

Menopause Policy and Guidance

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Consultation / Acknowledgements with Stakeholders			
Name	Designation	Date Response Received	
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James Barratt	Tavistock and Portman NHS Foundation Trust	15/12/19	

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1. Introduction / Purpose

1.1 Overview

1.1 **Menopause** is defined as a biological stage in both women and men's lives.

For women this 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 due to surgery, illness or other reasons.

- 1.2. **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.
- 1.3. **Post-menopause** is the time after menopause has occurred, starting when a woman has not had a period for twelve consecutive months.

1.2 Symptoms of Female Menopause

- 1.2.1. It is important to note that not every woman will notice every symptom, or even need help or support. However, 75% of women do experience some symptoms, and 25% could be classed as severe.
- 1.2.2. Symptoms can manifest both physically and psychologically including, but not exclusively, hot flushes, poor concentration, headaches, panic attacks, heavy / light periods, anxiety, and loss of confidence. Some women also have trouble sleeping.
- 1.2.3 The Trust is committed to providing an inclusive and supportive working environment for everyone who works here.
- 1.2.4. Menopause is a natural part of every woman's life, and it isn't always an easy transition. 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.
- 1.2.5. Menopause should not be taboo or 'hidden'. 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.
- 1.2.6. The changing age of the UK's workforce means that between 75% and 80% of menopausal women are in work. Research shows that many women are unwilling to discuss menopause-related health problems with their line manager, nor ask for the support or adjustments that they may need.
- 1.2.7. This policy sets out the guidelines for members of staff and managers on providing the right support to manage menopausal symptoms at work. It is not contractual and does not form part of the terms and conditions of employment.

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1.3 Male Menopause

- 1.3.1 The male menopause "andropause" is used to describe aging-related hormone changes in men. Other terms include testosterone deficiency syndrome, androgen deficiency of the ageing male and late-onset male hypogonadism.
- 1.3.2 Testosterone levels vary greatly among men. In general, older men tend to have lower testosterone levels than younger men. Testosterone levels gradually decline throughout adulthood about 1 percent a year after age 30 on average.

1.4 Signs and Symptoms of the Male Menopause

- 1.4.1 Low energy.
- 1.4.2 Rarely, you might experience hot flushes.
- 1.4.3 Changes in sleep patterns. Sometimes low testosterone causes sleep disturbances, such as insomnia, or increased sleepiness
- 1.4.4 Emotional changes. Low testosterone might contribute to a decrease in motivation or self-confidence. You might feel sad or depressed, or have trouble concentrating or remembering things.
- 1.4.5 Physical changes. Various physical changes are possible, including increased body fat, reduced muscle bulk and strength, and decreased bone density. Swollen or tender breasts (gynecomastia) and loss of body hair are possible.
- 1.4.6 Changes in sexual function. This might include reduced sexual desire, erectile dysfunction, fewer spontaneous erections such as during sleep and infertility. Your testes may also become smaller.

2 General Principles / Target Audience

The aims off this policy are to -

- 2.1 Foster an environment in which colleagues can openly and comfortably instigate conversations or engage in discussions about menopause.
- 2.2. Ensure everyone understands what menopause is, can confidently have good conversations, and are clear on the Trust's policy and practices, supported by Human Resources and Occupational Health.
- 2.3 Educate and inform managers about the potential symptoms of menopause, and how they can support staff at work.
- 2.4 Ensure that staff suffering with menopausal symptoms feel confident to discuss it, ask for support and make requests for reasonable adjustments so they can continue to be successful in their roles or studies.

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- 2.5 Reduce absenteeism due to menopausal symptoms.
- 2.6 Assure staff that as a responsible employer, we are committed to supporting their needs during menopause.

2.1 Target Audience

This policy applies to all employees of the Trust.

3 Definitions and Abbreviations

EAP Employee Assistance

FOM Faculty of Occupational Medicine

HR & OD Human Resources and Organisation Development

4 Responsibilities (Ownership and Accountability)

4.1 Members of staff:

All staff are responsible for:

- Taking a personal responsibility to look after their health;
- Being open and honest in conversations with managers / HR and Occupational Health;
- If a member of staff is unable to speak to their line manager, or if their line manager is not supporting them, they can speak to a member of HR or a representative of 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.

4.2 Line Managers

See Appendix 1 for Managers' Guidance.

All line managers should:

- Familiarise themselves with the Menopause Policy and Guidance;
- Be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally;
- Use the guidance in Appendices 1 and 2, signposting and reviewing together, before agreeing with the individual how best they can be supported, and any adjustments required;
- Record adjustments agreed, and actions to be implemented;

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- 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;
- Refer the employee to Occupational Health;
- Review Occupational Health advice, and implement any recommendations, where reasonably practical;
- Update the action plan and continue to review.
- Seek further support from a member of the HR Team

4.3 Occupational Health

The role of Occupational Health is to:

- Carry out an holistic assessment of individuals as to whether menopause may be contributing to symptoms / wellbeing, providing advice and guidance in line with up-to-date research;
- Signpost to appropriate sources of help and advice (refer to Appendix 2 for more information);
- Provide support and advice to HR and Line Managers in identifying reasonable adjustments, if required;
- Provide support services (see Appendix 2 below)

4.4 Human Resources (HR)

HR will:

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

4.5 Employee Assistance (EAP)

The Employee Assistance service will:

- Provide access to 24/7 telephone counselling for all members of staff.
- Provide on-line (downloadable) advice sheets (see further links in Appendix 2).

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5 References and Associated Documents

- 7.1 The Trust has used guidance from the Faculty of Occupational Medicine (FOM) Guidance and the National Institute for Health and Care Excellence (NICE). The NICE guidelines set out the recommendations for medical professionals when treating menopausal women, and for patients as to the treatment and guidance they should be offered.
- 7.2 Self-management, with support from the Trust, managers and colleagues, will help to manage symptoms. Appendix 1 details some recommendations to support symptomatic women and men, who may need advice and support. Appendix 1a is a template to assist you in recording conversations, and agreed actions and adjustments, with members of staff.

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Appendix 1: Managers' Guidance for colleague discussions

Managers' Guidance for colleague discussions

We recognise that every member of staff 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 an 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 this record is treated as confidential and is stored securely.
- Agree if other members of the team should be informed, when 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 staff should be considered as detailed below:

• Hot Flushes.

- Request temperature control for their work area, such as a fan on their desk (where possible a USB connected desk fan to ensure environmentally friendly) or moving near a window, or away from a heat source;
- Easy access to drinking water;
- Be allowed to adapt prescribed uniform, 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 / irregular / unpredictable Periods.

- Have permanent access to washroom facilities;
- Request an extra uniform;

• Headaches.

- Have ease of access to fresh drinking water;
- Offer a quiet space to work where practicable and possible

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Appendix 1: Managers' Guidance for colleague discussions

• Difficulty Sleeping.

• Ask to be considered for flexible working, particularly when suffering from a lack of sleep.

• Low Mood.

- Identify a 'buddy' for the colleague to talk to outside of the work area;
- Contact the Trust's Employee Assistance programme

• Loss of Confidence.

- Ensure there are regular Personal Development Discussions;
- Have regular protected time with their manager to discuss any issues;

• 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;
- Suggest coping mechanisms such as books for lists, action boards, or other memory-assisting equipment;
- Work together to agree solutions which are compatible to aid concentration / memory
- Offer quiet space to work where practicable and possible
- Reduce interruptions;
- Anxiety.
 - Promote counselling services provided by the Trust's Employee Assistance provider on
 - Identify a 'buddy' for the colleague to talk to outside of work their area;
 - Signpost staff towards mindfulness activities such as breathing exercises or going for a walk during their break.

• Panic Attacks.

- Identify a 'buddy' outside of work area;
- Signpost staff towards undertake mindfulness activities such as breathing exercises or going for a walk during their break

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

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

Appendix 1a: Confidential Colleague Discussion – Template			
Member of staff' details:			
Name		Job Title	
Department / Division		Location (building / room number)	
211101011			
Present at meeting (I and position)	ine manager name		
Date of discussion			
Summary of Discussi	on:		
Agreed Actions / Adjustments:			
Date of next review meeting			
Signed (Member of staf	Signed (Member of staff)		
Signed (Manager)			

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Appendix 2: Menopause Advice 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 <u>menopausal symptoms</u> 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 <u>guidelines for patients</u>, 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 <u>list of your symptoms</u>, 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 <u>your turn to ask them for support</u>. 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.

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Appendix 2: Menopause Advice Sheet – How to talk to your GP about menopause They should:

- Talk to you about <u>your lifestyle</u>, 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 do not 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.

All staff can access counselling by contacting the Employee Assistance helpline on 0800 030 5182. Online CBT can be accessed at

www.healthassuredeap.com

Username: blackpool,

Password: teaching

Face to face counselling and CBT can be accessed in Occupational Health via manager referral

Hypnotherapy can be accessed in Occupational Health via self-referral on 01253 957950 (Internal: 57950) or email <u>bfwh.occupational.health@nhs.net</u>

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Appendix 3: Equality Impact Assessment Form				
Department	Service or Policy		Date Completed:	
families, young people, Lesbian C parents, carers, staff, wider comm EQUALITY PROTECTED CHAR	, substance misusers, people who h Gay Bi-sexual or Transgender, minor nunity, offenders. ACTERISTICS TO BE CONSIDERE Ial orientation, gender identity (or rea	ity ethnic comm	unities, Gypsy/Roma/Tra	avellers, women/men,
QUESTION	RESPONSE		IMPACT	
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	This policy sets out the Trust's approach to the management of the Menopause at Work for staff			
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No			
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No			
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No			
How does the service, leaflet or policy/ development promote equality and diversity?	By ensuring all staff are aware of the impact of the menopause on all.			
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	Yes			
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	N/A			
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No			

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Appendix 3: Equality	mpact Assessment Fo	orm			
Does the service, leaflet or	N/A				
policy/ development promote					
equity of lifelong learning?					
Does the service, leaflet or	Yes				
policy/ development encourage					
healthy lifestyles and reduce					
risks to health?					
Does the service, leaflet or	N/A				
policy/ development impact on					
transport?					
What are the implications of this?					
Does the service, leaflet or	N/A				
policy/development impact on					
housing, housing needs,					
homelessness, or a person's					
ability to remain at home?					
Are there any groups for whom	Yes				
this policy/ service/leaflet would					
have an impact? Is it an					
adverse/negative impact? Does	No				
it or could it (or is the perception					
that it could exclude					
disadvantaged or marginalised	NL.				
groups?	No				
Does the policy/development	Yes				
promote access to services and					
facilities for any group in					
particular?					
Does the service, leaflet or	No				
policy/development impact on					
the environment					
During development					
At implementation?					
•					
ACTION:			Ne	(D)	
Please identify if you are now re Equality Analysis	equired to carry out a Full		No	(Pleas appro	e delete as oriate)
	ne Eyre		Date Signed		
Signature of Author:				•	
New official D					
	eanor Palmer-Rigby		Date Signed	:	
Signature of Lead Person:					
Name of Manager:		I	Date Signed	:	
Name of Manager: Signature of Manager			Date Signed	:	

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