Public Petitions Committee
Thursday 5 November 2026
5th Meeting, 2026 (Session 7)

PE2244: Introduce Women's Health Hubs in GP practices across Scotland to improve perimenopause and menopause care

Introduction

Petitioner	Lynn Stewart
Petition Summary	Calling 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.
Website	https://petitions.parliament.scot/petitions/PE2244

1. This is a new petition that was published on 25 August 2026.

2. A full summary of this petition and its aims can be found at **Annexe A**.

3. Every petition collects signatures while it remains under consideration. At the time of writing, 591 signatures have been received on this petition.

4. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.

6. The Committee has received submissions from the Scottish Government and the Petitioner which are set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
November 2026

Annexe A: Summary of petition

PE2244: Introduce Women's Health Hubs in GP practices across Scotland to improve perimenopause and menopause care

Petitioner:

Lynn Stewart

Date published:

25 August 2026

Petition summary:

Calling 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.

Background information:

Many women across Scotland face delays in receiving appropriate perimenopause and menopause care. Symptoms are often misdiagnosed or dismissed, leaving women feeling unheard and delaying diagnosis and treatment. This can worsen physical and psychological health, lead to repeated GP appointments and increase pressure on NHS services.

Women's Health Hubs should provide a consistent standard of care through perimenopause and menopause training for GPs and healthcare professionals; earlier recognition and diagnosis, including for younger women; access to a GP or nurse with specialist knowledge; a dedicated mental health nurse; access to a counsellor offering Cognitive Behavioural Therapy (CBT) where appropriate; and clear referral pathways with continuity of care.

This would support earlier diagnosis, evidence-based treatment and equitable access to compassionate, high-quality care across Scotland.

Annexe B: SPICe Briefing



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

Sarah Swift
Researcher
24 September 2026

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

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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Annexe C: Written Submissions

PE2244/A: Introduce Women's Health Hubs in GP practices across Scotland to improve perimenopause and menopause care

Scottish Government written submission, 17 September 2026

Does the Scottish Government consider the specific ask[s] of the petition to be practical or achievable? If not, please explain why.

It is not possible for the Scottish Government to direct General Practices to create services such as Women's Health Hubs in GP Practices.

GP practices operate as independent contractors and the Scottish Government cannot direct practices to establish or deliver further services beyond those required under the core GMS contract. However, the GP contractual framework does contain mechanisms, including enhanced services and Directed Enhanced Services, through which further services can be agreed, specified and funded.

Decisions on the commissioning and funding of local enhanced services are matters for individual NHS Boards, taking account of local population needs and available resources.

Any future service developments would require agreement through the appropriate contractual arrangements, engagement with the profession and the provision of appropriate funding to support safe and effective delivery. As such, the Scottish Government could not mandate GP practices to establish Women's Health Hubs.

However, the Scottish Government considers that it is both practical and achievable to work in partnership with General Practice to improve services for women, including support for perimenopause and menopause.

All general practices in Scotland are part of a GP cluster in their local area, which focus on driving quality improvement through sharing learning and best practice between practices. This is centred on issues decided at the local level which can include specific issues relating to women's health where local professionals have identified a key need in the populations they serve.

Supporting this are a number of national initiatives, including the GP Cluster Improvement Network which supports sharing learning between practices nationally, alongside the GP Improving Together Advisory Group which supports cluster working strategically.

What, if any, action is the Scottish Government currently taking to address the issues raised by this petition, and is any further action being considered that will achieve the ask[s] of this petition?

The Scottish Government published the UK's first Women's Health Plan in August 2021, followed by Phase Two in January 2026. Menopause is a priority within the Women's Health Plan and the Scottish Government continues to focus on how to improve women's experiences in their engagement with healthcare services, as well

as the support and information they need to be able to help them to manage their symptoms.

The aim of the Women's Health Plan and of the Scottish Government is that women feel prepared and informed on what to expect during perimenopause/menopause, know how to seek support for managing symptoms and have access to timely treatment and care.

Group Consultation for Menopause

In order to support women's access to menopause care and support in General Practice, a pilot of 'Group Consultation' for menopause is currently underway. Group Consultations bring patients together for shared clinical appointments where a clinician sees several patients, who share a similar health condition, together. This is often virtually, but can also be in person.

This shared clinical appointment model has shown to improve access, learning, patient experience, and outcomes. It is preceded by a 'virtual education event' where women have the opportunity to hear from the general practice about perimenopause and menopause, to ask questions and to share useful information. After this event they can decide if they would like a clinical consultation, and if that would be in a group or one to one setting. Evidence shows that many women do choose the group consultation option.

Taking place in three sites across Scotland, the Group Consultation pilot is testing this approach, with the aim that it can be utilised by GP Practices – and other services providing menopause care – as part of standardised care for women seeking support for menopause symptoms, across Scotland. The pilot will conclude towards the end of this calendar year.

Gynaecology Cluster Interface Model

The Scottish Government have committed to funding two Health Boards – NHS Borders and NHS Lothian - to pilot a GP with Specialist Interest (GPwSI) Gynaecology Cluster Interface Model which aims to redesign outpatient gynaecology pathways through closer integration between primary and secondary care. Under the model, a GP cluster is linked with a named Consultant Gynaecologist and a GPwSI in gynaecology. The clinicians work together to collaboratively manage outpatient referrals from the cluster, triaging referrals through advice, guidance, telephone consultation, or community-based face to face assessment clinics. Clinics are delivered locally within community settings where appropriate, improving accessibility for patients and reducing the need for hospital attendance.

By analysing referral patterns, clinicians can identify areas for shared learning across the cluster. This learning may be facilitated through a range of approaches, including cluster-wide teaching programmes and focused improvement work within individual practices.

The resulting increase in knowledge and confidence among GPs and other healthcare professionals supports the management of patients within primary care

settings, enhancing care closer to home while reducing unwarranted variation in referrals and clinical practice.

The model builds on successful cluster clinic pilots in Medical Paediatrics across NHS Grampian and NHS Lothian, where significant reductions in waiting times, improved patient experience, and more efficient use of healthcare resources were demonstrated. The Scottish Government intends to support a further rollout of GPwSI Gynaecology Clusters across NHS Scotland if similar outcomes are realised.

Support for healthcare professionals

A Menopause Clinical Network for healthcare professionals was established for those working across primary care, including general practice, and secondary care with an interest in menopause. The Network meets quarterly to share best practice and discuss emerging challenges, supporting greater consistency in menopause advice and care across Scotland.

In addition, a General Practice Women's Health Network has been established creating a supportive space for learning and peer support for General Practice as well as a mechanism by which educational resources, new treatment guidelines and other resources can be shared. The group have already identified particular aspects of menopause care for the network's 'spotlight sessions'.

Education and Training

The Scottish Government works closely with Public Services Delivery Scotland (PSDS) to support GP training by providing structured training programmes (including GP training, returner programmes, and induction programmes), ensuring compliance with GMC standards, and offering ongoing professional development.

As part of the recurring Primary Medical Services allocation for 2026/7, the Scottish Government provided £500,000 to NHS Boards to support Protected Learning Time (PLT) for all General Practices. Whilst it is up to individual boards how this funding is distributed and the Scottish Government cannot stipulate what training is required to be completed during this time, there are a range of training resources on women's health and on perimenopause and menopause that are available for those working in general practice to access.

This includes a free of charge menopause eLearning module, developed by PSDS and available to anyone working in the NHS through TURAS Learn. The eLearning was developed with the needs of those working in General Practice particularly in mind but can be used by anyone working in the NHS in Scotland.

In February 2025, the Scottish Government launched the updated Transforming Roles Paper 6. This sets out the critical role played by General Practice Nurses in providing comprehensive, personalised care across the lifespan which covers women's health. This includes prevention, screening, reproductive health, menopause, and long-term conditions.

The Scottish Government provides annual funding of £420,000 to Public Services Delivery Scotland (PSDS) to provide educational, training and development resources on Women's Health for General Practice Nurses. This includes learning resources on cervical screening and sexual and reproductive health, as well as a Women's Health Hub which includes the PSDS eLearning resource on menopause.

Information on perimenopause and menopause

The NHS Inform Women's Health Platform includes resources on peri menopause and menopause which can be accessed by women directly or be shared by healthcare professionals. It includes information on signs and symptoms, treatment options and menopause and mental wellbeing.

Two new films have recently been added, one on perimenopause and one on HRT.

Is there any further information the Scottish Government wish to bring to the Committee's attention, which would assist it in considering this petition?

Through Phase One of the Women's Health Plan a specialist menopause service was established in every health board, with 'buddy' support system in place for the Island health boards.

Phase Two of the Women's Health Plan includes a commitment to transformation of gynaecology services as a priority programme of work, backed by additional funding. This will improve women's access to gynaecology care, from primary to tertiary care including support for perimenopause and menopause.

Women's Health Plan, Chief Medical Officer Directorate

PE2244/B: Introduce Women's Health Hubs in GP practices across Scotland to improve perimenopause and menopause care

Petitioner written submission, 5 October 2026

I welcome the Scottish Government's response and the initiatives described, including group consultations, GP cluster working, specialist gynaecology models, professional networks, training resources and NHS Inform materials.

However, the response does not show that the central issues raised by PE2244 are being addressed consistently across Scotland. The petition seeks a clear, accessible primary-care model providing trained professionals, earlier recognition, specialist knowledge, mental health support, psychological therapies, clear referral pathways and continuity of care.

The Scottish Government's own Women's Health Plan: Phase Two (2026-2029) states that "variation in menopause support and care persists across Scotland" and commits to addressing inequity in menopause care. This reinforces the central concern raised by PE2244.

Primary care delivery and national consistency

The Scottish Government states that it cannot direct individual GP practices to establish Women's Health Hubs because practices operate as independent contractors. However, the response also explains that enhanced services can be agreed and funded, NHS Boards commission local services, and GP clusters can support service development.

These mechanisms appear capable of supporting a nationally coordinated model without directly instructing individual practices. I therefore ask the Committee to seek further evidence on what practical or contractual barriers would prevent a nationally supported Women's Health Hub model, or equivalent designated primary-care pathway, with minimum standards across Scotland.

Pilots, existing services and equitable access

The Government refers to a Group Consultation for Menopause pilot in three sites and a GP with Specialist Interest gynaecology cluster interface model in NHS Borders and NHS Lothian. These may be valuable, but their limited reach does not demonstrate consistent national provision.

Group consultations also do not provide the full model requested by PE2244. Women may still require individual assessment, diagnosis, prescribing, monitoring, mental health support and onward referral.

The response also refers to 'buddy' arrangements enabling island health boards to access specialist menopause expertise. While welcome, this highlights geographical differences in access.

I ask the Committee to seek further detail on how these pilots and arrangements will be evaluated, the timetable for wider implementation, and how equitable access will be ensured across all health board areas.

Training

I welcome the menopause eLearning module, professional networks and funding for Protected Learning Time. However, the Government states that individual Boards decide how this funding is distributed and that it cannot stipulate which training must be completed.

In its response to PE2218, the Scottish Government states that it cannot mandate what training GPs receive in order to become GPs. Menopause is included in the Royal College of General Practitioners (RCGP) curriculum and resources are available, but availability does not demonstrate consistent uptake, depth, assessment or continuing competence.

I therefore ask the Committee to seek clarification on what proportion of GPs and other primary-care professionals in Scotland have completed menopause-specific training, whether completion and competency are monitored, and how variation between practices and health boards is being reduced.

PE2218, currently under consideration by Parliament, separately calls for mandatory, standardised women's health training for GPs and NHS healthcare professionals across Scotland, showing that concerns about consistency remain live.

The response also refers to a Women's Health Hub which includes a Public Service Delivery Scotland (PSD Scotland) eLearning resource on menopause. I welcome this resource, but an online learning hub is not the patient-facing Women's Health Hub requested by PE2244: an identifiable pathway through which women can access coordinated clinical care and support.

Mental health and psychological support

A central element of PE2244 is dedicated mental health support and access to counselling or Cognitive Behavioural Therapy where appropriate. The response refers to mental wellbeing information through NHS Inform, but information is not equivalent to clinical or therapeutic support.

The response does not set out a dedicated pathway for women experiencing significant psychological symptoms associated with perimenopause or menopause.

I ask the Committee to seek further information on how mental health support is integrated into menopause care in primary care, what access women have to CBT or counselling where clinically appropriate, and whether this will form part of any future service model.

Specialist services, younger women and referral pathways

I welcome confirmation that specialist menopause services were established in every health board during Phase One of the Women's Health Plan. However, specialist provision does not remove the need for strong primary-care pathways, where many women first seek help.

PE2244 specifically seeks earlier recognition for younger women. NICE advises that, in otherwise healthy people aged 45 or over with typical menopause-associated symptoms, perimenopause and menopause can usually be identified without laboratory tests. For those aged 40 to 45, follicle-stimulating hormone (FSH) testing may be considered, while those under 40 with suspected premature ovarian insufficiency follow a separate diagnostic pathway.

These age-based pathways make professional awareness especially important. Younger women with significant symptoms must not be dismissed or overlooked because they fall outside the more commonly expected age range. Scotland's Women's Health Plan recognises that some women experience menopause younger and includes action on spontaneous premature menopause.

I ask the Committee to seek evidence on how younger women are supported to obtain timely recognition and appropriate investigation, how easily women can access specialist services, whether referral criteria and waiting times vary, and how primary and specialist services are connected.

Conclusion

I welcome the work underway, but the central question remains: can women across Scotland rely on a consistent standard of perimenopause and menopause care regardless of where they live, their age, or which GP practice they attend?

The response describes useful initiatives, pilots, networks, resources and specialist services, but does not demonstrate that such consistency exists.

I respectfully ask the Committee to keep PE2244 open and seek further evidence on how the Scottish Government will move from local pilots, variable provision and optional resources towards a consistent and equitable primary-care model covering clinical care, professional training, mental health support, psychological therapies, continuity of care and clear referral pathways.