Menopause

NICE quality standard

Draft for consultation

August 2016

Introduction

This quality standard covers diagnosing and managing menopause in women, including women who have premature ovarian insufficiency. For more information see the topic overview.

Why this quality standard is needed

Menopause is when a woman stops having periods as she reaches the end of her natural reproductive life. This is usually a gradual process during which women experience perimenopause before reaching menopause and then postmenopause. The average age at which menopause starts in women in the UK is 51. However, some women experience premature ovarian insufficiency – this is menopause before the age of 40, which can occur naturally or as a result of medical or surgical treatment.

Menopause is associated with oestrogen depletion, which causes irregular periods and has many other effects on the body. Symptoms include hot flushes and night sweats, mood changes and vaginal dryness. Prolonged lack of oestrogen can affect the bones and the cardiovascular system, and postmenopausal women are at increased risk of a number of long-term conditions, such as osteoporosis.

Not all women experience the same type or severity of symptoms. Most women (8 out of 10) experience some symptoms, typically lasting about 4 years after the last period, but continuing for up to 12 years in about 10% of women. Menopausal symptoms can, for some women, severely affect quality of life. Women need to know about the available treatment options and their risks and benefits, and be empowered to become part of the decision-making process.

The quality standard is expected to contribute to improvements in the following outcomes:

- women understand what menopause is and what to expect, so that they can take control of their health and wellbeing
- women's experience of care
- frequency and/or intensity of short-term menopausal symptoms
- health-related quality of life
- long-term health effects that may occur at the time of, or after, the menopause.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – safety, experience and effectiveness of care – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following outcomes framework published by the Department of Health:

- NHS Outcomes Framework 2016/17

Table 1 shows the outcomes, overarching indicators and improvement areas from the framework that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2016/17

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	***Improvement areas*** **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition

4 Ensuring that people have a positive experience of care	***Overarching indicators*** 4a Patient experience of primary care i GP services 4b Patient experience of hospital care *4d Patient experience characterised as poor or worse* *I Primary care* *ii Hospital care* ***Improvement areas*** **Improving access to primary care services** 4.4 Access to i GP services
Indicators in italics in development	

Safety and people's experience of care

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to menopause.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on patient experience in adult NHS services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to people using services. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect people's experience of using services and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for menopause specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole menopause care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to women going through the menopause.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality menopause service are listed in related quality standards.

Resource impact considerations

Quality standards should be achievable by local services given the resources required to implement them. Resource impact considerations are taken into account by the quality standards advisory committee, drawing on resource impact work associated with the source guideline. The costing report and template for the source guideline provide more detailed resource impact information. Organisations are encouraged to use these tools to help estimate local costs.

- Costing report and costing template for menopause (NICE guideline NG23)

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating women going through the menopause should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting women going through the menopause. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. Women over 45 years presenting to primary care with menopausal symptoms are diagnosed based on their symptoms, without laboratory tests.

Statement 2. Women under 40 years presenting with menopausal symptoms are diagnosed with premature ovarian insufficiency based on their symptoms and elevated follicle-stimulating hormone (FSH) levels.

Statement 3. Women over 40 years in menopause presenting to primary care with vasomotor symptoms are offered hormone replacement therapy (HRT) after a discussion of the short-term and longer-term benefits and risks.

Statement 4. Women having treatment for short-term menopausal symptoms have a review 3 months after starting each treatment and then at least annually.

Statement 5. Women who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them?

Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 5 For draft quality statement 4: What is the specific quality improvement area for this statement? Is it the 3 month review, the annual review or both? Please detail your answer.

Question 6 For draft quality statement 5: Does the definition of medical or surgical treatment capture all women who should be receiving information about the menopause before treatment? If not, what else should be included?

Quality statement 1: Diagnosis

Quality statement

Women over 45 years presenting to primary care with menopausal symptoms are diagnosed based on their symptoms, without laboratory tests.

Rationale

Perimenopause and menopause can be diagnosed based on clinical history alone in primary care for otherwise healthy women over 45. Laboratory tests, particularly follicle-stimulating hormone (FSH) testing, for women over 45 with menopausal symptoms do not provide extra information that helps diagnosis, and knowing hormone levels will not change management. Reducing the number of tests will prevent unnecessary investigations for women and empower healthcare professionals to make a clinical diagnosis in primary care.

Quality measures

Structure

Evidence of local arrangements to ensure that women over 45 years presenting to primary care with menopausal symptoms are diagnosed based on their symptoms, without laboratory tests.

Data source: Local data collection.

Process

Proportion of women over 45 years diagnosed with perimenopause and menopause in primary care whose diagnosis is based on their symptoms, without laboratory tests.

Numerator – the number in the denominator whose diagnosis is based on their symptoms, without laboratory tests.

Denominator – the number of women over 45 years diagnosed with perimenopause and menopause in primary care.

Data source: Local data collection.

Outcome

a) Women's experience of the diagnosis process.

Data source: Local data collection.

b) Number of laboratory tests to diagnose menopause in women over 45 years

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (primary care) ensure that systems are in place so that women over 45 years presenting to primary care with menopausal symptoms are diagnosed based on their symptoms, without laboratory tests.

Healthcare professionals (such as GPs and practice nurses) do not use laboratory tests as a diagnostic tool to diagnose menopause in women over 45 years presenting to primary care with menopausal symptoms, but base the diagnosis on clinical symptoms only.

Commissioners (NHS England) ensure that they commission services in which women over 45 years presenting to primary care with menopausal symptoms are diagnosed based on their symptoms, without laboratory tests.

What the quality statement means for patients and carers

Women over 45 who visit their GP or practice nurse with symptoms typical of the menopause are not offered unnecessary blood tests, and the doctor or nurse assesses their symptoms to diagnose whether they have started menopause. This ensures that women do not have unnecessary tests. Common symptoms include hot flushes, night sweats, mood changes, and no or infrequent periods.

Source guidance

- Menopause (2015) NICE guideline NG23, recommendation 1.2.1

Definitions of terms used in this quality statement

Menopausal symptoms

Menopausal symptoms include the following:

- hot flushes
- night sweats
- mood changes
- memory and concentration loss
- vaginal dryness
- lack of interest in sex
- headaches
- joint and muscle stiffness
- no or infrequent periods (taking into account whether the women has a uterus)

[Adapted from menopause (NICE guideline NG23), context section and recommendation 1.2.1]

Diagnosed

Diagnose the following without laboratory tests in otherwise healthy women aged over 45 years with menopausal symptoms:

- perimenopause based on vasomotor symptoms and irregular periods
- menopause in women who have not had a period for at least 12 months and are not using hormonal contraception
- menopause based on symptoms in women without a uterus.

[Menopause (NICE guideline NG23), recommendation 1.2.1]

Laboratory tests

Follicle-stimulating hormone (FSH) tests should not be considered when diagnosing menopause in women aged over 45 years with menopausal symptoms.

[Adapted from Menopause (NICE guideline NG23), recommendation 1.2.3]

Do not use the following laboratory and imaging tests to diagnose perimenopause or menopause in women aged over 45 years:

- anti-Müllerian hormone
- inhibin A
- inhibin B
- oestradiol
- antral follicle count
- ovarian volume

[Menopause (NICE guideline NG23), recommendation 1.2.5]

Quality statement 2: Diagnosing premature ovarian insufficiency

Quality statement

Women under 40 years presenting with menopausal symptoms are diagnosed with premature ovarian insufficiency based on their symptoms and elevated follicle-stimulating hormone (FSH) levels.

Rationale

Early diagnosis of premature ovarian insufficiency (POI) can enable women under 40 to get treatment and access to specialised services sooner because often the diagnosis is extremely delayed. This is particularly important for this group of women because they have higher morbidity and mortality than women over 45 years in menopause. Although menstrual history in women under age 40 years is often the first suggestive indication of a diagnosis of POI, confirmatory testing of elevated FSH levels may be required. Women with untreated POI (particularly surgical menopause) are at increased risk of developing conditions such as osteoporosis, cardiovascular disease (CVD), dementia and Parkinsonism. These young women need support and holistic care with a number of psychosocial issues, such as infertility, sexuality and psychological distress.

Quality measures

Structure

Evidence of local arrangements to ensure that women under 40 years presenting with menopausal symptoms are diagnosed with premature ovarian insufficiency based on their symptoms and elevated FSH levels.

Data source: Local data collection.

Process

Proportion of women under 40 years presenting with menopausal symptoms who are diagnosed with premature ovarian insufficiency based on their symptoms and elevated FSH levels.

Numerator – the number in the denominator who are diagnosed with premature ovarian insufficiency based on their symptoms and elevated FSH levels.

Denominator – the number of women under 40 years presenting with menopausal symptoms.

Data source: Local data collection.

Outcome

a) Women's experience of the diagnostic process.

Data source: Local data collection.

b) Incidence of premature ovarian insufficiency.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (primary and secondary care) ensure that systems are in place so that women under 40 years presenting with menopausal symptoms are diagnosed with premature ovarian insufficiency based on their symptoms and elevated FSH levels.

Healthcare professionals (such as GPs, practice nurses and healthcare professionals with expertise in menopause) base a diagnosis of premature ovarian insufficiency on symptoms and elevated FSH levels in women under 40 years presenting with menopausal symptoms.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission services in which women under 40 years presenting with menopausal symptoms are diagnosed with premature ovarian insufficiency based on their symptoms and elevated FSH levels.

What the quality statement means for patients and carers

Women under 40 years who visit their GP or practice nurse with symptoms typical of the menopause are diagnosed with premature menopause (also known

as premature ovarian insufficiency) based on their symptoms and the level of a hormone called FSH in their blood. The sooner a diagnosis is made, the sooner any treatment can start.

Source guidance

- Menopause (2015) NICE guideline NG23, recommendation 1.6.2

Definitions of terms used in this quality statement

Premature ovarian insufficiency

Menopause occurring before the age of 40 years, which is also known as premature ovarian failure or premature menopause. It can occur naturally or as a result of medical or surgical treatment.

[Menopause (NICE guideline NG23), terms used in the guideline]

Menopausal symptoms

Symptoms include the following:

- hot flushes
- night sweats
- mood changes
- memory and concentration loss
- vaginal dryness
- lack of interest in sex
- headaches
- joint and muscle stiffness
- no or infrequent periods (taking into account whether the women has a uterus)

[Adapted from menopause (NICE guideline NG23), context section and recommendation 1.6.2]

Quality statement 3: Hormone replacement therapy (HRT)

Quality statement

Women over 40 years in menopause presenting to primary care with vasomotor symptoms are offered hormone replacement therapy (HRT) after a discussion of the short-term and longer-term benefits and risks.

Rationale

Menopausal women experiencing vasomotor symptoms, such as hot flushes and night sweats, may be severely affected by them. HRT is effective at controlling vasomotor symptoms and improving quality of life and therefore should be offered as a treatment option. It is important that women have the opportunity to discuss the short-term (up to 5 years) and longer-term benefits and risks of HRT, so that they can make an informed choice that they are comfortable with before any treatment begins. The risks of getting certain conditions such as blood clots, heart disease and stroke, breast cancer, type 2 diabetes, osteoporosis when taking HRT will vary from one woman to another and depends on many factors.

Quality measures

Structure

Evidence of local arrangements to ensure that women over 40 years in menopause presenting to primary care with vasomotor symptoms are offered after a discussion of the short-term and longer-term benefits and risks.

Data source: Local data collection.

Process

a) Proportion of women over 40 years in menopause presenting to primary care with vasomotor symptoms who have a discussion of the short-term and longer-term benefits and risks of HRT.

Numerator – the number in the denominator who have a discussion of the short-term and longer-term benefits and risks of HRT.

Denominator – the number of women over 40 years in menopause presenting to primary care with vasomotor symptoms.

Data source: Local data collection.

b) Proportion of women over 40 years in menopause presenting to primary care with vasomotor symptoms who have had a discussion of the short-term and longer-term benefits and risks of HRT and who are then offered HRT.

Numerator – the number in the denominator who are offered HRT.

Denominator – the number of women over 40 years in menopause presenting to primary care with vasomotor symptoms who have had a discussion of the short-term and longer-term benefits and risks of HRT.

c) Proportion of women over 40 years in menopause presenting to primary care with vasomotor symptoms who are offered HRT who then receive it.

Numerator – the number in the denominator who receive HRT.

Denominator – the number of women over 40 years in menopause presenting to primary care with vasomotor symptoms who are offered HRT.

Data source: Local data collection.

Outcome

a) Women's knowledge of the risks and benefits of HRT.

Data source: Local data collection.

b) Prescription rates of HRT.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as primary care) ensure that systems are in place so that women over 40 years in menopause presenting to primary care with vasomotor

symptoms are offered HRT after a discussion of the short-term and longer-term benefits and risks.

Healthcare professionals (such as GPs and practice nurses) offer HRT to women over 40 years in menopause presenting to primary care with vasomotor symptoms, after a discussion of the short-term and longer-term risks and benefits.

Commissioners (NHS England) ensure that they commission services in which women over 40 years in menopause presenting to primary care with vasomotor symptoms are offered HRT after a discussion of the short-term and longer-term benefits and risks.

What the quality statement means for patients and carers

Women over 40 years who have started the menopause and who visit their GP or practice nurse with symptoms such as hot flushes and night sweats are offered HRT to help relieve their symptoms. Their doctor or nurse should explain to them about the short-term (the next 5 years) and longer-term benefits and risks of HRT, so that they can make an informed choice about whether to have it.

Source guidance

- Menopause (2015) NICE guideline NG23, recommendation 1.4.2

Definitions of terms used in this quality statement

Discussion of the short-term and longer-term benefits and risks of HRT

The short-term (up to 5 years) and longer-term benefits and risks of HRT should be explained to each woman before she decides whether or not to have HRT. The risks of getting certain conditions when taking HRT are compared with the risk for women of menopausal age in the general population, but risk will vary from one woman to another and depends on many factors. The risks for the following conditions should be discussed: blood clots, heart disease and stroke, breast cancer, type 2 diabetes, osteoporosis, loss of muscle strength and dementia.

[More information about this is available in section 1.5 of the menopause guideline (NICE guideline NG23)]

Quality statement 4: Review of treatments for short-term menopausal symptoms

Quality statement

Women having treatment for short-term menopausal symptoms have a review 3 months after starting each treatment and then at least annually.

Rationale

A review should be carried out 3 months after starting treatment to assess the need for any changes to dosage or formulation if there are persistent side effects such as bloating, nausea and breast discomfort. Once treatment is established, review is necessary to assess changes in risk due to new or pre-existing health problems, to carry out basic health checks, such as measurement of weight and blood pressure, and to inform and engage women in national screening programmes. The frequency of the review should be at least annually or more frequently if there are clinical indications for this. For most women, the symptoms of menopause respond well to treatment. For others whose symptoms have not improved or who have troublesome side effects, the review will identify if they need to be referred for specialist help and support from a healthcare professional with specialist training and expertise.

Quality measures

Structure

Evidence of local arrangements to ensure that women having treatment for short-term menopausal symptoms have a review 3 months after starting each treatment and then at least annually.

Data source: Local data collection.

Process

a) Proportion of women having treatment for short-term menopausal symptoms who have a review 3 months after starting treatment.

Numerator – the number in the denominator who have a review 3 months after starting treatment.

Denominator – the number of women having treatment for short-term menopausal symptoms.

Data source: Local data collection.

b) Proportion of women having treatment for short-term menopausal symptoms who had a review 3 months after starting treatment and who have annual reviews thereafter.

Numerator – the number in the denominator who have annual reviews.

Denominator – the number of women having treatment for short-term menopausal symptoms who had a review 3 months after from starting treatment.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (primary care) ensure that women having treatment for short-term menopausal symptoms have a review 3 months after starting each treatment and then at least annually.

Healthcare professionals (such as GPs and practice nurses) ensure that they offer women a review 3 months after starting each treatment for short-term menopausal symptoms, and then at least annual reviews.

Commissioners (NHS England) ensure that they commission services in which women having treatment for short-term menopausal symptoms have a review 3 months after starting each treatment and then at least annually.

What the quality statement means for patients and carers

Women having treatment to help with symptoms of the menopause have a review 3 months after starting each treatment, and then further reviews once a year. These are to check that their treatment is working and that side effects aren’t a problem.

Source guidance

- Menopause (2015) NICE guideline NG23, recommendation 1.4.19

Definitions of terms used in this quality statement

Short-term menopausal symptoms

Symptoms include the following:

- hot flushes
- night sweats
- mood changes
- memory and concentration loss
- vaginal dryness
- lack of interest in sex
- headaches
- joint and muscle stiffness

[Adapted from menopause (NICE guideline NG23), context section]

Question for consultation

What is the specific quality improvement area for this statement? Is it the 3 month review, the annual review or both? Please detail your answer.

Quality statement 5: Information for women having treatment that is likely to cause menopause

Quality statement

Women who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

Rationale

Some medical or surgical procedures for women can affect fertility and induce menopause. Women should be provided with information to make them aware of these long-term consequences of treatment. Women who go through menopause as a result of medical or surgical treatment may be younger than the average age of onset of menopause, and so are less likely to know about menopausal symptoms. Awareness of symptoms is important to ensure that these women access treatment and services as soon as they need them, because they are more at risk of increased psychological and physical morbidity.

Quality measures

Structure

Evidence of local arrangements to ensure that women who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

Data source: Local data collection.

Process

Proportion of women receiving medical or surgical treatment that is likely to cause the menopause who are given information about menopause and fertility before they have their treatment.

Numerator – the number in the denominator who are given information about menopause and fertility before they have their treatment.

Denominator – the number of women who received medical or surgical treatment that is likely to cause the menopause.

Data source: Local data collection.

Outcome

Women having medical or surgical treatment that is likely to cause the menopause are aware of the symptoms of menopause.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (hospitals) ensure that systems are in place so that women who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

Healthcare professionals (such as secondary care consultants) ensure that they give information about menopause and fertility to women who are likely to go through menopause as a result of medical or surgical treatment, before they have their treatment.

Commissioners (clinical commissioning groups) ensure that they commission services in which women who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

What the quality statement means for patients and carers

Women having medical treatment or surgery that is likely to cause the menopause are given information about menopause and effects on fertility before they have their treatment. This is so that they can make an informed choice about treatment. Treatments that are likely to cause the menopause include chemotherapy and radiotherapy to treat cancer, and surgery that involves the ovaries.

Source guidance

- Menopause (2015) NICE guideline NG23, recommendation 1.3.6

Definitions of terms used in this quality statement

Medical or surgical treatment

Treatments that are likely to cause menopause include:

- radiotherapy and chemotherapy for cancer
- gynaecological surgery that involves the ovaries.

[Adapted from menopause (NICE guideline NG23), recommendation 1.3.6]

Information

Information should include:

- risk of impaired or loss of fertility
- risk of early menopause
- common menopausal symptoms
- longer-term health implications of menopause
- contraceptive advice.

[Adapted from menopause (NICE guideline NG23), recommendations 1.3.1 and 1.3.5, and full guideline]

Equality and diversity considerations

All information should be culturally appropriate and accessible to women with additional needs, such as physical, sensory or learning disabilities, and to women who do not speak or read English. Interpreters and advocates should be provided if needed.

Question for consultation

Does the definition of medical or surgical treatment capture all women who should be receiving information about the menopause before treatment? If not, what else should be included?

Status of this quality standard

This is the draft quality standard released for consultation from 5 August to 2 September 2016. It is not NICE's final quality standard on menopause. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 2 September 2016. All eligible comments received during consultation will be reviewed by the quality standards advisory committee and the quality statements and measures will be refined in line with the quality standards advisory committee's considerations. The final quality standard will be available on the NICE website from February 2017.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be

appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's quality standard service improvement template helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement. This tool is updated monthly to include new quality standards.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between healthcare professionals and women going through the menopause is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Women going through the menopause should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the quality standards advisory committee to develop the quality standard statements and measures.

- Menopause: diagnosis and management (2015) NICE guideline NG23

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2015) Chief Medical Officer annual report 2014: women's health
- Royal College of Nursing (2013) Menopause: lifestyle and therapeutic approaches
- British Occupational Health Research Foundation (2010) Women's experience of working through the menopause
- British Occupational Health Research Foundation (2010) Work and the menopause: a guide for managers
- Faculty of Sexual and Reproductive Healthcare (2010) Contraception for women aged over 40 years

Related NICE quality standards

Published

- Cardiovascular risk assessment and lipid modification (2015) NICE quality standard 100
- Fertility problems (2014) NICE quality standard 73
- Patient experience in adult NHS services (2012) NICE quality standard 15
- Breast cancer (2011) NICE quality standard 12
- Depression in adults (2011) NICE quality standard 8

In development

- Osteoporosis. Publication expected April 2017.

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality standards advisory committee and NICE project team

Quality standards advisory committee

This quality standard has been developed by quality standards advisory committee 1. Membership of this committee is as follows:

Dr Ivan Benett
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The following specialist members joined the committee to develop this quality standard:

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE

or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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