

MENOPAUSE (SUPPORT AND SERVICES) BILL

EXPLANATORY NOTES

What these notes do

These Explanatory Notes relate to the Menopause (Support and Services) Bill as introduced in the House of Commons on 16 June 2021 (Bill 16).

- These Explanatory Notes have been prepared by the Member in Charge of the Bill, Carolyn Harris MP, in order to assist the reader of the Bill and to help inform debate on it. They do not form part of the Bill and have not been endorsed by Parliament.
- These Explanatory Notes explain what each part of the Bill will mean in practice, provide background information on the development of policy and provide additional information on how the Bill will affect existing legislation in this area.
- These Explanatory Notes might best be read alongside the Bill. They are not, and are not intended to be, a comprehensive description of the Bill.

Table of Contents

Subject	Page of these Notes
Overview of the Bill	3
Policy and legal background	3
Territorial extent and application	4
Commentary on provisions of Bill	4
Clause 1	4
Clause 2	5
Commencement	5
Financial implications of the Bill	5

Overview of the Bill

- 1 This Bill:
 - a. exempts hormone replacement therapy from NHS prescription charges in England, and
 - b. requires the Government to produce a United Kingdom-wide cross-Government strategy on menopause support and services.

Policy and legal background¹

- 2 The menopause is a natural stage in life when a woman's periods stop, and she is no longer able to get pregnant naturally. 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.
- 3 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 is usually gradual and occurs over several years. Menopause can also be triggered by some treatments for cancer, and in some exceptional cases, younger women may become menopausal (known as premature menopause). With around 5.1 million women in the UK aged between 45 and 55 years, a large range of women are potentially menopausal (Source: [ONS population estimates for mid-2019](#)).
- 4 Most women will experience menopausal symptoms that are caused by the change in the balance of hormones. These symptoms can have a significant impact on daily life and well-being and experiences vary widely between women. Common menopausal symptoms include:
 - hot flushes
 - night sweats
 - vaginal dryness and discomfort during sex
 - difficulty sleeping
 - low mood or anxiety
 - reduced sex drive (libido)
 - problems with memory and concentration.

The fall in hormone levels that accompanies the menopause can increase the risk of heart disease and osteoporosis.
- 5 NICE note that an estimated 1.5 million women – around 80% of those going through menopause – experience common symptoms such as hot flushes and night sweats (Source: NICE, [Menopause: diagnosis and management](#)).
- 6 The Government's 2017 review of [Menopause transition effects on women's economic](#)

¹ This section draws heavily on the House of Commons Library briefing paper on [Support for people experiencing menopausal symptoms](#), published on 7 June 2021.

[participation](#) noted that increased rates of employment among women aged 50 and above mean that up to 47% of the UK workforce will experience menopause transition during their working lives. Their review of available evidence suggested that estimates of the proportion of women negatively affected by menopausal symptoms at work range from 10% to 53%.

- 7 In November 2015 the National Institute for Health and Care Excellence (NICE) published its first national guideline on menopause ([NG23, Menopause: diagnosis and management](#)), and this was last updated in December 2019. NICE recommends that help and information is available for women with menopause, and the guideline outlines a range of treatment options including Hormone Replacement Therapy (HRT).
- 8 In December 2019, the Royal College of Obstetricians and Gynaecologists published [Better for Women](#) which calls for a life course approach to women's health. This report included a section on general health during and after the menopause, and support for women with menopausal symptoms in the workplace.
- 9 In 2017, the Government Equalities Office published a [study reviewing the literature on menopause and the workplace](#). In May 2021, the Chartered Institute for Personnel and Development (CIPD) published a [guide to managing menopause at work](#) which sets out some best practice in this area.
- 10 In early 2021, the Government sought views to help inform the development of a Women's Health Strategy. The consultation closed on 13 June 2021 (DHSC, [Women's Health Strategy: Call for Evidence](#)).
- 11 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. (Source: [NHS Digital admitted patient care](#)).
- 12 The National Health Service (Charges for Drugs and Appliances) Regulations 2015, under powers conferred in the NHS Act 2006, make provision for prescription charges and exemptions in England. Prescriptions are now free of charge in Scotland, Wales and Northern Ireland.

Territorial extent and application

- 13 Clause 1 (prescription charges) extends to the legal area of England and Wales. However, as prescription charges do not apply in Wales, it would only have effect in England. The prescription charging regulations amended apply to England only.
- 14 Clause 2 (strategy) applies and extends to the whole United Kingdom.
- 15 The Member in Charge of the Bill intends to seek legislative consent motions from Senedd Cymru, the Scottish Parliament and the Northern Ireland Assembly.

Commentary on provisions of Bill

Clause 1

- 16 Subsection (1) of Clause (2) amends section 173 of the National Health Service Act 2006 to add the supply of hormone replacement therapy (HRT) to the list of things that new or amended regulations may not provide for prescription charges for.
- 17 Subsection (2) amends the National Health Service (Charges for Drugs and Appliances) Regulations 2015, which are in force and apply to England, to exempt HRT from prescription charges under those regulations.

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18 Subsection (3) defines HRT for the purposes of the amendments made by subsections (1) and (2).

Clause 2

19 Clause 2 requires the Government to produce a United Kingdom-wide cross-Government strategy on menopause support and services within a year of the Bill coming into force.

20 Subsection (2) sets out matters which must be considered in formulating that strategy. Those are:

- the education of young people about the menopause;
- the role of public education and communication in supporting perimenopausal and post-menopausal women and raising awareness of the menopause and its effects;
- training for general practitioners and in medical schools on the diagnosis and treatment of symptoms of the menopause, including but not limited to osteoporosis and mental health problems;
- the provision of information for general practitioners on the benefits of hormone replacement therapy and other treatments for symptoms of the menopause;
- workplace policies, including on flexible working hours, relaxed uniform policies and adaptations to the working environment, designed to support women to continue to work through the menopause;
- promoting peer support groups for perimenopausal and post-menopausal women.

21 Subsection (3) provides that the strategy may be revised.

22 Subsection (4) requires the UK Government to consult the devolved administrations on the preparation the strategy and any revised strategy.

Commencement

23 Under Clause 3(3), the Bill will come into force two months after the day on which is given Royal Assent.

Financial implications of the Bill

24 The Bill does not require a Money Resolution as it does not require substantial expenditure from the public purse.

25 The Bill does not need a Ways and Means Resolution because it does not authorise new taxation or similar charges on the people.

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