

Menopause APPG Inquiry into The Menopause Revolution Session 5: Medical Training and Screening for Menopause

Date: Wednesday 12th January 2022

Time: 10:00 am – 11:30 am

Location: Virtual, Zoom

Minutes taken by: George Pugh-Thorogood, DGA Interel UK

Members present:

- Carolyn Harris MP – Chair of the APPG
- Nickie Aiken MP – Vice Chair of the APPG
- Cheryl Mackrory MP

Guest Speakers:

- Paula Briggs, British Menopause Society
- Vikram Talaulikar, The Menopause Clinic
- Laura Flatman and Suzanne Banks CBE, NHS England, and Chris Dzikiti, NHS England Menopause Programme Lead
- Dr Wendy Molefi, The Mindful GP
- Dr Shahzadi Harper, The Harper Clinic
- Eddie Morris MD RCOG, President of the Royal College of Obstetricians and Gynecologists

External Guests:

- Jo Lloyd – Office of Carolyn Harris MP
- Tom – Office of Carolyn Harris MP
- Camilla Horwood – Government Affairs Lead at Astellas Pharma
- Office of Caroline Ansell MP
- Rene - Office of Douglas Chapman MP
- Katherine Morgan – DGA Interel UK
- Sarina Kiayani – DGA Interel UK
- Victoria McNish – DGA Interel UK
- George Pugh-Thorogood – DGA Interel UK

Carolyn Harris MP introduced the call and offered attendees a background of the Group's mission. Harris explained that the APPG was founded by a cross-party coalition of MPs who believe menopause and women's health in general should not be politicised. She added that the APPG served to bring attention to menopause more continuously and that the Group's intention was to move the issue up the national agenda. Harris also explained that the Group did not wish to prioritise or isolate any single issue of menopause healthcare and added that the APPG's successful campaign work on HRT prescriptions reflected the Group's understanding that the

target was achievable and would raise the profile of their larger, overarching aims. Harris then asked the expert attendees to introduce themselves.

Paula Briggs introduced herself as a Consultant in Sexual and Reproductive Health based at Liverpool Women's NHS Foundation Trust. Briggs then explained that she thinks that, as well as education and support, mentorship is needed to improve the quality of menopause healthcare in the UK. Briggs said she does not think menopause training and education should be mandated and that it should not be treated any differently to any other aspect of gynaecology. Briggs explained that she does not believe mandating something necessarily improves interest or skill levels, and that what is more likely to make a difference is enthusing people.

Vikram Talaulikar introduced himself as an Associate Specialist at the Reproductive Medicine Unit in University College London Hospital. Talaulikar explained that he initially trained in Obstetrics and Gynaecology and has been running clinics focussing on menopause and perimenopause since 2013. He said he spends 20% of his time in the private sector and the other 80% in the NHS. Talaulikar noted he has recently seen an increased uptake of the courses he teaches on menopause care and thinks greater follow-up menopause care is needed, while provisions to increase specialism on menopause care are also currently lacking.

Chris Dzikiti introduced himself as the Lead at the National Retention Programme within the People Directorate at NHS England and NHS Improvement. Dzikiti then described his role in starting the NHS National Menopause Programme, explaining that the programme's focus was originally how the NHS could support its employees who were going through menopause, but that it transitioned onto considering how the NHS could improve its clinical pathway.

Laura Flatman introduced herself as a Retention Lead at the National Retention Programme (NRP) with NHS England and NHS Improvement. Flatman said the National Retention Programme's work is informed by Suzanne Banks and those working at the Clinical Pathway, and that the Programme wants to develop a workforce package and support social care staff as well. Flatman said the National Retention Programme are developing eLearning for menopause support and that it was the Programme's hope that such resources would be available for and replicable within other similar public bodies and organisations.

Carolyn Harris MP then introduced **Suzanne Banks**.

Suzanne Banks introduced herself as a retired Chief Nurse, who previously worked on improving provisions for menopause within the workplace. Banks said the most important change needed on menopause as a healthcare and public issue is a change in the culture that surrounds it. Banks explained that she has worked to normalise conversations about menopause and that she didn't want new practices on menopause care to become tick-box exercises. Banks said that she has collaborated with the NHS's National Menopause Programme since retiring. Banks explained that the programme is twofold, one side is a retention programme and the other side is focussed on health management, which has looked to develop an Optimal Health Pathway in line with guidance proffered by the programme's Clinical Reference Group, which all the royal colleges contribute to, among other expert societies and organisations like the British Menopause Society. The Clinical Reference Group, Banks explained, provides the NHS's National Menopause Programme with significant credibility. Banks also noted that the Programme has been collaborating with the Four Nations, so that information and knowledge is shared across the NHS's different bodies.

Carolyn Harris MP then introduced **Dr Wendy Molefi**.

Dr Wendy Molefi introduced herself as a portfolio GP, who is now a menopause specialist with the British Menopause Society and the founder of a menopause clinic. Dr Molefi said she has

trained as a mindfulness and wellbeing coach and has brought with her a more holistic and preventative approach to the menopause clinic she founded. Dr Molefi said she is a GP appraiser and so has lots of exposure to the work of GPs.

Carolyn Harris MP thanked **Dr Wendy Molefi** and then asked **Dr Shahzadi Harper** to introduce herself.

Dr Shahzadi Harper said she hoped to provide the insights of someone who is an experienced doctor and also a woman who is personally experiencing the symptoms of menopause. Dr Harper explained that she stepped out of the NHS, feeling it was unable to adequately provide for her as a perimenopausal woman and because she wanted to set up a clinic that offered women a more preventative and proactive approach to menopause treatment. Dr Harper emphasised the value of social media in connecting with and communicating to women on the topic of menopause. Dr Harper concluded that she hoped sessions such as this could make sure menopause treatment was not niche nor only available to a few, but could be both communicated and made readily available to the masses.

Carolyn Harris MP thanked **Dr Harper** before asking that **Edward Morris** introduce himself.

Edward Morris introduced himself as a gynaecologist, President of the Royal College of Obstetricians and Gynaecologists (RCOG) and as the former Chair of the British Menopause Society. Morris said that because every woman's menopause symptoms are different, menopause treatment in the NHS cannot be formulaic and it is necessary to implement any changes to menopause training and treatment within the NHS from a grassroots level upwards. Morris added to this point, explaining that if the NHS can get their menopause support right within primary care, not only will this empower those within primary care to help women suffering with menopause, but this will serve to relieve some of the strain on menopause specialists within our healthcare system. Morris reiterated that prioritising primary care would mean that the NHS does not need to implement a complicated regime on menopause care. To achieve his aims, Morris explained that education must be prioritised and that myths must be busted, using modern technology to ensure the truth is accessible to the public. Morris explained that 85% of people think the NHS website is reliable and suggested that this was a sign that the NHS's website should become a central reference point for information on menopause.

Carolyn Harris MP then asked the session what can be done to ensure GPs have the skills to better recognise and treat menopause.

Nickie Aiken MP said that, like Harris, despite having a brilliant local GP, she was unable to receive the correct diagnosis she needed from her local surgery and that her GP lacked sufficient knowledge or training on menopause care.

Edward Morris told **Nickie Aiken MP** that the British Menopause Society has a charitable arm, contactable by email or telephone, which can be helpful to women in Aiken's situation, but that the resource was only useful so far as women knew it existed. Morris felt strongly that such advice should come from the NHS, rather than a charity. Morris explained that only recently he had heard of a case where a GP was disbelieving of menopause. Morris told the group that this story had motivated his recent meeting with the Royal College of General Practitioners, in which he had wagered for the establishment of a new set of standards on menopause care and training, saying he believed clear and uncomplicated standards can improve the work across public healthcare bodies.

Vikram Talaulikar said that **Nickie Aiken MP's** experience with her GP was a classic example, because GPs differ in their expertise on menopause and many will approach the issue in a

singular way. Talaulikar explained that the immediate issue should be resolving this gap between primary and specialist care and thus, providing a new point of contact and information for women to use and rely on while they wait for specialist attention. Talaulikar told the group that, while updating and improving GP training must be a priority for campaigners, this will take considerable time. Talaulikar explained that creating new points of aid and information for women, such as phonelines and websites, can help alleviate the weight of the issue before the effects of top-down reform are felt at a primary care level. Talaulikar described this as providing a 'middle person' between primary and specialist care and explained that this person would take some of the strain away from and help improve the service provided by both primary and specialist healthcare professionals.

Suzanne Banks flagged to **Nickie Aiken MP** that within NHS England's Menopause Programme, population awareness is a point of interest and that the programme has been working with the Selfcare Forum and the Clinical Reference Group to publish digital information leaflets that will provide a reference point, both for their colleagues at the NHS and for the wider public. Banks added that it is known that the NHS is the majority of people's first point of contact and explained that NHS England have also been working with NHS Digital on this front and investigating how and to what extent information can be pooled together for all people who suffer with menopause, whether they identify as women or not. Banks emphasised that information should be spread to the population in the widest sense, because it is not just the person suffering from menopause who will want to search for information about it.

Dr Wendy Molefi emphasised that GPs are generalists and already receive a lot of information, explaining that the issue centres on both finding time to educate those without an interest and, on the other hand, igniting an interest among GPs in improving menopause care. Dr Molefi agreed with **Edward Morris** and **Vikram Talaulikar** that the introduction of a new provision, somewhere between primary care and specialist care, would be immediately useful.

Paula Briggs agreed that one single point of information for people to learn about menopause was a good idea and encouraged those in the session to direct their attention together on the issue, stating it is important for this single site of information to be uniquely uncontested and unambiguous. Briggs argued that, though **Dr Shahzadi Harper's** point about the accessibility of healthcare was significant, doctors earn well and are usually prepared to pay for training, accreditation or certificates that are respected and esteemed. Briggs pointed out that the BMS provides respected certificates and that these remain useful for encouraging healthcare professionals to meet good standards of menopause care. Briggs said that her overriding aspiration is that adequate menopause care be provided within primary healthcare.

Carolyn Harris MP thanked **Paula Briggs** for her contribution but countered her case for the value offered by purchasable courses (and accreditation), explaining that, from her experience, such costs may be prohibitory and that one rarely knows the truth about the financial situation of others. Harris continued, rhetorically asking the session whether 51% of the public should face any costs related to their health and concluding that the solutions to current failings of menopause care must make healthcare more accessible and hence, remove costs. Harris reemphasised that menopause must not be regarded as a niche issue as, in the sense that everyone will know somebody suffering with symptoms, it will affect 100% of the population. Harris returned to **Paula Briggs's** comment and suggested it seemed unfair that, at this point, there is only one organisation [the British Menopause Society] offering respected menopause healthcare accreditation, especially when there was a financial barrier to acquiring their accreditation. Harris asked the session if there was any way that alternative courses or organisations could provide healthcare professionals with both quality training and respected accreditation that was as good as that provided by the BMS, without financial charges attached.

Carolyn Harris MP then called on **Dr Shahzadi Harper** to comment.

Dr Shahzadi Harper started by referencing **Carolyn Harris MP's** point that menopause is not a niche issue and then compounded the previously discussed notion that a mindset or cultural shift is necessary on the topic. Dr Harper explained that, as a single mother living in a relatively expensive location, she had regarded the costs attached to acquiring menopause care accreditation as expensive and potentially prohibitory. Dr Harper added that, not only are costs a potential barrier to entry but that they can also be the difference between attracting the attention of doctors who are presently apathetic to the issues surrounding menopause care and not. Dr Harper added that, until adequate training is put in place and until primary care of menopause is improved, menopause care will continue to take up the resources and time of professionals which could be better allocated elsewhere. Dr Harper stated that, as a corollary to this, adopting a preventative approach would save the NHS a lot of money. Dr Harper suggested that such a preventative approach would inevitably require a more holistic perspective of women's health, looking at quality of life, and could potentially involve offering opportunities such as Well-Women Clinics to the population. Dr Harper agreed that, to make healthcare more holistic and to ensure that GPs are not overburdened, it would be significantly beneficial if GPs could direct the public towards a single body of professionals, website or phonenumber, that had the information to accelerate a menopausal patient's journey towards a medical resolution.

Carolyn Harris MP thanked **Dr Shahzadi Harper**.

Carolyn Harris MP then called on **Cherilyn Mackrory MP** to speak.

Cherilyn Mackrory MP suggested that education on menopause needed to be universal and extend beyond being targeted solely at women. Mackrory explained that education would help produce the necessary cultural shift, increasing transparency and removing myths or taboos. Mackrory then informed the session that she chairs the APPG on Baby Loss and that the group had recently been exploring legislation surrounding the workplace treatment of someone mourning the loss of a child. Mackrory called on **Laura Flatman** to explain further on what the NHS is currently doing in this regard for those whose work is affected by menopause. Mackrory added that, from her recent consultations with Paul Scully regarding the Employment Bill, she had been made aware of the technical sensitivities of such legislation and said she was conscious that it could be risky to be too prescriptive to employers. She suggested that incentivising employers was likely to be the best approach.

Laura Flatman thanked both **Cherilyn Mackrory MP** and **Carolyn Harris MP**. Flatman started by agreeing that a cultural change was needed surrounding menopause and explained that this was being factored into the NHS's Menopause Programme. Flatman told the session that the NHS's Menopause Programme wanted to improve the amount of information provided to staff so that people suffering from menopause had as many colleagues with appreciation for the issue as possible. Flatman explained that the package the programme was developing over the coming 12 months would be wide-ranging and recognised that eLearning was not effective for all different demographics impacted by menopause.

Carolyn Harris MP thanked **Laura Flatman**. Harris then introduced the idea that women be invited to have a health check upon reaching a certain age, such as 40 years old. Harris asked the session what they believed would make the NHS better at preparing women for menopause and diagnosing menopause at an earlier stage.

Carolyn Harris MP invited **Edward Morris** to answer her query.

Edward Morris agreed with **Carolyn Harris MP** that women should be invited for scheduled check-ups to discuss their health. Morris explained that, as President of the BMS, he had called on the Government to introduce such protocols as early as 2012. Morris explained that he was having conversations about new preventative measures in both the British Menopause Society and the Royal College of Obstetricians and Gynaecologists and that he welcomed attendees lending their weight to his arguments in those forums.

Carolyn Harris MP once again thanked **Edward Morris**. Harris explained that both herself and **Nickie Aiken MP** have been repeatedly approached about menopause by colleagues and members of the public. Harris noted that, while both her and Aiken were happy to help others with their diagnosis, this phenomenon reflected the present failings of primary care and the missing link, between primary and expert care, that had been referenced in the session thus far. Harris then invited attendees to voice their thoughts on the notion of new preventative measures, such as scheduled check-ups.

Dr Shahzadi Harper said she thought regular check-ups was a good idea that, if combined with other regular check-ups, such as included within questionnaires, could further educate healthcare professionals and the public about menopause symptoms and shed light on the extent which women are suffering with menopause without a diagnosis. Dr Harper explained that she believed including menopause in more conversations within healthcare could increase awareness and in doing so demonstrate the true prevalence of the issue. Dr Harper added that she had observed a huge change since the beginning of the COVID-19 pandemic in the way women view their own health. Dr Harper said she had noticed that women have taken increasing agency over their health and have looked to utilise the resources available to them such as the NHS website.

Carolyn Harris MP thanked **Dr Shahzadi Harper** for her contribution and brought **Dr Wendy Molefi** into the conversation.

Dr Wendy Molefi agreed with **Dr Shahzadi Harper** that the NHS should consider opportunistically screening for menopause symptoms within existing scheduled check-ups and questionnaires. Dr Molefi also agreed that the COVID-19 pandemic has changed our relationship with health and that there is now a different relationship between the NHS and its patients, as dialogue has become both more active and digitalised. Dr Molefi suggested that, as a result of this new relationship, there are new ways to introduce information to the wider public and the NHS should look to capitalise on this to improve its menopause care. Dr Molefi also made a separate point, explaining that she sees very few patients from ethnic minorities and believed that this is rooted in cultural differences and differences in the way that symptoms present themselves. Dr Molefi explained that she believes better education on menopause across the NHS, particularly on how symptoms are diverse and often-unique to patients, would contribute to ameliorating this discrepancy.

Carolyn Harris MP thanked **Dr Wendy Molefi** and agreed that culture and class play a significant role in whether people are likely to recognise they are suffering with menopause. Harris then accepted **Laura Flatman's** request to contribute to the conversation.

Laura Flatman noted that she was in agreement with the notion of introducing preventative scheduled check-ups for women, at around the age of 40, and said that opening a dialogue with women at an early stage would be particularly helpful to addressing the current issues with menopause care.

Carolyn Harris MP thanked **Laura Flatman**, before introducing **Suzanne Banks** into the conversation.

Suzanne Banks said that she wanted to reinforce the importance of introducing new health checks for women, as first posited by **Dr Shahzadi Harper**. Banks then emphasised that the NHS must take a two-pronged approach to menopause care: on the one hand, using education and information, the wider public must be empowered to take action on menopause and, on the other hand, new health checks will help to catch women suffering with menopause and stop them falling through the NHS's net.

Carolyn Harris MP then brought **Edward Morris** back into the conversation.

Edward Morris explained that, like **Suzanne Banks**, he wanted to emphasise the value in empowering people on menopause, particularly those groups that are historically harder to reach out to. Morris added that it is known that the health system in the UK is full of inequities and reiterated **Carolyn Harris MP's** point that culture and class factor in whether people are likely to understand their symptoms as relating to menopause. Morris referenced **Dr Wendy Molefi's** point about utilising the increasingly digitalised relationship between NHS and patients and agreed, suggesting that information needs to be upgraded and made more readily available and interactive, so that people are drawn to it.

Carolyn Harris MP agreed with **Edward Morris**.

Carolyn Harris MP then brought in **Nickie Aiken MP**.

Nickie Aiken MP explained that, women now have children later and perhaps the age of 40, as had been mooted by **Laura Flatman** in reference to when the NHS should conduct check-ups with patients, may in fact be too early for some women. Aiken also argued that men must be included in the discourse, educated and empowered to play their part in improving menopause care.

Carolyn Harris MP thanked **Nickie Aiken MP** for her contributions. Harris then raised the issue, first mentioned by **Edward Morris**, of medical professionals disbelieving in the reality of menopause. Harris then asked the session to consider ways of getting around this issue and improving the narrative surrounding menopause.

Dr Wendy Molefi said that the issue of misinformation and of unhelpful narratives surrounding menopause required - like with other issues discussed in the session - a two-pronged approach, mixing both access to information (and outreach) with improved training and education. Dr Molefi argued that, if women and the population more generally are provided with education and information, they will become empowered to ask and receive the healthcare they need and deserve.

Carolyn Harris MP agreed with **Dr Wendy Molefi** and brought **Vikram Talaulikar** into the discussion.

Vikram Talaulikar said he wished to echo that which **Dr Wendy Molefi** had stated. Talaulikar said he wished to make two points on teaching. First, Talaulikar explained that, though specialism was important, the priority for improving menopause care should be to upgrade the service provided in primary care. Talaulikar suggested this will only happen through changing the curriculum to place greater emphasis on menopause. Secondly, however, Talaulikar pointed out that we cannot afford to neglect improving specialist care. Talaulikar explained that he was currently in the process of training-up four doctors to become menopause specialists and that he had a further twenty doctors waiting for similar training. Talaulikar said that, though his time and resources were limited, he felt compelled to take on a large amount of trainees, both because he was worried that the doctors may become apathetic to the cause of menopause training if he did not take them on and also because it is necessary to continue producing



menopause specialists. Talaulikar concluded that, while primary care is the area most in need of attention, secondary (specialist) care cannot be neglected in the process of revolutionising menopause treatment.

Carolyn Harris MP thanked **Vikram Talaulikar** and brought **Paula Briggs** into the conversation.

Paula Briggs agreed with **Carolyn Harris MP's** original point that disbelieving clinicians were a real challenge to improving menopause care. Briggs suggested that one solution may be to support the development of Women's Health Hubs so that even disbelieving GPs know they can, at the very least, refer menopausal patients somewhere. Briggs explained that this approach has worked well in other areas of gynaecology.

Carolyn Harris MP agreed with **Paula Briggs's** suggestion.

Carolyn Harris MP then wrapped up conversation. Harris explained to the session that she was now co-chair of a new Government Menopause Taskforce. Harris told the session this meant she had greater reach within Parliament and would be able to communicate with more senior ministers and, hopefully, lift menopause further up the Government's agenda.