

# National Menopause Improvement Programme

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Growing profile in the media

Recognition by Government

Key part of new Women's Health Strategy

NHS England developing what we need to do

Similar in Scotland, Wales and NI



**Mission menopause: 'My hormones went off a cliff - and I'm not going to be ashamed'**

- **On average, c.400,000 women start the menopause transition each year. In our current support to these women, [NICE guidance](#) is not followed consistently. Misunderstanding and misperception is common among both the population and healthcare professions**
  - NICE and Cochrane agree that the benefits of HRT outweigh the risks for most women – 60% of women aren't offered it
  - NICE is clear that hormone blood tests are unnecessary for women >45yrs, yet 42% of survey responders were given one
- **According to an open access online survey of c.5,000 women**
  - 1 in 3 women are prescribed anti-depressants unnecessarily
  - 1 in 3 women were not correctly diagnosed for at least 3 years
  - 9% of women attend the GP 10+ times before menopause is considered in diagnosis. 10% attend 5-10 times. 50% attend 2-5 times
    - Even without improvement of subsequent pathways, reducing this to within 2 visits frees up c.750,000 GP consultations p.a.
  - 13% are referred unnecessarily to secondary care
- **The optimal support and treatment pathways are known, but are rarely followed consistently**
  - Sub-optimal support and treatment is widespread and an EDI issue
  - The impact on NHS workforce is significant, especially among workforce groups with a high proportion of women
- **1 in 10 women leave their job, when they don't want to, because of poor menopause support and healthcare provision. In the NHS workforce alone, this is as many as 30-50,000 women (60-100% of the full target of the NHS Retention Programme).**

# Facts about the menopause and the perimenopause

**Menopause** is defined as having occurred when a woman has not had a period for 12 continuous months (for women reaching menopause naturally and not on oral contraception).

Symptoms can appear years before periods stop, as the body makes its changes leading up to the menopause (the '**perimenopause**' or 'menopause transition')

Symptoms may continue long after the menopause. This time of life is known as the '**post-menopause**'.

*The **menopause** is the time when a woman stops having periods and can no longer get pregnant naturally. The ovaries stop releasing eggs and no longer produce the hormones oestrogen and progesterone.*

**Symptoms  
during  
perimenopause,  
menopause and  
post-  
menopause**

**25% will not get symptoms**

**Around 75% of women will get symptoms**

**25% of women will get severe or bothersome symptoms**

Before the cancer and clots scare of 2003,  
30% of women would start HRT

# Overview of NHS England Menopause Improvement Programme

The **4 key areas** that the programme focuses on includes:

- **Clinical Optimal Pathway:** The Menopause CRG is defining the Optimal treatment pathways for patients, to ensure best practice is received as standard
- **Workforce Support:** The programme will design a workplace support package for NHS employees experiencing the Menopause. This will be designed to be scalable allowing subsequent adoption by external organisations of all sizes (in line with discussions with DWP and BEIS)
- **Education for Clinicians:** In partnership with BMS, HEE, RCGP, RCN and others, the programme plans to develop Menopausal training practices for Clinicians. The programme is also seeking to change the training medics receive in medical schools on the Menopause to ensure this is both covered appropriately and is based on the most up to date evidence base
- **Awareness for Population:** The programme is intending to capitalise on the growing awareness and attention given to the Menopause in the public sphere

# Why a Behaviour Change approach?

Behavioural science is about choice-making –

- Why do people make the decisions that they do?
- How do they make them?
- How do they receive and account for the information we give them?
- How should we design and build these in such a way that more people choose to do what the evidence says we should?

If we account for how the mind works, we increase the rate of good choices and decisions (our own and those of others – our workforce and the population).





- **Capability** is the psychological capacity (such as knowledge and understanding) and physical ability (including special skills) to enact a behaviour. For example, awareness of why certain behaviours are good or bad for us.
- **Opportunity** refers to the physical and social environment that enables a behaviour, for example, easy access.
- **Motivation** is made up of the internal mechanisms that set in motion or inhibit a behaviour. This could include the desire to participate in the new behaviour.
- **Behaviour** is the physical action that occurs in the body and is controlled by the brain; it is anything a person does in response to external or internal cues. E.g. The intention to eat more fruit is not a behaviour – but the act of eating fruit is.

For a person to engage in a particular behaviour, they must be capable, have the opportunity and be motivated to do it, more so than any competing behaviour at the time.

By understanding the drivers of behaviour – and barriers to healthy living – **behaviour change support delivers the most evidence-based interventions.**



# “Think Menopause”

**Design: Education, Awareness & Optimal Clinical Pathway**

**Patient presentation, diagnosis and support**

**Clinical Education and Development**

**Primary Care Menopause specialists**

**Wider clinical awareness**

**Population awareness**

**Self-care and informed presentation**

**“I think you might be menopausal”**

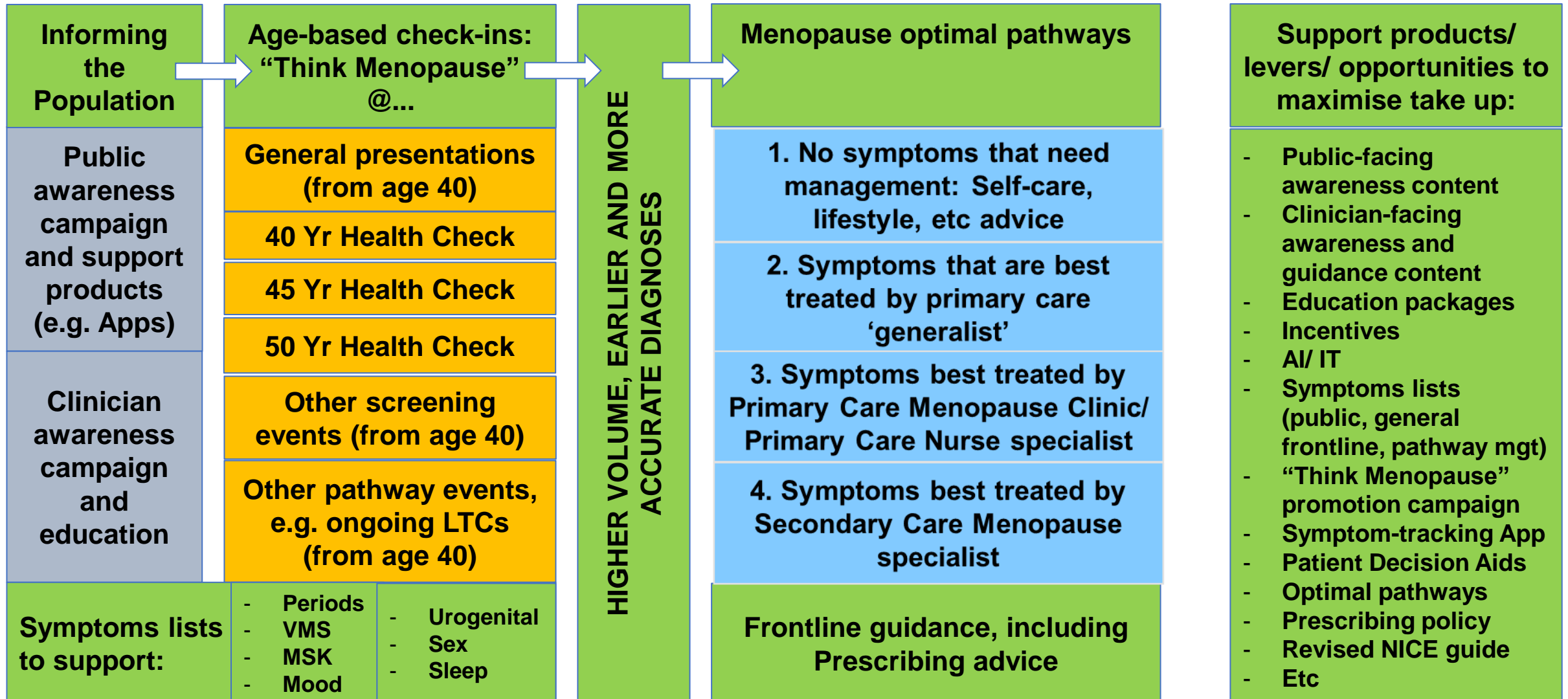
**Deliver: Optimal Clinical Pathway**

**Workforce model**

**Better, more supportive workplace environment**

**“I think I might be menopausal”**

# CRG-designed Optimal Diagnosis and Pathway



# The optimal pathway

- **Working with menopause clinical and academic experts**
  - Identify most common symptoms
  - Agree evidence-based first line treatment
    - Always including
      - Red flags
      - Self-care opportunities
  - Agree second line treatment
  - Combine symptoms
- Build into simple-to-use pathway flowchart and app

# Optimal Pathway Process Development:



## PERI-MENOPAUSAL & MENOPAUSAL TREATMENTS: POST DIAGNOSIS

Not every woman will want HRT. Important to consider all options through shared decision making

WHAT IS THE SYMPTOM? IRREGULAR PERIODS +	SELF CARE ADVICE	CONSIDERATIONS (can run in parallel to menopause treatments)	WHAT ARE ALL THE FIRST LINE TREATMENT OPTIONS ?	CONSIDERATIONS (can run in parallel to menopause treatments)	WHAT ARE ALL THE SECOND LINE TREATMENT OPTIONS?	Notes
Troublesome irregular periods (ONLY)		Heavy periods Intermenstrual bleeding Post coital bleeding Pain  Consider investigation and referral and management as per NICE guidance 88	<b>SELF CARE</b> <b>Discuss options</b>  Cyclical progestogens  Mirena IUS	Heavy periods Intermenstrual bleeding Post coital bleeding Pain  Consider investigation and referral and management as per NICE guidance 88	Consider investigation and referral  Tranexemic acid / Mefenamic Acid HRT - if other menopause symptoms present  Combined hormonal contraception if appropriate based on a risk assessment (UKMEC 2016)	Tranexemic acid / Mefenamic Acid for those who don't want hormonal treatment  HRT not recommended for first line treatment without additional symptoms
<b>VMS</b> (NB diff terminology for non-medics) Hot flushes Night sweats Palpitations	<i>Signpost to credible self care links.. What are these?</i> Avoid synthetic fabrics Fan Cold facial spray / baby wipes in freezer Refer to pharmacist for discussion re over counter options  Lifestyle modifications: diet, exercise, optimising weight, alcohol, caffeine, smoking etc	Heavy periods Intermenstrual bleeding Post coital bleeding Pain  Other systemic causes including: haematological, malignancy, TB, infectious diseases	<b>SELF CARE</b>  HRT (discuss options & alternatives)  CBT	Heavy periods Intermenstrual bleeding Post coital bleeding Pain  Other systemic causes including: haematological, malignancy, TB, infectious diseases	SNRIs & SSRIs Clonidine Oxybutin Gabapentin Pregabalin	We may need to create public facing self care information (online / leaflet) - symptom by symptom See Nice guidance re. alternative options isoflavones 1.4.4  Palpitations - RED FLAG
<b>Sleep problems</b> & associated symptoms (Insomnia, exhaustion, difficulty concentrating, brain fog)	Sleep hygiene advice  Consult your pharmacist for OTC options for sleep	Palpitations: consider other causes Clinical depression  Long Covid  Primary insomnia  Sleep apnoea	<b>SELF CARE</b>  HRT (discuss options & alternatives)  Focused CBT	Palpitations: consider other causes Clinical depression  Long Covid  Primary insomnia  Sleep apnoea	NICE CKS advice on short term management of insomnia	explore CBT - clarity on this - links?
Difficulty concentrating, lack of concentration, memory lapse (Brain fog)	CBT Add in... Lifestyle advice	Normal ageing Long Covid Stress / Depression  (Dementia. NB: rare)	<b>SELF CARE</b>  HRT (discuss options & alternatives)  Focused CBT	Normal ageing Long Covid Stress / Depression  (Dementia. NB: rare)	Consider cautions	Brain fog for public - but caution, no evidence, definition

# Simple to use pathway navigation

Welcome to the NHS Menopause Optimal Pathway support tool for Clinicians.

The screenshot displays a user interface for the NHS Menopause Optimal Pathway support tool. At the top, a message reads: "Click the buttons for fast navigation. If you get lost, just type menu in the free text to reorient yourself." Below this is a search prompt: "What can I help you with?". Three navigation buttons are visible: "Diagnosis", "Symptoms To Treat" (highlighted with a green circle), and "General Self Care".

Below the navigation buttons, a message states: "The following areas contain the most common / significant symptoms in terms of impact, and are also evidence-based regarding causation due to menopause: NB where several symptoms, consider several treatments and potential contraindications." To the right, a "Questionnaire" button is visible.

At the bottom left, a message says: "Wearing lighter clothing, keeping your bedroom cool at night, taking a cold shower, using a fan, exercising regularly, losing weight (if you are overweight), avoiding triggers such a spicy food, and reducing your stress levels can all help. See a health professional at your GP practice, or a pharmacist, to discuss whether non-hormonal treatments may help." Below this message are "Considerations" and "VMS Menu" buttons.

At the bottom right, a "Self-Care" button is visible, along with a "VMS" button. Below these are buttons for "Considerations", "1st Line Treatment", "2nd Line Treatment", "Notes", and "Symptom Menu".

NHS  
Workforce  
Menopause  
Guidance  
Support Offer  
(coming soon)

National Menopause Guidance

Menopause E-learning modules

Recording Menopause absences on ESR & Guidance

Wellbeing (Menopause) Champions

Occupational Health Support

Estates/Uniforms

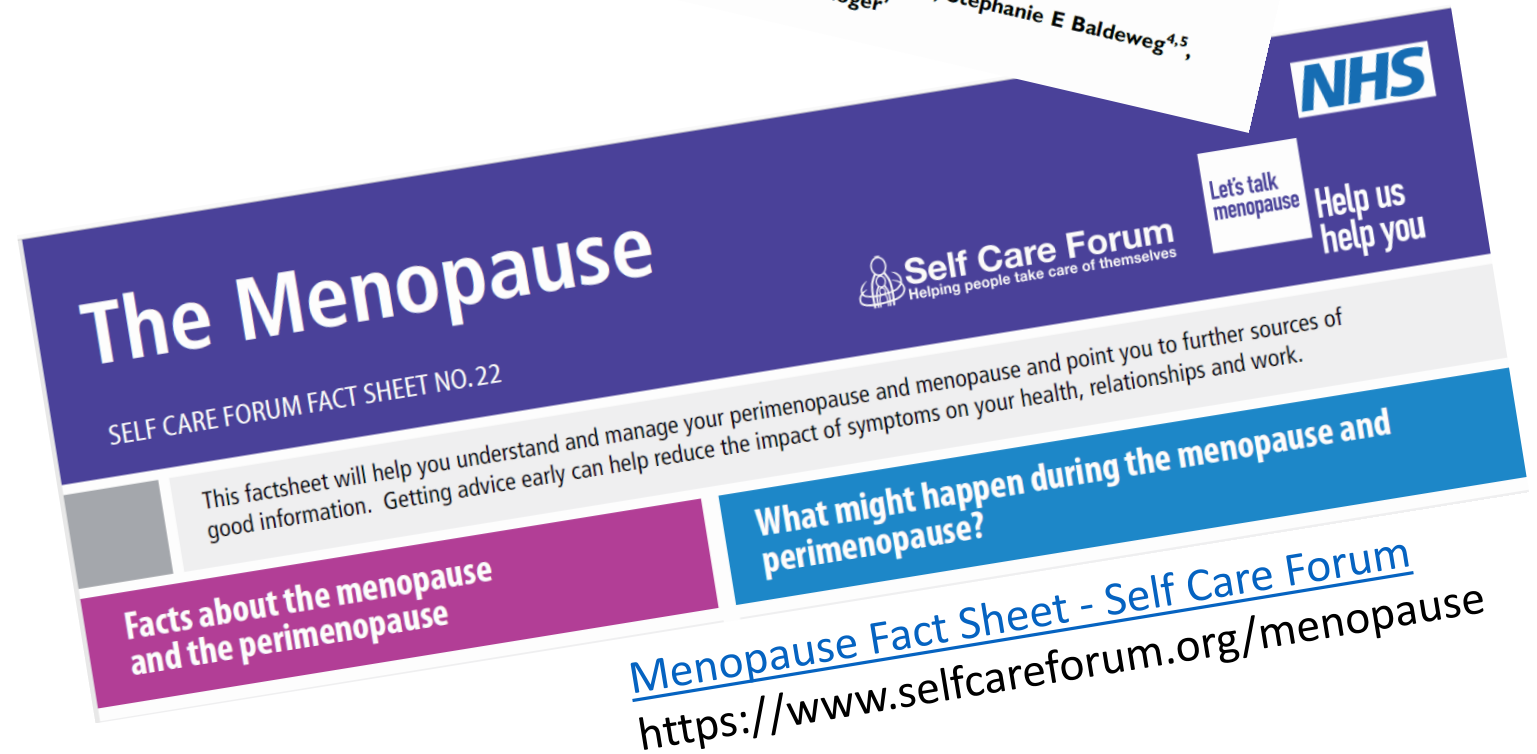
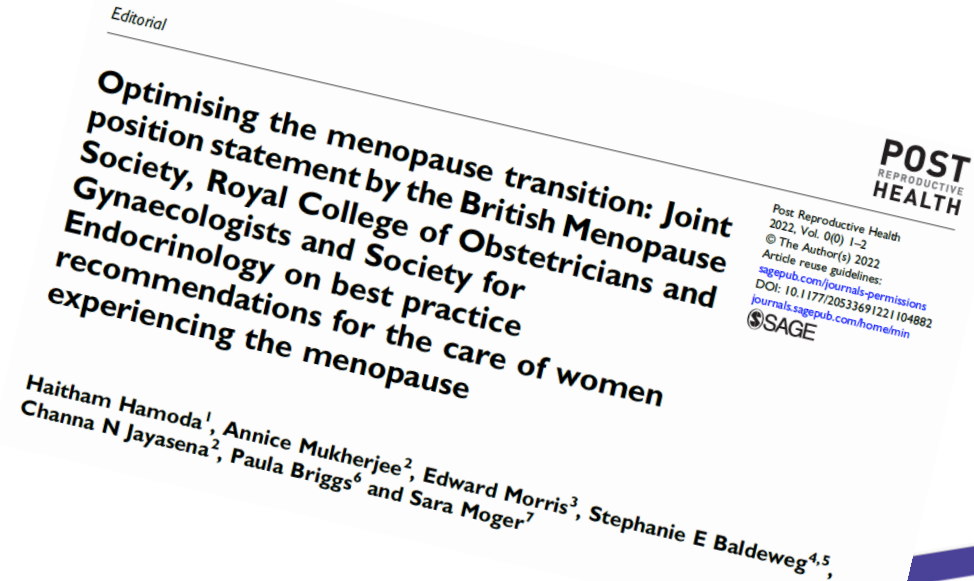
Creating opportunities to talk about the Menopause

Sharing good practice – case studies

National webinars on Menopause

# Planned support examples

Intervention (planned)
Self-Care Factsheet
BMS publications
Decision Support Tool
Help Us Help You – Menopause campaign
E-Learning for Health – Menopause modules
Workforce guidance
Menopause Clinical Optimal Pathway
Symptoms Awareness promotion
Public Awareness Animation





# Menopause Self Care Fact Sheet

## Page 1 Menopause and symptoms

- Facts about the menopause
- A typical menopause timeline
- What might happen during the menopause and perimenopause?



## Page 2 Managing the Menopause

- Managing your menopause
- HRT The facts
- **When to seek medical help**
- Where to find out more

THANK YOU!