



The Primary Care Women's Health Forum (PCWHF) response to failure to retain Women's Health Hubs (WHHs) in the NHSE priorities and operational planning guidance for 2025/26

Dear Secretary of State,

This week NHS England published its [priorities and operational planning guidance for 2025/26](#). It is genuinely concerning to note that a national priority on women's health hubs (WHHs) has not been retained from last year's planning guidance, despite concerns raised by multiple stakeholders and professional bodies. The new guidance sets out four key priorities, including reducing wait times for elective care, improving emergency department waits, improving access to general practice and improving patient flow through mental health pathways. All of these priorities will be negatively impacted by the failure to continue to support WHHs and ***we call on the government to review this withdrawal of WHHs from the operational planning guidance.***

This week during House of Commons question time, ministers responded to questions around women's health strategy and women's health hubs, by stating that 93% of integrated care systems (ICS) have at least one WHH. It is important to place this statistic in context. The average population covered by an ICS is around 1.5 million people, and some are double this. This means that ***the vast majority of women in this country do not currently have access to a women's health hub*** as defined in the [core specification](#). The removal of WHHs from this year's plans is a backwards step for the state of women's health in England. We at the Primary Care Women's Health Forum (PCWHF) note the government's stated commitment to improving women's health and to bring care closer to home, and we therefore call on ministers to urgently review this decision and instead provide clear guidance to ICBs on the further expansion and development of Women's Health Hubs across England.

Organisations representing both primary and [secondary care](#) clinicians are united in their opinion that WHHs are a solution to many of the current issues within the NHS – the evidence for this is laid out below.

- 1. Women's Health Hubs are cost-effective** A Government-led [cost-benefit analysis](#) has shown that every £1 spent in a hub brings an estimated £5 worth of benefits, and that a WHH in every primary care network would have a value of £7.3 billion. The fitting of long-acting reversible contraception (LARC) in the community is 68% cheaper than doing it in secondary care. It is also often more convenient for the patient, and necessitates less travel, which will contribute to the NHS aims on net zero.
- 2. Women's Health Hubs help to streamline services** By cutting out delays, reducing unnecessary referrals, and enabling earlier intervention, hubs not only [improve efficiency](#) but also deliver better, more personalised care for patients. Through a 'one-stop model' WHHs can also help to reduce multiple unnecessary appointments. Their integrated approach ensures that women receive the right care, in the right place, at the right time, avoiding delays and fragmentation of care.
- 3. Women's Health Hubs reduce waiting times and improve access to GP care.**
Hubs help to free up secondary care capacity and reduce long waits. They can also help to [improve access to general practice](#), by providing timely specialist multidisciplinary support in the community, thus freeing up GP appointments. They encourage training and development of specialist skills in a wide range of health care professionals.

4. Women's Health Hubs maintain a focus on quality and safety

Standardised training and integrated multidisciplinary teams ensure that evidence-based, high-quality care is delivered within WHHs. Women's Health Hubs are well positioned to support education and training through robust integration, interface and collaboration with secondary care. This structure also requires further financial support and resources to make the most of the potential of WHHs.

5. Women's Health Hubs help to address health inequalities

Locally delivered services improve access to essential care, for vulnerable populations who may encounter barriers to support. Including but not exclusive of, ethnic minorities, disabled people, those experiencing homelessness, asylum seekers and low-income families.

The ambition to establish one WHH per Integrated Care Board (ICB) has been a positive step forward, with early outcomes demonstrating their value. The focus on reducing waiting lists and delivering care closer to communities is encouraging, and the impact of the existing hubs highlights their potential. However, to make a real difference in women's health and tackle wider inequalities (including those faced by socially, financially, and culturally disadvantaged groups), further expansion is essential.

To ensure sustainability of the WHHs we recognise the need to invest in the expansion of these services. Fragmented commission has led to significant barriers to delivery of care, with [LARC fitting not financially viable in many areas](#), and LARC often not commissioned for non-contraceptive reasons such as the treatment of heavy bleeding or as part of hormone replacement therapy. An urgent review of LARC commissioning is needed.

Beyond healthcare, improving access to women's health services would have significant social and economic benefits. Women make up almost half of the UK workforce, yet many struggle with health issues that impact their ability to work. Women are also more likely to have caregiving responsibilities, meaning that their health has a direct impact on family stability and economic productivity. Ensuring timely, effective care for women's health conditions not only improves individual wellbeing but also supports workforce retention, productivity, and economic growth.

A call to action

The journey towards improved women's healthcare and equality is ongoing and we have only just begun. As we reflect on the progress made, it is evident that further expansion and investment are crucial. ***We cannot afford to delay; we call upon the government to continue its commitment by supporting the growth and development of WHHs and recognising the need for ongoing investment which will benefit the whole system.*** Together, we can create a healthcare system that is inclusive, equitable, and capable of meeting the unique needs of all women.

Yours Sincerely,



Dr Stephanie Cook

GPwSI Women's Health

On behalf of the Executive Board for Primary Care Women's Health Forum