

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 28 March 2023
Title:	Director of Public Health Report- Women's Health
Responsible Director:	Lynne McNiven, Director of Public Health
Report Author:	Jacky Burns, Consultant in Dental Public Health

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Annual Operational Plan
- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The NHS Board Chair and Chief Executive have agreed a programme of Public Health reports to the NHS Board. This Director of Public Health (DPH) Women's Health report is the second in the series, following on from child health reported in August 2022. This outlines a range of work, aimed at achieving the ambitions outlined in the National Women's Health Plan and the activities we hope to progress moving forward. The intention is that the report will be a public facing document, available for members of the public and partners, such as Local Authorities and Health and Social Care Partnerships (HSCPs) to use. It is being brought to the Board for awareness.

2.2 Background

Following the publication of the National Women's Health Plan in 2021, NHS Ayrshire & Arran have embarked on a journey of improving women's health across Ayrshire and Arran. This report will present data on some of the key topics covered in the Women's Health Plan, spotlight on work happening across the organisation and look to the future for improvements in the health of women.

2.3 Assessment

NHS Ayrshire & Arran will be embarking on a programme of work to deliver the actions and priorities outlined in the Women's Health Plan. To reflect the input of a territorial board to the national plan, we will drive work forward under 5 core themes, reflecting the broad outline of the Women's Health Plan. Where existing reporting and governance structures exist these will be utilised, but where further focus and attention is required additional strategic groups will be developed. This will ensure timely updates on progress made and the actions taken. The five themes within Ayrshire and Arran will be:

1. Sexual and reproductive health
2. Menopause
3. Endometriosis and menstrual health
4. Heart health
5. Inclusion health

2.3.1 Quality/patient care

The examples of good practice outlined in the report, highlight our commitment to improving women's health and the experience and quality of care women receive.

2.3.2 Workforce

There are no current workforce implications outlined in this report, although future work to progress actions against the WHP may identify workforce needs. Should future workforce implications be identified these will be presented through normal processes.

2.3.3 Financial

No financial resource is being requested at this time.

2.3.4 Risk assessment/management

Presentation of our data to the public increases transparency, opportunities for members of the public to engage with services and seek further information if they need it. There is a risk in presenting data which may show that we are not performing as well as hoped and engagement with our Communications Team in disseminating the report highlights our commitment to improvement.

2.3.5 Equality and diversity, including health inequalities

The Public Health department aims to reduce inequalities and the work within the report highlights various ways in which we are doing this. The report outlines a number of work streams, and where impact assessments are required, these will be completed and due consideration of the Public Sector Equality Duty and Fairer Scotland Duty will be given.

2.3.6 Other impacts

- Best value
 - Vision and Leadership
 - Effective Partnerships
- Compliance with corporate objectives
- Local outcomes improvement plans, community planning etc

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate. As this is the first report on this topic, no external engagement has taken place, but this will be included in work moving forward as needed.

2.3.8 Route to the meeting

Elements of this report have been considered by existing groups/committees as part of their routine business, including the Menopause at Work Policy Group and Sexual Health Outcomes Working Group. These groups have either supported or provided the content presented or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

Members are asked to receive the report for awareness.

3. List of appendices

The following appendices are included with this report:

Appendix 1- Director of Public Health Women's Health Report

A large, decorative graphic consisting of several overlapping, wavy bands in shades of purple, magenta, and teal, flowing from the left side of the page towards the right.

Director of Public Health Women's Health Report

March 2023

Acknowledgments

This Women's Health Report was only possible because of the hard work and commitment of staff in the Public Health Department, colleagues from elsewhere within the NHS, and Health and Social Care Partnerships (HSCPs). In addition, we would like to extend our thanks to staff and colleagues in East, North and South Ayrshire Local Authorities and everyone else who works with us to protect and improve the health of the public.

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Foreword

This is my first Director of Public Health report (DPH) of 2023, and the topic I have chosen to focus on is Women's Health.

In previous years, I have had a single large report covering all areas of public health. This year I will have a few 'chapter' reports focusing on different areas.

In August 2021, the Scottish Government published their Women's Health Plan, which challenged us all to look at how we can improve the health and wellbeing of women and girls. As we move out of the COVID-19 pandemic response, now is the time to look to the future of our services and seek to improve the lives of all in our society. Unfortunately, the pandemic, the restrictions required to control it, and the current cost of living crisis has exacerbated problems for many Ayrshire and Arran residents. We hope going forwards that the innovation and excellent relationships that have been built will help us work with the population to improve health and social outcomes.



A handwritten signature in black ink that reads "Lynne McNiven". The signature is written in a cursive style.

Lynne McNiven

Director of Public Health



Introduction

“Women belong in all places where decisions are being made...It shouldn't be that women are the exception”

Ruth Bader Ginsberg

Welcome to the next in the series of DPH report chapters and first for 2023. Here we will cover: the aim of the report; how the report is organised; and who the report is for.

Aim of the report

Women make up around 51% of the population in Scotland, there are specific health needs and risks that women and girls experience throughout their lives that are different to men. In 2021, the Scottish Government published their first Women's Health Plan which aimed to reduce inequalities in the health outcomes experienced by women in Scotland.

The aim of this report is to set the scene on the range of work that the Public Health Department is leading on or involved with around Women's Health. Therefore, we have covered each theme from the Women's Health Plan but in a taster format. We have provided some key information on each topic, what actions are being progressed locally or are planned for the future, and links to further information for those who want to find out more.

How the report is organised

The report is designed to be dipped into, each topic is written as a standalone item, so it is not necessary to read through the entire report. We are fortunate to work with different partners and the work reported here is far wider than that covered by the public health department alone. Thank you to all those who contributed to the various topics.

Who this report is for

This report is for anyone living within Ayrshire and Arran, and for staff who work primarily within the NHS, Local Authorities, HSCPs or third sector organisations in Ayrshire and Arran. We hope that reading about some of our current work will whet your appetite. For members of the public, if you are interested in a particular topic, the links provided will direct you to more information. For staff, this is a chance to update you on what work is happening and who/which department to approach if you want to learn more

Local Population Statistics

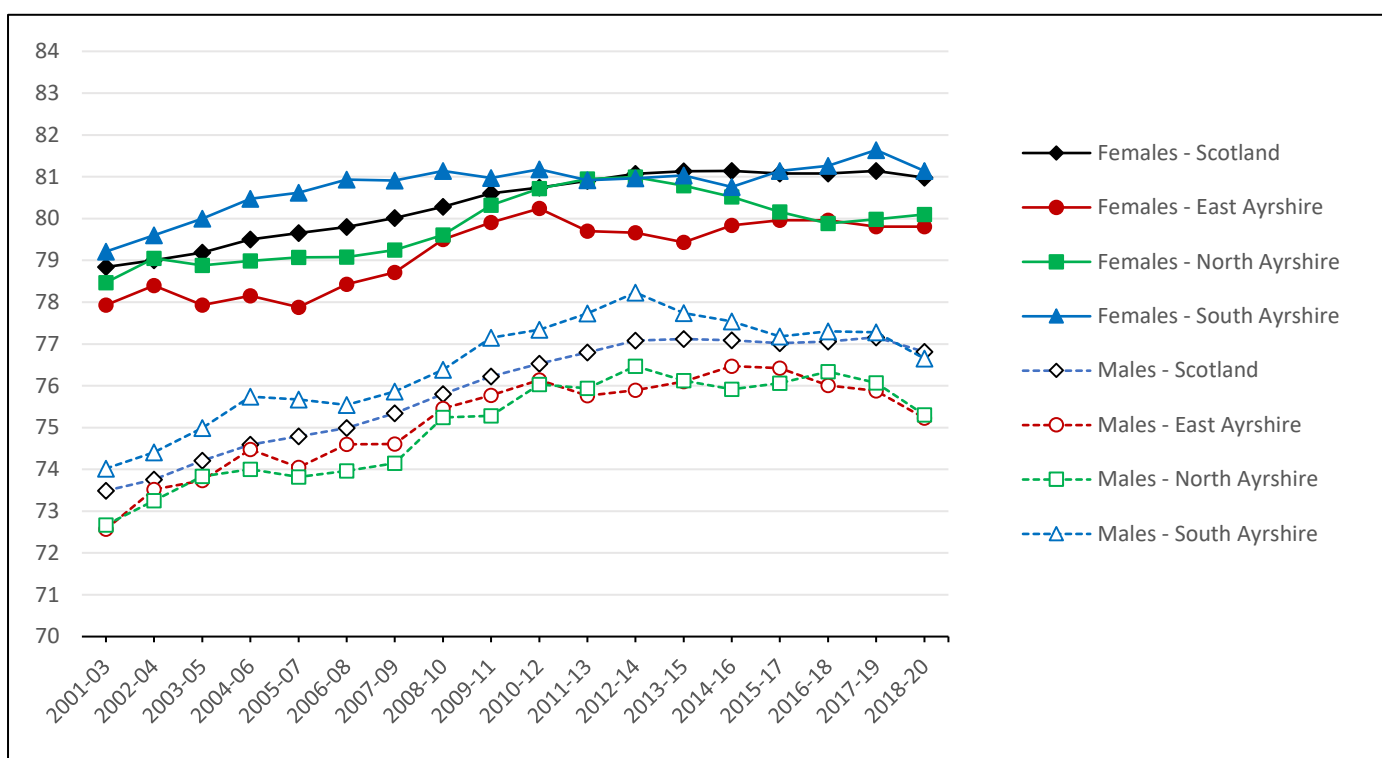


Local population statistics: Women's health outcomes

Female Life Expectancy

On average, women live longer than men, both locally and nationally- the gap in estimated life expectancy is around 5 years. Over the past two decades, life expectancy has risen overall but has shown trends of levelling off from around 2011 onwards (Figure 1). In the most recent estimates, female life expectancy was 80.98 years in Scotland, 79.81 years in East Ayrshire, 80.10 in North and 81.14 in South Ayrshire¹. The lower life expectancy shown in East and North Ayrshire is likely linked to the relatively higher deprivation profiles of these areas when compared to South Ayrshire and other areas of Scotland.

Figure 1: Life expectancy by gender and geographical area: Estimated life expectancy at birth in years, 3-year rolling average (calendar years)



Source: National Records of Scotland

¹ ScotPHO area profiles: <https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool> accessed 25th Jan 2023

All-cause mortality

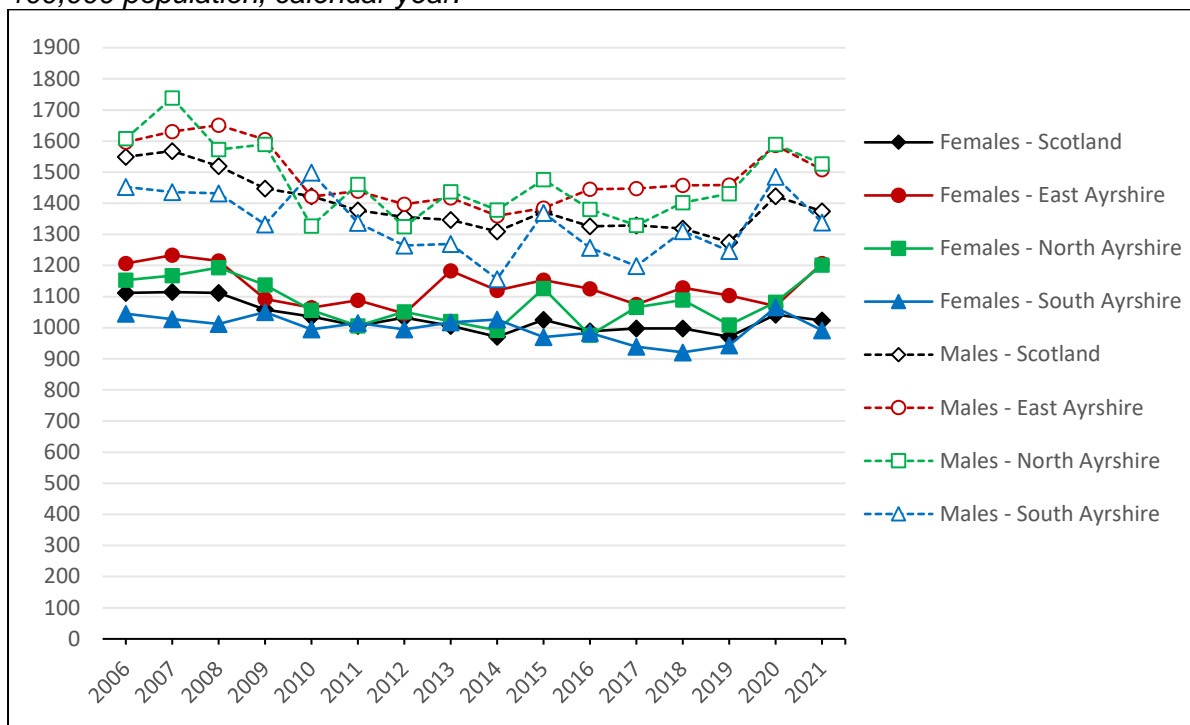
All-cause mortality rates for females have been consistently lower than that of males over the last fifteen years, both nationally and locally (Figure 2). All-cause female mortality rates reported in 2021 were as follows – 1,024 per 100,000 in Scotland, 992 in South, 1,201 in North and 1,206 in East Ayrshire². The North and East figures were significantly worse (higher) than the Scottish average, and that of South was not significantly different from the national comparator.

During the pre-pandemic period, 2006 to 2019, all-cause mortality rates slowly fell over time, with female rates declining in a more gradual fashion than male rates, resulting in a modest closing of the gap between male and female rates over that period.

During the pandemic period, 2020 and 2021, all-cause mortality rates in 2021 were above those reported in 2019 for all combinations of gender and geographical area, demonstrating an increase over that 2-year period, likely attributable to Covid-19. Notwithstanding this increase, all-cause mortality figures reported in 2021 were mostly down from those in 2020 – with the exception of a sharp increase in female rates in North Ayrshire.

As the impact of the pandemic continues to change, it remains to be seen whether or not the gradual decline in all-cause mortality observed during the pre-pandemic period resumes in future.

Figure 2: Deaths from all causes, by gender and geographical area: Age-standardised rate per 100,000 population, calendar year.



Source: National Records of Scotland

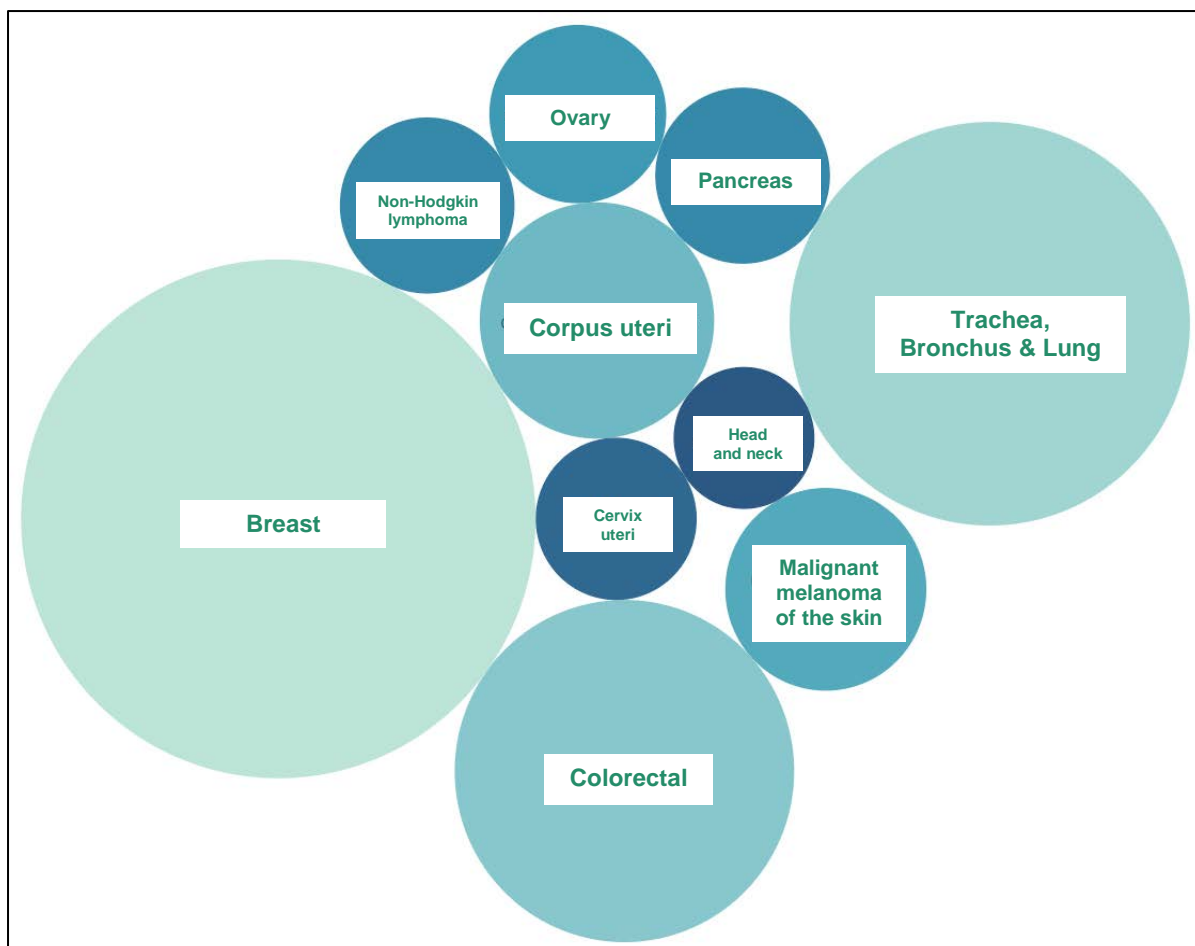
² Age-standardised Death Rates Calculated Using the European Standard Population | National Records of Scotland (www.nrscotland.gov.uk)

Cancer incidence: top ten

In 2019, excluding non-melanoma skin cancer (NMSC), there were a total of 1,718 registered incidences of malignant neoplasm in women in Ayrshire and Arran. There were 17,287 in Scotland as a whole, with the Ayrshire and Arran total accounting for 7.4% of the national total.

The top ten causes of cancer in women accounted for just over 3 in 4 of all incidences of cancer in females during that period (Figure 3). Three particular cancers- breast, colorectal and lung were the most common accounting for almost half of female cancer incidence. Breast cancer was the most prevalent malignant disease. This pattern mimicked that in Scotland.

Figure 3: Female cancer incidence in Ayrshire and Arran- top ten most common cancer types among all malignant neoplasms, excluding non-melanoma skin cancer: Bubbles represent total numbers registered in 2019³



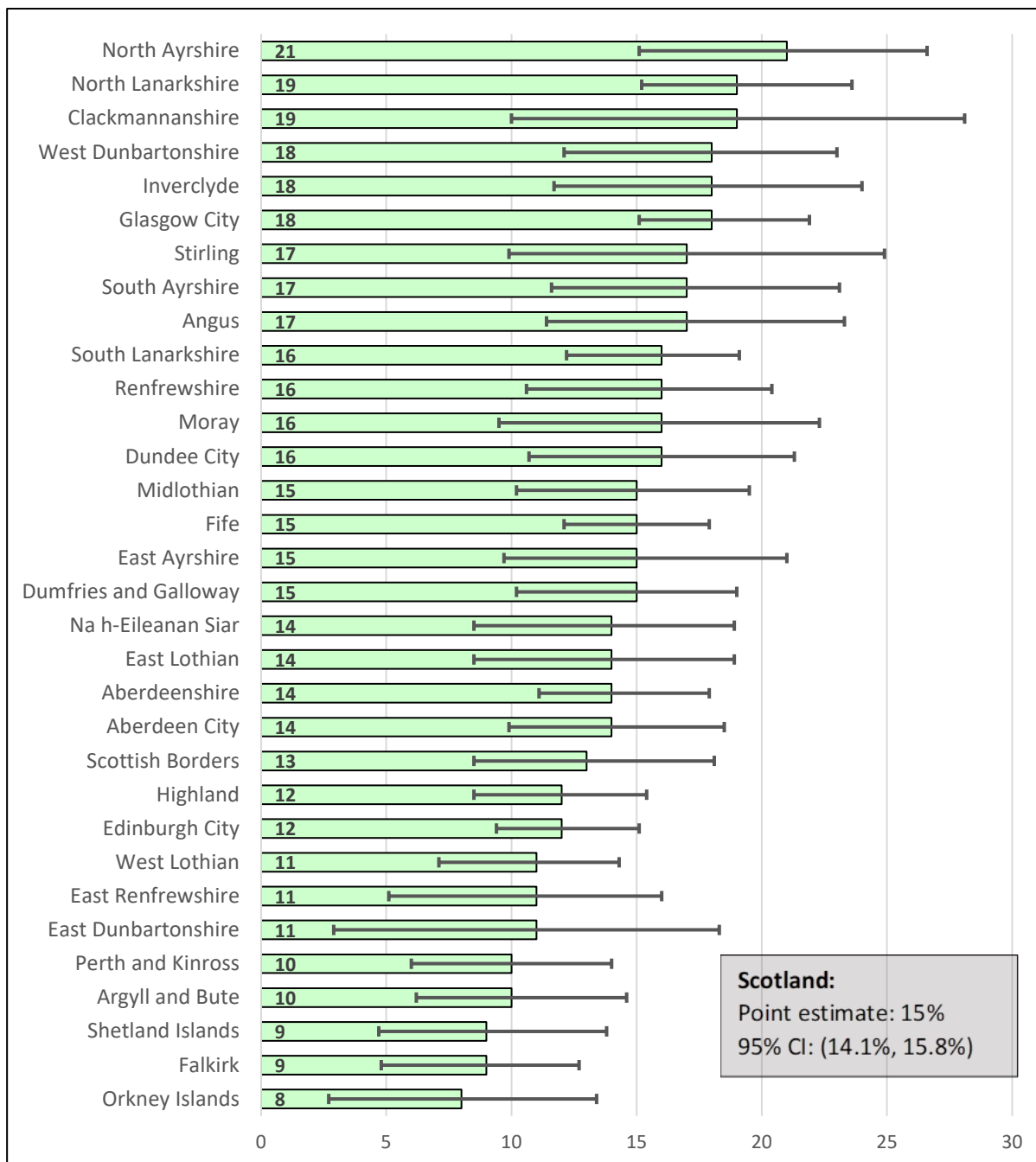
Source: Public Health Scotland

³ Public Health Scotland, Cancer Incidence public table:
<https://public.tableau.com/app/profile/publichealthscotland/viz/2021-05-11-Cancer-Incidence-Data-Story/CancerIncidenceMay21>

Smoking

The findings of the Scottish Health Survey (2021) indicated that the proportion of women who self-reported as being a current smoker were 15% in Scotland, 15% in East Ayrshire, 17% in South Ayrshire and 21% in North Ayrshire⁴.

Figure 4: Smoking status, 2017-21, by local authority area: Percentage of females who reported currently smoking, point estimates for local authority area along with 95% confidence intervals



Source: Scottish Health Survey dashboard, Scottish Government; accessed 25th Jan 2023

⁴ Scottish Health Survey Data: <https://scotland.shinyapps.io/sg-scottish-health-survey/>

National Women's Health Plan

In August 2021 the Scottish Government published its first Women's Health Plan. This plan, which runs from 2021- 2024 is an ambitious attempt to reduce the health related inequalities women and girls face, and recognises the gaps in our understanding of some specific health conditions women experience.

The ambition of the plan was four-fold,

- Healthcare for women will be holistic, inclusive, respectful, centred around the individual and responsive to their needs and choices.
- Women will be provided with consistent, reliable and accessible information empowering them to make informed decisions about their health and healthcare.
- All professionals involved in delivering health and social care services will work closely together to improve care for women.
- Healthcare for women with complex needs, including those with additional social support requirements, will be delivered innovatively, including jointly with third sector support where appropriate.

It is underpinned by four key principles.



The key themes in the plan are:

1. Contraception, abortion, sexual health and pre-pregnancy
2. Menopause and menstrual health, including Endometriosis
3. Heart Health
4. Gender and health
5. Lived Experience

NHS Ayrshire and Arran will be embarking on a programme of work to deliver the actions and priorities outlined in the Women's Health Plan. To reflect the input of a territorial board to the national plan, we will drive work forward under 5 core themes, reflecting the broad outline of the WHP. Where existing reporting and governance structures exist these will be utilised, but where further focus and attention is required additional strategic groups will be developed. This will ensure timely updates on progress made and the actions taken. The five themes within Ayrshire and Arran will be:

6. Sexual and reproductive health
7. Menopause
8. Endometriosis and Menstrual Health
9. Heart Health
10. Inclusion Health

Through this DPH chapter we will explore each theme, and consider our current performance and future priorities.

Where you can get more information

You can read the Women's Health Plan [here](#)

You can see the progress report published in January 2023 [here](#)

[NHS Inform](#) pages about women's health

Sexual and reproductive health



Sexual and Reproductive Health

Sexual and reproductive health and wellbeing are an important part of a woman's overall health and wellbeing. This includes healthy sexual relationships free from violence, coercion and trauma. The impact of poor sexual and reproductive health includes unintended pregnancies and sexually transmitted infections. The risks women face vary across the different life course stages and are influenced by social and economic factors⁵.

Every woman should have the right to decide about their own sexual health and wellbeing, including if and when they have children. Access to and information on contraception is imperative and when a woman makes the decision to terminate a pregnancy she should be supported to do so in a sensitive and compassionate manner.

In Ayrshire and Arran there is the pan-Ayrshire strategic group for sexual health, the Sexual Health Outcomes Working Group (SHOWG). This board will also focus on specific actions for elements of reproductive health such as contraception. Actions relating to the WHP in this theme will be monitored and filtered through this group to ensure a cohesive and coordinated approach.

Thus far, NHS A&A has achieved significant progress towards the actions outlined in the WHP, a mapping of progress against these is shown in Table 1. We are currently compliant with the ambitions regarding termination of pregnancy and shorter term actions around access to contraception and sexual health advice.

We recognise that the measures outlined under this theme and broadly measuring general population access to services and further work surrounding inequalities and vulnerable populations is required to make services accessible to all.

There is a significant challenge in the provision of Long Acting Reversible Contraception (LARC) in NHS Ayrshire and Arran. This has been driven by reduced provision in primary care. Initiatives which promote the provision of this in primary care settings are required which adequately address the barriers to delivery. This will be a significant focus moving forward, including considering how LARC can be provided to groups of women who cannot access routine services.

⁵ Public Health Scotland, Sexual Health Information: <https://www.healthscotland.scot/health-topics/sexual-health>

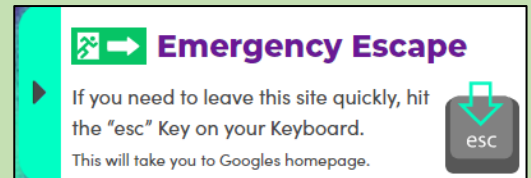
Table 1: Mapping NHS A&A progress towards WHP actions in Sexual and reproductive health theme

Improve access to abortion services			
Action	Term	Progress	RAG
Make telephone or video consultation universally available as an option for abortion services	Short (by April 2023)	Initial contact with the abortion service in NHS A&A is via telephone, with an out of hours answer machine service and call back. Consultations are carried out by phone preferably, but options for face to face consultation exist where the clinician deems appropriate, either due to age or another factor indicating vulnerability.	
For post-abortion contraception provide all women with 6 or 12 months progesterone only pill with their abortion medications. Fast track to long acting reversible contraception (LARC) if desired	Short (by April 2023)	All women are provided with post abortion contraception and fast track pathways to sexual health services for LARC are in place and utilised based on the preferences of women using the service.	
Review data collected on abortions to ensure it is relevant, whilst protecting anonymity	Short (by April 2023)	Local data is routinely collected and stored securely within the service. NHS A&A complies with national data reporting requirements. A bi-annual report will be produced and shared with the Sexual Health Outcomes Working Group (SHOWG) for discussion and further work as required.	
Increase options for women around where they can take abortion medication (mifepristone)	Medium (by April 2024)	Medication can be posted via courier, collected by women or taken in a supervised clinical setting based on the needs and preferences of the women using the service. This is a decision guided by the woman involved in collaboration with the clinician.	
Provide mid- trimester abortion care locally or regionally for all indications	Medium (by April 2024)	Abortion can now be provided up to 20 weeks gestation in NHS A&A. Where care cannot be provided locally pathways exist to refer to specialist clinics. National standards indicate that mid-trimester abortion should be provided until 24 week for those aged under 16, currently there is a challenge in delivering this service.	
Improve access to contraception services, including rapid and easily accessible postnatal contraception			
Action	Term	Progress	RAG
Promote use of video, or telephone, in addition to face-to-face consultation for women, including those in prisons to provide greater flexibility, dignity, privacy and choice.	Short (by April 2023)	NHS A&A provides a wealth of resources on its dedicated sexual health website (www.shayr.com) including direct booking of appointments for specific services. Initial access to sexual health services for most is via a telephone triage appointment, this allows for appropriate onward appointing to improve the patient journey. Where there is an indication of face-to face being the most appropriate consultation modality this would be offered in place of remote consultations. This reduces the number of appointments patients require and improves the patient journey. NHS A&A have no women's prisons, therefore we do not offer services for this population group routinely. We will consider specific programmes of work for women who find it difficult to access routine services via our inclusion healthcare work stream.	

Action	Term	Progress	RAG
Provide accessible information and advice on pre-pregnancy care	Short (by April 2023)	NHS A&A provide information regarding pre-pregnancy planning on the SHAYR website, this links to other websites with information on the key considerations when planning a pregnancy. We will link to any national sources of information when these are developed and promote within our networks. Opportunities exist to strengthen the information and services provided to women with chronic conditions such as diabetes, PCOS and cardiac conditions.	
Provide training for non-NHS staff to support conversations with women about health and healthcare services	Medium (by April 2024)	This action will be considered in future work plans starting in financial year 23/24. This will utilise links with our Healthy Working Lives programme, HSCP partners and third sector organisations.	
Provide creative, holistic and outreach models of care for sexual health and contraception services	Medium (by April 2024)	A number of different programmes of work are ongoing including: <ol style="list-style-type: none"> 1. Development in sexual health services provided in pharmacies including bridging contraception 2. Work with learning disabilities services 3. Work with corporate parenting taskforce 4. Developing links with school nurses and providing training and development opportunities 5. Ongoing conversations with agencies working with vulnerable women including addictions services. 	
Increase availability of LARC, as one of a range of options for contraception available to women	Medium (by April 2024)	The choice to opt for LARC is based on the individual needs of women presenting to services. LARC is now mainly only available via the sexual health services in NHS A&A. There is significantly reduced access to LARC in primary care and this creates a significant capacity issue moving forward. Sexual health services are unable to absorb the shortfall of provision elsewhere. Initiatives to promote the provision of LARC in primary care settings should be continued and developed further to create appropriate choice and availability for all women.	
Ensure that discussions on contraception take place during pregnancy. Women should be given adequate and appropriate information on their options, as well as rapid access to their preferred method where applicable.	Medium (by April 2024)	There is work ongoing to develop local resources regarding contraception choices in the postnatal period. This includes linking with the Post Natal Contraception (PNC) network, there are a number of national resources which will be adapted for local use. A short animation is available on NHS Inform and this will be linked to the SHAYR website. Ongoing links with maternity services are to be developed and further conversations on this topic commenced. This includes ongoing monitoring and training of community midwife staff to facilitate antenatal discussion of postnatal contraceptive provision. An audit of conversations during pregnancy about contraception is being considered. Fast track referral to sexual health services is in place. There is a need to increase training of maternity staff to delivery LARC as required to ensure this is available at all times prior to discharge.	

Celebrating Success- SHAYR.COM

The dedicated sexual health information website for NHS Ayrshire and Arran has been re-designed and there is now an emergency escape button.



Anyone using the site can hit "esc" on their keyboard and they will automatically be taken to the Google homepage. This is important privacy and safety feature for those using the website, who might not want others to know they are accessing sexual health services.

People can use this website for online ordering of condoms via the C Card scheme. Plans are underway to develop an online chat function for sexual health queries

Celebrating innovation- Mini-videos

NHS A&A are currently developing two mini-videos working with an external medical illustration company.

One video will focus on sterilisation, the other will consider management options in the menopause

These videos are designed to supplement clinical consultation and improve accessibility of trusted information.

The sterilisation video will be adopted by the West of Scotland Sexual Health (SH) Managed Clinical Network (MCN) and possibly across Scotland

Local Actions

- The C-card scheme, which provides free access to condoms for Ayrshire and Arran residents, has been extended to include a postal service
- The Women's health pages on Shayr.com have been updated, including key signposting information.
- Work is ongoing in community pharmacies to promote and upskill staff in provision of bridging contraception
- Work with local pharmacists to deliver sessions in schools covering: STI testing for Chlamydia and Gonorrhoea, Emergency Hormonal Contraception and mini pill.

Where you can get more information

NHS Ayrshire and Arran's dedicated sexual health website [shayr](http://shayr.com)

[NHS Inform](#) has useful information on sexual and reproductive health

Menopause



Let's talk about menopause



Menopause

Menopause is a natural process for all women which usually starts between the ages of 45 and 55 when oestrogen levels decline. For some women this process can be managed easily, however for many there are wide ranging symptoms which can impact on daily life⁶. In NHS Ayrshire and Arran, 45% of employees are females over the age of 45, and over 75% of our workforce are female, therefore we have a duty to support our staff as they navigate the menopausal transition.

In October 2022, NHS Ayrshire and Arran launched our menopause workplace guidance, which will provide line managers with clear guidance on how to support employees through peri-menopause and beyond. It is designed to be inclusive of all gender identities and draws together guidance from the Faculty of Occupational Medicine, the British Menopause Society and the National Institute for Care and Excellence (NICE). The launch event was well attended by managers and senior leaders in the organisation, along with local elected members. We hope to build a culture of awareness and support in all levels of our organisation, ensuring that every staff member has access to the right support and information.



⁶ NHS Information, Menopause: <https://www.nhs.uk/conditions/menopause/>

Celebrating Success- The Menopause Monologues

In the run up to the launch of the menopause guidance in October 2022 we asked staff to share their experiences of the menopause in the workplace via an online survey. We were overwhelmed by the response, and openness of staff sharing their experiences- good and bad. These were presented as a series of posters at the launch event and they were a real talking point, with many people recognising their own experiences in the quotes presented.

I wish I had known more about it when I was younger so I would have known what was happening and where to get help

So what now....**well I think we all need to be open about how we are feeling...**

...and don't be afraid to tell people... if I could offer just one piece of advice, it would be, don't suffer in silence, **go to your GP, use the Balance App** (which as a helpful print out you can take to your GP) and don't give up until you are listened to. **We are all in it together**

Have recently attended the **Menopausal awareness course** being run by A&A and I now know that I'm not the only one or going mad!!! The course was excellent for information and support.

After a few months I returned to the GP who has now given me **oestrogen and progesterone tablets**. There is a definite improvement,

So glad this is in the public eye now and is nothing to be ashamed of. Young women and men need to know about it to help spot the signs but also support each other

Advice and looking ahead.

If I could give advice to anyone it would be to **speak openly to your line manager about the symptoms you are experiencing and the impact this is having on your work** and see what support is available. When you are at your lowest remember you are still you.

Awareness and education within NHS is going to change peoples lives, I have no doubt, and provide people with the confidence to speak to their manager or others for help.

Occupational health staff referred me to Dumfries house for menopause support which was amazing.

I talk openly with my more mature colleagues about my symptoms and listen to theirs. We talk about what works for us and what makes symptoms worse. **It helps knowing that other people are going through the same thing and we are not alone.**

I have been referred to the **Dumfries House menopause clinic** and this is fabulous resource that being in the NHS allows me to be selected for.

We would like to thank every member of staff who took the time to give feedback, it will be used to shape the future strategic actions we take to improve the experience of the menopause in our organisation.

We also provide regular menopause awareness sessions, available to all NHS staff, who may wish advice on managing the menopause transition in the workplace. These sessions are delivered by a member of staff who has been instrumental in shaping the menopause guidance through her personal experiences and can be booked by line managers via Learn Pro.

A learn-pro module is also available for line managers who need to understand more about the menopause and support their staff. A strategic group, the Menopause At Work Group (MaWPG) met first in late December and will continue to drive forward improvements in our approach to the menopause in the workplace. NHS Ayrshire and Arran is currently working towards menopause friendly accreditation as a workplace with the organisation Henpicked.

Priorities moving forward

- NHS Ayrshire and Arran will be contributing to an NHS led four-nation webinar to be held on World Menopause Day in October 2023. The co-chairs of the MaW PG will be the liaison on this group.
- We will continue to complete Menopause Friendly Accreditation
- We are exploring funding opportunities to make the menopause awareness training a recurring training programme- this work was previously supported by Staff Wellbeing funding which was non-recurring.
- The actions outlined under the Women’s Health Plan which we will need to prioritise as a territorial NHS Board are shown below. This will require partnership across the organisation, including stakeholders from Women and Children Services, Primary Care, Public Health and partner agencies.

Table 2: Mapping NHS A&A progress towards WHP actions in menopause theme

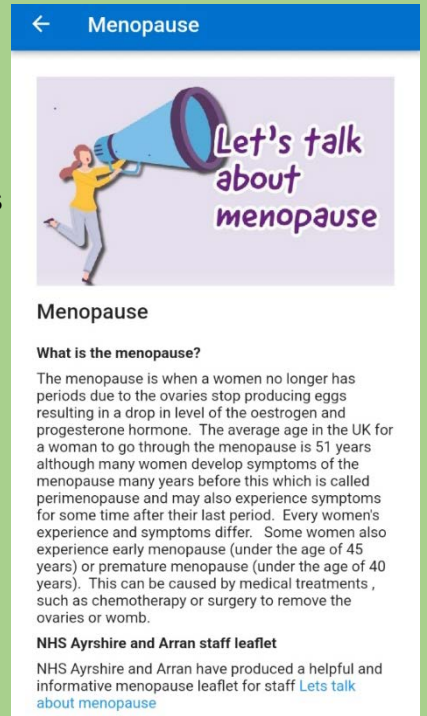
Action	Term	Progress	RAG
Develop, maintain and promote a support network for Menopause Specialists throughout Scotland. Each healthcare professional (HCP) with special interest in menopause should have access to at least one Menopause Specialist for advice, support, onward referral and leadership of multidisciplinary education.	Short (by April 2023)	The national network has been established, and NHS A&A will seek to support local members of this network in the work they do and sharing their expertise with other healthcare professionals. We will seek to provide development opportunities for this group.	Yellow
Provide a holistic approach to care by promoting greater joint working between healthcare professionals on menopause diagnosis and treatment across primary and secondary care and specialist clinics, including through joint education sessions starting with pre and post qualification training on gynaecology.	Short (by April 2023)	We are establishing links between public health and clinical psychology in NHS Ayrshire and Arran to best utilise our relevant expertise and provide holistic support to women experiencing the menopause. We hope to be able to work with colleagues in Women and Children’s services to ensure the pathways between primary and secondary care are optimal and links to complementary and preventive services are well established.	Yellow
Provide access in each primary care team to a HCP who has a special interest in menopause.	Medium (by April 2024)	This future action will require mapping of current provision and linking to the menopause specialists’ network. It will require discussion on the type of support to be provided by the link and how primary care teams can maximise their input and impact.	Red
Provide a specialist menopause service in every NHS Board, and where sub specialisation is impractical (eg. islands) develop a buddy system.	Medium (by April 2024)	Understanding of the current service provision within NHS Ayrshire and Arran and the expectation of Scottish Government under the plan will be required before progressing this action.	Yellow
Ensure women are properly supported around the time of menopause to assess their future risk of osteoporosis and fractures and given appropriate lifestyle advice.	Medium (by April 2024)	Utilising our links with Healthy Working Lives, partner agencies and primary care teams we will seek to ensure key messages about the menopause are available to the public. We will need to consider how to empower populations of women who otherwise struggle to access routine services and look at innovative and outreach based services. We have opportunities to promote prevention and healthy lifestyle choices.	Yellow

Celebrating Success- Menopause on the NHS A&A staff wellbeing app

In February 2023 the NHS Ayrshire and Arran app was updated to include a staff wellbeing section. The information and support developed about menopause have been included in the app, including a NHS Staff version of our information leaflet, useful links and videos. Staff can download the NHS Ayrshire and Arran app from their mobile app provider, and search for staff wellbeing.

NHS Ayrshire and Arran Staff awareness video

An overview of the menopause and personal story from staff member Donna Brown



Where you can get more information

A copy of the menopause leaflet for non-NHS staff can be found [here](#)

The LearnPro module can be accessed on [LearnPro](#) by searching “menopause”

The NHS Ayrshire and Arran menopause guidance is available on [Athena](#) (internal to NHS employees only)

A menopause 7-minute briefing is available for NHS staff on [Athena](#) (internal to NHS employees only)

The Alliance [webinar](#) on Menopause in the Workplace with input from NHS A&A

The NHS Ayrshire and Arran App can be found on [Android](#) or [Apple](#) app stores

Endometriosis



Endometriosis and Menstrual Health

Endometriosis is a condition where tissue similar to the lining of the womb is found elsewhere in the body. The most common symptoms of endometriosis are painful periods, pain in the lower abdomen, pelvic or lower back pain, difficulty getting pregnant and pain during and after sex. It can be difficult to diagnose due to the range of symptoms, and other conditions which have similar symptoms. There is no specific cure for endometriosis. Most women are diagnosed between the ages of 25 and 40, but there can be a considerable length of time between onset of symptoms and diagnosis⁷.

During their life course, many women will experience some form of menstrual disorder or problem periods. For some, understanding what is and is not normal can be the first barrier to seeking care. All women and girls should be empowered to make informed decisions about their menstrual health and wellbeing. The Royal College of Obstetricians and Gynaecologists called for better support for menstrual health during the life course in their 2019 publication “Better for Women, Improving the health and wellbeing of girls and women”⁸. This ambition was re-iterated in the WHP and has translated into actions to be taken forward locally in NHS A&A.

As outlined in our previous theme, over 75% of employees in NHS A&A are female, this means a significant proportion of our workforce will at some time experience periods and may be affected by menstrual disorders. To strengthen our commitment to the health and wellbeing of our female employees, NHS Ayrshire and Arran will be embarking on Endometriosis Friendly Employer Accreditation through [Endometriosis UK](#). This initiative, driven forward by colleagues in Human Resources and Organisational Development will seek to replicate the success already seen in our menopause work to improve the support for endometriosis in our organisation.

Demonstrating our commitment- Endometriosis Action Month

March is Endometriosis Action Month and we will be raising awareness of this important topic during this month through social media activity, signposting to planned webinars and sharing our commitment to improve support to our employees.



⁷ NHS Inform, Endometriosis: <https://www.nhsinform.scot/healthy-living/womens-health/girls-and-young-women-puberty-to-around-25/periods-and-menstrual-health/endometriosis/>

⁸ Royal College of Obstetricians and Gynaecologists, Better for Women Report: [Better for women: Full report \(rcog.org.uk\)](https://www.rcog.org.uk/better-for-women-report/)

The actions we will work towards include:

1. Demonstrating evidence of senior leadership buy in that our organisation should be an Endometriosis Friendly Employer.
2. Review, update and implement policies to support those with endometriosis.
3. Provide managers with the information and guidance they need to support someone with endometriosis
4. Support flexible working for those with endometriosis where possible.
5. Identify endometriosis champions to be a point of contact and information
6. Actively tackle stigma surrounding endometriosis.
7. Raise awareness of endometriosis
8. Information on endometriosis should be readily available, with signposting for more support.

Table 3: Mapping NHS A&A progress towards WHP actions in endometriosis and menstrual health theme

Action	Term	Progress	RAG
Use existing programmes, such as the HPV vaccination programme, to provide general information to young people about periods, menstrual health and management options.	Medium (by April 2024)	Opportunities exist through programme and discussions on these topics will be explored starting in 2023. As outlined in the sexual and reproductive health theme, input to schools with community pharmacy already exists and this could be expanded upon to look at menstrual health. Promotion of period dignity initiatives also provide opportunities to signpost to menstrual health information.	
Provide access in each primary care team to a Healthcare Professional (HCP) or HCPs who have a specialist knowledge in menstrual health including awareness of the symptoms of PMS, PMDD, heavy menstrual bleeding, endometriosis and their treatment options.	Medium (by April 2024)	Learning from action in the topic of menopause can be applied to creating networks of those with specialist knowledge in menstrual health. One local opportunity which may exist is reviewing pathways and information for Polycystic Ovary Syndrome (PCOS) with help from colleagues in realistic medicine who are promoting the use of the Right Decision App services.	Not started
Strengthen collaborative working between regional specialist endometriosis centres, territorial and special NHS boards and primary care providers, to drive improvement in patient pathways and achieve equitable access to care and treatment.	Long (after April 2024)	This long term action will require regional discussion and collaboration. This work will be led by the Women and Children's team, with support from public health particularly to review and improve local pathways in primary and preventive care.	Not started

Where you can get more information

NHS Inform Pages on [endometriosis](#)

Endometriosis UK [here](#)

Heart Health

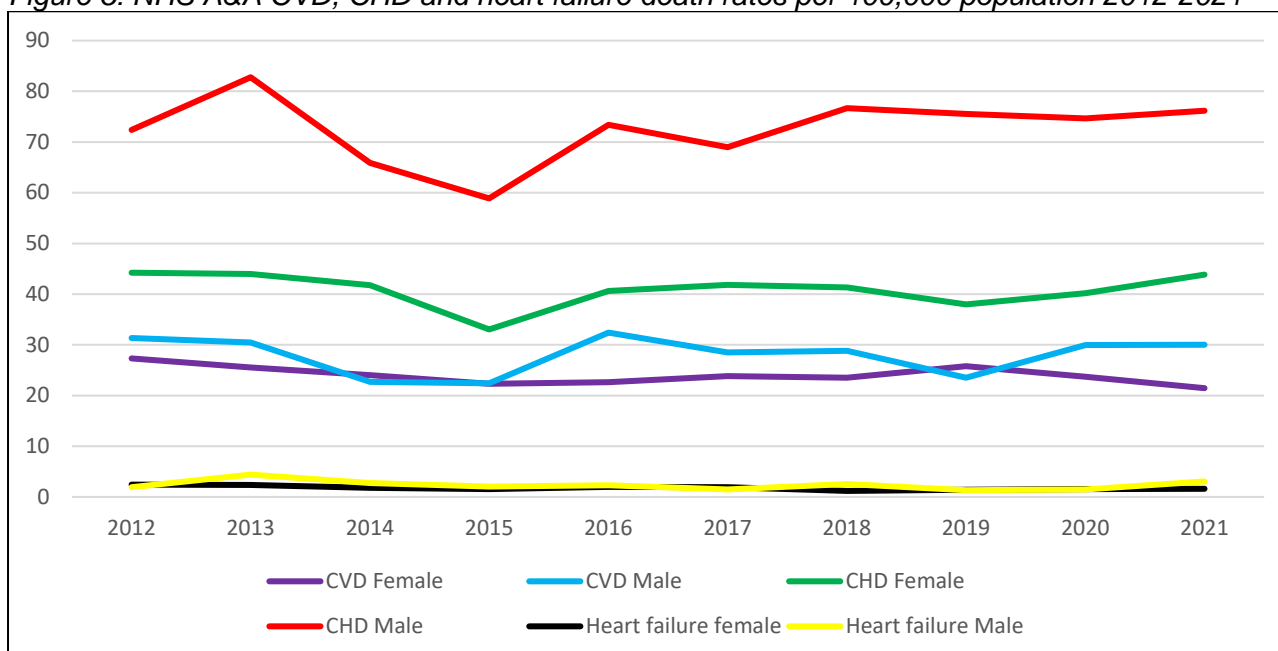


Heart Health

Cardiovascular diseases remain one of leading causes of mortality in Scotland, and includes a wide range of long term and acute conditions. The risk for cardiovascular disease changes across the life course and there are some unique risk factors for women and girls including endometriosis, PCOS and pregnancy related complications which influence their lifetime risk from cardiovascular disease. Some studies have shown sex specific difference in the response to treatments and risk factors.

In the figure below, we can see that despite a different in the mortality rates from coronary heart disease (CHD) between males and females in Ayrshire and Arran, that we have made no significant improvement in these mortality rates over the past 10 year. The rates for cerebrovascular disease (CVD) are much more similar in females and males also showing a flat trend over the past decade.

Figure 5: NHS A&A CVD, CHD and heart failure death rates per 100,000 population 2012-2021

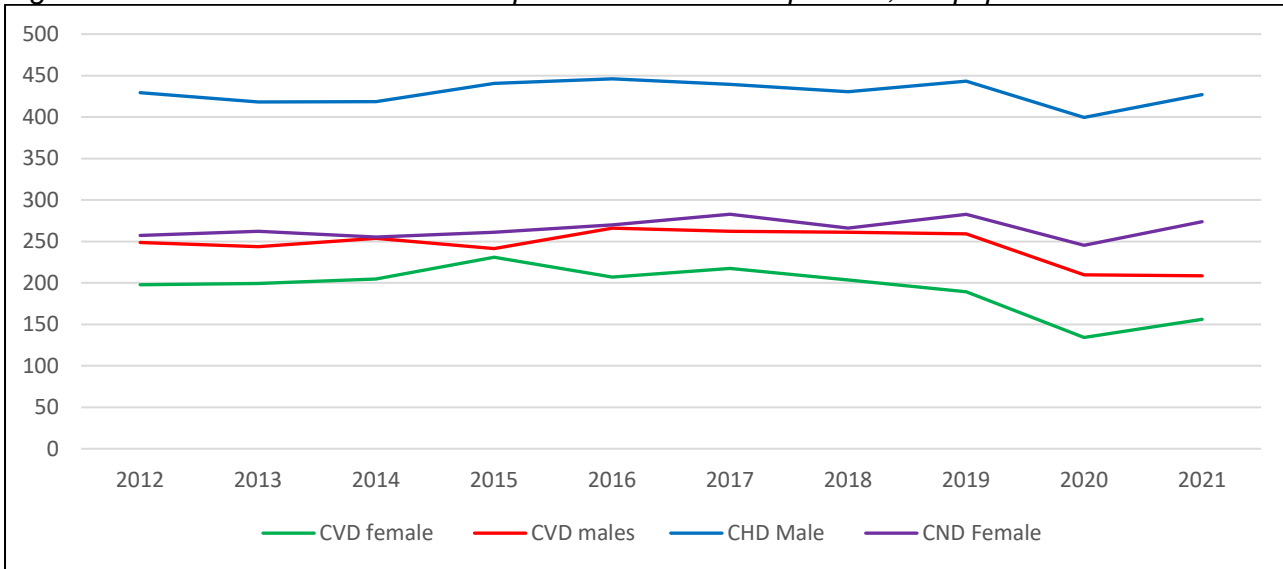


For many, the lower mortality rates from CHD in females may be seen as a positive marker, it is important to note that ischaemic heart disease is responsible for three times as many deaths in females than breast cancer, and around 100,000 women in Scotland are living with ischaemic heart disease⁹. Therefore, we still have much to do to improve heart health for our female residents and raise awareness of the specific issues around heart health in women.

The pattern for hospital admissions closely follows that of mortality, although latterly there has been a slight reduction in admissions, this may be an effect of COVID, as the main decline happened in 2020, with some increase back towards normal in 2021.

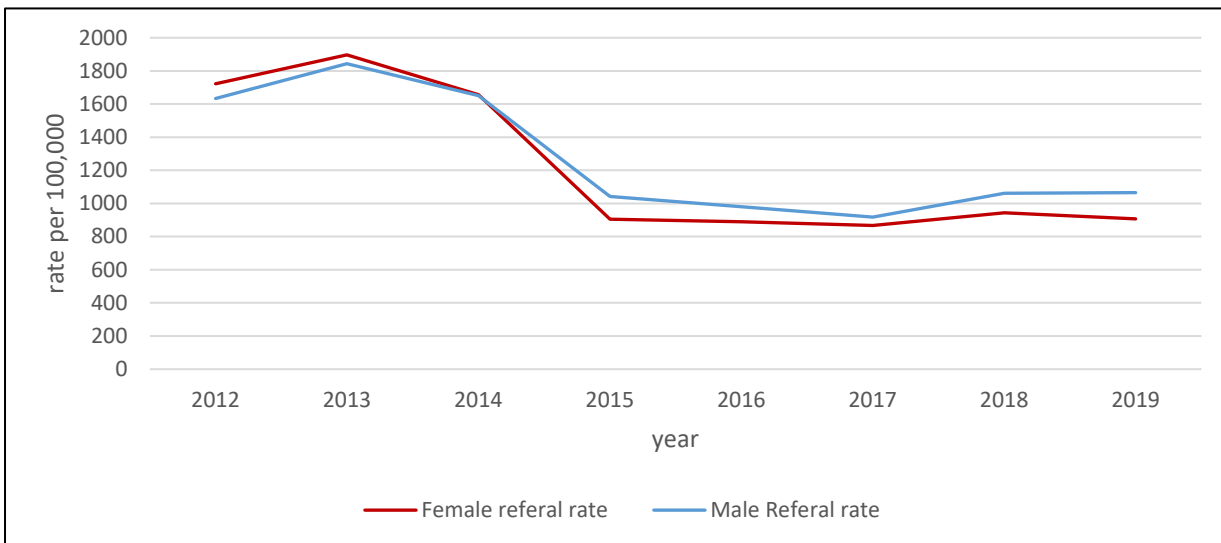
⁹ British Heart Foundation, Biology and Bias Briefing: <https://www.bhf.org.uk/women-scotland>

Figure 6: NHS A&A CVD and CHD hospital admission rates per 100,000 population 2012-2021



Research has shown that women are less likely to be prescribed drugs to prevent a second heart attack and have poorer outcomes following a heart attack than men¹⁰. Referral rates to cardiology in A&A are roughly equivalent when broken down by gender, showing that those presenting with significant disease are being referred to secondary care colleagues. However, we do not routinely report data around the identification and management of cardiac risk in primary care and community settings.

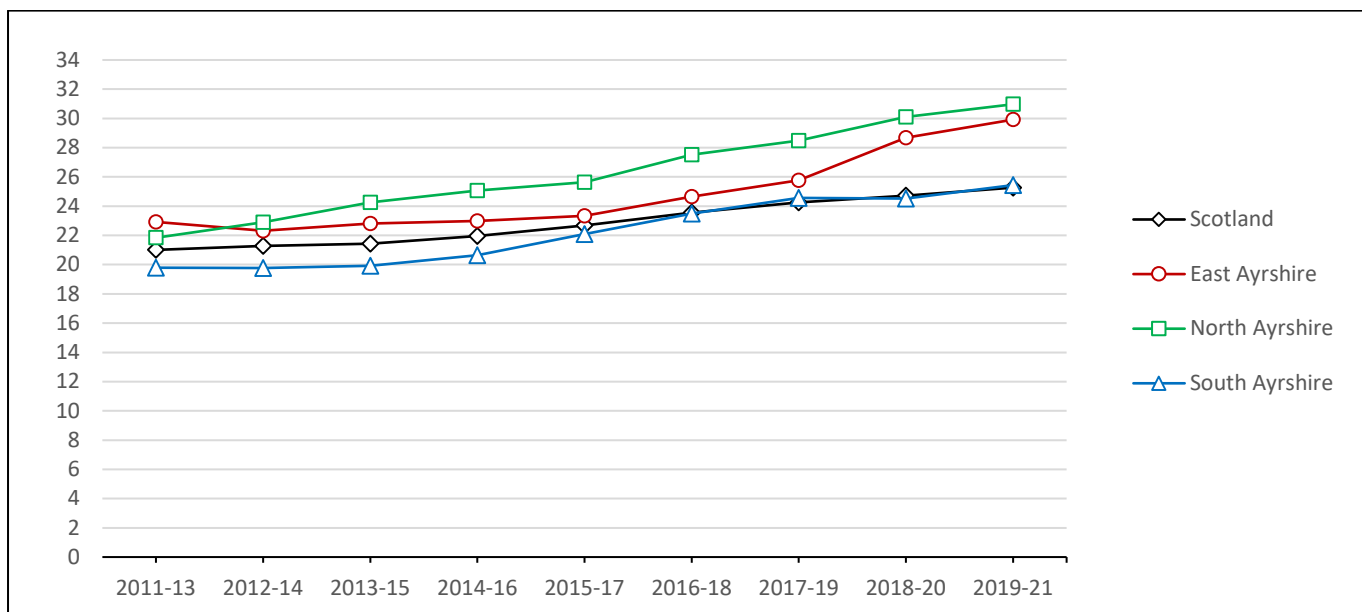
Figure 7: NHS A&A referral rate to cardiology per 100,000 population by gender 2012-2019



One priority moving forward will be to explore the management of cardiac risk in females in primary care and ensure that women are given the appropriate guidance at any stage of their life, not just in older age when they may begin to present with symptoms. Heart health is imperative at all stages of life. This is especially important before and during pregnancy, where local figures show increasing trends in maternal obesity.

¹⁰ British Heart Foundation, Biology and Bias Briefing: <https://www.bhf.org.uk/women-scotland>

Figure 8: Pregnant women recorded as obese (BMI 30+): Percentage of pregnant women with valid height and weight recorded at first antenatal booking, 3-year rolling interval (financial years FYE)



Source: Public Health Scotland (SMR02); taken from ScotPHO area profiles, accessed 25th Jan 2023

Table 4: Mapping NHS A&A progress towards WHP actions in heart health theme

Action	Term	Progress	RAG
In all heart health consultations, opportunities should be taken to provide individualised advice and care to women; and in all pregnancy and pre-pregnancy discussions and interactions opportunities should be taken to optimise women's heart health to optimise women's holistic health as part of the life course approach.	Short (by April 2023)	Work to progress our heart health work stream focus has not yet commenced but we have a clear direction in the actions outlined in the women's health plan. Our immediate priorities will be to optimise the advice given to women in the pre-pregnancy and pregnancy stage of life.	Not started
Ensure women with CVD have access to mental health support, regardless of whether they are accessing a cardiac rehabilitation programme.	Medium (by April 2024)	In 2023, we will look to improve the access to information about heart health in our population. It will be important to consider how to deliver messages in a way that challenges weight stigma, and encourages and enables our population to look after their own heart health through physical activity.	Not started
As part of Cardiac Rehab, provide an individualised biopsychosocial assessment and a shared decision care plan with interventions specific to women's needs and choices.	Long (after April 2024)		Not started
Every cardiology department will have access to a clinician with expertise in women's heart health.	Long (after April 2024)		Not started

Where you can get more information

British Heart Foundation, [women and heart disease](#)

Women's Heart Health pages on [NHS Inform](#)

Inclusion Health



Inclusion Health

Those individuals who experience multiple, overlapping risk factors for poor health, including deprivation, violence and trauma can be considered under the remit of inclusion healthcare. Those who are socially excluded include those who are homeless, those involved in the justice system, those with substance dependence and communities such as Gypsy, Roma and Traveller communities. For women and girls, a specific consideration is Gender Based Violence (GBV).

Under this work plan, colleagues from across our organisation and partners will seek to understand the barriers women and girls who are socially excluded may face when interacting with healthcare and seek to reduce these barriers and create inclusive systems. This is integral to our duty as a public sector body to mainstream our services and place equality at the heart of everything we do. Our work will reference the priorities outlined in our Equalities Mainstreaming Report and take cognisance of the legislative framework that underpins that work.

Data has shown the increasing burden of deaths from factors such as alcohol, drugs and suicide in our female population. This is seen in the context of a rise in prevalence across Scotland, but more so in some areas of Ayrshire and Arran. Deaths due to drug and alcohol use or suicide represent the culmination of these multiple sources of disadvantage, trauma and poor health outcomes. A system wide and holistic approach to supporting healthcare conversations with groups of women who are socially excluded will be imperative to realising meaningful change and improvement. The data are presented without figures for males, which show similar trends, but are not the focus of this report.

Figure 9: Deaths from suicide in females, by geographical area, rate per 100,000 population, 5 year rolling average (Age standardised)

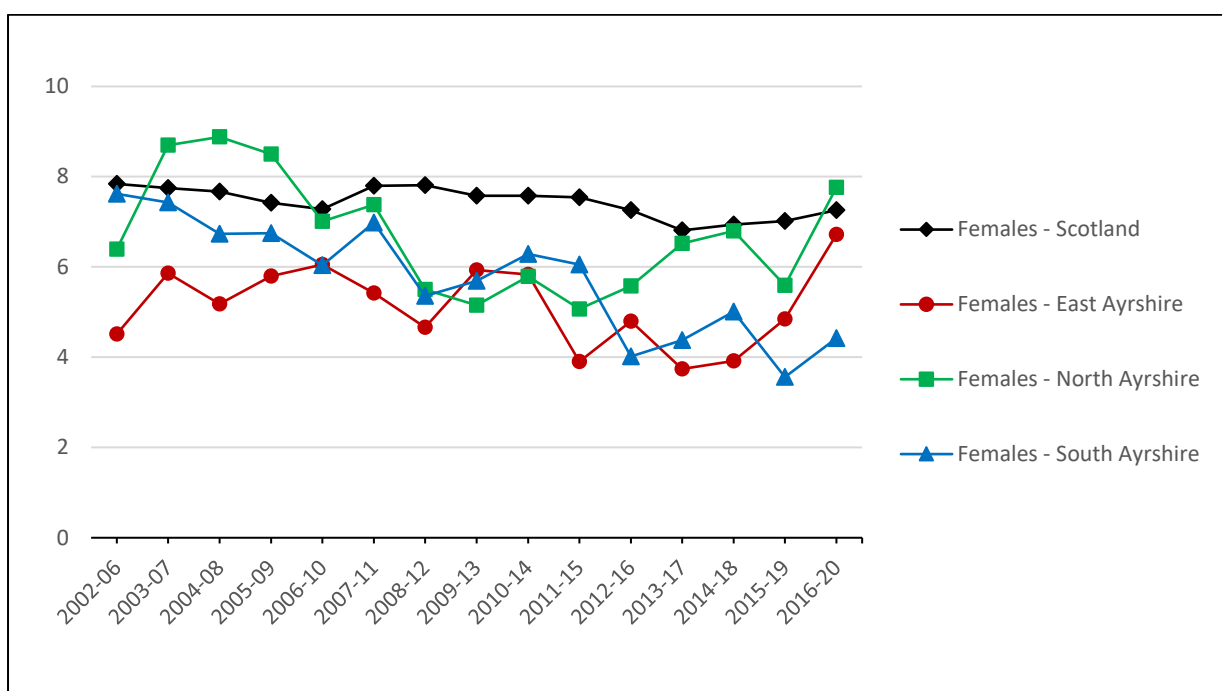


Figure 10: Drug-related deaths in females, by geographical area, rate per 100,000 population, 5 year rolling average (Age standardised)

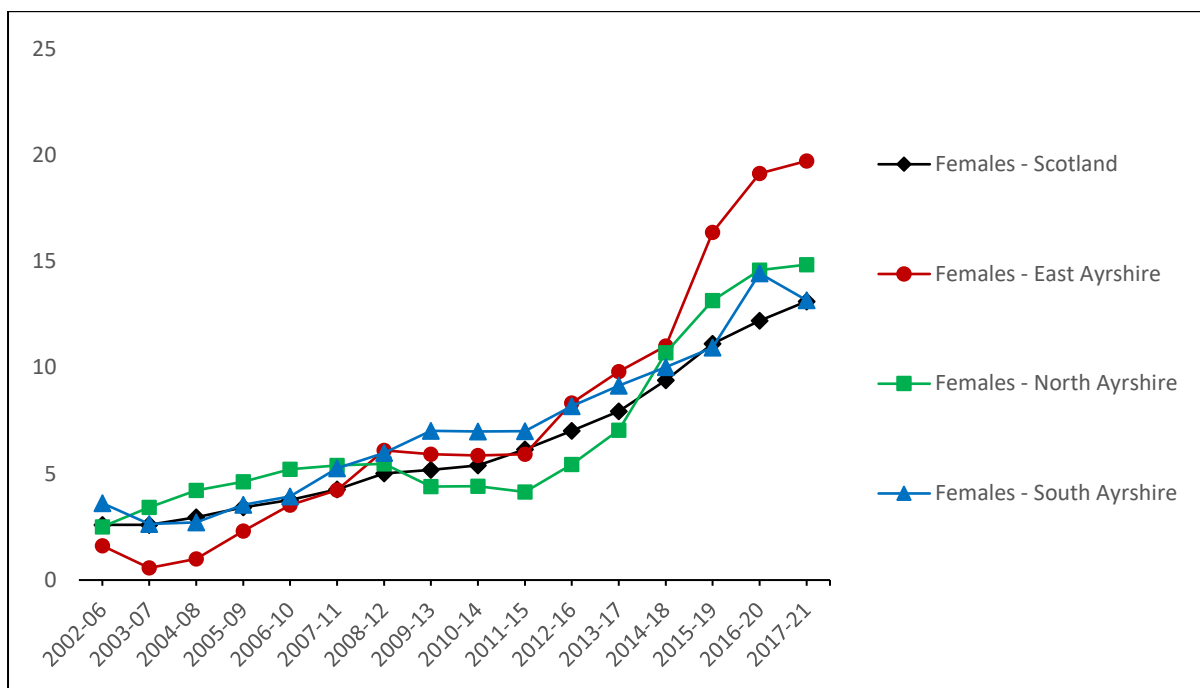
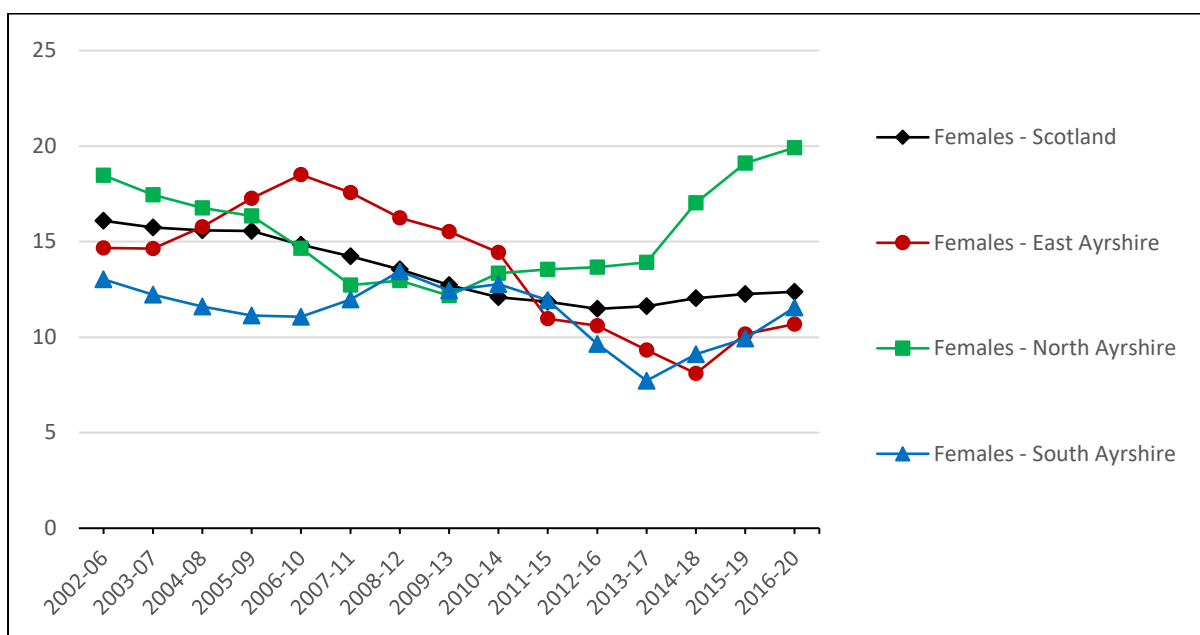


Figure 11: Alcohol-related deaths in females, by geographical area, rate per 100,000 population, 5 year rolling interval (Age standardised)



In 2023, the Public Health Department will establish a multi-disciplinary working group to examine inclusion healthcare for women. This will consider how we can bring the different topics outlined earlier in this report to those socially excluded groups of women and ensure they have access to healthcare services. We will ensure a focus on groups such as our Gypsy, Roma and Traveller population, and women who are involved in the justice system.

Demonstrating our commitment- 16 days of action

16 Days of Action is an annual international campaign to tackle violence against women and girls, which runs from the 25th November until the 10th December. The campaign aims to eliminate all forms of gender based violence, including domestic abuse and calls for positive change around the world to increase women's (and men's) safety.

The White Ribbon Pledge is part of the worldwide White Ribbon Campaign which asks individuals to take action against violence towards women and pledge never to commit, condone or remain silent about men's violence against women. Information stalls were held at University Hospital Crosshouse, Ayrshire Central Hospital and Eglington House to give staff the opportunity to sign the White Ribbon Pledge.



16 Days of Action Pledge Signing at Eglington House on 03/12/22



Local Actions- Training Needs Analysis of Routine Enquiry

The Scottish Governments Equally Safe Strategy (2017), and most recently the Equally Safe Short Term Delivery Plan in July (2022-23), have continued to highlight role of the health service in providing an appropriate, safe and consistent response to those who have experienced domestic abuse, with each Health Board being asked to continue to strengthen the roll out of Routine Enquiry (RE) for gender based violence (GBV) in priority settings.

NHS A&A has been implementing RE since 2008, with RE continuing to be rolled out within the six priority areas and additional identified settings. The current model includes a training programme which is targeted at priority staff groups with an annual calendar of dates agreed by Public Health staff and specialist support services. Health Improvement led on a Training Needs Analysis of Routine Enquiry. The aim of the RE Training Needs Analysis was:

- To assess the current knowledge, skills and confidence of staff within the priority settings to confidently implement and record RE
- To review the current training programme and staff current training needs

The TNA has prompted interest in RE and RE Training and has raised awareness of RE Training with staff members who have not previously attended training or have not accessed training for a number of years. In regard to the implementation of RE in everyday practice results were positive, with 35% of staff “always” implementing RE and 35% “often” implementing RE.

In relation to the content of RE training, the majority of respondents were happy with the current content. However, some suggestions for additional content included further information on reproductive coercion and further guidance around what questions to ask when implementing RE. This highlights a need for further information on other aspects of GBV and a focus on the responding to disclosure section of the training.

When asked if they were aware of Multi Agency Risk Assessment Conference (MARAC) for those victims at risk of serious harm being implemented across Ayrshire, 71% of staff and managers answered yes with the remaining respondents either not familiar or unaware of MARAC. While the majority were familiar, this highlights a requirement to further promote MARAC across priority settings to reach all staff.

The engagement in the TNA varied across settings and therefore the recommendations need to be considered by each setting and allow for setting specific amendments where required. Recommendations will be considered and taken forward by the NHS A&A GBV steering group and identified representatives within each priority settings and are based upon the key findings of the TNA.

Demonstrating our commitment- Equally Safe at Work

The Equally Safe at Work accreditation programme supports employers to create a more inclusive working environment which benefits all employees and importantly helps employers to better support employees who have experienced violence against women and work towards creating a zero tolerance culture. NHS Ayrshire & Arran are one of four Boards across Scotland involved in this pilot programme.

The logo for 'Equally Safe at Work' features the words 'EQUALLY SAFE AT' in a smaller, white, sans-serif font above the word 'WORK' in a much larger, bold, white, sans-serif font. The text is set against a dark blue rectangular background.

Gender equality is good for everyone and we all have a role to play in creating an inclusive and supportive workplace. Gender equality in the workplace means that men and women have equal opportunities and outcomes, and that all employees are treated fairly. Another area linked with gender inequality is violence against women. VAW significantly impacts women's daily lives and the workplace is no exception. It occurs in and outside of the workplace. It can result in anxiety, fear, and depression, diminishes women's work performance and disrupts their employment.

Local Actions

- Cervical screening clinic for women requiring additional support established and running since November 2022
 - Women who have experienced sexual violence, women with disabilities and women residing in inpatient mental health facilities are eligible for this service
 - Appointments are longer, with a clinician experienced in trauma-informed care
 - The aim is to increase confidence in attending regular screening services by providing individualised support.

Future Focus- Gypsy/ Traveller Communities

Gypsy / Traveller communities are known to face some of the starkest inequalities in healthcare access and outcomes amongst the UK population, including when compared with other minority ethnic groups. The reasons for these poor health outcomes are complex, but include the impact of discrimination and stigmatisation, the complicated nature of health systems and the effects of wider social determinants of health. Some key issues include:

- G/T people face life expectancies between ten and 25 years shorter than the general population
- G/T people experience significantly higher prevalence of long-term illness, health problems or disabilities, which limit daily activities or work.
- The health of a Gypsy / Traveller person in their 60s is comparable to an average White British person in their 80s
- An All-Ireland study found that suicide prevalence is six times higher for Irish Traveller women than women in the general population
- Lower uptake of preventative health services - including antenatal and postnatal care, childhood development assessments and dental services, and missed routine appointments because of lack of postal address.

One reason which contributes to this is the lack of trust in services as a result of fear of and experiences of discrimination. Gypsy / Traveller people have faced stark historic discrimination, exclusion and persecution, which has significantly damaged trust in government and public services dating back to their treatment during the Holocaust. In addition to this, many Roma women were forcibly sterilised on access to health services across parts of mainland Europe, with the last known case of this as recent as 2007, within the Czech republic. Therefore, as part of NHS Ayrshire & Arran's response to the Women's Health Plan it is important to consider some targeted actions for gypsy / traveller women.

Where you can get more information

The Alliance Report on the lived experience of women: [How Scotland's women want to plan future services](#)

Report on the Health Inequalities experienced by Gypsy, Roma, and Traveller communities [by Friends, Family and Travellers](#)

Women's Aid in [East](#), [North](#) and [South](#) Ayrshire

Read more about [Equally Safe at Work](#)

Learn about the [White Ribbon Pledge](#)

Thank You

The report has captured some of the wealth of work that is going on between the public health department and partners in relation to women's health. We hope that you have found this a useful taster and that the links can help you find out more about topics of particular interest. Thank you again to all our partners, and the people of Ayrshire and Arran for making this work possible and successful.

To those colleagues who contributed to the writing of this report a particular thank you including:

- Abbie Mead- SHBBV Project Coordinator
- Alister Hooke- Senior Public Health Research Officer
- Anja Guttinger- Consultant in Sexual and Reproductive Health
- David Rae- Senior Public Health Research Officer
- Elaine Savory- Equality and Diversity Adviser
- Esther Aspinall- Consultant in Public Health Medicine
- Heather Renwick- Health Improvement Practitioner
- Joanne Beck- Health Improvement Practitioner
- Katrin Bjornsson- Specialty Doctor in Sexual and Reproductive Health
- Mhairi Strawhorn- Health Improvement Officer
- Robyn Scott- Health Improvement Practitioner
- Ruth Holman- Consultant in Sexual and Reproductive Health