A step into no-man's land

Peter Baker and Ian Banks look at how best to improve men's use of primary care services

Men's health in the UK is unnecessarily poor. There is still a four-year gap in life expectancy between the sexes and one man in five dies before the age of 65. The causes include men's exposure at work to physical and chemical hazards, risky lifestyles (including smoking and hazardous levels of alcohol consumption), poor health literacy, and men's sub-optimal use of primary care services. General practice, as well as pharmacy, dentistry and optometry, can justifiably be called a 'no man's land', given how ineffectively they are used by many men, especially those of working age.

Men's use of primary care: key data

- Men attend general practice less often than women across all age groups. The biggest gap is among 21-39 year olds where men attend less than half as often. The sex gap is significant even if consultations for women's reproductive health issues are excluded.
- Men's less frequent use of primary care is not just a phenomenon for general practice. They are less likely than women to attend the dentist regularly (in the UK, 62% of women do so compared to 54% of men) and men visit a pharmacy an average of four times a year compared to 18 times for women. There is a similar pattern in men's use of optometry services.
- Recent research suggests that men may not actually present later than women for some conditions (e.g. certain cancers) but definitely do for other problems, especially those concerning mental health. Men are also less likely to take up the offer of an NHS Health Check or of bowel cancer screening.

The European Men's Health Forum (EMHF) is currently exploring how men's use of primary care could be improved. It is gathering evidence from roundtable meetings with a wide range of primary care stakeholders in a range of European countries, including the UK, and will be pulling this together with recommendations for action in individual countries as well as Europe as a whole.

The evidence has already identified a number of key barriers for men as well as potential ways forward for primary care.

Why men avoid primary care services

- Masculinity inhibits help-seeking for health problems. Men are 'supposed' to be independent and invulnerable, strong and silent, stoical and self-reliant. Many men do not feel comfortable admitting to a physical or emotional problem, whether that is to a partner, a friend or a health professional.
- Men can find health settings 'too feminine', especially community pharmacies which often have prominent displays of women's beauty products.
- Men are more likely than women to be in full-time work which can make it difficult for them to attend services provided only during 'normal' working hours.
- Men are often deterred by appointment booking systems and delays in seeing a clinician after an appointment has been made.
- Some specific groups of men face additional barriers to accessing primary care, e.g. homeless or migrant men, men who lose pay if they take time off to attend an appointment, men who have been recently released from prison, and gay men who have experienced homophobia from healthcare practitioners.

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The solutions include:

- Addressing the practical barriers that deter men from accessing primary care through greater use of digital technologies for making appointments and for information, advice and even some consultations. Extending opening hours beyond the 'normal' working day is currently a controversial issue but could make it easier for more men to attend.
- Making services feel more 'male-friendly' is important. In general practice, this could mean having male-interest magazines in the waiting room and also displaying health information (posters, leaflets, etc) targeted at men.
- NHS Health Checks provide a useful engagement tool – there is good evidence that men will use them, including men from the groups most at risk, if the marketing is male-targeted. Health Checks have an important role in prevention as well as early diagnosis.
- Training for health professionals on men's health issues. The RCGP provides online and one-day training modules for GPs but these are optional and men's health is not yet part of pre-qualification training.
- There is a need for better outreach services. Taking services, such as Health Checks or talks on specific health issues, to where men are has been shown to be an effective strategy. Workplaces, faith and leisure venues (such as clubs, pubs and sports stadia) provide settings where men can be engaged.
- In the longer term, men's health literacy, including symptom awareness, should be improved. Possible actions include better health education for boys at school, effective targeting of public health campaigns on heart disease, cancer, diabetes and other major conditions, and the production of health information in 'male-friendly' formats.
- There could be a role for men's health champions and role models – including celebrities, health professionals and 'ordinary' people – who can influence health care policies and practices as well as men's attitudes, knowledge and behaviours.

Finally, more research is needed into men's use of primary care services, including better evaluation and dissemination of initiatives that help to develop and extend good practice. Men's poor use of primary care can no longer be allowed to be a problem that is allowed to hide in plain sight.