

SUMMARY OF WORKSHOP DISCUSSION: 'ENGAGING MEN: BARRIERS AND SOLUTIONS' AT NHS HEALTH CHECK CONFERENCE 2017

This summarises the key points of a workshop discussion of how to engage men at the Manchester NHS Health Check Conference 2017: "Getting Serious About Prevention 2017: Improving Cardiovascular Health Together".

BACKGROUND:

The overall workshop was led by Professor Kevin Fenton from Public Health England. Within this, there were five topics for discussion: engaging men, NHS health checks for mental health service users, improving health checks in prison, use of data and Health Check Equity Audit guidance.

Participants split into groups and chose two topics to participate in during the workshop.

Within each session, the themes for discussion were:

- Hard to reach? Or are we just not trying hard enough?
 - What is the single biggest challenge for maximising equity in the NHS Health Check programme?
 - What are the opportunities for maximising equity?
 - What can PHE do to help?

The workshop on men's health was led by Martin Tod, Chief Executive of the Men's Health Forum. As part of presenting the attached talk sheet, the core proposals put forward were:

- Improved measurement and evaluation
 - Integrated view of which initiatives around the country are working most effectively to engage men
 - Default analysis of overall performance and individual initiatives to include gender/other health inequalities.
- Fitting in with work
 - Ongoing outreach to the workplace and other places 'where men are'
 - Employer education about the benefits of NHS Health Checks
 - Greater focus on making GP-delivered health checks work for men (extended hours / online booking)
- Improved male-targeted and tailored communication
 - Tackle men's concerns about NHS Health Checks (incl. lack of knowledge & benefits)
 - Use known drivers (incl. partner encouragement, GP invitation, parent/legal guardian for children)
 - Innovative, more frequent, male-targeted creative to cut through

KEY POINTS MADE:

- Measurement and evaluation:
 - While gender is a vital factor, it's not the only factor. It is critical to review intersectional inequalities and the wide inequalities between different men.
 - Measurement and evaluation on their own aren't enough: there's a need for sharing of best practice in tackling men's health.
- Fitting in with work
 - While there's clear agreement that workplace health checks are important, there are difficult logistical barriers to overcome – especially with the largest employers.
 - Many employers don't wish to exclude employees based on where they live – and while some providers have overcome this by arranging cooperation between funders or by charging for out of area participants, there's an opportunity for PHE to identify good practice and models for this.
 - Some local providers would like help accessing some of the largest employers via national engagement from PHE.
 - One group of workers for whom best practice sharing would be helpful were shift workers.
 - Some LAs are – for contractual reasons – primarily delivering via GPs – and would welcome ideas on how to develop this. One option discussed was to engage nationally with other GP programmes designed to improve access – such as the GP Access Fund (formerly the Prime Minister's Challenge Fund) and Patient Online.
 - One provider had been having difficulty accessing Nottingham Forest FC and was interested in whether PHE could engage nationally with the FA or Premier League to unblock this. The group then discussed other potential opportunities for unlocking local channels via engagement with the Jockey Club or RFL.
- Improved male targeted and male tailored communications
 - There was strong interest in more testing and learning from ideas in this area.
 - One podiatrist had had unplanned success in reaching men at a session where they came with their partners – highlighting 'partner invitation' as an idea worth testing.
 - In addition to conventional marketing models, there was interest in getting NHS Health Checks featured in mainstream media – such as soap operas and "Behind Closed Doors".

ACTION POINTS FOR CONSIDERATION BY PHE:

1. Encourage/support more equalities analysis by default – including intersectional analysis – and analysis of initiatives designed to improve uptake
2. Provide themed 'best practice' covering areas such as engaging men
3. Identify and share best practice for workplace health checks – with focus on removing barriers caused by current geographic funding models – as well as challenges reaching groups such as shift workers.
4. Engagement with national employers, employer organisations and sports bodies to unlock greater access for LAs via workplaces and community venues.
5. Engagement with GP Access Fund and Patient Online to drive synergy with other programmes attempting to address access inequalities via GPs.
6. More testing of gender-led access initiatives including:
 - a. Male targeted communication
 - b. Partner invitations
 - c. Media initiatives – including coverage in soap operas and reality TV programming

Martin Tod
Men's Health Forum

ENGAGING MEN: BARRIERS AND SOLUTIONS

Martin Tod, Chief Executive, Men's Health Forum

Getting Serious About Prevention 2017: Improving Cardiovascular Health Together – Manchester – February 9, 2017

THE CHALLENGE

- Even today, one man in five in England & Wales dies before the age of 65.
- Men are particularly affected by problems that the NHS Health Check is designed to tackle. Men are 75% of premature deaths from heart disease, 54% of premature deaths from stroke, 64% of premature deaths from diabetes and 54% of premature deaths from renal failure
- Men are also more likely to be overweight or obese (68% of men vs. 58% of women), more likely to smoke (19% of men vs. 17% of women) and more likely to drink to excess (31% of men drink >14 units in a usual week vs. 16% of women)

THE PROBLEM

Men are also less likely to undertake NHS Health Checks than women – driven by a lower response to invitation.

- The Robson review of the 1st 4 years of the NHS Health Check (2009-13) – covering 655 General Practices - showed men were less likely to attend of those eligible (12.3% vs. 13.2% - a 6.6% gap).
- Our 2015 FOI to 152 LAs showed a lower response rate to invitation amongst men – (46.2% vs. 54.5% – a 15.4% gap). And a larger gap in attendance rate amongst eligible men (9.9% vs. 12.6% - a 21.2% gap)

THE BARRIERS

Lack of tracking by local authorities

In 2015, only 52 out of the 152 Local Authorities could tell us what proportion of their 2014/15 health checks were delivered to men. Only 33 knew how many men had received offers of an NHS health check.

Lack of knowledge and awareness

Our March 2016 survey of 718 working age men over 40 across England (in partnership with Opinion Leader) showed only 22% of those surveyed had heard of the NHS Health Check Programme. 65% of those that had heard of it – 14% of working-age men – said they'd been invited. 81% of those invited said they had attended.

Attitudinal and practical barriers: lack of time & prioritising work ahead of health

A 2016 systematic review of barriers and facilitators to health screening in men (not exclusively focused on NHS Health Checks) showed lack of time was most often identified in international quantitative studies as a significant barrier for men compared to women.

Our own research shows workplace culture and employer attitude towards health to be critical factors in Health Check uptake. Men are more likely to work full-time than women – work longer hours and commute longer distances. Our 2016 survey showed 18% of men will never take time off work to see a GP no matter what the problem or symptom – particularly those with a more traditional view of masculinity. The GP Patient Survey shows all age-groups of men under 65 in full-time work are less likely to visit the GP than working women of the same age.

WHAT'S ALREADY HAPPENING

In 2015, 72 local authorities told us they were undertaking initiatives to reach men. Most of these initiatives were 'additive changes' involving some form of community outreach – particularly to workplaces – but also including sports venues, pharmacies and religious settings. Far fewer said they were looking at changes to the basic model of how GPs deliver NHS Health Checks – such as extended hours, changes to communication or online booking.

WHAT NEXT?

Improved measurement and evaluation

- Integrated view of which initiatives around the country are working most effectively to engage men
- Default analysis of overall performance and individual initiatives to include gender/other health inequalities.

Fitting in with work

- Ongoing outreach to the workplace and other places 'where men are'
- Employer education about the benefits of NHS Health Checks
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Improved male-targeted and tailored communication

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