Women's experiences of menopause advice and treatment from General Practices in Solihull

February 2025

healthwatch Solihull

Executive Summary

Background

The All-party Parliamentary Group has criticised the inadequate support provided to women experiencing menopause, despite the significant impact of menopausal symptoms on wellbeing (APPG, 2022). Menopause affects anyone born a woman. This represents over half the population. Yet 41% of UK medical schools do not have mandatory menopause education as part of their curriculum. This has created a significant knowledge deficit within the healthcare profession (APPG, 2022). This lack of knowledge can lead to inconsistency in the care provided to women as well as misdiagnosis of symptoms. A public survey conducted in 2022 as part of the Women's Health Strategy for England found that less than two in three (64%) women felt comfortable talking to healthcare professionals about the menopause. Those who did try to access care found that their symptoms were often confused with other conditions including mental health issues.

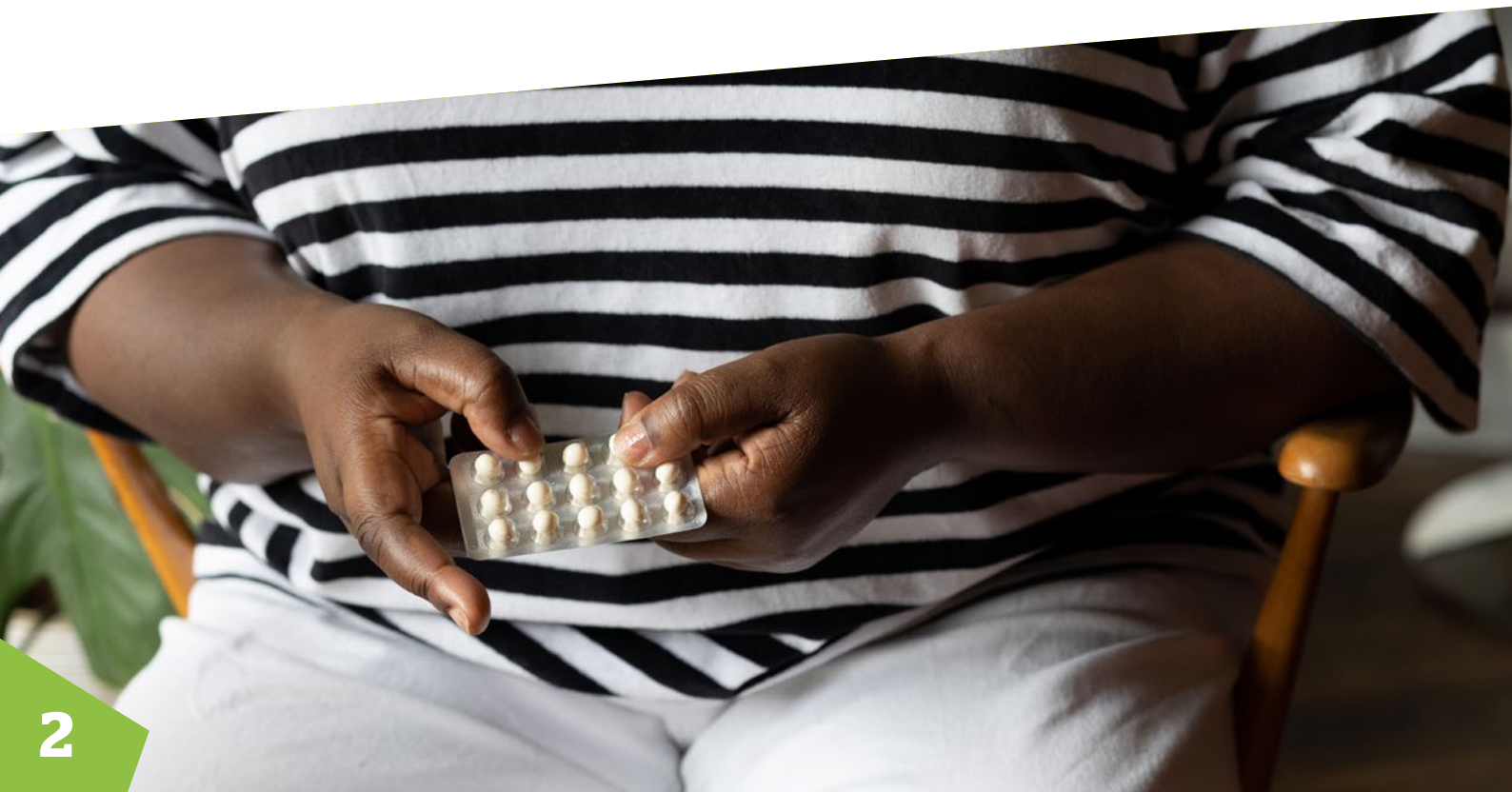
In 2022, the National Women's Health Strategy outlined ambitions to improve the consistency of advice and treatment offered to women. Little has changed at a local level in the two years since this strategy was published.

Healthwatch Solihull has received feedback from numerous women expressing a lack of consistent advice and treatment for menopause from healthcare professionals. We decided to conduct a deeper dive into this issue. Our findings are outlined in this report.

Objectives

This investigation focused on understanding the experiences of people seeking support and treatment for menopause in General Practice. It reports the changes women want to see implemented to improve services.

The report provides information to Primary Care Networks in Solihull and Birmingham and Solihull ICB (NHS BSol ICB) to enhance support for menopause patients. The actions they aim to take are reported below. These will be followed up and an impact report published in 2025.



Methodology

A survey was created and co-produced with experts by experience from Menopause Knowledge CIC, a non-profit organisation providing local support and offering services such as menopause support groups in Solihull. The survey was shared through social media and various stakeholders including community groups and third sector organisations. Menopause Knowledge ran a range of local community engagements to encourage women to complete the survey and to participate in recorded interviews. We also attended several community groups and supported people to complete this survey in person. We include 290 responses in this report. Four women took part in recorded interviews to share their experiences in more detail.

Key Findings

Access to consultations

- One third of women had not tried to access General Practice support as they either felt their symptoms were not severe enough, felt that the GP was not knowledgeable enough or were not aware of support their GP could give.
- Women are sometimes hesitant to try and book an appointment due to difficulties getting one. Of the women that had obtained a General Practice appointment for their menopause symptoms, just under a half told us that it was difficult to do so (49%, N=101).
- Women want the option to choose their appointment type, women reported how phone appointments are not always appropriate or satisfactory.

Preference for type and gender of health practitioner

- Most women (93%) saw a doctor, and many felt comfortable with their health practitioner.
- Women want the option to request a female health practitioner.
- Some women wanted to speak to a menopause specialist.

Ability to make informed choices

- An equal amount of women rated the quality of treatment provided by General Practice as poor (39%) or good (37%).
- Some women reported their views not being heard and feeling dismissed due to being young, despite showing multiple symptoms of menopause over a prolonged period.
- Informed decision making was detrimentally affected by the knowledge of the health practitioner, being offered inappropriate treatment options, and the variety of health practitioners seen, with the quality of advice and treatment varying significantly between them.
- Following their consultation, one third of women still did not understand the different treatment options available to them. Although two thirds of women prescribed HRT felt properly informed.

Key areas for improvement

The report highlights areas for improvement in women's access to appropriate support and treatment. General Practice and NHS BSol ICB need to act and are asked how they will:

1. Increase awareness of menopause symptoms and encourage women to seek appointments to discuss their symptoms.
2. Provide women consistency in who they see and the choice to speak with a female health practitioner.
3. Enable faster access to practitioners who are confident and knowledgeable about menopause, who have up-to-date training and awareness of menopausal symptoms and treatments.
4. Ensure women can make informed choices. This requires correct information and the time to discuss treatment options. Individuals need alternative treatment options for managing symptoms where HRT is not an option.

The NHS Birmingham & Solihull Integrated Care Board (NHS BSol ICB) response to this report can be found in Appendix 1. We look forward to working with them to create the actions that they will take, which will then be monitored and documented in our follow-up report.

We've started talking with NHS BSOL ICB to find out how the report will be used and what needs to be done to help local women. This includes using it to help develop and identify the gaps in menopausal services. It may also be used to inform public campaigns. These will help to raise awareness, fight stigma relating to menopause, and make sure communities understand what services are available to them and how to access them.

Women's experiences of menopause advice and treatment from General Practices in Solihull

Introduction

Menopause is described by the NHS as when a woman's period stops due to lower hormone levels. This normally occurs between the ages of 45 and 55 years but can occur earlier in some cases. The NHS describes perimenopause to be when a woman often starts to have symptoms of menopause, but their periods have not yet stopped. The perimenopause phase can last four to twelve years. Post menopause are the years after a woman has stopped having periods.

Around 12% of women reach post menopause and stop having periods before the age of forty-five years and around 4% before the age of 40 (Golezar, 2019). Symptoms can include anxiety, mood swings, brain fog, hot flushes, and irregular periods as well as several others. Around 75% of women will experience symptoms associated with menopause with around 77% of these women finding at least one of these symptoms very difficult to deal with and 44% experiencing three or more symptoms of this severity (Fawcett Society, 2022). These difficult symptoms can impact all areas of a woman's life with 45% of women saying that their work had been negatively impacted and 50% saying that they have negatively impacted their home life (British menopause society, 2023). These symptoms can last years or even decades, from the perimenopause phase into the post menopause years, significantly impacting the quality of life of a large proportion of women.

Despite the significant impact that menopausal symptoms can have on wellbeing, the support available for women going through menopause has been called completely inadequate in a review by the All-party Parliamentary Group (APPG, 2022). Menopause affects around 51% of the population, yet 41% of UK medical schools do not have mandatory menopause education as part of their curriculum. This has created a significant knowledge deficit within the healthcare profession (APPG, 2022). This lack of knowledge can lead to inconsistency in the care provided to women as well as misdiagnosis of symptoms. A public survey conducted in 2022 as part of the Women's Health Strategy for England found that less than two in three (64%) women felt comfortable talking to healthcare professionals about the menopause. Those who did try to access care found that their symptoms were often confused for other conditions including mental health issues (Department of Health and Social Care, 2022). In a study by the Fawcett society, 31% of women who had spoken to their GP about their symptoms said it took multiple appointments before their GP realised that their symptoms were related to menopause (Fawcett Society, 2022).

This lack of recognition means that many women are wrongly prescribed antidepressants despite the National Institute for Health and Care Excellence (NICE) guidelines advising that antidepressants should not be the first-line treatment for low mood during menopause (NICE Menopause Guidelines, 2024) and there being no evidence that antidepressants can help alleviate the psychological symptoms associated with menopause (The Menopause Charity, 2021). When symptoms are properly identified many women are still unable to access the appropriate treatments. The NICE guidance for menopause diagnosis and management lists hormone replacement therapy as a safe and effective treatment for several menopausal symptoms (NICE, 2024). These include hot flushes, night sweats, vaginal and incontinence issues, menopause low mood and anxiety, and sleep.

Despite this, many healthcare professionals are reluctant to prescribe HRT believing the risks to be too significant (Department of Health and Social Care, 2022). These issues have led to many women having low expectations when seeking menopause support as they do not feel that their GP/nurse practitioner is properly educated in this area (Healthwatch Bristol, 2023; Healthwatch Bolton, 2024).

The 2022 National Women's Health Strategy outlined ambitions to improve the consistency of advice and treatment offered to women, but little has changed at a local level in the two years since this strategy was published. Recent reports by Healthwatch Bolton and Healthwatch Bristol have both found that within their local areas these issues of practitioner knowledge and consistency of the menopause care provided within General Practice have persisted despite these ambitions (Healthwatch Bristol, 2023; Healthwatch Bolton, 2024).

In Solihull, we have recently heard feedback from several women that there is still a lack of consistent advice and treatment for menopause provided by healthcare professionals. In this report we explore the experiences of women within Solihull to better understand how well the menopause support available at General Practice is meeting their needs.

Methods

Between September and October 2024, we gathered feedback about menopause support services available through General Practices in Solihull via a questionnaire. We shared this via social media (Facebook, Nextdoor, X and Instagram) and various stakeholders including third sector organisations. Menopause Knowledge shared the survey through a newsletter reaching over six hundred people, most of which are based in Solihull. We also attended some of the local community menopause groups set up by Menopause Knowledge and supported some people to complete this survey in person.

We include 290 responses in this report; 234 (81%) were experiencing symptoms of menopause at the time of response; 32 (11%) had experienced symptoms in the past and nine (3%) were experiencing menopausal symptoms early (under the age of 40). Appendix 2 shows the demographics of those that responded to the questionnaire. Four women took part in interviews to share their experiences in more detail.

This report's findings were then shared with the Birmingham and Solihull Integrated Care Board and all PCNs across Solihull: Solihealth, Solihull Healthcare Partnership, GPS Healthcare, North, Rural and South Central.

Findings

Sixty percent of women who accessed support through their GP told us that their health practitioner identified their symptoms as being due to menopause (N=140). Table 1 shows the number of visits women had with health practitioners before their symptoms were identified as being due to menopause.

Table 1 – Number of visits before symptoms were recognised as due to menopause

0–3 visits	88%	123
4–6 visits	6%	9
7–10 visits	1%	2
Prefer not to say	1%	1
Other	3%	4

While it is positive that 88% of these women were diagnosed within three visits, this statistic does not capture the vastly different experiences that women had while trying to access advice and treatment. Many women were reluctant or struggled to book an appointment to speak to their GP regarding their symptoms in the first instance. Of those who did access support, many were dissatisfied with the care they received for several reasons which are discussed in this section.

Three key themes ran through the responses from the women who took part in this study. These were: access to consultations, the choice of the type of health practitioner they see, and the ability of patients to make an informed choice.

Access to consultations

Of the 290 women that responded to the survey, just under one third had not sought advice or support for their menopausal symptoms at their General Practice (29%, N=85).

The reasons they gave were that they:

- felt their symptoms were not severe enough (32%, N=27).
- felt that their GP did not have sufficient knowledge to provide this advice/treatment (25%, N=21).
- were not aware of the support available through their GP for menopause (20%, N=17).

Lack of patient awareness

This shows that many women either felt it was not appropriate to contact the GP for their symptoms or were simply not aware of the support their GP could give them. This is supported by the finding that 22% of women (N=21), who did not seek support for menopausal symptoms, would be more likely to do so if they had more information about menopause and treatment options available.

They told us:

> ***If GPs made their patients aware of the support/treatment available. There's nothing visible on noticeboards etc. in my surgery. Maybe if the NHS promoted menopause and the treatment people can access from the GP on a wider scale, we would know what treatment we can get and how to go about it.***

> ***If the help, support, and treatment available from the GP was clearer and explained. Maybe if there was more general awareness, publicity around what the NHS can do for women in the perimenopause so that women know what they should expect and what is available and don't get put off by other women's bad experiences.***

Ease of booking appointments

One fifth of these women were hesitant to try and book an appointment at their General Practice due to difficulties in the past and the experiences of other women (19%, N=16).

> ***Getting an appointment in the first place would be nice.***

Of the women that had obtained a General Practice appointment for their menopause symptoms, just under one-half told us that it was difficult to do so (49%, N=101). Only 18% (N=37) found it easy to book an appointment.

> ***Difficult full stop to ever get an appointment for anything. Once I was able to get an appointment the best they could offer was a female doctor rather than a menopause specialist. For follow-up appointments it is impossible to get appointments with the doctor that previously saw me.***

> ***Getting an appointment generally is challenging. Getting one with a GP who has an interest in menopause seems impossible.***

Five women told us that, after being prescribed HRT, they had issues accessing medicine reviews or follow up appointments regarding this treatment course.

> ***Obtaining repeat prescriptions or asking to adjust dosage/review medication was a nightmare.***

> ***I was told I would have a follow-up appointment to see how things were going but I haven't heard anything since & I've been taking HRT for nearly a year now. I haven't contacted the surgery about it as it is incredibly difficult to get an appointment & I'm not really experiencing any problems.***

> ***I have struggled to get follow up checks and have been on this med for over 2 years. I feel I should have an annual review at least.***

Mode of appointment

Some women were not satisfied with the type of appointment given; seventeen expressed dissatisfaction at being given a telephone rather than a face-to-face appointment.

> ***I was just diagnosed over the phone and given HRT patches straight away. Which although was good in some respects I would have liked to have seen someone in person and had a proper health check first.***

> ***I have had no face-to-face appointments; all have been telephone appointments.***

In summary, some women with menopausal symptoms were not aware of the support available to them from their GP. Issues accessing face-to-face appointments, and a lack of appointments with dedicated menopause specialists, are also preventing some women from seeking advice and treatment. Addressing these issues is crucial to ensure women have access to support.

Preference for type and gender of health practitioner

Type of health practitioner

Most women saw a doctor during their menopause appointment (93%, N=190). Only 1% (N=2) saw a nurse and 6% (N=12) responded 'other', of which four were uncertain of the qualifications of the health practitioner.

> ***I believe it was a doctor but cannot be sure given the arrival of Pas.***

We asked women about the type of health practitioner they would prefer to consult with. Many felt comfortable speaking to a health practitioner about their symptoms (64%, N=130). However, 17% (N=35) were not comfortable. The remaining 19% (N=39) gave a neutral response.

Some 14% (N=12) of women who did not seek advice or treatment told us that they would like to be able to speak with a dedicated menopause specialist, or to be able to access care through dedicated menopause clinics, rather than their regular GP.

> ***GP to have and advertise a specialist menopause service, that doesn't involve the 8 a.m. race to speak to someone.***

> ***Maybe a menopause clinic run for women experiencing symptoms, so they knew help was available and that they were not alone.***

Gender of health practitioner

More women felt comfortable seeing a female than male health practitioner, and most of the doctors they saw were female (73%, N=149).

> ***Being that it was a female who dealt with me was crucial.***

> ***Women understand it more than men, but not all doctors understand the menopause. When I first saw a male doctor, he wanted to put me on anti-depressants! Very disappointing!***

> ***My second appointment to ask to increase my dose of HRT was a very different experience and was with a male doctor and I was not happy with this appointment at all. The first appointment was with female doctor who was brilliant and very clued up.***

When comparing the extremes of 'very knowledgeable' with 'not knowledgeable at all', more female practitioners were thought to be 'very knowledgeable' compared to male practitioners. The responses taken from the 196 women who answered both questions are displayed in table 2.

Table 2 – Comparison of perception of knowledge by gender of health practitioner

	'Not knowledgeable at all'	'Very knowledgeable'
Female health practitioners (N=142)	10%, N=15	26%, N=37
Male health practitioners (N=48)	23%, N=11	8%, N=4

However, this is not always the case:

> ***The first two were women. Hopeless. The third was a young Asian male doctor and I was at the end of my tether. So, I just told him everything even though I was so embarrassed. He was amazing. The first two I came out crying because they wouldn't help me.***

This tells us that women want to be offered more choice in the type of health practitioner they see during their appointment. More women wish to speak with a female health practitioner about their symptoms.

Were patients given the opportunity to make an informed choice about treatment options?

Informed choice allows widespread give-and-take of ideas between the patient and the health practitioner. "The General Medical Council warn that serious harm can result if patients are not listened to, or if they are not given the information they need - and time and support to understand it - so they can make informed decisions about their care (GMC, 2020)" [1].

Quality of treatment, health practitioner knowledge and informed choice

> ***My experience is mixed, but I find it close to impossible to even get an appointment with the one doctor I think is most knowledgeable on this, which causes me quite a lot of anxiety.***

Those who had sought advice or treatment told us about the quality of the service provided. This varied equally between those that thought it was good or poor. Of 196 women, 39% (N=77) found the quality of advice/treatment provided by their General Practice to be 'poor' or 'very poor'; 37% (N=73) found the quality to be 'good' or 'very good' and 23% (N=46) found it 'okay'.

> ***The whole thing saddens me. I dread to think what would have happened to me without HRT. I hope future generations get the support they need without a constant fight to get GPs to learn how to look after women.***

> ***Disappointed in the first appointment, bit more reassured in the second but no real thorough information or choices.***

Less than one half of women thought the health practitioner was knowledgeable regarding menopause (46%, N=91); 33% (N=65) thought they were not knowledgeable.

> ***The first Dr I saw was very knowledgeable the second Dr needs more training.***

> ***Some of the doctors I've seen have been very knowledgeable, others have referred to it as the change and said it isn't happening to me as I'm still having periods.***

> ***One doctor was knowledgeable, but most had virtually no real knowledge.***

1 Decision making and consent - professional standards - GMC

Table 3 clearly indicates that overall, women had a better experience when they felt confident that the health practitioner was knowledgeable. Overall, 95% of those who rated their appointment as good or very good told us that their health practitioner was knowledgeable Sixty-nine percent of those who told us that their appointment was poor stated that their health practitioner was not knowledgeable.

Table 3 – Comparison of overall rating of appointments with perceived knowledge of health practitioner

	Women that thought the appointment was 'good' (N=73)	Women that thought the appointment was 'poor' (N=77)
They thought the health practitioner was knowledgeable (N=91)	70	5
They thought the health practitioner was not knowledgeable (N=65)	1	53

Patients' dissatisfaction with support/treatment

Health practitioners recommended twenty-three women treatment options that they felt were inappropriate for their symptoms. For example, five of these women were told that they needed to lose weight and do more exercise.

> ***Initially I was told to do more exercise (I already exercised) and improve diet despite me explaining I was already trying to manage it myself this way.***

> ***With regards to the weight gain they just gave me leaflets on diets! With regards to aches and pains put it down to arthritis and just told to put up with it.***

Eighteen of these women told us that they were offered antidepressants as a treatment for their symptoms whether due to misdiagnosis or following recognition of menopausal symptoms.

> ***I've had many visits; I've been given antidepressants but not HRT.***

> ***May I add, when I first presented with symptoms 3 years ago, it misdiagnosed as depression, and I was placed on anti-depression medication. Eventually I was diagnosed with menopause but then only given estrogel as their understanding was progesterone was not needed after the removal of the womb, which is what I have had. My current menopause GP, has now debunked that myth, placed me on this and it has been a game changer.***

> ***The Dr was very dismissive of my symptoms. Suggested anti-depressants. Very disappointing as I had already seen a Neurologist about my symptoms, and they had suggested that my symptoms were hormonal, and this was not heard at all. Dr suggested that as I did not have hot flushes it couldn't be menopause. As a young GP I was doubly disappointed.***

> ***[HRT] Was not mentioned initially. Prescribed antidepressants which didn't help. Each time I said they weren't helping; they upped the dosage.***

Thirteen of these women told us that this was because the health practitioner had attributed their symptoms to anxiety or depression rather than menopause:

> ***Put low mood down to anxiety / depression despite my age and other symptoms.***

> ***Think they thought I was just depressed, and things will get better!***

Eight women were told that their symptoms could not be due to menopause as they were too young despite showing multiple symptoms over a prolonged period.

> ***I explained my symptoms and was told I was too young and that it wasn't the menopause.***

> ***I'd actually been diagnosed privately but she wouldn't accept this or prescribe anything as she didn't feel confident as she'd never prescribed HRT to someone 'so young' before. I'm 43! So, I got no help at all.***

> ***He said I was too young at 48 and needed to have stopped having periods.***

Fifteen women told us that they had to seek private care during the process of diagnosis and treatment to receive adequate care.

> ***Booking an appointment was so difficult that in the end I booked a private appointment with BUPA. This was also due to errors by the practice and their insistence my symptoms were due to another condition.***

> ***I had already paid for a private consultation with Bupa to have a lengthy discussion about symptoms and options, with a written summary provided. I had taken a copy of this to my GP in advance of booking my appointment. I was made to feel uncomfortable about choosing to take private professional advice at a time that I could book to suit me, which allowed a 45-minute consultation rather than a brief 10-minute slot. I became frustrated during the appointment at being asked several questions that had been covered in the summary, and as a result my blood pressure was raised when it was taken. I then had to go back for a follow up appointment to check my blood pressure again.***

Variety of health practitioners

Informed decision making was detrimentally affected by the variety of health practitioners women saw. Thirty of the women who responded to the survey saw multiple practitioners, with the quality of advice and treatment varying significantly between them.

> ***I have been on HRT for three years now. The process has not been easy, especially when having to talk to a different GP every time and getting a different viewpoint.***

> ***For follow-up appointments it is impossible to get appointments with the doctor that previously saw me.***

Several women detailed experiences of receiving different treatment advice from each practitioner they saw. This again speaks to the inconsistency between appointments that women are experiencing.

> ***All GP advice was different. I was told there's no other treatment apart from oestrogen patches, gel, tablet, and progesterone tablet. I've since found out the spray is also available on the NHS but was told by GP, I'd have to buy it myself. One GP was pushing me to have the Mirena coil and a different GP said they don't advise the Mirena coil.***

> ***Unsure which Dr to trust, one saying take HRT, one said too risky (given breast cancer on female side of my family). So, I did nothing.***

> ***First doctor said I couldn't have HRT, the second doctor (7 months later) sent me for scans, blood tests and prescribed me HRT tablets even though I wanted patches.***

> ***Having to repeat your story, several times to different doctors with different views on treatment is extremely frustrating, especially when you are experiencing brain fog it's hard to remember everything and you only have 5 or 10 minutes to justify yourself.***

These findings show that there is an inconsistency between professionals regarding recognition of menopausal symptoms. While most women did have their menopausal symptoms recognised (69%, N=140), for several women (21%, N=30) this took multiple visits with different professionals. Symptoms are also sometimes attributed by health practitioners to other conditions such as anxiety or depression. If these issues are not addressed, it can lead to women receiving inadequate treatments or receiving no suitable care at all.

Time and support to understand the information

We asked women what information was provided following discussion of their symptoms. One hundred and ninety-six women responded to this question and were able to select multiple responses to capture all the treatment options offered to them:

- 68% (N=134) were provided with info about hormone replacement therapy (HRT)
- 21% (N=42) were not provided with any information regarding treatment options
- 4% (N=8) were provided with information about CBT
- 4% (8) were given information about testosterone
- 30% (N=58) answered 'other'.

Following this consultation, over a third still did not understand the different treatment options available to them: 39% (N=76) of women felt that they understood the different treatment options available to them well, 17% (N=34) answered neutral; 36% (N=58) told us that they did not understand the different treatment options available to them and 8% answered not applicable.

> ***I wasn't given different options, just HRT.***

> ***I was offered patches and not really told about other options.***

Women who were not prescribed hormone replacement therapy to help manage their symptoms were more likely to state that they did not understand the treatment options available for their symptoms (56%, N=35) than those that were prescribed HRT (26%, N=35).

The majority of the 134 women who were prescribed HRT felt they were properly informed of the benefits and risks (72%, N=97). However, this leaves 28% (37) who were uncertain of the details of the medication they were prescribed. Eight women told us that despite being prescribed HRT they were not given adequate information regarding it. This meant they had to do their own research into the benefits and risks.

> ***I was just given HRT but not really told much about it and what to do/expect. When I went back for a review, I felt I was getting contradictory information and again would have liked a full health check.***

> ***I really don't feel he explained the benefits of either option he offered me. And he didn't suggest anything else. The whole call was over very quickly, and I don't feel like he really understood how I felt and what I was going through ...***

> ***I had to google how to take the patches.***

A further five women also told us that practitioners simply asked them what treatment they would like, without taking the time to provide details of what is available or the risks and benefits.

> ***The doctor did not know much about HRT. She asked what form I wanted and did not seem to have much knowledge at all herself.***

> ***They just asked what I wanted but never gave me any options!***

While these findings show that many women can access treatment for their menopausal symptoms in the form of HRT. Several women were not able to discuss treatment options in as much detail as they would have liked. Another clear issue is that not enough information is being given regarding the different types of treatment available, with most women only being provided information about HRT. Several women were also provided with treatments that have shown no clear evidence of being effective for menopause symptoms, such as antidepressants (NICE, 2019), but this may have been more due to issues with diagnosis and recognition of symptoms as previously noted.

Patient knowledge and informed choice

Eighteen women told us that they felt they were correctly diagnosed at least in part due to having done research regarding their symptoms prior to their appointment.

> ***I came armed with my symptoms for perimenopause due to so many stories of women being given antidepressants.***
>
> ***It has been a battle at times to speak with a GP who knows what to do. It's embarrassing and unacceptable to talk with a GP and know more than they do about menopause.***
>
> ***I told the professional exactly what was happening to me and what I believed I needed.***
>
> ***I had done extensive research in advance of my appointment, so I knew exactly what I wanted.***

Of the 134 women who were prescribed HRT to manage their symptoms, eleven specifically requested HRT based on their own research and were prescribed it following this discussion.

> ***I've had to do my own research to make an informed decision and insist on HRT. My previous GP focused too much on risks but did not understand the loss of quality of life which had been massively reduced due to menopause and horrible symptoms.***
>
> ***I know for a fact GPs are not trained on menopause. I made sure I did my research ...***
>
> ***I am a nurse and had to go fully informed of what I wanted, the GP initially very wary and sourced advice from gynaecology team. This meant I was suffering unnecessarily for a long period of time. I called back and discussed with female GP, I am a nurse and due to my own research the second GP was happy to commence meds ...***

These findings show that some women feel as if their own research was more valuable than the conversation they had with their doctor. Others feel that they were not provided with adequate information on the medication they were prescribed and were forced to do their own research as a result.

Case Studies

As part of this investigation, we also spoke to four women in more depth about their experiences of going to see their GP for menopausal symptoms.

Sally

Sally's experience illustrates how important the first contact is with a GP regarding menopause, and how bad experiences can lead to long term distrust.

At Sallys first GP appointment she was told she was too young to be going through menopause and stated that her doctor shouted at her quite rudely "If you go on HRT, you will get breast cancer". The same doctor refused to treat her and offered no alternative information or treatment to help manage her symptoms. She then asked to see another doctor, who just told her that they had spoken to their colleague and refused to treat her.

Sally told us that she left crying and was very upset. She made a complaint about these doctors but did not hear anything back. She then requested to see a senior doctor, who then did offer HRT, although months later Sally was called in for checks with another GP who told her that the medication she had been put on was incorrect and was for women who no longer had a womb. Sally worked with the same doctor for the following 6 months and reported positive experiences, but they have since retired. Following the numerous negative experiences and retirement of this doctor whom Sally had built a rapport with, she decided to instead seek private treatment.

Sally has since moved to a GP surgery which has a menopause specialist. Since changing surgery, Sally has seen another doctor who stated they knew 'nothing about any of these medications.

Sally told us how brain fog made her feel like she had 'disappeared' and that she has no trust in GPs at all.

Sally also told us:

> ***"Your life is changing, your body is changing, and you can't stop that, and you go to your GP for help, and they refuse to help you. To be dismissed and basically told that your life is not worthy of our help, almost that menopause is nothing, get on with it, go away. That then changes everything, I will never gain my trust in GPs again.***

Clare

Clare's experience illustrates how important it is for GPs to listen to the patient and respect their knowledge about their own experiences, it also shows how inconsistent and unclear care impacts women. This specific case study highlights the fact that some GPs lack understanding both of the perimenopause phase and its symptoms, and the fact that NICE and NHS guidelines both recommend supporting women with symptoms before their menopause day/before end of periods/before the age of 45 years.

Clare told us that her first GP appointment went well, and the doctor agreed that her symptoms were due to menopause, and she was referred for blood tests. At her next appointment with another doctor the focus was changed to her cholesterol, diet, and family history. She repeatedly asked to discuss menopause and HRT and stated that her mother had died young so she couldn't share family history. Clare left the surgery crying and raised a complaint. When she was seen again, she was sent for more blood tests and saw another doctor, who discussed potassium and recommended drinks. Following this appointment Clare was seen another time and sent for blood tests again and was then told that her hormone levels were fine. They told her that she was suffering with anxiety and needed to go for CBT and offered anxiety medication.

Although Clare was following all the recommendations, her symptoms were not improving, and she only felt anxious due to the ongoing battle for help. Clare went back to her GP and was once again sent for blood tests. She was told that they would prescribe HRT for her birthday as she would be turning forty-five in a month and could collect the medication on her birthday. Clare questioned this and was told that it was a practice policy that they could not prescribe HRT under forty-five. This was the first time Clare had been told this after 9 months of back-and-forth trips to different GPs.

Clare told us:

> ***"There was no information, all of the doctors I saw were female, and two of them older, and I would have expected a little more compassion and understanding. The GP at my last appointment wouldn't even look at me.***

Laura

Laura's experience illustrates how much the symptoms of menopause affect the rest of your life; it also shows how women place their trust into GPs and feel unable to advocate for themselves which can lead to delayed care.

Laura told us that her mum went through menopause at a younger age, so she had been keeping an eye out for symptoms. When she started to notice several different symptoms of menopause, she approached her GP but was told unless you are waking up in the night soaking it's not menopause or perimenopause.

Laura felt that she should just get on with it as she isn't a medical professional. She also described how she is experiencing brain fog and although she feels her symptoms are menopause, she is now almost doubting herself following her appointment. She was offered no follow-up, or given any recommendations to help manage the symptoms she had listed.

Laura told us:

> ***"The thing with going back to the doctors is that it's hard to get an appointment unless it's an emergency.***
>
> ***She has been looking at private options but found it is too expensive, so she feels she is just waiting for things to get worse before she can feel justified in going back to the GP.***

Janet

Janet's experience illustrates how access to GP appointments is key to ensuring women get the help they need, when they need it. It is also an example of how women are putting off getting care due to a general feeling of unease in trying to access appointments that suit their needs.

Janet's initial appointment was quite positive, and she found the main problem to be getting an appointment in the first place. She told us:

Having to have that conversation with a receptionist to justify your appointment was what I found difficult. It's a difficult subject and an emotional subject and you just want to get to the help, so getting through that barrier is a challenge in itself.

Janet saw a female GP who was very supportive and did a thorough examination. She told us that she found the GP very helpful, and she was put onto HRT, but she struggled during the appointment due to brain fog and receiving a lot of information at once. She said:

I went in desperate for help and needing clarity, I didn't really know what my options were.

Janet is now 2 years into her treatment but has not been seen face-to-face since her first appointment. Her medication has been reviewed over the phone, but she told us that she found this quite uncomfortable due to being out in public at the time as you cannot choose when you will get a call. She also found it hard as the call was with a male GP and the questions are very personal.

She told us that she is noticing changes and feels like she needs to be seen again but currently feels quite overwhelmed at the thought of getting an appointment and has put off going back as it's like going in with boxing gloves on.

Janet told us:

> ***"When you are pregnant, you go specifically to be seen by a midwife who looks after people going through that phase of life, I feel like it's exactly the same. We know that every woman will go through menopause.***
>
> ***If there was just someone, not at every practice but a phone number or person you could see face-to-face who specialises in menopause then that would make life much easier as you know exactly where to go. That's the battle in the early days is just seeing the right person who knows what they are talking about.***

Conclusion

The report indicates that women are not receiving sufficient information, diagnosis, and treatment in primary care for menopause symptoms.

It highlights the need for change in General Practice to improve compassion and awareness for women presenting with these symptoms. Menopause symptoms significantly impact women's lives, making it crucial for women to feel comfortable discussing these issues with their primary care professional. The 2022 National Women's Health Strategy prioritised enhancing the consistency of advice and treatment provided to women.

Our report emphasises the need for local action to ensure that women seeking support can access necessary resources and services. The lack of improvement in General Practice has a significant impact on women, as described in the quotes provided in this report.

The report highlights areas for improvement in women's access to appropriate support and treatment.

General Practice and NHS BSol ICB need to act and are asked how they will:

- Increase awareness of menopause symptoms and encourage women to seek appointments to discuss their symptoms.
- Provide women consistency in who they see and the choice to speak with a female health practitioner.
- Enable faster access to practitioners who are confident and knowledgeable about menopause, who have up-to-date training and awareness of menopausal symptoms and treatments.
- Ensure women can make informed choices. This requires correct information and the time to discuss treatment options. Individuals need alternative treatment options for managing symptoms where HRT is not an option.

Next steps

Our report shows that focusing on the above areas would make the biggest difference to people seeking support and treatment for menopause symptoms. We look forward to working with NHS BSOL ICB to create the actions that they will take, which will then be monitored and documented in our follow-up report.

We've started talking with NHS BSOL ICB to find out how the report will be used and what needs to be done to help local women. This includes using it to help develop and identify the gaps in menopausal services. It may also be used to inform public campaigns. These will help to raise awareness, fight stigma relating to menopause, and make sure communities understand what services are available to them and how to access them.

Acknowledgements

Thank you to everyone who shared their experiences of support for menopausal symptoms. Your feedback helps us to improve health and social care services across Solihull.

Thank you also to Menopause Knowledge CIC for your support throughout this work.

Appendix 1 NHS BSol ICB Response

NHS Birmingham & Solihull Integrated Care Board (NHS BSol ICB)

Addressing the health issues facing women is a priority for the NHS in Birmingham and Solihull, as demonstrated through the establishment of our System-wide Women's Health Working Group.

The Group's priority is the development and implementation of a System-wide Women's Health Strategy, which will align to the NHS's national 10-year Women's Health Strategy that has identified seven key priority areas for transformational change including menopause.

Initial phases of Birmingham and Solihull Integrated Care System's (BSol ICS) Women's Health Strategy development has seen the launch of a System-wide Women's Health Hub, based at Birmingham Women's Hospital, where we are running face-to-face sessions that are targeted at women who need the most support. The sessions are aimed at providing support to tackle the health inequalities and issues we have identified as being the most prevalent for women in Birmingham and Solihull including perimenopause and menopause.

Women are able to sign up to the sessions through a new digital app that we have specifically commissioned as a core element of the Hub. Called LINA, the app has been co-produced via engagement with patients, clinicians and other experts. Utilising AI technology, the app also signposts women to a broad range of services available across the system – including menopause services -to ensure they access the right support at the right time, while it also provides multilingual functionality to ensure we are reaching all communities.

Also to support shaping the Women's Health Strategy, Hub and LINA, BSol ICS held a major conference in the summer bringing together experts and partners from across our system including NHS Trusts, public health, higher education and the voluntary and community sector. Feedback from the event is playing a critical role in further strengthening our services. Workshops at the conference identified targeted interventions that should be developed and delivered through our Women's Health Strategy specifically to address menopause. These include investing in local menopause education for communities and clinicians; supporting managers with information, training and tools; conducting public campaigns to raise awareness and to fight stigma relating to menopause; ensuring communities understand what services are available to them and how to access them; and working with private sector colleagues to support the impact of public health messaging.

Furthermore, we are developing a metrics framework for measuring success against the implementation of the strategy and the associated improvements in women's health outcomes.

We will also continue to review and modify the LINA app and Hub as they evolve to ensure that we are providing the best possible support to women in our city and borough as part of our wider strategic approach.

Meanwhile, BSol ICS in November 2022 launched a GP Provider Support Unit (GPPSU) – creating an infrastructure with critical mass akin to the primary care equivalent of an NHS Trust.

The GPPSU is supporting primary care through a programme of transformation set out in its Improvement Plan for 2024-25 which is focussed on ensuring sustainability, standardisation and improvement across all parts of primary care.

It includes a focus to ensure all GP providers have the digital tools -such as cloud-based telephony – to ensure patients better use the NHS app, have digital access to their records, and can better access repeat prescriptions and online consultations.

The GPPSU is also supporting better care navigation and continuity of care, ensuring all patients can access treatments beyond medication including social prescribing.

We welcome the findings and recommendations set out in Healthwatch's report and its alignment to our existing work to improve access to, and delivery of, healthcare services for women.

Appendix 2: Demographics

Age

Answer choice	%	Total
18 - 24 years	0%	1
25 – 49 years	42%	111
50 – 64 years	55%	144
65 – 79 years	3%	8
80+ years	0%	0
Prefer not to say	0%	0

Gender

Answer choice	%	Total
Woman	100%	264

Ethnicity

Answer choice	%	Total
Arab	0%	0
Asian/Asian British: Bangladeshi	0%	0
Asian/Asian British: Chinese	0%	0
Asian/Asian British: Indian	5%	14
Asian/Asian British: Pakistani	2%	4
Asian/Asian British: Any other Asian/Asian British background	0%	0
Black/Black British: African	0%	1
Black/Black British: Caribbean	2%	5
Black/Black British: Any other Black/Black British background	0%	0
Mixed/multiple ethnic groups: Asian and White	1%	2
Mixed/multiple ethnic groups: Black African and White	0%	1
Mixed/multiple ethnic groups: Black Caribbean and White	0%	1
Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background	0%	0
White: British/English/Northern Irish/Scottish/Welsh	82%	215
White: Irish	2%	4
White: Gypsy, Traveller or Irish Traveller	0%	1
White: Roma	0%	0
White: Any other White background	5%	12
Prefer not to say	0%	0
Other (please specify)	1%	3

Other characteristics

Answer choice	%	Total
Disability	8%	19
Long term condition	24%	55
Carer	8%	18
English is not my first language	2%	4
None of the above	65%	146
Prefer not to say	2%	4

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About Us

Healthwatch Solihull is the independent champion for health and social care services. We exist to ensure people are at the heart of care. We provide patients and the public with ways to feedback and have a stronger say about the services they use. We listen to what people like about services, and what could be improved. This could be about general practices, hospitals, dentists, opticians, pharmacists, nursing and residential homes or care you receive in the community. We have the power to ensure that those organisations that design, run or regulate NHS and social care, listen to people's views and act on them. People's experiences prompt and lead our activities and investigations, with our reports focusing on improving services. We also encourage services to involve patients and the public in decisions that affect them. Through our Information and Signposting Line, Healthwatch Solihull also helps people find out the information they need about services in their area. People sharing their experiences can make a big difference. We aim to help make health and care services better for patients, their families, and their community.

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