



Your NHS menopause experience:

Bristol, North Somerset and South Gloucestershire

11th October 2023
meeting of Bristol HOSC

healthwatch
Bristol

Lisa



Lisa began going through the menopause three years ago. She knew what it was but was unprepared for the impact and says that she'd never received any information on this from healthcare professionals. Lisa said she thought about going to the GP, *'but I felt silly going. I've struggled with anxiety in the past, and I was afraid they'd just put my symptoms down to that.'*

Introduction

At Healthwatch we listen to patient experiences and base our recommendations on the experiences that are shared with us.

The project was driven by feedback shared by Bristol, North Somerset and South Gloucestershire (BNSSG) residents regarding perimenopause, menopause and post menopause support and treatment from healthcare services. The project was also informed by the Department of Health and Social Care (DHSC) Women's Health Strategy for England 2022.

This report summarises the feedback we have heard from local people about their menopausal experiences and makes evidence-based recommendations from the key themes that emerged.

Methodology

- a steering group made up of members of public to discuss their experiences of the menopause.
- based on these discussions a draft survey went to organisations including those working with underrepresented and marginalised communities.
- Final survey in four languages.
- Disseminated through partners, community organisations, members of Councils, and local healthcare services.
- A printed version was left these spaces around the BNSSG area with pre-paid stamped envelopes to target digitally excluded individuals.

Photo taken at an International Women's Day event using interactive graphics to discuss desirable services for the menopause.

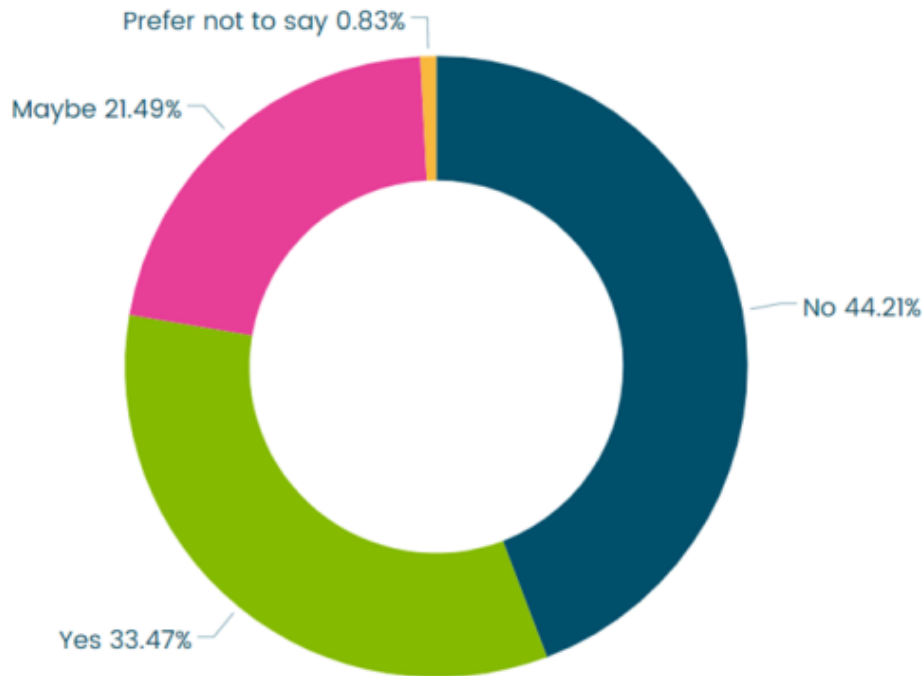


Key Findings

- Respondents' symptoms have been mistaken by healthcare professionals, primarily confusing these with mental health difficulties.
- Respondents said a healthcare hub or clinic with professionals who specialise in topics such as the menopause would help individuals feel more comfortable accessing the right support.
- There are low expectations when seeking medical support for the menopause, as many respondents feel healthcare professionals are unfamiliar with symptoms and conditions.
- Cultural differences impact how some communities perceive and talk about the menopause and service providers should be aware of this.
- Individuals with long-term conditions can struggle to separate symptoms. The menopause can worsen the effects of some individuals' long-term condition symptoms.

The misdiagnosis of menopausal symptoms

33% of respondents believed their symptoms were mistaken as a different health problem, rather than being due to the menopause. 21% were unsure of this.



'The GP said I was too young (to be in menopause) and I should try antidepressants. I refused as anxiety and low mood were a consequence, not cause, of my hormone changes.'

'I was told I was depressed and given antidepressants.'

'Each symptom was initially viewed as a separate matter rather than holistically as one or linked.'

Responses to the question, 'Were your symptoms mistaken as a different health condition, rather than menopausal?'

Community based specialist services

60% of respondents answered that they would prefer a 'hub' or 'clinic' specifically for menopause or women's health. 26% answered 'maybe', and 11% answered 'no'.

‘Bringing gynaecological, menopause, cervical and breast screening with contraceptive services, and diagnostics all together would make a massive difference.’

‘I have a complicated gynaecological history so it would be great to go to a clinic or hub.’

‘This type of specialist care would be very helpful especially to ensure treatment is in-line with current thinking and techniques.’

‘It would give me confidence to know I was speaking to menopause trained professionals. I think GP appointment times are too short for women to properly understand what’s going on and make informed decisions on treatment options.’

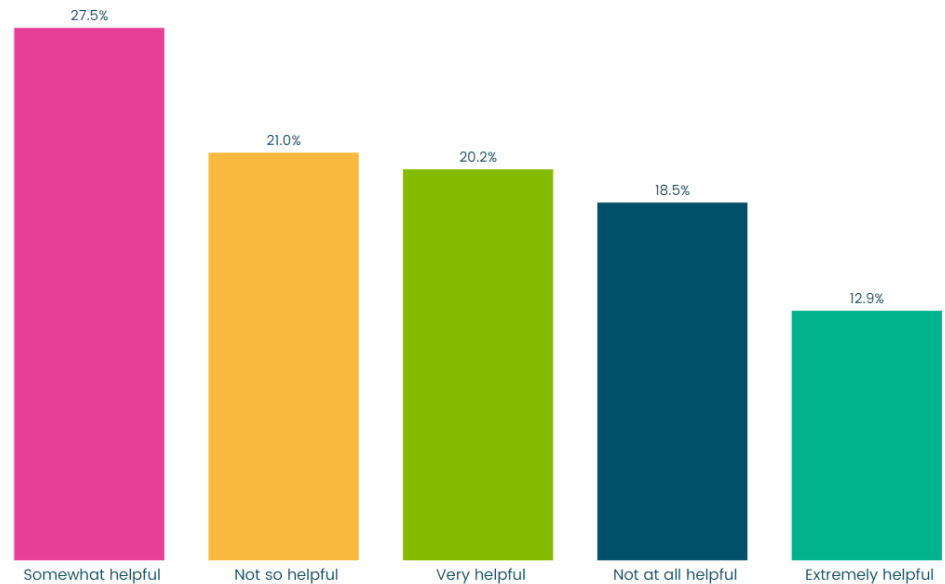
The training and awareness of health professionals

Only 20% of respondents felt their health care professionals' advice around the menopause was very helpful, with the lowest amount of respondents finding advice 'extremely helpful'

'I'm really shocked how poorly women are treated and how inadequately GPs are trained'

'I was peri-menopausal from 42 years of age. GP was dismissive, diagnosed anxiety and depression but the tablets made it way worse, it took until I was 49 years old before I was taken seriously, GPs seemed to have very little knowledge.'

'The lack of knowledge within the GP sector means a failure to recognise how debilitating the menopause symptoms can be.'



Responses to the question, 'did you find your doctor or healthcare worker's advice helpful?'



Low expectations when seeking medical support

Many respondents felt healthcare professionals are unfamiliar with menopausal symptoms due to a lack of training

‘GPs seem to struggle to differentiate between what is or could be caused by the menopause.’

‘My GP was a young man, and I wonder if he had any training on the menopause at all.’

One of our respondents wrote, ‘I had worsening PMS, insomnia, gum problems, heavy periods, breast pain.’.

‘More training and support for healthcare professionals is vital as many do not know enough to treat the menopause well.’

Understanding cultural differences and the menopause

There is a preference seen in answers to the question 'would you prefer a women's clinic/hub specifically for women's health /menopause?'

Barriers faced by ethnic minorities to using **current** services may exacerbate health inequalities.

Literature shows that the needs of disadvantaged groups are often neglected or even made worse by poor services' responses

https://evidence.nihr.ac.uk/collection/multiple-long-term-conditions-multimorbidity-and-inequality-addressing-the-challenge-insights-from-research/?utm_source=pocket_saves



Awareness around cultural differences when speaking about, treating and responding to the menopause.

30% of non-white respondents found a healthcare professional's explanation of what was causing their symptoms 'not at all clear'.

33% found the explanation 'somewhat clear'.

People told us

'The menopause is very personal and not something we share in my culture.'

'It is still a bit of a taboo subject. This barrier really needs to be broken.'

'There is little information (about menopause) seen anywhere in my community.'

'In my culture (I am Somalian), we struggle to talk about these types of changes. A lot of us think the menopause means the end to our lives, so we do not want to accept help.'

The impact of disabilities and long-term conditions

63 respondents had a disability or condition and commented on how this affected the response of healthcare professionals to their condition.

Some respondents mentioned the issue of 'Chemotherapy accelerating menopause' and 'similar symptoms made gaining support more challenging'

For one person there was a concern about using HRT because of 'misunderstanding of hormones versus my type of cancer ' and a 'perception of increased cancer risk.'

Respondents felt that their access to HRT had been affected by their disability, 'it has affected the response , I was told HRT was not suitable.'

There were reports of conditions or disabilities exacerbated by the menopause. One respondent wrote, 'I already have migraine disorder, this got worse during perimenopause.'

Recommendations

- Create a specialist walk-in hub/community clinics for women during menopause, providing follow-ups and reviews, with self-referral.
- Ensure awareness information is sent to all women in preparation for pre-menopause, including accessible options.
- Appoint designated leads in Primary Care Networks who provide specialist advice and signposting on the menopause.
- Health setting signpost to trusted information including those online about the menopause, with information that resonates with our diverse local communities.
- Mandate menopause and cultural competence training to health professionals who offer menopause support, to enable women to consider all options and avoid myths.

6 'Local Voices' report for Quarter 1;

184 pieces of public feedback about the quality, access and experience of services

160 people were given information and guidance in The Healthwatch Galleries engagement hub

Primary care common themes;

Lack of access to NHS Dentists

GP services; issues with remote appointments, telephoning a surgery, process for booking an appointment and lack of their availability. Refusals for surgery registration

Problems with accessing repeat prescriptions and medications



'Local Voices' report for Quarter 1;

Secondary Care themes from negative comments ;

- Staff attitudes and care in maternity wards, post-partum
- Care for people with heart conditions
- Cancer care administration and coordination

Social Care themes from negative comments

- Children with Special Education Needs' appointment accessibility
 - ADHD waits for assessment and diagnosis
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'Local Voices' report Quarter 1;

Quote re medications

'the pharmacy no longer opens at weekends and not everything is in stock which makes it difficult to keep up with regular prescriptions when you have a family and full-time job'

All qualitative information is anonymised and collated into themes and subthemes using a nationally consistent set of categories from Healthwatch England.

Demographics are always sought.

For more information

Healthwatch Bristol
Unit 21, Union Gallery, The Galleries (middle floor)
Bristol
BS1 3XD

www.healthwatchbristol.co.uk

t: 0330 055 3251

e: contact@healthwatchbristol.co.uk

 @HWBristol

 [Facebook.com/bristolhealthwatch](https://www.facebook.com/bristolhealthwatch)

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