Theramex
For Women, For Health

Tackling Unequal Access to Menopause Care

April 2024

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#EqualHealthForHer

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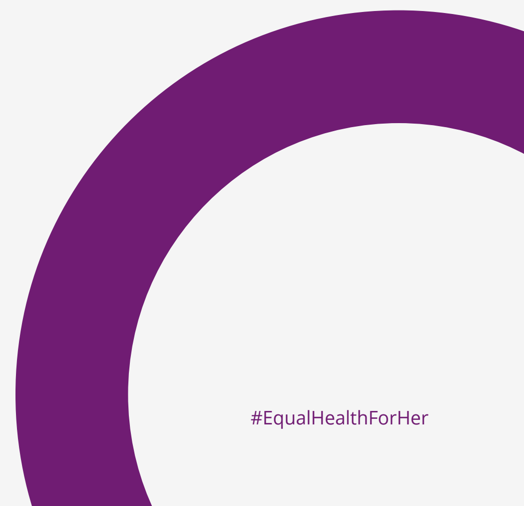


Forewords

Tina Backhouse

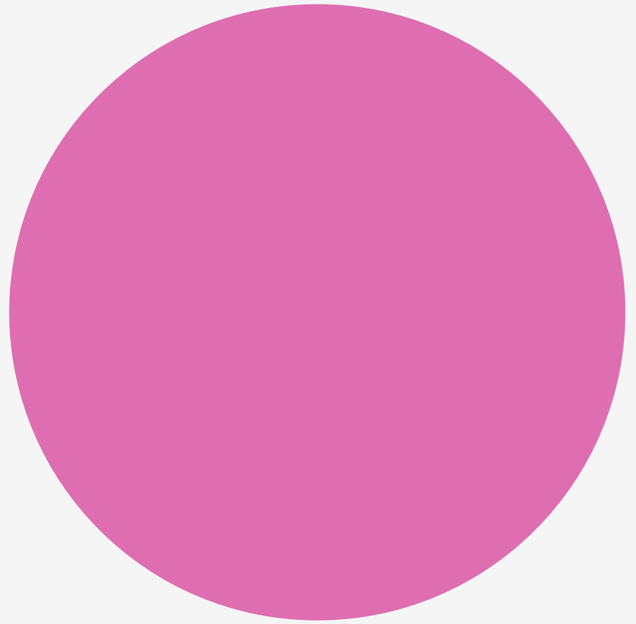
General Manager, Theramex UK & Ireland

Over the past five years demand for Hormone Replacement Therapy (HRT) has soared. Unfortunately, access has not met demand and too many women are still having to fight to get the treatment they need.

All women should expect to be able to choose when it comes to their menopause treatment, whether HRT is the right option for them or not. Whilst HRT may not be suitable for every woman, for others, without HRT they will struggle to live well, hold down their job or manage their daily life.

Moreover, menopause is still and too often seen as an issue for White, middle-class women; due to deeply ingrained cultural and sometimes language barriers, women's access to basic care is defined not by their need but by the community they live in.

Ultimately, it is simply not right that women face a cruel lottery for essential care. While it is of course women who suffer most due to poor provision of women's health care, this is not just an issue affecting women. Partners, children, friends, employers and colleagues all win when women – all women – get the treatment they need.



Despite positive progress including the publication of the Women's Health Strategy for England, delivery has been too slow: every day that passes and every woman that is forced to manage without basic care, has a public health and economic impact that must be addressed.

Theramex is a women's health company dedicated to supporting the health needs of all women as they advance through each life stage. We are committed to reducing the gender health gap and empowering women to make informed decisions about their care. All of our investment is in women's health products and our portfolio comprises of products to treat women's health conditions.

We have interviewed clinical experts within this field to understand the barriers preventing women accessing health services and treatment for menopause. It is clear there are consistent challenges across the country.

As politicians grapple with the soaring cost of healthcare in an era of economic pain, putting in place simple and effective solutions for better HRT access would not only improve lives but boost our economy too.

These challenges cannot all be solved overnight but identifying some tangible solutions is a step in the right direction.

Forewords

Janet Lindsay

CEO, Wellbeing of Women

When it comes to healthcare, women are second-class citizens. Despite living longer, women spend significantly more time in ill health and disability than men. They receive less effective medical care than men and their pain isn't taken as seriously. The UK currently has the largest gender health gap in the G20, and the 12th largest globally.[1]

During my time at Wellbeing of Women I have had the privilege and opportunity to speak to and engage with women from a range of different backgrounds across the UK. Many women tell me that they still feel ashamed to speak about the impact that a 'women's problem' like the menopause has on their lives. Without being able to talk openly about their health problems, they can be less inclined to seek help. We need to get everyone talking about issues like the menopause so that women are empowered and informed to get the help that they need.

As this report highlights, there are stark inequalities for women accessing menopause information and care. Existing sources of information and care are generally not designed to meet the particular needs of Black, Asian or other ethnic minority groups, as well as those from economically disadvantaged and LGBTQ+ backgrounds or those with disabilities.

This cannot continue and more needs to be done to ensure women have the same access to menopause care and treatment, regardless of where they live.

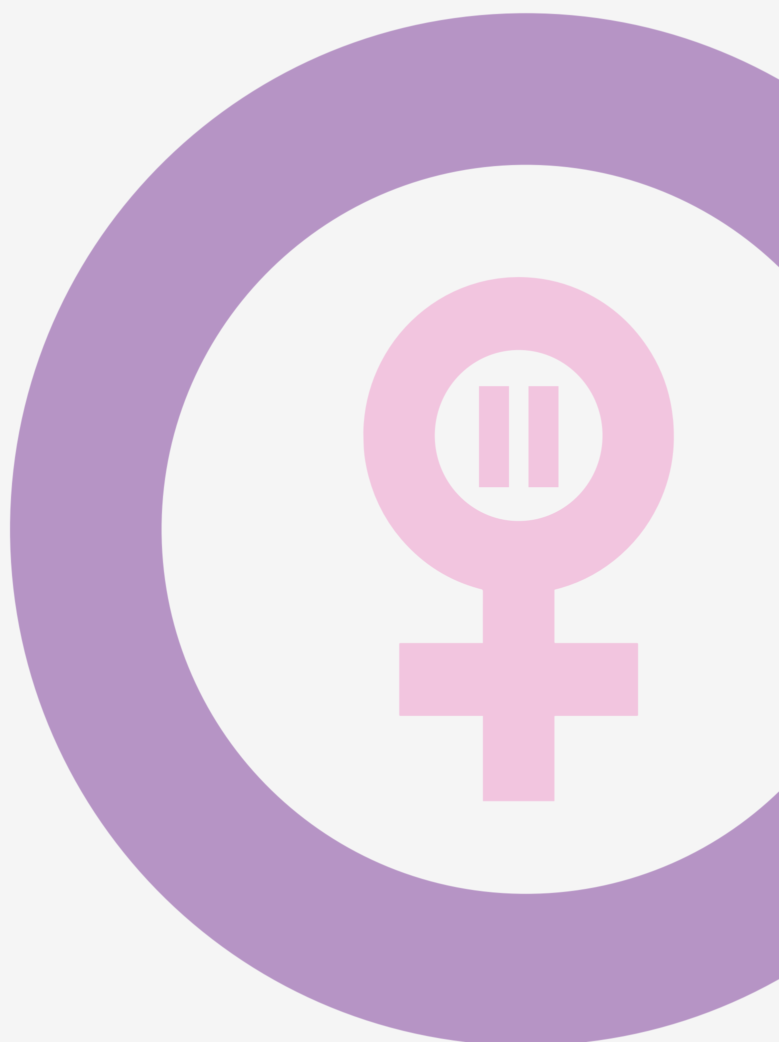
Wellbeing of Women are committed to addressing inequalities in women's healthcare. Last year we launched the 'Women's Health Community Fund', providing grassroots organisations with resources to address the menopause care gap in the way that best reaches and serves the needs of their communities.

In September 2023, we also launched the Health Collective to ensure that the voices and knowledge of women from marginalised communities are fed into the delivery of the Women's Health Strategy to help address the stark health inequalities across society.

There has been positive progress made on the Women's Health Strategy by Government in the last year to address the challenges surrounding women's health. This includes the Health Secretary's recent commitment to tackling the impact of menopause symptoms and the introduction of Women's Health Hubs, to improve access to women's health services. However, with significant pressure on public spending, it is crucial that funding for these initiatives is protected, enhanced and can make a lasting difference through dependable access.

Wellbeing of Women are pleased to work in partnership with organisations such as Theramex who share our commitment to improving access to health services for all women. This report plays an important part in highlighting the barriers preventing women from accessing women's health services and what initiatives are in place across the UK to improve this.

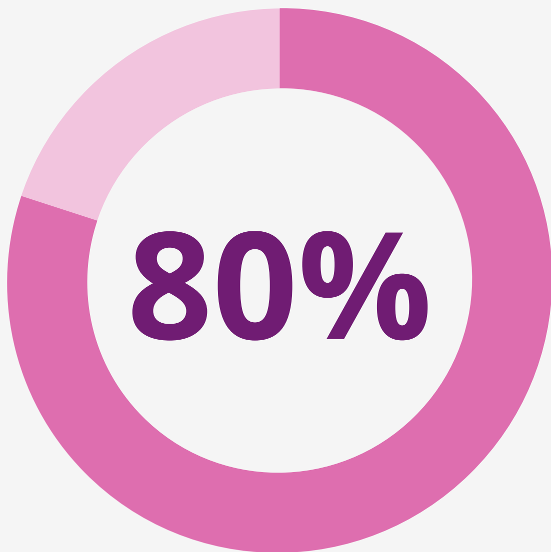
The research and testimony from frontline clinicians, backed by data from across the country, should act as an urgent reminder for action to remove barriers to vital care.



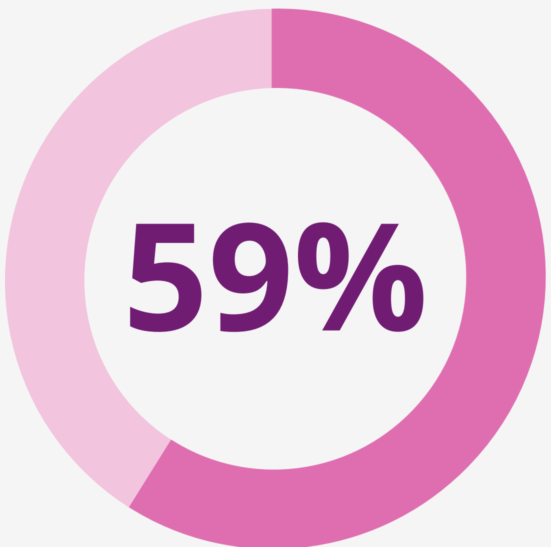
State of the nation:

The reality of women's health in the UK

Menopause remains a taboo topic for far too many people despite the fact that by 2025, there will be over one billion women experiencing menopause in the world.[2]



Over **80%** of women will experience debilitating menopause symptoms for more than one year[3] and many women will still experience symptoms seven years after their final period.[4] These symptoms can lead to a significant reduction in a woman's quality of life, increased utilisation of medical resources, and an overall loss of productivity.



Education about these symptoms is lacking among the public and healthcare professionals. 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.[5] This means some doctors may leave university with no education in menopause at all.

Women's Health Strategy for England

In July 2022, the first-ever Women's Health Strategy for England was published to boost health outcomes for all women and girls and radically improve the way in which the health system engages and listens to them.[6] The Strategy is underpinned by the findings from a call for evidence that generated nearly 100,000 responses from women across England.

The Women's Health Strategy sets out a six-point long-term plan for change in women's health:[6]

Ensuring women's voices are heard

Improving access to services

Addressing disparities in outcomes amongst women

Better information and education

Greater understanding of how women's health affects their experience in the workplace

Supporting more research, improving the evidence base and spearheading the drive for better data

There has been positive progress made in some of these areas.

However, there has been limited progress in reducing inequalities of care for women's health conditions: the Government's Strategy is a positive step, but generations of under-investment, under-recognition, and under-funding, has left its impact.

There is currently stark inequality when it comes to HRT access in England, with women from deprived areas being far less likely to receive HRT compared to those in affluent areas, leading to a "postcode lottery" of care.[7] Alarmingly, the prescribing rate for HRT in the most deprived regions is 18% lower than in affluent areas.[7]

A Women and Equalities Select Committee report found that Black and ethnic minority women could face additional challenges when going through menopause which can make it difficult for them to access appropriate support, or have their symptoms taken seriously.[8]

Moreover, the 'Women's Health – Let's talk about it' survey found that where women accessed health information varied most notably by race, with Black respondents being much less likely to rely on GPs or healthcare professionals than all other ethnic groups.[9] This is particularly concerning as it has been found that Black women are more likely to experience more intense menopause symptoms than White women[10] and start perimenopause earlier.[11]

In addition, The National Institute for Health and Care Excellence (NICE), the body that provides national guidance and advice to improve health and social care, published its draft updated menopause guideline in November 2023,[12] which has so far failed to address the inequalities in access to HRT in terms of ethnicity or deprivation.

It is vital that the Women's Health Strategy and other relevant documents are fully implemented in a way that addresses the intersectional inequalities of being a woman and reduces disparities in access to treatment.

To note, we refer to women throughout the report but our insights and recommendations relating to the menopause are relevant and should be considered for anyone with a uterus.

Introduction

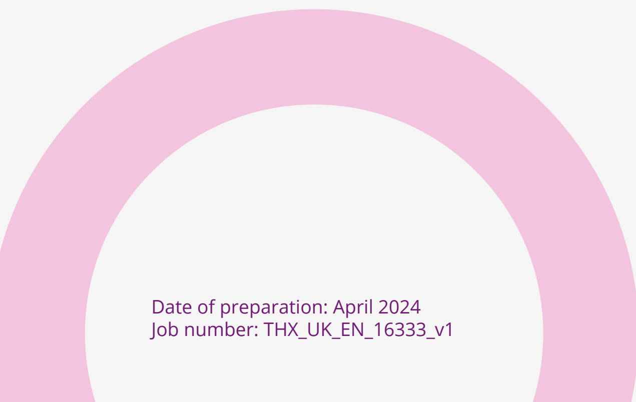
Theramex firmly believes that menopause, a condition affecting roughly half the population, should be prioritised as a health issue. We are driving menopause up the health agenda and ensuring healthcare professionals (HCPs) and patients can access the menopause education and treatment they need.

An ongoing key focus for us is identifying solutions to reduce disparities in access to care. We advocate for equal access for all women when it comes to HRT and believe all women should be offered a choice so that they can access the best treatment for them.

In an attempt to improve standards of care for women across the country, we have developed this report to highlight the barriers preventing women from accessing women's health services and to call attention to initiatives that are in place across the UK to improve this.

We conducted seven semi-structured interviews with menopause specialists from different locations across the country between August and October 2023. These specialists include four GPs, two gynaecology specialists, and one pharmacist. Each interview lasted roughly 45 minutes and covered topics such as measures taken at a local level to better support women in the community, the degree to which women's health is prioritised at a local level, challenges they had encountered in relation to the delivery of menopause care and solutions they had implemented, if any.

We have used the insights gathered in these interviews to provide tangible recommendations that decision makers can implement to address some of the barriers preventing women from accessing health



Dr Juliet Balfour

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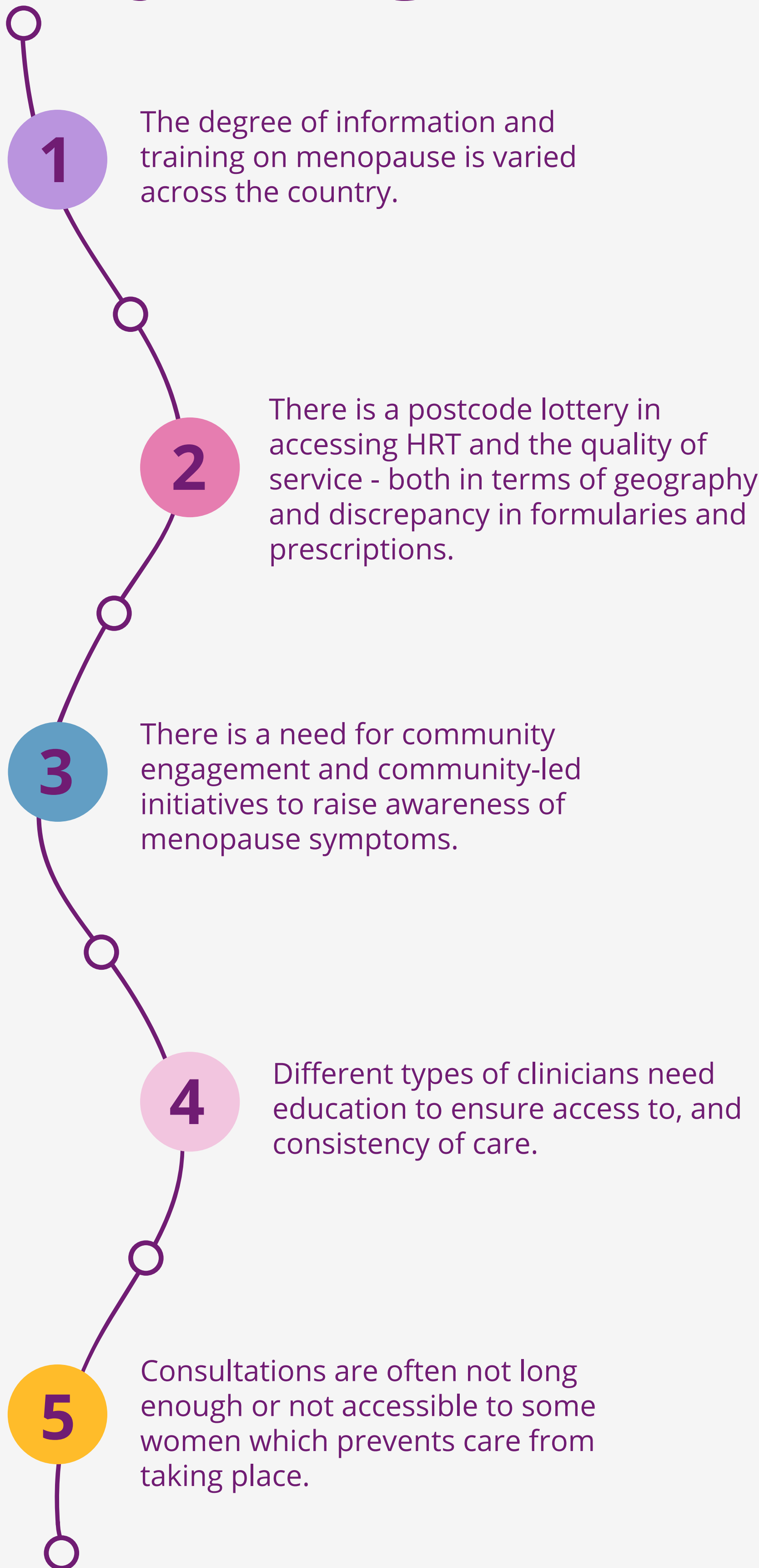
services and HRT. However, we recognise that this is just a first step to addressing some of the inequalities in access to HRT and further steps must be taken, working with women who have lived experience, to identify how solutions can be implemented in local communities.

This report is divided into five sections, each focusing on a different insight gathered from our interviews. The insights highlighted in this report are not exhaustive but are a key starting point for identifying some of the most obvious barriers in the way of access to women's healthcare.

Key insights



Recommendations

1

Expand the scope and coverage of menopause training as part of the current core curriculum for GPs.

2

Prioritise the commitment in the Voluntary Scheme for Branded Medicines Pricing and Access (VPAG) to develop a local formulary national minimum dataset to identify where variation in local formularies may be creating barriers to access.

3

Engage with local communities, and where applicable, the third sector, to raise awareness of menopause symptoms among patients.

4

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

5

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

Insight 1:

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

The clinicians we spoke to as part of the process for developing this report said the following on the degree of available information and training on menopause across the country:

> It's all about training, like training of primary care physicians to be able to diagnose and treat menopause properly because a lot of things can be done in primary care.

> There almost needs to be a mandatory request to make it happen because you get the ones [healthcare professionals] that are interested but we want to continue to upskill the ones ones [healthcare professionals] who aren't so interested.

> There's no support for GP training so none of the educational events that have happened for GPs include menopause care.

Overview

There is a lack of consistent, quality information and training with sufficient depth and breadth on women's health available to clinicians. This results in a postcode lottery for women in terms of how informed their healthcare professional is.

Not every GP is educated or trained on women's health to the same degree, and those who are not or who are accessing outdated information about HRT are less likely to prescribe it.[13]

Making women's health, in particular menopause, an integral part of GP education will make sure that women from across the country can access consistent, high-quality care from their GPs.

Insight 1

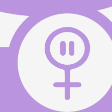
Recommendation 1

Expand the scope and coverage of menopause training as part of the current core curriculum for GPs.

Landscape

An average wait for a first appointment at a menopause clinic is almost double NHS England's 18-week target for treatment.[14]

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. This means some doctors may leave university with no education in menopause at all.[5]



Some NHS trusts do not offer any specialist menopause support at all, this has meant that in some cases women must travel large distances to access the service or even pay for private healthcare.[14]

GPs are responsible for ensuring that their own clinical knowledge remains up-to-date and for identifying learning needs as part of their continuing professional development. This includes taking account of new research and developments in guidance, such as those produced by NICE, to ensure that they can continue to provide high-quality care to patients. However, due to the increasing clinical backlog and time constraints that HCPs are experiencing, this is resulting in inconsistencies in knowledge and a postcode lottery of care.

Policy context

- The Government rejected a recommendation from the Women and Equalities Select Committee for the Royal College of General Practitioners to introduce mandatory training for GPs on menopause.[15]

- The Women's Health Strategy has highlighted that the Women's Health Ambassador will work with regulators, professional group leaders, Royal Colleges and other stakeholders to improve healthcare professional education and training on women's health.[6] In the appointment of Dame Lesley Regan as the Government's first-ever Women's Health Ambassador for England, Dame Regan will support the implementation of the Government's upcoming Women's Health Strategy.

Findings from interviews with clinicians

Inconsistency in treatments prescribed owing to variation in information on menopause.

Several clinicians pointed out that there are stark inconsistencies in what treatments are prescribed to patients by their healthcare providers if they are prescribed at all. This is due to reasons such as how individuals engage with the primary care system, and that GPs who have not had access to menopause-specific training are less likely to prescribe HRT. This has additionally not been helped by an evolving and expanding research environment that has seen different healthcare practitioners access and interpret guidance in different ways. This has led to disagreement even among HRT specialists, as some of the clinicians confessed. Where there is competing and even conflicting evidence, many GPs tend to refrain from prescribing HRT altogether, "just to be safe".
As a result, clinicians recognise the need for more education for GPs to make sure patients receive consistent, quality treatment across the board.

Variation in women's health conditions service provision due to varied levels of training within practices.

One clinician pointed out that there are a number of single-GP practices – predominantly male – in their area that seem to deliver little in the way of gynaecology or menopause services and would rarely examine the patients before referring them. As a result, they believed that mandatory training for GPs on women's health, and menopause symptoms and treatment paths specifically, might be needed to ensure consistent menopause care and treatment.

Spotlight

As part of their discussion, clinicians pointed out that some of those working in general practice feel they lack knowledge on how to provide the best menopause care, which is negatively impacting patients. Because of this, some healthcare professionals have taken it upon themselves to run educational sessions to educate their peers on how to handle difficult situations. One clinician has been running online Q&A sessions with GPs to hear about what they are finding difficult, where their knowledge gaps lie and to answer questions about difficult cases. This clinician has been running training sessions in their local Integrated Care Board (ICB) as well as meeting and engaging with healthcare professionals at their practices.

Insight 2:

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

The clinicians we spoke to as part of the process for developing this report said the following on the postcode lottery in access to HRT and quality of service:

> "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.

> It's very frustrating not having a standardised formulary... you have to take into account where your patient lives and think about whether the formulary will be different there."

> "There is a huge disparity on the formularies. Some areas are fantastic, and every product is available... but some areas narrow it down... it affects the choice women have over their care.

Overview

There are often discrepancies in terms of access to and quality of treatments depending on where in the country a patient lives. For some patients, the solution might be to visit a different GP practice or clinic that provides better treatment, but this might come at the cost of having to travel longer distances and therefore be more time-consuming and costly. For others who might not be fortunate enough to have access to menopause services in their local area, they either have to travel a long distance to access the nearest service or miss out due to not being able to afford the costs associated with travelling.

In terms of access, specialist clinics are not available in every locality and there are challenges when it comes to applying for funding to set up menopause clinics. This is because some menopause referrals are included within wider gynaecology referrals so the amount of specific menopause referrals within a locality is not clear and there does not appear a need for a menopause clinic. In addition to varied access, there are also discrepancies in terms of formularies which dictate which HRT is available in each region, as recognised by more than half of the clinicians we interviewed. Local formularies, meaning the lists detailing recommended medicines by local NHS organisations, are decided by the respective committees. Getting specific HRT courses approved in a region can be challenging as the process can be paperwork-intensive.

Recommendation 2

Prioritise the commitment in the Voluntary Scheme for Branded Medicines Pricing and Access (VPAG) to develop a local formulary national minimum dataset to identify where variation in local formularies may be creating barriers to access.

Landscape

A report conducted by the British Journal of General Practice found that overall HRT prescription rates were 18% lower in practices in the most deprived areas of the UK compared to the most affluent.[7]

The British Journal of General Practice conducted qualitative research with GPs in which female GPs expressed that their male colleagues had said to them they do not feel they have the vocabulary or confidence to ask questions around menopause whereas female doctors naturally do.[16]

Not all forms of HRT are available in all regions; in part, this is due to backlogs in formulary approvals caused by the COVID-19 pandemic.[17] However, even prior to the pandemic there was variation in the forms of treatments available to women for a variety of reasons. This includes disparities in treatments available on the NHS versus in private practice.[18]

Policy context

- The British Menopause Society[19] and the Women and Equalities Committee,[8] have called for a national formulary for HRT to reduce the administrative burden associated with getting HRT onto local formularies. However, the Government has stated it does not support the recommendation for a national formulary for HRT.[15]

- In December 2023, the Government published the new Voluntary Scheme for Branded Medicines Pricing and Access (VPAG).[20] Within this document is a commitment for NHS England to:

    - Develop a local formulary national minimum dataset within the first half of the Scheme to increase the visibility of local variation in the implementation of NICE guidance.
    - Identify where variation in local formularies may be creating barriers to access.
    - Confirm to NHS England when a NICE recommended treatment has been placed on a local formulary.

- NHS England will publish a report, no less frequently than annually, identifying unwarranted variation between national guidance and local formularies.

- In March 2023, a £25 million investment was announced to help the establishment of Women's Health Hubs.[21] However, this money will be split equally between each Integrated Care Board (ICB) (£595,000 each)[22] which does not account for the fact that some ICBs will cover larger populations than others and therefore need more funding for their Women's Health Hub.

Findings from available prescribing data

HRT prescription rates are linked with practice deprivation levels.

Across England, in the period of December 2022 to November 2023, practices in most affluent areas were prescribed almost twice as many HRT prescriptions per eligible person (figure 1),[23,24] and spent twice as much per person, than practices in the most deprived areas (figure 2).[23,24]

HRT prescription items and spend per thousand female patients aged 45-60 by deprivation

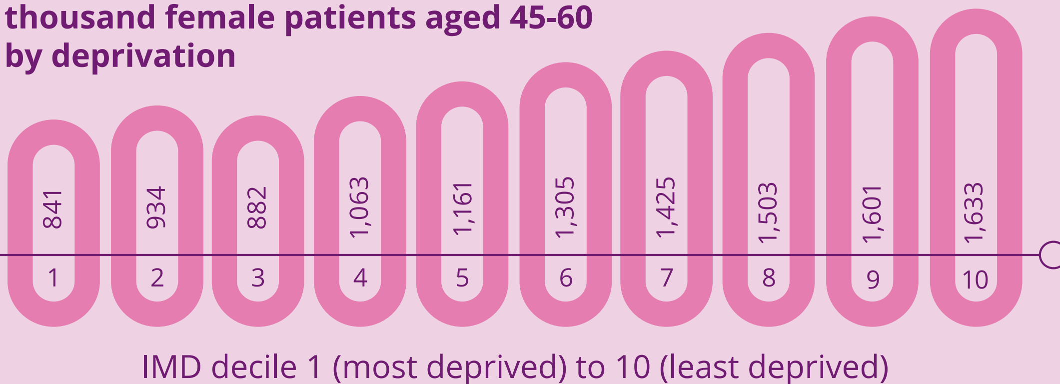


Figure 1. Average HRT prescription items per thousand female patients aged 45-60 ranked against the compiled Index of Multiple Deprivation (IMD) of Primary Care Networks (PCN).

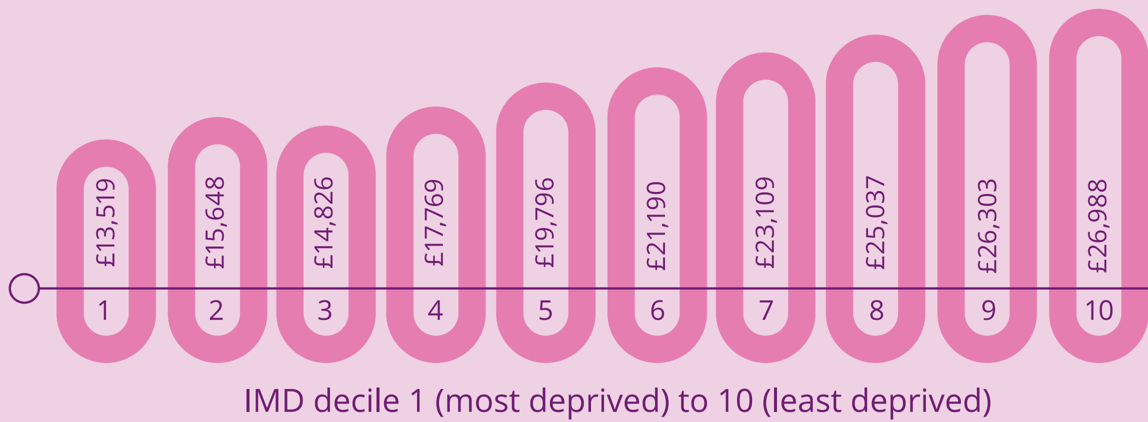


Figure 2. Average HRT spend per thousand female patients aged 45-60 ranked against the compiled Index of Multiple Deprivation (IMD) of Primary Care Networks (PCN).

For example, in the period from December 2022 to November 2023, there was a stark difference between HRT items prescribed and the money spent between Winchester City PCN and Balsall Heath, Sparkhill and Moseley (Birmingham) PCN (figure 3). The Index of Multiple Deprivation (IMD) is a scale used to describe how affluent or deprived an area is. Decile 1 is the least affluent and decile 10 is the most affluent. For example, Winchester has an IMD score of 10 and therefore ranks more affluent than Balsall Heath, Sparkhill and Moseley which has an IMD score of 1 (least affluent).[24]

Primary Care Network (PCN) name	Index of multiple deprivation score (1 = most deprived, 10 = least deprived)	HRT prescription items per 1,000 females aged 45-60	Net ingredient cost (spend) of HRT per 1,000 females aged 45-60
Winchester City	10	1,636	£26,253
Balsall Heath, Sparkhill and Moseley (Birmingham)	1	346	£5,030

Figure 3. Table noting stark difference in HRT prescriptions and spend between Winchester City PCN and Balsall Heath, Sparkhill and Moseley PCN.

HRT prescription rates are linked with practice ethnicity levels.

Across England, in the period of December 2022 to November 2023, practices with the fewest ethnic minority patients prescribed more than three times as many HRT prescriptions (figure 4)[23,25] and spent more than three times as much per person, compared to practices with the most ethnicly minority patients (figure 5).[23,25]

HRT prescription items and spend per thousand female patients aged 45-60 by ethnicity

Figure 4. Average HRT prescription items per thousand female patients aged 45-60 ranked against ethnic minority deciles.

Figure 5. Average HRT spend per thousand female patients aged 45-60 ranked against ethnic minority deciles.

For example, in Barking and Dagenham East PCN, which is ranked as 1 in the ethnic diversity scale, i.e., it is one of the most diverse regions, there are far fewer HRT prescriptions given and less spent than in a place that is not as diverse, such as Somerset West PCN, which ranks 10 on the same scale (figure 6).[25]

Primary Care Network (PCN) name	Index of ethnic diversity (1 = most diverse, 10 = least diverse)	HRT prescription items per 1,000 females aged 45-60	Net ingredient cost (spend) of HRT per 1,000 females aged 45-60
Somerset West	10	1,676	£26,221
Barking and Dagenham East	1	275	£4,144

Figure 6. Table noting stark difference in HRT prescriptions and spend between Somerset West PCN and Barking and Dagenham East PCN.

Findings from interviews with clinicians:

Discrepancies in formularies

Several clinicians recognised that there are discrepancies in terms of what is included in formularies in each region. One clinician emphasised the fact that as not all products are available in every part of the country, this limits the ability of women to personalise their care. This is especially concerning given that HRT usually consists of a combination of oestrogen and progestogen treatments. Another clinician shared that local formularies are decided by local committees, and this results in inconsistencies in what is available. Clinicians have called for a standardised national formulary; particularly as prescribing treatments can be difficult if patients are from different parts of the country.

Menopause care may be dependent on the gender of a patient's GP.

One clinician shared that there is a gender divide among clinicians in her area. Specifically, in this clinician's experience, some single-handed surgeries run by male GPs, have less training in gynaecology, which can then impact on patient care.

HRT prescription rates are linked with practice deprivation levels.

One clinician mentioned that menopause referrals get lost within gynaecology referrals, so it appears that there is no need for local menopause clinics. Therefore, it is very difficult to justify funding for building these facilities in different areas of the country. It was noted that, depending on where a patient lives, they may have to travel long distances in order to access a specialist menopause clinic.

Insight 3:

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

The clinicians we spoke to as part of the process for developing this report said the following on the need for community engagement and community-led initiatives to raise awareness of menopause symptoms:

> 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.

> The Women's Health Strategy is lacking that deeper understanding of diversity.

> Engaging with the voluntary sector is necessary to appreciating what the local communities need.

Overview

Awareness of menopause symptoms is crucial for women to initiate seeking treatment and care. This awareness can come from engaging with the community. For example, menopause cafes are used to provide a safe space for women to discuss menopause and may bring to light other treatments that are available or highlight symptoms that may not be recognised as that of menopause.

To best serve local communities, a recognition of the specific local needs is essential. Symptoms may present uniquely in women of minority ethnicities and some cultures may not even recognise the menopause as a process. Therefore, areas with large communities of women from different ethnic backgrounds would require community engagement to understand how different symptoms present and what medical care is available.

Insight 3

Recommendation 3

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.

Landscape

People from different cultural and ethnic backgrounds may have different beliefs and attitudes towards menopause which can heavily impact their ability or willingness to seek help. In some minority communities, menopause is still a social stigma and a taboo subject meaning they do not talk about it openly.[26]

A Pakistani university survey showed that 78% of women were unaware of menopausal symptoms and their effect on health. Most women considered it as part of the natural process of ageing and, even when having symptoms, they did not seek medical help due to a lack of awareness and poverty.[27]

Research by the British Journal of General Practice suggests that menopause symptoms can present differently among different ethnic minorities.[16]

Political Enviroment

- Following the publication of the Women's Health Strategy, the NHS website now has a dedicated area for women and girls including new content on menopause to help provide easier to access information on symptoms.[28]
- The Women and Equalities Committee has recognised that Black and ethnic minority women could face additional challenges when going through menopause which can make it difficult for them to access appropriate support, or have their symptoms taken seriously.[8]
- The draft updated menopause NICE guideline also notes that some ethnic minority groups experience menopause at a younger age meaning earlier identification of troublesome symptoms and treatment options is important.[12]

Findings from interviews with clinicians

The availability of community spaces.

Community spaces, namely menopause cafes, were called out as spaces where women could share resources and support each other. However, one clinician called out the fact that these spaces are not clinician-led and resources that are passed around are not sense-checked and therefore, the accuracy of the information being passed around was called into question. Several clinicians suggested that these spaces should be governed by medical professionals to ensure that they provide trusted resources and advice. Not only does this mean that the women in attendance receive appropriate and accurate support, but it also means that community spaces like these can be replicated across the country.

Clinicians also emphasised the need for these community forums to be run by women and, in particular, women from a diverse range of backgrounds to invite and welcome attendance from a diverse range of women.

The need to take cultural differences into account.

One clinician spoke of an experience with a patient who presented symptoms of menopause, but her family insisted she go through cardiac investigation and would not listen to the clinician's advice because menopause was not seen as an issue in the patient's culture. Therefore, the symptoms had to be that of a heart problem. As a result of this limited understanding of menopause symptoms, the patient was sent to another part of the healthcare system only to return to the original service, adding more pressure on the system. This highlights the importance of recognising and understanding cultural differences when it comes to the menopause.

Another clinician also discussed the need to understand these differences as, in her region, there is a well-established Chinese community and women in this community would use traditional Chinese medicine rather than following the regulator-approved and evidenced options for menopause care.

Working with the voluntary sector and public health records.

One clinician called out the benefit of working with the voluntary sector who have a better knowledge of the needs of the local communities. They have personally worked with social prescribers and patient advocates in order to produce materials for patients. The same clinician also mentioned that using public health data can aid in providing the right treatment for different areas of the country. For example, they used age data to help predict what health issues patients in their region are likely to be concerned with. This can then help to develop resources and clinics that are tailored to local needs.

Insight 4:

Different types of clinicians need education to ensure access to, and consistency of care.

The clinicians we spoke to as part of the process for developing this report said the following on ensuring access to and consistency of care:

> We need clinician education right across the board, that's pharmacists, that's nurses, nurse practitioners, GPs.

> The key to women's health is our nurses because they are the ones who will empower women to make that initial appointment.

> We organised training which was available to all healthcare professionals... we had pharmacists, nurses, doctors, trainees.

Overview

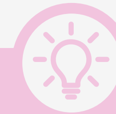
Menopause-focused educational events and networking opportunities for healthcare professionals are beneficial as they facilitate peer-to-peer knowledge exchange. This type of event does not just ensure that healthcare professionals are educated on women's health and the resources and networks in place but also aids in diversifying the pool of healthcare providers who are able to service patients when it comes to menopause for example, training pharmacists to provide advice to help those suffering with the menopause.

Recommendation 4

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.

Landscape

Menopause education for HCPs in the UK is currently lacking.[5] Many GPs do not feel comfortable managing the menopause, with only 66% of GPs responding to one survey reporting feeling confident managing the menopause.[29] More is needed to ensure HCPs are offering the best available options and care so women can make an informed decision about their treatment options.



The British Menopause Society (BMS) has created the 'Vision for Menopause Care'[30] in which plans have been set out to create a well-educated healthcare professional workforce that have the optimum skills to cater for the high population demand. The BMS has set out Principles and Practice of Menopause Care in order to increase the knowledge and abilities that nurses and pharmacists have when it comes to menopause care.

Political Enviroment

- One of the focus areas within the Women's Health Strategy for England (2022) is to improve information and education on women's health.[6] Menopause-specific objectives from the Women's Health Strategy include ensuring that HCPs (including those who have a special interest in other areas) have a basic understanding of the menopause by increasing education and awareness.[6]

Findings from interviews with clinicians

Peer-to-Peer education

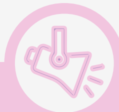
One clinician mentioned that they had organised a women's health study day which was open to all healthcare professionals across her county including pharmacists, nurses and doctors, as well as trainees from all across the country. This provided education on key health issues affecting women, knowing that they are often overlooked

It is necessary to educate all kinds of healthcare professionals on menopause.

Clinicians have expressed the need to educate other healthcare professionals, with one clinician sharing that upskilling pharmacists on menopause ensures that patients in their area can access help and resources even when their GPs are not available.

Following on from this, another clinician emphasised that educating nurses is vital in improving menopause care as they play the biggest role in empowering female patients to make an appointment or, in the case of nurse prescribers and practitioners, treating them. This demonstrates the importance of educating other healthcare professionals to assist patients where there is a high demand for treatment and perhaps, where GPs and specialists are scarce.

Spotlight



The British Menopause Society has formed a comprehensive training programme which delivers evidence-based, peer reviewed education to healthcare professionals.[31] Their Principles and Practice of Menopause care (PPMC) comprises a range of resources and practical training components designed to reflect NHS practice. The programme works to provide knowledge for a range of HCPs which includes doctors, nurses and pharmacists and others who undertake menopause consultations. With this training package, the society has acknowledged that a highly skilled workforce will in turn benefit women across the country.

Insight 5:

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

The clinicians we spoke to as part of the process for developing this report said the following on the length and accessibility of menopause consultations:

"Access to appointments was a huge issue which I like to think we have solved with evening and weekend appointments."

If patients watch the video we provide, they are able to come to their appointments with the right mindset and information.

My menopause clinic is remote...if you don't need a physical assessment there is no need to be in-person and it is much more time-efficient.

Overview

The traditional format of menopause consultations means that patients may not be able to completely share all of the symptoms they are experiencing due to time restrictions. Therefore, appropriate care may not be able to be given.

Furthermore, the use of digital technology can aid consultations in offering patients information before or after a consultation, so that crucial face-to-face time between a clinician and a patient can be limited to the symptoms a patient is experiencing so that they can be prescribed the appropriate treatment.

It is important to note that the use of digital technology will not be suitable in all circumstances given some women may not have access.

Insight 5

Recommendation 5

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

Landscape

Research into the use of technology and menopause care found that when participants were shown a 12-minute video about the menopause prior to their consultation, there was a significant increase in participants' knowledge of the menopause as well as a higher level of certainty on what treatment they would prefer compared to those who had not watched the video.[32] This demonstrates that implementing technology which gives patients prior knowledge of menopause could lead to greater efficiency during consultations. or confidence to ask questions relating to menopause.

Policy context

- Pressure on primary care services is widespread across the country and patients are struggling to get appointments.
- The average wait for an NHS first appointment at a menopause clinic is almost double NHS England's 18-week target for treatment.[14]
- The Government is trying to address long waiting lists to enable faster access to treatment through measures including the NHS Long Term Workforce Plan, which sets out to increase the number of GP training places by 50% to 6,000 by 2031/32.[33]

Findings from interviews with clinicians

Consultations cannot be accessed by all.

Clinicians expressed that there are limitations regarding the way that consultations are usually set up to treat menopause. A common theme was that the duration of the sessions, which is usually 10-15 minutes, tends to be insufficient for in-depth discussions. However, given the immense capacity challenges on the NHS workforce currently, extending the length of the consultations is not a viable solution.

It was also shared by clinicians that due to patients' geographical location and their schedules, they may not be able to attend appointments at all. In order to combat this, clinicians have mentioned that they have implemented evening and weekend consultations to increase the likelihood that patients will be able to receive care.

Technology can be used to improve menopause care.

Clinicians noted several ways in which menopause care can be streamlined with the use of technology. One noted that they usually send their patients a video about menopause prior to their first consultation so that they know what to expect from it. They also provide digital tutorials on how to administer different types of HRT after sessions so that this does not need to be covered during the consultations. This can be done through programmes built into the prescribing system such as Engage consult or QRX. In providing videos, it is ensured that the limited time offered for consultations can be used effectively so that the best possible care is received.

Technology has also been used by several clinicians to conduct remote appointments, again, to increase the likelihood that patients can access the services they require.

Spotlight

According to clinicians we spoke to, access to care is a key issue as not everyone can be available for appointments during what are deemed as conventional working hours i.e., 9am-5pm. To overcome this barrier, one clinician hosts consultations remotely, as well as during evenings (6:30pm-8pm) and weekends to make sure that most patients can attend.

Conclusion

Conclusion

This report has highlighted some of the barriers preventing women from accessing menopause care and HRT treatment, supported by insight from interviews with experts, our own research and HRT prescribing data, commissioned by Theramex. Our findings demonstrate that there is still a lot of work to be done to remedy the persistent and consistent challenges across the country that are preventing women getting the menopause treatment they need and should expect.

To summarise, from developing this report we have found that:

- The degree of information and training on menopause is varied across the country and is often optional for clinicians. This results in regional variation in terms of how informed healthcare professionals are on the menopause. Making women's health, in particular menopause, an integral part of GP education will make sure that women from across the country can access consistent, high-quality care from their GPs.

- There is a postcode lottery in accessing HRT and the quality of service depending on where in the country a patient lives, both in terms of geography and discrepancy in formularies and prescriptions. This means that some patients have to travel a long distance to access the nearest service or miss out due to not being able to afford the costs associated with travelling.

- There is a need for community engagement and community-led initiatives to raise awareness of menopause symptoms, which is crucial for women in order to support them to initiate seeking treatment and care. A recognition of needs in a local area is crucial so that support can be tailored accordingly. For example, symptoms present uniquely in women of minority ethnicities and some cultures may not even recognise menopause as a process meaning tailored community engagement is required.

- Different types of clinicians need education to ensure access to, and consistency of, care. Menopause-focused educational events and networking opportunities for healthcare professionals are beneficial for this as they facilitate peer-to-peer knowledge exchange and diversify the pool of healthcare providers who are able to help patients when it comes to menopause, for example the important role that pharmacists can play.

- Consultations are often not long enough meaning women may not be able to completely share all of the symptoms they are experiencing and appropriate care may not be able to be given. The use of digital technology can aid consultations in offering patients information before or after a consultation. However, digital technology will not be suitable in all circumstances given some patients may not have access, or prefer in-person consultations.

Theramex recognises that this report can only be one step towards understanding some of the barriers in the way of access to menopause treatment and is by no means the final word on the issue. Instead, we want the testimony and evidence from women and clinicians to be part of the debate, as contribution to the wider campaign we are running on inequalities in menopause care, in an ongoing and important rethinking of how women's healthcare is planned and delivered across the country. Continuing our work in this space, we intend to build on this report by disseminating the recommendations to decision makers and speaking to a broader range of stakeholders to identify how we can provide more support and, working in collaboration with other organisations fighting the same cause.

The challenges highlighted in this report cannot be solved overnight, but there is no room for complacency. There is an urgent need, and desire from all parties involved, to drive forward progress in women's health now that plans are in place.

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