

Menopause support... policy or guidance?

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Menopause definition

Menopause: A biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life. Usually it is defined as having occurred when a woman has not had a period for 12 consecutive months (for women reaching menopause naturally). The changes associated with menopause occur when the ovaries stop maturing eggs and secreting oestrogen and progesterone.

Perimenopause The time in which a woman has irregular cycles of ovulation and menstruation leading up to menopause and continuing until 12 months after her final period. The perimenopause is also known as the menopausal transition or climacteric.

Postmenopause The time after menopause has occurred, starting when a woman has not had a period for 12 consecutive months.

<https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#diagnosis-of-perimenopause-and-menopause>

Why is this relevant at work?



How does this impact on the workforce?



- Approx 80% of those affected have problematic symptoms; 25% of them report severe symptoms described as '**debilitating**'. 81% women said their symptoms affected them at work
- Almost 80% of the NHS workforce recognise as female and more women are working than since record began
- We (NHS) have significant recruitment and retention issues in NHS and Social Care
- Menopause typically occurs at the same age (in non-medically/surgically induced or early menopause) at the same time as consideration of retirement, being a carer (1 in 4)
- For most organisations this cohort of staff are the same group the organisation relies on for senior leadership, coaching, mentorship and organisational memory
- Equality pay gap
- Gender diversity at senior levels of the organisation
- We want our staff to be well, maximise their opportunities and continue to be productive

A 'nice to do' offer?



Menopause tribunals have increased 43% since 2021 There was also a 75% increase in other cases mentioning the word menopause, even if that wasn't the direct subject of the tribunal. The word was mentioned 207 times in tribunal documents in 2021, up from 118 in 2020. [HR Magazine - Rise in menopause tribunals attributed to increased awareness](#)

- **Daley v Optiva (2020)**
 - Symptoms agree as long term because when the claimant came to tribunal they'd persisted for more than two years. The tribunal thus ruled that she was disabled.
- **Gallacher v Abellio Scotrail Ltd (2020)**
- **Davies v Scottish Courts and Tribunal Service (2018)**
- **Kownacka v Textbook Teachers Ltd (2021)**; The tribunal found in her favour in relation to harassment and her employer showed a lack of insight, sensitivity and empathy which violated the claimant's dignity and created an offensive environment.
- **Merchant vs BT**; The manager chose not to carry out an investigation. In fact, he made the mistake of using his wife's experience and accompanying HR manager's experience of the menopause as relevant evidence in his decision making. He dismissed her for poor performance.
- **A vs Bonmarche Ltd 2019**; The claimant resigned and the tribunal held this was because of her manager's treatment, which led to her becoming mentally unwell. She was awarded ££ for injury to feelings and the rest for loss of earnings.
- **Donnachie v Telent Technology Services Ltd (2020)**; the judge said: "*I see no reason why, in principle, typical menopausal symptoms cannot have the relevant disabling effect on an individual. I have little hesitation in concluding that the effect of her menopausal impairment on her day-to-day activities is more than minor or trivial. The range of her daily activities and her ability to undertake them when she would wish, with the rhythm and frequency she did, is markedly affected.*"

What should a menopause policy include?

A policy should clarify what
IS MENOPAUSE...
and identify the formal, clinical best practice



SCOPE:
A menopause
policy should
clarify
who
IS included
who
IS NOT
included



Who is affected?

- Know your organisational numbers; what's your demographic?
- Do you know the proportion of staff *at levels* of the organisation; ie. Where is the power for speaking out?
- Are there both formal and informal mechanisms for support
- What's your stance with andropause?
- Are you including period poverty?
- Are you going to align the policy/support with a women's network?

What are the symptoms?

- Hot flushes
- Night sweats
- Joint and muscle pains
- Poor sleep and extreme tiredness
- Headaches / worsening migraines
- Poor memory
- Poor concentration
- Inability to multi-task
- “Brain fog”
- Low mood



Recognise exacerbation

Lived experience should be central



I wasn't expecting bouts of dizziness and nausea requiring me to lie down for an hour at random times of the day.

I wasn't expecting to feel completely out of control of my emotions to the point that antidepressants were the only logical answer.

I wasn't expecting to bleed three weeks out of four, or to have such excruciating period pain that I couldn't stand straight or be without pain relief.

There is a myriad of things alongside the more severe symptoms like – forgetfulness, poor concentration, weight gain (it just creeps on and on and on...), forgetting what I wanted to say mid-sentence, aches and pains and general fatigue

I was planning to have a family, I didn't expect I was in menopause

My skin itches so much I look like I have been scratched by a cat

I got anxiety so bad I just didn't want to leave the house – I was an independent and confident woman (before this)



A menopause policy should clarify WHY this is needed and identify related Policy/guidance and developments; such as flexible working, carers leave



The landscape is changing



The **LEGAL FRAMEWORK** spans both the [Equality Act 2010](#) and the [Health and Safety at Work Act 1974](#). Menopause is *currently* covered under three protected characteristics: age, sex and disability as well as safe working conditions when experiencing menopausal symptoms.

However, this is subject to consultation following the MP report into menopause in the workplace 2022. Recommendations include;

- a consultation exploring how to introduce menopause as a **protected characteristic**
- a public health campaign on the symptoms of the menopause, its impact, and how to seek treatment and support at work
- appoint a Menopause Ambassador, and task them with helping to introduce model workplace policies on how to request reasonable adjustments, advice on flexible working and sick leave, and building a supportive culture
- pilot a 'menopause leave' policy within a public sector employer
- make training on menopause a mandatory part of continuing professional development for GPs

Further resources; Acas has introduced [new codes of practice](#) surrounding flexible working, [Menopause and the Workplace](#) (fawcettsociety.org.uk)

So what...?
A menopause
policy should
clarify
what
SUPPORT is
available
and where to
find it



Opportunities

- Formal recognition of this issue is valued by staff
- Opens up conversations; remember culture and climate
- Challenges typical assumptions
- Extends knowledge and awareness
- Challenges the comparisons between staff
- Affords and underlines the flexibility needs and allows these to be accessed
- Educated individuals can seek healthy support to maximise wellbeing earlier, longer
- Prevention
- Access to tools and support, shared experiences and validation
- Distinguish between performance needs and wellbeing needs

WHAT does Good support look like?

Human capital is your goal

Key themes;

1. Social, moral
2. Demographic
3. Good business sense
4. Legal

Further info/support



- NHS England menopause policy;
 - Clarifies *what* the menopause is and impact
 - Underlines expectations of managers and staff
 - Makes reference to protected characteristics
 - Emphasises staff can self-refer to support
 - This is NOT a gender/age issue; its hormonal
- Sickness reporting for menopause related sickness is critical for all organisations
- Signposting for peer support and education;
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