New Year: Still Waiting For A Way Forward

Foreword, Dr Alison Wright, RCOG President

It is with great pride that I begin my three year tenure as President of the RCOG, and I feel hugely privileged to represent our profession at a time when women's health needs more attention than ever. That said, I take on a very serious responsibility, as the scale of unmet need in gynaecology is deeply troubling to me, and many others.

Last year, the RCOG reported that over three quarters of a million women across the UK were waiting for gynaecology care enough to fill Wembley stadium over eight and a half times.[i] Sadly, over one year later, that number remains more or less the same, with almost three quarters of a million women still waiting.

There were some positive developments in 2025, and it is promising that governments across the UK have recognised the importance of addressing gynaecology waiting times. In England, the Government recently announced it will renew the Women's Health Strategy for England,[ii] in line with the RCOG's recommendation, providing an opportunity to reinforce a focus on menstrual and gynaecological health. In Scotland, plans are underway to develop the next phase of the Women's Health Plan for Scotland,[iii] and we are approaching the end of the first year of delivery of the Women's Plan for Wales.

However, the same significant challenges across gynaecology remain. Women continue to wait, and demand continues to outstrip capacity, with gynaecology unfortunately acknowledged to be one of the most challenged elective specialities. As a frontline gynaecologist myself, I am only too well aware that our members and other professionals working across women's health are delivering care in exceptionally challenging circumstances.

Women, our members, and professionals across the system understand that the scale of the challenge is such that waiting lists cannot be fixed overnight, but that a concerted, collective and sustained focus is crucial to improving care. The solutions to addressing gynaecology waiting lists are clearly set out in this report. We have an opportunity in 2026 to reprioritise women's health. Now is the time for governments to go further and faster, to ensure that women across the UK can access more support while they wait, and ensure that professionals are supported, enabled and equipped to deliver that safe and high-quality care we know women deserve.

I am absolutely committed to ensuring that the RCOG continues to be a powerful and amplifying voice for women, and a steadfast advocate for the professionals, including gynaecologists, who care for them. We stand ready to work with women, governments and other professionals to reduce gynaecology waiting lists and deliver the best possible care for all women, when and where they need it. Together, we can drive the change that women have been waiting too long to see.

Recommendations for the way forward – actions needed to address long waits for gynaecological care

It is right to recognise the huge efforts of all professionals working across the system this past year, especially given workforce shortages and recruitment freezes, burnout, limited funding, and increasingly complex patient care needs. But three quarters of a million women across the UK are still waiting for gynaecology care, living in debilitating pain, their lives on hold, waiting for a way forward. Inequalities remain deep-rooted, with new data demonstrating that women living in areas of deprivation make up higher proportions of the waiting lists, and a postcode lottery remains in what services women can access.

In our 2024 report *Waiting for a way forward*, we set out comprehensive recommendations for the Government to reduce gynaecology waiting lists, and we also set out the urgent case to rapidly enhance support to women waiting, given the debilitating impact of gynaecological conditions on every aspect of women's lives. The recommendations we made are now more important than ever: without urgent action from Governments across the UK, their ambitions to recover elective waiting times risk being missed, inequalities could become further entrenched, and women will be left in pain, with a way forward out of reach.

Governments must:

1. **Put driving down gynaecology waiting lists at the heart of all strategic health plans.** There are opportunities to address this in the delivery phase of the 10 Year Health Plan, the renewal of the Women's Strategy for England and the NHS England Workforce Plan, the Women's Health Plan for Wales, and the next phase of the Women's Health Plan in Scotland. Northern Ireland must urgently deliver on its promise and publish its plan for Women's Health Action Plan in line with its 2024 commitment.
2. **Protect and expand women's health hubs in England, placing them at the heart of plans for neighbourhood health.** Hubs can enable women to receive faster diagnosis, manage symptoms, support rehabilitation and prevent more invasive procedures in secondary care, helping to reduce waiting lists in gynaecology. It is vital that the Government acts now to expand women's health hubs and protect them from funding cuts.
3. **Deliver an urgent package of support to help women waiting now**, to be delivered as soon as possible in all areas within the next year. This should include going further and faster to:

- Provide equitable access to specialist care to women across the UK to support them with pain, rehabilitation, incontinence and heavy menstrual bleeding.
- Ensure there are women's health champions in place across all areas of the UK to support service delivery, and that they are formally recognised by local commissioners. Champions will help to make sure women's health remains a priority

in local service delivery and facilitate meaningful engagement between professionals across the pathway, grass roots charities, and women using services.

- Direct system and local leads to urgently produce easy-to-read accessible summaries of the local networks and resources available to women waiting on gynaecology lists so they can access additional support. They should also ensure NHS websites cover the breadth of women's health and that information is co-produced with service users, as is happening in Wales.
- Direct system and local leads working across gynaecology services to improve communication with women and people waiting for care and treatment, including giving women clarity on how long they should expect to wait.

4. **Act now to deliver for the future to ensure progress can be achieved sustainably.**

- Ensure that women's health services are central to decisions on financial planning and allocation, to ensure sufficient funding to deliver sustainable workforce and infrastructure capacity across women's health, especially to enable the digital transformation governments want to deliver.
- Support professionals across the system by building and enabling protected training time and providing health services with the resources they need so they can protect gynaecology services against operational pressures.
- Build data collection in gynaecology to better understand where people are waiting. There is an urgent need to ensure data sets are complete and fully disaggregated by ethnicity to understand the experiences of women in marginalised groups and better tackle inequalities.
- Drive further research, innovation and pilots that seek to improve gynaecology care and support for women, particularly around the core areas identified in the RCOG's research.[iv]

A note on language and terminology

In this report, we refer to 'women's health', but it is important to acknowledge that it is not only women for whom it is necessary to access women's health and reproductive services in order to maintain their gynaecological health and reproductive wellbeing. Gynaecological and obstetric services and delivery of care must be appropriate, inclusive, and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.

Our partners at LCP Health Analytics have used the publicly available data that has been published by the NHS England, Public Health Scotland, Stats Wales and the Northern Ireland Department for Health to develop our Elective Recovery Tracker. The NHS datasets used to create our dashboard record 'pathways' (individual entries on the waiting list) rather than people, which means if a patient is waiting for two procedures on the same wait list this will feature as two pathways.

Terms such as 'women', 'people', 'cases', 'pathways' 'appointments' are often used interchangeably when reporting waiting list numbers. In this report, we have used this data

to provide illustrative examples to help the reader appreciate the scale and growth of waiting lists across the UK, and how many women are impacted by this.

Waiting lists across the UK – what does the data tell us?

In November 2024, when we published *Waiting For A Way Forward*, over three quarters of a million women across the UK were waiting for gynaecology care (763, 694).[v]

We calculated that those waiting would fill Wembley stadium almost eight and a half times. 9,500 double decker buses would be needed to seat all of the women waiting, and if they stood shoulder to shoulder, they would be queuing from London to Exeter.[vi]

One year on, and almost three quarters of a million women across the UK are waiting for care (743, 312),[vii] with the total gynaecology waiting list having only reduced across the UK by 3%.[viii] If women on the list today stood shoulder to shoulder, the queue would only be one mile shorter than last year, stretching over 191 miles. It would take almost two full days to walk the full length of this queue.

Data on waiting lists can be found on the RCOG's Elective Recovery Tracker, developed in partnership with LCP Health Analytics. This interactive online tool provides regular updates on the backlog in gynaecology elective care across England, Scotland, Wales and Northern Ireland at the national and local level.

England

Today, the gynaecology waiting list for England stands at 576,162, [ix] a reduction of only 3% compared to figures in our *Waiting for a way forward* report.[x] If women waiting today stood shoulder to shoulder, the queue would only be four miles shorter than last year, still stretching almost 145 miles. It would take 36 and a half hours to walk the full length of this queue. There are over 18,000 women who have already waited over 52 weeks for gynaecology care.[xi]

The Government has pledged to hit the national target of 92% of patients receiving treatment within 18 weeks following referral by 2029.[xii] In latest available data, only 57% of women and people waiting for gynaecological care were seen within the national standard, compared to almost 62% of patients across elective specialties overall.[xiii]

The second interim target set by the Government is for every trust to deliver a minimum five percentage point improvement against the 18-week target by March 2026.[xiv] Comparing performance between December 2024 and December 2025, in gynaecology there has been a three percentage point increase in performance this year.[xv] But, if linear progress was assumed based on the performance trends of this past year, performance would need to increase by one percentage point every month from now until March 2029, if the Government is to meet the target of 92% patients being seen within 18 weeks by March 2029.

Health inequalities data for England

One of the key recommendations of *Waiting for a Way Forward* was for the Government to publish and collect more data on health inequalities around elective gynaecology waiting times. The RCOG therefore welcomed the Government's decision to publish data from the Waiting List Minimum Dataset (WLMDS), showing key demographics of who is waiting for NHS treatment in England, and for how long.

NHS England's own analysis of the WLMDS shows that women make up a higher percentage of the waiting list (57%) compared to men (43%), and women are more likely to be waiting over 18 and 52 weeks than men.[xvi]

Our partners at LCP Health Analytics analysed the WLMDS and analysed data against general population estimates. From this, it is clear that:

- **Those living in the most deprived areas make up the highest proportion of waiters, and this difference becomes even more stark as patients wait longer for care.** Within the cohort of women waiting over 52 weeks, those recorded as living in the most deprived areas accounted for over 15%, with those living in the least deprived areas only accounting for 7% of the list.[xvii]
- **By ethnicity, groups showing the largest relative increase on the gynaecology waiting list are 'Any other Black background', 'Any other Asian background', 'Caribbean', and 'African'.** However, ethnicity recording in the dataset is incomplete, which limits interpretation - 'Not Known' and 'Not Stated' account for over 8% of the waiting, meaning that the true scale of ethnic inequalities may be underestimated.

The WLMDS data shows persistent inequalities in elective gynaecology waiting times in England, but the dataset has limitations. Missing data and reporting issues likely mask the full scale of inequalities, and there is a lack of supplementary qualitative research to explore why these disparities occur in gynaecology care. In addition, data to capture inequalities in care have only currently been published for England – data for all parts of the UK must be published to support greater understanding of the scale of inequalities.

Wales

August's figures for Wales show that the gynaecology waiting list stands at 55,139,[xviii] which is an **increase of almost 9% compared to** figures in our *Waiting for a way forward* report**.**[xix] **This means the line would now stretch almost a full extra mile (13.8 miles), longer than the distance from Cardiff to Newport.**

Latest figures show that the number of women waiting over 26 weeks (the referral-to-treatment target in Wales) has increased by 13% with 27, 765 women now waiting over 26 weeks.[xx] Latest figures show that in July this year almost 40% were waiting over 36 weeks.[xxi]

Scotland

Latest figures show that the gynaecology waiting list has increased slightly since last year, with 66, 261 women currently on the waiting list for gynaecology.[xxii] If those waiting were in

a queue, it would stretch 16 miles, the distance of climbing up and down Ben Nevis twice over.

Latest data shows a 3% decrease in the number of women waiting over 12 weeks, at 61% (40,526).[xxiii]

Northern Ireland

The Government in Northern Ireland has set out its target to reduce gynaecology waiting lists by 40% by March 2027, 65% by March 2028 and 90% by March 2029, relative to the 2024/2025 baseline position. [xxiv] Some data for Northern Ireland has not been submitted due to ongoing digital transformation, but latest figures and current estimates in our Elective Recovery Tracker suggest **the total estimated waiting list in Northern Ireland now stands at 59,733, an increase of almost 18% compared to** figures in our *Waiting for a way forward* report**.**[xxv] If those waiting today in Northern Ireland were to stand shoulder to shoulder, **the queue would be over 2 miles longer than last year, stretching 15 miles.**

Last year, across both outpatient and inpatient cases, over 50% of patients were waiting over 52 weeks.[xxvi] This has risen, with latest estimates suggesting over 56% of patients are now waiting over 52 weeks,[xxvii] although efforts have been focused on reducing the number of those waiting longer than three or four years.

The impact of long waits on women – what has changed?

Our report last year demonstrated the debilitating impact long gynaecology waiting times were having on women, causing worsening physical and mental health, impacting their relationships, work and social lives. We spoke to women and people with lived experience, and it is clear that waiting for gynaecology care continues to have a devastating impact on the lives of those waiting, and that many women waiting today are the same women who were waiting for care this time last year.

Olivia's experience

After experiencing pelvic and lower back pain alongside irregular bleeding, Olivia visited her GP to investigate her symptoms. She found it extremely difficult to get the right referral into gynaecology, and was initially sent for several tests that were unrelated to what she was experiencing.

Eventually, she was referred to hospital, where an internal examination revealed she had six fibroids. Despite her anxiety about the diagnosis, she described feeling "relieved to know what was wrong".

Olivia was prescribed painkillers but felt uncomfortable relying on them long-term, so pushed for an onward referral to specialist gynaecology care. After finally being referred, she waited months to be seen.

Whilst waiting this year, Olivia's symptoms have worsened significantly: unpredictable heavy bleeding, bloating, and stomach pain. She struggled to sleep because of the pain, which in turn affected her concentration and daily functioning. She explained, "I never knew when the bleeding was going to occur, and it made me not want to leave the house as the pain was unbearable."

Her GP chased the referral, but Olivia was warned the wait could be anywhere from 23 weeks to a year. Olivia said, "I feel very frustrated and wish I had the finance to get private care… I feel disappointed that women with unbearable pain, irregular bleeding, sleepless nights and bloating have to wait."

- *'I have had three appointments cancelled, and the fourth would have been rescheduled if another patient didn't let me have her slot.'*
- *'I have not been offered any additional support for my symptoms or my care'*
- *'Lucky for me I have a good relationship with my GP... however this is not the case for the ordinary public'*
- *'I have been under gynae on and off for 20 years and services have definitely declined particularly since COVID. The waiting lists have always been long but seems to be even longer now with a lot of cancellations which delays things further.'*

Reflections on Government interventions deployed to tackle elective waiting lists

Capacity to deliver high quality care

Governments have acknowledged the vital importance of addressing elective waiting times, and members of our Expert Reference Group noted that this has been a welcome positive step. In England, the Government committed to utilise private sector capacity for gynaecology to bring down waiting lists[xxviii] and the Welsh Government committed to deliver a women's health hub in every area by March 2026. In Scotland there has been an increase in operating time and efforts to increase capacity at peripheral hospitals. In Northern Ireland, £215m was ringfenced in the 2025/2026 budget as part of the Elective Care Framework to support elective waiting times.[xxix]

However, demand for gynaecology services remains high - in England, on average, almost 124,000 new referrals have been made each month this year.[xxx] Referrals into gynaecology are now consistently higher than pre-Covid levels. Between October 2019 and October 2020, England saw a total of around 1.22 million referrals into gynaecology - compared with around 1.61 million between October 2024 and October 2025 - an increase of around 24%.[xxxi] As professionals reflected in our research last year, not only have referrals increased, but care needs are now increasingly complex given women's conditions have worsened as a result of waiting.

It is testament to the hard work of professionals that some tentative progress has been seen in some areas of the UK this year. But Expert Reference Group members described the

challenge as *'relentless',* with *'staff stretched to breaking point'.* Whilst one or two professionals mentioned that they had been able to secure an additional specialist clinical post and there had been a small amount of improvement, the resounding message was that current resources were not sufficient to deliver the levels of activity needed to drive down lists quickly, nor deliver the high quality care women deserve.

Members of our Expert Reference Group emphasised that the focus on increasing activity was compromising the quality of care for patients, with appointment slots across the system increasingly compressed, reducing the time available to deliver personalised care. Understandably, this is resulting in increased patient dissatisfaction, re-representations and repeat referrals in both primary and secondary care. As one member reflected, '*a more balanced approach—focused not only on reducing numbers but also on ensuring adequate consultation time and continuity—would better support both patients and staff in the long term*.'

Some secondary care professionals from our Expert Reference Group said that referrals from primary care were increasing and that pressures to support A&E admissions – including supporting pregnant women or those requiring emergency gynaecology care – also continue to compound the difficulties teams face in delivering planned elective procedures.

Primary care professionals reflected that these pressures also impact primary care, with specialist clinics often cancelled and long waits for women to access diagnostics and investigations. These delays cause increasingly complex care needs, also resulting in an increased demand for primary care appointments.

Outside of this core work, professionals across the system are also working hard to review and redesign care pathways and services, develop business cases to secure further funding and deliver complex digital transformation, all of which further impact their capacity to deliver care.

Vital components of care within the gynaecology care pathway continue to be overlooked as part of elective recovery efforts. The UK Government announced that the number of surgical hubs and community diagnostic centres (CDCs) across England has increased since 2024, citing 170 CDCs open, 36 new CDCs delivered since July 2024, and 24 new - or 'enhanced' - surgical hubs.[xxxii] Whilst this is positive, critical challenges in diagnostics pathways remain, and the Government has stated that just over half of operational elective surgical hubs in England provide gynaecology services.[xxxiii]

Alongside diagnostics and scanning, there is also a '*lack of available and appropriate clinical space to provide women's health physiotherapy services*', and professionals report that only some Trusts receive funding for such physiotherapy services. This has resulted in an increase in waiting times for these vital services.Therefore, whilst Governments are claiming 'very real progress'[xxxiv] and that the NHS is 'on the road to recovery'[xxxv] gynaecology remains incredibly challenged, and hard-won progress is at risk of being lost without further resources. As the recent Public Accounts Committee report concluded, NHSE '*missed its recovery targets by significant margins*'[xxxvi] and declared its lack of confidence about whether '*the Department is being realistic about the immense effort needed to reduce NHS elective care waiting times.'*[xxxvii]

Governments must provide sustainable funding across the UK to support the women's health workforce to build its capacity, including providing time for professionals to train. Funding to deliver all critical aspects of care across the pathway must also be considered together so that all women, wherever they live, can access the care they need when they need it.

- *"It is increasingly challenging to meet the demands of the growing referral/waiting list with no funding from the local Trust to increase staffing and clinic space."*
- *'I continue to be extremely concerned that gynaecology care fails to be a priority'*
- *"The acuteness of this pressure is ongoing and not sustainable with the current resources we have"*
- *"I work with an incredible team of nurses, medics and operational colleagues who are all diligently working towards trying to improve the timely access to care required but without the additional workforce, it feels like a losing battle.'*

Workforce morale and burnout

Given the pressures across the system, it is unsurprising that low morale and burnout continue to be widespread. Staff resignations, sickness leave and feeling guilty for taking time off continue to be common. The RCOG's recent Workforce Census found that nearly two thirds (65%) of obstetricians and gynaecologists across the UK are at risk of burnout and are experiencing significant mental and physical distress working in services stretched to their limits.[xxxviii] Last year, professionals reported that they felt 'moral injury' at not having the time or resources to deliver the high quality care that women needed - this continued to be a resounding message from professionals across the system this year. Governments must act to ensure the NHS workforce is well-resourced to deliver both the volume and high-quality care needed to reduce waiting lists, with sufficient numbers of staff and greater measures to support wellbeing and time for training and leadership. The NHS England Workforce Plan expected later this year is an opportunity for the UK Government to prioritise safe, high-quality care for women by ensuring the women's health workforce is adequately staffed and supported.

- *'One team member resigned because of waiting list pressures and another team member said that although it wasn't the key reason for her resigning, it was a contributing factor...a team member had to take some time off sick and while she was off, she worried about the impact her time off would be having on productivity.'*
- *'There is a risk that the current focus on volume inadvertently compromises quality, with insufficient time to address the root causes of symptoms or provide effective long-term management. This also contributes to clinician fatigue and reduced morale, which further impacts service sustainability.'*
- *'The situation has become an embarrassment, and I feel ashamed working for the NHS.'*
- *"The emotional and physical wellbeing of staff looking after patients within gynaecology is one of burn out, stress and worry about whether they are able to provide safe, effective and timely care for patients."*

Inequality in patient care and support

Access to information and specialist advice

The majority of those waiting for gynaecology care are waiting for outpatient appointments. In England, the Government introduced the Advice and Guidance (A&G) scheme which enables GPs to seek specialist advice before making referrals into secondary care. 99% of general practices have signed up to the scheme, [xxxix] and professionals from our Expert Reference Group hope it will reduce referrals into secondary care. RCOG members in Northern Ireland reflected that they too are now able to provide GPs with additional specialist advice or support monitoring of patient care. However, these schemes are dependent on secondary care specialists yet have not been built into secondary care job plans. Furthermore, primary care professionals warned that this support can be short lived as women often need to see a specialist, and the measures outlined in Advice and Guidance have either already been exhausted or are not appropriate. Although some areas have tried to develop pre-populated letters, questions remain over how sustainable the scheme is, as it could also displace other important activities that require protected time, such as digital transformation work or time for professionals to train.

Women with lived experience told us that despite some schemes to improve advice and information, there still remains a huge gap in what they can access while they are waiting. As one woman reflected: *"Women and people waiting want to know what steps they can take to make life better. These women want the appointments but also guidance on what to do in the meantime. The advice provided while women wait hasn't changed in the last year."* Providing more support to help women whilst they wait, as well as advice on preparing for appointments has the potential to vastly improve the quality of appointments as it maximises both patient and professional time.

Women with lived experience also reflected that whilst the ambitions around improving digital patient care are welcome, in many areas of the country electronic patient records are still not in place, further exacerbating inequalities. Many women are still '*having to re-tell their stories multiple times*', all whilst living with debilitating conditions and symptoms, and there are varying degrees of professional confidence in recording care conversations digitally. Professionals in our Expert Reference Group recognised that virtual clinics can be helpful to patients, but it is important women waiting are not timed out or discharged from accessing further support if they need it. This underlines the need for governments to ensure sufficient staff time and training is built into digital transformation and that equity and patient choice are at the heart of plans to transform digital and outpatient care.

Access to specialist services, including women's health hubs

Across the UK, governments have acknowledged the importance of shifting care out of hospital and improving access to care closer to home. In England, the UK Government cited women's health hubs as a best practice example of this in the 10 Year Health Plan,[xl] and the Welsh Government has committed to delivering a women's health hub in every area by March 2026.[xli] In Northern Ireland, funding has been ringfenced to increase capacity to

deliver gynaecology care in primary care including via the GP Federation Primary Care Elective Service and the expansion of the Primary Care Elective Service.[xlii]

Professionals in our Expert Reference Group praised schemes that drive multi-disciplinary team working to provide improved and specialist care for women. One member reflected that their area had recently introduced a women's health hub which had already received positive feedback, and would support the Government's strategic ambitions. However, recent research found that women's health hubs are still not in place across England, and only around a third of the physical hubs that have been established are providing the services as outlined in the NHSE core service specification. [xliii] Without further support and investment, hubs could be rolled back or disappear, which could further perpetuate inequalities in access.

As the RCOG outlined in our recent evaluation of the Women's Health Strategy for England, other essential specialist women's health services are also being impacted by funding cuts.[xliv] Our Expert Reference Group highlighted that pelvic health physiotherapy services are only '*implemented partially and in other areas, not at all*', and with ringfenced funding removed, this exacerbates existing geographical inequalities. In Northern Ireland, there is only one BSGE accredited endometriosis centre[xlv] and very few clinical specialist nurses available, with Endometriosis UK reflecting that care is 'shockingly lacking' in Northern Ireland.[xlvi] Specialist services are an essential part of women's care, enabling faster diagnosis, better symptom management, and rehabilitation, all of which prevent more invasive procedures in secondary care. Crucially, women want to see these services expanded, so governments must protect and expand women's health hubs and specialist clinical posts and services. These services must be scaled up as part of the shift to more neighbourhood health.

- *'Unfortunately, there has been no change in patient care in my locality. Women continue to wait for gynae procedures, and the waiting list seems even longer.'*
- *'We are very lucky that our ICB is prioritising women's health'*

Women's health data and research

A core component of enhancing both the quality of information and services provided to women is recognising and addressing the research gap in women's health.

Governments across the UK have played an important role in encouraging research, but too little is still understood about gynaecological conditions and why some groups of women experience worse experiences in care and outcomes than others. The RCOG's recent work to understand what women would like to see prioritised in health research underscores that women want to see further research into gynaecological conditions and how to improve care.[xlvii] Governments across the UK must act on this by funding, protect and encouraging research, including into gynaecology conditions, so that information, care and services can be better designed to meet the needs of all women living with gynaecological conditions.

Conclusion and recommendations

Despite a series of national interventions aimed at improving elective gynaecology waiting times, evidence shows that demand continues to rise at a pace that far outstrips available capacity and the resources that have been allocated. While targeted interventions from national and local policymakers are positive, they have been incremental rather than transformative and are not delivering equitable care. Workforce shortages, burnout, and a lack of equal access to specialist services and information remain critical risks, and Governments across the UK are not on track to meet their elective recovery ambitions.

Government's must:

Recommendations

1. **Put driving down gynaecology waiting lists at the heart of strategic health plans.** There are opportunities to address this in the delivery phase of the 10 Year Health Plan, the renewal of the Women's Strategy for England and the NHS England Workforce Plan, the Women's Health Plan for Wales, and the next phase of the Women's Health Plan in Scotland. Northern Ireland must urgently deliver on its promise and publish its plan for Women's Health Action Plan in line with its 2024 commitment.[xlviii]

2. **Protect and expand women's health hubs in England, placing them at the heart of plans for neighbourhood health.** Hubs can enable women to receive faster diagnosis, manage symptoms, support rehabilitation and prevent more invasive procedures in secondary care, helping to reduce waiting lists in gynaecology. It is vital that the Government acts now to expand women's health hubs and protect them from funding cuts.
3. **Deliver an urgent package of support to women waiting now, to be delivered as soon as possible in all areas within the next year. This should include going further and faster to:**
    - Provide equitable access to specialist care across the UK to support women with pain, rehabilitation, incontinence and heavy menstrual bleeding.
    - Ensure there are women's health champions in place across all areas of the UK to support service delivery, and that they are formally recognised by local commissioners. Champions will help to support women's health remain a priority in local service delivery and facilitate meaningful engagement of professionals across the pathway, grass roots charities. and women using services.
    - Direct system and local leads to urgently produce easy-to-read accessible summaries of the local networks and resources available to women waiting on gynaecology lists so they can access additional support. They should also ensure NHS websites cover the breadth of women's health and that information is co-produced with service users, as is happening in Wales.

- Direct system and local leads working across gynaecology services to improve communication with women and people waiting for care and treatment, including giving women clarity on how long they should expect to wait.

4. **Act now to deliver for the future to ensure progress can be achieved sustainably.**
   - Ensure that women's health services are central in decisions on financial planning and allocation, to ensure sufficient funding to deliver sustainable workforce and infrastructure capacity across women's health, especially to enable the digital transformation governments want to deliver.
   - Support professionals across the system by building and enabling protected training time and providing health services with the resources they need so they can protect gynaecology services against operational pressures.
   - Build data collection in gynaecology to better understand where people are waiting. There is an urgent need to ensure data sets are complete and fully disaggregated by ethnicity to understand the experiences of women in marginalised groups and better tackle inequalities.
   - Drive further research, innovation and pilots that seek to improve gynaecology care and support for women, particularly around the core areas that are priorities for women as outlined in the RCOG's research.[xlix]

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