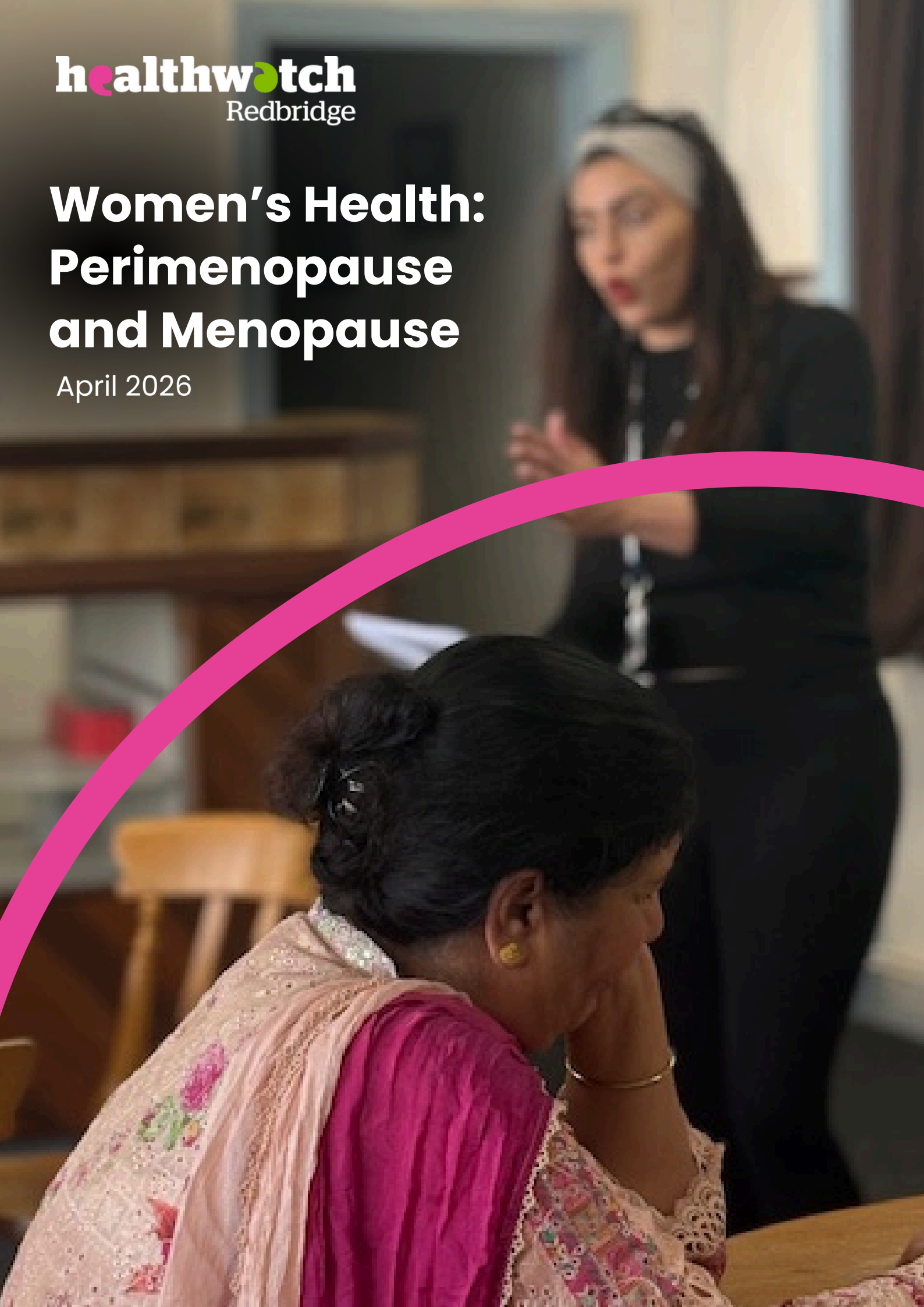


Women's Health: Perimenopause and Menopause

April 2026



About the Healthwatch Redbridge Women's Health Project

The Healthwatch Redbridge Women's Health Project is a three-phase project designed to explore the barriers women face when accessing critical aspects of healthcare across Redbridge. It aims to elevate the voices of women from communities that are often overlooked in mainstream service design including disabled women and women from the global majority.

The project began with an exploration of cervical screening experiences, followed by a second phase into breast cancer screening. The third phase focuses on menopause and perimenopause care, a long-underfunded area of women's health that is now gaining greater recognition for its impact in workplace inequality, mental health challenges, and health disparities. This phase of the project was open to all women from different backgrounds who were experiencing menopause or perimenopause. It combines insights from NHS services, local authorities, and community organisations ensuring that key themes and recommendations are grounded in women's lived experiences.



Foreword

As Chair of Healthwatch Redbridge, I am pleased to endorse this final report from our Women's Health Project, which brings together the voices and experiences of women to highlight the realities of menopause and perimenopause care.

Menopause is a universal life stage, yet for too long it has been under-recognised in healthcare systems, the workplace and wider society. The experiences shared through this project remind us that while menopause affects all women, access to understanding, support and treatment is far from equal. Disabled women and women from ethnically diverse communities continue to face additional barriers in accessing timely, informed and culturally sensitive care.

This report marks the final phase of a wider programme exploring women's health inequalities in Redbridge. Across cervical screening, breast screening and now menopause, a consistent message has emerged; that meaningful improvement in health outcomes requires services to be shaped not only by clinical expertise, but also by the lived experience of the communities they serve. Listening to women is essential, but so too is ensuring that women are active partners in shaping the services intended to support them.

Reports such as this are not simply reflections of experience; they can be tools for change, helping organisations across the system understand where improvement is needed and how services can evolve to better meet the needs of women.



At a time when the NHS is increasingly focused on partnership, neighbourhood working and meaningfully addressing health inequalities, the insights in this report offer an important opportunity for collective action. Improving menopause care cannot sit with any single organisation. It requires collaboration across the NHS, local authorities, employers, voluntary organisations and crucially community networks.

The women who shared their experiences through this project have made clear that change is both necessary and possible. Our collective responsibility now is to ensure their voices translate into meaningful improvements in care for current and future generations. The findings and recommendations that follow set out how that change can be further realised.

- Gita Malhotra, Chair, Healthwatch Redbridge

A handwritten signature in black ink that reads "Gita Malhotra". Below the signature is a long, thin horizontal line.

Foreword

As Chief Executive of Healthwatch Redbridge, I am honoured to introduce this report on the Women's Health Project, a vital initiative dedicated to understanding and addressing the challenges women face in accessing essential healthcare across our borough. The voices and experiences shared by women, particularly those from communities often marginalised in mainstream service design, have shaped every aspect of this work, guiding us toward solutions that are both inclusive and impactful.

In October 2025, the Government announced that menopause checks would be added to the routine NHS health checks for women aged 40 – 74 years of age¹. A landmark step forward in women's healthcare scheduled to commence in 2026.

This report is the result of genuine collaboration between community members, NHS partners, local authorities, and voluntary organisations. Their unwavering commitment has ensured that women from all backgrounds had the opportunity to contribute, helping us to capture the realities of cervical and breast screening, and, most recently, menopause and perimenopause care. By listening to the lived experiences of women in Redbridge, we have identified not only the barriers but also the opportunities to improve health equity and support the wellbeing of all women in our community.



On behalf of Healthwatch Redbridge, I extend my heartfelt gratitude to everyone who contributed to this project. Your stories, insights, and support have illuminated a path towards better care for women now and in the future.

- Cathy Turland, Chief Executive, Healthwatch Redbridge

A handwritten signature in black ink that reads "Cathy Turland". The signature is written in a cursive, flowing style.

1. Department for Work and Pensions. (2024). Shattering the Silence about Menopause: 12-Month Progress Report. [GOV.UK](https://www.gov.uk)

Acknowledgements

Healthwatch Redbridge (HWR) is proud to present this report, the result of so many women generously sharing their personal journeys through menopause and perimenopause care. Your voices have been at the very heart of this project, shining a spotlight on the real-life experiences and on the areas where support is still needed. Thank you for trusting us with your stories and for helping to drive meaningful change in women's health in Redbridge.

This project would not have been possible without the support and partnership of an array of community and statutory organisations. Your commitment to inclusivity and outreach made it possible for us to connect with women from all walks of life, and we are grateful for your involvement.

Our sincere thanks go to:

- Black Women's Kindness Initiative
- Albert Road Mosque
- Redbridge Carer's Support Services
- VHP Hindu Centre
- Loxford Polyclinic
- Adanna Women's Group
- Redbridge Rainbow
- Redbridge Women's Hub
- Whipps Cross Women's Hub
- Patient Experience Teams at Queen's Hospital, King George's Hospital and Whipps Cross Hospital
- Women's Health Hub (Redbridge & Waltham Forest)
- Redbridge Social Prescribing Team

We also wish to acknowledge the dedication of our volunteers, whose enthusiasm and tireless efforts enriched our engagement sessions and supported the delivery of this project.

Lastly, we are grateful for the valuable contributions from Public Health, North East London Cancer Alliance, and Healthwatch England, whose guidance and resources provided essential support throughout.

Thank you, everyone, for helping us work towards better health and brighter futures for all women in Redbridge.

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Executive Summary

This report marks the final phase of a three-part investigation into women's health inequalities in Redbridge, following earlier studies on cervical and breast screening. It focuses on menopause and perimenopause, a life stage experienced by all women, yet one that remains underrepresented in healthcare, policy, and public discourse.

The aim of this report was to explore how women in Redbridge experience menopause and perimenopause. Through a combination of surveys and interviews, the project sought to understand the barriers they face, the support they receive, and the impact on their physical, emotional, and social wellbeing.

While the project prioritised engagement with marginalised communities, including disabled women and women from communities that are often marginalised in mainstream service design, we also included a substantial number of white British women through our online survey. This participation revealed that systemic gaps in care affect women across all backgrounds, though marginalised groups often face additional and compounding barriers.

It concludes the Women's Health Project with a call to action, to ensure that every woman, regardless of background, ability, or identity receives informed, compassionate, and equitable care throughout every stage of her life.

In addition to the locally actionable recommendations outlined in this report, we have identified a national-level concern regarding the lack of menopause-specific training within medical and nursing education. This issue has significant implications for the quality and consistency of care women receive across the country. In response, we have included a strategic recommendation focused on embedding menopause into national clinical curriculum. To support further exploration and advocacy, we will raise this concern with Healthwatch England to determine whether it warrants broader investigation and national attention.

Report Limitations

This report provides important insights into women's experiences of menopause and perimenopause in Redbridge, drawing on a combination of interviews and survey responses. However, we recognise that the findings are based on a relatively small number of interviews (30) and surveys (193), which may limit the breadth of the perspectives captured.

As such, while the report highlights important themes and challenges, there remains a need for ongoing research with larger and more diverse groups to ensure that the full range of women's voices and experiences are heard and addressed.

Key Findings

This report brings together survey and interview evidence to present the main patterns emerging from women's experiences of menopause and perimenopause in Redbridge. Survey data provides a broader picture of common experiences across 193 respondents, while interviews with 30 women offer deeper insight into how those experiences are shaped by disability, ethnicity, language, culture, and previous experiences of healthcare. The combined findings show that inequalities in menopause care are experienced across the population, but are often intensified for disabled women and women from global majority backgrounds.

The key findings are:

Access to healthcare remains uneven.

Many women described difficulties obtaining timely, informed menopause support through primary care. Problems included dismissal of symptoms, poor continuity, long waits, confusion around referral routes, and low visibility of specialist services. These issues were especially pronounced for disabled women and women from global majority backgrounds.

Knowledge before symptom onset is often limited, and stigma continues to shape women's experiences.

Across both the survey and interviews, many women reported entering perimenopause or menopause with only partial understanding of what was happening. Cultural taboo, generational silence, and embarrassment were recurring factors that reduced preparedness and limited open discussion.

Information is not equally accessible.

Women described barriers linked to language, format, literacy, disability, and trust in available sources. Interview data in particular showed that women with disabilities and some Bengali and Indian participants often found current information insufficient, inaccessible, or poorly tailored to their needs.

Information-seeking and education preferences vary, but there is strong support for earlier and more inclusive menopause education.

Many women sought information reactively rather than proactively, often once symptoms had already become difficult to manage. There was broad support for school-based education, trusted clinical settings, community-based approaches, and accessible digital tools, although preferences differed by age, ethnicity, and disability.

Menopause has significant emotional, relational, and workplace effects.

Women described impacts on confidence, mood, relationships, and working life, including reduced performance, time off work, and early retirement. These effects were often compounded when women felt unsupported by employers, family, or health services.

Strategic Recommendations

These recommendations are designed to be actionable locally and strategically, aiming to ensure every woman in Redbridge receives informed, compassionate, and equitable care throughout her life.

The Strategic Recommendations are:

- **Expand Specialist Menopause Care:** Establish dedicated clinics, embed gynaecologists and specialist nurses in community settings, and clarify referral routes.
- **Promote Intergenerational and Relational Education:** Run campaigns and peer groups involving families and carers to normalise menopause conversations and reduce stigma.
- **Improve Language Access and Inclusive Information:** Translate resources into key languages and co-produce accessible materials with disabled and ethnically diverse women.
- **Strengthen Community-Based Education and Health Literacy:** Deliver sessions in trusted settings and train local health workers and peer educators to build menopause literacy.
- **Ensure Equitable HRT Information and Prescribing:** Provide balanced information on HRT and non-HRT options, audit prescribing patterns, and address disparities through GP training.
- **Enhance Accessibility of Clinics and Resources:** Adapt clinics for disabled and neurodiverse patients and develop inclusive, screen-reader friendly menopause resources.
- **Embed Menopause Education in Everyday Services:** Integrate awareness into contraception, maternity, and GP services, and support the use of digital tools.
- **Integrate Mental Health Support:** Include therapies, CBT, and wellbeing services in menopause pathways to address psychological impacts.
- **National-Level Action:** Commission menopause-specific continuing professional development for clinicians, covering perimenopause, trauma-informed care, disability, and cultural sensitivity.

Introduction

Menopause and perimenopause are major life transitions that affect many women, yet support remains inconsistent and often inequitable. In Redbridge, local women have told us that stigma, lack of awareness, and barriers to accessing care continue to shape their experiences. This project was developed to listen directly to those voices and highlight the changes needed in our community.

National reports, including the UK Government's Shattering the Silence about Menopause (2024)², have recognised that symptoms can be unpredictable and debilitating, and that workplace and healthcare support is often inadequate. Evidence also shows that women from marginalised backgrounds including Black, Asian, and disabled women are less likely to receive appropriate treatment such as Hormone Replacement Therapy³.

Disabled women face distinct challenges. NHS nurse Laura Bibby described how her premenopausal symptoms were repeatedly attributed to her spinal cord injury, delaying access to hormone therapy⁴. Women with learning disabilities also struggle to identify or communicate menopausal changes, leaving them dependent on carers who may not be trained to recognise symptoms. National bodies, including NICE, warn that without inclusive, person-centred redesign of services, disabled women risk being excluded from routine assessments and treatments^{5 6}.

Through the Women's Health Project, we engaged Redbridge residents to explore their experiences of menopause and perimenopause. Our findings provide a local perspective on national challenges, and highlight opportunities for more inclusive, culturally sensitive, and accessible care. This report shares those insights and sets out recommendations to strengthen support for women in Redbridge.



2. Danzebrink, D. (2021). Shocking Disparity in Menopause Training in Medical Schools [PDF]. Menopause Support. [GOV.UK](#)

3. British Menopause Society. (2025). Education Overview. [GOV.UK](#)

4. FemTech World. (2024). 10-Year Study Shows Deep Inequalities in Menopause Treatment Access. [GOV.UK](#)

5. Patient Safety Learning. (2024). White Women Most Likely to Get HRT Prescriptions in England, Study Finds. [GOV.UK](#)

6. Tackling the Inequalities in Menopause Care and Support [NHS England. \(2023\)](#).

Research Aims

This phase of the Women's Health Project seeks to deepen understanding of how women in Redbridge experience menopause and perimenopause, with particular attention to those who face additional barriers to care including disabled women and individuals from marginalised communities.

The aims of the research are to:

- Explore the lived experiences of local women going through menopause or perimenopause.
- Identify social, cultural, and structural influences such as stigma, language, disability, and ethnicity that shape women's attitudes towards menopause & perimenopause and affect their ability to seek and receive care.
- Understand systemic challenges, including physical access, communication barriers, diagnostic overshadowing, and low clinical awareness, that prevent timely support and accurate diagnosis.
- Gather community-led recommendations that reflect real life challenges and inform improvements in Redbridge healthcare to promote inclusive and equitable menopause care.
- Support wider change by contributing local insights to regional and national efforts to address menopause health inequalities as highlighted by the Women's Health Strategy for England.

Methodology

Healthwatch Redbridge used several different methods to collect feedback about menopause and perimenopause care. This included holding community conversations in person, conducting 30 one-to-one interviews, and running an online survey.

Meetings and interviews were organised in settings that encouraged participation from women of various backgrounds, ethnicities, and with different disabilities. This approach helped uncover more complex challenges and inequalities that might be missed in regular surveys.

The online survey gave women the chance to share their experiences anonymously, at their own convenience. It was promoted widely across hospitals, staff networks, patient groups, and community centres to ensure a diverse range of voices. 193 women responded to the survey.

The focused interviews targeted women who might face additional barriers to care, including Bengali and Indian women, wheelchair users, people with mobility issues, learning disabilities, and those who are visually impaired. These conversations helped ensure that groups who are often less heard were represented, resulting in a more complete and inclusive understanding of local needs.

Context

North East London Women's Health Hubs

To address longstanding gaps in women's healthcare, NHS North East London has introduced a network of Women's Health Hubs designed to improve access to specialist care across a range of reproductive health concerns, including menstrual health, contraception, pelvic pain, and menopause. These hubs aim to reduce health inequalities, ease pressure on hospital services, and shorten waiting times, particularly in gynaecology.

While the hubs support multiple conditions, local data has highlighted menopause as a significant area of impact. Nearly one in five women (18%) reported taking time off work due to menopause symptoms, and more than a third (35%) said they wanted to but felt uncomfortable doing so⁷.

These findings point to a clear need for more open conversations, workplace support, and accessible care pathways for those experiencing menopause.

Four Women's Health Hubs have been established across North East London to improve access to care for a range of gynaecological conditions, including menopause. Each hub offers a distinct model of service delivery shaped by local needs⁸.

- The City and Hackney Hub, launched in April 2021, provides routine gynaecology and contraception services, alongside virtual events, and group consultations.
- The Tower Hamlets Hub, which opened in December 2023, operates as a comprehensive one-stop centre for gynaecological care.
- The Barking, Havering and Redbridge Hub, introduced in July 2024, focuses on consultant-led clinics for menopause, pelvic pain, and urogynaecology.
- The Waltham Forest Hub, launched in August 2024, blends virtual and in-person services, with specialist clinics hosted at Whipps Cross Hospital to support local access.

These hubs form part of the wider Women's Health Strategy for England which was launched in 2022 as a 10-year plan, to close gender health gaps and ensure women's voices are better heard across the healthcare system⁹.

7. The Female Health Clinic. (n.d.). Menopause and Long Covid. [\[Link\]](#) (Note: direct article link not available)

8. Balance. (n.d.). My Story: Menopause While Living with Disabilities. [\[Link\]](#)

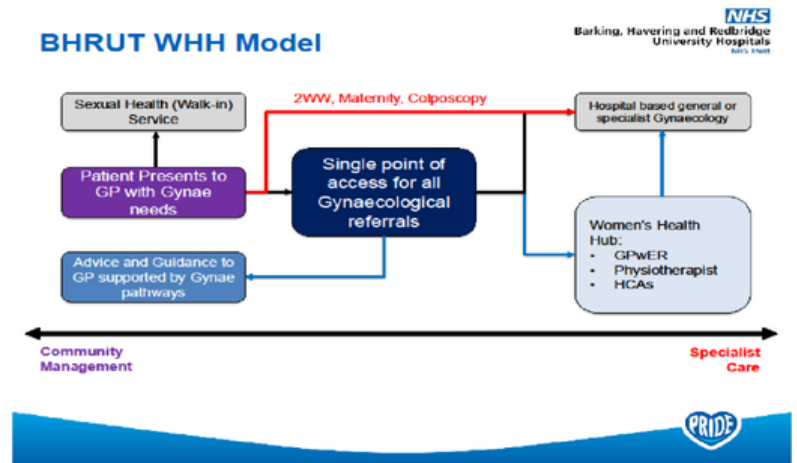
9. McCarthy, M. & Millard, L. (n.d.). MHF Briefing Vol3 Ver14: The Menopause and Women with Learning Disabilities. Foundation for People with Learning Disabilities. [\[PDF\]](#).

Context

Menopause services: Barking, Havering and Redbridge University NHS Trust (BHRUT) & Whipps Cross Hospital (WXH)

The Redbridge Women’s Health Hub (WHH) uses a tiered model to streamline gynaecology and menopause care. Patients start with their GP, with referrals triaged centrally by consultant gynaecologists. Community-based support is provided by GPs with Extended Roles, physiotherapists, and Health Care Assistants (HCAs), while complex cases go to specialists at King George or Queen’s Hospitals.

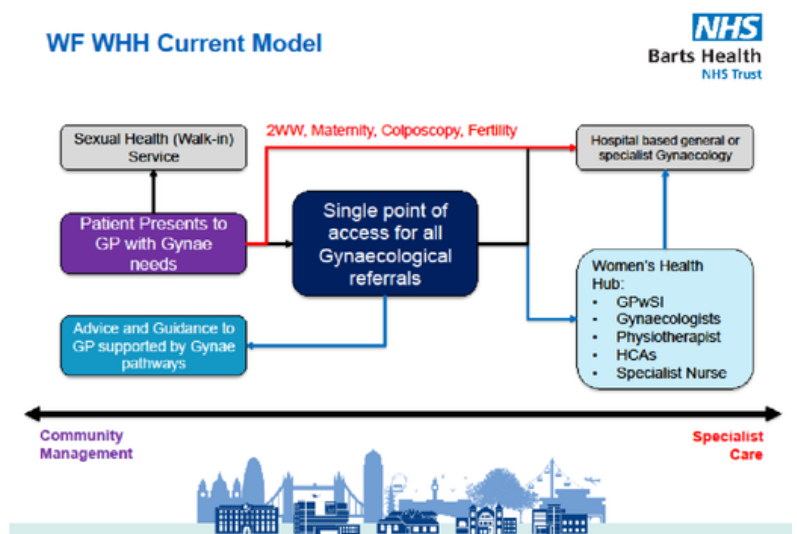
Although Redbridge has no dedicated menopause clinic, a monthly Menopause Support Group at Queen’s Hospital, run by Live Well Havering and Menopause Nurse Rebecca Hall, offers inclusive, evidence-based support for all, including trans and gender-diverse individuals.



Menopause services: Whipps Cross Hospital Menopause Clinic

The Whipps Cross Women’s Health Hub (WHH), part of Barts Health NHS Trust, provides a mature and integrated model of menopause and gynaecological care. Established in 2019, it runs eight menopause clinics each month, accommodating up to ten patients per clinic. Like Redbridge, it uses centralised triage through a Single Point of Access and a tiered care system but differs in embedding gynaecologists and specialist nurses directly within the community tier, ensuring earlier access to expertise. Hospital services at Whipps Cross extend beyond menopause to include two-week wait referrals, maternity care, colposcopy, fertility services, and walk-in sexual health clinics.

Although Redbridge has no dedicated menopause clinic, a monthly Menopause Support Group at Queen’s Hospital, run by Live Well Havering and Menopause Nurse Rebecca Hall, offers inclusive, evidence-based support for all, including trans and gender-diverse individuals.



Context

Attendance and inclusivity analysis: Women's Health Hub at Whipps Cross Hospital

An analysis of attendance data from the Women's Health Hub at Whipps Cross Hospital, covering the period from January to August 2025, reveals notable disparities in service engagement across ethnicity, disability status, and long-term health conditions. The dataset was provided by the **Business Intelligence Unit at Whipps Cross Hospital** and offers insight into who is accessing the service and where representation appears limited. Over the eight-month period, attendance declined steadily month by month, beginning with 161 patients in January and falling to just 30 by August. This represents an overall decrease of 81%, suggesting a significant drop in engagement over time.

Healthwatch Redbridge investigated this matter further to understand why there was a significant drop in engagement. The Patient Experience Lead and the Menopause Lead Consultant at Whipps Cross explained that the reduction in referrals to the Whipps Cross Menopause Clinic was due to:

- Clinics were previously delivered on the Whipps Cross site, but the number of on-site clinics has now been reduced.
- The service introduced an online advice and guidance service to GP's, enabling many patients to be managed within primary care and closer to home.
- Non-complex cases were now being directed to Women's Health Hub clinics.

Ethnicity data showed that White British women represented nearly half (48%) of all attendees, while women from minority ethnic backgrounds, including British Black Caribbean/African, British Asian Pakistani, Indian, and Bangladeshi is notably underrepresented. Similarly, engagement from patients with disabilities or long-term health conditions remains disproportionately low.

These findings suggest that while the Whipps Cross WHH model offers a robust clinical framework, further efforts are needed to improve inclusivity, outreach, and sustained engagement particularly among ethnically diverse and disabled populations.

BHRUT - Live Well Havering Menopause support group

This service offers a welcoming, non-judgmental space for anyone experiencing menopause. Participants can speak directly with a qualified Menopause Nurse and connect with others who are navigating similar experiences. The community is open to people at all stages of menopause pre-, peri- and post-menopausal and is fully inclusive of trans, intersex, non-binary and other gender-diverse people who experience menopause.

A programme of monthly sessions is available both online and in person at the Rainham Hub, covering topics such as bone health, stress management, non-hormonal treatment options, genitourinary symptoms, Hormone replacement therapy, sleep, heart health, relationships, and seasonal wellbeing. Some sessions align with national awareness events.

The service aims to be as accessible as possible. The in-person venue is wheelchair-friendly and equipped with a hearing loop (with advance notice). While interpreters and childcare are not currently available, these are being explored for future sessions. Online sessions offer optional subtitles, and participants are encouraged to share any additional accessibility needs so the team can support them.

Detailed Findings

The key findings have been summarised earlier in this report. The following section explores each theme in more detail.

- Access to healthcare remains uneven.
- Knowledge before symptom onset is often limited, and stigma continues to shape women's experiences.
- Information is not equally accessible.
- Information-seeking and education preferences vary, but there is strong support for earlier and more inclusive menopause education.
- Menopause has significant emotional, relational, and workplace effects.



Detailed Findings

1. Access to healthcare remains uneven

Access to menopause and perimenopause care was inconsistent across the dataset. Women described a system in which support often depended on the knowledge and responsiveness of an individual GP, rather than a clear and reliable pathway. Across both the survey and interviews, women reported delays, dismissal, limited follow-up and uncertainty about where to go if primary care support was not sufficient. These barriers were reported across different groups, but were often more pronounced for disabled women and women from global majority backgrounds.

Survey data suggests that satisfaction with GP support was low for many respondents. Among disabled survey respondents, only 27% found GP support “very helpful”, while 50% rated it “not at all helpful”. Very few respondents overall had accessed NHS specialist menopause care, with just 6.5% reporting this. More than half of participants also reported long NHS waiting times and delays in receiving diagnosis or treatment, and just over a third called for clearer referral pathways, better GP access and the development of community-based menopause hubs.

Interview evidence helps explain what sits behind these figures. Many disabled participants described having to repeatedly pursue support, receiving limited guidance, or not feeling that their symptoms were taken seriously. Interviewees also described difficulties where symptoms were attributed to other health conditions, where continuity of care was poor, or where appointments did not lead to clear next steps. Some Indian and Bengali participants linked low use of GP support not only to dissatisfaction, but also to stigma, lack of trust and discomfort discussing menopause with male clinicians.

“I didn’t get the support from the doctors, because I always had to chase the doctors... sometimes you still don’t get the information you need.” – Interviewee, wheelchair user

Detailed Findings

1. Access to healthcare remains uneven (continued)

“GP ruled out perimenopause saying I was too young at age 44” - Survey, British Asian Pakistani woman

There was also evidence that specialist care, while limited in reach, could be more helpful when women were able to access it. Among disabled respondents who had received specialist support, half rated it as either “very helpful” or “quite helpful”, suggesting that the issue is not only awareness but also access and referral.

Overall, the findings suggest that women are often entering menopause care through an inconsistent primary care route, with too little clarity about referral pathways and too much reliance on individual persistence. The data also shows that barriers linked to disability, ethnicity, gender of clinician and prior healthcare experiences can further shape whether women feel able to seek help at all.



Detailed Findings

2. Knowledge before symptom onset is often limited, and stigma continues to shape women's experiences

Low awareness before symptom onset was a recurring feature across the findings. Many women reported beginning perimenopause or menopause with only partial knowledge, limited language to describe what was happening and uncertainty about when or how to seek support. This was evident in both the survey and interviews and was not confined to one group, although it appeared especially pronounced among disabled women and some South Asian and Bengali participants.

Survey data showed that more than a third of respondents lacked basic awareness before symptoms began. Awareness gaps were visible across several groups. Over a third of White British and White Other respondents reported no prior knowledge of menopause symptoms, while British Black Caribbean and African respondents also showed substantial awareness gaps. Disabled respondents showed particularly limited preparedness, with 36% reporting no prior knowledge and 59% only partial understanding. South Asian British respondents showed mixed levels of awareness, but over a third reported none and a further 11% were unsure.

Interview evidence helps explain why awareness remained low. Many participants described menopause as something that had not been openly discussed in their families or communities. Generational silence, cultural taboo and embarrassment meant that some women entered this stage with little practical or emotional preparation. For some disabled participants, this was compounded by assumptions that menopause was not relevant to them, or by a broader lack of accessible and routine conversations about women's health.

“No, because back in the day, I don't think our parents ever spoke about it... It is only now that people are talking about it.”

Interview, Indian participant

Detailed Findings

2. Knowledge before symptom onset is often limited, and stigma continues to shape women's experiences (continued)

“Cultural barriers are massive.” – Survey, British Asian Bangladeshi respondent

The findings also suggest that stigma affects what happens after awareness, not just before it. Several women described delaying conversations with family members, avoiding GP appointments, or feeling reluctant to talk about symptoms in workplaces or community settings. Many also described feeling unprepared and unsupported because of generational silence, while some disabled women reported that menopause had never been openly discussed at all.

Taken together, the data suggests that awareness is shaped not simply by the existence of information, but by whether women encounter that information in ways that feel relevant, culturally acceptable and easy to act on. Where stigma remains strong, information alone may not be enough to improve preparedness.



Detailed Findings

3. Information is not equally accessible

Women's experiences of menopause information were shaped by more than whether information existed. Across the research, women described barriers linked to format, language, disability, literacy, trust and relevance. These barriers were particularly visible in interview accounts from disabled women and some Indian and Bengali participants, and they help explain why information often remained underused even where it was technically available.

Interview evidence from disabled participants indicated that many found current menopause resources inaccessible or poorly targeted. Survey data also suggested low levels of successful access to menopause information among some minority ethnic groups. Women described a need for simpler materials, sensory-friendly formats, translated information and resources that better reflected the diversity of symptom experiences. Survey responses also pointed to uncertainty about whether current resources were accessible or relevant, especially among disabled respondents.

“If the material is not accessible, then my biggest thing would be that it needs to be, because disability does not stop someone experiencing menopause.” Interview, visually impaired participant

“Yeah, providing information in our language, for every community this will make it easy for those problems.” - Interview, Indian participant

Interview material suggests that these barriers were often practical and cumulative. Some women could not find information in formats they could use. Others did not trust online material, found it fragmented, or felt it focused too narrowly on a limited set of symptoms. Bengali participants in particular often described information-seeking as inconsistent and reactive, with some relying on family members or community groups rather than structured resources. Disabled participants also reported uncertainty about whether available information was intended for them at all.

There is also evidence that menopause was less visible in public-facing messaging than other health topics. One disabled interview participant contrasted the visibility of breast and cervical screening campaigns with the relative absence of accessible public messaging on menopause, suggesting that menopause awareness may not yet have the same level of routine public health visibility.

Overall, the findings show that information barriers are not simply an issue of translation or digital access. They relate to whether women can recognise themselves in the material, whether it is available in usable formats and whether it is delivered through channels that feel trustworthy and relevant.

Detailed Findings

4. Information-seeking and education preferences vary, but there is strong support for earlier and more inclusive menopause education

The research suggests that women's engagement with menopause information is often delayed, reactive and shaped by previous experiences of healthcare, confidence and trust in available sources. Many women did not actively seek information before symptoms began. Others sought support only after symptoms became difficult to manage, or relied on peers, family members or media coverage rather than formal health information.

Survey findings suggest that proactive information-seeking was particularly low among disabled women and British Asian Pakistani women. Only 20% of British Asian Pakistani survey respondents reported seeking information before symptoms began, while only around a fifth of respondents across disability groups had actively sought menopause information online. Interview evidence also showed that some women avoided digital sources because they felt overwhelmed, mistrusted online content, or did not feel that available information reflected their circumstances.

At the same time, there was strong support for earlier and more embedded menopause education. Among disabled survey respondents, 86.4% supported school-based menopause education and 77.3% supported education through doctors' appointments and contraception clinics. There was also strong support for digital tools such as period tracking apps. Across ethnic groups, clinical settings were seen as important points for education, while faith centres, trusted community voices, employer-led activity, family conversations and workshops were also suggested. Preferences varied by age, with younger participants more likely to support schools, universities and digital platforms, and those aged 40 to 54 more likely to favour medical touchpoints and workplace education.

"I think definitely easy read, I will say, simplified versions, even social stories... making it in a way that is tangible would be helpful."
Interview, learning disabled participant

Detailed Findings

4. Information-seeking and education preferences vary, but there is strong support for earlier and more inclusive menopause education (continued)

“Since the Davina McCall programme, I think the conversations have started.” – **Survey, White British woman**

This theme is important because it shows that women are not simply asking for more information in the abstract. They are asking for education that starts earlier, appears in trusted settings, uses accessible formats and reaches beyond the individual woman to include partners, families, employers and communities where appropriate. Several participants also highlighted the need for better menopause education for men because of the impact on relationships and emotional wellbeing.

The evidence therefore points towards a need for multiple education routes rather than a single communication strategy. What feels relevant and accessible to one group may not work for another, and the findings consistently favour tailored, community-aware approaches over one-size-fits-all awareness activity.



Detailed Findings

5. Menopause has significant emotional, relational, and workplace effects

Menopause and perimenopause were associated with substantial emotional, relational and professional effects across the dataset. Women described impacts on confidence, cognition, energy, mood, family life and work, often alongside frustration that these effects were poorly recognised or unsupported.

Survey data showed that 28% of respondents said menopause had a significant impact on them, while 18% reported taking time off work because of symptoms. Women aged 40 to 54 were the most likely to report these effects, followed by women aged 55 to 69. The most commonly cited difficulties included brain fog, anxiety, depression, fatigue, hot flushes, joint pain, weight gain and loss of confidence.

Interview and survey comments show how these symptoms affected daily life. Women described changes to family relationships, reduced social participation, a sense of isolation and major workplace consequences including reduced performance, missed promotions, less demanding roles and early retirement. Some also described workplace policies that existed on paper but did not translate into empathy or practical support.

“Unable to function in a demanding job role. Feelings of inadequacy and panic. Crying episodes and time off leading to taking a less demanding job role, less money, and eventually early retirement.” Survey, White British woman aged 50–59

“If you mention experiencing perimenopause symptoms at work, you may be ridiculed and denied time off to recover.” – Survey, British Asian Pakistani woman aged 40–49

Women also described relational strain and feeling invisible or unsupported in intimate relationships and wider social life. While these experiences should not be overgeneralised, they show that menopause was not experienced solely as a clinical or biological transition. For many women, it affected identity, confidence and social participation as well as health.

This theme also connects back to the earlier findings. Where women entered menopause with little prior knowledge, faced difficulties accessing care, or could not find information that felt usable, the emotional and practical effects of symptoms often became harder to manage. The data therefore suggests that emotional and workplace impacts should not be treated as separate from access and information issues, but as closely related to them.

Discussion

The findings show a consistent overall pattern. Menopause and perimenopause care in Redbridge is experienced by many women as fragmented, uneven, and insufficiently responsive to difference. The survey demonstrates that difficulties in access, awareness, information, and support are widely shared. The interviews then show how those same difficulties are intensified when women also encounter disability-related barriers, cultural stigma, language challenges, mistrust in services, inaccessible information, or poor previous experiences of healthcare.

A key point of convergence between the two datasets is that inequalities are not isolated to one stage of the pathway. Women described problems before help-seeking, during help-seeking, and after contact with services. Limited knowledge before symptom onset reduced preparedness. Stigma made discussion more difficult. Barriers in general practice delayed recognition and treatment. Information was not always available in formats or languages that women could use. Workplace and emotional impacts were then magnified when support was absent or inconsistent. In this sense, the findings point not to a single service gap but to a chain of disadvantage that can accumulate over time.

There is also an important convergence around who is most affected. Both the survey and interviews indicate that disabled women and women from global majority backgrounds often face additional barriers. However, the findings also show that poor menopause support is not confined to those groups alone. White British respondents also reported low prior awareness, dismissive care, and HRT-related frustration. This matters because it suggests the issue is both systemic and unequal: the system is not working well enough for many women, and some women face additional and compounding obstacles within it.

A notable divergence between the two datasets lies in what each makes most visible. The survey is stronger at showing scale and distribution, such as low specialist-care access, support for school-based education, and the proportion of women reporting significant emotional impact. The interviews are stronger at showing mechanism: why women delay seeking help, how stigma operates within families and communities, what “inaccessible” information means in practice, and how clinical dismissal affects confidence and trust. Taken together, the two forms of evidence are complementary. The survey identifies patterns; the interviews show how those patterns are lived.

Discussion

The findings also have clear implications for service provision. First, they suggest that menopause care cannot be improved through awareness alone. Women need access to clearer clinical pathways, more consistent GP knowledge, and more visible routes into specialist support. Second, they indicate that information quality must be considered alongside information availability. Resources that are not translated, not accessible, not trusted, or not culturally resonant will not reduce inequalities. Third, they point to the importance of delivering education in multiple places, including schools, routine health services, workplaces, community settings, and digital platforms, rather than assuming one route will reach all women.

The emotional and workplace findings are especially significant in policy terms because they show that menopause is not only a clinical matter. Its effects extend into employment, family relationships, social participation, and mental wellbeing. This reinforces the case for menopause support that is coordinated across sectors rather than located solely within specialist clinics. Improving menopause care cannot sit with any single organisation and requires collaboration across the NHS, local authorities, employers, voluntary organisations, and community networks. The findings support that view.

Finally, the data points towards an overarching insight about equity. The issue is not simply that some women need “extra” support layered onto a standard service. Rather, the standard service appears to have been designed around assumptions that do not reflect the realities of many women’s lives. Where information is inaccessible, conversations are stigmatised, symptoms are dismissed, and referral routes are unclear, inequalities become built into the care pathway itself. The implication is that more equitable menopause care will require not only additional provision, but service design that is more inclusive from the outset.



Conclusion

Many women in Redbridge continue to experience inadequate menopause and perimenopause care, with marginalised groups facing the greatest challenges. While some individuals have had positive interactions with GPs, benefitted from specialist care, or received support within inclusive community settings, the majority still encounter significant barriers and difficulties.

Despite these ongoing challenges, there is encouraging progress towards change at both local and national levels. Policymakers, healthcare professionals, and communities are increasingly engaging in open conversations about menopause, signalling genuine momentum for more inclusive and equitable care. The candid accounts and active participation of women in this process have helped ignite important discussions, laying the groundwork for improvements that promise to benefit generations to come.

Building on this momentum, the recent NHS commitment to embed menopause into routine Health Checks¹⁰ represents a significant and positive development. However, it is important to recognise that this step alone does not fully resolve persistent systemic challenges or inequalities. Many women continue to report experiences of being dismissed, misdiagnosed, or confronted with inaccessible resources and cultural stigma; issues that remain widespread and demand urgent, structural transformation.

In response, the local recommendations set out in this report reinforce and complement national policy initiatives, focusing on expanding specialist clinics, improving language access, co-producing inclusive resources, and strengthening community-based education. Nonetheless, strategic action is also required at the national level, particularly to embed comprehensive menopause training within medical curricula.

Taken together, these measures present a clear and practical path forward. The women who have generously shared their experiences expect their voices to drive genuine and lasting change.



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Recommendations

This report highlights the lived experiences of women navigating menopause and perimenopause across Redbridge, revealing persistent inequalities in access, understanding, and support.

Local Recommendations

- Broaden access to specialist menopause support in Redbridge by establishing focused clinics, placing gynaecology experts and trained nurses within community health networks, and simplifying referral processes.
- Encourage cross-generational dialogue and educational initiatives—organise awareness events and peer-led groups that involve carers and family members, helping to destigmatise menopause discussions.
- Increase accessibility to information and support by translating materials into widely spoken languages and collaborating with disabled and minority women to create user-friendly, inclusive resources.
- Bolster community-driven education and health knowledge by conducting informative sessions in trusted local venues and equipping health professionals and peer mentors with menopause training.
- Promote fair and consistent HRT advice and prescribing—offer unbiased information about HRT and alternative options, monitor prescription patterns, and provide targeted training for GPs to address any imbalances.
- Make clinics and resources more accessible for disabled and neurodiverse individuals by adapting facilities and developing menopause materials that are compatible with assistive technology.
- Embed menopause awareness within routine health services such as contraception, maternity, and general practice, and encourage the use of digital support tools for patients.
- Integrate mental health care into menopause pathways—include psychological therapies, cognitive behavioural support, and wellbeing services to address the emotional effects of menopause.

National-Level Recommendation

- At a national scale, prioritise the integration of comprehensive menopause education within medical and health training programmes, ensuring that all clinicians are equipped to deliver inclusive and effective care.

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Appendices

Appendix A: Survey Distribution Channels

The Smart Survey was promoted across a wide range of hospital, staff, and community platforms to maximise reach and inclusivity.

- BHRUT Workplace staff platform
- King George's Hospital Menopause Clinic
- Queen's Hospital Outpatients Gynaecology Clinic
- BHRUT Social Handlers' platform
- Whipps Cross WeShare staff platform
- Whipps Cross Digital Boards
- Women's Health Hub – Whipps Cross site
- Whipps Cross Hospital – Main Outpatients
- Patient Panel Groups
- Macmillan Community Board
- Community Hubs

Appendix B: Focused Interview Participants

Thirty focused interviews were conducted with women who may encounter additional barriers to accessing care. Their contributions ensured seldom-heard voices were represented.

- Bengali women (10)
- Indian women (10)
- Wheelchair users (4)
- Women with mobility issues (3)
- Individuals with learning disabilities (2)
- Visually impaired women (1)

Appendices

Appendix C: Survey Respondent Profiles

1. Age Distribution

Age Group	Number of respondents
25-39 years	17
40-54 years	102
55-69 years	55
70-79 years	9
80+ years	1
Not provided	9

2. Carers Status

Carers Status	Number of respondents
Yes	25
No	168

3. Disability / Long-Term Condition

Disability / Condition	Number of respondents
Disability reported	34
Long term condition	12
None of the above	140
Prefer not to say	7

Appendices

Appendix C: Survey Respondent Profiles

4. Ethnic Background

Ethnic Background	Number of Respondents
White British	102
White: Other (Irish, Italian mix, French, Turkish, Persian, other specified)	24
Asian/Asian British: Indian	18
Asian/Asian British: Pakistani	17
Asian/Asian British: Bangladeshi	8
Asian/Asian British: Any other Asian	1
Black/Black British: African	3
Black/Black British: Caribbean	2
Mixed: Asian and White	2
Mixed: Any other mixed background	3
Other (please specify)	2
Prefer not to say	2
Not Provided	9

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