

Menopause at Work Policy (H38)

If you require a copy of this policy in an alternative format (for example large print, easy read) Contact the Accessible Information team on 0300 456 8373 who will be able to advise you

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.

Date of Issue:	March 2021	Next Review Date:	March 2023
Version:	1	Last Review Date:	N/A
Author:	People Hub		
Directorate:	Workforce and Organisational Development		
Approval Route			
Approved By:		Date Approved:	
Partnership Forum		04/06/2020	
Links or overlaps with other policies:			
Reasonable Adjustment Policy (ED4)			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	New Policy	March 2021		

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Menopause Policy		Version and Date		V1 Feb 2021		
Policy Author		People Hub						
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.								
Who may be affected by this document?								
Patients/ Service Users		<input type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Other, please state...			<input type="checkbox"/>
Could the policy treat people from protected groups less favorably than the general population?								
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>								
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Please provide details for each protected group where you have indicated 'Yes'.								
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion								
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>			
Are the services outlined in the policy fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>			
Does the policy encourage individualised and person-centered care?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>			
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>			
EXTERNAL FACTORS								
Is the policy a result of national legislation which cannot be modified in any way?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)								
Predominately aimed at women.								
Who was consulted when drafting this policy?								
Patients/ Service Users		<input type="checkbox"/>	Trade Unions	<input checked="" type="checkbox"/>	Protected Groups (including Trust Equality Groups)		<input checked="" type="checkbox"/>	
Staff		<input checked="" type="checkbox"/>	General Public	<input type="checkbox"/>	Other, please state...			<input type="checkbox"/>
What were the recommendations/suggestions?								
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
ACTION PLAN: Please list all actions identified to address any impacts								
Action				Person responsible		Completion date		

Please contact the Equalities team for guidance: For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net **This form should be published with the policy and a signed copy sent to your relevant organisation.**

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Contents

1.	POLICY STATEMENT.....	5
2	PURPOSE	5
3	SCOPE	5
4	EQUALITY AND DIVERSITY STATEMENT	6
5	DEFINITIONS	6
6	ROLES AND RESPONSIBILITIES	6
7	SYMPTOMS	7
8	RELEVANCE OF MENOPAUSE TO THE TRUST.....	8
9	MANAGING MENOPAUSE IN THE CONTEXT OF THE WORKPLACE.....	8
10	LEGISLATIVE COMPLIANCE	9
11	ARCHIVING ARRANGEMENTS	9
12	REFERENCES	9
13	CONTACT DETAILS.....	10
14	MONITORING, AUDIT AND REVIEW PROCEDURES.....	10
15	APPENDIX 1 – Manager’s Guidance for Colleague Discussions.....	11
16	APPENDIX 2 – Confidential Colleague Discussion Template (also consider the use of Appendix 3 Risk Assessment)	14
17	APPENDIX 3 – Risk Assessment.....	15
18	APPENDIX 4 – Menopause Advise Sheet – How To Talk To Your GP About Menopause	24

1. POLICY STATEMENT

- 1.1. The Trust is committed to providing an inclusive and supportive working environment for everyone who works here.
- 1.2. Menopause is a natural part of every woman's life, although for some individuals the transition can be difficult particularly in the context of the workplace. With the right support, it can be much better. Whilst every woman does not suffer with symptoms, supporting those who do will improve their experience at work and may improve organisational outcomes.
- 1.3. Menopause should not be taboo or stigmatised. We want everyone to understand what menopause is, and to be able to talk about it openly, without embarrassment. This is not just an issue for women, men should be aware too.
- 1.4. The changing age of the UK's labour market means that between 75% and 80% of menopausal women are in work. The Trust acknowledges that it is heavily reliant on the 41-60 year old female bracket of its workforce. Research shows that the majority of women are unwilling to discuss menopause-related health problems with their line manager, nor ask for the support or adjustments that they may need.
- 1.5. This policy sets out the guidelines for members of staff and managers on providing the right support to manage menopausal symptoms at work.

2 PURPOSE

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. Educate and inform managers about the potential symptoms of menopause, and how they can support women at work.
- 2.4. Ensure that women suffering with 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.
- 2.5. Reduce any absenteeism, presenteeism, performance issues and turnover that may arise due to menopausal symptoms.

3 SCOPE

- 3.1 This policy applies to all staff employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.
- 3.2 Although not employees of the Trusts, bank staff, agency staff and outside contractors will be required to comply with the policy.

4 EQUALITY AND DIVERSITY STATEMENT

- 4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

5 DEFINITIONS

- 5.1 **Menopause** is defined as 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 twelve consecutive months (for women reaching menopause naturally). The average age for a woman to reach menopause is 51, however, it can be earlier or later than this due to surgery, illness or other reasons. Around 1 in 100 women experience the menopause before 40 years of age. This is known as premature menopause or premature ovarian insufficiency.
- 5.2. **Perimenopause** is the time leading up to menopause when a woman may experience changes, such as irregular periods or other menopausal symptoms. This can be years before menopause.
- 5.3. **Postmenopause** is the time after menopause has occurred, starting when a woman has not had a period for twelve consecutive months.

6 ROLES AND RESPONSIBILITIES

- 6.1 All staff are responsible for:
- Taking 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 they perceive their line manager is not supporting them, they can speak to the People Hub, OH, or their Union;
 - 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.
- 6.2. Line Managers should:
- Familiarise themselves with the Menopause Policy and Guidance;
 - Attend menopause training events run by the Trust to gain a better understanding of the transition
 - Be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally;

- Provide employees with support and guidance and sign post them to the information provided at Appendices 1 and 4.
- Document conversations and record any actions/adjustments required using the form provided at Appendix 2
- Undertake a work-based risk assessment utilising the checklist provided at Appendix 4 documenting any actions/adjustments 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:
 - Discuss a referral to Occupational Health for further advice;
 - Review Occupational Health advice, and implement any recommendations, where reasonably practical;
 - Update the action plan, and continue to review.

6.3. Occupational Health should (where applicable)

- 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
- Provide support and advice to HR and Line Managers in identifying reasonable adjustments, if required;

6.4. People Hub

- 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.

6.5. Employee Assistance/staff support and counselling service:

- Provide access to telephone counselling and face-to-face counselling for all members of staff.
- Refer/signpost to other agencies/resources as deemed appropriate.

6.6. Menopause Support Group:

- Provides members access to a safe space to share and support each other during menopausal phase in their lives.
- The Menopause Support Group can be contacted via Julie Turley Lister, email: Julie.turley-lister@nhs.net or Telephone – 01803 (6)56057

7 SYMPTOMS

7.1 Many women will experience menopausal symptoms. Some of these can be quite severe and have a significant impact on their everyday activities including work life.

Common symptoms include:

- Hot flushes
- Palpitations
- Headaches
- Night sweats
- Joint problems/osteoporosis
- Insomnia
- Difficulty sleeping
- Skin irritation
- Vaginal dryness
- Low mood or anxiety
- Depression
- Problems with memory and concentration

Menopausal symptoms can begin months or even years before a woman's periods stop and last around four years after the last period, although some women experience them for much longer.

8 RELEVANCE OF MENOPAUSE TO THE TRUST

- 8.1 78% of our workforce is female and 44% consists of females aged 41 and above. This means that a significant number of our staff will be experiencing menopausal transition whilst in employment. In addition, between 1% and 10% of women experience an early or premature menopause and so may be trying to deal with the same symptoms.
- 8.2 Statistics from the ONS (2017) indicate that women are now working at unprecedented levels and until much later in life, with more than 75% in employment and the number of those working over the age of 50 likely to increase rapidly over the next 5 years (Brewis et al, 2017).
- 8.3 Taking into account this labour market trend the Trust is invested in supporting this section of the workforce to remain as healthy, safe and productive as possible.

9 MANAGING MENOPAUSE IN THE CONTEXT OF THE WORKPLACE

- 9.1 The effects on a woman's physical and emotional health can significantly impact on how she undertakes her work and her relationships with colleagues. Furthermore, some working conditions and environments may aggravate symptoms.
- 9.2 The Trust recognises its responsibility to take into account any difficulties women may experience during the menopause and to provide support and advice in this regard.
- 9.3 Furthermore it recognises that menopausal transition is a very individual experience and that people can be affected in different ways and to different degrees, and therefore different levels and types of support and adjustments may be needed.
- 9.4 Consequently the Trust will take a proactive stance and will promote a greater understanding of the menopause and seek to eradicate any exclusionary or discriminatory practices.

- 9.5 The Trust will work proactively to make adjustments where necessary to support individuals experiencing the menopause and to ensure the workplace does not make their symptoms worse.
- 9.6 The Trust will carry out risk assessments which take the specific needs of individuals into consideration (including stress risk assessments) and to ensure that the working environment will not make their symptoms worse. The risk assessment will assist in identifying any potential adjustments which may be required. Particular issues to consider include temperature, ventilation and the materials used in any uniform which is provided. Welfare issues (including toilet facilities and access to cold water) should also be considered. See Appendix 3
- 9.7 Sickness/absence related to menopause will be managed in line with the Trust attendance policy. When recording sickness/absence a specific reason is available on ESR; in the Related Reason field when adding in an absence there is an option to state that it is related to the menopause.

10 LEGISLATIVE COMPLIANCE

- 10.1 This policy complies with current employment legislation: -
- Section 2 of the Health and Safety Work Act 1974 requires employers to ensure 'the health and safety and welfare at work' of all employees'. Under the Act, employers are required to do risk assessments under the Management Regulations which should include specific risks to menopausal women if they are employed (see appendix 3)
 - The Workplace (Health, Safety and Welfare) Regulations 1992 place an overriding duty on employers to make workplaces suitable for the individuals who work in them.
 - The Equality Act (2010) This Act protects people from discrimination in the workplace because of 'protected characteristics' and includes both direct and indirect discrimination and harassment. The protected characteristics are: • age • disability • gender reassignment • marriage or civil partnership pregnancy and maternity • race • religion or belief • gender • sexual orientation.

11 ARCHIVING ARRANGEMENTS

- 11.1 The original of this policy/ strategy will remain with the author. An electronic copy will be maintained on ICON.

12 REFERENCES

- Brewis, J et al. (2017). The effects of menopause transition on women's economic participation in the UK, London: Department for Education.
- FOM, (2016, November). Guidance on menopause and the workplace, Faculty of Occupational Medicine of the Royal College of Physicians, retrieved from <http://www.fom.ac.uk/health-at-work-2/information-for-employers/dealing-with-health-problems-in-the-workplace/advice-on-the-menopause>

- Gaston, Claire (2018), *The impact of the menopause on female employees at the Royal Devon and Exeter NHS Foundation Trust and organisational consequences*, University of Exeter MSc Dissertation.
- Health and Safety at Work Act (1974), retrieved from <https://www.legislation.gov.uk/ukpga/1974/37>
- ONS (Office for National Statistics), 2013, Women in the labour market. Retrieved from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/womeninthelabourmarket/2013-09-25>
- Wales TUC (2017). The menopause: a workplace issue. A report of a Wales TUC survey investigating the menopause in the workplace. Cardiff: Wales Trades Union Congress

13 CONTACT DETAILS

13.1 Any queries regarding this policy should be directed to the People Team within the Directorate of Workforce and Organisational Development.

- People Hub Advice Line – 01803 655754 (ext. 55754) or tsdft.humanresources@nhs.net

14 MONITORING, AUDIT AND REVIEW PROCEDURES

14.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.

15 APPENDIX 1 – Manager’s Guidance for Colleague Discussions

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

All advice is given, and written, in accordance with the Faculty of Occupational Medicine (FOM) recommendations and best practice.

If an employee 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 male employee wishes to speak about a family member, please ensure that you:

- Allow adequate time to have the conversation;
- Find an appropriate room to preserve confidentiality;
- 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 women should be considered as detailed below:

Hot Flashes

- 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, such as 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 (as marked on a University map)/key points across the University, in order to obtain personal protection;
- Ensure storage space is 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 suffering from a 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 the work area;
- Identify a 'time out space' to be able to go to 'clear their head';
- Contact the Trust's Employee Assistance helpline on 0800 0314674

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 catch up with work.

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 quiet space to work;
- 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 catch up with work.

Anxiety

- Promote counselling services provided by the Trust's Employee Assistance provider on 0800 0314674
- Identify a 'buddy' for the colleague to talk to – outside of work their area;
- Be able to have time away from their work to undertake relaxation techniques;
- Undertake 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 undertake relaxation techniques;
- Undertake mindfulness activities 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.

**16 APPENDIX 2 – Confidential Colleague Discussion Template
 (also consider the use of Appendix 3 Risk Assessment)**

Member of staff' details:			
Name		Job Title	
Department/Division		Location (building/room number)	

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)

17 APPENDIX 3 – Risk Assessment

This document should be retained on the individual's e-file and reviewed by the individual and manager on a regular basis.

Agreed adjustments must be put in place to lower any risks to an acceptable level. (It may also be necessary to seek further guidance from People Hub and/or Occupational Health).

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
Information on menopause	Does the employee have access to information on menopause, relevant policies on attendance management, EAP, Occupational Health etc?						
Sickness reporting	Is there the facility for those who are not able to attend work due to menopausal symptoms to report these to a female manager or other point of						

	contact?						
Stress	Are there the appropriate mechanisms in place to deal with other related issues such as stress management? e.g. Counselling services, HSE Stress Management Standards						
Occupational health arrangements	Has the employee been made aware of what facilities are in place for OH referral and support to remain in the workplace? Do they need a referral?						
Unions support /discussion groups	The employee has been made aware of other support mechanisms in the workplace which may be able to help? E.g.						

	Occupational Health, EAP Menopause Cafe						
<u>Physical</u>							
Work stations	Are work stations / Locations easily accessible to toilet, and rest facilities?						
Facilities	Are there private washing and changing facilities available?						
	Is there access to sanitary products?						
	Do rotas, shifts and schedules ensure that workers have easy access to sanitary and washing facilities?						
Temperature	Are the employee/ employer aware of the workplace maximum and minimum temperature and is it implemented?						

	Is ventilation available and is it regularly maintained?						
	Is additional ventilation provided if necessary? E.g. Desk Fan, ability to open / sit by a window. How is this implemented?						
	Do uniforms and PPE equipment reflect the needs of the individual?						
	Is the employee aware of what additional uniform can be provided and how to get this?						
	Are the clothes provided made of natural fibres?						
Environment / duties	Have workstation risk assessments been reviewed to take menopause						

	into account?						
	Are there opportunities to switch to lighter or different duties?						
	Do manual handling assessments take any issues around menopause into account?						
	Are there flexible arrangements in place in relation to breaks?						
	Can start and finish times be adjusted as part of a flexible working agreement?						
	Is the role suitable for agile working? If not why not?						
	Is there access to natural light?						
	Have work processes been assessed to see if any adjustments are needed?						
	Are air						

	conditioning / Humidifiers functioning efficiently?						
	Is the environment too noisy?						
	Does the role impact on fatigue (mental and physical)? Are you able to assess, monitor and respond to frequent changes in patient acuity / job demands? Are you able to concentrate to undertake and record complex medicine calculations / complex pieces of work? Do you have the ability to deal with emotionally challenging clinical / staff / customer situations? Etc.						
	Does the role result in fatigue from standing?						
	Do you have sufficient workspace?						

	Are you able to move freely / adjust posture etc.?						
	Do you undertake remote working?						
	Could remote working support you to perform effectively in your role? E.g. Ad Hoc Home Working Policy?						
Working conditions	Do you work night shifts?						
	Do you work shifts in general?						
	Are you a lone worker?						
	Do you work ad hoc / regular overtime / on call?						
	How do you travel to work? Do you drive for business purposes?						
<p><u>Other risk / issues</u> <u>Please identify</u></p>							
What are the hazards	Considerations	Who might be harmed and how	What is already being done	What further action is	Action by	Action by when	Date achieved

		including level of risk		necessary	whom		

PLEASE NOTE: The list above is not exhaustive. There may be other issues that are highlighted which should be considered when agreeing reasonable adjustments

CONFIRMATION OF COMPLETION OF REASONABLE ADJUSTMENTS IDENTIFIED

<p>Details of adjustments agreed:</p>
<p>Details of adjustments not approved (including reasons for the decision)</p>
<p>Date of annual review meeting</p> <p>(N.B. this review can be cancelled if the employee decides the meeting is not required)</p>
<p>I confirm that the meeting was undertaken for</p> <p>on</p> <p>and that any agreed adjustments listed above will be carried out.</p>

Signed: _____ (Line Manager) Signed:
_____ (Employee) Print name:
_____ (Line Manager) Print name:
_____ (Employee)

18 APPENDIX 4 – Menopause Advise Sheet – How To Talk To Your GP About Menopause

If you are 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 is all too common for women to feel they must simply 'put up' with [menopausal symptoms](#) as a part of life, but if they are affecting you, there are things you can do, and support available. There is no need to wait until symptoms feel unbearable.

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.

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 [list of your symptoms](#). 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 – for example, 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, try to book a double appointment, as some surgeries do offer this.

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.

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. Yes, menopause is a natural stage, but please don't feel that means 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 for them to say whether it could be right for you, depending on your medical history;
- Impose unnecessary time restrictions, such as they will only prescribe this once, or for a year or two. This is an ongoing conversation, and if your symptoms persist, you will 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 any help you need. Don't think you have to struggle through menopause when there is help and support available.