

All-Party Parliamentary Group (APPG) on Women's Health Call to Action: Reducing Variation in Access to Treatment for the Menopause

Introduction

The APPG on Women's Health is a backbench cross-party group of MPs and Peers in the UK Parliament in Westminster. The group aims to empower women to ensure they can make informed choices about the best treatment for them and helps ensure they are treated with dignity and respect.

On the 18th November, the APPG on Women's Health held an event on variation in access to treatment for the menopause in the UK. The event follows the APPG's Conference Series in November 2020, clinicians and patients described a postcode lottery in clinical expertise and the availability of suitable treatments including Hormone Replacement Therapy (HRT). The event brought together clinicians, patient representatives, campaigners and policymakers to discuss barriers to access, regional variation in access to treatment, and how to ensure women across the country get equal access to the treatment they need.

The APPG were pleased to see recent Government announcements regarding menopause and HRT, including the creation of a cross-party Menopause Taskforce. We were particularly pleased to see the Secretary of State's commitment to improving access to treatment for the menopause, and that this will be featured in the forthcoming Women's Health Strategy.

However, there is a need to take action to ensure that issues around reducing variation in access to treatment are reflected in Government policy on the menopause. To this end, the APPG is pleased to share the following recommendations to Government:

- To ensure patients have sufficient information about their symptoms and treatment options and enable them to better advocate for themselves, NHS England should provide increased information about the menopause and signpost to reliable resources in all care settings and on NHS websites.
- To support healthcare professionals in primary care to support their patients with the most appropriate treatment and reduce the "postcode lottery" of expertise, the Government should work with NHS England, the British Menopause Society and Royal Colleges to provide improved education on the menopause.
- To ensure patients can access the treatment that is right for them and reduce the variation in treatment available between different NHS providers and between the NHS and private practice, the Government should lead a review into commissioning for HRT in collaboration with NHS England and NICE and address any barriers to uptake for innovative treatments.
- To address challenges in patient access to care, the Government should commit in its Women's Health Strategy to reviewing pathways and current practice for menopause treatment and calling for more joined-up working between primary and specialist care to ensure patients get referred for specialist care at an appropriate time.

Recommendations

Recommendation 1: To ensure patients have sufficient information about their symptoms and treatment options and enable them to better advocate for themselves, the NHS should provide

increased information about the menopause and signpost to reliable resources in all care settings and on NHS websites.

Previous research has revealed disparities in how patients access healthcare in the UK, both in terms of patient likelihood to seek care and ability to navigate the health system, that are closely tied to socioeconomic status.^{i,ii} This disparity is likely to affect women's access to care for the menopause, which is exemplified by variation in access to HRT across the country. One study found stark differences in HRT prescribing rates by socioeconomic deprivation, with prescribing 29% lower in the most deprived areas compared to the least deprived, and 18% lower even after adjusting for risk factors.ⁱⁱⁱ

Dr Anne Connolly spoke from her experience working as a GP in one of the most deprived and diverse areas of England and noted that dismantling myths was a key issue in Bradford, which negatively impacted patients' likelihood to seek care. Patient representative Jacqueline Williams-Bulkeley also spoke of how, despite facing debilitating menopause symptoms, she did not understand her symptoms which delayed her getting access to the right treatment. She further noted that there was poor awareness among patients about the treatment options available, and that as a patient, she would have benefited from more information about the menopause and the need for this to be accessible, such as "fast facts" leaflets.

Participants raised the potential of using additional points of contact such as "well woman visits" as well as existing touchpoints for women nearing menopause, such as regular smear tests, to talk about the menopause and other health concerns. These discussions would provide an opportunity to intervene early for women who may already be experiencing symptoms or prepare them for menopause. Nurses, pharmacists and allied health professionals should all have the tools and information available to enable them to signpost patients to resources or encourage them to seek care. Participants also noted the need for the information provided to be reflective of the variety of patient experiences of the menopause, including tailoring information for women from different ethnic backgrounds and for those facing early menopause or surgical menopause.

In order to overcome these disparities in access to treatment for the menopause, there is a need for increased provision and signposting to information for women about the menopause. Improved information about the menopause and the treatment available would support women's ability to have an informed choice about their care and to advocate for themselves with healthcare professionals, improving their likelihood of accessing the treatment that is right for them.

Recommendation 2: To support healthcare professionals in primary care to support their patients with the most appropriate treatment and reduce the "postcode lottery" of expertise, the Government should work with stakeholders such as NHS England, the Primary Care Women's Health Forum, the British Menopause Society and Royal Colleges to provide improved education on the menopause.

Currently, the majority of care provided in the UK for menopause takes place in primary care, which speakers during the event agreed was the appropriate care setting for the vast majority of patients seeking treatment for the menopause. However, many GPs do not feel comfortable managing the menopause, with only 66% of GPs responding to one survey reporting feeling confident managing the

menopause.^{iv} This means that the expertise available to patients about the menopause varies depending on their GP. To ensure patients can access the best care possible, there is a need to provide additional education and support to GPs on the menopause.

In addition to providing information to healthcare professionals across the NHS through a centralised, easy to access platform such as NHS England communication channels, additional training should be provided to healthcare professionals, and GPs in particular. This training should be available at a variety of different levels depending on the interest and expertise of the healthcare professional. Some healthcare professionals may have a special interest and would benefit from more in-depth training on the menopause, whilst some GPs providing care for a wide range of conditions in a primary care setting might need training tailored to their needs and capacity. During the event, participants highlighted the importance for education and training. Mr Haitham Hamoda noted the importance of information provision for GPs and stressed that the information should be concise and provided in an accessible format. Mr Hamoda further referenced the British Menopause Society's call for all NHS providers to have access to at least one menopause specialist or clinic to ensure patients get the right care without concern for their postcode.

Recommendation 3: To ensure patients can access the treatment that is right for them and reduce the variation in treatment available between different NHS providers and between the NHS and private practice, the Government should lead a review into commissioning for HRT in collaboration with NHS England and NICE and address any barriers to uptake for innovative treatments.

When it comes to prescribing treatments for the menopause, many patients find that the treatment that may be best for them is not available to them for a variety of reasons. One example is the disparity of treatments available on the NHS versus in private practice. One survey found that 48% of women felt they had no option but to pay for private treatment – which can cost several hundreds of pounds – after not receiving the care they needed on the NHS.^v

During the event, Jacqueline Williams-Bulkeley told attendees about how being prescribed testosterone alongside her HRT had made her “feel like herself again” but noted that the treatment was not made available to her on the NHS and she had to go private for her treatment. Despite NICE guidance that states that providers should consider testosterone supplementation where appropriate, many patients are still not able to access this treatment. There are no testosterone products licensed in the UK for female use at present, and whilst many providers are prescribing testosterone off-label, not all practitioners feel comfortable prescribing off-label, particularly if they are not menopause specialists. This creates a divide in the quality of care received by women who are able to afford private care and women who are not, which is unacceptable.

There are also discrepancies in the treatment that is available on the NHS depending on where in the country a patient lives due to challenges getting approved treatments onto local formularies which determine which treatments can be prescribed. During the event, Dr Paula Briggs noted that the route to access new treatments needs to be made easier for patients and clinicians. Specifically, she highlighted that Area Prescribing Committees face backlogs of several years and often de-prioritise menopause, leaving England behind other countries and leading to patients struggling to access new treatments.

The Government, NHS England and the National Institute for Health and Care Excellence (NICE) should urgently review current practice in the reimbursement and commissioning of treatment. It is important to address barriers to the uptake of innovative treatments for the menopause to ensure parity between the treatment available on the NHS and in private care, and between different local NHS providers.

Recommendation 4: To address challenges in patient access to care, the Government should commit in its Women's Health Strategy to reviewing pathways and current practice for menopause treatment and calling for more joined-up working between primary and specialist care to ensure patients get referred for specialist care at an appropriate time.

For women seeking access to treatment for the menopause, systemic challenges related to capacity, referrals and pathway design often pose a barrier to care. One survey found that 44% of women who eventually received treatment for the menopause waited one year or more for treatment.^{vi} During the event, Dr Paula Briggs highlighted that patients are currently waiting 38 weeks on average for an appointment with a specialist. These delays are unacceptable, and it is important that the Government and the NHS take action to ensure that women are able to access care.

Speakers at the event discussed a number of things that could be done to address these challenges. Dr Anne Connolly raised the importance of improving joined-up working to address current silo working and fragmentation for women's health including the menopause. She noted Primary Care Networks and Integrated Care Systems (ICSs) as examples of opportunities for joined-up working. Women's health hubs were also brought up as an example, and should be adequately funded and supported by the Government to ensure patients can receive holistic, expert advice and care. Dr Paula Briggs also highlighted the need for improved collaboration, with specialist care supporting primary care in the management of menopause. The issue of accountability was also raised, including the issue that the menopause is not incentivised in primary care which causes GPs to de-prioritise it. It is important to incentivise GPs to focus on menopause services, and for ICSs to appoint someone responsible for women's health including menopause.

ⁱ Martin Gulliford and Myfanwy Morgan (eds), *Access to Health Care*, 2003. London: Routledge.

ⁱⁱ Maria Goddard and Peter Smith, "Equity of access to health care services: theory and evidence from the UK". *Social Science & Medicine* 53:9 November 2001: 1149-1162.

ⁱⁱⁱ Hillman et al, "Socioeconomic status and HRT prescribing: a study of practice-level data in England". *Br J Gen Pract* 2020. DOI: 10.3399/bjgp20X713045

^{iv} Dr Louise Newson, "More education needed in regarding the menopause in primary care". 2018. A

^v Menopause Support, "National newspaper highlights our findings on a 'national disgrace'". 24 June 2021. Available at <https://menopausesupport.co.uk/?p=14775>

^{vi} Dr Louise Newson and Dr Rebecca Lewis 2021.