Response to the "Your Health, Your Care, Your Say" Consultation

In September 2005, the Department of Health announced "Your Health, Your Care, Your Say", a consultation process to allow interested individuals and organisations to submit views about the content of White Paper on the future structure of community health care services. The White Paper is due for publication at the beginning of 2006.

The "Your Health, Your Care, Your Say" consultation required that responses be submitted in a standardised format, using an online questionnaire. The MHF made two separate submissions based on two separate "view-canvassing" exercises. The rest of this document comprises the full text of those two submissions, removed from the context of the consultation questionnaire. The only editing has been to omit brief passages here and there which referred to the structure of the questionnaire. Headings have been added to make the document more logical to read.

The results of our consultation are likely to have value for anyone interested in improving service provision for men.

Response 1:
The views of "ordinary men"

Introduction

Our consultation process took the form of an online survey of "ordinary men" using www.malehealth.co.uk our "health consumer" advice website. malehealth is the most widely used male-specific health site currently online anywhere in the world, receiving over 60,000 unique visitors each month. Our consultation concentrated largely on primary care services because research indicates that primary care as it is currently delivered, is not as effective as it might be in reaching men (the General Household Survey for example consistently shows that men visit their GP far less frequently than women). We asked three simple open-ended questions:

1. **If you could change one thing about your local GP surgery to make it more likely that men would go there, what would you do?**

2. **If you could change one thing about your local GP surgery to make it more likely that YOU would go there, what would you do (if same answer as to previous question please write "same")?**

3. **Use your imagination: if you could introduce a new service that would improve the health of men into your local community, what would it be?**

The results used in preparing this document are drawn from responses to the consultation between August 22nd and October 17th 2005. During that time we received 404 responses. Not all respondents volunteered their sex but from those who did, it seems likely that around 85% of respondents were male. For the purposes of this document we have analysed only those responses known to have come from men – a total of 272. All references from now on therefore are to the views of *male respondents only*. Our consultation will remain online until the end of 2005 as we will continue to use the data for our own internal purposes. A demographic breakdown of the respondents (age, occupation) is available on request.

Findings

The Men's Health Forum consultation asked only *open-ended* questions. The results would have been remarkable in their constant repetition of the same themes even if we had given respondents a fixed range of choices; the fact the same three themes recur again and again when men were free to say anything they liked, gives great weight to these being the key issues:

1. *When am I supposed to go?*

More than half of those responding to the questions about what would make the difference both for them personally and for men in general, drew attention to the conflict between

surgery times and working hours. "Some of us have work to go to!", "It seems geared to people who aren't working" and " . . . for decades the system has operated as if men do not work" were typical of scores of comments we received, and sum up the issue for many men. This is not exclusively a "male problem" of course, but despite very significant changes in working patterns in recent years, men remain much more likely than women to be in full-time work. The problem was largely perceived to be one which could be solved by more flexible opening hours (specifically, evenings and weekends) - and the need to introduce such a system urgently was made time and again.

This effect of this simple – but, for many of our respondents, often insurmountable - inbuilt inconvenience was exacerbated by other problems, but it remains the central challenge to provide services at a time that suits those who work full time. Related problems included:

- The distance from work - where most of the day is spent - and the GP surgery;
- The fact that GPs often run late, so that more time is needed for an appointment than is planned for;
- The time-consuming nature of the appointments process (e.g. having to ring more than once before getting through)

It is also worth noting that some of these points made by respondents overlap other factors associated with inequalities in public health - not only inequalities between men and women but also inequalities of economic status. For example, men in the UK work the longest hours in Europe, with some of the lowest paid having to work the longest hours of all. Likewise, it is likely to be the least well-off men who are employed in the kinds of jobs where time off to attend a GP appointment means wages lost, and where job insecurity is the greatest.

2. *Why is it so <u>difficult</u>?*

More than a third of respondents drew attention to a small number of structural and attitudinal problems associated with using primary care that they find off-putting. These problems recurred consistently in the experiences of different respondents and might be conveniently grouped together as representing a failure of primary care to see itself as a service provider geared to the needs of its users. These problems were:

i) The difficulty in making an appointment, queues and delays at the surgery, and bureaucracy in general.

There is not much research evidence on this matter but one US study has shown that men tend to be less tolerant than women of queues to be seen by a doctor. It may therefore perhaps be a rather more "male issue" to perceive all delays and bureaucracy as barriers to using health services. This is potentially very important because it might mean that inefficient systems have a greater negative impact on the health of men than on the health of women. Illustrative comments included:

[I'm told to ring] *at a time when I'm commuting*;

I think that a lot of men will not want to fart around with trying to get through on a busy phone line/being told to ring back later;

They give you an appointment at 2 p.m. and you're still waiting come 3 p.m.;

Let me phone in to get my referral [to the hospital] . . . and send me the results rather than me having to go to three appointments for something that is routine.

ii) The fact that patients are sometimes required to discuss their needs with a receptionist first either on the phone or on arrival at the surgery.
The reception process is perceived as lacking confidentiality and/or being unwelcoming and obstructive. This latter point is very important because it may reinforce what is widely believed to be a particularly male anxiety about "wasting the doctor's time" (this anxiety was indeed expressed by some men in our consultation). Illustrative comments included:

[They] *should introduce more discreet reception areas. I get conscious of discussing issues with the main desk*;

[Receptionists should] *make you feel welcome and entitled to be there and not that you are just wasting their and the doctor's time as usual.*

iii) That some GPs may be dismissive, condescending or unsympathetic, and that the whole process of engagement with primary care may seem impersonal.
It is not clear whether these experiences and perceptions are more common in men than women but, because men are known to use primary care less effectively than women, any potential indicator of the reasons why this might be so, are worth serious consideration. Illustrative comments included:

I always feel I'm being pushed out the the door the minute I walk into the doctor's room;

[GPs need] . . . *customer service training to make them realise we are not just an incubator of organs but we are people with feelings*;

. . . you do not bother to go back because you do not want to appear mardy and labelled as a 'typical man'. An image in society that exists and gets reflected in GP consultations.

3. *What about us blokes?*

Around a half of respondents either suggested that primary care was unwelcoming of men in some way or, more constructively perhaps, made comments relating to the need to deliver primary care in a way that took more account of male sensibilities. Again, there was a strikingly high level of consistency between respondents expressing these kinds of views. These views could be grouped into three broad categories:

- Expressions of the perception that primary care is a service primarily designed for women and children.

- Suggestions for changes in the primary care "experience" (e.g. staffing, decor, "customer services" etc.) to make it more "male-friendly"

- Comments relating to the need for specific "men only" healthcare services, especially – but not exclusively – for a regular "check up" service.

Because these categories overlap significantly, it seems most straightforward to illustrate these points by means of a series of verbatim quotes from the consultation:

> *Make it seem that NHS and doctors' surgeries aren't just for the benefit of women, who seem to swamp the system*
>
> *. . . . women have much more contact and consequently are more relaxed in that environment*
>
> *. . . . when you get there it all feels geared up for women, staffed by women, women's magazines, generally patients waiting are women, kids or retired . .*
>
> *The system and the the environment feel like they have been set up for women so it feels like you are sitting in a ladies' hairdressers . . . .*
>
> *Have male staff working at reception as the women at my surgery always make you feel as though you are bothering them . . .*
>
> *Better magazines and less resentment from the (usually) woman receptionist and other women in the waiting room – it's my health service as well!*
>
> *Have male health clinics, the vast majority of women in the waiting room make you feel outnumbered*
>
> *Have men only days or evenings. That way, a bloke wouldn't be sitting in between a dozen 80 year-old women . . . . feeling like a sad act*
>
> *. . . . most health campaigns seem to be aimed at women, children and the elderly – nothing for we lowly men!!*
>
> *I would like to see more posters about men's issues, male reception staff and less attitude. I would also like GPs to undergo training about men on manual jobs . . . Because GPs have never (or rarely) ever done a heavy manual job they have no idea what it involves . . .*
>
> *I think an annual check-up invitation (like an MOT) should be sent out to everyone, then everyone would have a reason to visit and have the opportunity to discuss any issues etc.*
>
> *. . . and the mechanics at the garage talk me through any problems (as an equal) and sound me out about options for dealing with them. They also tell me if the way I run and garage the car affects its performance. Why shouldn't my doctor take the same approach?*
>
> [Need] *more well man screening carried out for men, by men.*

Finally . . .

Finally, it is well worth adding that those respondents who answered the question about the new service they would like to see in their own community, overwhelmingly called for regular, informal health checks delivered in male-friendly environments (away from primary care was often specified). Putting together the 100 or so answers received to this question gives us a picture of a service that looks like this:

- Free
- Informal
- "Walk-in" (appointments and pre-booking not necessary)
- Available outside working hours
- Designed primarily to offer screening, check-ups and advice
- Not judgemental and does not "lecture" patients
- Personal i.e. offers private consultations tailored to the needs of the individual

Additionally, it probably:

- Takes place away from the primary care setting (it is perhaps, "mobile")
- Is for men only
- Is largely staffed by men
- Offers information using new technology, which might also be available remotely

It might also:

- Concentrate on "fitness"
- Happen in the workplace
- Call men in for health checks on a regular basis (e.g. an annual invitation to attend)

Conclusions

The findings from our online consultation are clear evidence that many men are dissatisfied with primary care when asked to consider the service from a specifically male perspective. This is not mere whinging. All the most commonly accepted indicators suggest that the present state of male health is a significant public health problem *in its own right*. Such evidence base as there is suggests (as does our online consultation and its partner consultation of health professionals) that primary care does not engage with men anywhere near as effectively as it might. It is therefore probable that the present system is actively contributing to the poor state of male health in England. Quite apart from the generally accepted responsibility for the state to protect and improve public health, this situation may cause serious difficulty for health service providers seeking to meet their future responsibilities under the new gender equality legislation presently progressing through

parliament. The Equal Opportunities Commission has already highlighted men's use of primary care as a particular area of concern.

It is absolutely essential that the White Paper recognises the severity of the present position by taking men's attitudes, needs and sensibilities explicitly into account in developing future provision. This emphatically does not mean to give priority to men over women, but simply to acknowledge that men and women have different attitudes to primary care services and use them differently. Unless the White Paper acknowledges that this is the case, it is likely that the most promising opportunity in recent years to improve the health of men will have been missed.

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October 31st 2005

Continued . . . .

Response 2:
The views of MHF members and stakeholders

Introduction

The Men's Health Forum is a membership organisation. We also have regular contact with health professionals of all kinds in all parts of the country who are not MHF members but who are actively trying to deliver better services for men (we call this group of people our "stakeholders"). Our consultation process took the form of a small survey of members and stakeholders, using a short questionnaire that could be completed electronically or filled in in hard copy. The questionnaire comprised two simple open-ended questions:

> **1. It is widely accepted that men tend to under-use all forms of local health services, and that that is detrimental to their health. *In your experience*, what are the main reasons why this is the case?**
>
> **2. Please think creatively. If you could make any changes you liked to the way services are currently organised and/or delivered, what would you do to improve the health of men and boys? In particular, are there any *new* services or approaches that you would like to see introduced?**

26 completed consultation forms were returned (including one based on a structured "brainstorming" session held by the Royal College of Nursing for a combined group of thirty health professionals, lay workers and service users). Some respondents remained anonymous but it is known that consultation forms were returned by a diverse group of professionals including: GPs and hospital doctors; Directors of Public Health; nurses; academics; health promotion staff; PCT managers and staff from specialist voluntary sector organisations.

Findings

The Men's Health Forum consultation asked two *open-ended* questions of health professionals with a known understanding of how to work effectively with men. The first question invited respondents to use their own experience to identify the reasons why men may under-use exisiting health services. The answers to this question revealed a high degree of correlation between respondents, and indeed, between the respondents to this consultation and our separate consultation with "ordinary men" (with one very notable exception – see "Socialisation" below). The first two issues identified by the health professional were also identified by a majority of the male service-users:

Services are not available at convenient times

Over half of respondents drew attention to the fact that many health services (not just primary care) are currently provided at times that are impractical for people in full time work, especially those who cannot arrange time off easily or who work some distance from the

place where the services are provided. According to the most recent Labour Force Survey, men are almost twice as likely as women to work full time. The point was made that it is often not possible even to start the process of engagement with men, if men cannot gain access to services in the first place for this one simple reason.

Men feel unwelcome

Again, over half of respondents made the point that health services may make men feel unwelcome one way or another; health settings may be preceived as an "foreign environment" by men as one respondent put it. A variety of reasons was given including that health services are often provided in "feminised" premises (e.g. in terms of decor, display material and so on); that health service staff are predominantly female; that there is a "gender bias" in the provision of some services (e.g.healthy lifestyle messages assume a knowledge of healthy eating that women are more likley to have than men); and that health services assume a willingness to admit to problems that men may not feel. By and large, the solution to this problem was seen to lie in consciously taking account of men's perceptions and seeking actively to deliver services in a way that is more in tune with men's "world view" (see "Services that are needed" below).

Fewer health professionals than service-users identified problems with bureaucracy although men's "impatience" was mentioned in some responses. The health professionals however, identified a further problem seldom mentioned (explicity) by the men who responded to the online consultation:

Male "socialisation"

A majority of the health professionals suggested that during the course of their lifetimes, many men "learn" attitudes that pre-dispose them not only to poorer health behaviours (e.g. greater "risk-taking" than women) but also to poorer use of services. It was suggested that men are variously:

- More likely to try to "tough out" illness
- More likely to give priority to work commitments over treatment and rest
- More likely to have a self image that encourages them to deny illness (illness = "weakness ")
- Less likely than women to be prepared to discuss their health
- More likely to fear the consequences of illness and disease

Since our respondents were people who between them have hundreds of years of personal experience of working directly with men, it seems likely that their analysis of male attitudes can be relied upon. It is also of course, possible to observe that these attitudes underpin some of the views expressed by men in our consultation with male service users - even though these respondents might not, themselves, explicity identify "socialisation" as an issue.

It seems probable that services as they are presently constructed and delivered do not take account of these attitudes as well as they might. It is therefore of vital importance, that the forthcoming White Paper should acknowledge the need to deliver services in such a way that

providers should have first, the flexibility to shape and market services in a way that takes account of men's attitudes, beliefs and behaviours; and second, that they are given direct encouragement to do so.

The changes that are needed

In addition to the obvious but crucial point about more flexible opening hours for many services, the responses to our second question about how services might be improved, fell very consistently into clearly discernible themes:

1. "Outreach"
If men cannot – or will not – come to health services, then it is right that health services should make more effort to go to them. Greater flexibility in planning was urged (especially for community nurses) in order to allow service delivery to be taken out into "male-friendly" community settings. In a number of cases, respondents highlighted the importance of the workplace to deliver services – especially screening and information services. It was felt especially important to develop partnerships with employers and occupational health sevices.

2. Check ups
Regular "MOTs" were thought to be particularly important for, and appealing to, men. It was suggested that these could be offered by (say) annual invitation, or made available in easy, "hassle free" settings, for example "walk in" clinics or mobile units.

3. A change in ethos
Although rather more abstract, this point was made numerous times in different forms by respondents – that the NHS and its staff, need to recognise that men and women have different attitudes and belief systems, and different responses to the services that they are offered. Services tend to be provided on the basis that the service user will be able to identify his or her own need initially before willingly going along to the service provider and expressing that need fully and frankly. He or she will then proceed to accept the advice and treatment that is offered, using the delivery mechanisms that the service provider has in place.

It is at least possible that this model works better for women than men. Evidence and anecdote suggests that men are less likely to come forward and more likely to be contstrained from making the best of the service by their view of themselves as men – and indeed, by the cultural view of masculinity that is imposed on them (not least, often, by health service providers). Our respondents variously suggested staff training; changes in the structure and "marketing" of services; and more research into male attitudes as means of responding to this difficulty.

4. "Education"
In a more practical extension of point 3 above, a number of respondents made the point that we need to help men make the best of services, rather than assume that they will simply take advantage of the services because they are there. Suggestions here varied from the need to deliver health promotion messages in a "gender specific" way to suggestions that we need to concentrate efforts on boys in school, so that they grow up adopting a more positive attitude to both their own health and develop the skills to use services effectively.

Conclusions

All the most commonly accepted indicators suggest that the present poor state of male health in England is a significant public health problem *in its own right*. The findings from this consultation of health professionals with a particular interest in the field of men's health confirm the findings of our online consultation of "ordinary men" - that community health services as they are presently delivered are not engaging effectively with men. It is therefore probable that the present system is actively contributing to the problem. Quite apart from the generally accepted responsibility for the state to protect and improve public health, this situation may cause serious difficulty for health service providers seeking to meet their future responsibilities under the new gender equality legislation presently progressing through parliament. The Equal Opportunities Commission has already highlighted men's use of primary care as a particular area of concern.

It is absolutely essential that the White Paper recognises the severity of the present position by taking men's attitudes, needs and sensibilities explicitly into account in developing future provision. This emphatically does not mean to give priority to men over women, but simply to acknowledge that men and women have different attitudes to primary care services and use them differently. Unless the White Paper acknowledges that this is the case, it is likely that the most promising opportunity in recent years to improve the health of men will have been missed.

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November 2nd 2005