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# Menopause (Support and Services) Bill

## Summary

- 1 Background
- 2 The Bill

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# Contents

<b>Summary</b>	<b>4</b>
<b>1 Background</b>	<b>6</b>
1.1 What is the menopause?	6
1.2 Hormone Replacement Therapy (HRT)	8
1.3 Prescription charges	10
1.4 Menopause education, training and support	11
Schools	11
Medical students and general practitioners	12
Workplace support	13
<b>2 The Bill</b>	<b>17</b>
2.1 Private Members' Bill ballot	17
2.2 The Bill's clauses	18
2.3 Support for the Bill	19

## Summary

The [Menopause \(Support and Services\) Bill](#) would make NHS prescription hormone replacement therapy (HRT) free of charge in England. HRT is a treatment for menopausal symptoms; prescriptions are already free in the rest of the United Kingdom.

The Bill would also require the publication of a UK-wide cross-government strategy, covering issues concerning menopause support services and education.

## Menopause awareness

Documentaries by TV presenters such as [Kirsty Wark in 2017](#) and [Davina McCall in 2021](#), have helped normalise the public conversation on the menopause. The increased media attention has focused, in particular, on the effect of menopausal symptoms on women in the workplace.

In July 2021, two separate parliamentary inquiries began to examine the impact of the menopause. On 6 July 2021, the All-Party Parliamentary Group on Menopause (Menopause APPG) chaired by Carolyn Harris MP, launched an [inquiry into the impacts of menopause and the case for policy reform](#). The scope of the inquiry is to “examine a wide-range of issues surrounding Menopause” including:

- current policy around menopause in the workplace, amongst medical professionals and in education
- the impact menopause is having on people’s daily lives and within society and families.

The House of Commons Women and Equalities Select Committee opened its inquiry on [menopause and the workplace](#) on 23 July 2021. It is examining current workplace practices and whether existing discrimination legislation protects workers going through the menopause, or whether more needs to be done. The Committee aims to present its findings and recommendations with a view to shaping the Government’s [Women’s Health Strategy](#) and policies readdressing gender equality.

## What would the Bill do?

In addition to chairing the [All Party Parliamentary Group on Menopause](#), Carolyn Harris is also sponsoring the Menopause (Support and Services) Bill (Bill 16). This Private Members' Bill was introduced to the House of Commons on 16 June 2021.

The Bill's clause on HRT prescriptions would extend to England and Wales but would have effect in England only. This is because prescription charges have been abolished by the devolved administrations. The clause making provision for the cross-government strategy would extend to the whole of the United Kingdom.

The Bill is due to have its Second Reading in the House of Commons on 29 October 2021.

## Terminology

The menopause affects women and other people whose oestrogen levels are declining, which can include trans people and non-binary people. The experience of the menopause may be different for people in these communities.

The terminology in this paper reflects that used by the NHS, National Institute for Health and Care Excellence and in the Bill.

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# 1 Background

## 1.1 What is the menopause?

The menopause is a natural stage in life when a woman's periods stop, and she is no longer able to get pregnant naturally.<sup>1</sup> It happens when there is a change in the sex hormones as a woman gets older. The ovaries stop producing the hormone oestrogen and no longer produce an egg each month. The menopause usually occurs between the ages of 45-55; the average age for women in the UK to reach menopause is 51.

The process of menopause is usually gradual. Although symptoms may go on for a number of years, menopause is said to have taken place when a woman has not had a period for 12 months.<sup>2</sup> The transition phase before menopause – when periods become irregular – is often referred to as 'perimenopause'.<sup>3</sup> The menopause thus affects women and other people whose oestrogen levels are declining, which could include trans people and non-binary people. Menopause can also be triggered by some treatments for cancer, and in some exceptional cases, younger women may become menopausal (known as premature menopause).

An estimated 1.5 million women – around 80% of those going through menopause – experience common symptoms such as hot flushes and night sweats.<sup>4</sup> These are caused by a change in the balance of hormones. Symptoms can have a significant impact on daily life and well-being and experiences vary widely. Common menopausal symptoms include:

- hot flushes
- night sweats
- vaginal dryness and discomfort during sex
- difficulty sleeping

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<sup>1</sup> Trans people and non-binary people may also experience the menopause and menopausal symptoms. The [Wales TUC Cymru menopause in the workplace. A toolkit for trade unionists](#) (PDF, 1955 KB) looks at how trans people and other people with protected characteristics can be affected by the menopause or menopausal symptoms. The terminology in this paper reflects that used by the NHS, NICE and in the Bill.

<sup>2</sup> Royal College of Obstetricians & Gynaecologists, [Menopause - a life stage](#)

<sup>3</sup> Johns Hopkins Medicine, [Perimenopause](#)

<sup>4</sup> NICE, [Menopause: diagnosis and management: Context](#), p25 [NG 23], 12 November 2015.

- low mood or anxiety
- reduced sex drive (libido)
- problems with memory and concentration.<sup>5</sup>

The symptoms of menopause typically last about four years after the last period but can continue for up to 12 years in about 10% of women.<sup>6</sup> In some cases, menopausal conditions are severe enough to result in hospital admission. Around 16,000 women were admitted to hospital in England in 2019/20 with conditions associated with the menopause.<sup>7</sup>

The reduction in oestrogen caused by the menopause can affect bone density and the cardiovascular system, putting women and other postmenopausal people at an increased risk of long-term conditions, such as osteoporosis and heart disease.

GPs can suggest lifestyle changes or prescribe treatments to ease the impact of menopausal symptoms. These include:

- hormone replacement therapy (HRT) – tablets, skin patches, gels and implants that relieve menopausal symptoms by replacing oestrogen
- non-hormonal treatments, for example a drug called clonidine, which may be prescribed instead of HRT to treat hot flushes and night sweats
- vaginal oestrogen creams, lubricants or moisturisers for vaginal dryness
- cognitive behavioural therapy (CBT) – a type of talking therapy which can help to alleviate low mood or anxiety
- eating a healthy, balanced diet and exercising regularly – maintaining a healthy weight and regular weight-bearing exercise can improve some menopausal symptoms and reduce the chance of developing osteoporosis.<sup>8</sup>

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<sup>5</sup> NHS website, [Menopause: overview](#).

<sup>6</sup> Ibid

<sup>7</sup> Source: [NHS Digital admitted patient care 2019/20](#). Admission figures for 2020/21 have been published by NHS digital but these cannot be considered a typical year due to the impact of the Coronavirus pandemic. Hence 2019/20 figures are reported here.

<sup>8</sup> Source: NHS website, [Menopause: overview](#) and [Hormone Replacement Therapy: overview](#)

## 1.2 Hormone Replacement Therapy (HRT)

The National Institute for Health and Care Excellence (NICE) guidance on [Menopause: diagnosis and management](#) recommends a range of treatment options for menopausal symptoms.<sup>9</sup> HRT is included in the range of treatment options recommended by NICE and is the most commonly prescribed treatment. NICE reports that the use of HRT “varies with socioeconomic and cultural factors”. Advice and support for HRT as a treatment is also variable.<sup>10</sup>

HRT helps to relieve symptoms by replacing oestrogen levels that naturally fall during the menopause and offers protection against bone loss and fractures. There are different types of HRT which either contain oestrogen or a combination of oestrogen and progesterone. It can be taken in the form of tablets, through a patch or gel on the skin or via an implant.

HRT treatment regimes will vary according to an individual’s needs and particular symptoms.<sup>11</sup> A [NICE Clinical Knowledge Summary](#) provides further detail on regimens for different types of HRT.<sup>12</sup>

HRT has a controversial history. The number of women taking HRT more than halved between 2002 and 2015 following the publication of two studies<sup>13</sup> which linked its use to an increased risk of breast cancer.<sup>14</sup> Medical groups and academics criticised the media for misreporting the results of the studies. For example, a 2016 article in the [British Journal of General Practice](#) pointed out one of the studies had limited its examination of the risks and benefits to older women taking HRT; many of the women were overweight or obese (so had other risk factors for cardiovascular disease and cancer); and the study used a type of HRT that was no longer prescribed.<sup>15</sup>

The Royal College of Obstetricians and Gynaecologists (RCOG) stressed the need to put the additional risk associated with HRT into context, saying the extra risk of breast cancer associated with being overweight or obese was six times higher than the extra risk associated with combined HRT.<sup>16</sup>

The current NICE guidance, [Menopause: diagnosis and management](#), advises clinicians to explain to women that, although combined hormone (oestrogen and progestogen) HRT “can be associated with an increase in the risk of breast cancer” oestrogen-only HRT “is associated with little or no change” in

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<sup>9</sup> NICE, [Menopause: diagnosis and management: Context](#), [NG 23], 12 November 2015

<sup>10</sup> NICE, [Menopause: diagnosis and management: Context](#), p25 [NG 23], 12 November 2015

<sup>11</sup> NHS website, [Hormone replacement therapy \(HRT\)](#)

<sup>12</sup> NICE, [Menopause: Prescribing information](#), revised November 2020

<sup>13</sup> [Women’s Health Initiative](#) (2002) and the [Million Women Study](#) (2003)

<sup>14</sup> NICE, [Menopause: diagnosis and management: Context](#), p25 [NG 23], 12 November 2015 (updated 5 December 2019)

<sup>15</sup> BJGP, [Best practice for HRT: unpicking the evidence](#), Louise R Newson, 2016

<sup>16</sup> RCOG, [Better for Women](#), December 2019, p104

risk.<sup>17</sup> The guidance also says the increased risk is related to the duration of treatment and reduces after stopping HRT.<sup>18</sup>

Current NICE guidance does not, however, fully reflect recent data on the risks of breast cancer associated with long-term use of HRT. In August 2019, the Medicines and Healthcare Regulatory Agency (MHRA) published a [drug safety update on HRT](#) following a study reported in the Lancet, which found [the total risk of breast cancer was lower after stopping HRT](#) compared to during its use, but the risk remained increased for more than 10 years compared with women who had never used HRT. The total increased risk of breast cancer associated with HRT was therefore higher than previous estimates.<sup>19</sup> The Lancet study also found that although the risk of breast cancer was lower with oestrogen-only HRT, there was an overall increased risk of breast cancer with all types of HRT, except for topical HRT applied directly into the vagina.<sup>20</sup>

A [further randomised trial study](#), reported in the British Medical Journal in October 2020, found the levels of risks varied between types of HRT. Higher risks were associated with combined HRT treatment and with longer durations of use.<sup>21</sup>

The updated [MHRA advice](#) to health professionals is to:

- Inform women who use or are considering starting HRT of the new information about the increased risk of breast cancer risk at their next routine appointment.
- Only prescribe HRT to relieve post-menopausal symptoms that are adversely affecting quality of life and regularly review patients using HRT to ensure it is used for the shortest time and at the lowest dose.
- Remind current and past HRT users to be vigilant for signs of breast cancer and encourage them to attend for breast screening when invited.

NICE has said guidelines on the long-term benefits and risks of hormone replacement therapy will be updated to reflect the MHRA advice as part of the planned update to its menopause guidance.<sup>22</sup>

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<sup>17</sup> [NICE, Menopause: diagnosis and management: Recommendations](#), para 1.5.1

<sup>18</sup> Ibid

<sup>19</sup> [Medicines and Healthcare products Regulatory Agency Hormone replacement therapy \(HRT\): further information on the known increased risk of breast cancer with HRT and its persistence after stopping](#); The Lancet, [Type and timing of menopausal hormone therapy and breast cancer risk...](#) vol 394, issue 10204, 28 September 2019

<sup>20</sup> The Lancet, [Type and timing of menopausal hormone therapy and breast cancer risk...](#) vol 394, issue 10204, 28 September 2019

<sup>21</sup> BMJ, [Use of hormone replacement therapy and risk of breast cancer: nested case-control studies using the Research and CPRD databases](#), published 28 October 2020

<sup>22</sup> NICE, [Menopause: diagnosis and management](#), [NG 23], 12 November 2015 (updated 5 December 2019)

In response to the recent findings, [Women's Health Concern](#), the patient arm of the British Menopause Society (BMS), said although HRT is not a risk-free treatment:

...it remains the most effective solution for the relief of menopausal symptoms and is also effective for the prevention of osteoporosis. It may in certain age groups provide protection against heart disease.<sup>23</sup>

Women's Health Concern has published a '[HRT timeline](#)' summarising the history of HRT and the key studies which have influenced the prescribing and take-up of treatment.<sup>24</sup>

## 1.3 Prescription charges

The [Menopause \(Support and Services\) Bill](#) would make NHS prescription Hormone Replacement Therapy (HRT) free in England. HRT is already available on prescription without charge in Wales, Northern Ireland and Scotland. This is because prescription charges were abolished by the devolved administrations.

### Prescription charges in England

The current prescription charge in England is £9.35 per item. Approximately 89% of prescriptions in England are dispensed free of charge under a broad [system of exemptions](#), including for those on low incomes and people with qualifying long-term medical conditions such as cancer or diabetes.

Menopause is not a medical condition listed as exempt from NHS prescription charges. The list of conditions has only been added to once - in 2009 for cancer - since it was originally agreed in 1968.

Individuals may be able to save money on prescriptions with a [Prescription Prepayment Certificate](#).

Organisations such as the [Prescription Charges Coalition](#) have called for an end to prescription charges for people with long-term conditions. Its June 2017 report, [Still Paying the Price \(PDF, 219 KB\)](#), found that for many people the cost of prescriptions is a barrier to taking medication. The Coalition includes charities such as Disability Rights UK, Terrence Higgins Trust and the MS Society.<sup>25</sup>

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<sup>23</sup> WHC, [HRT: Benefits and risks](#), reviewed November 2020

<sup>24</sup> Women's Health Concern, [HRT: The history](#), updated November 2020

<sup>25</sup> [Members of the Prescription Charges Coalition](#), accessed 1 October 2021.

The Government has repeatedly said there are no plans to review or extend the list of medical exemptions.<sup>26</sup> In April 2021, Health Minister Jo Churchill said:

Around 89% of prescriptions are dispensed free of charge and extensive arrangements are already in place to help people, including those with cystic fibrosis and other life-long medical conditions. To support those with the greatest need who do not qualify for an exemption, they can spread the cost of their prescriptions by purchasing prescription pre-payment certificates. A holder of a 12-month certificate can get all the prescriptions they need for just over £2 per week.<sup>27</sup>

Available estimates suggest that providing free prescriptions in England for those with medical exemptions costs around £1 billion per year.<sup>28</sup>

Further information on prescription charges is available in the Library briefing on [NHS charges](#).<sup>29</sup>

## 1.4 Menopause education, training and support

### Schools

Education is a devolved area; England, Scotland, Wales and Northern Ireland have their own policies on the school curriculum.

All schools in **England** (whether state-funded or independent) must offer relationships education at primary level, and relationship and sex education at secondary level. Health education must also be provided to pupils.

Teaching on menopause was added to the secondary school curriculum in 2019, following a [campaign by Rachel Reeves MP](#) and [women's health campaigners](#). The Department for Education's statutory guidance on [Relationships and Sex Education \(RSE\) and Health Education](#) now says, as part of learning about the facts of reproductive health and fertility, secondary schools should cover menopause.<sup>30</sup>

All state-funded (maintained) schools in England must follow the national curriculum; academies are not required by law to do so, but can choose to. Reproduction and hormones are also covered in the later stages of the

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<sup>26</sup> [PQ 185320 \[on Prescriptions: Fees and Charges\]](#), 21 April 2021

<sup>27</sup> Ibid

<sup>28</sup> [PQ 149901 \[on Prescriptions, Fees and Charges\]](#), 13 June 2018

<sup>29</sup> CBP 7227, 27 August 2021

<sup>30</sup> Department for Education statutory guidance, [Relationships Education, Relationships and Sex Education \(RSE\) and Health Education](#), updated 13 September 2021.

science National Curriculum during secondary education in England but the [programme of study](#) does not specifically mention menopause.

In **Scotland**, menopause is not specifically mentioned in the Curriculum for Excellence, nor in Scottish Government [guidance on relationships, sexual health and parenthood \(RSHP\) education](#). However, a [learning resource](#) prepared by local health boards and local authorities, with advice from Education Scotland and the Scottish Government, provides guidance on covering menopause during the senior school phase as part of Health and Wellbeing education.<sup>31</sup> The Scottish Government's [Women's Health Plan](#) commits to promoting the use of RSHP resources.<sup>32</sup>

In **Wales**, the Welsh Government has recently consulted on new Relationships and Sex Education guidance. The draft guidance does not specifically mention menopause, but notes that pupils should learn “how hormones continue to affect emotional and physical health throughout adulthood.”<sup>33</sup>

In **Northern Ireland**, there is a statutory national curriculum for all state-funded schools. This does not specifically mention menopause, but pupils are expected to learn about the implications of sexual maturation. The curriculum guidance suggests pupils in key stage three (ages approximately 11 to 14) may learn about fertility.<sup>34</sup>

## Medical students and general practitioners

Research carried out by the campaign group, [Menopause Support](#) found 41% of universities who responded to a Freedom of Information request did not have mandatory menopause education as part of their medical school training.<sup>35</sup> Students can gain menopause education while on GP training placements after university, as part of the GP curriculum, but it is not a mandatory training requirement.<sup>36</sup> The Royal College of General Practitioners (RCGP) has said it worked with partners, including the British Menopause Society, to develop educational resources for GPs on women's health but that “introducing additional mandatory training courses for some areas of medicine and not others would be unworkable.”<sup>37</sup>

Diane Danzebrink founder of Menopause Support, said:

Whilst menopause may now have been added to the curriculum our survey clearly shows that it is certainly not mandatory and the

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<sup>31</sup> Relationships, Sexual Health and Parenthood (RSHP) learning resource, [Human Fertility and Reproduction](#), (November 2019).

<sup>32</sup> Scottish Government, Women's Health Plan (20 August 2021).

<sup>33</sup> Welsh Government, [Curriculum for Wales guidance and code for Relationships and Sexuality Education](#) (RSE) (May 2021), p16

<sup>34</sup> Council for the Curriculum, Examinations and Assessment (CCEA), [Statutory requirements Key Stage 3 – learning for life and work](#), undated.

<sup>35</sup> Menopause Support, [Menopause Support Survey Reveals Shocking Disparity in Menopause Training in Medical Schools](#), posted 13 May 2021

<sup>36</sup> RCGP, Menopause care is included in GP curriculum, says College, 12 May 2021

<sup>37</sup> Ibid

inconsistent quality, quantity, depth and breadth of the information available to students will continue to result in a postcode lottery for women which is unacceptable. It also raises questions about the RCGP examination process if those with little or no menopause education can meet the current examination criteria.<sup>38</sup>

The NICE guidance on [Menopause: diagnosis and management](#) acknowledges the need to address “a knowledge gap among some GPs and other healthcare professionals”<sup>39</sup> about the long-term benefits and risks of HRT. It states:

No other treatment has been shown to be as effective as HRT for menopausal symptoms, though the balance of risks and benefits varies among women. Healthcare professionals need to be in a position to be able to support women to make an informed decision about individual benefits and risks of HRT.<sup>40</sup>

The NICE guidance also acknowledges a current lack of specialist menopause health services and that their availability varies nationally. It says it is working with the Royal College of Obstetricians and Gynaecologists “to ensure that management of menopause, including the benefits and risks of HRT, is covered within the core curriculum.”<sup>41</sup>

## Workplace support

According to the Office for National Statistics (ONS) there are around 4.6 million women aged 50 to 64 in work in the UK, and most will go through the menopause transition during their working lives.<sup>42</sup> Three in five (59%) working women between the ages of 45 and 55 who are experiencing menopause symptoms say it has a negative impact on them at work.<sup>43</sup>

There is no general system in the UK for supporting women and other people with menopause in the workplace, although individual employers may have their own menopause policies and provide different forms of support. A 2017 evidence [review of literature on menopause and the workplace](#) by the Government Equalities Office found “only a very small amount of evidence exists about actual workplace interventions to support women in transition [to menopause] or the effectiveness of these interventions.”<sup>44</sup>

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<sup>38</sup> Menopause Support, [Menopause Support Survey Reveals Shocking Disparity in Menopause Training in Medical Schools](#), posted 13 May 2021

<sup>39</sup> NICE, [Menopause: diagnosis and management](#), [NG 23], 12 November 2015 (updated 5 December 2019), p22

<sup>40</sup> NICE, [Menopause: diagnosis and management](#), [NG 23], 12 November 2015 (updated 5 December 2019), p22

<sup>41</sup> Ibid

<sup>42</sup> [ONS Employment and Labour Market statistics time series](#): Labour Economically active: UK: Female: Aged 50-64 (accessed October 2021)

<sup>43</sup> CIPD, [Manifesto for Menopause at Work](#), 2019

<sup>44</sup> Government Equalities Office, [Menopause transition: effects on women’s economic participation](#), 20 July 2017, Chapter 4.

The legal framework under two pieces of legislation may be relevant for perimenopausal and menopausal women and other people experiencing the menopause:

- Under the [Health and Safety at Work etc Act 1974](#), employers have a legal duty to make a suitable and sufficient assessment of the workplace risks to the health and safety of their employees. The Chartered Institute for Personnel and Development (CIPD) says this duty includes making adjustments for women who are experiencing menopausal symptoms.<sup>45</sup> In its [guide to managing menopause at work](#), which sets out some best practice, it advises managers:

Contributing to fulfilling the legal responsibility for health and safety will help ensure an employee's menopause symptoms are not being exacerbated by their job.<sup>46</sup>

- The [Equality Act 2010](#) protects employees from discrimination on the basis of a protected characteristic. It prohibits both direct discrimination (treating someone less favourably because of a protected characteristic) and indirect discrimination (policies that disadvantage people who share a particular protected characteristic). With respect to the protected characteristic of disability, the Act also creates a duty to make reasonable adjustments.

Women have brought successful claims for both sex discrimination and disability discrimination in the context of menopause.<sup>47</sup>

There have been cross-party calls in Parliament for legislation to be introduced to protect women at work by normalising menopause as a workplace issue, and for menopause policies to be as commonplace as maternity schemes in businesses and organisations.<sup>48</sup>

In response to a parliamentary question in March 2020 on the steps the Government had taken to encourage employers to support women experiencing menopause in the workplace, Elizabeth Truss, the (then) Minister for Women and Equalities, said:

The Government is committed to supporting working women at all stages of their lives and enabling them to reach their potential.

We have worked with businesses and academics to highlight the role employers can play in supporting women going through menopause transition, including setting out practical actions employers can take. This work also sits alongside other policies and programmes,

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<sup>45</sup> CIPD, [A guide to managing menopause at work](#), May 2021

<sup>46</sup> Ibid, p8

<sup>47</sup> See the Employment and Discrimination Law Blog, [Menopause: the last taboo in the workplace?](#) 4 July 2018

<sup>48</sup> Guardian, [Workplaces must protect women going through menopause, say MPs](#), 25 August 2019

such as flexible working, which can help everyone remain economically active as long as they choose to.<sup>49</sup>

The Government sought evidence on workplace support for women, in relation to health issues, as part its consultation on the [Women's Health Strategy](#) which closed on 17 June 2021. The Government said:

The evidence gathered through this exercise will inform the priorities, content and actions in the new Women's Health strategy for England. It will ensure that the strategy is evidence-based and reflects what women identify as priorities.

We will respond to the call for evidence after the summer.<sup>50</sup>

### Menopause and the workplace inquiry

In July 2021, the House of Commons Women and Equalities Select Committee launched its inquiry on [Menopause and the workplace](#). It is examining current workplace practices and whether existing legislation offers sufficient protection for workers going through the menopause. The specific questions the Committee is seeking to address are:

- What is the nature and the extent of discrimination faced by women experiencing the menopause? How does this impact wider society?
- What is the economic impact of menopause discrimination?
- How can businesses factor in the needs of employees going through the menopause?
- How can practices addressing workplace discrimination relating to menopause be implemented? For example, through guidance, advice, adjustments, or enforcement. What are examples of best or most inclusive practices?
- How should people who experience the menopause but do not identify as women be supported in relation to menopause and the workplace?
- How well does current legislation protect women from discrimination in the workplace associated with the menopause? Should current legislation be amended?
- What further legislation is required to enable employers to put in place a workplace menopause policy to protect people going through the menopause whilst at work?

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<sup>49</sup> [PQ 21351 \[on employment: menopause\] 2 March 2020](#)

<sup>50</sup> DHSC, [Women's Health Strategy: Call for Evidence, Next Steps](#), 17 June 2021

- How effective has Government action been at addressing workplace discrimination related to the menopause, and what more can the Government do to address this issue?
- How effectively is the Government Equalities Office working across Government to embed a strategic approach to addressing the impact of menopause in the workplace?<sup>51</sup>

The Committee said it aims to present its findings and recommendations with a view to shaping the Government's [Women's Health Strategy](#) and policies readdressing gender equality.<sup>52</sup>

Further information on the law and best practice for employers and workers is available in the Advisory, Conciliation and Arbitration Service (Acas) guide: [Menopause at work](#).<sup>53</sup> The British Menopause Society has brought together [menopause awareness resources](#) to support both employers and employees.<sup>54</sup>

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<sup>51</sup> Women and Equalities Committee news article, [An invisible cohort: Why are workplaces failing women going through menopause?](#) 23 July 2021

<sup>52</sup> Women and Equalities Committee, [Menopause and the workplace inquiry](#), accessed 27 October 2021; Guardian, [MPs to examine lack of support for working menopausal women](#), 23 July 2021

<sup>53</sup> Archived on 4 January 2021.

<sup>54</sup> WHC, [Menopause in the Workplace](#)

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## 2 The Bill

### 2.1 Private Members' Bill ballot

At the start of each parliamentary year, all backbench MPs are invited to enter the Private Member's Bill ballot. MPs successful in the ballot can introduce a bill of their choosing. Carolyn Harris (Labour, Swansea East) was drawn third in the [ballot held on 20 May 2021](#).

Announcing the [Menopause \(Support and Services\) Bill](#), she said:

Women have been let down for far too long. We have seen policy built upon ignorance and workplace rights implemented with little regard of what women need. This has to end and the Bill I'm introducing will achieve this.<sup>55</sup>

The purpose of the Bill is described on Carolyn Harris's [website](#):

A central plank of the Menopause (Support and Services) Bill will exempt Hormone Replacement Therapy (HRT) from NHS prescription charges in England, as is already the case in Wales and Scotland.

The Bill will also take in broader issues around menopause rights, entitlements and education, all of which will be explored in greater detail through the newly launched All Party Parliamentary Group (APPG) on the Menopause.<sup>56</sup>

The [Menopause \(Support and Services\) Bill](#) and its accompanying explanatory notes were published on 27 October 2021. The Second Reading debate is scheduled for 29 October 2021.

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<sup>55</sup> Carolyn Harris MP "[The menopause revolution will bring an end to women's suffering](#)" accessed 27 October 2021

<sup>56</sup> Ibid

## 2.2

## The Bill's clauses

### Clause 1: Free HRT

Clause 1 would amend the [National Health Service Act 2006](#) and the [National Health Service \(Charges for Drugs and Appliances\) Regulations 2015](#) to exempt hormone replacement therapy from prescription charges in England.

Prescription charges were abolished in Wales in 2007,<sup>57</sup> in Northern Ireland in 2010<sup>58</sup> and in Scotland in 2011.<sup>59</sup> This means prescribed HRT is available free of charge in the devolved administrations.

Hormone replacement therapy is defined in clause 1(3) as “a treatment of oestrogen, progestogen or both for the purposes of relieving the symptoms of menopause, however it is administered.”

### Clause 2: Cross-government strategy

Clause 2 would require the Secretary of State to lay before Parliament a United Kingdom cross-government strategy on menopause support services (the strategy). The Secretary of State would be required to lay the strategy before Parliament within one year of the Bill being enacted.

Clause 2(2) would require the Secretary of State to consider the following in formulating the strategy:

- (a) the education of young people about the menopause;
- (b) the role of public education and communication in supporting perimenopausal and post-menopausal women and raising awareness of the menopause and its effects;
- (c) training for general practitioners and in medical schools on the diagnosis and treatment of symptoms of the menopause, including osteoporosis and mental health problems;

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<sup>57</sup> NHS Wales, [Budget & Charges](#)

<sup>58</sup> NIA Research and Information Service briefing note, [Prescriptions: Costs and charges in the UK and Republic of Ireland](#), June 2014

<sup>59</sup> [The National Health Service \(Free Prescriptions and Charges for Drugs and Appliances\) \(Scotland\) Regulations 2011](#), SI 2011/55

- (d) the provision of information for general practitioners on the benefits of hormone replacement therapy and other treatments for symptoms of the menopause;
- (e) workplace policies designed to support women to continue to work through the menopause;
- (f) promoting peer support groups for perimenopausal and post-menopausal women.

The Secretary of State would be required to consult the devolved the administrations when preparing or revising the strategy.

### Clause 3: The Act

Clause 3 contains provisions on extent and commencement. The Menopause Support and Services Act 2021 would come into force two months after Royal Assent.

## 2.3

## Support for the Bill

In a [general debate on World Menopause Month](#) in the House of Commons on 21 October 2021, MPs from both the Conservative and Labour back-benches expressed their support for the Menopause (Support and Services) Bill.<sup>60</sup> During the debate, Caroline Harris has said:

I have been blown away by the support I have received from Members right across this House and the other place, and from outside—the press, celebrities, the general public and businesses. It seems that finally, after years of whispered comments and clandestine conversations, everyone is ready to talk about the menopause. Women are ready to stand up and share their experiences.<sup>61</sup>

Background information to inform the debate is available in the Library briefing [World Menopause Month](#).<sup>62</sup>

Caroline Harris has said she is confident the Bill “has support and will go through.”<sup>63</sup>

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<sup>60</sup> [HC Deb 21 October 2021 c1007WH \[World Menopause Month\]](#)

<sup>61</sup> Ibid

<sup>62</sup> CDP 2021/0160, 19 October 2021

<sup>63</sup> Pharmacy magazine, [Labour MP campaigns to end HRT prescription charges](#), 6 October 2021

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