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# **Healthwatch Rotherham - Menopause**

"Since becoming a Menopause Champion and Advocate, it's been really interesting sharing my knowledge with those that I've delivered Menopause awareness sessions to, and hearing about the vast differences in people's experiences when it comes to the care, support and treatment that is and should be available to everyone.

Having had training through South
Yorkshire ICB to become a Menopause
Advocate and Champion, I was
unsure what the need would be for
awareness sessions within the
community, but fortunately the
interest and uptake for such sessions
are definitely an area of need across
the community of Rotherham and it's
been fantastic being able to be a part
of this.

Since the training, Healthwatch
Rotherham have delivered sessions to
the public at venues/groups such as
Voluntary Action Rotherham, S62
Community Together, Greasbrough

Library and Riverside House. " - Andrea McCann



## Menopause in Rotherham: Experiences, Challenges, and Support

Menopause is a time of significant transition for many people — physically, emotionally and socially. For those living in Rotherham, it brings its own set of experiences, and while there is increasing awareness and support, there remain gaps that are often felt across our community.



## What symptoms people experience

Every person's menopause journey is different. Some of the commonly reported symptoms in Rotherham include:

- Physical symptoms: hot flushes, night sweats, sleep disturbance, joint aches, weight gain and urinary tract difficulties amongst many more.
- **Emotional / mental health effects**: anxiety, mood swings, low self-esteem, "brain fog" (problems with concentration and memory).
- Impact on relationships & daily life: tiredness impacting day to day
  responsibilities including employment; social life can feel harder; feeling
  misunderstood or not taken seriously and changes in intimacy or physical
  comfort.

For example, in one of the Rotherham United Community Trust menopause support project sessions, a local participant described feeling "hit by a freight truck" at around age 41 — experiencing a mix of urinary infections, anxiety, low self-esteem — but being told by a healthcare professional that she was "too young" for menopause. After several years, her symptoms were better recognised and she was prescribed Hormone Replacement Therapy (HRT), which made a difference. Rotherham Advertiser

Another person in a group that we delivered a "Let's Talk Menopause" session to, said that while media coverage has improved, many of the variants e.g how symptoms vary over time, how some are mild but still disruptive, others are intense — are still not well understood in everyday life in Rotherham. <a href="https://example.com/healthwatchrotherham.org.uk+1">healthwatchrotherham.org.uk+1</a>

- Healthwatch Rotherham Community Engagement and Project Officer. Andrea McCann

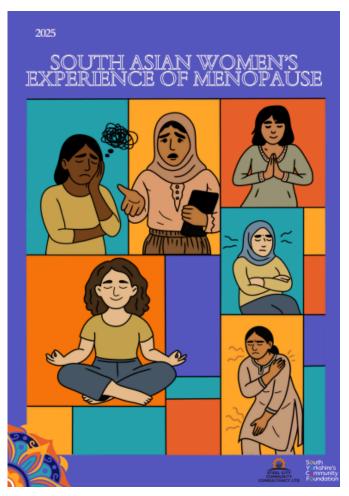




# Steel City Community Consultancy LTD - Menopause Report Launch South Asian women

"Last year we received funding from Working Together in Research via NHS England, which allowed us to undertake research on South Asian Women's Experience of Menopause. We held four focus groups with 22 Rotherham women taking part.

Some recognised that menopause starts earlier for South Asian women. Many participants thought they began menopause in their 40s, but some started in their 30s. They realised they had started menopause when they had hot flushes, night sweats, or their periods stopped. Women mentioned that they did not always know when menopause had started, had confused menopause symptoms with other conditions, and had found out many years later."



To read their full report: https://steelcitycommunityconsultancy.co.uk/ wp-content/uploads/2025/07/Menopause-re port-3-1.pdf

Steel City Community Consultancy's Recommendations:

- More information should be provided by medical practitioners on the use of HRT so women can make an informed decision.
- Blood tests as standard for women over 40 who are experiencing menopausal symptoms. They start their menopause so much earlier than White British women.
- More support for working women who struggle at work, they should be supported to remain in work.
- A specific support group or menopause café for women from the global majority where they



- can get information and advice, including cultural and religious.
- Training for organisations and workers from the global majority who work with women from their community, so that isolated women are not excluded.
- More documentation aimed at men, so they can at least learn about Menopause and how to support their wives, mothers and sisters.
- Information placed in GP surgeries that is easily accessible for everyone, helps remove the stigma of women having to ask.

# Supporting Our People: South Yorkshire IUC

In South Yorkshire, 72,000

people make up our
incredible health and care
workforce, the beating heart
of our services. They care for
the 1.5 million people who
call our region home. We
believe that looking after
them isn't just the right thing
to do; it's essential to
delivering great care.

That's why supporting **staff wellbeing** is central to our
mission. It's how we keep
talented people in our
workforce, celebrate diversity,
and make sure everyone can
thrive at work.



But for too long, **menopause**, a natural stage of life, has been left out of the conversation. It rarely

South Yorkshire IUC: Menopause Resources

showed up in policies, appraisals, wellbeing checks, or workforce planning. It was seen as too private, too awkward, or simply not talked about at all.



Yet the reality is clear.

Nearly half of our workforce (46%) are women aged 40-60 — that's around
 34,000 people who may be experiencing menopause right now.



And the impact is real:

• For South Yorkshire, that could mean losing around 10,000 staff over five years — that's 1 in 7 of our workforce.

So, we're changing that by listening, learning, and making menopause matter across our workplaces. Because no one should feel they have to struggle in silence.

- All figures have been sourced from South Yorkshire Integrated Care System



# **Healthwatch Case Studies**



"I had been struggling with various symptoms for a while, including joint pain, tiredness, anxiety, bladder weakness and the most significant being brain fog which included forgetting words, and repeating myself and had a feeling that I was reaching a significant time in my life; Menopause.

For a while I decided to just try and stay healthy by exercising and eating healthily to see if this helped some of the symptoms. Due to my bladder issues and recurring water infections, I was referred to Urology at TRFT, but I waited a year to have a scan, to be given the all clear and told to drink more water.

Eventually, I decided that I should seek medical advice, so I rang my GP for an appointment to discuss the symptoms and potential options for medication (HRT - Hormone Replacement Therapy)

It was a phone appointment - I explained how I'd been feeling and the first thing the GP said to me was that I shouldn't expect a simple blood test, as it doesn't work like that. I never even requested a blood test. She asked what I've done to try and help myself, to which I responded regarding healthy eating and exercise and mentioned a supplement that I'd started taking. She said she wanted me to give things a bit longer and never discussed any potential options with me. I felt deflated and unsupported and continued for months, wondering what to do next and my symptoms weren't improving.

I decided to try a different GP at my surgery. Wow! What a difference. I was offered a face to face appointment, she looked me in the eye and was so supportive and understanding. As I got emotional and upset at the appointment, her eyes also filled up and she told me she was in a similar position to me with some of the same symptoms. She didn't share any more than that, she was completely professional, but I felt that she really cared and understood me. It meant so much. She asked me how I felt about trying HRT - to which I replied I was happy to, as I'd tried to deal with symptoms naturally and things weren't improving. She talked me through the different types and made a decision about what to try to start with. She explained that it could take a while to notice any changes, but said that we would meet to have a review in 3 months. She was amazing throughout the process. It did take about 18 months for me to find the HRT and dosage but I'm now in a position whereby I feel much more confident and my symptoms have eased."







At 44, I began experiencing urinary urgency. I thought I had damaged my bladder because my job in social housing often meant I couldn't drink or use the toilet regularly. After years of GP visits, I was referred to Greenoaks at TRFT, but had to wait a year to be seen. Scans showed no abnormalities. I was given medication and bladder training, then referred to bladder physio — but nothing worked. When Covid hit, all bladder support stopped.

During that period, my emotions were all over the place—I'd find myself in tears one minute and in a rage the next. My mind felt foggy, I barely slept, and I couldn't focus at work. My marriage began to strain under the pressure, and it was that strain that finally drove me to seek help again.

After Covid, I saw a GP who dismissed me, saying, "If you're bleeding still you can't be near menopause." I left feeling unheard. A receptionist suggested I see the GP who specialises in hormones. She listened, mentioned perimenopause — a word I had never heard before — and confirmed it with a blood test. She started me on HRT

It took several attempts to find the right treatment, but eventually I felt sane again. Around this time, I also changed jobs: my first manager had been empathetic about menopause, but the next was not. Later, through the HWR Menopause Champion, I finally learned that my bladder issues were linked to perimenopause. Now, after seven years of perimenopause, I have entered menopause. It has been a long and difficult journey, but I know there are resources and support to help me through.





## What support is in place in Rotherham

There has been positive movement across the community:

- Menopause Cafés: informal, relaxed venues (e.g. Swinton Library & Neighbourhood Hub) where people share experiences and support each other. Rotherham Metropolitan Borough Council
- Community talks & educational events: Healthwatch Rotherham have teamed up with other voluntary organisations to run awareness sessions. Also, Rotherham United Community Trust have run Menopause sessions, courses like "Menopause – Your Questions Answered" covering key topics such as nutrition, sleep and exercise.
- Local leisure/physical activity courses: for example, the "Move Through Menopause" course via Places Leisure, helping with symptom management through fitness, education, and peer support. Rotherham Advertiser
- Healthcare services: Rotherham Hospital has a gynaecology department that includes menopause and related services. <a href="https://nhs.uk+1">nhs.uk+1</a>
- Menopause-friendly workplaces: The Rotherham NHS Foundation Trust is accredited as a "Menopause Friendly Employer", has internal support networks, helplines, and training. <u>The Rotherham NHS Foundation Trust+1</u>

## Key challenges in Rotherham

Despite good work, there are still hurdles:

Delayed recognition & misdiagnosis

Some people report feeling dismissed because of their age or because their symptoms don't match stereotyped expectations. Early or perimenopause is sometimes misinterpreted. The "too young" narrative is common. Rotherham Advertiser



## Access to consistent clinical support

Variation in how quickly people get seen, what treatment is offered, and whether clinicians have specialist menopause knowledge. Some report waiting long periods before HRT is prescribed, or being offered other solutions first. Rotherham Advertiser

### Socioeconomic & lifestyle barriers

Factors such as cost of prescriptions, transport to clinics, or the ability to take time off work or reduce other responsibilities can make it harder to access help, attend support groups, change diet or exercise routines. Also, stigma or lack of openness in some communities can make people suffer in silence.

#### Mental health overlaps

Symptoms of menopause can overlap with mental health issues (anxiety, depression). But mental health services may not always be equipped to identify when menopause is a contributing factor, or vice versa. Those dual challenges can exacerbate distress.

### Workplace challenges

Symptoms like hot flushes, sleep disruption or cognitive fog can affect job performance. Some workplaces are more understanding/flexible than others. Rotherham NHS Foundation Trust has taken steps (policy, training, helplines), but this is not uniform across all employers. The Rotherham NHS Foundation Trust

### Our recommendations What more could be done

To strengthen menopause care and support in Rotherham, some ideas emerging from local voices:

- Education from earlier ages: including menopause awareness in schools
   (PSHE), so younger people can understand what their relatives may be going
   through. healthwatchrotherham.org.uk+1
- Better GP training & pathways: ensuring GPs have up-to-date training in Perimenopause and menopause care, and clearer referral routes for specialist care when needed.



- Easier access to HRT & holistic treatments: making sure that age, cost, or
  other barriers don't delay access; combining medical, lifestyle, psychological
  support to provide an inclusive wrap around support package..
- More peer support / community spaces: where people feel safe talking, sharing, exchanging tips. Community groups, cafés, and support networks are valuable.
- Workplace policies across all sectors: not just health care trusts, but local businesses, public sector, etc., to recognise, accommodate menopause as part of wellbeing policies.
- Integrated mental health support: recognising overlap between
   Perimenopause/menopause and mental health; offering counselling or psychological support as part of menopause care.



#### Conclusion

Menopause is not a one-size-fits-all experience. In Rotherham, people are increasingly speaking up, support networks are growing, and awareness is rising. But many still face delays, misunderstanding, or lack of access. By continuing to amplify voices, improve clinical pathways, reduce stigma, and ensure that support services are well-resourced and inclusive, Rotherham can continue to improve quality of life for those going through menopause.



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