



Clár Sláinte Náisiúnta do Mhná & do Naíonáin  
Feidhmeannacht na Seirbhíse Sláinte, An Foirgneamh  
Brunel, An Ceantar Theas, Baile Átha Cliath D08 X01F  
T: 076 695 9991

National Women and Infants Health Programme  
Health Service Executive, The Brunel Building, Heuston  
South Quarter, Dublin D08 X01F  
T: 076 695 9991

09<sup>th</sup> July 2024

Deputy Toibin  
Dáil Éireann,  
Leinster House  
Dublin 2

**PQ 27207/24: To ask the Minister for Health if his attention has been drawn to issues relating to a lack of clear pathways for referral, or complications with referrals, between GPs and menopause hubs; and if he will make a statement on the matter.**

Dear Deputy Toibin,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

A key piece of work for the National Women's and Infants Health Programme was working collaboratively with secondary care providers regarding the development of complex menopause clinics on a regional basis. While it is envisaged that the vast majority of care in the area of menopause can be provided for in the primary setting, these speciality clinics will provide care for those whose symptoms and/or medical history require more specialist interventions. These clinics will accept referrals from GPs in their surrounding catchment areas, providing specialist medical advice and management to a cohort of symptomatic menopausal women.

The HSE now has in place six regional complex menopause services – one in each of the existing maternity networks located in each of the six hospital groups. Specifically, these clinics are located in the Coombe Hospital, the National Maternity Hospital, the Rotunda Hospital, Galway University Hospital, Cork University Maternity Hospital and Nenagh Hospital under the clinical governance of University Maternity Hospital Limerick.

Access to these clinics is guided by an overarching set of clinical parameters thereby ensuring that the resources available within the above six hospitals are targeted at those women who warrant and need clinical intervention and management at secondary level. Where referrals are received that are deemed more appropriately managed within primary care or arise outside the relevant catchment area, then these referrals will be diverted back to the relevant referrer with guidance as why this decision was made.

I trust this clarifies the matter.

Yours sincerely,

**Mary-Jo Biggs, General Manager, National Women and Infants Health Programme**

