

## MINUTES OF THE MEETING HELD TUESDAY 13<sup>TH</sup> OCTOBER 2021

---

12:00 – 13:00, ZOOM

---

**PRESENT:** Jenny Rathbone MS (Chair), Sioned Williams MS, Kirsty Rees (Mike Hedges office)

**IN ATTENDANCE:** Lisa Nicholls – FTWW; Helen Munro, Clinical Lead Sexual Health - Hywel Dda UHB; Rhianydd Williams, Wales TUC; Helen Bayliss, Consultant in Obs and Gynae - Cwm Taf Morgannwg NHS Trust; Nadia Hikary-Bhal, Consultant Gynaecologist – CTMUHB; Amanda Davies, Consultant in SRH - Swansea Bay UHB; Michelle Olver, Consultant in SRH - Aneurin Bevan University Health Board; Deborah Shaffer – FTWW, Viv Rose – BPAS, Andrew McMullan – BPAS, Cllr. Iona Gordon - Cardiff Council, Katharine Gale – Fluxstate, Alison Scouller - Socialist Health Association Cymru, Katie Walbeoff - Public Health Wales, Rachael Clarke – BPAS, Judy Thomas - Community Pharmacy Wales, Louise Dunk - Cervical Screening Wales

**APOLOGIES:** Jessica Laimann - Women's Equality Network; Lara Morris – FTWW; Pauline Brelsford – Abortion Rights Cardiff, Bronwen Davies

### 1. MINUTES OF THE MEETING HELD 8<sup>TH</sup> JULY 2021 AND MATTERS ARISING

---

The minutes to the meeting held 8<sup>th</sup> July 2021 were agreed.

### 2. MENOPAUSE CARE IN WALES

---

#### Lisa Nicholls, Fair Treatment for Women of Wales Patient campaigner -:

Lisa shared her menopause journey and care experiences:

- Lisa first presented to her GP six years ago with menopause symptoms that were heavily impacting her ability to function at work.
- Her GP prescribed anti-depressants, however Lisa felt sure she wasn't depressed and returned to her GP several times without receiving any menopause care options. Lisa struggled for years with debilitating symptoms of the menopause and was forced to leave her job due to a lack of treatment and an unsupportive workplace.
- After 5 years of trying to access NHS care, Lisa sought private care to get the clinical advice she needed and returned to her GP armed with information to advocate for the right care for her.

Many women have similar experiences and, although care has improved in the last 10 years, there are still many women who are not receiving the care they need.

#### Helen Munro, Clinical Lead of Sexual & Reproductive Health at Hywel Dda University Health Board -:

Helen provided an overview of service provision in Hywel Dda and ideas on future policy. Although there is a rising awareness around menopause there are still large gaps in funding and knowledge – particularly in primary care. Hywel Dda are developing a multi-pronged programme:

- **Remote clinics with referrals from Primary and Secondary Care (established 2019):** 1-1 video appointments have been taken up by people of all ages; feedback has been positive. It is an equitable way of delivering menopause care to remote areas and has reduced waiting times.
- **Training and engagement with Primary Care:** Delivering sessions for advanced nurse practitioners around menopause care in the community, training for prescribing leads and sessions for GPs. Aim to establish a menopause champion in every GP practice within the next 2-3 years:
- **Specialist Menopause Service: Band 7 five day a week service supported by consultant:** Building a business case for specialist menopause service to be delivered 5 days a week; could take in secondary care referrals from hospitals, primary care with complex needs and patients from occupational health pathways.
- **Screening pilot:** All >40 year olds at time of smear are offered a screening questionnaire which can help alert them to peri/menopausal symptoms they may be experiencing, patients can then take the survey to their GP as a starter for ten – helps build women’s knowledge, reduces time in GP appointments, promotes discussion.

Looking forward:

- **Funding for Specialist Services:** Current provision of menopause clinics is varied across Wales, some provided under SRH, some Gynae. Few services have designated funding. Helen doesn’t have any designated time for complex menopause care but fits that into her clinics.
- **Policy into Action:** Guidance and resource support is needed to ensure *NHS All Wales Menopause Policy (2019)* is delivered, including an All Wales policy on provision of menopause care in Primary Care and Specialist Centres .
- **Training:** Inclusion in the syllabus of undergraduate training programmes and more training for primary care.
- **Research:** There is a need for high quality research on women’s health in the UK. Opportunity to collaborate, build knowledge and learning

#### Rhianydd Williams TUC Wales -:

The TUC have developed a toolkit to help union officers and reps in Wales to represent members affected by the menopause.

- **Taboo and stigma around menopause at work:** large numbers of women are affected and put through disciplinary action on competency grounds because of how symptoms affect their work.
- **Lack of knowledge:** women themselves didn’t recognise many of the symptoms of menopause due to a lack of information which means they are unable to advocate for themselves.
- **Insufficient workplace policies:** TUC conducted the largest UK survey in 2015 which identified issues such as: not being able to access water, inflexible working patterns, not having access to toilets and timed toilet breaks, office environments being too hot or too cold with poor ventilation, no manager or peer support, fixed-term/zero hour contracts not giving women the security needed to discuss their needs, bullying and harassment.

- **TUC response:** developed an online toolkit provides model policy for workplaces and was the basis for an ACAS policy adopted in 2018. Working with the Workforce Partnership Council to negotiate the All Wales menopause policy for public sector organisations.

Union reps have been fundamental in mapping out support, building surveys, collecting data and negotiating new workplace policies; there is still much to be done in the workplace and unions are available to support anyone who is working on this issue.

### 3. DISCUSSION OF ISSUES RAISED BY SPEAKERS

---

Discussion focused on what menopause care provision is currently offered by other health boards and challenges they are facing, the need for improved education, and developing care pathways that fulfil women's needs whilst also helping to ease current pressures on primary care.

- **Cwm Taf Morgannwg:** There is a specialist clinic available, but specialist clinicians are limited. Many issues are due to a lack of education in primary care and a lack of capacity for appointments. Currently setting up a menopause café to raise awareness and try hard to communicate with primary care to reduce barriers women face. Directorate and politicians need to push the agenda forward.
- **Aneurin Bevan:** There are two specialist clinics per week and a specialist consultant and an advanced nurse practitioner who concentrate solely on menopause 4 days a week; looking to return to face-to-face appointments soon. GPs have access to menopause advice email account for queries and education for nurses and independent prescribers (including prescribing guidance). Trying to proactively engage with primary care to improve knowledge; these events are often attended by those who already have an interest in menopause care. – How do we improve attendance among those that are not already engaged with the issue?
- **Swansea Bay:** Recent funding cuts have pushed menopause services out of SRH clinics and into Gynaecology / GPs services. However there are no menopause specialists within these services, so patients now can't be referred on if GP care isn't enough.
- An audit of Gynae consultants in **Hywel Dda** found that there was limited menopause knowledge, a lack of best practice and few who had undertaken up to date training. Menopause care can be delivered through a variety of services, but there must be equity between services.
- **Service innovation:** Idea for a central online hub, where specialist trained menopause nurses and doctors have initial conversations with women seeking menopause care; patients can then go to their GP appointment with recommendations provided by the menopause hub and GPs only need to run basic checks to ensure recommendations are suitable for a patient. This would take pressure off primary care services and provide better service for women

### 4. AOB

---

Update on the approvals for Telemedical abortion requested: work on this is ongoing.

### 5. FUTURE MEETINGS:

---

**Next meeting:** January 2021, Zoom, Topic: **Pain during gynaecological procedures and outpatient settings.**

