

'Man MOT': a new approach to primary care for men

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Men find it difficult to make effective use of primary care. Peter Baker describes a successful new service that provides online GP chat and advice for men, and the lessons that can be learned from it.

The NHS is keen to improve digital access to primary healthcare services. Former Prime Minister David Cameron spoke in 2015 of his goal of an NHS where a patient 'can use an app to book appointments for before or after work, order a repeat prescription online and have it delivered to his home and even use Skype, Facetime or email to get some advice without setting foot outside his front door'.¹

The General Practice Forward View, published by NHS England in April 2016, set out in more detail the NHS's plans for the introduction of online consultations. From 2017/18, NHS England will launch a new programme to offer every GP practice support to adopt online consultation systems, with up to £45 million extra investment available.² In September 2016, the Department of Health announced a range of digital initiatives for patients, including the expansion of NHS 111 to include a new online 'triage' service for less serious health problems: patients will be able to enter their symptoms online and get advice or a call-back from a healthcare professional.³

MEN AND DIGITAL ACCESS

Because many men experience barriers that inhibit their use of primary care

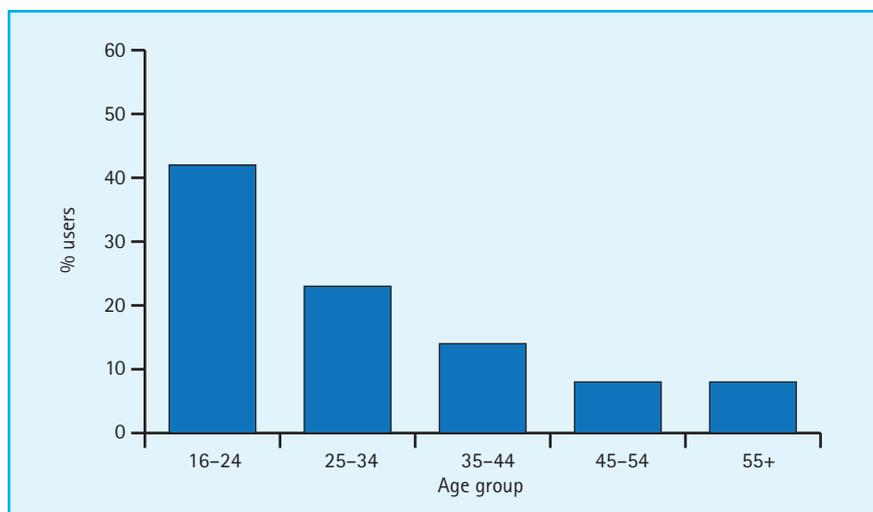


Figure 1. Users of Man MOT were mainly in the younger age groups

services, including general practice, some men's health researchers and advocates have suggested that greater digital access could be particularly beneficial for men.⁴ Although there has been a paucity of robust evidence, it has been argued that online systems can be attractive to men because they enable confidentiality and anonymity to be maintained and appear not to compromise traditional male behavioural norms (eg that men should appear to be strong, resilient and self-reliant).⁵ Promoting the potential role of digital technologies was the specific focus of Men's Health Week 2011 in the UK.

Some of the evidential 'gap' in this field has now been filled by recent analysis of a digital service, 'Man MOT', run by the Men's Health Forum (MHF) charity in England.⁶ This innovative project has been one of the largest male-targeted digital interventions to date and its lessons therefore have important implications for future service development.

BLOG

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Man MOT was a suite of online health information and advice services aimed at men. Its centrepiece was an anonymous and confidential live online text chat to an NHS GP service, which was available from 7–10pm most Mondays and Thursdays. There were also occasional additional issue-specific chat sessions, for example on stress, as well as an open-all-hours email enquiry service that provided additional direct access to GPs (and provided answers within 72 hours). Additionally, Man MOT offered web-based male-targeted health information in a more traditional magazine-style format and a 'Find local services' search facility.

Men adopt a 'walk it off' approach until symptoms have progressed

The Man MOT chat service was initially developed and launched by Pfizer in 2010, but transferred to MHF in 2013. From May 2014, MHF ran the service in the London Borough of Haringey, with a particular focus on the more deprived areas within the Borough. In November 2014, the service was extended to the rest of England.

Following its acquisition by MHF, the Man MOT service was funded primarily by a three-year Department of Health grant, which ran from April 2013 to March 2016. Some limited transitional funding was provided by Pfizer and the marketing of the service was supported by a Google Ads grant.

KEY LESSONS FROM MAN MOT Men experience barriers that inhibit their use of conventional GP services

Research conducted to inform the development of Man MOT found that, even though men are generally concerned about their health, dominant ideals about what it means to be a 'real' man can lead to a reluctance to seek help, especially for mental health problems.⁷ When they do

seek help, it is often delayed; men adopt a 'walk it off' approach until symptoms have progressed. Many perceive the process of booking appointments as a particularly significant practical barrier. Men can also be deterred by having to take time off work and concerns that their symptoms are not severe enough to justify seeing a doctor.⁸ Many consider GPs to be too busy to be interested in symptoms that are not life-threatening. Men's previous poor experiences of contact with GP services is an additional barrier.

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

Man MOT operational data shows that, once the service became national, the level of usage rose steadily. By 2015/16, an average of 44 live chats and 45 email enquiries were being handled each week. This was considered to be the maximum number of enquiries that could be handled effectively with the project's resources. MHF believes that, had additional GP capacity been available, the volume of enquiries could be easily and considerably increased by adjusting the level of online marketing via Google Ads (the overwhelming majority of live chat enquiries arrived through this route).

The Man MOT service may also have contributed to a significant increase in traffic to the MHF website as a whole (including the Man MOT pages). In 2013/14, there were around 226 500 visitors, increasing to 708 000 in 2014/15 and to 1.12 million in 2015/16. Over the three-year period, the number of visitors rose almost five-fold.

An in-depth analysis of a sample of Man MOT service users found that they were very positive about their experience of Man MOT and they described few barriers to accessing the service.⁸ Man MOT was appreciated as convenient, accessible, instant and anonymous, and it provided an opportunity to discuss difficult topics.

Service users preferred the opportunity to interact via email or live chat, as this enabled them to provide information to the GP in a systematic way that avoided potential anxiety and embarrassment. Men described feeling empowered by Man MOT, making it easier for them to justify taking time away from work and enabling them to interact more effectively when visiting their usual GP, including knowing what to say and what the GP might do. The authority of receiving feedback and advice from a qualified NHS GP provided men with the justification to follow the advice provided.

Men said they used Man MOT as a first port of call for non-emergency health concerns. They thought that Man MOT filled a gap in service provision by providing the opportunity to ask a medically trained professional a question without having to arrange a GP consultation involving taking time off work. They also believed that the service enabled them to be more proactive in accessing conventional services; they would probably have delayed visiting the GP for longer if they had not used Man MOT. Most of the men surveyed said they followed the advice provided by Man MOT and all of them said they would use the service again.

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

An analysis of Man MOT chat users who voluntarily provided their year of birth found that the largest single user group was aged 16–24 years (42% of the total); just over half of this group was aged 16–19 years (Figure 1).

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

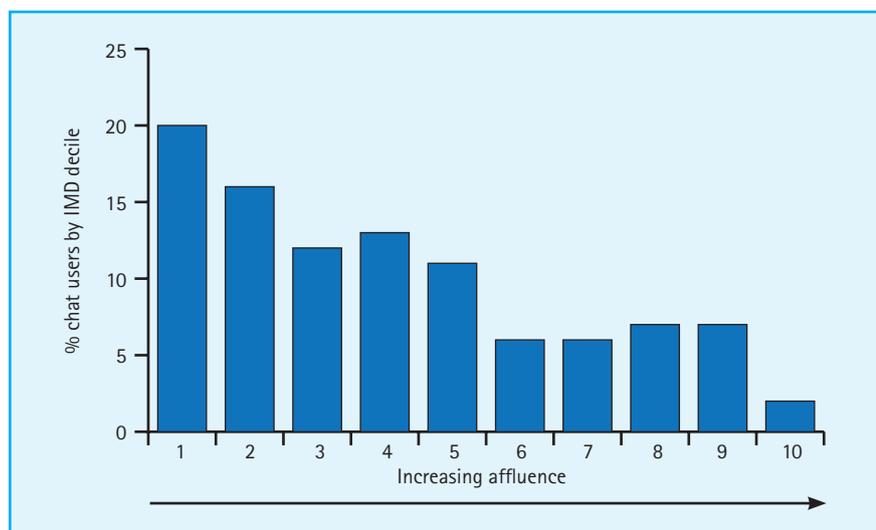


Figure 2. Analysis of postcodes of Man MOT chat service users shows that a majority lived in the four most deprived deciles and only 2% lived in the most affluent decile

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

One frequently expressed concern about the development of digital health systems is that they could be utilised mainly by more affluent IT-literate groups and thereby worsen health inequalities. Although most people in the UK now use the internet regularly, those who are unemployed or on low wages, older (especially over 65), living in social housing, have registered disabilities or are offenders or ex-offenders are significantly more likely to be digitally excluded.⁹

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

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

Most users prefer to access online services via mobile platforms

4G has driven the use of smartphones for accessing the internet, especially among younger people. According to Ofcom data for 2015, 89% of 16- to 24-year-olds say they use their mobile phone to go online.¹⁰ Because younger men are particularly heavy users of Man MOT, it is perhaps unsurprising that iPhones are the single most commonly used device for accessing the service, and that two thirds (66%) of visitors to the Man MOT landing page used a mobile or tablet device rather than a PC or laptop. 71% of chat page views specifically were from a mobile phone.

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

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

An analysis of over 300 live chats found that 25% could be categorised as mental and behavioural disorders, including sexual dysfunction not caused by disease (16%

of the overall total) and depression (4%). 14% of live chats were defined as diseases of the genitourinary system, most of which concerned the penis. 39% of chats were therefore about sexual, urological or mental health problems. The remainder covered a very wide range of conditions including skin rashes, nausea, fatigue, haemorrhoids, nail problems and hernias.

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

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

NEXT STEPS

The MHF's review of Man MOT, which engaged internal stakeholders as well as service users, generated a number of ideas about how the service could be further improved. Chat service users have suggested introducing webcam, telephone contact, an online diagnostic tool and prescribing functions. Accessibility could be improved by creating an app, having a faster email response time and expanding the hours and days the live chat function is available.

Men described feeling empowered by Man MOT

A key challenge for MHF is ensuring Man MOT's sustainability now that the Department of Health funding has ceased. Potential new funders have been deterred to date by difficulties in demonstrating cost-effectiveness: there is, for example, no data on health outcomes, evidence that the service reduces demand for conventional GP services, or the exact demographics and location (by postcode) of most of its users. Furthermore, many of the problems raised by men with the Man MOT GPs are not current NHS priorities.

Nevertheless, Man MOT has successfully demonstrated that men, especially young men concerned about sexual, urological and mental health problems, will use an online health information and advice service in significant numbers. At the very least, the lessons learned from the project should inform the NHS's plans for the development of digital services, as well as encouraging further investment in

male-targeted digital services by the private, public and voluntary sectors.

Declaration of interests: none declared.

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