

The Renewed Women's Health Strategy for England

Published 15th April 2026

This document is a follow-on to our initial briefing on the [Renewed Women's Health Strategy for England](#), published today. While the initial press release highlighted the shift toward a "patient voice" model, the full strategy provides critical technical details on the digital architecture, genomic expansion, and commercial partnership models that will define the next decade of women's healthcare.

Key policies:

The Digital "Front Door": NHS Online/App

The strategy formalises a "digital-first" shift, moving beyond simple appointment booking to integrated clinical pathways:

- **NHS Online:** Launching in 2027, this will establish virtual pathways for menstrual problems (endometriosis, fibroids, adenomyosis) and menopause as two of its first nine core services.
- **HealthStore:** A new feature within the NHS App designed to support access to digital health technologies specifically across women's health and mental health.
- **Single patient record:** By 2028, a unified record will be accessible via the app, enabling personalised health coaching and seamless data sharing between community and secondary care.
- **Digital health assistants:** These will be deployed to help women order contraception directly to their homes.

Commercial & R&D opportunities

The Government is establishing dedicated funding streams and market-testing initiatives to pull high-priority FemTech innovations into the NHS:

- **FemTech healthcare challenge:** Beyond the £1.5 million pot, this 2-year challenge specifically prioritises community service models that address health inequalities.
- **NIHR R&D innovation catalyst:** Launching this year, this will provide "wrap-around" support including venture capital connections and procurement advice for high-priority women's health innovations.
- **Female founders accelerator:** A new program providing mentoring, market testing, and commercialisation models for women entrepreneurs in health tech.
- **AI ethics initiative:** New standards for AI training datasets will be set to ensure innovations, such as breast cancer detection, avoid sex-based bias.

New clinical and operational models

A new, devolved operating model will shift power from the centre to local "neighbourhood" health services, requiring new infrastructure for local delivery:

- **Regional specialist centres:**
 - One specialist centre will be funded in each NHS region to act as a "demonstrator" for group-based approaches to women's health pathways, specifically for

contraception, heavy periods, uro-gynaecology, and menopause (*funding is allocated this year*).

- **Women's health data dashboard:**
 - A new, publicly available dashboard will provide neighbourhood-level comparable data on service performance, access, and patient outcomes and experience (*to be launched within 1 year*).
- **National Health Tech Access Programme (NHAP):**
 - As we know, this programme aims to streamline the adoption of innovations, specifically focusing on cancer diagnostics for endometrial cancer and digital therapeutics for menopause (*ongoing*).
- **Women's voices partnership:**
 - A new national space for organisations representing women to inform national decision-making and regional planning (*established in 2027*).

New accountability & "Patient Power" payments

New financial and leadership structures are being introduced to ensure women's experiences directly influence service funding and quality:

- **Patient Power payments:** Testing in 2026/27, the NHS will vary trust reimbursement for gynaecology services based on women's feedback regarding pain management and overall experience.
- **National Director of Patient Experience:** Appointment of a new national lead this year to oversee the collection of enhanced patient and carer feedback to drive radical transparency.
- **GP quality improvement:** Launching a programme within two years using GP Patient Survey data to identify and reduce variation in how primary care teams listen to and respond to women.

Targeted tech for pain & gynaecological procedures

Clinical standards are being overhauled to eliminate avoidable procedural pain and standardise chronic pain care:

- **Procedural standards:** Co-producing standards by 2029 for procedures like hysteroscopy to ensure informed consent and a mandatory choice of effective pain relief.
- **GIRFT pain management:** Collaborating with GIRFT workstreams to standardise and improve care for both procedural and chronic pelvic pain.

The "community shift" & integrated neighbourhoods

Specialist women's health services are being moved out of hospitals and into local communities to improve accessibility and triage:

- **Single point of access:** Supporting ICBs to assess all non-urgent referrals via a single point to triage women directly to community diagnostics or neighbourhood health centres.
- **Advice & guidance funding:** Allocating £80 million for schemes to help clinicians manage gynaecology cases in primary care without hospital admission.
- **DEXA scanner expansion:** Funding 20 new dual-energy X-ray absorptiometry (DEXA) scanners in priority locations to improve early diagnosis of osteoporosis.

Genomics & personalised prevention

Genomics Population Health Service, representing a shift from reactive care to "predictive analytics":

- **Expansion of testing:** Within a year, the NHS will expand testing for BRCA1 and BRCA2 genes (breast/ovarian cancer) and Lynch syndrome (endometrial/colorectal cancer).
- **Pharmacogenomics:** The strategy introduces expanded testing to predict how women respond to specific medicines, aiming to reduce the 1.5x greater risk of adverse drug reactions women face compared to men.
- **Polygenic risk scores:** A trial with Our Future Health will use genomic data to understand population-level risks for diabetes, breast cancer, osteoporosis, and dementia.

Support for the working life course

New legal requirements and digital tools are being deployed to help women and carers maintain health and economic participation:

- **Menopause action plans:** Subject to legislation, requiring employers with 250+ staff to publish menopause support action plans starting in 2027.
- **"My Carer" app function:** Expanding the NHS App to allow unpaid carers to securely prove their status, book appointments, and communicate with clinical teams.
- **WorkWell expansion:** Investing £259 million over three years to provide integrated health and work support for women with health conditions to remain in employment.

Maternal & reproductive innovation

The strategy prioritises clinical safety and personalised care throughout the reproductive journey, from preconception to pregnancy loss:

- **Graded miscarriage care:** Reviewing evidence for a graded model of care for repeated pregnancy loss to improve clinical response and support.
- **Maternal outcome signalling:** Rolling out a system to systematically collect and interpret data to help trusts identify and act on safety issues more rapidly.
- **Expanded prenatal genomics:** Committing to the world-leading expansion of prenatal genomic testing to better inform reproductive decision-making.

Health & Wellness prevention moonshots

National "moonshot" initiatives will use digital tools and community-led testing to tackle major public health risks like obesity and cancer:

- **Obesity moonshot:** Deploying new digital tools and apps to support active lives, building on the 4.5 million visits to the "Best Start in Life" health hub.
- **Cervical cancer home testing:** Rolling out HPV home-testing kits this year for those who rarely or never attend traditional screenings to help eliminate cervical cancer by 2040.

Mandated success metrics:

3x main overarching aims:

1. Reversing the decline in healthy life expectancy seen in the 2010s
2. Raising healthy life expectancy in the poorest regions to at least 61 years

3. Reducing the time women spend in poor health, with a focus on those facing the greatest inequalities

Medium-term measures, including:

- Higher screening and HPV vaccination rates, especially in more deprived groups
- Better access to GPs for women
- Shorter gynaecology elective waiting lists
- Increased access to community treatments (for example intrauterine devices)
- Narrowing gaps in LARC prescribing between richer and poorer areas

Longer-term measures, including:

- Greater confidence among women and girls in managing their own health (via patient-reported data)
- Fewer women with unmanaged long-term conditions, poor nutrition or risky health behaviours, especially in pregnancy
- Reduced inequalities in maternity outcomes
- Faster diagnosis for conditions such as gynaecological cancers and endometriosis
- Improved outpatient waiting times and better reported experiences of gynaecological procedures
- Lower teenage conception rates
- Reduced economic inactivity among women due to ill health