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MARS
MENOPAUSE ACCESS, ASSESSMENT AND REVIEW SERVICE

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SERVICE SPECIFICATION GUIDE

This document is intended for Pharmacists in Primary Care. However, it may also be used by other healthcare professionals (HCPs) in Primary Care, such as General Practitioners (GPs), Nurses, or any other relevant HCPs involved in initiating or developing a Menopause service.

Text in pink should be edited to match individual service needs.

Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store.

Adverse events should also be reported to Besins Healthcare (UK) Ltd. Drug Safety on 0203 862 0920 or Email: drugsafety@besins-healthcare.com.

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Contents

1. Service name

MAARS
Menopause Access, Assessment and Review Service

This Menopause Access, Assessment and Review Service [hereby referred to as 'service'] specification guide has been developed by Besins Healthcare (UK) Ltd to support healthcare providers in designing and implementing comprehensive menopause services that meet the needs of women in their local health and care system.

The menopause service specification guide serves as a valuable resource for healthcare providers seeking to establish menopause services that are effective, accessible, and patient centric.

The guide includes key components that should be taken into consideration for the development of menopause services, including assessment, diagnosis, referral pathways, education, and support.

The benefits of providing menopause services tailored to women's needs are numerous:

- Aim to improve quality of life for women experiencing menopause suffering by providing personalised care to alleviate symptoms such as hot flushes, vaginal dryness, and mood changes
- Reduce the stigma and taboo surrounding menopause by raising awareness and providing education on the topic
- Aim to improve overall health outcomes by identifying and managing any associated health risks, such as osteoporosis and cardiovascular disease
- Enhance patient satisfaction and trust in the healthcare provider, by ensuring that there is access to a dedicated menopause service
- The changes to the new GP contract[1] have a key focus towards improving patient experience and satisfaction which aligns well to the guiding principles of the service

Any areas that are highlighted can be adapted to meet individual needs.

2. Scope

2.1 Service aims and objectives

This service aims to:

- Deliver a high quality [insert HCP type or delete as appropriate / primary care healthcare professional] led menopause service in a primary care setting
- Improve patient access and experience in terms of speed of appointment by increasing capacity of point of care clinics and reduce waiting times
- Enabling optimisation of workforce and capacity within primary care
- Improve the patient management and self-care of menopause through access to specific clinics with appropriately trained and competent healthcare professionals
- Provide a range of patient centred interventions, such as follow-up telephone consultations, signposting to appropriate websites and patient information literature

This is not an emergency or on demand service. It will be available by prebooked advance appointment only although you may also wish to consider running drop-in clinics as well.

2.2 Service Set Up/Commissioning

The service will be available at [GP practice / primary care network (PCN) / integrated care system (ICS) [delete as appropriate] level, with the aim of improving accessibility and responsiveness.

a) [The GP practice will offer this enhanced menopause service using its own practice staff (Practice Nurses, ANPs and Clinical Pharmacists)]

b) [The service will be provided as a PCN-wide service by practice(s) run by staff members who have both a particular interest in menopause and have the training and capability to lead the service. The service will be offered at xxx location]

c) [The service will be provided by a team of HCPs identified to provide the service at locations across an area]

2.3 Where/when is the service provided?

[Insert location and proposed clinic times]

2.4 Provider competency

Provision of the service will be on a competency-assessed basis rather than restricted to particular roles.

2.5 National guidelines

The service will be compatible with the 2015 National Institute for Care and Health Excellence (NICE) guideline NG23 Menopause: diagnosis and management of the menopause (updated 2026), which aims to ensure that HCPs can provide women, trans men and non-binary people registered female at birth with evidence-based information about the benefits and risks of treatment options in order to come to patient-centric decisions.[2]

2.6 Service standards

The service will work to the following standards and guidelines:

- NICE NG23[2]
- British Menopause Society Vision for Menopause Care[3]
- [Insert local HRT formulary or guidelines]
- [Insert ICB medicines management guidelines/formulary]

2.7 Service outcomes

The service can be evaluated using the following parameters as a guideline but will align to outcomes decided by the individual organisation:

a) HCP assessment of symptom scores at 12 months compared with initial assessment

- If using the Greene Climacteric scale, an electronic version can be added into the local system for ease of access to the information collated
- Mobile friendly questionnaires can be sent via templates such as Florey survey

NB: Please be aware that menopause scores are based on symptom improvement with treatment/monitoring. Patients may be very happy with the service, but still have a lot of symptoms for example

b) Patient-reported feedback

c) NHS Friends and Family test (FFT)[4]

d) Feedback from GP practice/Primary Care Networks (PCNs)/Integrated Care Boards (ICBs)

e) Total number of patients reached by the service

3. Overview

3.1 What is menopause?

Menopause is a biological stage in a woman's life when menstruation stops permanently due to the loss of ovarian follicular activity.[5] It occurs with the final menstrual period and is usually diagnosed clinically after 12 months of amenorrhoea.[5]

In the UK, the mean age of natural menopause is 51 years, although this can vary between different ethnic groups.[5]

Perimenopause, also called the 'menopausal transition' or 'climacteric', is the phase leading up to and before the menopause when the endocrinological, biological, and clinical features of approaching menopause start. It is characterised by irregular cycles of ovulation and menstruation and ends 12 months after the last menstrual period.[5]

3.2 Symptoms

Despite menopausal symptoms being extremely common they are often untreated.[6] Ethnicity may affect the nature and severity of symptoms.[7] The overall menopause experience is highly variable and may be influenced by psychological, social, and cultural factors.[7]

Symptoms vary in time of onset and in severity and there is marked inter and intra patient variability in symptoms experienced by female patients. It is estimated that up to 80-90% of women will experience a range of symptoms[8] that may include:[2]

Vasomotor symptoms[8]
- Hot flushes
- Night sweats
- Palpitations

Sleep disturbances[8]
- Insomnia
- Lack of sleep

Cognitive changes and mood disorders[8]
- Low mood/changes in mood
- Anxiety, irritability
- Loss of self-confidence, low self-esteem
- Difficulties with short-term concentration and 'brain fog'
- Difficulties in multi-tasking

3.3 Service need

The All Party Parliamentary Group on Menopause (the APPG), chaired by leading parliamentary campaigner Carolyn Harris MP, published its final report following a year-long inquiry into the subject in 2022. 13 recommendations were made to initiate change under the headings, Menopause in policy making, Menopause in the workplace, HRT and Clinical approaches to menopause. The four clinical recommendations were:[9]

- The introduction of menopause to the Medical Licencing Assessment for all incoming doctors[9]
- Menopause must be included as an indicator within the GP Quality and Outcomes framework (QOF) to incentivise GPs to improve menopause diagnosis, treatment and care[9]
- The Government and NHS must urgently review the need and demand for specialist menopause care, map existing provision and evaluate where specialist NHS services need to be commissioned[9]
- Menopause questions and help to be included in routine NHS health checks, raising awareness of symptoms and giving women the confidence to seek help.[10]

Some women seek help only after recognising their symptoms, often after experiencing them for some time or when they increase in severity.[11] This delay may be due to the non-specific nature of symptoms and a lack of awareness that they may be related to menopause.[11] As a result, the British Menopause Society believes that some women who should be seeking treatment are not doing so.[3] There is growing evidence that presentation of menopausal symptoms to healthcare professionals varies according to socioeconomic and cultural factors, influencing help-seeking behaviour, communication in consultations and access to treatment.[12]

The information and support offered to women during and after the menopause is thought to be variable.[13] Some women report that access is not timely, and that review is delayed because of a lack of available appointments.[9] GPs will be the first port of call for many women who are experiencing perimenopause or menopause.[9] It is vital that women can trust their GPs and that GPs feel confident and well-equipped in diagnosing a condition that affects half the population.[9] Menopause must be given more priority in both initial training and continuing professional development.[14]

Some women will require a referral to specialist menopause services. However, a survey of 3021 women ages between 18 and 65, conducted in 2019 by the Royal College of Obstetricians and Gynaecologists found that 58% of women could not access menopause services locally.[14,15]

This service seeks to improve access to initial and review appointments in primary care by widening the pool of providers and removing some barriers to access.

3.4 Hormone replacement therapy (HRT)

HRT is a treatment used to help menopause symptoms. It replaces the hormones oestrogen and progesterone, which fall to low levels as you approach the menopause.[16]

Evidence underpinning the benefits and risks of HRT has been accumulating for many years.

NICE NG23 recognises that HRT is an effective treatment for symptoms, particularly the management of hot flushes. HRT can improve bone health and reduce the risk of osteoporosis and fractures in later life.[2] Evidence suggests that HRT, administered early before the age of 60, does not increase the risk of cardiovascular disease. However, the benefits, risks and side effects impact each woman differently and therefore require individual assessment.[2] NG23 addresses the risks of breast cancer, heart disease, stroke, cardiovascular disease (heart disease) and type 2 diabetes. RCTs included data from women aged between 50 and 59.[2]

4. Population to be served

4.1 Population covered by this service specification

The service should be available to all women who have symptoms attributable to menopause.

These women should be able to access the service to gain individualised support, advice, and menopause management to enable health outcomes and quality of life to be optimised throughout the menopause transition and the years beyond.

The comprehensive understanding which the PCN/practice has of its population, including cultural considerations and hard to reach communities should support equitable access for all.

Exclusion criteria for the service are detailed in 5.4.

In December 2019 the Royal College of Obstetricians and Gynaecologists (RCOG) issued its report 'Better for Women' which surveyed 3021 women ages 18-65:

'The menopause affects all women at some stage in their life, but many women do not know what to expect during the menopause nor do they feel empowered to seek help when needed or able to manage their symptoms. This is particularly challenging for the 25% of menopausal women who experience severe symptoms and can lead to the onset of potentially avoid able health problems in the future.[15]

Given the average female life expectancy in the UK of 83.0 years,[17] women are likely to be post-menopausal for some 40% of their lives.[18]

For women with menopausal symptoms, evidence shows that those experiencing menopause at work find their symptoms impact their ability to do their job, and they are less likely to go for a promotion.[9,19] 50% of women are thinking of leaving employment altogether due to their experiences of menopause,[20] whilst one in ten (10%) women have left work due to menopause symptoms.[21,22]

Research conducted in 2023 by Royal London of 3000 adults in the UK showed that 34% of women cite health reasons, including menopause as the reason for retiring in their late 50s (on average 6.7 years earlier than planned).[20]

The Menopause primarily affects women of working age[23], many of whom are at the peak of their careers.[9] Symptoms can significantly impact work, with some women reporting absence or reduced ability to attend work.[23] Delays in accessing appropriate care may further contribute to disruption in employment and daily responsibilities including caring for children and parents.[22]

It is unlikely that menopause-related needs can be adequately identified through incidental contact with healthcare services, such as routine cervical and breast screening appointments. These programmes occur at relatively infrequent intervals, with cervical screening offered every five years between ages 25-64. Cervical screening over the age of 64 is only offered should they have a previously abnormal cytology sample or if they have not had one since 50 years of age.[24] Breast screening between the ages of 50 and 70 also only occurs every three years.[25] Therefore, it is important to provide an independent holistic menopause service in addition to screening services.

5. Service description/care pathway

The aim of increasing dedicated local menopause services should improve access for women ensuring equity regardless of socio-economic status.

The primary focus of the service is to provide the best possible outcome for each individual woman tailored to her specific needs. As well as offering HRT, it is important for the service to provide holistic care with suitable signposting for non-physical symptoms and ready access to support mechanisms outside of the service. Appointment protocols and questionnaires have therefore been designed to also capture non-physical signs and symptoms, which are available as part of the toolkit (Clinic Guide and Patient information booklet).

The service entails the following sections:

- Initial patient assessment
- Equity of access to the service
- Inclusion and exclusion criteria

Enrolment in the service does not preclude any necessary referral to specialists. Initial screening will include questions to identify any serious causes of amenorrhoea for fast-tracking if required.

5.1 Initial patient assessment

The initial consultation/assessment should have the following information as it is essential to provide a holistic view of the patient and help determine the most optimal route for the patient's current symptoms (with consideration of whether symptoms are likely to respond to HRT).

- Menstrual history, including last menstrual period, frequency, heaviness, and duration of periods, any postmenopausal or postcoital bleeding
- Discussion of other medical problems and regular medication
- A check of blood pressure, height, weight, and body mass index (BMI)
- Contraceptive needs – explaining to the patient that HRT is not a contraceptive
- Past medical history and relevant family history – exploring risk factors for osteoporosis, breast cancer, venous thromboembolism (VTE) and coronary heart disease (CHD) and any contraindications/ precautions for HRT
- Assessment of the woman's knowledge and expectations
- Lifestyle advice, particularly smoking, alcohol, exercise, and diet
- Counselling on breast changes and how to conduct self-examination
- Counselling for patient, carers and family members and information provision with regard to HRT, in-depth explanation of the risks and benefits of HRT. Each patient should be assessed individually with regards to their risk vs benefit profile.
- Discussion of non-hormonal options and non-pharmaceutical options, e.g., cognitive behavioural therapy (CBT), counselling and self-help groups & forums
- Up-to-date patient information leaflets/resources
- Prescribing of three months of HRT – and explaining that unscheduled bleeding in women with a uterus can occur in the first three to six months of HRT
- Use a contact telephone number for any issues

5.2 Equity of access to the service

The service is intended to remove some of the potential barriers to treatment, such as:

- Aiming to improve patient education through the availability of a digital patient information booklet which HCPs can share with patients. This aims to help them understand more about the menopause and available treatment options if required
- It is envisaged that ideally there will be flexibility of clinic timings and available appointments to accommodate those women who may not be able to attend an appointment during normal surgery clinic times or prefer a drop in option
- Inability or delay in obtaining appointments with an appropriate HCP – by providing access to a trained HCP and not solely the GP, the aim being that any HCP with competence-based (rather than role-based) accreditation should be allowed to offer the service

5.3 Inclusion Criteria

This service is open to all women who have symptoms attributable to perimenopause or menopause. It is envisaged that the majority of patients will be late 40s onwards although patients with early or premature menopause may also present. All women should be able to access advice on how they can optimise their menopause transition and the years beyond.

There will be patients who are eligible to access the service for advice but are not appropriate for HRT due to contraindications or complexities.

The Referral Guide includes key red flags and checks for referral to specialist for advice.

5.4 Exclusion Criteria

Patients who are not eligible to access this service are listed below:

- Lacking symptoms attributable to perimenopause or menopause
- Patients under the age of 40 years

Advice should be sought from specialists for the following:

- Previous cardiovascular disease
- Endometrial cancer or other oestrogen dependent cancer

5.5 Referral pathway and requirement to escalate

If a woman has menopausal symptoms, seek specialist advice if:

- The woman has ongoing symptoms and lifestyle measures, hormonal, non-hormonal, or non-drug treatments are ineffective[26]
- The woman has persistent, troublesome adverse effects from treatment[26]
- There is uncertainty about the most suitable treatment option, for example, if the woman has co-morbidities and/or contraindications to treatment[26]
- The woman has persistent altered sexual function and hormonal and/or non-hormonal, or non-drug treatments are ineffective:[26]
  - ~ seek specialist advice in line with local and national guidelines[26]
  - ~ consider referral for psychosexual counselling, depending on the woman's wishes[26]
- There is uncertainty about diagnosing premature ovarian insufficiency, or specialist advice is needed to manage the condition. Premature ovarian insufficiency should be under specialist care[26]
- There is a sudden change in menstrual pattern, intermenstrual bleeding, postcoital bleeding, or postmenopausal bleeding - assess appropriately and arrange an urgent two-week referral if a gynaecological cancer is suspected.[26,27]

In the following situations, further investigations are required, and referral should be considered (HRT does not need to be stopped):[27]

- New heavy, prolonged, or irregular bleeding in sequential HRT users (changes to normal)[28]
- Heavy bleeding after previous light bleeding in sequential HRT users[28]
- If irregular bleeding persists for more than the first six months in long cycle users (two quarterly cycles)[28]
- Continued vaginal bleeding after six months in users of continuous combined HRT[28]
- If vaginal bleeding occurs after six months or more of amenorrhoea in users of continuous combined HRT[28]

Immediate referral under the suspected cancer pathway is recommended for women aged 55 years and over presenting with unexplained postmenopausal bleeding and should be considered in younger women with similar symptoms.[27] Referral decisions are therefore primarily symptom-based rather than risk-factor driven. However, factors such as obesity, diabetes and tamoxifen use are associated with an increased risk of endometrial hyperplasia and carcinoma and should inform clinical judgement.[29]

Referral information required (there is a requirement for access to the Shared Care Record and/or EMIS records)

- Current condition
- Relevant medical history
- Past surgical history
- Current medications
- Relevant investigations and scans
- Known allergies
- Any special requirements that the patient has, e.g., known disabilities

5.6 Follow up reviews

Reviews should be held at 3 months initially and then annually thereafter.

Annual visits – unless there is an indication to review earlier. The objective of the review would include assessment of the following:[30]

- Symptom management
- Side effects (such as nausea, breast discomfort and bloating
- Basic health checks including measuring weight and blood pressure
- Changes to dosage or preparation can be considered if required
- Discussion of routine cervical and breast screening in accordance with NHS Screening Programmes guidance

For women who continue to experience menopausal symptoms despite being on hormone replacement therapy (HRT), there are several strategies recommended by clinical guidelines.

The National Institute for Health and Care Excellence (NICE) recommends offering vaginal oestrogen for genitourinary symptoms associated with menopause, including in those already using systemic HRT. This is particularly relevant for persistent symptoms such as vaginal dryness or discomfort, as local treatments are absorbed directly at the site of symptoms with minimal systemic effect.[2]

Furthermore, the British Menopause Society (BMS) advises that treatment should be individualised, and it is important to regularly reassess the benefits and risks of HRT for each woman. Adjustments in the dose, type, or route of HRT may improve symptom control, especially for vasomotor symptoms like hot flashes.[31]

5.7 Exit criteria

Patients are able to exit the service at any time.

6. Reporting mechanisms

Data gathering

Every interaction will be recorded on the patient's NHS record. This will enable monthly activity logs to be generated and collated to show service uptake.

Activity monitoring

The activity logs should be kept in such a way that the number of women passing each review step can be determined. This allows any woman dropping out of the programme to be quickly identified for follow-up.

Adverse event reporting

Adverse event reporting will continue through existing https://yellowcard.mhra.gov.uk/ channels.

7. Additional service user materials

7.1 Clinic Guide

A practical overview of the key stages of menopause management providing recommendations and guidance based on best practice in line with current guidelines.

7.2 Clinic Efficiency Guide

Practical guidance to help healthcare professionals optimise clinic efficiency while creating a menopause-friendly environment and engaging with patients to improve outcomes.

7.3 Referral Guide

Guidance on what to look for when reviewing and evaluating menopause patients including key 'red flags', checks, and referral process.

7.4 Patient Menopause Symptom Questionnaire

Menopause symptom questionnaire for HCPs to share with patients to help accurately capture menopause symptoms efficiently. Intended to be shared with patient to complete prior to their appointment. Can be used to track progress by repeating at regular intervals to monitor improvement levels.

7.5 Patient Information Booklet

Information and practical advice on topics including what menopause is, the stages of menopause, symptoms, management, and treatment to support patient education.

8. Educational resources

Please note that Besins Healthcare (UK) Ltd. Is not responsible for the content of the below sites and their inclusion does not necessarily imply a recommendation or endorse the views expressed within them.

National Health Service (NHS) Menopause advice, information and support
Website: https://www.nhs.uk/conditions/menopause/

Women's Health Concern (the patient arm of the British Menopause Society) Confidential, independent advice service to educate women on the menopause
Website: https://www.womens-health-concern.org/

Menopause Matters
Award winning menopause information and support website run by GPs providing up-to-date, accurate information about the menopause, menopausal symptoms, and treatment options
Website: menopause matters

***National Osteoporosis Society**
The UK's only national charity dedicated to bone health and osteoporosis
Website: Royal Osteoporosis Society - Osteoporosis Charity UK theros.org.uk

Royal College of Obstetricians and Gynaecologists (RCOG)
Resources to enhance knowledge, encourage selfcare and improve support including hysterectomy information
Website: Menopause and later life | RCOG

The Daisy Network
Support and information for women who have experienced a premature menopause
Website: https://www.daisynetwork.org/

The Menopause Charity
Working with individuals experiencing menopause and supporting healthcare professionals diagnosing and treating menopause
Website: https://www.themenopausecharity.org/

Balance
Inclusive and accessible menopause support for all women, and trans and non-binary people
Website: https://www.balance-menopause.com

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