



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	Rochdale and Oldham Maternity Voices partnership
The Lighthouse Community Foodshare, Whitworth	
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



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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.

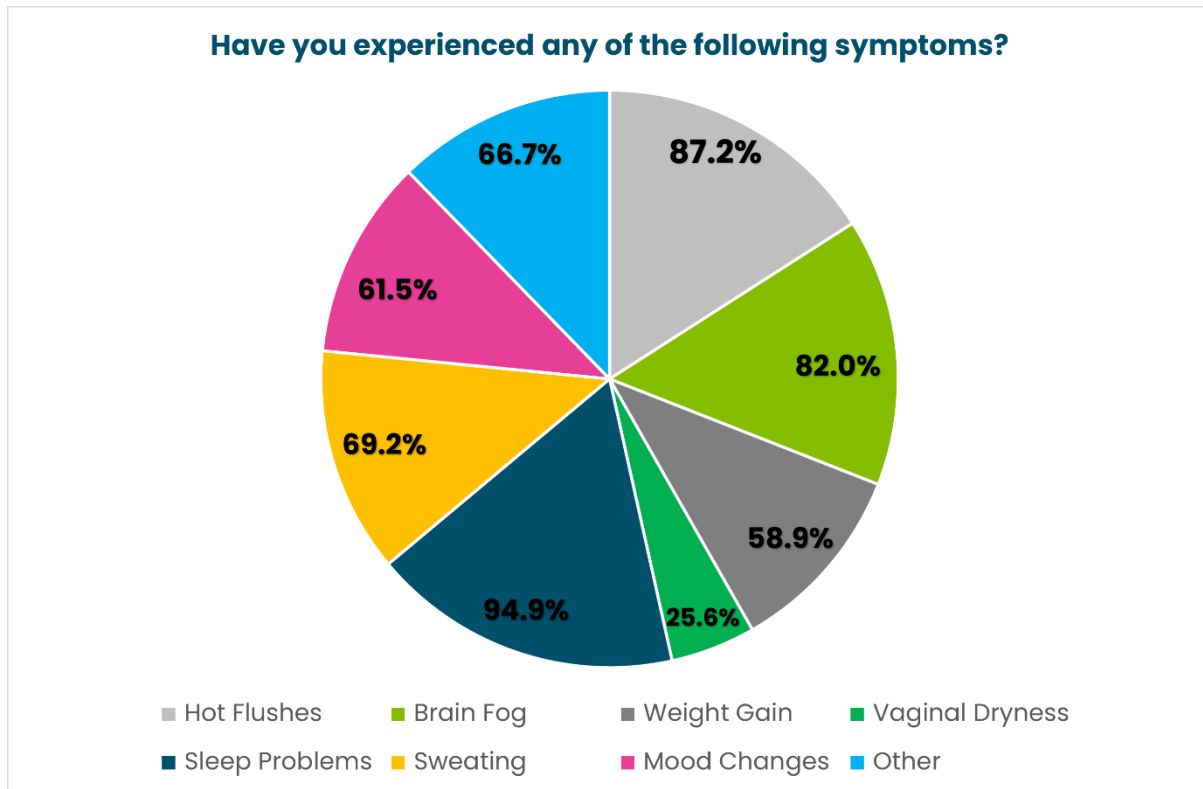
Slightly over half, 58%, first experienced their symptoms at the age of 41-50, with a further 29% at ages 51 – 60. Some respondents, 11%, experienced menopause symptoms early at the ages of 31-40 and 2% between 21-30.



“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.



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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!"



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

"I thought I was too young!"

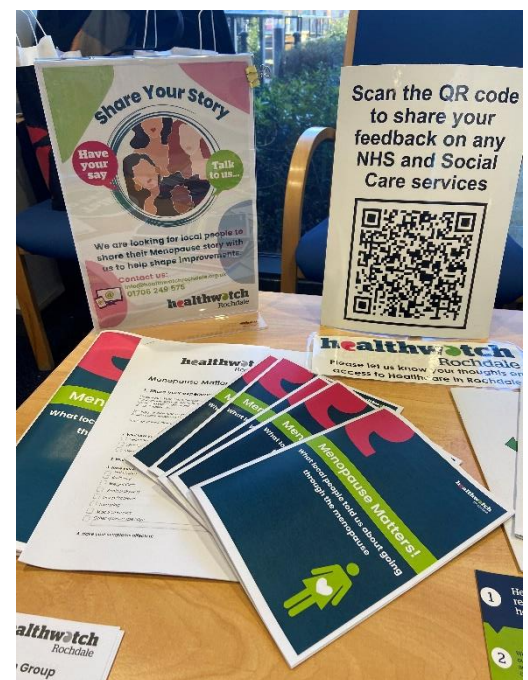
"I did my own research, and this narrowed it right down to menopause."



"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





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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:

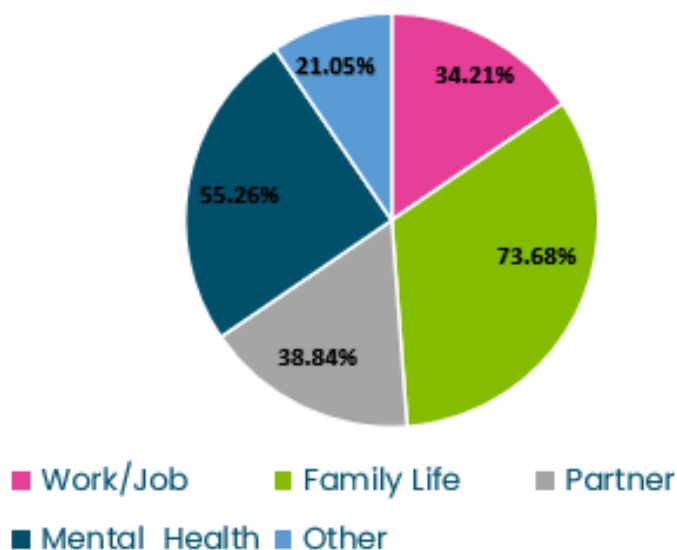
“It is expected that only one male of your house needs to work and provide. I have never worked.”

“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:






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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 out.



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.

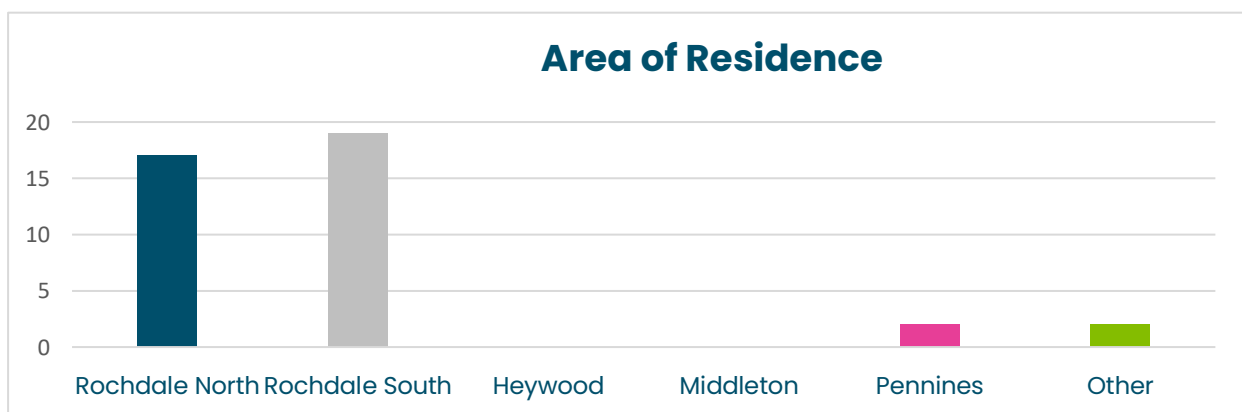
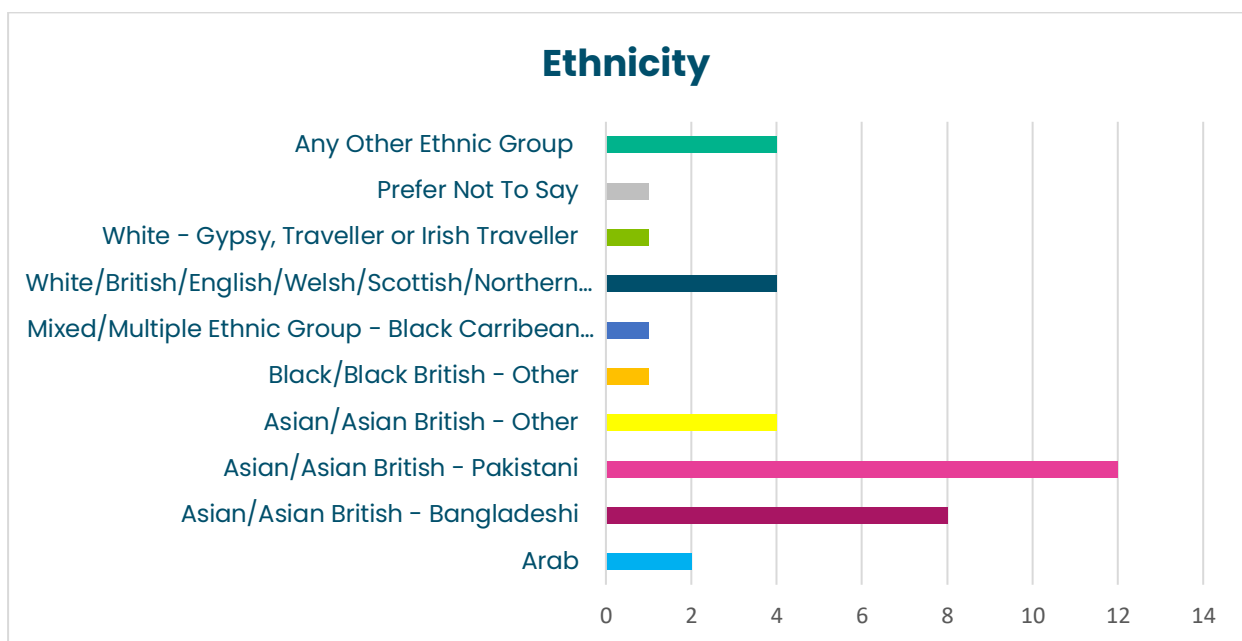
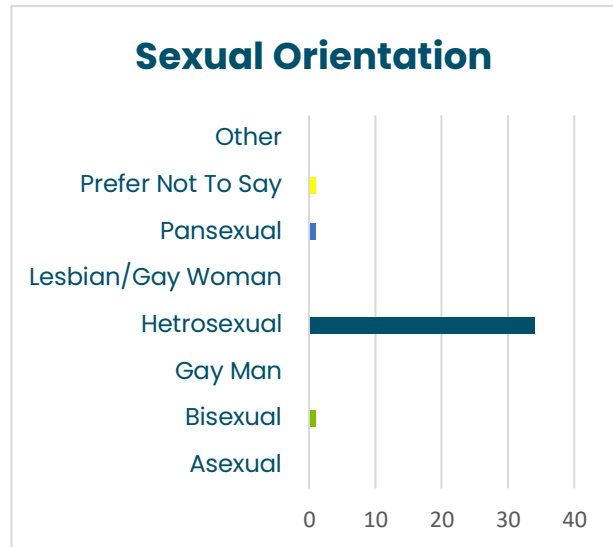
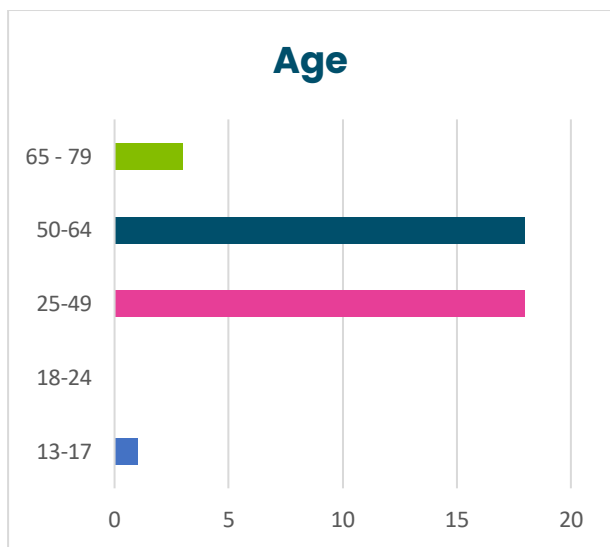
People told us they used:

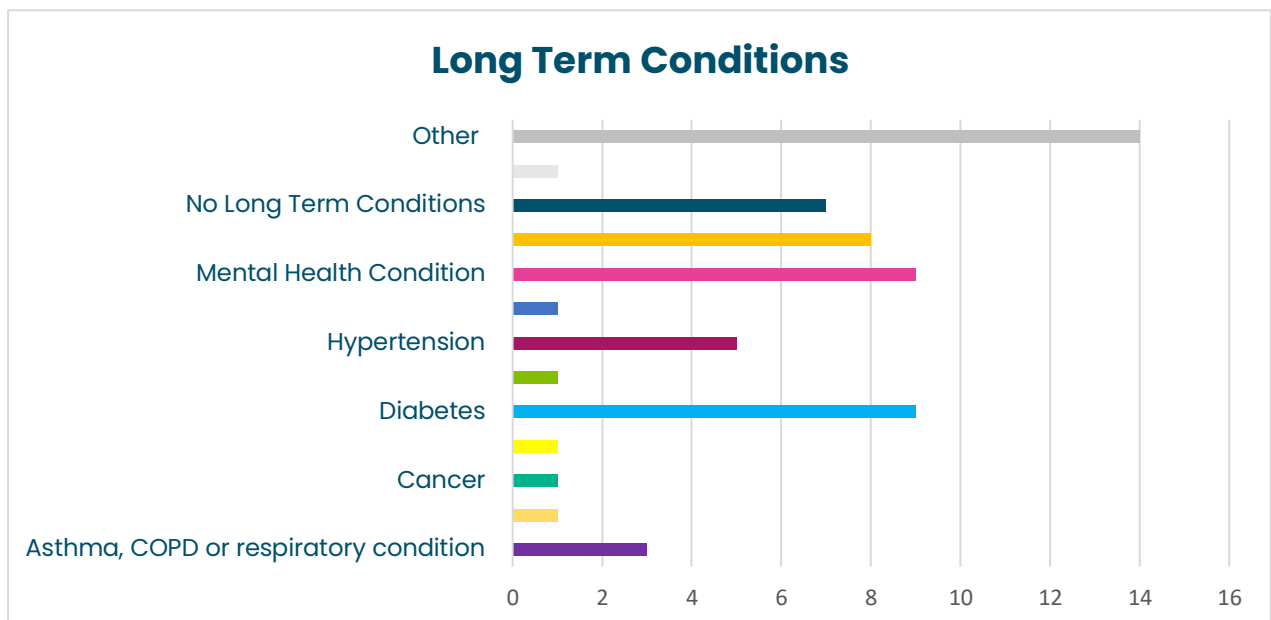
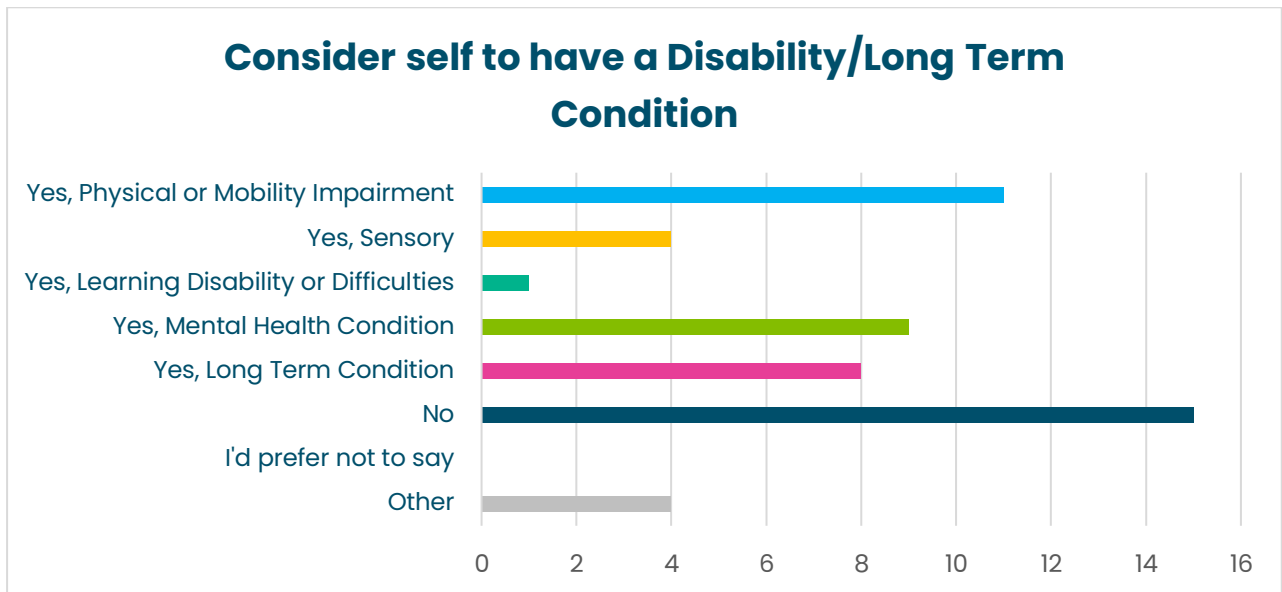
- Primrose Oil
- Apple Cider Vinegar
- Peppermint Tea
- Dandelion Tea
- Epsom Salts/Salt Baths
- Fruit – Mangoes, Berries
- Veg – Leafy and Green





Who spoke to us





Other Long Term Health Conditions:

MCTD (Mixed Connective Tissue Disease) Autoimmunity

Vitamin Deficiencies – Vit D, B12, Iron

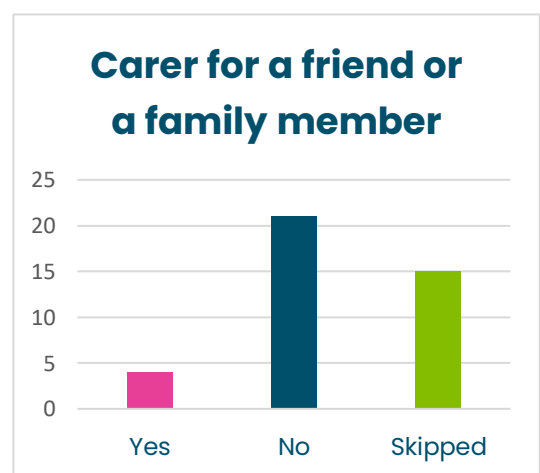
Underactive Thyroid

Fibromyalgia

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 (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.

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

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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)

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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



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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



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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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