

Menopause, Unmissed

EMPOWERING WOMEN TO CONFIDENTLY NAVIGATE THEIR MENOPAUSE

APRIL 2026

As a community committed to improving women's health outcomes, we unite in calling for urgent Government action to transform menopause care in England through enhanced education, information and signposting; more accessible care closer to home; and targeted efforts to tackle the inequalities that impact women's experience and outcomes. The recommendations in this consensus statement provide a roadmap for delivering the personalised menopause support that every woman deserves.

OUR KEY RECOMMENDATIONS:

1. The Department of Health and Social Care (DHSC) and NHS England (NHSE) should launch a public awareness campaign on menopause symptoms and opportunities to self-care
2. DHSC and NHSE should engage with minoritised community champions to ensure materials are representative of the diverse range of menopause experiences
3. DHSC should work with partners to ensure content within the NHS App on menopause covers holistic approaches, including signposting to Over the counter (OTC) products, resources and information
4. DHSC and NHSE should issue guidance on how pharmacies can support menopause care and commission new pathways as part of the women's health hub network and neighbourhood model of care
5. DHSC and NHSE should work with the sector to raise public awareness of pharmacy's offering and expertise in this area
6. DHSC should publish guidelines and embed clinical navigation training within the neighbourhood health service model to ensure staff can confidently guide people to the appropriate form of care, whether self-care, pharmacy or clinical support
7. DHSC and NHSE must ensure advice and guidance provided to healthcare professionals delivering the NHS Health Check is holistic and includes the role of self-care, wellness and pharmacy provision
8. Integrated Care Boards and women's health hubs should be required to report progress on implementing the upcoming equity framework in menopause care back to national women's health leaders

This consensus statement was funded by Bayer Consumer Health and developed in collaboration with the co-badging organisations listed below.



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CURRENT STATE OF PLAY FOR MENOPAUSE CARE IN THE UK



With over 48 potential symptoms,¹ menopause is a different experience for each woman,* meaning a 'one size fits all' approach is not effective or appropriate when it comes to care and support.

The topic of menopause has become increasingly prominent in public conversations in recent years. While this explosion of noise has brought welcome increased awareness, it has also led to a sea of misinformation and there remains significant unmet need, particularly in the form of clear, evidence-based and accessible information and guidance.

This means women can be left confused, anxious and isolated, and often struggle to navigate a complex landscape and make informed choices about the healthcare and lifestyle options available to them – meaning they are unprepared for this new life stage.

For many women, menopause remains a stigmatised and taboo topic. In particular, women living in areas of high deprivation and those from Black, Asian and minority ethnic communities can experience menopause differently (for example, suffering more severe vasomotor symptoms),³ and are more likely to suffer from health inequalities that impact their journey.^{4,5} This has tangible repercussions: research has shown that women impacted by menopause inequalities can be reluctant to seek help from healthcare professionals.³

The Women's Health Strategy for England, published in 2022, sought to *"improve the way in which the health and care system listens to women's voices, and boost health outcomes for women"*.⁷ In spite of this commitment, there have been missed opportunities to strengthen menopause care – marked, in particular, by the disbanding of the NHS Menopause Clinical Reference Group in 2024.

A University College London 2024 survey of over 1,500 women reported on their needs and preferences around menopause education and support²



77.4% reported not feeling well-informed about the menopause transition²

Accessing support was reported as *"navigating a complex landscape of conflicting information"*²



OVER A THIRD of women believe menopause remains a taboo subject⁶

The recent Government commitment to renew the Women's Health Strategy is therefore extremely welcome and provides a timely opportunity to reprioritise the actions needed to transform the NHS's approach to menopause care.⁸ In light of this, and in line with the 10-Year Health Plan's ambition to "abolish 'one size fits all' care" to instead provide meaningful choice in "fast and convenient healthcare for women",⁹ we outline our vision for how women can be empowered to confidently navigate their menopause below.

*All co-badgers of this consensus statement recognise that access to menopause support is essential for everyone who can experience menopause, no matter how they identify, and therefore supports and advocates for the right to menopause support for trans, non-binary and intersex people that need it. It is essential that there is an understanding of intersectionality to help minimise inequalities in care and the provision of essential service. We use the word women for simplicity but also in recognition that the majority of those requiring access to contraception identify as women.

HOW CAN WOMEN BE BETTER SUPPORTED?

The provision of easily accessible, reliable and relevant information, with guidance on how to use it, is a core tenet of the NHS Constitution¹⁰ and holds the key to ensuring all women are able to make informed choices through their menopause journey. With this in mind, we see three enablers to help educate and empower women to navigate their own unique experience and needs with greater confidence, while ensuring care and advice is readily available in women's local communities:



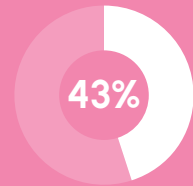
1. Education and information

While every woman will experience menopause, every woman's experience is different, and symptoms can vary by menopause stage in duration, severity and impact.¹¹ There is a lack of robust education on its symptoms, management and support, and as a result, women are left with limited knowledge and awareness to recognise perimenopause when it begins and to know how and where to seek appropriate help. When support is available, it often isn't able to reach every woman due to inadequate signposting and a lack of accessibility, particularly for underserved groups.

While menopause is often societally associated with ageing, symptoms can happen before women expect to be affected, with two in three perimenopausal women feeling unprepared or blindsided, and one in two admitting they didn't know what was happening to them.¹ It is therefore vital that all women access information and education on menopause symptoms, management and support early. The recent announcement of the inclusion of conversations on menopause in NHS Health Checks for women over 40 years old is a positive step, but to ensure women are empowered to have informed conversations, menopause education and information must be embedded across the lifecourse.

The recently updated Relationships, Sex and Health Education (RSHE) statutory guidance (2025) makes a welcome commitment to ensuring "that both boys and girls have opportunities to... understand experiences that are different from their own".¹³ However, it will be important to ensure that teachers are properly supported to deliver evidence-based and robust content on menopause. Doing so will equip young people with an understanding of their reproductive health across the lifecourse and help to address stigma and misunderstanding that is inherent in women's health.

Beyond school age education, there is a responsibility for higher education providers, employers and the health system to continue to also provide accessible and evidence-based information.

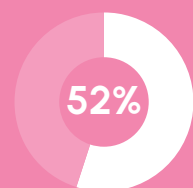


of women currently don't, or didn't, seek out advice on menopause⁶



ONE IN TEN

women experience premature ovarian insufficiency (POI) and, as a result, can experience menopause symptoms well before they may expect their 'natural' menopause¹²



of women believe there's a need for more education on menopause,⁶ and recent research found that over 90% of women agree a national menopause and support programme is needed²



While such information and resources do exist – for example the [NHS Menopause Fact Sheet](#)¹⁴ – they can be lost in the growing noise around menopause, and thus require improved signposting.

The transformation of the NHS App into a “*world leading tool for patient access and empowerment*”⁹ provides an opportunity to increase the accessibility of menopause advice and guidance. As the Government looks to make the App the front door to the NHS, it will be important to work with the menopause community to ensure that information is tailored to different communities, and existing, evidence-based resources are highlighted as good practice.

CASE STUDY

Under its Women’s Health Plan, the Scottish Government has launched a national awareness campaign to raise awareness of less well-known symptoms of menopause, while seeking to remove stigma associated with menopause.¹⁶

Elsewhere, the Government’s recent commitment to create additional social media content on reproductive health conditions to ensure information is readily available is a welcome first step to closing the information gap.¹⁵ However, this must include specific content on menopause and consider how existing, trusted sources, such as women’s health sector organisations, can be integrated as standard.

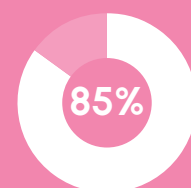
2. Self-care and pharmacy

To reflect the individual nature of every menopause journey, women deserve the tools to navigate the holistic range of options available to them across different phases and severity of symptoms. A lack of provision stretches across the pathway, and there is also limited awareness of non-prescription, nutrition and other lifestyle interventions to support their broader wellbeing.¹⁷ Moreover, inadequate signposting, stigma and other barriers to support mean that women don’t know where best to seek help.

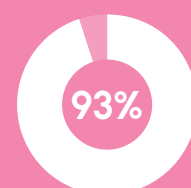
The recent announcement that NHS Health Checks will include questions on menopause symptoms will stand to improve the current situation,¹⁸ in which almost half of women (45%) haven’t spoken to their General Practitioner (GP) about menopause symptoms.¹⁹ In order to ensure these checks lead to adequate, assessable and long-lasting holistic support, it is vital that the GPs and nurses delivering the checks have access to the necessary information and resources, including on non-clinical and lifestyle support. A vital next step in ensuring holistic support to women would be to provide a door to connected care closer to home.

The value of connected care closer to home is widely accepted, in particular within women’s health. The 2022 Women’s Health Strategy, set an ambition for “*women to have more of their health needs met at one time and in one place*”, and we are keen to see this rationale carried through into the Government’s forthcoming renewal of the Strategy.⁷ In particular, women’s health hubs, sitting within Integrated Care Systems (ICSs), can act as a key enabler of this ambition.

The creation of a neighbourhood health service, as laid out in the Government’s 10 Year Health Plan, provides an opportunity to join up



of people in England live within one mile of a community pharmacy, and this increases to...



of people in areas of highest deprivation^{20,21}

different levels and providers of care – ultimately ensuring care can be accessed conveniently, at the right place and time. To make the most of these new structures, it is vital that the system learns from existing best practice, including from women’s health hubs. The pivotal role of community pharmacy – through the success to date of the NHS Pharmacy Contraception Service – is one such learning that was highlighted in the 10 Year Health Plan – “*pharmacists will play a critical role in our ambition to improve access to fast and convenient healthcare for women*”.⁹

Pharmacies are located at the heart of their communities, and as a sector, pharmacy already has a growing role in delivering primary care in the community, with the average pharmacy conducting 19 informal consultations a day.²⁰ The accessibility of community pharmacy in areas of highest deprivation means it is also well-placed to reach into underserved communities to ensure women from all backgrounds can take control of their menopause – particularly in cases where women may need additional support to reach out to speak to their GP.

Empowering community pharmacy to be a first port of call for advice and signposting on menopause within neighbourhood health can increase accessibility and convenience of women’s health support, whilst reducing pressures on general practice. This could include providing advice and guidance on lifestyle factors and treatment options, including OTC and self-care products. The forthcoming introduction of Independent Prescribing abilities also offers an opportunity for community pharmacists to further increase access by initiation of prescribed treatments.

As part of a joined-up approach that covers the range of menopause support available, pharmacists should also be empowered to signpost, or escalate via structured digital pathways, to other parts of the system – such as general practice and women’s health hubs – where clinical pathways, such as for prescription treatments can be initiated.

As the range of available support for menopause is extended, it will be important to consider how a cross-sectoral approach can be leveraged to close gaps in provision. For example, the NHS Contraception Service offers important learnings for how general practice and community pharmacy can collaborate to increase accessibility.

To ensure that pharmacists are confident in supporting a neighbourhood approach to menopause care, it will be important to ensure that they are adequately equipped with the resource (for example via the Community Pharmacy Contractual Framework) and education to provide advice and guidance on menopause, aligning with pharmacy’s growing role across the women’s health life-course.

3. Tackling inequalities, breaking taboos

While the conversation around menopause has undoubtedly grown in recent years, the impact and benefits of this increased discussion has not yet reached into all communities. It is imperative to bear in mind that ‘no one size fits all’ applies not only to the physiological experience of menopause, but also to the personal and cultural experiences of women.

Research has shown that women from more socio-economically deprived backgrounds, women with learning disabilities and women of Afro-Caribbean and South Asian origin are more likely to begin menopause earlier than other women.^{22,23,24}

Moreover, cultural and societal attitudes intersect strongly with a lack of thorough menopause education and women’s personal experiences, and in some cultures, such as South Asian communities, there can be a “*culture of silence*”, meaning it is rare to openly discuss menopause with friends, family and healthcare professionals.²⁵



Research suggests Black women can suffer menopause symptoms for up to eight years before seeking help and it can be made difficult for Black women to access support from a GP, often owed to a fear of not being listened to and a lack of trust.²⁶

Existing tools, such as the Women’s Health Strategy, provide important frameworks to improve women’s experiences of healthcare. However, 91% of respondents to the Strategy’s consultation were white – only 2% were from an Asian background and 3% identified as Black.²⁶ To ensure all women are equipped to manage their menopause with confidence, it will be important that the renewed Women’s Health Strategy is able to understand and amplify the voices of minoritised women, and address any inequalities in its commitments on service design.

“[There are] no females that I could talk to because in our culture, I just don’t think we do. It’s a taboo, It’s a shame to be talking about things like this.”

South Asian woman explaining her experience of peri-menopause³⁷

We welcome NHS England’s recent commitment to develop an equity framework for Integrated Care Boards to support reduction in inequalities in access and outcomes in menopause.⁴ To truly target inequalities, we hope to see the framework consider a number of areas, including how digital care and information can be representative and accessible; how more care can be delivered in the community (including through pharmacy) and how underrepresented communities can be involved in co-creation of education and awareness materials.

TO DELIVER PROGRESS AGAINST THESE AREAS, AS THE GOVERNMENT LOOKS TO REFRESH THE WOMEN’S HEALTH STRATEGY, OUR KEY RECOMMENDATIONS ARE:



DHSC and NHSE should launch a multi-channel public awareness campaign on menopause, seeking to raise awareness of the diverse range of symptoms of menopause and opportunities to self-care and optimise health and wellbeing during menopause. It should also signpost women to educational resources from trusted sources, including women’s health sector organisations



Across planned social media activity and any future public awareness campaign on menopause, DHSC and NHSE should engage with minoritised community champions to co-create materials, ensuring language and imagery are diverse, representative of the range of menopause experiences and culturally sensitive



As the Government transforms the NHS App, DHSC should work with partners across the system, to ensure content on menopause covers holistic approaches to menopause management, including – as committed to more broadly – signposting to OTC products, digital resources and information



To empower pharmacies to grow their menopause offer, DHSC and NHSE should issue guidance on how pharmacies can support menopause care, including commissioning new pathways as part of the women's health hubs network and the neighbourhood model of care. This should also include consideration of new materials (such as the creation of Continuing Professional Development (CPD) modules on menopause support) as well as signposting pharmacists to existing education materials on menopause, such as the Menopause Optimal Pathway Toolkit²⁷



As pharmacy takes on an increasing role in menopause, and women's health more broadly, DHSC and NHSE should work with the sector to raise public awareness of pharmacy's offer and expertise – seeking to highlight, for example, their role in a neighbourhood health approach to menopause and how this can help navigation of the menopause journey – for example, through providing advice and guidance in private consultation rooms



In collaboration with partners across the health system, including professional organisations, DHSC should publish guidelines and embed clinical navigation training within the Neighbourhood Health Services Model, ensuring all staff who interact with women experiencing (peri)menopause can confidently guide them to the most appropriate form of care, whether self-care, pharmacy or clinical support



As plans are set for the inclusion of questions on menopause as part of the NHS Health Checks, DHSC and NHSE must ensure that the advice and guidance provided to GPs, nurses and other healthcare professionals delivering the checks is holistic, including the role of self-care, wellness and pharmacy provision



As Integrated Care Boards and women's health hubs implement the upcoming equity framework in menopause care, they should be required to report progress back to national women's health leaders, across indicators including community engagement, provision of information, and availability of care

If you would like to discuss this document in more detail, please contact
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