

Menopause in Greater Manchester; Listening, Learning and Collaborative Change



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Glossary of Terms

Acronym	Full Form
CQC	Care Quality Commission
DHSC	Department of Health and Social Care
GM	Greater Manchester
HW	Healthwatch
HWE	Healthwatch England
HW in GM	Healthwatch in Greater Manchester
HRT	Hormone Replacement Therapy
ICS	Integrated Care System
ICB	Integrated Care Board
NHS	National Health Service
PPC	Prepayment Prescription Certificate
PCN	Primary Care Network
STI	Sexually Transmitted Infection
WHH	Women's Health Hub

Healthwatch

Healthwatch Nationally

Healthwatch (HW) is a network of 152 independent organisations across England, supported by Healthwatch England (HWE), the national body based in London. Established as part of the Health and Social Care Act 2012, Healthwatch exists to champion the voices of people using health and social care services. By gathering patient experiences and insights, Healthwatch influences policy and service delivery, ensuring that individuals' needs remain at the heart of decision-making. Healthwatch has statutory powers to challenge care providers, commissioners, and policymakers, ensuring transparency and accountability in the healthcare system.

Healthwatch Locally

Each local Healthwatch operates independently within its respective local authority area, ensuring that people's voices—especially those who find it hardest to be heard—are at the heart of health and social care decisions.

Healthwatch listens to individuals' experiences with health and social care providers, including GPs, hospitals, mental health services, and community care providers. Local Healthwatch champion what matters most to local communities, working collaboratively to find practical solutions that improve services.

As an independent statutory watchdog, local Healthwatch ensure that public feedback is not only heard but actively shapes service planning and delivery. This role extends beyond identifying concerns. It involves actively working to ensure that services are designed around the real needs of the people who use them, while also coming up with small changes and practical solutions to improve patients' overall experience

Local Healthwatch teams collaborate with the voluntary sector, community organisations, and NHS providers to highlight service gaps and drive meaningful improvements. Informing residents about changes to services, advocate for their involvement in decision-making, and provide clear, accessible information about available health and social care support.

Ultimately, the goal is to make sure health and care services work better for everyone—now and in the future.

Healthwatch in Greater Manchester

The Healthwatch in Greater Manchester (HW in GM) Network is a collaboration of ten independent Healthwatch organisations, working across the boroughs of GM. Recognising that healthcare extends beyond local authority boundaries, HW in GM has a long-standing history of working together on joint projects, sharing intelligence, and ensuring that residents who access care across multiple areas receive seamless support. This collective approach enhances our ability to drive meaningful change in health and social care services across the region.

Since 2021, the ten local Healthwatch organisations have been actively integrating within the Integrated Care System (ICS) by strengthening collaborative strategies, and deepening partnerships. This integration ensures that Healthwatch effectively represents the voices of GM residents in an evolving healthcare landscape. While each local Healthwatch continues to fulfil its statutory role through local authority commissioning, HW in GM also plays a vital role in working collectively with ICS leaders and other key system stakeholders to shape regional healthcare policies and services.

As a network, HW in GM has a unique ability to gather intelligence from community engagement activities across the region, capturing insights that reflect the lived experiences of individuals and communities. These insights inform decision-makers, holding them accountable for delivering improvements that truly meet local needs. The strength of this collaboration led to a formal partnership agreement between HW in GM and GM ICS (2023–2026), reinforcing Healthwatch’s role in influencing regional health and care policies.

Beyond GM, HW in GM contributes to national policy discussions, sharing local intelligence with Members of Parliament, the Care Quality Commission (CQC), and HWE. This ensures that the challenges and priorities identified by local people shape national healthcare decisions.

By fostering cross-borough collaboration and strengthening ties with the ICS, HW in GM enhances patient advocacy, increases transparency in decision-making, and ensures that health and social care services are developed with the needs of local communities at their core.

Executive Summary

In August 2022, the Department of Health and Social Care (DHSC) launched the Women's Health Strategy, highlighting key issues affecting women's health in the UK. While women generally live longer than men, they experience higher levels of ill health and disability throughout their lives. Despite this, women-specific health concerns—such as menopause – have historically been underrepresented in healthcare research, policy, and service provision. For decades, clinical trials have predominantly focused on men, creating gaps in data and limiting understanding of women's unique health needs.

Healthwatch organisations in GM have engaged with women to understand their experiences of menopause. As this work progressed across different boroughs, common themes emerged, highlighting shared challenges. Alongside this individual project work, local Healthwatch have also noted a growing demand for menopause-related information, guidance, and support. Many individuals struggle to access clear, reliable information and services, contributing to confusion and uncertainty about available options.

This report brings together these lived experiences, amplifying the voices of women to inform the evolution of Women's Health care across GM and drive meaningful, lasting change in healthcare services.

Background

Ensuring equitable access to healthcare and improving health outcomes for women has become an increasing priority in recent years. In response to longstanding disparities, the DHSC introduced the Women’s Health Strategy in August 2022¹, setting out a plan to improve women’s healthcare provision and outcomes across the UK.

While women typically live longer than men, they experience more years of poor health and chronic conditions². Despite this, women’s health services remain fragmented, and many critical health issues—such as menopause, gynaecological conditions, and maternal health—continue to be underfunded and overlooked.

One of the key challenges in improving women’s health is historical bias in clinical research. For decades, men have been prioritised as the default study subjects, resulting in gaps in data and a lack of understanding about how health conditions affect women differently³. This is especially evident in menopause care—there is approximately 13 million peri or menopausal women in the UK⁴, yet many remain undiagnosed or untreated due to low awareness, inconsistent support, and barriers to treatment access⁵.

¹ <https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england>

² <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/whats-happening-life-expectancy-england>

³ Merone, L., Tsey, K., Russell, D., & Nagle, C. (2022). Sex Inequalities in Medical Research: A Systematic Scoping Review of the Literature. *Women’s health reports* (New Rochelle, N.Y.), 3(1), 49–59. <https://doi.org/10.1089/whr.2021.0083>

⁴ Local Government Association. Menopause factfile, 2021, <https://www.local.gov.uk/our-support/workforce-and-hr-support/wellbeing/menopause/menopause-factfile>

⁵ <https://www.healthawareness.co.uk/menopause/understanding-the-barriers-to-accessing-menopause-care-in-the-uk/>

In Greater Manchester (GM), these challenges are further compounded by long waiting lists for gynaecological care, leading to increased demand for specialist services and treatments. Additionally, health inequalities disproportionately affect ethnic minority women, with Black women facing four times higher maternal mortality rates and Asian women experiencing double the national average⁶. Addressing these disparities is essential in shaping future healthcare policies and ensuring equitable service provision across GM, which has been recognised by the ICS⁷.

While investment from national programmes such as the Women’s Health Hubs (WHH’s) has offered a starting point, the focus in GM is now shifting towards developing a more integrated, sustainable offer that ensures all women have access to high-quality, timely care throughout their lives. This longer-term vision aims to embed learning from national strategies and to create consistent, joined-up support across localities.

⁶ MBRRACE-UK, Saving Lives, Improving Mothers’ Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018–20 (November 2022)

⁷ GM response to the Government’s Women’s Health Strategy

Introduction

Menopause is a significant life transition, yet many women continue to face a lack of awareness, limited support, and gaps in understanding from health and social care services. This report brings together findings from multiple local studies, providing a pan-GM perspective on the experiences of perimenopausal and menopausal individuals.

The report reflects the collective voices of over 500 women navigating menopause across Bury, Bolton, Heywood, Middleton, and Rochdale. Each local Healthwatch conducted research tailored to their communities, either through standalone menopause projects or as part of broader women's health initiatives. This targeted engagement has driven important improvements locally, while also highlighting systemic issues that require regional attention.

By synthesising these insights, the report identifies common challenges across GM and elevates the lived experiences of women, aiming to ensure their voices are actively considered in the development of a longer term sustainable offering for women's health.

HW in GM is committed to ensuring that the findings from this work shape future healthcare planning. HW in GM holds a seat on the GM WHH working group and Menopause group, ensuring that real patient experiences directly influence service design. The insights and recommendations presented in this report are designed to inform decision-makers, commissioners, and healthcare providers, helping to drive sustainable improvements in women's health services.

Lived Experience in Greater Manchester

Lived experience is at the heart of this report, providing first-hand insights into the realities of menopause and the challenges women face when navigating health and social care services.

The stories shared in this report highlight the physical, emotional, and social impact of menopause. Many women described experiencing:

- **A lack of awareness** – Symptoms such as brain fog, anxiety, and joint pain were often misattributed to stress, aging, or mental health issues, delaying access to appropriate care.
- **Difficulties accessing healthcare** – Many struggled with long waits for GP appointments, being offered antidepressants instead of menopause-specific treatment, or encountering health professionals who lacked training in menopause care.
- **Workplace challenges** – Brain fog, fatigue, and anxiety significantly affected employment. Many women reported feeling unsupported at work, with some leaving jobs due to unmanaged symptoms and a lack of workplace policies.

- **Emotional and mental health struggles** – Many respondents shared feelings of isolation, frustration, and low confidence, compounded by societal stigma and the lack of open discussions about menopause.
- **Barriers for ethnic minority women** – Cultural taboos, language barriers, and a lack of targeted health information left some women without adequate support or unable to access services tailored to their needs.

This engagement is not just about identifying problems—it is about creating solutions. Women who shared their experiences also spoke about what helped them, including:

- **Access to menopause specialists** and better-informed GPs.
- **Peer support groups** and menopause cafés that provide safe spaces to share experiences.
- **Workplace adjustments** and greater awareness of menopause at work.
- **Clear, accessible information** on treatment options, including HRT, lifestyle changes, and alternative therapies.



"I felt dismissed when I asked about menopause support. I was told to just 'get on with it' and that it was part of getting older."



– Patient Experience, HW Bury

Key Findings

- **Lack of Awareness:** Many women did not initially recognise their symptoms as being menopause-related, delaying their access to appropriate support and treatment. Women from South Asian, Black, and other ethnic minority backgrounds reported lower awareness levels and limited access to support.
- **Healthcare Barriers:** A significant proportion of respondents reported inadequate knowledge among GPs, limited appointment availability, and over-medicalisation of symptoms (e.g., being prescribed antidepressants instead of hormone-related treatments). Women described inconsistent support and often had to seek private consultations to receive appropriate care.
- **Workplace Impact:** Menopause symptoms significantly affected employment, with individuals experiencing reduced confidence, productivity issues, and, in some cases, leaving employment due to lack of workplace support. Many workplaces lacked specific policies or adjustments for menopausal employees.
- **Mental Health Challenges:** Anxiety, depression, and brain fog were among the most reported symptoms, with many women feeling isolated due to a lack of community discussion and stigma around menopause. This issue was exacerbated by societal taboos and lack of education.

- **HRT and Treatment Access:** While Hormone Replacement Therapy (HRT) was beneficial for many, some women faced difficulties in accessing it due to misinformation, GP reluctance, or shortages. Prescription prepayment certificates were often not promoted by healthcare providers, increasing financial barriers.
- **Support Preferences:** Many respondents valued peer-support groups, menopause cafes, and workplace policies, which helped them feel heard and supported. There was also strong demand for increased menopause education in schools and public awareness campaigns.

Recommendations

- **Enhanced Training**

Whilst there will be dedicated clinicians within primary care, it is suggested that GP and healthcare professional training is improved overall to ensure informed and empathetic support for menopause-related concerns, including non-HRT treatment options and culturally sensitive care. Training should include tailored mental health support to address the emotional and psychological impact of menopause.

- **Improved Treatment Information**

Ensure that women receive clear, evidence-based information about the benefits and risks of HRT. Staff should be knowledgeable on other treatment options, including alternative therapies and mental health support. Information should be helpful rather than intimidating.

- **Follow-Up Appointments for HRT Users**

Women should be provided with follow-up appointments after three months of starting HRT to assess the effectiveness, side effects, and any adjustments needed.

- **Guidance on Private Hormone Tests**

Women should receive reliable, evidence-based information about private hormone tests and their accuracy to help them make informed choices.

- **Accessible and Inclusive Information**

Ensure that information available is developed to be in easy read and pictorial formats. Information should be helpful rather than intimidating and should be readily available.

- **Dedicated Menopause Webpage on GP Websites**

Every GP website should feature a dedicated page with specific information about perimenopause/menopause, including available treatment options, lifestyle changes, and sources of support.

- **Culturally Tailored Resources**

Develop multilingual and culturally sensitive menopause education materials that reflect the diversity of GM.

- **Cultural considerations should be acknowledged**

Menopause symptoms may present earlier in life for some women, and their experiences may differ based on background.

- **Personalised Care Approach**

Women should be given time to discuss their symptoms, options, and treatment pathways with healthcare professionals.

- **Community Awareness & Inclusivity**

Awareness-raising efforts should actively involve both women and men, with a particular focus on ethnically diverse communities to ensure inclusivity.

- **Information on Prescription Costs & Prepayment Options**

Health professionals and pharmacists should be equipped to advise or signpost patients to information about prescription charges and Prepayment Prescription Certificates (PPCs), which can significantly reduce costs for those on multiple or regular medications.

- **Menopause in Health Checks**

Menopause information should be included in primary care annual health checks and carer health checks to ensure early identification and support.

- **Menopause Experts in Every Primary Care Network**

Each Primary Care Network (PCN) should have access to a dedicated menopause expert who can provide specialist advice, support, and treatment to patients.

- **Lifetime Support**

Women's Healthcare Planning should be designed to support women's health needs across their lifespan, with timely access to relevant information and support at key life stages.

- **Workplace Menopause Policies**

Encourage organisations to adopt menopause-friendly workplace policies, including flexible working arrangements, symptom support, and manager training.

- **Public Awareness Campaigns**

Normalise menopause discussions through community outreach, school education, and media representation, reducing stigma by early education and improving access to information.

- **Increased Support Services**

Expand menopause cafes, peer-support platforms, shared experiences, and access to information in an informal setting. Ensure the services and support available are communicated well across GM.



"I wanted to try HRT, but my GP was reluctant to prescribe it. I had to really push for it, and even then, I was left waiting for months."



– Patient Experience, HW Bolton

Locality Report – Healthwatch Bury



Womens Health Project Report

May 2024



Women's Health Project Report

Healthwatch Bury

May 2024



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Introduction to Healthwatch Bury

This report has been produced by Healthwatch Bury. The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Bury. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Bury people tell us. Our reports on various elements of health and social care in Bury can be found on our website at the following link: healthwatchbury.co.uk or by contacting us directly using the details on the back cover.



Executive Summary

The department of health and social care developed a Women's Health Strategy in August 2022 highlighting several specific issues which impact women in the UK.

Women generally live longer than men but spend a significantly greater proportion of their lives in ill health +/- or disability when compared with men. Little focus is placed on women-specific issues like miscarriage and menopause and women are under-represented in clinical trials. Men were often used as the default choice in research and clinic trials, this has led to gaps in insight and data.

Healthwatch Bury have engaged with local women to find out more about their experiences of health and care services during their adolescent, reproductive and post reproductive years in order to understand and improve local services.

Our objectives

To understand the experiences of women in our community around health & social care across the life course

Our questions

Do women have the right information at the right time in their lives to enable them to make their own decisions and informed choices?

We developed a questionnaire and carried out consultation between November 2023 & February 2024. We talked to local groups, organisations and attended several events, including GM Women's Health Strategy event in Stretford, GM Menopause event in Bury and International Womens Day (Women of Worth) and spoke to women of all ages across the Borough.

162 women took part in the consultation completing questionnaires either online or face to face and their experiences have been included in this report.

A summary of findings are detailed below and we hope the planned introduction of Women's health hubs will provide a unique opportunity to address some of the issues identified and provide a more caring, informative and timely experience for local women.




Key findings


- Q Many respondents to our survey reported health concerns and symptoms associated with menstruation and menopause which are part of the normal life course journey & affect all women
- Q Experiences were very mixed, but satisfaction levels were generally higher if women felt listened to, received good information and had options/treatment explained to them
- Q A number of women reported having their symptoms dismissed as 'too young for menopause' or 'its normal for your age' or diagnosed with anxiety with little or inappropriate treatment offered
- Q Several women reported that mainstream treatments/medications were unsuitable for their symptoms due to other health issues, but GP's lacked knowledge about suitable safe alternatives
- Q Lack of information available for women over what to expect, symptoms or where to get 'trusted & reliable information'. This was particularly difficult for women where English was not the first language or some Jewish women who did not have digital access
- Q There was some reported confusion over where to go for contraceptive advice, particularly coil fitting and removal as some GP Practices offered this service, and others did not. Difficulty accessing sexual health clinic appointments were also noted.
- Q Concerns were raised by several women that they were now too old for screening services ie. mammograms and cervical smear tests. This caused them anxiety and impacted their mental health.
- Q Issues reported by Intersex or Transsexual women when trying to access screening services. Staff dismissive and uninformed.

Our recommendations:


Timely planning

-  Services to be planned around Women's healthcare needs across the life course with timely access to information and advice around life changes


Accessible and useful information

-  Information to be easily available to all women and girls about what to expect across the life course, understanding symptoms and where to get help. This should be available in easy read formats, pictorial and community languages


Knowledgeable and understanding staff

-  Healthcare staff to receive adequate training around Women's health and the planned Women's health hub should include specialist staff who are able to offer advice, support and treatment on the broad range of issues concerning Women's health


Addressing diverse needs

-  Healthcare staff to receive enhanced training around LGBTQI+, minority & ethnic communities and learning disabilities and the impact that life changes, have on people with limited access to education and knowledge


Personalised care

-  Hub staff to take time to listen, explain and advise on options for treatment and healthcare to all women and girls and be knowledgeable about alternatives to standard treatments for women with complex health conditions.

Knowing the options

-  Improved training for GP's on treatments that could be suggested if they are unable or unwilling to take HRT

Holistic approaches

-  Consideration of services around specific needs or requirements for patients with Learning Disabilities or Physical Disabilities, who are of minority ethnicities, and Orthodox Jews.

Background

The department of health and social care developed a Women's Health Strategy in August 2022 highlighting several specific issues which impact women in the UK.

Women generally live longer than men but spend a significantly greater proportion of their lives in ill health +/- or disability when compared with men. Little focus is placed on women-specific issues like miscarriage and menopause and women are under-represented in clinical trials. Men were often used as the default choice in research and clinic trials, this has led to gaps in insight and data.

Women's healthcare needs are generally predictable across the life course but there are many areas where women still struggle to access care.

400,000 women enter perimenopause stage each year but many struggle to recognise their symptoms or get timely treatment. 1:20 suffer severe symptoms & 1:10 women leave their jobs due to untreated menopause. 1:10 women visit primary care at least 10 times before diagnosis with 1:3 women not diagnosed for 3 years.

Many of these health issues are predictable but services are not planned around women's health, often lack capacity (48,000 women in GM waiting for gynaecology appointments), or healthcare professionals have not had sufficient training.

This has been recognised nationally and funding has been provided by Department of Health and Social Care (DHSC) for the establishment of Women's health hubs across the country. A recent statement issued by NHS England in April 2024 provided some clarity on how this funding is to be used:

By the end of July 2024, Integrated Care Boards (ICB's) should have at least one health hub operational with further expansion by December 2024. Funding has been received in Greater Manchester for this area of work and our report on Women's health experiences in Bury should provide some context to the need and concerns in the local area.

WOMENS HEALTH AS AN EMERGING PRIORITY

Maternity deaths are 4 times higher in black women and 2 times the norm in Asian women.

1 in 3 women over the age of 60 years suffer from urinary incontinence, often as a result of past pregnancy & childbirth.

'Hubs do not have to be a building or specific place; they may employ digital resources to provide virtual triage or consultations, or alternatively they may make use of existing facilities.'

The core services to be included in the hubs include:

- Menstrual problems, assessment and treatment (including endometriosis and POS)
- Menopause, assessment and treatment
- Contraceptive advice and provision
- Preconception care
- Breast pain assessment and care
- Pessary fitting and removal
- Cervical screening
- Screening and treatment for STI's and HIV

Our engagement and research seeks to understand the current service provision for women in Bury around some of the main life events affecting women's health and wellbeing in line with priorities identified in the Women's Health Strategy for England 2022.

The planned introduction of Women's health hubs in Greater Manchester is an opportunity to address some of the barriers to provision, capacity issues affecting diagnosis and treatment and the need for timely and effective advice and support, and we hope this report will assist health providers to understand and act on the experiences of women in Bury to improve local service provision.

Methodology

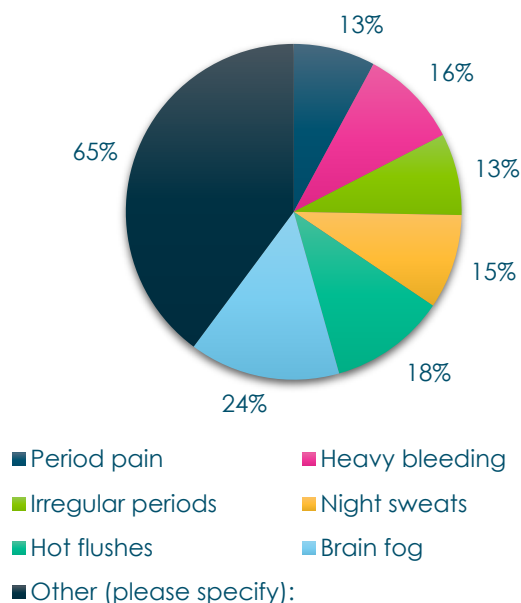
Survey questions were produced using background information from the Department of Health & Social Care Women's Health Strategy for England report 2022 to identify the scope for our consultation and using local knowledge from previous conversations with patients who have sought help from HWB in the past 12 months. Feedback was included from Health Commissioners and Sexual Health Service Manager Bury.

- Q The survey was promoted using Smart survey on Healthwatch Bury website and social media (Twitter and Facebook)
- Q Promotion at local community groups targeting primarily women, for example, breastfeeding group, parent and toddler groups, women's groups supporting vulnerable women.
- Q Promotion at local events, for example, GM Menopause event (Bury), Women of Worth Christmas Fayre, Cost of Living event
- Q Promotion through minority ethnic community groups and organisations such as Gupp Shapp, The Fed Mums group, BRAC, Eagles Wing
- Q Church groups and Community Cafes
- Q Discussions with service managers on how women's health issues affect residents with Disabilities and Learning Disabilities.
- Q Direct mail out to voluntary sector partners, community groups and health providers
- Q Hard copies of the survey were available on request



Findings

1. In the past 12 months have you received help or advice from a healthcare professional for: (Please tick all that apply)



A total of 162 Women responded to this survey with 42% reporting health concerns associated with menstruation with a further 47% reporting symptoms associated with menopause. All respondents had sought help from a healthcare professional during the past 12 months.

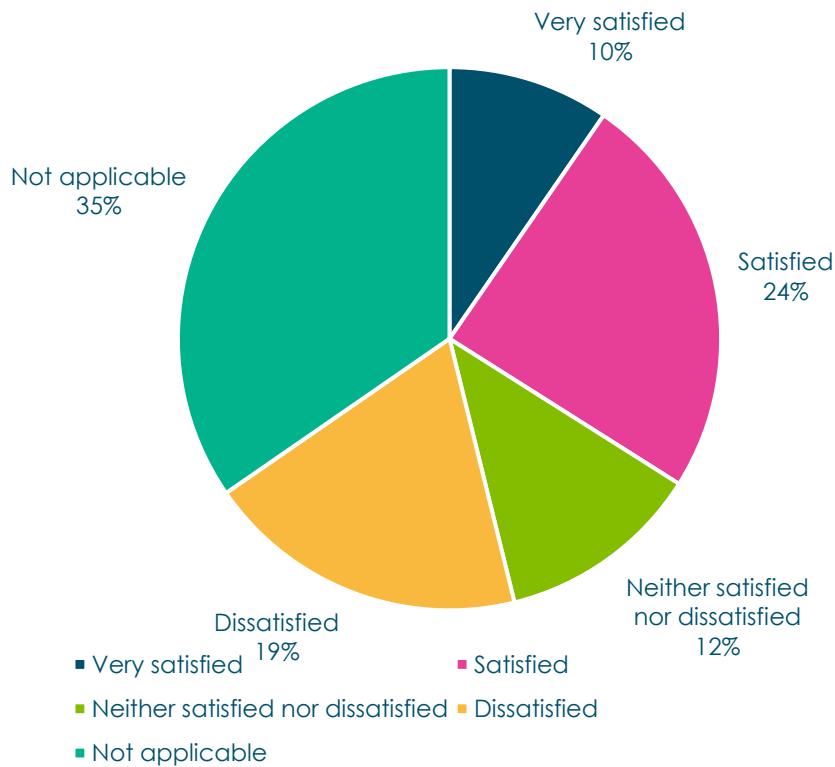
Other conditions or concerns that respondents reported consulting a health professional for included: osteoporosis, joint pain, post-menopausal bleeding, urinary infections, urinary incontinence, prolapse, hormone related anxiety, hyperemesis gravidarum, post-partum support, cystitis and perimenopause. Many of these conditions affect only women or primarily women.

These figures demonstrate the huge impact of women's health over the life course on the healthcare system.

SEEKING HELP

A total of 162 Women responded to this survey with 42% reporting health concerns associated with menstruation with a further 47% reporting symptoms associated with menopause. All respondents had sought help from a healthcare professional during the past 12 months.

2. How satisfied were you with any advice, support and help given for your symptoms?



A total of 34% of women reported they were satisfied or very satisfied with the help and support they had received with 19% reporting dissatisfaction. The following question explores the reasons for the satisfaction ratings

3. Please tell us about your experiences of getting help (For example: What worked well? What could have been better?)

What worked well

Responses were very mixed and covered a number of conditions and healthcare services. Praise for staff was particularly good when the Patient felt listened to, received good information and had treatment explained to them.

Examples include:

'I was seen within weeks for an ultrasound and results showed I needed a hysteroscopy. That was done within 3 weeks. I needed it under General Aesthetic at Fairfield and stayed overnight. The ward and nurses were great'

'They advised within days, sent to Crumpsall hospital for examination so happy at the speed'

'Got a reasonably early appointment with GP. Nurse & GP very supportive & reassuring, options & treatment explained'

'I had post-menopausal bleeding and was seen within 2 weeks for a hysteroscopy procedure. Carried out under General anaesthetic at Fairfield. Medical care was great & ward at hospital was clean, comfortable and good staff'

'I work with a lady from the young people's sexual health department, and she helped me understand why my periods are heavy and painful and put me on the contraceptive injection to prevent me from experiencing it again. It was very helpful'

'Being given HRT, as I never knew my symptoms were perimenopause'

What could have been better

This question obviously generated a lot of patient feedback and a more detailed compilation of responses are attached as an appendix. A number of respondents mentioned known concerns around lack of face-to-face appointments and difficulties getting through to the GP Practice by telephone but other respondents highlighted issues which are of interest in the context of this report. Some of the main themes emerging include: symptoms being dismissed, too young for menopause, GP's lack of knowledge if mainstream treatments are not suitable, lack of knowledge, information or choice. A growing number have sought private treatment, particularly concerning menopause symptoms and several respondents mention the impact that unhelpful responses from health professionals have had on their mental health.

NEGATIVE EXPERIENCE OF GETTING HELP

"Fobbed off at all aspects. GP blamed weight, thyroid, inactivity. Reluctant to say symptoms are menopausal, but reluctant to investigate. Said was my mental health – yes it is my mental health NOW as no one will listen to me"

"Doctor seemed to have no knowledge of post-partum symptoms (male GP). Prescribed antibiotics but no knowledge of if they were safe for breastfeeding and I felt silly for asking about alternatives"

'Fobbed off at all aspects. GP blamed weight, thyroid, inactivity. Reluctant to say symptoms are menopausal, but reluctant to investigate. Said was my mental health – yes it is my mental health NOW as no one will listen to me'

'I have been given antibiotics for recurring water infections, but no advice about how to prevent these or suggestion we investigate the cause, it's just "one of those things" because of my age (mid 50s and being menopausal. I have had to give up full time work because of the stress of possible incontinence and taking time off sick, I've told the Drs this, but they are not interested'

'I was prescribed HRT for terrible hot flushes, but I had high blood pressure and phlebitis so had to stop taking it. No replacement offered'

'Went to private clinic for menopausal treatment, as not getting support or help from GP'

'Difficult to access GP appointments. Reception staff at GP giving incorrect advice over the phone.

I am a Doctor myself so pushed to speak to the GP but felt as though I was being discouraged from having an appointment'

'Doctor seemed to have no knowledge of post-partum symptoms (male GP). Prescribed antibiotics but no knowledge of if they were safe for breastfeeding and I felt silly for asking about alternatives'

'I went to see the practice nurse re absolutely no libido & was told to just do it anyway as it's probs physiological!

I wasn't happy so asked if the practice had a menopause specialist, which they did. I've since had bloods & was found I'm not absorbing the patches as oestrogen was very low. So now trying spray and then going back.

Asking for the specialist was the best thing I did'

'Have been accused of having an eating disorder when my period pain was making me sick and accused of faking the pain'

'There was no help at all for me. I had oestrogen receptive breast cancer in 2019 so I am not allowed to have HRT. There is no alternative WHATSOEVER available for women in my position, on the NHS. It is just appalling that I and other women are left with severe symptoms like those I have listed, and two Consultants and my doctor can do absolutely nothing for me. This has affected my daily life to the point that I have been referred to Occupational Health at work and friends have left'

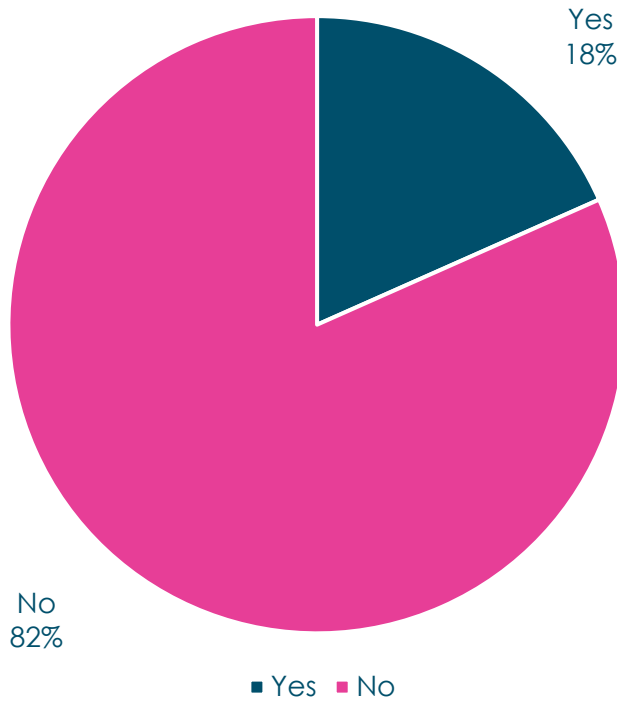
'Doctor did not listen and just prescribed me anti-depressants'

'It has taken speaking to 3 different GPs to get a referral for menopause as my blood pressure is high and they don't know what to prescribe. I have been ignored and dismissed by the previous GPs and not taken seriously about my menopause symptoms'

POSITIVE EXPERIENCE OF GETTING HELP

"I work with a lady from the young people's sexual health department, and she helped me understand why my periods are heavy and painful and put me on the contraceptive injection to prevent me from experiencing it again. It was very helpful"

4. Have you sought advice or support on contraception or sexual health?



18% of respondents have sought advice on contraception and/or sexual health and responses are considered in more detail below.

5. If yes, please tell us about your experience (What worked well or what could have been better?)

If no, did you consider seeking help & if so, what stopped you from doing this?

Respondents have raised several concerns regarding access to contraception and sexual health. Several respondents did not know where to go, others had difficulty accessing coil removal and fitting and others found a lack of information around options available. Difficulties accessing sexual health clinics were also raised by several respondents.

What worked well?

'Different types of contraception offered, each one explained with benefits and risks'

What could have been better?

'Very difficult to access services for the coil. My GP doesn't do them, had to go on the pill which wasn't my preferred choice and took 6 months to get the coil - had to have it removed & refitted & had to travel to Ashton. Again no appointments in Bury. Rochdale or Oldham for 4 weeks+'

'I was told I was too overweight for the contraceptive pill and not given further support, the appointment was over the phone'

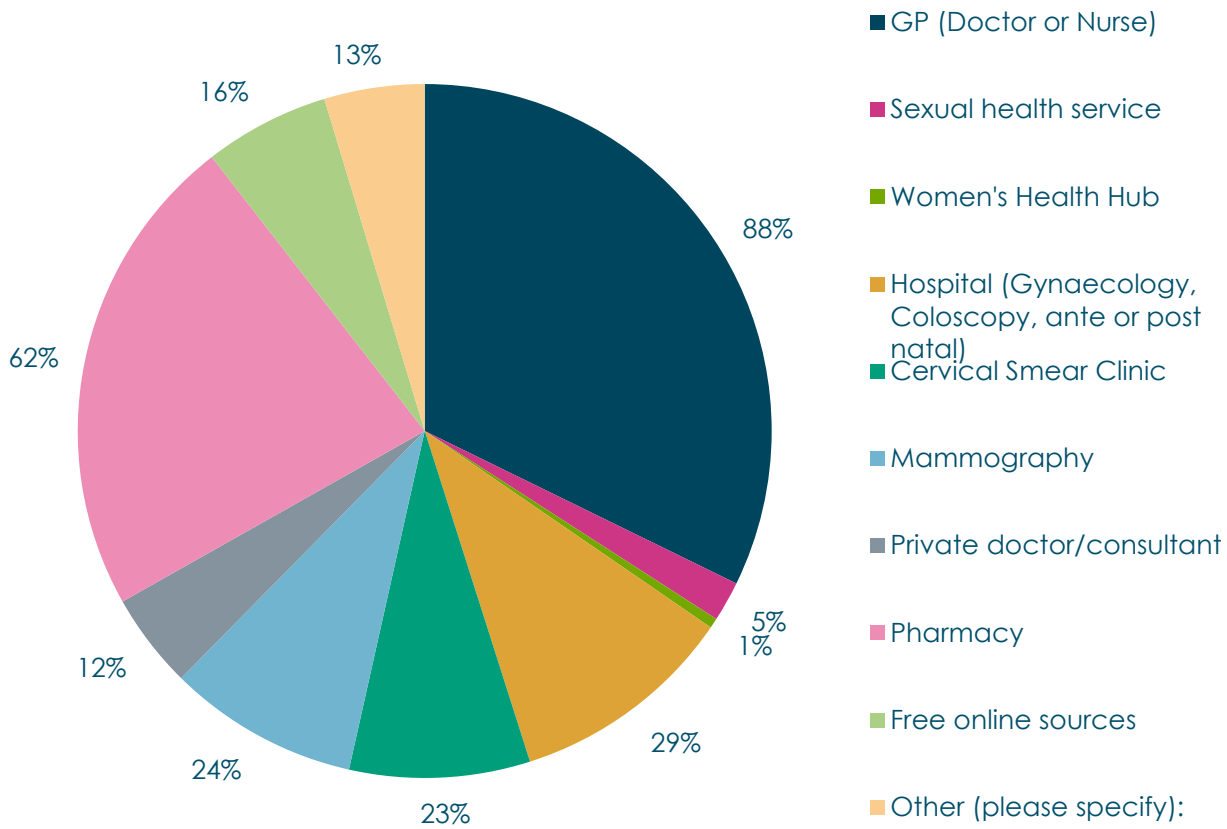
'Tried so many birth control pills. None agreed with me. I had the copper coil years ago & also was no good for my body. I need contraception so thought I'd try coil again. Booked online, specified what I needed, rearranged childcare, turned up for appointment only for Dr to tell me he's not qualified to fit it & to go to Reception. Reception said no qualified Dr's available & go to family planning clinic.

I was just so disheartened & not got it done yet'

EXPERIENCE OF SEEKING SEXUAL HEALTH HELP

"I was told I was too overweight for the contraceptive pill and not given further support, the appointment was over the phone"

6. In the last year, which of the following services have you used? Please tick all that apply.



This question demonstrates the majority of women (88%) rely on GP Practices for health care advice and support with 29% accessing hospital services.

5% of respondents had accessed a sexual health clinic.

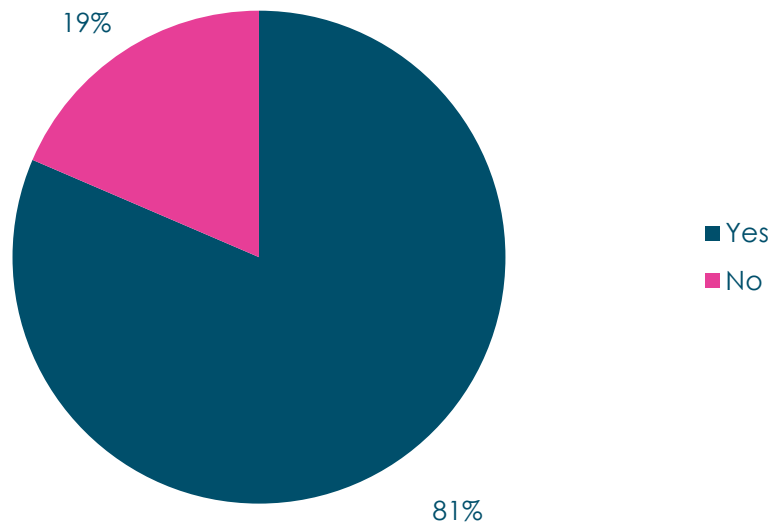
23% and 24% (cervical and breast) of respondents had accessed screening clinics in the past year.

62% of respondents had accessed a pharmacy which is the second most visited service for healthcare for women.

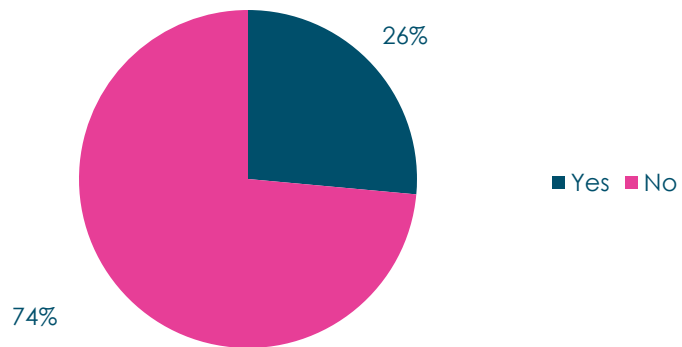
Online resources and private treatment were visited/used by 16% and 12% respectively.

81% were happy with the support received from these services collectively.

7. Were you satisfied with the information or support you received?



8. Have you used apps to track or monitor your health or cycles? (e.g. Femtech, Flo, etc.)



Currently only 26% of women have used apps to track or monitor their cycles or health but it was evident that this was more prevalent in younger respondents.

9. Have you got anything else you would like to share about your experience in the past year?

'More information would be useful, more compassion and understanding to individuals situations'

'I've had a tough year with my health. Needed some surgery, cancer scare, and serious mental ill health. The support from GP, Hospitals, pharmacy, community care and BIG has been really good. Supportive, responsive, organised and efficient. Helped me cope.'

'I feel I am being discriminated against due to my age. I don't get smears, mammograms or other women's health checks'

I would like to be able to get some help for the awful menopausal symptoms I am experiencing. I cannot take HRT or oestrogen replicants as I have had previous oestrogen receptive breast cancer. Myself and women like me should not just be left to get on with it, if we cannot be prescribed HRT as the menopausal has a very detrimental affect on all areas of your life.

There must be a hub / home visit Nurses able to treat pregnant women at home with fluids instead of taking up beds in hospital or left home severely unwell without treatment

I use the Internet to read up on issues. Attended Menopause session by STH - very good

Lack of support/compassion relating to miscarriage

I think there is a distinct lack of post natal support. There is no sure start centres within Prestwich anymore. I struggled to find a drop-in clinic for baby weighing & Health Visitor support which is something I used a lot with my first baby

Use online sources but would like to see more information on what to use

I think GP's need to become more knowledgeable & stop trying to give antidepressants

I would appreciate a group for Older Women to meet regularly to share concerns about health and ageing as I feel very badly informed about what to expect and how to best respond to bodily changes

I would like to reiterate my request to separate non pregnancy related gynecological scans from the antenatal departments. I appreciate that it may be convenient for the NHS but it is doing untold damage to women's mental health and wellbeing.

ADDITIONAL COMMENTS

"I feel I am being discriminated against due to my age. I don't get smears, mammograms or other women's health checks"

"There must be a hub / home visit Nurses able to treat pregnant women at home with fluids instead of taking up beds in hospital or left home severely unwell without treatment"

"I have lots of leaflets and lots of conflicting online information so have no idea what is the best way to manage my health issues."

I've had a very rough year with my mental and physical health. Needing multiple tests procedures, surgery and acute and primary care input remains ongoing. At all times the care and support from my GP, hospital, community care has been exemplary and a credit to their professions and services

I have lots of leaflets and lots of conflicting online information so have no idea what the best way is to manage my health issues.

3. Personal stories: Survey respondent



areas of your life.

I would like to be able to get some help for the awful menopausal symptoms I am experiencing. I cannot take HRT or oestrogen replicants as I have had previous oestrogen receptive breast cancer. Myself and women like me should not just be left to get on with it, if we cannot be prescribed HRT as the menopausal has a very detrimental effect on all



3. Personal stories:

Service Manager Interview: Learning Disability Service



As a service, we work with adults aged 19 to 70+ years of age. Some people may only get 5/6 hours of support whilst others get 24-hour care.

We try to monitor people and use a tick box of symptoms if we recognise changes in behaviour or think someone may be unwell. We have had occasions when a GP may recommend changes in medication or prescribe anti-psychotics when symptoms may be due to menopause.

Screening for cervical smear, bowel or mammograms will depend on a persons ability to consent or may have to go to a best interest meeting.

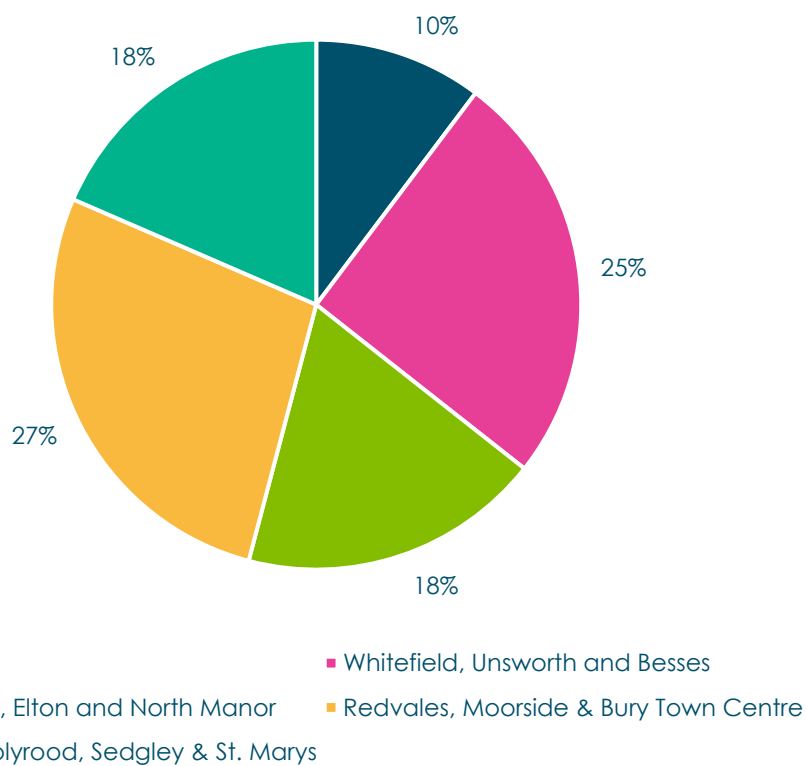
We have a person-centered approach but need information around Women's health in easy read format to enable us to have conversations & more staff training for younger staff to recognise symptoms. We have a good and positive relationship with LD Nurses but there are challenges with healthcare for people with LD. Medics need to recognise & consider normal life progressions when treating people with LD



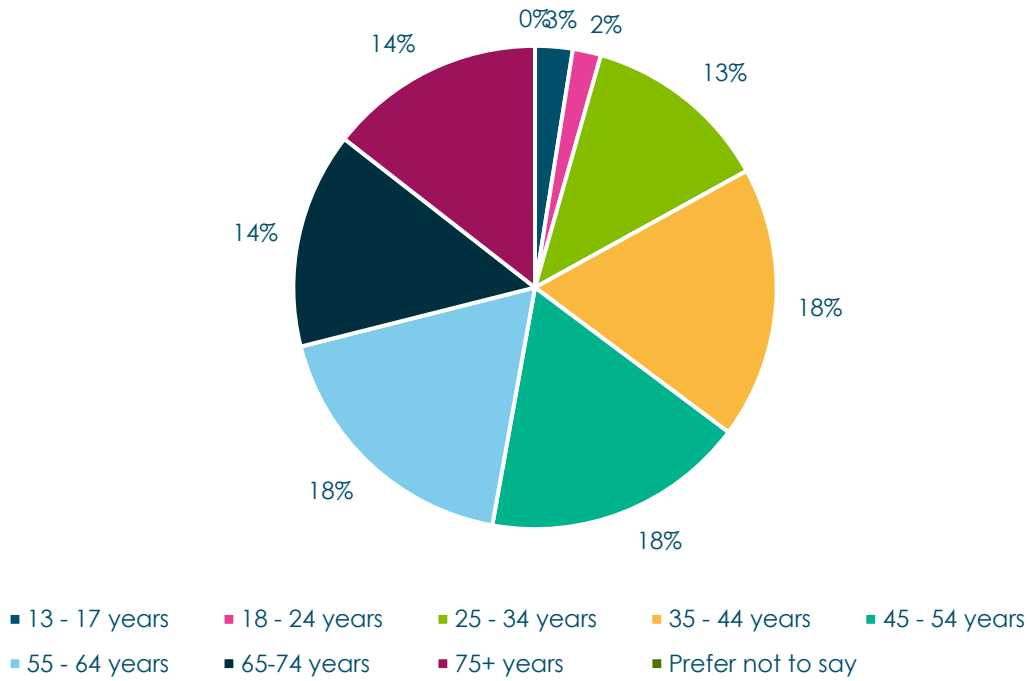
Demographics

The following charts detail the demographics of the respondents to the survey. The results indicate that the survey was successful in reaching a representative sample of the female population of the Borough. The one area that is underrepresented is the younger age group 13 to 24 years. Attempts were made to contact Youth Services on several occasions but due to changes within the service it was not possible to arrange any visits over the timescale of this project. Similarly approaches to specific female groups within the colleges were unsuccessful.

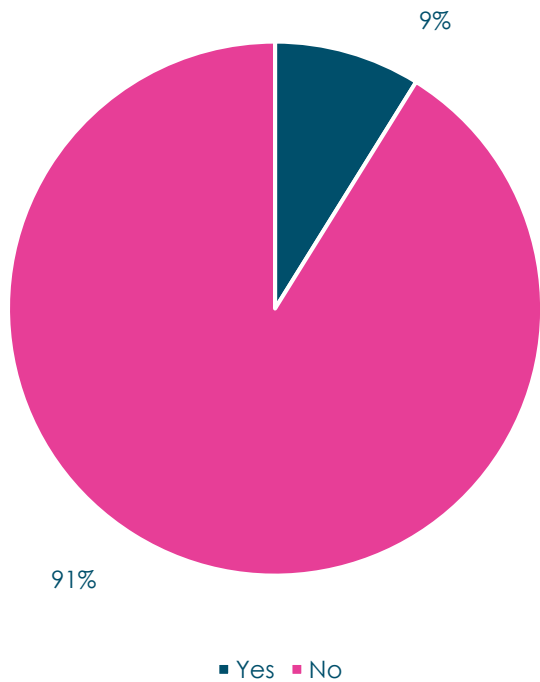
1. Please tell us which township you currently reside in?



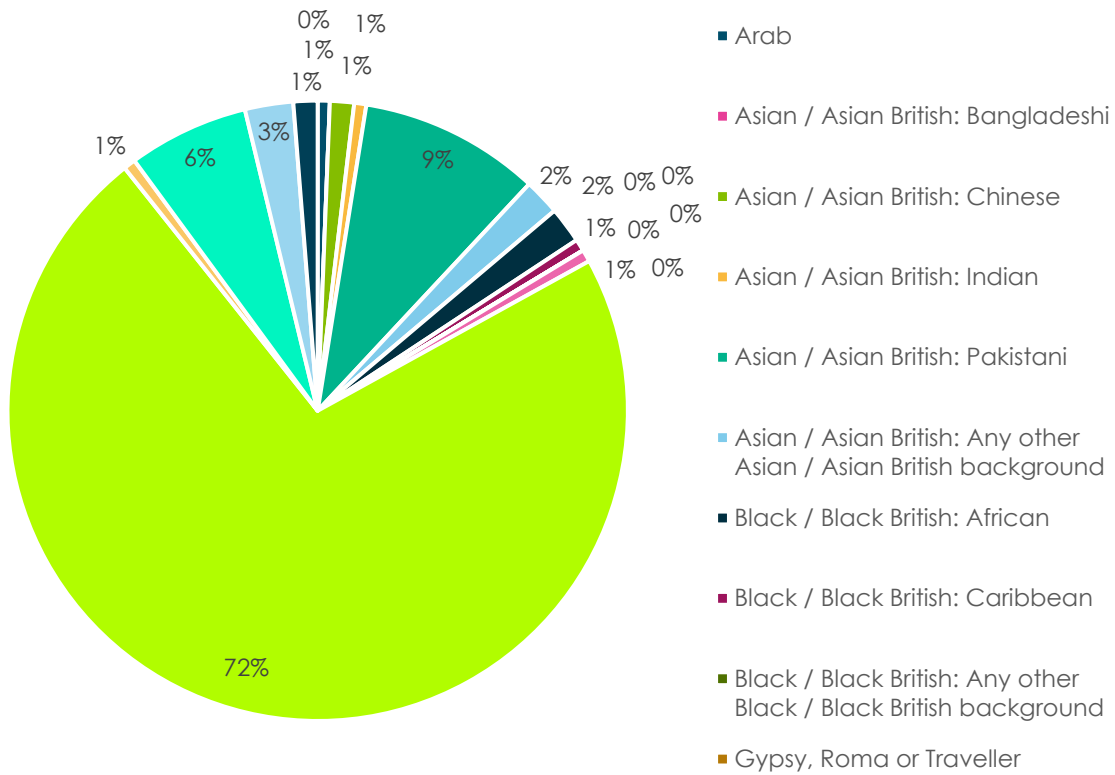
2. Please tell us which age category you fall into?



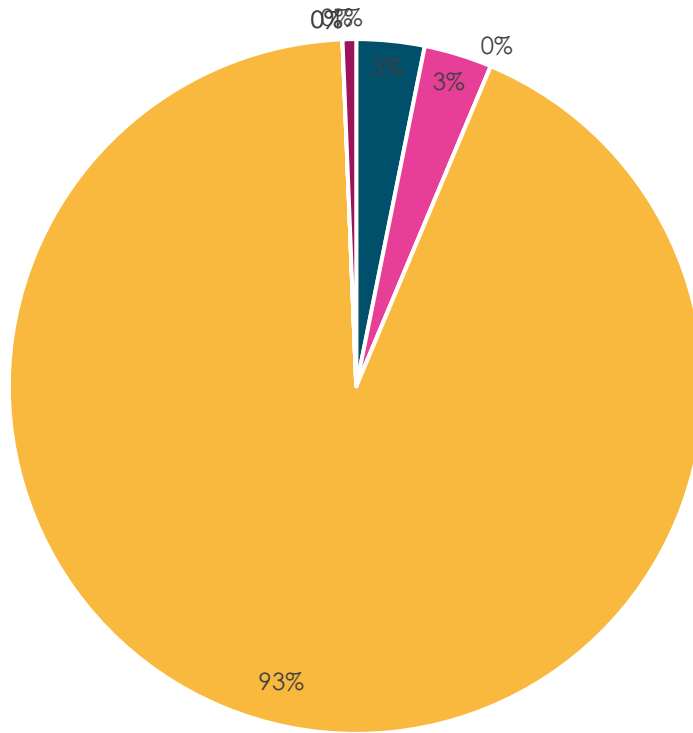
3. Is your gender different to the sex that was assigned to you at birth?



4. Please select your ethnic background:

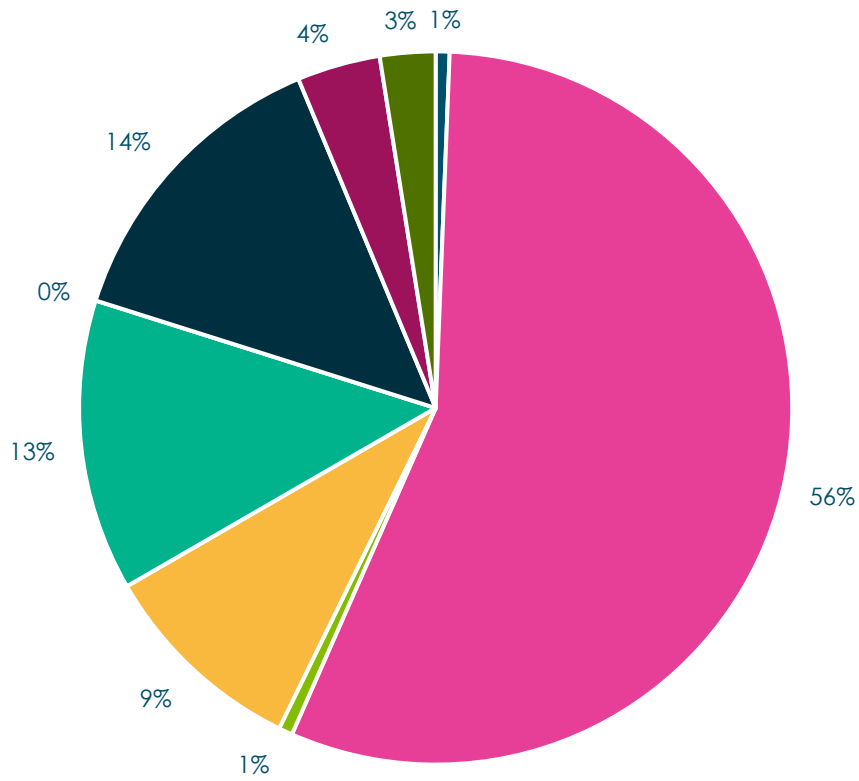


5. Please tell us which sexual orientation you identify with:



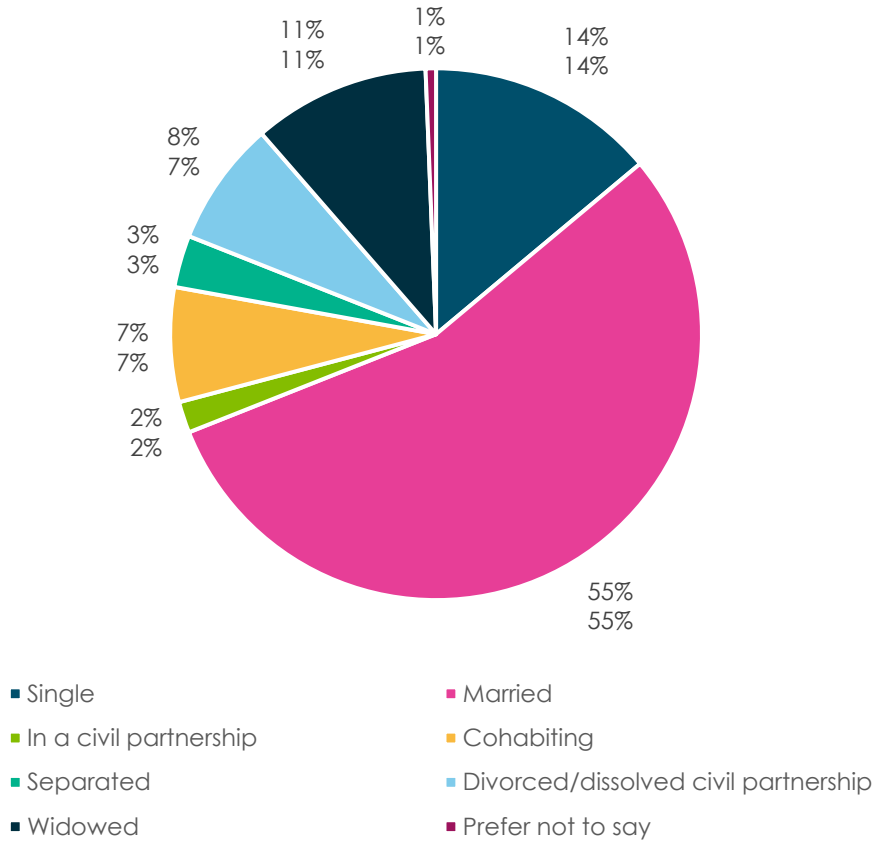
- Asexual
- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Pansexual
- Other
- Prefer not to say

6. Please tell us about your religion or beliefs:

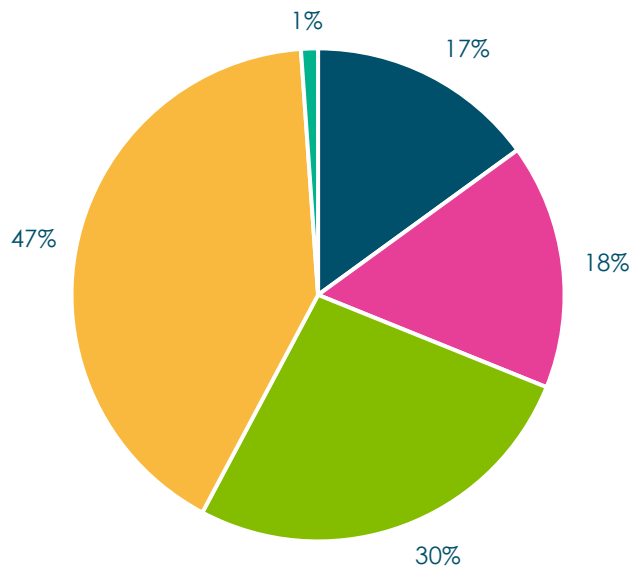


■ Buddhist ■ Christian ■ Hindu ■ Jewish ■ Muslim ■ Sikh ■ No religion ■ Other ■ Prefer not to say

7. Please tell us about your marital or civil partnership status:



8. Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply):



- Yes, I consider myself to be a carer
- Yes, I consider myself to have a disability
- Yes, I consider myself to have a long term condition
- None of the above
- Prefer not to say

References

1. Women's Health Strategy for England (revised August 2022). A 10 year plan to boost health outcomes for all women and girls, and radically improve the way in which the health and care system engages and listens to all women and girls.
2. PLOS Medicine's Umbrella Review on Menopausal Hormone Therapy: This comprehensive review investigates the effects of menopausal hormone therapy on various health outcomes, such as cardiovascular disease, osteoporosis, and cognitive function. It synthesizes findings from multiple studies, highlighting both the benefits and risks associated with hormone therapy for menopausal women (PLOS). [Menopausal hormone therapy and women's health: An umbrella review | PLOS Medicine](#)
3. BMC Women's Health's Qualitative Study: This study explores the subjective experiences of women undergoing menopause, emphasizing how they perceive this natural stage of aging. The research utilized in-depth interviews and content analysis to uncover themes related to the physical and emotional impacts of menopause, and how these changes affect their daily lives and health behaviors (BioMed Central). [Menopause is a natural stage of aging: a qualitative study | BMC Women's Health | Full Text \(biomedcentral.com\)](#)
4. Cross-sectional Online Survey on Menopause Symptoms in the UK: Conducted by BMC Women's Health, this survey collected data from nearly a thousand women to analyze the prevalence and severity of menopause symptoms. It also examined how these symptoms influence health-seeking behaviors and the demand for specialized group consultations (BioMed Central). [Experience and severity of menopause symptoms and effects on health-seeking behaviours: a cross-sectional online survey of community dwelling adults in the United Kingdom | BMC Women's Health | Full Text \(biomedcentral.com\)](#)

[Women's knowledge and attitudes to the menopause: a comparison of women over 40 who were in the perimenopause, post menopause and those not in the peri or post menopause | BMC Women's Health \(springer.com\)](#)
5. Nature's Feature on Women's Health Funding: This article discusses the broader context of research funding for women's health issues, including menopause. It highlights the underfunding of conditions predominantly affecting women and the need for more robust research in this area (Nature).

Locality Report – Healthwatch Bolton



Menopause and Me

February 2024

Menopause and Me


Experiences of Support and Information on Perimenopause and Menopause

February 2024



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 *"It has affected the very essence of 'me' and who I am, how I operate, my zest for life and my ability to function."*

About Us

Healthwatch Bolton is your local health and social care champion. We exist to listen to your feedback about your experiences of using your health and care services. If you access GPs and hospitals, dentists, pharmacies, care homes or other NHS support services in your area, we want to hear about your experiences. As an independent statutory body, we have the power to make sure NHS leaders and other decision-makers listen to local feedback to help shape and improve standards of care. We can also help you to find reliable and trustworthy information and advice.

About this project

Throughout our engagement activities in 2023, we have been receiving intelligence from the community about issues relating to the menopause and perimenopause. In particular, people are seeking knowledge and information about what the menopause and perimenopause is, and where to find and access support and information.

- What is Menopause and Perimenopause?

Menopause is when your periods stop due to lower hormone levels. It usually affects women between the ages of 45 and 55, but it can happen earlier. Perimenopause is when you have symptoms of menopause, but your periods have not stopped. Perimenopause ends and you reach menopause when you have not had a period for 12 months.¹

There is evidence supporting low rates of reported menopausal symptoms amongst women from ethnically diverse communities due to cultural barriers and associated stigma towards woman's health care

¹ Source: <https://www.nhs.uk/conditions/menopause/>

needs². Furthermore, experiences and views of menopause influencing women's wellbeing and daily life can vary between different cultures and societies. The impact of menopause can often be psychologically and physically diminishing. Menopause is a life course transition, globally it is forecast that there will be 1.2 billion women post-menopausal after 2030³.

It is estimated that 35,664 women are affected by symptoms of menopause in Bolton⁴. There is no specific contract in place to provide menopause services. From the feedback we received from our community engagement activities at events and group meetings in Bolton, it was clear there was a real gap in knowledge, support and understanding about menopause and perimenopause. We found that many women from ethnic minority backgrounds felt particularly uninformed.

Because of this, and linking into our mental health priority, we decided to do a piece of research exploring what information and support women have found useful, where they found such information, and if there were any barriers to accessing support and information. We also wanted to find out how menopause and perimenopause was affecting the lives of women regarding mental and physical health, family life, work, social life and relationships. We also asked women if they felt that health and care professionals had the knowledge and expertise to support them.

We also arranged for local GPs to attend a women's group at Changing Life Directions⁵ (women's resource centre), to talk to women from ethnic minority backgrounds, about the symptoms and treatments they could access. A summary of this session can be found on page 23.

² Source: Lankoon, I, M. P, S., Samarasinghe, k and Elgan, C. (2021) Menopause is a natural stage of aging: a qualitative study: *BMC Women's Health*, [Online] vol. 21, no. 1, pp. 47-47. https://www.ncbi.nlm.nih.gov.ezproxy.bolton.ac.uk/pmc/articles/PMC7849153/pdf/12905_2020_Article_1164.pdf.

³ Source: Jermyn, D. (2023) "'Everything you need to embrace the change': The 'menopausal turn' in contemporary UK culture", *Journal of aging studies*, vol. 64, pp. 101114-101114. <https://www.sciencedirect.com.ezproxy.bolton.ac.uk/science/article/pii/S0890406523000154>

⁴ Greater Manchester Integrated Care Partnership

⁵ <https://changinglifedirections.org/>

As a result of conversations within the community, a local mosque reached out to us to support an event 'recognising menopause symptoms and management'. Dr Kalika Sonara led an informative session to approx. 100 women. This presentation led to empowered conversations and encouraged women from marginalised communities to speak about their personal experiences openly on a subject which is deemed as taboo in many cultures and societies.

We have inspired and supported menopause information stalls within events at the University of Bolton. We have also encouraged people to access bespoke training and support available through Voluntary and Community Sector organisations across Bolton. The Wellbeing Project CIC⁶ have launched a new lottery funded project called: 'It's Not Just Hot Flushes' and can work with voluntary sector organisations to create a menopause supportive organisation.

We have engaged in conversations across Bolton with organisations, partners, and statutory and community organisations to encourage menopause awareness in workplaces / teaching environments / cultural settings /places of worship. We have inspired the university of Bolton to highlight a need for students and staff alike to access menopause information and support. As a result, there will be an awareness stall at the University of Bolton's International Women's Day Event 2024.

Bolton Community College has also been inspired to address a need for more menopause wellbeing awareness sessions within the community.

⁶ <https://thewellbeingproject.co.uk/>

Summary of Findings

There were 143 respondents to the survey. Comments have also been recorded from engagement activity sessions.

Symptoms and Impact

The majority of respondents were either post-menopausal or perimenopausal, with 20 respondents reporting that they were not sure. It is clear from the feedback that many women report the same symptoms, with brain fog being the most common, followed by difficulty concentrating, hot flushes, night sweats, low mood and joint pain.

Out of 131 respondents who answered the question, 94 reported that it had impacted on their mental health, 87 saying family life had been affected, and 84 saying their physical health was affected. This has also impacted on social life and working life. Feelings of being alone and isolation were also expressed by respondents.

Information

When asked about whether they had found any useful information about peri/menopause, the majority (63) said they felt somewhat informed with only 24 saying they felt well informed and 17 saying they did not feel they had found any suitable information.

When asked about what they had found was the best source of information, respondents said; the internet and websites, friends and family and peer/support groups.

When asked why they found this information useful, respondents reported a range of answers. Some have found GPs to be reliable, trusted and informative. Particular internet sites have been quoted such as the NHS website, and Menopause Matters as being very useful and trustworthy. Some found friends and family were very helpful for talking to and discussing symptoms, with some friends and family having similar experiences.

Some respondents have found social media channels, and in particular, Instagram accounts and Tik Tok to be good, trusted sources of information. (however, how trustworthy these sites are is debatable). Some respondents found peer support groups very useful and menopause cafes. Being able to share similar experiences with peers was useful. The Balance App and the Davina McCall book 'Menopausal' were also quoted as being very useful.

When asked what could improve awareness and information about peri/menopause, most people said:

- More training for GPs and less reliance on issuing anti-depressants.
- Better information on the use of Hormone Replacement Therapy (HRT)
- More awareness, normalising it as a natural part of life
- Being taught from an early age in schools/sex education/biology

- More openness and discussions in the community
- A safe women's health community space café to speak with like-minded people and health care practitioners/ women's healthcare champions

Barriers

When asked what barriers people felt there were to accessing information, the majority of people felt there were barriers, comments as follows: (92)

➤ **Comments about GPs/Health professionals**

- Lack of understanding from the GP, out of date knowledge and poorly informed
- Unable to get GP appointments
- Being 'fobbed off' by the GP
- GPs over-medicalising symptoms
- Symptoms not being recognised and investigated properly
- GPs and health professionals are not trained in peri/menopause
- Uncomfortable speaking with male GP's

➤ **Language Barriers**

- Language and understanding is a barrier
- Language, doctors need to make you feel more comfortable

➤ **Stigma and Culture**

- It isn't talked about in our community
- Some people know nothing about it
- Fear of what others think
- Sometimes laughed off
- Embarrassment, women can't always talk about it
- Can be the butt of jokes
- Sexist attitudes, societal and cultural attitudes
- Dismissed as 'women's problems'
- Good to see improvements around stigma being made
- Dismissive culture
- Fear of being judged
- Taboo and embarrassing to talk about
- Black and Minority Ethnic communities need more information

➤ **Healthcare Professionals**

The majority of respondents did not feel that health and care professionals had enough knowledge to support them. Some people did report that their GP was very supportive and well informed, but many people commented that GPs did not know enough about the subject. Some respondents did report that other health professionals such as female practice nurses, did have more knowledge

and expertise. Some respondents felt that they were being prescribed antidepressants to deal with the symptoms rather than being treated for their menopausal symptoms. Some felt that Hormone Replacement Therapy (HRT), was the only treatment being offered, without much else. HRT information was also problematic with some finding the information leaflet very negative and worrisome.

The report highlights the need for more menopause visibility. Having empowering discussions around women's healthcare in general can encourage confidence, and improve overall health and wellbeing.

Methodology

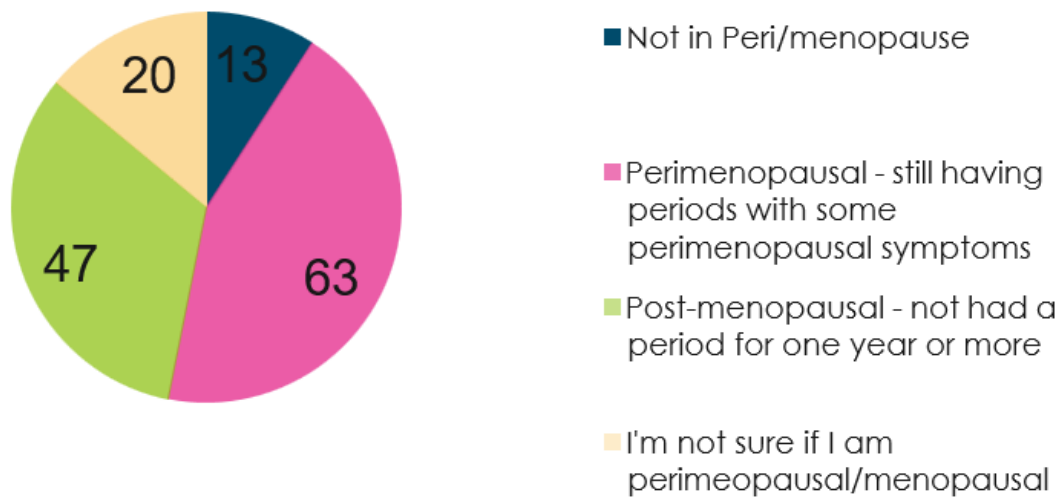
In June 2023, Healthwatch Bolton launched a survey to find out more about individual experiences of peri/menopause symptoms, what people's experiences were on trying to find good and reliable information and support, how peri/menopause has impacted on life, family, work and relationships. The survey also asked what people found useful and to suggest ideas to improve the availability of information and support.

A draft survey was produced which was shared with Bolton Locality Integrated Care Partnership health and care commissioners and providers, for comment and to suggest questions. From this the survey was produced and launched online in July 2023. The online survey was shared on social media channels, newsletters, bulletins and the website. In addition to this, extensive community engagement also took place with various groups and events in the community. A list of groups can be found in the appendices.

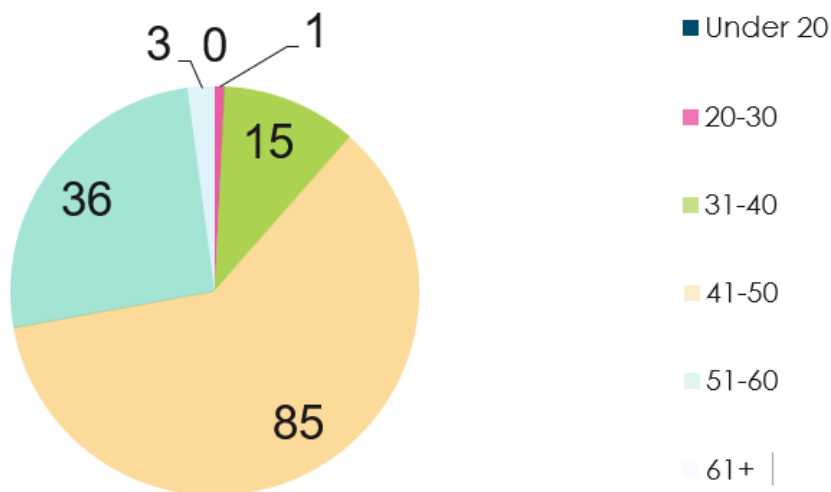
Interviews were also undertaken to produce case studies of individual experiences of peri/menopause.

Findings

Q.1 Which of the following best describes you?



Q.2 At what age did you experience peri/menopausal symptoms?



Q.3 Have you had, or are you having, any of the following symptoms since becoming perimenopausal or menopausal?

Hot flushes	98
Irregular periods	69
Night sweats	95
Depression	63
Anxiety	91
Heavy periods	47
Painful periods	40
Vaginal dryness	49
Low mood	92
Difficulty in concentrating	99
Brain fog (confusion and trouble thinking straight)	108
Reduced confidence	71
Irritability	81
Joint pain	88
Headaches/migraines	60
Reduced libido	65
Problems sleeping	94
Weight gain	84
Bloating	69
Fatigue (tiredness)	91
Hair loss	39
Body odour	27
Facial hair growth	49
Urinary symptoms (problems when peeing)	39
Constipation (problems with opening bowels)	18
Tummy cramps	19
Palpitations - (your heartbeat becoming more noticeable)	39
Other (please specify)	22

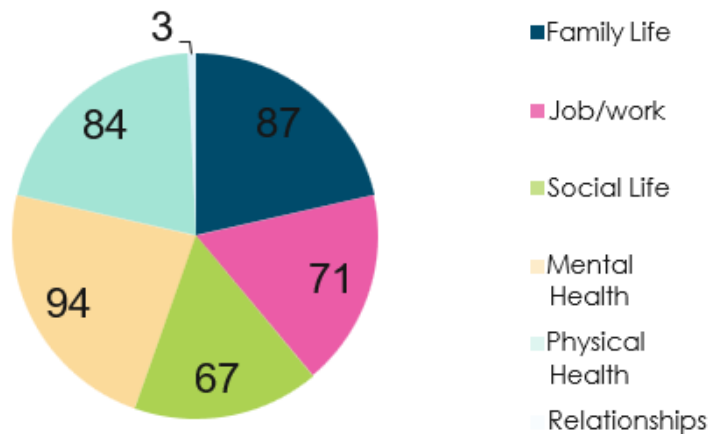
Respondents also reported the following symptoms:

- ✚ Mental health problems
- ✚ Dry and splitting skin on hands and nails
- ✚ Anger
- ✚ Painful breasts
- ✚ Eye problems
- ✚ Blood Pressure
- ✚ Arthritis
- ✚ Thrush
- ✚ Itchiness
- ✚ Change in taste

- ✚ Stiff legs and bum
- ✚ Blurry vision
- ✚ Fibromyalgia triggered
- ✚ Visual disturbances
- ✚ Forgetfulness
- ✚ Itchy ears
- ✚ Spots and oily skin
- ✚ Itchy feet at night

Symptoms such as brain fog, difficulty in concentrating, hot flushes, night sweats, low mood, fatigue and join pain were the most common.

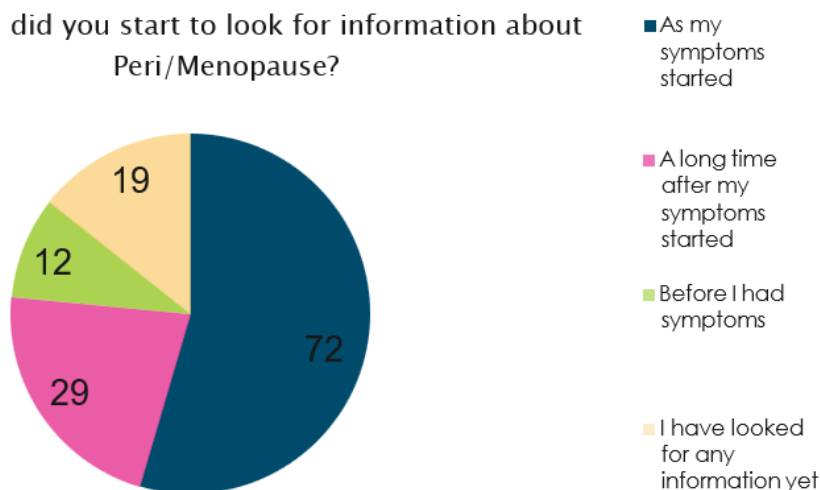
Q.4 Have peri/menopausal symptoms impacted on your life?



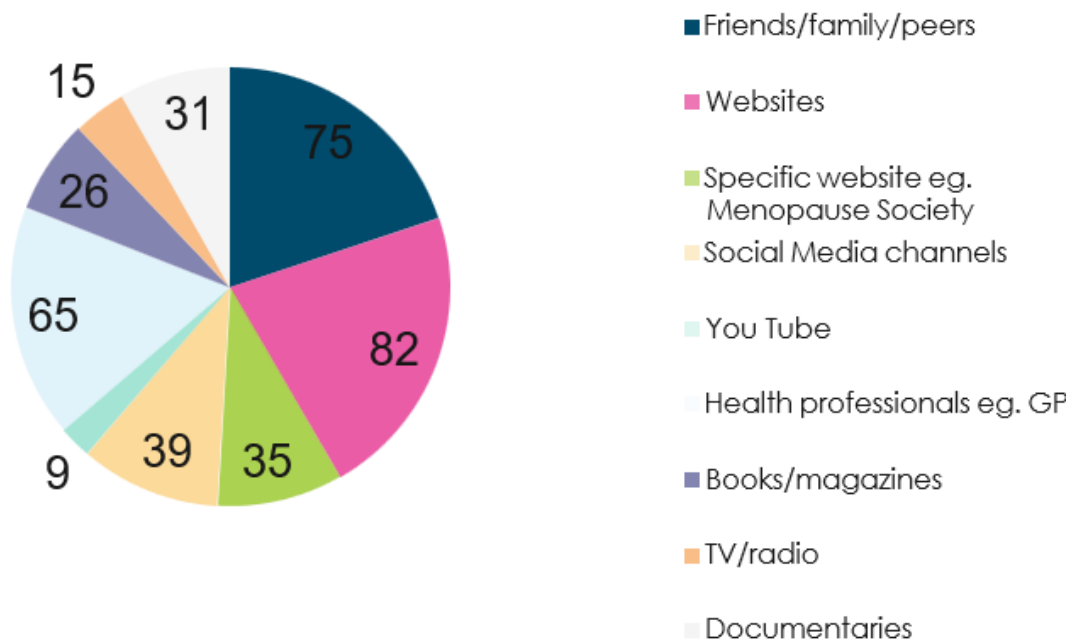
5 respondents also reported:

- ✚ Irregular inconvenient periods
- ✚ Extreme Fatigue, emotional, muscle and joint pain

Q.5 When did you start to look for information about Peri/Menopause?

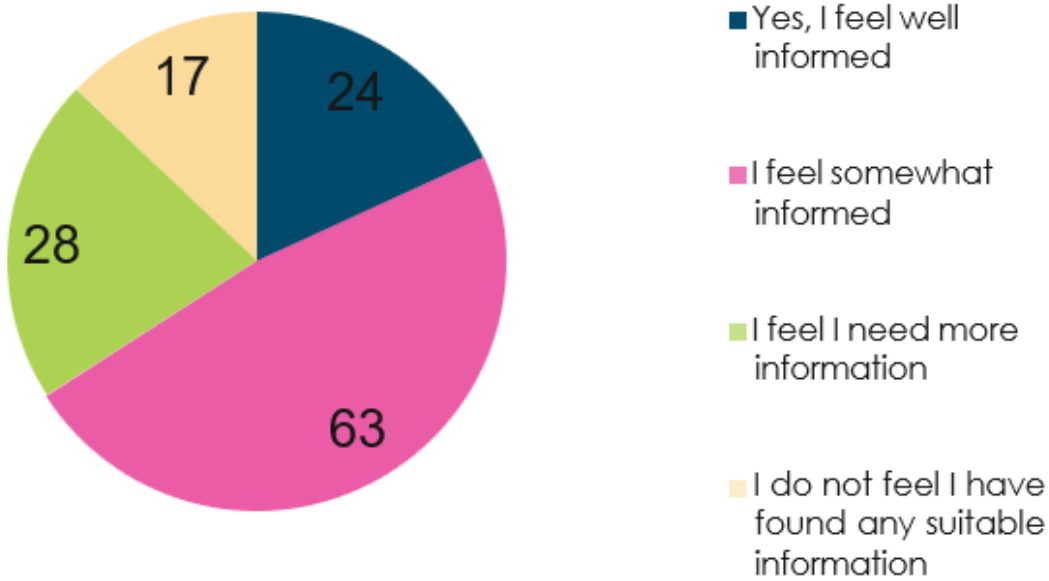


Q.6 Please tell us where you have looked for information on Peri/Menopause?

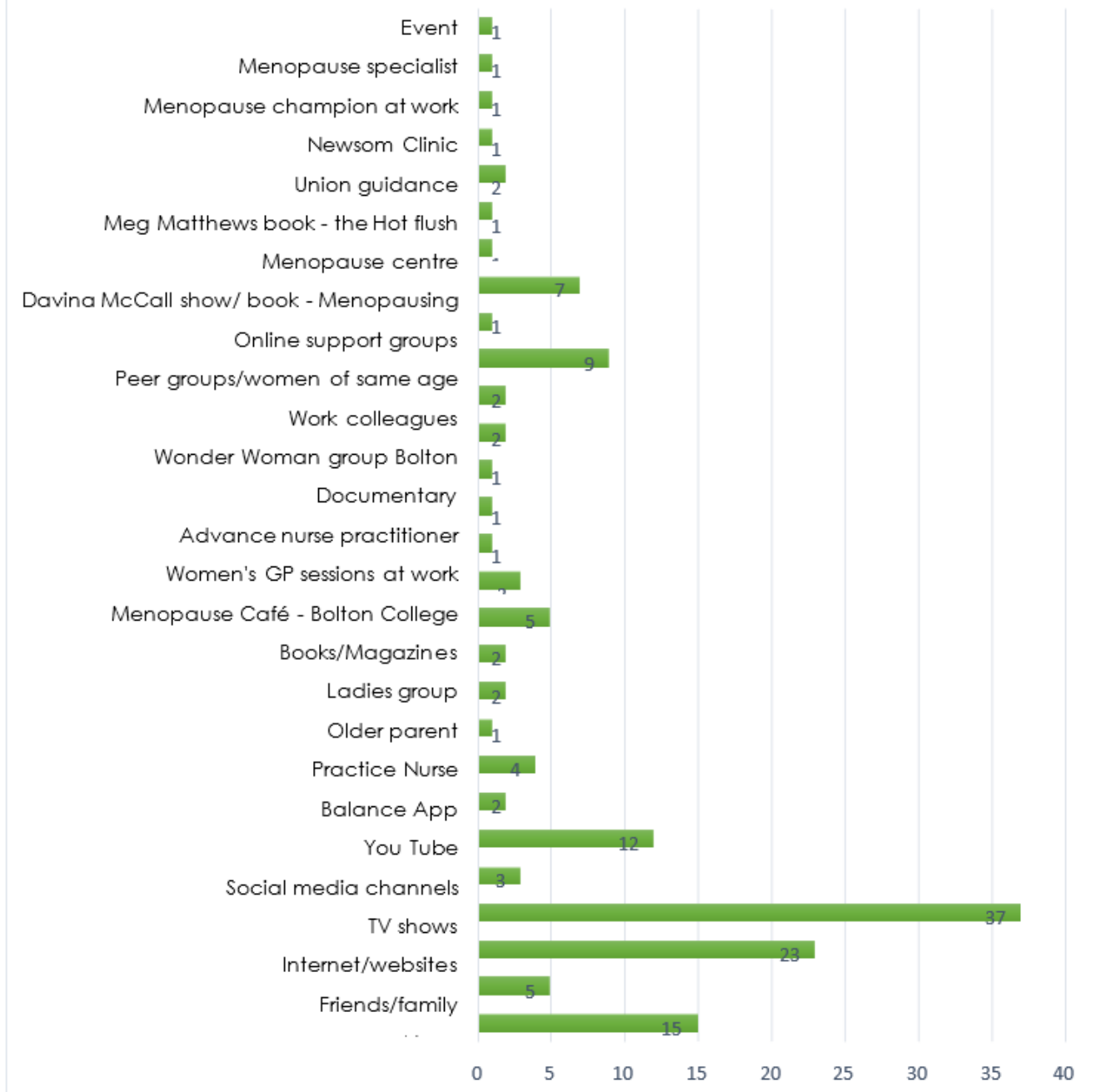


- ✚ An educational course
- ✚ Leaflet
- ✚ GP but told was too young
- ✚ Got information from Wonder Woman group
- ✚ Mumsnet
- ✚ Local group support
- ✚ Menopause Matters
- ✚ Google
- ✚ The Balance App
- ✚ Newsom Clinic

Q.7 Have you been able to find the information you needed to understand the Peri/Menopause and the symptoms you experience?



Q.8 Where or what has been the best source of information and support to you?



Particular websites that people said were useful were:

- ✚ 'NHS'
- ✚ 'Menopause Matters'
- ✚ 'Menopause Doctor'
- ✚ 'Meg's Menopause'

Q9. Why did you find this information useful?

<p>GPs</p>	<p><i>You assume menopausal symptoms are the same for everyone, but that is not the case.</i></p> <p><i>I've only followed advice from a qualified and specific practitioner. They've understood and then guided me with advice and solutions.</i></p> <p><i>Could make informed decisions about my personal journey and have also been confident with advice from doctors when trialling new treatment/medication (HRT).</i></p> <p><i>Advised to have Coil</i></p> <p><i>Dr Matta specialises in women's health</i></p> <p><i>Factual/scientific and real life – empathy</i></p> <p><i>Informative</i></p> <p><i>Reliable</i></p> <p><i>Sympathised with my situation To talk about what I'm feeling.</i></p>
<p>Internet and website/specific websites</p>	<p><i>Menopause Matters – sufficient information</i></p> <p><i>Explained symptoms and possible solutions; felt "not alone"</i></p> <p><i>Felt less isolated and frustrated</i></p> <p><i>NHS website provides information on symptoms</i></p> <p><i>Website information is up to date and current</i></p> <p><i>Menopause Matters website is useful</i></p> <p><i>Meg's Menopause website</i></p>
<p>Friends/family</p>	<p><i>It made me realise I was not going mad</i></p> <p><i>Others share the same experience</i></p> <p><i>Friends share useful tips</i></p> <p><i>Friends are trusted resources and understand</i></p>

Social Media – Instagram and Tik Tok	<i>Reliable and can relate to others experiences It's relatable and not dismissive like some GPs can be Very informative</i>
Menopause cafes	<i>Bolton college menopause café, speakers are knowledgeable and supportive</i>
Work/Union support	<i>Menopause champions really useful – not feeling so alone with it</i>
Books /magazines	<i>Davina McCall 'Menopausal' - Full of practical advice and guidance that prepared me to speak with my GP surgery about my symptoms and needs Realise what I have been experiencing is what others do & that it's not just hot flushes - there are so many other symptoms</i>
Gynaecologist	<i>Up to date, correct specialised information</i>
Digital Apps	<i>The Balance App - It recognises that some symptoms can only be relieved with off label doses of HRT. Whilst many scaremongering articles focus on breast cancer risks, Newson Health always puts this in perspective and describes the myriad of benefits of HRT which far outweigh the tiny risks. It also explains how off label doses are not dangerous (contrary to GP warnings). The Balance App is easy and very simple to use</i>

Support Groups

Wonder Women group menopause talk - It was both informative and interesting and it was talked about in an informal way which makes the women feel more at ease.

Q10. What do you think could improve awareness and information about Peri/Menopause?

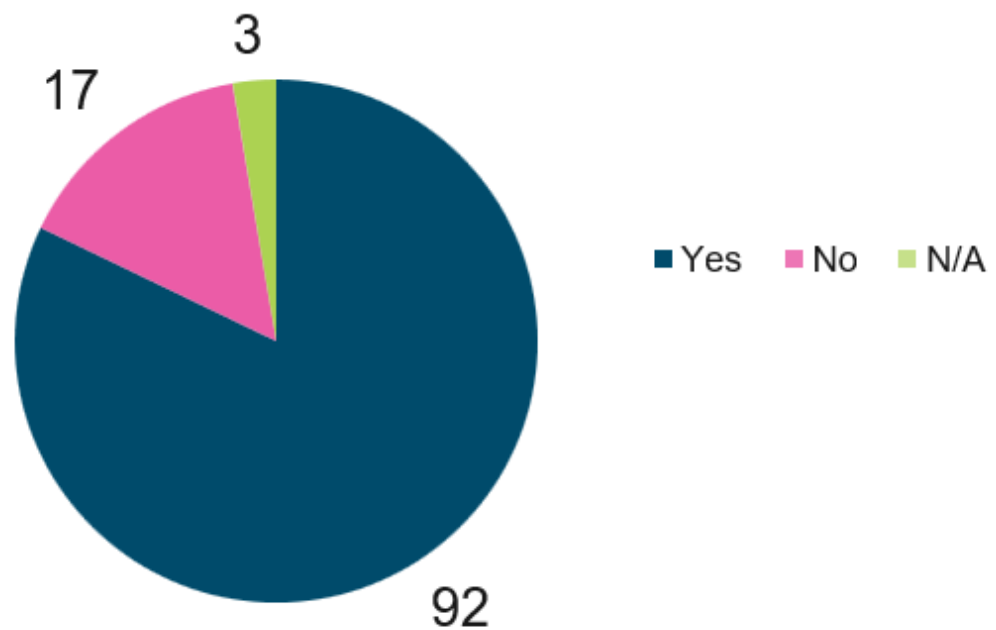
- ✚ Group talks with GPs
- ✚ Workshops
- ✚ Education
- ✚ Sessions with specific age group
- ✚ Have dedicated nurse at GP/hospital to help people
- ✚ More tolerance and to talk about symptoms – not shy away
- ✚ More awareness of support in workplaces
- ✚ Talk about it within society, TV/radio/social media, community groups
- ✚ Doctors having more specialised training
- ✚ More information in different languages
- ✚ Campaigns or group chat
- ✚ Acknowledgement in the workplace
- ✚ GPs need information in their surgeries
- ✚ Check-in service from GP once you turn 50 years old
- ✚ GPs should invite you in to talk about it
- ✚ Lessen the shame, need more talking about it
- ✚ Training for GPs who may have negative attitudes towards HRT
- ✚ Menopause champion in the GP surgery
- ✚ Free phone line support
- ✚ Being given information and advice earlier in life
- ✚ More funding, more dialogue
- ✚ More information about signs of menopause
- ✚ More community members giving wellness talks
- ✚ More information and support services
- ✚ Better education and protocols for doctors
- ✚ Offering HRT when asked for instead of anti-depressants
- ✚ Teach about it from a young age in education
- ✚ Reduce the stigma around it
- ✚ More community events are needed
- ✚ Male employers need educating
- ✚ GPs that listen and don't fob off as something else, especially male GPs
- ✚ Support groups at work

- ✚ TV Programmes
- ✚ Well women clinics being re-established
- ✚ Normalisation and less sexism
- ✚ More media campaigns
- ✚ More TV programmes with famous people championing it
- ✚ Making information accessible to everyone
- ✚ Community group events/talks

From the above topics the comments most frequently mentioned were:

- More training for GPs and less reliance on issuing anti-depressants
- More awareness, normalising it as a natural part of life
- Being taught from an early age in schools/sex education/biology
- More openness and discussions in the community
- More sources of support needed

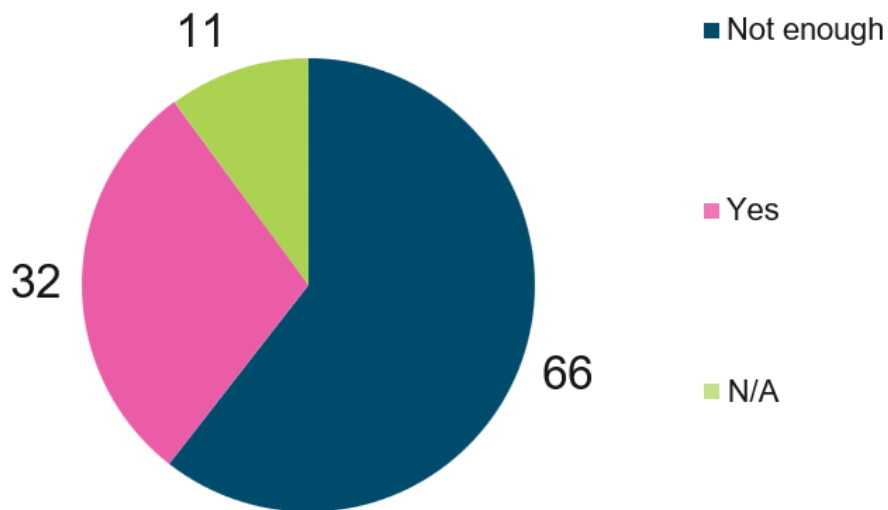
Q.11. Do you think there are any barriers to accessing support and information about peri/menopause?



<i>Yes, because it isn't talked about in the community</i>
<i>Yes, because people assume it is only for the older population</i>
<i>Yes, because symptoms can be vague so only the symptoms get treated and not the cause</i>
<i>Yes, not much help and support</i>
<i>Yes, long waiting times to see a specialist gynecologist</i>
<i>Some people laugh it off, workplaces are not always understanding</i>
<i>Language is a barrier for some people</i>
<i>Lack of trained professionals, GPs don't know enough about it</i>
<i>Doctors over-medicalise symptoms & don't sympathise with women</i>
<i>Stigma and the 'keep calm and carry on' mentality from older people</i>
<i>Embarrassment is a barrier</i>
<i>Fear of what others think</i>
<i>Not being computer literate could be a barrier</i>
<i>Prejudice and lack of information</i>
<i>Stigma, embarrassment and lack of understanding</i>
<i>Doctors don't support women, people should talk more about menopause</i>
<i>Difficult to get GP appointment</i>
<i>Blood test said I wasn't peri/menopausal, but I had so many symptoms, I wasn't offered any other advice or information</i>

<i>Don't feel male GPs understand</i>
<i>Work, because I don't want a sickness record</i>
<i>Some ethnic minorities are reluctant to seek help or advice around this subject. This needs to be addressed to that all women are informed about what to expect and how to deal with the symptoms</i>
<i>Culture, fear, ignorance and embarrassment</i>
<i>One of the biggest issues is not being aware that symptoms may be linked to the peri/menopause. If women are not aware then they won't seek support. Symptoms are so wide and varied, and so different for everyone. Information and awareness is key</i>
<i>Yes, such as being prescribed prescriptions, then being told can only buy them privately (Testogel). Medications can be expensive, GPs need to tell patients about pre-payment prescription certificates to help with the cost.</i>
<i>BAME community need more information</i>
<i>Hearing mixed messages about experiences with doctors has put me off visiting the doctor about my symptoms</i>
<i>Yes, many GPs still think HRT is dangerous. Mental health services do not join the dots and think about hormones, but immediately prescribe anti-depressants. Even the patient information leaflets inside transdermal HRT products talk about DVT risk which is incorrect. Lots of scaremongering and outdated info</i>
<i>Not knowing what you don't know – hence an automatic information session for all women at age 40 from GP. Women don't know that symptoms are peri/menopause. Often confused for getting older and having to just put up with it.</i>

Q. 12. If you have tried to speak to a healthcare professional, do you feel they had sufficient knowledge to support you?



Comments:

- ✚ 2 gynecologists I saw were male, they could not really understand the impact of it on us women and the pain of heavy periods that we experience
- ✚ My doctor, I asked about HRT, I am 67 years old and have been depressed. He just shut me down and said risks of breast cancer, ovarian cancer. Blood clots – so he really scared me!
- ✚ Excellent information and support from practice nurse
- ✚ At first no, (it was a young male doctor), but after 1 year, I was dealt with by a woman who sorted me with HRT immediately
- ✚ No, GP support is inconsistent, trial and error, ANP at surgery has been more helpful
- ✚ My GP – Dr Webster, was very understanding
- ✚ The doctor just offered a blood test, there was no other support
- ✚ No, they did not appreciate my anxiety was part of the menopause ✚ No, the message was it's just normal so get on with it
- ✚ Had to do my own research, GP info was very vague
- ✚ One conversation I had with my GP was very dismissive, a tone of another one', and this has made me reluctant to bring it up again.
- ✚ Almost like – it's your age, what do you expect? But I don't feel like they understand the impact it's having on my work life. I actually wanted to check that it was peri/menopause and not something more serious!
- ✚ It continues to feel like HRT is the only solution, and I had to push for

increase in dosage

- ✚ No, I was treated like I had depression
- ✚ At first, absolutely not, but when I moved and had to change my GP, I could not believe the difference with my new GP. She was knowledgeable, had up to date information and trusted me as the patient to know my body best
- ✚ GPs should tell you about prescription prepayment certificates for help with medication costs
- ✚ No, they told me you are too young, which is inaccurate ✚ Bolton NHS Trust have a menopause clinic
- ✚ My GP has been amazing, although the waiting is cumbersome
- ✚ My main issue has been trying to get prescription items due to meds shortages
- ✚ No, you feel like you are wasting their time
- ✚ I feel like they don't have the time or interest in this subject
- ✚ Only Newson's Health have had the knowledge and empathy to support me. But this kind of care shouldn't only be accessible to those who can afford it. It should be available for all, for free.
- ✚ They have the knowledge, but it's hard to get an appointment
- ✚ My own GP gives me the impression she doesn't know enough, however where I work we had 2 experts which has now given me the confidence to re-visit my GP and insist on trying medical interventions
- ✚ No, spoke with a lady doctor who prescribed anti-depressants. I am not depressed so I refused them
- ✚ "I feel that Asian women do not have enough information about Perimenopause".
- ✚ I am concerned about the information leaflet you get with HRT, it is very scary and doesn't really say what the benefits are, it is too negative
- ✚ Is HRT acceptable to take due to my religious beliefs?

Q.13 Is there anything else you would like to tell us about your experience of peri/menopause?

- My sister's husband left her because she was struggling with mental health problems as a result of the menopause. He moved on and remarried.
- The effect on mental health which impacts on family life due to lack of information, feel isolated

- Can be overwhelming and lonely
- It is often very frustrating when periods stop for several months, and then come back regularly, as we struggle to know when to pray and what to do when spotting occurs regarding our prayers/fasting in Ramadan
- I feel that Asian women do not have enough information about menopause
- I'm still trying to figure out the symptoms
- Go find someone to help you if you are struggling
- I wish there were more clinics for people to go
- Felt like I was alone, nobody would listen, just laughing it off
- Luckily my GP has a menopause specialist
- It is a continuous journey, one that I wish I had been more knowledgeable about at a younger age
- While seeking support for physical symptoms, I am being offered anti-depressants. I don't have a mental health condition.
- I did not know much about the menopause, I did not know I was at risk of osteoporosis. More prevention info is needed
- Having been on the coil and not having periods for 13 years, it's difficult to determine if I'm menopausal or not
- I have two friends, who are both peri/menopausal, who were refused HRT at multiple doctors appointments. One of them paid £200 to see a private consultant to get HRT. Since it has been prescribed she has seen a massive improvement. The other lady is still suffering.
- Nobody tells you how difficult it will be
- I worry about work/career
- A one stop shop approach would be excellent. A phone contact to see if it's a menopause symptom or something else.
- I was surprised that a female GP took me off HRT after deciding that my family history was incompatible, without suggesting an alternative. An earlier GP was aware and had prescribed HRT a couple of years before. GPs need to be properly educated about the menopause.
- Thought I was going mad, the brain fog is terrible. My behaviour changed drastically and I did not know why
- Would have liked more information about it when I was younger, so I could be prepared and recognise it when it happens.
- I've heard about private hormone tests that you pay for, but that they are not very good. We need better information

Engagement Session with Fit4Life Group – Changing Life Directions

Fifty ladies from South Asian communities took part in this information session which was led by two local GPs.

Age 47–55, 24 Indian, 23 Pakistani, 3 Bangladeshi

Several ladies have been struggling to complete their exercise programs and reported feeling tired and described their bodies as broken, feeling like they are going crazy, and not feeling like themselves and not understanding what is happening to their bodies

Aged range 47–55–When asked about possibility that they may be going through the menopause, none of the ladies had any understanding of what menopause is.

We introduced small groups sessions to gather feedback from the group, approx.

50 ladies took part. 37 were not aware that they were going through the menopause, 17 did, however have never discussed this with family members or their GP. Ladies reported that they feel embarrassed and ashamed.

The event clearly demonstrated that there is a gap in provision of support for women who have cultural and language barriers in accessing information and services related to women's health.

Case Study 1 – Mrs A, Aged 52

Has had depression for three years due to lack of sleep, body aches and feeling abnormal.

“I did not know what was happening to me, I was still having some periods but not like normal, my body felt different though. I did not want to tell my doctor as my husband always comes with me and I was also worried I might have to have an internal examination.

I kept everything to myself and just cried when it got bad. It was at the centre, the gym, where I found out what was happening to my body. I did not know or ever hear about the word menopause. I came to the event and found out that other women were going through the same, we all started talking and were able to ask the staff questions.

Case Study 2 Khadija, Aged 45

Please could you share your experiences of perimenopause/ the menopause?

I have struggled with peri/menopausal symptoms for the past seven to eight years. I work in the teaching profession within my role there is lots of accountability which can be very stressful at times. Menopausal symptoms have greatly impacted on my life.

Did you seek advice or support from your GP or another health Professionals? If not, why not? did you receive support advice from anywhere else?

I spoke to my GP/ Nurse practitioner on many occasions, the first time I was given Fluoxetine and lifestyle advice. I am a high taxpayer I expected more support from the NHS. In the last two to three years, I looked up Newson Health Menopause and Wellbeing centre, two months ago I made a decision to book a private appointment which cost £195.

Do you feel health professionals have the knowledge and expertise to understand and treat menopause symptoms?

I felt that the healthcare professionals and the nurse practitioner did not have the level of knowledge, understanding and expertise to support me and my symptoms.

What was your experience? Did you feel supported?

I did feel listened to and offered lifestyle advice and was offered the antidepressant route. I feel that it is very challenging for healthcare professionals to truly understand the impact menopause has on people.

How are you feeling now? Are you managing your symptoms?

I felt greatly supported by Newson menopause and wellbeing centre since taking HRT I feel generally my symptoms have been greatly elevated, some symptoms are still there before I felt I could not function properly. I experienced suicidal thoughts, feeling like I did not want to be here.

For yourself what do you feel has been the best advice/support that you have been given?

Newson Health Menopause and Wellbeing Centre provided me with a very detailed report which my GP found helpful. This led to a recommendation of body identical HRT being prescribed for me.

What kind of support would you like to see being offered locally?

I would like the subject of menopause information and awareness to be added to the national curriculum within schools to help young people understand 'what is menopause?'. I would like to see menopause cafes set up in the community where women confidently visit and meet other likeminded women in the community to gain health information and support in a comfortable environment.

Is there anything else that you would like to add?

I studied extremely hard for 10 years, resitting my GCSE maths twice to achieve a teaching qualification and work within the field. Unfortunately, I did not feel supported within my workplace, I was told that the trust was working on a policy. Menopause symptoms made me feel like quitting my job.

Case Study 3

Please could you share your experiences of perimenopause/ the menopause?

I haven't had a period since I was 40 after having a procedure that stopped them so I wouldn't know if I was starting the menopause. I am also adopted so don't know any family history on the female side. I knew my body was changing, gaining weight, low mood, low libido, confusion, forgetting things, restless legs, palpitations, head flushes and so on but it was a build up until it got to the point where I didn't know me anymore – I wasn't my usual self and it began to affect me at work (I also had a male manager, which didn't help mainly due to his lack of recognising or acknowledging the menopause that made him unsympathetic) family and in social environments. At the same time, I had health issues and was under Gynaecology, Respiratory and my GP for investigations. As you can imagine a stressful time, but it all came at once and I thought I was losing my mind...I even thought I had dementia at one point. I had been backwards and forwards to my GP with various health issues, but never once did anyone mention I could be going through the menopause. I went for a routine BP check with the nurse practitioner, and I mentioned all these changes, and she was on it straight away – we had an in-depth conversation about menopause, and she was of a similar age and could relate and empathised a lot – it was at this point I realised I could be menopausal and not crazy. It's from this stage that I began to learn more and research and new then what I had to do.

Did you seek advice or support from your GP or another health Professionals? If not, why not? did you receive support advice from anywhere else?

Not initially as I didn't know most of my symptoms where menopausal – I was putting them down to being symptoms from other health conditions.

Do you feel health professionals have the knowledge and expertise to understand and treat menopause symptoms?

Some do and some don't – it was a conversation with a nurse practitioner I was seeing over another issue that took the time out to listen to me and she explained a lot to me. I have been backwards and forwards to my GP with various issues over the last couple of years and never once did a GP say all these symptoms could be part of the menopause.

For yourself what do you feel has been the best advice/support that you have been given?

Friends and the nurse practitioner.

What was your experience? Did you feel supported?

It was after the conversation with the nurse practitioner that I began to research my symptoms and learnt a lot more about my body. So, when I did approach my GP it was a quick we can give you anti-depressants, which isn't what I wanted to hear. I know they do help with some of the symptoms, but I was hoping to hear we will test you to see if your menopausal or offer HRT and even some tips (leaflet maybe) on managing wellbeing, symptoms and a little reassurance. After chatting with friends about HRT I knew I wanted to go on the patches rather than anti-depressants and my GP gave them to me. I've been on them for several months now and the only follow up I have had is a request for my BP.

How are you feeling now? Are you managing your symptoms?

I have done a lot of research myself and alongside my HRT I'm taking a few supplements like CBD capsules, magnesium, turmeric, cod liver oil, and evening primrose. My mental health has improved, and the physical side effects aren't as bad. I feel I am managing this the best I can but do worry about the long-term effects of being on HRT.

What kind of support would you like to see being offered locally?

More support groups, a menopause hotline, GPs providing more information such as a leaflet or a link to a trusted website (the internet is full of info that can be contradictory and overwhelming) and more discussed options face to face on alternative therapy/HRT rather than jumping straight to anti-depressants as a fix for all menopause. More regular ongoing education in the workplace.

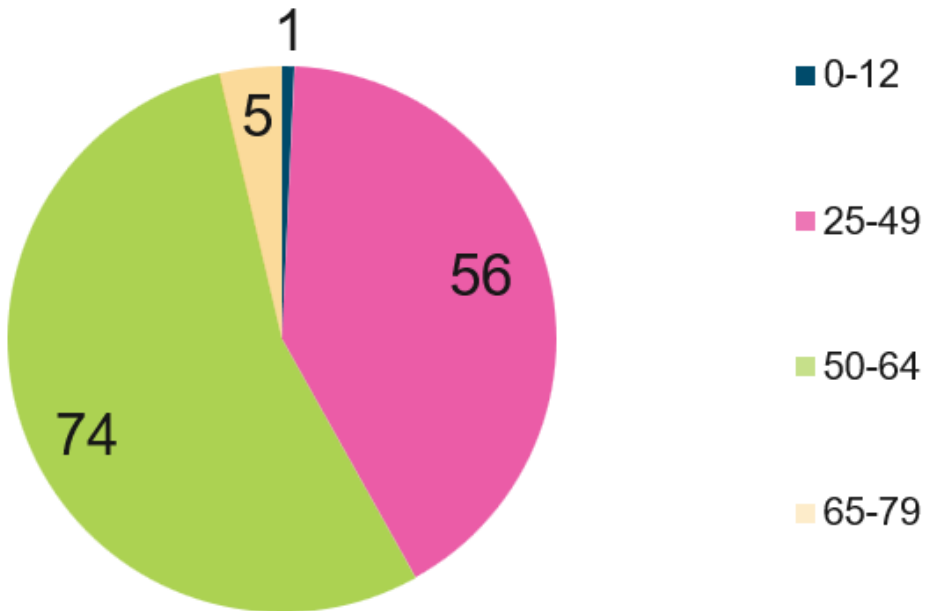
Is there anything else that you would like to add?

I encounter a lot of women in their 40s and 50s through my work some vulnerable too. Most of which have been on anti-depressants for years with no alternative therapy offered, no blood tests, no HRT. Some women struggle to articulate themselves to professionals and will settle with whatever the GP offers - hence being on anti-depressants for long periods of time and not challenging for a better choice of therapy that could be better suited to them as individuals. I've had conversations with lots of women who all have different experiences with

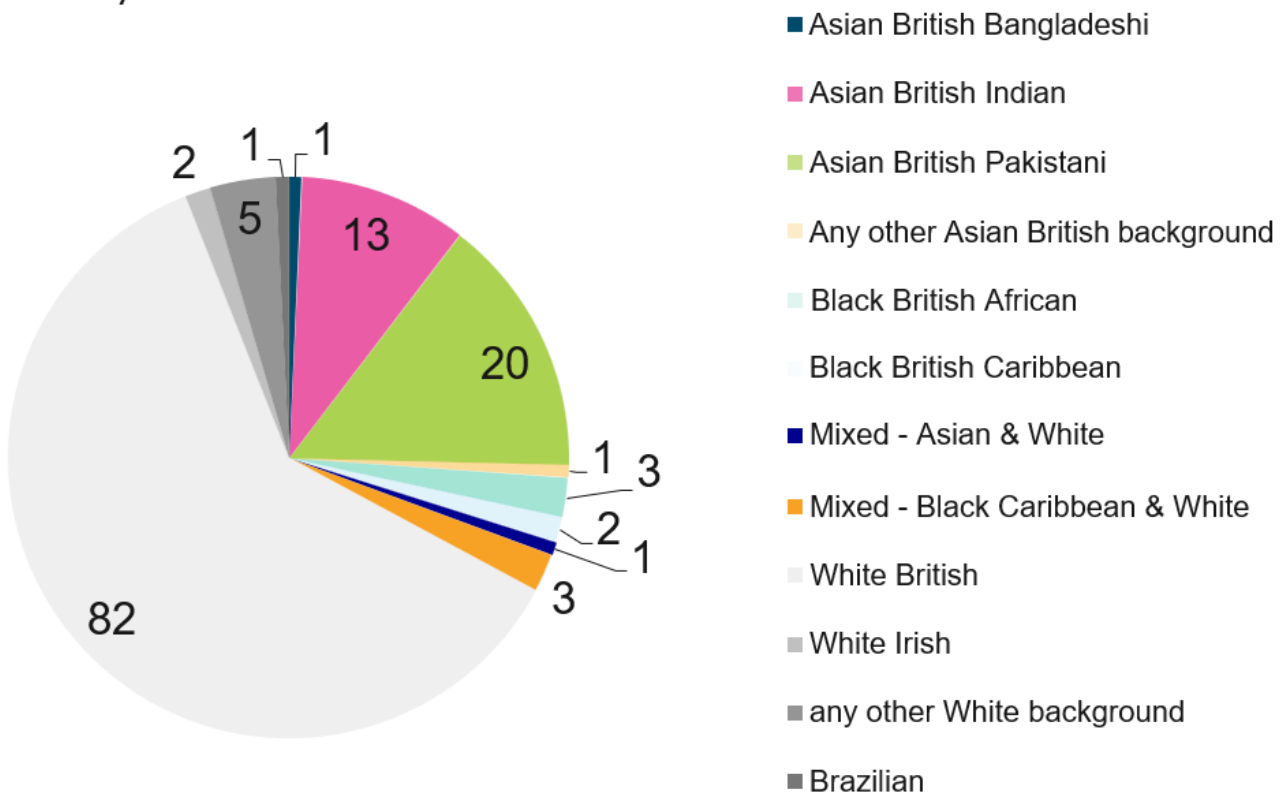
therapy offered, no blood tests, no HRT. Some women struggle to articulate themselves to professionals and will settle with whatever the GP offers – hence being on anti-depressants for long periods of time and not challenging for a better choice of therapy that could be better suited to them as individuals. I've had conversations with lots of women who all have different experiences with their GPs depending on sex, age, time limits, knowledge & empathy. A discussion with a menopausal woman shouldn't be just a 10 min appointment – there should be more in-depth conversations for women to learn and make their own decisions on therapy choices, which I know may not be an option for GPs but surely some alternative like a actual menopause service that offers all this support and advice.

Demographic Information

Age



Ethnicity



For respondents who answered the question about gender, all identified as female (135). For respondents who answered the question about sexual orientation (126), the majority were heterosexual, one gay woman (lesbian) and one pansexual

132 respondents were from the BL1-BL9 postcode areas.

DISCUSSION/CONCLUSIONS

The findings of this research show that people have found the menopause and perimenopause has impacted on various aspects of their lives. Be it through lack of knowledge and education, stigma, culture and lack of support from health professionals. Symptoms of perimenopause and menopause are wide-ranging and as this report shows, they do have a dramatic impact on lives, affecting both physical and mental health.

Traditionally, menopause has been a taboo topic. It was associated with middle aged and older women who were deemed belligerent, out-of-control, plagued by hot flushes and mood swings. Often the butt of jokes and considered irrelevant. Celebrities have been useful in getting menopause talked about and helping to normalise and get rid of the stigma associated with it. Many respondents to this report have said they have found some of the books written by celebrities to be really useful. Many workplaces have also adopted workplace policies to ensure their workforce is properly supported at work. There is a rise in menopause cafes being setting up in workplaces to help provide a space for women to share their experiences and seek support, men are also encouraged to attend.

There is a need for health professionals and particularly those working in GP practices to be more aware and have sufficient training on how to support women and the menopause. Aside from websites and support from friends and families, GPs are the first point of contact someone will have if they are seeking medical support for their symptoms. However, medicalisation can often mean being given a prescription for Hormone Replacement Therapy (HRT), or anti-depressants. Whilst HRT is welcomed by many women, it may not be suitable for all women, or what some women are looking for, so further advice and support should be offered. Women find support from others going

through the same thing, and the use of menopause cafes in different settings, is becoming more common.

This report has also highlighted that some women from ethnic minority backgrounds know nothing or very little about menopause. The subject is not freely discussed and can be viewed as something to be ashamed of and embarrassed about. Menopause can be viewed as a loss of fertility and femininity. There may also be language barriers between women and health professionals. The lack of educational materials such as leaflets, posters etc., that do not depict women from ethnic backgrounds may mean women cannot identify with the subject.

In conclusion, peri/menopause can have a serious impact on quality of life for women. Women need good support from well informed and trained health professionals. They also need support in their own communities and workplaces. Information needs to be accessible to all women including different languages. Education is also important to ensure women and men know about the subject earlier in life.

RECOMMENDATIONS

1. More training and awareness regarding peri/menopause symptoms and treatment is needed for primary care givers – GPs, and other health professionals, including tailored mental health support. Culturally some women experience menopause differently – symptoms may present earlier in life, so this needs to be taken into account.
2. Women should receive better explanation/straightforward information, about the benefits and risks of Hormone Replacement Therapy (HRT). The incredibly lengthy patient experience leaflets can be very scary. The leaflets talk all about the risks, which is all very negative. Whilst this information is necessary, it should also be helpful and talk about the positives of the treatment.
3. Health professionals and pharmacists should be able to advise or signpost patients to information about prescription charges and the benefits of Prepayment Prescription Certificate (PPC) if patients are on more than one/regular medications.

4. Women should be given followed up appointments after commencing HRT (after the first three months).
5. Women should receive sound information about private hormone tests and the reliability of these.
6. Consider setting up a dedicated webpage on all GP websites for specific information about peri/menopause and sources of support. Also include better information about HRT and alternative treatments.
7. Work with women (and men) and, in particular, people from ethnically diverse backgrounds to raise awareness of peri/menopause and sources of support.
8. Produce local information leaflets (digital and printed), in different languages, and, in particular aimed at those from ethnically diverse backgrounds.
9. Consider including menopause information in primary care annual health checks/carer health checks
10. Encourage more menopause cafes to set up around town and within communities
11. Include information about peri/menopause in educational settings or as part of the national curriculum.

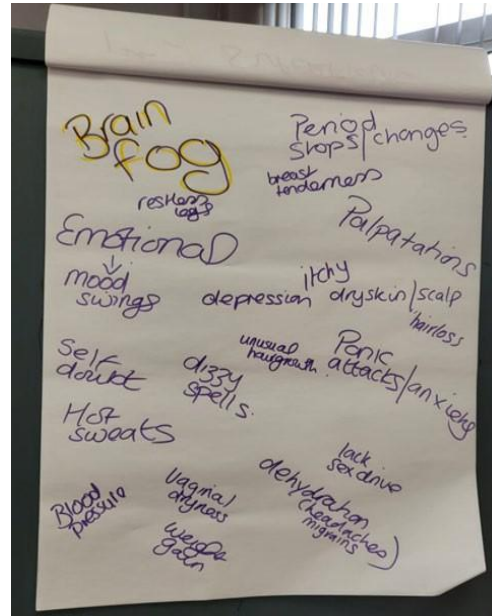
Outcomes from our engagement activities

Women of Willow Hey - We arranged for a GP, Dr Medeeha Anwar to attend a session requested by a women's group in Farnworth; Women of Willow Hey. Dr Anwar is a newly qualified locum GP with an interest in women's health. She came out to deliver a myth buster session on the menopause. The session was very informative and generated lots of discussion and interest.

Prophetic Path⁷ – we were invited to attend a breakfast talk show on the menopause, at the old Medina Mosque on St Georges Road. This event was supported by two GPs, Dr Latif and Dr Ahmed who delivered an in-depth presentation not just on symptoms of menopause, but also on HRT / risk factors / dietary advice / wellbeing advice. The session was very well received with 40 women in attendance.

⁷ An international organisation conveying the sacred message of Islam

Wonder women⁸ – This is a new group that we connected with; the group is supported by Bolton at Home. The group were interested to find out more information about peri/menopausal symptoms and share experiences and responses from GPs. Due to time restraints, no Health care professional was available to attend the group session, however the group support officer devised games and other activities were planned and devised to help gain an understanding and break the ice around menopause conversations. An information video was also shown. The group took part in lots of interactive activities and shared powerful experiences: GP's lack of support / not enough information and the impact on mental health, more information, more support and awareness – which have been common themes within the research.



Further Work/Impact

Bolton College – As a result of the engagement work we have done, Bolton College are exploring the possibility of developing a wellbeing course around menopause. We will be discussing this with them throughout 2024. Bolton College have also set up a Menopause café in which we have attended and supported an information session.

Bolton University - We have been asked to attend a consultation into the upcoming new MSc Public Health Degree by the University of Bolton which is due to start in September 2024. The university is gathering insights from former/current students and organisations, so we will be able to share our work and insights on menopause. Bolton University have asked for our help in the possibility of setting up some menopause support that students and staff can access in the University. We have advised them to work in partnership with the Bolton College menopause café.

⁸ <https://www.boltonathome.org.uk/volunteering-training-employment/wonder-woman-2982/>

In the Community We have connected Individuals, groups, organisations and partners to support and training around the menopause, we have encouraged people to talk and share experiences to break down taboo and barriers.

Thanks and acknowledgements

Changing Life Directions

Bolton at Home

Wonder Women Group

Women of Willow Hey

group Bolton College

Bolton University

Bolton Social Prescribers

BAND

Zakirya Mosque

Medina Mosque

Dr Khalika Sonara, Dr Aishah Latif, Dr Medeeha Anwar and Dr Zunaira Ahmed

Case Study participants

Survey respondents.

Appendicies

List of groups engaged with:

Changing life directions

Bolton Council of Mosques (BCOM)

Caribbean and African Health Network

(CAHN) Bolton Black History Group

Wonder Women

University of Bolton

Bolton College students and menopause café

Bolton Community College -English for Speakers of Other Languages (ESOL)

Women of Willow Hey
Sunning hill school parents evening Bolton
Deaf Society
Precious Gems
University of Bolton students and staff
Women Together
Old Medina Mosque
Zakaria Mosque
Fleet house
Answer Cancer
Let's Keep Bolton Moving
Halliwell Community Alliance
Bolton Black Community Health Forum
Talk Changes
Bolton Social Prescribers
Bolton GP Federation
Bolton at Home
Bolton Hospice
The Well Foodbank Hub

Responses from Commissioners and Providers

We really welcome the comprehensive piece of engagement, and useful recommendations. We will work with our newly established women's health network to ensure we take forward a comprehensive action plan to address these. This will include launching our new women's health hub and expanding this to deliver group consultations on menopause, a comprehensive communications plan for both primary care clinicians, the wider workforce, and the people of Bolton, and a new training package around menopause.

Many thanks

Liz Wigley

Senior Commissioning Manger – Maternity and Childrens Services Greater Manchester Integrated Partnership

It was great to meet you at the Women's Health network meeting last week. I was really interested to read the Healthwatch report about menopause knowledge and services in Bolton and to listen to your summary in the meeting.

I mentioned that I'll be starting a CBT group for managing menopausal symptoms imminently in our service, so I just wanted to give you a bit more info about it (attached) as I'm guessing you'll probably come across people who might want to refer themselves into it.

Kind regards

Dr Caroline Boyd

Clinical Psychologist
Bolton Talking Therapies Service

What do you know about Perimenopause or Menopause?

Perimenopause is when you have symptoms before your periods have stopped. The menopause which is sometimes referred to as 'change of life' or 'midlife crisis', is when a woman stops having periods which usually happens when a woman is 45-55 years old. [Menopause - NHS \(www.nhs.uk\)](http://www.nhs.uk)

For some people, information, and support about what to expect during menopause and perimenopause can be difficult to obtain or understand. We would like to hear your views on this and what could make things better for you.

1. Which of the following best describes you? (tick which one applies):

Not in perimenopause/menopause	
Perimenopausal - still having periods with some perimenopausal symptoms	
Postmenopausal - not had a period for one year or more	
I am not sure if I am perimenopausal/menopausal	

2. At what age did you experience perimenopause/menopause symptoms?

Under 20	
21-30	
31-40	
41-50	
51-60	
60+	

4. Have perimenopause/menopause symptoms impacted on your life in any of these ways? Tick all that apply

Family Life	
Job/work	
Social Life	
Mental health	
Physical health	
Relationships	
Other(s), please state	

5. When did you start to look for information about perimenopause or menopause?

As my symptoms started	
A long time after my symptoms started	
Before I had symptoms	
I have not looked for any information yet	

6. If you have looked for information on the perimenopause/menopause, please tell us where you have looked, (tick all that apply):

Friends/family/peers	
Websites – e.g. NHS website	
Specific websites e.g. Menopause Society	
<u>Social Media</u> : Tik Tok, Twitter, Facebook, Instagram	
YouTube	
Health professionals – e.g. GP	
Books/magazines	
TV/radio	
Documentaries	
<u>Other(s), please state:</u>	

7. Have you been able to find the information you needed to understand the perimenopause/menopause and the symptoms you may experience?

Yes, I feel well informed	
I feel somewhat informed	
I feel I need more information	
I do not feel I have found any suitable information	

8. Where or what has been the best source of information and support for you regarding the perimenopause/menopause?

9. Why did you find this information useful?

10. What do you think could improve awareness and information about perimenopause/menopause?

11. Do you think there are any barriers to accessing support and information about perimenopause/menopause?

12. Is there anything else you would like to tell us about your experience of perimenopause/menopause?

13. If you have tried to speak to a healthcare professional about the menopause, do you feel they had sufficient knowledge to support you?

Equality and Diversity Monitoring

We seek to involve all our community in the work we do. We monitor this so we can identify significant trends and differences between groups to help us be more inclusive and to remove any unfair barriers. To ensure equal opportunities, please help us by answering the following questions. All responses in this survey are anonymous. Thank you for your help [in this](#).

14.	Please tell us your age:	
	0-12 years	
	13-15 years	
	16-17 years	
	18-24 years	
	25-49 years	
	50 to 64 years	
	65 to 79 years	
	80+ years	

15.	What is your ethnic background?	
	Arab	
	Asian/Asian British: Bangladeshi	
	Asian/Asian British: Chinese	
	Asian/Asian British: Indian	
	Asian/Asian British: Pakistani	
	Any other Asian/Asian British background	
	Black/Black British: African	
	Black/Black British: Caribbean	
	Any other Black/Black British background	
	Mixed/Multiple ethnic groups: Asian and White	
	Mixed/Multiple ethnic groups: Black African and White	
	Mixed/Multiple ethnic groups: Black Caribbean and White	
	Any other Mixed/Multiple ethnic group	
	White: British, English, Northern Irish, Scottish, Welsh	
	White: Irish	
	White: Gypsy, Traveller or Irish Traveller	
	White: Roma	
	Any other White background	
	Any other ethnic group (please specify:	

16.	Please tell us which gender you identify with?	
	Woman	
	Man	
	Non-binary	
	Intersex	
	Prefer not to say	
	Prefer to self-describe:	

17.	Please tell us which sexual orientation you identify with:	
	Straight/heterosexual	
	Gay Man	
	Gay woman (lesbian)	
	Bi-sexual	
	Asexual	
	Pansexual	
	Prefer not to say	
	Prefer to self-describe:	

17. What is your Postcode (first 3 characters)?

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Many thanks for sharing your feedback with us.

Privacy Statement:

For this survey, we do not ask for or store any personally identifiable information. For more information, please see our privacy statement: [Privacy | Healthwatch Bolton](#)



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Locality Report – Healthwatch Rochdale, Phase 1



Menopause Matters Project Report Phase 1 April 2023

Menopause Matters!

**What local people told us about going
through the menopause**





Introduction

Healthwatch Rochdale is the local independent health and social care champion for the Rochdale borough.

Following Healthwatch Rochdale's Advisory Group's decision to speak to local people about their experiences of perimenopause/menopause a survey was carried out which ran from 5th September until 31st October 2022. The aim of the survey was to understand how perimenopause/menopause affected local people, what information and support was available to them and where they thought things could have been better.

Alongside this we spoke to seven people to hear their story in more depth. All those who spoke to us and took part in our survey identified as female. Quotes from the survey and highlights from people's stories will be shared within this report.

Key Findings

Lack of awareness

The majority of people we spoke to were not aware that some of the symptoms they were experiencing were due to perimenopause/menopause. People told us they were aware of some of their perimenopause/menopause symptoms but not others, and some we spoke to were not aware of the treatments available to them, more specifically Hormone Replacement Therapy (HRT).



Menopause Matters!

Lack of Information

People felt there was a lack of information around perimenopause/menopause. People told us they were unaware of the signs & symptoms, and some felt health professionals had a lack of knowledge around symptoms and treatments such as Hormone Replacement Therapy (HRT).

Lack of support

Some felt there was a lack of support available. The majority of people accessed traditional health services, but some felt they weren't supported or listened to, and that advice & support given was not personalised or health professionals were dismissive. A small number accessed support groups & social prescribers but none accessed a well woman clinic.



Menopause Matters!

Our findings

Average age of perimenopause/menopause

135 people answered our survey, of those 36% were currently experiencing perimenopause, 43% were currently experiencing menopause & 21% had experienced menopause in the last three years.

Slightly over half, 55%, first experienced their symptoms at the age of 41-50, with a further 32% at ages 51 – 60. Some respondents, 12%, experienced menopause symptoms early at the ages of 31-40.

Of those who had early symptoms 25% had gone through the menopause in the last three years. 44% were currently experiencing menopause & 31% were currently experiencing perimenopause.

“I have been experiencing perimenopause for the last 2 years since I was 46. Two years ago, was when I noticed things weren't quite right.

I initially put the signs and symptoms down to the Covid pandemic as I had been furloughed, was home schooling, was anxious and distressed”.

I first got symptoms in my early 40's, I actually thought I was dying, that there was something seriously wrong with me”.

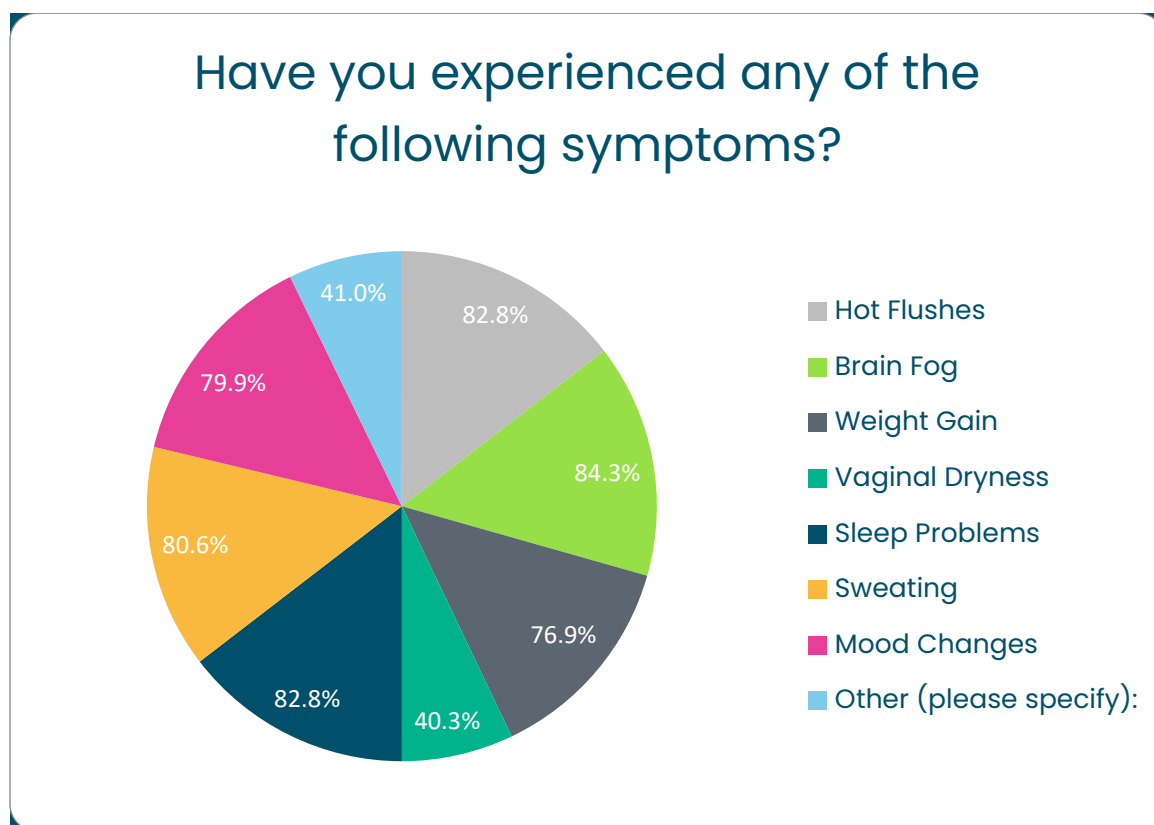




Menopause Matters!

Symptoms

The most common symptom people experienced was brain fog (84%) followed by sleep problems (83%) & hot flushes (83%) Other symptoms included anxiety, joint & muscle pain, dry eyes, hair loss & fatigue.



“I initially feel that I started perimenopause when I was around 46 or 47 years old. This was when I started not to feel too great and I just thought I was depressed as my periods were more erratic when I reached about 49 years old and I had anxiety, low moods, depressive thoughts”.



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69% of responses were aware that their symptoms were due to the perimenopause/ menopause and 31% were not.

Respondents told us that they were aware of some symptoms but not others and only became aware after doing further research. Asian British Pakistani women who spoke to us were not aware these symptoms were due to perimenopause/menopause which may suggest a need to raise awareness of symptoms within other cultures.

These findings suggest that more awareness of perimenopause/menopause symptoms needs to be raised for all in the Rochdale borough.

"Knew about hot flushes but not very much about the rest."

"I didn't put them together until a discussion in work made me realise."

"I thought I was going crazy! I read more and spoke to other people and then realised I was not, and it was all part of the process"



"I initially had symptoms of brain fog, hair loss, mood swings, digestion issues, hot sweats. I still have erratic periods. I researched all these symptoms online after a conversation with my sister who said she thought it was more likely I was peri-menopausal than anything else. It was something I had never really heard of".



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Going through the perimenopause/menopause has affected local people in various ways. **70%** said their work life had been affected, **70%** said their family life was affected, **70%** said their mental health was affected and **48%** said it had affected their partners. Other areas of life affected were social life & libido.

“My hot flushes were extremely severe. I felt I didn't want to socialise as they could happen at any time and were very unpleasant”.

“Lost confidence in socialising”.

“I have zero libido and don't want my husband to touch me”

“I really struggled at work and home and lost my confidence in myself, this led to me being extremely frustrated, with a mixture of anxiety and anger. I didn't realise all this was symptomatic of perimenopause”

“Hair loss has been one of my biggest things to have affected me. I dread washing my hair, handfuls seem to fall out and it has massively reduced in thickness. This has had a huge impact on me - your hair is the first thing that someone notices, it is your identity...no one mentions the hair loss”



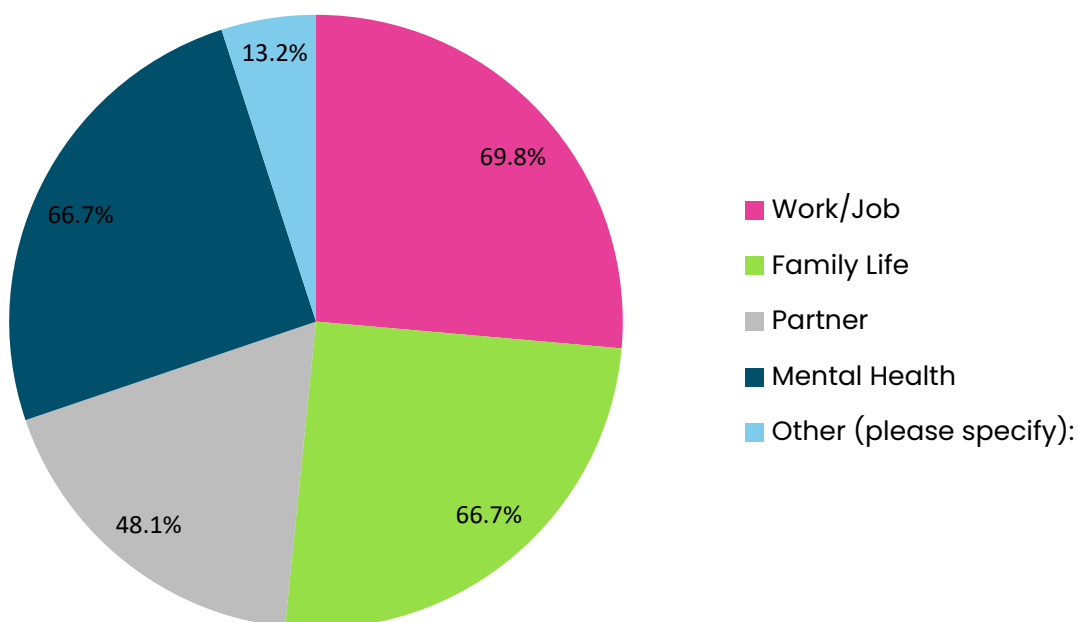


Menopause Matters!

The majority of respondents (77%) accessed their GP, the nurse was accessed by 10% and the hospital by 7%. Only 3% got support from a local group and 3% from social prescribing.

This shows that people still access traditional health services when going through the perimenopause/menopause and are less likely to access support groups & social prescribing services. This could be due to a lack of availability of these services or knowledge around what services are available.

Have your symptoms affected:





Menopause Matters!

50% of those who accessed services said that it met their needs and 50% said it did not.

This 50% spilt was across all services accessed except the social prescribing service with all those who used this service stating it met their needs. For those who used a GP service people said they felt that having a male GP affected the quality of their experience. Some felt their GP didn't offer any support or help, others praised their GP for their reassurance & for listening to them.

"My GP was excellent when I went to see her. She was patient and listened. Reassured me that the symptoms were normal for perimenopause. Discussed various treatment options and we jointly agreed the way forward based on the discussions we had".

"I found it difficult to explain to a male GP who will never experience the perimenopause or menopause. No advice to deal with symptoms were given".

"GP didn't offer any help, said I was too young for peri menopause and just sensitive to hormone changes. Gynaecologist confirmed it was perimenopause".

"Very helpful female GP who prescribed hormone therapy. I would not have asked at the GP though if it hadn't been for a TV documentary. I had previously been prescribed anti-anxiety medication and regular migraine meds".





Menopause Matters!

People told us that they felt more information on perimenopause/menopause was needed. People also told us they wanted health professionals to have more knowledge around menopause and to feel like what they were being told was specific to them and their symptoms and not generic advice.

People wanted to feel listened to & more supported. Suggestions for improvement included having a dedicated menopause expert at each GP practice.

“More accessible information from public places. GP surgery, local library, hospital waiting areas, chemists, supermarkets etc”

“There should be a specialist menopause qualified doctor at every surgery or a clinic you can go to for help, someone who really understands, preferably a woman”

“GP’s need more training as they don’t seem to know enough about the way symptoms affect your life”

“Specialist trained medical professionals who you can speak to and they truly understand what you are going through. There are no specialists available”.

“I have never accessed health care services for this, but I know in our GP Practice, there are no posters or leaflets about the menopause. I have never been called for a well woman check-up or been asked about menopause at any appointments”.



Menopause Matters!

To help with their symptoms **73%** had used Hormone Replacement Therapy (HRT) & **47%** had used alternative/ holistic treatments.

When asked if anything had prevented them getting HRT **42%** said they were not offered it, **32%** said getting to see their GP prevented this & **11%** said for a medical reason.

Other reasons included not having enough information on HRT, worrying about side effects and unavailability.

“Really worried about the side effects of HRT, I do not want this, or maybe I need to know more. I don’t feel that my GP can reassure me nor offer me an alternative!”

“Prescribed but worried about the risk of breast cancer as my grandmother died from it”

“Sometimes out of stock and needs ordering in from pharmacy”

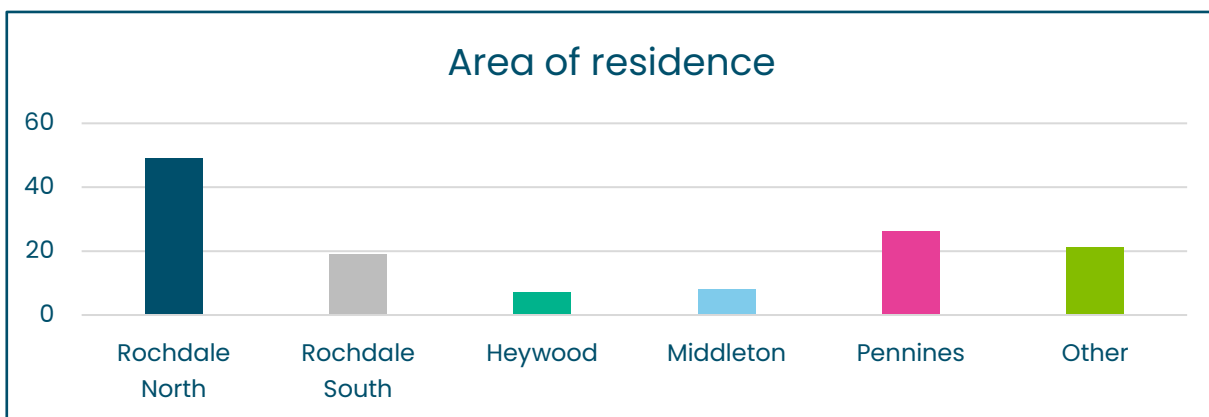
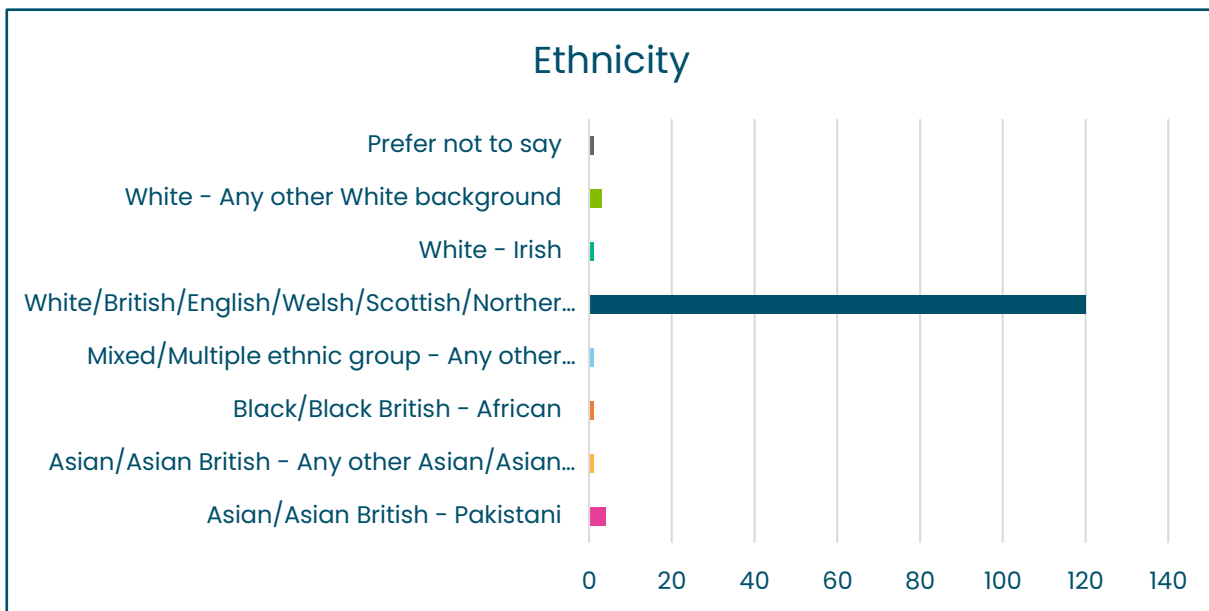
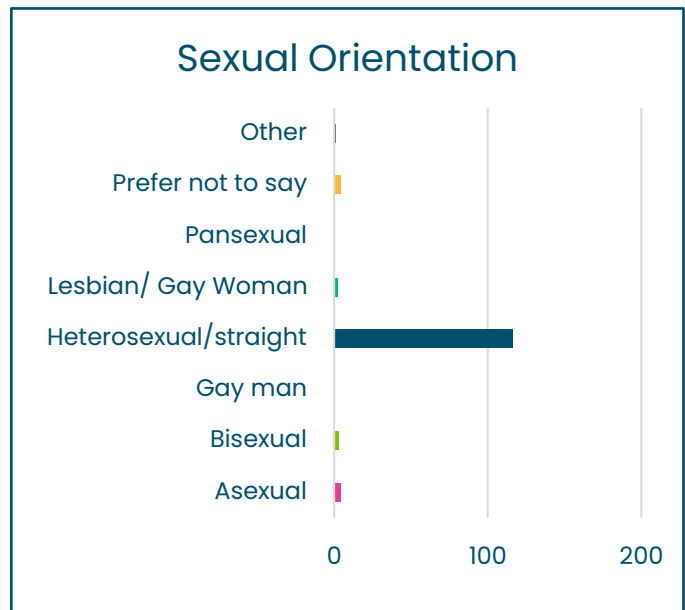
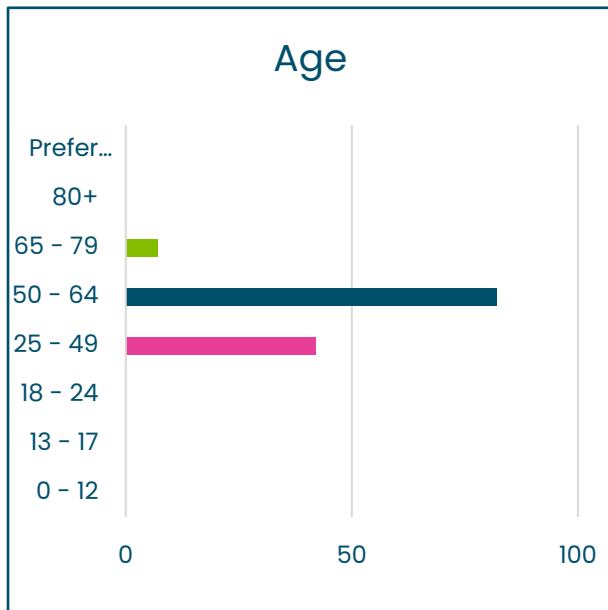
“When I finally did get to see a male GP face to face, he prescribed me HRT but never told me any further information, alternatives or even side effects. This was 12 months ago, I have never had one single check-up since, no one has monitored my weight etc or even asked me to go in for a review”.

“I spoke to my mum a lot about my experiences of perimenopause. She had lots of her own thoughts around HRT and I think that is down to side effects, bad press previously, she didn’t take it, etc. I must admit that I have never been offered it”



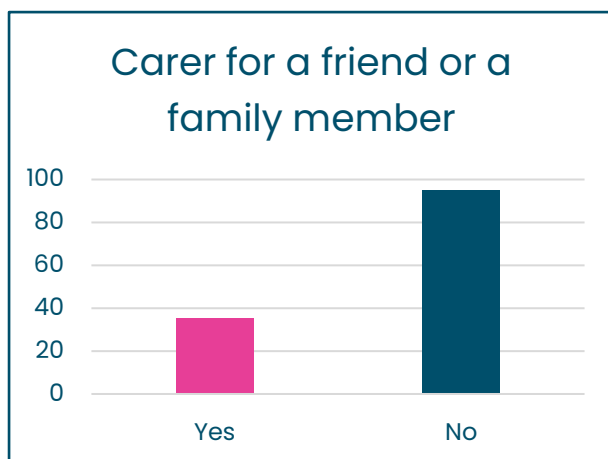
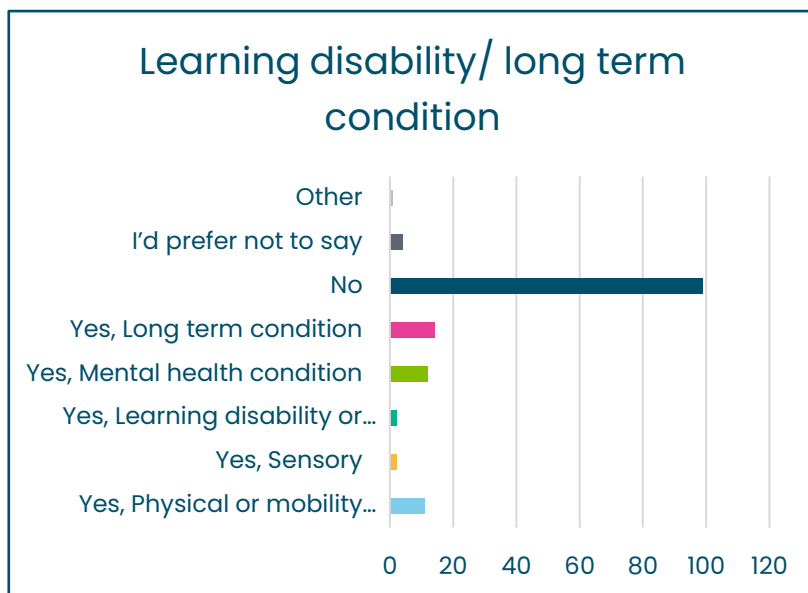
Menopause Matters!

Who spoke to us





Menopause Matters!





Menopause Matters!

Recommendations

Recommendation One

Findings from this survey show that people experiencing perimenopause/menopause are not always aware of all the symptoms associated with this period of life. Some of the women put their symptoms down to other issues and only became aware after doing research or talking to others. This lack of awareness could prevent people accessing the support, advice & treatment they need.

Recommendation – Information leaflet on perimenopause/menopause & symptoms to be co-produced with Healthwatch Rochdale and Heywood, Middleton & Rochdale Integrated Care Partnership. This leaflet to be made available within traditional health care settings and in the community.

Response

It is acknowledged that there isn't a great deal of locally produced information on this subject, however there is a large amount of national and general information available via the internet. It may be possible to use this documentation in local settings or further develop it to meet local need. We would not want to assume that local people will only want to source locally produced information about this subject however we will support Healthwatch Rochdale in the development of this local leaflet with clinical oversight.



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Recommendation Two

Some people spoke about the effect perimenopause/menopause had on their life including their work life. In recognition of this Healthwatch Rochdale have committed to sign up to the Wellbeing of Women Menopause Workplace Pledge, to make sure everyone in the workplace going through the menopause is supported.

Recommendation – For Healthwatch Rochdale and health services commissioned locally to sign up to the Wellbeing of Women Menopause Workplace Pledge.

Response

We are keen to work across the Rochdale system to sign up to this pledge and consider doing this through the Local Care Organisation to be the best approach. Rochdale is currently developing a system wide workforce strategy. We would see supporting staff through menopause as a key part of the wellbeing in the workplace element of this strategy. It could be helpful for NHS GM Integrated Care to sign up to the pledge as this would support staff across all of GM.

Recommendation Three

Some people felt that the health professionals they spoke to weren't knowledgeable about menopause and HRT and were being given generic advice that wasn't personalised to them. Some people felt that having access to a dedicated menopause expert would be beneficial.



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Recommendation – For GPs to have training to raise awareness of the symptoms of perimenopause/menopause.

Recommendation – For each Primary Care Network area to have a menopause expert who can give advice, support and treatment to help with perimenopause/menopause & symptoms.

Response

Given the current level of pressure in primary care, which is expected to continue throughout January, GP's are currently operating on an urgent appointment basis only. As a result GP practices have stood down all attendance at training. Whilst we are keen to support training to raise awareness, it is not possible to implement this at this time. We would be happy to discuss this with Primary Care Networks and the Primary Care Academy and commit to having this conversation once the immediate pressures are reduced.

Organisation/Network/Group where this piece of work was shared	
Women's Services Network	The Lighthouse Project, Middleton
LGBTQ Network	Home Instead, Rochdale
Communities and Faiths Network	Cartwheel Arts
Emotional Health and Wellbeing Network	Soul Sisters, Rochdale
BAME Forum	Living Well Rochdale



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Salford Diocese (GMr Group) Laudato Si Centre	Rochdale and District MIND
Touchstones Rochdale	The Proud Trust
Catrin Osborne: Menopause Gallery	
Touchstones Rochdale Cultural and Community Engagement	The Rochdale Stroke Association, Castleton Group
Rochdale Grass Roots Gathering	The Women Of Whitworth Project
Janet Hewitt	Rochdale and Oldham Maternity Voices partnership
Reflexologist, Rochdale	
Social Media:	Better Health 4 Middleton
Twitter	Women's Services Network Showcase Event, Touchstones
Instagram	Healthwatch Rochdale Showcase event, Touchstones
Facebook	Black History Month Event, Middleton Arena
Linked In	Greater Manchester Healthwatch Officers Network
Local media	
Information Advice and Signposting sessions:	
<ul style="list-style-type: none"> The Strand, Kirkholt 	



Menopause Matters!

<ul style="list-style-type: none">• The Lighthouse, Middleton
<ul style="list-style-type: none">• Nye Bevan House, Rochdale
<ul style="list-style-type: none">• Phoenix Centre, Heywood
<ul style="list-style-type: none">• Harehill House, Littleborough
<ul style="list-style-type: none">• Rochdale Infirmary, Rochdale

Thank you to the following organisations for sharing & supporting this piece of work.

- Action Together Networks
- Better Health 4 Middleton
- Cartwheel Arts
- Home Instead
- Living Well Rochdale
- Rochdale & District Mind
- Rochdale & Oldham Maternity Voice Partnership
- Rochdale Stroke Association
- The Lighthouse Project
- The Proud Trust
- Touchstones Rochdale
- Women of Whitworth

Contact us



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Locality Report – Healthwatch Rochdale, Phase 2



Menopause Matters Project Report

What local people from the ethnic
minority communities told us about
going through the menopause.

Phase 2

July 2024



Menopause Matters!

What local people from the ethnic minority communities told us about going through the menopause.

Phase 2 Report





Introduction

Healthwatch Rochdale is the local independent health and social care champion for the Rochdale borough.

Following Healthwatch Rochdale's Advisory Group's decision to speak to local people about their experiences of perimenopause/menopause Phase 1 of the survey was carried out in September - October 2022. The aim of the survey was to understand how perimenopause/menopause affected local people, what information and support was available to them and where they thought things could have been better.

Following on from our findings, Phase 1 of the report was published alongside recommendations.

Based upon findings within the Phase 1 report, it was suggested that the survey required a more diverse insight from the ethnic minorities within the Rochdale Borough, which is a very vibrant, multi-cultural locality.

The survey was redistributed in a variety of ways between May 2023 and August 2023, with a specific target audience of people from ethnic minorities within the Rochdale Borough.

Alongside this we spoke to seventeen people to hear their story in more depth and we give thanks to Dani Burke Creative Arts CIC and Asma Begum from Soul Sister for helping to facilitate this. All those who spoke to us and took part in our survey identified as female. Quotes from the survey and highlights from people's stories will be shared within this report.



Methodology

The survey was shared in the following ways:

Organisation/Network/Group where this piece of work was shared with	
Rochdale Women’s Services Network	The Lighthouse Project, Middleton
LGBTQ Network	Home Instead, Rochdale
Communities and Faiths Network	Rochdale Grass Roots Gathering
Rochdale Senior Citizen Forum	Soul Sisters, Rochdale
BAME Forum	Living Well Rochdale
Kashmiri Youth Project	Rochdale and District MIND
Talk English Rochdale	The Women Of Whitworth Project
Falinge Park High School	
Bridging Communities 4 All	
The Lighthouse Community Foodshare, Whitworth	Rochdale and Oldham Maternity Voices partnership
Castlemere Community Centre, Rochdale	Caring and Sharing
Nigeria Community Association	Aspire 2 Inspire, Rochdale
Rochdale Connections Trust	Dani Burke, Creative Art CIC
Action Together Rochdale	Rochdale Women’s Welfare
Veterans in Communities	HMR Circle
Crescent Radio Health & Wellbeing Event	Red Cross, Rochdale



Social Media:	
Twitter	Linked In
Instagram	Facebook
Local media	
Information Advice and Signposting sessions:	
<ul style="list-style-type: none"> • Balderstone Library, Rochdale 	
<ul style="list-style-type: none"> • Castleton Library, Rochdale 	
<ul style="list-style-type: none"> • Norden Library, Rochdale 	
<ul style="list-style-type: none"> • Smallbridge Library, Wardle 	
<ul style="list-style-type: none"> • Spotland Community Centre 	
<ul style="list-style-type: none"> • Deeplish Community Centre 	
<ul style="list-style-type: none"> • Number One Riverside, Rochdale 	
<ul style="list-style-type: none"> • The Lighthouse, Middleton 	
<ul style="list-style-type: none"> • Croft Shifa, Rochdale 	
<ul style="list-style-type: none"> • Rochdale Leisure Centre 	
<ul style="list-style-type: none"> • Harehill House, Littleborough 	
<ul style="list-style-type: none"> • Rochdale Infirmary, Rochdale 	

The survey was available digitally, hard copy, in person questioning and online Zoom offer.

Our focus group also had volunteer translators (Urdu, Bangladeshi and Kashmiri).



Key Findings



Lack of awareness

The majority of people we spoke to were not aware that some of the symptoms they were experiencing were due to perimenopause or menopause. People told us they were aware of some of their symptoms but not others and many people also had other health conditions that symptoms were similar to perimenopause and menopause. When asked about treatments available to them, more specifically Hormone Replacement Therapy (HRT), there was also a high number of people who felt they did not know enough about it or the alternative treatments available.



Lack of Information

People felt there was a lack of culturally appropriate information around perimenopause and menopause. People told us they were unaware of the signs and symptoms, and some felt health professionals did not offer them enough advice and information around perimenopause or menopause, and when they did it was not enough to cope with signs and symptoms or pathways of treatment/medication. People also felt that there was a lack of true, up to date and accurate information.



Lack of support

Some felt there was a lack of support available both professionally and locally. The majority of people accessed traditional health services, but some felt they weren't supported or listened to, and that advice and support given was not personalised and appropriate. Many also felt health professionals were dismissive. A small number accessed local support groups that were based within the community they lived and a very small number of social prescribers, but none had accessed a well woman clinic.



Menopause Matters! Phase 2

groups that were based within the community they lived and a very small number of social prescribers, but none had accessed a well woman clinic.

Ethnic Minorities: as defined by GOV.UK

We use 'ethnic minorities' to refer to all ethnic groups except the white British group. Ethnic minorities include white minorities, such as Gypsy, Roma and Irish Traveller groups.

Our findings

Average age of perimenopause/menopause

40 people who identify as from an ethnic minority answered our Phase 2 survey, of those 49% were currently experiencing perimenopause, 23% were currently experiencing menopause & 28% had experienced menopause in the last three years.

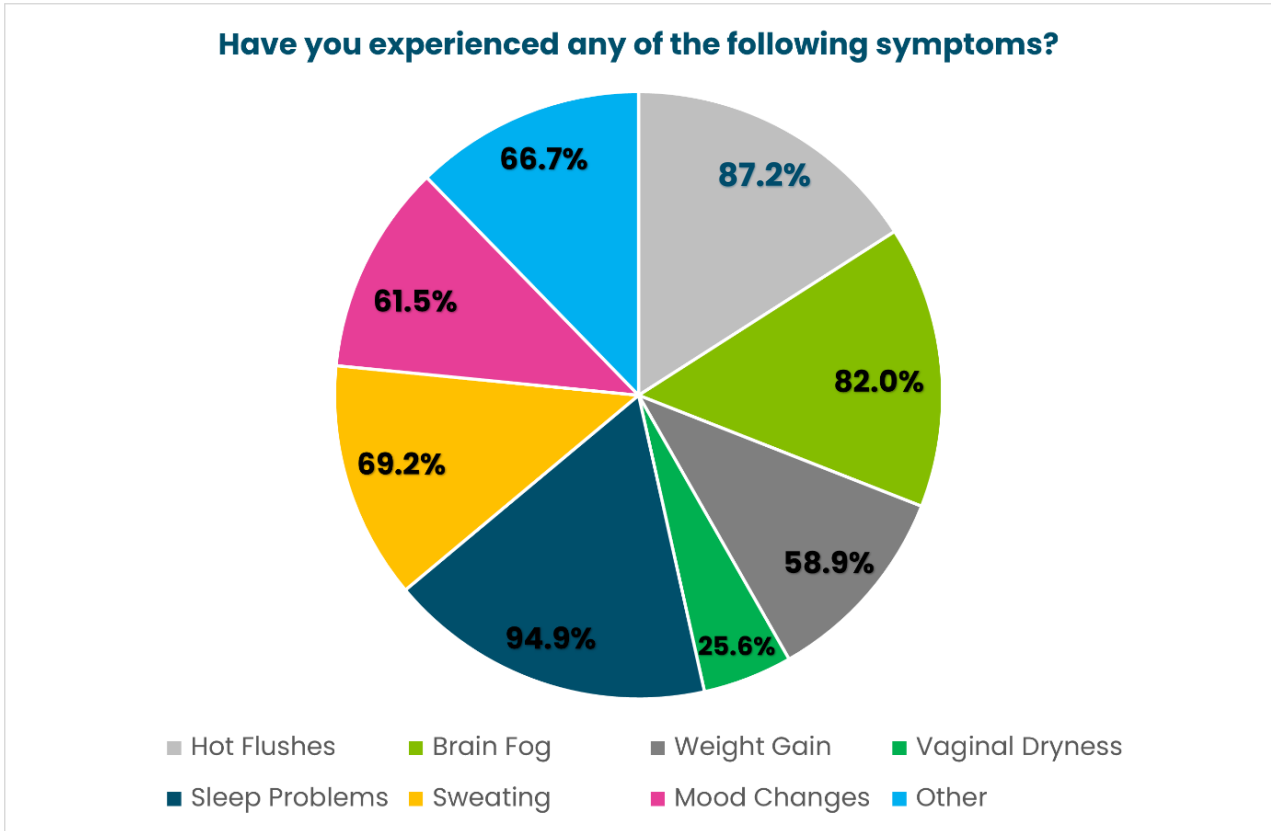
Slightly over half, 58%, first experienced their symptoms at the age of 41-50, with a further 29% at ages 51 – 60. Some respondents, 11%, experienced menopause symptoms early at the ages of 31-40 and 2% between 21-30.



"When I went to the GP, they refused to look at my hormone levels and were very reluctant to say it was perimenopause as they actually said, "You are not a woman of **that** age just yet...".



Symptoms



“Made me ill thinking I had something really wrong with me. Never told about Menopause – always tell you about periods and getting pregnant – NOT menopause, it was horrible!”

The most common symptom people experienced was Sleep Problems (95%) followed by Hot Flashes (87%) and Brain Fog (82%) Other symptoms included anxiety or heart palpitations, joint and muscle pain, extreme fatigue, skin changes, hair loss on head; but alongside this an increase in facial hair.



Menopause Matters! Phase 2

32% of responses were aware that their symptoms were due to the perimenopause/menopause and 68% were not.

Comments made indicated that many of the women thought that their signs and symptoms was something else medical (Covid, a bug, sickness) or had a similar symptom to a pre-existing health condition they had already been diagnosed as having (Arthritis, Fibromyalgia, breast cancer). Women in Phase 2 also reported Vitamin deficiencies and anaemia as a symptom that presented similar to menopause.

"I have fibromyalgia, so a lot of the symptoms are very similar."

When we compared these results with our Phase 1 report, where the majority of responses were from White British females, their top three symptoms were brain fog, (84%), followed by sleep problems (83%) and Hot Flashes (83%) and 69% were aware that their symptoms were due to perimenopause/menopause and 31% were not.

This may indicate that there is a lack of awareness and open conversations with people from an ethnic minority of the typical symptoms associated with perimenopause and menopause.

Respondents told us that they were aware of some symptoms but not others and only became aware after doing further research themselves either online, via a group they already attend or in discussions with friends or family members.

"I wasn't aware – and I didn't even know I was acting like a crazy woman!"



Menopause Matters! Phase 2

"I thought they were down to hitting middle-age, but not specifically Menopause."

"I thought I was too young!"

"I did my own research, and this narrowed it right down to menopause."



"My family don't understand my everyday Zombie like symptoms – the brain fog! I often just lose my thread of conversation and it effects things like shopping and work. I always carry a pen and paper with me as it was causing me anxiety and I was losing my confidence. It made me feel insecure as I didn't want to miss, or forget, important things."

In the Phase 2 report, more respondents also mentioned Bladder issues as a symptom of their perimenopause/menopause. Going through the perimenopause/menopause has affected local ethnic minority people in various ways. **74%** said their family life had been affected, **55%** said their mental health was affected, **37%** said it had affected their partners and **34%** said it had affected their work or job. In Menopause Matters Phase 1 report, **70%** of the responses said that menopause or perimenopause had affected their work, this was highlighted as an area that had the most responses in comparison to having the least responses from the Menopause Matters Phase 2 report targeted at responses from ethnic minorities.





In a focus group of **17** women, there were only **5** of which worked. Conversations with the group highlighted the following as reasons why their symptoms did not affect their work or job:

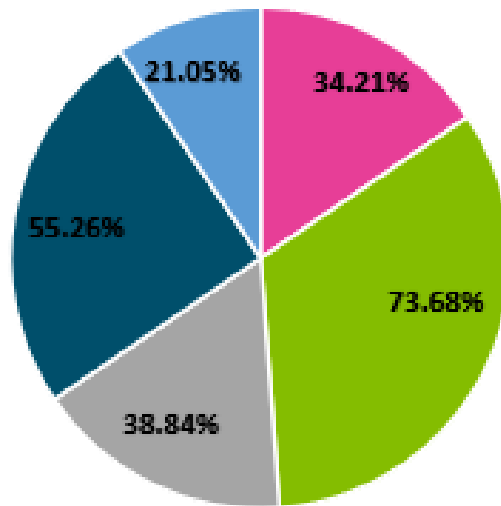
“It is expected that only one male of your house needs to work and provide. I have never worked.”

“Myself and my sister have not worked since we married. I am a fully qualified teacher, but I do not work.”

“I don’t work any more due to the mixture of ailments I have associated with menopause.”

“It did affect my job, and my boss was not understanding of menopause. Medication made me tired; my body was weakened. Now I don’t do anything. I am very lucky I have a supportive hard-working husband.”

Have your symptoms affected:



- Work/Job
- Family Life
- Partner
- Mental Health
- Other



Menopause Matters! Phase 2

Other areas of life affected were self-confidence and libido.

"My family are sick of me shouting at them or always sweating".

"It's affected all areas of my life as I was just so very tired all the time".

"My self-confidence has been affected; I panic all the time".



"My sexual desires just went; this caused much tension with my husband. He didn't understand it wasn't that I did not want him or find him unattractive, everything just seemed too much, the pressure caused anxiety in me, as I love my husband very much".

Also in the focus group there were discussions held around the profound impact on mental health in relation to menopause due to the expectations of them within the home, the responsibilities around looking after and maintaining a family, alongside extended family, when feeling unwell- left them drained and exhausted. This also added pressures to relationships with partners including sexual tensions.

Many of the women also said that Mental Health is not something that is openly spoken about, in particular within the South Asian community.

"Menopause has a huge impact on our mental and emotional wellbeing, there is a big expectation on you as a mother, as a wife, as a daughter in law. To show any signs of a weakness, which is how mental health is viewed by the older generations in our South Asian Community, would not be allowed."





Services Accessed

The majority of respondents 69% accessed their GP service, the nurse was accessed by 14% and a hospital service by 2%.

15% did not access any services. Findings from the Phase 1 report highlighted that only 3% got support from a local group for support with menopause and 3% from social prescribing, whereas in Phase 2 findings people from an ethnic minority told us that 22% got support from a local group (listed as Soul Sisters, MIND, Vintageworx at Falinge, KYP and Rochdale Women's Welfare), and 6% from social prescribing.

This shows that people from an ethnic minority are more likely to access locally based support groups within Rochdale. This could be due to a built-up trust of these services, cultural awareness and also language barriers being reduced.



Listed as "Other Services" were Holland and Barrett, Friends, Family, online and via social media.

Many of the people who answered the survey, or took part in the focus group, already were part of a Rochdale Borough based group run by a voluntary, community, faith, Social Enterprise (VCFSE) organisation. This had a positive impact on their experience and knowledge around menopause or perimenopause.

"Lucky that I go to support groups at (Rochdale and District) MIND anyway and they help a lot!"

"Soul Sisters allow you the space for women to talk about anything in a safe environment."



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"I speak to other women at a group that I go to, and they help me with not worrying."

41% of those who accessed any kind of services said that it met their needs, and 58% said it did not.

"I have not reached out to any services, I don't feel that I can..."

In the Phase 1 report 50% of respondents thought services met their needs and 50% did not – less people from the ethnic minorities felt the service met their needs.

"Lots of visits before GP started to listen to me..."

A respondent who had experienced induced menopause due to breast cancer treatment commented,

"There are currently no services that I know of that supports women who have experienced menopause due to having breast cancer and the treatments involved. This is a whole different experience – your body is tricked into menopause; I need others who know what I am talking about or have gone through."





The support people have accessed:



“I have had to take my mother to the GP as I know and understand menopause and I saw that what she was going through was affecting her”.

Organisation	Ethnic Minority Support
Rochdale and District MIND	Women’s Groups at various venues focusing on women’s health and well being
Rochdale Women’s Welfare	Cultural Peer support group
Rochdale Menopause Cafe	Monthly drop in at Rochdale Leisure Centre
Soul Sisters	Empowering women’s group
KYP Rochdale	Peer Support Kashmiri Women’s Group

General Practitioner Services

For those who used a GP service, people said they felt that having a male GP affected their experience. Many felt their GP did not offer any support or help, did not listen to them and problems accessing the GP was a reoccurring theme.

“Mam took me to the doctor and they did not help, they pumped me with the anti-depressants that upset my stomach and didn’t help with the sweats.”

“GP at Healey Surgery not at all interested, fobbed off, been back multiple times and not even offered me a leaflet.”



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Other reasons given why the GP service did not meet their needs were:

- Blood tests unreliable
- Patient not listened to
- Wait for appointments – over a month
- GP told of all signs and symptoms and nothing offered
- Walk in (Whitehall St Urgent Care) just sent me home
- Repeat visits, no resolution

Several women commented that they had been to the GP on more than 5 occasions with symptoms of perimenopause or menopause before they were offered support.



In contrast, the way GP services met people's needs were:

- Prescribed HRT patches or tablets
- Spoken to, and helped to understand more around menopause
- Noticed symptoms early on
- Ashworth Street, very helpful and informative

Suggestions from people as to how GP services could improve around perimenopause or menopause:

- ✓ Easier access to GP appointments
- ✓ More appointments available for specific tests (hormones, blood)
- ✓ Increase in female GP's
- ✓ Pharmacy /Nurse – do not always need to see a GP





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- ✓ Empathy
- ✓ Training in that topic
- ✓ Up to date information

What people told us they would like more menopause related information on from their GP:

Coping Strategies	Signs and Symptoms
Mental Health Support	Alternatives to HRT
Workplace advice	Support in the Borough
Diet/Nutrition	Easy Access in their community for support

Additional Suggested Improvements

People told us that they felt **more information** on perimenopause or menopause was needed and in particular in other languages or that was culturally appropriate. It was also suggested this did not need to be in paper format, but verbal; such as podcasts.



“I do not think that women of a certain age, especially those from Bangladeshi community understand or want to talk about the menopause. I speak to my mother and my aunties in our community as they need to know it is not something to be hidden and the symptoms are real and can be a problem!”

Six people told us that they still feel that there is a lot of **stigma and taboo** around open conversations in relation to women’s health within their communities. They suggested breaking that cycle, busting myths and encouraging people to speak



Workplace recognition was mentioned by 4 women with suggestions of a better understanding and support for female **Workplace recognition** was mentioned by 4 women with suggestions of a better understanding and support for female workers from bosses, Policies within workplaces recognising perimenopause or menopause in line with health and well being, facilitating an appropriate environment and providing things such as fans, allowing time off for women without any prejudice and looking at uniform adaptations for women going through perimenopause or menopause.



"I really struggled at work. My job was fast paced and demanding. My (male) boss would make remarks such as *oh is it that time of the month again* if I mentioned I was feeling unwell or having a sweating attack. This kind of culture needs to change. Language needs to change and recognition of menopause as a genuine illness."

Other suggestions:

- Drop in Clinics – within ethnic minority communities in the Rochdale Borough (inc community centres or established organisations)
- Tie into other programmes women are already a part of (Diabetes, Cholesterol, Weight Management)
- Women to be more informed around options available
- Talking/Listening therapy
- Awareness around Vitamins – they are not always suitable for Halal dietary requirements





“I went to a GP and told them of being tired and always just fatigued. It is hard to find the words to explain, but also the words my GP used confused me, I did not understand the terminology used and they only spoke English. This had a knock on effect on the length of time it took to get diagnosed as being menopausal. This also affected my husband and my children. I just was wiped out. Eventually a hormone test showed my levels were not right, but I also had a Vitamin D deficiency and low iron.”

To help with their symptoms **42%** people had used Hormone Replacement Therapy (HRT) and **66%** had used alternative/ holistic treatments. With this question 28 participants out of the 40 did not respond to this question, this could indicate that people have not used either or used another form of treatment.

In comparison to Phase 1 – **73%** of respondents had used HRT. The low uptake of ethnic minority people having/using HRT could be explained further below.

When asked if anything had prevented them from having HRT **47%** said they were not offered it, **37%** said getting to see their GP prevented this and **19%** said for a medical reason. **6%** said it was because of the cost of the prescription for HRT.

Other reasons people listed that had prevented them from accessing HRT included not having enough information on HRT, own denial, clash with other illnesses or medication, worry over what HRT is or does, and possible side effects.



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Through speaking to women from ethnic minorities, it was apparent that there was a misunderstanding of HRT and a lack of awareness of HRT in general.

"I do not think I need to take HRT yet, and also worried about what they do to you and the cost."

In the focus group women discussed family members not being supportive of HRT due to a lack of understanding and awareness of what it is and that they never took it so therefore did not think their family members needed it, and not having peer support or available advice around it from friends or family members.

Out of the 17 participants in the focus group only 3 knew that the legislation had changed around payments for HRT repeat prescriptions.

(<https://www.gov.uk/get-a-ppc/hrt-ppc>)

This may suggest that more campaigns and media need to be aimed within local communities in particular with ethnic minority groups and wider discussions had via public health to better inform these groups.

Medical reasons were also stated:

- Diabetes
- Stroke
- Cancer
- Breast Cancer treatment



"As I suffered a stroke in the past, HRT is not an option for me – therefore what are my options, before I go mental..."



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“Support needed for those who experience menopause because of health treatment like cancer and more tailored alternative therapies as I can’t take HRT.”

One Pakistani woman was very positive about her experience of Hormone Replacement Therapy and the positive impact it had had on her life:

“Very thankful for my lady friends in my group I go to for the talks and helping me google HRT, so is my husband as he said he wanted to put me in hospital as thought I was poorly and dying with something. HRT has helped me now- balance!”

Alternatives

Holistic or natural remedies were used more by people in this Phase 2 survey than in Phase 1.

People said family members encouraged the use of herbal teas, and specific fruit or vegetables to help with signs and symptoms of perimenopause or menopause.

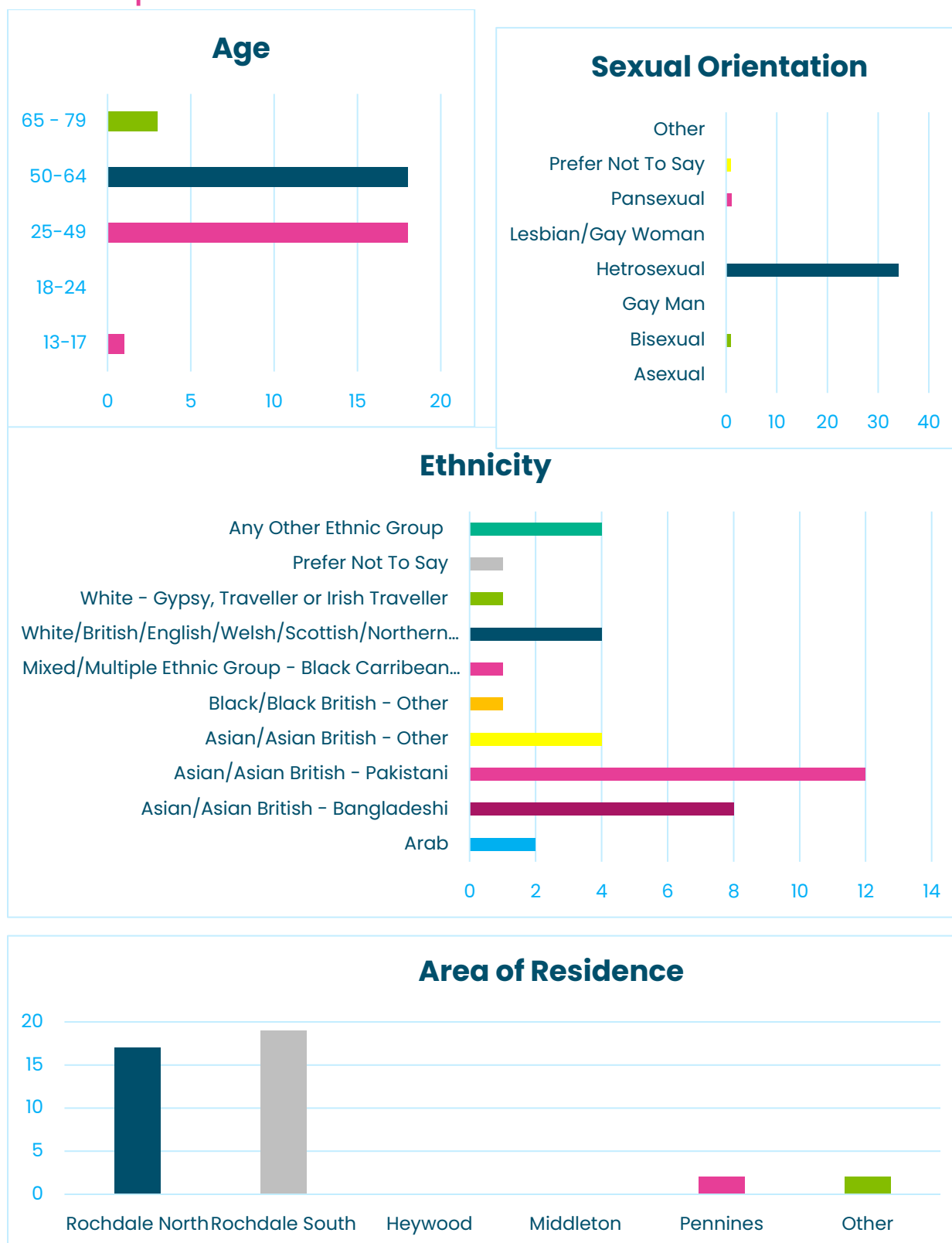
People told us they used:

- Primrose Oil
- Apple Cider Vinegar
- Peppermint Tea
- Dandelion Tea
- Epson Salts/Salt Baths
- Fruit – Mangoes, Berries
- Veg – Leafy and Green



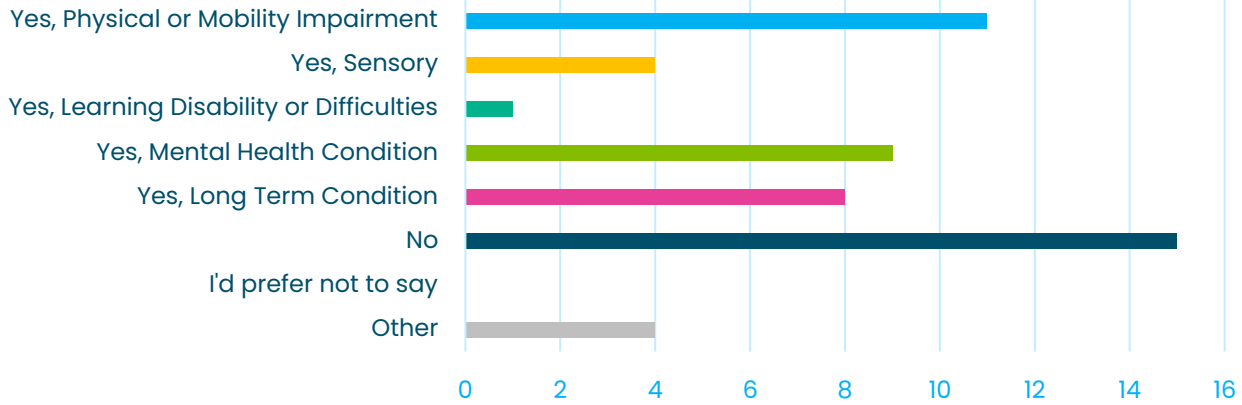


Who spoke to us

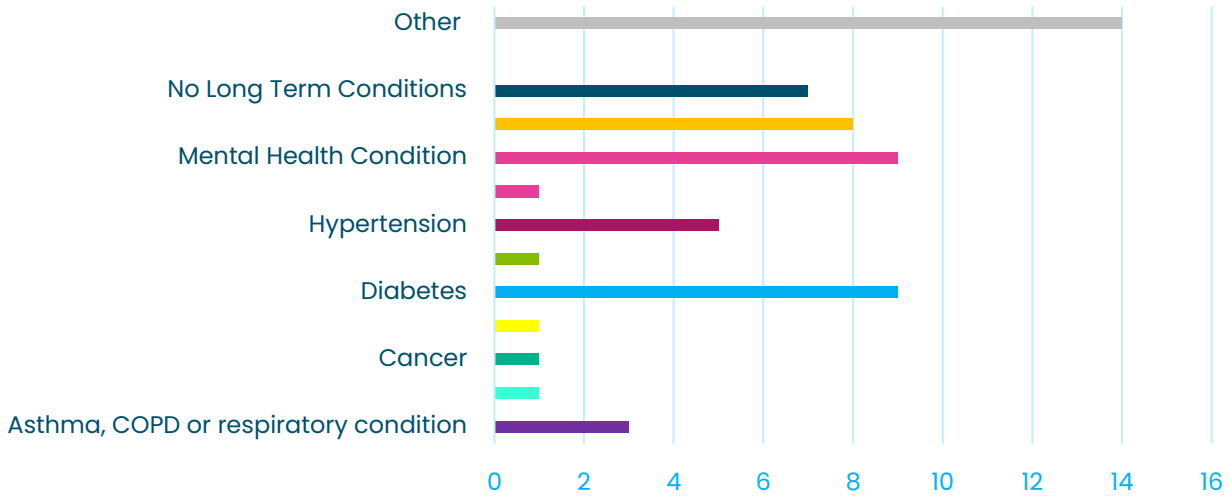




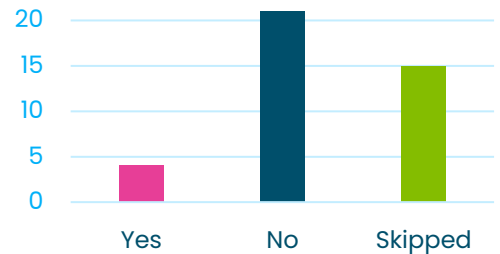
Consider self to have a Disability/Long Term Condition



Long Term Conditions



Stroke
Coeliac/IBS/Food Intolerances
Peripheral nerve disease



Recommendations

The below recommendation has been carried forward from the phase one [Menopause Matters Report](#)

The response below is from: Nadia Baig – Associate Director of Transformation and Delivery (Heywood, Middleton and Rochdale) – NHS Greater Manchester Integrated Care.

Recommendation One– For GPs to have training to raise awareness of the symptoms of perimenopause/menopause

Response

In recent years information about the Menopause has become more accessible for the public patients and also for General Practitioners . There are multiple routes for GP's to access additional training and information. These include online courses including the British Menopause Society Training, the Royal College of General Practice training and also talks held throughout the year. There is prescribing guidance for GP's issued by the Greater Manchester Medicines Management Group (GMMMG).

We are keen to support training to increase awareness and are happy to discuss adding this to the schedule for locality based GP training.

Recommendation Two – For each Primary Care Network area to have a menopause expert who can give advice, support and treatment to help with perimenopause/menopause and symptoms.

Response

Where a GP needs advice or support in relation to a case they are able to seek this from a range of routes.

This includes advice and support from colleagues and also utilising advice and support from colleagues in the hospital sector.



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Thank you for sharing the information in relation to the Women's Health Hubs, as a locality we will be looking to utilise this funding to support the development of a PCN based pilot.

Recommendation Three – For Healthwatch Rochdale and health services commissioned locally to sign up to the Wellbeing of Women Menopause Workplace Pledge

Response (carried forward from report 1)

We are keen to work across the Rochdale system to sign up to this pledge and consider doing this through the Local Care Organisation to be the best approach. Rochdale is currently developing a system wide workforce strategy. We would see supporting staff through menopause as a key part of the wellbeing in the workplace element of this strategy. It could be helpful for NHS GM Integrated Care to sign up to the pledge as this would support staff across all of GM.

Recommendation Four – (carried forward from report 1)

Information leaflet on perimenopause/menopause and symptoms to be co-produced with Healthwatch Rochdale and Heywood, Middleton and Rochdale Integrated Care Partnership. This leaflet to be made available within traditional health care settings and in the Community. Also translated media videos to be created for social media purposes.

Response

Please note that the locality no longer has a communications team, this now sits at a Greater Manchester level. So where work is required with communications specialists this is best conducted at a Greater Manchester level.

Response (carried forward from report 1)

It is acknowledged that there isn't a great deal of locally produced information on this subject, however there is a large amount of national and general information available via the internet. It may be possible to



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use this documentation in local settings or further develop it to meet local need. We would not want to assume that local people will only want to source locally produced information about this subject. We are keen to discuss with Healthwatch the best way to take this forward. We need to be mindful that the production of a leaflet locally may not be the best use of resources and we may wish to explore other options such as the use of other media. It may also be helpful to recommend a wider campaign to raise awareness, perhaps at a Greater Manchester level.

Recommendation Five – Accessible information to be available for ethnic minority groups.

Response

It is clear that any information needs to be made available in a variety of formats and in a way that is accessible to all. Please refer to the response to recommendation 4.

Recommendation Six – Care/medical pathways to be created specifically for perimenopause/menopause support.

Response

In discussion with General Practitioners it is clear that there are clear pathways in place for individuals with perimenopause and menopause support. The Greater Manchester Medicines Management Group has issued guidelines to General Practice.



The response below is from: Ben Squires – Director of Primary Care – NHS Greater Manchester

Recommendation One– For GPs to have training to raise awareness of the symptoms of perimenopause/menopause

Response

In recent years information about the Menopause has become more accessible for the public patients and also for General Practitioners . There are multiple routes for GP's to access additional training and information. These include online courses including the British Menopause Society Training, the Royal College of General Practice training and also talks held throughout the year. There is prescribing guidance for GP's issued by the Greater Manchester Medicines Management Group (GMMMGM). We are keen to support training to increase awareness and are happy to discuss adding this to the schedule for locality based GP training.

GM has launched 10 women's health hubs (WHH) one in each locality in the last few months. These are based on a primary care network footprint and the clinicians in these hubs have access to free FSRH (Faculty Sexual Reproductive Health Care) Menopause essentials course. A total of 96 clinicians will be trained through this course and will gain an accredited certificate to manage menopause. In HMR the Primary Care Training Academy has received the funding for the WHH and there is a strong emphasis on menopause education across primary care in HMR. In other localities such as Salford in 23/24 the menopause essentials course was made available to 1-2 clinicians per practice as part of their local incentive scheme. There is a menopause delivery group as part of the WHH work in GM which is chaired by Dr Asha Kasliwal (Consultant in Community Gynaecology & Reproductive Health Care) one of the key areas the group is working towards is upskilling primary care in menopause care.



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Recommendation Two – For each Primary Care Network area to have a menopause expert who can give advice, support and treatment to help with perimenopause/menopause and symptoms.

Response

Where a GP needs advice or support in relation to a case they are able to seek this from a range of routes.

This includes advice and support from colleagues and also utilising advice and support from colleagues in the hospital sector.

Thank you for sharing the information in relation to the Women's Health Hubs, as a locality we will be looking to utilise this funding to support the development of a PCN based pilot.

Each of the women's health hubs has been allocated funding to support training of their staff in menopause. There have been some barriers in clinicians accessing the higher level of menopause training due to the popularity of courses and the lack of advanced skilled menopause trainers. The BMS Management of the menopause certificate is a new online course which is about to be launched and it will enable GPs to develop more advanced skills. We will be encouraging our WHH to have one clinician enrol on this course if they don't have a clinician with advanced knowledge in the WHH on menopause. The WHHs across GM have just submitted their plans for the funding and a number of hubs have indicated that 1-2 clinicians will be accessing higher level training. All the hubs have been asked to deliver one patient education event on menopause. Some of the hubs are also planning GP/Nurse led menopause cafes around the locality where women can talk about the menopause in an informal setting. Some of the WHHs are planning to train health care assistants/health coaches to deliver basic menopause information at over 40s health check. A few hubs are looking at group consultations in delivering menopause care to their patients.

Recommendation Three – For Healthwatch Rochdale and health services commissioned locally to sign up to the Wellbeing of Women Menopause Workplace Pledge



Response (carried forward from report 1)

We are keen to work across the Rochdale system to sign up to this pledge and consider doing this through the Local Care Organisation to be the best approach. Rochdale is currently developing a system wide workforce strategy. We would see supporting staff through menopause as a key part of the wellbeing in the workplace element of this strategy. It could be helpful for NHS GM Integrated Care to sign up to the pledge as this would support staff across all of GM.

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Response

Please note that the locality no longer has a communications team, this now sits at a Greater Manchester level. So, where work is required with communications specialists this is best conducted at a Greater Manchester level.

Response (carried forward from report 1)

It is acknowledged that there isn't a great deal of locally produced information on this subject, however there is a large amount of national and general information available via the internet. It may be possible to use this documentation in local settings or further develop it to meet local need. We would not want to assume that local people will only want to source locally produced information about this subject. We are keen to discuss with Healthwatch the best way to take this forward. We need to be mindful that the production of a leaflet locally may not be the best use of resources and we may wish to explore other options such as the use of other media. It may also be helpful to recommend a wider campaign to raise awareness, perhaps at a Greater Manchester level.

The WHH menopause delivery group is reviewing several materials that could be recommended for GM practices to put on their websites. In



Salford locality in 23/24 all practices were asked to put up a variety of advice and information on their websites about the menopause. Several of the WHHs are planning to utilise social media in promoting awareness of perimenopausal/menopausal symptoms. They are planning in creating content on their websites and also videos for their patients. Some of these could be used as part of a wider GM campaign.

The Greater Manchester Menopause Network, which brings together activities and provision from across our Greater Manchester public service organisations, including health, local authorities, and universities, is working to gather materials that have already been produced. This provision will help create a baseline for support materials and information across our GM communities that residents and health care professionals can access and signpost to.

This Greater Manchester Menopause Network also help identify further actions that are needed to improve access and equity of provision, such as culturally appropriate translations, and multiple format, and work together as a Greater Manchester system to curate and enhance the resources we already have.

For example the GM Menopause Network are working with the University of Manchester to action translations of existing resources across a number of languages prevalent across GM.

The network has four key themes, following the research phase with UOM, engaging with networks of menopausal women, and are looking to address these at a system level for the benefit of all communities, localities and the supporting workforces across GM:

1. **Funding and Resources** – a collective and collaborative approach to share info, resources and expertise when there is little monetary resource around to support, and working collaboratively when there is. Eg intentions to expand learning from the 'She Moves' programme in Bolton across a wider footprint.
2. **Engagement & Inclusion** – Research highlighted that the work was not representative of the GM population. The objective is to ensure all women's voice is included and present – sharing info and good



practise of where and how people have done this in the system. An example of this is in Bury, through their work with the Jewish and South Asian community, to plan events by and for women.

3. **Workplace Interventions** – Activities are underway to understand where our locality workplaces are in terms of the culture, policy, training and support for increasing menopause awareness – and to identify and share good practise, and areas for collective development. This focusses both on the workforce itself, and the infrastructure within workplaces, and the impact on improved service design and delivery.
4. **Integrated health and social care workforce training** – this includes the wider ‘workforce’ e.g. Community Workers, Social Prescribers as part of the wider ‘health and care’ workforce across GM. This links to the UOM report highlighting the need to focus on women from diverse backgrounds – disability, ethnic minority communities and how information and support is accessed ‘trusted transmitters’.

Recommendation Five – Accessible information to be available for ethnic minority groups.

Response

It is clear that any information needs to be made available in a variety of formats and in a way that is accessible to all. Please refer to the response to recommendation 4.

Recommendation Six – Care/medical pathways to be created specifically for perimenopause/menopause support.

Response

In discussion with General Practitioners, it is clear that there are clear pathways in place for individuals with perimenopause and menopause support. The Greater Manchester Medicines Management Group has issued guidelines to General Practice. As part of the GMs WHH menopause delivery group a course is being developed for non-medically trained staff to recognise and support



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women going through the menopause. The menopause delivery group are working with the health care support workers in the GM Women's Health Alliance centres in training up their staff in supporting the women that access their services. The aspiration would be that non clinicians could be trained in delivering this to other VSCE groups across GM. Several of the WHH across GM also plan to have community and staff menopause champions and they will be supported with training from WHH clinicians. The evaluation of WHHs will help support GMs approach to delivering menopause care across all localities as we learn what has worked well in each hub in improving menopause care and support to women.

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Achieved.
Valid Until
April 2024



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Response from Greater Manchester ICS

We welcome this Healthwatch GM review into these 'hidden in plain sight' findings. All too often, women's health matters can be overlooked and over shadowed – particularly when we have such big health challenges facing us. Tackling women's health is fundamental to shifting those health challenges – which is why we are committed to a Women's Health Strategy in GM. This report brings together welcome insight from across four of our localities, presenting shared findings, recommendations, and lived experiences that highlight the challenges and priorities of those affected by perimenopause and menopause.

We are pleased to report that we are someway into already addressing some of the recommendations made in this report; for example enhanced training has already been completed by over 140 clinicians; over 300 women from across our diverse communities attended focus group events led by our VCSFE sector to better understand and disseminate women's health support across our communities; and, our pilot programme that rolled out 17 women's health hubs across GM in 2024 offered bespoke support for women across their health needs including the management of menopause symptoms. At NHS GM we are continuing to make the case for a more sustainable approach to the delivery of community-based gynaecological services. Alongside this, our progress on accessible and culturally tailored information and resources remains part of our active Health Literacy programme and the drive for more personalised care remains at the heart of our Live Well work.

Whilst we go through fundamental changes at NHS GM as a result of the new NHS blueprint and reform agenda, we cannot respond immediately to the remaining recommendations made in this report until we are properly reorganised. However, the reorganisation and your report present opportunities to ensure that recommendations are considered and embedded in our new approach. This is a timely report for us and provides us with the lived experience evidence we need to progress on the remaining recommendations, all of which fit entirely with our mandate to deliver Fairer Health for All and our principles and values within our 6 NHS GM Missions.

Conclusion and Future Commitment

HW in GM does not view this report as a standalone project, but rather as the foundation for an ongoing programme of work focused on menopause and women's health. As women's health services continue to develop across GM, HW in GM remains committed to evaluating their impact, ensuring these services effectively meet the needs of those they aim to support, while continuing to amplify the voices of women across the region.

HW in GM plays a key role in advocating for robust service development, implementation, and evaluation, ensuring that menopause and women's health support is sustainable, responsive, and accessible. This report is a critical part of that advocacy, providing evidence-based insights to ensure that women's lived experiences directly shape the design, delivery, and ongoing improvement of future services both strategically and operationally.

Beyond its GM strategic role, local Healthwatch organisations are deeply embedded at locality level, ensuring that the diverse needs of communities are reflected in the planning and delivery of women's health services. Healthwatch teams actively participate in borough-specific Women's Health initiatives and their locality boards, playing a key role in shaping inclusive and responsive support for women.

Since the publication of their menopause reports, local Healthwatch organisations have continued to lead impactful work. In Bolton, Healthwatch attends the borough's Women's Health Network, where its report recommendations are being actively reviewed and taken forward. As a result, training sessions on menopause have been introduced for GPs and other health professionals, menopause

information sessions are being trialled in local schools, and targeted text messages about PPCs are now sent to women following HRT consultations. Further training is also underway with community champions to help raise awareness at grassroots level.

Healthwatch Manchester has launched Manchester Women Together, a new women's forum made possible through support from the National Lottery Community Fund. The forum aims to build an inclusive community where women can openly share their health and social care experiences across all life stages—from menstruation to menopause and beyond. It creates a space for women to influence local services and drive better health outcomes, with a particular focus on reaching those whose voices are often underrepresented.

Other local Healthwatch teams have also continued their work beyond report publication. In Rochdale, further engagement has taken place with ethnically diverse communities to co-produce accessible information, and Bury has supported local forums and ensured menopause remains a priority within integrated care discussions.

This ongoing, locality-driven work strengthens the collective aim across GM: to ensure that insights and actions on menopause are embedded into the ongoing conversation about women's health. Crucially, this is not just about the initial three-year NHS England funding period, but about building a long-term, sustainable, and inclusive approach to women's health—one that truly reflects and responds to lived experience.

HW in GM will continue to engage directly with healthcare leaders, patients, and advocacy groups, pushing for meaningful improvements in menopause care across the region.

Future engagement will focus on:

- Gathering further lived experiences
- Monitoring feedback from services
- Assessing the effectiveness of services
- Identifying key areas for improvement

By maintaining an open and ongoing dialogue at both the regional and local levels, HW in GM seeks to ensure that menopause and women's healthcare services remain responsive, accessible, and person centered.

Above all, this commitment ensures that women's voices remain central to healthcare planning, driving sustainable improvements that evolve in response to the real needs of women across GM—now and in the future.



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