Minutes of the Women's Health Cross-Party Group

5 November, 13:00 – 14:00, Online Meeting

Attendees:

MSPs:

- Monica Lennon
- Tess White
- Rachael Hamilton

Non-MSP Attendees:

- Dorothy-Grace Elder *(member)*
- Abi Clark, Miss Support Scotland *(member)*
- Alice Ritchie, NHS Grampian *(invited attendee)*
- Eileen Cawley, Scottish Pensioners Forum *(member)*
- Hazel Gardiner *(member)*
- Helen Reilly, Queen's Nursing Institute *(member)*
- Dr Jonathan Sher *(member)*
- Kirsty Hay, The Teacher's Union *(member)*
- Mary Ewen *(invited attendee)*
- Mary-Catherine Doran, NHS Lothian *(invited attendee)*
- Rachel Hallows *(invited attendee)*
- Dr Rosie Ilett, College of Sexual and Reproductive Health (*member*)
- Dr Shamima Nipa, University of Aberdeen *(invited attendee)*
- Dr Antony Nicoll, Scottish Government Senior Medical Officer *(invited attendee)*
- Benjamin Jones & Katie Ryan – Secretariat, Endometriosis UK

Speakers:

- Professor Anna Glasier, Scottish Women's Health Champion *(invited attendee)*
- Dr Paul Mills, Consultant Obstetrician and Gynaecologist, Scottish Fellows Representative RCOG Council *(invited attendee)*
- Chloe Bremner, patient representative and Endometriosis UK Edinburgh Support Group Leader *(invited attendee)*

Apologies:

- Jackie Maybin, University of Edinburgh
- Isobel MacEwan
- Kirsteen Campbell
- Tara Bachoo

1. AGM

1.1 Monica Lennon MSP re-elected as Convenor

- **Proposed:** Tess White MSP
- **Seconded:** Dorothy Grace-Elder

1.2 Carol Mochan MSP re-elected as Co-convenor

- **Proposed:** Eileen Cawley
- **Seconded:** Monica Lennon MSP

1.3 Endometriosis UK re-elected as Secretariat

- **Proposed:** Monica Lennon MSP
- **Seconded:** Tess White MSP

1.4 The secretariat noted that the minutes of the previous CPG meeting had not been circulated with members due to staff turnover, and that these would be circulated with members in due course.

2. Address from Professor Anna Glasier, Women's Health Champion

2.1. Update on engagement and next steps for Phase Two of the Women's Health Plan.

- Professor Glasier noted the aims and priority areas of the previous Women's Health Plan.
- Her team has implemented a short-life working group to develop phase two of the Plan. They have engaged with expert clinical reference groups, conducted an evidence review and looked to align with internal Scottish Government policy. The team has also held a number of focus group discussions, targeting women who are historically less likely to be heard from.
- Having considered stakeholder feedback, new areas of focus for phase two of the Women's Health Plan will include:
  - Pelvic floor health (focusing on prevention)
  - Optimising future health
    - Bone health
    - CVD risk factors
    - Brain health
  - Gynaecology service redesign

2.2. Perspective on women's health waiting times in Scotland.

- With the shocking statistics on gynaecological waiting times, there is now considerable recognition across government that gynaecological waiting times are a priority.

- In 2025/6 the Scottish Government has allocated over £10.5 million to Health Boards to target long waits for gynaecology treatment and expect this to deliver significant improvements to the waiting list backlog through waiting list initiatives and recruitment. There has since been a slight reduction in overall waiting figures, but more needs to be done to ensure service stability.
- When looking at service re-design, the Government have noted that gynaecology is no longer a predominantly surgical specialty. Women deserve to see a specialist even if they do not require a surgical procedure. However, in Scotland most gynaecologists also do obstetrics, and obstetrics take priority.
- Sexual and Reproductive Health (SRH) specialists are trained in medical gynaecology, and more SRH services are already providing gynae services. These services provide a one-stop shop, making good use of skill-mixes with a more holistic approach to women's health. Most services also use a hub and spoke model, with spokes in deprived areas of cities.
- Much of gynaecology in Scotland could be done in SRH services given appropriate funding for premises, equipment and staffing.

3. Practioner perspective on gynaecology wait times within Scotland – *Dr Paul Mills, Consultant Obstetrician and Gynaecologist, Scottish Fellows Representative RCOG Council*.

- Dr Mills gave an overview of the current situation across gynaecology waiting times: practitioners are keeping pace with cancer referrals, but there are significant problems with urgent and routine gynaecology referrals. Patients are looking at waits of 1 – 2 years for procedures.
- Women's healthcare providers within primary care are often overwhelmed, leading to a knock-on effect with increased referrals to secondary care.
- Practioners can find ways to deliver quick written advice and telephone calls to deliver "routine" advice and organise interventions despite these wait times.
- Funded advisory clinics could help get information to patients. In addition, some routine procedures could be held in fixed clinics. There could also be additional funding for focused operative lists, e.g. doing 7 or 8 procedures of the same type over a single time period, with weekend and evening working. One member noted that Well Woman clinics were an important part of women's health services which could easily help with the waiting list backlog if reintroduced across the board.
- Primary care colleagues should be supported with more training. Go-to specialist advisors could also be implemented for community clinics – patients shouldn't have to go through a hospital setting to be offered specialist clinics and service.

- Dr Mills noted that there is a senior staff conference being held at Crieff Hydro on 30/1/2026, with opportunities to meet with officers of RCOG and key stakeholders across Scotland.

4. Patient perspective on gynaecology waiting times – *Chloe Bremner, Endometriosis UK Edinburgh Volunteer Support Group Leader*.

- Chloe shared her endometriosis journey so far. With gynaecologists initially failing to recognise her symptoms, she was eventually placed on an urgent waiting list for a laparoscopy. She waited over nine months for her surgery – this would have been over two years if she was not placed on an urgent waiting list.
- With her health deteriorating after diagnosis, Chloe's care was taken over by an endometriosis specialist centre. She expected a short waiting time for treatment given the severity of her symptoms but was told that she'd be waiting roughly two years. Due to her extreme pain and the complex requirements of her surgery, she raised funds to go overseas for surgery. She has since had another private surgery, and is now sitting on the NHS waiting lists for further surgery with an expected wait time of two years.
- Chloe suggested the following interventions to improve patients' experience of endometriosis care:
  - Offer a nurse contact for all those for endometriosis, including people not yet under specialist services – patients would benefit from easier access to someone trained to offer specific information on endometriosis.
  - Provide information booklets for those on waiting lists – with trusted information and signposting.
  - Introduce a pre-assessment system to identify people who need surgical referral before their first gynaecology appointment.
  - Introduce a structured post-diagnosis review pathway for endometriosis, with a standard review schedule after surgery or diagnosis.
- She also shared key themes from discussions with others in her support group.
  - Many described years of waiting for gynaecological care with no communication. The hardest part is not knowing what their situation is.
  - Many reported having to go private for timely care, which has required taking out loans.
  - Many feel that their pain isn't taken seriously, and they struggle with impacts upon their career, education and mental health.

- Her support group have suggesting developing an online portal to see where patients sit on waiting list, and interventions to triage patients straight to surgical waiting lists without an initial appointment. They would also like to see better supports while waiting (like pelvic physio, dietetic advice, pain management and mental health services), routine signposting to peer support and charities like Endometriosis UK, and clear and honest communication on how long things will actually take.

5. General discussion and forward actions.

5.1. Dr Jonathan Sheer questioned why the future priorities for the women's health plan do not take into account preconception, pregnancy, fertility care or miscarriage.

- Professor Glasier noted that they often receive questions on areas the plan does not cover, and the plan is intended to focus on areas that other policy teams across government do not cover. However, her team recognises the importance of preconception health and there will be a section on this in phase two of the Plan. They are working with an existing policy team covering this area.

5.2. Dorothy-Grace Elder noted that as secretary of the Chronic Pain CPG, she often gets frequent questions on endometriosis pain management. They have recently learned that Lidocaine infusions are being used to treat endometriosis. However, they also note that the Scottish Government is considering cutting access to certain treatments - is this happening, and is Lidocaine suitable for use?

- Professor Glaiser noted that she is aware of current research on Lidocaine, which is of benefit for some people. Andrew Horne and other experts are looking at confirming the evidence base for the use of Lidocaine, to inform funding decisions.

5.3. Rachael Hamilton MSP noted that there are many actions to address the issues Chloe had described, especially on information access, but questioned why people are not aware of these actions. She asked Chloe what could have been done to make her care journey better.

- Professor Glasier noted that there is evidence-based information being posted to NHS Inform, but people are currently more likely to use Google and other search engines for access to information. She is open to suggestions of further ways to encourage access. She noted that for endometriosis specifically, access to timely secondary care is a major problem. Investments to bring down gynaecology waiting times ultimately aren't enough but are important measures. She noted that five new consultants have recently been appointed in Glasgow, with one being an

endometriosis specialist. In primary care, there is a need to make sure that patients are offered a clinical diagnosis of endometriosis faster. GPs already have access to training modules – again, she is open to suggestions on how to promote this education.

- Chloe noted that a major improvement she'd like to see is an active supply of information throughout a patient's care journey, particularly around what to expect and part of their condition and at appointments. Another member commented that GPs should be able to request ultrasounds or MRI so that the results are in for the first appointment with secondary care. Patients could be under an endometriosis specialist team without laparoscopy depending on results of ultrasound and MRI.

5.4. Monica Lennon MSP noted that the Group would share Chloe's slides with members.