



# Tackling Unequal Access to Menopause Care



Every woman will experience the menopause in her lifetime. Over **80%** of women will experience debilitating symptoms for more than one year<sup>1</sup> and many women will still experience symptoms seven years after their final period.<sup>2</sup>

In the UK, around a third of the entire female population are currently perimenopausal or menopausal,<sup>3</sup> but access to menopause care

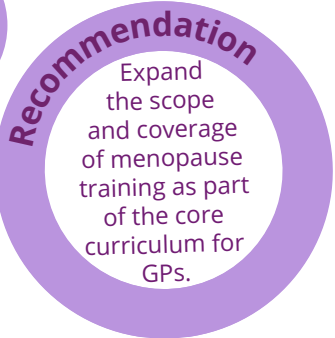
is varied. Theramex, a champion of women's health, is dedicated to improving equal access to treatment for all women.

Theramex's new report has identified major challenges to menopause care in the UK and recommendations on how to improve standards of care.

## Insight



### The degree of information and training on menopause is varied across the country and often optional for clinicians.

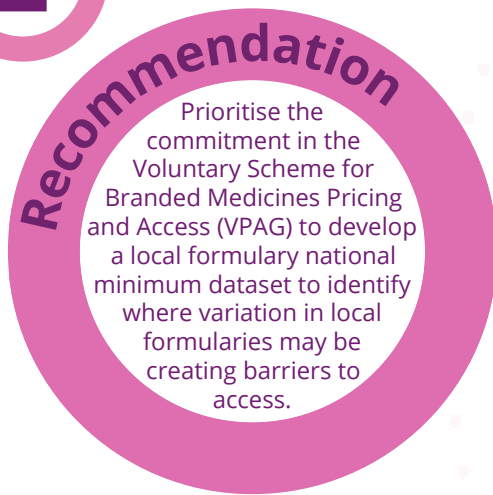


- A 2021 Freedom of Information request, responded to by 32 medical schools, found that 41% of UK universities do not have mandatory menopause education on the curriculum.<sup>4</sup>
- Single GP-practices are restricted by the knowledge and interests of the GP, impacting some women's access to menopause services and treatment.
- "There's no support for GP training so none of the educational events that have happened for GPs include menopause care." - Clinician

## Insight

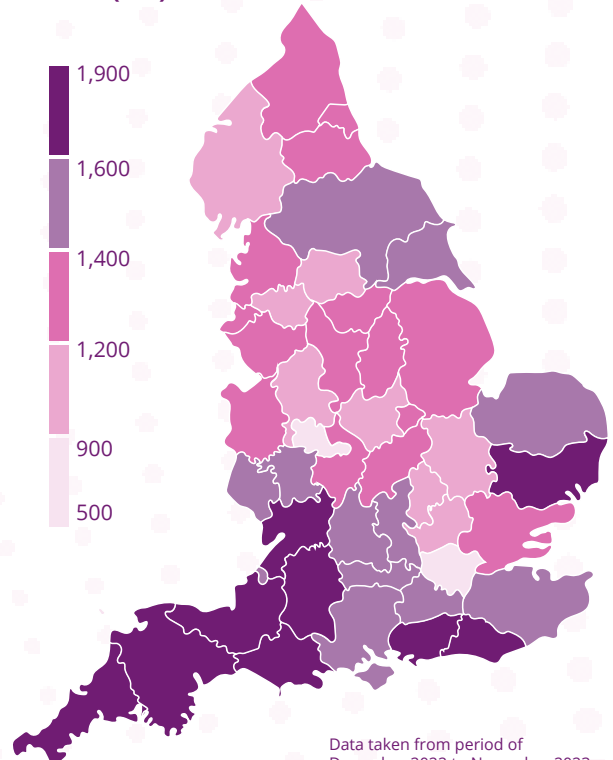


### There is a postcode lottery in accessing HRT and the quality of service - both in terms of geography and discrepancy in formularies and prescriptions.



- Patients in less deprived areas are prescribed roughly twice as many HRT items than deprived regions.<sup>5,6</sup>
- Not all products are available in every part of the country, limiting a woman's choice.
- "There is a huge disparity on the formularies... It affects the choice women have over their care." - Clinician
- "A lot of counties don't have the funding for specialist menopause clinics so if women are referred, the nearest one might be ages away." - Clinician

HRT prescription items per thousand female patients aged 45-60 in each integrated care board (ICB).<sup>5</sup>



Data taken from period of December 2022 to November 2023.

## Insight

# 3

### There is a need for community engagement and community-led initiatives to raise awareness of menopause symptoms.

#### Recommendation

Concerted action at a local level is needed to raise awareness of menopause symptoms among patients by engaging with local communities and where applicable, the third sector.

- Studies have shown that 57% of women in perimenopause are not informed at all about menopause symptoms and 41% of women in post-menopause only have 'some knowledge'.<sup>7</sup>
- In some minority communities, menopause is still a social stigma and a taboo subject meaning they do not talk about it openly.<sup>8</sup> Menopause cafes involve women coming together, sort of peer-to-peer support...but it isn't sense checked so we don't know if it is accurate information being shared." - Clinician

## Insight

# 4

### Different types of clinicians need to be engaged to ensure access to and consistency of care.

#### Recommendation

Women's health education and training for both GPs and the wider healthcare professional workforce should be prioritised. Healthcare professionals should also be encouraged by their practice to upskill themselves in this area and attend women's health networking events.

- Clinicians expressed the need to educate healthcare professionals outside of the GP setting.
- Educating nurses is vital as they play the biggest role in empowering female patients.
- "We need clinician education right across the board, that's pharmacists, that's nurses, nurse practitioners, GPs." - Clinician

## Insight

# 5

### Consultations are often not long enough or not accessible to some women which prevents care from taking place.

#### Recommendation

Ensure greater integration of digital technology to streamline consultations and improve access to menopause care.

- 10-15-minute consultations restrict women's ability to share all of their symptoms.
- NHS workforce capacity challenges mean extending consultations is not a viable solution.
- "If patients watch the video we provide, they are able to come to their appointments with the right mindset and information." - Clinician

To read the full report, go to [www.theramex.com/inequalities-report](http://www.theramex.com/inequalities-report), or contact [Theramex@hanoverccoms.com](mailto:Theramex@hanoverccoms.com) for more information.

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## About Theramex

Theramex is a leading, global specialty pharmaceutical company dedicated to women and their health. With a broad portfolio of innovative and established brands covering contraception, fertility, menopause and osteoporosis, Theramex supports women at different stages of their lives.

## About the data within the 'Tackling Unequal Access to Menopause Care' report

Theramex commissioned quantitative HRT prescribing data from GPrX, a specialist supplier of NHS data intelligence to the pharmaceutical and healthcare industry. GPrX collate, map and analyse publicly available NHS prescribing data against various indicators, in this case ethnicity and socioeconomic data from the Office of National Statistics (ONS). The data used in the report represents data for the period December 2022 to November 2023.

Using GPrX data to inform who to contact, Theramex reached out to and conducted seven semi-structured, remote interviews with menopause specialists from different locations across the country between August and October 2023 to understand their views on HRT prescribing, including challenges and barriers to accessing treatment. These specialists include four GPs, two gynaecology specialists, and one pharmacist.

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## References

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[3]NHS England. Menopause in the workplace. 2022. Available at: <https://www.engage.england.nhs.uk/safety-and-innovation/menopause-in-the-workplace/> [Last accessed: February 2024]

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