

# Dorset Women CIC E2\_mixdown v1

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## SUMMARY KEYWORDS

Menopause, women's health, NHS programme, Dorset Menopause Support, Rowan Chambers, Tim Hillard, menopause symptoms, GP support, menopause education, cultural stigma, lifestyle changes, holistic management, menopause clinic, webinars, women's health strategy.

## SPEAKERS

Rowan Chambers, Anjali Mavi, Marianne Storey, Tim Hillard

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Marianne Storey 00:09

Welcome to episode two of speaking of women's health, a podcast that gives you the opportunity to see behind the scenes of a recent NHS programme that focused on women's health. I'm Marianne story, and I'm Anjali Mavi once again. Welcome to everyone. How are you doing? Anjali Podcast, episode number two. Wow.



Anjali Mavi 00:29

This is our second episode, and we are here again to learn amazing information, important information, I must say that about menopause and myself, definitely I'm very much interested to know, because I have 1000s of questions in my mind already.



Marianne Storey 00:46

Now I'm a woman of a certain age, Anjali, so I'm very happy to put it out there that I am currently experiencing the menopause. So it's a very relevant topic for me. Am I allowed to ask you personal question about where you are in that journey. Is it coming for you yet?

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Anjali Mavi 01:03

Yeah, if you're in Memphis, I might be in pre menopause, because I'm not that young now, for sure, but I don't think so. We should stop ourselves not to ask the personal questions, because this broadcast is for those women who might be scared of asking those questions directly from the consultant or the doctors. So I think this podcast gonna be a right platform to get the answer. So go for it. I will get the information from your questions, and I'll be ready with the answer.

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Marianne Storey 01:33

Well, hopefully we'll learn about the women's health programme. We'll also learn a lot about menopause. I mean, there's a lot of information out there these days, isn't there? So it'd be great to hear from the experts. We've got two real experts on today, such a privilege to have them. We've got Rowan chambers, who runs a charity in Dorset called Dorset menopause support. What Rowan does not know about women's experiences, that menopause is not worth knowing, and Tim Hillard, Dr Tim Hillard. He's been the expert consultant on menopause in Dorset for many years, so he is also real mine of information. So I can't wait to get talking to them about their experiences with the programme and hear what they've got to say. I think we're both all ears today, aren't we.

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Anjali Mavi 02:20

Angela, we are ready. Let's start it.

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Marianne Storey 02:26

Why don't we start with asking you to introduce yourself? So we'll start with Rowan. Why don't you just tell us who you are, what you do, what your organisation does, a little bit about yourself.

R**Rowan Chambers 02:38**

Okay, so Hi everyone. My name is Rowan chambers. I'm the founder and one of the directors at Dorset menopause support. Fundamentally, we offer support and guidance and education on all areas of menopause, so from perimenopause through menopause and well into the post menopausal years, we hold group information evenings, which sometimes include guest speakers doing talks on different subjects of menopause, and we offer one to one appointments or consultations for women. They're also very welcome to bring a friend or a partner so they can learn together, gain more knowledge together. And we also offer talks. A lot of the things that we have on offer are funded, so they're free, so the information evenings are free for all women to attend. We have some funded one to one support for women who may be finding themselves in a difficult financial situation. And we also have some fully funded activities that include a 12 week strength and conditioning programme. So, yeah, there's, there's sort of ongoing activities and projects all the time. We're trying to improve the information that's available for women and help, if necessary, prepare them for a GP appointment. Should they wish to do that? Because that's, that's something that, you know, a lot of women seem to struggle with, but just simply because they just don't have enough knowledge around menopause, so that that's, yeah, it's fundamentally, the support that we offer. It's a lot.

M**Marianne Storey 04:35**

And, I mean, I've known you a little while, but tell Angela why you started Dorset menopause support in the first place.

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## Rowan Chambers 04:42

I'll try and give you the short version. So I have absolutely no medical history at all, or no medical that. You know, I'm not a medical professional. I make that very clear. And you know, no. Of us who are involved with Dorset menopause support are hugely clinical in the area of menopause, or were so my background is in equestrian and for many years I was a semi professional competitor. I coached riders and trained many horses over the years, absolutely loved my my job, loved my role, and nothing, nothing much stops a horse rider from riding. You probably will have heard stories of competitors carrying on with broken arms or broken legs or, you know, nothing much stops you, but for me and for a lot of other of my friends, menopause stopped me anyway, in my tracks, both initially physically and then psychologically. And, you know, I'm quite positive, quite a determined person, but menopause had an absolutely catastrophic effect on my life. That's, that's the only way I can describe it, to the point where my my body, kind of gave up on me. I was suffering from sarcopenia, which led to multiple issues with in my back. And so that was very difficult. Physically, my anxiety and panic attacks got so bad that I had to stop competing, and my my cognitive function, well, it just didn't function. So I had to stop teaching. And so really, it had a massive impact on my life, and I didn't really know what caused it, and neither did my GP, sadly. And so for years I was struggling, and being an inquisitive person, I started to try to find out what was causing my issues. And it took me kind of five years to work it out on my own. And in the meantime, I'd had numerous tests from the GP and numerous investigations, and there was a lot of head scratching and no real answers. I got diagnosed with chronic fatigue. Was on my way to being diagnosed with fibromyalgia, and I kind of had worked, finally, sort of worked out for myself, after an awful lot of research, what might be happening, because I never had a hot flush. I never had, you know, some of the your typical symptoms. I never got rage or anger. I was very, very emotional. But anyway, I worked, worked it out, and finally got, got the right help. I sought help from a menopause specialist, eventually, and got my life back on track completely, and I have felt better than I have felt in a very long time, and when I was at my sort of darkest moments, I guess I just thought, If I ever come out of this, I have got to do something Positive with all the knowledge I've gained, because I knew that there were a lot of people like me, you know, just talking to friends around the kitchen table, that's how it all started, and helping other friends work out what these random symptoms were and and that's really how Dorset menopause support started with a Facebook support page and volunteering at my local GP surgeries, running a menopause support group. So that's that's how it all started, probably about five years ago, and then the CIC grew from that because of the demands, and then it involved me retraining and completely, I know menopause called the change, but it really, for me has, it's changed everything, including my career. You know, it's, it's been a real turning point, midlife turning point for me. But that, that's how Dorset menopause support started, really just from my own experience and the lack of knowledge and realising that, you know so many women, we're just not taught about our bodies, we're we're not taught about the effect of hormones in our bodies, or what happens, or the changes that happen, and how your lifestyle may need to adjust, and your nutrition may need to adjust, to help all of those changes so that you can live well into the post menopausal years and actually thrive, not just survive. So that's that's what we try and help women to realise, is that that there are a lot of solutions, and we don't want women just to merely exist. We want them to thrive from midlife onwards.

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Anjali Mavi 09:41

That's really good introduction, and I'm so glad I met you. Thank you

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Marianne Storey 09:46

so Tim, let's turn to you. Well, I'm

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Tim Hillard 09:48

not going to be able to top that, but Rowan, that's that's very moving, and your story is familiar for something I've sort of encountered many times over over the years. My story started in. Uh, back in the 1980s when I was a researcher at destroyer Kings College Hospital London, and I sort of fell into a research job doing menopause at the stage, I didn't realise I was working for one of the foremost menopause experts in the world. And I had a very productive two or three years working in research, full time research on menopause at the introduction, just around the introduction of the transdermal therapy, the patches when they first started. And ever since then, I've maintained a strong academic interest in menopause, the stories that, like Rowan, has said, you know, what I was seeing in the clinics that I was doing again in back in the 1980s hormone replacement therapy was very restricted, and many, many doctors would not prescribe it, and we'd have over and over again, people coming in from far and wide to the clinics and telling the same sort of story as how the day their lives are revolutionised by taking the treatment. So it was the positive feedback one was getting as a clinician, sort of pushed me into taking much more interest in it than perhaps otherwise I would. And, you know, it's become something that has been a central part of my career ever since I set up the menopause clinic in Poole back in 1996 when I first came down here. And it's fair to say that, you know, we had quite a lot of difficulties getting it established and getting it supported, but it's now thriving, and has been for a number of years. So my role locally is really as a specialist clinician to provide support for clinical expert support, both for GPs and for the women and for all other healthcare professionals in the area. I also have a sort of more of a national and international role, where I do a lot of educating and research, editor of an international journal on menopause. So so I'm coming at it from very different angle to Rowan, but I hopefully the expertise I have nationally helps the people of Dorset as well, so that we can make, you know, build up a first class service. I think, knowing a lot around how things work around the country, actually, we're not as bad endorsed as there are in many places, but they're often pockets, and it's often down to individuals to drive, drive change. It's certainly not something that is universal throughout the country, and menopause support is very patchy.

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Marianne Storey 12:23

So I mean, it's fantastic to have two experts with us today in completely different ways. You know, you're clearly an expert from experience, Rowan, and your story is, as Tim said, extremely moving. And Tim clearly, you're, you're, you know, you are the county's clinical expert. So, you know, huge. Welcome to you both today. It's really great to have you here, and we're here today to talk about the Women's Health Hub programme that we've all been working with NHS Dorset about, and when we started doing some research for that programme, it was really clear from the very outset that menopause was a huge priority for women. I think it was the number one thing that we got feedback on anytime we ever did any surveys or anything. So it was no surprise that when we embarked on this programme, menopause was one of the main work streams. So when the two of you became involved in the project, what did you, what did either of you, or both of you, want from it, from your own, different perspectives? Perhaps we'll start with you, Tim, when you first got the course to be involved, what were you hoping it might achieve for women and for you and your clinic and all the things you and your team do?

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Tim Hillard 13:30

Well, I mean, my first response was, I was delighted that something was actually being done. It's been very hard over the last 30 odd years to try and get anybody interested in menopause, to be quite honest with you, that that has changed a lot in the last 10 years, for a whole variety of reasons. But you know, for a long time, it's been like a very lonely job trying to encourage GPs prior, particularly the more managerial aspects of the Dorset HealthCare, to take menopause seriously. We've had numerous threats to close our clinic down over the years, so an opportunity to raise awareness of menopause, the very fact that there's a clinic exists for specialist advice, which so many people don't even know about. I even spoke to a medical colleague yesterday in my own trust in Bournemouth who had no idea there was a menopause clinic, even though we've been here for 30 years. So there's a huge amount of lack of knowledge and information for all sorts of reasons. And so I think the opportunity has arisen. It just provides a great opportunity to get the message out there that, first of all, it's a serious problem that does need addressing, and that people need to be educated. And that's not just the women. It's not just the GPs, but it's all medical and healthcare professionals who can need to know about it, and they need to know there is help available, and how they can get that help and and that's where people like Rowan kick in as well.

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Marianne Storey 14:55

So you were coming at it really from just wanting to get something. I. Yeah, going, yeah. I mean,

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Tim Hillard 15:01

I just, you know, I'm not going on forever, and it is a subject I feel passionately about. And, you know, as it is all women's health, to be honest, and I think it just gets, doesn't get the priority it deserves, and menopause within women's health has been sort of relegated to the bottom of the pile for a long time, and that's not appropriate,

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Marianne Storey 15:20

yeah? Well, that's great to

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Anjali Mavi 15:22

hear you say that. Yeah. I mean, I think one thing you just mentioned, Tim about awareness, about this clinic, I think that this is one of the thing I have also noticed while working in NHS that lot of information is available, but people are not having access of that. And I think after this call, I would like to know about your clinic, so I can also share within our community, because that's where I feel like the information is not been passed. So at the end for for both of you, I would like to know where, where exactly the location you exist in Dorset, so I can also share information within our community. When I'm saying about within our community, because I am kind of founder or leader of Indian community in Bournemouth and in Dorset. And this topic is very, very important, and because a kind of cultural we are coming up people, especially women. And forget about women. Their men's, also don't understand at all about menopause. And there, I would like to ask, like this programme, especially when you've both been involved with where you think the colour of women from, or ethnic minority women's, they have a unique need. So what support you think they need, if we compare to other women because of the cultural difference myth. I can say there are a lot of information, which is like coming from our back India. And it's a myth, actually, and this is not true, and people are still carrying those information and dealing their problems and thinking, Oh, it's it's normal, it's fine. It just get over. And they were struggling with lot of other issues, along with menopause. So how you think their needs can be fulfilled with this project?

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Tim Hillard 17:10

Well, I think, I think locally it comes down to a lot of it comes down to local communities, as you say, raising awareness. First of all, there's, there's a problem. And again, you know, people like Rowan, highlighting to people that locally, that there is a this is, can be a menopausal problem. It may not be something else, then advising about where the best place to seek advice is. Now, I mean, our clinic is a specialist clinic. You can only get there by GP referral, so it's not something that people can access. But most GPs, I mean, I know, I know Rowan doesn't always agree with me, but there's a lot of GP surgeries do have quite good Women's Health doctors working for within them, and that information should be available. I mean, at a national level, you know, there's a lot of the menopause information is translated into different languages. I mean, obviously when we talk about ethnic minorities, it depends. Minorities, it depends on which there's so many variant such a variety of ethnic minorities in this in the UK that it's difficult to say one specifically, but there's quite a lot of stuff translated into different languages and internationally. I mean, I saw my involvement with international menopause society. It's all freely available to anybody. For a lot of it's without having to be a member, and a lot of it's translated into different languages. I've run out of I know it's translated into Spanish, into Russian, into Vietnamese. I'm not sure which Indian language it's translated into, but as a lot of different translations of all this information out there, so it is available, but you have to look for it, and it's knowing where to look and sign posting people to the right places. With an endless amount of time, we'd probably develop our website within the NHS to provide signpost people more the NH I've worked with the NHS work for the rich builder the NHS, it was I work with, but it was part of the NHS transformation package, and they have NHS England do have a menopause support Web page now, and quite a lot of information is very basic, but it is translated into lots of different languages and is available. So there are lots of ways of doing it, but in a local community, it's very hard to specifically do that, but we're always open to working with individual groups who want to access things more.

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Marianne Storey 19:28

Okay, great. Thank you. And I mean, Tim, you were involved in this project pretty much from the very outset. I remember a conversation you and I had maybe three, maybe more than three years been great to have you. I think it was. It's very long time ago when we started to talk about what this could look like. But Rowan, you've come into this a little bit later, when we were actually starting to work on menopause itself, and we had a very specific work stream that we were trying to change a few small things in our way. What did you want to see happen? What did you hope might happen from this programme? When you joined,

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Rowan Chambers 20:01

really, for women in Dorset, I mean, this was very much based around their needs and what they felt was important to them. And so really, what I was, you know, what we were working on was really, as well as raising this sort of awareness of menopause itself and the complexity of all the symptoms. It was actually, I mean, I gave some suggested, some ideas for the website and things. But really it was talking to our members and asking our members what they would like to see on the website, what would what was important to them. You know, speaking to real Dorset women and menopausal women, and asking them what they what they needed. And we recorded some personal stories that women offered to share with us about their their own experience of menopause, and that that included, you know, what hit me about that was how different they all are, you know, so it was, it was a really good thing to collect personal stories. And really, what women really wanted, I think, was how to access local services and what was available for them locally. And I think that's the great thing about the website, although I think it's quite good that there isn't reams of information. You know, it's it's been scaled down to give the information that's important. But what is included are local services and local resources that Dorset women can access close to them. And I think that came across when we spoke to women, they were like, Well, where can we get help? Where Where do we go? Where do we get the information? Because so many times, obviously, they go to their first port of call for most women is their GP surgery. But of course, there's very limited time you get with your GP, so even if you do get a GP who has a special interest in women's health and is up to date in menopause care, they're so limited in time. So it was really important on the website that you know there was, there was so comprehensive information about, say, all the sort of complexity of symptoms that there are and ways you can help yourself, and places locally that you can access resources. I think you know that that was really important.

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Marianne Storey 22:27

One of the points of this podcast is to try and give people a almost like a view behind the scenes of what what it's like inside the NHS, when people like you both are trying to change something quite often. You know, everybody experiences what it's like on the outside and and the result of hard work that goes on inside the NHS. And so I wonder if you could talk about what what it was like being involved in the programme, and what sort of things they asked you to do, and you know what that looked like? Do you know what I mean? I just think most people have no idea, really, what goes on behind the scenes in these things, people like you who work so hard.

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Rowan Chambers 23:10

Yeah, I had absolutely no idea. And I still, you know, there are so many areas of the NHS, and it's such a complex, huge, you know, system, I wouldn't even begin to say that I have any idea how it all works, but being involved with one small project was absolutely fascinating for me, and meeting the people that were involved in putting that it all together, there were some just amazing people behind the scenes that were so dedicated and, you know, really focused on on that end result and what you know, they wanted to achieve. I think it was, you know, it was lovely to work with and meet others who really, really want to make a change. Because when you're kind of on the outside, just doing a thing and trying to make a small difference, it can be quite a lonely place, especially when, you know, women keep coming to saying, I can't access this, or, you know, I'm finding it difficult to get the help I need for my GP, you know, they, they keep coming back and, you know, so to actually, you know, really meet some amazing people who really want to make, you know, they do want to make change. Change is like Tim said. Change is happening. In the last 10 years, there has been a lot more change. It's never going to be as quick as we want it to be. I always want something done yesterday, but change is is happening, and there are some amazing people who are trying to make change happen. So I think that, you know, that was what really I think it was fascinating. To be involved and to be able to collect information for the programme, and for that, for some of that to appear on the website.

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Marianne Storey 25:08

I mean, you said earlier that your ambition for the project, what you hoped would change, would be that women were listened to. Do you feel like that did happen? In what context you said that you wanted the programme to really be driven by the voices and needs of women, and that the NHS, in delivering the programme, really listened to their stories, and that's really the change you wanted to see, that actually, this was driven by women for women, and I just wondered whether you thought that that was one of the outcomes, whether they had been listened to and their stories had been heard.

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Rowan Chambers 25:39

I think it's trickling in. In our experience, there are some fantastic professionals within secondary care, like Tim it's primary care that causes issues for some women. But yes, it's, it's definitely, I think women felt involved by being asked. And I think they appreciated being being asked what, what they would like, you know, the resources they would want and need. I think they really appreciated that, you know, I hear all the time from women that you know, why will no one Listen to me? Why does no one believe me? Why will no one help me? And I know what that feels like was in a similar situation, but we are hearing that slightly less, you know, so that there's definitely been a positive change since the website, and actually some projects that Tim has involved because of what women needed and were asking for, you know, with the development of which I'm sure you're going to going to talk about at some point, but the the webinars for primary care, so that has started to make a difference.

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**Marianne Storey 26:55**

Definitely great. Let's just hear from Tim about your involvement, Tim, because I know your involvement was very different to Rowan's, but, you know, hugely important also. So what did your involvement look like, and do you think it achieved what you

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**Tim Hillard 27:11**

wanted it to? The involvement really has been at a sort of specialist level. I mean, what Rowan has highlighted is that a lot of women are desperate. The menopause is now talked about a lot more, which is great, but still, people still struggle to know where to access the information. So what they do now, which is perfectly reasonable, is they turn to Google or other searches are available, and they come up with all sorts of stuff. And of course, the stuff that you pick up first is usually pushed by people who are advertising, and it's not always the best content. So the first thing is that women are getting information now, but a lot of it's misinformation. And so I was very keen, first of all, that we have a system that provides information that is accurate and balanced and appropriate and not pursuing a particular narrative. And secondly, that the GPs who are always going or and the other healthcare professionals, like nurses in some practices, who are always going to be the first port of call in our current health system, that they have access to the similar resources and are appropriately educated as to, you know, the current guidelines, current recommendations, because, again, where there's a vacuum, then other information spreads in, and that can cause misunderstandings, and you get people with very dogmatic views, one way or the other, that actually don't help women at all. And so it's really about sort of providing, making sure that information that is available to everybody is appropriate, and about providing access to for GPs, in particular, to, you know, to have their queries answered. I mean, it's all very well to say, oh, go and read a book on this, or go and look and listen to somebody's webinar. But that's what really wanted to do, is what we managed to do is to have a much more open discussion, Q and A style sessions, which we ran six, five. Now we've got one more to come where, you know, we focus on focus on a topic, but then it allows those on the call to come in and question any particular aspect they're not sure about. And the very brief and fairly unscientific survey we did of the first three showed that the confidence that the GPs had improved from sort of, you know, being not very confident to slightly confident on this particular topic, to being very confident or or confident in about 90% of cases. So, you know, it's, it's a small step, but it's a step in the right direction. And the problem is that, as Rowan has highlighted, we know we're dealing with the GPs who are interested. If you're interested in women's health, then you might sign up to the webinar. If you're not interested, you wouldn't bother in the first place. So so it's how we reach the wider group, and I think some of that comes through peer pressure and. Some of it comes through the doctors who are in training. Because, you know, there's no doubt we had a huge gap from the whi study, which was 2001 where menopause interest just plummeted through to about 2015 when nice guidance came out. There was a huge dearth of menopause information out there. It wasn't being taught in medical schools. It wasn't being taught anywhere. And we have the BMS had a whole years programme called Mind the Gap, which is about the fact that there was a complete knowledge gap of a whole generation, or even two generations, of doctors actually been trained without any real teaching or menopause at all. That's now been rectified, which is really good. But it takes time for these things to filter through. Of course, yeah.

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Anjali Mavi 30:45

I mean, I would like to add here after enlisting both of you. I mean, as from last 10 years this, this is picking up, but then when I speak to women's around me, I wanted to share this. Some of even don't know what menopause is. It's very basic, very basic things. Also they don't understand. And they said, Oh no, it's just a period pain, or it's just like normal, you know, written books and all. There's nothing menopause exists. This is our bodies. Our body is like that. So I have want to ask from both of you within this project, is there any practical experience you have faced or and challenge, any stigma, I can say, from ethnic background, but some of British English women also come up with this kind of stigma where they think menopause doesn't exist. This is just like a theory. So any anything, and has been taken any step for that, because I think it is very important to get GPS to at least start talking about to all the patients, especially be women who's coming with different health problem. So start talking about, give at least basic information. Like this is definitely a problem, and you need to look after of this. So any experience you have faced tame and Dawn,

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Rowan Chambers 32:06

yeah, I think the education about menopause needs to start in schools. And it has, you know, there, there is now. It is now on the school curriculum. There is no real guidance to that. So it really depends on, on the individual schools. But I remember when I was young, you know, I had never, never knew. Had heard about menopause, never heard about perimenopause, for sure. And all we had at school was something that was called sex education, and we learned about how not to get pregnant, what happens if you do get pregnant and, you know, going through puberty and and all of that sort of thing. But nobody ever mentioned what happens in the later stages of a woman's life. And sometimes menopause isn't all doesn't always come in the later stages of a woman's life. You know, I support two ladies at the moment that are both in their 20s. So, you know, this, this myth. It's not, you know, doesn't just come around menopause itself. It comes around, you know, what times in a woman's life? It can, can be triggered. So it needs to start in schools, and you know, right from the beginning, really, it needs to, you know, we need to cover puberty, pregnancy, and then move on to perimenopause and include it in the conversation. And that's the other thing. It's just like we've got to normalise it and include it in conversation. So it's easy for me to say it, because I talk about it most days, but it's still a very taboo subject. A lot of women find it very difficult to talk about. Still, it's quite interesting. When I wear my shirt sometimes out in public, I'll quickly nip out to the supermarket or something. I always get asked, Oh, thank goodness somebody's doing something. Or, oh, where can I find out about, you know? So this triggers a conversation, so I do wear it out and about, and I think that's it. It's just, you know, is keeping those conversations going and starting education around it young doesn't have to be extensive. It just needs to be included in the conversation.

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Marianne Storey 34:13

I suppose when we were young too. I mean, assuming we're sort of a similar age, the three of us, you know, our mothers didn't talk about it at all, did they? So I suppose those of us who are reaching an age and have privilege enough to be mothers have a bit of a duty, I suppose, to make sure we're talking about it to our children, boys and girls, so that we we're changing the stigma within families as well as in school environment, absolutely.

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Tim Hillard 34:35

And I think it's really important that that education is not just for girls, and it's really important that everybody understands it. And, you know, again, I have think that this is changing now. People are starting to engage more and discuss it. And I think some of the young people I've met and discussed are, you know, quite much more aware. And I think the other aspect of education is really important. And you touched on that. Is that we want to normalise it. It is a normal event. It's not a medical problem. It can become a medical problem, and it can lead to medical problems, but unless it's particularly early, as Rowan highlighted, for most women, it is a normal event, and for quite a lot of women, it doesn't create a problem. So some of the narrative around the menopause has created a situation where people are quite scared about it, and that's also wrong, and we need to so, just so this is going to happen to you, and if you have problems, this is what you can do about it, and this is what's going on, not to sort of scare people into thinking it's some dreadful medical problem that they're going to have to sort of take treatment the rest of their life for it. You know, for a lot of people that there's different ways of managing it, which don't need to require medical intervention, but they do require knowledge, and they do require healthy adopting healthy living. And it's worth, I was talking to Rowan this yesterday. It's worth highlighting that the international menopause society, world menopause Day this year is focused on lifestyle changes around the menopause, and that's going to be really positive. That's applicable to everybody. You don't have to take any medication. It's all about things you can do to help yourself. So I think it's really important that you know that sort of education, and it applies not just to menopause, but obviously menopause is what we're talking about. But a lot of the things that would talk about actually are applicable to every aspect of your life.

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Anjali Mavi 36:25

Really. I think Tim just answered the question I was having in my mind about the medication. Because there is a say I've talking to someone, and this lady told me, Oh, there is no cure of menopause in medical because there is no medicine. So that mindset is also there. If there is no medicine, there is no cure. So I think that also need to be rectified, that lifestyle change can happen which, which can manage. So that's thank you for letting

T

Tim Hillard 36:51

that's where things are very different. So I lived through the 1990s when I was doing my early consultant down here, and also did my research and everything. And HRT was prescribed very widely, then, more so than it is now. But it was being given for the wrong reasons, and a lot of the time, and people were just giving it out without really thinking about it, and just said, everyone needs to be on it. So there is this sort of mantra that came through that menopause, the only treat for menopause is HRT, and therefore you have to be on HRT. And then a lot of cultures, and a lot of a lot of people say, Well, I don't want HRT, and there's risks for that and and therefore they say, as you said, you know, there's nothing that can be done. I don't want to take HRT, therefore there's nothing else I can do. But in reality, there's a lot people can do. HRT is really good for women who have got really bad symptoms. But you know, it doesn't need to be given to everybody.

R

Rowan Chambers 37:38

We very much highlight that are the whole range of holistic ways that menopause can be managed. And you know, we make it very clear to women that although HRT can make a big difference to some women, and you know, can really be a big part in managing some severe menopausal symptoms, it's by no means the only way you're going to manage your menopause. It is part of a jigsaw puzzle, and really it's it's down to the individual to find out all the other things that are going to help them manage their menopause, from reducing stress to making nutritional small nutritional changes, prioritising sleep, you know, and all sorts of other things that you know, that there are many different therapies, both medicinal and and non medicinal, that that can make a massive difference to a woman's life, from you know, all the way through, from from midlife onwards. So we also do stress that it needs to be looked at holistically. There's, there's no magic, you know, HRT can make a big difference, but it's not a magic silver bullet that's going to cure all of your problems. Everything needs, might need adjusting and and looking at,

M

Marianne Storey 38:58

I like your analogy of a jigsaw Rowan sort of put fitting all the pieces together.

R

Rowan Chambers 39:02

It's helpful. It's just simple, sort of, you know, but if women can see that, you know, as their body is changing, the sort of, you know, picture of the jigsaw puzzle is now very different to maybe how it was in your 20s and 30s. What helped you back then is not necessarily going to help you now, because your body has changed and is changing and evolving into something new. And it's about finding out, you know, and finding the new pieces of that jigsaw puzzle that are really going to help you thrive and live well. And HRT can be part of that, but it's not for everybody, as Tim said, you know, it's a very personal choice, but there are many, many ways, many ways.

A

Anjali Mavi 39:45

Yeah, great. Thank

M

Marianne Storey 39:47

you. I just had a quick question for you. Anjali, you raised the subject of stigma, and I was just listening to what Tim was saying, and thinking of menopause is just the other end of starting your periods and meno. Pauses finishing your periods. And I wonder whether there's a stigma among some Asian communities that you referred to about periods generally. Is there a similar stigma around starting periods and talking about bodies and periods and menopause? Okay, so it's all part of the same thing, really.

A

Anjali Mavi 40:18

I mean, I can give my experience my mom never talked to us about periods. When she used to have periods, she used to say some stories to us and to me and my sister, and my sister really struggled a lot when she had her fee period. She was hiding from us. It's our neighbour who told us, I think your daughter started a period. So I have lived that life, and I can see still talking about periods within the family, within the friend circle, my daughter, who has a special needs, she doesn't understand. She has to talk periods front of everybody or not, but she said to everyone, I got my periods. I got my periods. And my husband sometimes why she's talking like that, and it's fine. It's okay. Periods is normal. We can talk about it, but that stigma, that cultural thing, is still there. And talking about menopause, okay, I'm this. I'm the real example. When I told my husband five, six years ago, there is a menopause happened to women with after this age and all, he said, there's nothing like that. You know, this was his reaction. So I was like, nay, it happened. He was working with JP Morgan. And then JP Morgan sent one email to everyone about menopause, and then he said, Oh, it's real. I said,

**M** Marianne Storey 41:32  
Women real. It is real. JP Morgan says it's real then, and

**A** Anjali Mavi 41:35  
when I'm talking, he said, No, it is just like you ladies just talk about every time. And this man, I'm sorry, Tim, no against any man, but this man thinks about menopause, no sex. So, so I am talking about this, this kind of mindset. And it's not only my family. I am. I am because I am Anjali, and I talk a lot about all this topic. So this myth is this, you know, I'm talking and the knowledge is there within my friend circle, with their friends, of my friends, husbands I talk but my friends, they like make faces when I talk about it. So yes, it is a big thing. That's why I always talk about Asian and especially Indian and Muslim community who are not ready to talk about it. It's very important. Dorset menopause group, I would like you to introduce and have a workshop for my group so you can talk about it, the menopause exist.

**R** Rowan Chambers 42:29  
You would very happily come and do that.

**M** Marianne Storey 42:32  
Yeah, it does. It does seem like an additional barrier, doesn't it? You know, the stigma per se, but it does seem like you're the communities you're talking about have an additional cultural direction,

**A** Anjali Mavi 42:43  
absolutely, to get through it. In order, think about, if they're not happy to talk within the family, how they can go to the GP, how they can go to the clinic like Tim have, how they will talk about Dorset menopause. And I feel like not for women, we should have a session for men's Absolutely.

T

Tim Hillard 42:59

Well, I did a thing just before lockdown, actually called Castle, and they invited me a support it was a, I think it was a working men's club, actually, and I went and spoke there. And it was 50% of the audience were men. And it was, you know, it was very lots of questions, lots of very thoughtful questions, obviously, you know, again, that you're slightly preaching to the converted. Because of the men who came along probably were sort of, I wouldn't say, dragged along by their wives, but they were certainly sort of encouraged to come and agree to come. And there might have been a few who refused, but, I mean, it was, it was good. You've got to start somewhere. And and I think there's, there's a lot more information out there, and a lot more men who are willing. But, I mean, you highlight the Asian community, but I think, you know, there's, there's many other communities in throughout this country, and many countries around the world where it's exactly the same, and menopause is not discussed. You know, Women's Health is not discussed. So, yeah, it's really important to get it

R

Rowan Chambers 43:57

out there. We do get contacted by men as well as women and I and sometimes it's because the male partner or husband has recognised what's happening in their wife or their female partner before they have and they get in touch because they're genuinely concerned. They want to know what they can do. They need to know more about it, because they want to be able to support their partner the best way they can. And so we've actually on our website. We've got a free resources page, and we've actually added a little downloadable bit of booklet information on how men can support their partners, because that was being highlighted to us. You know that actually men, some men really do want to know more, so that you know that they realise it's going to affect them. Might not be affecting them directly, but indirectly. It does affect everyone. And I think that's why it's so important that everyone learns more about menopause and realises, yes, it is, it is real, absolutely.

M

Marianne Storey 45:00

Exactly. So that really brings us on to our last question. What's next for you both? What is the next priority? What still needs to be done? What's your next stage of trying to tackle this problem of not enough support and busting the stigma? Tim, what's next on your agenda?

T

Tim Hillard 45:18

Well, I think, I think, I mean, we've, I've got one more webinar to do in the end September. I mean, I would love to carry on that, but obviously requires some funding, so I don't know where that's we've got an arrangement with the GP Alliance at the moment, so maybe that will be continued. But that's would be certainly nice to think there's a forum, at least for regular contact with those GPs that want to ask questions, to give them the confidence. I'm pretty sure from the referrals that we're getting that that, you know, we've a lot of more GPs have confidence now that they can manage things without needing to seek specialist advice all the time. I think I'd also, I mean, the trouble is, we need, there needs to be some structural change to the way the NHS delivers care and that. I mean, obviously we're talking about Dorset, but ultimately it's going to affect the whole country, because it's such a there's so many barriers, and Rowan's highlighted them very nicely, the barriers that is to getting getting care. But I can quite honestly tell you that, you know, a lot of those barriers exist for everybody doing anything, I mean, you know, just getting an appointment to see a GP about in growing toenail, or, you know, heart pain, chest pain, or whatever. I mean, unless you mentioned the buzz word and you get a fast track referral, essentially, you you just have to sort of send an email and wait and see what happens, and then maybe get an appointment. You can't make it. And, you know, it's, it's a, it's a really frustrating system for many, many people in all areas of healthcare. And menopause is just typifies the problem. And then when you get there, you've then got to be taken seriously. And I think that's the challenge we're still working on. It would be lovely to see Dorset take a lead in making menopause an area where there is some sort of written priority, or not even a priority, but at least a written undertaking that certain standards are going to be met, and that, you know, everybody in the practice, at least one person in each practice, needs to have a particular interest, so that that could drive forward, but unless that's actually something that comes down from the the integrated care board, or whatever they're going to call themselves, that's probably not going to happen, because it's down to individuals. And as I said, there's some very good GPs who are really enthusiastic, but I know that they're just as frustrated sometimes as we are about the lack of things changing. And there are examples, and I know in Somerset they've done some really good work with Julia Balfour. And you know, there's certainly areas where things can be moved forward, but it's pockets, rather than widespread, and we'd like that to be much more widespread.

M

Marianne Storey 47:54

It's great, great to have a really tangible thing that you know, Dorset women, for example, can start to champion and advocate for women on their behalf. About every practice having a specialist, whether it's a specialist nurse or specialist GP within the practice, I think that's a really good thing we could take away from this. So thank you for that. Rowan, what's next for you? What's on your agenda, what still needs to be done?

R

Rowan Chambers 48:15

I think for us, it's really you know, as much as we'd like to change the world, we've got to be realistic and focus on the change and the changes and the positive differences we can make to women's lives. You know, it would be lovely to be able to, like Tim said, you know, shake up the system a bit and get things change something more within primary care. But actually, the webinars that Tim did have already made a significant difference. But we do need, like you said, you know, we need the GPs who aren't necessarily interested in women's health to actually join in so they do upskill their knowledge and yeah, to really, what would be lovely would be maybe to target nurses within GP surgeries, rather than the GPs themselves to become a menopause champion. We know that GPs are pushed for time that's within appointments and on their daily schedule, but nurses, I think, may be better suited to being a menopause champion to talk to patients they've got maybe a bit more time, you know. So it may be a good idea to try and push for a menopause champion nurse within each practice, if there isn't a GP that's interested or has time to upskill and gain more knowledge. But I think for for us, for me personally, I think I just want to carry on supporting as many women as I can and educating everybody as much as I can. You know, I think that's that's our real aim, and talking about all aspects of menopause, and that includes intimate health of vagina and bladder health, I know we haven't. Spoken about that particular topic today, but it's something that I'm very happy to talk about, and I know within certain ethnicities it's difficult to talk about, but women in general find that a difficult topic. But there are so many women struggling with genital urinary syndrome of menopause, that really do suffer in silence. And I make sure that I do talk about that at any talk I give or any information evening we do it is something that it's a subject that's brought up, and if women don't want to discuss it, that's absolutely fine. They could just sit and listen and take some information about how that might be able to change their lives for the better, and also some of the funding that we've been granted has actually enabled us to go into care homes and specialty care homes and actually talk to those residents about women's health and intimate health has been part of that, and it's been really, really welcomed by the women. I was a bit cautious to start with. I thought this, these subjects about menopause or post menopausal health might be difficult to discuss, but actually, once I start talking about it, women then join in the conversation. So I'd be very happy to visit any groups anywhere that would like somebody to start the conversation about menopause and open it up a bit more. So I'm just going to carry on trying to support and give more information to a very ground level, really.

M

Marianne Storey 51:36

Well, that's quite the offer.

A

Anjali Mavi 51:38

I am coming definitely. I will be in touch with you,

M

Marianne Storey 51:41

for sure. You want to add anything else? Anjali, no,

A

Anjali Mavi 51:45

actually, I mean, I really enjoyed talking to both of you. And thank you sharing your stories. And I think Tim, you being in NHS, and I know you understand the system, and I work only two years, and I understand little bit the system is that things are changing in NHS and specialists like you, I think can give another push to have more information, more knowledge and more support. So thank you, and same for you. I mean, I mean I feel like we you come up with the having with this group open because of you have gone through with your struggle. So I think women's like you is a kind of inspiring for all of us. So thank you

R

Rowan Chambers 52:30

to both of you. I want to try and encourage other women to do absolutely done for their communities, because I can't be everywhere. You know, I'm continually asked, or when are you coming to Bournemouth, or when you come to Bridport, or can you come to Dorchester? And there's only really one of me, and not very many in in our trustees. So we can't be everywhere. We can help set up groups, and we can support groups, and, you know, signpost information for them. But I really, would love to encourage other women to do what I've done. If I can do it, anyone can do it, you know, and it's really a case of just feeling passionately about helping other women, because there are a lot of other women out there who would benefit from some more information. And Tim, you're definitely not allowed to retire anytime soon.

M

Marianne Storey 53:22

Please. No, we'll come and chain them to us to ask, well, thank you both. Is there anything either of you would like to say that you haven't felt you've had a chance to say before we wrap up?

T

Tim Hillard 53:35

I just say, I think it's really, I'm really thrilled to be part of discussion like this, and I think it's just so important to, you know, widen it, and the work that you do in trying to raise the profile, as I said, I think it has to come. There has to be a political will, whether, whether that's local or national level, to get things to change. You know, we can do only so much without some sort of directive change. And I think if you you're in a position to to push the healthcare local healthcare authorities locally, to take it more seriously, then that that is a big step too well.

M

**Marianne Storey 54:15**

I think that, you know, the more we advocate for women, that is absolutely the role of our organisation, and the more women that get behind that, the better. So I think I agree with you, it's great to have these conversations publicly so that women can get behind it.

T

**Tim Hillard 54:27**

I mean, I think the Women's Health Strategy is a great concept. I'm just don't feel it's been quite been able to deliver what it was set out to do so far. And I'm not sure where it's going, but you know it, I mean, it's a shame we even have to have one, to be honest. But it's necessary, really, and it would be very, a real shame if it it doesn't get pushed forward.

M

**Marianne Storey 54:50**

We will keep we will keep pushing for sure. Rowan, is there anything else you want to say that you felt you haven't been able to say so far?

R

**Rowan Chambers 54:56**

No, I don't think so. I agree with Tim. I think it needs to be pushed at enough. National level. You know, we know this is a worldwide problem, and you know, Britain, it's not as bad in Britain as it is elsewhere. But that doesn't mean to say It's great here. No, all good enough. You know, there is still a lot of changes that could happen, and you know, a lot of things that could make a real positive difference. It's so, I think we've just got to keep pushing for it. And, you know, we, we've done some work locally with, with Dorset Healthwatch, you know, which are great, you know, they collect data and and can compile things that do help make change that, I think, yeah, we've just got to keep pushing more for women's health. But I agree with what Tim said. It's a shame that we had to have that women's health strategy in the first place, but I think Dorset has actually acted in a really positive way with it. And the website, I think, and the webinars for upskilling GPS knowledge that Tim's done, I think, have been just an amazing initiative. I think it's great and they need to continue. You know, these webinars, I think the long may they continue, because they really are needed. Great.

M

**Marianne Storey 56:14**

And Rowan, I can assure you that we do have an episode coming up on the podcast about sexual health. So we will be talking all things vaginas and intimate health in that episode. It's not a subject we will be shirking away from by means. So that was another fantastic episode, Anjali, we wanted to learn a lot. I learned a lot. Did you learn a lot?

A

Anjali Mavi 56:40

Oh, God, I think I'm going with lot of information, and I can say that this is my favourite episode, because lot of my I can say myths about menopause has been answered today. And I can say that it was a myth. There's no reality on that. And addition to that, I would like to say thanks to Rowan, because her personal story about menopause really touched me emotionally, and I can see that I can relate many of my friends with Rowan story so amazing. And same team has a clinic in pool about menopause, but I have no idea about it. So this podcast had given this information too.

M

Marianne Storey 57:21

So we look forward to an upcoming episodes. We've got lots more to talk about, so make sure you follow and subscribe in all the usual places, and the information about the Women's Health website that we keep referring to is in the show notes. So bye for now, and we look forward to next time,

A

Anjali Mavi 57:38

absolutely, see you, everyone. Bye. Bye.