



House of Commons
Women and Equalities
Committee

**Menopause and the
workplace: Government
Response to the
Committee's First Report
of Session 2022–2023**

**Fourth Special Report of Session
2022–23**

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Women and Equalities Committee

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Fourth Special Report

The Committee published its First Report of Session 2022–23, [Menopause and the workplace](#) (HC 91), on 28 July 2022. The Government response was received on 12 January 2023 and is appended below.

Appendix: Government Response

Introduction

1. The government welcomes the Women and Equalities Committee's report on menopause and the workplace. We recognise how significant this topic is and are grateful to everyone who contributed their time and expertise to the inquiry and for the recommendations made on this vitally important issue.
2. This document outlines the government's approach and actions in England. As health is a devolved matter, administrations in Northern Ireland, Scotland and Wales will determine their own policies and approach to menopause. We will share the Committee's report and our response with health ministers in each jurisdiction, and it will be for them to consider what action, if any, they wish to take in their respective jurisdictions in response to the Committee's recommendations.
3. This document sets out the government's response to each of the Committee's recommendations. However, this document should not be read in isolation, as there is much work underway across government to improve care and support for women going through the menopause.
4. The Women's Health Strategy for England, published in 2022, sets out our ambitions for boosting health outcomes for women and girls and improving how the health and care system listens to women and girls. The strategy is informed by analysis of the call for evidence, which was held in 2021. 97,307 individuals in England and over 436 organisations responded to the call for evidence. In the call for evidence public survey, menopause was the third most selected topic that respondents picked for inclusion in the Women's Health Strategy, with 48% of respondents selecting this.
5. The menopause chapter in the strategy sets out our 10-year ambitions and the actions underway now to improve healthcare support including access to HRT; to raise awareness among women, the general population, and employers; to improve workplace support; and to boost research and evidence.
6. The UK Menopause Taskforce, established to bring together ongoing work to improve holistic support and care for menopause, identified some priorities for menopause research. The National Institute for Health and Care Research (NIHR) is now commissioning a menopause research prioritisation exercise. This prioritisation exercise will also consider research recommendations from a range of experts such as the National Institute for Clinical Care Excellence (NICE). Following completion of the exercise, we expect that new research will be commissioned from Summer 2023. In addition, the NIHR has recently launched a call for applications for research into testosterone as a treatment for menopause

symptoms beyond altered sexual function¹ following NICE's recent recommendation² for further research in this area.

7. Women over the age of 50 represent the fastest-growing segment of the workforce and it is crucial that we, and business, work to retain this talent. The government is committed to working with employer groups and other stakeholders to consider what more we can do to improve support and tackle taboos and stigmas in the workplace.

8. For that reason, in July 2021, the then Minister for Employment commissioned an independent report to look at the issue of menopause and employment, given the impact menopause can have on women's working lives, particularly in the latter stages of their careers. This independent report—Menopause and the Workplace: How to enable fulfilling working lives³—was published in November 2021. The report contains 10 recommendations aimed at bringing about comprehensive change and support for those experiencing the menopause, in key areas of government policy, employer practice and wider societal and financial change. In 2022, the government published a response⁴ to this report, in which we accepted 9 of the 10 recommendations made. This needs to be supported by the legislative framework provided by the Equality Act 2010. Sex, age, and disability are all protected characteristics in the Equality Act 2010 which provide protection against unfair treatment of employees going through menopause.

9. We once again thank the Committee for their report and look forward to continuing to work with the Committee on this important issue.

Chapter One – Health

Recommendation one:

The Government should lead on disseminating good quality and accurate information about menopause. Firstly, we recommend that the Government launches a visible public health campaign around menopause; its symptoms, impact and how to seek treatment and other help, including support at work. A diverse range of expert stakeholders should be consulted to ensure the campaign is inclusive, accurate and impactful and reaches communities and groups typically underrepresented in discussions around menopause. Second, the Government should work with schools and menopause experts to develop high quality, accurate and inclusive resources and ensure that teachers have the knowledge, confidence and ability to teach this important aspect of the RSHE curriculum to all pupils.

1. The government accepts this recommendation in principle.

Menopause public health campaign

2. As set out in the Women's Health Strategy, the government's ambitions are that everyone is educated about the menopause from an early age, and that women going through the perimenopause and menopause can recognise symptoms and know their

1 <https://www.nihr.ac.uk/funding/22170-testosterone-for-the-treatment-of-menopause-symptoms-beyond-altered-sexual-function/32031>

2 <https://www.nice.org.uk/news/article/nice-sets-out-further-details-on-menopause-guideline-update>

3 [Independent Report on Menopause and the Workplace](#)

4 [Government Response to Independent Report on Menopause and the Workplace](#)

options, including self-care and where to seek support. The strategy also sets out our ambitions for healthcare professionals to be better educated on the menopause and for employers to be well-equipped to support their workforce.

3. The government understands the value of information provision and campaigns to educate the nation on the menopause. We are pleased to update that there is already much work underway or planned across government and beyond to raise awareness of the menopause.

4. We are currently developing a communications plan for the introduction of the HRT pre-payment certificate (PPC). This will be introduced from April 2023, subject to consultation with the professional bodies which is still ongoing. Further detail on the HRT PPC is set out in the response to **recommendation 4**.

5. In 2022, we published the government response to the independent menopause and the workplace report, commissioned by the then Minister for Employment through the DWP 50PLUS Roundtable. In this, the government accepted the recommendation for a collaborative, employer-led communications campaign on the menopause. This will be spearheaded by the Menopause Employment Champion once appointed, and we anticipate that the Menopause Employment Champion will work closely with the Women's Health Ambassador, Professor Dame Lesley Regan. For further details see the response to **recommendation 6**.

6. The NHS England National Menopause Care Improvement Programme is working to improve clinical care for menopause in England. This programme launched in 2021 and is developing optimal care pathways aligned with the recommendations set out in NICE guideline on menopause diagnosis and management⁵, which represents best practice in menopause care.

7. One of the programme's aims is to raise awareness of the menopause. The following pieces of work are currently underway to support this aim:

- i. Behaviour change market research to identify the best way of conveying menopause messages to different groups of women.
- ii. Promotion of a self-care factsheet⁶ to empower women to understand and self-manage their perimenopause and menopause, and to point them towards further sources of credible good information.
- iii. Development of a decision support tool to support women's understanding of their symptoms and appropriate treatment options to support discussion with clinicians.

8. Within this work, there is a focus on ensuring that care pathways and resources are accessible to and support those from different backgrounds and experiences. An engagement group with public and patient involvement is being established to support this work. The programme is also working to raise awareness and educate healthcare professionals. Further detail is set out in the response to **recommendation 2**.

5 [NICE guideline - Menopause diagnosis and management](#)

6 <https://www.selfcareforum.org/menopause/>

9. Furthermore, the Women's Health Strategy commits to transforming the NHS website into a world-class, first port of call for women's health information. This will include improving existing pages on women's health to ensure they contain the most up-to-date evidence and advice, improving signposting to trusted third party sources, and adding new pages where content is needed. The menopause page on the NHS website has recently been updated to include the most up-to-date, evidence-based information on menopause. This includes information about symptoms, where to seek treatment, lifestyle changes that may help with symptoms and signposting to other helpful resources.

10. Therefore, while government recognises the potential value of a public health campaign, at this stage there is already much work underway or planned to raise awareness and educate individuals, healthcare professionals and employers.

11. It is also important to consider the wider picture of menopause care and Hormone Replacement Treatment (HRT) supply when considering the timing of any awareness-raising initiatives. The necessary tools need to be in place so that women receive the best care possible when seeking support for menopausal symptoms—for example, work to educate healthcare professionals and develop factsheets and decision support tools. The government is also continuing work with industry to stabilise and boost HRT supply, and it is important to ensure resilience within the supply chain to support any public health campaigns.

12. We are already seeing an increase in demand for HRT as individuals are more aware of the menopause, its symptoms, and available treatment options. A key aim of the Women's Health Ambassador is to raise awareness of women's health issues and tackle taboos and stigmas that surround women's health. We will continue to use our channels to promote greater understanding of the menopause and the importance of appropriate treatment. We will keep the impact of current initiatives under review and will continue to consider if a public health campaign may be needed in the future.

Teaching resources for schools

13. We want to support all young people to be happy, healthy and safe, to equip them for adult life and to make a positive contribution to society. As set out in the Women's Health Strategy, it is our ambition that everyone—girls and boys—is well informed about the menopause from an early age, and awareness across the whole population of the menopause is increased and the menopause is no longer a taboo subject in any part of society.

14. In September 2020, Relationships Education became compulsory for all primary school pupils, Relationships and Sex Education compulsory for all secondary school pupils, and Health Education compulsory for all pupils in primary and secondary state-funded schools. Through these subjects, pupils will increase their knowledge of female health conditions and be taught the facts about menstruation, contraception, fertility, and the menopause. The inclusion of menopause in the Relationships, Sex and Health Education curriculum in schools is an important step in educating the next generation on the menopause.

15. To help schools implement the new Relationships, Sex and Health Education curriculum, we have created a page for teachers on GOV.UK⁷, which brings together:

- i. the statutory guidance⁸ which schools need to plan their Relationships, Sex and Health Education.
- ii. Implementation guidance⁹, designed to provide teachers with further clarity and practical advice on teaching the new curriculum.
- iii. teacher training modules¹⁰, which aim to help teachers identify the core knowledge pupils may be taught as part of Relationships, Sex and Health Education, and to share this through peer training. These have been developed with subject matter experts and teachers.

16. We are monitoring national implementation of Relationships, Sex and Health Education curriculum, and findings from this research will be published in early 2024. The evaluation will look at how schools have implemented the curriculum and aims to identify any barriers to implementation.

17. Alongside this, as set out in the Women's Health Strategy, the Department of Health and Social Care and the Department for Education are working to understand women's health topics that teachers feel less confident in teaching, and we will work to improve provision of high-quality teaching resources. As part of this work, we will consider the need for menopause resources.

Recommendation two:

We recommend that the Royal College of General Practitioners makes training on menopause a mandatory aspect of continuing professional development requirements for GPs. In the meantime, all GP surgeries should ensure that at least one member of their clinical staff has received specific training around menopause. We further recommend that the Care Quality Commission considers whether surgeries are providing effective, evidence-led menopause care, during their inspections.

18. The government accepts this recommendation in part.

19. It is the government's ambition, as set out in the Women's Health Strategy, that healthcare professionals in primary care are well informed about the menopause, and able to offer women evidence-based advice and treatment options, including HRT and alternatives.

Training for General Practitioners

20. There are existing national frameworks to support the education and continuing professional development of doctors, including General Practitioners (GPs).

21. Undergraduate medical curricula for people training to be doctors are set by individual medical schools, with the General Medical Council's (GMC) outcomes for

7 [Relationships and sex education \(RSE\) and health education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/relationships-and-sex-education-rse-and-health-education)

8 [Teaching about relationships, sex, and health - Gov.UK](https://www.gov.uk/government/guidance/teaching-about-relationships-sex-and-health)

9 [Plan your relationships, sex and health curriculum - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/plan-your-relationships-sex-and-health-curriculum)

10 [Teaching about relationships, sex and health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/teaching-about-relationships-sex-and-health)

graduates¹¹ ensuring that all doctors have the requisite set of skills required to progress into the next stage of training. The GMC will also be introducing the Medical Licensing Assessment¹² for the majority of incoming doctors, including all medical students graduating in academic year 2024 to 2025 and onwards. The content for this assessment will be drawn from the GMC's Medical Licensing Assessment content map, which includes key topics relating to women's health including menopause.¹³ This will encourage a better understanding of women's health among doctors as they start their careers in the UK.

22. All UK registered doctors are expected to meet the professional standards set out in the GMC's Good Medical Practice. In 2012, the GMC introduced revalidation which supports doctors in regularly reflecting on how they can develop or improve their practice, gives patients confidence doctors are up to date with their practice and promotes improved quality of care by driving improvements in clinical governance.

23. The training curricula for postgraduate trainee doctors is set by the relevant medical Royal College and must meet the standards set by the GMC. Whilst curricula do not necessarily highlight specific conditions for doctors to be aware of, they instead emphasise the skills and approaches that a doctor must develop to ensure accurate and timely diagnoses and treatment plans for their patients.

24. The Royal College of General Practitioners has a holistic curriculum of training that all GPs must cover before they are able to pass the examination to become a member of the Royal College of General Practitioners and work independently as a GP. There is a specific section on women's health, including the menopause. As a result, the menopause is already a core competency of all qualified GPs.

25. GPs are responsible for ensuring their own clinical knowledge remains up-to-date and for identifying learning needs as part of their continuing professional development. This includes taking account of new research and developments in guidance, such as that produced by NICE, to ensure that they can continue to provide high quality care to all patients. Additional non-mandatory training is available to support GPs. The Royal College of General Practitioners has also developed a women's health toolkit which aims to support practising GPs. This resource is continually updated to ensure GPs have the most up-to-date advice to provide the best care for their patients. Within the toolkit there is a section on 'Menopause and beyond'¹⁴.

26. The Royal College of General Practitioners regularly review training provision and requirements for GPs. The government cannot respond on behalf of the Royal College of General Practitioners; however, the Royal College of General Practitioners position is that mandating menopause training is not necessary.

27. It is not within the remit of central government to require that one member of clinical staff in every GP surgery has training on menopause. As set out above, menopause care is a core competency of all qualified GPs.

28. However, education and training for healthcare professionals is another important part of the NHS England National Menopause Care Improvement Programme. As part

11 [Outcomes for graduates - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/education/medical-licensing-assessment/mla-content-map)

12 [Medical Licensing Assessment - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/education/medical-licensing-assessment/mla-content-map)

13 <https://www.gmc-uk.org/education/medical-licensing-assessment/mla-content-map>

14 [Women's Health Toolkit - Menopause and beyond](#)

of this, NHS England is working with Health Education England and other stakeholders to develop content that will support delivery of training and awareness raising amongst healthcare professionals. This includes:

- i. Developing an optimal pathway for patients to support the primary care NHS workforce to deliver menopause care.
- ii. Creating non-mandatory webinars on how the workforce might be supported during menopause, starting with the NHS workforce.
- iii. Creating non-mandatory webinars on the effect of menopause on oral health.

29. NHS England is also working with Wellbeing of Women to develop an awareness-raising package among key healthcare professionals, for example, those who carry out health checks and pharmacists, to ensure more women are advised to seek support earlier in their menopause.

30. Furthermore, as set out in the Women's Health Strategy, the Women's Health Ambassador will work with regulators, professional group leaders, Royal Colleges and other stakeholders to improve healthcare professional education and training on women's health. We will encourage more world-leading best practice, building on good progress already underway. This will have an initial focus on women's health topics such as gynaecological conditions and menopause.

Care Quality Commission inspections

31. The Care Quality Commission's current assessment framework supports GP surgeries to consider how practices assess the needs of patients and deliver treatment which is in line with current legislation, standards, and evidence-based guidance. Currently, their assessments of general practice do not have a specific focus on considering the effectiveness of menopause care; however, where any concerns or issues are identified in relation to this area, these would be followed up.

32. In line with Care Quality Commission's strategy¹⁵ they are changing how they work. The Care Quality Commission will regulate in a smarter way, adapting and responding to risk, uncertainty and demand. They will be better able to understand the quality of care in a local area or healthcare system to improve it and keep people safe. To support this, they are developing a new, single assessment framework for the regulation of providers, local authorities and systems.

33. The Care Quality Commission's new regulatory model will enable more targeted assessments which will support them to flex the focus of their assessments to reflect local, national issues and priorities and/or identify and assess key themes in an area or place.

34. The Care Quality Commission are currently developing the evidence requirements for general practice for the single assessment framework. As part of their response to the Women's Health Strategy, the Care Quality Commission is also considering options to strengthen how they consider issues relating to menopause and women's health more broadly.

15 [A new strategy for the changing world of health and social care - CQC's strategy from 2021 - Care Quality Commission](#)

Recommendation three:

By 2024, there should be a menopause specialist or specialist service in every Clinical Commissioning Group area. The Menopause Taskforce, working with the NHS, should prioritise this as part of the ongoing work into the menopause pathway. The response to this report should set out a plan of how this recommendation will be achieved over the next 18 months.

35. Whilst supporting the ambitions behind this recommendation, the government does not accept this recommendation.

36. It is the government's ambition, as set out in the Women's Health Strategy, that all women can access high-quality, personalised menopause care within primary care and, if needed, specialist care in a timely manner and disparities in access to menopause treatment are reduced.

37. It is not within the remit of central government to commission specialist health services. Integrated Care Boards¹⁶ (which replaced Clinical Commissioning Groups on 1 July 2022) are responsible for commissioning services that meet the health needs of their local population and have discretion to determine what priority needs are required in their area and can commission and implement specialist services where appropriate, including services for menopause.

38. Following the commencement of the Health and Care Act 2022, Integrated Care Partnerships are preparing Integrated Care Strategies¹⁷. These strategies should set the direction of the healthcare system in the local area and set out how commissioners in the NHS and local authorities, working with providers and other partners, can meet their populations needs and deliver more joined-up, preventative, and person-centred care for their whole population. Integrated Care Strategies present an opportunity to do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.

39. The Department of Health and Social Care published guidance on Integrated Care Strategies in July 2022 and set out that Integrated Care Partnerships should consider addressing unwarranted variations in population health, and disparities in access, outcomes, and experience of health and social care across their population throughout the integrated care strategy. This could include, subject to local needs and priorities, addressing menopause services.

40. Integrated Care Boards, and their partner local authorities will need to have regard to the Integrated Care Strategy so far as relevant when executing their functions, including the preparation of their five-year joint forward plans. Integrated Care Boards also have a legal duty to reduce inequalities in access to health services; and outcomes including the safety and effectiveness services and the quality of experience undergone by patients.

41. The Women's Health Strategy encourages Integrated Care Systems (Integrated Care Partnerships and Integrated Care Boards) to take into account the ambitions and actions

16 Integrated Care Boards are statutory NHS organisations responsible for planning and providing health services in defined geographical areas. There are 42 Integrated Care Boards across England

17 [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/on-the-preparation-of-integrated-care-strategies)

set out in this strategy when developing their local plans. The strategy also encourages the expansion of models of integrated women's health services, such as 'women's health hubs'. These bring essential women's services together, including for menopause, to support women to maintain good health and create efficiencies for the NHS. Our ambition is for there to be a women's health hub or similar in every integrated care system.

42. Furthermore, as part of her role, the Women's Health Ambassador will be building relationships with a wide range of stakeholders including Integrated Care Boards and Integrated Care Partnerships. Through this, she will work with them to raise the profile of, and encourage further action on, women's health issues including the menopause.

Recommendation four:

The Government must act urgently to ensure that lower cost HRT prescriptions are being issued and dispensed. Over the next three months the Government should communicate widely to ensure GPs and patients know about both the current NICE guidelines permitting a 12-month prescription, and the forthcoming single-cost pre-payment certificate. This should include but not be limited to:

- writing to all GPs and community pharmacists to ensure they know about the new scheme
- communications (for example, posters) in GP surgeries, pharmacies and walk-in centres
- through the Gov.uk website and DHSC social media accounts

43. The government accepts this recommendation in part.

44. The government is committed to reducing the cost of HRT prescriptions and work is underway with the NHS Business Services Authority to develop a bespoke pre-payment certificate (PPC) for HRT medicines licensed to treat the menopause. This will be introduced from April 2023, subject to consultation with all relevant representative bodies which is still ongoing. The intention is that from April 2023 patients will be able to purchase this bespoke HRT PPC at the cost of two prescription charges (currently £18.70). This means most women, if not all, on HRT will benefit from reduced prescription costs.

45. We fully agree that these changes need to be communicated widely so primary care prescribers and pharmacists are aware of this change and women can benefit from these reduced costs as quickly as possible. We are currently exploring how best to deliver the HRT PPC in primary care with the representative bodies for GPs and community pharmacists. We are committed to providing comprehensive material for women, prescribers and pharmacists using a range of communication tools and styles.

46. We have no plans at this time to encourage GPs to issue 12-month prescriptions given the planned introduction of the HRT PPC which will reduce costs of HRT prescriptions and because this could have a detrimental impact on the current supply situation for HRT medicines.

Recommendation five:

We recommend that the Government commits to removing dual prescription charges for oestrogen and progesterone, replacing it with a single charge for all women. We also recommend that the Government works with the NHS and the 'HRT tsar' to develop a national formulary for HRT. Both of these recommendations should be completed within six months of publication of this report. The Government should provide the Committee with updates on the HRT supply situation on a six-monthly basis.

47. The government accepts this recommendation in part.
48. As set out in the response to **recommendation 4**, we are committed to reducing prescription charges for HRT. The implementation of the bespoke HRT PPC will reduce annual prescription charges for HRT to the equivalent of two single prescription charges, which is currently £18.70. This will significantly reduce the cost for most, if not all, women who pay for prescriptions. The government has no plans to implement any additional approaches to further reducing HRT prescription charges.
49. Regarding formularies, under the NHS Constitution, patients in England have a right to medicines and treatments that have been recommended by NICE for use in the NHS, if a prescriber discusses treatment options with the patient and says they are clinically appropriate for them. There are also arrangements in place for additional, local decision making in the absence of a relevant NICE recommendation.
50. Prescribers in primary care are already able to prescribe from all licensed products using the British National Formulary (BNF). Prescribers can, and should, prescribe the medicine or appliance that is the most appropriate treatment option for the patient, using their clinical discretion and after a shared discussion with the patient taking into account the patient's values and preferences. Therefore, a national formulary specifically for HRT is not required.
51. Local formularies for HRT are in place in some, but not all, areas as part of locally tailored support for prescribing. With the establishment of Integrated Care Systems, the governance and processes for developing, reviewing and updating formularies is likely to change. NHS England is undertaking work to gather data about the status of and processes associated with maintaining and updating local formularies in England. The data gathered will be considered as part of the national transforming and integrating medicines optimisation programme to determine next steps and actions.
52. Regarding HRT supply, there are over 70 HRT products available in the UK and most remain in good supply. A range of factors including an increase in demand has led to supply issues with a limited number of products.
53. The HRT supply position has improved significantly in recent months. Actions taken and impacts include:
 - i. Access to in-demand products has improved since we issued Serious Shortage Protocols (SSPs) on HRT products to limit dispensing to three months' supply to even out distribution and allow specified alternative products to be supplied, as necessary.

- ii. Some HRT products have also been added to the list of products that cannot be exported or hoarded in the UK, including estradiol, estradiol/ levonorgestrel, estriol and conjugated oestrogens/ medroxyprogesterone acetate. Suppliers have taken swift action to secure additional stock of HRT products which are experiencing supply issues and deliveries of further stock have been expedited. These actions have increased near-term supply and we are encouraged by suppliers' plans to further build capacity to support continued growth in demand, such as the announcement of a new production line for Oestrogel and plans from other companies to introduce new products to the UK.
- iii. We have held roundtables with suppliers, wholesalers and community pharmacists to discuss the challenges they are facing, what they are doing and what needs to be done to address them.
- iv. We share regular communications about shortages and discontinuations with the NHS and have issued several communications about HRT supply issues to date.
- v. We update supply information about all HRT products, including those currently affected by supply issues, on the Specialist Pharmacy Services Medicine Supply Tool for NHS staff—including GPs—to access.

54. The HRT Supply Taskforce was a time-limited intervention which has now ended. We announced on 30 August that Madeleine McTernan was returning to her role as head of the Vaccines Taskforce, ahead of the autumn booster campaign.

55. The HRT Supply Taskforce made a series of recommendations which the Government has accepted and is taking forward. These recommendations included:

- vi. Continued dialogue with industry via regular industry roundtables and individual engagement.
- vii. Continued use of Serious Shortage Protocols when appropriate to manage shortages as steps are taken by suppliers to increase production.
- viii. Continued assessment of whether NHS formularies may be impacting access to HRT.
- ix. Improved access to data on prescriptions to more easily see where there are shortfalls between HRT packs prescribed and HRT packs supplied by manufacturers.
- x. Taking lessons from the HRT supply chain work to inform broader medicine supply work.

56. The government will next provide an update to the Committee on HRT supply following the next industry roundtable, expected to take place in February 2023.

Chapter Two – Menopause in the workplace

Recommendation six:

The Government should appoint a Menopause Ambassador to work with stakeholders from business (including small to medium enterprises), unions, and advisory groups to encourage and disseminate awareness, good practice and guidance to employers. The Menopause Ambassador should publish a six-monthly report on the progress made by businesses, and such report should include examples of good practice as well as noting particularly poor practice.

57. The government accepts this recommendation in principle.
58. This recommendation is in line with the recent government response¹⁸ to the independent menopause and the workplace report¹⁹ commissioned by the then Minister for Employment through the DWP 50PLUS Roundtable.
59. The independent report calls for the appointment of a Menopause Ambassador, to which the government response commits to the appointment of a Menopause Employment Champion to drive forward work with employers on menopause workplace issues and to spearhead the proposed collaborative employer-led campaign as outlined in the independent report. Key to the role will be to give a voice to menopausal women, promoting their economic contribution, and working with employers to keep people experiencing menopause symptoms in work and progressing.
60. The Menopause Employment Champion will be a DWP Ministerial appointment, reporting to and consulting with DWP Ministers at regular intervals. The Champion will also work with the Women's Health Ambassador on the issue of menopause and employment, ensuring there is no duplication of activity between the two roles, and exploring opportunities for joint working. We envisage that the Champion's role will focus on matters specifically affecting employers to ensure they are engaged and supported going forward, whilst the Ambassador will engage with a broader range of stakeholders.
61. We are supportive in principle of having a six-monthly report on progress made by business, including examples of good practice. We will appoint the Menopause Employment Champion in due course. Decisions on progress reports, including their frequency, will be determined once the relevant appointment has been made and terms of engagement have been agreed.

18 [Government Response to Independent Report on Menopause and the Workplace](#)

19 [Independent Report on Menopause and the Workplace](#)

Recommendation seven:

We recommend that the Government, in consultation with the Menopause Ambassador, produces model menopause policies to assist employers. The model policies should cover, as a minimum: how to request reasonable adjustments and other support; advice on flexible working; sick leave for menopause symptoms; and provisions for education, training and building a supportive culture.

62. Whilst supporting the ambition, the government does not accept this recommendation, as we do not believe a model menopause policy is necessary at this moment. The government agrees with the Committee that there is much that employers can and should do to help their employees experiencing the menopause. We are supportive of the aim to educate and inform employers and workplace colleagues about the potential symptoms of the menopause, and how they can support women at work. The government also agrees that it has a key strategic role in helping businesses and should lead the way in disseminating good practice.

63. Many organisations have introduced workplace policies and other forms of support such as menopause champions, training for employees and line managers, and signposting employees to occupational health services.

64. Within the Civil Service, in 2021, a Menopause in the Workplace Policy was launched. The Menopause in the Workplace Policy is intended to raise awareness of the menopause amongst all employees and managers, helping to promote and create a fully inclusive organisational environment that is supportive of all employees impacted by the menopause. It outlines what departments should do for staff and signals to managers that they should be supportive of employees who are experiencing difficult menopausal symptoms. It also raises awareness of the flexibilities available including what workplace adjustments could be considered, for example flexible working to support and help women manage symptoms of the menopause.

65. The NHS England National Menopause Care Improvement Programme has developed and launched national menopause guidance for the workplace²⁰ that champions staff wellbeing so that women can remain and thrive in the workforce through and beyond their menopause. The next phase of this includes menopause awareness training for line managers and the workforce. These products are being developed in partnership with menopause and workforce experts and will be pioneered first in the NHS and can then be shared with other sectors.

66. The Civil Service and NHS are two of the largest employers to sign the Wellbeing of Women menopause workplace pledge. The Workplace Menopause Pledge aims for organisations to commit to recognising that the menopause is a workplace issue, and that women need support, as well as talking respectfully and openly about the menopause, and actively supporting and informing colleagues. We will continue to encourage other employers to do the same.

67. Furthermore, leading organisations have already produced resources to support employers and employees. For example, the Chartered Institute of Personnel and

20 <https://www.england.nhs.uk/long-read/supporting-our-nhs-people-through-menopause-guidance-for-line-managers-and-colleagues/>

Development (CIPD) has produced the ‘Let’s talk menopause’ guidance²¹, and the Advisory, Conciliation and Arbitration Service (ACAS) has published ‘Menopause at work’ advice²² for employers. The independent government commissioned report into menopause in the workplace²³ also outlines examples of existing guidance and best practice for employers.

68. Government is also supporting women and employers in other ways. For example, the government’s response to the ‘Health is Everyone’s Business’ consultation was published in July 2021 and sets out some of the measures we will take to protect and maintain progress made to reduce ill-health related job loss and see 1 million more disabled people in work from 2017 to 2027. The consultation response sets out our plans for increasing access to employer-provided occupational health for small-to-medium-sized enterprises and self-employed organisations—to support innovation and build capacity in the occupational health market—and around the guidance needed on how employers can best support people to remain in work. The response to **recommendation 9** sets out government policy on flexible working.

69. Furthermore, the theme of the Health and Wellbeing Fund 2022 to 2025²⁴ is women’s reproductive wellbeing in the workplace. The Health and Wellbeing Fund is run jointly by the Department of Health and Social Care and NHS England, and provides an opportunity to collaborate with voluntary, community and social enterprises (VCSE) who are often the experts on particular issues and communities. The fund launched in May 2022 and invited applications from VCSE organisations for projects that can provide a holistic support offer to assist women experiencing reproductive health issues for example menstrual health and gynaecological conditions, fertility problems, pregnancy loss or menopause, to remain in, or return to, the workplace. On 9 December 2022 the government announced over £1.97 million of grant funding to 16 organisations across England²⁵. These projects will help to build the evidence base and spread best practice.

70. We therefore do not believe that the government producing model menopause policies is necessary at this time. There is much work underway already and we want to focus on highlighting and sharing best practice, which will avoid risk of duplication of efforts. We consider signposting employers to relevant policies within their industry will be more effective, as employers can then adapt and tailor those policies to make them appropriate to their organisation. As the Committee’s report notes, there are numerous examples of best practice, and there is no one-size-fits all approach to developing workplace menopause policies and guidance.

71. As set out in the response to **recommendation 6**, the Menopause Employment Champion will collaboratively work with employers and government to highlight this best practice, so that employers can use real examples of what they can do to improve support in the workplace. This will include launching an employer-led, government-backed, communications campaign on menopause in the workplace.

21 <https://www.cipd.co.uk/knowledge/culture/well-being/menopause>

22 <https://www.acas.org.uk/menopause-at-work>

23 <https://www.thephoenixgroup.com/views-insights/menopause-and-employment-how-enable-fulfilling-working-lives>

24 <https://www.gov.uk/government/publications/vcse-health-and-wellbeing-fund-2022-to-2025-womens-reproductive-wellbeing-in-the-workplace>

25 [£1.97 million awarded to support women in the workplace - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/1-97-million-awarded-to-support-women-in-the-workplace)

72. The Women's Health Ambassador will also work across government to further raise awareness and tackle taboos surrounding women's health issues in the workplace. This will include working alongside the government's Menopause Employment Champion once they are appointed.

Recommendation eight:

The Government should work with a large public sector employer with a strong public profile to develop and pilot a specific 'menopause leave' policy and provide an evaluation of the scheme and proposals for further roll out, within 12 months of commencing the scheme.

73. The government does not accept this recommendation.

74. Within the Civil Service, we are focusing our efforts on developing and promoting good practice and adoption across the Civil Service. As set out in our response to **recommendation 7**, last year the Civil Service launched a workplace menopause policy, and the Civil Service is one of the largest employers to sign the Wellbeing of Women menopause workplace pledge.

75. The introduction of a Civil Service-wide policy compliments the work that has been taking place in departments over recent years, including the proposal to establish Menopause Champions and the cross-government Menopause Network. Over half the departments in the Civil Service have active menopause networks in place which hold regular menopause events, cafes and forums. Departmental menopause networks are affiliated to the cross-government Menopause Network which have developed a set of guiding principles and a toolkit for line managers and employee

76. Within the NHS—another large, high-profile public sector employer—work is also underway to develop a model of workplace support, which centres on supporting women to remain and thrive in the workplace.

77. The government therefore does not believe that introducing or piloting a specific policy for menopause leave is necessary. The government's policy aim, as detailed in the Women's Health Strategy, is to support menopausal women to remain in the workplace, and to ensure employers are well-equipped to support their workforce during the menopause. For this reason, we are focusing our efforts on disseminating best practice and encouraging employers to implement workplace menopause policies and other forms of support such as flexible working, which can play a vital role in supporting people to remain in work. We are concerned that specific menopause leave may be counterproductive to achieving this goal.

Recommendation nine:

The Government should bring forward legislation before the end of the current Parliament to make the right to request flexible working a day-one right for all employees. It should issue employers with guidance encouraging them to grant any reasonable requests for flexible working, rather than placing the burden on the employee to justify their request.

78. The government accepts this recommendation.
79. Promoting flexible working is a government Manifesto commitment.
80. The existing right to request flexible working currently supports all employees with 26 weeks continuous service to make applications to change their working hours, working patterns and/or work locations. There is guidance on making a request for flexible working available on both GOV.UK²⁶ and the ACAS website.²⁷
81. In December 2022, the government published the response to its consultation on flexible working²⁸. In the response the government committed to make flexible working a ‘day one’ right—employees will no longer need to wait 26 weeks before accessing their statutory right to make a request to change their hours, time, or place of work. The government can make this change through regulations.
82. The consultation also committed to: bring forward legislation to require a conversation before an employer can reject a flexible working request; allow two statutory requests for flexible working in a 12 month period rather than the current one; reduce the time within which an application must be administered from three months to two months; and remove the requirement for the employee to set out how they believe their request can be accommodated, The government is supporting the Employment Relations (Flexible Working) Bill, currently going through Parliament, which would deliver these changes.
83. The government will consider guidance alongside legislative developments.

26 [GOV.UK](https://www.gov.uk)

27 [Acas website](https://www.acas.org.uk)

28 <https://www.gov.uk/government/consultations/making-flexible-working-the-default>

Chapter Three – Legal reform

Recommendation ten:

The HSE and EHRC should publish guidance on the legal considerations when supporting employees experiencing menopause, within the next six months.

84. The government accepts this recommendation in part.

85. The government is developing strengthened guidance that will give a set of clear and simple ‘principles’ that employers would be expected to apply, to support disabled people and those with long term health conditions in the work environment. The guidance could also apply where workers are experiencing symptoms such as those that occur in the menopause. It will be published by the Health and Safety Executive in Autumn 2022.

86. The Equality and Human Rights Commission is an independent public body. The Government will share the Committee’s recommendation with the Commission, however, it will be for the Commission to consider what, if any, future action is needed.

Recommendation eleven:

The Government should immediately commence section 14 of the Equality Act 2010.

87. The government does not accept this recommendation.

88. The government notes that the Committee’s presentation of the issues involved in commencing Section 14 of the Act, both in terms of the Report’s recording of evidence and its recommendation, relates entirely to the introduction of sex and age as a single dual protected characteristic, and the impact of that one specific change.

89. This gives an inaccurate impression of how Section 14 would work, were it to be commenced, since that section concerns cases where a person discriminates against another person “because of a combination of two relevant protected characteristics” (dual characteristics). Section 14 covers dual characteristics relating to seven of the Act’s nine protected characteristics (pregnancy and maternity and marriage and civil partnership being the exceptions). As Baroness Stedman-Scott’s letter of 25 May 2022 to the Committee Chair noted, the introduction of dual characteristics cannot be done piecemeal under the regime in section 14, and “cherry-picking” implementation only of specific dual characteristics could not be done under the legislation as it stands. Accordingly, implementation would create a further 20 dual protected characteristics in addition to age and sex—sex and disability; sex and race; sex and religion or belief; sex and sexual orientation; sex and gender reassignment; age and disability; age and race; age and religion or belief; age and sexual orientation; age and gender reassignment; disability and race; disability and religion or belief; disability and gender reassignment; disability and sexual orientation; race and religion or belief; race and sexual orientation; race and gender reassignment; religion or belief and sexual orientation; religion or belief and gender; reassignment gender reassignment and sexual orientation.

90. This government has previously expressed concerns about the significant additional burden which commencement of Section 14 would place on employers and service providers. The government remains concerned about this particularly the potential for creating new areas of dispute over self-identity and concerns about hierarchies of rights.

Recommendation twelve:

The Government should launch a consultation on how to amend the Equality Act to introduce a new protected characteristic of menopause, including a duty to provide reasonable adjustments for menopausal employees. This consultation should commence within six months of publication of this report. The Government's consultation response should include a review of whether the newly commenced s14 (above) has mitigated concerns about the current law.

91. The government does not accept this recommendation.
92. The government agrees that it is important that women who suffer substantial and longer-term menopausal effects should be adequately protected from discrimination in the workplace. However, we are not satisfied that the evidence given to the Committee during its inquiry fully supports new legislation, and in particular introducing menopause as a new protected characteristic, to protect women experiencing discrimination related to the effects of the menopause. We have particularly noted evidence from key stakeholders on this point:
- *“Legislation which should protect employees experiencing the menopause is in place. Under the Equality Act 2010, menopause should largely be covered under the three protected characteristics of age, sex and disability discrimination.”* Unison
 - *“We’re not convinced that further legislation would have the desired impact and there’s a risk of using regulation as a blunt tool.”* Chartered Institute of Personnel and Development
 - *“With the highly varied experiences of menopause and different business contexts, legislation is a blunt tool and the government might be better placed supporting businesses to find what works for them.”* Business in the Community
93. The government supports the aim underpinning this recommendation of ensuring that women are not discriminated against because of the menopause. However, the introduction of a new protected characteristic is not the only approach, or necessarily the best approach, to addressing risks of discrimination.
94. Baroness Stedman-Scott’s letter noted that, wherever possible, the use of protected characteristics within the Equality Act 2010 is intended to create protection across all the fields covered by the Act. Introducing menopause as a new protected characteristic does not align with this principle as it is only relevant to Part 5 of the Act. Furthermore, sex, age, and disability are all protected characteristics in the Equality Act 2010 which provide protection against unfair treatment of employees going through menopause.
95. Alternatives to a new, separate protected characteristic might include an expansion of the reasonable adjustments’ duty in section 20 and schedule 21 through an expansion of the definition of disability; or expansion of age discrimination provisions as they apply to employment. However, any choice between such alternatives is not simply a matter of practical drafting of legislative provisions. These options require primary legislation.
96. Furthermore, given the importance of this legislation it is important to ensure that the policy is considered in the round to avoid unintended consequences which may inadvertently create new forms of discrimination, for example, discrimination risks

towards men suffering from long-term medical conditions, or eroding existing protections. The more substantial the necessary changes to the 2010 Act are, the more likely it is that they would require a full-scale review of the Act. This could only be made as part of a wider reform of the Act. This is a major undertaking which would necessarily be some years away.

97. For these reasons, the government will work within the existing legal structure while considering the potential additional protection that might result from different changes to the Act. As noted above however, these will not include commencement of section 14 of the Equality Act 2010.