



Let's Talk about the Menopause:

The Views and Experiences of Women
living in Hertfordshire

Engagement: May – July 2023

Published: December 2023

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About Healthwatch Hertfordshire

Healthwatch Hertfordshire (HwH) represents the views of people in Hertfordshire for health and social care services. We provide an independent consumer voice for evidencing patient and public experiences and gathering local intelligence with the purpose of influencing service improvement across the county. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard, and to address gaps in services quality and/or provision.

About the Hertfordshire and West Essex Integrated Care System (ICS)

The Hertfordshire and West Essex Integrated Care System (ICS) was established as a statutory body on 1st July 2022. Integrated Care Systems are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, coordinate and commission health and care services¹. The Hertfordshire and West Essex ICS is made up of two key bodies – an Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

Integrated Care Board (ICB)

The Integrated Care Board (ICB) is an NHS organisation responsible for planning and overseeing how NHS money is spent across Hertfordshire and West Essex, with the aim of joining up health and care services, improving health and wellbeing, and reducing health inequalities. The board of the ICB includes representation from NHS trusts, primary care and from Hertfordshire County Council and Essex County Council².

This report will be sent to the Hertfordshire and West Essex ICB Primary Care Board to inform how primary care services can further support women during the menopause.

Integrated Care Partnership (ICP)

The Integrated Care Partnership (ICP) is made up of representatives from different organisations involved in health and care. This includes NHS organisations, local authorities and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. The partnership is responsible for developing an Integrated Care Strategy which will set out the priorities for Hertfordshire and West Essex for the next 10–20 years³.

¹ [Integrated care systems: how will they work under the Health and Care Act? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insights-and-analysis/healthcare/integrated-care-systems)

² [Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System \(hertsandwestessexics.org.uk\)](https://www.hertsandwestessexics.org.uk/health-and-wellbeing-decisions)

³ [Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System \(hertsandwestessexics.org.uk\)](https://www.hertsandwestessexics.org.uk/health-and-wellbeing-decisions)

Hearing Patient Views about Primary Care in Hertfordshire and West Essex

Healthwatch Hertfordshire and Healthwatch Essex have been commissioned by the Hertfordshire and West Essex Integrated Care System (ICS) Primary Care Workstream to undertake a series of engagement projects. The aims of the engagement projects include:

- Gathering lived experiences to feed directly into the Hertfordshire and West Essex ICS Primary Care Workstream
- Supporting and enabling the Hertfordshire and West Essex ICS to achieve wider participant engagement
- Engaging patients and the public on programmes covering key priorities and areas of importance at a regional and local level
- Making recommendations to the Hertfordshire and West Essex ICS Primary Care Workstream so improvements can be implemented

Using patient and public feedback, each engagement project will focus on improving the relevant service(s) within different areas of primary care by making recommendations to the Hertfordshire and West Essex ICB Primary Care Board.

From May 2023 to August 2023 the Director of Primary Care Transformation at the ICB has requested Healthwatch Hertfordshire and Healthwatch Essex to explore whether women have looked for information, advice, or support from primary care services for the menopause, and if so, whether they have felt adequately supported.

Background

What is the Perimenopause/Menopause?

The menopause is when an individual's periods stop due to lower levels of a hormone called oestrogen⁴. The menopause typically occurs between the ages of 45 and 55, with the average age being 51 years old in the UK⁵. However, **1 in 100** people will experience menopause before the age of 40 years⁶.

The menopause can happen naturally or for reasons such as surgery to remove the ovaries (oophorectomy) or the uterus (hysterectomy), cancer treatments like chemotherapy or a genetic reason. Sometimes the reason is unknown⁷.

The charity Wellbeing of Women estimates there are around **13 million** women in the UK who are perimenopausal or menopausal⁸. This equates to around a third of the UK female population⁹.

The perimenopause is when someone has symptoms of the menopause but their periods have not stopped¹⁰. The perimenopause is caused by fluctuating oestrogen, which impacts women's menstrual cycle, shifting their regular period to a more erratic cycle. Perimenopause ends when someone has not had a period for 12 months¹¹.

The length of the perimenopause also differs from woman to woman¹². Although some women will experience symptoms of the perimenopause for a couple of years, some women can experience this stage for over a decade¹³. Some women can start the perimenopause as early as their twenties, but most women will start it in their mid-40s¹⁴.

Some people who are trans or non-binary will also experience perimenopause symptoms due to the hormones they take¹⁵.

What are the symptoms?

Every women's experience of the menopause is distinct and varied. There are over 30 symptoms of the menopause, which are physical and mental¹⁶. Although 1 in 4 women go

⁴ [Menopause - NHS \(www.nhs.uk\)](https://www.nhs.uk)

⁵ <https://www.nhsinform.scot/healthy-living/womens-health/late-years-around-50-years-and-over/menopause-and-post-menopause-health/menopause>

⁶ [Menopause factfile | Local Government Association](#)

⁷ [Menopause - NHS \(www.nhs.uk\)](https://www.nhs.uk)

⁸ committees.parliament.uk/writtenevidence/39395/pdf/

⁹ committees.parliament.uk/writtenevidence/39395/pdf/

¹⁰ [Menopause - NHS \(www.nhs.uk\)](https://www.nhs.uk)

¹¹ [Menopause - NHS \(www.nhs.uk\)](https://www.nhs.uk)

¹² [Perimenopause: Rocky road to menopause - Harvard Health](#)

¹³ <https://www.health.harvard.edu/womens-health/perimenopause-rocky-road-to-menopause#:~:text=Perimenopause%20varies%20greatly%20from%20one,many%20have%20no%20bothersome%20symptoms.>

¹⁴ [Perimenopause - Symptoms and causes - Mayo Clinic](#)

¹⁵ [How do hormonal changes affect the trans and non-binary community? - Menopause in the Workplace | Henpicked](#)

¹⁶ https://menopausesupport.co.uk/?page_id=60

through the menopause without any or very few symptoms, **1 in 4** will have symptoms so severe that they have an adverse impact on their physical and mental wellbeing¹⁷.

Common symptoms of the menopause include¹⁸:

- Hot flushes
- Night sweats
- Dizziness
- Fatigue
- Headaches
- Recurring UTIs
- Stiff joints, aches, and pains
- Heavy periods
- Insomnia
- Itchy skin
- Osteoporosis
- Weight gain
- Anxiety
- Memory loss
- Depression
- Reduced concentration
- Brain fog

The Fawcett Society surveying over 4,000 women found that most women (**77%**) find at least one menopause symptom “very difficult” while **44%** experience three or more symptoms that are severe¹⁹. Moreover **84%** of women find sleeping difficult, **73%** experience “brain fog”, and **69%** suffered from anxiety or depression²⁰.

They also found that the menopause impacted women’s ability to work, with most women receiving very little support in the workplace, and on some occasions facing discrimination²¹. Shockingly, **80%** of women surveyed said their workplace has no basic support for them, and **41%** said they have seen menopause or menopause symptoms treated as a joke by people at work. **39%** of women going through the menopause cited anxiety or depression as the main reason on their sick note rather than share their menopause status²².

It is also important to note that not all women have the same experiences of the menopause. The Fawcett Society fund that **22%** of disabled women left their jobs because of severe menopause symptoms, and **45%** of women from ethnically diverse

¹⁷ https://menopausesupport.co.uk/?page_id=60

¹⁸ https://menopausesupport.co.uk/?page_id=60

¹⁹ [Landmark Study: Menopausal Women Let Down by Employers and Healthcare Providers | The Fawcett Society](#)

²⁰ [Landmark Study: Menopausal Women Let Down by Employers and Healthcare Providers | The Fawcett Society](#)

²¹ <https://www.fawcettsociety.org.uk/news/landmark-study-menopausal-women-let-down-by-employers-and-healthcare-providers>

²² <https://www.fawcettsociety.org.uk/news/landmark-study-menopausal-women-let-down-by-employers-and-healthcare-providers>

backgrounds said it took many appointments for their GP to connect their symptoms with the menopause, compared to **30%** of White women.

The above statistics highlight the extent to which women are stigmatised and discriminated against as a result of the menopause and menopausal symptoms. Historically it has been conceptualised as a difficult, shameful and secretive stage and widely taken to signal the end of a women's social value²³. This has led to physical and mental health symptoms associated with the menopause being insufficiently acknowledged or addressed by healthcare services, the workplace and society in general²⁴.

Positively, in recent years the UK has been experiencing what one academic has termed the "menopausal turn"²⁵ – with campaigns such as #MakeMenopauseMatter movement, expanding the school curricula, medical training to educate about the menopause, and high-profile celebrities such as Davina McCall publicly discussing the menopause and raising awareness. This increase in publicity has encouraged more women to access support, with an increase of **60%** in menopause supplement sales in 2020 and women are now calling for greater support from health care services²⁶.

Accessing Support

GPs are typically the first point of contact for women experiencing menopausal issues²⁷. Currently, GPs receive no formal training on the menopause, which some argue that this lack of training and education leads to some women being misdiagnosed, receiving inadequate support, and lacking trust in healthcare professionals to understand and treat their symptoms appropriately.

Research by Joyce et al (2022) found that women felt that GPs had an inadequate understanding and/or awareness of the perimenopause/menopause, with many having to return several times following inaccurate diagnoses and/or incorrect prescriptions. Many also felt unsupported, undermined and disrespected by GPs, leaving women lacking confidence in healthcare services to get the help they need²⁸. In some cases, women had no choice but to turn to the private sector and pay for treatment¹³.

Similarly, research by Dintakurti et al (2022) identified that **52%** of GPs felt that their GP training did not equip them with the right tools and support to treat and manage women presenting with menopausal symptoms, and **78%** felt that training on the menopause and related health issues needs to be improved²⁹. Although it is positive that GPs recognise

²³ 'Everything you need to embrace the change': The 'menopausal turn' in contemporary UK culture – ScienceDirect

²⁴ <https://www.sciencedirect.com/science/article/pii/S0890406523000154>

²⁵ <https://www.sciencedirect.com/science/article/pii/S0890406523000154>

²⁶ <https://www.sciencedirect.com/science/article/pii/S0890406523000154>

²⁷ [An online survey and interview of GPs in the UK for assessing their satisfaction regarding the medical training curriculum and NICE guidelines for the management of menopause – PMC \(nih.gov\)](#)

²⁸ <https://journals.sagepub.com/doi/10.1177/17455057221106890>

²⁹ <https://journals.sagepub.com/doi/10.1177/20533691221106011>

they need more information and knowledge, it appears this action is yet to be taken in some practices.

It is important that healthcare professionals are able to appropriately support women through the menopause, as many have not received any education or information about the menopause and/or its related symptoms. The research by Joyce et al (2022) found that **90%** of respondents were not taught about the menopause at school and over **60%** did not feel knowledgeable about menopause³⁰. Concerningly, **68%** of women surveyed only researched menopause once their symptoms had started. As such, women are often reliant on healthcare services to provide them with the information and support they need.

Concerningly, The Fawcett Society found that **45%** of women have not spoken to their GP surgery about their symptoms³¹. Shame and stigma often prevent women from seeking help for the menopause, with some women stating that they are too embarrassed to discuss the menopause, let alone seek clinical help. This is echoed by Jemima Olchawski, Chief Executive of The Fawcett Society, who commented that: "Too often menopause symptoms have been dismissed as a joke and HRT has been labelled a lifestyle drug.....Faced with that misinformation, is it a wonder that only half of women are even seeking help from their GP?"³²

Many women despite suffering symptoms are also reluctant to access an already overburdened NHS and feel as if they can endure their symptoms for now³³. A lack of knowledge about the menopause and an underestimation of the severity of symptoms are also factors that prevent women from seeking clinical help for the menopause³⁴. This lack of preparedness means many women struggle to find the confidence to seek help when they need it. Lastly, given the lack of education and awareness on the menopause, many women have commented that they did not know what support NHS services could offer them³⁵. However, it is also worth noting that some women's symptoms are not severe enough for them to access support and some women can confidently self-manage their symptoms without the support of primary care³⁶.

Project Aims

- To investigate whether women going through the perimenopause/menopause are seeking help from primary care services and if not, the reasons for this.
- To explore whether women are being diagnosed with the perimenopause/menopause and if the treatment they are getting is appropriate and timely.

³⁰ [An online survey of perimenopausal women to determine their attitudes and knowledge of the menopause - PMC \(nih.gov\)](#)

³¹ [Landmark Study: Menopausal Women Let Down by Employers and Healthcare Providers | The Fawcett Society](#)

³² [Menopausal women lack basic support, landmark survey finds | Menopause | The Guardian](#)

³³ [The British Menopause Society response to the Department of Health and Social Care's call for evidence to help inform the development of the government's Women's Health Strategy - British Menopause Society \(thebms.org.uk\)](#)

³⁴ [appg-menopause-fsrh-bms-rcog-joint-response-sept-2021.pdf](#)

³⁵ [Briefing \(healthwatchwarrington.co.uk\)](#)

³⁶ [appg-menopause-fsrh-bms-rcog-joint-response-sept-2021.pdf](#)

- To consider whether women trust their GP and feel supported with perimenopause/ menopause.
- To discover what information, care, and treatment women want during the menopause.

Methodology

To explore the above aims, we ran an online survey to hear from women living in Hertfordshire. Respondents had the option to request the survey in an alternative format to suit their needs and/or to contact us for support.

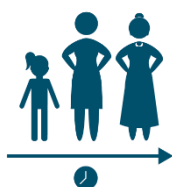
Given the potentially sensitive nature of this topic, we decided that an online survey would be the most feasible method of data collection that would allow women to talk candidly about their lived experience and the challenges they have faced.

The engagement period ran from May to July 2023. The survey was promoted via social media and shared with NHS and other statutory services and the Voluntary, Community, Faith and Social Enterprise sector across Hertfordshire to share and distribute via their networks, contacts and social media channels.



Demographics

We heard from **560 women** who are either currently going through or have experienced the perimenopause/menopause.



Overall, **10%** of women experienced an early menopause, with **2%** of women experiencing symptoms under the age of 30, and **8%** of women experiencing symptoms between the ages of 30 and 40.

60% experienced symptoms between the ages of 40 and 50 and **26%** of between the ages of 50 and 60. A further **4%** were unsure as to when they started the perimenopause/menopause.



80% are White British and **17%** were from an ethnically diverse background³⁷.



20% are a carer.



23% have a long-term condition.



11% have a disability.

Trans and non-binary people can experience the menopause due to the hormones they take. However, we only had those who identify as a woman filling in this survey, so the term 'woman' has been used throughout.

Symptoms

The symptoms women experienced during the perimenopause/menopause were:

- Brain fog or memory problems: **78%**
- Difficulty sleeping: **74%**
- Hot flushes: **68%**
- Anxiety or depression: **68%**
- Mood swings: **61%**
- Aches and pains: **60%**

³⁷ Ethnicities engaged with included: Arab, Bangladeshi, Chinese, Indian, other Asian/Asian British backgrounds, Black African, Black Caribbean, Asian and White, Black African and White, Black Caribbean and White, other Mixed/Multiple ethnic backgrounds, White Irish, White Polish, White Italian, and other White backgrounds.

- Changes in weight: **60%**
- Changes to their sex drive: **56%**
- Irregular or inconsistent periods: **51%**
- Palpitations: **42%**

Other symptoms included worsening of pre-existing conditions, as well as hypermobility, Rosacea, difficulty maintaining blood sugar, eczema, hair loss, tinnitus, migraines, cold flushes, shivering, allergies, digestive issues, IBS, sore breasts, night terrors, and acne to name some examples. Some respondents experienced symptoms so severe that they significantly impacted their day-to-day life, as well as their physical and mental wellbeing.

“Irregular or inconsistent periods – very heavy bleeding leading to no longer being able to sit in meetings for more than an hour and bleeding for 3 weeks in every 4.”

“Digestive issues, bloating, vaginal dryness, osteoporosis, tinnitus/itchy ears, word blindness, losing half my vocabulary which impacts my work.”

“Unable to find common words mid conversation, feeling that I am completely useless, losing train of thought.”

“Itchiness, overarching tiredness, inability to do anything on a daily basis, constant tears and thoughts and feelings of suicide to the point where it was all I thought about for months.”

Support

79% looked for advice, information or support from **NHS services** to help them with the menopause/perimenopause. Of this percentage:



76% accessed support from a GP.



17% accessed support from a practice nurse.



9% spoke to a pharmacist.

However, **21%** of respondents **did not** access support from **NHS services**. Of this percentage, **18%** sought help from elsewhere:



47% found support from various online resources, including the NHS website, online support groups and forums, and social media.



6% accessed private healthcare.



10% spoke to their friends or family for support.



A few respondents used self-help books, newsletters and accessed support for their employer.

Of the **21%** of respondents who did not seek help from NHS services for the menopause/perimenopause, the majority (**60%**) said this was because they did not think their symptoms were severe enough. Respondents shared that although they had some symptoms, they were mild and had little impact on their day-to-day life. As such, respondents felt they could self-manage their symptoms without needing additional support from a GP or another primary care service.

“I never reached the point where I felt I was not coping with it, so I did not think I needed to ask for help. It was just an inconvenience to occasionally strip the bed in the morning because I had had night sweats.”

“There was no reason to seek advice because my symptoms were so mild.”

“I thought my symptoms weren’t (and currently aren’t) having a big enough impact on my day-to-day functioning.”

“I experienced minimal symptoms which I self-manage.”

Similarly, **18%** of respondents said they did not need support right now but may consider seeking support from NHS services or elsewhere if their symptoms worsened or start impacting their daily functioning and/or their physical health or mental wellbeing.

“I have very mild symptoms and I don’t need to use HRT. The information I have got online has given me everything I needed. If my symptoms were more troublesome, I would speak to my GP.”

“It’s early days so I will wait until I require treatment.”

“Other than very irregular periods which are manageable, I have not yet needed any further support.”

33% said they have not sought support because it would be too difficult to access NHS services. Respondents commented that it is hard to contact their GP practice and often very challenging to get an appointment, especially as it would be considered non-emergency. Some respondents also shared that their working hours are not compatible with their GP practice’s opening times and/or they would struggle to get the time off work to attend.

“It’s so hard to get a doctor’s appointment nowadays and I work full time so can’t spend ages hanging on the phone. Last phone call to get an appointment I was waiting for 90 minutes to get through.”

“Waiting times are too long. I am unable to work, menorrhagia and period between 10-21 days.”

“I can’t get to see my GP for a medical emergency so there is no way they will be available for a ‘general chat’.”

31% said they did not think they would get the support they need from NHS services. Of this percentage, many respondents believed that clinicians would not listen to them or take them or their symptoms seriously. Respondents also felt that clinicians would not be compassionate and would have an inadequate understanding and/or awareness of the menopause to provide the support they need.

“I feel like I will be told I am suffering with depression which I am not.”

“Services are not geared to support women with menopausal symptoms.”

“It’s very difficult to get a GP appointment and many are not sympathetic or knowledgeable.”

Some respondents felt reluctant to seek help from NHS services after hearing about the poor experiences of their friends and family and the struggles they have faced when accessing support, including not being given the help they needed and clinicians lacking empathy and education about the menopause.

“I also have a lot of friends who are struggling to get the support they need or are fobbed off with anti-depressants or felt ridiculed by middle aged male doctors who do not take symptoms seriously and have made them feel a burden and not listened to. For this reason, I have not sought additional support until any symptoms become severe.”

“Friends who have gone through similar have had a lot of problems getting help so I have just been getting on with it.”

“ From friends and relative’s experiences there is also a lack of knowledge/empathy especially in older male GPs around menopause and its issues which puts me off seeking advice.”

“I have heard from other friends that they are struggling to get appointments with GPs to discuss their symptoms, and when they do speak to a GP they are not taken seriously. Or they are offered anti-depressants which they do not want to take.”

Some respondents were also scared they would not be able to get Hormone Replacement Therapy (HRT), following the recent shortage or felt clinicians would be hesitant to prescribe this to them.

“It’s a lottery which GP you get and if they are aware of menopause and the best way to help. I know many friends who have been prescribed antidepressants instead of HRT and friends who have been given oestrogen without progesterone etc. I am seriously thinking about contacting GP regarding HRT, but there is currently a shortage of many drugs, and it worries me that I will come to rely on a drug that may become unavailable or be very difficult to get hold of that sounds more stressful than symptoms!”

“I was suicidal and in a terrible state, hot flushes were unbearable, nearly lost my job, had a breakdown. Doctors will refuse HRT, I had tried everything else, therapies and counselling.”

“I tried to speak with a GP numerous time and was told to do my research and that HRT is linked to cancer.”

11% wanted to use alternative therapies, with many of these respondents commenting that they would like to find alternatives to HRT and other medications such as anti-depressants to manage their symptoms. For some, this is because they have concerns about the side effects of using HRT and its potential link to certain cancers, while others have an existing health condition or family history which means that HRT is not an option for them. A few respondents said they have minimal symptoms which they felt they could self-manage using other methods, while others have chosen to use alternative therapies because they believe healthcare services cannot provide them with the type of support they want or need.

“I’m not aware of anything that a GP can offer that isn’t HRT and I don’t want to do that. I have bought supplements that claim to help but I’m not sure they do. However, I’m now to scared to stop taking them in case I feel even worse.”

“GPs are impossible to get non-emergency appointments with and from experience rarely have anything to offer on alternative therapies, due to family history I don't wish to utilise the standard HRT route, so I have been looking online myself for other suggestions/alternatives.”

“GP doesn't have the type of support I want.”

“I did once mention my symptoms of menopause briefly to a lady GP and all she did was try to push HRT on me which I knew I didn't need or want as my symptoms were not that severe. She wasn't interested in anything further.”

Similarly, **15%** of respondents said they have chosen to look online for support, and do not feel the need to use healthcare services. Of these respondents, many had mild symptoms. and/or in the early stages of the menopause but would consider accessing help from NHS services if their symptoms became more severe.

“I have been looking at various information online and taking note of the symptoms but as I am aware, if my periods are still occurring even if they are irregular, I will not be able to get any assistance as yet until my periods have stopped for a minimum of 12 months.”

“At the moment my symptoms are fairly mild, albeit wide ranging. I am doing lots of online research as it is difficult to access appointments, but I will push for this if my symptoms become more severe.”

Positively, just **6%** of respondents said they have not accessed support from NHS services because they have concerns about stigma or feel ashamed or embarrassed. Most of these respondents were worried that clinicians would not treat them with empathy or respect, rather than concerns stemming from wider factors such as cultural norms.

“There is a certain stigma in asking for help, our mothers, colleagues, friends may have appeared to have managed with their symptoms, there is a feeling that you just have to get on with it.”

“Embarrassment, thinking that the symptoms would pass on their own.”

Some respondents shared that they do not want support for their symptoms because they view the perimenopause/menopause as a natural part of the aging process. Likewise, others expressed that they are able to cope with their symptoms without help from healthcare services. In a few cases, this was a generational issue, with many women commenting they are from a generation that ‘just gets on with it’.

“I'm from a generation which just gets on with it and manages as best you can/ I am capable of coping with this myself as I did with puberty.”

“As it’s a natural cycle of life for women, I have accepted the various changes that I have experienced and I would not wish to take medication for it. I prefer to deal with it myself.”

Many were unsure if they were going through menopause or were unaware of the treatment options that are available.

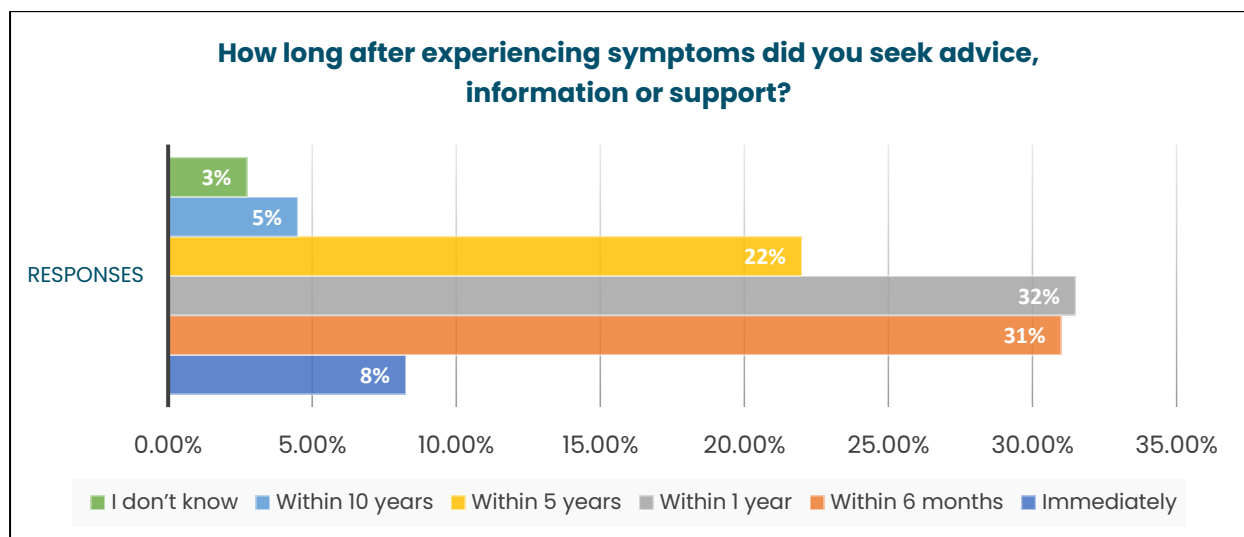
“I wasn’t aware of all the symptoms and their links to menopause.”

“I didn’t think there was any treatment for it.”

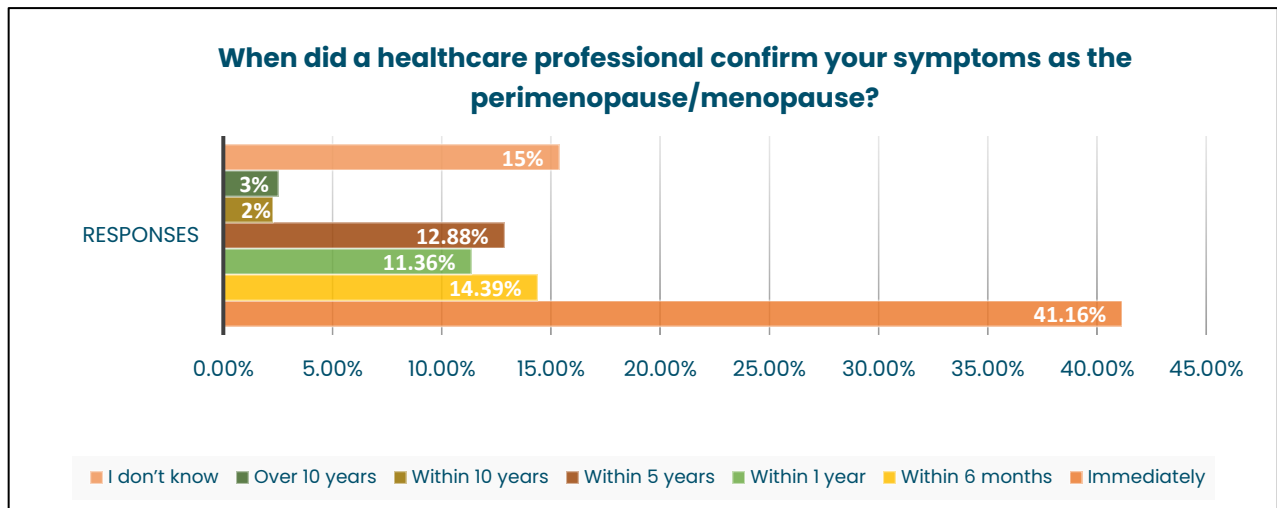
“I had a hysterectomy at 38 and have never been sure if my symptoms were menopause. It’s only now that I look back on them that I feel they were.”

Delayed Diagnosis and Treatment

Our research found that women often delayed getting help for their menopause symptoms. Only **8%** of women sought help for the perimenopause/menopause immediately. **31%** sought help within 6 months and **32%** sought help in a year. Concerningly, **22%** sought help within 5 years and **5%** within 10 years.



Even when respondents did seek support, in some cases it took a long time for a healthcare professional to confirm their symptoms were the perimenopause/menopause. Shockingly, **13%** of respondents shared that it took 5 years for a healthcare professional to diagnose the menopause, **11%** within a year and **14%** within 6 months. A further **2%** were diagnosed within 10 years and for **3%** it took over 10 years. However, for most respondents (**41%**) a healthcare professional recognised their symptoms immediately.



52% of women had to speak to healthcare professionals about their menopause symptoms multiple times. Many shared that they had to speak to several different doctors before they were taken seriously. This led to many women coming away from healthcare services feeling frustrated and unsupported and, in some cases, had to turn to private healthcare to get the support they needed. Although, it is important to note that once they had spoken to a healthcare professional who listened and understood, the majority of respondents felt very supported.

"I spoke to three different doctors, the last one understood and took my symptoms on board."

"It was recognised in the preceding years that I was perimenopausal, however when I went to ask for HRT the GP immediately confirmed my symptoms and was very supportive."

"I initially visited my GP 3 years ago where it was confirmed I was in perimenopause. I was not offered any treatment. After 3 years symptoms became unmanageable, and I visited by practice nurse who prescribed HRT."

Some respondents had to visit their GP practice multiple times after initially being misdiagnosed with other conditions, most commonly anxiety and depression, fatigue and digestive issues such as Irritable Bowel Syndrome (IBS) to give a few examples.

"I rang the doctor and talked about my symptoms saying I thought it was the menopause and was told I was depressed, and I needed antidepressants I said I didn't feel I was and did not get the antidepressants. I then got to the point where I couldn't manage at all and was off work sick and they gave me antidepressants and HRT. I took both as I was in such a bad place I felt as if I was having a break down."

"I was diagnosed with GAD."

"Still no joy with GP - all symptoms put down to depression and anxiety."

Factors Preventing Access to Support

Knowledge, Awareness and Information

When asked what prevented them from accessing support from healthcare services sooner, the majority of respondents said this was due to lack of knowledge, awareness and information about the menopause/perimenopause. Many did not associate their symptoms with the perimenopause or menopause, with some believing that their symptoms were related to their mental health and/or found it hard to differentiate whether their symptoms were the menopause or due to other external factors such as work and family.

"Physical symptoms not too bad. Didn't recognise that mental issues were in any way connected with the menopause - just thought I was going mad."

"I didn't realise my symptoms were connected with being perimenopausal, as at the time I didn't know anything about it."

"I was trying to determine if symptoms were due to external circumstances - effects of Lockdown, supporting family members that were struggling with mental health, changes in my own work etc...."

"I didn't realise in the early days that my symptoms were due to the perimenopause, there was very little information available at that time, I wish I had received help earlier."

"It took a while for me to be sure that I really wasn't imagining the brain fog - I thought I had started developing Dementia!"

"I wasn't clear how much perimenopause was affecting me as I was anxious and depressed about life events at the same time."

Linked to this, some respondents stated that they did not know that they were experiencing menopause until they had spoken to a friends and family. A few only became aware of symptoms of the menopause through the media.

“Wasn’t sure what was happening to me, suspect it might have been going on for longer. Only when talking to others and education from TV programs such as Davina McCall did I realise I might be perimenopausal.”

“I wasn’t aware that my symptoms were related to menopause until I saw Davina McCall’s TV programme.”

Treatment from Clinicians

Many respondents said that they did not access healthcare services immediately due to the fear that they would be misdiagnosed, dismissed, or not taken seriously by healthcare professionals.

“I was worried about being believed at 43, I was judged as being too young to start the menopause.”

“Didn’t think I would be believed/taken seriously as I was only 41.”

“I wasn’t sure I would be taken seriously.”

Some respondents did eventually see a healthcare professional, with many unfortunately having a poor experience which prevented them from seeking further help, despite having severe symptoms. Concerningly, a few respondents were told by healthcare professionals that what they were going through was a part of life, whereby you just “get on with it” and as a result were often refused any treatment.

“At an appointment I expressed how I was suffering and was told by a female doctor that ‘We all have to go through it!’ Therefore, felt I shouldn’t bother anyone with it in future.”

“I had hormone/period issues since late 20’s and always felt ‘fobbed off’ with doctors as this is ‘normal’ apparently.”

“Independent symptoms could be managed when all together became unmanageable so sought assistance. Then had 5 different GPs in 5 months. Last one responded appropriately.”

Access

Access issues were a key barrier for women seeking support, with many emphasising the challenges they faced to get an appointment due to long waiting lists and difficulties getting through to their GP. Some respondents commented that they were too busy to seek help often due to their working hours, caring and childcare responsibilities. A few said

they experienced symptoms during the COVID pandemic and as such, were hesitant to visit healthcare services for help.

"It was around COVID times so waited until it felt safer."

"Difficulty getting an appointment and if I did used it for more 'urgent' concerns, unsure what the symptoms were."

"It is very difficult to get appointments with the GP. If you email, they say to use patches which often doesn't work, if you call, they do not answer the phone and it becomes daunting to make that call and to keep trying."

"I was too busy working, and my work hours were not compatible with accessing GP services."

Medication and Treatment

Some respondents said that they did not access support from NHS services because they did not know what types of treatment or support could be available to them. Others had concerns that their GP practice would only offer HRT which they did not want to have prescribed.

"I didn't expect any support."

"Fear of HRT."

"I Didn't really want to go on HRT."

Similarly, some respondents wanted to try alternative treatments such as nutritionists, herbal remedies, over-the-counter remedies, and exercises such as yoga, before seeking support for their symptoms from a mainstream medical professional.

"Tried alternatives before seeking medical help - nutritionist, herbal remedies, self-help Just tried over the counter remedies first."

"I tried natural remedies initially until it was clear that my symptoms were too severe for natural remedies to work."

"I Felt it was better to cope with natural methods first."

Severity of Symptoms

Lastly, some respondents avoided seeking help from NHS services because they felt their symptoms were only mild and could be self-managed, with many commenting that they did not want to “make a fuss” and could “put up with” their symptoms, hoping they would eventually subside. A few respondents expressed they thought the menopause was just a “natural part of aging” that did not require any additional support. However, despite this, most of the respondents said they wished they had accessed help sooner.

“In early stages of perimenopause then symptoms were bearable it was only after periods stopped and I was a year into the menopause itself that they became unmanageable.”

“I thought it was just part of getting older and have shamefully only realised recently that I don’t have to put up with this crap, there is stuff which can help.”

“Thought I’d ‘sit it out’ - didn’t realise how long it went on for! Also didn’t realise how much menopause peaks and troughs - you think you’re over it then a different symptom comes along and reminds you you’re not!”

“Symptoms seemed too sporadic initially and I felt like I could have been perceived as making a fuss. I wish I would have sought support sooner.”

Group Spotlight

Women’s experience of the menopause is distinct and varied. We found that women going through an early menopause find it harder to get diagnosis and support for the menopause.

Women who started the menopause under the age of 40 were far more likely to access healthcare services for advice, information, or support. However, it took significantly longer for healthcare professionals to recognise their symptoms as the perimenopause/ menopause. Many of these respondents commented that they felt dismissed and had to fight for many years to have their concerns listened to and taken seriously by healthcare professionals.



84% of respondents under the age of 40 visited their GP practice, compared to **76%** of those aged over 40 years old.



32% of respondents under the age of 40 spoke to a practice nurse, compared to **14%** of respondents aged over 40.



16% of respondents under the age of 40 spoke to a pharmacist, compared to just **6%** of those aged over 40.

Despite being more proactive in accessing healthcare services about their symptoms, it took respondents under the age of 40 much longer to receive a diagnosis.

Under 40

- 37% were diagnosed immediately
- 14% were diagnosed within a year
- 16% were diagnosed within 5 years
- 12% said it took over 5 years to receive a diagnosis

Over 40

- 42% were diagnosed immediately
- 11% were diagnosed within a year
- 13% were diagnosed within 5 years
- 4% said it took over 5 years to receive a diagnosis

Lack of Knowledge

Many respondents said that they did not seek help for their symptoms because of their age, with respondents commenting that they were unaware that women could start the perimenopause in their late thirties and early forties.

“I wasn't sure if it was the menopause for a long time. Earlier on, people commented that I was too young (into my 40s), but didn't know what the moment was to know when to come in. Basically, I wasn't sure how or when to get help.”

“I didn't realise my symptoms were perimenopause as I was only 38.”

“I was only 40 years old so didn't think it was the menopause.”

“I had a hysterectomy at 42 and believed that would be the end to all menstrual problems unaware that I would not only go straight into menopause but suffer with this at all a total misconception. And something that needs to be made more public.”

Some respondents did not speak to a GP as they assumed or feared that they would be dismissed or not taken seriously due to their age.

"Because of my age (42) I worry I'll be 'fobbed off'."

"Didn't think I would be believed/taken seriously as I was only 41."

"Unsure of reception from GP. Unsure if I was too young."

Lack of Support

However, many women going through an early menopause shared that they did go to their GP about their symptoms but their concerns were dismissed by healthcare professionals because of their age, and in some cases were given the wrong treatment, such as anti-depressants.

"When I first went to see the GP aged under 40, I was told I was too young and sent away."

"My doctor told me that was 42 I was too young and so put me on anti-depressants."

"When I first went to see the GP aged under 40, I was told I was too young and sent away."

"My age, no health professional imagined my symptoms could be due to early menopause."

"I was told I was too young at 39 after raising it with a nurse at another routine check up. I knew I would be put off asking for help."

What healthcare services are doing well and less well

When asked what healthcare services are doing well, **23%** of respondents did not think healthcare services were doing anything to support women during the menopause/perimenopause, and **14%** said they uncertain as to what healthcare services were doing to support them.

Often this was because they had a poor experience when accessing NHS services for help with their symptoms or had not tried to receive support the NHS so could not be sure as to what was working well and what could be improved.

"Not a lot - it seems to be a male orientated service, where women are treated as a problem."

“As far as my GP goes pretty much nothing. I requested a testosterone test due to lack of sex drive. Results came back normal. This was delivered by a receptionist with no additional information. I asked what get next as clearly the issue was still there. She said to get an appointment to see a GP. This is so difficult to arrange as you must ring in the morning for an appt that day and can never through. All pointless really and unless you are on top of it seems you are better off going private or doing your own research.”

“In my case nothing as I had zero support from primary care. Everything I learned I found out for myself, and I was offered no treatment at all.”

Staff Attitudes

Positively, some respondents had a good experience when accessing support from healthcare services for the menopause/perimenopause. **15%** of respondents praised healthcare professionals for treating them with kindness, sympathy and understanding. Of these respondents, many commented that healthcare professionals took the time to listen to their concerns and the symptoms they were experiencing, and provided them with excellent support, information and reassurance.

“When they take women’s experiences on board, have time to listen and provide guidance with information that is relevant to each woman. I had a positive experience with my GP. She took the time to listen and provide information and was not dismissive of my current and/or future choices.”

“I had a female GP (younger than me and not experienced menopause herself) – very sympathetic and helpful.”

“I can only speak from my personal experience. My GP was supportive, understanding and stated from the offset that there is no “quick fix” and that we need to keep monitoring, adapting strength/type of HRT – it would seem that the support I have received from my female GP is rare. Certainly friends of my age have not had the support.”

“The good doctor was very reassuring and knowledgeable – she didn’t make me feel like I was going mad.”

Although, **8%** of respondents felt that the care and treatment received is largely dependent on the healthcare professional you see and their knowledge, experience and expertise. Respondents commented that they had to speak to multiple healthcare professionals within their GP practice before they eventually got the care, treatment and support they needed. Some respondents also compared their experiences with between

different GPs and in some cases compared their experiences to their friends and family, to illustrate that there is not equitable service.

“I think some doctors will listen and support you, but others lack knowledge and dismiss you.”

“It depends which GP you get. I spoke to 3 different GPs (in the same GP practice) and 1 pharmacist. One GP (female) was really helpful and talked me through symptoms, what to expect, medication and non-medication approaches. The other 3 just wanted the conversation over quickly and just gave me medication and didn’t talk me through the medication. The conversation with the pharmacist felt very uncomfortable.”

Greater Awareness

10% of respondents shared that healthcare services seem to be doing more to raise awareness of the menopause/perimenopause and its related symptoms, and to provide women with the information they need, for example by having leaflets and posters readily available in GP practices and pharmacies. Respondents also commented that some healthcare professionals appear to have with a renewed understanding and greater awareness of the menopause/perimenopause, which many felt has been a result heightened media coverage.

“I think media has heightened the country’s awareness to menopause, GP surgeries I believe are becoming more aware due to this media coverage and listening to women to explore more options.”

“Seems to be taken more seriously than a few years ago. More mainstream support and conversation around it.”

“Raising awareness of the symptoms of the symptoms of the menopause to everyone.”

“Research, upskilling and raising awareness – looking at it with renewed understanding and open mindedness.”

Treatment Options

12% of respondents said that healthcare professionals appear to be more willing to prescribe HRT, and to prescribe this medication more quickly than in the past – which for many of these respondents was incredibly helpful and important in helping them to manage their symptoms.

“Responding quickly with HRT.”

“Giving HRT when requested by patient.”

Similarly, **4%** of respondents commented that healthcare professionals were supportive in providing them with a range of treatment options to choose from, which made respondents feel listened to and maximised their agency and control in their own care.

“My GP outlined options to me and asked me what treatment/option I preferred and that made me feel in control of the situation.”

“They gave me good advice to try alternative treatments at first due to history of female relatives in my family...They explained all the risks and benefits of HRT before I decided to go down this route.”

Specialist Services and GPs

6% of respondents felt that it was encouraging to see that there are more GPs specialising in women’s health, particularly the menopause/perimenopause. Respondents who were able to speak to a GP specialising in this area often had a far more positive experience, receiving the support and care they needed in a timely manner whilst being treated with respect and empathy. A few respondents also commented that their GP practice has run courses for women registered with the practice, providing them with information and tailored support for the menopause/perimenopause.

However, it is worth noting that some respondents felt that it is a “lottery” with some areas and GP practices providing excellent support, including the provision of specialist menopause clinics, while in other areas the care received appears to be inadequate in some cases.

“I am now getting excellent support from the GP specialist but it took years to get seen by her – other GPs just did not have the knowledge. I wish I had got this support 7 or 8 years earlier when problems first manifested.”

“The Menopause course that was jointly run by 5 surgeries inviting a Consultant Gynaecologist, a Breast Cancer Nurse specialising in the menopause; a Personal Trainer; a Nutritionist and a GP who have a whole lesson on women’s biology and changes etc before, during and after the menopause, PLUS at the end the opportunity to book and see a GP for an appointment if you still felt you needed it was fantastic.”

“Now that I have access to the GP specialist things are going much better. She has personal experience of it, which is probably key!!”

“It’s a lottery which GP you get and if they are aware of menopause and the best way to help.”

Suggestions for Improvement

More Training and Specialist Support

When asked how healthcare services could better support women going through the perimenopause/menopause, the majority of respondents noted the need for greater education, information and training for healthcare professionals about the menopause/perimenopause and its related symptoms.

Some respondents said that, specifically, clinicians need to be more informed about how early women can start the menopause and have a greater understanding of the emotional impact of the menopause not just the physical effects. A few respondents also commented that the education and training received needs to be up-to-date, noting that some clinicians are sharing information that is outdated, particularly regarding HRT.

Linked to this, some respondents said they would like to see the provision of more menopause clinics, and for a greater number of healthcare professionals to specialise in the menopause and women's health.

“Train GPs to have a greater understanding about the physical effects of the menopause as well as the emotional/mental affects.”

“All healthcare professionals, particularly GPs need UP TO DATE training. I was seen by a GP who scared me so much about being on HRT that I came off it, only to find out the information he was sharing was out of date and not relevant.”

“Have menopause specialists available for appointments, prioritise women who are suffering with severe symptoms.”

“Be much better informed themselves. I had many perimenopause symptoms for years and doctors never seemed to know what was going on until I educated myself and informed them and asked for HRT. I could have avoided many years of distress had all the GPs I spoke to just been better informed.”

“More investment into women's health. All GPs to have training in menopause and for it to be mandatory that every GP practice has a at least one GP which specialises in menopause and women's health. It should also be mandatory for every GP practice to have a nurse practitioner who specialises in menopause and a menopause support group or at least know of a local support group to signpost women too.”

More Empathy and Understanding

Following this, most respondents raised people would feel more supported through the menopause, and be encouraged to seek help from healthcare services, if clinicians listened to their concerns and treated them with greater compassion, understanding, and empathy, rather than dismissing their symptoms – which in many cases has led to misdiagnosis and respondents not receiving the medication, care and support they need.

“They should listen more, be more understanding. It can be a very worrying and emotional time for women, it can also coincide with children leaving for university so this can make emotions run higher.”

“Be a bit more understanding, for those that are experiencing this at an earlier than average age, and to discuss options, rather than just tell you what it is, and then that’s it.”

“Informed healthcare providers who are empathetic, listen and are interested in exploring the problems rather than dismissing my concerns.”

“If GP surgeries/NHS send information leaflets to women on services women can access or initiate menopause check-ups and have information stands at pharmacists.”

“Listen to women when they report symptoms. Do not treat them as if they are being a nuisance or are hypochondriacs. Allow them to have some say in the treatment they would like to try.”

“Be more supportive and less dismissive. I know 50% of the population goes through this, but that doesn’t mean it has to be without help.”

More Information

Some respondents said that they would feel encouraged to seek support if there was more information about what support is available from healthcare services. Respondents suggested that healthcare services, such as GP practices and pharmacies, provide leaflets and posters about what the menopause is and how healthcare providers can support women through the menopause. For many, having access to this information would have enabled them to access support for their symptoms sooner.

“Advertise more what different types of support are available.”

“I think more advice/support to women about recognising perimenopausal/menopausal symptoms and knowing when to seek help. I think I struggled for far too long before I went to see my GP.”

Some respondents wanted more information about HRT, as there is a lot of misinformation about the availability and side effects of HRT. A few respondents also wished their clinicians had a more in-depth discussion with them about taking HRT, including information about the potential side effects and risks. Although, the use of HRT does increase the risk of breast cancer, ovarian cancer and in some cases womb cancer, the risk is slight and for the majority the benefits outweigh the risks. In recent years, there has been a greater understanding of the level of risk involved when taking HRT.

“I would have liked more information about the various options on offer for HRT I was only offered pills and told there is a risk of breast cancer and heart disease when these findings are now debunked.”

“More information on how to take HRT and what to expect. Issues re obtaining HRT prescriptions and costs (although now have pre-payment certificate for HRT which my GP did tell me about recently).”

“HRT can be addictive and you suffer serious withdrawal symptoms resulting in myself after 14 desperate months of trying all homeopathic remedies with no relief begging to go back on HRT to be refused despite offering to sign a disclaimer and telling GP I was going to purchase online. I had reached the end of my tether. I have just stopped in January 2023 after 14 years. Flushes sweats still very bad!!”

Contrary to this, a few respondents said that they would like healthcare services to offer more information about alternatives to HRT and the other treatment options available to them. In particular, respondents wanted more advice from clinicians about how they can manage their symptoms through living a healthier lifestyle. In addition, respondents who are not able to take HRT due to their family history and/or an existing medication condition felt they were not given enough information about the other ways they can try to alleviate their symptoms.

“Discuss options other than offering anti-depressants Refer for more alternative therapies. Ensure there is an easily accessible menopause clinic. Give more proactive treatment.”

“More advice on alternative remedies and general wellbeing like following a specific diet.”

“I had breast cancer in my 40’s, can’t take HRT, not much information available to women in this position. Just gave me a drug that made me for much worse.”

More Support

Some respondents suggested that healthcare professionals could provide patients with more personalised care, tailored to their specific needs. Respondents felt that some healthcare professionals need to recognise that individualised treatment is needed, as experiences of the menopause/perimenopause can vary massively between women.

“Listen to our lifestyle and needs, do not assume we are all the same. offer alternative and accessible treatments.”

“Listen, understand not everyone is the same, ensure full range of treatment is available.”

Likewise, respondents would like healthcare professionals to adopt a more holistic approach when providing care and treatment, taking into account a range of different factors and not just the physical symptoms.

“Thinking more holistically about the symptoms and reassurance.”

“In general, I believe there is not much knowledge about the menopause and HRT. I would like to see health care services offering specialist, holistic care with an understanding that menopause impacts every area of women’s lives – social, emotional, physical and financial.”

Perimenopause/menopause Consultations

A few respondents suggested that healthcare professionals could be more proactive in discussing the menopause/perimenopause with patients during their appointments, particularly routine check-ups and NHS Health Checks. Some felt introducing a “perimenopause/menopause” consultation could be beneficial.

“Invite women for a “premenopausal/menopause” consultation with time to ask questions, health check/regular checks.”

“Every woman to have a check-up at 40 to discuss the menopause, educate and check blood levels, BP and general wellbeing.”

“Be more proactive when symptoms indicate peri menopause/menopause, invite the patient in for a full discussion about what help there is.”

Linked to this, some respondents felt that healthcare professionals should offer follow-up appointments, so they can discuss with patients how any prescribed medication is working and/or how their symptoms are progressing. For many, continuity of care and the opportunity to discuss how their treatment was going, and if there are any other options, was very important.

“Follow up appointments to ask how things are going and give more advice if needed.”

“Offer follow up appointments. I knew nothing, was given no information and thought you just had to put up with any symptoms and just cope.”

“To follow-up medication, to see if it’s helping and active monitoring - my treatment is still not right and unless I actively follow up its not sorted.”

Group Support Sessions

Some respondents suggested that healthcare services could run support groups, workshops and/or information sessions, which would not only provide useful advice but also enable women to share their experiences, tips and advice, as well as providing women with a space where they can ask questions. As this survey has found, a few GP practices in Hertfordshire have launched similar initiatives, which appear to have been successful.

“Provide group sessions with women experiencing symptoms of menopause and perimenopause.”

“Maybe have some talks/workshops where you can get info, ask questions get a coffee and talk with others about what helps them.”

“Have a dedicated appointment scheduled around 45/50 years of age to discuss. This could be a group session to give information and could be the start of a local group at the same stage who could then support each other - bit like the anti-natal classes where friendships were formed.”

Access to Healthcare Services

Unsurprisingly, many respondents said they would like healthcare services to be easier to access, including shorter waiting times for appointments, greater availability of appointments, and the ability to book an appointment outside of working hours. Some respondents shared that they have avoided using healthcare services, despite

experiencing menopause symptoms, due to the fear of further burdening an already overstretched NHS.

Some respondents also suggested that having a longer consultation with a healthcare professional would enable them to explore more treatment options and more time to discuss their symptoms and concerns. Having a face-to-face appointment rather than online or by video was also important to many respondents.

“Face to face appointments rather than everything being telephone calls where often are received when not in a private place and therefore difficult to discuss all symptoms.”

“Making more appointments available, very difficult to make first appointment as not urgent.”

“There is no time to discuss options, no face-to-face appointments offered, no blood tests to ascertain if it is menopause.”

“Give more choice of appointment times for people who work or have family/carer commitments. I had to take whatever time was given I had no choice. Educate male professionals as well as female staff. I was late for an appointment with GP on one occasion as I was stuck in traffic, I was travelling from work in the day as that was the only available appointment. I called ahead to explain so that the GP could flex the appointments and I was told I may not get to see the GP and how it would be a waste of an appointment. I offered to sit and wait and would work around my GP.”

Conclusion

In recent years, there has been a greater awareness and acceptance of the menopause. With this increased demand for healthcare services, the quality of NHS healthcare services needs to be enhanced. This report presents some concerning findings regarding the care and support women are receiving going through perimenopause/menopause.

We found that many women are not seeking support from NHS healthcare services for the perimenopause/menopause. For some women, this is because they are not aware about how NHS services can support them with the menopause, and/or are fearful that they will not be listened to by clinicians and that their concerns will be dismissed as a result. Respondents also commented that NHS services are often too difficult to access, meaning many have avoided accessing care, despite the severity of their symptoms and the significant impact this is having on their day-to-day life. Younger women in particular seemed to have a more negative experience, with many stating that clinicians did not take them seriously and had to wait years and/or speak to multiple clinicians before

finally receiving a diagnosis – leaving them to feel neglected and alone during this difficult time.

Many women entered the perimenopause unprepared and often did not have the knowledge to seek help from healthcare services, with many not connecting their symptoms to the menopause or attributing their symptoms to other conditions. More information and education from NHS services are urgently needed to encourage women to seek support from healthcare services.

This report also highlights the lack of knowledge, understanding, and support some women are receiving from healthcare professionals. Despite visiting healthcare professionals with debilitating symptoms of menopause, many were left without a diagnosis or were misdiagnosed and in some cases even given the wrong medication. We found numerous reports of women visiting healthcare services multiple times and going through multiple GPs before getting a diagnosis, meaning that many women were left feeling lost, confused and unsupported.

Although many respondents noted that NHS services are starting to make improvements in supporting women during the perimenopause/menopause, respondents of this survey called for greater education, information and training for healthcare professionals, as well as more compassion, empathy and respect for what an extremely difficult time for many women can be.

Recommendations

We recognise that primary care services, especially GP practices, are under immense strain and pressure. However, it is important that women are appropriately supported by these services during the perimenopause/menopause.

Based on the findings outlined in this report, it is recommended that the Hertfordshire and West Essex ICB Primary Care Workstream should encourage primary care services and the ICB to take forward the following recommendations.

Our research found that healthcare providers need to work on the diagnosis and treatment of the menopause. Our recommendations focus both on increasing awareness of the menopause so that women seek support and improving the advice, support, and treatment women receive from healthcare services.

Information

1. Providing information and resources (such as posters and leaflets) in GP practices and on GP practice websites, outlining the signs of the menopause and what

support NHS healthcare providers can offer. Leaflets and posters could also be provided in pharmacies to extend the reach.

2. Signposting to local and national groups and charities supporting women during the menopause by providing information and resources in GP practices, pharmacies and on GP practice websites.

Staff Training

3. Clinical staff should receive more training, information and education on the menopause.
4. Every GP practice should work towards having a healthcare professional who specialises in the menopause/women's health.
5. If a GP practice has a clinician who specialises in this area, this should be signposted to on the GP practice website and mentioned to patients requesting an appointment about menopausal symptoms.

Communication

6. Clinicians should assess women if they come in with symptoms of the menopause, no matter what
7. age they are. Clinicians should take young women seriously, offering them blood tests when they come in with menopause symptoms.
8. Clinicians should treat women going through the menopause with kindness, respect, and take their concerns and symptoms seriously. Clinicians should be particularly mindful when discussing potential menopausal symptoms with younger women.

Support

These recommendations indicate what good practice looks like. However, we recognise the pressures and challenges healthcare providers, particularly GP practices are facing.

9. Clinicians should provide care that is personalised and specific to the individual.
10. Clinicians should take a more holistic approach to treating the menopause, taking into account the patient's physical, psychological and social needs.
11. Clinicians should provide a wider range of treatment options, enabling women to choose what medication and/or treatment is right for them.

12. Clinicians should signpost patients to local and national groups/charities supporting women during the perimenopause/menopause.
13. Clinicians should discuss the menopause at routine check-ups and NHS Health Checks.

Access

14. Continuing to improve telephone systems to reduce delays and waiting times.
15. Offering greater flexibility in contact hours and opening hours to account for people who work and/or have caring responsibilities.
16. Offering greater choice in appointment types to enable patients to get the support they want and need.