



The
Queen's
Nursing
Institute

General Practice Nurse Network

'Menopause & Primary Care'

Webinar SUMMARY

Wednesday 4 December 2024
1pm - 2.30pm, via Zoom



Angie Hack, Assistant Director of Nursing Programmes (Primary Care), The QNI

- A very warm welcome to the General Practice Nurse Network's second webinar!
- Thank you to the National Garden Scheme for funding this network
- My passion is General Practice Nursing and I am so delighted to offer you a network just for General Practice Nurses
- This network is open to all GPNs in England, Wales and Northern Ireland and offers you:
 - quarterly webinars
 - a private, closed Facebook group
(join here: <https://www.facebook.com/groups/generalpracticenursenetwork>)
 - quarterly newsletters + updates
- Our next webinar is taking place on Tuesday 4 March and the theme will be 'Long Term Conditions', to find out more and book your free place, go to: <https://qni.org.uk/news-and-events/events/general-practice-nurse-network-webinar/>
- I am delighted to represent all of you at the QNI as it's very important that General Practice Nurses have a voice, I'm hoping that these webinars and the Facebook group will you articulate your value within your primary care team, you're key to general practice.
- Contact me at angie.hack@qni.org.uk if you have any questions.



1. My Menopause Journey: Developing Influence

Jacqui McBurnie, NENC ICB Menopause Lead

My background

- I have a unique role - strategic system wide and then part of my role goes back to clinical element, it's interesting to have the clinical input and the voices of lived experience fed directly into the senior team at ICB, influencing priorities - it's a privilege.

The rationale

- We're predominantly a female industry: 77% of NHS workforce is female
- About 80% of those affected have problematic symptoms that affect them at work: 25% report severe symptoms; 69% experience anxiety or depression due to menopause; 84% experience trouble sleeping.
- 10% who worked during the menopause have left a job due to their symptoms according to the [Fawcett Society](#).
- 80% say their employer hasn't shared information, trained staff or put in place a menopause absence policy according to ACAS and Menopause APPG Manifesto.
- We can't measure presenteeism even if we can measure menopause related sickness - some people are not comfortable recording this.

Definition of menopause

- **Menopause:** marks the end of a woman's natural reproductive life. Defined as no menstrual periods for 12 consecutive months (naturally). Occurs due to ovaries ceasing to mature eggs and secrete oestrogen and progesterone.



1. My Menopause Journey: Developing Influence

Jacqui McBurnie, NENC ICB Menopause Lead

- **Perimenopause:** Transition phase with irregular ovulation and menstruation leading up to menopause. Continues until 12 months after the last menstrual period. Also known as the menopausal transition or climacteric.
- **Postmenopause:** Begins after menopause is confirmed (no periods for 12 consecutive months). Resource: The British Menopause Society (BMS) offers resources for clinicians, e.g., [BMS factsheet: What is the menopause](#). Further guidance available at [NICE guidelines](#).
- Whilst it's a natural stage in a woman's life: it doesn't always feel very natural! For example, when you're 23. Around 1% or 1 in 100 will have menopause before the age of 40.
- Average age of menopause is 51 BUT it's different for everybody, different for women of colour for example. We need to be aware of variants and diversity in menopause.
- Post menopause: when does it end? No formal end date. Let's avoid averages! Post menopause: your body decides when it will be, it's unique to you.

Early Menopause

- Menopause before 45 yrs old is differentiated as either early or as Premature Ovarian Insufficiency (POI) if aged 40 yrs or younger
- If periods end between 40 - 45 years with menopause-type symptoms, it's early menopause. Serum FSH measurements are indicated in this group.
- POI is diagnosed with presentation of no periods of more than 4 months duration with elevated hormonal blood tests, need to measure 4-6 weeks apart in people under 40.
- [The Daisy Network](#) offers advice and support for anyone in early menopause or POI.



1. My Menopause Journey: Developing Influence

Jacqui McBurnie, NENC ICB Menopause Lead

How did I get here?

- My journey started in 2017 when I stopped sleeping. Lots of symptoms, didn't know what it was. Lots of interventions yet no one mentioned the menopause. I was offered anti-depressants and sleeping pills, but I knew it wasn't right.
- I did my own research and asked if there was a menopause policy? But there was nothing. So I asked my colleagues about their experience. We did a lunch and share. We did post it notes and grouped them, clusters of words were very similar and very powerful.
- The meeting exploded and we realised there was a need for connectedness and feeling seen in this space.
- It provided me access to hundreds of organisational colleagues and we made a national network.

Use your USP

- Nurses are resilient and problem solvers : seek out collaborators and support/allies
- Get a mentor: get challenged; see problem solving techniques with a coach. Seek out resilience training, you may need it.
- Training: get your knowledge and skills up to date but also your experiential learning and confidence.

Training

- [British Menopause Society](#), find out more here.
- [Fourteen Fish](#), find out more here.
- [The International Menopause Society](#)
- [Red Whale](#)

2. Protecting Nurses from Suicide

Dr Pauline Milne MBE, Independent Healthcare Consultant, Registered Nurse, Churchill Fellow

Background

- I've been a nurse for many years, I was a Samaritan volunteer and discovered that suicide in nurses is much higher than in the general population (23% higher according to ONS 2017). I wasn't aware of this in my work as a nurse in workforce planning and I was quite shocked.
- It's not talked about much in the profession, although it's improving a bit since covid when the impact on mental health in nurses has been raising more awareness

Churchill Fellowship

- A UK charity that supports individual UK citizens to follow their passion for change, through learning from the world and bringing that knowledge back to the UK - it was founded in 1965 and 120 new fellows are awarded every year.
- Created as a living legacy of Sir Winston Churchill
- [Look at the website](#), please consider applying.
- I applied under suicide prevention and my report covered areas on nursing workforce data; nurse suicide statistics; addressing stigma; policy research; the importance of communications (and much more)

Nursing Workforce context

- RN Workforce: 731,058 Registered Nurses (March 2023).
- Vacancies: 43,339 RN vacancies in NHS England
- Aging Workforce: 167,002 registrants aged >56 years (3.7% rise from last year).



2. Protecting Nurses from Suicide

Dr Pauline Milne MBE, Independent Healthcare Consultant, Registered Nurse, Churchill Fellow

- New Joiners (2022-2023): Over 52,000, including 27,142 trained in the UK and 25,006 from abroad (mainly India, the Philippines, Nigeria).
- Leavers: Fewer left in 2022-2023 (under 27,000), but 52% left earlier than planned.
- Commonest reason for leaving: burnout, lack of good management and leadership.

Suicide in Nurses in the UK

- Lack of awareness in nursing profession
- Affects about 40-50 nurses per year (although rates potentially higher)
- Female nurses were older than other women who died by suicide (43% were in age group 45 - 54 yrs)
- 60% were not in contact with mental health services
- Self-poisoning was the most common method (42%)
- Since 2018, 16 registrants have died by suicide whilst undergoing the NMC Fit for Practice process
- We don't know if the menopause is a risk factor: but we need to look into this.
- **Risk factors within nursing profession**
- According to American Nurses Association: exposure to repeated trauma; scheduling long consecutive shifts; repeated requests for overtime; workplace violence and bullying; inadequate self care; isolation from family and friends; financial stressors; access to and knowledge of lethal substances; issues with management; work/life role conflict; feeling unsupported in the role; being evaluated for substance use disorder etc.

2. Protecting Nurses from Suicide

Dr Pauline Milne MBE, Independent Healthcare Consultant, Registered Nurse, Churchill Fellow

Suicide Prevention Strategy in England, 5 years cross sector strategy

- Focus on addressing higher suicide rates in specific occupations (e.g., female nurses). Emphasis on targeted actions by employers and professional bodies.

Priority Areas:

- Enhance data and evidence.
- Support priority groups with tailored interventions.
- Address risk factors and improve online safety.
- Provide effective crisis and bereavement support.
- Tackle suicide methods and prevention as a shared responsibility.

HEAR programme

- This is the programme I visited in the USA as part of my Churchill Fellowship.
- It focuses on addressing burnout among healthcare workers and providing support for those unable to seek help independently.
- It's embedded in San Diego Health: Outreach to all healthcare workers, including educational initiatives (e.g., menopause awareness, toxic workplace culture).
- Emotional Incident Debriefing: Therapists assist teams after workplace incidents, focusing on emotional responses.
- Approach: Combines individual (resilience, yoga, apps) and organizational strategies. Stresses the importance of organizations addressing workplace culture and stressors, rather than relying solely on individual solutions.



2. Protecting Nurses from Suicide

Dr Pauline Milne MBE, Independent Healthcare Consultant, Registered Nurse, Churchill Fellow

Recommendations

- The report suggests 20 recommendations including one key one: compassionate leadership.
- Other recommendations include: piloting nurse and wellbeing and suicide prevention programmes in the UK; developing bespoke suicide prevention resources for nurses; considering the role of Chief Wellness Officer; building on the success of Samaritans hubs in university settings
- There should be greater transparency on how healthcare organisations are held to account on organisational culture, compassionate leadership and staff wellbeing (for eg rate of staff leaving)
- Key messages
- Suicide is preventable but there is no single solution
- we have a duty of care to protect our nurses
- Screening for suicide risk must be connected to care
- Restrict access to lethal means
- Normalise conversations about mental health and wellbeing in order to reduce stigma and encourage help seeking behaviour
- Look out for changes in behaviour of colleagues
- Social connections are important but not all connections are health

5 year study

- Please get involved in our study, it's just started: [Revisioning Nurse Distress and Suicidality](#), find out more here.

3. The practicalities of starting up a nurse-led menopause clinic

Rebecca Hall, Advanced Nurse Practitioner BSc (hons) and Non-Medical prescriber, Women's health hub – Barking Havering Redbridge University Trust

Background

- I was being asked about menopause support from patients but I couldn't find any resources or any local support so every month when did GPN training, at the bottom of the form I would ask for menopause training.
- Eventually we received menopause foundation course which was 2 days of jam packed training on menopause - it made me want to set up a clinic but I was busy doing primary care and didn't have time.
- I went into private menopause care for 2 years and came out of that early this year, after a long few months, I'm working at setting up a clinic now.

How women present to us

- Women often don't recognise where they are or that they're on a menopause journey. We have to look at them holistically of course as it could be something else
- They don't feel themselves / low mood/ tired all the time / pain or uncomfortable during smears/ bladder problems / worried about weight gain / change in periods
- They want to know about managing their symptoms, HRT, what support is out there.

What we need to do:

- ASK, don't assume. And listen, listen, listen.
- Take a full medical history/surgical/gynae history/family history etc



3. The practicalities of starting up a nurse-led menopause clinic

Rebecca Hall, Advanced Nurse Practitioner BSc (hons) and Non-Medical prescriber, Women's health hub
– Barking Havering Redbridge University Trust

- We need to empower women so that they can help themselves and make the right choices for them
- Strategies can include mindfulness, meditation, journaling. Diet and lifestyle changes; HRT and/or vaginal oestrogen; vaginal care; complimentary therapies such as CBT

Signposting

- Keep a symptom diary
- Seek out menopause cafes and groups locally
- www.womens-health-concern.org
- www.rockmymenopause.com
- www.menopausematters.co.uk
- BMS TV
- www.theros.org.uk
- Skills for care

Thank you to all delegates who attended today's webinar.

The next GPN network's webinar:

- Tuesday 4 March 2025, 1pm-2.30pm - Long Term Conditions - speakers TBC.



[Find out more information or book your free place here,](#)
or scan the QR code right.



Join our private Facebook group:

<https://www.facebook.com/groups/generalpracticenursenetwork>

Thank you to all delegates who attended today's meeting.

FEEDBACK:

Thank you very much, this was very interesting, great speakers.

Very interesting meeting, thank you all,

Thank you, this has been so educational

Very informative presentations

Thank you for a very informative session with three passionate speakers.

Thanks for interesting info

Thank you, good session

