



# **MEN'S HEALTH AND PRIMARY CARE: IMPROVING ACCESS AND OUTCOMES IN GIBRALTAR**

**A REPORT OF A ROUNDTABLE EVENT  
HELD ON 19 MAY 2015**

## **Introduction**

Men's health across Europe is irrefutably and unnecessarily poor. In the European region as a whole in 2013, average life expectancy at birth was 73 for men and 80 for women, a difference of seven years. Life expectancy at age 60 was another 19 years for men and 24 for women, a difference of five years.<sup>1</sup>

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.<sup>2</sup>

In Gibraltar specifically, the estimated average life expectancy for males in 2014 was 76.3 and 82.2 for females.<sup>3</sup>

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.<sup>4</sup> A *BMJ* 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.'<sup>5</sup>

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.<sup>6</sup>

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 in July 2014. The second, for Northern Ireland, was held in Belfast in November 2014. The third took place in Gibraltar on 19 May 2015, at the invitation of the Gibraltar Health Authority.

This report summarises the main findings of that event.

### **The Gibraltar roundtable**

The roundtable was chaired by EMHF President, Professor Ian Banks. It took place at the Sunborn Yacht Hotel and there were over 30 attendees from a wide range of settings, including general practice, pharmacy, public health, education, the armed forces, and patient groups.

Participants were welcomed by Dr John Cortes MBE MP, the Minister for Health, The Environment, Energy and Climate Change. Dr Cortes welcomed this 'wonderful initiative' to address men's health and stated his intention to implement the recommendations.

Dr Cortes' introduction was followed by a presentation by Peter Baker from EMHF. He outlined the aims and methodology of EMHF's primary care work programme and the findings to date.

#### **EMHF primary care project: Principal findings to date**

- There is good evidence that men attend primary care services less frequently than women, especially working age men.
- Men are less likely than women to: attend for a health check; opt for bowel cancer screening; visit a pharmacy; and have a dental check-up or eye test.
- There is good evidence that men delay seeking help for many health problems but not necessarily all problems. Men are particularly reluctant to seek help for mental health issues.
- Men not homogenous in their use of primary care services - some groups face particular barriers, including working age men (especially men in insecure employment or who are self-employed), migrant men, homeless men, released prisoners, gay/bisexual/transgender men, and men who conform to 'traditional' norms of masculinity.
- Men do not seek help for a variety of reasons: many are reluctant help-seekers, are not aware of important symptoms of disease, fear a positive diagnosis, and are deterred by services that are difficult to access or which have a 'female' ambience.
- The solutions could include dismantling the practical barriers (opening hours, appointment systems, etc), promoting pharmacy as a first point of contact, better outreach services, training for health professionals in men's health, addressing men's health literacy, engaging men during key transition points in their lives (especially becoming a father), focusing on men who use services least effectively and who have the worst health outcomes, and involving men and organisations working with men in service design.

There was then a series of short presentations on men's use of primary care services in Gibraltar from different perspectives. The speakers were:

- Dr Krishna Rawal, representing general practice
- Mr Keith Vinnicombe, dentistry
- Mr Ezzard Mir, pharmacy

- Mr Chris Chipolina, mental health
- Mr Nathan Lightbody and Mrs Sandra Netto, sexual health

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 in Gibraltar:

- **Cultural**
  - Men often see seeking help as a sign of weakness and seek help too late
  - Men may be in denial about their health problems or put up with symptoms out of pride
  - Men can be deterred by previous bad experiences of health services
  - Men take more risks with their sexual health because of drug and alcohol use
  - Men are less likely to seek help and treatment for sexual health problems (with some preferring to access services in local private clinics or in Spain)
  - Men do not know what services pharmacies can offer, seeing them only as suppliers of drugs
  - Because of macho attitudes, boys do not engage well with school counsellors
  - A 'quick fix' for mental health problems (e.g. anti-depressants) is often preferred to talking therapies
  - Men often self-medicate with alcohol or drugs for mental health problems (a large number of mental health inpatient admissions are for drug or alcohol problems)
  - Some recently-divorced men come from UK to start a new life but their lack of a social network in Gibraltar can lead to mental health problems
- **Structural**
  - The female orientation of pharmacies makes them less attractive to many men
  - There are no Well Man clinics
  - Health information and advice is poorly communicated to men and social media are not utilised effectively
  - The cost of dental services is a deterrent
  - Many men find appointment systems difficult to use
  - Concerns about confidentiality and anonymity prevent men from seeking help, especially for mental and sexual health problems
  - Health education is fragmented and uncoordinated in schools
  - Primary care is a reactive not a proactive service – this is particularly problematic for men who are poor users of services
  - There is a perception of insufficient engagement between the health services and the community, patient and other external organisations (especially those working with boys and young men)
  - There are language barriers for Moroccan men
  - Some health-related services provide incorrect information (e.g. fitness trainers often advise men to follow a high protein diet)

- **Employment**
  - Many men work long hours and find it hard to take time off work for medical appointments

## The Solutions

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

- **Cultural**
  - Improve men's awareness of health and the role of health services from a young age
  - Male role models should be used to influence health behaviours
- **Educational**
  - More health promotion should be provided in schools
  - Sexual health should be part of school curriculum (and not just relating to pregnancy)
  - School nurses can do more to target boys
- **Structural**
  - There should be more opportunistic screening and health education in general practice
  - Pharmacies should be incentivised to engage men and involved in any strategy to improve men's healthcare
  - More services can be provided in pharmacies (e.g. blood pressure and cholesterol checks)
  - The option of a specific Well Man service should be explored
  - Annual 'MOT' checks could be introduced
  - Longer opening hours for general practice should be piloted
  - The introduction of easy-access drop-in services for men would help
  - Appointment systems are in need of improvement (e.g. online booking) and clinicians should be available for online conversations
  - Patients should be sent text reminders of their appointments to encourage attendance
  - There is no need for appointments for repeat prescriptions
  - Wives and partners can be asked to encourage men to attend
  - Better communication between services would enable more effective referrals
  - Outreach services to workplaces, pubs, clubs and places of worship would engage more men
  - Health services should work more closely with community organisations, including ethnic minority groups
  - A translation service should be available
  - Communication with men could be improved through websites, TV 'infomercials', social media and apps
  - Personal health records should be shared with patients to increase their engagement
  - Male-specific health information could help (e.g. a Haynes'-style 'Mini Manual' for men in Gibraltar) as part of a health marketing campaign aimed at men
  - A Gibraltar-wide strategic approach to men's health is needed, involving all sectors
  - A dedicated men's health policy for Gibraltar could help to drive improvements
  - A Gibraltar Men's Health Forum could support the development of future work on men's health

- **Training**
  - The skills and competencies of health professionals working with men should be improved
- **Research**
  - A survey of needs would help to find out what men want

## Next steps

To take this work forward, EMHF will:

- Publish and disseminate the findings of the Gibraltar roundtable.
- Support the Gibraltar Health Authority in any initiatives to improve the health of men and boys.
- 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

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. [www.emhf.org](http://www.emhf.org)

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