

Why is the menopause relevant to the NHS and how do we maximise wellbeing at work? What we are doing in NHSE/I to support our colleagues.

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NHS England and NHS Improvement



Session Agenda

- Introductions – who is in the forum today
- National Overview and Policy work – Jacqui McBurnie
- Insights and Analysis of East Region Workforce Data – Harri Paddan
- Forum Discussion - All
- Actions to take forward - All

Who am I?



- A nurse of 25 number years
- Senior Programme Manager with a regional role in NHS EI
- Chair of NHSEI Menopause Network
- NHS representative on the Cross Government Menopause Working Group
- A woman who has experienced Menopause

Why am I here today?

- To share our learning from NHSE/I on Menopause
- To share what we have done
- To share what we want to do
- To learn from you and what you have done in the NHS in East Region

NHSE/I Approach

How is menopause understood?

Without knowledge or training, menopause stereotypes are;

- Applies to mature/old ladies having several 'hot flushes' a day
- Grumpiness
- Moodiness
- 'Change'
- 'Women's thing'



What did our colleagues say in NHSEI?

- “Yes you offer support, but my culture would not let me talk to a mail line manager about menstruation”
- “All access to OH is through my line manager, mine is a man, I can’t talk to him about something this personal”
- “I feel like a failure, how can I ask for help when my performance at work has dropped? I haven’t had a full nights sleep for ages”
- “I am a woman who has transitioned from being a man, but I still have my ovaries and will have a menopause, who will support me?”
- “Nobody told me about this and how bad it would be – can’t we teach all our colleagues to understand what happens? 75% of the NHS’s workforce are women, this must be impacting”
- “My partner is going through the menopause and it is very difficult at home, what can I do to help them and how can you help me?”

Action: Menopause Policy:

Why do we need a Menopause Policies in NHS Organisations?

- The affected cohort of staff will not reduce, diminish or change in number to any great extent in future years
- **71.4% of women of working age are in paid employment.**
- 50% of the NHS workforce is women aged between 45 and 64 years.
- **Women outnumber men in 40-49 and 50-59 age groups**
- More of our senior team in NHSEI are women
- 79% of jobs in the health and social work sector and 70% of jobs in education are held by women.
- The issue crosses age and gender disability aspects; transgender population also needs to be recognised. **Any of our colleagues who identify as male (born with ovaries) will experience a menopause.** Support of this group of staff can be particularly difficult and challenging in an organisation where the culture does not support open conversations and awareness and where **training and education is not formally established.**

(ONS. 2019)

Why is this important?

Should we expect a nationally-led strategy akin to the recruitment campaign to redress the balance, to underline the value we place on our experienced cohort of staff, to hold services firm as we attempt to secure new recruits?

- There is an increased need for informal care, and a need for older people to stay in the workforce longer. People will need to ensure they have adequate funds to support their longer lives. There is also a policy drive to increase employment among older people, to help support the increased costs of providing health and social care services and State Pension provision that an ageing population brings.
- Almost **one in four (24%) female workers also juggle caring responsibilities**.
- The NHS reports **around 100,000 staff vacancies, approx 38,000 of which are nursing gaps**
- **Staff turnover** is huge and costs organisations to replace experience lost
- Data also shows that many qualified nurses having been recruited from the EU are turning away from the NHS. We can see that the largest groups affected are nurses with an 8.5% reduction and midwives reduced by over 3% since 2016
- We have the complexities of leaving the EU and a changed immigration system

Action: Menopause Network



What support does the NHSEI Menopause Network offer?

- The Menopause Network spans the whole of NHSE/I, there are specific resources on the Network pages of the intranet
- There are dedicated 'Teams Network' pages with direct links to external resources, peer to peer support and advice and guidance, including a
- The network has developed a formal 'Toolkit' – this includes a dedicated space for individuals to map out symptoms and the frequency these are experienced. This can support personal knowledge and could also help with 1:2:1 conversations with colleagues (see below)
- The group links via the Chair to the Cross Government Menopause Working Group to progress and develop guidance, policy and awareness. The group also links with the Women's Development Network.

Action: Inclusive Menopause



- The menopause network is compassionate and inclusive in its membership and values. Every voice counts.
- Many women from differing cultures do not have a supportive community in which to share their experiences and concerns. Having this network therefore gives them an opportunity and safe space in which to share their experience.
- Any of our colleagues who identify as male (born with ovaries) will experience a menopause. As a female transitioning to a male dealing with menopausal symptoms may occur sooner than anticipated. The hormone testosterone, decreases the production of oestrogen leading to this onset. We ensure everyone is supported and their health and wellbeing is our highest priority.
- <https://megsmenopause.com/2019/08/23/how-the-menopause-is-viewed-in-bame-communities-dr-nighat-arif-gp-wsi-in-women-health/>
- <https://femininity.atavist.com/if-im-transgender-do-i-go-through-menopause>

Action: Menopause Toolkit: Employee Passport



Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom						Adjustments you feel may assist (Examples included)
	Home	Work	Mild	Mod	Intense	Severe	Less than monthly	Monthly	Weekly	Daily	Hourly	Constant	
Hot flushes													Fan/ extra uniform/ close to a window/ access to showers.
Night Sweats													Flexible shift times
Irregular Periods													Procedures allowing for staff to leave fixed positions
Loss of Libido													
Vaginal Dryness													
Mood Swings													Inform the rest of the shift to be mindful. Quiet/ Private breakout room.
Fatigue													Flexible shift times.
Hair Loss													Flexible uniform policy
Sleep Disorders													
Difficulty Concentrating													Flexibility in breaks.
Memory Lapses													Aide memoirs
Dizziness													Access to fresh drinking water and quiet areas
Weight Gain													Access to food preparation facilities to allow healthy eating options
Incontinence													Access to showers/extra uniform.
Bloating													
Allergies													
Brittle Nails													
Changes in Odour													Access to showers/lockers to store toiletries/extra uniform

Menopause Toolkit contd



Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom						Adjustments you feel may assist. (Examples included)	
	Home	Work	Mild	Moderate	Intense	Severe	Less than monthly	Monthly	weekly	Daily	Hourly	Constant		
Irregular Heartbeat														
Depression														
Anxiety														
Irritability														
Panic Disorder / Attacks														
Breast Pain														
Headache														Access to a private room
Joint Pain														
Burning Tongue														
Electric Shocks														
Digestive Problems														
Gum Problems														
Muscle Tension														
Itchy Skin														
Tingling Extremities														
Osteoporosis														

Action: Dedicated Clinical Support



In 2020 we completed a pilot with Peppy Health. The aims of the pilot were to explore **whether dedicated clinical nurse specialist support made a difference to our staff struggling with menopause symptoms and what helped to maximise wellbeing OVER AND ABOVE** the current Occ Health offer.

In our Menopause Network survey before the pilot, members reported **that 37.3% reported they did not receive support from their line manager and a further 3% reported that their manager and colleagues were the source of insensitive comment.** Many reported their symptoms as '*extremely bothersome*', **nearly 40% had taken time off work and over 80% reported that they had *struggled*** as a result of symptoms.

- **Menopause at work:**
 - 90% of participants said that their menopause symptoms impacted their work negatively
 - 55% took time off work because of menopause symptoms (35% more than 3 days)
- **Personal impact:**
 - Only 50% of participants had received clinical support before the trial
 - 100% felt more supported on their menopause journey as a result of their telephone consultation; 90% felt that their symptoms became **less bothersome** following consultation
 - **85% reported feeling more supported** at the end of the trial
 - 75% felt **more confident** talking to their line manager about menopause at the end of the trial versus when they registered
- **Attitude to employer:**
 - 81% felt **more committed to the NHS** at the end of the trial versus when they registered

What's Next

- Formal commitment to a specialist menopause service led by clinical nurse specialists on a self-referral basis – in progress
- Sign off and publication of an NHSEI Menopause Policy which underlines our commitment to awareness, education and support for anyone struggling – in progress
 - Its worth noting that we have huge support from our professional bodies, Royal Colleges and Unions
- Keep the conversations going – link with the network and ask your regional HR and OD leads to press for updates, confirm when progress is achieved and ask how the updates will be circulated widely

Tips

- Take a look at the menopause toolkit
- Put yourself on your 'to do' list...
- Take notice of how you feel, make a note of when you feel better or worse, what you were eating and drinking, what might be contributing? Notice how you are responding /reacting in situations so that you can find your own relaxation response that works for you
- Speak to your GP, and if necessary ask to speak to a different GP
- Nutrition-magnesium and flaxseed are a must.
- Exercise-'find something you love and make it a habit' particularly key to focus on flexibility, aerobic, balance and strength (stand on one leg whenever you can!)

Further Reading



Recommended app

- A new app has been launched by Dr Louise Newson. 'Balance' is free and available to download from the App Store or Google Play.

Exercise

- [MenoHealth](#) have a wide range of options from free exercise classes to MenoClasses that are paid for by individuals (and are available on line)
- [See MenoClass on BBC One](#)

Podcasts

- [Thriving Thru Menopause with Clarissa Kristjansson](#)
- [Menopause and Getting Active -Liz Earle Wellbeing](#)

Other Menopause articles of interest

- [Henpicked Menopause in the workplace 'working from home: can it impact on menopause?' <https://csep.us10.list-manage.com/track/click?u=da52bbeec7fbcc7b0fab57a3e&id=3ca8c3dc58&e=b5f32523d3>](#)

Menopause – further reading



Books

- [The Happy Menopause](#) Smart Nutrition to Help You by Jackie Lynch
- [The Mindful Path to Self-Compassion](#) by Christopher K Germer

Instagram

- 'henpickednet'-Henpicked
- 'thrivingthru menopause'-Clarissa Kristjansson '
- 'The Menopause Doctor'-Dr Shahzadi Harper
- 'menohealthuk'-MenoHealth
- 'wellwellwelluk'-Jackie Lynch
- menopause_doctor'-Dr Louise Newson
- 'dianedanzebrink'-Diane Danzebrink
- @themenopausecoach – Lauren Chiren

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Regional Workforce Data



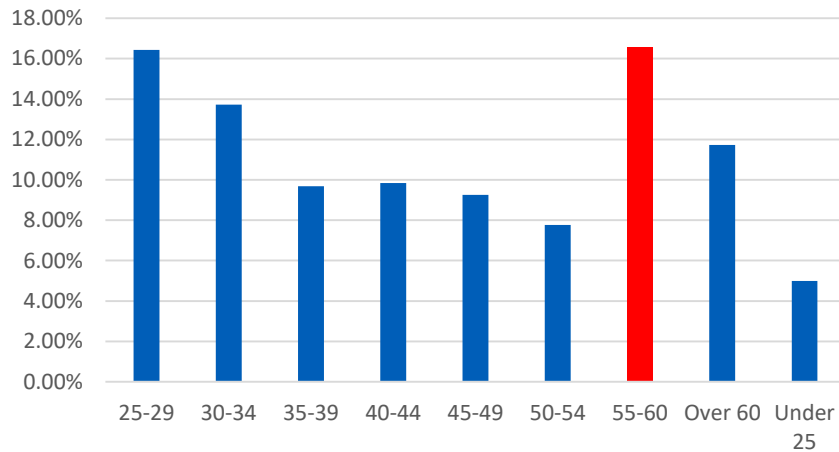
Region vs National leaver reasons against age profile

		Reasons for Leaving - East of England vs National (Mar-20)									
		Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-60	Over 60	Total
Work Life Balance	East of England	30.3%	14.8%	8.5%	11.6%	5.3%	31.2%	14.8%	7.5%	2.4%	11.6%
	National	18.3%	15.9%	17.5%	19.6%	20.1%	24.1%	22.1%	5.8%	4.9%	14.2%
Flexibility	East of England	0.0%	2.9%	2.4%	15.0%	8.7%	5.0%	0.4%	3.0%	3.7%	4.4%
	National	4.9%	4.1%	5.1%	11.5%	9.1%	8.1%	5.0%	1.8%	3.1%	5.0%
Pay/Reward	East of England	0.0%	8.7%	6.9%	16.6%	10.5%	16.7%	19.9%	2.4%	2.5%	8.5%
	National	8.9%	15.0%	13.1%	18.7%	22.5%	22.5%	18.3%	2.1%	0.5%	11.4%
Progression/CPD	East of England	10.1%	8.7%	5.2%	8.9%	7.6%	2.0%	3.6%	0.8%	0.0%	4.2%
	National	2.8%	3.7%	4.1%	4.8%	4.1%	4.0%	2.1%	0.4%	0.2%	2.5%
End of Fixed Term Contract	East of England	0.0%	0.0%	3.4%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.7%
	National	1.4%	1.5%	2.0%	1.3%	1.5%	2.9%	1.7%	1.0%	1.5%	1.6%
Dismissal	East of England	0.0%	0.0%	1.7%	7.1%	0.0%	0.0%	3.6%	2.2%	0.0%	1.8%
	National	0.6%	0.2%	0.6%	1.8%	0.3%	2.6%	5.1%	0.9%	2.1%	1.4%
Relocation	East of England	49.5%	47.6%	48.1%	14.8%	45.4%	18.4%	21.7%	1.2%	4.4%	23.5%
	National	39.2%	43.2%	36.8%	21.6%	19.5%	14.5%	14.6%	3.2%	1.8%	19.1%
Incompatible Working Relationships	East of England	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.5%
	National	0.0%	0.3%	0.7%	0.9%	2.2%	2.2%	1.0%	0.5%	0.5%	0.8%
Retirement	East of England	0.0%	0.0%	0.0%	0.0%	1.7%	6.4%	14.2%	79.2%	79.5%	30.0%
	National	0.0%	0.0%	0.2%	0.1%	0.1%	1.2%	8.6%	79.8%	80.7%	30.1%
Unknown	East of England	10.1%	17.2%	22.3%	26.0%	20.7%	19.1%	21.7%	3.8%	5.6%	15.0%
	National	23.8%	16.2%	19.8%	19.5%	20.7%	17.7%	21.5%	4.5%	4.7%	13.9%

The RAG rated heat map details 2019/2020 reasons for leaving within each age band for staff in your Trust vs. regional totals. Red represents the higher percentages in leaver reasons by age band, where green represents the lower percentages in leaver reasons..

East of England - leavers

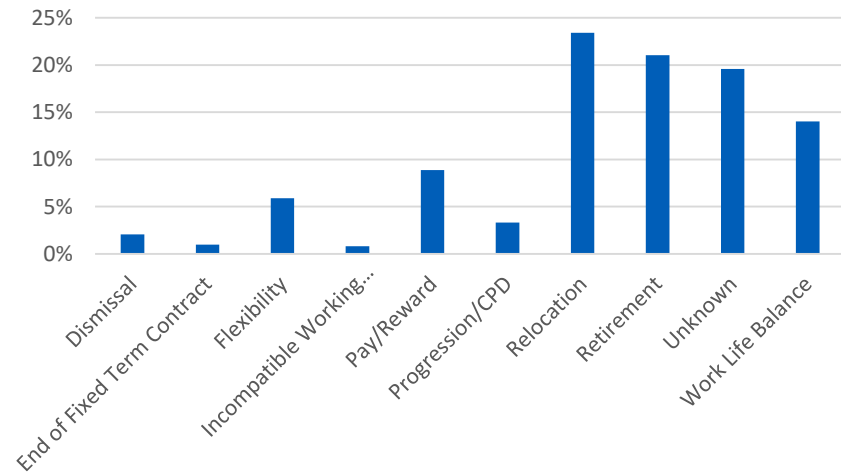
East of England leavers



- The age band with the highest numbers of leavers in the EoE is 55-60 (16.56%) with those aged between 25-29 being the next highest at 16.43%.

- The highest reason for nurses leaving in EoE is Relocation at 23%, closely followed by Retirement at 21%. There is still a significant amount of 'Unknown' reasons so the numbers given above could be higher.

Reason for leaving EoE

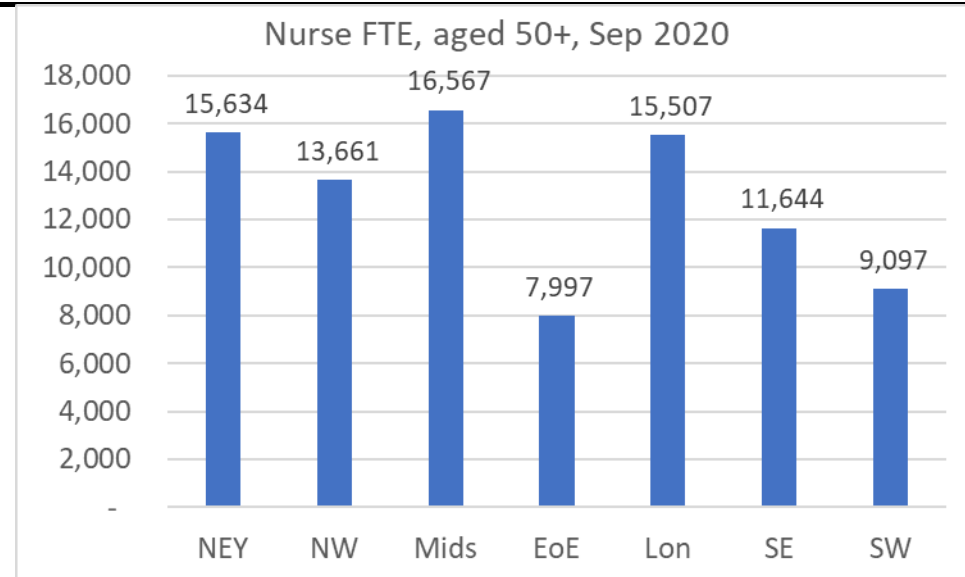


The proportion of nursing staff in post aged 50 and over varies a little regionally



Age band	NEY	NW	Mids	EoE	Lon	SE	SW	England
Under 25	2,680	2,542	2,289	1,029	2,151	1,371	1,383	13,449
25 to 49	31,825	29,556	35,384	19,555	37,184	26,367	18,338	198,753
50 and over	15,634	13,661	16,567	7,997	15,507	11,644	9,097	90,498
All ages	50,139	45,759	54,240	28,581	54,842	39,383	28,818	302,700
Under 25	5%	6%	4%	4%	4%	3%	5%	4%
25 to 49	63%	65%	65%	68%	68%	67%	64%	66%
50 and over	31%	30%	31%	28%	28%	30%	32%	30%
All ages	100%	100%	100%	100%	100%	100%	100%	100%

- The age distribution of nursing staff in each region is similar. Typically, two-thirds of staff are aged 25 to 49 and just under a third are aged 50 and over.
- The proportion of staff in the 50 years and over age group varies a little, ranging from 28% in the EoE to 32% in the SW.
- The region with the highest FTE of nursing staff in post aged 50 and over is the Midlands (16,600) and the lowest is the EoE (8,000).



Forum Discussion

1. Data – Insights and Analysis

- How does this fit into the national picture
- What does this mean for us
- Key trends
- Predictions and potential areas of concern within 1-3 year period – retention and engagement of this workforce

2. Support to Providers

- Where do you need the most support from region/national team – choose from options below?
 - policy involvement
 - implementation support (including rationale and strategic ask to HRDs)
 - Training for line managers (similar to wellbeing conversations, toolkits)
 - Personal/self help guidance for individuals –outlining resources and what they can expect from employers

3. Exploring the link to other People disciplines

- EDI team
- Networks
- HR – sickness/absence and ESR reporting