIHR also invests more than £600 million each year in its research infrastructure, providing specialist facilities, support services and collaborations to deliver research in England. Last year, this infrastructure supported 50 studies in gynaecological and menstrual health, and recruited almost 2,000 participants. This includes research on the causes of these conditions to support the development of novel and more effective treatments.

The government recognises the need for further research on areas of unmet need in women's health, including menstrual health. In 2024, we funded a new [Policy Research](#)

[Unit in Reproductive Health](#) at University College London. This unit is providing research to inform national policy decisions in topics including:

- contraceptive attitudes and decisions
- abortion care
- data for reproductive health

NIHR has also curated a [portfolio of women's health research](#) to showcase the range of investments relevant to women's health. This portfolio helps identify funding gaps and enable researchers to align proposals with areas of unmet need.

Recommendation 26

A substantial increase in research into menstrual health conditions is long overdue and would represent a huge stride forward in recognising the impacts these conditions have on the lives of women and girls.

However, as this inquiry has shown, better diagnostic tools and treatments coming on stream will not solve all the problems in delays to care. Wider barriers to diagnosis and treatment, particularly those faced by disabled, Deaf and racialised women, must also be tackled.

Government response to recommendation 26

Women from ethnic minority groups, older women, women of reproductive age, disabled women and LGBT+ women have historically been under-represented in research. This affects:

- the care they receive
- their awareness of treatment options
- the support available to them
- their health outcomes

Inclusion is now a condition of NIHR funding. Through its [Research Inclusion Strategy 2022 to 2027](#), NIHR is working to:

- become a more inclusive research funder
- reach under-represented communities

- ensure its research reflects the diversity of the UK

All applicants must demonstrate how they will embed inclusion into their research design.

Conclusion

The government would like to reiterate its appreciation for the work the committee does and specifically this report on women and girl's menstrual health.

The renewed Women's Health Strategy sets out a long-term plan to transform how the health and care system listens to, supports and acts for women and girls.

It will:

- put women's voices and choices at the centre of care
- encourage faster improvements in the services and outcomes that matter most to women
- deal with long-standing health inequalities across the life course

We look forward to working with the committee as we implement the strategy and build a health system that truly serves women and girls.

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