



THE APPG'S MANIFESTO FOR MENOPAUSE

1. Integrate menopause into the NHS free Health Check for women over 40

Evidence shows a large number of women come into primary care from the age of 40 with menopausal symptoms, unaware they are experiencing perimenopause or menopause. Clinicians often fail to recognise these symptoms too. Discussion and diagnosis must be incorporated into the free NHS Health Check that women over 40 are eligible for every 5 years.

2. Create a National Formulary for all types of HRT to ensure that doctors and pharmacists can prescribe any approved medicines, supported by standardised local prescribing guidelines

This is critical to ensure that medical professionals feel equipped and empowered to prescribe all types of HRT according to individual need. This will also help to tackle the UK's ongoing HRT supply shortages and address the inequity that many patients currently experience as a result of regional variations in the types of HRT products that can be accessed.

3. Include menopause as an indicator within the GP Quality and Outcomes Framework (QOF), or any future incentive scheme, to incentivise GPs to improve menopause diagnosis, treatment and care within their practice

There is a deficit of knowledge and understanding amongst GPs when it comes to recognising and diagnosing menopause symptoms. Incentives within primary care would encourage better understanding and help to alleviate the problem, ensuring more timely access to treatment for women.

4. Mandate large companies (over 250 employees) to introduce menopause action plans to support female employees experiencing menopause, with specific guidance for SMEs to support employees going through menopause, and introduce tax incentives to encourage companies to integrate menopause into occupational health

With 1 in 10 women leaving their jobs due to menopause symptoms and thousands more reducing their hours and avoiding promotion, action must be taken to address the serious impact menopause can have on women's economic participation. Encouraging employers to support their staff would enable businesses to retain loyal and experienced members of their workforce, boost the economy and give women the confidence to progress in their careers.





5. Work with the Medicines and Healthcare products Regulatory Agency (MHRA) to evaluate female-specific testosterone treatments in managing menopause symptoms with a view to getting this essential treatment option licensed in the UK

Male-specific testosterone products can be prescribed to women off-license for menopause, however no female-specific treatments are licensed in the UK despite the growing evidence of the benefits. The regulator must seek to license treatments to manage testosterone levels in menopausal women. GPs are also often reluctant to prescribe off-license and so in the absence of a specific product for women, there must be comprehensive guidance around safe dosages and the benefits of prescribing testosterone.

6. Dedicate further research funding to programmes that explore potential links between menopause, related health conditions and the varying experiences that women of all backgrounds and ethnicities have of menopause, to underpin all future policy

Evidence is emerging of the links between menopause and some health conditions, and of the varying experiences of menopause for women from different ethnic backgrounds. However there are significant gaps in our understanding due to a lack of research. Greater research into menopause must be fed into an updated Women's Health Strategy, and underpin all future policy making. This is critical to ensure women with complex menopause needs, and of all backgrounds, can access treatment and receive appropriate and relevant support.

7. Conduct an urgent review into the need and demand for specialist menopause care, map existing provision, and evaluate where new specialist NHS services need to be commissioned to ensure this can be accessed by all that need more complex care

The lack of NHS specialist menopause clinics continues to be a serious issue, with the majority having been decommissioned over the past few decades. The gap between primary and specialist services also needs to be bridged for women with more complex care needs. There are many other parts of our health system that can be further empowered to support women through the menopause, from specialist menopause nurses in general practices, to pharmacists, and a much improved NHS website for those seeking information.

#WMD23