



Response to the Department of Health and Social Care's call for evidence to inform the Women's Health Strategy

May 2021

Executive Summary

- The Pharmacists' Defence Association (PDA) and the National Association of Women Pharmacists (NAWP) welcome the Department of Health and Social Care's call for evidence to support the development of a Women's Health Strategy.
- 68% of pharmacists are women, and our response considers their own health, as well as considering the health of their patients.
- We believe that women's health and wellbeing is not being taken seriously enough. Too often, consideration of women's health is limited to issues directly, or indirectly, linked to reproductive function rather than the broader issue of the health of women.
- The development of this strategy should not be confined to the domain of the NHS and social care, women's health is a societal issue which requires a multi-departmental approach at government level.
- The Department of Health's strategy also needs to look beyond gender and seek to address other disparities, such as racial bias in healthcare provision which may impact on women of colour.
- Pharmacists have a unique opportunity to open conversations with women through their practice and to make important and timely interventions. More could be done to formalise this and maximise the skills and opportunity that pharmacists have to widen access to healthcare for women resulting in improving health outcomes.
- The workplace needs to be much more responsive to women's health concerns, which could be partially overcome by addressing the under-representation of women in leadership positions and involving women more in decision making and policy development.
- Company sickness policies need to be appropriately supportive and effective, and the Women's Health Strategy should include how employers can meet their business or operational needs whilst addressing their duty of care in relation to their workforce and maximising health and wellbeing in the workplace.
- To support the Department's ongoing work in this area, the PDA and NAWP would welcome an opportunity to contribute to any future discussions or stakeholder engagement in this important policy issue.

Introduction

The Pharmacists' Defence Association (PDA) welcomes the Department of Health and Social Care's call for evidence to support the development of a Women's Health Strategy. We support the recognition that much more could be done to ensure that women's voices are heard around healthcare issues that impact them.

The National Association of Women Pharmacists (NAWP) is a network of the PDA. Founded in 1905, NAWP has a proud history of supporting women pharmacists and provides a structure through which its members can work together to proactively address and campaign around gender discrimination and its causes and consequences. This response to the Department of Health and Social Care's call for evidence highlights the work of the PDA and NAWP in addressing issues which impact on women's health.

As the Secretary of State acknowledges in the Ministerial Foreword of the call for evidence, "for generations, women have lived with a health and care system that is mostly designed by men, for men".

Although this issue affects half of the population, and significant strides have been taken in the improvement of health outcomes, diagnostics, and treatments, we believe that women's health specifically is not being taken seriously enough. Too often consideration of women's health is limited to issues directly, or indirectly, linked to reproductive function rather than the broader issue of the health of women.

Fundamentally, there is a general lack of knowledge about health conditions that only affect women, or which affect women differently to men, and because of this, women can often ignore concerns about their health, leading to the delay, misdiagnosis, or lack of diagnosis of potentially serious conditions, which can have a significant impact on their quality of life and life expectancy.

We believe that the development of this strategy should not be confined to the domain of the NHS and social care, women's health is a societal issue which requires a multi-faceted approach.

A 2020 report by Health Equity in England¹: [The Marmot Review 10 Years On](https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf), which marked the 10 year anniversary of the landmark study² [Fair Society, Healthy Lives \(The Marmot Review\)](https://www.instituteoftheequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf) highlighted that women living in England's most deprived areas are suffering their lowest life

1

https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf

² <https://www.instituteoftheequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

expectancy for a decade and that the largest declines were seen in the poorest parts of north-east England while the biggest increases were found in the richest parts of London.

While the NHS can move to address some of the ways in which women come forward to discuss their health and receive a better standard of care, a multi-departmental approach at government level is needed. This should include but is not restricted to ensuring a healthy standard of living for all, funding and strengthening the role of public health and the impact of ill health prevention initiatives and improving education around women's health, to reduce barriers and taboos which go against girls and women discussing health issues.

In his reports, Professor Sir Michael Marmot also highlighted that the creation of good and fair employment is a considerable factor in improving health outcomes and life expectancy. We believe employers have a significant role to play in the development of this strategy and health and wellbeing in general. A better understanding of women's health issues and appropriate support being available in the workplace would make significant and positive contribution to the quality of life, health outcomes and life expectancy for women.

The Department of Health's strategy also needs to look beyond gender and seek to address other disparities in healthcare provision which impact on women, including cultural barriers and access to information in a range of media and languages.

To mark International Women's Day in 2020, the Royal College of Obstetricians & Gynaecologists (RCOG) released a position statement³ to highlight racial inequalities in women's healthcare and made several recommendations. They found that Black, Asian, and minority ethnic women are more likely to experience a lower quality of healthcare compared to white women. This often results in poorer health outcomes and reports of worse experiences with NHS services.

We welcome the opportunity to respond to the call for evidence, and hope this will inform a more strategic approach to women's health and address the barriers which often prevent women from talking about their health and seeking support.

Our response to the call for evidence

1. Placing women's voices at the centre of their health and care

We support the ambition to empower women to speak about their health concerns without embarrassment or stigma.

³ <https://www.rcog.org.uk/globalassets/documents/news/position-statements/racial-disparities-womens-healthcare-march-2020.pdf>

We note the Department for Education's announcement in 2019 around a new curriculum for relationships and sex education (RSE) and health education, which will have been compulsory in schools from September 2020. The curriculum is LGBT+ inclusive and includes sexual violence, physical and mental health including menstruation and reproductive health.

The Covid-19 pandemic and the restrictions that this has placed on the delivery of education in general, may have impacted on the roll out of this curriculum and therefore we would encourage the Women's Health Strategy to look specifically at progress in education, from early years onwards to ensure that issues highlighted around women feeling able to seek help for health problems and that their concerns are taken seriously are being addressed.

The promotion of good health choices needs to begin sooner, including increasing the awareness and importance of screening programmes available to women and dispelling concerns and embarrassment which affect uptake in cervical screening for example.

Education however should not stop once people have left the school system and increasing knowledge and understanding needs to continue throughout the entire life course, particularly in the workplace and within the health system itself. No matter how well-educated and informed the public become about women's health concerns, a critical factor is how the health and care system engages with and listens to them at the individual level as well as at the system level. Health and social care professionals, healthcare providers and employers also need continuing education on women's health.

Just one example of where things could be improved through greater awareness among health professionals and employers is around endometriosis. Research⁴ shows that there is now an average of 7.5 years between women first seeing a doctor about their symptoms and receiving a firm diagnosis.

Endometriosis impacts on a women's day to day life and due to the chronic nature of the symptoms, it can lead to increased time from work and reduced productivity during their prime working years. However, although endometriosis is classed as a disability under the Equality Act 2010 and therefore entitles women to have reasonable adjustments made in the workplace, disclosure to employers is often described as one of the most challenging aspects of having the condition. These barriers need to be removed.

Broader investment in public facing awareness campaigns should also be considered, and subsequently evaluated to assess the longer-term impact on health outcomes.

⁴ <https://www.endometriosis-uk.org/getting-diagnosed-endometriosis>

2. Improving the quality and accessibility of information and education on women's health

Pharmacists are undoubtedly the most accessible healthcare professional, working at the heart of communities, on the High Street and across all healthcare settings including GP practice and hospital. Community pharmacy is accessible to everyone, including women in hard-to-reach categories such as those not registered with a GP or for whatever reason unable or unwilling to schedule appointments. Throughout the Covid-19 pandemic the role of the community pharmacist in providing advice and information alongside access to medicines and over the counter treatments has been invaluable and unrivalled.

NAWP has produced a series of information factsheets on women's health issues to raise awareness of health conditions which affect women – many of which have symptoms which are not well known or understood.

Published to coincide with key awareness days / events, the NAWP women's health factsheets aim to support people to get the conversation started around [menopause, ovarian cancer](#) and [cervical cancer](#). This list is non-exhaustive, and more facts sheets are planned to include menstruation, endometriosis, other cancers such as breast cancer, pregnancy related issues, and dementia in women in older age. The factsheets are available to all 32,000 PDA members as well as widely shared across social media.

Pharmacists have a unique opportunity to open conversations with women through their practice and to make important and timely interventions, for example in interactions around pain relief, or treatments for sleeplessness, fatigue, night sweats or indigestion. Where symptoms could point to an undiagnosed condition, pharmacists can play an important role in providing credible information and signposting people for further support and investigation where necessary.

Whilst these important conversations happen every day, we believe that more could be done to formalise this and maximise the skills and opportunity that pharmacists have to widen access to healthcare for women resulting in improving health outcomes and supporting the NHS Long Term Plan – particularly whilst the NHS is in a recovery and reset phase because of the Covid-19 pandemic.

The PDA developed [Wider than Medicines](#), a long-term strategy for the pharmacy sector which highlights the opportunity to further integrate the work of primary care pharmacists, GP practice-based pharmacists, group practice pharmacists, hospital pharmacists and community pharmacists. By taking charge of the medicines and pharmaceutical care agenda, it helps to secure the long-term health of the public as well as meet important NHS objectives.

We are concerned about any moves to diminish the availability of face-to-face interaction with a community pharmacist, which would undoubtedly jeopardise these important conversations and interventions. Any future changes to Responsible Pharmacist regulations must be considered very carefully to ensure that a pharmacist is always present to provide safe pharmaceutical care.

3. Ensuring the health and care system understands and is responsive to women's health and care needs across the life course

The broader issue of health in women should fundamentally underpin the development of the Women's Health Strategy, as often policies and education are too narrowly focussed on health issues which are linked to reproductive function.

We recognise that more needs to be done at scale to target women's health, not only when they present at a GP or hospital setting, but proactively, where they live and work.

As we have already outlined, pharmacists play a significant role in providing advice and information, supporting the treatment of women's health conditions, and in public health. They see women across the entirety of the life-course and across all settings.

Medicine optimisation is an important topic, both in improving health outcomes and making best use of valuable resources, and pharmacists have a key role to play in this, not only in ensuring the right medicines are taken but, in the development, and understanding of the effectiveness of medicines in men and women. As more is developed around genomics and personalised medicines, the role of the pharmacist will be even more critical.

We therefore call on the NHS and government to ensure that pharmacists are involved and represented in the development of healthcare strategies on a national level and, as part of the latest NHS reforms, at ICS level to feed into the development of integrated/pharmaceutical care.

The PDA is interested to hear that NHS England and Improvement⁵ is looking to create a system wide, single pharmacy service as well as ensure that community pharmacy has an active role in patient pathways and that there will be investment in community diagnostic hubs. Working across systems, funding and the appropriate utilisation of the pharmacy workforce will be essential. We would welcome an opportunity to work with the DHSC and NHS colleagues to develop this integrated, single pharmacy service concept further.

4. Maximising women's health in the workplace

We wholeheartedly support the focus on maximising women's health in the workplace.

Our members can often feel that they are unsupported by their employers when they have a health concern or need to take a sickness absence. For example, some employers have initiated changes in contractual terms and conditions which remove payment for the first few days of any absence or can introduce performance management proceedings if frequent absences for short periods are

⁵ Dr Keith Ridge keynote address to the Clinical Pharmacy Congress, 12 May 2021

taken. This is concerning, as some health conditions which affect women can be cyclic or intermittent, such as endometriosis which we have already mentioned.

There are several ways in which the workplace could become more responsive to women's health concerns, including addressing the under-representation of women in leadership positions, and involving women more in decision making and policy development. Company sickness policies need to be appropriately supportive and effective, and the Women's Health Strategy should address how employers can meet their business or operational needs whilst addressing their duty of care in relation to their workforce and maximising health and wellbeing in the workplace.

The public sector is a significant employer of women as highlighted in a recent [Parliamentary briefing](#), which stated that the *"most common sectors for women's employment in the UK are health and social work (accounting for 20% of all jobs held by women at September 2020), the wholesale and retail trade (14%) and education (12%). In the health and social work sector, 78% of jobs are held by women and in education, they hold 71%"*.

The [NHS Long Term Plan](#)⁶ also states that *"the NHS is the biggest employer in Europe and the world's largest employer of highly skilled professionals. 1.3 million people across the health service in England are devoting their working lives to caring for others. That is one in every 25 working age adults, three quarters of whom are women"*. The Plan also committed to ensuring a more supportive culture for NHS staff.

We encourage the development of the Department of Health and Social Care's Women's Health Strategy to focus on supporting the health and wellbeing of the NHS workforce, as this will not only stand as an exemplar for other employers but create the culture where women's health issues are better understood and heard. This could positively impact not only on the NHS workforce but on patients and the wider population too.

NAWP has started working with pharmacy schools, promoting gender related aspects of health and supporting the pharmacists of the future to recognise and support women in the workplace, as well as in their professional roles.

5. Ensuring research, evidence, and data support improvements in women's health

As we have already mentioned, the public sector is a major employer of women in the UK.

We believe that this provides a significant platform for research, particularly in how the workplace can be a place to improve the understanding of women's health and assess the impact of policies on the health and wellbeing of working women.

⁶ <https://www.longtermplan.nhs.uk/online-version/chapter-4-nhs-staff-will-get-the-backing-they-need/>

The NHS Genomic Medicine Service, formerly the 10,000 genomes project, is working on rare diseases and cancer with a view to realise the potential of personalised medicine, and data and information from this project could significantly inform the Women's Health Strategy.

On the issue of data, we believe that NHS systems should appropriately reflect gender and pronouns. Currently, the binary approach to recording this information could lead to people not being invited to vital screening programmes, for example transgender men. This needs to be addressed and should be part of all future IT specifications, especially healthcare systems.

6. Understanding and responding to the impacts of COVID-19 on women's health

We know that anecdotally, many services for women have been impacted by the Covid-19 pandemic. Whilst community pharmacy doors have remained open, commissioned services around sexual health and contraception have in some cases been suspended.

Routine screening programmes have also been impacted as women have been unable to attend hospitals and GP practices.

A [publication from Birmingham University](#) highlighted national analysis which shows that women dominate in several of the [occupations with the closest proximity and highest exposure to COVID-19. Women from BAME groups are over-represented](#) in most of these occupations. Pharmacists are categorised as being "at arm's length on a daily basis".

The strategy should include the impact of long-covid on women.

There are significant economic and health challenges facing women because of the pandemic and which manifest in a deterioration in well-being.

For example, the COVID-19 pandemic has impacted on caring responsibilities for women. The usual formal childcare arrangements such as nurseries and schools have been closed and informal childcare from family or friends has been affected by social distancing rules. The Birmingham University blog also highlights [analysis from the Institute for Fiscal Studies](#) (IFS) which indicates that *"mothers are facing the brunt of competing demands on their time, with only half of their paid work time uninterrupted (compared to 70% for fathers)"*.

The unavailability and unaffordability of formal childcare has an impact on mothers' employment and whilst restrictions are currently being eased, future local lockdowns or new waves of COVID-19 will undoubtedly exacerbate this situation.

The [University of Essex](#) also identified that women are more likely to experience a negative impact on their mental wellbeing due to increased family responsibilities, financial worries and loneliness.

Conclusion

We welcome the call for evidence and hope that the development of the Department of Health and Social Care's Women's Health Strategy will result in a more strategic approach to women's health and address the barriers which often prevent women from talking about their health and seeking support.

To support the Department's ongoing work in this area, the PDA and NAWP would welcome an opportunity to contribute to any future discussions or stakeholder engagement in this important policy issue. If you would like to discuss this or our response in more detail, please email policy@the-pda.org

About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists. We are an organisation that is run for pharmacists for the benefit of pharmacists and have around 32,000 members.

An important part of the PDA's work is equality, diversity and inclusion and we support several networks to assist our growing members. The networks are: Ability, BAME and LGBT+, which fit alongside the National Association of Women Pharmacists (NAWP), which became part of the PDA in January 2020.



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