

Menopause Policy

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Introduction

- 1.1. The menopause is not a specific protected characteristic under the Equality Act 2010. But if an employee or worker is put at a disadvantage and treated less favourably because of their menopause symptoms, this could be discrimination if related to a protected characteristic, for example: age, disability, gender reassignment, sex. ([Menopause and the law - Menopause at work - Acas](#))
- 1.2. Menopause is a natural part of life and whilst it isn't always an easy transition, with the right support it can be much better. Whilst not everyone experiences symptoms, supporting those who do will improve their experience at work.
- 1.3. Menopause should not be taboo or 'hidden'. We want everyone to understand what menopause is and be able to talk about it openly without embarrassment.
- 1.4. The changing age of the UK's workforce means that between 75-80% of those who are menopausal are in work. Research shows that the majority of these individuals are unwilling to discuss menopause-related health problems with their line manager or ask for support or any adjustments that they may need.
- 1.5. This policy sets out the guidelines for caregivers and managers on providing the right support to manage menopausal symptoms at work. It is not contractual and does not form part of the terms and conditions of employment.

Aims

The aims of this policy are to:

- 2.1. Foster an environment in which colleagues can openly and comfortably instigate conversations or engage in discussions about menopause.
- 2.2. Ensure everyone understands what menopause is, can confidently have good conversations and are clear on the Hospital's policy and practices, supported by Human Resources and Occupational Health Provider.
- 2.3. Educate and inform managers about the potential symptoms of menopause, the effects these may have and how they can support caregivers in the workplace.
- 2.4. Ensure that those experiencing menopause symptoms feel confident to discuss it and ask for support and any reasonable adjustments so they can continue to be successful in their roles or studies.
- 2.5. Reduce absenteeism due to menopausal symptoms.

- 2.6. Assure all staff that we are a responsible employer committed to supporting their needs during menopause.

Scope

This policy applies to all Hospital caregivers and managers.

Definitions

- 4.1. **Menopause** is defined as a biological stage that occurs when menstruation stops and the end of natural reproductive life is reached. Usually it is defined as having occurred when an individual has not had a period for 12 consecutive months (for those reaching menopause naturally). The average age for an individual to reach menopause is 51, however it can be earlier or later than this due to surgery, illness or other reasons.
- 4.2. **Perimenopause** is the time leading up to menopause when changes may be experienced, e.g. irregular periods or other menopausal symptoms. This can be years before menopause.
- 4.3. **Postmenopause** is the time after menopause has occurred, starting when an individual has not had a period for 12 consecutive months.

Symptoms of Menopause

- 5.1. It is important to note that not every individual will notice every symptom or even need help or support. However, 75% of individuals do experience some symptoms and 25% could be classed as severe.
- 5.2. Symptoms can manifest both physically and psychologically, including but not exclusively, hot flushes, poor concentration, headaches, panic attacks, heavy/light periods, anxiety, loss of confidence and difficulty sleeping.

Drivers

- 6.1. The Hospital is committed to providing an inclusive and a supportive working environment, where wellbeing is a priority for all.
- 6.2. The Hospital has used guidance from the National Institute for Health and Care Excellence (NICE) guidelines to inform this policy. The NICE guidelines set out the recommendations for medical professionals when treating menopausal individuals and for patients as to the treatment and guidance they should be offered.
- 6.3. Self-management, with support from the Hospital, managers and colleagues will help to manage symptoms. Appendix 1 details some recommendations to support symptomatic

individuals who may need advice and support. Appendix 1a is a template to assist you in recording conversations and agreeing actions and adjustments with caregivers.

- 6.4. In accordance with NICE guidelines, individuals should be advised to seek medical advice from their GP in the first instance. Appendix 2 offers a helpful guide for individuals on how to have constructive conversations about menopause with their doctor.

Roles and Responsibilities

7.1. Members of staff:

7.1.1. All staff are responsible for:

- Taking a personal responsibility to look after their health.
- Being open and honest in conversations with managers / HR and Occupational Health.
- If a member of staff is unable to speak to their line manager or if their line manager is not supporting them, they can speak to HR
- Contributing to a respectful and productive working environment.
- Being willing to help and support their colleagues.
- Understanding any necessary adjustments their colleagues are receiving as a result of their menopausal symptoms.

7.2. Line Managers (see Appendix 1 for Managers' Guidance)

7.2.1. All line managers should:

- Familiarise themselves with the Menopause Policy and Guidance and other associated policies to ensure that the best possible support and advice is provided to staff.
- Be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation and treating the discussion sensitively and professionally.
- Use the guidance in Appendices 1 and 2, signposting and reviewing together, before agreeing with the individual how best they can be supported and any adjustments required.
- Record adjustments agreed and actions to be implemented.
- Ensure ongoing dialogue and review dates.
- Ensure that all agreed adjustments are adhered to.

Where adjustments are unsuccessful, or if symptoms are proving more problematic, the Line Manager may in consultation with Human Resources:

- Discuss a referral to Occupational Health for further advice.
- Seek caregiver consent for a referral to Occupational Health provider
- Review Occupational Health advice and implement recommendations where reasonably practical.
- Update the action plan and continue to review.

7.3. Occupational Health

7.3.1. The role of Occupational Health Provider is to:

- Carry out a holistic assessment of individuals as to whether or not menopause may be contributing to symptoms/wellbeing; providing advice and guidance in line with up-to-date research.
- Signpost to appropriate sources of help and advice (refer to Appendix 2 for more information).
- Provide support and advice to HR and Line Managers in determining and agreeing reasonable adjustments, if required.
- Monitor referrals due to menopause symptoms and provide additional signposting where required.
- Attend training sessions and develop briefing sessions for staff.
- Summarise all cases relating to menopausal symptoms in a quarterly activity report.
- Review the Menopause Advice Sheet (see Appendix 2) and keep this up to date.

7.4. **Human Resources (HR)**

7.4.1. HR will:

- Offer guidance to managers on the interpretation of this Policy and Guidance.
- Attend training sessions and develop briefing sessions for staff.
- Monitor and evaluate the effectiveness of this policy in respect of related absence levels and performance.

[Links to other policies](#)

This policy is linked to:

[Appendices](#)

- Appendix 1 – Managers' Guidance for Colleague Discussions.
- Appendix 1a - Confidential Colleague Discussion Template.
- Appendix 2 – Menopause Advice Sheet.

[External links](#)

- **National Institute for Health and Care Excellence (NICE) guidelines.** These explain how your GP will determine what types of treatments and interventions they can offer you.
- The **National Health Service** provides a comprehensive overview of menopause, the symptoms and available treatments.
- **Menopause information.** The Royal College of Obstetricians and Gynaecologists (RCOG) provide further information in a dedicated area of their website.
- **Premature Ovarian Insufficiency (POI).** Information and support on very early menopause. You can find out more at the Daisy Network. <https://www.daisynetwork.org/>

- **Surgical Menopause.** Hysterectomy and removal of the ovaries can be an invaluable treatment for some gynaecological problems, however the subsequent surgical menopause is not always considered and there can be little follow up after recovery from surgery. It is worth having the discussion about your post-surgery options with your GP or surgeon as soon as possible, so that you are prepared.
- **Henpicked.** This site provides information on managing menopause and an insight into individual stories. <https://henpicked.net/>

Appendix 1 - Managers' Guidance for Colleague Discussions

We recognise that every individual is different, and it is therefore not feasible to set out a structured set of specific guidelines.

If a caregiver wishes to speak about their symptoms or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic) or if a caregiver wishes to speak about how menopause may be affecting them and their relationships with other experiencing menopause:

- Allow adequate time to have the conversation.
- Find an appropriate room that is confidential.
- Encourage them to speak openly and honestly.
- Suggest ways in which they can be supported (see symptoms below) – hand out the Menopause Advice Sheet (Appendix 2).
- Agree actions and how to implement them (you should use the template at Appendix 1a to record the meeting so that all parties agree what has been discussed and the next steps, before the meeting ends). Ensure that this record is treated as confidential and is stored securely.
- Agree if other members of the team should be informed and by whom
- Ensure that designated time is allowed for a follow up meeting. Do not rely on quick queries during chance encounters in the corridor or break room.

Symptoms Support

Symptoms can manifest both physically and psychologically, including but not exhaustively or exclusively; support for individuals should be considered as detailed below:

Hot flushes

- Request temperature control for their work area, such as a fan on their desk (where possible a USB connected desk fan to ensure environmentally friendly) or moving near a window or away from a heat source.
- Easy access to drinking water.
- Be allowed to adapt prescribed uniform, e.g. by removing a jacket.
- Have access to a rest room for breaks if their work involves long periods of standing or sitting, or a quiet area if they need to manage a severe hot flush.

Heavy/light Periods

- Have permanent access to washroom facilities.
- Request an extra uniform.
- Ensure sanitary products are available in washrooms
- Ensure storage space available for a change of clothing.

Headaches

- Have ease of access to fresh drinking water.
- Offer a quiet space to work.
- Offer noise-reducing headphones to wear in open offices.
- Have time out to take medication if needed.

Difficulty Sleeping

- Ask to be considered for flexible working, particularly if they are suffering from lack of sleep.

Low mood

- Agree time out from others when required without needing to ask for permission.
- Identify a 'buddy' for the colleague to talk to – outside of work area.
- Identify a 'time out' space to be able to go to 'clear their head'.

Loss of Confidence

- Ensure there are regular Personal Development Discussions.
- Have regular protected time with their manager to discuss any issues.
- Have agreed protected time to manage workload effectively.

Poor Concentration

- Discuss if there are times of the day when concentration is better or worse and adjust working pattern/practice accordingly.
- Review task allocation and workload.
- Provide books for lists, action boards or other memory-assisting equipment.
- Offer noise-reducing headphones to wear in open offices.
- Reduce interruptions.
- Have agreements in place in an open office that an individual is having 'protected time', so that they are not disturbed.
- Have agreed protected time to manage workload effectively.

Anxiety

Identify a 'buddy' for the colleague to talk to – outside of their work area.

- Be able to have time away from their work to practice relaxation techniques.

- Undertake some mindfulness activities such as breathing exercises, or going for a walk.

Panic Attacks

- Agree time out from others, when required without needing to ask for permission.
- Identify a 'buddy' outside of work area.
- Be able to have time away from their work to practice relaxation techniques.
- Undertake some mindfulness exercises such as breathing exercises, or going for a walk.

Discuss whether the member of staff has visited their GP. Depending on the discussion, this may be the next step suggested, particularly if the areas of difficulty are sleeping, panic attacks or anxiety.

If they have visited their GP and are being supported by them it may be helpful at this point to make an Occupational Health referral to give specific advice regarding the workplace.

Appendix 1a - Confidential Discussion Template

Member of staff details

Name	
Job title	
Department	
Present at meeting (Line Manager Name and position)	
Date of discussion	
Summary of discussion	
Agreed Actions / Adjustments	
Date of next review meeting	
Signed (member of staff)	
Signed (manager)	

Appendix 2 - Menopause Advice Sheet

How to talk to your GP about menopause

If you're suffering from menopausal symptoms to the point they're getting in the way of you enjoying life, it's time to talk to your doctor. But sometimes that's easier said than done.

We all know how difficult it can often be just to get an appointment, and then it's often only ten minutes. And talking about symptoms can be hard, let alone if you feel rushed or unprepared. So, what can you do? We've put together some helpful, straightforward tips to help you get the best from your appointment.

Don't wait. It's all too common for individuals to feel they must simply 'put up' with menopausal symptoms as a part of life, but if they are affecting you then there are things you can do and support available. There's no need to wait until symptoms feel unbearable. [Link to NHS Menopause symptoms checklist](#)

Read the NICE guidelines. This stands for National Institute for Health and Care Excellence and these guidelines are what your doctor will use to determine the type of conversations to have with you and treatments to offer. There are guidelines for patients which are really useful to read before you see your GP so you know what to expect. [Link to NICE guideline NG23: menopause diagnosis and management](#)

Prepare for your appointment. It's easier for your doctor to understand what's going on if you provide them with all the information. That may sound obvious, but blood tests to say where you are on the menopause transition aren't always available or accurate – your hormones can fluctuate daily during this time. So your doctor will be thinking about what to recommend for you based on your symptoms.

Keep a symptom diary: record dates of your menstrual cycle, hot flushes, how you're feeling and any changes you've noticed. Write them down and take them to your appointment. Your doctor will thank you for it and it's more likely that together you'll find the right solution faster. And, if you have any preferences about how you manage your symptoms tell them that too e.g. if you'd like to try hormone replacement therapy (HRT) or not.

Ask the receptionist which doctor is best to talk to about menopause. They are often the font of all knowledge at a surgery and can help you find the best person to speak to – it might not be your usual GP, it could be someone who has had special training in the subject.

Ask for a longer appointment. If you don't think your standard appointment will be long enough then see if you can book a double appointment. Some surgeries do.

Don't be afraid to ask for a second opinion. If you don't feel you've received the help you need, ask to speak to someone else. Don't be put off, you know how you're feeling and how it's affecting you.

Ask if there is a menopause clinic in your area. Occasionally, there are regional clinics specifically devoted to menopause. If there is one in your area and you think this would be helpful, ask for a referral.

Take your partner or a friend with you. The chances are you spend your life supporting others and during menopause, it's your turn to ask them for support. Your partner or a friend will know how the

symptoms are affecting you, they could support you at the appointment and also find out how they can continue supporting you. [Link to Henpicked page: Asking for Support](#)

What to expect from your doctor

There are certain things a GP should – and should not – do during your appointment.

They should:

- Talk to you about your lifestyle and how to manage both your symptoms and your longer-term health.
- Offer advice on hormone replacement therapy and other non-medical options.
- Talk to you about the safety and effectiveness of any treatment.

They should not:

- Tell you that it's just that time of your life. Menopause is a natural stage but that does not mean you should have to put up with every symptom without help.
- Tell you they don't prescribe HRT. It's up to you what you want to try and you have the right to make an informed decision about what is right for you, depending on your medical history.
- Impose unnecessary time restrictions e.g. they'll only prescribe this once or for a year or two. This is an ongoing conversation and if your symptoms persist, you'll still need help to manage them.

Remember, your GP is there to help and support you, and you should feel comfortable and confident in talking to them about your symptoms and the help you need. You should not have to struggle through menopause when there is help and sup

APPENDIX 4 – Equality impact Assessment (EIA) Tool

To be considered and where judged appropriate, completed and attached to any policy document when submitted to the appropriate committee for consideration and approval.

Policy Title		Menopause Policy & Guidance	
		Yes/No	Comments
	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Gender reassignment	No	
	Marriage & civil partnership	No	
	Pregnancy & maternity	No	
	Ethnic origins (including gypsies and travelers)	No	
	Nationality	No	
	Sex	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation	No	
	Age	No	
	Disability- both mental and physical impairments	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	Is the impact of the policy/guidance likely to be negative?	No	
4.	If so can the impact be avoided?	n/a	
5.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
6.	Can we reduce the impact by taking different action?	n/a	
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Yes	