

All-Party Parliamentary Group on Beauty and Wellbeing

Social Prescribing, Complementary Therapies & Menopause

Date: Tuesday 14th November

Time: 1.00 pm - 2:30pm

Location: Room M, House of Commons

Chair: Carolyn Harris MP

Minutes taken by: Emily Short, DGA (Secretariat)

Members Present

- Carolyn Harris MP – Co Chair

Speakers

- **Maria Mason**, owner and founder of the Beauty Time in Bristol, also Vice President of the Federation of Holistic Therapies
- **Amanda Winwood**, Trustee Standards Authority for Touch in Cancer Care
- **Dr Wendy Molefi**, The Mindful GP
- **Dr Rachel Churm**, Senior Lecturer, Sport and Exercise Sciences, University of Swansea
- **James Sanderson**, Director of Community Health Services and Personalised Care, NHS

External Guests

- Rosina Robson, NHBF
- Katherine Morgan, DGA (Secretariat)
- Ffion Price, DGA (Secretariat)
- Tamsin Melville, DGA (Secretariat)

Meeting

Carolyn Harris MP opened the meeting by thanking everyone for attending. She described how this APPG would focus on Menopause social prescribing, and then went on to introduce the speakers.

Dr Rachel Churm introduced herself. She works with Swansea University looking into the ways in which small lifestyle changes can be beneficial for menopausal women. Specifically, she has done most of her research on post-menopausal women, but recently there has been more communication with women going through the menopause and perimenopause.

Amanda Winwood sits on the Board of Trustees for the Standards Authority for Touch and Cancer Care, which ensures that there is regulated training for therapists in the UK. Alongside this, they run events called 'Tea and Therapy' which provide a sense of community for cancer sufferers going through the menopause. She is working with social prescribers in Cornwall where she currently lives.

Dr Wendy Molefi is a GP and Menopause specialist, as well as a trained wellness coach and mindfulness teacher. She talked about how her consultations focus on women's lifestyles as she knows that it can make a huge difference in managing menopause symptoms. Dr Wendy Molefi then mentioned that she was pleased the conversation around menopause was being widened to look at other complementary therapies as it is well known that HRT does not work for everyone.

James Sanderson made his apologies for not being there in person but was happy to join the group via Teams instead. He is the Director of Personalised Care at Community Health Services in the NHS. He laid the grounds for Social Prescribing in the NHS as well as establishing the National Academy for Social Prescribing.

Carolyn Harris MP thanked the speakers for their introductions and begun the conversation by discussing HRT provision. She mentioned that it is common knowledge that HRT does not work for all women and is often only accessed via a private medial route. She acknowledged that lifestyle and diet changes, or alternative therapies often supported women going through the menopause. She said that

this APPG session is about discussing what can be done to support women through menopause other than prescribing HRT, and how that is then made accessible and how the messaging can be spread.

Dr Rachel Churm began the conversation. Her original work focus was to look at pre-diabetes and the way that the body stores fat. She then spoke to a woman who was trying to tackle the “mum-tum”, who did not understand the link between her physiological changes and going through the menopause. Therefore, she wanted to see if there was anything her study could do to help other women gain knowledge and understanding about their body and its changes due to the menopause.

They focused on exercise specifically, but realised there was not much change as the participants were eating more to counter for the exercise they were completing. The next step was then to look at diet, however she did not want to be lecturing the subjects about making large lifestyle changes. This led to an 8-week diet plan being created, based around the Mediterranean diet, which did not involve calorie counting but involved positive lifestyle changes. This then opened a conversation between the research team and women and resulted in preliminary evidence showing the adherence rate increased.

She noticed that women were open to trying new things and initiating positive lifestyle changes rather than a strict diet plan.

Carolyn Harris MP then asked how women would access this information.

Dr Rachel Churm stated that her next step with the project was to create a MenoMove package which was directed at women going through the menopause. They would then be able to access classes aimed for conditions occurring due to the menopause. She stated that the main outcome from her research was that there needed to be increased direction for women as there is currently no pathway for those struggling with menopause symptoms.

Carolyn Harris MP mentioned the guidelines for how to support menopausal women were being revisited in May 2024. She asked the group about what social prescribing could be offered for women.

James Sanderson said that exercise should be seen as the main therapy to helping women. Many people have challenged social prescribing for not being evidenced based, but the reality is that it gives people purpose and meaning in life, as well as social connections, which is fundamental to us as human beings.

He then stated that over 2 and a half million people are accessing social prescribing currently through 4 zones: sport and exercise, art and culture, natural environment, and knowledge. However, how we talk about these things in society needs to be changed, as it is important it is discussed alongside drugs, rather than it being mentioned as a second thought.

He said the infrastructure for social prescribing in place at the moment is really positive, but that continuation was necessary to champion these alternative options to drugs.

Carolyn Harris MP then asked James Sanderson about what the current parameters were for social prescription.

James Sanderson said that social prescribing was based on what was available in local areas. For example, he mentioned park runs, walking football, dementia cafes, choirs, and open water swimming. He said that social prescribers could create a map of options, and then sit down with women who have been referred by the GP to explore some personalised care options that they would enjoy. He emphasised that the key to success was personalised conversations.

Carolyn Harris MP then questioned the cost of these activities. All those mentioned by James Sanderson were free, so she asked if people would have to pay privately, as there was no budget currently in the NHS for menopausal women.

Dr Wendy Molefi described how the current model of care works. All social prescribing is community based, so it totally depends on what activities the local area offers. These are often run by charitable organisations who have relationships with clubs and gyms and can offer a discounted price for those being referred by social prescribers.

She then emphasised that the flaw in this model, is the lack of funding. Doctors are not being taught to consider social prescribing, and there is very little support for doctors to even offer this to patients due to funding issues. She mentioned how Macmillan offer social prescribing for cancer patients, and that there should be a similar system in place for women struggling as they pass through the menopause.

She also mentioned that the issue with social prescribing was that it was not accessible for everyone. An example she mentioned was the Asian Community who were often overlooked for social prescribing options.

Amanda Winwood agreed with everything that had already been said. Working in Cornwall, she suggested they had the worst support for alternative therapies for menopausal women in the UK. The only way she suggested this could be changed was through conversations with GPs to show them the options available which can then be signposted to patients.

Amanda Winwood then discussed that National Social Prescribing Day which is on the 14th March 2024, which could be used to highlight the alternative options available for menopausal women. But she then said there was a disconnect, and that getting the message out to the broader population was a difficult task. She questioned the cost of HRT drugs, asking whether there could be an option introduced to spend the money that would have gone towards HRT instead being spent on social prescribing.

Maria Mason mentioned how she sits on the board for FHT and Integrated Medicine. She felt that social prescribing was not working as women were only being offered the free activities in their community, so therefore they felt they were not being taken seriously. Her concern was based around the lack of funding for alternative therapies.

Dr Rachel Churm then said that there was an issue in the social economic divide as some women could afford to pay for alternative therapies, but others could not. She felt that there could perhaps be some funding provided by local authorities or charities for research purposes on the benefits of social prescribing.

Dr Wendy Molefi agreed with Dr Rachel Churm detailing how there is not enough gold-standard written evidence regarding the benefits of social prescribing, meaning the government would not support funding. She therefore agreed that more research needed to be carried out to achieve some funding. She felt a working group was necessary, and that the speakers taking part in the discussion today, could form a group providing a variety of perspectives from various organisations.

Carolyn Harris MP then asked whether it would be possible for alternative therapy colleges to introduce social prescribing training into their curriculum. She wondered if there could be an option for students to get experience working with GPs who offer social prescribing as part of their training and education. She felt that perhaps Swansea University could help pilot a scheme like this.

James Sanderson said that social prescribing did have funding going into programmes across the country. He mentioned companies such as Big Lottery, the NHS and Local Governments who utilise social prescription. However, there was no opportunity currently to allow that money to follow the patients into their activities. He described that the reality was these activities should be available to all, but there was a fine line between what the NHS should and shouldn't pay for. He said that they would be unable to consider funding for alternative therapies unless there was sufficient evidence that they offer significant benefits. He did also say that the NHS would be supportive of socially prescribing alternative therapies but they would need the evidence first.

Carolyn Harris MP then said it seemed pointless for help to be available but not accessible. She felt that if antidepressants or HRT were not prescribed, then the money saved should be spent towards social prescribing. Her point was that if we never tried, then society would never know the benefits, so it needed a group to push for this.

Carolyn Harris MP then said that 51% of the population were women who would need support during the menopause. If women must take time away from work due to their symptoms, then this impacts the economy. Therefore, if it was dealt with earlier and at the source, then it would be beneficial to the

economy and the government in the long-term. She felt the NHS needed to catchup with this perspective.

Dr Wendy Molefi felt that we needed an entity to push for this. She suggested creating the Menopause Social Prescribing Programme which would work on the objectives suggested today and pilot it. She also felt that increased awareness was needed for those in the medical profession so that they could begin to signpost women struggling through the menopause towards social prescribing. Currently this is not on GP's radar.

Carolyn Harris MP agreed with Dr Wendy Molefi, feeling that there needed to also be a Menopause Clinic for women to attend. She described how patients with a bypass were given free gym membership on the NHS, and questioned why this could not be offered for women going through the menopause.

James Sanderson said that exercise prescription had been tried in some areas, but it was down to the local commissioners to organise this, not the NHS.

Carolyn Harris MP asked how she could go about speaking to the local commissioners?

James Sanderson suggested that more evidence was needed to convince the local commissioners that spending was necessary in social prescribing. They needed to be able to see the savings downstream to then be able to push for funding in those areas.

Dr Rachel Churm then said that clinical exercise physiologists could help. They are specifically trained to deliver tailored exercise packages to clients. Swansea University could perhaps look at adding a menopause package into their training.

Dr Rachel Churm then went on to say that a research paper was needed to validate this evidence as funding would not be provided without it. But that it was a good idea to try and get social prescribing included into training and qualifications for college students.

Dr Wendy Molefi asked James Sanderson if he could do anything with his connection to the National Academy of Social Prescribing. Or if they would support any of these suggestions with funding.

James Sanderson said that currently there is no funding there, but reflecting on the conversation, the amount of information about social prescribing for menopause was limited. He then said the National Academy would be a good place to start discussions on this, and he would investigate it.

Carolyn Harris MP said she wanted to use Swansea University as a base and perhaps also work with the Freedom Leisure Centres in Swansea. The other guests agreed that they would support this idea. A pilot would be the best place to begin gaining this evidence, and then pushing for social prescribing funding.

James Sanderson said he would be happy to follow up with the committee and speak to NHS England about these issues, questioning them if there was anything more that could be done.

Carolyn Harris MP thanked James and then asked Maria Mason if there were any specific treatments, she recommended with reflexology for menopause symptoms?

Maria Mason said there was specific treatments that could be done, but the important thing was to be having in depth conversations with clients first to understand what exactly they needed support with. She felt that it was not a short 10-minute conversation, but a long-term lifestyle conversation that was needed.

She then explained that there needed to be a way to advise women going through the menopause. At the moment there is no set conversation, or treatment, for women experiencing menopause. Currently, what happens is that women speak with their friends about the menopause and the different treatments they are receiving from medical professionals, which often differ and some feel women they have lost out.

Dr Wendy Molefi agreed with Maria Mason suggesting that a thought process was needed within GPs about where to signpost people to when they are struggling with menopause symptoms. She felt a booklet was needed. Another suggestion was that GPs needed more time with the patients, hence the necessity of a specific Menopause Clinic.

Carolyn Harris MP said that this was all about integrated medicine, and that the language behind treatments such as massages and reflexology appointments needs to change so that they are referred to as a “medical treatment” rather than a “beauty treatment”.

Carolyn Harris MP expressed to the group that she felt guilty if she ever has a facial as she feels it is seen in society as a ‘beauty treatment’. Yet due to the reflexology points in the face, it is actually a great way to relieve symptoms of the menopause. Therefore, there needs to be a difference between clinical treatments and relaxing treatments when it comes to the portrayal of these therapies.

The group concluded and agreed to work together to make the changes they discussed. The group agreed that there should be a plan to work with Swansea University to pilot a scheme of social prescription for menopausal women.

Carolyn Harris MP thanked everyone for their time, and said she looked forward to the next stage of their newly formed plan and concluded the meeting.