Men's Health:

How to improve health outcomes, knowledge, and behaviours

healthwatch

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Executive summary

Healthwatch England has conducted major new research to inform the Government's first-ever men's health strategy for England, expected to be published soon.

We commissioned a nationally representative poll of 3,575 men aged 18+ in June 2025. We also drew on local Healthwatch engagement, with men from diverse backgrounds, spanning a wide range of ages, ethnicities, occupations, and areas.

Working with the Department of Health and Social Care (DHSC), we ensured that our poll complemented the Department's own call for evidence for its strategy.

We asked men about prevention and care for health conditions that disproportionately or only affect men; their health literacy; and overall priorities for change in the NHS.

Below we set a summary of key findings and recommendations.

NHS Health Checks

Key findings:

- Only 37% of eligible men (aged 40 to 74 and with no long-term conditions) said they had ever been invited to an NHS Health Check.
- 56% of men who'd attended a check had made lifestyle changes.
- 92% of men who'd gone for a check would take up a future invite.

Key recommendations:

- Provide stronger direction and oversight to improve the number of invites issued, uptake rates and consistency across local authority areas.
- Collect and publish demographic-specific uptake data, to track how many men attend and analyse which characteristics affect uptake
- Launch an awareness campaign about the Check and encourage tailored outreach to underserved men and those at higher risk of cardiovascular disease.

Prostate cancer screening

Key findings:

- 79% of all men (including 81% of Black men) said they would be likely to attend prostate screening if the NHS introduced it routinely.
- Only 36% of men aged 50 and over had asked their GP for a PSA test
- Seven per cent of those who'd asked for a PSA test had been refused (though caution is advised on this statistic given it is a low sample)

Key recommendations:

- Policymakers should consider men's views, alongside clinical and economic evidence, when deciding on whether to introduce a national prostate cancer screening programme.
- Issue clear, consistent guidance for the public and GPs on whether asymptomatic men aged 50 and older can receive, or only request, a PSA test.

Mental Health

Key findings:

- 52% of men said they would visit their GP, and only one-in-five (20%) would self-refer to NHS Talking Therapies if they experienced mental health issues.
- Men were significantly less likely than women to turn to their friends and family for mental health support (38% vs 45%).

Key recommendations:

- Mental health support should remain varied with a 'no wrong door' approach to suicide prevention and improve referrals pathways from the third sector.
- Improve awareness of NHS talking therapies, including clearer information on how data is handled. Data should also be disaggregated between self- and GP referrals, to understand where to target changes in behaviour to improve uptake

Health literacy

Key findings:

- One in 10 men use AI, like ChatGPT, for health information; but mostly used the NHS.
- Men mostly want to receive information from the NHS via email and the NHS App.

Key Recommendations:

- Create a men's health page on the NHS website, raise awareness of spotting and avoiding online misinformation and develop health literacy from a younger age.

Priorities for change

Key findings:

- Better GP access is the top priority for change in the NHS for men; they want to see the same GP for new and ongoing physical and mental health problems and would wait longer for an appointment to do so.

Key recommendations:

- The new strategy should focus on continuity of care, where clinically appropriate.

Introduction

This report outlines our research into men's knowledge, attitudes, preferences, and experiences of healthcare in England. It aims to inform the Government's upcoming Men's Health Strategy and focuses on three broad areas:

- Improving health outcomes for conditions that disproportionately affect men
- Improving men's health literacy and knowledge
- Improving support for healthier behaviours and interaction with the NHS.

We also make evidence-based recommendations that, if implemented, will help improve access to and experiences of healthcare, resulting in better health outcomes for men.

Background

The Government is set to launch its first-ever Men's Health Strategy in England. Health and Care Secretary Wes Streeting is personally championing the initiative, stating: *"Just as [the Government] is determined to end the injustices women face in healthcare, we won't shy away from the need to focus on men's health too."*

Men in the UK continue to face significantly poorer health outcomes compared to women.

Between 2021 and 2023, life expectancy at birth stood at 78.8 years for males versus 82.8 years for females, a gap of around four years. Men are also more likely than women to die from causes considered treatable or preventable with timely and effective healthcare or public health interventions. For example, men are twice as likely as women to die prematurely from cardiovascular disease and are more likely to die from cancer.

Men are disproportionately affected by suicide, which is three times more common among men than women. Men account for around 75% of all deaths by suicide. Suicide is the biggest cause of death for men under the age of 50.

Evidence also suggests that men are more likely to engage in certain unhealthy behaviours, such as higher levels of alcohol consumption, harmful gambling and smoking — all of which are recognised risk factors for poorer health and disease.

Men's engagement with health services tends to be lower, particularly when it comes to preventative care and early intervention for conditions such as mental health issues, cancer, and cardiovascular disease. Uptake of routine health checks and primary care visits is lower among men, raising concerns about avoidable deterioration, late diagnoses, and treatment gaps.

Interest in addressing men's health inequalities has grown in recent years. In 2023, a coalition of backbench MPs, All-Party Parliamentary Groups (APPGs), and charities called for a dedicated Men's Health Strategy, drawing inspiration from

the Women's Health Strategy launched in 2022. Then Shadow Ministers, including Wes Streeting, emphasised the need to tackle inequalities affecting "working-class men" and to remove gendered barriers to care.

In early 2025, DHSC began preparatory work by commissioning evidence reviews and convening a Men's Health Stakeholder Group. This group brought together voluntary sector representatives, clinicians, academics, and statutory bodies including Healthwatch England, to shape what a comprehensive strategy might look like.

The Government formally launched its call for evidence on England's Men's Health Strategy on 24 April 2025. This included a public survey to gather individuals' views. The survey primarily focused on health literacy, health conditions, experiences of health at work, and (where relevant) experiences of care.

To complement the call for evidence, Healthwatch commissioned national polling to support a better understanding of how men experience health services.

We focused on conditions that disproportionately or only effect men: cardiovascular disease and uptake of the NHS Health Check; prostate cancer, and their views on a possible future national screening programme; mental health needs, and how they first seek help. The poll also aimed to understand men's health literacy and preferred methods for receiving information. Finally, the poll sought more nuanced demographic data, such as the type of places men are from (e.g. small towns vs large cities) and how financially comfortable they feel.

Our findings provide important evidence to support improvements in access, awareness, and data collection.

Methodology

Quantitative data were collected through polling and complemented by relevant qualitative research from Healthwatch England and local Healthwatch, exploring the male patient experience of health and care, focusing on health inequalities.

Polling

We commissioned Savanta to conduct nationally representative polling about people's experiences, attitudes, and perceptions of health and care services. The polling was conducted online in June 2025.

All statistical significance was tested at the 95% confidence level. Any references in this report to statistical significance refer to $p<0.05$.

Polling sample

The total polling sample included 7,407 people: 3,575 men (48%) and 3,832 women (52%) (based on biological sex determined at birth). We also collected data from 1,124 (17%) people who self-reported as an ethnic minority, including 515 ethnic minority men.

The polling figures (other than sample sizes) in this report have been weighted and are representative of all adults (aged 18 and older) in England.

Healthwatch research

Throughout the research process and in the following report, we have drawn from valuable research produced from across the Healthwatch Network on the topic of Men's Health.

Qualitative insights and quotes were sourced directly from recent local Healthwatch research, as well as from feedback submitted by the public to local Healthwatch services.

We would like to acknowledge and thank the following Healthwatch organisations for their work, which has been referenced throughout this report:

Healthwatch Bucks, Healthwatch Birmingham, Healthwatch Calderdale, Healthwatch Coventry, Healthwatch Cumberland, Healthwatch Kirklees, Healthwatch Norfolk, Healthwatch Oxfordshire, and Healthwatch Salford.

How to improve health outcomes for conditions that disproportionately affect men

This chapter focuses on our findings related to:

- **Cardiovascular disease** (one of the leading causes of death that disproportionately affects men);
- **Suicide** (one of the top causes of death in young men);
- **Prostate cancer** (the most common cancer experienced by men).

Within each section, data collected via our polling will be outlined in "Our findings". Any external data will be included within the "Background".

Cardiovascular disease

Background

Cardiovascular disease (CVD) is an umbrella term for conditions that affect your heart or circulation, including inherited conditions (e.g. cardiomyopathy) and conditions that develop later in life (e.g. coronary heart disease).

CVD is the top cause of death among men, according to the latest annual death registrations. Men are also more likely than women to die prematurely because of CVD; of the 38,000 people who died aged under 75 from CVD in England in 2023, 26,000 were male.

Evidence also shows there are stark geographical inequalities when it comes to premature deaths caused by CVD. Between 2021 and 2023, the premature mortality rate for CVD in Blackpool was 3.2 times higher than in Hart. The British Heart Foundation estimates that 25-44-year-olds in the north of England are 47% more likely to die from heart and circulatory diseases compared to those in the south. Data show that CVD is the leading cause of the life expectancy gap between the most and least deprived areas in England.

To help prevent CVD and associated conditions, **in 2009 the government introduced the NHS Health Check for all 40 to 74-year-olds not already diagnosed with a long-term condition**.

The check usually involves healthcare professionals at a GP surgery measuring blood pressure, weight, cholesterol, and sometimes blood sugar, to calculate a cardiovascular disease risk score. If needed, nurses will give people advice on healthier lifestyles or refer patients to a GP for management and prescriptions for any conditions uncovered by the check.

Research published in the British Medical Journal has shown the NHS Health Check to be associated with increased detection of CVD risk factors and diagnoses, as well as a general reduction in CVD risk factors.

The NHS Health Check is commissioned by local authorities under their public health remit and should be offered to people in the eligible age group every five years.

The NHS has not published data on uptake of the check by sex over the past five years, despite the greater CVD impacts on men. The last available figures show that, in 2017/18, a higher proportion of women attended an NHS health check than men (44% vs 38%).

Since the end of the COVID pandemic, the proportion of eligible people invited has steadily increased, though uptake has remained stable. Therefore, to fully realise the potential of the NHS Health Check, both invitation and uptake need to be addressed.

Our findings

NHS Health Check invitations, attendance, and experiences

Only three in ten eligible men said they had been invited to an NHS Health Check in the past five years

Our polling found that just 37% of eligible men (i.e. aged 40 to 74 with no long-term conditions) reported ever having been invited to an NHS Health Check, and **only 31% said they had been invited in the past five years**. Over half of eligible men (55%) did not recall ever being invited.

It is important we acknowledge that DHSC estimates that around 80% of eligible people have been invited to an NHS Health Check over the past five years.

Our polling questions rely on respondents' recalling whether they have been invited to a Health Check, an issue exacerbated by the generally low awareness of the NHS Health Check (see NHS Health Check awareness and understanding section). This may explain the discrepancy between our findings and the national data. However, research by the National Audit Office (NAO) also found shortcomings in uptake, with just under half of the annual eligible men and women attending a Health Check in 2023-24, and only three per cent of local authorities delivering a Health Check for all of their annual eligible population in 2023-24.

"I didn't know that I was entitled to this check. I haven't been invited and am rather disappointed and I feel I've been ignored and overlooked."
Story shared with Healthwatch Norfolk

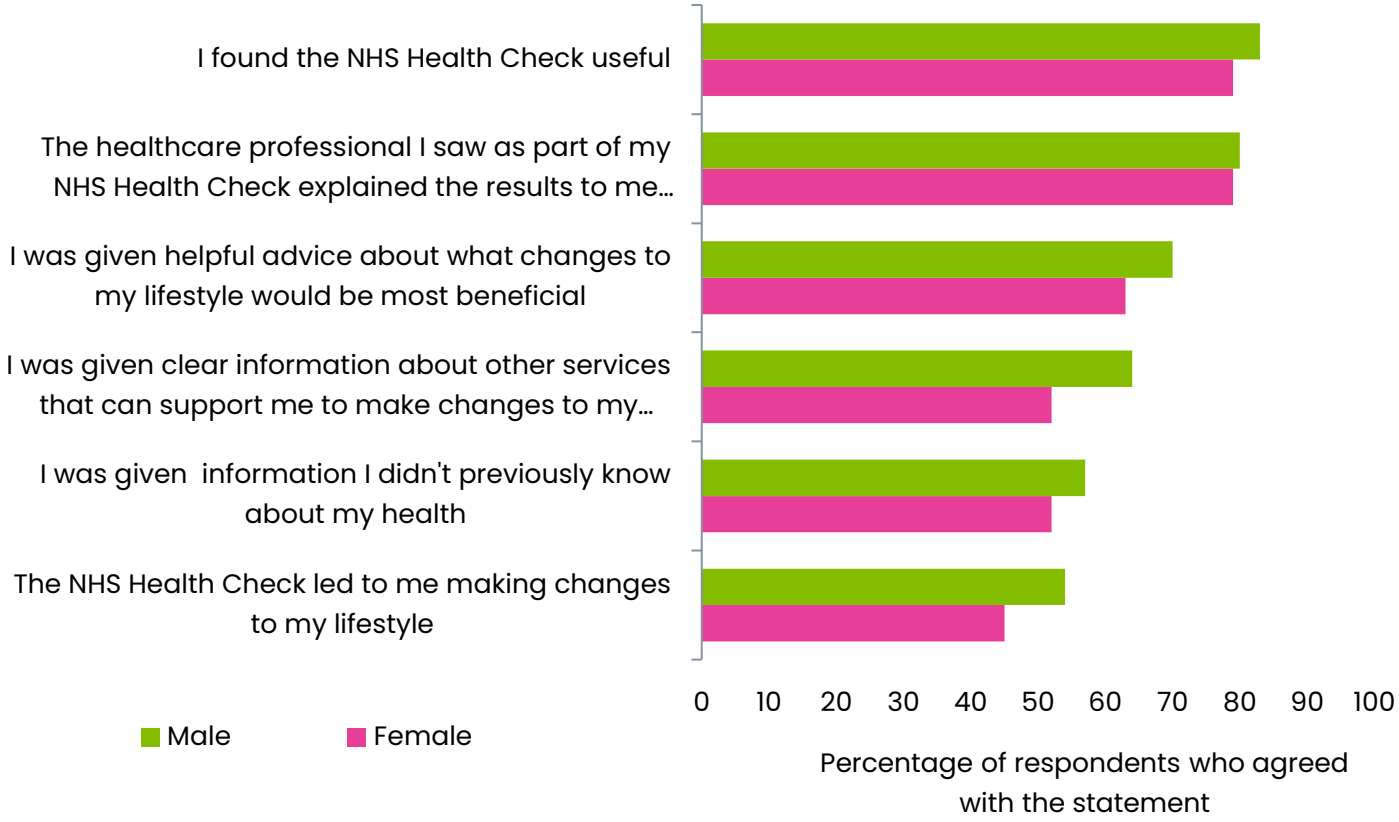
Our data on NHS Health Check uptake is more positive than the national data, with around 60% of people saying that they attended every appointment they were invited to. Contrary to the most recent national data on uptake by sex, we also found only a slight difference between men and women in terms of NHS Health Check attendance.

Table 1. NHS Health Check attendance by sex

NHS Health Check attendance	Percentage of male respondents	Percentage of female respondents
Attended everyone invited to	60%	62%
Attended at least one invited to	23%	19%
Never attended one	17%	18%

We also found that men responded more positively about their NHS Health Check experience than women. Men were significantly more likely to report receiving helpful advice, clear information, and to say that the Health Check had prompted them to make lifestyle changes.

Figure 1. NHS Health Check experiences and outcomes by sex



"[I] followed advice and lost weight while engaging in more exercise resulting in vastly improved health and vitality." Story shared with Healthwatch Bucks

Furthermore, we found that men were more likely to say they were likely to attend a future NHS Health Check if they had a positive experience.

Table 2. NHS Health Check attendance and future attendance likelihood by sex.

NHS Health Check attendance	Likely to attend future NHS Health Check	
	Percentage of male respondents	Percentage of female respondents
I found the NHS Health Check useful	87%	83%
The healthcare professional I saw as part of my NHS Health Check explained the results to me clearly	85%	81%

I was given helpful advice about what changes to my lifestyle would be most beneficial	74%	66%
I was given clear information about other services that can support me to make changes to my lifestyle	67%	55%
I was given information I didn't previously know about my health	60%	54%
The NHS Health Check led to me making changes to my lifestyle	56%	47%

We also asked people why they had attended an NHS Health Check. Men most frequently said that they always attended invitations or appointments from the NHS and that they were curious to learn more about their health.

Interestingly, men were significantly more likely to have attended an NHS Health Check following encouragement from a medical professional (19% vs 11%) and family and/or friends (14% vs 7%). Also notable was that men aged 40 to 44 and ethnic minority men were significantly more likely to have attended because the NHS Health Check provided an opportunity to discuss health concerns.

Some of our findings involved too few respondents to draw definite conclusions, but highlight potential future areas for policy makers to explore, specifically:

- Men who were more financially comfortable[1] were more likely to attend every NHS Health Check they are invited to
- Both ethnic minority men and men aged 40 to 44 tended to speak more positively about the NHS Health Check

NHS Health Check: Future uptake

Encouragingly, 69% of all men said that they would be likely to attend an NHS Health Check in the future, though this was slightly lower than the proportion of women respondents (74%).

Men who were aware of the NHS Health Check and men who had previously been invited for an NHS Health Check were significantly more likely to say they would attend in future – 76% to 60%, and 85% compared to 72%, respectively. Additionally, nearly all men (98%) who attended every NHS Health Check they had been invited to, and over three-quarters of men (77%) who had attended at least one, were likely to attend a Health Check in the future.

These findings suggest that awareness and experience of NHS Health Checks drive future attendance. This aligns with broader evidence, such as research

[1] Financial situation/comfort was self-reported based on the following question and response options: "Which of the following best describes your current financial situation?" "I have MORE THAN enough money for basic necessities and A LOT spare that I can save or spend on extras or leisure" (i.e. very comfortable); "I have MORE THAN enough money for basic necessities and A LITTLE spare that I can save or spend on extras or leisure" (i.e. quite comfortable); "I have JUST ENOUGH money for basic necessities and little else" (i.e. just getting by); "I DON'T HAVE ENOUGH money for basic necessities and sometimes or often run out of money" (i.e. really struggling)

published in BMC Medicine, which shows that fostering long-term engagement between primary care teams and patients ultimately leads to more effective ongoing health monitoring.

"I recently have been to have a [NHS] Health Check I was invited for and checked my lipids, and they were high. The GP here has sorted me out with health/lifestyle advice, referred me to Living Well and now that I am on medications also for this, I am getting better. I come back every 8 weeks for bloods, weight and blood pressure checks" Story shared with Healthwatch Rochdale

The table below breaks down the likelihood of future attendance by selected key sociodemographic characteristics. We have included each age group individually, as well as the following key age groupings:

- Age 18 to 74 (i.e. all men eligible for an NHS Health Check either now or in the future)
- Age 40 to 74 (i.e. men currently eligible for an NHS Health Check)
- Age 18 to 34 (i.e. young men who will not be eligible for an NHS Health Check in the near future, but whose likelihood of attendance is important to track interest and engagement and to assess the effectiveness of tailored promotion strategies)
- Age 35 to 74 (i.e. men who are either currently eligible for an NHS Health Check, or will be in the near future).

Table 3. Men's NHS Health Check future attendance likelihood by selected characteristics

Group (Men)	Percentage likely to attend future NHS Health Check
Individual age groups (years)	
18-24	59%
25-34	71%
35-44	77%
45-54	74%
55-64	74%
64-74	71%

Key age groups (years)	
18-74	72%
40-74	74%
18-34	66%
35-74	74%
Ethnic group	
Black	79%
Asian	70%
White	70%
Mixed or Multiple ethnic groups	67%
Other ethnic group	41%
NET: Ethnic minority	67%
Financial comfortability	
Very comfortable	77%
Quite comfortable	69%
Just getting by	71%
Really struggling	63%
Sexuality	
Heterosexual/straight	71%
LGBTQI+	62%

The figures show that men's likelihood of attending an NHS Health Check in future generally increases with age, peaking at 55-64. Attendance likelihood is highest among Black men and those who are very financially comfortable.

When asked why they would be unlikely to attend, the three most common responses from men were:

- I already see my GP (or healthcare professional) regularly, so I don't think it's necessary (25%)
- I feel I am in good health, so I don't see the point (17%)
- I generally don't like medical appointments (11%).

"[I was] Invited to a well man check but didn't go because I feel ok." Story shared with Healthwatch Bucks

When asked why they would be likely to attend, the most common responses from men were:

- I am interested in understanding my health better (53%)
- I want to learn about my potential future health risks (49%).

Notably, men were more likely than women to say they would attend a future NHS Health Check following a good experience at a previous check (20% vs 14%).

What would motivate men to attend future Health Checks?

Younger men, aged 18 to 44, and ethnic minority men were significantly more likely to say they would attend a future NHS Health Check, because they would like to speak with a healthcare professional about leading a healthy lifestyle.

We also asked what would make people more likely to attend an NHS Health Check. The percentage of male, female, and ethnic minority male responses are outlined in the below table.

Table 4. NHS Health Check reasons for increased future attendance likelihood by sex and male ethnicity

Statement	Male			Female
	Ethnic minority	White	Total	
A call from a doctor at my GP practice to talk to me about the NHS Health Check	36%	42%	41%	38%
A call from another staff member at my GP practice about the NHS Health Check	25%	33%	31%	29%
Receiving information about NHS Health Checks before age 40, so I am aware before I am eligible	29%	22%	23%	24%
The option to do some of the tests at home	26%	21%	22%	22%
The option to receive my results virtually	25%	16%	18%	19%

Receiving information about the NHS Health Check at my workplace	21%	13%	14%	12%
Hearing a public figure share their experience attending an NHS Health Check	19%	9%	11%	8%
Nothing would make me more likely to attend an NHS Health check	5%	11%	10%	10%

Notably, men, particularly White men, said a call from their GP or GP surgery would encourage them to attend an NHS Health Check. This was also the case for older men, aged 55 and older. Younger men, aged 18 to 54, and ethnic minority men were more likely to be persuaded if they received information on the Health Check before they were eligible, if they received information on the Health Check at their workplace, the Health Check was more flexible (i.e. the option of home testing and virtual/remote results appointments), and hearing from public figures about their experiences with the Health Check.

Worryingly, almost one-third of men who had never attended an NHS Health Check, despite being invited, said that there was nothing that would make them more likely to attend. Similarly, 14% of men 40 to 74 said that there was nothing that would make them more likely to attend.

We also saw that men aged 18 to 24, those in the "Other" ethnic group, men who are struggling financially, and LGBTQI+ men were all significantly less likely to attend an NHS Health Check in the future. Though the sample sizes were too small to make any definitive conclusions, these groups all disproportionately said that they do not want to receive lifestyle advice from the NHS.

Understanding the reasons behind this is outside the scope of this work and requires further research but may be linked to factors such as broader distrust in public services.

"All my GP offers is an online form that asks for a whole load of irrelevant details, gives all that data to various tech firms and then offers generic advice that can be found on the Internet anyway." Story shared with Healthwatch Bucks

Summary and recommendations

Key findings:

- Our polling, and other research show that too few men are invited to an NHS Health Check — only 31% of men polled had been invited to an NHS Health Check in the past five years.

- Our findings suggest that men are receptive to the NHS Health Check and have a positive view of the appointment once attended.
- Our findings also suggest that awareness and positive experiences of the NHS Health Check may drive future uptake.
- Over half of the men we polled said that attending an NHS Health Check had led to them making lifestyle changes.
- Men would be more likely to attend an NHS Health Check if they received a call from their GP or GP surgery, had information about the NHS Health Check before age 40, and if there was flexibility around in-person attendance.
- NHS Health Check promotion would benefit from tailored communications — for example, focusing on aspects that appeal to men, such as better understanding of personal health and future health risks.
- NHS Health Check promotion would also benefit from communications targeted towards specific groups of men — for example, using trusted and respected public figures to appeal to younger and ethnic minority men.

We recognise that there are limitations in the role that health checks can play in reducing CVD amongst men and improving men's health more generally. However, the NHS Health Check is a key prevention tool, but only if men are invited, know what it's for, and feel motivated to attend.

The government's 10-year plan places prevention as one of its top three priorities for NHS reform. We're urging the Government to include the following recommendations in its Men's Health Strategy.

Our recommendations:

1. **Launch a national awareness campaign targeting men, so they know what the NHS Health Check is for, when they're eligible and why it's especially important for them to attend.**

   This should take advantage of information through the NHS App and by text message.

2. **Ensure that all eligible men are invited for a Health Check every five years.**

   Although local authorities are required by legislation to invite 100% of the eligible population for a Health Check across five years, our research indicates this is not happening. There also is no accurate national data on the amount of people being invited. The Government should improve the way it collects data on who is being invited for NHS Health Checks and also improve oversight of local authorities' compliance with their duties to arrange these under legislation.

3. **Ensure that DHSC has meaningful levers that it can use to drive improved uptake of Health Checks for men, particularly amongst the groups at highest risk of developing cardiovascular disease.**

   The government stated earlier this year it is to review the relative value of commissioning Health Checks through local authorities against alternative

commissioning routes. However, regardless of commissioning routes, stronger direction and oversight is needed from government to improve take up rates and consistency across England.

4. **Tailor outreach to younger men, ethnic minority men, and those in deprived areas.**

   This should include action to update the NHS Health Check PR toolkit to include PR strategies that target groups that are most at risk of CVD.

5. **Collect and publish demographic-specific uptake data to track progress of who is taking up Health Check invitations.**

   This will provide a clear starting point to then begin asking the question of why certain men are less likely to take up invitations.

Prostate cancer

Background

Prostate cancer is the most common cancer in the UK, recently overtaking breast cancer, and it is projected that the incidence rate of prostate cancer will continue to rise in the coming years.

Overall, one in eight men will develop prostate cancer at some point in their lives, usually after the age of 50. For Black men this risk doubles to one in four and from an earlier age of around 45. Prostate cancer incidence is lower in the most deprived areas in England. However, incidence of metastatic prostate cancer (i.e. cancer that has spread to other parts of the body) has been shown to be higher in the most deprived areas. This could, in part, be due to lower uptake of available prostate cancer screening methods in more deprived areas, leading to later stage diagnoses.

Given the high mortality associated with metastatic prostate cancer, these patterns are likely to contribute to widening geographical and socio-economic health inequalities in the future.

Currently, there is no national screening programme for the detection of prostate cancer. However, men over the age of 50 can ask their GP for a specific blood test, called a prostate-specific antigen (PSA) test, even if they don't have any symptoms. PSA tests help to check for prostate conditions, including prostate cancer.

However, navigating the existing guidance on men's rights to a PSA test can be difficult. Guidance is not consistent on whether men without symptoms have the right to a PSA test, regardless of a doctor's clinical judgement, or just the right to request one.

For example, guidance on the NHS Prostate Cancer Risk Management Programme (PCRMP) seems to imply that the decision is the patient's:

> "The PCRMP provides good quality evidence-based information to help guide primary health care professionals in these discussions. *Men aged 50 and over who decide to have a PSA test based on this balanced information can do so for free on the NHS*." (Emphasis added)

However, information on the NHS website states that men can only ask for a test.

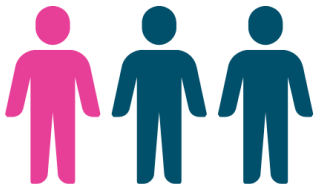
Current DHSC guidance tells GPs not to proactively promote the PSA test to asymptomatic men. Separate guidance to GPs covers how to deal with men who have symptoms of prostate problems which advises them to offer patients a PSA test. But this relies on men coming forward as soon as they have symptoms. Data from the GP Patient Survey shows that men attend their GP less than women, and also take no other action – such as speaking to friends or family or looking up health information online – before an appointment.

GPs themselves have acknowledged that various or changing guidance and their own clinical judgements, can cause difficult conversations. An editorial in the British Journal of General Practice from 2023 states that GPs may be 'mindful of the limitations of PSA in terms of the risks of both false positive and false

negative results and the adverse consequences, and do not want to contribute to the problem of overdiagnosis of clinically insignificant prostate cancer. Some patients may interpret this hesitancy around PSA testing as GPs trying to dissuade or discourage them from having the test.

Our findings

Access to PSA testing



One in three eligible men had requested and received a PSA test

Just one-third of eligible men (33%), aged 50 and older, that we polled had requested and received a PSA test from their GP. Perhaps unsurprisingly, older men, aged 65 and older, were more likely to have requested a PSA test. We also found that men who were more financially comfortable were significantly more likely to have asked for a PSA test, as were men who were in professional or in managerial employment.

Table 5. Men's PSA test request status by financial situation

Requested PSA test	Financial situation			
	Very comfortable	Quite comfortable	Just getting by	Really struggling
Yes	48%	39%	30%	17%
No	50%	59%	64%	75%

There was also a small number of people who had requested a PSA test from their GP but were refused one, 43 people (seven per cent). These findings were echoed by research conducted by Healthwatch Worcestershire and Kidderminster & Worcestershire Prostate Cancer Support Group, which surveyed 156 men about their access to PSA testing.

Forty-eight of the men surveyed said that their GP had either discouraged them from taking a PSA test or refused to provide one, including 16 respondents who had a family history of prostate cancer. It should be noted that there are valid clinical reasons for a GP refusing a PSA test, however NHS guidance is not clear about a man's right to have a test, or just to request one.

"Initially I was told that I could not be tested unless I had symptoms. As my father had prostate cancer when he passed away, and my younger brother has an enlarged prostate I decided to get tested and said that I had symptoms even though I didn't [just to get a test]" Story shared by Healthwatch Birmingham

Support for routine prostate screening

Eight in ten men said they would likely attend a PSA if invited.

We asked all men in our polling about the likelihood of their attending an NHS-led prostate screening appointment. Overwhelmingly, **nearly eight in ten (79%) men said that they would likely attend if invited**.

Table 6. Men's NHS prostate screening attendance likelihood

Likelihood of attendance if invited for prostate screening	Percentage of male respondents
Very likely	53%
Somewhat likely	26%
Neither likely/nor unlikely	11%
Somewhat unlikely	4%
Very unlikely	3%
NET: Likely	**79%**
NET: Unlikely	**7%**

NET: Likely = Sum of "very likely" and "somewhat likely"; NET: Unlikely = Sum of "very unlikely" and "somewhat unlikely"

"Great bugbear that women have smears and breast scans but for men prostate screening doesn't seem to be on the agenda." Story shared with Healthwatch Bucks

"I'm reluctant to take the initiative to get checked for anything. The thing that would change that is someone telling me to. So, if you're this age then you need to get checked." Story shared with Healthwatch Coventry

Similar to the PSA test request findings, older men, aged 55 and older, were more likely to say that they would likely attend a prostate screening appointment. Again, men who were more financially comfortable and in professional or managerial employment were also more likely to say that they would attend.

While 79% of men said they would likely attend a prostate screening appointment, this figure dropped to 71% among ethnic minority men, though there was variation in how different ethnic groups responded. Notably, Black men, alongside White men, were amongst the most likely to say they would likely attend. This is an important finding, given that Black men are at a higher risk of developing prostate cancer.

Table 7. Men's NHS prostate screening attendance likelihood by ethnic group

Ethnic group	NET: Likely to attend
Black	81%
White	81%
Asian	69%
Mixed or Multiple ethnic groups	68%
Other ethnic group	54%
NET: Ethnic minority	71%

When asked why they would be **unlikely** to attend an NHS prostate screening appointment, the three most common reasons given were:

- I generally don't like medical appointments (25%)
- I would prefer to wait until I have symptoms before attending a screening (22%)
- I don't think I am at risk of prostate conditions (21%)

Difficulty fitting in a hypothetical screening appointment around other commitments would reportedly be a particular issue for younger men, aged 18 to 44, and ethnic minority men, though the numbers of respondents involved were too small to make any inferences.

Though support among men for a national prostate screening programme is high, we must acknowledge the debate around the potential benefits and harms of such a programme with currently available technologies (e.g. PSA testing). One recent review of the topic concluded that prostate cancer screening would

lead to only a small reduction in mortality over a 10-year period, while introducing potential harms related to biopsies and unnecessary treatment.

Summary and recommendations

Key findings:

- We found surprisingly few eligible men (i.e. aged 50 and older) had requested a PSA test from their GP
- Men who were more less comfortable financially and in routine or manual jobs were less likely to have requested a PSA test
- A small number of men had been refused a PSA test by their GP
- Overall, men reported a high likelihood of attending prostate cancer screening if it was offered, particularly Black men.

Our recommendations:

1. **Policymakers should consider men's views, alongside clinical and economic evidence, when reaching a decision on introducing a national prostate cancer screening programme.**

   While the scope of a future screening programme should be left to clinical judgement, we present evidence that men – particularly higher risk Black men – would take up a screening invitation. This evidence should be considered as a decision is reached on screening over the coming months.

2. **Ensure there is clear, consistent national guidance for the public and GPs on asymptomatic testing.**

   This should make clear whether:

   a. men over 50 are entitled to get an appointment to discuss the pros and cons of the PSA test

   b. the ultimate decision to get a PSA test is the clinician's or the patient's

   c. patients can take any other action if they are refused a PSA test, but they still want one.

3. **Increase men's awareness of prostate cancer symptoms, and risk factors for the disease, and the importance of seeking help as soon as possible.**

Mental health and suicide

Background

Office for National Statistics (ONS) data show that the leading cause of death for men under 50 each year from 2014 and 2023 was "intentional self-harm and event of undetermined intent", including suicide. In 2023, men accounted for around three-quarters of suicide deaths registered in England and Wales and were just under three times more likely to die from suicide. Men aged 45 to 49 had the highest suicide rate (25.5 suicide deaths per 100,000 men).

One of the key treatments for mental health issues, specifically anxiety and depression, offered by the NHS is talking therapy. Anyone aged 18 or over in England can self-refer to NHS talking therapies, even if they do not have a diagnosed mental health condition. The latest available data, broken down by sex, shows that roughly twice as many women have been referred for NHS talking therapies as men. This data also indicates that men are less likely to attend and complete NHS talking therapy courses than women, once referred.

However, the latest Adult Psychiatric Morbidity Survey shows that, among those with a diagnosed common mental health condition[2], the proportion of men and women receiving psychological therapy was similar (around 17%). In previous surveys, women were more likely than men to receive treatment for common mental health conditions. It has been suggested that this positive change has been driven by better recognition and response to mental health needs in men and/or reduced stigma around mental health, leading to more men seeking help.

In September 2023, the government published a 5-year suicide prevention strategy that set out to reduce the suicide rate. One of the priorities of this strategy was to provide tailored, targeted support to priority groups, including middle-aged men. It also attempts to address risk factors associated with male suicide, such as financial difficulty.

Research from the Samaritans shows that men have a high threshold for seeking support for their mental health and wellbeing, often reached only when they are perceived to be at significant risk of harm to themselves or others.

Our polling focused on support-seeking behaviours at the early stages of mental health issues and comfort with different talking therapy formats. Through this, we have been able to determine how men react at the onset of mental health problems and how the NHS can offer talking therapy services in a way that encourages uptake, particularly among younger and middle-aged men and those who are less financially comfortable.

[2] Common mental health conditions (CMHCs) comprise different types of depression and anxiety disorders, including depression, generalised anxiety disorder, panic disorder, phobias, obsessive compulsive disorder, and a CMHC not otherwise specified

Our findings

NHS mental health support

A relatively low proportion of men told us that they would access NHS services if they experienced mental health issues (e.g., stress, anxiety, depression); **just 52% of men said they would visit their GP**, and **only one-in-five (20%) said that they would self-refer to NHS Talking Therapies**.

In recent reports, both Healthwatch Cumberland and Healthwatch Bucks asked men why they did not access support services when they were struggling with mental health issues. The men they spoke to were concerned about mental health issues being on their medical records, felt as though they would not be listened to by health professionals, and were concerned about long waiting lists.

"I didn't know where to go, and did not want to go to the doctors as I did not want it on my medical records" Story shared with Healthwatch Cumberland

"I am always fearful of not being believed when I talk about health or mental health" Story shared with Healthwatch Bucks

In our poll, older men were more likely to say they would visit their GP than younger men; for example, just 36% of men aged 18 to 24 compared to 61% of men aged 75 to 84.

Conversely, younger men, aged 25 to 44, were significantly more likely to self-refer to NHS Talking Therapies.

"Don't even think about mental health, men my age just don't think like the younger ones do" Story shared with Healthwatch Kirklees

Men who were very comfortable financially were significantly more likely to self-refer to NHS Talking Therapies, particularly compared to men who were really struggling financially (27% vs 16%). When it came to visiting a GP, there were no notable differences when it came to men's financial situation.

Non-NHS mental health support

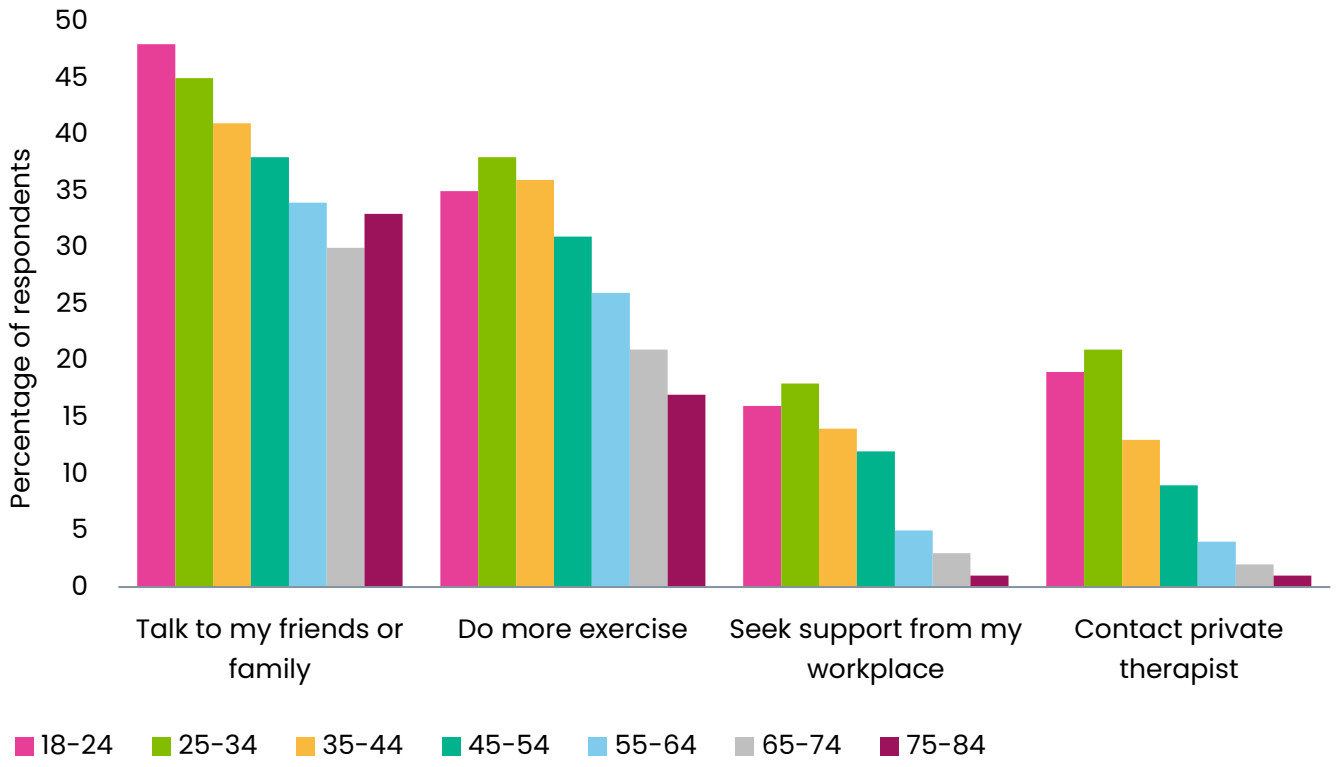
Overall, men were significantly less likely than women to lean on their friends and family for mental health support (38% vs 45%). However, this trend did not hold amongst younger men; 48% of men aged 18 to 24 said they would talk with friends and family about their mental health issues, as did 45% of men aged 25 to 34.

"Sometimes the pressures of life can be out of our control. As a person who works full time, I can't receive help so have to muddle through on my own" Story shared with Healthwatch Salford

Young and middle-aged men were generally more likely to seek support for their mental health. This finding indicates a positive change in attitudes, suggesting that stigma surrounding men's emotional wellbeing may be lessening among younger generations. This trend, where more men are seeking support, has also been found in other research. For example, 2023/24 Adult Psychiatric Morbidity Survey shows that the proportion of men and women seeking help is becoming more balanced, where previously there has been a starker gender difference.

There was only one notable difference when it came to how financially comfortable men reported being. Unsurprisingly, men who were financially very comfortable were significantly more likely to contact a private therapist.

Figure 2. Men's non-NHS mental health support by age group



NHS talking therapy formats

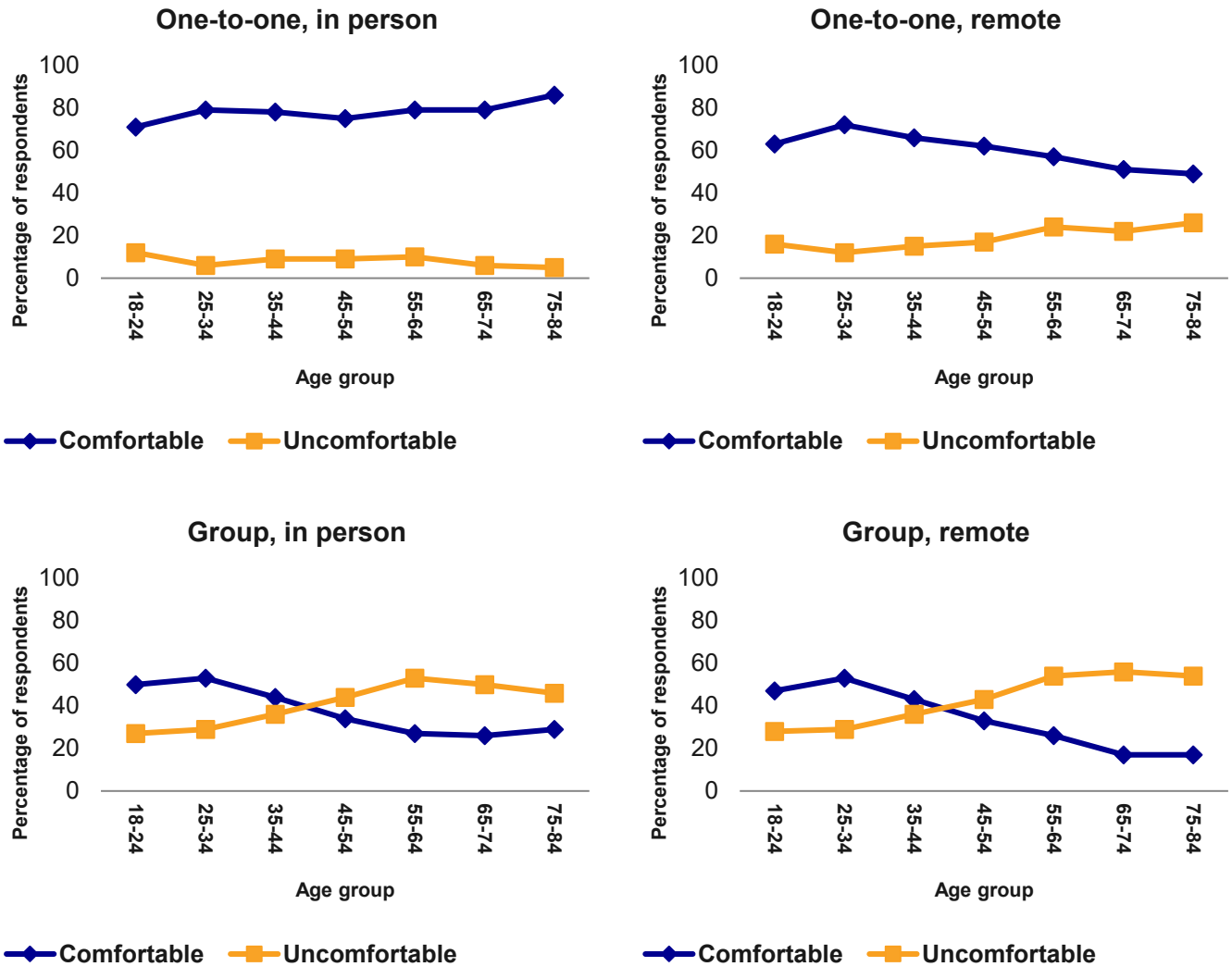
Overall, men reported feeling most comfortable with one-to-one in-person talking therapy, although men were more comfortable with group therapy than women.

Table 8. Comfort with NHS talking therapy format by sex

NHS talking therapy format	NET: Comfortable	
	Percentage of male respondents	Percentage of female respondents
One-to-one, in person	78%	77%
One-to-one, remote (e.g. phone/video)	61%	59%
Group, in person	38%	26%
Group, remote (e.g. phone/video)	35%	26%

The below graphs show comfort with each type of NHS talking therapy format by age group.

Figure 3. Men's comfort with NHS talking therapy format by age group



The data show that younger men are more comfortable with remote talking therapy and group therapy. Discomfort with group therapy tends to increase from around age 45, with a majority of men aged 45 to 54 reporting feeling uncomfortable.

Men in professional or managerial employment were significantly more likely to be comfortable with each talking therapy format except group and remote. Men who were more financially comfortable were more likely to be comfortable with each format.

Table 9. Men's comfort with NHS talking therapy format by financial situation

Financial situation	Percentage comfortable with each talking therapy format			
	One-to-one, in person	One-to-one, remote	Group, in person	Group, remote
Very comfortable	87%	71%	55%	50%
Quite comfortable	79%	61%	37%	33%
Just getting by	78%	61%	37%	36%
Really struggling	68%	58%	25%	25%

Summary and recommendations

Key findings:

- National data and our findings indicate that men, particularly young men and men struggling financially, do not tend to engage with the NHS in response to mental health issues (i.e. anxiety, depression, and stress).
    - Local Healthwatch research alludes to potential reasons for the reluctance of men to access NHS mental health support. These include cultural influences (e.g. older men being less aware of mental health issues), logistical issues (e.g. difficulty fitting in appointments), and fears about not being listened to or having mental health issues included on health records.
- Young men were more likely to seek mental health support from informal and non-NHS sources (e.g. exercise, talking to family and/or friends).
- Men were more comfortable than women with all talking therapy formats.
- Men were most comfortable with one-to-one therapy, especially in-person.
- Men were generally more comfortable with group therapy than women, however when looking at some at-risk groups (i.e. middle-aged men and men struggling financially) a majority of men were not comfortable.

While it is encouraging to see men seeking informal mental health support (e.g. exercise, social support networks), it is important to acknowledge that at a certain point, mental health issues often require intervention from healthcare

professionals to avoid reaching a crisis point. Seeking support in ways that suit men (i.e. exercise, talking to family and/or friends) should be encouraged, but men should also feel comfortable with more formal interventions.

Our data suggests that more men should be encouraged to access the NHS support, particularly self-referral to talking therapy.

Our recommendations:

1. Mental health support should remain varied. The Men's Health Strategy should encourage funding of voluntary, community and social enterprise organisations and improve referral pathways from VCSE organisations to support a no wrong door approach to suicide prevention.

   Our findings indicate that men are less willing to engage with NHS services for mental health issues than for physical health issues. This presents risks if the Men's Health Strategy focuses on NHS services as the primary route for care and support for men with mental health issues or concerns. To ensure some men do not fall through the gaps, men should be able to seek support for their mental health in a variety of settings - from community organisations to formal healthcare services. The health system must properly fund these routes, work to reduce stigma around informal support, and create clear referral pathways into clinical care. Services should be designed so that every access point is trusted, flexible, and responsive to men's needs.

2. Raise awareness of NHS talking therapies, including 'myth-busting' information and choice of appointment types.

   Despite there being evidence that men are less likely to access NHS talking therapies, our evidence indicates that men tend to be more comfortable with NHS talking therapy formats than women. However, barriers to access include stigma and unhelpful pre-conceptions, such as how services use personal data. Choice of appointment type is also key, with men preferring one-to-one in person appointments to online or group sessions. The government's awareness campaigns should target men most at risk of presenting with mental health issues and include up-to-date and accurate information about waiting times, how personal information or data is used, and patient choice. Campaigns should be founded on strong audience insight and be tested with patients to ensure they are effective.

3. Embed suicide prevention in primary care.

   We have seen evidence that some men are reluctant to access support with their mental health via primary care because they are worried about not being believed. Government should work with NHS England, clinical groups, and practice managers to ensure that *all* primary care staff (including non-clinical staff) receive specific suicide prevention training. This training should include how to better listen to, and address men's concerns, addressing fears of not being believed. Similarly, the Men's Health Strategy should strengthen referral pathways between GPs, talking therapies, and crisis support to prevent some men from falling through the gaps.

4. Disaggregate referrals data in NHS Talking Therapies annual reports.

   National data shows that women are twice as likely to be referred to and access talking therapy services. To better understand how to encourage more men to access this support, NHS England should mandate providers to split the data to distinguish between referrals from GP teams and self-referrals. This would help to show whether NHS staff behaviours must also change alongside those of men requiring support.

How to increase health literacy and knowledge among men

Background

Health literacy is the ability to find, understand, and evaluate information about health and different health services. It includes making healthy behavioural decisions and knowing where to get appropriate care for any health concerns. Studies have shown that men in the UK have lower health literacy than women.

Health literacy is important because it allows people to make choices that protect and improve their own health. Low health literacy is associated with higher mortality, additional costs to healthcare systems, and people's ability to follow treatment instructions. Studies have shown that improving health literacy may improve healthy behaviours and reduce the number of people with long-term health conditions, with a greater impact on those in lower social status groups. Therefore, increasing health literacy among men may help to reduce social disparities in health outcomes.

Our polling explored where men looked for health information, how confident they were understanding different NHS services, and what they knew about the NHS Health Check. We also wanted to identify what types of information they wanted from the NHS and how they wanted to receive it.

Our findings

Key health information sources for men

We asked respondents where they would go for information on:

- Staying healthy
- Personally relevant health conditions
- Symptoms to look out for

Overall, the primary source of health information for men was the NHS (i.e. the NHS website, patient leaflets and NHS 111). This finding was especially true when they were seeking information on personally relevant health conditions and symptoms to watch out for.

Other key information sources were accessed more often when seeking information on staying healthy. These included friends and family, traditional and social media, and independent and/or local organisations (e.g., Healthwatch, sports clubs, and youth clubs). This pattern was the same for women.

There were also some important differences among different groups of men in the use of different types of information sources. These differences are outlined in the below, and highlight the importance of independent and non-traditional sources of health information.

NHS information sources

The NHS website was the most common source of information for men across all three information areas (staying healthy, relevant health conditions, and symptoms to look out for), followed by NHS leaflets and NHS 111.

Older men were more likely than younger men to get information from the NHS website and NHS leaflets, whereas younger men were more likely to source information from NHS 111. Though the differences were relatively small, men generally looked to the NHS for information on relevant health conditions and symptoms more than for information on staying healthy.

White men were more likely than ethnic minority men to go to the NHS for health information. **Ethnic minority men were more likely to use NHS 111 for health information.** Among minority ethnic groups, Black men use the NHS for their health information the most.

Figure 4. Men's health information sources by age group

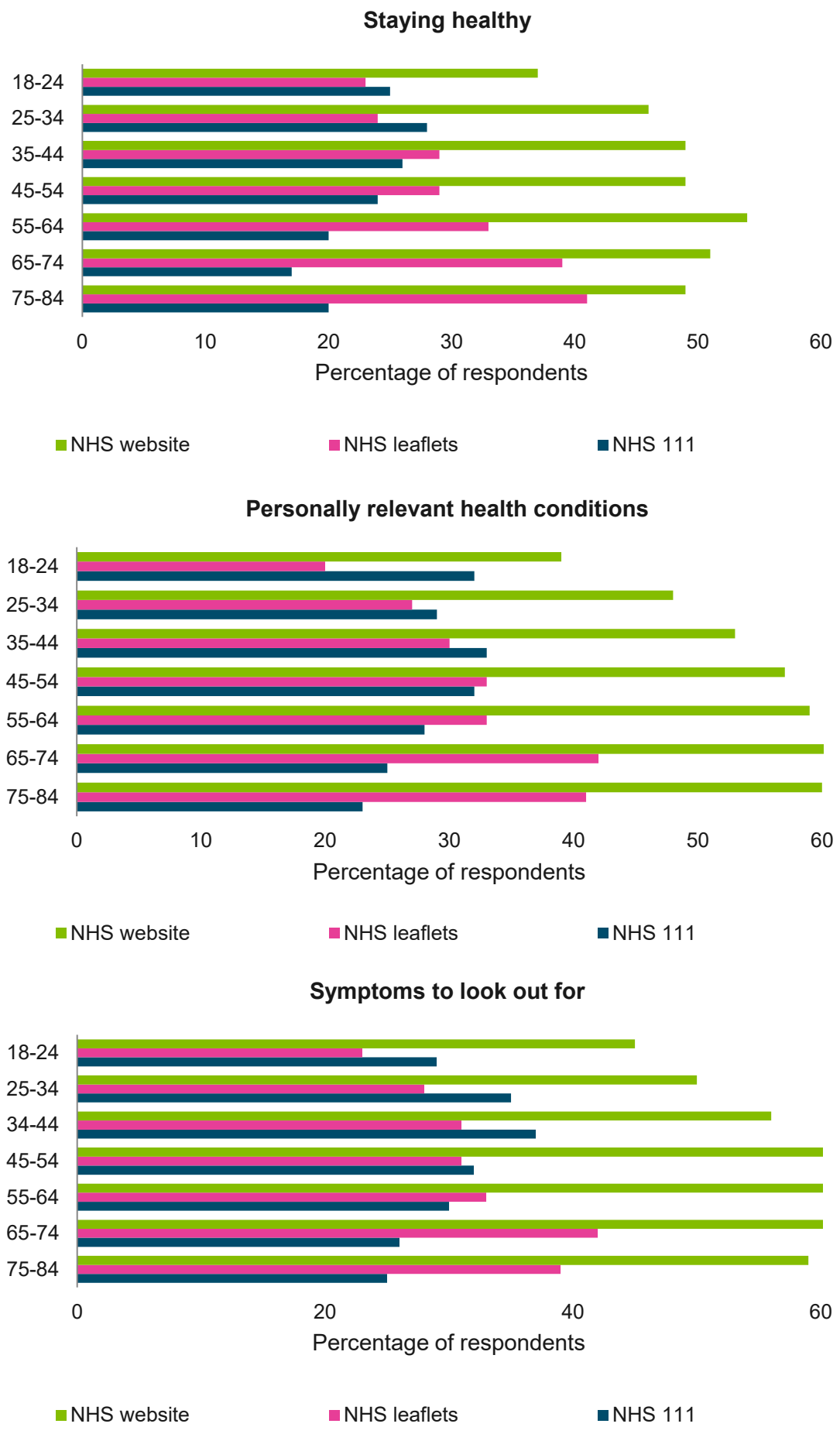
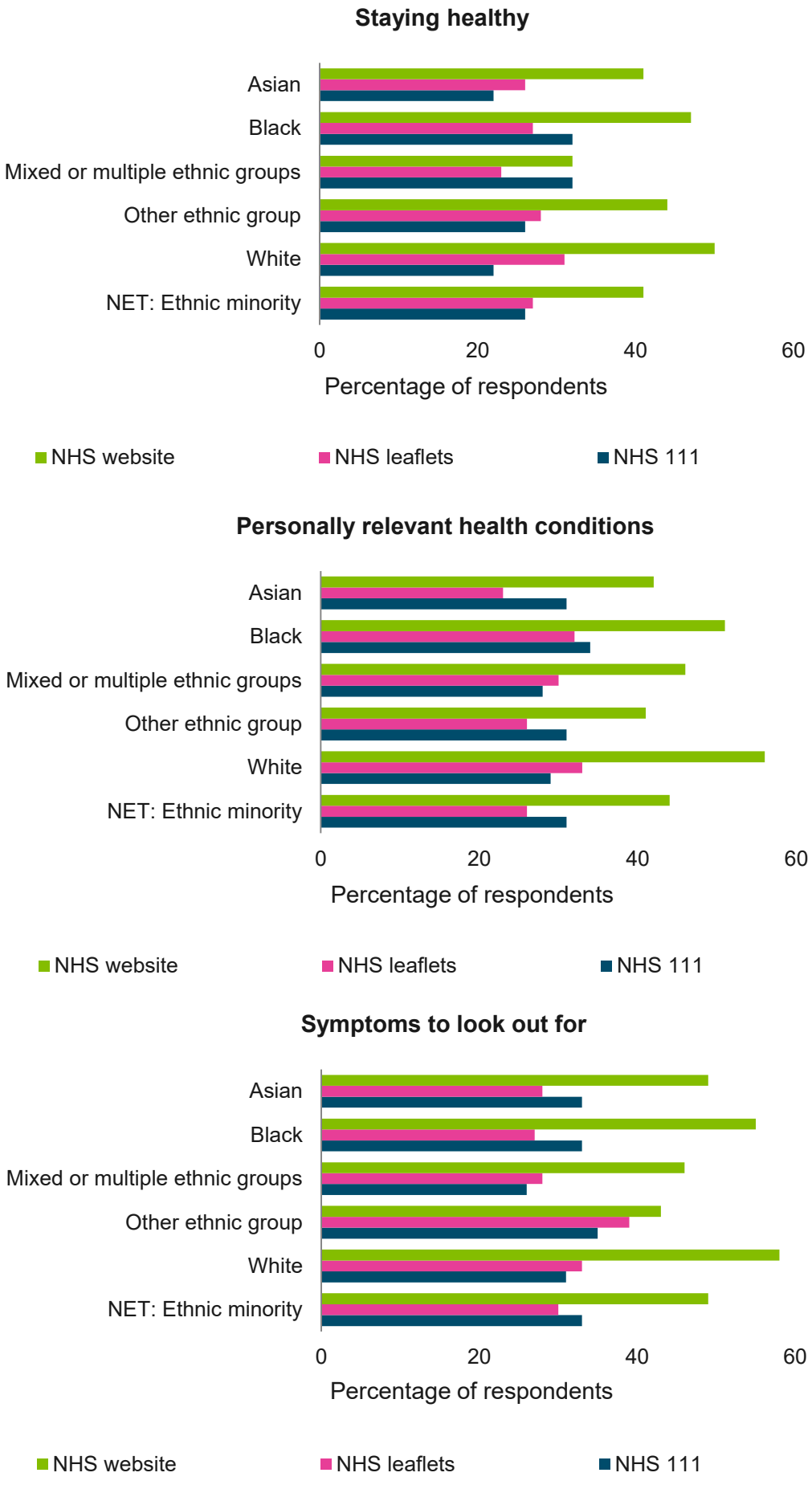


Figure 5. Men's health information sources by ethnic group



Non-NHS organisations

Though the NHS is the main source of information for all men, a significant proportion of men use other independent sources. Young men and ethnic minority men, in particular, were significantly more likely to get health information from non-NHS organisations, including Healthwatch[3] and local charities or community groups.

"There is so much [information] about CBT/anxiety, but they are businesses pushing for sales; I want genuine independent advice and reviews, but I've struggled to find these." Story shared by Healthwatch Calderdale

Healthwatch was a key health information source for ethnic minority men and younger men, including 30% of Black men and 15 to 20% of men aged 35 to 44.

Although less widely used than Healthwatch, ethnic minority men and younger men were also more likely to use local charities or community groups for health information.

Reported use of national charities followed a similar pattern, though the differences between groups were less pronounced. Interestingly, fewer men sourced information from local and national charities than Healthwatch.

This finding could be due to the specificity of charities, which typically focus on one condition or disease area. In contrast Healthwatch covers a broader range of health topics, including information on local health and care services. Though further research would be needed to confirm this, it may highlight the importance of having trusted, independent sources of care provision information.

Media

Social media was used by slightly more men for health information than traditional media (i.e. newspapers, magazines, podcasts, TV & radio). Social media use for health information was highest among young men and ethnic minority men.

Interestingly, academic or medical journal articles were used by around 10% of ethnic minority men across all three information areas, compared to around 5% of White men. Black men used academic or medical journal articles most, with 15-to-20% saying they would use these for health information.

Local and community resources

Local and community resources (i.e. sport teams/clubs, workplaces, libraries and youth clubs) were underutilised, with around 5% of men saying that they would use these as health information sources. However, ethnic minority men were more likely to use these community resources than White men.

[3] It should be noted that the polling survey was not Healthwatch-branded, nor did it note Healthwatch as the research organisation.

Other sources of information

Friends and family were consistently key sources of health information. Around one-in-five men went to friends and/or family across all three information areas. Younger men, aged 18 to 54, most often got health information from friends and family. Men who were less financially comfortable and ethnic minority men were also more likely to go to friends and family for their health information.

Artificial intelligence (AI) tools (e.g. ChatGPT) emerged as a key information source, with around one-in-ten men saying they would often use these for health information. Perhaps unsurprisingly, AI tool use was more common in men under 55. Additionally, ethnic minority men were much more likely to use AI tools for health information than White men.

"I have been using ChatGPT from time to time, particularly to gain insight into the results of medical checkups for me and other family members. I have found that very useful" Story shared by Healthwatch Bucks

Current knowledge of NHS services

Confidence in understanding NHS services

Overall, both men and women were confident in their understanding of key NHS services, other than talking therapies.

Table 10. Men's confidence in understanding NHS services

NHS service	Male respondents' NET: Confident in understanding
GP practice	85%
Optician	80%
Pharmacy	80%
A&E	80%
Dentist	77%
NHS 111	74%
Minor Injury Unit	73%
Urgent Treatment Centre	73%
Talking therapies	53%

Asian men, mixed / multiple ethnic men and men from other ethnic groups were less confident in their understanding, except for talking therapies. However, **Black**

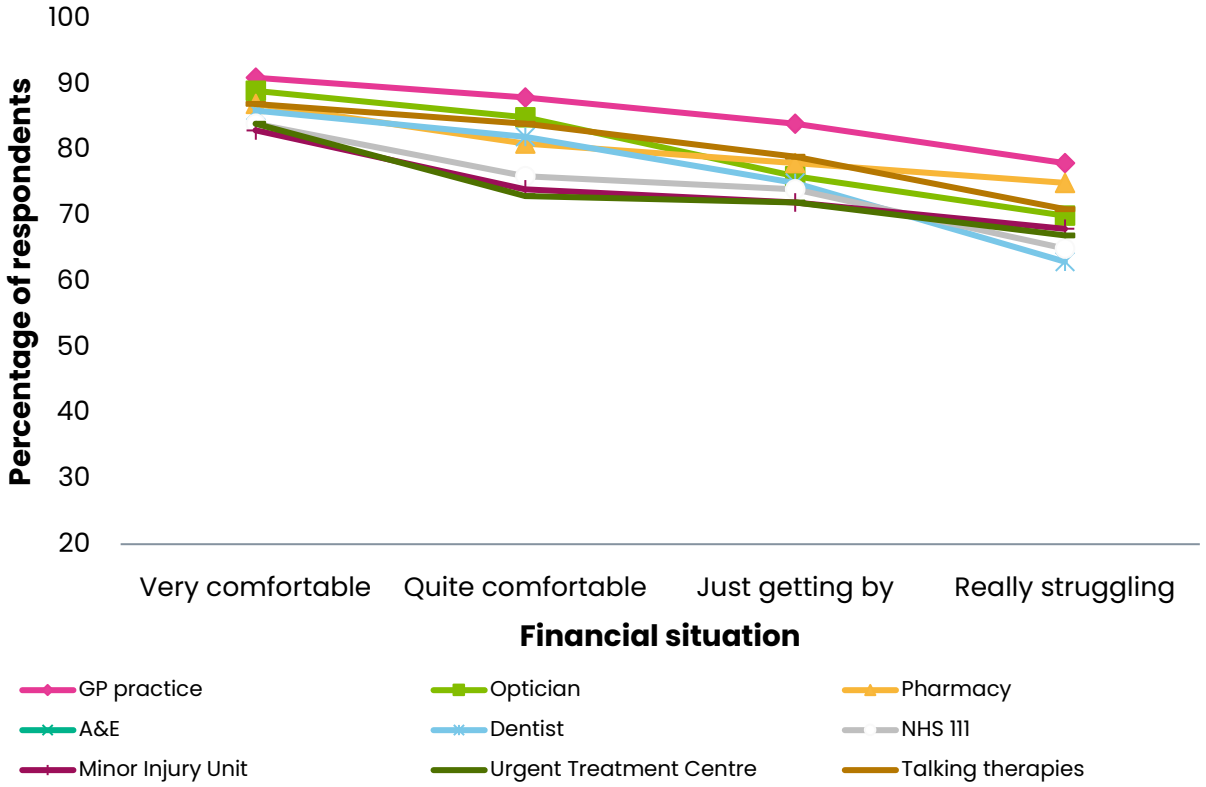
men reported the highest confidence across all NHS services, bedsides GP practices.

Table 11. Men's confidence in understanding NHS services by ethnic group

NHS service	NET: Confident in understanding					
	Asian male	Black male	Mixed /multiple ethnic group male	Other ethnic group male	White male	NET: Ethnic minority male
GP practice	78%	86%	71%	79%	87%	79%
Optician	73%	82%	75%	71%	81%	75%
Pharmacy	75%	87%	78%	79%	80%	79%
A&E	75%	82%	77%	62%	81%	75%
Dentist	70%	89%	75%	72%	78%	75%
NHS 111	73%	87%	77%	63%	74%	76%
Minor Injury Unit	64%	80%	73%	61%	74%	69%
Urgent Treatment Centre	67%	81%	72%	61%	74%	70%
Talking therapies	66%	82%	66%	52%	50%	68%

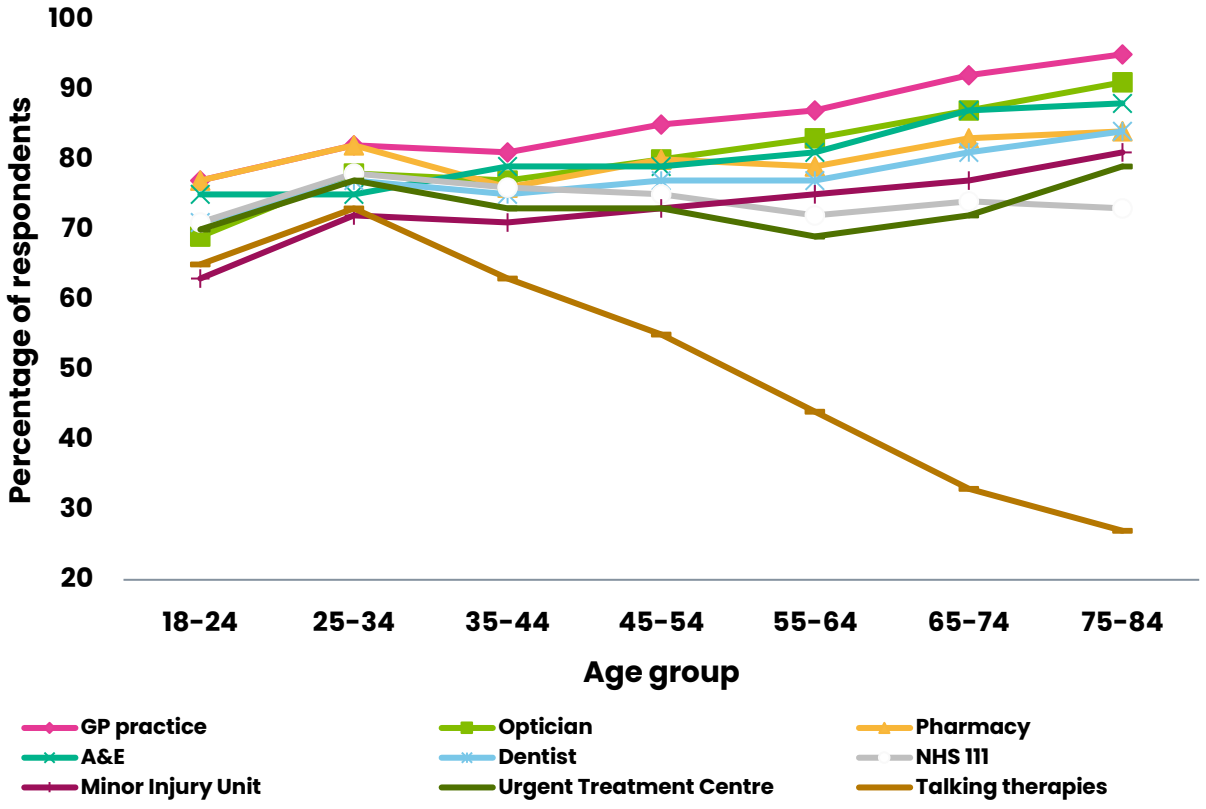
Generally, confidence in understanding NHS services increased slightly with age. Again, the only exception is talking therapies. Younger men are more likely to be confident in their understanding of talking therapy services.

Figure 6. Men's confidence in understanding NHS services by age group



Confidence in understanding NHS services is also higher in men who were more comfortable financially.

Figure 7. Men's confidence in understanding NHS services by financial situation



NHS Health Check awareness and understanding

Of the men we polled, fewer than two-thirds (59%) said that they were aware of the NHS Health Check. Awareness was significantly greater among ethnic minority men (70% vs 56%), particularly Black men (81%). White men were the least aware of the NHS Health Check (56%).

"I haven't been to the doctors for a long time, but I'm gonna ring up and book a health check. A thing came in on my phone to go to [location deleted] but I didn't know if it was a scam." Story shared with Healthwatch Oxfordshire

Younger men, aged 18 to 44, were more likely to say they were aware of the NHS Health Check, as were men who reported being "very comfortable" financially. However, when asked who they thought was eligible for the NHS Health Check, younger men, ethnic minority men, and those who were financially very comfortable were more likely to say that the NHS Health Check was available to everyone aged 18 and older. This finding indicates that true awareness and understanding in these groups may be lower than thought.

Indeed, **fewer than one-in-ten men correctly identified NHS Health Check eligibility**. Only 16% of people who reported being invited to an NHS Health Check in the past five years correctly identified the eligibility criteria.

Men were generally less aware of what conditions the NHS Health Check assessed than women, though women were likelier to say that it covered bone and joint conditions.

Table 12. Conditions thought to be covered by the NHS Health Check by sex

Condition	Percentage of male respondents	Percentage of female respondents	Included in the NHS Health Check
Heart disease	67%	71%	Yes
Diabetes	65%	69%	Yes
Cancer	52%	46%	No
Kidney disease	51%	49%	Yes
Stroke	50%	51%	Yes
Bone and joint conditions	35%	40%	No
Dementia	35%	32%	Yes
Depression	24%	23%	No

Don't know	18%	17%	N/A

Notably, ethnic minority men were significantly less likely to say that the NHS Health Check assessed the risk of heart disease (69% vs 58%). Younger men (18-34) were also less likely than older men (50+) to be unaware of this aspect of the Check (58% vs 74%).

Information preferences

Just over half of the men polled (54%) said that they received enough information from the NHS about how to improve health and wellbeing, compared to just under half of the women polled (46%).

Younger men, aged 18 to 44, and Black men were significantly more likely to say they do receive enough information from the NHS, as were men who were financially "very comfortable". However, no group of men scored over 75% for this question. This finding suggests an appetite for more health and wellbeing information from the NHS.

People who were really struggling financially were considerably less likely to say they receive enough NHS information on health and wellbeing improvement. Furthermore, fewer than two-thirds of men aged 35 and older, Asian men, men in the other ethnic group, and men living in rural areas reported receiving enough NHS health and wellbeing improvement information.

We also found that significantly more men who were parents or carers, who were likely more engaged with the NHS due to these characteristics, said they received enough information. Although, there was no difference between men with and without long-term conditions, where you might expect to see the same pattern.

These findings suggest that men may welcome more information on health and wellbeing from the NHS. In particular, those who are less likely or less able to be regularly engaged with the NHS.

Types of information

In our polling, we asked people what information about health and wellbeing improvement they would like to receive from the NHS. **Overall, men were most interested in personally relevant health issues, NHS services, and improving physical health.**

Table 13. Health and care information wanted by men

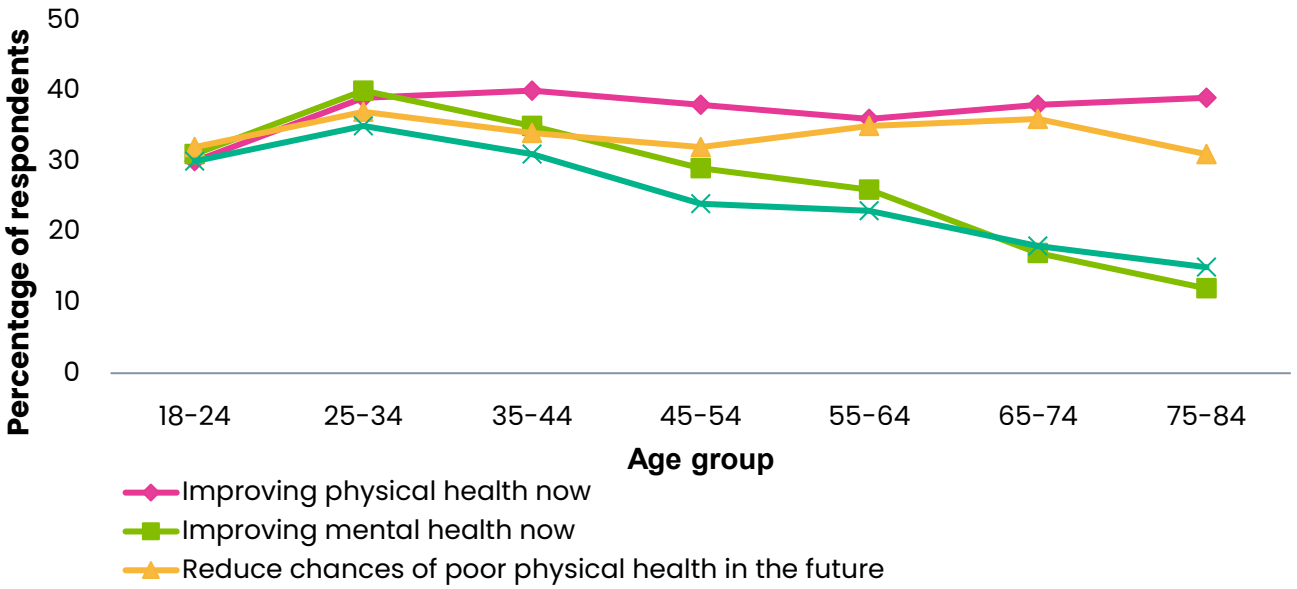
Information	Percentage of male respondents
Information about any health issues I might personally be more at risk of	40%
Information about NHS services, when to use them, and how to access them	40%

Information on how to improve my physical health now	37%
Information on how to reduce my chances of experiencing poor physical health in the future	34%
Information on how to improve my mental health now	28%
Information on how to reduce my chances of experiencing poor mental health in the future	26%
Information about health and wellbeing services or activities offered by local charities and community groups	23%
I would not like to receive any information from the NHS about improving my health and wellbeing	6%

Over a quarter of men also wanted to know how to improve their mental health. Young men, aged 18 to 34, wanted information on physical and mental health in nearly equal proportions, whereas older men were more interested in physical health information.

Compared to White men, ethnic minority men were also more interested in information on improving mental health (32% vs 27%) and reducing the chances of future mental health issues (38% vs 23%). Notably, **almost half of the Black men polled said they would like information on how to reduce the chance of poor mental health in the future.**

Figure 8. Selected health and care information wanted by men by age group



Information channels

Men preferred to receive information on improving health and wellbeing from the NHS digitally. Email was the top method of communication (51%), followed by the NHS app (38%) and the NHS website (38%). Additionally, 38% of ethnic

minority men (including 46% of Black men) and 38% of men aged 18 to 24 preferred to receive information via text message. Ethnic minority men were also significantly more likely to prefer information via online adverts.

"More online — 111 is great, the NHS Ask First app has been very helpful and online consultations work well for me." Story shared with Healthwatch Bucks

Men were also significantly more likely than women to prefer information about known or ongoing health concerns (e.g., appointments, test results, relevant screening invitations) via email (48% vs 42%).

Ethnic minority men were significantly more likely than White men to prefer known or ongoing health concern information via text message (42% vs 35%) and the NHS app (43% vs 35%). White men were significantly more likely to prefer receiving known or ongoing health concern information in-person (48% vs 40%).

As expected, younger men, aged 18 to 44, preferred digital communication, particularly email and text messages, and older men, aged 65 and older preferred information related to known or ongoing health concerns in-person. Encouragingly, **the NHS app remained a relatively popular information channel, with over one-third of men preferring this method across all age groups** except those aged 75 to 84 and 85 and older.

Summary and recommendations

Key findings:

- Although the NHS was the primary source of health and care information among men, there were important differences across different groups, notably ethnic minority men and younger men. For example, non-NHS information sources, such as local and national independent organisations and the media, were important for ethnic minorities and younger men.
- Overall, confidence in understanding NHS services was high, except for Talking Therapies.
- Understanding and overall awareness of the NHS Health Check was low. While it is reasonable that men might not know every single condition it checks for, especially when it is only offered every five years, it is important that they know at what age they become eligible and why it's particularly important for men to attend.
- Our data show that there is scope to increase the amount of information people receive from the NHS. Men were particularly interested in information on personally relevant health issues and NHS services.
- Men preferred to get health promotion information digitally (via email, text message, or the NHS app) and information about ongoing health concerns via email or in-person. Research has shown that male-specific health

promotion programmes offered in accessible men-friendly spaces and information applicable to men's everyday lives can be effective.

- AI tools are becoming a trusted source of health information for some men. While these tools may provide users with concise information about health, they are limited. Artificial intelligence is only as accurate as the data it is trained on and cannot understand context. Therefore, it can easily misinterpret users' prompts and relay incorrect or out-of-date information. Furthermore, a combination of the issues outlined (poor/inaccurate data, lack of real-world context, not understanding the prompt) can result in 'hallucinations', where AI tools return fabricated or nonsensical information.

Our recommendations:

Overall, our findings show that requirement improvements to health literacy for men are similar to those recommended for women in the Women's Health Strategy. This will avoid the need to reinvent the wheel and build on best practice. Our recommendations are:

1. **Create a dedicated men's health page on the NHS website.**

   The health page should provide an overview of needs and support available to men at different stages of their life — whether vaccinations, mental health needs, staying physically healthy, becoming a parent, the NHS Health Check, later life screening programmes (e.g. bowel, AAA), and male-only cancers. It should include links to reliable third-party sources and an interactive tool to help men identify symptoms, similar to what the Government is proposing for women's health.

2. **Develop health literacy from a younger age.**

   Work with schools, colleges, and universities to ensure that a greater range of male health issues are discussed (not just sexual health and puberty) with students and equip education leavers on how to interact with the NHS (e.g., knowing how to sign up to the NHS App). Boys and men also need help identifying and avoiding health misinformation on social media and knowing where to find trusted information.

3. **Tailor outreach when promoting information and co-design campaigns with men.**

   Men must receive information in a way that appeals to them — whether from printed leaflets, emails, websites, videos, podcasts, community leaders, celebrities, sports clubs and men's groups. The NHS Health Literacy Toolkit and Skilled for Health website should be updated to include strategies for engaging men from different backgrounds to improve health literacy. New NHS campaigns should be designed in partnership with charities, community groups, patients and stakeholder groups. It is also important to improve clinicians' interactions with men and the format they choose to share information.

4. **Raise awareness of where men can look for accurate information and how to avoid misinformation, including on social media and via AI.**

Where men choose not to use the NHS for information, the information they obtain must be accurate and relevant. With so many men using social media and AI for information, there is a significant risk that this may not happen. The NHS should expand the 'Help Us Help You' campaign to include 'myth busting' campaigns around men's health and direct men to appropriate sources of information and support.

How to support healthier behaviours and interaction with the NHS

Background

Generally, men tend to engage and access health services less frequently than women, and often at a later stage in life.

Evidence suggests that this is not because men are healthier. The 2022 Health Survey for England showed that men are more likely than women to engage in unhealthy and/or risky behaviours, including smoking (both cigarettes and electronic cigarettes) and binge drinking alcohol. Men are also more likely to be living with certain conditions that can be controlled with a healthy lifestyle, such as obesity and high blood pressure.

The fact that men are less likely to seek healthcare and more likely to lead unhealthy lifestyles could account for much of the gender disparity we see in some health outcomes. By addressing these two issues, it may be possible to close the health gap between men and women.

Our research aimed to find out men's healthcare appointment preferences , what they thought health promotion should focus on, and what makes them more likely to access healthcare and make healthier choices.

Our findings

Healthcare appointment preferences

The recently published 10-year plan for the NHS strongly focuses on patient choice: choice of service, provider, and appointment type (i.e. in-person or remote). While the offer of more patient choice is welcome, our data show that there is an overwhelming preference for both in-person appointments and continuity of care.

More than half of the men we polled said they strongly prefer face-to-face appointments, and just 5% said they preferred remote appointments. Though younger and ethnic minority men had a greater preference for remote appointments, the overall preference was strongly for face-to-face appointments.

Figure 8. Men's appointment type preference by age group

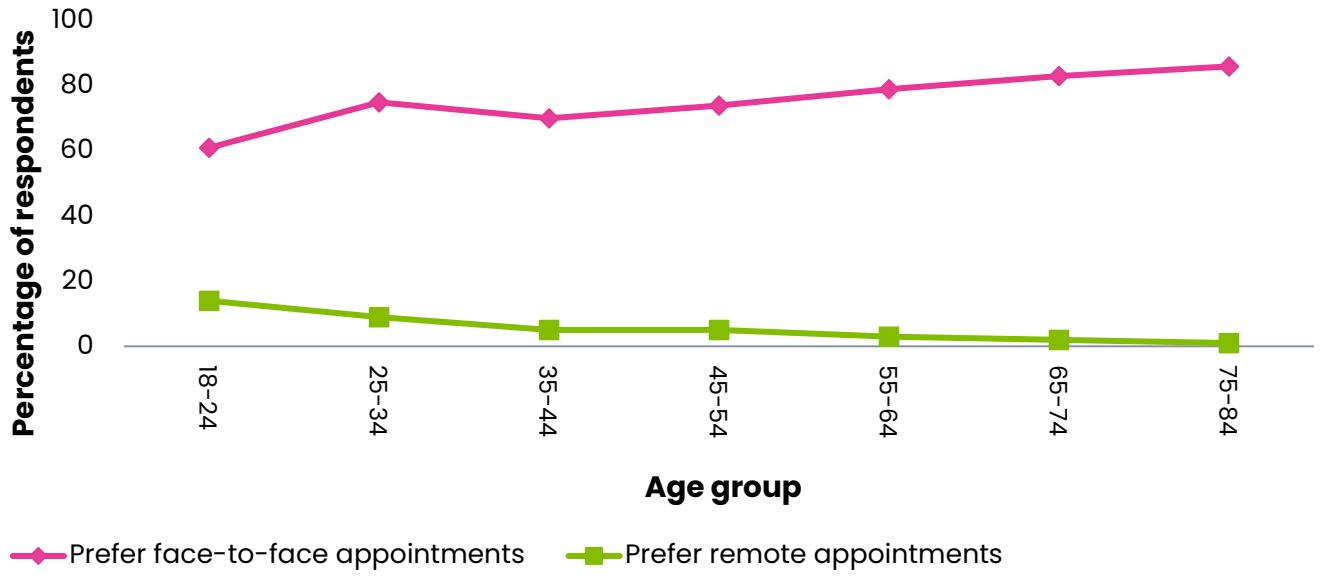
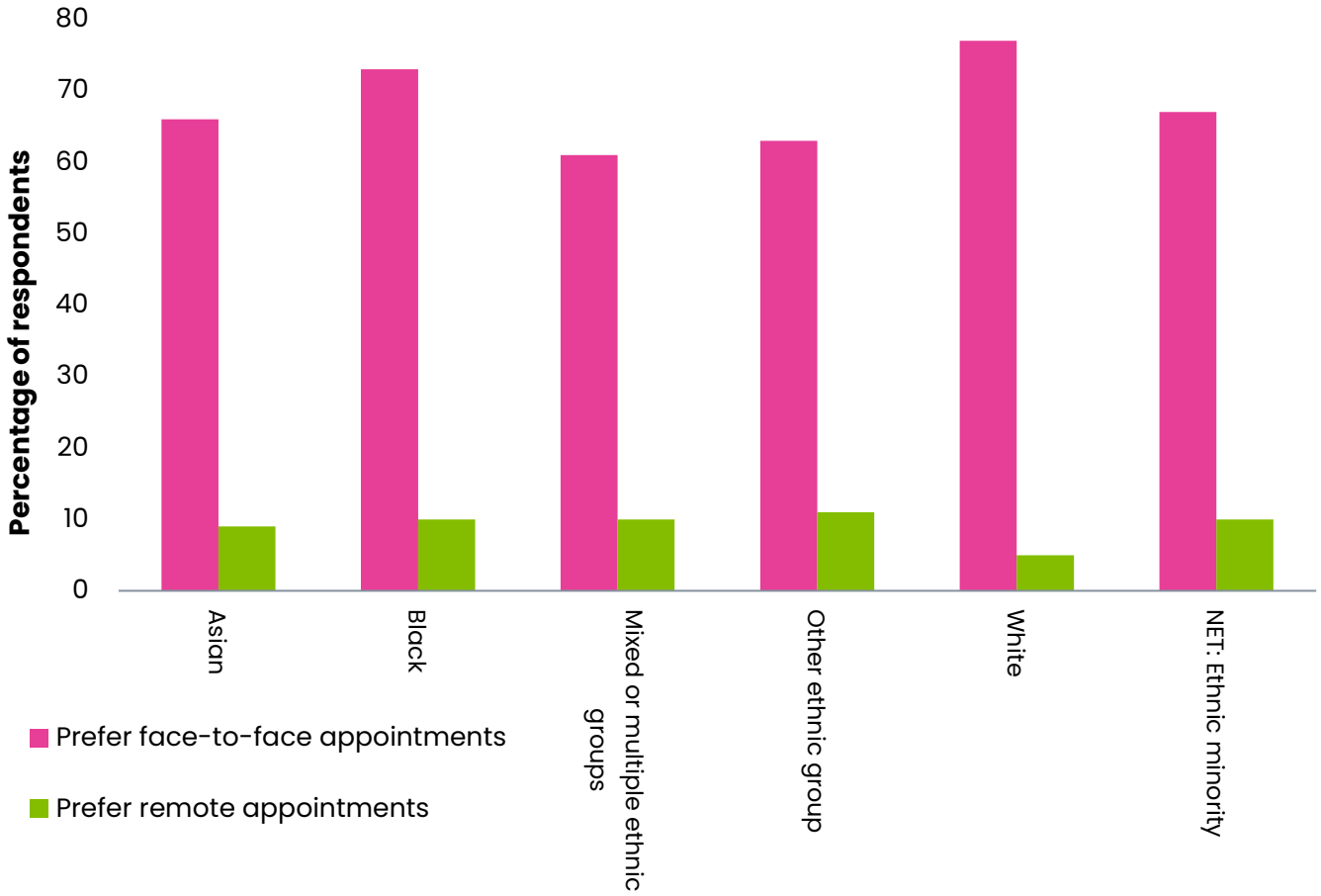


Figure 9. Men's appointment type preference by ethnic group



"When you're my age you want to be seen in person, not by phone or video calls. I do ask for face-to-face and they do accommodate it but it can be two weeks down the line" Story shared with Healthwatch Norfolk

Men also showed a strong preference for seeing the same GP for both new and ongoing physical and mental health problems. Furthermore, **over half of the men polled said they would be prepared to wait longer for an appointment if it meant seeing the same GP**.

The preference for seeing the same GP was even stronger for ethnic minority men and, unexpectedly, younger men. Ethnic minority men showed a greater preference for continuity of care regarding their mental health — over 60% of ethnic minority men would wait longer to see the same GP about new mental health issues, compared to 50% of White men. Similarly, 63% of men aged 25 to 34 would wait longer to see the same GP about new mental health issues, compared to just 38% of men aged 65 to 74.

We also asked about people's preferences for sex-specific healthcare services (e.g. male/female-specific sexual health, prostate health, ovarian health, etc.). Men were less likely than women to say they preferred sex-specific healthcare services (41% vs 46%) and more likely to have no preference regarding sex-specific clinics (48% vs 41%). However, two-in-five men said that they would prefer sex-specific services. Male support for sex-specific services was high among men aged 18 to 24 (55%), men aged 25 to 34 (63%) and Black men (67%). This finding is significant as it may help shape NHS services that encourage attendance of male groups more at risk of certain conditions, for example, Black men and prostate cancer and younger men and sexual health.

Reasons for seeking care

We asked people what factors had made it more likely for them to go to the doctor or another healthcare professional when they needed to.

The top five responses for men and women are outlined in the table below. Notably, the order of the top three factors differed between men and women, with **men prioritising easy access to healthcare**.

Table 14. Reasons for seeking healthcare by sex

Reason for seeking care	Percentage of male respondents	Percentage of female respondents	Percentage of total respondents
Worry that a problem might get worse if left untreated	38%	42%	40%
Easy or convenient access to healthcare services	39%	39%	39%
Welcoming, helpful, or understanding reception staff at	29%	35%	32%

my GP practice or healthcare service			
Positive past experiences with healthcare services or professionals	28%	27%	27%
Support from my family and friends	22%	23%	22%

Men were also statistically significantly more likely than women to say that public health campaigns (18% vs 15%) and media coverage of health issues (14% vs 11%) have encouraged them to access healthcare.

Reasons for seeking care were different across different groups of men. Younger men, aged 18 to 44, and ethnic minority men were significantly more likely to say that the following made it more likely for them to seek medical help:

- Positive feedback from family and friends about a service
- Flexibility from employers to take time off for appointments
- Access to sex-specific services

Other findings in our research mirror these differences between groups of men. Younger and ethnic minority men also said that added flexibility around the NHS Health Check would enable them to attend an appointment, that friends and family were an important source of health information, and that they preferred same-sex NHS services.

Using non-NHS services

The NHS is not the only health and care provider; local councils, charities, and community groups provide invaluable accessible health services. Our poll found that over half of men had never accessed one of these services, though they were significantly more likely to do so than women (37% vs 29%).

Among men, ethnic minorities were considerably more likely to access a service provided by their council services (34% vs 15%), local charities (25% vs 15%), and community groups (31% vs 14%). Men who were financially comfortable were also more likely to use these services.

The reasons for the general underutilisation of these services were outside the scope of our work, but may include a lack of awareness, stigma or embarrassment.

Higher usage among ethnic minorities may result from reduced trust in healthcare professionals within these populations. Non-NHS services could play an essential role in the health of men reluctant to access NHS services.

Lifestyle change

When we asked people what makes them more likely to make lifestyle changes based on information they receive, the top three answers for both men and women were:

1. If the information comes specifically from my GP (men = 41%; women = 39%)
2. If the information comes from the NHS (men = 40%; women = 38%)
3. If it specifically addresses any health conditions or issues I already have (men = 34%; women = 37%)

Men were also statistically significantly more likely to be motivated by personalised information (23% vs 19%), invitations from GPs to group sessions with people with the same conditions (17% vs 15%), and hearing stories from public figures about their own lifestyle changes (10% vs 8%).

Men aged 45 and older were much more likely to be motivated to make lifestyle changes when the information came from their GP or the NHS more broadly, and if the information related to personally relevant health issues — for example, 61% of men aged 75 to 84 said that information from their GP would make them more likely to change their lifestyle, compared to just 24% of men aged 18 to 24.

Younger men were more likely to be motivated by hearing stories of lifestyle changes from others (e.g. public figures and people like them), and if they received support from people they know in making lifestyle changes.

Views on improving health and care

The table below outlines the top five areas reported for improving health and care. Each of these areas was more important to women than to men.

Table 15. Top 5 areas for improving health and care by sex

Area for improvement	Percentage of male respondents	Percentage of female respondents	Percentage of total respondents
Improving access to GP appointments	56%	61%	56%
More frequent and regular health checks throughout life	47%	49%	47%
Improving access to mental health services	35%	43%	35%
Better education about health and wellbeing for children in schools	34%	38%	34%
Better access to healthy food	32%	36%	32%

The only improvement area that men were statistically significantly more likely to choose than women was public health interventions (e.g. banning smoking, taxing sugary foods more) (25% vs 23%).

There was some important variation in health improvement priorities across different groups of men.

Variation by age group

Men aged 45 and older placed more emphasis on improving contact with the NHS, through better access to GPs and more regular health checks — 78% of men aged 65 to 74 prioritised better access to GPs, compared to just 30% of men aged 18 to 24.

Younger men were generally more interested in preventative measures to improve health, such as better access to healthy food, fitness activities, and workplace-based support for health and wellbeing. Younger men were also slightly more likely to choose better access to green spaces. Men aged 25 to 65 were significantly more likely to say that better access to mental health services was a priority for health improvement.

Given that younger men are less likely to have developed health issues, this difference in focus (i.e. prevention vs access to healthcare) is not unexpected. It does, however, highlight the need for tailored health promotion programmes. While the shift from sickness to prevention outlined in the NHS 10-year plan is welcome, it is essential not to lose sight of what matters to people, and for older men, access to formal healthcare is important.

Variation by ethnicity

White men were considerably more likely to want health improvement to focus on better access to GP appointments (58% vs 45%) and more frequent health checks (48% vs 38%). **Ethnic minority men were much more likely to prioritise preventative, population-based focus areas**, such as better access to healthy food (38% vs 31%), better access to fitness activities (35% vs 24%), public health interventions (30% vs 24%), and better access to green spaces (37% vs 22%)

Similar to some of our other findings, Black men answered quite differently to all other ethnic groups. Black men showed a strong preference for focusing on improving access to mental health services (48%), public health interventions (43%), and workplace-based health and wellbeing support (41%).

Summary and recommendations

Key findings:

- Men showed an overwhelming preference for face-to-face appointments and continuity of care (i.e. seeing the same GP for health concerns), with over half of men prepared to wait longer to see the same GP.
- Men also preferred sex-specific healthcare clinics, particularly young men, aged 18 to 34, and black men.
- When seeking medical advice or treatment, men generally prioritised easy access. However, younger men, aged 18 to 44, and ethnic minority men were

also encouraged to seek care by positive feedback about a service, employer flexibility, and access to sex-specific services.

- Men used non-NHS services more than women, particularly ethnic minority men.
- Men are motivated to make lifestyle changes if they receive information from the NHS and if it addresses personally relevant health conditions. Younger men are also motivated by hearing stories of lifestyle changes from others, and if they receive lifestyle change support from people they know.
- Overall, men focused on improving access to healthcare to improve health and care. Younger and ethnic minority men were more likely to value population-based and preventative areas (e.g. better access to healthy food and fitness activities).

Our recommendations:

1. The Men's Health Strategy should emphasise continuity of care for men when clinically appropriate.

   The 10 Year Health Plan states that it will 'bring back the family doctor'. The new GP contract places a similar emphasis on continuity of care. The new Men's Health Strategy should reinforce the call for continuity of care, prioritising men at higher risk of poor health and men seeking support around their mental health.

2. Improve the promotion of patient choice at GP surgeries.

   Men have the option to request a face-to-face appointment or to see a preferred health professional. This is set out in a new GP patient charter - 'You and Your General Practice' - which is currently found on the NHS England website. However, we urge NHS England to put the charter in full on the NHS App and the NHS website, and encourage surgeries to display it in full in waiting rooms and reception areas.

3. National rollout of workplace health partnerships for men facing barriers to access.

   Multiple examples of successful free workplace health checks for employees exist. These include on-site health checks with protected appointment time, and the ability to refer staff back to their GP to ensure continuity of care. All NHS ICBs should be encouraged to work with regional employers to introduce similar programmes. The programme should aim to improve access to health services and be targeted at those most at risk of health conditions that disproportionately effect men.

4. Data-driven targeting and monitoring.

   Regular reporting on male uptake of key services by age, ethnicity, and deprivation is required to identify gaps and target resources.

5. **Commission council and charity-led male health interventions in neighbourhoods with low GP engagement.**

   Not all men prefer to use NHS services. Local Authority or charity-led health interventions could increase engagement with health services for communities with lower NHS engagement. The rollout of Neighbourhood Health Centres provides a unique opportunity to pilot place-specific approaches to engaging men with health services.

Conclusions

This report brings together national data, a large representative poll, and local Healthwatch insight to show where men's health falls short and what matters to men of different ages, ethnicities, and financial circumstances.

Three clear themes run through the findings:

- Prevention and early detection — notably low and uneven NHS Health Check and PSA test invitations.
- Barriers to timely help-seeking, especially lower NHS engagement for mental health and primary care, practical and trust-related obstacles.
- The need for tailored information and service delivery, particularly when it comes to preference for face-to-face care, continuity with a named clinician, sex-specific clinics for some groups, and digital outreach for others.

Differences by age, ethnicity, and financial situation are consistent and actionable:

- Younger and ethnic minority men favour prevention, peer stories and workplace access.
- Older men prioritise continuity and easier GP access.
- Men who are less financially comfortable are less likely to be reached by current offers.

Positive experience with services strongly predicts future engagement, meaning improvements in invitation rates, clear communications, and culturally and demographically targeted outreach will have multiple benefits.

Taken together, the evidence supports a Men's Health Strategy that combines stronger, data-driven outreach and awareness with service changes that preserve choice and continuity.

If government and NHS partners act on these priorities, they can increase early detection, improve uptake of prevention offers, and reduce avoidable ill-health and premature deaths among men.

Appendix: Overview of Recommendations

How to improve health outcomes for conditions that disproportionately affect men

Cardiovascular disease

1. **Launch a national awareness campaign targeting men, so they know what the NHS Health Check is for, when they're eligible and why it's especially important for them to attend.**

   This should take advantage of information through the NHS App and by text message.

2. **Ensure that all eligible men are invited for a Health Check every five years.**

   Although local authorities are required by legislation to invite 100% of the eligible population for a Health Check across five years, our research indicates this is not happening. There also is no accurate national data on the amount of people being invited. The Government should improve the way it collects data on who is being invited for NHS Health Checks and also improve oversight of local authorities' compliance with their duties to arrange these under legislation.

3. **Ensure that DHSC has meaningful levers that it can use to drive improved uptake of Health Checks for men, particularly amongst the groups at highest risk of developing cardiovascular disease.**

   The government stated earlier this year it is to review the relative value of commissioning Health Checks through local authorities against alternative commissioning routes. However, regardless of commissioning routes, stronger direction and oversight is needed from government to improve take up rates and consistency across England.

4. **Tailor outreach to younger men, ethnic minority men, and those in deprived areas.**

   This should include action to update the NHS Health Check PR toolkit to include PR strategies that target groups that are most at risk of CVD.

5. **Collect and publish demographic-specific uptake data to track progress of who is taking up Health Check invitations.**

   This will provide a clear starting point to then begin asking the question of why certain men are less likely to take up invitations.

Prostate cancer

1. **Policymakers should consider men's views, alongside clinical and economic evidence, when reaching a decision on introducing a national prostate cancer screening programme.**

   While the scope of a future screening programme should be left to clinical judgement, we present evidence that men – particularly higher risk Black men – would take up a screening invitation. This evidence should be considered as a decision is reached on screening over the coming months.

2. **Ensure there is clear, consistent national guidance for the public and GPs on asymptomatic testing.**

   This should make clear whether:

   a. men over 50 are entitled to get an appointment to discuss the pros and cons of the PSA test

   b. the ultimate decision to get a PSA test is the clinician's or the patient's

   c. patients can take any other action if they are refused a PSA test, but they still want one.

3. **Increase men's awareness of prostate cancer symptoms, and risk factors for the disease, and the importance of seeking help as soon as possible.**

Mental health and suicide

1. **Mental health support should remain varied. The Men's Health Strategy should encourage funding of voluntary, community and social enterprise organisations and improve referral pathways from VCSE organisations to support a no wrong door approach to suicide prevention.**

   Our findings indicate that men are less willing to engage with NHS services for mental health issues than for physical health issues. This presents risks if the Men's Health Strategy focuses on NHS services as the primary route for care and support for men with mental health issues or concerns. To ensure some men do not fall through the gaps, men should be able to seek support for their mental health in a variety of settings - from community organisations to formal healthcare services. The health system must properly fund these routes, work to reduce stigma around informal support, and create clear referral pathways into clinical care. Services should be designed so that every access point is trusted, flexible, and responsive to men's needs.

2. **Raise awareness of NHS talking therapies, including 'myth-busting' information and choice of appointment types.**

   Despite there being evidence that men are less likely to access NHS talking therapies, our evidence indicates that men tend to be more comfortable with NHS talking therapy formats than women. However, barriers to access include stigma and unhelpful pre-conceptions, such as how services use personal data. Choice of appointment type is also key, with men preferring

one-to-one in person appointments to online or group sessions. The government's awareness campaigns should target men most at risk of presenting with mental health issues and include up-to-date and accurate information about waiting times, how personal information or data is used, and patient choice. Campaigns should be founded on strong audience insight and be tested with patients to ensure they are effective.

3. Embed suicide prevention in primary care.

   We have seen evidence that some men are reluctant to access support with their mental health via primary care because they are worried about not being believed. Government should work with NHS England, clinical groups, and practice managers to ensure that *all* primary care staff (including non-clinical staff) receive specific suicide prevention training. This training should include how to better listen to, and address men's concerns, addressing fears of not being believed. Similarly, the Men's Health Strategy should strengthen referral pathways between GPs, talking therapies, and crisis support to prevent some men from falling through the gaps.

4. Disaggregate referrals data in NHS Talking Therapies annual reports.

   National data shows that women are twice as likely to be referred to and access talking therapy services. To better understand how to encourage more men to access this support, NHS England should mandate providers to split the data to distinguish between referrals from GP teams and self-referrals. This would help to show whether NHS staff behaviours must also change alongside those of men requiring support.

How to increase health literacy and knowledge among men

1. Create a dedicated men's health page on the NHS website.

   The health page should provide an overview of needs and support available to men at different stages of their life — whether vaccinations, mental health needs, staying physically healthy, becoming a parent, the NHS Health Check, later life screening programmes (e.g. bowel, AAA), and male-only cancers. It should include links to reliable third-party sources and an interactive tool to help men identify symptoms, similar to what the Government is proposing for women's health.

2. Develop health literacy from a younger age.

   Work with schools, colleges, and universities to ensure that a greater range of male health issues are discussed (not just sexual health and puberty) with students and equip education leavers on how to interact with the NHS (e.g., knowing how to sign up to the NHS App). Boys and men also need help identifying and avoiding health misinformation on social media and knowing where to find trusted information.

3. Tailor outreach when promoting information and co-design campaigns with men.

   Men must receive information in a way that appeals to them — whether

from printed leaflets, emails, websites, videos, podcasts, community leaders, celebrities, sports clubs and men's groups. The NHS Health Literacy Toolkit and Skilled for Health website should be updated to include strategies for engaging men from different backgrounds to improve health literacy. New NHS campaigns should be designed in partnership with charities, community groups, patients and stakeholder groups. It is also important to improve clinicians' interactions with men and the format they choose to share information.

4. Raise awareness of where men can look for accurate information and how to avoid misinformation, including on social media and via AI.

   Where men choose not to use the NHS for information, the information they obtain must be accurate and relevant. With so many men using social media and AI for information, there is a significant risk that this may not happen. The NHS should expand the 'Help Us Help You' campaign to include 'myth busting' campaigns around men's health and direct men to appropriate sources of information and support.

How to support healthier behaviours and interaction with the NHS

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Healthwatch England
National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

www.healthwatch.co.uk
t: 03000 683 000
e: enquiries@healthwatch.co.uk
@HealthwatchE
Facebook.com/HealthwatchE