

# Menopause and Me Report

November 2024



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# Introduction

**Numbers and ages:** 213 women from across Herefordshire shared their experiences of seeking information, support or advice or treatments for Menopause.

Most (68%) were aged between 50 and 64, Almost a third (29%) were 25-49, and 3% were 65-79.

Most (65%) had experienced Menopause symptoms, 37% due to medical treatment. 8% were Perimenopausal and 5% experiencing early Menopause.

## Some Menopause facts from Menopause Support UK

Menopause is not just hot flushes and periods stopping, and it begins earlier than you might think.

- There are approximately 13 million peri or post-menopausal women in the U.K – that is about 38% of all women going through the menopause at any time.
- There are more than 30 recognised symptoms of menopause
- Perimenopause is when hormone levels begin to fluctuate and symptoms may appear, often in the early to mid-forties
- Menopause is 12 consecutive months without a period, the average age is 51-52
- Post menopause is the years following menopause
- Symptoms last, on average, 4-8 years
- 1 in 4 will experience very few symptoms
- 3 in 4 will experience symptoms
- 1 in 4 will experience debilitating symptoms

### Menopause can be

- Natural,
- Surgical, this occurs when both of the ovaries are removed
- Induced, this is caused by some forms of medical treatment
- Early, occurs under the age of 45
- Premature, occurs under the age of 40
- 1 in 100 will experience menopause under the age of 40
- 1 in 1000 will experience menopause under the age of 30
- 1 in 10,000 will experience menopause under the age of 20
- Transgender and non-binary people may also experience menopause

## Symptoms

Menopause and perimenopause can cause a range of symptoms that may vary from person to person. Lists vary but Appendix 3 shows 34 suggested regularly as well as a diagram to show the dip in hormones and the parts of the body affected that explains the widespread effect of the menopause across all of Women's organs.

## Historical Context

In the past Menopause was an unspoken subject. A Victorian woman going through the menopause was often considered to be emotionally unstable. Victorian attitudes may have gone but some attitudes continue, and taboos persist. Older generations of women (and men) can unwittingly stifle attempts at open conversation too as their experience was to just cope and carry on.

**"We didn't talk about the menopause, we just got on with it"**

Recently there has been a stronger focus on Menopause. A focus on bringing it out into the open. Addressing the taboos with more exposure in press and TV and celebrity input. One such example, mentioned by many women in their surveys is Davina McColl's programme Sex, Myths and the Menopause as well as other TV and Online content that influenced and informed them.

Women can still be reluctant to speak of their issues because it is seen as 'gripping' and because other women seem to be coping fine. Press is often unhelpful to women that are struggling as this example from Mail Online exemplifies.

This is particularly challenging for women who are amongst those that are struggling the most with debilitating symptoms – **about a quarter of all women**. If we use menopause Support UK figures we can calculate that 38% of 96,158 Herefordshire women are going through menopause which is 36,540. If 3 out of 4 are experiencing symptoms (27,405) and 1 in 4 are experiencing debilitating symptoms – that is 9,135 women! That is a lot of women, and yet the survey shows that women can feel very alone and unsupported. So, it seems we have not conquered the need to bring menopause into the open yet.



## Herefordshire context:

### So, why are Healthwatch Herefordshire carrying out this project at this time?

The NHS (Herefordshire and Worcestershire Integrated Care Board (ICB)) are working on a new way of delivering services to women in Herefordshire and Worcestershire with Menopause as part of a new Women and girls health strategy.

They recognise difficulties gaining appointments at medical practices, an increase in TV and Online advice (some of which is inaccurate/ unhelpful or taking commercial advantage) and that this may push women to ill afforded private services for treatments that are available in the NHS.

They would like to hear from women to tailor the service well. They want to know the issues women feel most strongly about and the issues women face when trying to access health services. Healthwatch has independently collected this.

There are not very many specialised Menopause GPs in Herefordshire (1-3). One GP told us that over 70% of her patient appointments are women asking about basic Menopause issues. It is felt that there could be a better way to deliver this.

The local NHS are looking to replicate a service trialled elsewhere. With access to a GP with specialist knowledge of menopause and a dietician. The session will give an overview of menopause, focus on symptoms, treatment options (benefits and risks), and an opportunity for patients to ask questions.

Even though 51% of the population will experience menopause, medical schools often overlook this crucial aspect of women's health. A 2021 report found that, in the UK, only 59% of medical schools included mandatory menopause education in their curriculum.

It is to be an Online offer for up to 100 women at a time. It is anticipated that approximately 20 of the women following an after-course survey would have experiences that warrant a face-to-face group session. After that it would be likely that around 3 women would need further face to face appointments.

After 80 women had replied, early favourable results for the idea were relayed to Herefordshire and Worcestershire ICB who gained funding to trial the approach. This informed the content and confirmed that many women supported the idea.

ICB have reported early favourable progress which is in Appendix 4.

## Menopause and me report

Healthwatch Herefordshire have continued to collect responses and closed the survey mid-November 2024 with 213 surveys recorded.

This report includes the reflections of Herefordshire women about healthcare services that they have accessed about menopause or menopause symptoms in the last 5 years.

**We aimed to learn what was working well and what could be improved and to hear women's suggestions for better care to inform the ICB. Also to hear women's recommendations for reliable information sources and options that women might try.**

The surveyed women demonstrate a great deal of expertise about coping with menopause and managing their symptoms and tell of difficulties too:

- Relationships suffering and breaking down
- Employers lacking sympathy and support
- Businesses losing their valuable expertise as women struggle to stay employed
- Difficulties accessing healthcare
- Side effects and lack of treatment options
- Women unable to understand and counter their symptoms at a time of life when many have other life challenges like teenage children and elderly parents.

Women also tell of successes, experiences of HRT and give advice for others and ask services for the advice information and support they need as satisfaction levels are not high enough.

## Impact of debilitating symptoms of menopause

The effects of menopause can often be minimised as a quarter of women have very mild symptoms.

**I didn't really need support with any of the above symptoms.**

But every woman's experience is different, and for many women the effects are debilitating and accessing support, understanding and medical treatments is more difficult than it could be. This is acknowledged in recent government reports e.g. on workplace discrimination in 2022 and an inquiry by a cross-party committee of MPs in December 2024. (More in Appendix 6).

**"Medical misogyny" is contributing to women being left in pain with undiagnosed reproductive health conditions for years.**

The devastating impact of Menopause for many women can be demonstrated by these comments from Healthwatch Herefordshire's survey:

*I really felt like I was going mad at the start of my symptoms - my mental health declined, and I was unable to cope with things at work and home I was usually able to. It was my family that begged me to go to the doctors and seek help. Still feel like I'm on my own mentally with it.*

*I had severe anxiety, palpitations at night & sweating at night. I would wake up gasping for breath and felt like I simply could not take in a full breath of air. My throat would be dry as if it had stuck together. I would wake up feeling scared & anxious each morning. I had low mood. I felt extremely alone. I can say without a doubt that taking HRT has resolved all these issues. Talking, exercising, eating healthily on their own, without HRT wasn't enough to stop the symptoms. I never even realised that these symptoms were the result of perimenopause.*

*Seeing that list above, I am amazed that all of these ailments could be down to the menopause. I just feel like I am falling apart.*

*Dealing with constant exhaustion.*

*The Menopause has changed me completely and unless you go through the significant changes and suffering, it will never be fully understood how debilitating and life changing it is.*

*Out of all the symptoms I decided on key ones which were causing me to be insane.*

*1. Insomnia; 2. Anxiety; 3. Brain fog; 4. More painful period symptoms*

*I pretty much went mad. Lost my job, friends etc. Begged for HRT for two years. I have experienced SEVERE anxiety and depression requiring medication and professional help from mental health services.*

*Be honest about all symptoms, it's really affected me, I'm sure it partly destroyed my Marriage, it has definitely messed with my mind, I can't concentrate on things for long, my temper is horrendous my cycle has reverted me back to a teenager it's vile.*



*I definitely need help. I have now developed AF (Atrial Fibrillation?) and cannot shift the weight gain. Am still flushing. Still low moods. Feeling lost and tired all the time and dreadful memory problems.*



*All of the information I have found is either online, from Davina McCall, or information sharing with friends and colleagues who are going through similar things. I constantly hear that nobody listens that we have had to demand high doses of medication or to go back to GP several times with symptoms and problems before anything is done to help. Often at a stage where mental health is causing a breakdown of relationships, health and careers.*

Together with the ICB and their new initiative and strategy for women and girls, we hope this report will make a difference.

# Thank you

Thank you to the participants in the survey for sharing your stories, the women's forums that welcomed us to talk about menopause and listen to your experiences and suggestions and to the organisations that publicised and distributed it.



"You need strong medicine to relieve your symptoms. I'm prescribing chocolate."

# Summary and Recommendations

Women were very vocal about their experiences so there are many recommendations.

We have divided these into direct medical practice recommendations, Integrated Care Board and wider NHS recommendations, HRT specific recommendations, recommendations about the proposed new engagement events, recommendations about content whether at event or surgery, and finally recommendations about women's support groups or events in general.

We also recommend of course, that you find time to look through the report sections and read women's words to gain an authentic experience of what women feel about the services they have received for menopause over the last five years – the good and the not so good. There is a natural emphasis on improvements in the recommendations below as 44% of women said that they were not satisfied with the care they received.

## GP surgery actions

### **Improve customer service / decrease dissatisfaction/ change in attitude**

While there were some positive comments about services many women were not satisfied and felt that their menopause concerns were not listened to, taken seriously, dismissed or were minimised. Least satisfied were those who had early menopause, women still having symptoms and difficulty in later life or post menopause and women with surgical menopause.

It is recommended that a more supportive approach is taken so that listening improves, women feel that they are taken seriously, and symptoms are viewed more holistically with a more consistent approach to diagnosing, treating, information giving and helping women to manage the menopause.

### **Time to treat properly and ease of getting 'non-urgent' appointment**

For many women symptoms are extremely debilitating or may become so. Women can be distressed and baffled by changes affecting them negatively and don't always see this as menopause related.

It takes too long to gain an appointment and the length of time of an appointment and insistence on dealing with just one issue means that diagnosis can be delayed.

Short appointments also limit effective discussions and explanations that will support women to be self-assured in their self-help and to know confidently when to seek help.

Clinical roles always seem to be chasing their tails, never with enough time to give to each person. The answer just seems to be to pill pop without explaining risks or choices.

It is recommended that there is a better recognition of gynaecological symptoms and difficulties faced by women and girls so that they can gain an appointment more promptly as many perimenopausal symptoms are seen currently as non-urgent.

In addition, it is recommended that proactive methods are put into operation to inform women what to expect and options prior to menopause onset including a route to reliable information.

### Information

Women currently feel that they are having to do their own research to 'arm' themselves to seek the NHS care they need. Women often do not know where to go for reliable advice and information that is not given at their medical practice.

I saw one nurse who gave me some information about websites to look at, but never saw her again. I have seen different doctors who have all had different ideas and there has been no cohesive care package to ensure that I have been looked after. I have sorted out my own treatment regime based on my own research.

It is recommended that there is less reliance on women to do their own research.

It is recommended that the NHS provides clear and reliable NHS information. (See NHS information recommendations).

### Ongoing care and continuity

Women feel that they are left without ongoing care or monitoring for far too long. In particular if sent away to see how symptoms develop or if put on medication of a particular sort or dose or with a coil or the pill still in use, or later in life when possibly post-menopausal.

There is evidence that women, give up trying to improve their symptoms, give up taking treatments with side effects or no effects and do not know that there may be alternatives. For many this has a very adverse effect on their mental health. For others it takes a long time to return leading to unnecessary lost years of debilitating symptoms and knock on effects of broken relationships and employment loss.

Others resort to ill afforded and sometimes unreliable fads and private treatment.

Once HRT was prescribed, I think further appointments would be beneficial from a specialised menopause clinician. This would give patients more confidence and free up GP appointments for other patient issues.

It is recommended that there are clear messages and practice about frequency and staging of monitoring and review to offer continuity and ongoing care, encouragement to seek help and information and try different options where necessary.

It is recommended that practices make use of routine appointments for cervical smears, annual health checks, other medical monitoring to check women's health in perimenopause and menopause and offer information, support and advice or referral.

### **Referral to experts/ Women's health clinics/nurses**

Although there were women that had positive experiences too, many women described experiences where they were given appointments with medical practitioners that did not appear to have expertise in menopause. Consequently, they faced delays to get a clear diagnosis or were misdiagnosed.

Women felt that too many professionals were not trained to know the latest advice re HRT and other options and so they often received contradictory and inconsistent messages when they returned and had to see a different practitioner and there were unnecessary delays in getting treatment, information and advice. In the worst cases women felt they were expected to put up with debilitating symptoms.

Women said that they were not well served in identifying tools, ways and treatments to address specific difficult symptoms. Information was sparse, generic and relied on women doing their own research. Women were concerned that they did not know what Internet and other information was reliable.

It is difficult to understand and get across what it does to the mind and body. The lack of health care professionals who specialise in Women's health is staggering.

It is recommended that women are given the option to speak with a member of staff with expertise in perimenopause, menopause and treatment options.

It is recommended that medical practices identify professionals with sufficient expertise, update training where necessary and/or refer to specialists elsewhere more readily.

### **Clinics and specialists available to all; Referral to experts/ Women's health clinics/nurses**

Many women wanted to be referred directly to experts or well women clinics where expertise was not available at their medical practice.

Many women wished for there to be specialised women's clinics where they could expect expertise and access directly without going through their medical practice.

Women with multiple conditions, early menopause and medical menopause in particular experienced difficulty gaining sufficient tailored expertise.

Many women also preferred a medical professional of a particular gender mostly female.

There should be a menopause specialist available - there are private ones that cost a fortune but it's high time Hereford celebrated their NHS ones.

Specialists should be placed in all surgeries to help women.

The general support for women going through the menopause is extremely poor, there is no time to discuss symptoms and HRT - Herefordshire needs a dedicated menopause clinic where ALL women can get advice and access it, not just the ones who are able to pay.

It would also be good if there was a specialist service within Herefordshire where specialist and highly trained staff could deliver a holistic approach to managing menopause (medication, lifestyle advice, signposting to other service, self-help groups etc)

It is recommended that women have access to a menopause specialist/ expert GP in specialised clinics that medical practices can refer women to especially when the situation is complex and beyond ordinary medical practice expertise.

This could be in a centralised menopause specialist hub, Specialised clinic as part of a well woman check. Alternatively, or in addition, a specialist telephone hotline.

Recommend that ICB acts to ensure:

- Availability of effective speedy referral pathways to specialised women's health clinics.
- An offer of expertise for the many women experiencing more extreme or rare symptoms or who have other conditions.
- That women are able to seek expertise from a medical professional of a gender of their choice.

Recommend that ICB considers whether a helpline that women could call to discuss developing menopausal issues would be possible as an alternative to trying to make a medical practice appointment or wait for a referral to a clinic.

### **Direct messaging**

Many women felt that they would have weathered perimenopause and menopause with less difficulty if they had understood more prior to onset of symptoms.

It is recommended that practices use text e-mail or letters to send accessible universal information to all women triggered by age for anticipatory awareness and care so that women can prepare and understand menopause before it is affecting them.

## **Integrated Care Board and wider NHS delivery recommendations**

### **Better GP and nurse training**

Some women had good experiences, but lack of understanding, outdated attitudes and training were a strong feature in most survey responses.

Address GP knowledge gaps: I would much rather see the sessions being delivered to GPs who would hopefully then be more informed and responsive to menopausal women.

Recommend that ICB does what it can to influence NHS strategic bodies to make menopause training mandatory for all GP's and allied professionals.

### **Address lack of local expertise**

Women want treatment options as well as knowledge and focussed ideas and solutions to a wide array of symptoms. This will combat misdiagnosis, dismissive attitudes, delays in treatment, increase efficient use of appointment time, increase continuity and offer a more compassionate effective service.

The GPs should be able to refer women to NHS experts

I think there should be something like a well-woman clinic at a GP surgery or similar which is a regular slot when you know you can book an appointment face to face with an expert on the menopause when you need to.

Through local surgery or health centre, offered 1-2-1 appointment when a woman starts to experience symptoms, so women have a "tool-kit" to guide them through this change in their life.

Recommendation: To ensure that there is sufficient expertise and capacity in each medical practice for women to see a specialist and that women are given appointments with them and/or escalated more speedily to more specialist services elsewhere.

### **Improve information sources**

Healthwatch Herefordshire's surveys indicated that there is an inconsistent often low-quality provision of information to women which causes confusion and risks women accessing unreliable sources.

A 'Wo-manual' was suggested which is catchy and may be an attractive way to engage women especially to improve their health and lifestyle in anticipation and to mitigate some menopausal symptoms.

All aspects of perimenopause and menopause information was requested including where to find peer support and how to discuss menopause with employers.

There was no information before I discovered I was in perimenopause (apart from hot flushes!). We need to know it's coming and what to expect!

I feel every woman should be giving reliable information on everything to do with Menopause pre-Menopause i.e. in their 20's, things like what symptoms expect, where to go for advice, pros and cons of all treatment, medical and holistic. More importantly what can be done post menopause which is often overlooked. This should be added to the Cervical / Breast Screening program. I also believe that there should be a Well Women Clinic provided where girls/women of all ages can go to discuss anything related to women's issues in general.

It would be good to have information about how we can prepare our bodies as best we can for when we enter perimenopause

Recommend that ICB

- Creates definitive information resources that medical practices can use. E.g. Online and remote provision of leaflets and manuals.
- Consider other sources of information that women are accessing to see if they are reliable and could be offered as a resource list; consider list of sources that women recommend and see if they are reliable and could be offered as a resource list.
- Recommend that ICB encourages medical practices to make information and advice available to women before onset of menopause to maximise understanding of when to seek help and when to self-care and monitor.
- Produce engaging advertising and message content to help practices to inform women.
- Publicise what NHS can offer to prevent women feeling that they have to resort to expensive or inaccessible private medical care of varied standards and effectiveness.

### Policy/ strategy.

Women raised a number of questions about their treatment offers in the NHS which pertain to NHS policy and strategy.

Recommendation: Consider, clarification, advice and actions regarding:

- **Testosterone** – many women feel that it should be a considered treatment under the NHS and ask why women's sex lives are deemed unimportant after menopause. They ask if this is an equality issue? They ask the NHS to look at again?

The single most important thing is upskilling GPs and provision of female versions of testosterone which aren't currently available.

- **HRT:** Women want to know why HRT is not free as the pill is on the NHS.
- **The Coil and Perimenopause:** Review women's experiences with the coil, the menopause and HRT as women have stated issues, inconsistencies and conflicts in their treatments at medical practices. (In particular women with early menopause).

There needs to be a more proactive approach to women's health. Specialists and consistency of care are essential. The provision of the coil needs addressing, specifically the lack of providers who can now fit the coil.

Provision of the coil should be addressed as well. GPS won't do it anymore, if you are over 55 the STI clinic won't help so you are left on waiting lists.

- **Hysteroscopies:** Review whether Hysteroscopies should only be carried out with local anaesthetic as women are experiencing unacceptable pain and trauma.

Hysteroscopies are also painful, and sedation is not offered. There is a definite gender pain gap that needs addressing.

Pain relief during hysteroscopies needs addressing. It is the only internally invasive procedure where sedation isn't routinely offered.

- **Surgical Menopause:** Consider what different information, advice and support women require from medical practices and hospital services, prior and post-surgery about sudden onset or re-emergence of menopausal symptoms, HRT advice, libido and other physical effects. Women have expressed shock and disappointment that they were not prepared adequately for what to expect.

Hereford should train their staff to deliver NICE appropriate standards and should not be promoting HRT guidance for women who still have their ovaries. There is a significant difference for women in Surgical Menopause than women who are going through natural menopause. This needs to be addressed and care made appropriate. The care I received was within the realms of medical negligence, traumatic and disappointing.

- **Research:** Consider whether more research could be undertaken to improve treatments and support for women in this inevitable and natural phase of life.

I wouldn't want my daughter to suffer like I have and still do. More research needs to be done.

### Coordination and consistency of services

Menopausal women experienced poor coordination and consistency between medical practices and mental health services that caused considerable delays to treatment.

Similarly, women who had undergone surgery experienced lack of coordination and consistency between medical practices and hospitals concerning medical menopause.

I wish there were events within GP or community groups, so I knew what menopause was. I was never told about it other than seeing Davina McCall Online. I wish my MH team talked to me about bipolar and menopause. I think women aged 40 should all be sent links to explain perimenopause and menopause.

Recommendation: Take action to improve coordination and consistency of menopause treatment between services especially mental health services and surgical menopause.

### Employer education

Many women spoke of issues and difficulties at work and retaining employment whilst managing perimenopause and menopause. Unsupportive attitudes and lack of understanding of employers and coworkers drove many women to reduce hours, leave work or change jobs. These included women who worked for the NHS and local authority who are frequently experiencing high staff turnovers and poor staff retention.

There were a few examples of workplaces with good menopause support.

I have an excellent work culture and am supported fully in my health.

Women encountering the most difficult menopause symptoms ask for wider community education, reasonable adjustments, support and understanding to find the best treatments and strategies to retain their skills and expertise in the workplace.

It would be great if Public Health or the NHS could commission a service contacting employers to encourage them to provide information and signposting for women experiencing menopause symptoms.

During perimenopause I had absolutely no idea what was happening to me until I began to read about menopause and a nurse, I met at my union suggested my symptoms could be menopause related. I am a former nurse and counsellor but did not know about menopause. I think it is now more commonly known about now, but I wish I had known about the symptoms sooner as I had suffered 6 months with panic attacks and such acute and unpredictable memory loss it affected my work and I had to leave my job.

I have had to leave my 100K job and am now a job seeker.

Recommendation: Consider actions to publicise how employers can be better informed about menopause and support their women staff and:

- widen understanding in the workplace,
- recognise simple reasonable adjustments,
- improve retention
- combat skills loss
- and widen support networks.

Particularly target the NHS and local authority and other large work forces with many women workers.

### **Wider societal education**

Many surveyed women found it hard to cope with this stage in life because of the lack of understanding of the wider community and their partners, husbands, friends and family. This could make them feel very isolated. Many felt they must suffer alone. A few women mentioned that they were persuaded to seek help by family. Many wished they'd sought help earlier.

Greater understanding could support women, help to normalise and reduce stigma and encourage women to seek help earlier. Many women valued peer support but felt it wasn't always readily available.

There is not a lot done for women in our workplace or information or group where we can go and talk. I also find that if some women don't have the symptoms, they don't seem to understand what you are going through and just say 'you have to get on with it, that is part of being a woman'.

I hope that things change. Too late for me, hopefully not for the millions coming after. It is completely short sighted to not tackle the problems of menopause as I'm sure you're aware.

It is very refreshing that Menopause is popular at the moment, in the sense that it is starting to be talked about, acknowledged and understood by others and those going through it. There is still a long way to go.

Recommendation: Consider actions to publicise and inform the wider public, communities, partners, families and friends about the impact of menopause and how people can help to encourage open discussion, increase support and understanding for women and lessen their feelings of isolation and decrease the development of poor or declining mental health.

Recommendation: Encourage and broker women's groups and peer support and offer expert speakers/access to support them. (See below – Events to engage women/ Women's support groups).

## **HRT Specific recommendations**

Women expressed many concerns about HRT which greatly benefitted many and didn't suit others.

From women's experiences the following are recommended to improve services:

**Increased monitoring** a recognition that menopause is a journey, and women will need to contact their surgery and review how their HRT is working. Explaining to women why they may need more than one appointment especially for women with other health conditions

### **Better information and less conflicting information**

Encouraging women to return for further discussion when they are unsure about taking pills.

**To know clearly what options and alternatives are available**, advantages, disadvantages risks what health conditions might prevent being able to take it. Women also wanted to understand the HRT journey i.e. how medication might vary over time and when or if you need to come off it.

### **Address health concerns regarding HRT**

Inform women about potential side effects.

Inform women of different forms of HRT that they can try to combat side effects.

Encourage women to talk to NHS healthcare professionals about concerns about HRT

### **Inform women about alternatives to HRT**

Describe different options especially for women with other health conditions, specifically addressing women that have surgical menopause about their options.

### **Better advertising of prepayment certificate**

Many women had not heard about it and made suggestions to reach more people.

### **Improve NHS sources of information and signpost women to this**

Social media opinions about HRT vary wildly and women seek reliable balanced information from the NHS.

## **New NHS Engagement events**

Women overwhelmingly welcomed this though some felt it was too late for them and others preferred face to face support.

It would be nice if there was a short course that you could attend and then also meet other woman going through the same.

Women's health is undervalued. Greater priority should be given to providing women with consistent, high standard care from educated specialists.

Recommendations:

- **Look at women's ideas of content** and ensure that their wishes are covered in the online engagement events and/ or offer additional written or online resources to cover them.
- **Carefully consider timing and place** of engagements as well as the way in which women are informed offering a good variety for those in shift work, for carers and for disabled.
- **Give plenty of notice** of dates and give women a way of rebooking when they cannot attend.
- **Consider how women can be supported afterwards by peer support groups**, well known advocates and champions and whether NHS can help to broker or initiated these or offer occasional expertise. (See below - Events to engage women/ Women's support groups).
- **Consider how GPS can initiate engagement** with polite and encouraging interactions.
- **Make best use of the NHS app Facebook health providers sites and clear signposting** with posters and leaflets.
- **Use all communication preferences** E mail, Face to face, Newsletter, Group activity, Online meeting, Text, Letter, Telephone

Recommendation: Further consideration of how to make engagement events accessible to all menopausal women in particular demographics that might find attendance difficult or require different content or language. Further research will be necessary.

- consider carer support.
- consider learning disability support
- consider other disability support and reasonable adjustments
- consider the needs of different ethnic groups

## **Content whether at surgery, via a specialist or NHS events**

Women said the information and knowledge they wanted to know whether directly from a medical practice, a women's clinic or NHS events.

- Normalising the menopause but taking it seriously.
- Being prepared/ knowing what to expect and how to mitigate symptoms.
- How to know if your symptoms are usual menopausal symptoms and not something else?
- All about HRT: Specific treatment issues; dealing with conflicting advice from different professionals; advantages and disadvantages, risks and side effects, how and when to seek reviews; alternative forms of HRT; different options, specific treatment issues HRT patches, gel and pills – practical issues e.g. hormone shortages.
- What are the options if you don't like medication, want a more holistic approach? Alternatives to HRT
- How to deal with specific rarer symptoms that are not well understood or catered for by medical professionals EG tinnitus hearing loss, manières disease, vertigo.
- Tips and ideas about how to deal with a wide range of symptoms as well as specific symptoms of most concern like brain fog, weight gain, mental health decline, sleep loss.
- Understanding of effects and options for people with multiple conditions.
- Specific treatment issues – Libido loss and Testosterone
- Informing women about lifestyle changes or improvements like diet, exercise and supplements that may work or help relieve symptoms and effects of menopause.
- Workplace advice and information for employers.
- Education and information for support network
- Offer Training/ short courses and specific training for people with medical menopause, cancer and menopause, hysterectomy and menopause, early menopause, epilepsy, endometriosis and fibromyalgia.

I did my own research. It would be helpful if all GP surgeries or the NHS sent information to woman about perimenopause at aged 40 rather than this complete absence of advice to 50% of the population.

There was no information before I discovered I was in perimenopause (apart from hot flushes!). We need to know it's coming and what to expect!

Recommendation: That ICB use the list above and this report to inform:

- of women's wishes.
- NHS information resource development
- services that offer menopause support
- the new women and girls strategy.

## **Events to engage women/ Women's support groups**

Many women suggested that it would be helpful to have more women's support groups or events in which they could feel able to discuss menopause issues, gain ideas, support and information as well as expertise. Women suggested that groups:

- Are fun friendly and accessible, small and informal
- Have easily accessible support and resources
- Are face to face as well as online (live or recorded) e.g. Webinars.
- Should be run by women with effective expertise support and feedback
- could be advertised on social media, e-mail and advertised in other ways too e.g. flyers, posters and go through employers (which would raise awareness of employers too).
- Should aim to work on attitudes, raise awareness, encourage openness and seeking help. Remove fears about HRT and educate about the benefits of HRT its risks and side effects break taboos and stigmas. Offer peer support and practical help.
- Could offer subject matter particularly to help with the most challenging symptoms like brain fog, aches and pains, diet and exercise and poor mental health as well as taboo subjects like continence issues, sexual health and libido.
- Could take different forms to attract women e.g. Popups, women's coffee morning or afternoons or evenings, pamper evenings, Q&A's, well woman events, events in gyms and connected to exercise classes or diet clubs, walk events, other places connected with lingerie, women's clothing, social or discussion groups.

Menopause information sessions within a group setting with an expert menopause clinician with questions and answer sessions. Then an opportunity for a cuppa and

chat with other women in the group. This is done with other conditions such as diabetes so why not menopause?

It is recommended that women's menopause support groups are encouraged and brokered by the NHS and organisations that are able to set them up as well as by local community groups and individual mentors, community champions and menopausal women themselves.

It is recommended that the NHS support these groups by being open to invitation to offer expertise.

## Final thoughts

The above recommendations arose from the comments made by 213 Herefordshire women. They are remarkably similar to the recommendations of the parliamentary women and equalities committee of 28<sup>th</sup> July 2022. (see Appendix 7)

### Fawcett Society Survey report reveals a shocking lack of support

In May 2022 the largest ever survey of menopausal and peri-menopausal women was carried out by the Fawcett society. Unlike Healthwatch Survey, it was carried out with all women and not just those that had sought healthcare and of course not just in Herefordshire. Comparing the results to see if we can see some similarities or differences and reflecting upon the differences in our findings, we need to take into account that:

- Our survey required women to respond that had sought medical support so, there will likely be many women in Herefordshire coping alone without health care. The Fawcett survey revealed that nationally 45% had not.
- Most of the women in our survey had been offered or used HRT – there will be women in Herefordshire who have not. The Fawcett survey showed 14%.
- People are more likely to fill surveys who are not contented with services and are having a more challenging experience of Menopause.

There are some very good NHS practitioners in Herefordshire to whom women are very grateful, and who can be exemplars of better standards going forward.

Healthwatch Herefordshire hopes that our survey and reflections across the system will improve the experience of women and will help to create a women and girls health strategy that will identify what women and girls can expect and that will improve services for the next generations of women and girls.

# Results

## Demographics.

**Numbers and ages:** 213 women shared their experiences of seeking information, support or advice or treatments for Menopause. Most (68%) were aged between 50 and 64, Almost a third (29%) were 25-49, and 3% were 65-79.

**Gender:** 211 surveyed people ticked female. 2 people surveyed ticked Male. It is difficult to tell if this was a mistake or the individuals were transgender. 1 person preferred not to say whether their gender was the same as assigned at birth.

Appendix 2 contains more information about Transgender Menopause. The NHS site has no information about this. Essentially, if a person born with a female body transitions and has their ovaries removed, they will experience medical menopause. If they do not, they will experience menopause at the usual time or in a different way if they are taking other prescribed hormones.

**“Why are you asking what someone's gender is, when this survey only applies to women who were born biological female”.**

**Sexuality:** 90% were heterosexual/ straight, 3.8% preferred not to say, 2.4% were Bisexual, 2.4% Asexual, 1.0% Pansexual and 0.5% Lesbian/Gay Woman

**Ethnicity:** The majority of surveyed people (92.5%) were White British, 2.8% White Other, 1.4% Black or Black Caribbean, 1.4% Did not wish to disclose their ethnic origin, 0.5% White Irish, 0.5% Asian or Asian British Indian, 0.5% Mixed Any other mixed background, 0.5% Black or Black British African. Two people were Welsh White and South African.

**Disability:** 10% of surveyed people had a disability, 88% did not and 2% preferred not to say.

**Long term condition** 38% of people had a long-term condition, 60% did not and 2% preferred not to say.

**Carers:** 14% are carers, 83% are not and 3% prefer not to say.

## Financial status of surveyed people

13% have more than enough for basic necessities, and a large amount of disposable income, that I can save or spend on extras or leisure

The majority 57% said 'I have more than enough for basic necessities, and a small amount of disposable income, that I can save or spend on extras or leisure'

19% had just enough for basic necessities and sometimes run out of money.

2% don't have enough for basic necessities and sometimes run out of money.

9% prefer not to say.

## Which area of Herefordshire do you live in

The surveyed were from across Herefordshire with 30% from Central Hereford, 16% Village North Herefordshire, 9% Ledbury and 7% Bromyard and Hereford town borders. 5% and under other areas including Kington, Leominster, Village east Herefordshire, Ross on Wye, Golden Valley, Village South Herefordshire and village West Herefordshire.

### Other places included:

South Littleton, Worcester x2, Malvern – the intro to this survey said it was for Worcester too, Colwall x2, about 4 miles out of Ross, Out of county, Close to Ledbury, but just inside Gloucestershire (Red Marley), Chepstow Monmouthshire, Not disclosed, Leysters Village in between Tenbury Wells & Leominster, Presteigne, Wellington Heath. Most women outside Herefordshire had accessed some services in Herefordshire.

## Which Medical Practice are you registered with

Almost a third of surveyed women were registered with Hereford Medical Group but 21 other practices were also represented. Full details in appendices.

## Which best describes your situation?

Most (65%) had experienced Menopause symptoms, 37% due to medical treatment. 8% were Perimenopausal and 5% experiencing early Menopause.

## Recent healthcare experience

### In the last 5 years have you contacted a healthcare professional about your symptoms or experience of Menopause?

92% said Yes, 8% said No.

People added in the comments that they contacted health professionals primarily because of a wide variety of Menopausal symptoms.

I contacted my GP while suffering significant menopause symptoms both physical and psychological.

I was experiencing symptoms and at the request of my family – who said I definitely wasn't myself, I contacted my GP

Other comments were about specific issues and are included elsewhere.

## What health care professional?

### If you have contacted a healthcare professional, who have you contacted?

People primarily (93%) contacted GP's but also other health professionals including Practice nurse (17%), Private medical service (11%), Gynaecologist (10%), Pharmacist (3%).

Others were specified in Other (7%) and are listed in Appendix 7.

## Overall Sentiment.

### Were you satisfied with the care you received?

95% answered this question. Of these: 52% said Yes, 44% said No and 4% said Yes And No 5%. A women's business meeting and 4 other women's forums agreed this was a poor result that would not be acceptable in most businesses.

## Comparing satisfaction levels

### Comparing satisfaction levels in different groups of women

Women experiencing early menopause (64% answered No) and those experiencing medical menopause (71% answered No) were most dissatisfied followed by Perimenopausal (51% answered No) and women with menopausal symptoms (43% answered No).

People between 65 and 80 (83% answered No) were most dissatisfied followed by 25-49 group (54% answered No). (50 – 64 group (42% answered No))

50% of those **not prescribed** with HRT said they were not satisfied with health care offered 44% of those **prescribed** with HRT said they were not satisfied.

## Reasons for satisfaction were:

### Women received help and it worked

Many women received the help they needed and found that advice, information and/or medication worked for them. Sometimes women felt that they needed to push for particular treatments or needed to carry out research to gain the outcome they needed/ wished for, and women mentioned delays in going.

When results came back positive agreed to start HRT, patches were prescribed. I felt listened to!!! I am mid 40s and was worried I would be told I was too young to be experiencing this as many of my friends and colleagues had experienced. My concerns were taken seriously. Symptoms investigated to rule out other possible health problems.

YES – The professionalism and speed with which Hereford Hospital have responded to referrals to check ongoing bleeding symptoms has been fantastic. They have been reassuring and succinct.

On my very first visit I had to write down all my symptoms and key dates etc. I felt that I needed to be as prepared as possible with a watertight case in order for my GP to even consider HRT. It was a “young” female GP who agreed there & then to try me on HRT. I have had a few issues with breast cysts since, but my HRT has now been tweaked so that I am on a low dose. However, I have to say that the HRT has been life changing for me. I now feel human again. I cannot emphasise enough how much HRT has helped.

### Good diagnosis, skills and expertise

Many women received good information, support and advice

The Nurse first signposted me to online resources – which were very useful. I then went to see my female GP and she provided me with information on types of HRT for me to consider as I didn't want to jump straight into HRT due to other health issues. She also arranged for blood tests to check nothing else was going on and it highlighted that my cholesterol was slightly high so she signposted me to information online. It's up to me to go back and see her if I want HRT.

Menopause consultant at Birmingham Women's Hospital excellent and supportive.

My local practice nurse who specialises in women's health care has been phenomenal and I can't recommend her enough. Understanding, thorough, considerate and meticulous in my treatment.

I had done a lot of research about HRT prior to initial GP discussion, and I felt listened to. Once a referral to gynaecologist, I felt more confident on the decision to go ahead with hysterectomy, in a number of areas. I have been very happy with my care and feel confident that my GP will continue to support me in future.

### **Did the best they could – grudging satisfaction**

Eventually satisfied but at first (as I was late forties at the time) it was dismissed by the female GP that I saw as she felt I was 'too young'. No blood tests and investigations were done to back up her thoughts. However, I have had no further face to face appointments.

Eventually, but it took a long time to get prescribed HRT

I'm between a yes and a no. It has been helpful, and I am on HRT which has helped my symptoms. I have been given different advice and information from each professional, along with links to various websites. It's very confusing and hard to know what to do for the best sometimes. I feel it's very much trial and error.

### **Reasons for dissatisfaction were:**

#### **Not taken seriously**

Women described experiences where they felt that they were not taken seriously because:

- They were too young or too old
- Perimenopausal, or post menopause
- They were not listened to or 'fobbed off'
- Symptoms were seen as not associated with menopause
- Medical professional was dismissive, perceived symptoms as not serious enough to treat (or imagined), or did not wish to prescribe a treatment against patient's expressed wish for help

Given blood test, then GP discussed the results and swept menopause symptoms under the carpet. Felt fobbed off by GP and was desperately needing help.

I am post-menopausal which only means no more bleeds! Symptoms got worse. Asked for blood test. Laughed and said you have no hormones left so no point. Unhelpful. Unsympathetic. No one has been knowledgeable or helpful.

I feel like I have not really been listened to at my surgery. Because of my age I think they believe I'm not having the symptoms of perimenopause. They put me on the contraceptive pill and on waiting list for the coil. No face-to-face appointment to talk to me about it at all.

I was given a blood test. Told my results were at the highest end of normal and to put up with my symptoms until my levels got worse. I was also told by the receptionist upon booking my appointment that I was too young to be perimenopausal.

I had to fight for years before being taken seriously. Eventually I was offered a trial course of HRT and an evaluation. The evaluation consisted of a phone call asking if there had been a change in my symptoms. I was pleased to report that there had been a great improvement. I am now off all my "depression and anxiety " medication. I'm still waiting for a more in-depth evaluation though a few years after starting HRT!

Advanced Nurse Practitioner gave outdated info and did not engage in review or negotiate – just refused.

## **Lack of expertise**

Many women felt that their consultations showed a lack of expertise amongst medical professionals, and some were prescribed antidepressants first.

GP had no idea what was wrong, went through a range of diagnoses until I saw a nurse for something different and she told me it was early stages of menopause.

I was very happy with the care and advice I received with the private Dr; however, I wasn't as happy with the advice from my own GP. She was lovely and helpful, but I felt that she just kept trying different things without really knowing what she was doing, hence seeing further advice privately.

At the start of the process, I was twice told that my blood tests did not show any indicators of the menopause – I then researched symptoms and returned to the GP who agreed that I was menopausal.

Easy enough to see the GP at the surgery, but their knowledge was very limited and assumed I wanted a coil to help with symptoms. Glad I did my own homework using other apps/books/revision re choices and HRT I had available to me. Also with initial peri symptoms, disappointed to have been first offered antidepressants.

I have answered yes and no as some of the doctors has no idea and it wasn't until I saw the doctor who is a menopause specialist did I get answers. The doctor in question though is really hard to get an appointment with so it's just potluck if you get someone who understands.

At the moment I am suffering so much. No one seems to be able to look at symptoms, bloods etc and know what to do or refer to anyone who will help. Won't even do a Dexa Scan, bone density scan that I need, as had a hysterectomy at 35, no HRT, now at 59 feel like a 90-year-old. I truly believe it's because I have been without vital hormones for 22 years, also expected to work until 67

In the very beginning I had no idea I was in perimenopause, I had lots of symptoms leading to tests including brain scans. Nobody looked holistically at my situation and realised that actually this was the menopause.

## **Lack of diagnosis or Misdiagnosis and continuity**

Women experienced misdiagnosis particularly putting menopausal symptoms down to depression or poor mental health due to concurrent difficult life events. Lack of continuity and difficulties gaining appointments, reviews and monitoring exacerbated the experiences.

It was difficult to get GP appointments and blood tests – too long to wait each time. My initial scan and Gynae appointments were quite quick – I guess because I was on the cancer pathway. I asked the Gynaecologist about my menopause symptoms, but she didn't seem to have any advice to give me. She said that the continuous bleeding was not to do with menopause. But it must have been, as I have been told I haven't got cancer (I hope). I asked about other symptoms, but she said they weren't menopause

- I have since found out that they probably are, by reading, researching, etc, myself.

I can never get the same GP to have continual care, nor have I been able to get a GP who fully understands menopause. My most recent GP asked for a menopausal review left me in tears with the GP stating I was depressed and stressed and that I needed to reduce my working hours and change my job. She did not listen to the symptoms or how I was feeling which led me to giving up. I feel I am battling alone.

No from the GP – they told me my hormone levels were ok so they wouldn't provide treatment. Yes, from the private menopause clinic who provided me with HRT. When I returned to the GP to get my HRT through the NHS, they said it was a mistake that I hadn't received treatment originally.

It was a telephone consultation (Covid times ) and it swayed towards a conversation about mental health and mindfulness.

### **Lack of or Poor treatment options or not addressing symptom**

Women experienced few suggestions for managing symptoms or looking at their health holistically and again antidepressants seemed to feature frequently.

Wanted help to discuss heavy periods and all I got was suggestions on having a coil fitted which I really did not want

Very helpful listening but menopausal issues are so wide ranging it's very difficult getting the right help. Seen numerous GPs who gave insufficient and inadequate support for menopause symptoms. Finally started HRT aged 61

No real advice in managing early perimenopause symptoms as I'm not showing as low enough oestrogen for HRT, had to get private advice on things like diet and exercise and how those can help manage symptoms

The first time I asked for help I was put on antidepressants by the GP. I don't think that I was depressed. I have also had poor help in relation to heavy periods. Since then, I have seen the dedicated menopause people at the GP, and they have given me HRT

I also wanted to seek a more holistic approach in managing my symptoms I wasn't ready for the medication option. One of my main concerns at the time of the

appointment was a period that was still going on after 4 weeks and that the last 2 weeks I was so heavy that I couldn't confidently leave the house. I was also worried on how much blood I was passing, the affect this was having on my sleep pattern because I was having to change multiple times in the night. I was offered medication to stop the bleeding but not really reassured this was the best option, so I didn't take it.

It was a bit vague ..... I was just told my symptoms were normal and not to worry - I wasn't offered any support strategies.

Only advice given gradually come off them. No advice about the pros and cons of keep taking them. (Only pushed statins).

### **Taking too long**

Many women commented about the length of time it took to be diagnosed and find working solutions to help them and the brevity of appointments are seen as a contributing factor.

10 months of suffering and lots of visits to health professionals

Just go round in circles, blood tests, scans then nothing. Taken into hospital for a hysterectomy to end up with the coil fitted instead.

Eventually yes - although I had been in touch with various GP's about the same symptoms between the age of 37 and 46, it was my last visit at aged 46 when the GP gave me some useful advice and help. If I had realised what was necessary during those earlier years I wouldn't have had to go through half as much as I did.

I have been waiting for urgent appointment with Gynaecology for over 6 months

I saw a Nurse who is trained in understanding menopause and HRT and she was very helpful. I have had some relief from HRT but am struggling with some things. I have been seen by a gynaecologist but after checking I don't have cancer, I was signed off with the issues still unresolved. My GP has requested they see me again, but I am now on the non-urgent list and have currently been waiting about 10 months. I'm not sure where else I can get free or reasonably priced help.

Appointments in relation to menopause are brief and seem based on general prescriptions rather than what the individual is in need of.

### **Lack of ongoing care**

Women were experiencing lack of ongoing care and continuity to monitor and evaluate treatments and health as menopause progressed.

I had several appointments to get me on HRT and regular checkups over the phone. But I still feel there are a few issues that have still not been resolved. I very rarely get a full night's sleep, still have brain fog and concentration levels can be very low. I also have a lot of joint pain, my hair is becoming thinner plus a weak bladder. My job can be quite stressful sometimes and on a few occasions, I have had panic attacks, which are very scary and I had to sit down and just deal with it on my own. I can also be sat watching the TV and my ears start to ring which is hard to deal with, but I just stay calm and then it does go away. I find that the GP was okay, but there was nowhere to go locally for advice. I have had to find my own advice from what Davina McCall has started or an online app.

No aftercare to check on things

HRT - I've been on it for 3 years with never a review

Currently plateaued with my treatment and find getting good advice quite difficult about moving forward.

Find it difficult to see the same GP each time

No one follows up, no one seems willing to trial options, options seem limited - Patients have to chase everything and push for options otherwise you are left

Never had a review and can't get a face-to-face appointment to discuss

### **Perceived lack of interest by Male/Female GP**

There were some comments regarding the perceived effectiveness of medical professionals of different genders. Women often preferred female doctors and

there were some comments that male doctors were less engaged. However, there were also poor experiences with female staff and good experiences with male staff.

Male GPs didn't listen and didn't understand. I was referred to an OT for joint pain, referred for blood tests and sexually transmitted diseases. Only a female GP listened and prescribed HRT which has helped with my symptoms.

Seen different GPs over the last 5 years, each had a different view especially male GPs, only recently a female GP listened and recognised I was experiencing the Perimenopause.

Woman GP not very sympathetic when I asked for HRT having read two books on menopause. Told me to get a smear test and then come back. I did that but thankfully got an appointment with a different (male) GP who listened well, said I was probably better informed than him and prescribed HRT. It has helped hugely.

Female doctor had no clue!

I can never get to see a female GP, talking to a male GP half your age can be intimidating.

Female GP was rushed and totally unhelpful - left me in tears - spoke to a male GP who started me on HRT - but I've been on it for 3 years with never a review

When I asked for help 10 years ago was told by a male doctor that it was my age.

I was experiencing early signs of perimenopause and I was told by a MALE GP - "it is normal to get on with life - no blood test can be done, which I knew anyhow. I knew it wasn't a depression. After a few years of suffering, I contacted my GP, offered women clinic. This was new surgery. There was a recognition of my early symptoms & yes, I was young. Helpful for prescription of HRT.

## **Poor attitude, appointment length of time limitation, poor explanation**

Some experiences of women demonstrated a poor attitude, poor communication skills or time limitation issues.

No real explanation as to why I couldn't have the HRT now. Doctor was looking at watch after 10/15 mins, felt awkward and pressurised to cut the appointment short.

My first visits, were definitely a No, I was not satisfied. I wasn't given answer to questions, no one could explain why I should be on HRT. When I asked for more information or alternatives I was directed to websites. I wanted to hear those things from a Health Care Professional not something I could read online. I was against HRT due to my mothers experience. I already had Osteopenia, which was recognised in my early 30's.

I basically told them my symptoms and they asked what I would like, no real advice or coming into the surgery. Everything was done over the phone.

Felt 'dismissed' to be honest. I was reluctant to ask for further support and solutions as the particular GP (female!) was very abrupt with me.

Ability to talk in length about all concerns re HRT and options is limited during a regular GP appointment. Different GPs have very different attitudes and approaches to HRT.

Given a sheet a paper and told to put up with it !!!

### **Dissatisfaction relating to lack of offered solutions when patient has other medical conditions.**

For some women dissatisfaction was related to lack of knowledge, information and advice about options for their menopausal symptoms when they had other underlying conditions. Conversely attributing other conditions to the menopause is a concern for some. Women wish for a more holistic approach looking at all the patient's conditions in consultations.

Not interested in offering help as I am diabetic, say it's all related to diabetes. Told me to download an app if I thought I needed help.

Because I have the brca 1 gene nobody knows how to treat me I have been going through a lot with menopause but not even the gynaecologist gets back to me.

The lack of knowledge, care and understanding of surgical menopause is not fit for purpose from my GP or the Women's Health department at Hereford County Hospital. I have had to pay nearly £2500 to access appropriate treatment and medication from a local specialist.

Due to my using contraception for Endometriosis and being told that now I'm 50 I'm no longer allowed to take it, and being given few alternatives apart from HRT. I work shifts the gel and tablets were not suitable, I started on the patch, I didn't feel this was right for me, unable to get a follow-up appointment with GP or nurse, so now managing my symptoms without any support. Appointment made with neurology nurse to discuss HRT medication, this was cancelled by them and no further appointment given. Totally let down by all services.

My GP and the NHS gynaecologist were absolutely no help at all. I felt I had no options, the treatment wasn't holistic, improving one problem exacerbated the other. The gynaecologist was particularly unhelpful offering the option I guess that was cheapest for the NHS but wasn't working at the time. His approach was arrogant and dismissive. So I went to Newson health for menopause advice which led to my GP providing medication I'd not been offered but was clearly indicated for. They also recommended a private hospital who would be prepared to remove my fibroid which helped massively when the consultant only offered another IUD. This surgery also discovered I had endometriosis which the NHS approach would never have found. The combined nation of the surgery and adjusted medication has reduced my symptoms considerably.

I started HRT March 2023 after having a Hysterectomy in November 2020, did not see anyone until I requested an HRT review in July 2024 and have had all HRT treatment stopped, despite worsening symptoms.

I have had other health issues too, which include gastritis, oesophagitis, and h pylori. Instead, of my symptoms of needing the toilet up to 20 times a day and extreme constipation being explored, I was told that this was likely to be connected to the menopause, so there is a concern that the pendulum has swung too far the other way, and instead, health professionals are using the menopause as a catch all health issue where anything can be attributed to this stage in a woman's life without any exploration of another cause.

Initially I was satisfied. However, since accessing private testing and consultation further hormonal (thyroid and adrenal/cortisol) issues have been identified that my GP is unwilling to address. The private consultant has advised if my thyroid and adrenal concerns were addressed, my menopause symptoms would be greatly improved. The private consultant can prescribe for the thyroid and adrenal issues, but I am unable to afford this. More so since having to reduce my working hours.

## **Having to resort to private**

Patients made comparisons with private consultations that gave more time and options although some commented their quality varies and all agreed they were costly and for many unaffordable. Some of the suggested treatments were not available through the NHS for example Testosterone.

Private clinic amazing. NHS gave me what private clinic suggested but no one at GP practice is bothered about HRT. They don't seem to understand the benefits especially to bone health and cardiovascular risk reduction.

NHS GPs clueless – requested HRT and was given anti-depressants. Female doctor in Malvern fobbed me off. Paid a lot to see private specialist who prescribed HRT and helped me get my life back. Recently I have consulted my current GP in Leominster about dosage of Utrogestan following changes in guidance – again no idea but did go and find out. The GPs should be able to refer women to NHS experts, but they can't apparently. Women are being let down every day.

In another occasion I have been refused testosterone as the GP said they were not qualified to feel comfortable prescribing. I was forced to go private which has cost over £1000. Private clinics vary in quality of service.

Whilst my GP was helpful in some ways, testosterone wasn't an option, and I have to pay privately for that. When I went back to the GP with my letter from Newsom, they still wouldn't prescribe testosterone. When I asked if there was an NHS menopause clinic who could help, she said not worth bothering as the waitlist was over a year and she didn't give me any details. Very frustrating, expensive and unfair.

My GP said I "was not there yet" and prescribed anti-depressants and thrush cream. Which I was not satisfied with. I have since seen a private menopause specialist which has been a game changer, and I have made substantial progress in my wellbeing.

## Which healthcare professionals?

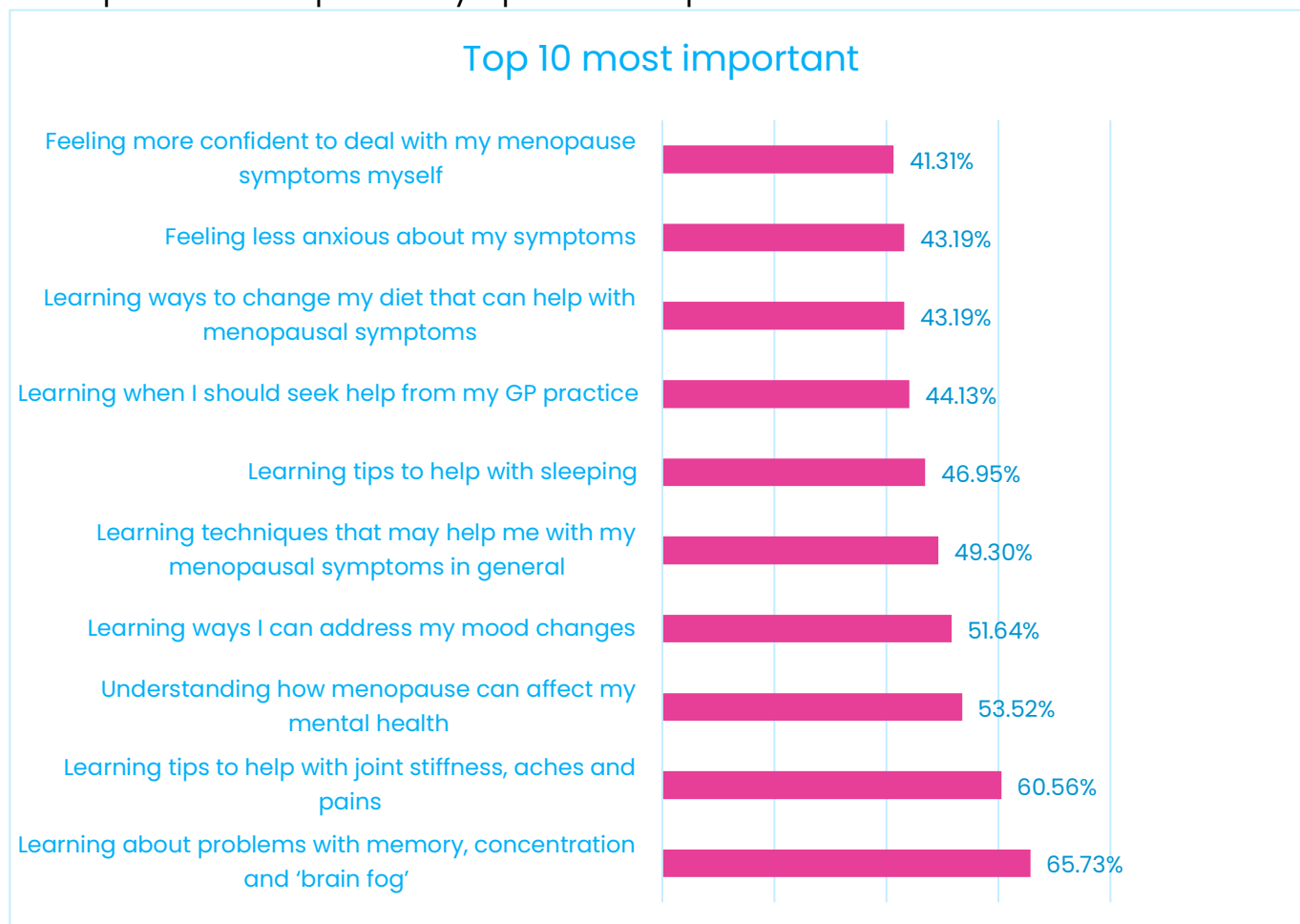
If you have contacted a healthcare professional, who have you contacted?

Most women contacted a GP (93%), Practice nurse (17%), Gynaecologist (10%) and 11% contacted a private menopause service or clinic.

## Symptoms – Most important to you?

Thinking about your menopause and symptoms what is (or has been) most important to you?

The top ten most important symptoms of importance to women were:



It is interesting that Hot flushes are not on this list – they come 11<sup>th</sup>, perhaps because women have some ideas about dealing with this symptom compared to brain fog and joint stiffness and mental health issues.

11<sup>th</sup> to 17<sup>th</sup> and 18<sup>th</sup> to 25<sup>th</sup> are depicted in the full results in Appendix 7.

Some categories overlap e.g. feeling less anxious, mood changes and mental health.

### Comments

Women want treatments not just knowledge about menopause and commented:

It's not about my learning, it's about getting actual TREATMENT!!

The emphasis on learning puts the issue on me. This would not be so with other hormone deficiency conditions. Whilst information is great and empowering, I just want actual, physical treatment for my symptoms without being made to feel scared by outdated information regarding HRT.

Being given information on how to deal with all perimenopausal symptoms. Knowledge is key.

Knowing the areas of most concern to women will help services to tailor their information and advice and support to offer better consultations and solutions.

It should also be remembered that a lower score may be because fewer women have experienced that particular symptom for example 18% ticked Tinnitus, but for those women it may be of great concern to individuals experiencing them and still require solutions and support.

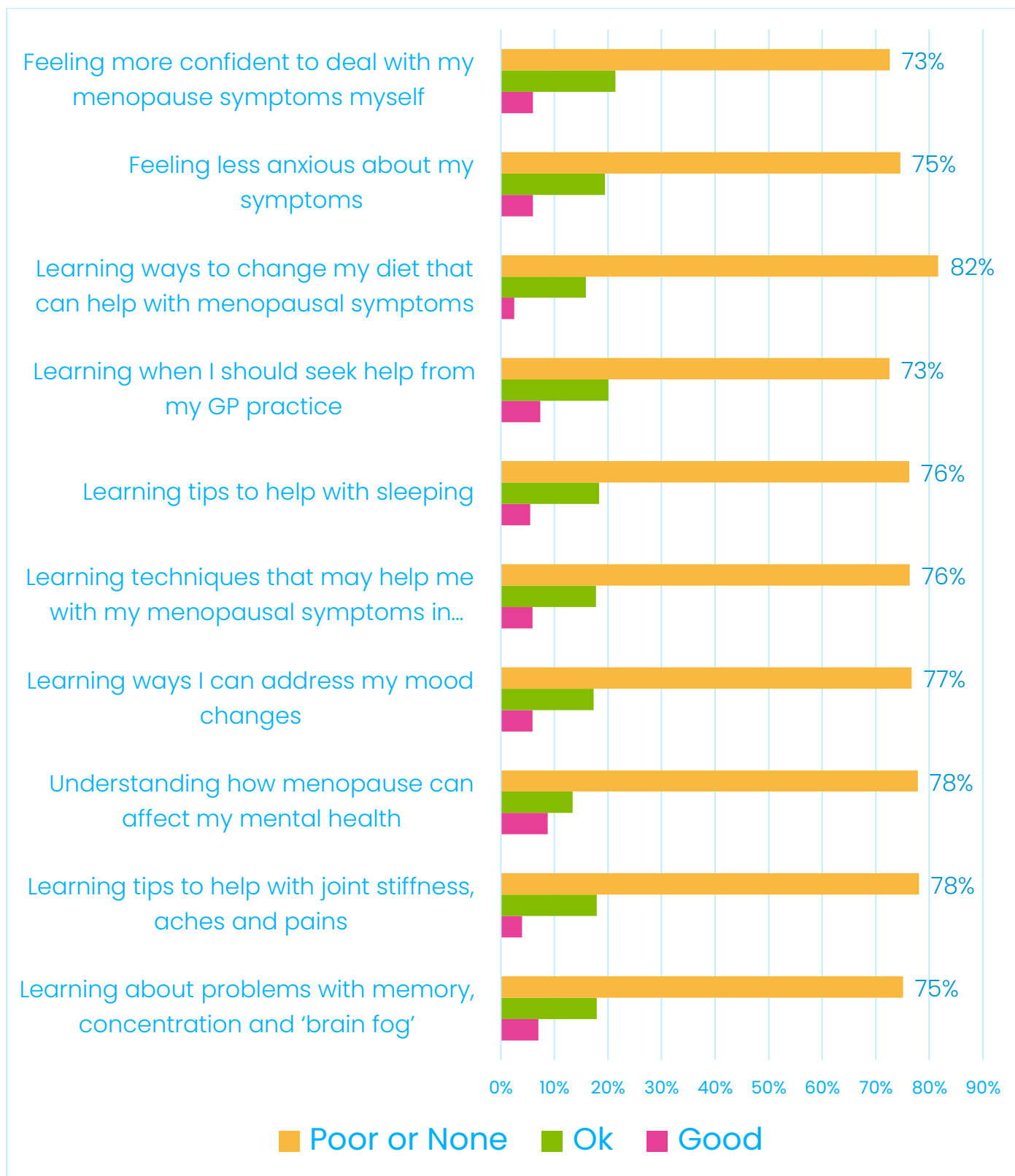
## Support ratings

How would you rate the support you received in these areas Good, OK or Poor to None.

(If you received information, advice and support from health services in Herefordshire)

### Comments

The following chart indicates that women are less satisfied with the service they receive when asking about specific symptoms than about menopause in general. For example, the chart indicates that 75% felt they'd received poor or no support around the concern which was greatest for most women i.e. memory loss/ brain fog. 82% of women said they'd received poor or no advice re diet which would seem to be relatively straight forward to provide information about. There are two further charts covering all of the areas in Appendix 7.



### Note of caution

A note of caution/ mitigation for low scores: Women may not have asked about that symptom or experienced it, so naturally received no advice about it or don't have that symptom. Unfortunately, the survey did not allow women to skip the symptom. Six women flagged this issue up, but it is not possible to deduct how many may have responded in the same way.

We can say that medical practices are not volunteering a wide range of advice to cover symptoms that may arise so that women can anticipate them and perhaps make lifestyle or other changes that will help.

However, many women felt that they should know about the full range of possibilities so that they can be aware when/if they occur.

I have scored 1 on everything as I did not need to receive information – this survey just did not allow me to skip this question.

Many of the items above I have rated as 1 because i don't have these symptoms, eg facial hair, libido/dryness etc

## HRT

When thinking about Hormone Replacement Therapy (HRT):

46% felt well informed about HRT, 30% did not feel well informed about HRT.

45% felt comfortable to speak to a healthcare professional about HRT, 2% did not feel comfortable to speak to a healthcare professional about HRT.

20% (a fifth of women) are concerned about side effects of HRT.

**A selection of comments follow and more are available in Appendix 7 :**

**Yes I feel comfortable speaking to a health care professional, GP helped well**

My Dr explained about HRT and again the practice pharmacist was amazing very informative and helped me a lot.

**Yes I feel well informed – but no follow up or monitoring concerns me...**

My doctor advised on the forms of HRT and we agreed which would work best for me. MY prescription commenced in December 2023 and I have not had any form of follow up.

My follow up has been non-existent since starting HRT 2 YEARS AGO.

I feel reasonably well informed, but it seems like the NHS is not offering what current research suggests are the best options. The female version of testosterone is only available privately as I understand it. Also, they don't regularly check or monitor hormone levels. I am supposed to have a HRT check once a year but they just ask how things are going and if you say OK, try to reduce your dose of HRT.

### **Yes I feel well informed – but lack of trust/ conflicting information/ own research...**

I am well informed but only because I have spent time researching it. I do not trust my general practice to know enough and understand enough to allow them to prescribe it to me. They have demonstrated sub par knowledge or understanding and in fact have never even offered it to me and that was in two different surgeries!!

Much of what I learned was through my own research via NHS website and other areas such as DR Louise – read her book.

The only thing I was told is that it would increase my risk of having cancer, especially that I may need to take for long time.

I feel well informed about HRT from my own research

I am dependant on HRT which I refused for many years due to my lack of understanding and the lack of explanation from GP's my assumption being that they have a lack of understanding also. After I did try it one week in the difference in my mood, my health, my hair my concentration. I was able to function – it makes me very upset to think about how hard life had become and the impact that had on everyone and everything around me. How that little patch and tablet changed everything and made me see clearly again.

### **Yes, I feel well informed – but remaining health concerns**

I have received some information about HRT and my female GP was lovely, as was the nurse. My concerns are regarding HRT and my two chronic health conditions – but I expect it will be a case of trying different types and seeing what works/doesn't work.

Wanted an appointment with a doctor to discuss, due to other medical conditions and concern over blood clot history.

## **No, I do not feel well informed**

The information is confusing. Outdated weak research may be influencing the advice being given by doctors but I am not informed enough to know what to do. Some advice says taking HRT staves off many diseases such as heart disease and osteoporosis. However, if the risk of me getting breast cancer is high then I feel I am not informed enough about which type of HRT I could take. Basically, I've given up and think I'll just push through it!!

## **Comfortable to speak with NHS healthcare professional at medical practice**

I will ask but I am overwhelmed

## **Not comfortable with NHS healthcare professional/ resort to private/ other**

I have paid to see a private specialist in Hereford due to the lack of knowledge and inappropriate outdated practice within the Hospital and NHS GP practices.

I feel better informed after speaking to the private GP/clinic My own GP was giving advice that didn't assist to be in line with current NICE guidance and I felt she was not as up to date as she would have been.

I would like to try HRT for my hair thinning but feel it is too late now, I've missed the boat. I keep healthy, take cod liver oil, hair supplements and think there are women more in need of it than me.

But only because I have researched it myself and follow several private experts online.

## **Side effects**

I still feel that there are many side effects with this medication and no alternative. I tried so many well women vitamins and health drinks etc... all to avoid having to take HRT.

I am a little concerned about the side effects of HRT – although these were explained to me by the GP and as my symptoms were so bad I decided it was more beneficial to take the HRT – which has worked brilliantly – I now feel back to my old capable self. Even though I have HRT I still worry about side effects.

Have tried pills, patches and gels but had little benefit and bad side effects such as headache.

The effects I was having of perimenopause outlays any risk for HRT. I need to function at a high level cognitively for my job.

## Issues/ other concerns

Some women had other concerns:

I have Mirena and patches. Suspect coil is nearing end of life. Have expressed an interest to get coil removed (was used to prevent heavy periods) and change HRT but was told not to?

I really think women should be tested individually on their hormone level's because it can't be right with one dose fits all. Hormone levels can differ from women to women. If you end up having a unnecessary high dose of one hormone this may be contributing to side effects and possibly long term complications. Therefore, I don't feel confident to take HRT as it is offered currently however, I would love to have it if it was more tailored to me.

I need support to come off them.

## Have you ever been prescribed HRT?

73% had been prescribed HRT at some point, 25% had not.

## HRT – Have you experienced any of these?

If yes, have you experienced any of these when using HRT? (Please tick any that apply)

53% said it had taken several appointments to be prescribed HRT.

17% said their GP had not prescribed HRT.

27% had experienced side effects of HRT.  
11% had been asked to stop taking HRT.  
For 3% their medical condition impacted their ability to use HRT.  
36% had experienced shortages of HRT.  
21% couldn't get an appointment.  
16% needed to have tests before they could take it.  
15% had other comments.

## Comments

### It took several appointments with the GP

I suffered symptoms for 7 years before being offered HRT, having been turned away initially. Lack of sleep and hot flushes finally led me to go back to the GP and a rather basic tablet form of HRT was prescribed which I took for 5 years. It was ok but I was still having some symptoms and following discussion with other women I became aware of other types of HRT. After a couple of changes, I am now happy with the product I am using.

Over the years , when look back I think my peri menopause started in about 2013-15 when I was 40-42 and it took me until I was 49 to get HRT , really unsatisfactory in this day and age , more so because most of my practice Dr's are woman of roughly my age ! I had to monitor my BP before starting HRT but it was only for a short time. I heard that the best person to speak to was a nurse and bypassed further interaction with a doctor.

### My GP did not prescribe HRT

I think I was told I can't take as overweight so just left with symptoms and left on own.

Never brought up with me by any GP when I attended GP with what were menopausal symptoms.

I was told by one doctor "there is no way I would consider putting a woman of your age on HRT", I am 59. Several months later still suffering after a hysterectomy I had a face-to-face appointment with a doctor and discussed going on HRT which I am now on (only 5 months in).

Eventually prescribed by a locum GP who couldn't understand why I had been left to struggle.

Not able to have systemic HRT due to my ovarian cancer being strongly oestrogen receptor positive

## **Side effects caused by HRT**

Had to stop due to bleeding side effect.

## **National shortages of HRT**

A slight delay in fulfilling my prescription – but I didn't run out as I ordered in advance.

Struggled to get a repeat prescription at one point, has been better of late though.

## **I couldn't get an appointment**

Only seen a nurse and spoken to a pharmacist, not had a doctor appointment. I couldn't get an appointment to review it.

Gave up using in frustration with accessing appointments

But the delay was due to MH team replies and also lack of availability of GP appointments.

## **I needed to have tests before I could take it**

Following a heart attack, it took 8 months to see a consultant who approved my prescription to stay on HRT

## **Other (please specify):**

Specialist knowledge would have helped get the right dose/combination

## HRT – How many appointments?

If it took several appointments with the GP to arrange to have HRT – how many appointments?

For 65% of women it took 1-3 appointments with the GP to arrange to have HRT, for 19% of Women it took 3-5 appointments and for 16% it took more than 5 appointments.

### Comments – 1 –3 appointments

One phone call. I was prescribed it over the phone without my GP seeing me or taking a blood test.

One appointment with the Nurse Practitioner

1. Initial consultation, 2. Blood test, 3. Then to discuss results and agree to start HRT. Very easy process.

### Comments – 3–5 appointments

It took 3 appointments before I could start HRT, had 3 follow up appointments with pharmacist.

One appt with GP for first diagnosis and prescription subsequent – 1 with other GP and 1 with ANP

### Comments – More than 5 appointments

Self-funder attending the Menopause Clinic as I was unable to see an actual GP as Surgery gave me 2 appts with associate physician. GP surgery have been poor & not followed up on my prescribed treatment plan from menopause clinic that they were informed of, i.e. increasing to 4 tabs of utrogestan not 2, and 4 pumps of gel daily. I am actually sat here now with no prescription, no money to go back to the menopause clinic and am utterly so disappointed with HMG. I have been back & fore to my GP surgery so many times within the past 2.5 years, and they still don't get 'the menopause' and women like me are struggling. My mental health is battered and am so low and fed up. 2.5 years is too long to get the actual right prescription sorted. I don't feel it's going to get any better. Over 18 months I have had 5 NHS GP appts and over 5 with the specialist.

It took years!

Still in the process...

## Other comments

It took the right GP before I was prescribed – and then she left. Still feel unsupported.

I am still not completely happy with the lack of choice given to me that I am considering going private now for my own sanity. I may be listened to.

To be honest I cannot remember how many – for a while I was bounced around various meds and none of them helped, and this seemed to stump the first couple of GP's.

Over a 10 year period...

It took several but that was partly because I was unsure whether I wanted to take it and wanted more information.

Lack of consistency and differing advice has hindered effective treatment.

## Aware of prescription prepayment certificate?

Are you aware that there is a NHS Hormone Replacement Therapy Prescription Prepayment Certificate (which currently costs £19.80 for the year, which covers an unlimited number of certain HRT medicines for 12 months? )

65% knew about the Prepayment certificate, but 26% over 1 in 5 did not.

Comments

## Not relevant

I get free prescriptions, so cost is not an issue for me.

Live in Wales – no charge for prescriptions

## **Nobody told me**

This hasn't been mentioned to me by GP or pharmacists!!!!

Prepayment Certificate – was not aware of this, would be extremely beneficial if required.

Where is the promotion on this?

## **I was told by**

My pharmacist told me this when I picked up my first HRT

Again, online research turned this up as the GP never spoke about it.

Yes, but only because my sister told me about it and she lives in Stoke on Trent.  
Nothing from Hereford

I think this is great and I use it for my oestrogen and progesterone. The pharmacist told me about it I think.

## **Other**

### **Prepayment certificate**

I do not benefit from this as I pay monthly for pre-paid prescriptions

I had a PPC, as if you take any other meds, it's better to get this to save over a year.

### **Private or other not covered**

But does not cover all the HRT preparations I am prescribed

This is a joke. I need a higher dose than NHS doctors are willing now to prescribe, so have to buy privately, when will they realise I'm not using HRT because I want to, it's because I need to, to continue to work and have some sort of quality of life.

I am currently paying for private HRT prescriptions which is very expensive but worthwhile. I would love to have this prepayment certificate.

It's a shame this doesn't cover supplements too for people with higher risk of cancers that can't take HRT

## Other

I've written an accurx template to send to patients with this information plus links the HRT information on PILs and BMS (ex GP)

Was not available at time of my prescription.

## What information sources do you use?

What sources do you use to inform yourself about Menopause and HRT?

Women used a wide variety of 39 + sources to inform themselves included online sites, books, apps, conferences and work-based training. Top sources mentioned more than once were books, magazines and articles (128X), Online sources (75X), Friends and Family (26X), NHS (25X), Balance app (16X), Social media and Google (15X each). GP came in at 14X. All are listed with a chart of frequency in Appendix 7.

### Comments included

I was only allowed to "consult and quote NHS references" when talking to my GP.

More information in trusted sites would be useful especially around alternatives to HRT. I would love to be signposted to more reputable sites .....

I'm also so sick of the social media interpretation of menopause & HRT because of the scaremongering!!

I would like face to face contact to discuss but there is not a facility to provide this. I'm having to try different things to see if I can find something that helps.

Various sites but it is hard to know what is good and what isn't.

Google Scholar. I sometimes just Google for information then choose a site which seems legitimate in the way it presents itself.

I also feel very annoyed with private health providers charging a fortune for women to access a more personalised approach

Herefordshire council menopause conference was excellent

## Your information source recommendations?

Which information, websites, podcasts, books or other sources would you recommend to other women experiencing menopause?

When it came to recommending sources, the list varied a little with 34 choices. Some women were wary of making recommendations as they were not sure that their choices were reliable.

Choices by 4 or more women included:

- 28+ women chose Davina McColl sources,
- 20 Dr. Louise Newson sources,
- 15 the NHS website,
- 11 the Balance app by Dr Louise Newton
- and 4 their GP, The British Menopause Society, Menopause Matters and various Facebook groups.

The full lists are charted in Appendix 7.

## Comments

I'm only really aware of what the Balance website offered. I've avoided others as I knew the Balance site was accurate and up to date

Also attended a day menopause conference organised by Wye Valley Trust (I accompanied a friend as a carer due to her disability). This was excellent and had GP speakers from the menopause clinics Newson Health.

I don't think I would recommend to other women as I don't know if the ones, I have read are reliable.

No one thing in particular as they all give mixed advice, it's up to the reader/listener to take from it what applies to them, it's a mine field.

Not sure until I am convinced they will help. I think it's an individual journey.

Beware of 'menowashing' there is a lot of false information and companies trying to make a lot of money selling products with no scientific or research evidence to back it. I also advise women and transgender men to consider therapy choices and not be coerced into accessing CBT as the recent draft NICE guidelines openly admit that the evidence for CBT is poor, and the quality of the research is poor quality.

Particularly TV programmes with Kirsty Wark and Davina McCall as they are very accessible.

I have seen the Healthwatch webinar with a GP on menopause and HRT a few years ago. I have also discussed HRT pros and cons with the GP and physicians associate before making an informed decision.

Speaking to alternative health practitioners with an open mind and giving things a go.

## Trial Engagement events

**NHS Herefordshire & Worcestershire are looking to trial an engagement event for patients experiencing symptoms of menopause. With access to a GP with specialist knowledge of menopause and a dietician, the session will give an overview of menopause, focus on symptoms, treatment options (benefits and risks), and an opportunity for patients to ask questions. What do you think about this idea? Tick all that apply**

84% felt it was a good idea and if asked would attend, 12% also thought it was a good idea but would not attend, nobody thought it a bad idea and 4% didn't know.

### Comments

#### **People that felt it was a good idea and wished to attend said:**

Fabulous idea, at last symptoms of the menopause are being heard.

What a great idea

This would be amazing, sign me up!

This would be amazing and something I would encourage and attend.

#### **People that thought it a good idea but would not attend said:**

I feel I have what I need now and am happy with my decision to take HRT. If I was more unsure at the onset of my symptoms though this would have been a great service and I would have attended

Would need more info, venue, accessibility, distance I assume it would be in Hereford like most other provisions do no good to me, I'm too busy with work, kids and elderly parents

I can find all I need on line. Training is needed at GP surgery as you find there is only 1 or 2 people that have menopause knowledge sufficient to help you.

I would find it difficult to cope with due to disabilities.

I have gone through the menopause and can control my symptoms with diet and exercise and constant reading and engaging with the subject.

Misunderstand Online: I may not go if it was a group event, since covid I don't like large groups

### **People's qualified approval as follows:**

I have attended a couple of sessions on the menopause and found them to be really helpful, but they have always been oversubscribed and the follow up appointments difficult to get.

It needs to be free!

Concern re IT: I have said yes as so desperate but maybe I don't understand it by maybe on internet, like conference calls would be good.

I work full time and probably wouldn't be able to attend.

I have already been offered something (last week) but at too short notice for me to attend.

### **Comments about content were:**

I have accessed a NHS dietician with my GP, who was unhelpful and did not have specialist knowledge about the importance of oestrogen and testosterone and the effects on the body. Ple Due to cancer scare I can't take HRT and so just have to get on with it..... that's how I feel, though I do worry about my mind fog and osteoporosis. Please provide a separate session that focuses on surgical menopause. I would prefer to use online services rather than in person i.e. webcam.

Dietician would be really helpful, as weight gain for me has been a big problem despite not changing diet/exercise.

Nutritional advice in person would be useful as I am exploring this to help with symptoms.

## Best ways to engage women

In your opinion, what would be the best ways to engage women in Herefordshire to participate in sessions like these?

Women suggested ideas and aspects of engagement including Timing and place; Support from other people/ Peer support groups; Using well-known advocates; GP initiated engagement; GP surgery actions; Using fun women-led events; Advertising on Social media; Where to advertise other than Online; Using Emails; Actions through Employers; and other comments about required attitudes and the need to consider Carers support and Learning Disability support.

### Timing and place

Women felt that to engage women timing, and place was important and there should be a varied choice to match their circumstances and sessions should be free with some thought about costs if travel a long way is needed. Suggestions included:

- Online
- Evenings, weekends as well as day times for people that work different times and have caring responsibilities
- Consideration of public transport availability and timings
- Choice of different times and places
- Covering mileage costs if they live over 10 miles away
- Outside of working hours (remembering some people work evenings too)
- Recorded so people can watch back parts that they miss
- Local to different parts of Herefordshire e.g. Ross on Wye, Surrounding villages, not just in the city
- Not in surgeries as too clinical
- Talk community hubs
- Where women are e.g. supermarkets, leisure centres, workplaces
- Mobile units like breast scanning units
- Free

Also, for busy women or people less keen on mixing, online webinar info sessions with Q&A

The time and location would be important as public transport isn't great, and many people will be at work. Maybe the opportunity to choose from a few different times/locations. Mileage costs covered may help too, if over 10 miles away, for example. Have sessions outside of working hours, it can be hard to get time off to attend non urgent medical appointments.

Have the sessions at various times. Evening and weekends as well as during the day. Advertise it on local radio stations that there are several webinars which are available at different times of days to suit shift workers and also recorded so people can rewatch at their leisure in case they missed any of the questions that were raised. Preferably in the evening rather than the day due to work commitments

More should be done in surrounding villages and not just in the city.

Surgeries don't feel like the right place to have (although they should be) as everyone dismayed with service in general also very clinical and you may have someone informing you with good knowledge, but it is clinical and sometimes they do not seem engaged with how they inform patients on a patients level.

Talk community hubs are already established and could easily be leveraged for outreach. Aimee Williams would be brilliant to connect with on this, but I think she left. Sadly, Hereford aren't funding community hubs now but many are still trying to keep going independently.

Where women are: E.G. Best to engage where women go, for instance: The workplace, Supermarkets, Leisure centres, Coffee shops or somewhere like the Leftbank, Evening community centres sessions.

## **Support from other people/ Peer support groups**

Women felt that bringing women together to gain support or mentoring from peers was important to engage women in an informal, friendly and non-clinical way.

Support from other people

Peer support groups

More information to get ladies together

Peer mentors/advocates in the community.

Make sessions informal and not in clinical settings.

Mentors: Engage champions to recruit others.

### **Well known advocates**

A few women felt that using carefully chosen well known advocates would help to gain more engagement and get women talking.

I am forward about my issues, and I am a Mental Health advocate. However, many women are not. If Senior Herefordshire Women write, talk, email or put the subject out on their social media feeds that might get more engagement. In 2018 BBC Women's Hour Dame Jenni Murray spoke out against HRT in Mariella Frostrup documentary!!! Such a disappointment for UK women. Where are the corrections? However, the recent women's group post Covid headed up by Davina McCall is making much more headway with their campaign for women to be heard reporting their 43 menopausal symptoms but it's too late for me.

### **GP initiated engagement**

Many women felt the best way to engage women initially is through their GP practice by listening to their symptoms, referral, suggesting attendance at online offer, invites through NHS app, clear signposting, emailing women entering the age range or experiencing symptoms, and using Facebook health providers sites too.

GP referral

Polite and encouraging interactions with professionals such as GP's. Possible invite through NHS app,

Better access to GPs and health professionals with menopause expertise  
Just get word out there! Most women go to the doctor first, maybe they could be encouraged to point us to these sessions

Messages via GP practice and Facebook health provider sites,

Clear signposting.

## GP surgery actions

Many women suggested actions that GP Practices could do to better engage women including the following:

### 1. Direct messaging – text, Email or letters

Keep sending invitations; **GP Surgery text messaging service**; **Contact us directly**; Perhaps a text from GP's letting women know about it – but ensure it goes out to younger woman who may be experiencing symptoms too; Mail from GP via circulation for women in the date ranges; **Through the GP**; **Email or letters**; Include information with request for smear or mammogram; What about identifying those applicable through the NHS app or similar? **Or perhaps the Nurse/GP could refer if you attend the practice and want further help?**; Invite through GPs and then encourage word of mouth; A text message & invitation to attend online or in person; **When going to see the GP about the menopause**; Better communication possibly through NHS app; **Accurx with booking link to sessions.**

### 2. Accessible information, Universal information offer triggered by age

Information on practice websites; **Be available – make packs that women can take home and read in private – and decide what they want and need**; **Information from GP practice**; It could be offered when women attend the over 40's health check to anyone that is interested; **Accessibility, flexible appointments**; Use the GP practices as a means of spreading the word of the sessions as well as literature at the practices/pharmacies for people to pick up.

### 3. Advertising and message content

They would just need to know it was happening and what the benefits are for them; **Through advertising and info given out at surgeries. To know it's being led by a**

menopause specialist and to make it a relaxed environment but to know they are being listened to; Contact them via text, email, Instagram etc or write to them offering this service or put out a podcast or something similar.

#### 4. Access to a female GP, menopause specialist/ expert GP, GP with sympathetic attitude/ reasonable adjustments

Gender: I can never get to see a female GP, talking to a male GP half your age can be intimidating; Understanding and approachable GP; We need a more accessible service where the professionals know about menopause and do not just dismiss or mis-diagnose; Confidentiality assurance; Flexible appointments

#### 5. Specialised clinics, Well woman check, Hotline

All women should have a 'well woman' check when they hit 40. Men do, why don't we?; Via the GP, sexual health, mental health nursing, perinatal and Talking Therapies teams; It could be like the clinics that are run when people get to a certain age; Women's health clinic; Offer then early on age contacting GP about symptoms at around 40-50; Hotline; Make it open access not GP referral.

## Events

Very many women gave lots of ideas for get togethers where women could discuss menopause and share ideas as well as having access to invited expertise. Ideas included: Pop ups; Women's Coffee mornings/ afternoons/ evenings.

### 1. Pop ups

Women suggested: Pop ups in spas, Pop up events in towns, Local workshops / pop ups

### 2. Women's Coffee mornings/ afternoons/ evenings

Women suggested fun, informative, relaxed, informal tea/coffee and cake get togethers at different times (morning, afternoon and evening) to suit different women in both rural and town settings.

Give in to my menopausal sweet tooth; To make them fun and informal, like a coffee morning with friends; Make them sound fun and not scary. Not like an AA group or similar, more like a coffee and informal chat; Menopause cafes; Perhaps an informal social event in the evening; A get together with other ladies would be great and we could talk about it because to me it seems a taboo subject.

### 3. Other ideas

Other ideas included Pamper evenings and well women events and events around exercise:

Pamper evenings with information on self-care, diet nutrition, emotional support and the general Q&A about menopause, treatment options etc. An opportunity for women to connect and normalise the experience with other women. Much of this doesn't need to be medical; Local events promoting other things where there would be a high female foot fall; Would like to see more well women events in general; Gyms, exercise classes – these places are full of middle aged women who hate the sight of themselves due to extreme body changes; I suppose diet clubs would be a good place too; Menopause walk events for mental health and wellbeing; I would be very interested in menopause / women's exercise groups which are held outside of the working day.

### 4. Women wanted groups to be

Women wanted groups to be fun, friendly, accessible open events run by women for women with effective expertise, support and feedback available. For some webinars might be most accessible.

Social anxiety is a problem for me so the sessions would need to be ultra friendly. Make it accessible, fun – engaging. Like a girls night out; No having to be referred. An open event; Run them by women for women; Face to face groups to attend. There are now plenty of men only MH support groups popping up all over the place nationally! Women could / should have access to in person menopause groups that factor in working and non-working women; Effective support and feedback; Free events in the evening for full time workers; Webinars; Group situations only if I knew and felt comfortable with everyone. E.g. NOT with parents of children I teach etc.

### 5. Ideas for engaging women in groups

Women suggested engaging women through groups and businesses that are aimed at women \*, local groups, wider community and should be on an ongoing basis.

\*e.g. women's clothing / lingerie / women's. Social media

### 6. Expertise present was important

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Offering expertise was important to women as well as peer support.

I think regular discussion groups alongside menopause specialists advising on various areas & on navigating how to deal with general & specific problems/symptoms. It is a minefield out there for someone who does not know anything. Menopause can be very complicated for the ill-informed. I do talk to my friends about it & my extensive experience over the yrs of problems, HRT, surgery etc; **Group support interventions organised by the NHS would be helpful, so we don't feel like we are going through this alone;** Create forums for women run by women giving them greater access to professional resources & support.

## Advertising on Social media

Women suggested many social media sites and means to advertise in.

Advertising on social media to let them know about it; **More presence online;** Communication is vital, advertising; Facebook or Instagram pages; **Advertising the opportunity;** **Make them aware of them, advertise, invite!;** **Raise awareness of events rather than people need to go looking for support;** **Advertising on Facebook on local sites for example Bromyard info or your Herefordshire;** Maybe adverts on facebook – "your herefordshire" letting women know about them would help; In person followed by a what's app chat forum; **Targeted and digital comms;** **Social media (paid posts to target our age group).** Tell us about events and let us know how to access; **Let people know – information is key;** Spread the word about them. When women are of an age in which the majority of people begin to display symptoms.

## Where to advertise other than Online

Women suggested advertising other than online to promote it widely with proactive marketing and publicity:

- Advertise in GP surgeries;
- Promotion from GP'S
- Hospital wards, and the hospital.
- Hereford Times
- Stands at the supermarkets, hand out leaflets at supermarkets if need be.
- High town
- Inform places of work
- Posters at Pharmacies advertising the sessions; Information near supplements etc in pharmacies.
- Advertise – use a demographic and send email or postal information
- Posters in ladies' toilets advertising events.

- Exercise classes; Gym and Leisure centres
- Even adverts in ladies' toilets,
- BBC Hereford & Worcester radio stories
- Information re the sessions in community spaces
- Parish newsletters
- WI
- Flyers
- Get schools to put a link on school newsletters, via schools to parents
- You'd probably end up relying on word of mouth.
- Education
- Hereford Council
- On Teams
- Engage at breast screening as often area private,
- Services provided by or for women
- Word of mouth
- Recommendations
- The talk wellbeing hub seem well placed to run a campaign with dedicated times to attend advertised through general practice with after work and weekend sessions and where they can actually recommend an HRT product that could work for you as an individual and your need rather than the generic dish out. and where they can request this for you through practice rather than having to go through process all over again.
- Fund community hubs, use them for out-reach, information provision and set up of local menopause cafes.
- Better advertising, as some people won't be able to get appointments at the GP.
- Educate early so symptoms are recognised

## Email

Women wanted to be encouraged to sign up by email to hear about events.

## Employers

Women suggested engaging with women through workplaces and employers.

Via employers – I work for the council and they would support this type of activity; Through the workplace; Employers via category i.e. NHS staff, Local Authority staff , supermarket staff; Get employers to support it. Make them proactive in offering employees the paid time to attend; Bring menopause to the workplace and enlighten women on their journeys. HRT was meant to revolutionize the menopause, but sometimes it is the system itself that is failing in letting people down until they find

themselves desperate, alone and in despair at the future; Allow them to take time out of work to attend; May be speaking to businesses and informing them that there are sessions taking place, or that you are happy to arrange a session in their workplace for women to go to; I work for the council and I think they do menopause workshop session now via teams meeting which I think is a good idea – perhaps more businesses should do this. These sessions could be advertised on those workshops.

## Attitudes

Women felt it was important to work on attitudes, raise awareness, encourage openness and seeking help. They wanted a greater effort to remove fears about HRT and educate GP's and other practitioners about the benefits of HRT, its risks and side effects. They wanted efforts to encourage sharing between women, employers, friends, family, partners, men, public in general including older generations to break taboos and stigmas and offer community support.

Openness about it being a natural part of our lives; Asking people to talk about the Menopause i.e. in the work place, even in high town as it is only recently that people feel happy to talk about the changes you go through and the reality of the symptoms which can make big changes to your life. There should be no taboo talking about the menopause. Everyone talks about having a baby and the changes you go through so why hold back about the menopause!; Removing the stigma & fear of HRT; I still have friends who are nervous of HRT & say they will manage; Make women aware they are on offer. Most women are happy to talk about their experiences – they just don't know where to turn;

This story is a bit concerning and hopefully not representative a consistent sympathetic tailored approach is needed.

I worked as an ANP in XXXX surgery. I was told I was seeing too many women for HRT and they reduced it to 1 per session. The lead GP said women just need to man up and HRT isn't needed. Medical gaslighting. Bone health and cardiovascular risk reduction are proven benefits of HRT along with mood and anxiety reduction. Testosterone should be freely available for women.

I think it needs good advertisement and actually saying that we'll get listened to and not feeling like we've wasted time; Also encourage men to attend!; Education is always good; Explain the benefits of being able to talk to a Health Professional; If they are as desperate as me, just advertise a date with venue; For GPs to take the symptoms

seriously and not dismiss them; Women are desperate for this!; Better inform GPs; Start believing them.

## Easily accessible support and resources

Women wanted accessible information resources and support.

More easy support and resources to help plan and learn about what else can help Menopause and perimenopause; Ongoing access to support – a library of information; This is a start, but I found this by accident from the minutes of a meeting from the council.

## Subject matter

Women suggested subject matter as approaches or hooks for engagements including:

Nutrition; Menopause education and safety and exercise (types); Feminine products and care; How to look after the bones; Are supplements necessary?; More awareness of the symptoms. My symptoms have been more mental health related not flushes....yet!; one or more sessions talking about what exactly and actually is peri and menopause; Figure out most impactful symptoms and work back from there...e.g. sleep issues; If we're still working and paying tax it's wise to participate; Not much needed. Just think ladies want to be listened to and recognize this is a problem;

## Method

Women suggested engagement methods including some preferring face to face, others online, live or recorded. Women suggested small and informal and not just survey based. Coproduction of delivery was suggested as well as factual leaflets and posters as well as 1:1 appointments for a personal approach.

Face to face; More involvement with face-to-face meetings not online; Face to face / group; Face to face; One to one appointments; Personal approach best

Alot of engagement could be on-line; On-line webinars which could be available to watch for specific symptoms; Being able to access this via the internet rather than having to attend in person; On line webinars; Be available online via Zoom; Zoom; Online group; Online events; Doing them Online and a chance to catch up with the recording.

To make them small and informal.

Talk to them, not just online surveys all the time. Do people who complete the surveys turn up?

Do coproduction with people not just plan things by managers ticking boxes.

Give factual information leaflets on options

Posters

## **Carers support**

Women flagged up the need to consider women with caring responsibilities when developing offers.

Allow them to bring children, if they experienced child care issues.

## **LD support**

Women felt that there was a need to address particular groups of women with additional needs e.g. Learning disability separately with reasonable adjustments, on an ongoing basis. More research is needed to establish whether Online courses would be successful with some of this cohort. It is likely that a different approach is necessary and inclusion/ involvement of support workers, parents and carers as well as individuals.

Need to address the LD community separately and continually at a local level.

## **Consideration of the needs of different ethnic groups**

Women felt that different cultures and ethnicities needed to be considered when thinking about engagement, accessibility and content.

Also, women of colour experience menopause and menopause symptoms differently. All information needs to be representative of this.

## Other useful information?

What other information would be useful to women entering menopause or experiencing menopausal symptoms?

Women said they wanted a change in attitude of services; encouragement of women to seek help and information and try different options, they wanted to know where to find peer support and how to discuss menopause with employers. They made NHS service delivery suggestions and said the information they'd like. Many of these messages repeat women's views in the last survey question.

## Changing attitudes of NHS services, Women and communities

Women said that they want NHS services and communities to act to:

- Foster greater understanding from professionals so that women feel that they are listened to.
- Reduce fear and demystify in clinical settings.
- Foster wider community and male education, national coverage and poster campaigns to make menopause an openly discussed topic to increase understanding, support and sympathy.
- A more holistic approach and positive reframing.

Understanding and support from medical professionals; To be heard and not to be dismissed when bring their concerns to GPs

Demystifying and reducing fear; Answers to why this is happening to me would help; To stop all the scare-mongering of out of date information & studies.; To know there is help if you are prepared to keep asking for it.

EVERYONE to know all about menopause, not just women. Partners, employers and society in general need to be more understanding and reduce the stigma around what is a natural process; To stop Menopause symptoms being swept under the carpet. Men also need to be educated. My husband as much as he tries to understand sometimes comes across like it's used as an excuse.

A more holistic approach to the changes in our bodies. I know it's a really tough time but if we can just re-frame it a little better and work with the changes more positively then this must be more beneficial for women.

*Menopause is trial and error for individuals, it has a massive effect on women's lives many of which suffer in silence because options are not given willingly  
GPs need to start treating women seriously and be proactive in trialling different options until the right one is found rather than just giving very limited options.*

Women said that they want women to know:

The main thing is to not put off going to GP for fear of not being taken seriously. I wish I had gone sooner.

Don't suffer alone, or assume symptoms are an inevitable part of ageing. Many people still just get on with it because they don't want to be a bother.

How to embrace ourselves? Why would we not?

A few women advised to seek help in private services having lost faith in NHS services.

Be prepared to pay for the service if you can because you will at least get one

Don't expect a Service currently off the NHS or via your GP

## **Peer support**

Women said that Peer support would be useful:

To talk to someone with lived experience who can be reassuring.

Talk....share, ride the wave!

Monthly peer support group/clinic....

Real women, real time experiences shared in open forums

Drop-in sessions locally

Information/groups – some people have no one to talk to.

## NHS delivery suggestions

Women made suggestions to improve NHS delivery, they wanted Clinics and specialists available to all, anticipatory care so women can prepare and understand menopause before it is affecting them, many mentioned wishing to access Testosterone on the NHS. They wanted information by Online and remote provision, leaflets and manuals, to see more research happening and most of all trained experts and GPs with a centralised menopause specialist hub. They wanted better GP and nurse training.

### 1. Clinics and specialists

A menopause clinic on a weekly basis at the GP surgery, where you can go to get information, HRT prescription etc.; *Easy access to menopause specialist should be available, it is such a difficult and distressing change in a woman's life and we are half the population!* Trained Experts and GP's, A centralised menopause specialist hub; *Well informed and knowledgeable GPs; Let them see a specialist who knows their stuff with women's health#;*

I believe Well Women Clinics should be set up over the county where women can contact/visit to ask about anything to do with women's issue. Menopause should be openly discussed alongside smear testing, breast examinations, sex education and pregnancy.

Specialist nurses; Specialist NHs clinics in our area; Proactive specialist care offered by GP's; A dedicated menopause specialist in every GP surgery would be extremely beneficial; We need a specialist GP in every surgery;

Medical appointments. But – I wish they had more time. Perhaps a drop-in clinic or monthly/2-3 monthly peer group with medical professional attendance would be useful.

*Women still seem to think they need to have a blood test to see if they need HRT when they need to consider their symptoms instead. I feel that GPs don't have nearly enough menopause training and wish there was a centralised menopause specialist hub in each county where women could go and get all the information they need AND be prescribed testosterone if needed. I'm sure if men had to deal with brain fog, low libido and mood swings, this type of service would have been created years ago.*

*Doctors need to be better informed*

*All GPs need more training, especially female doctors as many women choose them to consult about symptoms; Yes, please train GP surgeries like HMG how to speak to patients and allow the menopausal women an appt with a GP of their choice; Hospital doctors need more training on menopause and HRT.*

Research; *Heath professionals that understand menopause and what we are going through, research why some women sail through it and other suffer so much that it is life changing.*

Sexual health clinics

*It would be worth highlighting local professionals such as menopausal coaches, nutritionists, personal trainers etc. who can support women through this period. As they can offer additional support in how to combat symptoms and prolonged a positive lifestyle.*

## 2. Anticipatory care

I was never given information prior to a full hysterectomy so I'm learning as I go

Just what to expect and where to seek help. How to manage symptoms, how to address issue with work etc.

A regular discussion prior to entering or experiencing menopause and symptoms. Maybe when you go for a smear, menopause is also discussed in detail - having that regular prompt sooner may enable someone to realise they have commenced with symptoms and talk about rather than carrying on regardless.

Education early on. Talk about it at scans or after giving birth as part of the welfare package that hopefully women are given still. Pelvic floor exercises are so important at all ages!

Making women more aware of symptoms at first health check at 40 - this was not discussed at all even when I asked, just a missed opportunity.

I think the information needs to be out there before you get to the menopause. My mum had it and I didn't really understand what she was going through until I am now going through it. There was no information for my mum to understand the menopause or anywhere to go. I know that we are starting to talk about it more, so the information is starting to get out there more.

Women need to know about menopause earlier, so that they recognise the symptoms when they arrive.

To know that symptoms can start earlier than you think. I left my professional job at 50 as I thought I couldn't cope. Retrospectively, I now know it was menopause symptoms. This skills drain is the reason women are getting more attention..... all good though.

### 3. Testosterone

Availability of prescribing testosterone to aid the menopause symptoms. I would like to see testosterone prescribed because of women's symptoms - you shouldn't have to say it is impacting upon your marriage and sex drive - there are so many other benefits - if you are replacing 2 hormones and you can just as easily replace 3 then why not?

### 4. Information by Online and remote provision, leaflets and manuals

TED talks; Podcasts;

Free open access without having to go through a GP but information from a specialist doctor not any old health care professional who is unlikely to see a whole picture.

24-hour helpline with clinical and counselling provision

Easy to follow website that you could post questions; **Via a website that I can view in my own time**

An up to date, factual, myth debunking wo-manual!!

Information about opportunities could easily be emails/texts. but the delivery of info sessions better as webinar or face to face groups.

NHS app

Booklet – perhaps available in GP clinic when attending for smear / gynae clinics.  
Leaflets

## Employers

Women suggested interacting with women through employers and to educate businesses too, encouraging reasonable adjustments to retain expertise and experience, to educate work forces and to support women.

Raising awareness with senior management in businesses

I experienced symptoms way before I realised what it was. So, there are months / years where women are suffering and don't know why. So, there must be earlier awareness generally, via employers etc.

Support at work, information on how to manage work and how to manage symptoms – extra work breaks should be compulsory

More information for employers, this would reduce sickness days. Even information days/sessions for employers to be able to help their staff.

How to talk to your employer about reasonable adjustments for menopause

## Content – want to know

Other information or aspects that women wanted to know about or see was:

### Normalising

Women wanted menopause to be normalised with wide information and tools to manage symptoms with expertise available and encouragement to access it and find what suits each individual. They wanted to understand when to seek help and when to self-manage.

Understand it is natural and that you are not going mad; As much info as possible – normalising the symptoms; Normalizing it as much as possible, the upsides of taking the medicine (osteoporosis for example); To know that it's not one thing fits all;

Knowing that it's a natural process, and there are lots of tools and information available to help make informed choices. This is especially true of mental health aspects of menopause; I would be interested in post menopause well care.

When to self-manage (and how) - when to seek help - when to be worried and escalate.

### Workplace advice

Women wanted advice to help in the workplace including employer education to understand support that will help and the advantages of retention of trained staff. Some women especially wished for more support to combat urinary issues that could be resolved rather than a blanket acceptance of incontinence and expensive use of feminine products.

Advice on how to manage in the workplace, easier access to support for the crippling effects of anxiety/mood changes. Support and recognition that urinary loss is not a normal part of aging and the menopause, and to encourage openness and support in accessing proper urology care, rather than being told via TV ads that it is okay to wet yourself and instead spend a fortune on lady care products.

### Specific symptoms

Women flagged up information needs about specific difficult symptoms. Brain fog featured particularly highly as well as diet and mental health decline, menopause and surgical menopause.

I think more information on brain fog, weight gain, diet, metabolism would be helpful for me; Diet, mental health support; How do you know when you are through it?; Mental awareness as well as physical..... the brain fog and lack of get-up-and-go has been very debilitating. Menopause and surgical menopause.

### Symptom related

Women wanted to understand what symptoms to expect or were possible to be prepared and to understand where to go for help as well as self-help. Women felt this should be widely explained possibly starting in schools and for men/wider community to understand too.

Just telling them what to expect; Signs and symptoms to look out for - I was surprised at how many there are - you could go round in circles thinking your health issues are numerous different problems, when they are actually all menopause; Early detailed education about what symptoms they might get and where to go for help; Just awareness of what symptoms could be menopause and not to disregard symptoms;

Knowing the range of symptoms and that they come and go at different times and in different ways. It can be so debilitating and many of the symptoms could be so many other things; Being aware of the more unusual symptoms. Everyone knows the main ones many women get, but not the other ones; We are bombarded by the horrendous symptoms but not how to manage them. I get frustrated when there is a health documentary on Menopause & Peri-menopause where they spend all the time taking about the symptoms and how this completely changes your life; What is causing the symptoms and understanding how to combat them naturally; Knowing what to look for early on; Knowing where to go for help. How to embrace ourselves? Why would not?

Support groups; Where to go for peer support.

More public information; Welcome husbands to support their wives and partner during this difficult time of their partner/wives lives!; Perhaps awareness on how partners can support their women through menopause.

Education from school age, along with the hormonal effects from puberty. Talk about it in schools. it's all part of the female human body and though there is obviously so much to inform the younger generation about, a session in school with perhaps a leaflet/web information would be a good start in changing society's attitude to a very natural event; Could menopause be included as part of PHSE in schools so children may understand what to look for when they age or how to be aware of what mothers might go through.

## HRT related

HRT related content requests were many and varied. In particular women wanted to know clearly what options were available, advantages, disadvantages and risks and what health conditions might prevent you being able to take it. Women also wanted to understand the HRT journey i.e. how medication might vary over time and when or if you need to come off it.

Advice around alternatives to HRT; To be given all the different options on what medication is available as one size doesn't suit all but to also be informed of the alternatives, natural remedies and coping mechanisms; Highlight the risks and benefits of HRT and alternative medications, remedies; To be honest about testosterone & the benefits for women, after their initial HRT regime has been established; Dispell myths about HRT; In addition, some of the myths around the extent of the health risks of HRT could be better publicised ; Research feedback and myth

busting for's and against's; It is well advertised of the benefits of HRT but not always any possible side effects. It's always good to know both sides; I'd like to know why there isn't any alternatives to HRT; How long do you take it, and will you have to withdraw form in the end? Is there a shortage? Is it linked to breast cancer? Could I have had it with fibroids? When do I stop taking HRT?

## Lifestyle advice

Women recognised that holistic lifestyle changes could be helpful and welcome advice and information including about affordable supplements that work.

GPs could probably give more healthy lifestyle advice; The aspect of healthy diet and exercise for strong bones and weight loss getting harder later on, are key things to address before menopause; Diet and exercise advice, as well as supplements. How to maintain good mental health; Information on supplements that work and are affordable; Natural products; Diet, exercise, holistic approaches as well as HRT being offered as an overall approach; What nonprescription medications work?

## Alternatives

A significant number of women were not very happy taking medication and wanted to know about alternative treatments that are recommended.

A really comprehensive guide to the types of treatment especially post-menopausal. I was happy to deal with the menopause without HRT. My brain fog/memory loss/agitation only seemed to occur about 10 years after I stopped bleeding.

## Advice to other women to seek help and persist

Women wanted to offer other women the following advice:

Do not be put off if you are younger and experiencing symptoms; Speak to someone, get advice;. Seek early help; To seek help early, don't just struggle through symptoms alone, be dogmatic and get the help and support that you need.

That you are not alone, not going mad and that (sadly) you need to find the energy to be persistent until you find a GP that will listen to you.

Don't trivialise your symptoms and brush them off as 'just' hot flushes etc. Your symptoms can seriously affect your life, at work and home. Be kind to yourself and

when things feel bad, take it easy. Remember it does get better, although it may take a few years.

*Do strength training as well as cardio; Take time to meditate/relax; Eat more of a plant based diet; Nap in the day if struggling to sleep*

*I think women should be encouraged to talk to each other about it. I talk to my friends, but I know a lot of women don't.*

*Include advice about aspects that helped me e.g. Increase soya products; Drink decaffeinated drinks; Drink cool/cold drinks rather than hot drinks; Take regular gentle/moderate exercise – reduce vigorous exercise as it can increase the stress hormones; Do gentle mobility exercises*

*Also, women could be encouraged to be persistent if their GP or healthcare provider doesn't engage properly initially, but also that there are lots of different forms in which medications can be prescribed so they should try different ones until they find one which helps.*

*Read up as much as you can using trusted sources. Don't go to celebrity sites but use qualified GP's who post online.*

*You are not alone, and it is good/best to talk about it with friends and health professionals.*

*Try and remain positive but it's hard at a time in your life when you're feeling a bit redundant anyway.*

## How to access reasonable adjustments or carers support

As well as issues around retaining employment, for many women, struggles with menopause were compounded by juggling caring responsibilities. A number of women spoke about how important it had been for them to have supportive partners/ spouses during the most difficult stages of perimenopause and menopause. Others spoke of relationship breakdowns. Any information or advice on this aspect including information to help understanding in their support network would help.

## How to manage raising teenagers whilst going through the menopause

## Communication preferences

How do you prefer Menopause information or opportunities to be communicated to you?

The majority (80%) of women preferred email but significant numbers preferred a variety of other ways including 44% face to face individually, 35% via a newsletter, 34% face to face in a group, 29% at an online meeting, 22% via a text, 22% via a letter and 6% by telephone. 2% would not wish to be contacted by the NHS.

### Comments

Information about opportunities could easily be emails/texts. but the delivery of info sessions better as webinar or face to face groups; Via a website that I can view in my own time; General info should be marketed via GPs, Pharmacies, Employers; NHS app; Group situations only if I knew and felt comfortable with everyone. E.g. NOT with parents of children I teach etc. ;info leaflets in surgeries

## Other information and comments

Are there any other comments or information you would like us to know or questions you would like to ask

Comments were collated into the themed sections that follow.

### Questions

Many women questioned why Testosterone was not offered or available to women on the NHS. A few women also felt that HRT should be free like the pill.

I think that for many women, testosterone is the missing piece of the brain fog/low libido puzzle and I feel it's sad that the only way we seem to be able to access it is by paying a hefty private fee; Testosterone has to be considered for menopausal women to help with mood and libido. I have spoken to several women that have paid privately and say it has completely transformed some symptoms and they feel alive. You only need a small amount..... it's like we're not trusted!

My surgery has an online event but I was unable to attend will there be other opportunities to attend a session? Why isn't testosterone offered to women going through the menopause?; Why can we not get testosterone prescribed. Do ladies after childbirth not deserve a sex life? I feel HRT should be free on the NHS as with the pill.

### Mentors Volunteers

A few women offered support for women going through the menopause.

I would happily be an ambassador for other women going through this debilitating yet natural process!

## **Positive about project and new initiatives**

There were many positive comments in this question about the project and new NHS initiative with a desire that improvements in services and society can happen and make a difference.

It is good that menopause is being taken seriously.

This questionnaire is really good! It's comprehensive and allows you to collate responses easily with tick boxes but also allows for narrative!

I'm glad someone is looking into this for Herefordshire because just prescribing antidepressants is really not the way forward.

It's great this survey is being used to glean information. The menopause has a dramatic effect on a lot of women's lives and reducing stigma and increasing awareness and educating the population as a whole is vital for wellbeing.

Am sure I won't be the only disgruntled Woman commenting and hope that more support becomes available for Menopausal Women in our County

I'm so glad women are being listened to. Finally! Thank you.

## **Attitude**

Women commented about the attitude they had experienced – good and bad.

I've been made to feel that as this is part of "the course" & not a medical appointment that it is not important but people don't seem to realise how much this can impact your life & help to overcome such a challenging time.

I receive good service and despite my comments above I do appreciate why menopause is a narrow lane for medical help.

I feel this subject is not talked about enough and affects every woman in different ways. Please help us

## Issues

Throughout the survey, women spoke of their individual menopause journeys and the issues they faced. In this section we have divided them up into themes with a selection of comments. To view more comments (where there are more) on a particular issue please see full comments in Appendix 7

### **How to know if your symptoms are usual menopausal symptoms and not something else?**

As symptoms are so widespread women are concerned that they may minimise a symptom that may indicate a wider health concern e.g. cancer, hearing difficulties, diabetes. They want to know enough to understand what is 'normal' and when to seek help.

I think a large amount of my concerns are about what might happen to me, what I can do to proactively help manage those things to minimise their impact and how I know when I need medical help or not and what if it isn't menopause. I am sure there is a lot of general advice which can be given non-specifically to many women which would address a lot of this in a group setting. I also think it is important to see that this is normal, and many women are going through the same or similar things – that in itself is a support.

### **What are the options if you don't like medication, want a more holistic approach?**

Women would like medical professionals to consider interconnected issues and symptoms more holistically because the menopause is wide-reaching as well as understanding all options.

Contact with GP for menopause symptoms was not an holistic approach... it was direct response to what I came to discuss. Almost like asking anymore would take more time.

### **Perception of GP services – coping alone**

Women revealed very different experiences of treatment. They want a more consistent approach and to know how to manage menopause.

Except for being offered HRT, I was given no help or advice about managing menopause. Everything I have discovered I have done independently. My original GP was excellent, and I would have remained with her privately if I could afford it.

## Specific symptoms

A number of women felt their rarer symptoms were not well understood, researched or catered for by medical professionals particularly tinnitus, hearing loss, Meniere's disease, vertigo, and metabolic differences leading to weight gain.

I was diagnosed with Meniere's disease last year because I have constant tinnitus, hearing loss and sudden onset vertigo. I think this has come about due to hormonal changes and at certain times of the month my symptoms are worse. My GP was sceptical about this but prescribed HRT, however, my symptoms still prevail.

Diet is something I want to look at because I haven't changed my diet and put on 1.5 stone for no reason at all, I'm an active person. I assume it's to do with my metabolism

## Specific treatment issues – HRT

Women demonstrated different responses to HRT. For some it worked well, for others it did not. Many women were not offered it or received no advice, and medical professionals were reluctant to prescribe later on. Women received conflicting advice from different professionals. Responses seem to indicate that women do not know to return and seek reviews, dose changes or alternative forms of HRT or know there are options. Consequently, many women decide to stop taking medication without seeking further advice.

I did contact my GP on more than one occasion whilst going through menopause. Not once were my symptoms recognised, or any advice given. No sign posting toward support for symptoms. No dietary advice, no discussion around the use or not of HRT.

I was really tired. A blood test showed I was menopausal. I was found to have other issues which were dealt with, and started HRT.

My visit to the GP was because of fatigue, blood test all normal. Discussed option of HRT and decided to try it. Fatigue resolved !

I saw my GP as I was experiencing awful sweating. She was daily dismissive and prescribed HRT which I did not want, in fact it made it worse, so I took myself off the medication.

I don't think at my surgery there is a dedicated "menopause" lead. After my hysterectomy I phoned my surgery and spoke with a doctor about wanting to go on HRT and was told "there is no way I would consider putting a woman of your age on HRT", I am 59. I did ring back several months later and spoke/saw a different doctor and we had a discussion that going on HRT may help with my current symptoms

Have spoken to my doctor twice – first time over the phone, I asked for HRT due to sleepless nights / hot flushes, prescribed instantly without going over pros/cons etc, collected prescription but didn't take them in the end. I now realise I was peri at this time. Second time was a few months ago in person this time, although no periods for two plus years, I still have hot flushes etc, I asked if HRT would help alleviate the systems but was refused.

## **Coming off HRT**

Some women experienced issues coming off HRT, lack of clear information, conflicting information about breast lumps cause, difficulties going on HRT again if still experiencing debilitating symptoms after trialling withdrawal.

I have been on HRT for 9 years and the support to come off them has been sketchy

Changing type of HRT Finding a breast lump, consultant put this down to withdrawal of HRT

Previously I came off HRT at 60 but still suffered severe menopause symptoms had a lot of help from Dr Meredith at Astwood Bank and was prescribed the oestrogen lowest strength

## **Specific treatment issues – Progesterone and Testosterone**

Women were concerned that Testosterone is not offered as an option and are resorting to private prescriptions if they can afford them.

I believe through testing that my HRT is still not optimal and that testosterone is required. I have requested this and been told that as my oestrogen is not as high as they would like that I need more of this first. My testosterone was found to be at the most minimal level in range oestrogen higher so proportionately is a bigger issue I believe. Having tried a higher dose of oestrogen and not feeling good I have switch to my original lower dose and now feel I am stuck given my GPs view.

My Health Professional was useless. Didn't care about how my symptoms were affecting my marriage and family relationships. I've waited two years and had approval for testosterone from a specialist, but GP has stalled the process. I have given up asking for it or any advice as she doesn't know any more than I do.

I have not asked for treatment until very recently (started menopause 7 years ago) when I was really concerned about my memory. I tried progesterone tablets and oestrogen patches for 3 months but didn't make any difference and I hated the side effects. It was also horrible for me as I hate any kind of sticker, so I gave up.

### **Specific treatment issues – Deep Vein Thrombosis**

A number of women wanted more advice and specific information on options for women experiencing sudden onset menopause symptoms through medical menopause e.g. hysterectomy, removal of ovaries, cancer treatment.

I contacted my doctor to discuss HRT as I was perimenopausal and was told I wasn't able to be prescribed it as I had suffered a deep vein thrombosis 10 years prior. Asked for a 2nd opinion a year later and was told that was no longer the case and whilst being examined to determine what would be best a large mass was discovered, and I was seen by gynaecology and was scheduled for a hysterectomy within 2 months.

### **Specific treatment issues – HRT patches/ gel/ pills**

A few women flagged up some practical issues with HRT patches.

I would help to get appointment as I felt the HRT still needs to help women without gel or patches as women like to swim and sun bathe on holiday with patches leave black marks and make you feel unattractive and gel you can't swim with it.

I wanted the HRT patches, but my GP gave me the gel as I swim and said the patches would come off. Everyone else I spoke to has not encountered this problem.

### **Specific treatment issues – sleep**

Learning tips to help with sleeping-my issue is more around constantly waking up throughout the night, hot or needing the toilet.

## Cancer and Menopause

Women noted conflicting messages regarding HRT and cancer risk.

I wanted to know if I can take HRT with my family having a history of breast cancer. I did this a number of times and had different answers from each doctor. I then asked for a genetic test to find out the likelihood I might get breast cancer to see if it was worth taking HRT to reduce my hot flushes which were more like raging flushes day and night. However, I am still waiting for the results, and they can only give me a telephone call to pass on the details in January 2025. It has been very frustrating. I love to work and love my work but there were times I wondered how long I could continue. I was utterly exhausted with the lack of sleep either due to being drenched or aching all over. I feel that things are settling down a little now I am 55 but for 10 years it has been a living nightmare. I am not someone who says this lightly. I am ex-military, have had 3 children and am a personal training instructor as well as being a family support worker. I eat a Mediterranean diet, use a gym regularly to include weight training and cardio and have always tried to keep fit. However, the menopause was awful and very long and drawn out.

I have contacted my GP as have low mood, low energy and feel numb. the blood test results indicated that I can have hormone replacement therapy. As I am 43 years old, GP said that it's my decision as I may need to take it for 15 years which would increase the risk of cancer etc. I felt deflated, as the big word CANCER has scared me. So, I refused and continue to struggle with my symptoms.

I'm unable to take HRT due to the risk of breast cancer so would benefit knowing more about supplements that can help my symptoms.

## Hysterectomy and Menopause

Women wanted more information about menopause symptoms prior to undergoing a hysterectomy and options regarding HRT. Testosterone was mentioned again due to changes in libido.

Surgical menopause, information before, during and after about the life changing impact of SM. Information and access to appropriate HRT for SM. And changes in sexual function, specifically orgasms and how this is altered following SM.

I had a hysterectomy in 2019 since then I have experience multiple symptoms relating to menopause which I needed medical assistance, this includes managing symptoms such as dry eye syndrome, to palpitations and anxiety.

I had a full hysterectomy in 2019, after this I was given Premarin tablets which were never reviewed over the next 5 years and this led to me still experiencing menopause symptoms to the stage that it caused a marital breakdown. I changed my occupation within the NHS trust I work and by working with clinical staff it brought to my awareness that I needed to have my HRT reviewed which I did at the beginning of 2024 and the marvellous lady I have dealt with at my local GP practice has been phenomenal, not only did she review my HRT and change it she diagnosed an anterior prolapse and has me on a pathway to helping to solve my problems. This change in my HRT has made me feel like my old self again and means my marriage may be salvageable and with help and guidance we're on the way to trying to fix it (37 years is a lot to throw away just because of menopause.....)

Contacted my GP who did routine bloods & advised me on HRT. Due to a return to bleeding very heavily (previously had no periods for 18 months), had HRT changed & referred to gynaecologist. Because of previous problems over the years, and already had children, a hysterectomy was felt by myself & consultant, to be the best way forward. Now 1 year after hysterectomy, and still on oestrogen only HRT, things are fairly stable. I am awaiting a discussion with GP regarding testosterone due to no libido for several years.

In 2019, after over 10 years on the progesterone only mini pill with no periods, I started to have very heavy bleeding, flooding. With breast and womb cancer in my family, I had a 2 week wait cancer referral to Hereford County. I was 49 at this point. A hysteroscopy revealed a very large fibroid, and I was offered a hysterectomy which I refused. Samples of my womb lining revealed no cancer. Blood tests were taken at this time, and I was very shocked to be told I was through the menopause, estimated at around age 46. I had hot flushes for around a year, was irritable but I thought this was just aging. The consultant told me HRT was not a good option because the fibroids love Oestrogen, and my mother died from breast cancer at 36 in 1982. I came off the mini pill at this point and have no periods for the last 3 years, so the diagnosis was correct. I'm now 53 and follow a healthy diet. My symptoms of post menopause are gone. But I worry that I will have bone issues as having the change at 46. I wish I could have tried HRT back then; I have very thin hair but use Nioxin.

I have experienced menopause since having a hysterectomy since 45. I'm now 67 and feel that I am probably post-menopausal would like some advice on this issue

I don't understand why after nearly 50 years of the same lifestyle that changes to it will help my symptoms I had surgery which bought it on suddenly and now I'm expected to change things which is not fair and if I had my choice and could turn back time I would never had the surgery and would have just put up with the pain and constant bleeding that I had before because quite frankly it was a far better option than what I go through every day now.

At 35 had a hysterectomy for fibroids, all I thought about was great no more periods, wasn't made aware that I would still go through the menopause and what that entailed. What a shock it's been too.

## **Early Menopause**

Many women that experienced early menopause felt that they were not believed or listened to and there was a reluctance to offer HRT.

I started my Menopause questions around age 38 when I realised that my symptoms, when noted collectively, ticked a lot of the Peri-menopause boxes. Eventually after speaking to Health professionals on several occasions, I started HRT aged 46, my GP felt this was 6 years too late and I may have benefited from it earlier. However, I was put off by the lack of information or interest during my previous visits.

I was told on many occasions that I was too young to be going through Menopause. I started having symptoms when I was 44, even though my mother started around 40. I was fobbed off with different types of contraception and reasons for 5 years. I felt I was not listened to.

It was only after reading Davina McCall's book, Menopausal that gave me the courage to go back to the GP, stand my ground and be heard. Even then, after a blood test for my hormone levels which showed I was in the Menopausal stage and had low testosterone that the female GP, older than me, I am 49, wasn't going to give me HRT that I wanted but wanted to repeat the test in 3 months to see if anything had changed.

After being dismissed in my late forties as "I couldn't possibly be perimenopausal" I contacted my GP after turning 50. The shift in opinion was relieving and I was offered HRT immediately and haven't regretted it.

I was explained that following my blood test qualify for HRT, but as I am 43 I may need to take up to 15 years which increases the risk of cancer. GP said that I need to decide. I have not been given any other options, or recommendations how to manage my symptoms I felt like GP would not recommend HRT at this stage. So, the worry of Cancer prevented me to start taking HRT. I continue to struggle with all symptoms—life is horrible and I don't see future.

It would have been nice to be believed. First time I mentioned it I was told I was too young at 48. Then told you usually follow your mother, no help as she had a full hysterectomy in her 40s. Absolutely useless.

## **Learning Disability**

We did not interview a large cohort with learning disabilities and further research is needed to tailor services to their needs. Several carers voiced their concerns and suggested specific education and information was needed with reasonable adjustments for support services, carers and individuals with a learning disability. There is a particular concern that long term consequences of ignoring menopause can occur.

I have a severe learning disability. My mother has been very concerned regarding my early onset of the menopause. I have had blood tests and scans. The process has been very uphill. There is inadequate support for those with a LD and menopause. There needs to be better education at every level, including carers and all levels of the healthcare system, including doctors. There is insufficient attention given to the possible long-term consequences e.g. osteoporosis.

Nothing is joined up. LD is not considered.

## **Epilepsy, Endometriosis, Fibromyalgia**

Individuals with endometriosis, Fibromyalgia and epilepsy were concerned that they were not getting the right level of support.

I have endometriosis, epilepsy and am going through menopause, unfortunately I don't feel I'm getting the right support.

I was diagnosed with fibromyalgia in 2019 so many symptoms are similar, and I feel that support for both issues are vague and inconsistent with GPs.

## Monitoring, continuity and ongoing care

Monitoring, continuity and ongoing care was a repeated issue that women mentioned. It was felt that more frequent monitoring would avoid some of the pitfalls of waiting to get the right treatment, dosage and advice as menopausal symptoms develop over time /hormone levels fluctuate or allied issues develop. It was felt that monitoring was particularly necessary when doctors voiced cancer concerns or effects on other underlying conditions such as fibroids. Changing GP or using other medical staff who have different opinions can make decision making very difficult for women. Menopause lasts many years, so continuity is important. The length of time to gain appointments and treatment was felt to be unacceptable to many women.

At first mentioned to Advanced Nurse Practitioner who said risk of cancer when asked for HRT Second request to GP gave HRT no monitoring checking levels no review offered and did not help all symptoms.

I can never get the same GP to have continual care, nor have I been able to get a GP who fully understands menopause. My most recent GP appointment for a menopausal review left me in tears with the GP stating I was depressed and stressed and that I needed to reduce my working hours and change my job. She did not listen to the symptoms or how I was feeling which led me to giving up. I feel I am battling alone.

Tried to speak to a GP to review my symptoms but with no luck , they are reluctant to discuss 'how things are going'. I am on HRT and have a repeat prescription but have had no review of this.

It's almost impossible to get to see a GP in Hereford at the best of times, but finding one who understands menopause AND who you can see each time is like gold dust! I found such a GP, thankfully, at the early stages (when I believed I had early onset dementia) and it really was a life saver. She however left mid-treatment plan so I have had to navigate on my own since as I cannot get to see anyone. It is so hard at times.

Only contacted GP to request specialist referral as no support given by GP. I am a GP myself - I was appalled by the care I received

## Diagnosis

Gaining a clear diagnosis is an issue for many women and the time it takes when symptoms are not seen as urgent often leads to women giving up, putting up

with debilitating symptoms for longer than necessary or seeking private diagnoses. By contrast some individuals described being rapidly put on HRT with no follow up or monitoring.

I was in desperate need of help. Went to doctor and he sent me for a blood test and said I was fine. A blood test does not fully support diagnosis. Six months later, in an even worse state managed to speak to a nurse practitioner who was an absolute life saver.

I tried to book an appointment on three occasions about a year ago via the online service my GP Surgery was recommending. No one got back to me. I gave up in the end.

I wasn't happy with previous care as they kept saying we'll do bloods , I watched the Davina McCall programme and my husband said I was everything she was talking about , I realised then that by taking bloods didn't prove anything. One of my friends is suffering now, but at 44 they are telling her she is too young and the bloods aren't indicating Peri menopause, but she has exactly the same symptoms I had , and she is so down about it , she is considering going private because she doesn't want to go up against our GP !

I wasn't told anything about menopause symptoms but was offered HRT when I complained of a bad memory and hot flushes.

## **Dr/ medical practice attitude/ training and expertise**

Women raised many issues about their experiences of medical services that they felt demonstrated poor attitudes/ customer service/ training and or expertise. Some of the responses showed too that women do not trust or have confidence in services and make assumptions about the advice they are likely to get which may or may not be so.

I have been a few times to the DRs , then in 2022 I decided to get an appointment it felt like a battle, but I was lucky I had a young male Dr who was a locum I told him how I was feeling absolutely he said you need HRT, I was so relieved someone listened, I asked him why the other DRs at my practice couldn't have listened and acted like him , he said Drs aren't really trained in menopause, but it was his thing and he was interested in it , thank God because I was going out of my mind !

It is difficult to get a doctor's appointment. I don't want to take medication. Generally, don't think it would be a worthwhile discussion. Likely to me more likely to get a "get on with it, there are no tests, there's nothing to help other than pills", as is the general response with women it seems.

I contacted my doctor's surgery in 2021 and was dismissed by the doctor at the time as being too young for menopause. I revisited my doctor's surgery again in 2023 to see a different doctor who agreed that I was and had been experiencing menopausal symptoms and prescribed HRT.

I've tried several times to see doctors, but they don't seem to know anything they've just given me HRT and basically told me to accept my symptoms no real help or advice given.

Was 7 years ago and basically ignored.

Saw GP who wasn't very helpful and gave me a website address to look at.

I am a GP with a special interest in Women's Health. I spend a lot of time providing empathic person-centred care to my menopausal patients. The care I received from primary and secondary care was so appalling that it made me consider whether I continued working in general practice.

The consultant dealing with me was not very happy I had refused the hysterectomy. They insinuated that I shouldn't bother my GP as I had "got through the worst of it". So, I left it.

Never had time to discuss in appointments, never been offered information on any aspect and when you do ask a question the response is usually dismissive or no solution.

The info they have on HRT is so outdated.

## **Driven to private care**

Many women mentioned that they had felt forced to seek help in private clinics because they were not getting the help they needed in the NHS. Subsequently armed with analysis and diagnosis some were able to get NHS support.

For others NHS services would not accept or agree with private advice or could not subscribe certain medications.

Initially treatment privately but now I am established with my local GP & get HRT on NHS

It's not just about this learning. (learning about Menopause and symptoms). It's about having non private, NHS clinics with GPs and nurses that are specialists in this area.

One size does NOT fit all. Lots of us can't afford to go private. So we are needlessly suffering.

There is very little GP support for the Menopause in North Herefordshire, unless you pay for it yourself.

## **Hormone shortages**

A few women commented about difficulties caused by hormone shortages.

My GP discussed options and recommended patches which worked quickly and alleviated my symptoms. It was frustrating when there was a shortage and so my medication was changed several times as the patches, I used were not available, sometime switching me to tablets and then back to patches.

## **Coordination of services – Mental Health**

Women described delays due to lack of coordination between mental health services and medical practices when women are on particular medications. They also felt that some menopausal symptoms are misdiagnosed as mental health issues leading to delays in diagnosis and appropriate medication. Women have experienced contradictory advice regarding mental health and menopause and no signposting to peer support. Some women felt that physical and mental health symptoms were confused and not well served. The symptoms including mental health effects of having ovaries removed was also raised with a lack of information about potential suicidal ideation.

My doctor spoke to me in 2023 and 2024 about my symptom's (hot flush / stress / brain fog) as I was so unbalanced distressed. But as I have bipolar it was something we needed the MH team to advise on (due to my meds they prescribe). The MH were very slow to reply and never saw me. I'm still waiting on an appointment with them to discuss this 7 months on despite me being under the MH team. The GP was very

knowledgeable and kind and empathetic. I am going to try HRT. I would have liked to have been given information in written form.

Most of other symptoms I experienced I am managing, the ones I ticked there is a significant disparity and sadly many women are referred to mental health services for no reasons other than the need to actually targeting menopause. It is not a depression but menopause a depletion of hormones that rob one's quality of life. I am a nurse, and I have been treated in a way that I don't know, get on with it, do this and that, ... I could write more...

Podcasts and online services have been most helpful, as well as researching for myself in the medical press. Advice from medical professionals has often been contradictory, particularly with regard to mental health.

Received no info re. mental health or peer support.

Who is right about my Mental and Physical diagnosis? My distressing symptoms continue to be ignored by the NHS. I have to pay for MCS (Marches Counselling Service?) to listen to me.

Having ovaries removed is life long as are the symptoms. I was provided with no information about menopause and was not perimenopause before my surgery. It is not a coincidence that women with Surgical Menopause regularly experience suicidal ideation. And it is not coincidence according to the Office for National Statistics – that the highest suicide rate in women correlates with the age of peri and menopausal women. As a health care professional and mental health professional I have had to complete my own research. Understanding the different types of female orgasms and how surgery affects this should be discussed before surgery so an informed choice and potential alternative treatments can be discussed.

## **Coordination of services and consistency**

This experience raises gynaecology waiting times, conflicting information between medical professionals, poor communication and coordination between medical services, lack of continuity when specialists depart and not keeping up to date with NICE HRT guidelines.

It is honestly a nightmare. Medical professionals give conflicting information. My GP surgery has not been able to see the information from when I was admitted to hospital

at times. the communication with me and with each other is awful. Some doctors don't seem to know much about menopause or HRT. All in all, it is extremely stressful, and my mental health has suffered. The long waiting times are a strain and not knowing when you will be seen is very difficult. I am self-employed, so when I don't work, I don't get paid. I am trying to factor in a 6-week recovery time after hysterectomy without having any idea when this will happen. The best advice I have had has been the original specialist menopause GP who has now left the HMG practice, and the charity Menopause Support who did a very clear and informative talk locally. There appears to be little linked-up thinking about how gynaecological conditions are affected by hormone changes and HRT. It is urgently important that the hospital's gynaecology department is up to date with NICE guidelines on HRT. That doctor who thinks that perimenopausal women can't get pregnant also needs some more training. There is no consistency between hospital advice and GP advice on HRT

## **Not knowing where to go for advice and information/ not given at medical practice**

Many women spoke of not knowing where to get reliable information and of not receiving the information they need from medical practices with a perception that medical personnel do not have enough knowledge, training, motivation or time to offer this consistently. Women often spoke of resorting to Internet searches and other sources but not always having confidence in what they found out for themselves. A few women felt there was more understanding and information now than years ago.

It is very difficult to know where to go for advice and information. One of the GPs I spoke to asked me whether I had had any menopause symptoms when I complained of back pain. How would I know? At the time I knew very little about the raft of menopause systems that you can get – I just thought it was hot flushes (which I didn't suffer from at the time). Another GP told me "You're too young for menopause" when I had breast pain at the age of 49. I feel GPs are not very knowledgeable at all and this is really unhelpful for women who have had no education themselves – we didn't learn anything about it at school, my Mum was of the generation who never talked about things like that. So, I was totally in the dark until I started googling and borrowing library books – but you don't know where to go for reliable information.

I have found out from the internet that lots of changes I have had and continue to have is all due to the menopause but had no one to ask advice from.

I have not received any information or education – I have resorted to Google to find out about symptoms and how to manage them.

Didn't realise that most of these (*symptoms*) were connected to menopause! Clearly appropriate information has not been provided.

Accessing so called trusted sights is inadequate, if there is no professional support!

When I sought help there was little support or information offered, but that was 15 plus years ago. There appears to be more openness and more information about the menopause now.

I would like to understand menopause as a whole better and how this affects my day-to-day life & how this can be improved, so many physical symptoms have affected me which come & go in waves, and I don't know where to get help.

I want documents / linked / paperwork or a packet explaining – I've not received any of this and I would have liked to.

None of this has been highlighted or made readily accessible.

I would have liked more information on the menopause

I've been put on HRT but have no idea if it's right for me

## Employer support including health services

Women commented that there was little understanding or help or tokenistic help at work and many mentioned having to change jobs.

I am shocked at the lack of support I received from the hospital I work at – three years ago I asked for help – I emailed a lady and she sent me a help pack – which had some sweets, a teabag, a leaflet, and a bag of lavender – and I never heard anything again.

My manager of similar age and understands how I am feeling. I need help from my GP to cope with my low mood, frustration, and general low self-esteem.

I do not feel that working for Herefordshire Council that they have or show any interest for their staff who are going through the menopause there still no policy for this.

My line manager is super supportive – but if you don't deal with things yourself – help is hard to find

Also, employers need much better understanding and allowances for their staff.

My workplace at a GP surgery was entirely unsympathetic and unsupportive– I returned to work in Covid needing to wear full PPE whilst having uncontrollable hot flushes following my early surgical menopause. I have now left that surgery due to the lack of support regarding my illness.

To start with it felt much more of an issue than it should be – after all half the population go through this process! There felt to be a dismissal of my symptoms, which likely caused me to leave a job (in hindsight), and it wasn't until I sought advice from a private menopause service and understood more about my options (as time was no issue for them) that I felt equipped to go back to (a different) GP who has subsequently been very supportive. But it shouldn't take 3 different GP's and numerous years, excessive bleeding and memory issues, to eventually get what is needed. If I'd have received better medical treatment I wouldn't have lost my job.

## Symptom impact

Many women described the profound impact of symptoms upon their lives.

I have been to the doctor about a week bladder and seen a physio about this, I also have been on low dose HRT pessaries for several years.

## Companies portray menopause as 'medical problem' and push women towards ineffective treatments, papers find

Medical researchers in US, UK and Australia point to healthier menopause perspectives in lower-income countries



📷 The media tends to focus on extreme negative experiences of menopause, researchers say. Photograph: Jose Luis Pelaez Inc/Getty Images

Many companies have a commercial interest in portraying menopause as a “medical problem”, leaving women inundated with misinformation and pushed towards ineffective treatments, a series of papers published in

I was asked when I went if it was an emergency! I said yes I'm on the verge of murder !! I shouldn't have to feel I need to beg for an appointment, I'm at the stage I think I need to go up a level in my patches but the fact you can't get an appointment unless you see a nurse first puts me off, I'm just grateful I saw that locum when I did and at least I'm lucky and have patches.

I've learnt a lot through website, my own research and talking to my friends, a lot of whom are dealing with menopause too. When I've sought help from professionals, it's been a bit mixed. I've been told by a GP that it's normal and expected to be exhausted all the time during menopause, a nurse suggested going to bed an hour earlier each night which makes no difference whatsoever! I think my hormonal balance is still off but once you are on HRT and having any kind of improvement it seems that's it and you are expected to just cope with anything else even if that means you are surviving on willpower alone.

But only from my own research driven by the need to find out what is actually happening to my body and brain. At the time HRT was prescribed, I was warned about the side effects but to be honest could not have cared less - the low mood, confusion and brain fog coupled with pain and lethargy pretty much meant that I would have taken anything just to feel better..

I suffered every month with periods, to the point of being sick with the pain.

Not just hot flushes that would be easy, it's all the other joint pain, Brain fog, Tiredness, Fatigue, Etc

It is so individual like we are as humans.

### **Women coping alone:**

Many women describe coping alone and not seeking help after bad experiences of medical services. For some women, this is because they feel the symptoms are not too difficult and for others there is a feeling that it is now too late.

Was offered no help at all. And still haven't been offered any. I'm too old now probably.

Symptoms aren't too awful. I manage them.

It's essential as I felt so alone and unaware what it all was and is.

## **Pitfalls or benefits of self help**

Many women felt empowered by carrying out their own research, others were unsure of the reliability of information. For some this can make them feel overwhelmed or lonelier and others end up trying every course of action or supplement suggested.

I have had to research these myself as I haven't had an opportunity to discuss with health professionals so I have no idea if what I have researched on line is beneficial and within NHS recommendations ,

Online brings you to a range of symptoms which are associated with menopause but I wouldn't of known they were linked.

I feel informed about HRT because I listen to pod casts from the Zoe App. Its full of useful information about HRT, symptoms, diet. I also discuss with friends.

Most knowledge has come from online support groups

I was put on HRT through GP but the rest of the information around the points above I researched myself.

Glad my GP prescribed HRT when I asked for it as I did not want information on most of the above. I would say all the helpful information relevant to my successful management of symptoms was my own online research -not Herefordshire based health services.

I did lots of research before going on HRT

Personally, I have never felt as scared, lonely and vulnerable as I have going through this process.

I've gone from taking no tablets, to taking B12, magnesium, iron, fish oil, D3, K2 etc to see if something will help get a better quality of life.

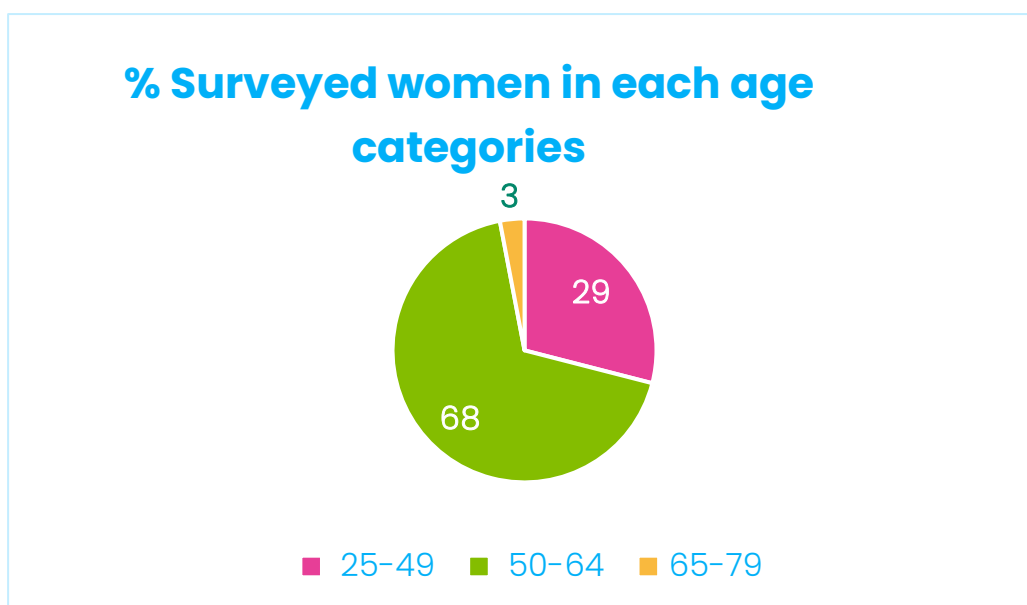
# Appendices

## Appendix 1: Demographics.

### Demographics.

213 women shared their experiences of seeking information, support or advice or treatments for Menopause.

**Ages:** 29% were 25-49, 68% were 50-64, 3% were 65-79



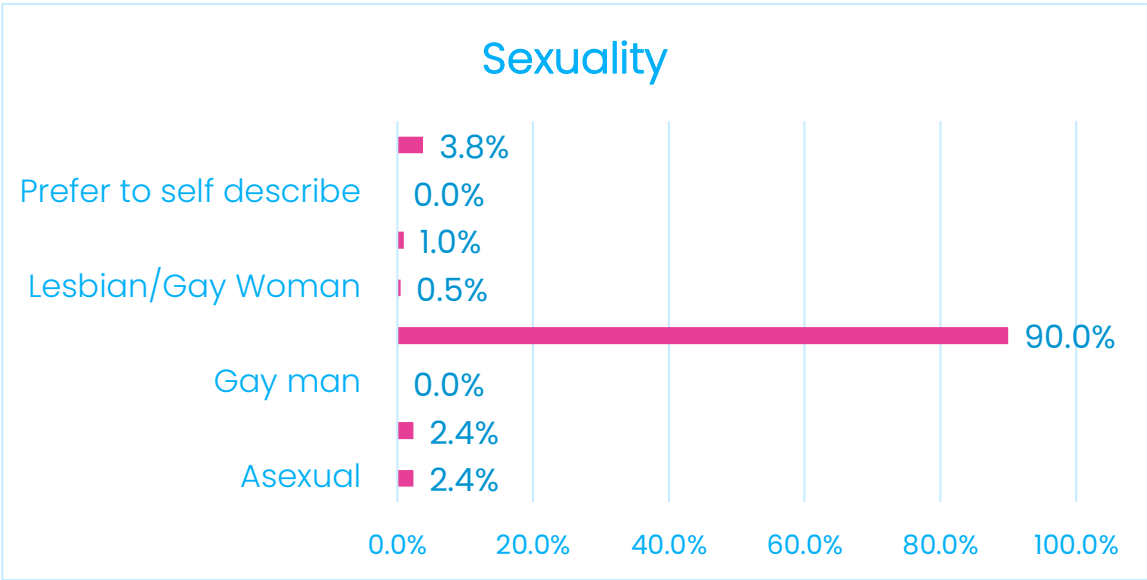
### Gender

211 surveyed people ticked female. 2 people surveyed ticked Male. It is difficult to tell if this was a mistake or the individuals were transgender. 1 person preferred not to say whether their gender was the same as assigned at birth.

Appendix 2 contains information about Transgender Menopause. The NHS site has no information about this. Essentially, if a person born with a female body transitions and has their ovaries removed they will experience medical menopause. If they do not, they will experience menopause at the usual time or in a different way if they are taking other prescribed hormones.

“Why are you asking what someone's gender is, when this survey only applies to women who were born biological female”.

Sexuality



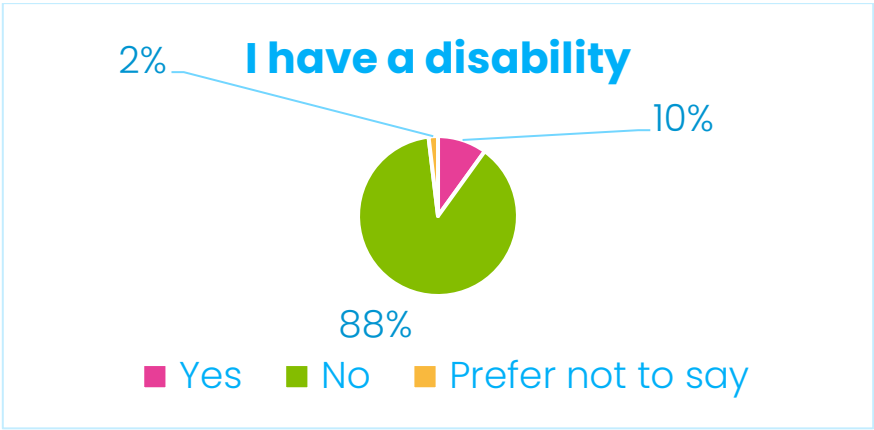
Ethnicity

The majority of surveyed people were White British

Ethnicity	
White British	92.5%
White Irish	0.5%
White Other	2.8%
Asian or Asian British Indian	0.5%
Mixed White and Black Caribbean	1.4%
Mixed Any other mixed background	0.5%
Black or Black British African	0.5%
Black or Black British I do not wish to disclose my ethnic origin	1.4%

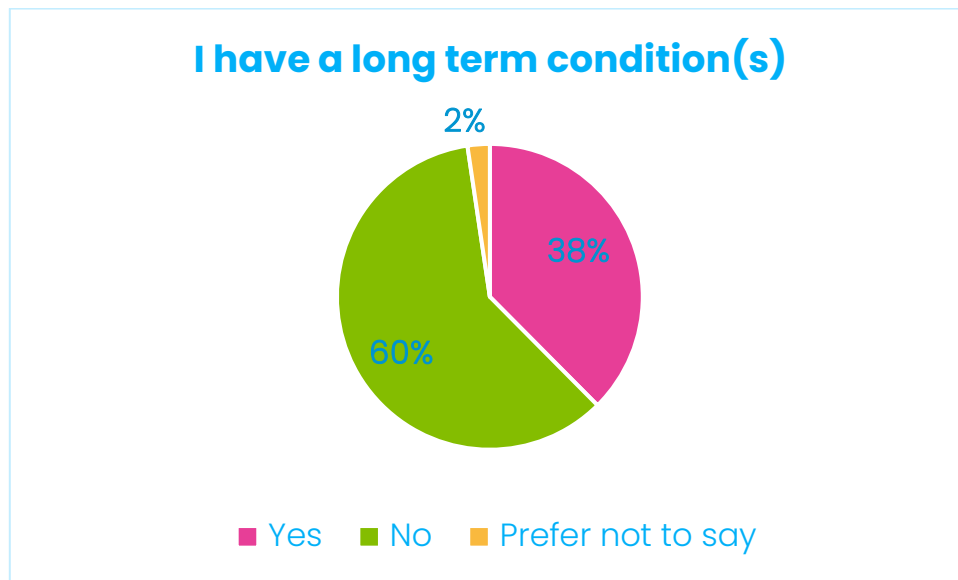
Disability

10% of surveyed people had a disability



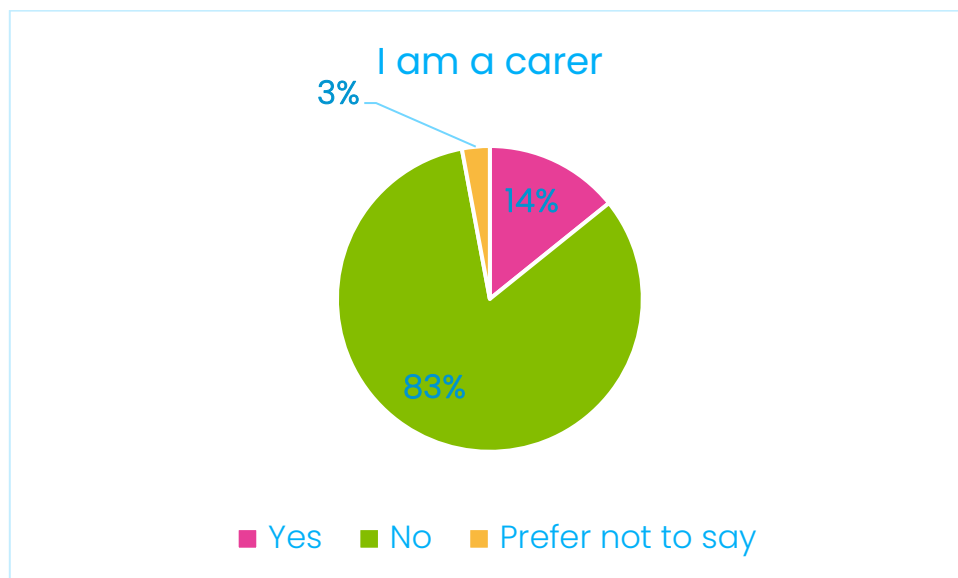
## Long term condition

38% of people had a long term condition.



## Carers

14% are carers



## Financial status of surveyed people

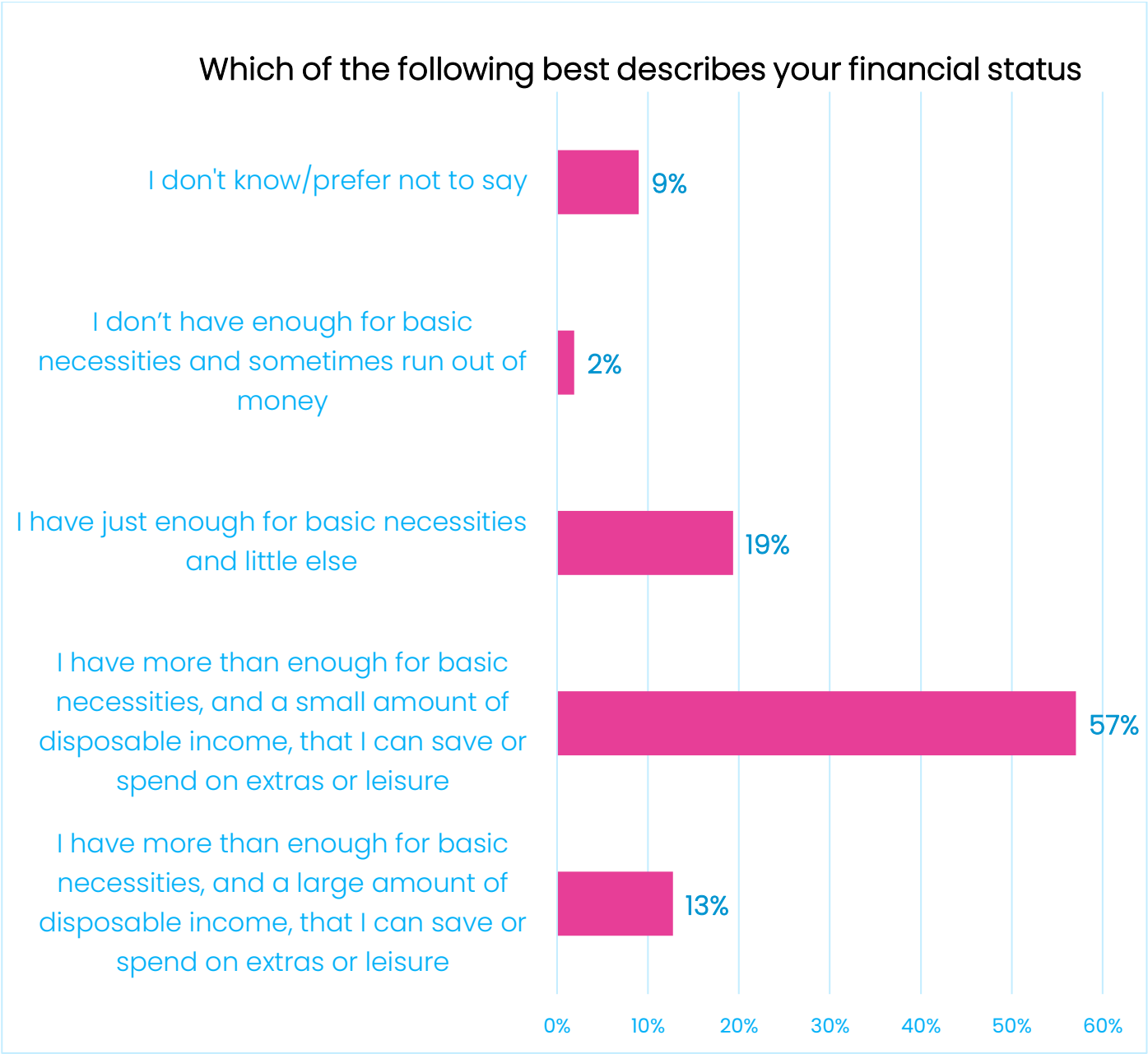
13% have more than enough for basic necessities, and a large amount of disposable income, that I can save or spend on extras or leisure

The majority 57% said 'I have more than enough for basic necessities, and a small amount of disposable income, that I can save or spend on extras or leisure'

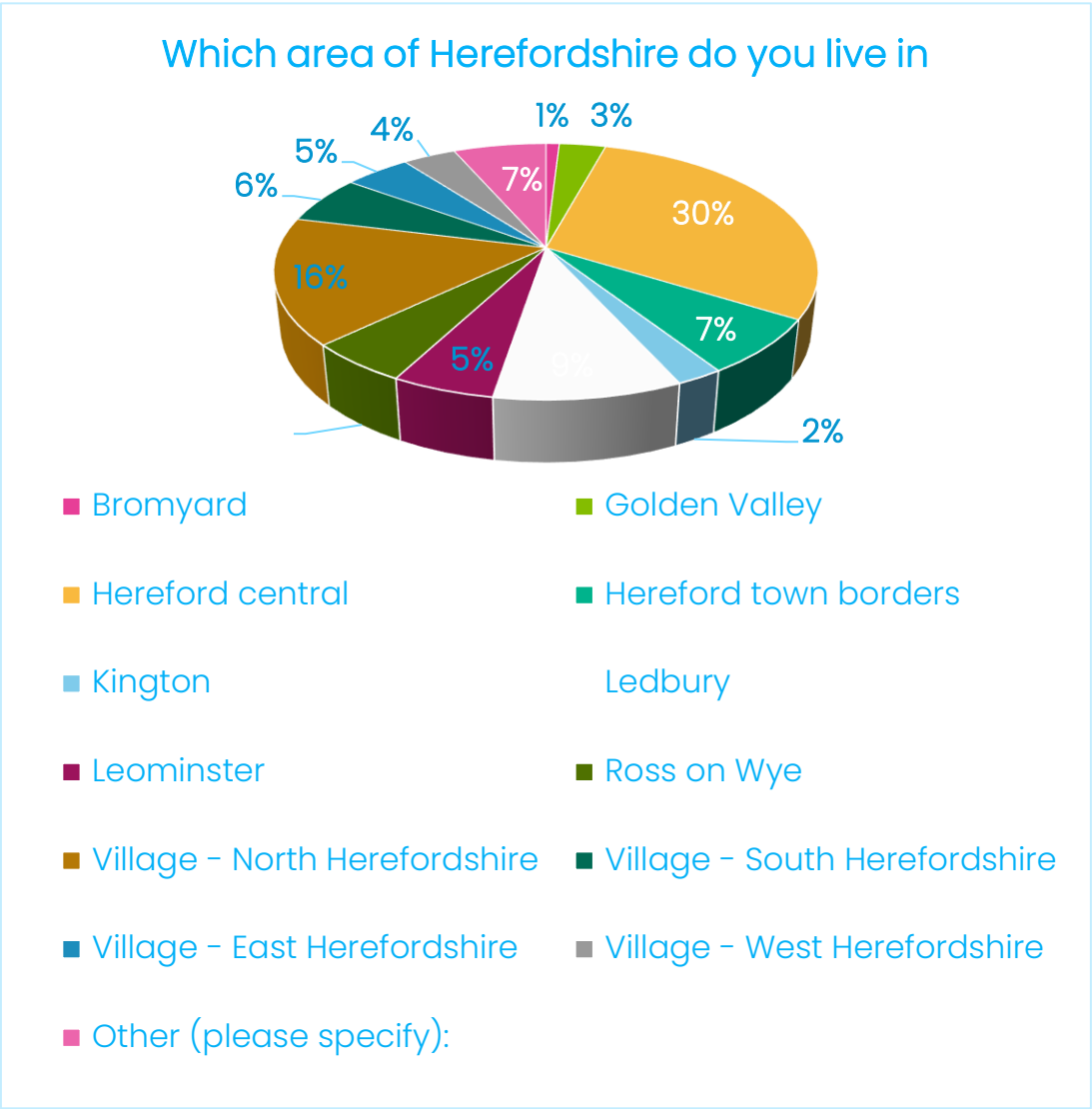
19% had just enough for basic necessities and sometimes run out of money.

2% don't have enough for basic necessities and sometimes run out of money.

9% prefer not to say.



Which area of Herefordshire do you live in

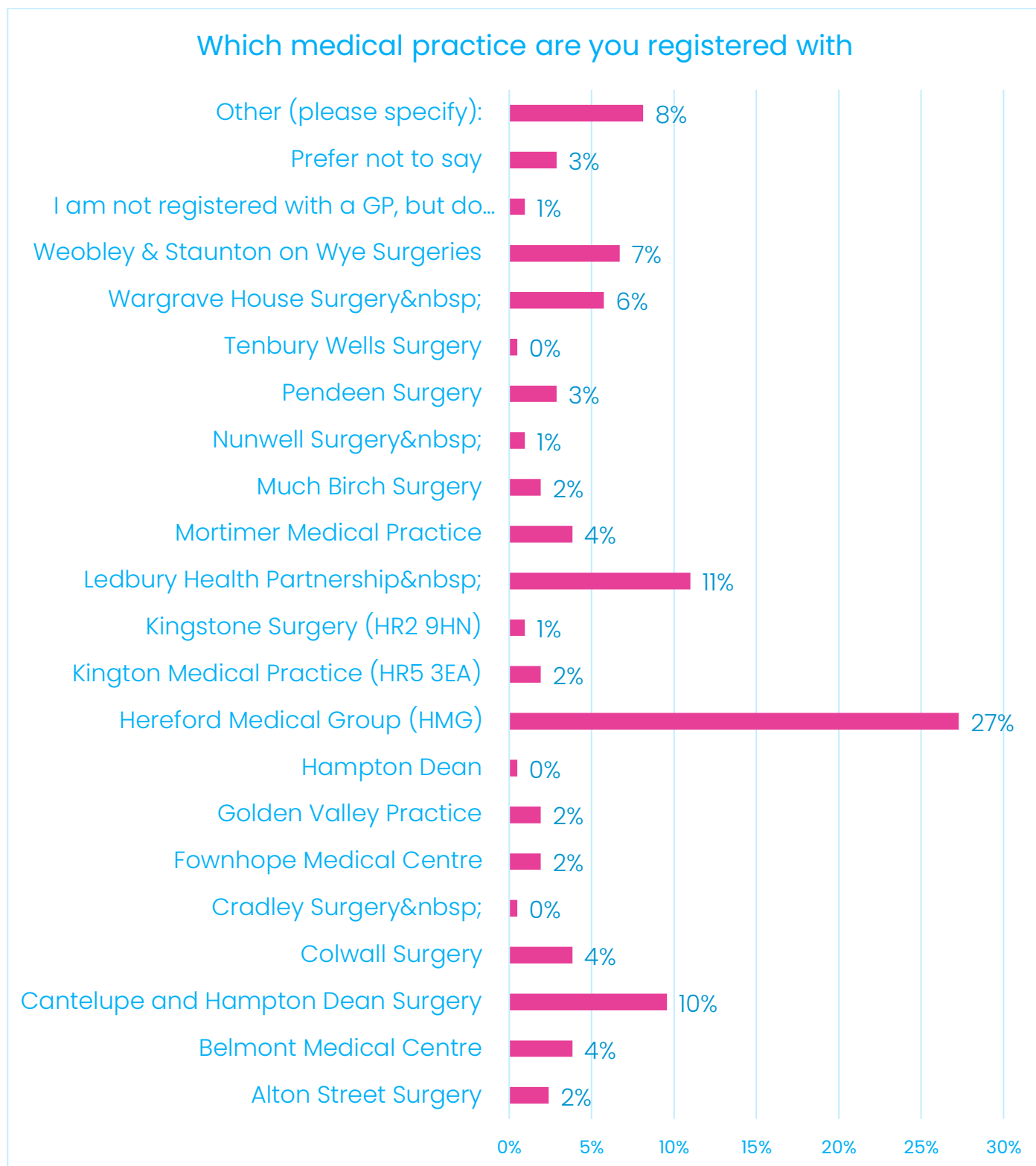


Other places included:

South Littleton, Worcester x2, Malvern, Colwall x2, About 4 miles out of Ross, Out of county, Close to Ledbury, but just inside Gloucestershire (Red Marley), Chepstow Monmouthshire, Not disclosed, Leysters Village in between Tenbury Wells & Leominster, Presteigne, Wellington Heath. The few women living outside Herefordshire had received some care in Herefordshire.

## Which Medical Practice are you registered with

Almost a third of surveyed were registered with Hereford Medical Group.



## Appendix 2: Transgender Menopause

The following is taken from the Surrey Park Clinic website as no information on this subject was readily available the NHS website.

*Cisgender (or cis for short) people are those who identify with the sex they were assigned at birth. For example, people who were born female and still identify as female would be known as cisgender women.*

*Transgender (or trans) people are individuals whose gender identity doesn't match that of which they were assigned at birth.*

*Non-binary people are individuals who do not identify as solely male or female and use pronouns other than he/him or she/her. Most commonly they will identify as they/them as they fall outside of the gender binary.*

*With this in mind, we need to realise that cis women aren't the only ones who suffer from menopause-related symptoms and issues. Transgender men (who have not fully transitioned) and non-binary individuals will also go through menopause, though it is often overlooked. People producing Oestrogen and progesterone will start to produce less and less as they get older which is the typical catalyst for menopause.*

*Also, if a transgender person decides to go through a transition with prescribed testosterone hormones late in life – they may already be of an age where their bodies are naturally going through menopause. Similarly, for transgender men who do not use hormone therapy at all, their bodies will still be producing the reproductive hormones that trigger menopause in the same way as a typical cis woman.*

*This can be a difficult time as people will be going through both the usual menopause symptoms as well as any gender dysphoria they may experience at the same time.*

*Gender dysphoria is the feeling of discomfort or distress that might be caused by a mismatch between a person's biological sex and gender identity.*

*For some people, this can be a very minor issue. However, for many, it can have a major impact on their day-to-day lives leading to depression, body dysmorphia and other mental health issues.*

*With these concerns in mind, different people in the LGBTQ+ community may feel especially uncomfortable with changes to their bodies during menopause, such as weight gain, loss of muscle mass and bone density, hot flushes and night sweats.*

### ***Has The Health Industry Caught Up?***

*The experts are definitely doing more than in previous years. However, many health professionals are still not quite there, unfortunately. The entire health industry still has a long way to go before it can provide adequate care for LGBTQ+ people as a whole.*

*One of the main issues is that transgender and non-binary people are often misgendered by healthcare professionals. This can be extremely distressing and make it difficult for them to seek help or feel comfortable discussing personal matters with doctors.*

*There is also a lack of LGBTQ+ inclusive educational materials on menopause and related health problems. This leaves many people feeling lost and without any guidance on how to deal with their symptoms alongside any other related concerns.*

### ***What Can Be Done To Help?***

*There are some steps that both individuals and the medical industry can take to make things better for people going through menopause.*

*On an individual level, it's important to be respectful and mindful of everyone's pronouns and gender identity. If you're not sure what someone's pronouns are, just ask! It shows that you care about being inclusive and want to make sure everyone feels comfortable.*

*If you are someone experiencing menopausal symptoms, don't suffer in silence! Talk to your doctor about what you're going through and see what options are available to you. There is no shame in seeking help and you deserve to feel supported during this time.*

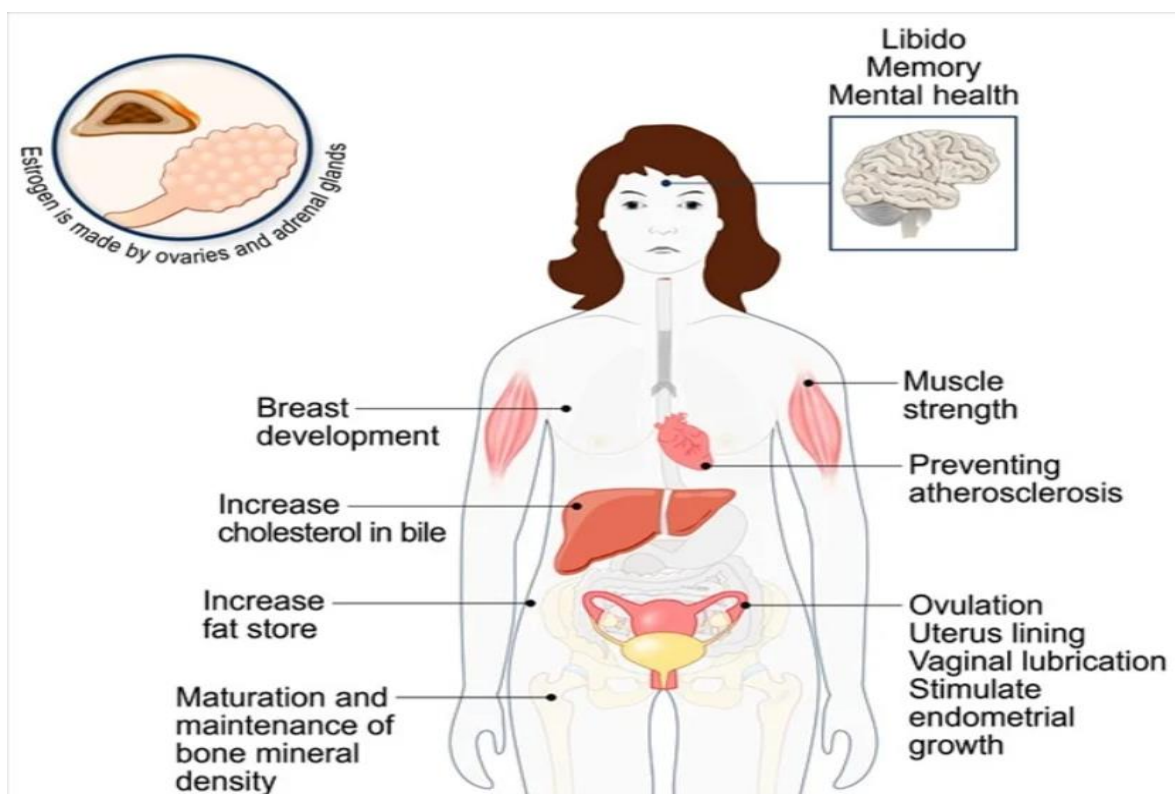
## Appendix 3: Why so many symptoms?

### Symptoms

Menopause and perimenopause can cause a range of symptoms that may vary from person to person. Lists vary but here are 34 highlighted regularly:

1. Hot flushes, 2. Night sweats, 3. Irregular periods, 4. Mood changes, 5. Breast soreness, 6. Decreased libido, 7. Vaginal dryness, 8. Headaches, 9. Recurring UTIs, 10. Burning mouth, 11. Changes in taste, 12. Fatigue, 13. Acne, 14. Other digestive changes, 15. Joint pain, 16. Muscle tension and aches, 17. Electric shock sensations, 18. Itchiness, 19. Sleep disturbance, 20. Difficulty concentrating, 21. Memory lapses, 22. Thinning hair, 23. Brittle nails, 24. Weight gain, 25. Stress incontinence, 26. Dizzy spells, 27. Allergies, 28. Osteoporosis, 29. Irregular heartbeat, 30. Tinnitus, 31. Irritability, 32. Depression, 33. Anxiety, 34. Panic attacks.

These are parts of the body affected by oestrogen.



And this is what happens to Oestrogen and other sex hormones as we age. An enormous drop.

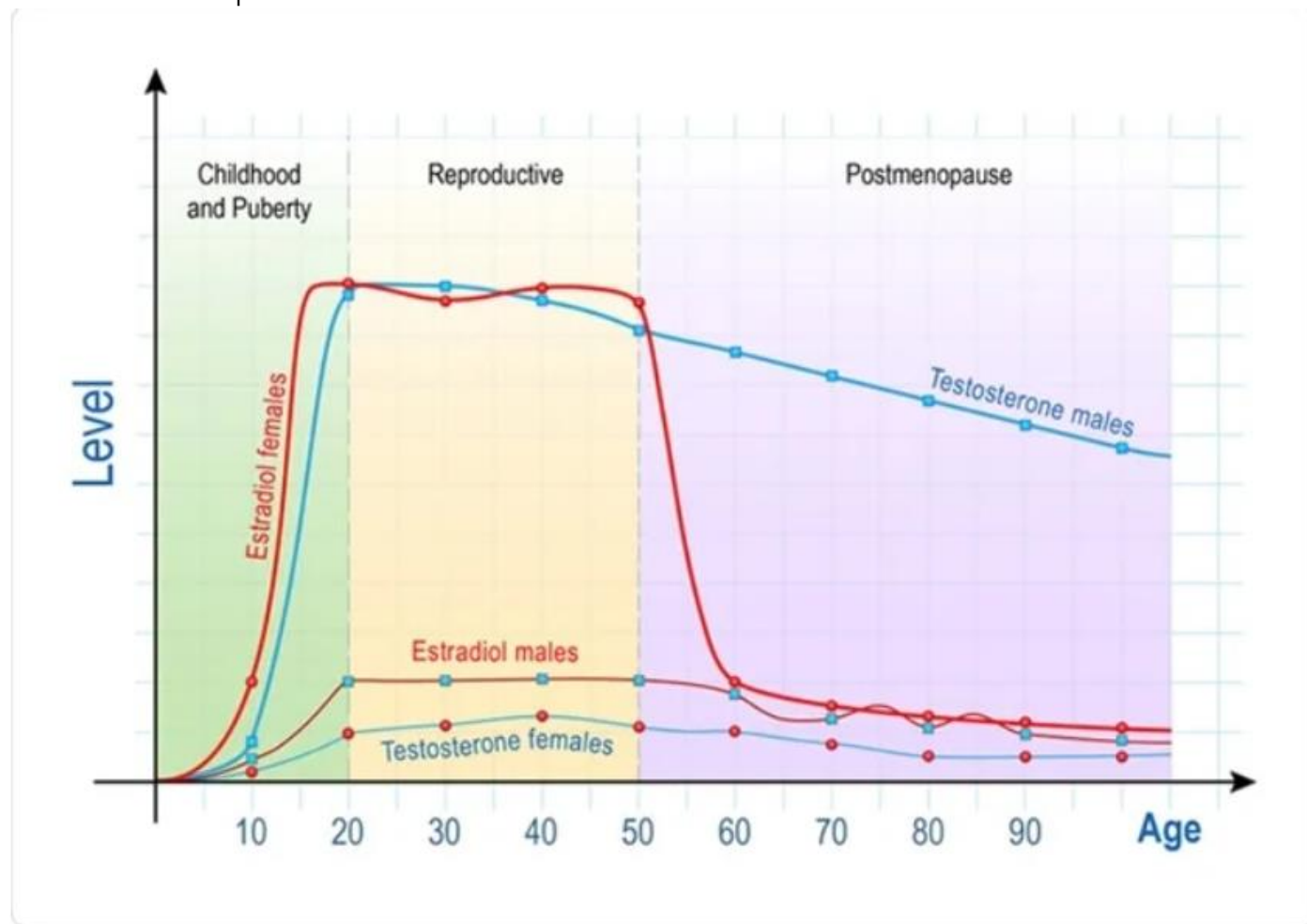


Chart of Sex hormone production in humans. Image Credit: Designua / Shutterstock

## Appendix 4: ICB report early progress:

I've popped some updates for you in relation to the menopause pilot...

- North & West Primary Care Network was chosen due to high levels of deprivation
- Cohort identified by ICB – women aged 45-55yrs of age, reside in areas of IMD 1, 2 and 3
- All 5 Practices taking part – Mortimer, Ryeland, Weobley, Kington and Tenbury
- Text and an information sheet was sent to cohort of patients via Practices inviting to attend first session
- First virtual session held 17<sup>th</sup> October 7.00 – 9.00pm via MS Teams
- 72 booked to attend, 68 in attendance
- Future dates to be confirmed for large virtual sessions
- Those who attended virtual session, invited to join Group consultation session of 12 max patients to take place face to face at Leominster Community Hospital and Kington Medical Practice – dates to be confirmed.
- The Herefordshire pilot is live. First Virtual Engagement Event held 17<sup>th</sup> October.
- The session was a huge success, I've shared some feedback with you below.
- Some people are already booked for the next session without invites being sent out. Some people have phoned to ask how they get an invite.
- Text invites were sent at very short notice, so we didn't have the maximum number we can host, but a good first run.
- This is very much in the early stages, and I'm sure will be tweaked as it progresses following feedback.



## Appendix 5: Specific medical practice comments

Overall poor service from HMG as documented within this survey. I have only given you a brief outline in this survey, there are other deficits with HMG and their care of menopausal women.

However, in visiting my surgery with my symptoms, I received an email to say they were removing me from their surgery. I wrote a letter and asked why and if I could stay. I have no reply. I have contacted my MP for advice. It has left feeling vulnerable, anxious and bullied with the letters, and text messages. (Cantelupe and Hampton Dean Surgery)

Dr Leach and the practice nurse were both very kind. (Nunwell Surgery)

I usually see one of 2 female doctors at my surgery and they are both excellent. (Mortimer Medical Practice)

My GP and nurses have been great – they have a menopause specialist GP and I am very grateful for their help (I am glad I am not with the Hereford medical group as some of my family are and as my mental health declining was one of the worse symptoms, I wouldn't have been strong enough to keep trying to get through for an appt here. (Cantelupe and Hampton Dean Surgery)

### Other

Worst GP provision I have come across – and that seems to be a consistent view across other patients and professionals! (Hereford Medical Group (HMG))

No chance of getting an appointment, GPs appear to have poor knowledge on most subjects. (Hereford Medical Group (HMG))

The reception could only give me appointment in me work time and won't let me have any more medication. (Hereford Medical Group (HMG))

\* Cantilupe not Cantelupe.

I have not sought any support from HMG due to the timing of my menopause.

I feel that Hereford Medical group are very up on Menopause, it does take a while to get an appointment but once this has been arranged it is ongoing and excellent.

My GP is excellent within the confines of her knowledge and access to specialist, but this is still not a good enough service (Golden Valley Practice)

I am actually registered in powys. Presteigne. But due to my proximity to Herefordshire, I am always referred to Hereford. (Presteigne)

I have managed to have 1 appointment with a GP at HMG in the whole time it has been open.

I was referred to a physiotherapist who was useless. (Hereford Medical Group (HMG))

## Appendix 6: Governmental reports and comments

### MPs say 'medical misogyny' is failing women with painful conditions

Healthwatch site noted this report:

MPs say 'medical misogyny' is failing women with painful conditions

An inquiry by a cross-party committee of MPs has found that “medical misogyny” is contributing to women being left in pain with undiagnosed reproductive health conditions for years.

Women experiencing painful reproductive health conditions such as endometriosis, adenomyosis and heavy menstrual bleeding are frequently finding their symptoms ‘normalised’ and their ‘pain dismissed’ when seeking help, a new report by the Women and Equalities Committee (WEC) has warned.

The [inquiry report](#) out this week includes patient stories shared by **Healthwatch Liverpool** and also references a submission from **Healthwatch Birmingham**.

Chair of the Women and Equalities Committee, Labour MP Sarah Owen said:

“Women are finding their symptoms dismissed, are waiting years for life changing treatment and in too many cases are being put through trauma-inducing procedures.”

The committee has made a number of recommendations, including:

- Better training of medical students and upskilling of GPs
- Targets to improve diagnosis times
- Action to cut surgery waits, including NHS financial support to help women travel further to be seen earlier
- More monitoring and enforcement of trauma-informed practice for procedures such as hysteroscopy, IUD fitting and cervical screening, with patient surveys being used as a key measure
- Better promotion and content on women's health on the NHS App and other channels
- Free tampons and other products for particular groups such as asylum seekers
- Free prescriptions for medication to treat heavy bleeding and other conditions
- Better funding and strengthening of the Women's Health Strategy.

The government has two months to respond to the findings.

## Fawcett Society report May 2022

In May 2022 the largest ever survey of menopausal and peri-menopausal women was carried out by the Fawcett society. Unlike Healthwatch Survey, it was carried out with all women and not just those that had sought healthcare and of course not just in Herefordshire. It is worth comparing the results to see if we can see some similarities or differences.

In making our recommendations and reflecting upon the differences in our findings we need to take into account that:

- Our survey required women to respond that had sought medical support so, there will likely be many women in Herefordshire coping alone without health care.
- Most of the women in our survey had been offered or used HRT – there will be women in Herefordshire who have not.
- People are more likely to fill surveys who are not contented with services and are having a more challenging experience of Menopause.

### Survey report reveals a shocking lack of support

A survey report from the Fawcett society published in May 2022, based on data from the largest ever survey of menopausal and peri-menopausal women in the UK, reveals a shocking lack of support for menopause by healthcare providers and in the workplace.

- 77% find at least one menopause symptom 'very difficult'
- 84% experience trouble sleeping
- 73% experience brain fog
- 69% of women experience difficulties with anxiety and depression due to menopause
- 44% of women experienced three or more severe symptoms

Almost half (45%) of women haven't spoken to their GP surgery about their symptoms.

67% who did said their GP or nurse seemed knowledgeable about the menopause, but 31% said that it had taken many appointments for their GP to realise they were experiencing the menopause – 42% among those with five or more severe symptoms.

Official guidance says that hormone replacement therapy (HRT) should be offered to women who are struggling with menopause symptoms, but just 39% of women say their GP or nurse offered HRT as soon as they knew they were experiencing menopause, and only 14% of menopausal women said that they are currently taking HRT.

The survey found just 14% of menopausal women are currently taking HRT. More white women (15%) than black and minoritised women (8%) were taking HRT.

54% of women said they found loss of interest in sex to be difficult during the menopause. Testosterone has been shown to help with this in research studies, but just 33% of women had heard of its use in HRT.

## **July 2021 Roundtable on older workers looked at menopause and employment.**

In July 2021 the Minister for Employment asked members of the Roundtable on older workers to look at the important issue of menopause and employment given the impact menopause can have on women's working lives, particularly in the latter stages of their careers.

Representatives from a range of organisations with wide reach and influence worked together to produce the independent report, including Andy Briggs, the Business Champion for Older Workers, the Chartered Institute of Personnel and Development, the British Chamber of Commerce, the Federation of Small Businesses, the Recruitment and Employment Confederation, Business in the Community, and UK Hospitality.

The independent report was published on 25 November 2021 and contains ten recommendations aimed at bringing about comprehensive change and support for those experiencing the menopause, in key areas of Government policy, employer practice, and wider societal and financial change.

### **Government**

#### **Recommendations**

1. Nominate a Menopause Ambassador to work on behalf of Government to represent the interests of people experiencing menopause transition. This role should promote the economic contribution made by women, the missed productivity by employers and tax revenue by Government and include supporting all elements of the affected population including ethnic minority, disabled and LGBTQ.
2. Equality Act section 14 enacted to enable intersectional, multiple, discrimination claims to be recognised.
3. All the stages of menopause transition to be referenced as a priority issue in Government's public policy agenda on work, diversity and inclusion.
4. Develop methodology to quantify the cost of menopause on the individual, businesses and the UK economy.
5. DHSC and NHS-led implementation of a more holistic view of the menopause transition by clinicians in England, which doesn't just focus on the immediate clinical response, but encompasses mental health and long-term well-being. Specific consideration should be given to a public health campaign

## Menopause and the workplace Inquiry published July 2022

This inquiry examines the extent of discrimination faced by menopausal people in the workplace, and investigates how Government policy and workplace practices can better support those experiencing menopause.

A 2019 survey conducted by the Chartered Institute for Personnel and Development (CIPD) found that three in five menopausal women – usually aged between 45 and 55 – were negatively affected at work and that almost 900,000 women in the U.K. left their jobs over an undefined period of time because of menopausal symptoms. This could mean that women are leaving businesses “at the peak of their experience” which will “impact productivity”. Women in this age group are likely to be eligible for senior management roles, and so their exit can lessen diversity at executive levels. It can also contribute to the gender pay-gap and feed into a disparity in pensions.

### Summary

51% of the population will experience menopause. It is a normal, natural, and inevitable part of ageing. Yet for too long, too many people experiencing menopause have struggled with societal stigma, inadequate diagnosis and treatment, workplace detriment and discrimination. This is not normal, nor should we see it as inevitable.

We are heartened to see things are changing, not least with World Menopause Day being openly and frankly debated in Parliament last year. But there is still a long way to go, and the Government must not lose focus.

### Health

There is still considerable stigma around menopause, particularly for certain groups such as young women, those from different ethnic minority backgrounds and for LGBT+ people. Women’s pain and suffering in relation to menopause symptoms has been normalised. They are told they should simply ‘live with it’. Cost and supply issues with Hormone Replacement Therapy (HRT) pose serious barriers to many seeking to manage their symptoms, and many women have no faith in their GP to diagnose accurately or provide effective treatment.

To tackle this, we want to see a major public health campaign and targeted communications to GPs on changes to HRT prescriptions. We also call on the Government to commit to cutting the cost of HRT, by scrapping dual prescription charges for oestrogen and progesterone. Menopause must be made a mandatory aspect of continuing professional development requirements for GPs and there should be a menopause specialist or specialist service in every Clinical Commissioning Group area by 2024.

 UK Parliament

### Menopause and the workplace

This is a House of Commons Committee report, with recommendations to government. The Government has two months to respond.

First Report of Session 2022–23

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Author: [Women and Equalities Committee](#)

Related Inquiry: [Menopause and the workplace](#)

Date Published: 28 July 2022

## **The workplace**

Women of menopausal age are the fastest growing group in the workforce and are staying in work for longer than ever before. Yet these experienced and skilled role models often receive little support with menopause symptoms. As a result, some cut back their hours or responsibilities. Others leave work altogether. We call on the Government to lead the way for businesses by appointing a Menopause Ambassador who will champion good practice. We want to see the Government producing model menopause policies, and trialling specific menopause leave so that women are not forced out of work by insensitive and rigid sickness policies.

## **The law**

The current law does not serve or protect menopausal women. There is poor employer awareness of both health and safety and equality law relating to menopause. More fundamentally, the law does not offer proper redress to those who suffer menopause related discrimination. Our recommendations for employers are designed to ensure fewer women need legal redress. However, those who do need to rely on the law need, and deserve, a better safety net. We call on the Government to commence section 14 of the Equality Act 2010 to allow dual discrimination claims based on more than one protected characteristic. We also want the Government to urgently consult on making menopause a protected characteristic under the Equality Act 2010.

Menopause has been ignored and hidden away for too long. There is nothing shameful about women's health, or about getting older. Supporting those experiencing menopause makes sense for individuals, for the economy and for society.

## Appendix 7: Report numbers and graphs with comments

### Which best describes your situation?

Most (65%) had experienced Menopause symptoms, 37% due to medical treatment. 8% were Perimenopausal and 5% experiencing early Menopause.

Answer Choices			Response Percent	Response Total
1	I have experienced menopause symptoms		64.79%	138
2	I am perimenopausal		37.09%	79
3	I have not experienced menopause symptoms		0.47%	1
4	I have experienced menopause due to medical treatment		7.98%	17
5	I have experienced early Menopause (under 40 years old)		5.16%	11
6	Unknown		0.94%	2
			answered	213
			skipped	0

### Recent healthcare experience

#### In the last 5 years have you contacted a healthcare professional about your symptoms or experience of Menopause?

92% said Yes, 8% said No.

People added in the comments that they contacted health professionals primarily because of a wide variety of Menopausal symptoms.

*I contacted my GP while suffering significant menopause symptoms both physical and psychological.*

*I have been in contact with my GP regarding brain fog/memory issues.*

*I have a number of symptoms that have caused concern and have recently spoken to a health care professional about them. They include night sweats, weight gain, painful periods and issues with eyesight.*

*I was starting to feel the effects of perimenopause and needed help!*

*Chose to see doctor for HRT mainly for mood and libido.*

*Menopause symptoms were sudden onset for me, joint pain was the worst symptom, so I reached out to a Menopause specialist.*








*I was experiencing symptoms and at the request of my family - who said I definitely wasn't myself, I contacted my GP*

Other comments were about specific issues and are included elsewhere.

## What health care professional?

### If you have contacted a healthcare professional, who have you contacted?

People primarily contacted GP's but also other health professionals.

3. If you have contacted a healthcare professional, who have you contacted? (Please tick any that apply)				
Answer Choices			Response Percent	Response Total
1	GP		92.54%	186
2	Practice Nurse		17.41%	35
3	Pharmacist		2.99%	6
4	Psychologist		0.50%	1
5	Gynaecologist		10.45%	21
6	Private menopause service/clinic		10.95%	22
7	Other (please specify):		7.46%	15
			answered	201
			skipped	12

**Under other they specified the following:**

- I saw a psychologist at 27A St Owens St
- Physicians associate in women's health clinic attached to my surgery HMG
- online resources
- Associate physician
- Livi GP through Vitality
- Women's health nurse X2
- Genetic assessment
- Neurology nurse
- Advanced Nurse Practitioner
- Looked online
- Pharmacist at the doctor's
- Holland & Barrett's menopause nurse

**Overall Sentiment.**

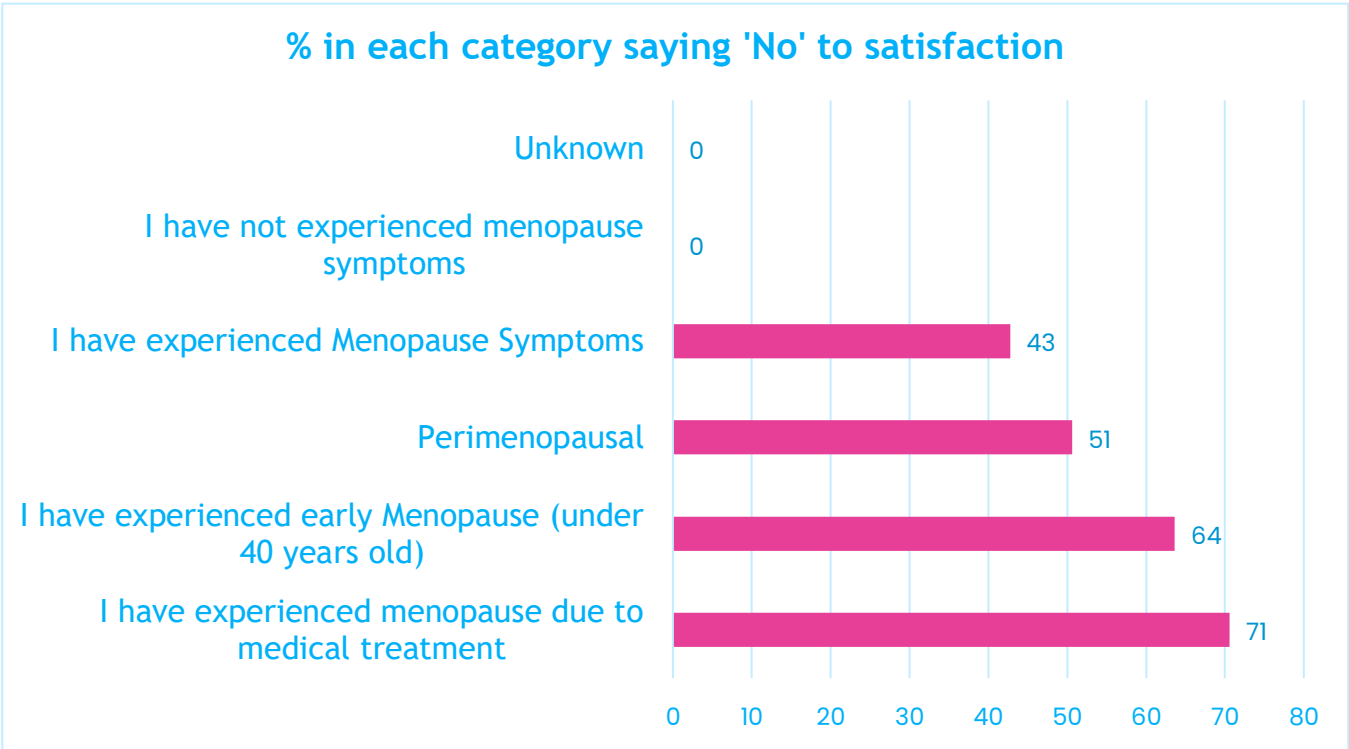
**Were you satisfied with the care you received?**

95% answered this question of these: 52% said Yes, 44% said No and 4% said Yes And No 5%.

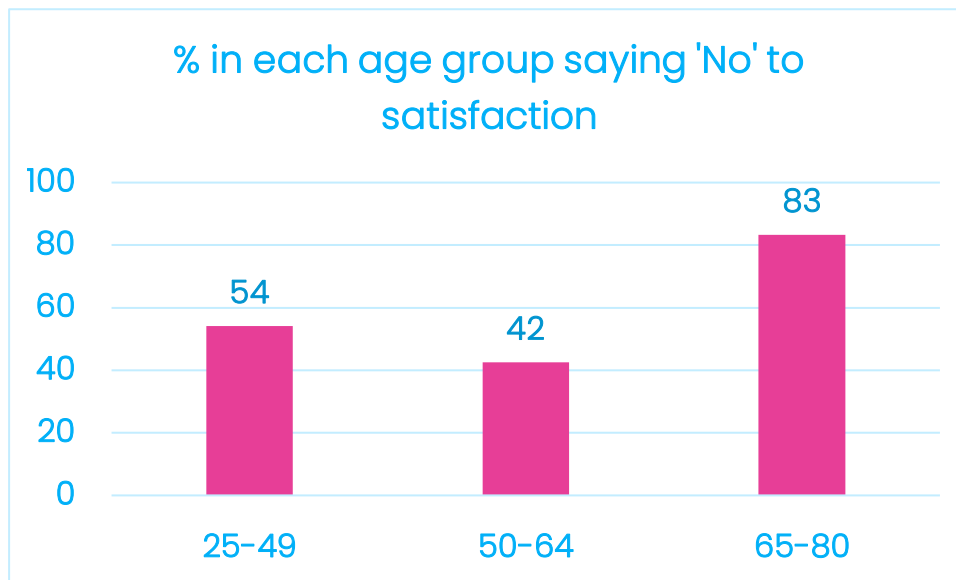
**Comparing satisfaction levels**

**Comparing satisfaction levels in different groups of women**

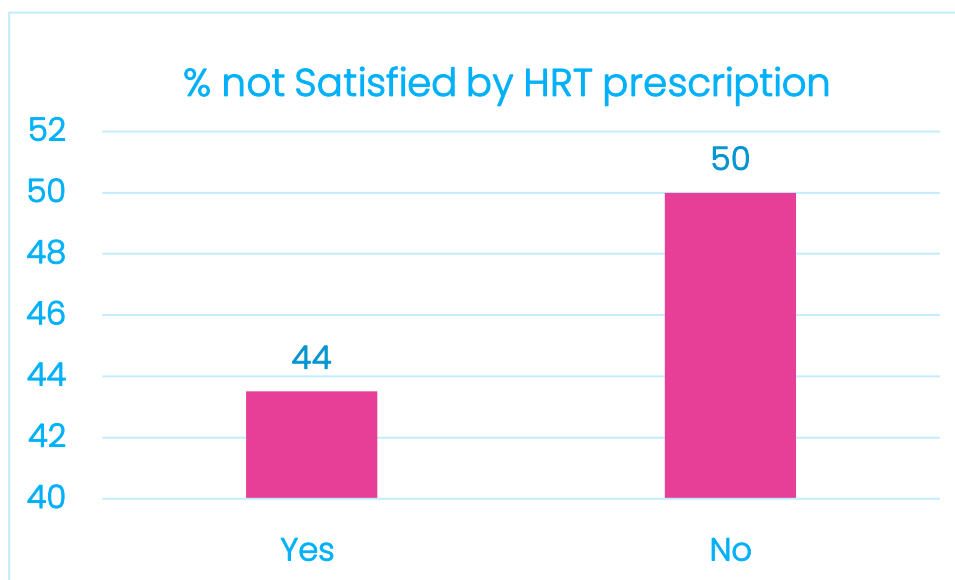
The chart below shows that women experiencing early menopause and those experiencing medical menopause were most dissatisfied.



People between 65 and 80 were most dissatisfied followed by 25-49 group.



50% of those **not prescribed** with HRT said they were not satisfied with health care offered 44% of those **prescribed** with HRT said they were not satisfied.



Reasons for satisfaction were varied:

### Women received help and it worked

Many women received the help they needed and found that advice, information and/or medication worked for them. Sometimes women felt that they needed to push for particular treatments or needed to carry out research to gain the outcome they needed/ wished for and women mentioned delays in going.

*They were excellent – arranged for bloods to be taken.*

*I was extremely strong with the GP and had to insist on help but I did receive it. I asked for HRT and they prescribed it. I had done a lot of my own research before my appointment.*

*When results came back positive agreed to start HRT, patches were prescribed. I felt listened to!!! I am mid 40s and was worried I would be told I was too young to be experiencing this as many of my friends and colleagues had experienced. My concerns were taken seriously. Symptoms investigated to rule out other possible health problems.*

*HRT changed and symptoms now much improved*

*An easy journey to be diagnosed and have medication prescribed.*

*YES – The professionalism and speed with which Hereford Hospital have responded to referrals to check ongoing bleeding symptoms has been fantastic. They have been reassuring and succinct.*

*I've been on various forms of HRT and have been supported when they didn't always suit. Have clear idea of my options for HRT.*

*On my very first visit I had to write down all my symptoms and key dates etc. I felt that I needed to be as prepared as possible with a watertight case in order for my GP to even consider HRT. It was a "young" female GP who agreed there & then to try me on HRT. I have had a few issues with breast cysts since, but my HRT has now been tweaked so that I am on a low dose. However, I have to say that the HRT has been life changing for me. I now feel human again. I cannot emphasise enough how much HRT has helped.*

*Generally ok, though more recently having 1 GP that follows up on appointments and progress has been much better, than speaking to different GPs offering different advice. Generally speaking I have been treated well and listened to. However earlier awareness and support would have been beneficial; its only after some time of experiencing the effects of menopause, hearing and reading about it that I actually felt ill enough to speak to a GP.*

*Women 's health clinic: Helpful and I was heard. I described my symptoms in the lengthy online form for the surgery to triage and described the symptoms again when*

*I was seen. There was a recognition I was experiencing early symptoms and a care plan was put in place and follow ups.*

*I think my GP practice has listened to me in the short time period they have to discuss matters. I have been referred to online information and both ladies have been very friendly and understanding.*

*My GP surgery is very good.*

## **Good diagnosis, skills and expertise**

*I was having very frequent UTI's so contacted the GP about it and they suggested I went to the surgery women's health clinic at HMG, who offered HRT to see if it made a difference to those symptoms. It has made a positive difference.*

*GP was a woman and listened well to my symptoms and life experiences. I was 53 at the time and having periods reasonably regularly and no other symptoms of menopause. She diagnosed that I was suffering from depression not menopause symptoms following life style changes (divorce after 23 years of marriage), I agreed with her diagnosis.*

*Menopause consultant at Birmingham Women's Hospital excellent and supportive.*

*My local practice nurse who specialises in women's health care has been phenomenal and I can't recommend her enough. Understanding, thorough, considerate and meticulous in my treatment.*

*The Nurse first signposted me to online resources – which were very useful. I then went to see my female GP and she provided me with information on types of HRT for me to consider as I didn't want to jump straight into HRT due to other health issues. She also arranged for blood tests to check nothing else was going on and it highlighted that my cholesterol was slightly high so she signposted me to information online. It's up to me to go back and see her if I want HRT.*

*Initial consultation was brilliant.*

*I was directed straight away to a women's health nurse who could explain and prescribe HRT.*

*My Dr was very informative. We discussed the various risks and options and the HRT patch has been very effective at more or less resolving my symptoms.*

*I was listened too and after a few HRT changes, I now feel I can function normally.*

*My surgery have been extremely helpful and really endeavoured to see me as an individual with individual needs rather than trying to make me fit to what is first suggested. They took time to find the correct solution for me.*

*I had done a lot of research about HRT prior to initial GP discussion, and I felt listened to. Once a referral to gynaecologist, I felt more confident on the decision to go ahead with hysterectomy, in a number of areas. I have been very happy with my care and feel confident that my GP will continue to support me in future.*

*Dr has given me brilliant care and she realises that I have done my research and listens to me. It would be nice if all GP surgeries had a specialist menopause practitioner the women could go to. Generally, GP's do not have the specific expertise to help women & what can be a very difficult & hugely impacting.*

## **Did the best they could – grudging satisfaction**

*It was okay, limited because I could only access what was available via the NHS. But I did feel my GP did the best he could.*

*Sort of. Had a hysterectomy last year which put me into full on menopause. I have started on HRT which is helping with symptoms but still early days. My first appointment regarding HRT was with a Taurus doctor Eventually satisfied but at first (as I was late forties at the time) it was dismissed by the female GP that I saw as she felt I was 'too young'. No blood tests and investigations were done to back up her thoughts. However, I have had no further faced to face appointments.*

*Eventually, but it took a long time to get prescribed HRT*

*The last GP I spoke to gave me a lot more understanding and options, she was on HRT herself and actually answered some of my concerns.*

*Yes, but I would've preferred to try a combined pill or an injection if they had been offered to me. I might've stuck it longer. I did once try the gel but found it really tiresome and gave up.*

*Was prescribed HRT gel, still only in 3 months trial period. Would have liked information about any diet changes etc that may help.*

*Yes and no. I was left thinking I've just got to get on with it.*

Lucky to have a GP willing to prescribe for menopause, but easy access to menopause specialist would be hugely helpful. Feel the GP can only have limited knowledge. Most of my understanding of menopause has been through online support groups.

*I'm between a yes and a no. It has been helpful and I am on HRT which has helped my symptoms. I have been given different advice and information from each professional, along with links to various websites. It's very confusing and hard to know what to do for the best sometimes. I feel it's very much trial and error.*

Reasons for dissatisfaction were

### **Not taken seriously**

*Not at first as the first GP put me off after telling me to take a multivitamin supplement to see if my symptoms improved. I suffered symptoms for another year before going back and seeing someone else and insisting that my symptoms were very real.*

*Given blood test, then GP discussed the results and swept menopause symptoms under the carpet. Felt fobbed off by GP and was desperately needing help.*

*Female GP. I am post-menopausal which only means no more bleeds! Symptoms got worse. Asked for blood test. Laughed and said you have no hormones left so no point. Unhelpful. Unsympathetic. No one has been knowledgeable or helpful.*

*Had a very short conversation and was prescribed patches – I did not feel listened to.*

*Only interested in menopause not perimenopause experience, fobbed off.*

*I feel like I have not really been listened to at my surgery. Because of my age I think they believe I'm not having the symptoms of perimenopause. They put me on the contraceptive pill and on waiting list for the coil. No face to face appointment to talk to me about it at all.*

*I was given a blood test. Told my results were at the highest end of normal and to put up with my symptoms until my levels got worse. I was also told by the receptionist upon booking my appointment that I was too young to be perimenopausal.*

*Initially advice was excellent as GP was a specialist in women's health and menopause. Now she has left, advice has been confusing. I now feel like menopause is used to explain away any signs and symptoms I have, and I don't feel like I am taken seriously. I recently was offered the chance to attend a zoom meeting about menopause, but at only 24 hours notice I couldn't participate.*

*Because there is no medical reason for me to be still experiencing symptoms they make me feel like I'm crazy and it's all in my head*

*The first contact I felt as if I was making everything up.*

*I have asked for referral to menopause clinic as believe my testosterone level is low but have been refused trial testosterone unless it's for low libido.*

*I had to fight for years before being taken seriously. Eventually I was offered a trial course of HRT and an evaluation. The evaluation consisted of a phone call asking if there had been a change in my symptoms. I was pleased to report that there had been a great improvement. I am now off all my "depression and anxiety " medication. I'm still waiting for a more in depth evaluation though a few years after starting HRT!*

## **Lack of expertise**

*GP had no idea what was wrong, went through a range of diagnoses until I saw a nurse for something different and she told me it was early stages of menopause.*

*I was very happy with the care and advice I received with the private Dr; however, I wasn't as happy with the advice from my own GP. She was lovely and helpful, but I felt that she just kept trying different things without really knowing what she was doing, hence seeing further advice privately.*

*At the start of the process, I was twice told that my blood tests did not show any indicators of the menopause – I then researched symptoms and returned to the GP who agreed that I was menopausal.*

*There seems to be little understanding with many GPs around symptoms and the need for HRT. When one of the products became unavailable, I was prescribed a replacement that was only for vaginal dryness, when I returned again as symptoms had increased the new GP said I had been mis prescribed. The menopause impacts on so many areas of life, brain fog, joint pain, mood swings and an underlying low mood – however GPs focus on hot flushes. You only really find out what is going on and happening to you on forums like the balanced (Newson) app.*

*There is very little monitoring of symptoms or follow up. Not everyone can absorb oestrogen through the skin but you have to constantly ask questions to find out over a number of appointments to get these changed. Blood test results appear to be lost on a regular basis.*

Oestrogen and progesterone are prescribed but you have to make a special case to get testosterone which makes a huge difference to mental wellbeing and joint pain. you also have to say that your marriage is suffering because you have no sex drive to be able to get it prescribed - this is so wrong. Support should be there for menopausal women, but it is sadly lacking. CBT does not work for a lack of hormones. I am lucky, I have a network of friend who are going through the same thing, but this has been the support process - we swap information - knowledge is power.

Appointment with GP was more like, see how you get on, self-help, come back if you need to. Would be good to have a specialist at the practice. Was informed we used to have a nurse practitioner, but she now operates private clinics.

Easy enough to see the GP at the surgery, but their knowledge was very limited and assumed I wanted a coil to help with symptoms. Glad I did my own homework using other apps/books/revision re choices and HRT I had available to me. Also with initial peri symptoms, disappointed to have been first offered antidepressants.

Eventually - needed to get back up information from the private menopause service to enable me to make the most from NHS support, as prior to this did not feel I had received all the information or understanding from GP's regarding my symptoms and management of these.

I have answered yes and no as some of the doctors has no idea and it wasn't until I saw the doctor who is a menopause specialist did I get answers. The doctor in question though is really hard to get an appointment with so it's just potluck if you get someone who understands.

GP gave anti-depressants no bloods taken and standard dose without further review or discussion re treatment for symptoms.

GP very limited on knowledge at the start, now very cautious about prescribing HRT after doing a menopause course with British menopause society.

ANP gave outdated info and did not engage in review or negotiate - just refused.

At the moment I am suffering so much. No one seems to be able to look at symptoms, bloods etc and know what to do or refer to anyone who will help. Won't even do a Dexa Scan, bone density scan that I need, as had a hysterectomy at 35, no HRT, now at 59 feel like a 90-year-old. I truly believe it's because I have been without vital hormones for 22 years, also expected to work until 67

*In the very beginning I had no idea I was in perimenopause, I had lots of symptoms leading to tests including brain scans. Nobody looked holistically at my situation and realised that actually this was the menopause.*

*When I realised, I had menopause symptoms my GP recommended antidepressants saying HRT was unsafe. Another try and a different GP had to go and research what to do.*

## **Lack of diagnosis or Misdiagnosis and continuity**

*I have been plagued with poor mental and physical health. NHS Herefordshire and Together put it all down to my awful divorce where I lost custody of my kids and many financial losses. I am sure they had a point but I was visibly suffering hot flushes and mind fog. Which is not who I am, I have always had very good, detailed recall and I am still once a day at least having a hot flush, 5 years on!*

*It was difficult to get GP appointments and blood tests – too long to wait each time. My initial scan and Gynae appointments were quite quick – I guess because I was on the cancer pathway. I asked the Gynaecologist about my menopause symptoms but she didn't seem to have any advice to give me. She said that the continuous bleeding was not to do with menopause. But it must have been, as I have been told I haven't got cancer (I hope). I asked about other symptoms but she said they weren't menopause – I have since found out that they probably are, by reading, researching, etc, myself.*

*After the IUD was fitted, the bleeding continued for a few months so I went back to my GP. The GP re-referred me in December 2023 and, I didn't hear anything for around 5 months. I then had a survey from WVT asking me if I still needed the appointment. By this time my bleeding had stopped but I dare not say no I don't need an appointment – what if it started again and I had to wait another 5/6 months for a Gynae appointment?! So I said yes I still need the appointment. I wanted to ask a few questions and be reassured about my situation. It was just before the 6 month point that I had a phone call from the Gynaecologist. It was very rushed and as soon as I said the bleeding had stopped she put the phone down on me before I had a chance to ask any questions – she cut me off mid sentence! I think she realised I was still trying to speak so she rang me back, but I felt very unimportant – a number on a list – tick them off as quickly as possible.*

*I can never get the same GP to have continual care, nor have I been able to get a GP who fully understands menopause. My most recent GP asked for a menopausal review left me in tears with the GP stating I was depressed and stressed and that I needed to*

*reduce my working hours and change my job. She did not listen to the symptoms or how I was feeling which led me to giving up. I feel I am battling alone.*

*I was told I was too young to be perimenopausal and that I was suffering from depression and anxiety. I ended up having a breakdown and a stay in hospital.*

*Not from my GP, No. The Private clinic was amazing. My GP determined my numbers as menopausal and asked what my symptoms were, she instantly prescribed antidepressants for mood swings. I wasn't depressed I was hormonal! The antidepressant made my throat swell up, so I stopped taking them and phoned the GP to say this had happened. No follow up was asked at all. And never has been on subsequent visits.*

*No from the GP – they told me my hormone levels were ok so they wouldn't provide treatment. Yes from the private menopause clinic who provided me with HRT. When I returned to the GP to get my HRT through the NHS they said it was a mistake that I hadn't received treatment originally.*

*It was a telephone consultation (Covid times ) and it swayed towards a conversation about mental health and mindfulness.*

### **Lack of or Poor treatment options or not addressing symptom**

*Wanted help to discuss heavy periods and all I got was suggestions on having a coil fitted which I really did not want*

*Very helpful listening but menopausal issues are so wide ranging it's very difficult getting the right help. Seen numerous GPs who gave insufficient and inadequate support for menopause symptoms. Finally started HRT aged 61*

*No real advice in managing early perimenopause symptoms as I'm not showing as low enough oestrogen for HRT, had to get private advice on things like diet and exercise and how those can help manage symptoms*

*The first time I asked for help I was put on antidepressants by the GP. I don't think that I was depressed. I have also had poor help in relation to heavy periods. Since then, I have seen the dedicated menopause people at the GP and they have given me HRT*

*The GP suggested I bought turmeric pills to ease the pain in my hands. The pain is now worse and in all my joints*

*Medication/support was not offered just meds for blood pressure.*

*I also wanted to seek a more holistic approach in managing my symptoms I wasn't ready for the medication option. One of my main concerns at the time of the appointment was a period that was still going on after 4 weeks and that the last 2 weeks I was so heavy that I couldn't confidently leave the house. I was also worried on how much blood I was passing, the affect this was having on my sleep pattern because I was having to change multiple times in the night. I was offered medication to stop the bleeding but not really reassured this was the best option, so I didn't take it.*

*It was a bit vague ..... I was just told my symptoms were normal and not to worry – I wasn't offered any support strategies.*

*Just give you more and more meds, where there are alternatives that could be prescribed.*

*Therefore, I walked away initially relieved that this was normal but then felt frustrated because basically this is just something I need to put up with.*

*Only advice given gradually come off them. No advice about the pros and cons of keep taking them. (Only pushed statins).*

## **Taking too long**

*It shouldn't have taken so long.*

*Doctor had to keep consulting with colleagues which delayed treatment.*

*10 months of suffering and lots of visits to health professionals*

*Just go round in circles, blood tests, scans then nothing. Taken into hospital for a hysterectomy to end up with the coil fitted instead.*

*Eventually yes – although I had been in touch with various GP's about the same symptoms between the age of 37 and 46, it was my last visit at aged 46 when the GP gave me some useful advice and help. If I had realised what was necessary during those earlier years I wouldn't have had to go through half as much as I did.*

*I have been waiting for urgent appointment with Gynaecology for over 6 months*

*Eventually I have been seen, after a lot of effort. The results have been slow to come through and dialogue regarding the results has been sparse. Very little continuity of feedback and advice.*

*I keep getting passed pillar to post. Now under the hospital and they have been brilliant.*

*I saw a Nurse who is trained in understanding menopause and HRT and she was very helpful. I have had some relief from HRT but am struggling with some things. I have been seen by a gynaecologist but after checking I don't have cancer, I was signed off with the issues still unresolved. My GP has requested they see me again, but I am now on the non-urgent list and have currently been waiting about 10 months. I'm not sure where else I can get free or reasonably priced help.*

*Appointments in relation to menopause are brief and seem based on general prescriptions rather than what the individual is in need of.*

### **Lack of ongoing care**

*I had several appointments to get me on HRT and regular checkups over the phone. But I still feel there are a few issues that have still not been resolved. I very rarely get a full night's sleep, still have brain fog and concentration levels can be very low. I also have a lot of joint pain, my hair is becoming thinner plus a weak bladder. My job can be quite stressful sometimes and on a few occasions, I have had panic attacks, which are very scary and I had to sit down and just deal with it on my own. I can also be sat watching the TV and my ears start to ring which is hard to deal with, but I just stay calm and then it does go away. I find that the GP was okay, but there was nowhere to go locally for advice. I have had to find my own advice from what Davina McCall has started or an online app.*

*No aftercare to check on things*

*However, I have had no further faced to face appointments.*

*Just felt it was HRT and no follow up*

*HRT – I've been on it for 3 years with never a review*

*Currently plateaued with my treatment and find getting good advice quite difficult about moving forward.*

*Since been on HRT there has been no follow up appointments.*

*Run out of medication and couldn't get more or appointment unless they had 5 weeks notice which is no good on my shift pattern as I don't get 5 weeks notice.*

*Lots of being made to jump through hoops, long waits for appointments. Unable to get a supply of medication even when finally prescribed. Medical professionals playing down the impact of symptoms. Not being referred on when needed.*

Following my operation for a TAHBSO (Total Abdominal Hysterectomy and Bilateral Salpingo-Oophorectomy). I was discharged within 72hrs with no aftercare advice and no fit note. I had to Google advice and joined a group for ladies who were in a similar position to myself. I got an infection in my incision and it was left to my GP and practice nurse to look after me. The actual care prior to and immediately afterwards was amazing and I couldn't have had better care and support.

*Find it difficult to see the same GP each time*

*Yes, at the time and was prescribed treatment but had no follow up care and been on the patches about 15 months now*

*No one follows up, no one seems willing to trial options, options seem limited – Patients have to chase everything and push for options otherwise you are left*

*Then a Dr at my GP practice up skilled but sadly left and now monitoring is poor and left to trainees who don't know how to monitor.*

*Little or no follow up, just send in blood pressure reading for repeat prescription , feels completely uninterested in my situation*

*Never had a review and can't get a face-to-face appointment to discuss*

## **Perceived lack of interest by Male/Female GP**

*Male GPs didn't listen and didn't understand. I was referred to an OT for joint pain, referred for blood tests and sexually transmitted diseases. Only a female GP listened and prescribed HRT which has helped with my symptoms.*

*Woman GP not very sympathetic when I asked for HRT having read two books on menopause. Told me to get a smear test and then come back. I did that but thankfully got d as n appointment with a different (male) GP who listened well, said I was probably better informed than him and prescribed HRT. It has helped hugely.*  
**Female doctor had no clue!**

*I can never get to see a female GP, talking to a male GP half your age can be intimidating.*

*Female GP was rushed and totally un helpful – left me in tears – spoke to a male GP who started me on HRT – but I've been on it for 3 years with never a review*

## **Poor attitude, appointment length of time limitation, poor explanation**

*No real explanation as to why I couldn't have the HRT now. Doctor was looking at watch after 10/15 mins, felt awkward and pressurised to cut the appointment short.*

*There's not enough awareness or care to invest time and energy in to people.*

*Either they don't really know themselves or are short of time to discuss. REALLY hard to make an appt too! Dismissive GP.*

*My first visits, were definitely a No, I was not satisfied. I wasn't given answer to questions, no one could explain why I should be on HRT. When I asked for more information or alternatives I was directed to websites. I wanted to hear those things from a Health Care Professional not something I could read online. I was against HRT due to my mothers experience. I already had Osteopenia, which was recognised in my early 30's.*

*Not a face to face appointment. Phone call. Not really explained properly. Rang to query some patches on face and GP never got back to me.*

*Not that interested. No one can advise properly*

*I basically told them my symptoms and they asked what I would like, no real advice or coming into the surgery. Everything was done over the phone.*

*Felt 'dismissed' to be honest. I was reluctant to ask for further support and solutions as the particular GP (female!) was very abrupt with me.*

*Ability to talk in length about all concerns re HRT and options is limited during a regular GP appointment. Different GPs have very different attitudes and approaches to HRT.*

*Blunt .... try this, come back in 3 months..... dose increased for dry vagina, that helped for a bit.*

*Given a sheet a paper and told to put up with it !!!*

*Felt utterly underwhelmed by information provided*

## **Dissatisfaction relating to lack of offered solutions when patient has other medical conditions.**

*Not interested in offering help as I am diabetic, say it's all related to diabetes. Told me to download an app if I thought I needed help.*

*Due to my using contraception for Endometriosis and being told that now I'm 50 I'm no longer allowed to take it, and being given few alternatives apart from HRT. I work shifts the gel and tablets were not suitable, I started on the patch, I didn't feel this was right for me, unable to get a follow-up appointment with GP or nurse, so now managing my symptoms without any support. Appointment made with neurology nurse to discuss HRT medication, this was cancelled by them and no further appointment given. Totally let down by all services.*

*My GP and the NHS gynaecologist were absolutely no help at all. I felt I had no options, the treatment wasn't holistic, improving one problem exacerbated the other. The gynaecologist was particularly unhelpful offering the option I guess that was cheapest for the NHS, but wasn't working at the time. His approach was arrogant and dismissive. So I went to Newson health for menopause advice which lead to my GP providing medication I'd not been offered but was clearly indicated for. They also recommended a private hospital who would be prepared to remove my fibroid which helped massively when the consultant only offered another IUD. This surgery also discovered I had endometriosis which the NHS approach would never have found. The combined nation of the surgery and adjusted medication has reduced my symptoms considerably.*

*I have ticked both boxes because I have had a mixed response. I initially contacted my GP with menopausal symptoms at 44 to be told that this wasn't likely to be happening to me as I was too young. Luckily, a nurse from the practice suggested that I should ring back and refer to the NICE guidelines. Instead, I went privately which cost me a lot of money. I do feel that the private practice was able to give me more time and expertise, although, I still don't feel my symptoms were explored in enough depth, as I have endometriosis and HRT can often trigger more pain, which it has. I have got to the stage now where I am trying to work out myself what treatment I should have, as the last GP I spoke to was a locum and she was only interested in giving me a prescription and didn't cover my endometriosis symptoms.*

*I have had other health issues too, which include: gastritis, oesophagitis, and h pylori. Instead, of my symptoms of needing the toilet up to 20 times a day and extreme constipation being explored, I was told that this was likely to be connected to the*

menopause, so there is a concern that the pendulum has swung too far the other way, and instead, health professionals are using the menopause as a catch all health issue where anything can be attributed to this stage in a woman's life without any exploration of another cause.

Initially I was satisfied. However, since accessing private testing and consultation further hormonal (thyroid and adrenal/cortisol) issues have been identified that my GP is unwilling to address. The private consultant has advised if my thyroid and adrenal concerns were addressed, my menopause symptoms would be greatly improved. The private consultant can prescribe for the thyroid and adrenal issues, but I am unable to afford this. More so since having to reduce my working hours.

Because I have the brca 1 gene nobody knows how to treat me I have been going through a lot with menopause but not even the gynaecologist gets back to me Started HRT March 2023 after having a Hysterectomy in November 2020, did not see anyone until I requested an HRT review in July 2024 and have had all HRT treatment stopped, despite worsening symptoms.

The lack of knowledge, care and understanding of surgical menopause is not fit for purpose from my GP or the Women's Health department at Hereford County Hospital. I have had to pay nearly £2500 to access appropriate treatment and medication from a local specialist.

(Re: surgical menopause). I received no information at all from GP or hospital services in Herefordshire. The consultant in BWH (Birmingham Women's Hospital?) was excellent in tailoring advice to me as a colleague who is also managing the menopause for my own patients.

## **Having to resort to private**

Private clinic amazing. NHS gave me what private clinic suggested but no one at GP practice is bothered about HRT. They don't seem to understand the benefits especially to bone health and cardiovascular risk reduction.

NHS GPs clueless - requested HRT and was given anti-depressants. Female doctor in Malvern fobbed me off. Paid a lot to see private specialist who prescribed HRT and helped me get my life back. Recently I have consulted my current GP in Leominster about dosage of Utrogestan following changes in guidance - again no idea but did go and find out. The GPs should be able to refer women to NHS experts, but they can't apparently. Women are being let down every day.

*I had one private doctor whom went out of her way to help me, unfortunately she left.*

*I am in my early 60's. I sought advice, help in my 50,s for what was likely menopausal symptoms. At no time were they identified as such and no support or advice was ever given, likely due to the fact that GPs have very little training regarding Women's health in mid to later life. Possibly this is due to lack of time on their part and work pressures. Now in my 60's and able to I am spending money privately in Hereford consulting GP s who are offering a service to Women like myself who wish to improve their health and wellbeing.*

*Private specialist excellent. GP very little help although the practice were happy to allow NHS HRT prescriptions. I have to buy testosterone privately.*

*In another occasion I have been refused testosterone as the GP said they were not qualified to feel comfortable prescribing. I was forced to go private which has cost over £1000. Private clinics vary in quality of service.*

*Going private for procedures was far less painful than with NHS.*

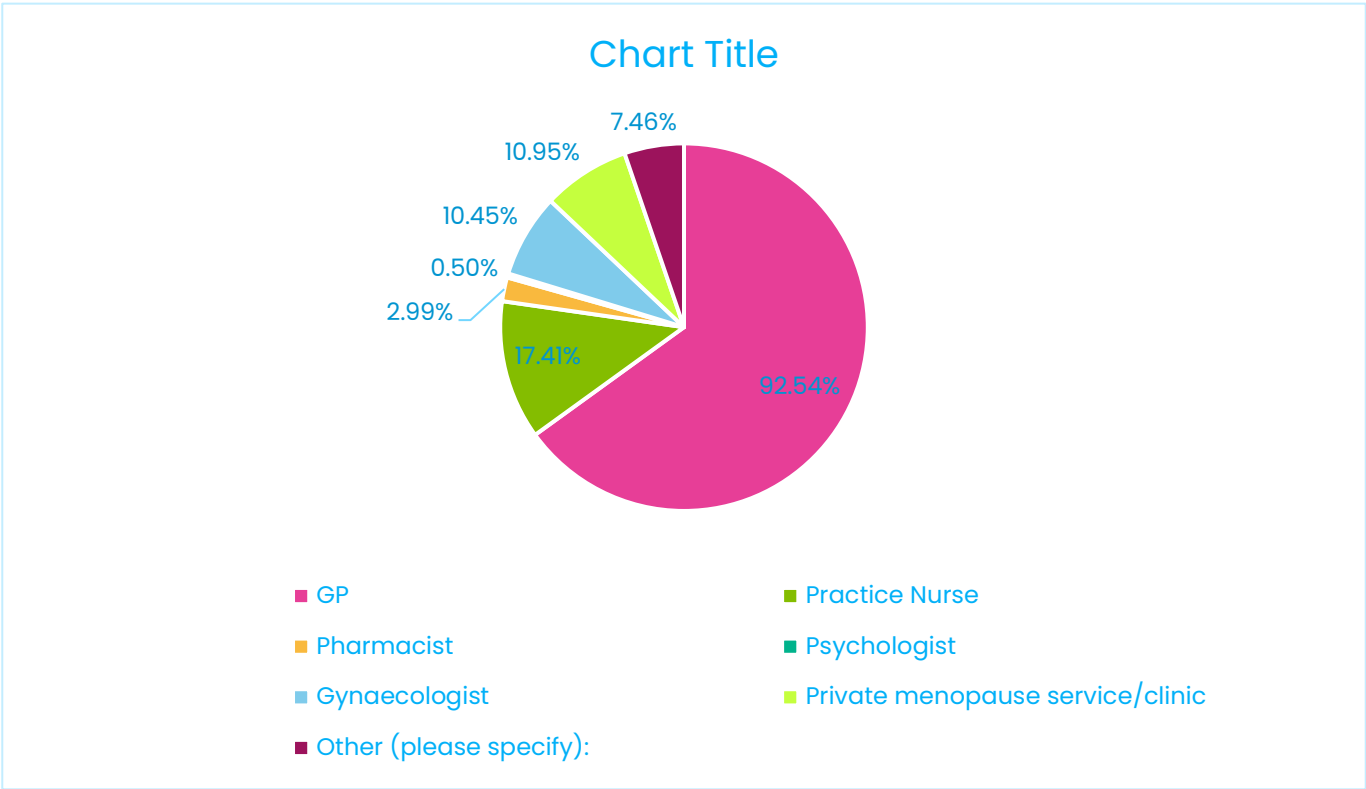
*Whilst my GP was helpful in some ways, testosterone wasn't an option and I have to pay privately for that. When I went back to the GP with my letter from Newsom, they still wouldn't prescribe testosterone. When I asked if there was an NHS menopause clinic who could help, she said not worth bothering as the waitlist was over a year and she didn't give me any details. Very frustrating, expensive and unfair.*

*My GP said I "was not there yet" and prescribed anti-depressants and thrush cream. Which I was not satisfied with. I have since seen a private menopause specialist which has been a game changer, and I have made substantial progress in my wellbeing.*

# Which health professional?

If you have contacted a healthcare professional, who have you contacted?

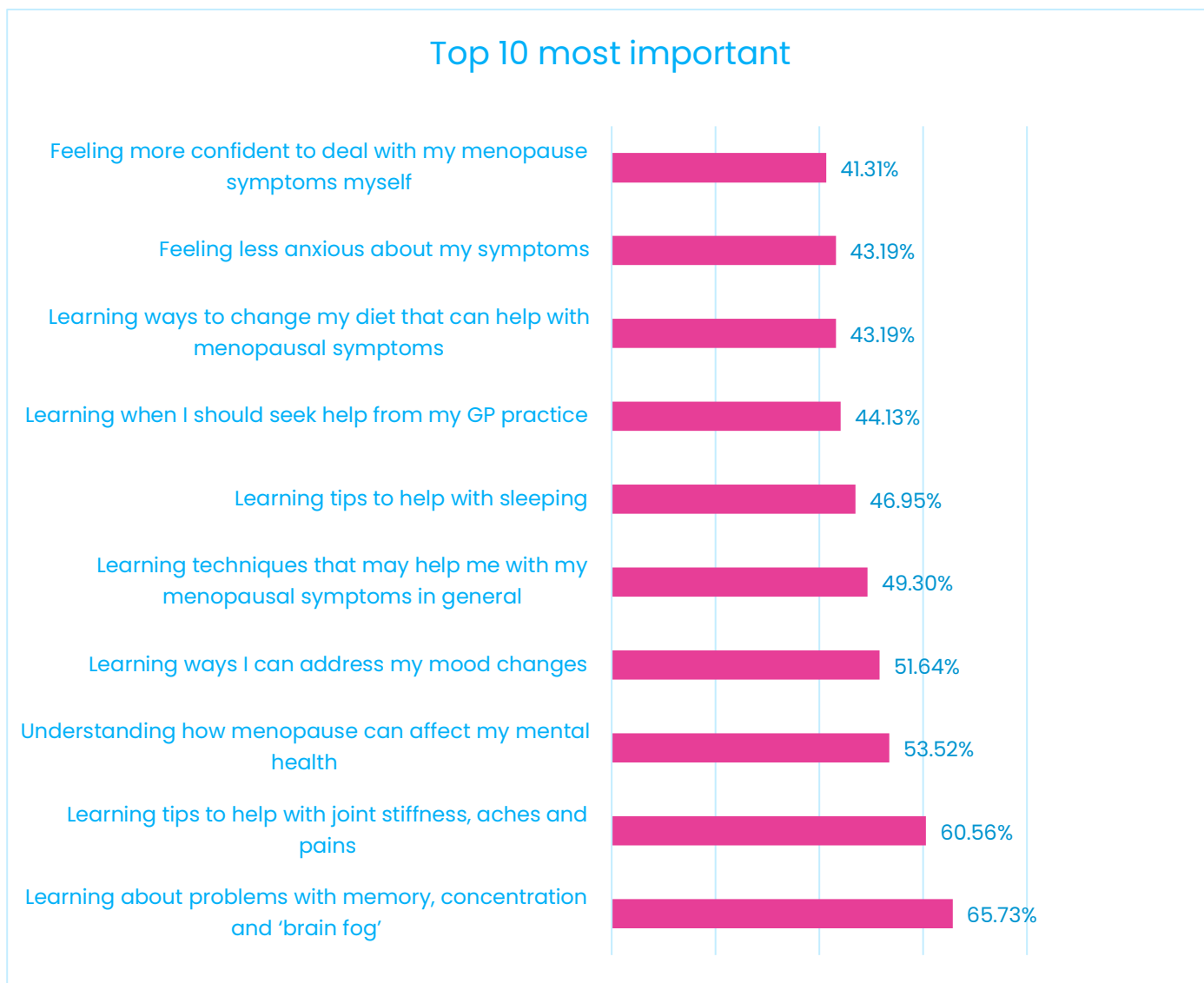
Most women contacted a GP (93%), Practice nurse (17%), Gynaecologist (10%) and 11% contacted a private menopause service or clinic.



## Most important symptoms

Thinking about your menopause and symptoms what is (or has been) most important to you?

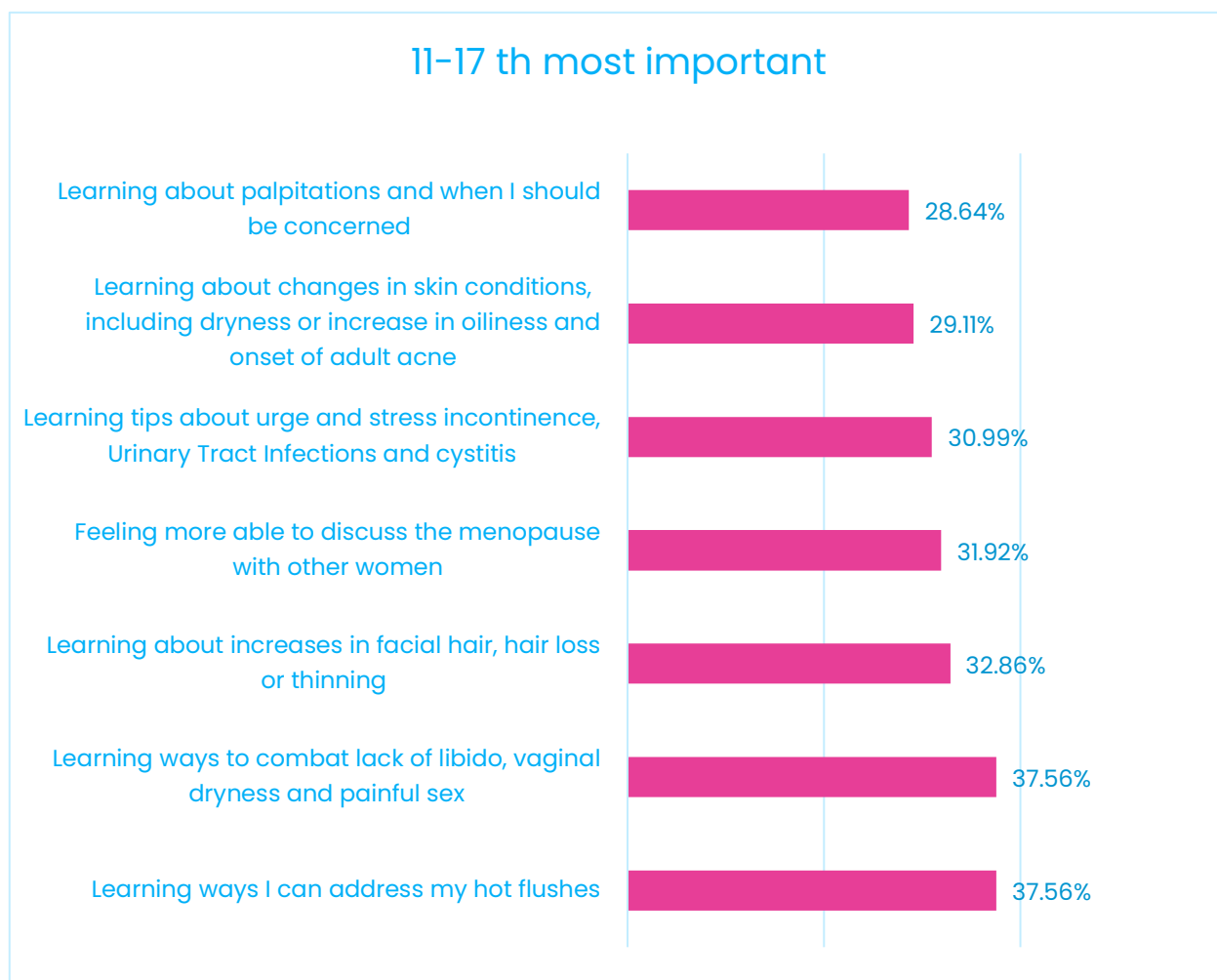
The top ten most important symptoms of importance to women were:



It is interesting that Hot flushes are not on this list – they come 11<sup>th</sup> on the list, perhaps because women have some ideas about dealing with this symptom compared to brain fog and joint stiffness.

11<sup>th</sup> to 17<sup>th</sup> and 18<sup>th</sup> to 25<sup>th</sup> are depicted in the next two tables.

Some categories overlap e.g. feeling less anxious, mood changes and mental health.



## Comments

Women want treatments not just knowledge about menopause and commented:

*It's not about my learning, it's about getting actual TREATMENT!!*

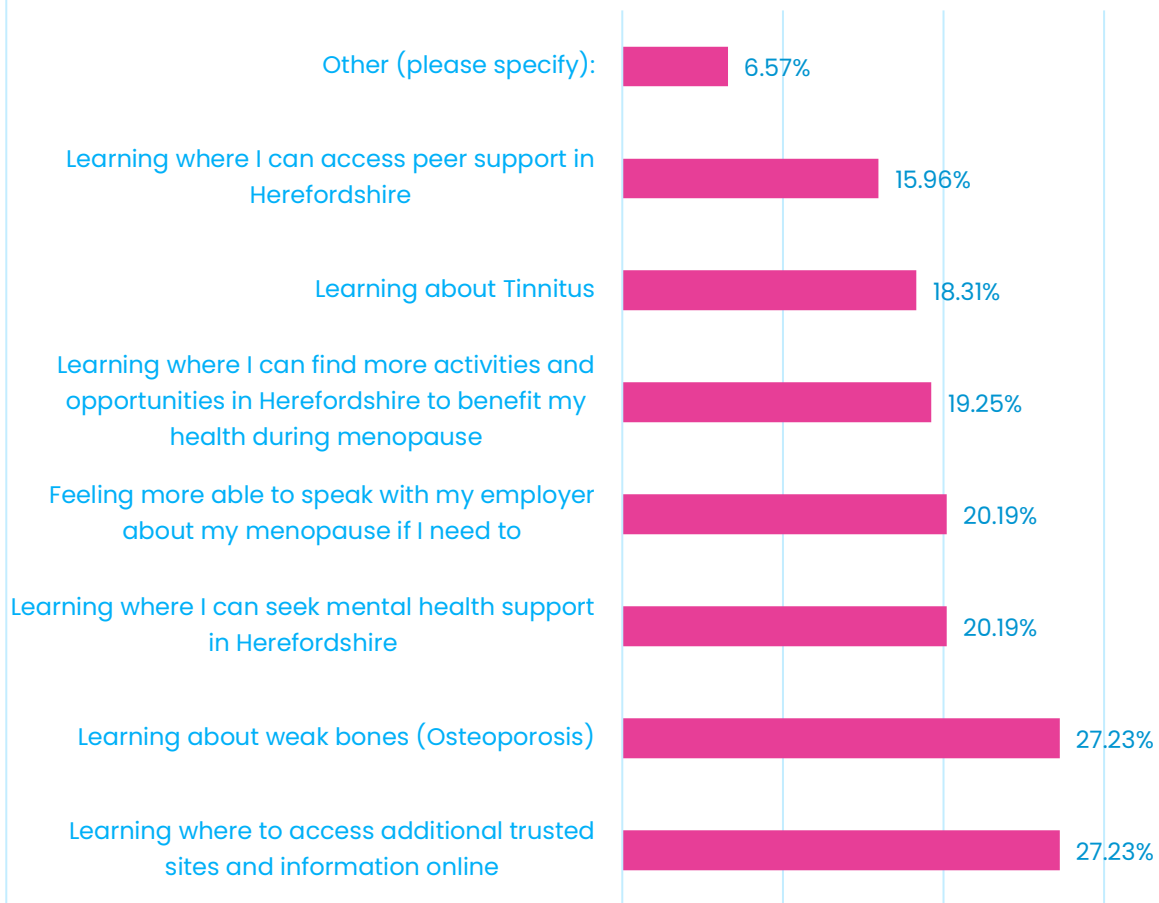
*The emphasis on learning puts the issue on me. This would not be so with other hormone deficiency conditions. Whilst information is great and empowering, I just want actual, physical treatment for my symptoms without being made to feel scared by out dated information regarding HRT.*

*Being given information on how to deal with all perimenopausal symptoms. Knowledge is key.*

Knowing the areas of most concern to women will help services to tailor their information and advice and support to offer better consultations and solutions.

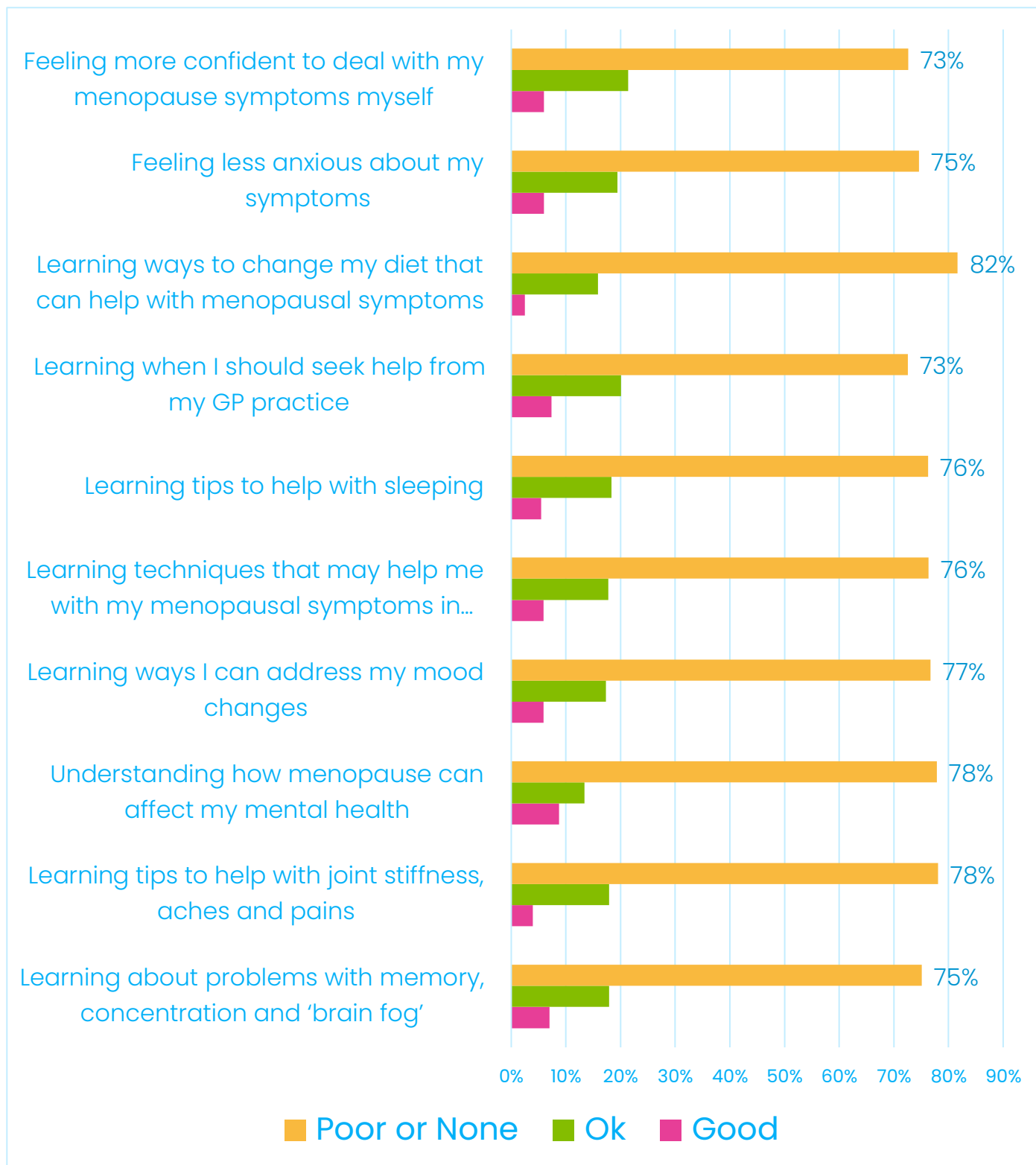
It should also be remembered that a lower score may be because fewer women have experienced that particular symptom but for those women it may be of great concern to individuals experiencing them and still require solutions and support.

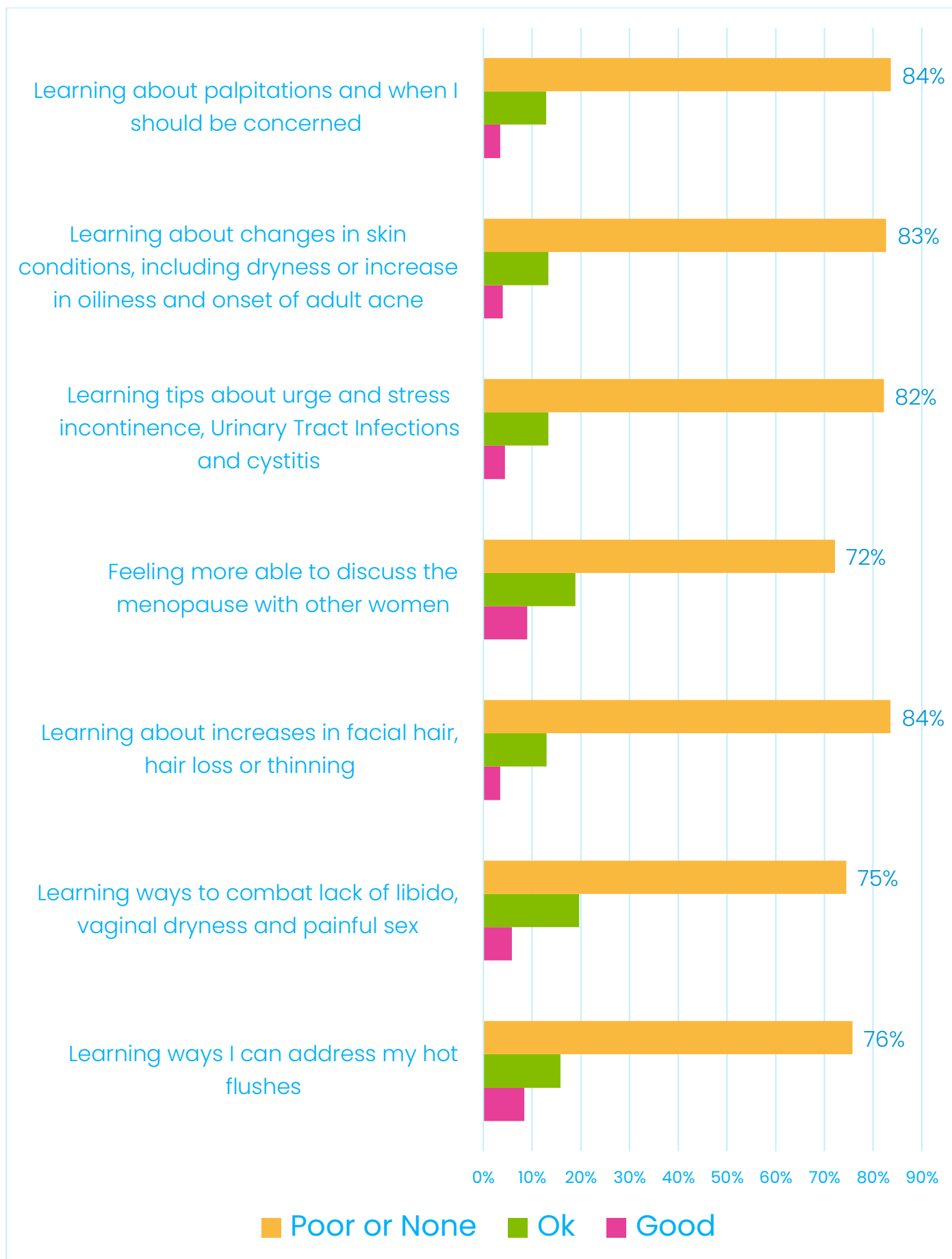
## 18–25th most important

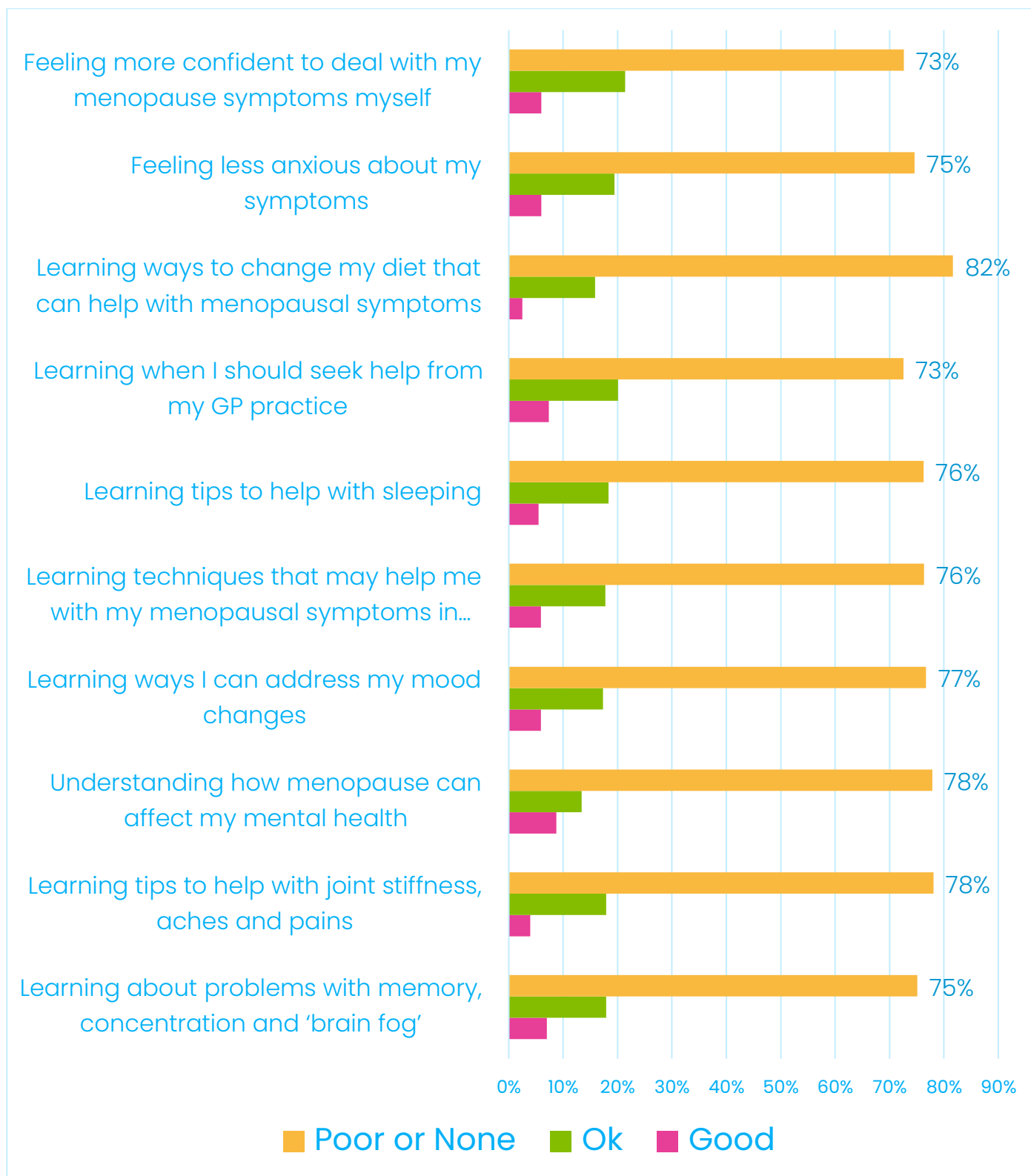


## Support ratings

If you received information, advice and support from health services in Herefordshire how would you rate the support you received in these areas Good, OK or Poor to None.







## Comments

This chart indicates that women are less satisfied with the service they receive when asking about specific symptoms than about menopause in general. For example, the chart indicates that 75% felt they'd received poor or no support around the concern which was greatest for most women i.e. memory loss/ brain fog. 82% said they'd received poor or no advice re diet.

### Note of caution

We must give a note of caution/ mitigation for low scores as women may not have asked about that symptom or experienced it, so naturally received no advice about it. Unfortunately, the survey did not allow women to skip the symptom. Six women flagged this issue up but it is not possible to deduct how many may have responded in the same way.

We can say that medical practices are not volunteering a wide range of advice to cover symptoms that may arise so that women can anticipate them and perhaps make lifestyle or other changes that will help.

However, many women felt that they should know about the full range of possibilities so that they can be aware when/if they occur.

*I have scored 1 on everything as I did not need to receive information – this survey just did not allow me to skip this question.*

*Many of the items above i have rated as 1 because i don't have these symptoms, eg facial hair, libido/dryness etc*

*They are mainly low because there was no discussion, not that I'm not aware.*






## HRT

When thinking about Hormone Replacement Therapy (HRT):

46% felt well informed about HRT, 30% did not feel well informed about HRT.

45% felt comfortable to speak to a healthcare professional about HRT, 2% did not feel comfortable to speak to a healthcare professional about HRT.

20% (a fifth of women) are concerned about side effects of HRT.

Answer Choices			Response Percent	Response Total
1	I feel well informed about HRT		45.75%	97
2	I do not feel well informed about HRT		30.19%	64
3	I feel comfortable to speak to a healthcare professional about HRT		45.28%	96
4	I do not feel comfortable to speak to a healthcare professional about HRT		1.89%	4
5	I am concerned about side effects of HRT		20.28%	43
			answered	212
			skipped	1

### Comments:

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## **Yes I feel comfortable speaking to a health care professional, GP helped well**

*I have done some research myself and my GP also talked through the options and sent me some information*

*I was well informed when I went to the GP and I was welcomed and at the GP, women health clinic they were knowledgeable and helpful.*

*My Dr explained about HRT and again the practice pharmacist was amazing very informative and helped me a lot.*

## **Yes I feel well informed – but no follow up or monitoring concerns me...**

*My doctor advised on the forms of HRT and we agreed which would work best for me. MY prescription commenced in December 2023 and I have not had any form of follow up.*

*My follow up has been non-existent since starting HRT 2 YEARS AGO.*

*I think HRT treatment should be reviewed every 2 years or so.*

*I feel reasonably well informed, but it seems like the NHS is not offering what current research suggests are the best options. The female version of testosterone is only available privately as I understand it. Also, they don't regularly check or monitor hormone levels. I am supposed to have a HRT check once a year but they just ask how things are going and if you say OK, try to reduce your dose of HRT.*

## **Yes I feel well informed – but lack of trust/ conflicting information/ own research...**

*I am well informed but only because I have spent time researching it. I do not trust my general practice to know enough and understand enough to allow them to prescribe it to me. They have demonstrated sub par knowledge or understanding and in fact have never even offered it to me and that was in two different surgeries!!*

*I did not gain any additional info from my GP – I had researched thoroughly and got the HRT that was appropriate for me*

*Much of what I learned was through my own research via NHS website and other areas such as DR Louise – read her book.*

*The only thing I was told is that it would increase my risk of having cancer, especially that I may need to take for long time.*

*I've been given it but have little information*

*Only because I am a menopause specialist*

*Since my poor experience at the GP, I have read numerous books and research papers on menopause and hormone therapy. I feel well informed around the subject now.*

*I did my own research into HRT and the pros and cons.*

*I feel well informed about HRT from my own research*

*I am dependant on HRT which I refused for many years due to my lack of understanding and the lack of explanation from GP's my assumption being that they have a lack of understanding also. After I did try it one week in the difference in my mood, my health, my hair my concentration. I was able to function - it makes me very upset to think about how hard life had become and the impact that had on everyone and everything around me. How that little patch and tablet changed everything and made me see clearly again.*

### **Yes, I feel well informed – but remaining health concerns**

*I have received some information about HRT and my female GP was lovely, as was the nurse. My concerns are regarding HRT and my two chronic health conditions – but I expect it will be a case of trying different types and seeing what works/doesn't work.*

*Wanted an appointment with a doctor to discuss, due to other medical conditions and concern over blood clot history.*

*I have had problems in the past with oestrogen whilst taking OCP (severe migraine) so feel unsure about HRT.*

### **No, I do not feel well informed**

*The information is confusing. Outdated weak research may be influencing the advice being given by doctors but I am not informed enough to know what to do. Some advice says taking HRT staves off many diseases such as heart disease and osteoporosis. However, if the risk of me getting breast cancer is high then I feel I am not informed enough about which type of HRT I could take. Basically, I've given up and think I'll just push through it!!*

## **Comfortable to speak with NHS healthcare professional at medical practice**

*I will ask but I am overwhelmed*

## **Not comfortable with NHS healthcare professional/ resort to private/ other**

*I have paid to see a private specialist in Hereford due to the lack of knowledge and inappropriate outdated practice within the Hospital and NHS GP practices.*

*Dr Holly Vaughan at the Wye Clinic told me everything I needed to know and suggested further reading material. My local GP did not offer any advice just anti-depressants.*

*I feel better informed after speaking to the private GP/clinic My own GP was giving advice that didn't assist to be in line with current NICE guidance and I felt she was not as up to date as she would have been.*

*I feel well informed because I have researched myself and sought private help on more than one occasion.*

*I would like to try HRT for my hair thinning but feel it is too late now, I've missed the boat. I keep healthy, take cod liver oil, hair supplements and think there are women more in need of it than me.*

*But only because I have researched it myself and follow several private experts online.*

*I have had to do all my own research and pay for private clinics because NHS health professionals did not have the knowledge.*

*But only because I've paid to go privately to the Newsom clinic.*

*My private menopause clinic has helped and educated me on the benefits and risks of HRT. I use the oestrogel transdermal gel and utrogestan tablets as a safer means of taking HRT.*

## **Side effects**

*I still feel that there are many side effects with this medication and no alternative. I tried so many well women vitamins and health drinks etc... all to avoid having to take HRT.*

*My GP appears to lack knowledge about HRT, and seems not interested in my concerns about side effects.*

*I have now gone on HRT but at the moment I do not feel any huge benefit, I want to stay on a low dose as I am concerned about side effects.*

*I am a little concerned about the side effects of HRT – although these were explained to me by the GP and as my symptoms were so bad I decided it was more beneficial to take the HRT – which has worked brilliantly – I now feel back to my old capable self. Even though I have HRT I still worry about side effects.*

*Tried it patches made me feel unattractive and the gel was a pain to wait to dry in cold weather with no heating on.*

*Have tried pills, patches and gels but had little benefit and bad side effects such as headache.*

*The effects I was having of perimenopause outlays any risk for HRT. I need to function at a high level cognitively for my job.*

*It has helped so much with my symptoms, I'm willing to risk any side effects.*

## **Issues/ other concerns**

*I have Mirena and patches. Suspect coil is nearing end of life. Have expressed an interest to get coil removed (was used to prevent heavy periods) and change HRT but was told not to?*

*I really think women should be tested individually on their hormone level's because it can't be right with one dose fits all. Hormone levels can differ from women to women. If you end up having a unnecessary high dose of one hormone this may be contributing to side effects and possibly long term complications. Therefore, I don't feel confident to take HRT as it is offered currently however, I would love to have it if it was more tailored to me.*

*I need support to come off them.*

## **Have you ever been prescribed HRT?**

73% had been prescribed HRT at some point, 25% had not.

Answer Choices			Response Percent	Response Total
1	Yes	<div></div>	72.64%	154
2	No	<div></div>	24.53%	52
3	Other (please specify):	<div></div>	2.83%	6
			answered	212
			skipped	1

### Comments:

*Low dose appropriate for women with ovaries.*

Not Yet

*Testing underway and may be prescribed HRT*

Decision not to

*But decided against taking it in the end.*

## HRT experience

If yes, have you experienced any of these when using HRT? (Please tick any that apply)

53% said it had taken several appointments to be prescribed HRT. 17% said their GP had not prescribed HRT. 27% had experienced side effects of HRT. 11% had been asked to stop taking HRT. For 3% their medical condition impacted their ability to use HRT. 36% had experienced shortages of HRT. 21% couldn't get an appointment. 16% needed to have tests before they could take it. 15% had other comments.

Answer Choices			Response Percent	Response Total
1	It took several appointments with the GP	<div></div>	52.99%	71
2	My GP did not prescribe HRT	<div></div>	17.16%	23
3	Side effects caused by HRT	<div></div>	26.87%	36
4	I have been asked to stop taking HRT	<div></div>	11.19%	15
5	My medical condition impacted the ability to use HRT	<div></div>	2.99%	4
6	National shortages of HRT	<div></div>	35.82%	48
7	I couldn't get an appointment	<div></div>	20.90%	28
8	I needed to have tests before I could take it	<div></div>	16.42%	22
9	Other (please specify):	<div></div>	14.93%	20
			answered	134
			skipped	79

### Comments

## **It took several appointments with the GP**

*I suffered symptoms for 7 years before being offered HRT, having been turned away initially. Lack of sleep and hot flushes finally led me to go back to the GP and a rather basic tablet form of HRT was prescribed which I took for 5 years. It was ok but I was still having some symptoms and following discussion with other women I became aware of other types of HRT. After a couple of changes, I am now happy with the product I am using.*

*I have been on HRT for 1 year but previously I was unable to obtain the treatment even though I had the symptoms for a couple of years.*

### **Constant dose changes**

*Took time and needing to change GP before I got the HRT that I needed.*

*Over the years , when look back I think my peri menopause started in about 2013-15 when I was 40-42 and it took me until I was 49 to get HRT , really unsatisfactory in this day and age , more so because most of my practice Dr's are woman of roughly my age ! I had to monitor my BP before starting HRT but it was only for a short time. I heard that the best person to speak to was a nurse and bypassed further interaction with a doctor.*

## **My GP did not prescribe HRT**

*NHS no understanding of HRT had to ask them for what I needed.*

*Have tried but GP reluctant*

*I think I was told I can't take as overweight so just left with symptoms and left on own. I was never even offered it let alone discussed as an option.*

*Never brought up with me by any GP when I attended GP with what were menopausal symptoms.*

*I was told by one doctor "there is no way I would consider putting a woman of your age on HRT", I am 59. Several months later still suffering after a hysterectomy I had a face-to-face appointment with a doctor and discussed going on HRT which I am now on (only 5 months in).*

*Eventually prescribed by a locum GP who couldn't understand why I had been left to struggle.*

*Not offered or explored by GP*

*I had to go privately, before my GP would prescribe HRT. My GP has very poor knowledge of the menopause. Any issues I have to pay to go back privately. Prescribed by private doctor then NHS picked up prescription.  
(because of cancer risk)*

*Unable to take because of the breast cancer history in the family.*

*Not able to have systemic HRT due to my ovarian cancer being strongly oestrogen receptor positive*

## **Side effects caused by HRT**

*Had to stop due to bleeding side effect.*

## **National shortages of HRT**

*I was prescribed this straight away and have found it helps my symptoms. Not experienced shortages.*

*A slight delay in fulfilling my prescription – but I didn't run out as I ordered in advance. Struggled to get a repeat prescription at one point, has been better of late though.*

## **I couldn't get an appointment**

*Only seen a nurse and spoken to a pharmacist, not had a doctor appointment. I couldn't get an appointment to review it.*

*I felt no test (bloods) were carried out to review if dose needed increasing or testosterone was needed.*

*The challenge is being able to access an appointment to discuss HRT*

*Gave up using in frustration with accessing appointments*

*But the delay was due to MH team replies and also lack of availability of GP appointments.*

## I needed to have tests before I could take it

*Following a heart attack, it took 8 months to see a consultant who approved my prescription to stay on HRT*

### Other (please specify):

*The patches kept falling off, so I was given gel, I don't know what about any other options.*

*Done over the phone.*




*Specialist knowledge would have helped get the right dose/combination*

*Nurse practitioner got my HRT setup.*

## HRT – number of appointments

If it took several appointments with the GP to arrange to have HRT – how many appointments?

For 65% of women it took 1-3 appointments with the GP to arrange to have HRT, for 19% of Women it took 3-5 appointments and for 16% it took more than 5 appointments.

Answer Choices			Response Percent	Response Total
1	1 -3 appointments		64.96%	76
2	3-5 appointments		18.80%	22
3	More than 5 appointments		16.24%	19
			answered	117
			skipped	96

### Comments - 1-3 appointments

*One phone call. I was prescribed it over the phone without my GP seeing me or taking a blood test.*

*N/a – HRT prescribed on first appt*

*One appointment with the Nurse Practitioner*

*1. Initial consultation, 2. Blood test, 3. Then to discuss results and agree to start HRT. Very easy process*

*Currently 2 appointments in...*

## **Comments – 3–5 appointments**

*It took 3 appointments before I could start HRT, had 3 follow up appointments with pharmacist.*

*One appt with GP for first diagnosis and prescription subsequent – 1 with other GP and 1 with ANP*

*I was having symptoms, but nobody mentioned perimenopause!*

## **Comments – More than 5 appointments**

*Still in the process...*

*Over 18 months I have had 5 NHS GP appts and over 5 with the specialist.  
It took years!*

*Self-funder attending the Menopause Clinic as I was unable to see an actual GP as Surgery gave me 2 appts with associate physician. GP surgery have been poor & not followed up on my prescribed treatment plan from menopause clinic that they were informed of, i.e. increasing to 4 tabs of utrogestan not 2, and 4 pumps of gel daily. I am actually sat here now with no prescription, no money to go back to the menopause clinic and am utterly so disappointed with HMG. I have been back & fore to my GP surgery so many times within the past 2.5 years, and they still don't get 'the menopause' and women like me are struggling. My mental health is battered and am so low and fed up. 2.5 years is too long to get the actual right prescription sorted. I don't feel it's going to get any better.*

### **Other comments**

*I had to have a medical checkup with the nurse first, which then took another month to get the next appointment.*

*It took the right GP before I was prescribed – and then she left. Still feel unsupported.*

*I decided to go privately.*

*I am still not completely happy with the lack of choice given to me that I am considering going private now for my own sanity. I may be listened to.*

*I have currently had 1 appointment made by myself. I have a 2nd on the 30th, but have to make another appointment after due to having my blood tests cancelled.*

*I had to insist on a gel and have it passed higher up as I didn't want to take orally.*

*To be honest I cannot remember how many – for a while I was bounced around various meds and none of them helped, and this seemed to stump the first couple of GP's.*

*Had to have several blood pressure appointments and also taking of blood.*

*It was a waste of time, honestly. I'm sorry to say.*

*Over a 10 year period...*

*It took several but that was partly because I was unsure whether I wanted to take it and wanted more information.*




*Lack of consistency and differing advice has hindered effective treatment.*

*These appointments were to review my symptoms and change the HRT medications until the GP felt they were right for me.*

## HRT prescription prepayment certificate

Are you aware that there is a NHS Hormone Replacement Therapy Prescription Prepayment Certificate

65% knew about the Prepayment certificate, but 26% did not.

Answer Choices			Response Percent	Response Total
1	Yes		64.59%	135
2	No		26.32%	55
3	Not applicable		9.09%	19
			answered	209
			skipped	4

Comments

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## Not relevant

*I get free prescriptions, so cost is not an issue for me.*

*I don't pay for prescriptions due to other medical conditions.*

*I do not pay for my prescriptions. If I did, I may have researched whether I could have a pre-payment plan.*

*I am over 60 so get my prescriptions free.*

*I take a thyroid prescription which gives me free prescriptions.*

*Live in Wales – no charge for prescriptions*

*I do not pay for prescriptions anyway.*

*My prescriptions are no cost anyway*

## Nobody told me

*This hasn't been mentioned to me by GP or pharmacists!!!!*

*Prepayment Certificate – was not aware of this, would be extremely beneficial if required.*

*Where is the promotion on this?*

*Never made aware (not surprised).*

## I was told by

*The boots pharmacy told me about it.*

*My pharmacist told me this when I picked up my first HRT*

*Again, online research turned this up as the GP never spoke about it.*

*My pharmacy told me about this.*

*Yes but only because my sister told me about it and she lives in stoke on trent. Nothing from Hereford*

*Pharmacy told me and I have it*

*My pharmacy gave me this advice.*

*I think this is great and I use it for my oestrogen and progesterone. The pharmacist told me about it I think.*

## **Other**

### **Prepayment certificate**

*Although I haven't swapped to it from my other ppc which covers any prescription. Not sure how to do this.*

*I do not benefit from this as I pay monthly for pre-paid prescriptions*

*I do not use this as I have a Prepayment certificate due to other regular meds.*

*I had a PPC, as if you take any other meds, it's better to get this to save over a year.*

### **Private or other not covered**

*But does not cover all the HRT preparations I am prescribed*

*This is a joke. I need a higher dose than NHS doctors are willing now to prescribe, so have to buy privately, when will they realise I'm not using HRT because I want to, it's because I need to, to continue to work and have some sort of quality of life.*

*I am currently paying for private HRT prescriptions which is very expensive but worthwhile. I would love to have this prepayment certificate.*

*It's a shame this doesn't cover supplements too for people with higher risk of cancers that can't take HRT*

## **Other**

*I've written an accurx template to send to patients with this information plus links the HRT information on PILs and BMS*

*Was not available at time of my prescription.*

## Information sources

### What sources do you use to inform yourself about Menopause and HRT?

Women used a wide variety of sources to inform themselves including the following online sites:

British Menopause Society, (<https://thebms.org.uk/>)  
Cochrane, (<https://www.cochrane.org/>)  
Diane Danzebrink Counselling, Coaching & Menopause Support (<https://www.facebook.com/DDsomebodytotalkto/>)  
Dr Mary Claire On Instagram, ( <https://www.instagram.com/drmaryclaire/?hl=en>)  
Dr. Louise Newson, (<https://www.drlouisenewson.co.uk/> )  
Facebook support group called 'Hormone Balance Support Group UK', (<https://www.facebook.com/sukiihealth/>)  
Healthwatch Herefordshire Womens Health Q+A, (<https://tinyurl.com/Womenshealth2021>)  
Hysterectomy support forum Surgical Menopause and HRT and Hysterectomy sisters. Website, (<https://www.hystersisters.com/>)  
Lisa Mosconi website, (<https://www.lisamosconi.com/> )  
Louise Newtons book and Instagram page, ([https://www.instagram.com/menopause\\_doctor/?hl=en](https://www.instagram.com/menopause_doctor/?hl=en))  
Menopause charity website, ([themenopausecharity.org](http://themenopausecharity.org))  
Menopause mandate, (<https://www.menopausemandate.com/>)  
Menopause Matters website, (<https://www.menopausematters.co.uk/>)  
Menopause support UK ([menopausesupport.co.uk](http://menopausesupport.co.uk))  
Mums Net, (<https://www.mumsnet.com/>)  
My Menopause Centre, (<https://www.mymenopausecentre.com/>)  
NICE guidance (<https://www.nice.org.uk/>)  
Nick Panay. (<https://hormonehealth.co.uk/team/prof-nick-panay>)  
Red Whale GP Education, (<https://www.redwhale.co.uk/>) This is GP access only.  
The Menopause Network, (<https://www.facebook.com/groups/384849495215750/>)  
This is Emma Neville (<https://www.oxmag.co.uk/articles/this-is-emma-neville/>)  
Tik Tok (e.g. <https://www.tiktok.com/@menopausematters>)  
West Midlands Association for Contraception and Health (<https://wmcash.org.uk/>)

### Books

Cracking the Menopause, Mariella Frostrup  
Dr Louise Newson book  
Menopause cookbook

Menopausal, Davina McCall

Next Level: Your Guide to Kicking Ass, Feeling Great, and Crushing Goals Through Menopause and Beyond Paperback – 17 May 2022 by Stacy T. Sims PhD (Author), Selene Yeager (Author)

The knowledge by Dr Nighat Arif

The New Menopause Dr. Mary Claire

## Apps

Balance <https://www.balance-menopause.com/>

Zoe [www.zoe.com](http://www.zoe.com)

## Other

Herefordshire council menopause conference

Work based training

## Comments included

*I was only allowed to "consult and quote NHS references" when talking to my GP.*

*More information in trusted sites would be useful especially around alternatives to HRT  
I would love to be signposted to more reputable sites .....*

*I have only bought one book which was recommended on the webinar organised by Herefordshire Council for menopause.*

*I'm also so sick of the social media interpretation of menopause & HRT because of the scaremongering!!*

*We were lucky to have been offered to attend a menopause course at work which gave us lots of useful information and tips.*

*I would like face to face contact to discuss but there is not a facility to provide this.  
I'm having to try different things to see if I can find something that helps.*

*Various sites but it is hard to know what is good and what isn't.*

*Websites and reading sites from gynaecologists and menopause specialists such as Dr Nick Panay.*

*Social media pages of women going through the same.*

*Google Scholar. I sometimes just Google for information then choose a site which seems legitimate in the way it presents itself.*

*Which information websites, po Facebook support group called 'Hormone Balance Support Group UK'.*

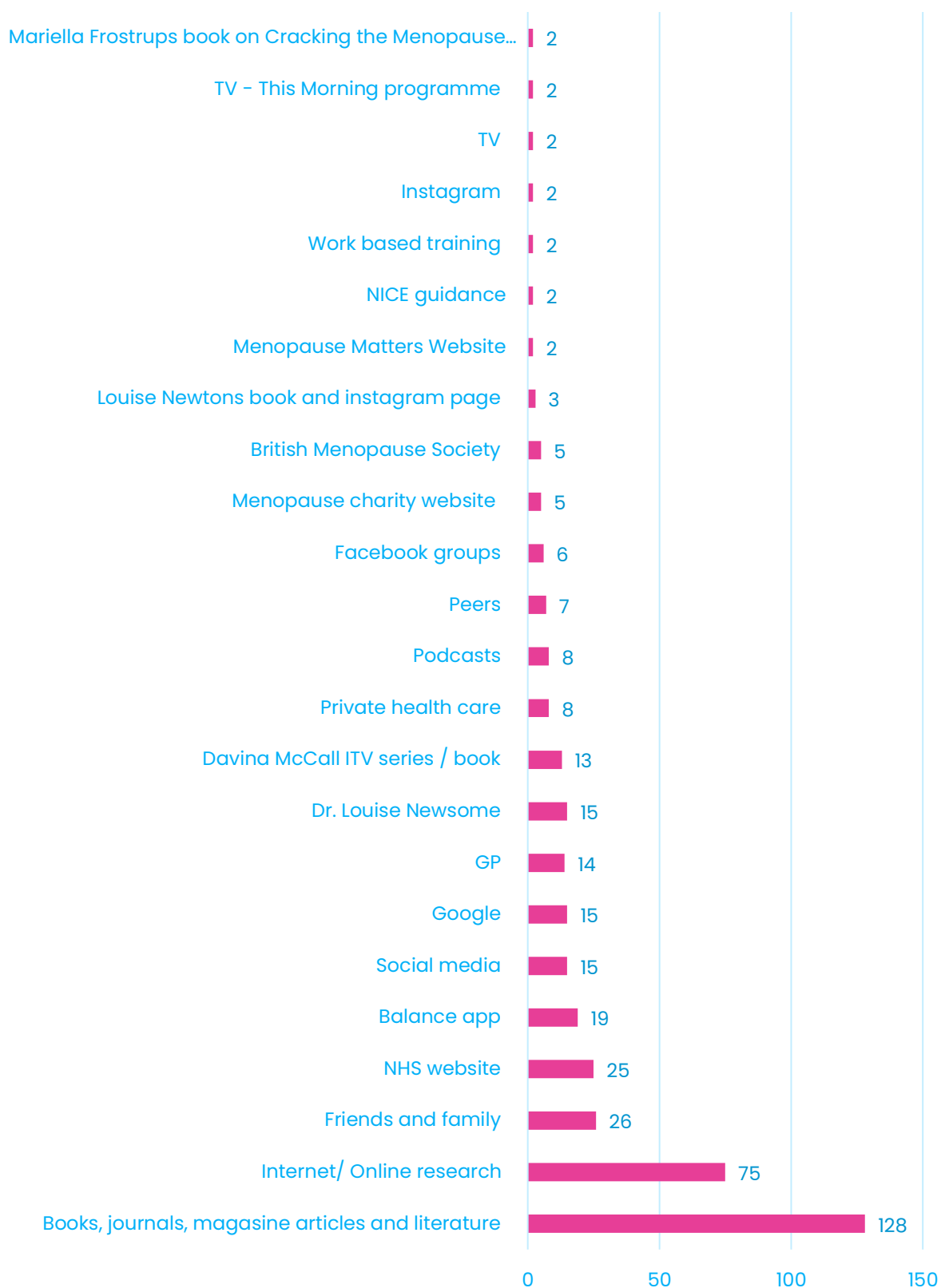
*Facebook group menopause support network Which is run by Diane Danzebrink. I've bought both of Davina McCall books and also follow her*

*I also feel very annoyed with private health providers charging a fortune for women to access a more personalised approach*

*Some BBC and Channel 4 programmes*

*Herefordshire council menopause conference was excellent*

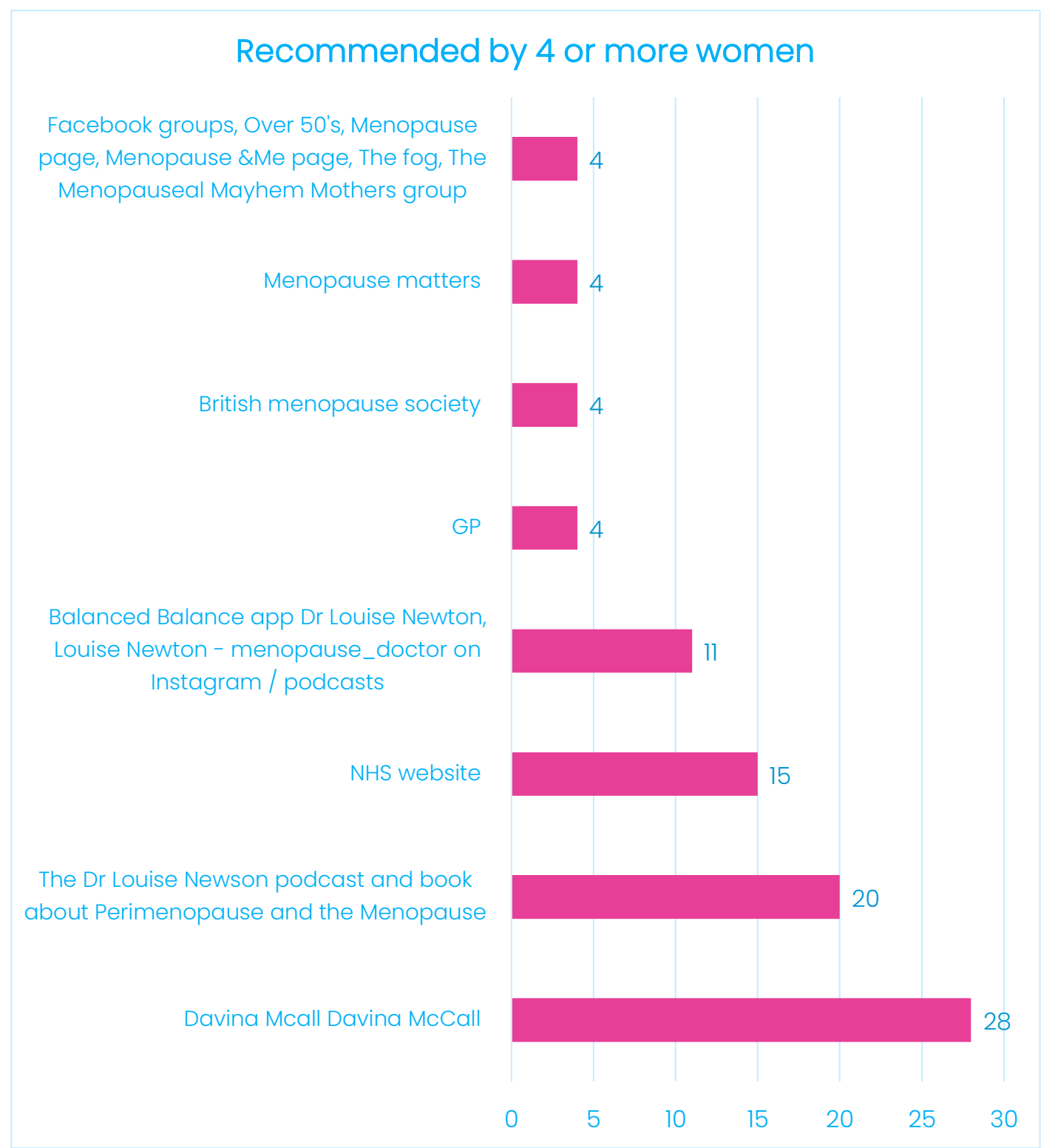
## Top sources mentioned more than once



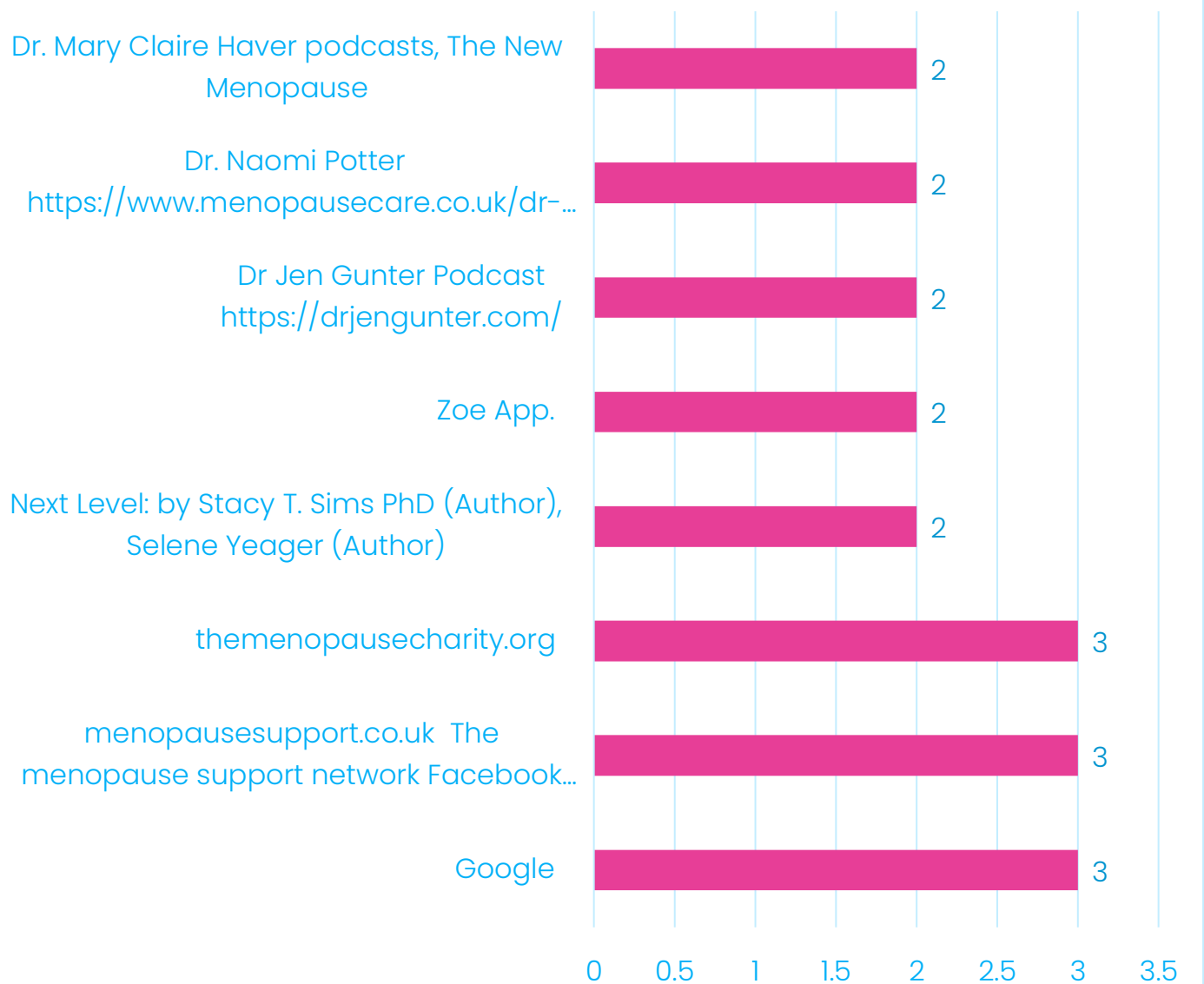
# Information recommendations

Which information, websites, podcasts, books or other sources would you recommend to other women experiencing menopause?

When it came to recommending sources, women chose the following:



## Recommended by 2-3 women



## Particularly TV programmes with Kirsty Wark

### Other recommendations by individuals

Alternative Health Practitioners, A Vogel Natural and herbal remedies

BMS website

British Menopause Society

Channel 4 programmes

Diary of a CEO interview with Lisa Mosconi (author of the Menopause Brain)

Dr Mindy Pelz

Dr Nighat Arif

Emma Neville – This is me on Instagram  
Instagram The Menopause Doctor  
Internet, TV/ Radio, On Instagram / podcasts.  
Jane Lewis My Menopausal vagina book.  
Mayo clinic  
Menopause Mandate <https://www.menopausemandate.com/>  
Mumsnet  
Self-help books e.g. Good Vibe, Good Life, Rangan Chatterjee podcasts and 4 pillar plan.  
The Female Factor – Hazel Wallace  
Womens Health Concern, (<https://www.womens-health-concern.org/>)  
Wye Valley Trust Seminar

## Just articles I've seen on TV or heard on the radio.

### Comments

*Speaking to alternative health practitioners with an open mind and giving things a go.*

*I'm only really aware of what the Balance website offered. I've avoided others as I knew the Balance site was accurate and up to date*

*Also attended a day menopause conference organised by Wye Valley Trust (I accompanied a friend as a carer due to her disability). This was excellent and had GP speakers from the menopause clinics Newson Health.*

*I don't think I would recommend to other women as I don't know if the ones, I have read are reliable.*

*None as "I was mental, these were not menopausal symptoms" as per my GP.*

*No one thing in particular as they all give mixed advice, it's up to the reader/listener to take from it what applies to them, it's a mine field.*

*I don't know of any that have been useful.*

*Not sure until I am convinced, they will help. I think it's an individual journey.*

*Beware of 'menowashing' there is a lot of false information and companies trying to make a lot of money selling products with no scientific or research evidence to back it. I also advise women and transgender men to consider therapy choices and not be*

coerced into accessing CBT as the recent draft NICE guidelines openly admit that the evidence for CBT is poor, and the quality of the research is poor quality.

*Haven't found anything yet*

*None. I do find social media good for describing symptoms.*

*Particularly TV programmes with Kirsty Wark and Davina McCall as they are very accessible.*

*I found the Davina McAll documentary informative, particularly with regards to menopause and the brain.*




*The menopause book by Davina has been eye opening*

*I have seen the Healthwatch webinar with a GP on menopause and HRT a few years ago. I have also discussed HRT pros and cons with the GP and physicians associate before making an informed decision.*

## Trial engagement event

NHS Herefordshire & Worcestershire are looking to trial an engagement event for patients experiencing symptoms of menopause. With access to a GP with specialist knowledge of menopause and a dietician, the session will give an overview of menopause, focus on symptoms, treatment options (benefits and risks), and an opportunity for patients to ask questions. What do you think about this idea? Tick all that apply

84% felt it was a good idea and if asked would attend, 12% also thought it was a good idea but would not attend, nobody thought it a bad idea and 4% didn't know.

Answer Choices			Response Percent	Response Total
1	Good idea and if it was recommended for me I would attend		84.21%	176
2	Good idea but if it was recommended for me I wouldn't attend (Please say why in comment box).		12.44%	26
3	Bad idea, if it was recommended for me, I wouldn't attend (Please say why in comment box)		0.00%	0
4	Don't know		4.31%	9
			answered	209
			skipped	4

## Comments

### People that felt it was a good idea and wished to attend said:

*Fabulous idea, at last symptoms of the menopause are being heard.*

*What a great idea*

*This would be amazing, sign me up!*

*I would definitely attend if able.*

*Yes please*

*I'm struggling with my weight, my memory, my mental health, it would be good to get more help*

*Fantastic idea, there will be high demand.*

*This would be amazing*

*This would be amazing and something I would encourage and attend.*

*This would be amazing and I would be there!*

*I would really like to go*

### People that thought it a good idea but would not attend said:

*I don't feel I need it so wouldn't want to take a place that someone else may benefit from.*

*I live out of county so it wouldn't be available to me*

*I feel I have what I need now and am happy with my decision to take HRT. If I was more unsure at the onset of my symptoms though this would have been a great service and I would have attended*

*Would need more info, venue, accessibility, distance I assume it would be in Hereford like most other provisions do no good to me, I'm too busy with work, kids and elderly parents*

*I feel I'm in. Good place right now with my HRT*

*I can find all I need on line. Training is needed at GP surgery as you find there is only 1 or 2 people that have menopause knowledge sufficient to help you.*

*I would find it difficult to cope with due to disabilities.*

*I'm through menopause now for 7 years.*

*Have been on HRT for 6 months - still trialling doses of Oestrogen and Prog. Sounds like a good idea for someone new to symptoms*

*HRT has calmed down my symptoms. I can now function.*

*I have gone through the menopause and can control my symptoms with diet and exercise and constant reading and engaging with the subject.*

*I'm too far into the menopause and don't feel that I would benefit from it now. I've had to navigate my own journey through menopause . Have done my own research on exactly the above so would be of no benefit.*

*Now 70yrs old, just putting up with some of the Menopause symptoms that I am still experiencing, lost confidence in getting any help now due to my age.*

*Misunderstand Online: I may not go if it was a group event, since covid I don't like large groups*

### **People's qualified approval as follows:**

*I have attended a couple of sessions on the menopause and found them to be really helpful but they have always been over subscribed and the follow up appointments difficult to get.*

*Fabulous idea, wish something like this had been available to me 10 years ago. My GP has been good, but very limited by what was available to women locally.*

*Too late*

*It needs to be free!*

*Excellent idea and I would recommend for other women as I am through the menopause.*

*Specialist knowledge would really help as the symptoms are so varied*

*Concern re IT: I have said yes as so desperate but maybe I don't understand it by maybe on internet, like conference calls would be good.*

*I would consider attending though I feel pretty well informed already (through private service).*

*Would have been a good idea*

*I work full time and probably wouldn't be able to attend.*

*I have already been offered something (last week) but at too short notice for me to attend.*

### **Comments about content were:**

*One area I struggle is dietary*

*Dietician would be really helpful, as weight gain for me has been a big problem despite not changing diet/exercise.*

*Nutritional advice in person would be useful as I am exploring this to help with symptoms.*

*I have no intention of ever stopping HRT so not interested in diet control etc*

*I have accessed a NHS dietician with my GP, who was unhelpful and did not have specialist knowledge about the importance of oestrogen and testosterone and the affects on the body. Ple Due to cancer scare I can't take hrt and so just have to get on with it.... that's how I feel, though I do worry about my mind fogg and osteoporosis. Please provide a separate session that focuses on surgical menopause. I would prefer to use online services rather than in person i.e. webcam.*

## Best ways to engage

In your opinion, what would be the best ways to engage women in Herefordshire to participate in sessions like these?

Women suggested ideas and aspects of engagement including: Timing and place; Support from other people/ Peer support groups; Well-known advocates; GP initiated engagement; GP surgery actions; Events; Advertising on Social media; Where to advertise other than Online; Email; Employers; and other comments about Attitudes, Carers support and Learning Disability support.

### Timing and place 10+

*Online or evenings weekends*

*The time and location would be important as public transport isn't great and many people will be at work. Maybe the opportunity to choose from a few different times/ locations. Mileage costs covered may help too, if over 10 miles away, for example. Have sessions outside of working hours, it can be hard to get time off to attend non urgent medical appointments.*

*Have the sessions at various times. Evening and weekends as well as during the day. Advertise it on local radio stations that there are several webinars which are available at different times of days to suit shift workers and also recorded so people can rewatch at their leisure in case they missed any of the questions that were raised. Preferably in the evening rather than the day due to work commitments*

*I live in Ross on Wye, something local to me and in the evening would be useful.*

*Many women going through this work full time. Support outside the 9-5 would be so helpful.*

*Hold them in the evening as most of us work*

*More should be done in surrounding villages and not just in the city.*

*Make the main practical for women in all areas and at times that majority can attend.*

*Hold sessions at times that don't interfere with work schedules.*

*Have a variety of sessions at different times as some people work.*

*Difficult if you are in full time work.*

*Surgery's don't feel like the right place to have (although they should be) as everyone dismayed with service in general also very clinical and you may have someone informing you with good knowledge but it is clinical and sometimes they do not seem engaged with how they inform patients on a patients level.*

*Flexible dates and times for working women.*

*Making them free and in local areas and not just in the daytime. People work, may be some Evening sessions or on the weekends.*

*Evening sessions so that individuals who work can attend.*

*Being flexible with times and making locations easy for all to access.*

*Talk community hubs are already established and could easily be leveraged for outreach. Aimee Williams would be brilliant to connect with on this but I think she left. Sadly Hereford aren't funding community hubs now but many are still trying to keep going independently.*

*Where women are: E.G. Best to engage where women go, for instance: The workplace, Supermarkets, Leisure centres, Coffee shops or somewhere like the Leftbank, Evening community centres sessions.*

*Make them more accessible*

*Convenient times and locations*

*Mix up the timings of the events, make some online, do webinars.*

*Mobile units like Breast screening units*

## **Support from other people/ Peer support groups 2**

*Support from other people*

*Peer support groups*

*More information to get ladies together*

*Peer mentors/advocates in the community.*

*Make sessions informal and not in clinical settings.*

*Mentors: Engage champions to recruit others.*

*Community Champions.*

## **Well known advocates 1**

*I am forward about my issues, and I am a Mental Health advocate. However, many women are not. If Senior Herefordshire Women write, talk, email or put the subject out on their social media feeds that might get more engagement. In 2018 BBC Women's Hour Dame Jenni Murray spoke out against HRT in Mariella Frostrup documentary!!! Such a disappointment for UK women. Where are the corrections? However, the recent women's group post Covid headed up by Davina McCall is making much more headway with their campaign for women to be heard reporting their 43 menopausal symptoms but it's too late for me.*

*Also, for busy women or people less keen on mixing, online webinar info sessions with Q&A*

## **GP initiated engagement 9**

*GPS actually listening to women and their symptoms*

*GP referral*

*Doctors suggesting attendance.*

*Doctors surgeries,*

*Polite and encouraging interactions with professionals such as GP's*

*Possible invite through NHS app,*

*Better access to GPs and health professionals with menopause expertise  
Just get word out there! Most women go to the doctor first, maybe they could be encouraged to point us to these sessions*

*Email from GP surgery,*

*Messages via GP practice and facebook health provider sites,*

*Clear signposting.*

## GP surgery actions 25

### 6. Direct messaging – text, Email or letters

*Keep sending invitations; GP Surgery text messaging service; Contact us directly; Perhaps a text from GP's letting women know about it – but ensure it goes out to younger woman who may be experiencing symptoms too; Mail from GP via circulation for women in the date ranges; Through the GP; Email or letters; Include information with request for smear or mammogram; What about identifying those applicable through the NHS app or similar? Or perhaps the Nurse/GP could refer if you attend the practice and want further help?; Invite through GPs and then encourage word of mouth; A text message & invitation to attend online or in person; When going to see the GP about the menopause; Better communication possibly through NHS app; Accurx with booking link to sessions*

### 7. Accessible information, Universal information offer triggered by age

*Information on practice websites; Be available – make packs that women can take home and read in private – and decide what they want and need; Information from GP practice; It could be offered when women attend the over 40's health check to anyone that is interested; Accessibility, flexible appointments; Use the GP practices as a means of spreading the word of the sessions as well as literature at the practices/pharmacies for people to pick up.*

### 8. Advertising and message content

*They would just need to know it was happening and what the benefits are for them; Through advertising and info given out at surgeries. To know it's being led by a menopause specialist and to make it a relaxed environment but to know they are being listened to; Contact them via text, email, Instagram etc or write to them offering this service or put out a podcast or something similar.*

### 9. Access to a female GP, menopause specialist/ expert GP, GP with sympathetic attitude/ reasonable adjustments

*Gender. I can never get to see a female GP, talking to a male GP half your age can be intimidating; Understanding and approachable GP; We need a more accessible service where the professionals know about menopause and do not just dismiss or mis-diagnose; Confidentiality assurance; Flexible appointments*

### 10. Specialised clinics, Well woman check, Hotline

*All women should have a 'well woman' check when they hit 40. Men do, why don't we?; Via the GP, sexual health, mental health nursing, perinatal and Talking Therapies teams;*

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*It could be like the clinics that are run when people get to a certain age; Women's health clinic; Offer then early on age contacting GP about symptoms at around 40-50; Hotline; Make it open access not GP referral.*

## Events 26

There were lots of ideas for get togethers where women could discuss Menopause and share ideas as well as having access to invited expertise.

### 7. Pop ups

Women suggested: Pop ups in spas, Pop up events in towns, Local workshops / pop ups

### 8. Women's Coffee mornings/ afternoons/ evenings

Women suggested fun, informative, relaxed, informal tea/coffee and cake get togethers at different times (morning, afternoon and evening) to suit different women in both rural and town settings.

*Give in to my menopausal sweet tooth; To make them fun and informal, like a coffee morning with friends; Make them sound fun and not scary. Not like an AA group or similar, more like a coffee and informal chat; Menopause cafes; Perhaps an informal social event in the evening; A get together with other ladies would be great and we could talk about it because to me it seems a taboo subject.*

### 9. Other ideas

Other ideas included Pamper evenings and well women events and events around exercise:

*Pamper evenings with information on self-care, diet nutrition, emotional support and the general Q&A about menopause, treatment options etc. An opportunity for women to connect and normalise the experience with other women. Much of this doesn't need to be medical; Local events promoting other things where there would be a high female foot fall; Would like to see more well women events in general; Gyms, exercise classes - these places are full of middle aged women who hate the sight of themselves due to extreme body changes; I suppose diet clubs would be a good place too; Menopause walk events for mental health and wellbeing; I would be very interested in menopause / women's exercise groups which are held outside of the working day.*

### 10. Women wanted groups to be

Women wanted groups to be fun, friendly, accessible open events run by women for women with effective support and feedback. For some webinars might be most accessible.

*Social anxiety is a problem for me so the sessions would need to be ultra friendly. Make it accessible, fun – engaging. Like a girls night out; No having to be referred. An open event; Run them by women for women; Face to face groups to attend. There are now plenty of men only MH support groups popping up all over the place nationally! Women could / should have access to in person menopause groups that factor in working and non-working women; Effective support and feedback; Free events in the evening for full time workers; Webinars; Group situations only if I knew and felt comfortable with everyone. E.g. NOT with parents of children I teach etc.*

## 11. Ideas for engaging women in groups

Women suggested engaging women through groups and businesses that are aimed at women, (e.g. women's clothing / lingerie / women's. Social media), local groups, wider community and should be on an ongoing basis.

## 12. Expertise present was important

Offering expertise was important to women as well as peer support.

*I think regular discussion groups alongside menopause specialists advising on various areas & on navigating how to deal with general & specific problems/symptoms. It is a minefield out there for someone who does not know anything. Menopause can be very complicated for the ill-informed. I do talk to my friends about it & my extensive experience over the yrs of problems, HRT, surgery etc; Group support interventions organised by the NHS would be helpful, so we don't feel like we are going through this alone; Create forums for women run by women giving them greater access to professional resources & support.*

## Advertising on Social media 23

Women suggested many social media sites to advertise in.

*Advertising on social media to let them know about it; More presence online; Communication is vital, advertising; Facebook or Instagram pages; Advertising the opportunity; Make them aware of them, advertise, invite!; Raise awareness of events rather than people need to go looking for support; Advertising on Facebook on local sites for example Bromyard info or your Herefordshire; Maybe adverts on facebook – "your herefordshire" letting women know about them would help; In person followed by a what's app chat forum; Targeted and digital comms; Social media (paid posts to target our age group). Tell us about events and let us know how to access; Let people*

*know – information is key; Spread the word about them. When women are of an age in which the majority of people begin to display symptoms.*

## **Where to advertise other than Online 20**

Women suggested advertising other than online to promote it widely with proactive marketing and publicity:

- *Advertise in GP surgeries;*
- *Promotion from GP'S*
- *Hospital wards, and the hospital.*
- *Hereford Times*
- *Stands at the supermarkets, hand out leaflets at supermarkets if need be.*
- *High town*
- *Inform places of work*
- *Posters at Pharmacies advertising the sessions; Information near supplements etc in pharmacies.*
- *Advertise – use a demographic and send email or postal information*
- *Posters in ladies' toilets advertising events.*
- *Exercise classes ; Gym and Leisure centres*
- *Even adverts in ladies' toilets,*
- *BBC Hereford & Worcester radio stories*
- *Information re the sessions in community spaces*
- *Parish newsletters*
- *WI*
- *Flyers*
- *Get schools to put a link on school newsletters, via schools to parents*
- *You'd probably end up relying on word of mouth.*
- *Education*
- *Hereford Council*
- *On Teams*
- *Engage at breast screening as often area private ,*
- *Services provided by or for women*
- *Word of mouth*
- *Recommendations*
- *The talk wellbeing hub seem well placed to run a campaign with dedicated times to attend advertised through general practice with after work and weekend sessions and where they can actually recommend an HRT product that could work for you as an individual and your need rather than the generic dish out. and where they can request this for you through practice rather than having to go through process all over again.*

- *Fund community hubs, use them for out-reach, information provision and set up of local menopause cafes.*
- *Better advertising, as some people won't be able to get appointments at the GP.*
- *Educate early so symptoms are recognised*

## Email 1

Women wanted to be encouraged to sign up by email to hear about events.

## Employers 4

Women suggested engaging with women through workplaces and employers.

*Via employers – I work for the council and they would support this type of activity; Through the workplace; Employers via category i.e. NHS staff, Local Authority staff , supermarket staff; Get employers to support it. Make them proactive in offering employees the paid time to attend; Bring menopause to the workplace and enlighten women on their journeys. HRT was meant to revolutionize the menopause, but sometimes it is the system itself that is failing in letting people down until they find themselves desperate, alone and in despair at the future; Allow them to take time out of work to attend; May be speaking to businesses and informing them that there are sessions taking place, or that you are happy to arrange a session in their workplace for women to go to; I work for the council and I think they do menopause workshop session now via teams meeting which I think is a good idea – perhaps more businesses should do this. These sessions could be advertised on those workshops.*

## Attitudes

Women felt it was important to work on attitudes, raise awareness, encourage openness and seeking help. They wanted a greater effort to remove fears about HRT and educate GP's and other practitioners about the benefits of HRT, its risks and side effects. They wanted efforts to encourage sharing between women, employers, friends, family, partners, men, public in general including older generations to break taboos and stigmas and offer community support.

*Openness about it being a natural part of our lives; Asking people to talk about the Menopause i.e. in the work place, event in high town as it is only recently that people feel happy to talk about the changes you go through and the reality of the symptoms which can make big changes to your life. There should be no taboo talking about the menopause. Everyone talks about having a baby and the changes you go through so why hold back about the menopause!; Removing the stigma & fear of HRT; I still have friends who are nervous of HRT & say they will manage; Make women aware they are on offer. Most women are happy to talk about their experiences – they just don't know where to turn;*

*I worked as an ANP in XXXX surgery. I was told I was seeing too many women for HRT and they reduced it to 1 per session. The lead GP said women just need to man up and HRT isn't needed. Medical gaslighting. Bone health and cardiovascular risk reduction are proven benefits of HRT along with mood and anxiety reduction. Testosterone should be freely available for women.*

*I think it needs good advertisement and actually saying that we'll get listened to and not feeling like we've wasted time; Also encourage men to attend!; Education is always good; Explain the benefits of being able to talk to a Health Professional; If they are as desperate as me, just advertise a date with venue; For GPs to take the symptoms seriously and not dismiss them; Women are desperate for this!; Better inform GPs; Start believing them.*

## **Easily accessible support and resources**

Women wanted accessible information resources and support.

*More easy support and resources to help plan and learn about what else can help Menopause and perimenopause*

*Ongoing access to support – a library of information*

*This is a start, but I found this by accident from the minutes of a meeting from the council.*

## **Subject matter**

Women suggested subject matter as approaches or hooks for engagements including:

*Nutrition*

*Menopause education and safety and exercise (types)*

*Feminine products and care*

*How to look after the bones*

*Are supplements necessary?*

*More awareness of the symptoms. My symptoms have been more mental health related not flushes....yet!*

*one or more sessions talking about what exactly and actually is peri and menopause.*

*Figure out most impactful symptoms and work back from there...e.g. sleep issues*

*If we're still working and paying tax it's wise to participate; Not much needed. Just think ladies want to be listened to and recognize this is a problem;*

## Method

Women suggested engagement methods including some preferring face to face, others online, live or recorded. Women suggested small and informal and not just survey based. Coproduction of delivery was suggested as well as factual leaflets posters as well as 1:1 appointments for a personal approach.

*Face to face; More involvement with face-to-face meetings not online; Face to face / group; Face to face*

*Alot of engagement could be on-line; On-line webinars which could be available to watch for specific symptoms; Being able to access this via the internet rather than having to attend in person; On line webinars; Be available online via Zoom; Zoom; Online group; Online events; Doing them Online and a chance to catch up with the recording.*

*Offer online or in person.*

*Have face to face and online access .*

*To make them small and informal.*

*Talk to them, not just online surveys all the time. Do people who complete the surveys turn up?*

*Do coproduction with people not just plan things by managers ticking boxes.*

*Give factual information leaflets on options*

*Posters*

*One to one appointments*

*Personal approach best*

## Carers support

Women flagged up the need to consider women with caring responsibilities when developing offers.

*Allow them to bring children, if they experienced child care issues.*

## LD support

Women felt that there was a need to address particular groups of women with additional needs e.g. Learning disability separately with reasonable adjustments, on an ongoing basis.

*Need to address the LD community separately and continually at a local level.*

## **Consideration of the needs of different ethnic groups**

*Also, women of colour experience menopause and menopause symptoms differently. All information needs to be representative of this.*

## **Other useful information**

What other information would be useful to women entering menopause or experiencing menopausal symptoms?

Women said they wanted a change in attitude of services; encouragement of women to seek help and information and try different options, they wanted to know where to find peer support and how to discuss menopause with employers. They made NHS service delivery suggestions and said the information they'd like.

## **Changing attitudes of NHS services, Women and communities**

Women said that they want:

- Understanding and support from medical professionals
- To be heard and not to be dismissed when bring their concerns to GPs.
- Demystifying and reducing fear
- Answers to why this is happening to me would help.
- Services to *provide care and stop medical gaslighting.*
- *To know they will be listened too.*
- *To know there is help if you are prepared to keep asking for it.*
- *To make menopause an issue that is openly discussed without fear or worry*
- *Far more national coverage and poster campaigns, bill boards etc., making not just menopausal women aware but all people so they are aware and can make allowances or even broach the subject with people.*
- *To welcome husbands to support their wives and partner during this different time of their partner/wives lives!*
- *To feel they can talk openly to health professionals*
- *A more holistic approach to the changes in our bodies. I know it's a really tough time but if we can just re-frame it a little better and work with the changes more positively then this must be more beneficial for women.*
- *EVERYONE to know all about menopause, not just women. Partners, employers and society in general need to be more understanding and reduce the stigma around what is a natural process.*
- *To stop all the scare-mongering of out of date information & studies..*

- *To stop Menopause symptoms being swept under the carpet. Men also need to be educated. My husband as much as he tries to understand sometimes comes across like it's used as an excuse.*

Women said that they want women to know:

- *The main thing is to not put off going to GP for fear of not being taken seriously. I wish I had gone sooner.*
- *Don't suffer alone, or assume symptoms are an inevitable part of ageing. Many people still just get on with it because they don't want to be a bother.*
- *How to embrace ourselves? Why would we not?*

A few women advised to seek help in private services having lost faith in NHS services.

- *Be prepared to pay for the service if you can because you will at least get one*
- *Don't expect a Service currently off the NHS or via your GP*

## Peer support

Women said that Peer support would be useful:

- *Having other people to talk to.*
- *Where to find peer support for menopause locally*
- *To talk to someone with lived experience who can be reassuring.*
- *Talk....share, ride the wave!*
- *Monthly peer support group/clinic....*
- *Real women, real time experiences shared in open forums*
- *Keep talking and sharing information*
- *Maybe a group which is relaxed to have a coffee (although my work schedule would mean I would be unlikely to attend, it may work for others)*
- *Drop-in sessions locally*
- *Information/groups - some people have no one to talk to.*
- *Talk to other women who have experienced perimenopause,*
- *Chat forum*
- *I got help from my mum and sisters, when they were going through it*
- *Talking to other women in a group setting would help others such as a session mentioned above would help a lot.*

## NHS delivery suggestions

Women made suggestions to improve NHS delivery:

## 5. Clinics and specialists

- *A menopause clinic on a weekly basis at the GP surgery, where you can go to get information, HRT prescription etc.*
- *I believe Well Women Clinics should be set up over the county where women can contact/visit to ask about anything to do with women's issue. Menopause should be openly discussed along side smear testing, breast examinations, sex education and pregnancy.*
- *Specialist nurses*
- *Specialist NHs clinics in our area.*
- *Proactive specialist care offered by GP's.*
- *A dedicated menopause specialist in every GP surgery would be extremely beneficial.*
- *We need a specialist GP in every surgery*
- *Medical appointments*
- *But – I wish they had more time. Perhaps a drop-in clinic or monthly/2–3 monthly peer group with medical professional attendance would be useful.*

## 6. Anticipatory care

- *I was never given information prior to a full hysterectomy so I'm learning as I go*
- *Just what to expect and where to seek help. How to manage symptoms, how to address issue with work etc.*
- *A regular discussion prior to entering or experiencing menopause and symptoms. Maybe when you go for a smear, menopause is also discussed in detail – having that regular prompt sooner may enable someone to realise they have commenced with symptoms and talk about rather than carrying on regardless.*
- *Education early on.*
- *Talk about it at scans or after giving birth as part of the welfare package that hopefully women are given still. Pelvic floor exercises are so important at all ages!*
- *Making women more aware of symptoms at first health check at 40 – this was not discussed at all even when I asked, just a missed opportunity.*
- *I think the information needs to be out there before you get to the menopause. My mum had it and I didn't really understand what she was going through until I am now going through it. There was no information for my mum to understand the menopause or anywhere to go. I know that we are starting to talk about it more, so the information is starting to get out there more.*
- *Women need to know about menopause earlier, so that they recognise the symptoms when they arrive.*

- *To know that symptoms can start earlier than you think. I left my professional job at 50 as I thought I couldn't cope. Retrospectively, I now know it was menopause symptoms. This skills drain is the reason women are getting more attention..... all good though.*

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## 7. Testosterone

- *Availability of prescribing testosterone to aid the menopause symptoms.*
- *I would like to see testosterone prescribed because of women's symptoms - you shouldn't have to say it is impacting upon your marriage and sex drive - there are so many other benefits - if you are replacing 2 hormones and you can just as easily replace 3 then why not?*

## 8. Information by Online and remote provision, leaflets and manuals

- *TED talks*
- *Podcasts*
- *GP's asking questions to identify symptoms sooner*
- *Free open access without having to go through a GP but information from a specialist doctor not any old health care professional who is unlikely to see a whole picture.*
- *24-hour helpline with clinical and counselling provision*
- *Easy to follow website that you could post questions.*
- *An up to date, factual, myth debunking wo-manual!!*  
*Information about opportunities could easily be emails/texts. but the delivery of info sessions better as webinar or face to face groups.*
- *Via a website that I can view in my own time*
- *NHS app*
- *Booklet - perhaps available in GP clinic when attending for smear / gynae clinics. Sexual health clinics*
- *Leaflets*

## 9. Research

- *Heath professionals that understand menopause and what we are going through, research why some women sail though it and other suffer so much that it is life changing.*

## 10. Trained Experts and GP's, A centralised menopause specialist hub

- *Well informed and knowledgeable GPs*
- *Let them see a specialist who knows their stuff with women's health#*

- *Women still seem to think they need to have a blood test to see if they need HRT when they need to consider their symptoms instead. I feel that GPs don't have nearly enough menopause training and wish there was a centralised menopause specialist hub in each county where women could go and get all the information they need AND be prescribed testosterone if needed. I'm sure if men had to deal with brain fog, low libido and mood swings, this type of service would have been created years ago.*
- *Doctors need to be better informed*
- *Hospital doctors need more training on menopause and HRT*
- *Yes, please train GP surgeries like HMG how to speak to patients and allow the menopausal women an appt with a GP of their choice.*
- *All GPs need more training, especially female doctors as many women choose them to consult about symptoms.*
- *Easy access to menopause specialist should be available, it is such a difficult and distressing change in a woman's life and we are half the population!*
- *Menopause is trial and error for individuals, it has a massive effect on women's lives many of which suffer in silence because options are not given willingly GPs need to start treating women seriously and be proactive in trialling different options until the right one is found rather than just giving very limited options.*
- *Personal approach best*
- *Good information from GP's - I don't think they have much knowledge or understanding.*
- *It would be worth highlighting local professionals such as menopausal coaches, nutritionists, personal trainers etc. who can support women through this period. As they can offer additional support in how to combat symptoms and prolonged a positive lifestyle.*

## **Employers**

Women suggested interacting with women through employers and to educate businesses too.

- *Raising awareness with senior management in businesses*
- *How to talk to your employer about reasonable adjustments for menopause*
- *I experienced symptoms way before I realised what it was. So, there are months / years where women are suffering and don't know why. So, there must be earlier awareness generally, via employers etc.*
- *Support at work, information on how to manage work and how to manage symptoms - extra work breaks should be compulsory*
- *More information for employers. this would reduce sickness days. Even information days/sessions for employers to be able to help their staff.*

## Content – want to know

Other information that women wanted to know was:

### Symptom related

- *Understand it is natural and that you are not going mad.*
- *Advice on how to manage in the workplace, easier access to support for the crippling effects of anxiety/mood changes. Support and recognition that urinary loss is not a normal part of aging and the menopause, and to encourage openness and support in accessing proper urology care, rather than being told via TV ads that it is okay to wet yourself and instead spend a fortune on lady care products.*
- *I think more information on brain fog, weight gain, diet, metabolism would be helpful for me.*
- *Diet, mental health support*
- *How do you know when you are through it? When do I stop taking hrt?*
- *Signs and symptoms to look out for – I was surprised at how many there are – you could go round in circles thinking your health issues are numerous different problems, when they are actually all menopause.*
- *Advice around alternatives to HRT*
- *When to self-manage (and how) – when to seek help – when to be worried and escalate.*  
*Where to go for peer support.*
- *Mental awareness as well as physical..... the brain fog and lack of get-up-and-go has been very debilitating.*
- *GPs could probably give more healthy lifestyle advice.*
- *In addition, some of the myths around the extent of the health risks of HRT could be better publicised.*
- *Research feedback and myth busting for's and against's*
- *A really comprehensive guide to the types of treatment especially post menopausal. I was happy to deal with the menopause without HRT. My brain fog/memory loss/agitation only seemed to occur about 10 years after I stopped bleeding.*
- *Just telling them what to expect.*
- *Being aware of the more unusual symptoms. Everyone knows the main ones many women get, but not the other ones.*
- *Normalizing it as much as possible, the upsides of taking the medicine (osteoporosis for example)*
- *As much info as possible – normalising the symptoms.*
- *Early detailed education about what symptoms they might get and where to go for help.*

- *Menopause and surgical menopause.*
- *To be given all the different options on what medication is available as one size doesn't suit all but to also be informed of the alternatives, natural remedies and coping mechanisms.*
- *How to embrace ourselves? Why would not?*
- *Information on supplements that work and are affordable*
- *Lifestyle information*  
*Support groups*
- *Lifestyle information*  
*Just awareness of what symptoms could be menopause and not to disregard symptoms*
- *Knowing the range of symptoms and that they come and go at different times and in different ways. It can be so debilitating and many of the symptoms could be so many other things.*  
*Highlight the risks and benefits of HRT and alternative medications, remedies.*
- *We are bombarded by the horrendous symptoms but not how to manage them. I get frustrated when there is a health documentary on Menopause & Peri-menopause where they spend all the time taking about the symptoms and how this completely changes you as a women and then you are - right, I'm invested in this so what do we need to do to help manage this - then nothing!!*
- *Education from school age, along with the hormonal effects from puberty.*
- *Talk about it in schools. it's all part of the female human body and though there is obviously so much to inform the younger generation about, a session in school with perhaps a leaflet/web information would be a good start in changing society's attitude to a very natural event.*
- *Could menopause be included as part of PHSE in schools so children may understand what to look for when they age or how to be aware of what mothers might go through. The aspect of healthy diet and exercise for strong bones and weight loss getting harder later on, are key things to address before menopause.*
- *Could I have had it with fibroids?*  
*Is it linked to breast cancer?*  
*How long do you take it and will you have to withdraw from in the end?*  
*Is there a shortage?*
- *What nonprescription medications work?*
- *What is causing the symptoms and understanding how to combat them naturally.*
- *Diet and exercise advice, as well as supplements. How to maintain good mental health.*
- *Symptoms, the list is impressive*

- *Welcome husbands to support their wives and partner during this difficult time of their partner/wives lives!*
- *To know that it's not one thing fits all.*  
*To be honest about testosterone & the benefits for women, after their initial HRT regime has been established*
- *Knowing that it's a natural process, and there are lots of tools and information available to help make informed choices. This is especially true of mental health aspects of menopause.*
- *Dispell myths about HRT*  
*Knowing what to look for early on*  
*Knowing where to go for help.*
- *Natural products*
- *More public information*
- *Perhaps awareness on how partners can support their women through menopause.*
- *It is well advertised of the benefits of HRT but not always any possible side effects. It's always good to know both sides.*
- *Diet, exercise, holistic approaches as well as HRT being offered as an overall approach.*
- *I'd like to know why there isn't any alternatives to HRT*

#### Advice to other women to seek help and persist

- *Do not be put off if you are younger and experiencing symptoms*
- *Speak to someone, get advice.*
- *That you are not alone, not going mad and that (sadly) you need to find the energy to be persistent until you find a GP that will listen to you.*
- *Don't trivialise your symptoms and brush them off as 'just' hot flushes etc.*  
*Your symptoms can seriously affect your life, at work and home.*  
*Be kind to yourself and when things feel bad, take it easy.*  
*Remember it does get better, although it may take a few years.*
- *Seek early help*
- *To seek help early, don't just struggle through symptoms alone, be dogmatic and get the help and support that you need.*

How to access reasonable adjustments or carers support

How to manage raising teenagers whilst going through the menopause

## Women's suggested advice

*Do strength training as well as cardio; Take time to meditate/relax; Eat more of a plant based diet; Nap in the day if struggling to sleep.*

*I think women should be encouraged to talk to each other about it. I talk to my friends, but I know a lot of women don't.*

*Include advice about aspects that helped me e.g. Increase soya products; Drink decaffeinated drinks; Drink cool/cold drinks rather than hot drinks; Take regular gentle/moderate exercise - reduce vigorous exercise as it can increase the stress hormones; Do gentle mobility exercises*

*Also, women could be encouraged to be persistent if their GP or healthcare provider doesn't engage properly initially, but also that there are lots of different forms in which medications can be prescribed so they should try different ones until they find one which helps.*

*Read up as much as you can using trusted sources. Don't go to celebrity sites but use qualified GP's who post online.*

*You are not alone and it is good/best to talk about it with friends and health professionals.*











*Try and remain positive but it's hard at a time in your life when you're feeling a bit redundant anyway.*

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## Communication methods

How do you prefer Menopause information or opportunities to be communicated to you? Please select all that apply.

The majority (80%) of women preferred email but significant numbers preferred a variety of other ways including 44% face to face individually, 35% via a newsletter, 34% face to face in a group, 29% at an online meeting, 22% via a text, 22% via a letter and 6% by telephone. 2% would not wish to be contacted by the NHS.

Answer Choices			Response Percent	Response Total
1	Via email		80.49%	165
2	Via a newsletter		35.12%	72
3	Via text		21.95%	45
4	Via telephone		5.85%	12
5	Via letter		21.95%	45
6	In person face to face individually		44.88%	92
7	In person face to face in a group		34.15%	70
8	At an online meeting		28.78%	59
9	I would not wish to be contacted by NHS		2.44%	5
10	Other (please specify):		2.93%	6
			answered	205
			skipped	8

### Comments

Information about opportunities could easily be emails/texts. but the delivery of info sessions better as webinar or face to face groups.

Via a website that I can view in my own time

General info should be marketed via GPs, Pharmacies, Employers

NHS app

Group situations only if I knew and felt comfortable with everyone. E.g. NOT with parents of children I teach etc.

Info leaflets in surgeries

## Other comments and questions

Are there any other comments or information you would like us to know or questions you would like to ask?(If you require a reply please add contact details in the comment box below)

Comments were collated into the themed sections that follow.

### Questions

*Why isn't testosterone offered to women going through the menopause?*

*Why can we not get testosterone prescribed. Do ladies after childbirth not deserve a sex life?*

*I think that for many women, testosterone is the missing piece of the brain fog/low libido puzzle and I feel it's sad that the only way we seem to be able to access it is by paying a hefty private fee.*

*Testosterone has to be considered for menopausal women to help with mood and libido. I have spoken to several women that have paid privately and say it has completely transformed some symptoms and they feel alive. You only need a small amount..... it's like we're not trusted!*

*My surgery has an online event but I was unable to attend will there be other opportunities to attend a session?*

## **Mentors Volunteers**

*I would happily be an Ambassador for other women going through this debilitating yet natural process!*

## **Positive about project and new initiatives**

*It is good that menopause is being taken seriously.*

*This questionnaire is really good! It's comprehensive and allows you to collate responses easily with tick boxes but also allows for narrative!*

*I'm glad someone is looking into this for Herefordshire because just prescribing antidepressants is really not the way forward.*

*It's great this survey is being used to clean information. The menopause has a dramatic effect on a lot of women's lives and reducing stigma and increasing awareness and educating the population as a whole is vital for wellbeing.*

*Am sure I won't be the only disgruntled Woman commenting and hope that more support becomes available for Menopausal Women in our County*

*I'm so glad women are being listened to. Finally! Thank you.*

## **Attitude**

*I feel this subject is not talked about enough and effects every woman in different ways.*

*I feel HRT should be free on the NHS as with the pill.*

*Please help us*

*I've been made to feel that as this is part of "the course" & not a medical appointment that it is not important but people don't seem to realise how much this can impact your life & help to overcome such a challenging time.*

*I receive good service and despite my comments above I do appreciate why menopause is a narrow lane for medical help.  
They are ace!*

## Issues

### How to know if your symptoms are usual menopausal symptoms and not something else?

*I think a large amount of my concerns are about what might happen to me, what I can do to proactively help manage those things to minimise their impact and how I know when I need medical help or not and what if it isn't menopause. I am sure there is a lot of general advice which can be given non specifically to many women which would address a lot of this in a group setting. I also think it is important to see that this is normal and many women are going through the same or similar things – that in itself is a support.*

### What are the options if you don't like medication, want a more holistic approach?

#### *Trying holistic treatment*

*Initially I did, however, have opted to trying alternative therapies due to difficulties in trying to get GP appointment, thus making reviewing medication almost impossible. GP also prescribed me with HRT, without explaining to me this was what they were prescribing, despite family history of breast cancer. Contact with GP for menopause symptoms was not an holistic approach... it was direct response to what I came to discuss. Almost like asking anymore would take more time. I did get sympathetic treatment, and try this.....*

*I was prescribed HRT even though I specifically told the GP I did not want HRT.*

### Perception of GP services – coping alone

*Except for being offered HRT, I was given no help or advice about managing menopause. Everything I have discovered I have done independently. My original GP was excellent and I would have remained with her privately if I could afford it.*

*Not really given any advice just medication.*

*I haven't received any help*

### Specific symptoms

*I have suffered from tinnitus since a child but didn't know there was a connection to menopause?*

*I was diagnosed with Meniere's disease last year because I have constant tinnitus, hearing loss and sudden onset vertigo. I think this has come about due to hormonal changes and at certain times of the month my symptoms are worse. My GP was sceptical about this but prescribed HRT, however, my symptoms still prevail. I've not received support or information with the above. It's what I'm going through or trying to deal with at the moment. Diet is something I want to look at because I haven't changed my diet and put on 1.5 stone for no reason at all, I'm an active person. I assume its to do with my metabolism*

*Learning about vertigo*

## **Specific treatment issues – HRT**

*I did contact my GP on more than one occasion whilst going through menopause. Not once were my symptoms recognised, or any advice given. No sign posting toward support for symptoms. No dietary advice, no discussion around the use or not of HRT.*

*I was really tired. A blood test showed I was menopausal. I was found to have other issues which were dealt with, and started HRT.*

*I am taking HRT & had a review approx 6 mths ago as not working effectively have been referred to Gynaecology as urgent apt & still waiting an apt.*

*I have tried HRT in different ways, but I didn't like the side effects so now am not in any medication.*

*My visit to the GP was because of fatigue, blood test all normal. Discussed option of HRT and decided to try it. Fatigue resolved !*

*Have spoken to my doctor twice – first time over the phone, I asked for HRT due to sleepless nights / hot flushes, prescribed instantly without going over pros/cons etc, collected prescription but didn't take them in the end. I now realise I was peri at this time. Second time was a few months ago in person this time, although no periods for two plus years, I still have hot flushes etc, I asked if HRT would help alleviate the systems but was refused.*

*Over the years I have suffered many menopause symptoms, initially I did not realised they were all linked to the menopause. Brain fog was a particular issue for me and I thought I was losing my mind!!! Whilst there is a lot of information on the web about menopause and symptoms it can be a minefield to know what is fact and what is fiction and which sites are reliable. I don't think at my surgery there is a dedicated "menopause" lead. After my hysterectomy I phoned my surgery and spoke with a doctor about wanting to go on HRT and was told "there is no way I would consider putting a woman of your age on HRT", I am 59. I did ring back several months later and*

*spoke/saw a different doctor and we had a discussion that going on HRT may help with my current symptoms*

*I was never offered HRT from Much Birch.*

*Gone onto HRT because the hot flushes and not sleeping properly were affecting me big time. I know I need to monitor my breast because of the risk with breast cancer but that's about it. Weight gain for no reason is affecting me personally.*

*I saw my GP as I was experiencing awful sweating. She was daily dismissive and prescribed HRT which I did not want, in fact it made it worse so I took myself off the medication.*

## **Coming off HRT**

*I have been on HRT for 9 years and the support to come off them has been sketchy*

*Changing type of HRT Finding a breast lump, consultant put this down to withdrawal of HRT*

*Previously I came off HRT at 60 but still suffered severe menopause symptoms had a lot of help from Dr Meredith at Astwood Bank and was prescribed the oestrogel lowest strength*

## **Specific treatment issues – Progesterone and Testosterone**

*Although I haven't need medical advice within the last 5 years, about 12-14 years ago I did. My periods were very irregular indeed but extremely heavy and I was put on progesterone tablets. I also used black cohosh to help with symptoms. Luckily I didn't have hot flushes (maybe the black cohosh helped) but brain fog, depression, weight gain, and heavy bleeding were definitely present.*

*I have not asked for treatment until very recently (started menopause 7 years ago) when i was really concerned about my memory. I tried progesterone tablets and oestrogen patches for 3 months but didn't make any difference and I hated the side effects. It was also horrible for me as I hate any kind of sticker, so I gave up.*

*I believe through testing that my HRT is still not optimal and that testosterone is required. I have requested this and been told that as my oestrogen is not as high as they would like that I need more of this first. My testosterone was found to be at the*

*most minimal level in range oestrogen higher so proportionately is a bigger issue I believe. Having tried a higher dose of oestrogen and not feeling good I have switch to my original lower dose and now feel I am stuck given my GPs view.*

*My Health Professional was useless. Didn't care about how my symptoms were affecting g my marriage and family relationships. I've waited two years and had approval for testosterone from a specialist, but GP has stalled the process. I have given up asking for it or any advice as she doesn't know any more than I do.*

### **Specific treatment issues – Deep Vein Thrombosis**

*I contacted my doctor to discuss HRT as I was perimenopausal and was told I wasn't able to be prescribed it as I had suffered a DVT 10 years prior. Asked for a 2nd opinion a year later and was told that was no longer the case and whilst being examined to determine what would be best a large mass was discovered, and I was seen by gynaecology and was scheduled for a hysterectomy within 2 months.*

### **Specific treatment issues – HRT patches/ gel/ pills**

*I would help to get appointment as I felt the HRT still needs to help women without gel or patches as women like to swim and sun bathe on holiday with patches leave black marks and make you feel unattractive and gel you can't swim with it.*

*I wanted the HRT patches, but my GP gave me the gel as I swim and said the patches would come off. Everyone else I spoke to has not encountered this problem.*

### **Specific treatment issues – sleep**

*Learning tips to help with sleeping-my issue is more around constantly waking up throughout the night, hot or needing the toilet.*

### **Specific treatment issues – symptoms broadly**

*I had no advice re. any of the above following the visit with the GP*

### **Specific treatment issues – Late HRT requests**

*Have spoken to my doctor twice – first time over the phone, I asked for HRT due to sleepless nights / hot flushes, prescribed instantly without going over pros/cons etc, collected prescription but didn't take them in the end. I now realise I was peri at this time. Second time was a few months ago in person this time, although no periods for*

*two plus years, I still have hot flushes etc, I asked if HRT would help alleviate the systems but was refused.*

## **Cancer and Menopause**

*I wanted to know if I can take HRT with my family having a history of breast cancer. I did this a number of times and had different answers from each doctor. I then asked for a genetic test to find out the likelihood I might get breast cancer to see if it was worth taking HRT to reduce my hot flushes which were more like raging flushes day and night. However, I am still waiting for the results and they can only give me a telephone call to give pass on the details in January 2025. It has been very frustrating. I love to work and love my work but there were times I wondered how long could I continue. I was utterly exhausted with the lack of sleep either due to being drenched or aching all over. I feel that things are settling down a little now I am 55 but for 10 years it has been a living nightmare. I am not someone who says this lightly. I am ex military, have had 3 children and am a personal training instructor as well as being a family support worker. I eat a Mediterranean diet, use a gym regularly to include weight training and cardio and have always tried to keep fit. However, the menopause was awful and very long and drawn out.*

*I have contacted my GP as have low mood, low energy feel numb. the blood test results indicated that I can have hormone replacement therapy. As I am 43 years old, GP said that it's my decision as I may need to take it for 15 years which would increase the risk of cancer etc. I felt deflated, as the big word CANCER has scared me. So I refused and continue to struggle with my symptoms.*

*Because I am unable to take any HRT because of the breast cancer history in the family.*

*However the last cervical and uterus biopsy results letter was dated 5<sup>th</sup> May and I didn't receive it until 17<sup>th</sup> June, causing prolonged stress and worry*

*Yes at the time was prescribed HRT after lots of advice/checks (I'm high risk due to breast cancer in the family).*

*I'm not taking HRT now but I think would be beneficial. I would like more information around HRT alternatives that GP's advise, there is so much information on the internet and it's hard to know what's best/authorised.*

*I'm unable to take HRT due to the risk of breast cancer so would benefit knowing more about supplements that can help my symptoms.*

## Hysterectomy and Menopause

*I had a full hysterectomy in 2019, after this I was given Premarin tablets which were never reviewed over the next 5 years and this led to me still experiencing menopause symptoms to the stage that it caused a marital breakdown. I changed my occupation within the NHS trust I work and by working with clinical staff it brought to my awareness that I needed to have my HRT reviewed which I did at the beginning of 2024 and the marvellous lady I have dealt with at my local GP practice has been phenomenal, not only did she review my HRT and change it she diagnosed an anterior prolapse and has me on a pathway to helping to solve my problems. This change in my HRT has made me feel like my old self again and means my marriage may be salvageable and with help and guidance we're on the way to trying to fix it (37 years is a lot to throw away just because of menopause.....)*

*In 2019, after over 10 years on the progesterone only mini pill with no periods, I started to have very heavy bleeding, flooding. With breast and womb cancer in my family, I had a 2 week wait cancer referral to Hereford County. I was 49 at this point. A hysteroscopy revealed a very large fibroid and I was offered a hysterectomy which I refused. Samples of my womb lining revealed no cancer. Blood tests were taken at this time and I was very shocked to be told I was through the menopause, estimated at around age 46. I had hot flushes for around a year, was irritable but I thought this was just aging. The consultant told me HRT was not a good option because the fibroids love Oestrogen and my mother died from breast cancer at 36 in 1982. I came off the mini pill at this point and have no periods for the last 3 years so the diagnosis was correct. I'm now 53 and follow a healthy diet. My symptoms of post menopause are gone. But I worry that I will have bone issues as having the change at 46. I wish I could have tried HRT back then, I have very thin hair but use Nioxin.*

*Contacted my GP who did routine bloods & advised me on HRT. Due to a return to bleeding very heavily (previously had no periods for 18 months), had HRT changed & referred to gynaecologist. Because of previous problems over the years, and already had children, a hysterectomy was felt by myself & consultant, to be the best way forward. Now 1 year after hysterectomy, and still on oestrogen only HRT, things are fairly stable. I am awaiting a discussion with GP regarding testosterone due to no libido for several years.*

*I suffered from symptoms for many years, I did go to the doctors pre covid about several symptoms but menopause was not discussed. Then we had covid and it became more difficult to see/speak with a doctor. I had a hysterectomy last year, and*

*6 months after, finally getting to see a doctor face to face we discussed going on a low dose HRT*

*I had a hysterectomy in 2019 since then I have experience multiple symptoms relating to menopause which I needed medical assistance, this includes managing symptoms such as dry eye syndrome, to palpitations and anxiety.*

*I have experienced menopause since having a hysterectomy since 45. I'm now 67 and feel that I am probably post menopausal would like some advice on this issue*

*Surgical menopause, information before, during and after about the life changing impact of SM. Information and access to appropriate HRT for SM. And changes in sexual function, specifically orgasms and how this is altered following SM.*

*I don't understand why after nearly 50 years of the same lifestyle that changes to it will help my symptoms I had surgery which bought it on suddenly and now I'm expected to change things which is not fair and if I had my choice and could turn back time I would never had the surgery and would have just put up with the pain and constant bleeding that I had before because quite frankly it was a far better option than what I go through every day now.*

## **Early Menopause**

*I started my Menopause questions around age 38 when I realised that my symptoms, when noted collectively, ticked a lot of the Peri-menopause boxes. Eventually after speaking to Health professionals on several occasions, I started HRT aged 46, my GP felt this was 6 years too late and I may have benefited from it earlier. However, I was put off by the lack of information or interest during my previous visits.*

*I knew I was likely to experience early menopause due to my surgical history, but when I first went to the GP around age 40, I was pretty much dismissed by the (male) GP. I very much felt that he didn't believe me and offered me blood tests with an attitude which made it clear that he wouldn't expect to find anything useful. I didn't have the blood tests as I am needle phobic and will not have injections/bloods unless necessary.*

*Not long after I was fortunate enough to get pregnant via IVF and having my child reversed my symptoms for 4 or 5 years.*

*I went back to the GP when I was about 47 with symptoms of low mood and hot flashes and was prescribed fluoxetine. A couple of years later with increased symptoms I was prescribed HRT patches. I found the care from my GP surgery rather perfunctory, and I didn't really feel listened to, so I eventually booked a private appointment with the Wye clinic. One of the doctors there is actually with my GP surgery though I wasn't referred to her when I contacted my GP. I'd had blood tests done by the GP but they weren't analysed, and it was only when I saw the doctor at the Wye clinic that I found out that the blood tests showed that I was not absorbing the hormones from the patches.*

*The doctor at the Wye Clinic was very good, she spent time talking over all aspects of my symptoms and lifestyle. She prescribed gel which suits me much better, and I feel my symptoms are as much under control as I can expect. I did go back to the GP after experiencing drenching night-sweats, but they said my hormones were at good levels and there was (in effect) nothing more that could be done. I still get these but pretty much have learned to live with them.*

*I was told on many occasion that I was too young to be going through Menopause. I started having symptoms when I was 44, even though my Mother started around 40. I was fobbed off with different types of contraception and reasons for 5 years. I felt I was not listened to.*

*It was only after reading Davina McCall's book, Menopausal that gave me the courage to go back to the GP, stand my ground and be heard. Even then, after a blood test for my hormone levels which showed I was in the Menopausal stage and had low testosterone that the female GP, older than me, I am 49, wasn't going to give me HRT that I wanted but wanted to repeat the test in 3 months to see if anything had changed.*

*I was explained that following my blood test qualify for HRT, but as I am 43 I may need to take up to 15 years which increases the risk of cancer. GP said that I need to decide. I have not been given any other options, or recommendations how to manage my symptoms I felt like GP would not recommend HRT at this stage. So, the worry of Cancer prevented me to start taking HRT. I continue to struggle with all symptoms—life is horrible and I don't see future.*

*After being dismissed in my late forties as "I couldn't possibly be perimenopausal" I contacted my GP after turning 50. The shift in opinion was relieving and I was offered HRT immediately and haven't regretted it.*

*It would have been nice to be believed. First time I mentioned it I was told I was too young at 48. Then told you usually follow your mother, no help as she had a full hysterectomy in her 40s. Absolutely useless.*

*Zero confidence in them. I visibly started perimenopause aged 36. Am now 55. Still suffering. Still no support and help.*

## **Learning Disability**

*I have a severe learning disability. My mother has been very concerned regarding my early onset of the menopause. I have had blood tests and scans*

*The process has been very uphill. There is inadequate support for those with a LD and menopause. There needs to be better education at every level, including carers and all levels of the healthcare system, including doctors. There is insufficient attention given to the possible long-term consequences e.g. osteoporosis.*

*Nothing is joined up. LD is not considered.*

## **Epilepsy, Endometriosis**

*I have endometriosis, epilepsy and am going through menopause, unfortunately I don't feel I'm getting the right support.*

## **Monitoring, continuity and ongoing care**

*At first mentioned to ANP who said risk of cancer when asked for HRT Second request to Gp gave HRT no monitoring checking levels no review offered and did not help all symptoms.*

*Tried to speak to a GP to review my symptoms but with no luck , they are reluctant to discuss 'how things are going'. I am on HRT and have a repeat prescription but have had no review of this.*

*It's almost impossible to get to see a GP in Hereford at the best of times, but finding one who understands menopause AND who you can see each time is like gold dust! I found such a GP, thankfully, at the early stages (when I believed I had early onset dementia) and it really was a life saver. She however left mid-treatment plan so I have had to navigate on my own since as I cannot get to see anyone. It is so hard at times.*

*I first started to discuss my symptoms in September 2022 with my GP, I have not managed to see her face to face since this time despite experiencing issues and reaching out several times.*

*I have reached out to my GP practice on numerous occasions. The impact of my symptoms have led me to be off work, and I have now had to reduce my contracted hours in a bid to cope with menopause.*

*Local male Gp was very helpful – lady GP was awful – asked for Support at hospital where I work – they sent me a sleep tea bag, a lavender bag and a leaflet –*

*Currently waiting 6 weeks for a nurse clinic appointment, although had requested a doctors appointment with HMG.*

*Still suffering from menopause symptoms and still trying to get the right HRT after 25 years – Give up.*

*At 65yrs and still experiencing flushes, mood swings, and tiredness and depression fed up with feeling unwell.*

*Surgical menopause due to ovarian cancer. Unable to have HRT due to cancer being oestrogen receptor positive. No follow-up regarding menopause symptoms arranged by gynae oncology team at Cheltenham. No follow-up by my GP. I had to request referral to specialist menopause clinic at BWH myself.*

*Only contacted GP to request specialist referral as no support given by GP. I am a GP myself – I was appalled by the care I received*

*I can never get the same GP to have continual care, nor have I been able to get a GP who fully understands menopause. My most recent GP apt for a menopausal review left me in tears with the GP stating I was depressed, and stressed and that I needed to reduce my working hours and change my job. She did not listen to the symptoms or how I was feeling which led me to giving up. I feel I am battling alone.*

*Biggest hurdle was to get an appointment with GP and then follow up.*

*I was prescribed HRT and not given any further advice or information.*

*I would like HRT treatment to be reviewed to make sure it's still safe and relevant for me.*

## Diagnosis

*I moved back to Herefordshire in October 2017. Much Birch GPs considered that I had not had a period since May 2017, I was not menopausal and was not offered any help with my symptoms.*

*I was in desperate need of help. Went to doctor and he sent me for a blood test and said I was fine. A blood test does not fully support diagnosis. Six months later, in an even worse state managed to speak to a nurse practitioner who was an absolute life saver.*

*I tried to book an appointment on three occasions about a year ago via the online service my GP Surgery was recommending. No one got back to me. I gave up in the end.*

*Spoke to GP and tried various treatments. Nothing seemed to suit.*

*I wasn't happy with previous care as they kept saying we'll do bloods , I watched the Davina McCall programme and my husband said I was everything she was talking about , I realised then that by taking bloods didn't prove anything, I of my friends is suffering now , but at 44 they are telling her she is too young and the bloods aren't indicating Peri menopause , but she has exactly the same symptoms I had , and she is so down about it , she is considering going private because she doesn't want to go up against our GP !*

*I wasn't told anything about menopause symptoms but was offered HRT when I complained of a bad memory and hot flushes.*

## Dr/ medical practice attitude/ training and expertise

*I have been a few times to the DRs , then in 2022 I decided to get an appointment it felt like a battle, but I was lucky I had a young male Dr who was a locum I told him how I was feeling absolutely he said you need HRT , I was so relieved someone listened, I asked him why the other DRs at my practice couldn't have listened and acted like him , he said Drs aren't really trained in menopause, but it was his thing and he was interested in it , thank god because I was going out of my mind !*

*It is difficult to get a doctors appointment. I don't want to take medication. Generally don't think it would be a worthwhile discussion. Likely to me more likely to get a "get on with it, there are no tests, there's nothing to help other than pills", as is the general response with women it seems*

*I was experiencing early signs of perimenopause and I was told by a MALE GP - "it is normal to get on with life - no blood test can be done, which I knew anyhow. I knew it wasn't a depression. After a few years of suffering, I contacted my GP, offered women clinic. This was new surgery. There was a recognition of my early symptoms & yes i was young. Helpful for prescription of HRT.*

*I went on HRT to help with hot flushes, emotional feelings and painful joints as well as to improve bone density. I came off the pill and went straight to menopause. Within 2 years I was all the way through. I have now asked to come off HRT but GP is reluctant.*

*I didn't think they'd listen as I'm only 45, 43 when it started.*

*Seen different GPs over the last 5 years, each had a different view especially male GPs, only recently a female GP listened and recognised I was experiencing the Perimenopause.*

*I've tried several times to see doctors but they don't seem to know anything they've just given me HRT and basically told me to accept my symptoms no real help or advice given.*

*I contacted my doctors surgery in 2021 and was dismissed by the doctor at the time as being too young for menopause. I revisited my doctors surgery again in 2023 to see a different doctor who agreed that I was and had been experiencing menopausal symptoms and prescribed HRT.*

*Was 7 years ago and basically ignored.*

*When I asked for help 10 years ago was told by a male doctor that it was my age.*

*Saw GP who wasn't very helpful and gave me a website address to look at.*

*I am a GP with a special interest in Women's Health. I spend a lot of time providing empathic person-centred care to my menopausal patients. The care I received from primary and secondary care was so appalling that it made me consider whether I continued working in general practice.*

*I am a GP with a special interest in Women's Health. I spend a lot of time providing empathic person-centred care to my menopausal patients. The care I received from primary and secondary care was so appalling that it made me consider whether I continued working in general practice.*

*There is a serious lack of awareness and support for menopausal women and it seems to hold little importance with GPs.*

*The consultant dealing with me was not very happy I had refused the hysterectomy. They insinuated that I shouldn't bother my GP as I had "got through the worst of it". So I left it.*

*I feel the GPs don't know enough, I didn't even know about peri menopause or even that menopause could cause , horrendous mood swings suicidal thoughts, hip and joint issues , headaches etc it never occurred to me , you suffered more than hot sweats what is all people think menopause is. I feel there is very little support out there especially in small towns.*

*I was diagnosed with fibromyalgia in 2019 so many symptoms are similar and I feel that support for both issues are vague and inconsistent with GPs.*

*I don't think that the question above is well worded – for me, most of my learning has come from doing research myself and from within a friendship group. The response from health is incredibly poor – it shouldn't have to be a battle to get heard and get help. There are a couple of excellent GPs– Sarah Scofield for one who are helpful and knowledgeable but trying to get an appointment with a menopause expert is incredibly hard.*

*Health services haven't provided much at all. Generally, GPs will just advise on what medication to take, and adjust that until it works. I learnt nothing about the other aspects from health services, but from my own research, talking with friends, TV and through my employer.*

*Never had time to discuss in appointments, never been offered information on any aspect and when you do ask a question the response is usually dismissive or no solution.*

*The info they have on HRT is so outdated.*

## **Driven to private care**

*Initially treatment privately but now I am established with my local GP & get HRT on NHS*

*It's not just about this learning. (learning about Menopause and symptoms). It's about having non private, NHS clinics with GPs and nurses that are specialists in this area. One size does NOT fit all. Lots of us can't afford to go private. So we are needlessly suffering. The latest BS peddled is using CBT to manage your symptoms. Give us a break. Our symptoms can be debilitating, physical and mental. Yes CBT can help with*

*anxiety but it is not enough. That's like putting a sticky plaster over a gaping, bleeding wound.*

*There is very little GP support for the Menopause in North Herefordshire, unless you pay for it yourself.*

## **Hormone shortages**

*My GP discussed options and recommended patches which worked quickly and alleviated my symptoms. It was frustrating when there was a shortage and so my medication was changed several times as the patches I used were not available, sometime switching me to tablets and then back to patches.*

## **Coordination of services – Mental Health**

*My doctor spoke to me in 2023 and 2024 about my symptom's (hot flush / stress / brain fog) as I was so unbalanced distressed. But as I have bipolar it was something we needed the MH team to advise on (due to my meds they prescribe ). The MH were very slow to reply and never saw me. I'm still waiting on an appointment with them to discuss this 7 months on despite me being under the MH team. The GP was very knowledgeable and kind and empathetic. I am going to try HRT. I would have liked to have been given information in written form.*

*Most of other symptoms I experienced I am managing, the ones I ticked there is a significant disparity and sadly many women are referred to mental health services for no reasons other than the need to actually targeting menopause. It is not a depression but menopause a depletion of hormones that rob one's quality of life. I am a nurse and I have been treated in a way that I don't know, get one with it, do this and that, ... I could write more...*

*Podcasts and online services have been most helpful, as well as researching for myself in the medical press. Advice from medical professionals has often been contradictory, particularly with regard to mental health.*

*Received no info re. mental health or peer support.*

## **Coordination of services and consistency**

*It is honestly a nightmare. Medical professionals give conflicting information. My GP surgery has not been able to see the information from when I was admitted to hospital at times. the communication with me and with each other is awful. Some doctors don't seem to know much about menopause or HRT. All in all, it is extremely stressful and my mental health has suffered. The long waiting times are a strain and not knowing when you will be seen is very difficult. I am self employed, so when I don't work, I don't get*

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*paid. I am trying to factor in a 6-week recovery time after hysterectomy without having any idea when this will happen. The best advice I have had has been the original specialist menopause GP who has now left the HMG practice, and the charity Menopause Support who did a very clear and informative talk locally. There appears to be little linked-up thinking about how gynaecological conditions are affected by hormone changes and HRT. It is urgently important that the hospitals gynaecology department is up to date with NICE guidelines on HRT. That doctor who thinks that perimenopausal women can't get pregnant also needs some more training. There is no consistency between hospital advice and GP advice on HRT*

## **What about Mental health aspects?**

*Who is right about my Mental and Physical diagnosis? My distressing symptoms continue to be ignored by the NHS. I have to pay for MCS (Marches Counselling Service?) to listen to me.*

## **Not knowing where to go for advice and information/ not given at medical practice**

*I have found out from the internet that lots of changes I have had and continue to have is all due to the menopause but had no one to ask advice from  
I have not received any information or education – I have resorted to Google to find out about symptoms and how to manage them.*

*It is very difficult to know where to go for advice and information. One of the GPs I spoke to asked me whether I had had any menopause symptoms when I complained of back pain. How would I know? At the time I knew very little about the raft of menopause systems that you can get – I just thought it was hot flushes (which I didn't suffer from at the time). Another GP told me "you're too young for menopause" when I had breast pain at the age of 49. I feel GPs are not very knowledgeable at all and this is really unhelpful for women who have had no education themselves – we didn't learn anything about it at school, my Mum was of the generation who never talked about things like that. So, I was totally in the dark until I started googling and borrowing library books – but you don't know where to go for reliable information.*

*It seems that even Gynaecologists may be ill-informed as well. Where do we go for information? My symptoms are more manageable now so I am self-caring. I did at one point consider using my husband's medical insurance because I was so distressed by the back pain, lack of sleep, etc, and I didn't know where to turn. I am still unsure if I am doing the best things for me, because there is such a lack of reliable, easy to access information in the NHS.*

*All of the above are important before, to allow an informed decision about treatment and planning. All of the above are important during and after surgical menopause - having ovaries removed is life long as are the symptoms. I was provided with no information about menopause and was not peri-menopause before my surgery. It is not a coincidence that women is SM regularly experience suicidal ideation. And it is not coincidence according the Office for National Statistics - that the highest suicide rate in women correlates with the age of peri and menopausal women. As a health care professional and mental health professional I have had to complete my own research. The thing that is missing from your list is hormones. Many of the areas you have listed above dissipated following appropriate medication. However understanding the different types of female orgasms and how surgery affects this should be discussed before surgery so an informed choice and potential alternative treatments can be discussed.*

*I have never been offered NHS counselling and I have been paying for sessions at Marches Council Services with Jennifer French since April 2018. I was prescribed MH medication Vensir SR and to sleep Quietipin but no NHS help with prescription payments.*

*Didn't realise that most of these were connected to menopause! Clearly appropriate information has not been provided.*

*Accessing so called trusted sights is inadequate, if there is no professional support! When I sought help there was little support or information offered, but that was 15 plus years ago. There appears to be more openness and more information about the menopause now.*

*I would like to understand menopause as a whole better and how this affects my day to day life & how this can be improved, so many physical symptoms have affected me which come & go in waves and I don't know where to get help.*

*I want documents / linked / paperwork or a packet explaining - I've not received any of this and I would have liked to.*

*None of this has been highlighted, or made readily accessible.*

*I would have liked more information on the menopause*

*I've been put on HRT but have no idea if it's right for me*

## **Employer support including health services**

*I am shocked at the lack of support I received from the hospital I work at - three years ago I asked for help - I e mailed a lady she sent me a help pack - which had some sweets, a teabag, a leaflet, and a bag of lavender - and I never heard anything again. My line manager is super supportive - but if you don't deal with things yourself - help is hard to find*

*My manager of similar age and understands how I am feeling. I need help from my GP to cope with my low mood, frustration, and general low self esteem.*

*I do not feel that working for Herefordshire Council that they have or show any interest for their staff who are going through the menopause there still no policy for this.*

*Also employers need much better understanding and allowances for their staff.*

*My workplace at a GP surgery was entirely unsympathetic and unsupportive- I returned to work in Covid needing to wear full PPE whilst having uncontrollable hot flushes following my early surgical menopause. I have now left that surgery due to the lack of support regarding my illness.*

*Too much time to get sorted*

*To start with it felt much more of an issue than it should be - after all half the*

*population go through this process! There felt to be a dismissal of my symptoms, which likely caused me to leave a job (in hindsight), and it wasn't until I sought advice from a private menopause service and understood more about my options (as time was no issue for them) that I felt equipped to go back to (a different) GP who has subsequently been very supportive. But it shouldn't take 3 different GP's and numerous years, excessive bleeding and memory issues, to eventually get what is needed. If I'd have received better medical treatment I wouldn't have lost my job.*

## Companies portray menopause as 'medical problem' and push women towards ineffective treatments, papers find

Medical researchers in US, UK and Australia point to healthier menopause perspectives in lower-income countries



📷 The media tends to focus on extreme negative experiences of menopause, researchers say. Photograph: Jose Luis Pelaez Inc/Getty Images

Many companies have a commercial interest in portraying menopause as a "medical problem", leaving women inundated with misinformation and pushed towards ineffective treatments, a series of papers published in

## Symptom impact

*I have been to the doctor about a week bladder and seen a physio about this, I also have been on low dose HRT pessaries for several years.*

*There is no support within Ross on Wye Drs or anything else where you can get support, I was asked when I went if it was an emergency! I said yes I'm on the verge of murder !! I shouldn't have to feel I need to beg for an appointment, I'm at the stage I think I need to go up a level in my patches but the fact you can't get an appointment unless you see a nurse first puts me off, I'm just grateful I saw that locum when I did and at least I'm lucky and have patches.*

*I've learnt a lot through website, my own research and talking to my friends, a lot of whom are dealing with menopause too. When I've sought help from professionals, it's been a bit mixed. I've been told by a GP that it's normal and expected to be exhausted*

*all the time during menopause, a nurse suggested going to bed an hour earlier each night which makes no difference what so ever! I think my hormonal balance is still off but once you are on HRT and having any kind of improvement it seems that's it and you are expected to just cope with anything else even if that means you are surviving on willpower alone.*

*But only from my own research driven by the need to find out what is actually happening to my body and brain. At the time HRT was prescribed, I was warned about the side effects but to be honest could not have cared less – the low mood, confusion and brain fog coupled with pain and lethargy pretty much meant that I would have taken anything just to feel better..*

## **Women coping alone:**

*Was offered no help at all. And still haven't been offered any. I'm too old now probably.*

*Symptoms aren't too awful. I manage them.*

*It's essential as I felt so alone and unaware what it all was and is.*

*I suffered every month with periods, to the point of being sick with the pain.*

*At 35 had a hysterectomy for fibroids, all I thought about was great no more periods, wasn't made aware that I would still go through the menopause and what that entailed. What a shock it's been too.*

*Not just hot flushes that would be easy, it's all the other joint pain, Brain fog, Tiredness, Fatigue, Etc*

*It is so individual like we are as humans.*

## **Pitfalls or benefits of self help**

*I have had to research these myself as I haven't had an opportunity to discuss with health professionals so I have no idea if what I have researched on line is beneficial and within NHS recommendations ,On line brings you to a range of symptoms which are associated with menopause but I wouldn't of known they were linked.*

*I feel informed about HRT because I listen to pod casts from the Zoe App. Its full of useful information about HRT, symptoms, diet. I also discuss with friends.*

*I have done a lot of personal research on it so therefore feel I know about it in depth Most knowledge has come from online support groups*

*I was put on HRT through GP but the rest of the information around the points above I researched myself.*

*Glad my GP prescribed HRT when I asked for it as I did not want information on most of the above. I would say all the helpful information relevant to my successful*

*management of symptoms was my own online research –not Herefordshire based health services.*

*I did lots of research before going on HRT*

*Personally, I have never felt, scared, lonely and vulnerable as I have going through this process.*

*I've gone from taking no tablets, to taking B12, magnesium, iron, fish oil, D3, K2 etc to see if something will help get a better quality of life.*

### **Proactive patients receive a different service?**

*I wasn't actually given any advice. I had advice from a friend who is a medical professional. I did some online research and told my GP what I wanted. They agreed it was OK and prescribed what I needed.*

### **What about Post Menopause care?**

*I would be interested in post menopause well care.*

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