

RCGP response - Department of Health and Social Care

Men's Health Strategy for England: call for evidence

1. Men's health topics

There are many topics that relate to men's health, either directly or indirectly. Which of the below topics, if any, do you think it is most important for the Men's Health Strategy to consider?

Please select up to 5 topics that you think are most important. You can also provide your own suggestion by selecting 'other'.

☒ access to services

- ☐ alcohol
- ☐ atrial fibrillation (a type of heart rhythm problem)
- ☐ autism and neurodiversity (such as attention deficit hyperactivity disorder and dyslexia)

☒ cancers typically affecting men (prostate, testicular and penile cancer)

- ☐ conditions that affect your joints, bones and muscles (such as arthritis)
- ☐ dementia
- ☐ diabetes
- ☐ diet
- ☐ disability
- ☐ experience of healthcare
- ☐ fatherhood
- ☐ gambling
- ☐ governance and accountability

☒ health literacy

- ☐ health screening services
- ☐ healthy relationships
- ☐ heart disease and stroke
- ☐ high blood pressure
- ☐ high cholesterol
- ☐ inequalities

- injuries and risk taking
- loneliness
- masculinity
- mental health (including stress and anxiety)
- neurological conditions (such as epilepsy or Parkinson's disease)
- physical activity or inactivity
- research and data
- sexual health
- smoking
- substance misuse
- suicide prevention
- training and education for healthcare professionals
- weight
- other cancers (such as bowel and lung cancer)
- other (please specify)

2. Understanding and identifying areas where we can improve support for healthier behaviours

Please provide your contribution of data, research and other reports relevant to this topic of men's health: understanding and identifying areas where we can improve support for healthier behaviours.

We are particularly interested in:

- your insight into the factors driving behaviours posing a risk to health among men and boys
- your suggestions as to how to improve health-positive behaviours among men and boys
- any gaps in research and evidence

Please draw upon sex-related health inequalities in your response where possible.

Do not include any personal information in your response

Evidence suggests that male health behaviours and outcomes are significantly impacted by the interplay of several factors, including the following:

Social determinants of health: There is an impact of factors such as income, education, housing, and employment, and limited access to healthcare services on men's health outcomes. Men in the most deprived communities are 81% more likely to die prematurely than those in the least deprived, with a difference in life expectancy of almost a decade (Men's Health Forum, 2023). The cause of many of these deaths are due to largely preventable conditions such as cardiovascular disease, respiratory illness, and liver disease. Additionally, financial and employment stress are found to be contributing factors to distress and unhealthy behaviours e.g substance misuse and reduced health seeking.

Gender norms: Ideas and expectations of masculinity e.g. strong, independent, emotional toughness and avoiding vulnerability often discourage men from seeking help. This is also heavily influenced by the media, resulting in insecurities and conforming to unrealistic standards. The review of the NHS health check programme (2021) indicates that men are less likely to attend NHS health checks in comparison to women. Additionally, in England, evidence indicates that only 36% of referrals to NHS talking therapies are for men (NHS Digital, 2023).

Health literacy and access: Even when men decide to access health services, many struggle to articulate their emotional distress and often use terms such as "stress" or "tension" over "anxiety" or "depression" (Awan et al., 2022), which could result in some conditions going unnoticed and not receiving appropriate support. Evidence also suggests that in the UK, men generally have lower health literacy levels compared to women, which can lead to delayed diagnosis, poorer health outcomes, and an increased risk of preventable diseases. Additionally, suicide has been found to be one of the biggest causes of death for men under 50, and men make up 74% of all suicides in the UK (ONS, 2023).

Lifestyle factors: In the UK, men are more likely than women to engage in certain unhealthy lifestyle behaviours including higher smoking rates, higher alcohol consumption, higher drugs use and less healthy diets. These behaviours are often associated with elevated cholesterol levels and high blood pressure and the development of health conditions such as heart

disease, diabetes, stroke etc. Globally, these conditions are leading causes of death among men ([Brown University - The Men's Health Centre, 2020](#)) and in the UK, evidence indicates that men have a lower life expectancy compared to women ([DHSC, Public Health Profiles](#)).

Cultural practices and beliefs: Some communities e.g. South Asian men, often synthesise conventional medicine with traditional healing practices and spiritual beliefs (e.g., belief in supernatural causes of illness or seeking treatment from traditional healers or religious leaders). These beliefs impact how one's health is interpreted and where they seek care, which more than often is not healthcare services (Awan et al., 2022).

We believe strategies to improve health-positive behaviours among men and boys include:

Promoting health education and raising awareness: Introducing age appropriate physical, mental and sexual health education is crucial. Although GPs and their teams play a crucial role in health education for boys and men, early conversations about health and wellbeing are imperative. Such information should be introduced through schools for boys, and through trusted environments e.g sports groups and other relevant groups in later years, for men. Additionally, health education in general for boys and men should be delivered in an accessible and engaging way, whilst focusing on prevention, early intervention, and promoting healthy behaviours. Furthermore, given that GPs are under increasing pressure, public health campaigns have the potential not only to raise awareness of boy's and men's health, but also encourage them to seek help, improving overall health outcomes and helping to alleviate the strain on general practice.

Address gender norms: [Studies](#) have found that men who conform more to stereotypical gender roles are more likely to have a negative attitude towards seeking help. Through their routine consultations, GPs are well positioned to normalise help-seeking behaviour by reinforcing that looking after one's physical and mental wellbeing is not a sign of weakness. However, with patient demand and workload increasing, there is often reduced capacity to have such discussions, particularly within the constraints of a standard 10-minute consultation. Therefore, it is imperative that public health campaigns and health education are designed to challenge gender stereotypes and promote models of masculinity that include emotional openness, discussing health concerns, stress management and normalise seeking help. Additionally, it is essential that health information is developed in collaboration with men, incorporates the cultural contexts of specific male communities, and is delivered in familiar, trusted environments (faith-based and social organisations, gyms, sports venues and clubs, or workplaces), with the help of relatable influencers (athletes, actors etc) to enhance relevance and encourage engagement in positive health behaviours.

Enhance health services accessibility: Creating a comfortable and supportive environment for men and boys to discuss their health concerns can help to tackle the challenges around men's health. Dedicated men's health clinics or hubs, similar to the established women's health hubs can be particularly helpful in breaking down the common barriers that prevent men from seeking help and provide them with access to information, services, and treatment for their health. These clinics/hubs should aim to provide a range of services relevant to men, in one place, at a neighbourhood level, bridging the gap between primary and secondary care, ensuring that more men are being seen in the right setting, by the right professional, at the right time. Additionally, workplaces can play an imperative role in not only promoting

awareness of men's health issues but also in providing access to resources and confidential support through connecting employees with relevant health professionals.

Digital and health tools: It is important to promote healthy behaviours among men in order to prevent the occurrence of health conditions, so they don't require a medical intervention later. The use of digital tools, including wearables, mobile apps, telehealth platforms etc play an important role to support individual health and overall wellbeing and should be more widely adopted and encouraged. They not only promote engagement in positive health behaviours, but also facilitate remote monitoring of health outcomes, provide personalised treatment plans, and, most importantly, ensure that healthcare is accessed, delivered, and experienced efficiently and effectively.

Policy and research support: Much of the success regarding men's health is dependent on strong national-level policies to tackle wider influencers of men's health. It is essential to explicitly outline priorities in policies and ensure they consider gendered patterns in health. Additionally, funding towards research on men's health should be prioritised in order to better understand and deliver care to this cohort. Furthermore, it is important to note that men and women's health should not unnecessarily be pitted against one another. Instead, the emphasis should be on efforts to improve men and women's health and wellbeing together.

We believe that there are significant gaps in research and evidence when it comes to men's health and wellbeing. There needs to be a greater focus on this, in order to improve diagnosis, treatments, and ultimately, health outcomes which will thereby result in men having healthier and longer lifespans. Men currently account for [3 out of 4 suicides](#), have a [lower life expectancy](#), and experience a higher burden of non-communicable diseases compared to women, making them [twice as likely to die prematurely](#) from these conditions. Despite the preventable nature of many of these issues, men remain underrepresented in preventive health research (Men's Health Forum: evidence to Parliament, Dec 2023). As a result, many interventions do not take into account gender differences, [contributing to the lower rates of engagement by men with preventive services](#). Additionally, research on various sub-groups of men, including BAME, LGBTQ+, lower socioeconomic status etc is frequently overlooked, [despite these groups being disproportionately affected by specific health issues compared to men in the general population](#).

Moreover, many men-specific health issues e.g prostate cancer, testicular cancer, erectile dysfunction, and male infertility have not been researched extensively. Additionally, such issues require a life course approach to examine the impact of health behaviours, risk factors and other influences that affect men's health across the life course, in order to provide timely and appropriate treatment and care. The limited longitudinal data makes it difficult to develop interventions that are effective and thus results in providing reactive rather than preventive care strategies for men.

Lastly, we believe that the men's health call for evidence has not been made widely public and this could pose a wide gap in evidence and data collection. It would have been beneficial for it to be repeatedly mentioned on the radio in order to reach out to men or ensuring all GP surgeries were advised in advance to notify their male patients about it.

3. Improving outcomes for health conditions that typically, disproportionately or differently affect men

Please provide your contribution of data, research and other reports relevant to this topic of men's health: improving outcomes for health conditions that typically, disproportionately or differently affect men. We are particularly interested in:

- your suggestions for improving health outcomes for men and boys, such as on mental health and suicide prevention, cancer and cardiovascular disease
- your views as to what extent services in these areas are currently meeting the needs of men
- your suggestions as to how services for health conditions that affect men can be improved to better meet their needs
- any gaps in data or evidence on these areas

Please draw upon sex-related health inequalities in your response where possible. Do not include any personal information in your response.

We believe that implementing the strategies listed above will improve health outcomes among men and boys. However, we believe the following aspects of men's health are unacceptably poor and require attention:

Mental health and suicide prevention: [Suicide is the leading cause of death](#) in men under the age of 50, [with men in mid-life, having the highest rates of suicide](#). Despite this, evidence suggests that men are less likely to access NHS talking therapy services and this is further exacerbated by the under detection of depression in men due to the stigma and atypical presentations, which delay linking into appropriate support. To address these challenges, it is imperative to provide appropriate training for GPs and other relevant health professionals to recognise signs of distress, enabling them to make timely referrals to appropriate care. Furthermore, it is essential to improve access to mental health support including through offering therapy in trust environments e.g workplace and at social, cultural, faith and sports groups. Additionally, expanding the development and use of digital interventions and peer support platforms, that are tailored to men, can contribute to improving their mental health outcomes.

Cancer: The number of men getting [cancer in the UK is rising](#). In males, there are approximately [199,000 new cancer cases and 89,200 cancer deaths, every year](#). Many of the cancers that most often affect men, could be detected earlier with better awareness and screening. Unlike women's cervical and breast screening programmes, there are no routine male cancer screening programmes. As a result, this reduces chances of early detection, placing greater dependence on individual help-seeking, which men often delay, especially when symptoms are atypical or stigmatised. GPs plays a crucial role in recognising early cancer signs, proactively discussing risk factors and symptoms during their routine consultations and encouraging men to attend diagnostic appointments. However, cancer care can be further strengthened by public health education that focuses on improving symptom awareness, addressing barriers to seeking help and encouraging a timely response to symptoms. Additionally, in terms of clinical practice, it is imperative to support timely and effective referrals from primary care (for example, GPs) and developing and expanding cancer

interventions, especially ones that are targeted at people most at risk of developing certain cancers. Moreover, there should be an emphasis on evidence-based screening programmes to ensure reliability and to minimise the risk of overdiagnosis.

Cardiovascular disease: While cardiovascular disease (CVD) affects both sexes, it remains a leading cause of premature death among men, with men approximately twice as likely to die early from CVD in comparison to women. This disparity is a result of a combination of biological, behavioural and lifestyle factors. Although biological factors play an important role, behavioural and lifestyle factors such as smoking, diet, and physical activity are equally critical and fortunately can be managed through simple lifestyle changes and regular check-ups. Although the NHS offers cardiovascular services, it lacks interventions targeted at men and those that acknowledge and address the barriers they face to healthcare access and engagement. Male-specific interventions are essential, as evidence consistently shows that men are less likely to engage with preventive health services. GPs play an important role in addressing these gaps, by delivering health checks, identifying risk factors early, offering lifestyle advice and education, and making appropriate timely referrals. However, given that general practice is overstretched, there is a need for more support to proactively engage men, especially those from hard-to-reach populations. Strengthening cardiovascular outcomes for men could be achieved by partnering up with healthcare providers to deliver community-based health checks and screenings that include lifestyle assessments. These should be followed by tailored health counselling and education, delivered in settings commonly visited by men e.g. sports clubs, workplaces, gyms etc. Moreover, promoting preventive efforts, through the involvement of several healthcare professionals, could enhance CVD outcomes for men.

Systemic issues: Current health services in the UK are typically designed in a gender-neutral way, but in practice, they favour patients who are proactive, health-literate, and engaged, a profile less common among at-risk men, especially those from disadvantaged backgrounds. This systemic design disproportionately disadvantages men and contributes to late diagnosis and poorer health and wellbeing outcomes. Compounding this issue, there is a lack of data on how and when men engage with health services, limiting the ability of policymakers and commissions to understand and address these disparities. It is important to collect relevant data to inform policies and ensure health services are co-designed with men to ensure they are tailored to improve men's access and engagement e.g. working-aged men often struggle to access care during standard hours. Introducing flexible models of care (evening, weekend clinics, digital-first options) could help bridge this gap, increase engagement, and eventually support better health outcomes.

Data and evidence: Gaps in data and evidence hinder the efforts to improve men's health in the UK and limit the ability of policymakers and healthcare providers to advance the men's health agenda. There is a lack of data on men's patterns of healthcare services, particularly among subgroups of men who face additional barriers in accessing health care. Additionally, evidence on the long-term effectiveness of male-specific intervention remains limited. Furthermore, there is inadequate data collection and reporting on gender-disaggregated on various imperative health outcomes. GPs and other health professionals that come into contact with patients along the care pathway can play an instrumental role in systematically collecting data which will further help to understand the different needs of men and support them to enhance their health outcomes.

We would like to consider in our ageing population the issue of disproportionate risks of sarcopenia in men and increased risks of falls. We recognise the influence of testosterone on sarcopenia and the importance of lifestyle factors exercise etc. More research is required, and

England is hosting the World Falls conference next year. Falls have a significant impact on health systems and support in the community is required with a health and care prevention agenda addressing this as well as loneliness in men.

4. Men's access, engagement and experience of the health service

Please submit provide your contribution of data, research and other reports relevant to this topic of men's health: improving men's access, engagement and experience of the health service. We are particularly interested in:

- examples of solutions that have improved men's engagement and experience of healthcare services
- recommendations for how healthcare services can improve how they engage men and the experience they offer
- any gaps in data or evidence

Please draw upon sex-related health inequalities in your response where possible. Do not include any personal information in your response.

There are initiatives across the UK and internationally that have been efficient in increasing men's engagement with health services. These initiatives should be examined and where effective, endorsed, adapted and scaled up to enhance men's access and engagement UK-wide.

Examples of solutions that have improved engagement:

Professional sports clubs hold an important place in the lives of many men in the UK. The attachment and loyalty the fans have towards their clubs can be used in a constructive way to improve their lifestyles and health outcomes. [Football-based health interventions have successfully engaged men](#), including those from hard-to-reach populations. A study found that a weight management programme, Football Fans in Training (FFIT) run by Scotland's top professional football clubs in collaboration with academics, for fans with a high BMI, led to improved clinical outcomes for men. Furthermore, [West Ham United Foundation](#) hosts a 150 club that focuses on reducing the rate of the type 2 diabetes caused by obesity in Newham, which has above average diabetes rates for London. The programme works closely with NHS Newham Clinical Commissioning Group (CCG) and Newham Council. GPs across the borough refer patients aged 18 and over who are at the risk of type 2 diabetes or heart diseases to the club. Once the person is referred, they receive lifestyle advice and support from an advisor to ensure the programme will be beneficial for them.

Barbershops are increasingly recognised as important spaces for men's mental and physical health. They offer a safe and comfortable environment for men to have open conversations, potentially breaking down stigmas surrounding their health and providing a space for them to discuss various health concerns. [A project](#) run by London South Bank University and Croydon BME Forum, provides on-the-spot blood pressure checks in south-east London barbershops to reach Black and Asian men who have undiagnosed high blood pressure. As a result, almost

a quarter of the men that have been tested have been referred for follow-up health checks. This project is now spreading and in some locations, the project team includes a community pharmacist who works with the barbers to undertake health checks. Additionally, the trust [Talking Therapies teams collaborated with West London barbershops to tackle mental health stigma](#), which was well received and had a positive impact.

Workplace health checks can significantly improve men's health by facilitating early detection of potential health issues, promoting healthy lifestyles, and addressing barriers to accessing healthcare services. [In 2024, workplace NHS health checks were piloted](#), targeting sectors with predominantly male employees. [Feedback](#) indicates high participation rates and [positive experiences](#), along with emerging evidence suggesting the effectiveness of initiating such services into male dominant environment in increasing early risk detection.

Mobile health clinics serve an important role in the health care system, providing care to some of the most vulnerable populations. In Malawi, a Men's Mobile Wellness Clinic (MMWC) was implemented at workplace settings. [A study](#) evaluating outcomes highlighted the potential utility of mobile clinics, especially when implemented at workplaces. Additionally, [evidence from the US](#) suggests that mobile clinics can improve access, especially for vulnerable populations and serve as a vital link between the community and healthcare facilities. In the UK, mobile health clinics, particularly those focused on men's health, are becoming increasingly common. They offer free, accessible health checks in convenient locations. Data from a pilot study suggests [the 'Man Van'](#), raises health awareness, improves healthcare access and helps to detect conditions early, [for men](#).

Online consultation services are also becoming increasingly common, enabling remote interactions between physicians and patients. For men, such services could improve access to healthcare services for a range of men's health issues. The University Hospital of Zurich offers a text-based, Medical Online Consultation Service to the public since 1999. [A study](#) found that the anonymous setting of these teleconsultations provided men individual, professional medical advice and decision support, and suggested that this service empowers patients by developing more health literacy.

The following are our recommendations for how healthcare services can improve how they engage men and the experience they offer:

- Increase awareness about conditions specific to men's health through targeted health promotion campaigns, delivered through trusted male-dominated environments, such as workplaces, barber shops and sports clubs, encouraging discussion on health conditions and participation in regular health checks.
- Equip healthcare professionals with skills in gender-sensitive communication to reduce stigma and to foster open discussions, especially in mental health and sexual health consultations
- Include gender awareness in medical education, focusing on how traditional notions of masculinity can influence men's willingness to seek help and engage with healthcare services.
- Introduce routine screening programmes for male-specific cancers to ensure early detection and improved health outcomes.
- Establish safe, welcoming spaces where men can discuss their health with relevant health professionals. This could be through the creation of men's health hubs.

- Promote and support social prescribers who can connect men to non-medical support to improve their health and wellbeing outcomes
- Incentivise industries to implement the model piloted by professional sports clubs and their foundations, to develop health management programmes for boys and men who are fans, with measurable outcomes
- Encourage health screenings at work for their male employees, reducing barriers to access and promoting early intervention.
- Introduce innovative health services e.g mobile vans to increase awareness of men's health status and access to testing and treatment, especially among hard-to-reach populations.
- Increase funding for research into health conditions that disproportionately affect men

Gaps in data and evidence:

While there is growing recognition of the need to improve men's health and some initiatives are already underway in the UK, their effectiveness, particularly for men has not been evaluated. Many interventions have been piloted and, in some cases, scaled up, with positive initial response. However, to ensure these services are fit for purpose, it is essential that their impact is supported by strong evidence and there is ongoing evaluation of their outcomes.

It is also important to take a continuous learning approach, refining and adapting services based on what the data tells us about their outcomes. Co-designing these services with men, for men, particularly those from underserved communities, will help identify and address the unique barriers men face in accessing healthcare. Furthermore, evaluations examine outcomes across specific sub-groups of men and across different clinical areas is limited and will be needed to better understand what works, for whom, and under what circumstances.

Finally, given the limited UK-specific evidence base, it is important to draw on international best practice, learning from countries that have implemented national men's health strategies or targeted interventions with measurable outcomes.

5. Submitting further evidence

Is there anything else you would like to share as part of this call for evidence? (Optional)

We believe that the national men's health strategy must prioritise:

- Early prevention, not just crisis response
- Targeted investment in outreach models, especially in deprived areas