



MEN'S HEALTH AND PRIMARY CARE: IMPROVING ACCESS AND OUTCOMES IN ENGLAND

**A REPORT OF A ROUNDTABLE EVENT
HELD ON 2 JULY 2014**

Introduction

Men's health across Europe is irrefutably and unnecessarily poor. In the European region as a whole in 2011, average life expectancy at birth was 72 for men and 79 for women, a difference of seven years. Life expectancy at age 60 was another 19 years for men and 23 for women, a difference of four years.¹

Of particular concern is the high level of premature mortality among men. There were 630,000 deaths among men of working age (15-64) in 2007 across the European Union countries; by comparison, there were 300,000 deaths in women of working age. Recent improvements in the life expectancy at birth of men and women have mostly occurred at older ages; there has been little improvement in the high rate of premature death in men.²

According to Michael Marmot's review of social determinants and the health divide in Europe, one important reason for men's poorer survival rates is that they are less likely than women to visit a doctor when they are ill and to report the symptoms of disease or illness.³ A British Medical Journal editorial on men's health in Europe observed that 'a major challenge is to engage with the many men who do not access health services.'⁴

Primary healthcare services are central to strategies to improve men's health in terms of prevention, early diagnosis and treatment. The European Men's Health Forum (EMHF) has therefore begun a work programme which will lead to improvements in men's use of primary care services. The first stage was a roundtable meeting held in Brussels in June 2013 which brought together a wide range of relevant organisations with a Europe-wide remit to learn from their expertise and experience and to determine how best to tackle the problems.⁵

One of the key recommendations from the Brussels meeting was that a similar event should be held in each European nation to take account of its specific circumstances, to provide an impetus for action in that country and to inform EMHF's Europe-wide approach. EMHF is therefore convening, in as many nations as is practicable, one-day roundtable meetings of the organisations representing the different stakeholders in primary care. The first national roundtable, for England, was held in London on 2 July 2014. This report summarises the main findings of that event.

The England roundtable

The roundtable was chaired by EMHF President, Professor Ian Banks. The event took place at the Royal Pharmaceutical Society in London and participants were welcomed to the venue by its Chief Executive, Helen Gordon. There were over 25 attendees from a wide range of settings, including health charities, sport, the NHS, universities, patient and professional organisations, general practice and the pharmaceutical industry.

The roundtable began with a series of short presentations on men's use of primary care services from different perspectives. The speakers were:

- Dr Nigel Carter, Chief Executive, British Dental Health Foundation
- Neil Churchill, Director for Patient Experience, NHS England
- Dr Paul Darragh, Chairman, BMA Northern Ireland Council
- Dr Paul Galdas, Senior Lecturer, Department of Health Sciences, University of York
- Sandra Gidley, Fellow, Royal Pharmaceutical Society and Vice Chair, English Pharmacy Board
- Gordon Ilett, Councillor, Association of Optometrists
- Martin Tod, Chief Executive, Men's Health Forum England and Wales

The Roundtable participants then met in small workshop groups to discuss the barriers to men's effective use of primary care and potential solutions. This was followed by a plenary discussion.

The barriers

The speakers and participants identified the following barriers to men's effective use of primary care:

- **Structural**
 - Restricted opening hours for some services means that men are less likely to be able to get a convenient appointment (although they are more likely to go to the appointments offered)
 - Hard-to-use appointment systems
 - The inconvenient location of some health services, including a lack of services in rural areas
 - As yet few alternatives to face-to-face appointments, whether by phone or online (although men are more likely to want a face-to-face GP appointment than a phone consultation)
 - A lack of engagement by primary care with some specific communities of men, including gay, bisexual and transgender men, unemployed men, isolated/single men, homeless men, non-English speaking and migrant men
 - Few outreach services going to 'where men are' (e.g. workplaces, sport or faith organisations, leisure activities)
 - Services can appear to be primarily 'female' spaces because of female receptionists and literature on display about women's health

A complex picture

The evidence from England and elsewhere suggests that men's less frequent use of primary care is not just a phenomenon for general practice. For example, men are less likely than women to attend the dentist regularly (in the UK, 62% female compared to 54% male); men also visit a pharmacy an average of four times a year compared to 18 times for women, according to the National Pharmacy Association (NPA). There is similar evidence for men's use of optometry services.

But the frequency of access should not be the most important indicator of whether men are using primary care effectively. What may be much more significant is whether men with potentially serious conditions are presenting for early diagnosis in primary care.

While qualitative research (and anecdotal reports) based on men's and health professionals' attitudes and experience suggests that men generally present later than women, recent quantitative evidence points to a more complex picture. Men may be presenting as quickly as women for some conditions (e.g. certain cancers) but not for other problems, notably those concerning mental health. Moreover, the Healthy Living Pharmacy model has proved particularly effective at reaching men and almost half of New Medicines Service users are men (NMS provides an opportunity for a patient to discuss a new medicine with a pharmacist and to have a follow-up appointment).

It is therefore important not to reinforce a stereotype of men that they are universally reluctant to access primary care. There is an opportunity to attract men successfully if due consideration is given to their particular lifestyles and behaviours, and information and initiatives are appropriately targeted.

- ***Cultural and educational***

- A significant part of the problem with men's engagement with primary care is their feeling that help-seeking 'transgresses' their sense of masculinity
- Many men have a fear of 'wasting GPs' time'
- Men's lower health literacy, particularly about conditions and how to use services
- More men than women admit that their understanding of medicines is poor – they are twice as likely as women to use a new medicine without first reading the patient information leaflet
- Younger men are less familiar with primary care services, in part because they do not need to attend for reproductive health issues
- Men have a lower awareness of the existence of private consultation areas in pharmacies
- Men are less likely to know how to contact out-of-hours GP services, less likely to feel that it is easy to contact these services by phone, and less likely to report a positive overall experience
- Poor or no health education for boys in schools
- A lack of confidence in some health professions: for example, men have significantly less confidence in nurses and pharmacists than in GPs
- Men are less likely to use online health information (although they are more likely to be 'superusers')

- ***Employment***

- A key barrier for men is work-related, specifically full-time work, long working hours and self-employment (all of which are far more common in men than women) – men of working age have less time and may lose income if they take time off to see a GP

- **Training and research**
 - A lack of training for professionals about men's health
 - A lack of research and evidence about the barriers and good practice

Solutions

The following changes were suggested to improve men's use of primary care:

- **Structural**
 - Re-engineer services to be more accessible by men, including by introducing more flexible opening hours and online booking systems
 - Invest in easy-to-access Walk-In Centres
 - There is a potentially significant role for pharmacies to engage men through health checks, medication reviews, support for self care, information and signposting, and public health initiatives (e.g. smoking cessation, alcohol, obesity and sexually transmitted infections)
 - Involve community groups and community leaders in discussions about improving engagement with specific 'hard-to-reach' groups, including men who are homeless, gay, migrants, single or isolated, and in jobs where it is difficult or costly (in terms of lost income) to take time off to attend appointments.
 - Work with other organisations that men are in contact with (e.g. workplaces, faith organisations, Job Centres, gay bars and sports)
 - Recognise that outreach services do not have to be NHS-run – the voluntary sector also has a role to play
 - Pre- and post-natal services should engage with fathers as well as mothers
 - Health professionals should make 'every contact count' with men
 - Non-dental healthcare professionals (e.g. doctors, pharmacists) should promote oral health to men more actively
 - Primary care can almost certainly play a bigger role in the area of prevention; this could mean, for example, practitioners more pro-actively engaging men in discussions about lifestyle issues and promoting health checks and screening services
 - HPV vaccinations should be offered to both sexes
 - Consider linking a compulsory eye test to obtaining a driving licence, claiming benefits or starting employment
 - Embed men's health more deeply in national and local health policies; change could be driven by a national men's health policy, as has happened in Ireland since 2008
 - Professional groups could also develop men's health policies, following the example of BMA Northern Ireland
 - Every GP surgery, Clinical Commissioning Group (CCG) and public health department should have someone with specific responsibility for men's health
- **Cultural and educational**
 - There is a need for a long-term initiative to change men's attitudes to help-seeking and risk-taking behaviours, including work with boys (health education in schools should be mandatory)
 - Recognise that men are not a homogenous group – there are racial, income, age, sexuality and other key differences
 - Create men's health champions and make greater use of role models and mentors

- Oral health to be given a higher profile in public health campaigns on smoking, alcohol, heart disease and cancer; male-targeted self-care resources on oral health should be developed
 - Alternative methods of communicating effectively with men such as social media, the use of celebrity role models and websites, should be considered
 - Pharmacies need to market themselves better to men including by increasing awareness of the private consultation rooms and by making the environment more male-friendly
 - Reassure men that services that also sell products (e.g. optometry and pharmacy) will not do so unnecessarily
 - Primary care services may need to do more to convince men, or at least those men with negative attitudes, of the competence of all the professions involved
- **Employment**
 - Change employers' attitudes so that they are more sympathetic to men accessing services
 - Employers could organise 'health days' where staff are allowed time off if they attend health checks.
- **Training and research**
 - More research into how men use pharmacy, GP, dental and other services, what men's needs are, and how accessibility and outcomes can be improved
 - More research is needed to identify with greater precision the health issues for which men present later
 - There is a need for a range of innovative approaches to be piloted and properly evaluated.
 - The training of health professionals on engaging with men needs to be improved

Next steps

To take this work forward, EMHF will:

- Publish and disseminate the findings of the England roundtable
- Support national organisations in England to utilise the roundtable findings
- Add the learning from the event to its wider European work programme on men's use of primary care
- Continue to organise roundtable events in a range of European countries

About EMHF

The European Men's Health Forum (EMHF) was established in 2001 and is an autonomous, non-profit-making, non-governmental organisation based in Brussels.

EMHF is the only European organisation dedicated to the improvement of men's health in all its aspects. Its vision is a future in which all men in Europe have an equal opportunity to attain the highest possible level of health and well-being. Its mission is to improve men's health across all countries in Europe by promoting collaboration between interested organisations and individuals on the development and application of health-related policies, research, education and prevention programmes. EMHF is committed to gender equality and fully supports activities to improve women's health.

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Partners and sponsors



None of the sponsors or partners has had an input into or influence over the content and agenda of the roundtable or this report.

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¹ World Health Organisation. *World Health Statistics 2013*. Geneva.

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