

Briefing for the Public Petitions Committee on petition PE2244: Introduce Women's Health Hubs in GP practices across Scotland to improve perimenopause and menopause care, lodged by Lynn Stewart

Brief overview of issues raised by the petition

[PE2244](#) calls on the Scottish Parliament to urge the Scottish Government to establish Women's Health Hubs within GP practices across Scotland to improve the assessment, diagnosis, treatment and ongoing support of women experiencing perimenopause and menopause.

The petitioner states that delays in receiving appropriate perimenopause and menopause care, along with misdiagnosis and feeling dismissed by healthcare practitioners, can negatively impact women's physical and mental wellbeing. Additionally, when women feel unheard or dismissed, they may seek repeated GP appointments to access care, leading to increased pressure on NHS services. In the petitioner's view, the introduction of Women's Health Hubs could lead to the development of a consistent standard of care through training for healthcare providers, earlier diagnosis, access to specialist care, provision of mental health support, and clear referral pathways for further care.

Current perimenopause and menopause care in Scotland

[Perimenopause and menopause](#) are different stages of the transition that women experience when their periods are coming to an end. Perimenopause refers to the time from the onset of menopausal symptoms until after a woman experiences her last period. Periods will usually start to become less frequent over a few months or years before they stop. They might become more irregular, heavier, or lighter. For some women, they may stop suddenly.

Menopause is when a woman stops having periods. A woman is considered to be postmenopausal when she has not had a period for 12 months.

Although menopause is a natural event and normal life transition, it is often accompanied by symptoms that can impact on the day-to-day life of those who experience them. Menopause can sometimes be triggered by cancer treatments and certain surgeries. For women who experience menopause in this manner, symptoms can often be more severe, with a more rapid onset.

There are a wide range of menopausal symptoms, and each individual may have a different experience of menopause. Alongside changes to the menstrual cycle, some of the most common symptoms experienced by perimenopausal and menopausal women include:

- 'brain fog' and memory problems
- difficulty sleeping
- fatigue
- hot flushes
- joint aches
- loss of libido
- low mood or anxiety
- migraine
- night sweats
- vaginal dryness or pain.

Women who feel that they need support to manage their menopausal symptoms are advised to contact their GP in the first instance. Treatment options may include hormone replacement therapy (HRT), supplements, and cognitive behavioural therapy for women experiencing challenges with their mental health due to menopause. A [menopause and mental wellbeing self-help tool](#) is available on the NHS Inform website. Some women may also be referred to specialist menopause services.

Each mainland NHS board offers a [specialist menopause clinic](#), situated in secondary or community care settings. These clinics are usually accessed via referral from a GP. An email-based buddy system has also been implemented to connect clinicians in island-based health boards with menopause specialists on the mainland.

Experiences of women accessing perimenopause and menopause care

Some women experience challenges in accessing timely, appropriate perimenopause and menopause care. A [2022 report published by the Scottish Women's Convention](#) (SWC) found that some women had experienced misdiagnoses and refusal of treatment when seeking menopause care. Others had encountered a lack of empathy from their healthcare professionals. Some women had turned to private care options after being refused treatment or faced with long waiting lists.

Members of marginalised communities, including women experiencing poverty, women with disabilities, women from ethnic minority communities, LGBTQ+ people experiencing menopause, women experiencing domestic abuse, and women in prison, may experience additional barriers to accessing appropriate care. A [report published by the UK Parliament's All-Party Parliamentary Group on Menopause](#) recommended addressing these barriers through actions including the development

of community-specific menopause information resources, investment in research into the experience of menopause in diverse communities, and cultural intelligence training for healthcare professionals.

Scottish Government actions

In [its written response to the petition](#), the Scottish Government stated that it is not possible for the Scottish Government to direct GP practices to develop services outwith the core elements of the [General Medical Services contract](#), because GPs are independent contractors. However, the response noted that GP practices are able to seek support from health boards to develop enhanced services, which could include women's health hubs. The response also stated the Scottish Government's willingness to work in partnership with general practice to improve women's health services.

The Scottish Government has taken other actions intended to improve menopause care. Phase One of its [Women's Health Plan](#) identified menopause as a priority area. One of the Plan's stated priorities was to "ensure women who need it have access to specialist menopause services for advice and support on diagnosis and management of the menopause."

The Plan listed three aims to support fulfilment of this priority:

1. When required, all women will have timely access to menopause support and services.
2. Healthcare professionals will be aware of the impact medical or surgical treatment to induce menopause will have on subsequent health.
3. All women will have access to a healthcare professional with an interest in menopause through primary care.

The National Menopause Specialists Network was established to further support achievement of these aims. The network offers peer support to clinicians across primary and secondary care who have a special interest in menopause, and is a forum for sharing current issues, advice and good practice. The development of the Network was also intended to encourage consistency of menopause advice, which can then be shared with primary care teams.

To ensure that primary care teams have access to healthcare specialists with a special interest in menopause, the Scottish Government commissioned NHS Education for Scotland (NES) to develop online training on menopause for healthcare professionals. This training is available for free to all healthcare professionals on the [TURAS Learn platform](#), but is specifically aimed at those working in general practice.

Scottish Parliament actions

There has been no specific Scottish Parliament action on the provision of menopause care hubs to date.

Key Organisations and relevant links

- [NHS Inform webpage on menopause](#)
- [The Scottish Government's Women's Health Plan: Phase Two](#)
- [The Menopause Society](#)

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The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

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