MAN MOT PROJECT – KEY LESSONS: HOW ONLINE ANONYMITY WORKS FOR MEN

Evaluation Report of the Man MOT Project 2013-16, an online health advice and information service run by the Men's Health Forum

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MEN'S HEALTH FORUM

Introduction

The aim of this report is to capture what has been learned from the Men's Health Forum's Man MOT project in order to inform and support the future development of Man MOT as well as other similar services.

Man MOT is a suite of online health information and advice services aimed at men. Its centrepiece is an anonymous and confidential online live text chat-to-a-NHS GP service for men. The chat service has been available from 7-10pm on most Monday and Thursdays. There have also been occasional issue-specific chat sessions, for example on stress. The chat service, together with an open-all-hours email enquiry service which provides additional direct access to GPs (and aims to provide answers within 72 hours), aims to help overcome the barriers men can experience in accessing GP services.

Man MOT also offers web-based male-targeted health information in a more traditional magazine-style format and a 'Find local services' search facility. In autumn 2015, MHF additionally launched a complementary HealthUnlocked online peer-to-peer support community for men; this is not specifically branded as Man MOT, however.

There are other online chat and email services available from providers in the voluntary and commercial sectors, some of which offer access to GPs, but Man MOT is unique in that it is male-targeted, free, anonymous and deals with all health issues. There are similar services aimed specifically at men but these are for specific problems, such as prostate disease or mental health. There are also all-problem services that enable users to access a GP but these are not free.

The Man MOT chat service was initially developed and launched by the pharmaceutical company Pfizer in 2010 but was handed over to the Men's Health Forum (MHF) in 2013. From May 2014, MHF ran the service in the London Borough of Haringey (with a particular focus on the more deprived areas within the Borough) and, in November 2014, the service was extended to the rest of England. The transition from a local to a national service was originally planned for April 2015 but the date was brought forward as part of an effort to increase traffic to the chat and email services.

MHF has also provided the Man MOT service to employees of Shell (specifically, off-shore oil-rig workers) and Momentum UK (a small marketing company) as well as to men living in or working for LB Wandsworth. These initiatives were designed to test how the service might be made sustainable through commissions from different types of organisation.

Since MHF acquired Man MOT from Pfizer, the service has been funded primarily by a three-year Department of Health IESD (Innovation, Excellence and Strategic Development Fund) grant. This ran from April 2013 to March 2016. Some limited initial, transitional funding was provided by Pfizer and the marketing of the service has been supported by a Google Ads Grant. This grant provides in-kind funding for online advertising for charitable organisations.

SUMMARY

MAN MOT: THE KEY LESSONS LEARNED

Man MOT has been provided by the Men's Health Forum since May 2014, initially in one London borough and nationally from November 2014. Man MOT is a unique facility: a suite of free-to-use, male-targeted, accessible and anonymous health advice and information services at the centre of which is a live text chat and email enquiry service staffed by NHS GPs.

This report looks at the key lessons learnt from MAN MOT and is primarily based on interviews with key project stakeholders and a review of research reports related to the project. It concludes that:

- Men experience barriers that inhibit their use of conventional GP services.
- Men will use online health information and advice services such as Man MOT.
- Young men may be the age group most likely to use online health information and advice services.
- Men living in areas of deprivation will use online health information and advice services.
- Men generally prefer to access online services via mobile platforms.
- Online health information and advice services are likely to receive a disproportionate demand from men about sexual health, urological and mental health issues.
- Online health information and advice services may be most effectively delivered on a national basis.
- Developing a sustainable free-to-use online health information and advice service is challenging.

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KEY LESSON 1

Men experience barriers that inhibit their use of conventional GP services

That men experience barriers that inhibit their use of conventional GP services is not a new finding and has for many years been frequently cited as part of the explanation for men's poor health. However, some recent research has questioned whether poor use of general practice is true for all or most men or for all or most types of health problems.[1] A more nuanced understanding of men's use of primary care is now beginning to emerge and the lessons learnt from the Man MOT can add to knowledge and understanding of this complex issue.

The Man MOT project provides two main areas of evidence for this: first, three research reports commissioned before MHF launched Man MOT in LB Haringey in April 2014 to support and inform the development of the project and, secondly, an analysis of the experience of Man MOT service users.

Man MOT pre-launch research reports

The first research report reviewed existing literature on men's health-seeking behaviour and their use of the internet.[2] The main findings included:

- Men are less likely than women to visit a GP and are more likely to engage in health-damaging behaviours.
- Dominant ideals about what it means to be a 'real' man ('hegemonic masculinity') may deter men from looking after their health and seeking help for health problems, although this is not true for all men and not all masculine behaviours are inherently damaging (e.g. participating in sport and physical activity).
- Men may receive shorter medical consultations than women and less preventative health advice. The report also refers to some evidence that male GPs have positive attitudes towards male patients who are in employment and seeking help for problems that prevent them from working but negative attitudes to non-working men who attend with problems the GPs perceive as unimportant.
- Health promotion initiatives that stereotype men (e.g. by assuming they are all interested in sport or all go to pubs) are not necessarily welcomed by men.

The second research report was based on a quantitative survey of the attitudes of men in LB Haringey to using healthcare services.[3] 502 men took part in the survey. Most respondents were aged 25-54 and they reflected the diverse ethnic make-up of the area. 70% lived in the most deprived (eastern) neighbourhoods and just under half (49%) were in employment. Two-thirds (67%) of respondents had a long-term condition (LTC). 90% were registered with a GP.

The main findings included:

- 94% did not report any barriers to using healthcare services in Haringey. Of the small number who did, the main barriers were difficulties booking an appointment or getting to an appointment, work commitments and lack of time.
- The main ways respondents sought health information was through their GP surgery (63%), NHS Direct (21%) and online (19%).

The third research report analysed qualitative research into men's use of healthcare services in LB Haringey.[4] 57 men took part in the study. They were aged between 18 and 77, with 39% being in the 18-30 age group. The majority lived in the most deprived neighbourhoods and were from a wide range of ethnic backgrounds (but mostly black, Asian and minority ethnic groups).

The main findings included:

- Men have a genuine concern for their health, contrary to the common assumption that they are uninterested.
- Young men were concerned about their body image and appearance.
- Men are reluctant to seek medical help, especially for mental health problems. When they do seek help, it is often delayed. Men adopt a 'walk it off' approach until symptoms have progressed.
- Men were reluctant to seek help because it is seen as a sign of weakness, although not all men in the study believed this. Men saw help-seeking as a female trait and believed women were less able to tolerate pain.
- A major barrier to accessing health services was difficulties with booking an appointment; men wanted easier and faster access. The costs of booking an appointment (e.g. telephone calls) was also cited as a barrier.
- Some men were also deterred by the manner of reception staff and doctor-patient communication. In the main, however, GPs were viewed as being medically competent.

Analysis of Man MOT service users

The analysis of the experience of Man MOT users was based on interviews with 20 men who had used the email, live text chat or both services.[5] This research was commissioned by MHF from City University. It has not yet been completed and the findings referred to in this report are from an unpublished, preliminary paper.

The main findings included:

- All the men reported barriers preventing them from accessing health advice and services. These include 'fixed' and 'fluid' factors that influenced their help-seeking behaviours.
- The fixed factors are barriers considered to be static throughout the men's decision-making about whether to access services. Men discussed the difficulty of taking time off work and they often prioritised work over their health. Men were concerned about ensuring their symptoms were significant enough to justify taking time away from work, avoiding the potential of wasting their own or GP time. Men also considered the cost to the NHS when deciding whether to access services; they are aware of being a cost to the NHS and not wanting to use GP time when someone else may be in greater need of help. Another barrier to accessing services included negative past experience: men spoke about having visited their GP and feeling invalidated and dismissed, making them reluctant to return. They considered the GP to be too busy to listen and uninterested in symptoms that are not life-threatening.
- The fluid factors are barriers that change over time. They include the number and severity of symptoms. A symptom perceived to be mild is considered to be a barrier to accessing services as the man considers his concern to be insignificant; at this point, the perceived barriers outweigh the perceived need. When his symptoms become more severe, the man may become concerned by his health and his perceived need to access services increases, enabling him to prioritise his health and to access services.

Summary of findings

The four reports referred to above contain some contradictory findings about whether men experience barriers accessing healthcare services. The quantitative survey of men in LB Haringey found that most men did not report any barriers but the qualitative analysis suggested that many men are reluctant to seek help and perceive the process of booking appointments as a significant barrier. The survey of Man MOT users also found that men were deterred by having to take time off work and concerns that their symptoms were not severe enough to justify seeing a doctor. Both the qualitative survey and the survey of Man MOT users also identified men's previous poor experience of contact with GP services as a barrier.

These contradictory findings may reflect the uncertainties in recent research about men's use of GP services. It is entirely possible that the experience of men is not homogenous that the findings reflect the fact that the surveys were with different types of men; for example, the qualitative analysis of men in LB Haringey reflected the views of a greater proportion of men who were not White British. It is also possible that the different research methods (quantitative v. qualitative) generated different results.

It remains clear, however, that the research shows that a significant number of men report a number of barriers that inhibit their use of GP services.

KEY LESSON 2

Men will use online health information and advice services such as Man MOT

There is small but growing body of research that suggests that men, and young men in particular, could benefit from the provision of online advice and information services. For example, an analysis of how research into men's health could be translated into the development of engaging health promotion materials suggested that:[6]

> The online environment has particular relevance in the field of men's health, where historically research has shown that men are less likely to attend primary health care services than women (especially for mental or sexual health problems), yet remain interested in health. While it is acknowledged that men are diverse, researchers have consistently demonstrated that a pervasive aspect of masculinity is a belief that a man's body and mind should remain strong. This can create cultural barriers to male help-seeking in relation to both mental and physical ill health. It is thought that the Internet may have particular appeal for men as a means of help-seeking that does not compromise masculine norms, such as stoicism, and complements their needs for privacy and convenience, in large part, because of the private nature and accessibility of electronic mediums. However, the Internet can also be a brokering mechanism to open up help-seeking in relation to health matters. For example, many men use the Internet to access health information in order to maximize the quality of their own care, and increasingly, both men and women are demanding greater involvement in decisions surrounding their health care.

The prevalence of internet use for sexual health support in British adults aged 16-44 has been found to be greater for men than women. The proportion is relatively low for both sexes (7% in the past year for men, 5% for women), but it has been suggested that there is scope for expansion of provision in the future.[7] A web-based male-targeted smoking cessation service in Canada has been shown to have potential in supporting men's efforts.[8] A review of what works in the promotion of mental health and wellbeing with men and boys concluded that approaches using online communication could usefully be expanded and evaluated.[9]

The Man MOT project provides significant additional evidence in this field. This comes from three main sources: first, the three research reports commissioned before MHF launched Man MOT in LB Haringey; secondly, the operational data provided by MAN MOT during its 23-month period of operation (May 2014 – March 2016); and, thirdly, the analysis of the experience of Man MOT service users.

Man MOT pre-launch research reports

The first research report, which reviewed existing literature on men's health-seeking behaviour and their use of the internet[10], suggested that while there has been little research into men's use of the internet for health, it has been perceived to be an effective medium for engaging men due to its unique features. Confidentiality and anonymity can be maintained and it enables men to retain a sense of autonomy; using the internet appears not to compromise traditional male behavioural norms (e.g. men 'should' be strong, resilient and self-reliant). There has been particular interest in the use of the internet as a tool for the delivery of health services and for promoting health in young men.

The second research report, based on a quantitative survey of the attitudes of men in LB Haringey to using healthcare services,[11] found that most (84%) respondents reported using the internet and about one-third used it in excess of 25 hours per week. Those respondents who reported not using the internet were primarily deterred by their lack of skills.

A significant proportion of men are using the internet for health information. Respondents with a long-term condition (LTC) were more likely to spend more time looking for information online: 27% of respondents with a LTC reported spending 1-2 hours online per week, 13% 3-4 hours per week, 9% 5-9 hours per week, and 4% 10+ hours per week. The respective proportions for respondents without a LTC were 21%, 2%, 2% and 2%.

Respondents wanted Man MOT to provide general information on illnesses (42%), local health services (38%), disease prevention (35%), symptoms of disease (24%) and disease management (18%). The health professional respondents would most like to be able to talk to online is a GP (84%). Other professionals include a nurse (28%), an exercise/fitness specialist (21%), and a dietician/nutritionist (20%). Respondents who indicated when they would most likely use Man MOT were evenly split between weekends (24%) and evenings (24%).

The third research report, based on qualitative research into men's use of healthcare services in LB Haringey,[12] found that most men in the study reported using the internet for health, including to prepare for a consultation (and after the consultation), to gain information about prescribed medicines, to self-diagnose, and to help with managing a long-term condition. Some men reported using online health and discussion forums to share and acquire health information.

Men in LB Haringey viewed the concept of Man MOT positively. When asked about features they would like the service to have, participants suggested the provision of information on the signs and symptoms of ill-health, how to lead a healthy lifestyle and the use of case-studies of local men. Fun games were suggested as a tool to improve user engagement as well as videos and audio recordings in different languages. They felt that a range of health professionals could provide the service, not just GPs, and that the anonymity and confidentiality of Man MOT should be made very clear to potential users. Overall, men preferred a 'no frills' design for the service and they unanimously agreed that it must be simple to use

Man MOT operational data

A substantial amount of data is available about the level of use of Man MOT.

The data for the six-month period 1 May 2014 – 31 October 2014, when Man MOT was available to men in LB Haringey only, shows that the level of usage was relatively low. The service was promoted locally in several conventional ways (e.g. via the Council's magazine, shopping centre events, advertisements in bus shelters and websites provided by local health and other services) but it was not possible to use more sophisticated online marketing techniques because they could not be delivered cost-effectively to men living in LB Haringey only. In order to boost the number of users, MHF decided to extend the service to the rest of England. This extension had always been planned, but the implementation date was brought forward to November 2014.

The national data, for the period from 1 November 2014, shows that traffic rose considerably above the level achieved in LB Haringey. The data also suggests that there has been an upward trend in traffic and that, by 2015/16, an average of 44 live chats and 45 email enquiries were being handled each week.

The two GPs who have mainly staffed the service since its launch have also stated that the one GP

who is on duty for each session has, in recent months, been dealing with a volume of live chats at about the maximum level (7.5 an hour, on average) that can be managed effectively, even allowing for the fact that several chats can be handled simultaneously. The GPs used to answer emails in between the chats but there is now less time available for this and most of the emails have to be answered at other times.

Use of the Man MOT service, May 2014 – March 2016

	1.5.2014 – 31.10.2014 (6 months) *LB Haringey only*	**1.11.14 – 31.3.2015 (5 months) *National***	**1.4.2015 – 31.3.2016 (12 months) *National***
Average number of users visiting the Man MOT landing page per week (total number for period)	209.6 (5,450)	368.2 (7,978)	740.4 (38,503)
Average number of users opening the chat page per week (total number for period)	44.5 (1,156)	117.4 (2,544)	181.8 (9,456)
Average number of users who went on to have a live chat per week (total number for period)	9.5 (248)	25.1 (543)	44.1 (2,292)
Average number of users who sent an email enquiry per week (total number for period)	8.3 (215)	28.3 (613)	45.1 (2,343)

MHF considers that the volume of enquiries could be considerably and easily increased by adjusting the level of online marketing via Google Ads (the overwhelming majority of live chat enquiries arrived through this route). It has been unable to do so, however, because it has lacked the resources to provide more GP capacity.

The Man MOT service may also have contributed to a significant increase in traffic to the MHF website as a whole (this includes the Man MOT pages). In 2013/14, there were a total of about 226.5k visitors; this increased to 708k in 2014/15 and to 1.12m in 2015/16. Over the three-year period, the number of visitors rose almost five-fold.

Analysis of Man MOT service users

The study of 20 Man MOT service users found that they accessed the internet for information to

facilitate their decision-making process about self-medication or whether to visit their GP.[13] The men reported both positive and negative aspects to using the internet for health advice. The positives included accessibility and the fact that it is instant and convenient. The negatives included the vast amount of information available, being unsure what to search for and often receiving misleading or alarmist information not specific to their health concern.

The users spoke very positively of their experience with Man MOT and described fewer barriers to accessing this service. More specifically, they appreciated that Man MOT was convenient, accessible, instant, anonymous and provided an opportunity to discuss difficult topics. They also mentioned its lower cost to the NHS. Men described feeling engaged by Man MOT and they valued the detailed information provided. They preferred the opportunity to interact via email or live chat as this enabled them to provide information to the GP in a systematic way that avoided potential anxiety and embarrassment. Men described feeling empowered by Man MOT, making it easier for them to justify taking time away from work and enabling them to interact more effectively when visiting their GP including knowing what to say and what the GP might do. The authority of receiving feedback and advice from a qualified NHS GP provided men with the justification to follow the advice provided.

Men said they used Man MOT as a first port of call for all non-emergency health concerns. They thought that Man MOT fills a gap in service provision by providing an opportunity to ask a medically-trained professional a question without having to arrange a GP consultation involving time taken away from work. They discussed reducing the potential of wasting their own and GP time by using Man MOT to decide whether to visit their GP. Men discussed gaining reassurance from Man MOT and that this reassurance had an impact on many areas of their life including their sleep, confidence and ability to focus on work. They also discussed that the Man MOT service facilitated them being more proactive in accessing conventional services, stating that they would probably have delayed visiting the GP for longer if they had not used Man MOT. They discussed using Man MOT when they first noticed their symptoms, even if symptoms were mild at this point. Most of the men said they followed the advice provided by Man MOT and all the men said they would use the service again.

A separate survey of men using Man MOT's email service found that avoiding embarrassment was a factor for 21% of men but the biggest single factor, reported by 43% of men, was not knowing what to do about their problem. Another 18% of respondents said they wanted a second opinion after having already discussed their problem with a health professional and 22% did not want to wait for an appointment with a health professional.

There is evidence of most users' satisfaction with Man MOT from the comments voluntarily left by men immediately after a chat or email. Examples of feedback include:

Examples of feedback from users:

- Great help and support! Great advice given and made me feel a lot better, before I had even been to the doctors about my problem!
- I found this anonymous service really, really useful and [the GP], who I had the pleasure of chatting with, was most patient, understanding and knowledgeable!
- Well this helps a lot and I'll ... recommend this to my friends
- Very helpful, as it is difficult to go to the Dr about personal issues in person
- Great advice and understanding from [the GP]. Exceeded expectations
- Really good. Good to speak with someone without being embarrassed. Thank you.
- Good advice straight to the point.

- Thank you for your reassurance I've never used this service before but I found it invaluable. I was comforted and had all my questions answered. Absolutely brilliant.
- I was directed to a leaflet online from the hospital where I was having the operation. I didn't even know the leaflet existed! Thanks.

An analysis of a sample of Man MOT email enquirers specifically shows that the service is rated positively. 25% of respondents said they were 'extremely likely' to recommend Man MOT to friends and family if they needed similar information or advice and 36% said they were 'likely'. Only 7% said they were 'unlikely' or 'extremely unlikely' to recommend the service to friends and family. 92% of respondents also thought that the NHS should provide a chat and email service like Man MOT.

Summary of findings

Man MOT appears to bear out hypotheses about the potential for online health information and advice services aimed at men. Man MOT traffic data shows that, once the service became available nationally, there was a significant level of use of all its aspects (live chats, email enquiries and web-based information). MHF believes that demand could have been increased significantly if resources had been available to meet it.

User feedback suggests the live chat and email services are useful and well-received. It also reveals which aspects of the service are particularly valued – convenience, accessibility, anonymity, for example, as well as being able to avoid the potential embarrassment of a face-to-face meeting with a health professional. There is evidence that men used Man MOT as a first point of call for non-emergency health concerns, felt reassured by the information provided, followed the advice, and were more likely to take the step of accessing conventional services.

KEY LESSON 3

Young men may be the age group most likely to use online health information and advice services

The two main Man MOT GPs state that, as far as they can tell, the majority of Man MOT live chat users are young men (aged up to about 30). Their impression is confirmed by an analysis of about 430 Man MOT chat users who voluntarily provided their year of birth. This found that the largest single user group was aged 16-24 years (42% of the total); just over half of this group was aged 16-19 years. Just over half of all users were aged 25 years or younger. The single most common age of users was 19 years (9% of all users).

The second largest age group was 25-34 years (23%); the third was the 35-44 age-group (14%).8% of users were aged 45-54 and 8% of chat users were aged over 55 (4% aged 55-64 and 4% aged 65+). The oldest recorded individual user was 77. 5% of users were under 16.

There is anecdotal evidence from one of the Man MOT GPs that many of the chat and email service users are young Asian men. The GP's impression was that this group is particularly reluctant to seek help for sexual health problems from a conventional GP practice. If this was to be confirmed by research, it would be a very significant finding. There is already some evidence that South Asian men aged over 40 with urinary problems living in the UK are less likely to seek help than white men.[14]

It is worth noting, too, that one of the main Man MOT GPs has the impression that a significant majority of Man MOT chat service users are registered with a GP. They are not utilising Man MOT because they have no other means of accessing a GP. It seems they may therefore be using Man MOT as a supplementary rather than a replacement service.

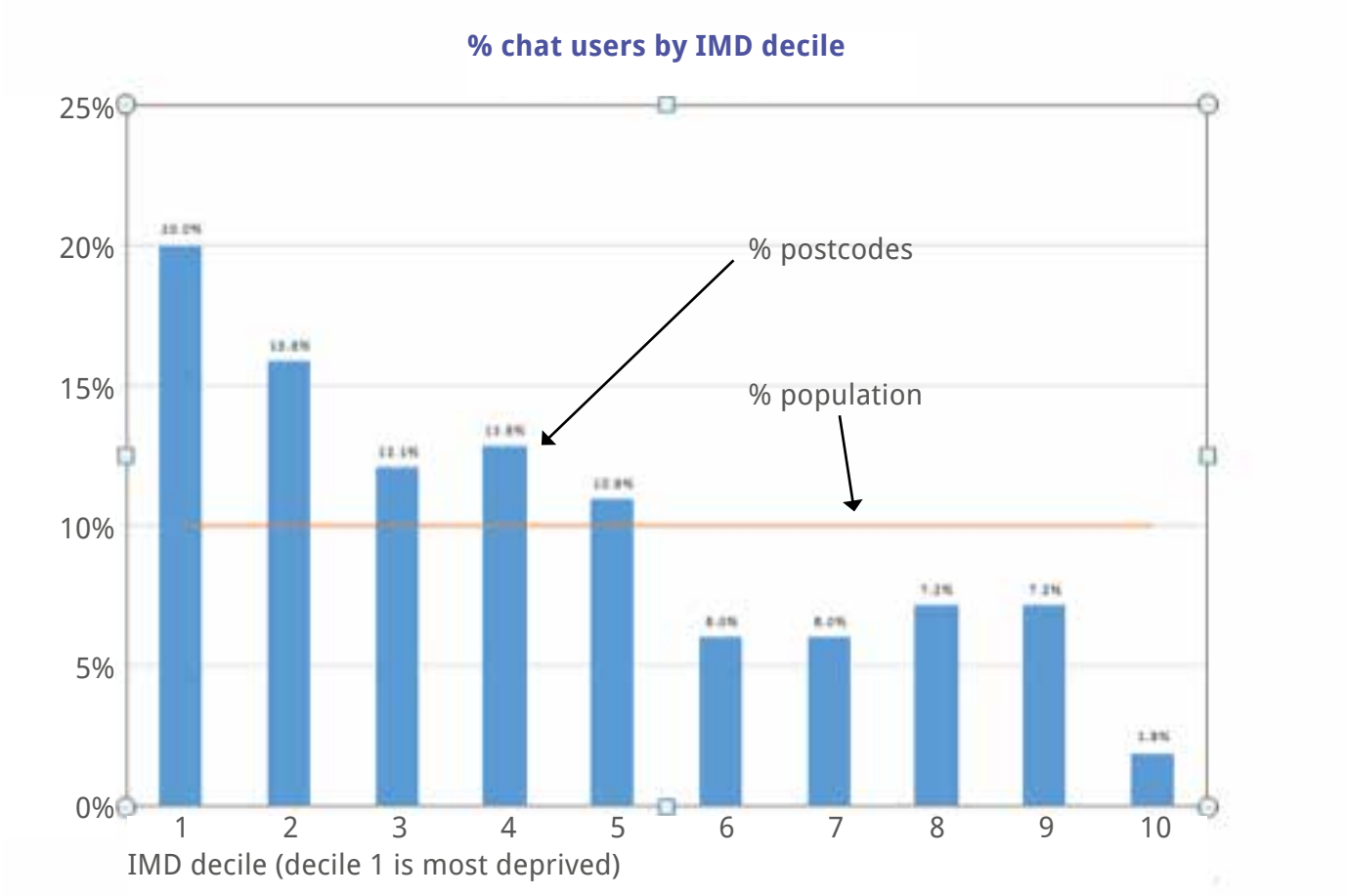
KEY LESSON 4

Men living in areas of deprivation will use online health information and advice services

One frequently-expressed concern about the development of digital health systems is that they could be utilised mainly by more affluent IT-literate groups and thereby worsen health inequalities. Although most people in the UK now use the internet regularly, those who are unemployed or on low wages, older (especially over 65), living in social housing, have registered disabilities or are offenders or ex-offenders are significantly more likely to be digitally excluded.[15]

However, an analysis of postcodes provided voluntarily by over 400 users of the Man MOT chat service shows that a majority lived in areas in the four most deprived deciles. 20% of chat users lived in an area in the most deprived decile, 16% lived in the second most deprived decile areas, 12% in the third and 13% in the fourth. By contrast, just 2% lived in an area in the most affluent decile areas, 7% in the second most affluent decile areas, 7% in the third and 6% in the fourth.

Overall, it seems that the socio-economic groups with the greatest health needs are most likely to use the Man MOT service.



KEY LESSON 5

Most users prefer to access online services via mobile platforms

4G has driven the use of smartphones for accessing the internet, especially among younger people. According to Ofcom data for 2015, 89% of 16-24 year olds say they use their mobile phone to go online.[16] Because younger men are particularly heavy users of Man MOT, it is perhaps unsurprising that IOS is the single most commonly-used browser for accessing the service and that two thirds (66%) of visitors to the Man MOT landing page used a mobile or tablet device rather than a PC or laptop. 71% of chat page views specifically were from a mobile phone.

It may also be that men prefer to access online health services via a mobile device because it can be used more discreetly in a private space.

KEY LESSON 6

Online health information and advice services are likely to receive a disproportionate demand from men about sexual health, urological and mental health issues

The two main Man MOT GPs report that the profile of the service users and health problems they deal with online is very different from that encountered in their normal practice. Not only are the male users generally younger but they are also most commonly raising sexual health, urological and mental health issues. One of the GPs identified penis size anxiety and erectile dysfunction as two of the more frequently-raised issues.

An analysis of 303 live chats conducted found that 75 (25%) could be categorised as mental and behavioural disorders, including sexual dysfunctions not caused by disease (16% of the overall total) and depression (4%). 41 live chats (14%) were defined as diseases of the genitourinary system and most of these concerned the penis. Over a third (39%) of chats were therefore about sexual, urological or mental health problems. The remainder covered a very wide range of conditions including skin rashes, nausea, fatigue, haemorrhoids, nail disorders and hernias.

An analysis of an equivalent sample (50) of emails submitted to Man MOT during late-March 2016 found that almost three-quarters (72%) of the questions were about sexual or urological health. 20 problems (40%) were about penis problems and half of these (20% of all the emails) were about penis size.

Google Analytics data for the MHF website health information pages most often visited during the period 1 April 2015 – 31 March 2016 shows a broadly similar pattern. The 'top 10' visited pages were:

1. Nipple problems (151k unique page views)
2. Bent penis (130k)
3. Ejaculation and semen (94k)
4. Erection and penile pain (63k)
5. Testicular pain and worries (59k)
6. Balanitis (53k)
7. Stomach and bowel, including haemorrhoids (46k)
8. Testicular problems, non-cancerous (45k)
9. Phimosis (42k)
10. Other urinary problems (42k)

Together, these 10 issues alone generated 725k unique page views. They comprised just over half (52%) of the total number of unique page views for the MHF site. In fact, the total number of views for these types of topics would have been greater because there were other pages on the site also providing information on these topics.

Analysis of the of issues raised in MHF's HealthUnlocked peer-to-peer online community, although not heavily used by men, also reveals that a significant number concern urological or sexual health issues.

This data strongly suggests that men are using Man MOT – the live chat, emails and health information pages – for sexual, urological and mental health problems disproportionately. This is perhaps unsurprising as, for younger men in particular (and perhaps also for men from certain ethnic groups), these are among the most embarrassing issues about which to seek help face-to-face. The relatively large number of young men seeking advice because of small penis anxiety is especially noteworthy, not least because it is an issue that is seldom raised by men with GPs (or any other health professional) during face-to-face consultations. Although more middle-aged and older men are now seeking help from conventional services for erectile dysfunction, delayed presentation remains very common even though the condition is frequently symptomatic of a serious underlying disease.

It is noteworthy that three men contacted Man MOT via the chat service when they were at high risk of suicide. Two of the men had in fact taken an overdose and the Man MOT GP on duty organised an emergency response which may well have saved their lives.

Small penis anxiety

Young male users of Man MOT frequently raise concerns about their penis size. At first sight, this might seem a relatively trivial or transient psychological issue, one that men could be expected to 'grow out of'. However, there is evidence that it is surprisingly common – penis size was a concern for 68% of 200 men in one study – and concerns about size affect men's sexual confidence, satisfaction and functioning. Men who are less satisfied with their penis report more sexual health problems and experience anxieties about starting or sustaining relationships. It can cause men to avoid public urinals or shared shower rooms. Penis size anxiety can also be linked to other body dysmorphic issues such as weight, muscularity and height.

For men, particularly young men, penis size anxiety can be a distressing problem about which embarrassment is a major barrier to help-seeking from conventional health services.

Erectile dysfunction (ED)

ED is common in middle-aged and older men (it is estimated that half of all men aged 40-70 will have it to some degree) and a cause of anxiety and depression as well as relationship difficulties. But men are frequently reluctant to seek help – one study found an average delay of 30 months – which matters because ED is now known to be an independent marker for cardiovascular disease (symptoms of ED appear before those of coronary artery disease in about two-thirds of men). It can also be caused by undiagnosed diabetes.

It is therefore essential that men with ED seek medical help at an early stage.

KEY LESSON 7

Online health information and advice services may be most effectively delivered on a national basis.

When Man MOT was targeted exclusively at men living in LB Haringey, the level of email and live chat enquiries was relatively low (8.3 and 9.5 per week, respectively). The service was also unable to generate more than a small number of enquiries from male staff at Momentum UK and male off-shore oil-rig employees of Shell or from men living in LB Wandsworth.

One of the problems with targeting men in relatively small geographic areas or workforces is that an online service requires online marketing to drive traffic and it is very difficult, if not impossible, to limit this marketing to men living in the targeted areas.

However, once the Man MOT service went national in April 2015, it was relatively straightforward for MHF to develop online marketing tools that successfully generated an increasing level of traffic.

The overwhelming majority (84%) of visitors to the Man MOT landing page in the period 1 April 2015 – 31 March 2016 were, according to Google Analytics data, based in the UK. An analysis by city shows that visitors came from a geographically widespread area, although London dominated with 25% of the total. The next nine identified cities were: Birmingham (3%), Manchester (2%), Leeds (1%), Sheffield (1%), Liverpool (1%), Bristol (1%), Leicester (1%), Preston (1%) and Glasgow (1%). The reasons for the relatively low levels of uptake in major cities outside London would repay further investigation.

KEY LESSON 8

Developing a sustainable free-to-use online health information and advice service is challenging

There is good evidence that men, especially young men, will use an online health information and advice service in significant numbers and that there is potential for this number to be increased. There is also evidence that men will use an online service as a first port of call for sexual, urological and mental health problems in particular, probably because these are embarrassing if dealt with in face-to-face encounters with health professionals. According to the City University research report, Man MOT has:

> 'effectively reduced many of the perceived barriers [cited] as reasons for delaying [and/or] avoiding accessing health services … Men consider Man MOT to fill the gap in service provision by providing them with an opportunity to raise a query with an NHS GP, aiding their decision to visit their GP. It is evident from the men who engaged with this research that Man MOT has successfully achieved its goal [of] engaging men with health services.'

Man MOT has proved popular with users and the project's internal stakeholders unanimously believe it meets a real need and should continue to be made available.

There are also a number of ideas about how the service could be further improved. Chat service users have suggested introducing webcam, telephone contact, an online diagnostic tool and prescribing functions. Accessibility could be improved by creating an app, having a faster email response time and expanding the hours and days the live chat function is available. Clinical governance might also be improved by more regular peer-to-peer reviews by the Man MOT GPs as well as the implementation of sustained quality assurance by an independent expert. A permanent project advisory group with members representing a broad range of relevant disciplines, as well as the patient voice, could also be helpful.

MHF has explored if and how the service could be made sustainable now that the Department of Health funding has ceased. The main aim has been to secure funding from external organisations to enable the service to continue on a national or more targeted basis. Three main potential funders have so far been considered: Clinical Commissioning Groups (CCGs), occupational health, and Corporate Social Responsibility (CSR).

Because Man MOT is currently unable to demonstrate its cost-effectiveness (there is no data on health outcomes, for example, or evidence that it reduces demand for conventional GP services) or the exact demographics and location (by postcode) of most of its users, organisations have perhaps understandably been reluctant to commit funding. Furthermore, many of the problems being raised by men with the Man MOT GPs are not current NHS priorities.

The service is perceived to fall in the 'gap' between CCG and public health responsibilities and, for CCGs or local authorities, there are practical difficulties in limiting access to the service to men living in the areas they cover. The low numbers of users when the service has been provided locally or for a specific group of employees has also made it harder to demonstrate that it can provide a return on investment. Many of the companies with occupational health services with the resources to fund Man MOT already believe they provide their staff with easy-to-access GP services.

There is a significant risk that changing the nature of the service – for example, by requiring users to provide much more personal data before they are granted access to the live chat or email facilities – would affect uptake. What makes the service attractive to its male users is, ironically, exactly what also makes it unattractive to many potential funders. However, MHF has not yet piloted different data capture systems with Man MOT users and it is possible that men will be willing to provide more information upfront than has to date been assumed.

MHF's current view is that CSR is the most likely source of funding. However, it appears to have not yet fully explored the possibility of commercial sponsorship. It is quite possible that a company operating in the health field, or a brand with a significant male market, would be interested in providing support in return for the positive publicity that would be generated. There may also be a commercial funder willing to believe Man MOT improves the health and wellbeing of men even though it lacks some of the conventional measures of effectiveness. MHF could also consider supporting Man MOT out of its own unrestricted income and generating the funding needed by making the provision of the service a high-profile part of its proposition to potential donors.

MHF is currently exploring how the Man MOT service could be offered at lower cost. One option could be to employ nurses rather than GPs to deal with the live chats and emails; another is to use medical students working under the supervision of their clinical tutors. Given that the costs of employing GPs is by far the largest single running cost of the project, finding an alternative (providing there the quality of advice given is not compromised) may well be part of the solution.

An alternative way forward could be to use the evidence generated by Man MOT to make the policy case for a similar service to be provided by the NHS. It could be offered, for example, by NHS 111 or by individual GP practices. However, either option might require changes to the nature of the service, probably including an end to the complete level of anonymity currently provided.

Man MOT might well of interest to the NHS because it appears to fit well with current NHS policy on improving digital access to primary healthcare services. The majority of GP practices already offer some online services, including appointment booking, ordering of repeat prescriptions, and access to summary information in patient records. In 2015 Prime Minister David Cameron spoke of his goal of an NHS where a patient 'can use an app to book appointments for before or after work, order a repeat prescription online and have it delivered to his home and even use Skype, Facetime or email to get some advice without setting foot outside his front door.'[17]

The General Practice Forward View, published in April 2016, set out in more detail the NHS's plans for the introduction of online consultations: from 2017/18, NHS England will launch a new programme to offer every GP practice support to adopt online consultation systems with up to £45m extra investment available.[18]

CONCLUSION

Man MOT provides a unique service: a suite of free-to-use, male-targeted, accessible and anonymous health advice and information services at the centre of which is a live text chat and email enquiry service staffed by NHS GPs. The service was not effective when targeted at specific local areas or workplaces but, when provided on a national basis, has succeeded in generating significant demand. By 2015/16, Man MOT was handling an average of 44 live chats and 45 email enquiries a week. MHF believes that the demand could have been increased through additional online marketing if it had the necessary extra capacity.

The evidence suggests that the heaviest users of the service are young men with mostly non-urgent sexual, urological or mental health problems about which they may feel too embarrassed to see their own GP. Users are also deterred from accessing conventional GP services by a range of practical and perceived barriers including opening hours, appointment systems, negative past experiences of GPs and other staff (notably receptionists) and uncertainty about the severity of their symptoms. Many Man MOT users live in the most deprived neighbourhoods, areas with the greatest health problems. Most users access the service via mobile platforms reflecting their increasing prevalence in the 4G era and, possibly, that mobile devices can be used with greater privacy than laptops and desktops.

Man MOT appears to have succeeded in tackling many of the barriers preventing men from accessing conventional GP services and is meeting the needs of most users. It appears to fill what many men feel is a gap in health service provision.

MHF faces considerable challenges with making the service sustainable and is currently looking at ways of reducing the costs of the service – by using medical students rather than GPs to handle the live chats and email enquiries, for example – as well as generating new income. It is possible that the service will also be of interest to the NHS as it continues to improve digital access to primary healthcare services.

METHODOLOGY

This report is primarily based on a number of published and unpublished reports commissioned by MHF for the Man MOT project, data analysis provided by MHF, and one-to-one interviews conducted by Peter Baker with several key project stakeholders. Some of the evidence used in this report also emanated from secondary sources which have all been referenced.

The reports were:

- Vanessa Bogle, A Review of the Literature: Men's Health-Seeking Behaviour and Use of the Internet (London, Men's Health Forum; 2013).
- Vanessa Bogle, Street Survey Findings (London, Men's Health Forum; 2014).
- Vanessa Bogle, No Frills: Qualitative research into men, health, the internet and Man MOT (London, Men's Health Forum; 2014).
- Hollie Ingoldby, Research Overview. Unpublished paper; City University; 2016.

The interviews were with:

- Dr Robert Allcock, Man MOT GP
- Dr Vanessa Bogle, Health Psychologist and Director of Innovative Health (formerly MAN MOT project officer)
- Gianpaolo Fusari, Design Associate, HELIX Centre (HELIX is currently undertaking more detailed analysis of Man MOT data)
- Tracy Herd, MHF Deputy Chief Executive
- Dr Seema Jani, Man MOT GP
- Jim Pollard, Editorial and Creative Consultant to MHF and Editor of the MHF's websites (formerly MAN MOT project manager)
- Chris Stein, MHF Senior Man MOT Project Officer
- Martin Tod, MHF Chief Executive

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REFERENCES

1. For example: K. Hunt, J. Adamson, C. Hewitt, I. Nazareth, Do women consult more than men? A review of gender and consultation for back pain and headache. Journal of Health Services Research & Policy 2011;16:108-17
2. V. Bogle, A Review of the Literature: Men's Health-Seeking Behaviour and Use of the Internet (London, Men's Health Forum; 2013).
3. V. Bogle, Street Survey Findings (London, Men's Health Forum; 2014a).
4. V. Bogle, No Frills: Qualitative research into men, health, the internet and Man MOT (London, Men's Health Forum; 2014b)
5. H. Ingoldby, Research Overview. Unpublished paper; City University; 2016.
6. M. Lohan, Á. Aventin, J.L. Oliffe, C.S. Han et al, Knowledge Translation in Men's Health Research: Development and Delivery of Content for Use Online. Journal of Medical Internet Research 2015; 17(1): e31.
7. C.R.H. Aicken, C.S. Estcourt, A.M. Johnson, P. Sonnenberg et al, Use of the Internet for Sexual Health Among Sexually Experienced Persons Aged 16 to 44 Years: Evidence from a Nationall Representative Survey of the British Population. Journal of Medical Internet Research 2016;18(1):e14.
8. J.L. Bottorff, J.L. Oliffe, G. Sarbit, P. Sharp et al, Evaluation of QuitNow Men: An Online, Men-Centered Smoking Cessation Intervention. Journal of Medical Internet Research 2016;18(4):e83.
9. S. Robertson, A. White, B. Gough, M. Robinson et al, Promoting Mental Health and Wellbeing with Men and Boys: What Works? (Leeds, Centre for Men's Health, Leeds Beckett University; 2015).
10. V. Bogle (2013), op cit.
11. V. Bogle (2014a), op cit.
12. V. Bogle, (2014b), op cit.
13. H. Ingoldby, op cit.
14. J. Taylor, C.W. McGrother, S.C. Harrison, P.R. Assassa, Lower urinary tract symptoms and related help-seeking behaviour in South Asian men living in the UK. BJU International 2006;98(3):605-9.
15. Cabinet Office, Government Digital Inclusion Strategy (2014). www.gov.uk/government/publications/government-digital-inclusion-strategy (accessed 10 May 2016).
16. Ofcom, Internet use and attitudes: 2015 Metrics Bulletin (2015). http://stakeholders.ofcom.org.uk/binaries/research/cmr/cmr15/Internet_use_and_attitudes_bulletin.pdf (accessed 10 May 2015).
17. 'PM on plans for a seven-day NHS' (18 May 2015). https://www.gov.uk/government/speeches/pm-on-plans-for-a-seven-day-nhs (accessed 11 April 2016).
18. NHS England, General Practice Forward View (London, NHS England; 2016)