



## **All-Party Parliamentary Group on Menopause**

### **Inquiry to assess the impacts of menopause and the case for policy reform**

**Concluding report**

**12<sup>th</sup> October 2022**

*This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its committees. All-Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the group. This report was researched by DGA and funded by Bristol Myers Squibb and Astellas Pharma.*

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## Executive Summary

The All-Party Parliamentary Group (APPG) on Menopause has undertaken a detailed inquiry into the current policy and wider landscape around menopause in the UK. Our aim was to assess the level of understanding around menopause amongst policymakers, employers, the medical profession and the wider public, and in particular consider how the Government can drive policy change to improve the experience of women and others going through the menopause in the UK. Alongside this inquiry, the APPG launched the #MenopauseRevolution in July 2021 as part of its efforts to initiate change and dispel the long-held taboo around 'the change'.

This final report is based on evidence given in public inquiry sessions, closed meetings and in written submissions to the group's Call for Evidence. The Group heard from a wide range of stakeholders from campaign groups and charitable organisations championing the menopause agenda, to healthcare practitioners and health bodies, employers, trade associations, and women and others experiencing perimenopause and menopause.

During the inquiry the APPG considered the impact of menopause on women as well as the wider impact it has on families and within society; women's experiences of menopause and the support available in the workplace; the availability of and access to medical treatments to manage menopause symptoms; the training of medical professionals and adequacy of their understanding of menopause symptoms and treatments; and other options for women offered through alternative and future menopause treatment pathways.

Despite the fact that 51% of the population will experience the menopause, the entrenched taboo around women's health issues, at times underpinned by sexism and ageism, has meant that the support for the 13 million women currently going through peri-menopause or menopause is completely inadequate.

We found that women themselves are often not equipped with the information they need to understand what is happening to them and their bodies. The menopause does not just consist of hot flushes and the odd bit of forgetfulness. Studies show that around 75% of menopausal women experience symptoms, which in some cases can last for years or even decades.

The taboo that has endured around the menopause, which impacts the workplace and wider society, and the lack of awareness and understanding within the medical profession, has meant that many suffer without their symptoms being recognised. Women shared very personal stories with the APPG about the breakdown in their family and other relationships as a result of their symptoms. Breaking down the barriers to better menopause support is a particular challenge for those from minority backgrounds, such as minority ethnic groups or the LGBT+ community. These groups reported not being able to resonate with the images and experiences portrayed about menopause, and note that they have not been adequately represented in research into menopause and its impacts to date.

Menopause in the workplace was one of the areas that attracted the most interest during the inquiry. Evidence shows that those experiencing menopause at work find their symptoms impact their ability to do their job, are less likely to go for a promotion, and are more likely to leave their roles before retirement. Almost a million women in the UK have left jobs as a result of menopausal symptoms. With women often at the peak of their careers during the menopause transition, this exacerbates gender inequality in senior roles and adds to the gender pay-gap. While many companies shared best practice examples of the support given to their employees, the fact remains that the majority of employers do not consider menopause a proper health condition and do not have policies in place to support staff going through it. There is a role for both Government and employers to play to work together to drive forward this change.

A core part of the inquiry was the availability of treatments to manage menopause symptoms. There is a serious inequality of access issue with women experiencing huge variation in the accessibility and quality of menopause care. Despite the evidence on the safe and effective use of Hormone Replacement Therapy (HRT) to manage menopause symptoms, misconceptions around its usage and the perceptions of its dangers still strongly prevail both among women and medical professionals. Despite clear NICE guidelines on the use of HRT, many women are still not being offered HRT by doctors, or turn down treatment, based on these misconceptions. Busting the myth around the use of HRT is essential to ensure more women can get the treatment they need to manage their symptoms which can have a huge impact on their day to day lives.

The cost of HRT, however, remains a barrier for some women. Despite the momentous efforts of all #MenopauseRevolution campaigners to secure a reduction in the cost of HRT last October, this will not be available until April 2023 (18 months later). HRT is not a luxury, and it ought to be freely available for all who wish to use it, and we urge the Government to make HRT free on prescription to all in England, as is the case in the devolved nations.

While HRT and other treatment options are available, a significant barrier to treatment is the inability of many healthcare professionals to effectively diagnose and treat menopause symptoms. This is no criticism of our wonderful NHS and hardworking local GPs, but the fact remains that medical professionals are not given the tools in their training to correctly diagnose and provide the individualised menopause care women need. It is astounding that 41% of the UK's medical schools do not have mandatory menopause education on their curriculum<sup>1</sup>. The General Medical Council is introducing a Medical Licensing Assessment for incoming doctors graduating medical school from 2024/25 which will cover a number of topics relating to women's health including menopause, however that still leaves a significant knowledge gap among existing medical professionals. In addition, the limited number of NHS specialist menopause services is a serious issue, which are essential to support those with more complex menopause challenges which are all too common.

At the same time, almost everyone that the APPG heard from during the course of the inquiry agreed that screenings of women over a certain age through the NHS could help improve diagnosis and treatment of menopause at an earlier stage.

There are also non-clinical treatment options available, and while they are unable to treat a wide range of menopause symptoms in the way that HRT can, complementary therapies and massage or advice on healthy lifestyle changes can help women manage symptoms of the menopause.

When it comes to treatment, the APPG's central concern is that women face a postcode lottery on whether they can access the right treatment from their GP. While some are fortunate to be able to seek private treatment, this is not the reality for the majority of women. Complementary therapies and alternative treatments such as herbal remedies may be helpful for some, but they cannot treat symptoms the way HRT can, and again, come at cost. Put together, this creates a stark socio-economic divide between those that are able to seek treatment via their own means, and those that are not. It is these women who risk suffering the most, with further knock on impacts on their working lives and financial situations.

The APPG hopes that though this inquiry and its wider campaigning efforts the support for women and others going through the menopause will be vastly improved, and younger women, girls, and the rest of the population will not grow up in ignorance of what the menopause is.

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<sup>1</sup> [Menopause Support Survey Reveals Shocking Disparity in Menopause Training in Medical Schools](#), 13/05/21

We are very grateful to all those who have taken the time to participate in our inquiry, all of whom have added greatly to the knowledge of the group. We look forward to further working with the Department for Health and Social Care and the Menopause Taskforce to improve the experience and support available for people going through the menopause. We hope that these recommendations will be carefully considered and acted upon.

From the findings of our inquiry, in this report we recommend the following:

### **Menopause in policy-making**

- The UK Menopause Taskforce has considered the existing evidence base on the menopause and where there are gaps in the evidence of its impacts. The Government must fund and commission more research into:
  - the benefits of HRT in different use cases and its long term health benefits;
  - the link between menopause and health conditions including dementia, mental health illness such as depression and psychosis, musculoskeletal conditions, cardiovascular conditions and type 2 diabetes;
  - the impact of menopause on women's economic participation and the associated impact on UK economic productivity and the gender pay and progression gaps.
- In all research the Government must ensure accurate representation of all minority groups.
- Whilst, in principle, we welcome the introduction of a Women's Health Strategy, in its current form, it does not go far enough and failed to address the multitude of issues menopausal women face which we cover in this report. Menopause considerations must be weaved into all health and workplace policymaking pertaining to women.

### **Menopause in the workplace**

- The Government must co-ordinate and support an employer-led campaign to raise awareness of menopause in the workplace and to help tackle the taboo surrounding menopause and work. This campaign must promote the importance of supporting employees through the menopause transition as a core employee health issue, and promote the business case for investing in employee support.
- The Government must update and promote guidance for employers on best practice menopause at work policies and supporting interventions. This should include the economic justification and productivity benefits of doing so and be tailored to organisations of different sizes and resources to ensure it is as effective as possible.

### **HRT**

- The Government must urgently grant an exemption from the prescription cost for access to HRT for all in England, as is the case in Wales, Scotland and Northern Ireland. This should include vaginal hormonal preparations as well as systemic HRT.
- The government needs to create a National Formulary for all types of HRT to ensure that medical professionals can access the most accurate guidance on prescribing the treatment. This must be complemented with a public health campaign to continue raising awareness among medical professionals and women themselves.

- The Government must work with the Medicines and Healthcare Products Regulatory Agency to evaluate the evidence of testosterone in managing menopause symptoms with a view to getting this essential treatment option licensed in the UK. In the meantime, clinicians should be provided with more education regarding safe testosterone prescribing for the indication of the use of 'testosterone supplementation' stated in the NICE menopause guidance.
- The Government must work with the Medicines and Healthcare Products Regulatory Agency to amend and update their information for patients and healthcare professionals on HRT as it is currently inaccurate and misleading with respect to numerous risks and contra-indications given by them for transdermal oestrogen, micronised progesterone and vaginal hormonal preparations. All women who want to take HRT should be able to receive it promptly and without unnecessary delays, and adequate information (in different languages) should be available for all women to access easily.

### **Clinical approaches to menopause**

- While it is welcome that a Medical Licensing Assessment for incoming doctors will be introduced in 2024/25 and will cover menopause, Health Education England and the RCGP must consider how to equip existing healthcare professions to deliver the best menopause treatment possible through primary care, such as through Continued Professional Development courses for existing GPs who did not have the option to receive adequate training in the past. The RCP, RCPsych, RCN and RPS should also ensure all their clinicians receive updated menopause training to allow correct diagnosis and treatment of the perimenopause and menopause.
- Menopause must be included as an indicator within the GP Quality and Outcomes Framework (QOF) to incentivise GPs to improve their menopause diagnosis, treatment and care within their practice.
- The Government and NHS must urgently review the need and demand for specialist menopause care, map existing provision, and evaluate where new specialist NHS services need to be commissioned to ensure this can be accessed by all that need more complex care.
- The NHS must implement a health check for all women at the age of 45, offered in a similar way to cervical cancer smears when all women are invited to make an appointment. This is crucial to ensure women are engaged with the health system ahead of or in the early stages of perimenopause, help diagnose menopause at an earlier stage, and ensure women are better prepared and have the right information and treatment they need to manage the menopause transition. The NHS can also do more to prepare women and provide them with information throughout their lives, be it at cervical smears, mammograms, postnatal checks and so on.

# Chapter 1: The political and social menopause landscape in the UK

Before assessing the existing policy and social landscape around menopause in the UK, it is both obvious and important to note that inevitably 50% of the population will experience the Menopause, and 13 million people in the UK are currently peri-menopausal or menopausal.

Despite this, and until very recently, current government focus on how to support women through menopause was non-existent. Support for women in the workplace was scarce, training and support for medical professionals in how to diagnose and treat menopause was inadequate, and wider education in society was severely lacking. Throughout this inquiry and the #MenopauseRevolution campaign things have begun to shift, however it is only the start.

Women themselves are often not equipped with the information they need to understand what is happening to them and their bodies. The menopause does not just consist of hot flushes and the odd bit of forgetfulness – the symptoms are wide ranging. Studies show that around 75% of menopausal women experience symptoms, with around one third of these experiencing severe symptoms<sup>2</sup>. This can go beyond the physical, with many people facing debilitating mental health issues and over 60% of those experiencing behavioural changes. Symptoms can be non-existent, last for a few years, or even last for decades.

A combination of the taboo that has endured around the menopause, which permeates in the workplace and wider society, and the lack of awareness and understanding within the medical profession, has meant that many suffer without their symptoms being recognised. This is particularly the situation in the case of early menopause, 1/100 women under 40 and 1/1,000 women under 30 have an early Menopause, and it takes around seven years for young women to receive a diagnosis.

The costs of mis-diagnosis, a late diagnosis, and a lack of support during menopause are endless and discussed throughout this report, however a fact worth highlighting is that currently suicide rates for women aged 45 to 54 – the most common age for perimenopause and menopause – have risen 6% in 20 years, according to the Office of National Statistic (ONS)<sup>3</sup>. During this inquiry it was highlighted that the risk of suicide is one of the many hidden costs of menopause.

To date, Government policy to support women in gaining access to HRT or alternative treatments through primary and specialist care, or to guide employers as to how they can best support women through menopause has been non-existent. At the beginning of this campaign, the APPG fought to improve women's access to HRT and we welcomed the Government's announcement to reduce the costs of repeatable prescriptions, and to establish a menopause taskforce (chaired by the Minister and the APPG Chair Carolyn Harris) to encourage faster action and join up the dots across the system to take a coherent approach to improving support for those experiencing the menopause.

However, this just the tip of the iceberg. HRT is still inaccessible to many, and the Government is yet to take any substantive action to promote best practice for supporting people experiencing the menopause at work, while we are still a long way off from ensuring all healthcare professionals have adequate menopause training (to be discussed further in Chapter 4).

Baroness Jenkins, who over 30 years ago ran the Amarant Trust, a menopause charity funding ground-breaking research into HRT with King's College Hospital, told the APPG that in the years since discussions about and support for those experiencing menopausal symptoms has seen very little

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<sup>2</sup> Hamoda H, Panay N, Arya R, Savvas M. [The British Menopause Society & Women's Health Concern 2016 recommendations on hormone replacement therapy in menopausal women](#). Post Reproductive Health, 14/12/16

<sup>3</sup> [Suicide rates in women of menopausal age rise](#), ITV News, 17/11/21

progress. Women's Health has generally not been a priority for UK Government's past, with the first women's health strategy, which finally saw a focus on menopause, only coming out earlier this year

The range of campaign and support groups that exist are evidence in themselves of the current situation, including the British Menopause Society, Latte Lounge, Perimenopause Support, Menopause Café, Mumsnet, Pausitivity, Menopausesupport.co.uk, and Black Women in Menopause, to name a few that have been incredibly supportive in the APPG's campaign among many others. These groups were set up by women who have battled to find answers through their own menopause journeys for years, and have therefore have created safe spaces where women can turn to when they can't get the answers or support they need from the primary healthcare system.

During this inquiry many brave women have shared their stories with us, and while we can't share them all, we wish to highlight a few testimonies:

*One woman told of her struggle to seek NHS treatment: "[I was] Routinely offered anti-depressants... despite me not experiencing any depression or even a low mood... I've had a GP argue with me that anti-depressants should be used for perimenopause symptoms and she didn't back down until I cited the current NICE clinical guidelines which state that this is absolutely NOT the case and that anti-depressants are not appropriate in most cases". "I've had appointments with GPs who have openly said and even apologised to me because they know nothing about menopause and didn't know how to help me".*

*Another who suspected she was experiencing peri-menopause at 39 was turned away by her GP and told to "wait and see", and 18 months later said she was "almost at the verge of collapsing, struggling to keep my usually happy marriage on track, and not functioning well physically or mentally", "I arranged an online consultation with my GP... he prescribed me the entirely wrong medication. After speaking with another doctor, I said my preference would be HRT patches and they gave me a suitable prescription... only to find that the patches could not be sourced anywhere in England and had 'run out'... I got yet another prescription and tried these tablets... found that they had worked well... I went to order my next prescription only to be told I would not be able to get this medication because these were also now out of stock across the country. I have now had to order these privately".*

*A young woman experiencing medical menopause as a result of cancer treatment told us of her challenges being stuck between private and NHS healthcare: "I decided to refer myself to a GP who specialises in complex menopause cases but this was only available privately... [which] has made a huge difference to my health". "As I see Dr [x] for menopause advice, GPs at my local surgery are reluctant to make changes to my HRT... as for follow up blood tests to check hormone levels - the GP surgery will not authorise them, one GP telling me via text message that the NHS Fraud team 'frown on us mixing private and NHS care'".*

*Another shared her struggle with HR regarding her absence from work due to menopause. Despite providing written evidence of how symptoms affect her ability to carry out her job along with information on how they could set up a menopause policy, they replied: "Menopause is one condition out of numerous conditions that we have to support staff with during their employment... the practicalities of an employer providing policies and guidance on even just common conditions and keeping these up to date with medical thinking, does not seem to me to be something that we can reasonably do... I am unclear about whether brain fog/forgetfulness is having a significant impact on your to do your work and I would like you and your line manager to reflect on this going forward... I remain concerned that your level of absence is high and the impact this is having".*

We also heard of the particular challenges those from minority backgrounds can experience during menopause. Nina Kuypers, founder of Black Women in Menopause told us that in searching for answers she felt that the images and experiences portrayed did not resonate with her on a personal level, and that there is an assumption that menopause is the same for all those who go through it, and culture and ethnic differences are not accounted for. Meera Bhogul from Made from Scratch, noted that some South Asian communities don't even have a word for menopause, for example in Punjabi, given the taboo in talking about health conditions generally – particularly women's health. Menopause specialist Dr Wendi



Molefi told us that she sees very few patients from ethnic minorities and believed that this is rooted in cultural differences and differences in the way that symptoms present themselves. Evidence suggests that there may also be variations in the average age at which the menopause takes place between women of different ethnic backgrounds, and that symptoms may be more prevalent for black women, although research is not yet clear on the reasons for this.

We heard evidence that LGBTQ+ people are likely to have negative experiences when seeking help from healthcare providers or support in the workplace. Transgender or non-binary people can also be left out of the conversation around menopause and how it may impact them and the treatment options available, such as the additional challenges transmen may face in getting the right treatment if they have been on hormone blockers and the ability of those working in the primary care system to manage more complex treatments.

In this report we explore how to improve the experience of women going through menopause in the workplace, and how to improve their access to support and treatment through the primary health system. However, a critical piece of the puzzle to deliver all that we aim to achieve will be to improve all people's understanding of the menopause.

This must not just be limited to women approaching peri-menopause but girls and women throughout their lives, and to men, partners, families, friends, colleagues and all parts of society. We must break through the taboo that surrounds "the change" which remains one of the biggest taboos around so called 'women's issues'.

After significant lobbying efforts by menopause campaigns, in September 2020 menopause was added to the Relationship and Sex Education (RSE) curriculum in schools in England. While it's good to see that pupils in secondary schools will be discussing menopause, this cannot begin and end with a conversation during a 30 minute lesson at secondary school.

The question is what can be done to improve discussions around and awareness of menopause across all of society, no matter your age, sex, gender identification, ethnicity, income, where you live and so on.

There is much that needs to be changed around the menopause, and unfortunately there is not a simple legislative lever that can be pulled to do so. However, through the work of this APPG and inquiry; the wider #MenopauseRevolution campaign; the support and efforts of eminent figures such as Davina McCall, Cherie Blair, Mariella Frostrup, Penny Lancaster, Gabby Logan, and Lisa Snowdon; more widespread conversations and policies in the workplace; better education of healthcare providers and improved healthcare pathways; we can start to make the menopause taboo a thing of the past.

#### **Recommendations:**

- **The UK Menopause Taskforce has considered the existing evidence base on the menopause and where there are gaps in the evidence of its impacts. The Government must fund and commission more research into:**
  - **the benefits of HRT in different use cases and its long term health benefits;**
  - **the link between menopause and health conditions including dementia, mental health illness such as depression and psychosis, musculoskeletal conditions, cardiovascular conditions and type 2 diabetes;**
  - **the impact of menopause on women's economic participation and the associated impact on UK economic productivity and the gender pay and progression gaps.**

- **In all research the Government must ensure accurate representation of all minority groups.**
- **Whilst, in principle, we welcome the introduction of a Women's Health Strategy, in its current form, it does not go far enough and failed to address the multitude of issues menopausal women face which we cover in this report. Menopause considerations must be weaved into all health and workplace policymaking pertaining to women.**

## Chapter 2: Menopause in the workplace

Menopause at work was one of the areas that attracted the most interest during the inquiry. Women are staying in work for longer than ever before, and with women over the age of 50 being the fastest growing segment of the workforce, most will go through the menopause transition during their working lives. Yet, menopause has been a taboo subject in the workplace more than almost anywhere else, so tackling attitudes and policies on menopause in the workplace will be a key piece of the puzzle to improve people's experiences.

The APPG received large amounts of research into menopause in the workplace alongside many testimonials from women themselves. Women shared stories about how their competency and work ability was being doubted by co-workers. Issues ranged from loss of concentration, brain fog or fatigue; anxiety or embarrassment from unpredictable symptoms such as hot flushes, sweats or bleeding; challenges with adjusting their workplace environment such as temperature regulation and uniforms to accommodate symptoms; requests for additional support being misunderstood and denied by line managers and HR; their inability to take sick leave for menopausal symptoms; and the particular struggles of going through the menopause in male orientated workplaces.

The Fawcett Society's *Menopause and the Workplace* report<sup>4</sup> found that only 22% of women and trans men currently experiencing the menopause disclose this at work, with half saying it made them less likely to go for a promotion and a quarter saying they would consider leaving their roles before retirement. Their report also assessed the ranges of symptoms that impact women's ability to carry out their jobs to the best of their ability; with 77% of women saying they experience one or more symptoms they describe as 'very difficult', 69% experience difficulties with anxiety or depression due to menopause, 84% experience trouble sleeping and 73% experience brain fog.

CIPD, the professional body for Human Resources and People Development, told the APPG that menopause transition at work strikes at the heart of women's economic participation. Their research showed that 59% of women said menopause has a negative impact on their work, 30% said they had been unable to go into work because of their symptoms, while only a quarter felt able to tell their manager the real reason for their absence<sup>5</sup>. They found that in total, almost a million women in the UK have left jobs as a result of menopausal symptoms.

With many at the peak of their careers during the menopause transition, this exacerbates gender inequality in senior roles and adds to the gender pay-gap.

Additional research painted a similar picture, including a survey from the Latte Lounge in partnership with Fertifa, and research by the Standard Chartered Bank and the Financial Services Skills Commission into the impact of menopausal symptoms on creating a blockage in the female retention and leadership pipeline across financial services.

The Equality Act 2010 outlines that individuals must not be discriminated against by a protected characteristic. While it does not cover menopause specifically, there have been some successful Employment Tribunal claims on the grounds of direct sex discrimination in responses to perimenopausal symptoms, as sex is a protected characteristic under the Act. However, currently claims cannot be made on the basis of multiple protected characteristics such as sex, age and/or disability discrimination. It is easy for employers to be unaware or neglect to consider their obligations, and at the same time, those who do need to turn to the law face an uncertain journey to seek legal redress.

Nevertheless, there are many employees the APPG heard from who offer examples of best practice in their support for employees.

- Amid the APPG's efforts to get the Government to scrap HRT costs, Timpson committed to pay for HRT prescriptions for staff.

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<sup>4</sup> The Fawcett Society, [Menopause and the workplace report](#), 2022

<sup>5</sup> CIPD, [Majority of working women experiencing the menopause say it has a negative impact on them at work](#), 26/03/22

- Network Rail have a 'reasonable adjustment policy' to help women through the menopause, provide information toolkits on menopause for colleagues, and offer welfare packs for their employees out on the tracks.
- PWC have also developed a menopause in the workplace toolkit, hold webcasts with specialists, and have a Menopause Matters group consisting of female employees.
- The John Lewis Partnership provide guidance for all Partners, including those who are experiencing menopause, co-workers who are supporting someone in the workplace, and managers to understand how to manage and help someone going through the menopause.
- Bristol Myers Squibb have an inclusive culture irrespective of gender, and ensure menopause is factored into this particularly as 61% of their workforce are women and 22% are over the age of 51. BMS trained menopause advocates, and HR managers receive mandatory menopause training to have the skills to support employees. In addition, their leadership team fund a fast track referral service through their occupational health partners allowing employees to see a consultant accredited by the British Medical Society free of charge.
- Tesco have launched an online Women's Health Guide, to help colleagues to understand more about menopause and provide advice. They have also altered the design of their lady's uniform so that it is more breathable and lightweight.
- Insurer AXA Health have reshaped their menopause proposition, to focus on preventing severe symptoms and delivering a more holistic, empathetic and empowering journey which helps people find what treatment works best for them; partnering with the Peppy digital health app which provides support via one-to-one messaging and virtual consultations with a specialist.
- The National Police Chief's Council set up a Menopause Action Group in 2013 to drive local, regional and national menopause strategy and developed national guidance to be implemented at force level.
- UNISON also produce national guidance and a model policy on Menopause.

While it is very welcome to see these well-known UK organisations lead the way – and we heard from many more – many organisations do not have the resource, understanding, or access to guidance and support to put such measures in place. In 2019, CIPD polling of HR professionals found that less than 1 in 10 had any form of policy, framework or guidance in place relating to the menopause, with this figure having risen to almost a quarter in 2021. The APPG co-hosted a roundtable with recruitment firm Adecco to bring together SMEs and charitable organisations to educate them on how to support menopausal colleagues and how effective menopause support can help organisations retain talent, reduce sickness levels and boost productivity and happiness at work.

CIPD outlined 4 pillars of support that organisations should focus on 1) opening up the culture, to provide information and encourage conversations about the menopause among all employees, managers, men and women; 2) developing a supportive framework such as specific menopause policy or guidance; 3) treating an employee with menopause symptoms in the same way as someone with any long-term health condition or absence; and 4) educating and training of line managers.

There are many practices organisations can put in place to create menopause friendly workplaces. This could include gaining critical senior level buy in; setting up menopause networks/support groups of employees; ensuring all colleagues are part of the conversation; providing accessible menopause resources; offering flexible working and reasonable adjustments; treating menopause as a long-term health condition in the absence policies; considering workplace environment adjustments such as uniforms, temperature control or rest breaks; and ensuring line managers are trained to be compassionate and aware to talk about the menopause.

There is a role for both Government and employers to play to work together to drive forward this change.

Throughout this inquiry and campaign, we have been encouraged by more and more organisations signing up to the Menopause Workplace Pledge, committing to recognising that the menopause can be an issue in the workplace and women need support; talking openly, positively and respectfully about the menopause; and actively supporting and informing employees affected by the menopause. Over

1000 employers, including the Civil Service and the Speaker of the House of Commons on behalf of Parliament have signed the Pledge.

We recognise there is no one-size fits all approach to menopause transition at work, both due to individualised experience of people going through the menopause and the support they require, and the levels of support different organisations will be able to provide. However due to the current lack of guidance and legislation, many employers don't have the tools they need to ensure they have effective support in place for menopausal women, and those that are facing discrimination at work don't have anywhere to turn to seek help.

### **Recommendations**

- **The Government must co-ordinate and support an employer-led campaign to raise awareness of menopause in the workplace and to help tackle the taboo surrounding menopause and work. This campaign must promote the importance of supporting employees through the menopause transition as a core employee health issue, and promote the business case for investing in employee support.**
- **The Government must update and promote guidance for employers on best practice menopause at work policies and supporting interventions. This should include the economic justification and productivity benefits of doing so and be tailored to organisations of different sizes and resources to ensure it is as effective as possible.**

## Chapter 3 – Improving access to HRT and myth busting

Menopause is essentially a hormone deficiency, and there is a low-cost, effective and safe treatment available – Hormone Replacement Therapy or HRT as it is more commonly known. HRT is a hormone treatment that includes oestrogen, often progestogen and in some cases testosterone. HRT is recommended by NICE and is proven effective in managing menopause symptoms such as hot flushes, night sweats, mood swings, brain fog, vaginal dryness and bladder symptoms, as early as during perimenopause. It also can have significant wider health benefits such as reducing the risk of developing conditions including heart disease, osteoporosis, diabetes, depression and dementia in the future as a result of the low hormone levels that occur<sup>6</sup>. The benefits of taking HRT outweigh any risks for the majority of women, yet only the minority of menopausal women (around 14%) take HRT.

Despite the well evidenced and safe benefits of HRT, there have been continuous scare stories over the past few decades around the use of HRT and cancer. In the APPG's call for evidence, many pointed to the results of the Million Women Study and Women's Health Initiative in 2002 which were misreported to the press as a result of misinformation and overgeneralisation of data. While many subsequent studies have shown how safe and effective HRT is for the majority of women, the perceptions of its perceived risks – from clots, to cardiovascular problems and breast cancer – prevail both among women and medical professionals due to years of misinformation continuing to be spread.

We do recognise the evidence which shows a link between some types of HRT and breast cancer, yet this has been overexaggerated and stated out of context. For many women the benefits considerably outweigh the risks of HRT, and poor lifestyle choices are proven to pose a much greater threat to developing cancers, including breast cancer. Women and healthcare professionals remain concerned about HRT due to years of misinformation, which has led to healthcare professionals prescribing away from it.

NICE are currently updating their guidelines on menopause to ensure they continue to reflect the latest evidence, and is due to update its recommendations on the long-term risks and benefits of HRT in Autumn 2023. However in many areas, clinicians are not allowed to prescribe all types of HRT due to local restrictions. As such, there needs to be a National HRT Prescribing Formulary so GPs and healthcare professionals can prescribe any HRT that is in the British National Formulary.

The MHRA needs to update its information for both healthcare professionals and patients about HRT including vaginal oestrogen. Much of the information in their information is incorrect and therefore confusing for both healthcare professionals and women (for example stating risk of clot with transdermal oestrogen and risk of heart disease with vaginal oestrogen – both are incorrect.)

There are alternatives to HRT for those who choose not to take HRT or who are not recommended to take HRT, such as women who have had an oestrogen receptor positive breast cancer in the past. While options may help improve their quality of life, which we will explore later in this report, for the majority, HRT is a safe and highly effective option that can significantly improve their way of life and offer future health benefits. People can receive body identical HRT, which has the same structure as the hormones women naturally produce, offering the most benefits and the lowest risks.

While every woman goes through menopause and should have access to treatment, there is a real inequality of access issue with women experiencing huge variation in the accessibility and quality of their menopause care.

Firstly, misdiagnosis is all too common. A recent survey from Newson Health of over 5000 women found that 79% had visited their GP about symptoms, but only 37% were given HRT, whereas 23% were

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<sup>6</sup> Dr Louise Newson, Balance Menopause Library, [HRT](#)

given antidepressants, against NICE guidelines<sup>7</sup>. 44% of women who eventually received treatment had to wait for a year or more, but 12% had waited more than 5 years. The limited training of healthcare professionals must be addressed, which we will cover more in the next chapter.

Secondly, cost remains a barrier for some women. Thanks to the momentous efforts of all #MenopauseRevolution campaigners, HRT will be available at a reduced cost on prescription from April 2023. The Government has now made a low-dose HRT option accessible over the counter to treat vaginal atrophy in postmenopausal women without needing a prescription. Yet a survey carried out by Newson Health of over 1000 women found that 39% are paying between £51-150 a year on HRT, while around 20% are paying over £150 a year, and some more than £300.

Despite committing to reduce HRT prescription costs in October 2021, the Government is not due to introduce the pre-payment certificate (PPC) through which women can access NHS prescriptions for HRT medicines licensed for the annual cost of 2 single item prescription charges (currently £18.70) until April 2023 – 18 months later. HRT is not a luxury, and it ought to be freely available for all who wish to use it, especially those who go through Primary Ovarian Insufficiency, Surgical or Chemical Menopause. The Government must make HRT free on prescription to all in England, as is the case in Wales, Scotland and Northern Ireland.

It remains the case that the easiest way to access menopause care is via private clinics, and the APPG heard story after story of women who sought out a private clinic after failing to receive the right support via the primary healthcare system. This creates significant health inequalities between different socio-economic grounds and ethnicities in menopause care – particularly for those with more complex menopause needs (as is covered in the clinical chapter).

This is no criticism of our wonderful NHS and hardworking local GPs, but as we discuss further in the next chapter, the support and training they receive is not giving them the tools they need to effectively diagnose, treat and support those going through the menopause.

Thirdly, there is very much a postcode lottery when it comes to menopause care. Depending on where a woman lives, her luck in having a well informed and understanding GP, or whether she has access to a menopause specialist, can all impact on whether she gets the right diagnosis and treatment she needs. Newson's survey also found that of women who were getting HRT, 1 in 5 do not receive it on a repeat prescription, and 86% receive three months or less at a time.

If there was a National Formulary for all GPs and healthcare professionals to prescribe out of, as mentioned above, it would help healthcare professionals have the correct understanding of the medicines available and improve equity of access.

### *Testosterone in the UK*

There is some evidence that testosterone is beneficial in addition to oestrogen and progesterone in managing symptoms such as fatigue, brain fog and lack of libido. While it is not currently licensed as a treatment for women in the UK, it is widely and safely prescribed off-licence by many menopause specialist doctors and some GPs. In February 2019, the British Menopause Society created a toolkit for physicians on testosterone use in treating menopause.

The APPG heard evidence from Michael Buckley who established Lawley Pharmaceuticals 25 years ago and worked to get their AndroFeme<sup>®</sup> testosterone cream licensed in Australia. In November 2020, testosterone became licensed as an international product with an export license. For women in the UK, the testosterone options available are either off-label use of male-approved products or the use of the Lawley AndroFeme<sup>®</sup> product as an unlicensed medicine prescribed privately.

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<sup>7</sup> Dr Louise Newson & Dr Rebecca Lewis, [Delayed diagnosis and treatment of menopause is wasting NHS appointments and resources](#), 2021

Buckley is working to get this licensed in the UK via the MHRA, however others noted that there has not been enough research around testosterone to create a consensus that can help convince regulators.

In the meantime, Dr Louise Newson made the case that while evidencing the safety of testosterone is key to get this licenced via the MHRA, prescribing testosterone to treat low libido is essential, being a common symptom of menopause. She added that medical professionals must be educated and assured that off-license prescribing is safe, as this is how many treatments are currently prescribed.

### **Recommendations**

- **The Government must urgently grant an exemption from the prescription cost for access to HRT for all in England, as is the case in Wales, Scotland and Northern Ireland. This should include vaginal hormonal preparations as well as systemic HRT.**
- **The government needs to create a National Formulary for all types of HRT to ensure that medical professionals can access the most accurate guidance on prescribing the treatment. This must be complemented with a public health campaign to continue raising awareness among medical professionals and women themselves.**
- **The Government must work with the Medicines and Healthcare Products Regulatory Agency to evaluate the evidence of testosterone in managing menopause symptoms with a view to getting this essential treatment option licensed in the UK. In the meantime, clinicians should be provided with more education regarding safe testosterone prescribing for the indication of the use of 'testosterone supplementation' stated in the NICE menopause guidance.**
- **The Government must work with the Medicines and Healthcare Products Regulatory Agency to amend and update their information for patients and healthcare professionals on HRT as it is currently inaccurate and misleading with respect to numerous risks and contra-indications given by them for transdermal oestrogen, micronised progesterone and vaginal hormonal preparations. All women who want to take HRT should be able to receive it promptly and without unnecessary delays, and adequate information (in different languages) should be available for all women to access easily.**



## Chapter 4 – Improving the clinical approach to menopause

Of the many personal testimonials the APPG received as part of this inquiry, the vast majority told stories of their struggles to get the diagnosis, treatment and support they so desperately needed through the NHS. Many spoke of their battles over years bouncing from doctor to doctor within the NHS, being brushed off, misdiagnosed, or offered the wrong treatment. This is a particular issue for those experiencing early menopause, as GPs don't consider the possibility that they could be menopausal.

Despite clear NICE guidelines on diagnosing and treating menopause – which we are pleased are being reviewed further – many turned to social media and online forums for answers, before eventually seeking private healthcare from menopause specialists as a last resort.

As covered in the chapter on HRT, treatment options in the NHS must be available and easy to access for all women. Yet this is not currently the case, with women experiencing huge variation in the accessibility and quality of their menopause care. As stated already, the APPG does not seek to criticise our wonderful health system and brilliant, hardworking local GPs. The issue is they are not given the tools to correctly diagnose and provide the individualised menopause care women need.

BMS, FSRH and RCOG summed up the need well in their submission to this inquiry, saying “*It is essential that healthcare professionals across every part of the system have the right level of knowledge, as well as adequate capacity, to ensure that individual women are able to access timely care, in the part of the system that best suits their needs, as well as ensuring the system is used as cost-effectively as possible.*”

### Primary care

The Women's Health Strategy referred to the NHS Menopause Pathway Improvement Programme which was launched by the Government in 2021 to work to improve clinical care for menopause in England. It also stated that “NHS England is working with Wellbeing of Women to develop an awareness-raising package among key healthcare professionals – for example, those who carry out health checks, pharmacists, general consultations and so on – to ensure more women are advised to seek support earlier in their menopause”<sup>8</sup>.

These are welcome moves, but an awareness-raising package is simply not enough and great urgency is needed in delivering reforms to all these sections of our healthcare system, so practitioners can be educated on menopause in order to take a holistic approach to women's menopause support.

A key issue raised with the APPG was the inadequacy of training around the menopause provided to trainee doctors in medical school. There are up to 50 symptoms of the perimenopause and menopause, yet 41% of the UK's 33 medical schools do not have mandatory menopause education on their curriculum<sup>9</sup>. Many universities said they expected their students to gain menopause education whilst on GP training placements. As a result some doctors may leave medical school and enter the NHS with no education in menopause at all, resulting in a postcode lottery for women seeking help.

It is welcome that the GMC will be introducing the Medical Licensing Assessment for the majority of incoming doctors, including all medical students graduating from academic year 2024 to 2025, which will cover topics relating to women's health, including menopause. However, this still leaves a huge knowledge gap within existing medical professionals and those graduating in the next few years.

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<sup>8</sup> DHSC, [Policy Paper: Women's Health Strategy for England](#), 30/08/22

<sup>9</sup> [Menopause Support Survey Reveals Shocking Disparity in Menopause Training in Medical Schools](#), 13/05/21

The previous chapter highlighted data from Newson Health on misdiagnosis rates, and the APPG received similar evidence from studies carried out by campaign groups and supporters, including Mumsnet who shared that 26% of users said to have visited their GPs more than 3 times before they were prescribed with appropriate medication or help.

How can this be right when 51% of the population will go through this during their lifetimes?

The Royal College of Obstetricians and Gynaecologists (RCOG) told the APPG that because every woman's menopause symptoms are different, menopause treatment in the NHS cannot be formulaic but must be individualised, and it is necessary to implement any changes to menopause training and treatment within the NHS from a grassroots level upwards.

As a starting point, if the NHS can improve menopause education within primary care, it will empower those healthcare professionals to help and treat women suffering with menopause, relieve strain on the limited number of menopause specialists within our healthcare system, and improve future health. Specialist menopause care will remain essential given the different, and in some cases complex, symptoms and health issues women face during the menopause. However the NHS primary care offering must be vastly improved, being the first port of call for women seeking support through the menopause, and critically, being free at point of use.

We heard from doctors who decided to train themselves via the British Menopause Society's course given the inadequacy of their menopause education through medical training. BMS provides a respected accreditation which is useful in helping healthcare professionals to meet high standards of menopause care, however their courses come at personal financial cost to those who seek to educate themselves. Dr Sarah Ball told the APPG that she had been on the waiting list for four years given the increasing demand for menopause care, in which time she had taken to educating herself.

In addition, while the Royal Collage of General Practitioners have asserted that menopause and perimenopause are a significant part of the GP curriculum, which provides a "women centred life course approach" where every contact throughout a women's life matters, women are still being under supported by some GPs who are unaware or feel unequipped to effectively diagnose and treat them. Updating and improving GP training is a priority and we call on RCGP to consider how to best support trainee GPs deliver the best menopause treatment possible through primary care, as well as how to deliver Continued Professional Development courses to existing GPs who did not receive adequate training in the past. Even just ensuring there is at least one team member within every GP practice that has a specialist knowledge of menopause could make a huge difference.

Witnesses also suggested that a menopause indicator could be included within the GP Quality and Outcomes Framework (QOF) which tracks disease prevalence and care quality achievement rates. As a reward and incentive programme for GPs, inclusion of menopause on QOF's could significantly help resource and reward good practice.

In a position statement published last year, the RGCP endorsed NICE's menopause quality standards which identifies five key points from the clinical guideline to improve the care of patients<sup>10</sup>. They advocated for primary care audits against these quality standards as a way to measure current practice, provide education to primary care teams, and improving the menopause care that patients receive.

### Specialist care

From there, the availability of specialist services must be increased for the many women who require additional support to manage their unique and complex menopause challenges, such as those facing

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<sup>10</sup> [RCGP, RCOG and BMS Position Statement on the Menopause](#), 05/22

medically or surgically induced menopause, conditions such as PCOS, or simply those who are not responding to GP treatment.

The lack of NHS specialist menopause clinics across the UK is a serious issue, with the majority having been decommissioned over the past few decades. Cornwall and Devon, for example, do not have a single NHS menopause clinic.

We heard evidence from doctors who are trained in menopause healthcare but said they were unable to put their skills to best use due to the barriers in the NHS to set up or run a specialist menopause clinic and take referrals, as the correct pathways are not in place.

The NHS Menopause Pathway Improvement Programme must assess the need and demand for specialist menopause care, and map existing provision, to evaluate where new specialist services need to be commissioned. It is essential that women across the UK have equitable and rapid access to specialist services on the NHS.

#### Wider NHS support

At the same time, the gap between primary and specialist services must be bridged, particularly for women who are waiting for specialist care having been referred by their local GP. As noted in the Women's Health Strategy, there are many other parts of our health system that can be further empowered to support women through the menopause, and this could include specialist menopause nurses in GPs, pharmacist support, and even a much improved NHS website for those seeking information.

And finally, the last piece of the puzzle remains the need for wider education throughout society to support and empower women to understand what is happening to them, recognise their symptoms, and seek help as early as possible in their perimenopause and menopause journey.

In giving evidence, Matthew Cripps, Director of Behaviour Change at NHS England/Improvement, noted his belief that misogyny has a role to play in the inefficiencies in the NHS offerings around Menopause. He made the case that the NHS should design a series of education packages on menopause, to roll out from schools to frontline clinicians, as well as an optimal clinical pathway once women receive a menopause diagnosis. He also said the NHS should improve wider clinical awareness and increase the number menopause specialists in the healthcare system.

The British Menopause Charity has a charitable arm that can be contacted via email or over the phone by women seeking advice having not been able to get the support they needed from their GP, and there are numerous menopause support groups and charities that have been set up for a similar purpose. However, this advice should be available on the NHS.

The RCOG told the APPG that 85% of people think the NHS website is reliable and many who gave evidence called for information on menopause on the NHS website to be vastly improved.

#### Menopause screenings

When assessing the adequacy of clinical support for women going through menopause, the APPG also sought evidence on the value of menopause screenings for women over a certain age. Almost all that the APPG heard from during the course of the inquiry agreed that screenings of some kind via the NHS could help better prepare women for menopause and help practitioners diagnose menopause at an earlier stage.

The British Menopause Society and RCOG has made the case for scheduled check-ups for women at the age of 45 to discuss their health including menopause since 2012. Such check-ups are essential so that women can receive up to date advice before they reach perimenopause so that they can make the right choices and lifestyle changes.

Others suggested that menopause could be triaged at regular cervical screening appointments from a certain age, which could be run by NHS nurses in primary care, and that if a question on menopause was included within healthcare questionnaires, this could help healthcare professionals to identify and diagnose symptoms. Information about menopause and treatment options, including HRT, could also be given at each mammogram visit.

More generally, if GPs are equipped and empowered with the right information, they could be more proactive in considering menopause during other routine health checks and offer information to women nearing peri-menopausal age on the symptoms at that stage.

Opening discussions at an earlier stage in women's lives, before they are affected by symptoms that impact their day-to-day lives, jobs, families, and their health, may help to normalise the menopause and overcome the barriers that made it a taboo subject for generations.

## **Recommendations**

- **While it is welcome that a Medical Licensing Assessment for incoming doctors will be introduced in 2024/25 and will cover menopause, Health Education England and the RCGP must consider how to equip existing healthcare professions to deliver the best menopause treatment possible through primary care, such as through Continued Professional Development courses for existing GPs who did not have the option to receive adequate training in the past. The RCP, RCPsych, RCN and RPS should also ensure all their clinicians receive updated menopause training to allow correct diagnosis and treatment of the perimenopause and menopause.**
- **Menopause must be included as an indicator within the GP Quality and Outcomes Framework (QOF) to incentivise GPs to improve their menopause diagnosis, treatment and care within their practice.**
- **The Government and NHS must urgently review the need and demand for specialist menopause care, map existing provision, and evaluate where new specialist NHS services need to be commissioned to ensure this can be accessed by all that need more complex care.**
- **The NHS must implement a health check for all women at the age of 45, offered in a similar way to cervical cancer smears when all women are invited to make an appointment. This is crucial to ensure women are engaged with the health system ahead of or in the early stages of perimenopause, help diagnose menopause at an earlier stage, and ensure women are better prepared and have the right information and treatment they need to manage the menopause transition. The NHS can also do more to prepare women and provide them with information throughout their lives, be it at cervical smears, mammograms, postnatal checks and so on.**

## Chapter 5 – Future and alternative treatment pathways

While HRT is a very effective and safe treatment for the vast majority of women going through menopause, the APPG recognises that it is not the right treatment for all women. For example, women with history of a cancer that is sensitive to hormones such as breast cancer (although this is under review by NICE). Equally, there are some women who decide for personal reasons that hormonal or clinical treatments are not right for them.

The APPG heard evidence both from those offering complementary and alternative therapies about how they can help women manage their menopause symptoms, and from pharmaceutical companies and doctors of new hormonal and non-hormonal treatment pathways coming down the track.

### Alternative treatments

The APPG recognises that the evidence on the effectiveness of CBT, complementary and holistic treatments or herbal therapies is unclear and often disputed within the menopause community, and they are unable to treat a wide range of menopause symptoms in the way that HRT can.

Nevertheless, for women for whom HRT is not an option, be it a medical reason, or personal choice, there are many alternative treatments out there which can help women manage during the menopause.

Even for women on HRT and/or testosterone, complementary therapies can be beneficial in helping them manage symptoms. Dr Kaur Birinder, GP and Vice-President of the Federation of Holistic Therapists (FHT) and practicing complementary therapist, told the APPG about the importance for women going through the menopause to maintain their long-term health and make lifestyle changes to manage their symptoms. This can range from lifestyle factors such as a healthy eating plan, calcium for bone density, massages, reiki, yoga, or even herbal remedies. Dr Birinder made clear that you can't make an effective comparison between such treatments and HRT, as HRT is chemically replacing hormones that are missing. However, she made the case that it doesn't have to be a direct alternative, one can complement the other.

The FHT also told the APPG that in order to make these options more financially accessible to all, GPs must be educated on social prescribing, and greater collaboration between the complementary therapies sector and GPs is needed to make them aware of the range of options they can offer women to treat and support them during menopause.

Social prescribing became national policy in 2018, and essentially provides doctors with alternative or additional ways to support a patient, such as signposting them to complementary therapies. Social prescribing link workers connect people to wider community support which can help improve their health and well-being and help them to engage and deal with some of their underlying causes of ill health. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses.

Recently, the College of Medicine supported the coming together of complementary health organisations to form the Integrated Medicine Alliance (IMA) which provides information on the various complementary modalities and is planning to create a course for social prescribing link workers to familiarise them with the different complementary options<sup>11</sup>.

Women in Sport told the APPG that the health benefits of physical activity during the menopause transition are well documented and are important to manage symptoms and improve health outcomes

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<sup>11</sup> Federation of Holistic Therapists, Social Prescribing: What is it, and How Can it Benefit You? 08/22

in later life. Yet their research found that 30% of women said they were “less active” since starting menopause. They also called for the healthcare sector to take a greater role in promoting sport and physical activity.

The National Institute of Medical Herbalists told the APPG that at a consultation with a medical herbalist, a woman can seek dietary and lifestyle advice to improve her overall menopausal symptoms. They added that they support all women, whether they are taking HRT or not, and their members are trained to offer products that safely work alongside prescription medication. They added that research is currently being undertaken into the benefits of plant compounds traditionally used in menopause – such as phyto-oestrogens – as an alternative to HRT by researchers at the University of Arizona.

Holland & Barratt also advocated for wider access to lifestyle management and suggested that access to personalised advice is needed to support women through the menopause. A study they carried out of over 2000 women experiencing perimenopause or menopause in July 2021 found that 23% used product solutions such as menopause specific vitamins and supplements, and 11% used natural or herbal remedies to help treat the menopause. They noted the role they can play to help women to make choices about self-management and to train their colleagues to support customers.

**While complementary and alternative menopause therapies are available and may be helpful for some women in managing their symptoms, ultimately, they come at cost. Access to HRT for women in the UK is a postcode lottery, and for those who are not so fortunate as to get the correct body-identical HRT from their GP, or cannot take HRT due to a medical condition, they are forced to seek alternatives elsewhere. They are led to pay out of pocket for private healthcare or spend their money on high street products which cannot replicate HRT. For women who can't afford private healthcare or alternative treatments, they are left with no where to turn.**

**This creates socio-economic divide between the women who can seek private treatment or pay for alternative therapies or products and those who can't, which is exacerbated by the impact that the menopause can have on the working lives of women. Those without the financial means to seek the essential clinical treatment they require to manage their symptoms, can end up taking additional days off work, missing out opportunities, and sometimes leaving work all together, further putting their financial situations at risk.**

#### Future treatment pathways

During the inquiry, the APPG was also updated on new hormonal and non-hormonal treatment pathways coming down the track. Dr Sarah Ball told the APPG about Estetrol or 'E4', which is a new hormone therapy being developed as a contraceptive and to treat menopause. Research indicates it may also have use in areas outside of women's health including hormone-dependant cancers, osteoporosis, neuro-protection and wound healing.

Astellas told the APPG they are developing a new treatment to tackle menopause symptoms that start in the brain by attacking neurons directly so to reduce the severity of hot flushes and sweats and to improve sleep. They told us that they do not intend to position themselves as an opposite competitor to HRT, but want to provide possible alternatives to give women options.

Theramex, the largest supplier of transdermal HRT patches in the UK, also told the APPG they aim to find new products to bring to the market as treatment needs to be individualised to women who must have the choice of what is right for them.

The APPG welcomes further updates from companies on the development of new treatments to manage menopause symptoms and to ensure all women and people suffering with menopause symptoms are provided with options so they can find what is right for them to deliver positive outcomes.

## Conclusions

The evidence that we have received during this inquiry and our findings clearly demonstrate that widespread action is needed across all spheres to improve the situation for those going through the menopause, and the families, friends and colleagues affected by it.

We are already beginning to see the tide of change as the menopause has begun breaking through into public discourse in the year since the #MenopauseRevolution campaign was launched. But this is just the start.

The taboo surrounding the menopause prevails in all corners of our society, in workplaces, within families and among friends, in education, and within the medical profession as some are not given the tools they need to adequately support women through their menopause journeys.

In this report we have considered what government and the relevant public bodies such as the NHS, NICE, Health Education England and the MHRA can do to vastly improve the support available for women suffering as a result of the menopause.

Whether the inability to get the right diagnosis at the right time, difficulties in accessing HRT or the right treatment, a lack of support from their employer while struggling at work, or simply not being able to recognise what is happening to them and their bodies and seek help, put together, menopause can have a seriously detrimental impact on the day-to-day lives of women.

We are particularly concerned about the socio-economic divide emerging between women who are able to access the right treatment, and those who lose out in the HRT postcode lottery and do not have the financial means to seek treatment elsewhere.

Despite recognition from Government in the Women's Health Strategy and through the formation of the Menopause Taskforce of the need to intervene to improve the situation, we are yet to see what action will be taken forward to tackle the array of challenges the APPG explored in its inquiry and in this report.

We urge the Government to consider the recommendations made in this report and take decisive action to improve the menopause landscape for women and those experiencing it across the UK, but also for the benefit of wider society, productivity and the economy. We look forward to working with them as part of that process.



## Annex A: Witnesses At Public Inquiry Sessions

### Session 1: Experts by Experience

15<sup>th</sup> July 2021

- Elizabeth Carr-Ellis – Creator and co-founder, Pausitivity #KnowYourMenopause campaign
- Kate Evans – Writer and expert by experience
- Diane Danzebrink – Founder of menopausesupport.co.uk and #MakeMenopauseMatter campaign
- Nina Kuypers, Founder of Black Women in Menopause

### Session 2: Menopause Charities and Support Groups

8<sup>th</sup> September 2021

- Justine Roberts CBE – Founder and Chief Executive, Mumsnet
- Katie Taylor – Founder and CEO, The Latte Lounge
- Gaynor Tucker – Founder, Perimenopause Support
- Rachel Weiss – Founder and Chairperson, Menopause Café
- Liz Prinz – Insight Manager, Women in Sport

### Session 3: Menopause in the Workplace

20<sup>th</sup> October 2021

- Emma Taylor, People Director, ROI, Tesco
- Rachel Suff, Senior Policy Adviser (Employment Relations), CIPD
- Andrew Bazeley, Policy and Public Affairs Manager, Fawcett Society
- Janet Trowse, Head of HR Systems Operator, Network Rail
- Sarah Churchman OBE, Chief Inclusion, Community & Wellbeing Officer, PwC
- Laura Garside, Colleague Support Advisor, Timpson Ltd
- Dr Angela Rowntree, Occupational Health Practitioner, John Lewis Partnership
- Lisa Macis, Menopause Project Manager, Bristol Myers Squibb

### Session 4: HRT and Testosterone

7<sup>th</sup> December 2021

- Dr Louise Newson, Newson Health menopause specialist, founder of Balance app
- Dr Shirin Lakhani, Aesthetics doctor specialising in alternative HRT
- Jacqui McBurnie, NHS England/Improvement Menopause Group Chair
- Michael Buckley, CEO/ Medical Director, Lawley Pharmaceuticals, Perth Australia
- Alastair Darby, CEO, Newson Health
- Professor Matthew Cripps, Director of Behaviour Change Team, NHS England and NHS Improvement

### Session 5: Menopause Medical Training and Screening

12<sup>th</sup> January 2022

- Paula Briggs, Chairman, British Menopause Society
- Vikram Talaulikar, The Menopause Clinic
- Laura Flatman and Suzanne Banks CBE, NHS England
- Chris Dzikiti, NHS England Menopause Programme Lead
- Dr Wendy Molefi, The Mindful GP
- Dr Shahzadi Harper, The Harper Clinic
- Eddie Morris MD PRCOG, President of the Royal College of Obstetricians and Gynaecologists

## **Session 6: Menopause Education, Understanding and Awareness**

*9<sup>th</sup> February 2022*

- Maria Lyle, Director, RAF Families Federation
- Lisa Nicholls, Menopause Campaign Lead, Fair Treatment for Women in Wales
- Lucy Russell, Gender Specialist, National Education Union
- Mary Bailey, Strategic Support Lead, National Police Chief Council
- Lisa Winward, Chief Constable, North Yorkshire Police

## **Session 7: Alternative and future menopause treatment pathways**

*24<sup>th</sup> May 2022*

- Dr Katie Barber, Menopause Specialist, Oxford Menopause
- Dr Sarah Ball, Menopause Specialist, Newson Health
- Dr Ludmila Scrine, Medical Lead, Astellas
- Tina Backhouse, General Manager UK, Theramex
- Melinda McDougall, Vice President, National Institute of Medical Herbalists
- Dr Kaur Birinder, Vice President, Federation of Holistic Therapists
- Meera Bhogul, Founder, Made from Scratch

## Annex B: List of Written Submissions Received

Abigail Fraser, PhD Student  
Action on Postpartum Psychosis  
Against Violence and Abuse (AVA)  
Alcumus  
Alice Abrey, UCL MSc Social Policy and Social Research programme  
Alison Newell, Personal Testimony  
Anne Gallagher, Personal Testimony  
Astellas Pharma  
AXA Health  
Bar Council  
Birmingham City Council, Adult Social Care Directorate, Menopause Workplace Forum  
Bristol Myers Squibb  
British Menopause Society (BMS), Royal College of Obstetricians and Gynaecologists (RCOG) and Faculty of Sexual and Reproductive Health (FSRH)  
Celia Hicks, Personal Testimony  
CIPD  
City & Guilds, M-Power Menopause Support Group  
Clare Fone, The Westminster Physiotherapy and Pilates Centre  
Community Trade Union  
Debbie Baisden, Personal Testimony  
Debra Morris, Personal Testimony  
Dr Hannah Short, Specialist in Menopause & Premenstrual Disorders  
Dr Katie Barber, Oxford Menopause  
Dr Louise Newson, Newson Health, Founder of Balance App  
Eleana Theodorou-Thacker, Personal Testimony  
Eleanor Devereux, medical herbalist  
European Connected Health Alliance  
Federation of Holistic Therapists  
Financial Services Skills Commission  
Fiona Brown, Personal Testimony  
Gillian Sim, Personal Testimony  
Holland & Barrett  
Hot Flush Club  
Jane Johnson, Personal Testimony  
Janice Donacie, Personal Testimony  
Jo Kehoe, Personal Testimony  
Karen Sohenle, Personal Testimony  
Kathryn Colas Academy  
Latte Lounge  
Lesley, Personal Testimony  
Margaret Condran, Personal Testimony  
MenoHealth  
Menopause Café Charity  
Menopause Inclusion Collective  
Michelle Robshaw-Bryan, Personal Testimony  
National Institute of Medical Herbalists  
National Police Chief's Council, National Menopause Action Group  
NHS England/Improvement Menopause Group  
Nicola Hughes, Personal Testimony  
PCOS Vitality  
Perimenopause Support UK  
Peter Greenhouse, Menopause Specialist  
Professor Katherine Sang, Edinburgh Business School, Heriot Watt University  
RAF Families Federation  
Sam Robin, Personal Testimony  
Sima Davarian, Personal Testimony  
Sophie Moody, Personal Testimony  
Susan Lowe, Personal Testimony  
Suzanna Bennett, Personal Testimony  
Talking Menopause  
Tania Glyde, Queer Menopause  
Tarvinder Singh Juss MPharmS  
The Menopause Charity  
UNISON  
USDAW  
Wellbeing of Women  
Women in Sport  
Zurich UK

## Annex C: About the APPG on Menopause

The All-Party Parliamentary Group (APPG) was established by Carolyn Harris MP in 2021 to tackle the lack of understanding around Menopause amongst policymakers, the public and employers. The Group provides a platform in the heart of Parliament that highlights the issues and challenges around Menopause that deserve attention and acts as a forum for discussion.

APPGs are cross-party groups of MPs and Peers with a shared interest in a particular issue they would like to raise in Parliament and with Government. Though they are run by and for Members of the Commons and Lords, many choose to involve outside organisations for advice and administration.

Officers of the Group:

- Carolyn Harris MP – Chair
- Jackie Doyle Price MP – Vice Chair
- Tim Loughton MP – Vice Chair
- Nickie Aiken MP – Vice Chair
- Peter Dowd MP – Vice Chair
- Judith Cummins MP – Vice Chair
- Jessica Morden MP – Vice Chair
- Rosie Duffield MP – Secretary
- William Wragg MP – Treasurer

More information on the APPG is available on Twitter at [@APPGMenopause](https://twitter.com/APPGMenopause) and [www.menopause-appg.co.uk](http://www.menopause-appg.co.uk).