

Priorities

The government has promised to put in place a 10-Year Health Plan to fix the NHS in England. We want to hear what your priorities are for this plan as interested organisations.

Tell us what your organisation wants to see in the 10 Year Health Plan, and why this is important.

Menopause Support would like to see menopause in all its forms, perimenopause, menopause, post menopause, surgical menopause, medically induced menopause, early menopause and premature menopause made a priority in the 10 year health plan. Currently many women still struggle to get the right help and support for menopause in primary care, due to a lack of mandatory menopause training for all GPs and practice nurses. Whilst, thanks to public campaigning, this is slowly starting to improve as individual practitioners access training for themselves, speaking to a knowledgeable practitioner and being offered appropriate management options, is still very much potluck. This simply should not be the case, when half of the patient population will experience menopause at some point in their lives.

For those who need to see a menopause specialist, the waiting lists are very long, sometimes in excess of two years. There are currently twelve counties in England where there is still no NHS menopause specialist clinic provision. Where specialist clinics do exist, they often operate very limited hours, some are one day per month, this urgently needs to be addressed to avoid long waiting times and long journeys for patients.

Those undergoing bilateral oophorectomy, plunging them into surgical menopause, are often not fully counselled prior to surgery. In a recent survey 72% say they were not made aware of all of the potential consequences of having their ovaries removed. 62% say that HRT, first line treatment, was not discussed with them, and 42% were never sent a follow up appointment for a review following surgery. It is clear that there needs to be a clinical guidance pathway to follow for gynaecologists performing this surgery, and there must be full counselling and comprehensive information for patients, prior to surgery, and follow up post-surgery.

83% of survey respondents told us that their GP was not knowledgeable about surgical menopause to help them. For many they felt that they had no option but to pay for private care when NHS waiting lists to see a specialist are so long. Many are now trapped in private care that they can't afford, with some having spent between £2000 and £10,000 over a period of time. Nobody should ever feel forced into private care.

Much of what we have shared about the experiences of those in surgical menopause is reflected by those who go into a medically induced menopause, as a result of treatment for cancer or commonly, severe endometriosis, or PMDD. Again, many report a lack of comprehensive information prior to treatment with many having chemotherapy or radiotherapy, which affects ovarian function, never having had a conversation about

menopause as a result of treatment. When delivering menopause training at a hospital in Suffolk recently, our founder Diane Danzebrink, was told by a nurse working with breast cancer patients, that she had learnt more about menopause, and how to help her patients, in one hour, than she had in her entire training. HCP training needs review.

We would also like to see the care of those diagnosed with premature menopause reviewed. Many struggle to get an initial diagnosis, as GPs often tell these women that they are too young to be experiencing menopause, despite the fact that approximately one in one hundred under the age of forty, will experience premature menopause. These women also face long waiting lists to see a specialist once diagnosed. We urgently need to consider not just the ongoing specialist medical care of these women, to support their long term health, but also the emotional support, which is often absent, when facing such a diagnosis, which for many includes a loss of fertility, at such a young age.

Better education for healthcare professionals, better information, care and support for patients is a must and ultimately would save both time and money for the NHS

Shift 1: Hospital to Community

This means delivering more tests, scans, treatments and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies.

More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so that they can provide things that are mostly delivered in hospitals at the moment. Examples might include:

- **urgent treatment for minor emergencies**
- **diagnostic scans and tests**
- **ongoing treatments and therapies.**

The vast majority of hospital care related to menopause, currently dealt with by menopause specialists, where NHS clinics exist, could be dealt with at Women's Health Hubs, if funded correctly. However, the twenty five million allocated across forty two ICBs in 2023 resulted in a one off payment to each ICB of around £600,000. This funding was not ring fenced and is not currently ongoing. Significant investment is required to create a sustainable women's health hub in each ICB area, using feedback from those already involved in creating and running these, to create best practice guidance, to ensure consistency of care and services across the country. This initial investment would reap rewards in terms of patient health and free up time and resources in hospital settings.

Shift 2: Analogue to Digital

Improving how we use technology across health and care could have a big impact on our health and care services in the future.

Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.

What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

(optional)

Links to reports or supplementary evidence are not included in the word count should you wish to include these as part of your response.

Better computer systems to ensure that patients do not have to tell their story more than once would be hugely beneficial. It is not unusual for us to speak with women, particularly those in surgical/premature/medically induced menopause, who have felt traumatised by being faced with yet another HCP who has no details of their medical history.

At Menopause Support we have produced a 44 page booklet entitled Understanding Menopause. https://menopausesupport.co.uk/?page_id=17128

This has been adopted by the British Menopause Society and the government's own Help to Grow/menopause web pages. We were prompted to do this as there is neither an NHS or public health booklet dedicated to menopause. This is a paper booklet but also a free pdf. Many NHS GP practices and trust clinics have ordered the booklets to share with patients, but they have also made use of the digital pdf file. Many GPs are now texting this to their patients approaching the age of forty. This resource, written in conjunction with menopause specialist doctors, could be adopted across the NHS and texted to every female patient around the age of forty.

We have also produced four, thirty second information videos for GP waiting room screens, these could also be adopted across the NHS.

https://menopausesupport.co.uk/?page_id=17826

In terms of our own work, producing these resources is relatively quick and easy but we find that once we have made contact with the DHSC and NHS England any progress is glacial, mired in red tape, and round upon round of meetings about meetings.

Shift 3: Sickness to Prevention

Ideas for change

We're inviting everyone to share their ideas on what needs to change across the health and care system. These could be:

- **Ideas about how the NHS could change to deliver high quality care more effectively.**
- **Ideas about how other parts of the health and care system and other organisations in society could change to promote better health and/or improve the way health and care services work together.**
- **Ideas about how individuals and communities could do things differently in the future to improve people's health.**

Immediate

Produce a one hour, time locked, video training for all GPs/practice nurses dedicated to menopause, presented by a respected menopause specialist. Distribute to every NHS GP practice, mandate the training and imbed a system which shows that every practitioner has watched the video and completed the twenty questions and answers at the end of the video. Result, all GPs and practice nurses updated with current information and guidance.

Adopt the Menopause Support Understanding Menopause booklet and distribute the details of the digital pdf and QR code to all GP practices, advise sharing with all female patients approaching forty.

Include menopause in the forty year old health check, to include a symptom checker

https://menopausesupport.co.uk/?page_id=16056

Collaborate with third sector organisations, like Menopause Support.

In the middle

Ensure that menopause is part of training for all current HCPs

Bring together those who are currently successfully running women's health hubs to create best practice guidance to be implemented across all ICBs.

Ensure all ICBs have a menopause specialist service.

Create a public health campaign for menopause in collaboration with patient advocate organisations.

Ensure guidance for clinicians involved in working with those in premature or induced menopause.

Fund emotional support as part of the care package for those in premature or induced menopause.

Provide funding for third sector, patient advocacy and support organisations supporting women, so much of this important work is done on a shoestring or by volunteers and is completely undervalued. Women's health currently attracts approximately 1.8% of all charity funding, yet women's health and the NHS would be in a much poorer place without the dedication of those who give so much of their time and themselves, because they don't want to see others struggle as they have.

Long Term Change

Provide sustainable funding for women's health hubs. This would take the pressure off of hospitals, improve short and long term health for women, and save the NHS millions, if not billions of pounds.