



AN UNFILLED PRESCRIPTION TAPPING PHARMACY'S POTENTIAL TO BOOST MEN'S HEALTH



Report written by Jim Pollard
May 2026



MEN'S HEALTH FORUM

The Men's Health Forum is the independent voice for the health and wellbeing of men and boys in England, Scotland, and Wales.

One man in five dies before the age of 65.
TOGETHER we can change that.

An Unfilled Prescription

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EXECUTIVE SUMMARY

INTRODUCTION

This report examines the role of community pharmacy in improving men's health in the UK, building on the Men's Health Forum's 2009 report *Racks of Make-Up and No Spanners*. Despite pharmacies being highly accessible, widely used, and increasingly central to NHS policy, men continue to under-use them for health advice and early intervention. The Forum's new national research with men and pharmacists, focus groups, and practitioner insight explores why this gap persists and what could change it.

Many of the issues identified in 2009 remain unresolved. The central problem is not men's lack of interest in their health but a mismatch between men's needs and how pharmacy services are designed, communicated, and experienced.

Based on the research, the report concludes with a five-point plan that pharmacies should adopt to become a male-friendly pharmacy, which encourages more men to engage.

It should be stressed that engaging more men does not mean engaging fewer women. This report is not arguing for men's health at the expense of women's health but for a gender-informed approach that will make services more responsive to the needs of everyone, women and men, girls and boys.

KEY TAKEAWAYS

High use, low engagement

Over 92%¹ of men surveyed use a pharmacy, yet only around one in four ever speak to a pharmacist about a health concern. This gap represents a major missed opportunity, especially given that the men who do engage – particularly younger men – tend to do so frequently, suggesting that pharmacy services are valued once trust is established.

Barriers are cultural, environmental, and relational.

Men's reluctance to seek advice from pharmacists is driven by:

- > discomfort discussing health in a public retail space
- > lack of privacy and poor awareness of consultation rooms
- > preference for GPs and uncertainty about the pharmacist's role
- > concerns about being sold to, rather than cared for

Stigma around masculinity, fear of appearing weak, and a tendency to delay help-seeking also remain significant barriers.

What would encourage men to engage more?

Men are most likely to use pharmacy when it feels like a legitimate part of NHS healthcare rather than a stopgap alternative. Key enablers include:

- > clear routes into the wider NHS (referral, information sharing with GPs)
- > guaranteed privacy and professional consultation spaces
- > clarity about what pharmacists can help with and which services are free

Health consequences of delayed help-seeking

The potential health benefits of greater use of pharmacy by men are clear. More than half of the men interviewed (56.74%) report negative consequences from not seeking advice, including health problems, missed work, and strained relationships. Men are also more likely than women to rely on online sources or Artificial Intelligence (AI) for health information, increasing the need for accessible, trusted human advice.

Pharmacists want to rise to the challenge

Pharmacists recognise men as a substantial proportion of their customers, but overwhelmingly report challenges in engaging them. These include stigma, crowded environments, lack of time, and men's hesitation to use private spaces.

Nearly one in five pharmacies say they lack an adequate private consultation room, despite this being a statutory requirement.

The good news is that many of the changes needed are within the pharmacist's control. Indeed, many pharmacists are already taking steps to improve men's access – through digital services, targeted men's health offers, and staff training – and are keen to identify further improvements.

Conclusion

Community pharmacy has significant, unrealised potential to improve men's health and reduce health inequalities. Men are already using pharmacies, pharmacists are willing to do more, and the policy environment is supportive. What is now required is action focused on improving the everyday experiences of men in pharmacies, including better integration with the NHS, greater clarity over roles and what is available, and improved privacy. Without this, the gap between the potential of pharmacies and the reality, which was identified over a decade ago, is likely to persist.

KEY THEMES

- > **Privacy as a prerequisite:** Without genuinely private, professional spaces, men are unlikely to open up.
- > **Environment and culture matter:** Pharmacies often still feel feminised and transactional, deterring men from engagement.
- > **Trust is built through relationships:** Men respond to respectful, non-patronising interactions and consistent positive experiences.
- > **Meet men where they are:** Outreach in community settings and constructive engagement with online and AI-based health information are essential.
- > **Services, not sales:** The future of community pharmacy might well lie in healthcare services commissioned by the NHS, not retail.



BACKGROUND

MEN'S HEALTH IN THE UK TODAY

The parlous state of men's health in the UK today is well-known. The UK government's Men's Health Strategy for England,² which was published in 2025, sets out the scale of the problem.

Men in the UK have a 4-year-lower life expectancy than women, and a lower life expectancy than men in many other OECD countries. In fact, men in the UK have a healthy life expectancy of just 61.5 years and over one-third of men (36%) die before their 75th birthday. Healthy life expectancy for men has reduced by 1.5 years in the past decade meaning that UK men now spend, on average, over one-fifth of their lives in poor health.

The government's document, entitled *Men's Health: A Strategic Vision For England*, talks about the major premature killers of men, such as cancer and cardiovascular disease. In his foreword, Health Secretary Wes Streeting highlights that suicide remains the leading cause of death of men under 50 years. The strategy document also discusses newer concerns, such as the rise in diabetes and dementia in men.

Of course, not all men are affected equally. Men in the most deprived areas have almost twice the rate of mortality as men in the least deprived areas when rates are age-standardised, says the document. The report emphasises that certain groups of men face particular challenges, including: men living in the North East of England; men from coastal areas; men from some ethnic minority backgrounds; men from Gypsy, Roma and Traveller communities; gay and bisexual men, and men who have sex with men (GBMSM); men with disabilities; men with special educational needs and autism; men who are homeless and rough sleeping; and men who are in contact with the criminal justice system.

The strategy document goes on to identify six levers that could be pulled to help improve men's health: improving access to healthcare services; supporting individual behaviours;

developing healthy living and working conditions; fostering strong social, community and family networks; addressing societal norms; and tackling health challenges and conditions.

Pharmacy could contribute, to a greater or lesser degree, to all of these.

PHARMACY IN THE UK TODAY

Pharmaceuticals are one of the world's biggest industries. The global pharmaceutical market is estimated at around \$1.6 trillion US dollars.³ Dispensing chemists – the high street pharmacy – are a relatively small part of the industry. In the UK, their total revenue in 2024 was about £37.2 billion.⁴

The enormous global size of the industry sometimes referred to as 'Big Pharma' can give a misleading impression of the everyday reality for the average community pharmacist. Indeed, according to research commissioned by NHS England, carried out by Frontier Economics, and published in 2025, 47% of UK pharmacies were not profitable in their last accounting year.⁵ This has implications for the future viability of some outlets and the role of pharmacy within the NHS. In February 2026, with pharmacies in the UK closing at the rate of at least one a week, thousands of community pharmacists wrote to Health Secretary Wes Streeting to express their concern.⁶

There have also been shifts in ownership patterns. Larger chains are shrinking and independents are expanding. Independents (defined as businesses with 1–5 pharmacies) now own nearly half of the pharmacies on the UK high street (49%), while the number owned by large chains (companies owning 100 or more pharmacies) has fallen by nearly 2,000 stores since 2021 to 3,283 in March 2025, or around 33% of the market.

In England, the number of bricks and mortar community pharmacists fell below 10,000 in 2025;⁷ however, they are dispensing more prescriptions. According to the NHS, 1.16 billion prescription items were dispensed by English community pharmacies in 2024–25 – a 4% increase on the previous year.⁸ This increase might affect the time available for other services.

UK high-street pharmacists are very well-qualified. Most will hold at least a Masters degree in pharmacy (MPharm), which requires four years study plus a one year paid work placement. All pharmacists must be registered with the General Pharmaceutical Council (GPhC).

Pharmacy's core services in England focus on the dispensing and disposal of medicines and appliances, the promotion of healthy living and public health, signposting, and supporting self-care.⁹

Increasingly, community pharmacies can enhance their role to provide Advanced Services in addition to these core services and retail sales. According to Community Pharmacy England, the representative body for all community pharmacy owners in England, community pharmacists are increasingly open to taking on more responsibilities within the healthcare system.¹⁰

Perhaps the best-known Advanced Service is Pharmacy First. Launched in January 2024, it enables patients to get advice and prescription-only treatments for seven common conditions directly at their local pharmacy, without needing to see a GP. These conditions are sinusitis, sore throats, earaches, impetigo, shingles, infected insect bites, and urinary tract infections (UTIs) in women. There are similar schemes in Scotland and Wales.¹¹

Other Advanced Services in England include flu vaccination, contraception, and smoking cessation. The Hypertension Case-Finding Service (advertised as the NHS Blood Pressure Check Service) is designed for early diagnosis of hypertension. The New Medicine Service (NMS) aims to help people with certain long-term conditions, including many that particularly impact men such as heart disease, high cholesterol, high blood pressure, diabetes, and Parkinson's Disease. Since October 2025, the NMS has also included depression in adults.¹²

Uptake of these Advanced Services by community pharmacies varies. Nearly all pharmacies (98%) offer Pharmacy First.¹³ However, for the Hypertension Case-Finding Service, for example, although many pharmacies are registered (82%), research published in May 2025 suggested that fewer than three in five (59%) of those registered were actually providing the service.¹⁴ In 2025, the Pharmaceutical Journal reported that 15%

of pharmacies had stopped providing at least one of these new Advanced Services since 2021.¹⁵

With the announcement of a new contract for community pharmacy in England, it has been estimated that contractors can expect to see a 30% uplift in funding by 2026. Community Pharmacy England (CPE) has called this a “step-change for the sector” that shows a “vote of confidence in its potential from the new government”.¹⁶

The state of pharmacy in the UK today suggests an industry responding to changing demands which, while challenging, could also bring opportunities. One of these is to engage more with men. If this is properly enacted, it could be mutually beneficial.

MEN’S HEALTH AND PHARMACY: TIME FOR SYNERGY

The headline figure from our research (see page 16) is that, while the vast majority of men use pharmacies from time to time (92%), fewer than one-third ever ask their pharmacist for health advice. This suggests that, while men are going through the pharmacy door, they are not then making full use of the service, which is a missed opportunity for both them and the pharmacies.

We know that males are less likely to see a GP than females, particularly when of working-age.¹⁷ A significant gap persists even when females visiting for reasons related to reproductive health are excluded.¹⁸ This is attributable to a number of factors including that men are more likely to work full-time.¹⁹ However, a pharmacy can be found on most high streets and many of them are open at weekends and/or stay open into the evening on at least one day of the week. This offers an enormous opportunity.

A 2025 report from an insight board of the International Pharmaceutical Federation (FIP) examined how men’s health might be advanced through pharmacy.²⁰ This international report concluded that, beyond medicines, men under-use pharmacy services.

The insight board, bringing together pharmacists and men's health experts, identified some of the barriers to men accessing pharmacy. These were: behavioural and cultural norms; gender dynamics in patient-pharmacist interaction; health literacy; pharmacy education and training; lack of awareness of the role of pharmacy; time constraints and lack of remuneration for pharmacists; patient privacy and confidentiality; and limited inclusion of pharmacists in health policies.

It also proposed some areas to explore to help overcome these barriers: creating a more welcoming pharmacy environment; tailored marketing and public health campaigns for men; meeting men where they are (outside the pharmacy); pharmacists' communication skills and language use; pharmacy education and training; a life course approach making every interaction count; and policy support and collaboration across sectors.

The board drew a bold conclusion, saying that their findings “not only provide a foundation for improved pharmacy practice but also align with broader global goals of universal health coverage. By making pharmacy services more accessible, responsive, and inclusive for men, pharmacists can help ensure earlier intervention, greater equity in care, and improved public health outcomes. Strengthening pharmacy's contribution to men's health is a key step in advancing health equity for all.”

Our research, conducted in the light of these spirited ambitions, enables us to examine some of these ideas in the context of the UK.

RACKS OF MAKE-UP AND NO SPANNERS

This is not the first time the Men's Health Forum has looked at the potential of pharmacy to improve men's health. In 2009, it published *Racks of Make-Up and No Spanners*.²¹

This report was the result of a 15-month 'action research' study (2007–2008), which aimed to understand why men under-use community pharmacies for health improvement, what might encourage greater use, and whether workplaces are a good setting to engage men with pharmacy services. The project

focused on working men, particularly manual workers, and on areas with poorer male life expectancy to reflect health inequalities. Action research was chosen so that learning could directly inform practice and policy while the study was ongoing.

The report began with a literature review. The report's author, Dr Gillian Granville, was frustrated by the extent to which studies remained 'gender blind', even when they were seeking to address health inequalities. She said there appeared to be a lack of evidence regarding what worked to encourage men to make better use of pharmacy. She noted a pattern of short projects that had not received mainstream funding and so could not be robustly evaluated. She concluded: "there is not a sufficiently strong evidence base to understand what works, for whom, in what circumstances and why, which makes spread and adoption of research findings in complex community-based initiatives difficult."

The original research for the report was built around four focus groups: two conducted with men and two with pharmacists.

The key findings from the focus groups with men were that men used the pharmacy for prescriptions, over-the-counter (OTC) medicines and information regarding holiday health, contraceptives, and family health. In general, they were not using any health professionals for health advice but there was a consensus that if they did decide to seek health advice they would prefer to go to a doctor.

The men felt that the public nature of the pharmacy space was more suited to the way that women communicate, whereas men are more private and reluctant to share concerns with others about their health. Although most men had seen private consulting rooms, they were unaware of their function. They also felt there was nothing for them to do in the pharmacy if they had to wait. They were concerned that they might be charged for health advice or be obliged to purchase products. Men felt that they needed a legitimate reason to go and ask for advice (from either pharmacists or doctors), and would welcome an invitation or appointment to attend so they would not feel that they were wasting a health professional's time.

The key findings of the pharmacists' focus group were that

the opportunity presented by men purchasing products could lead to wider discussions, as could a medicines review, if there was time. They felt that pharmacies could feel like feminised spaces and felt good gender-specific communication skills could make men feel more comfortable. The majority responded that more training in health promotion and communicating with men would be useful.

However, they also believed that men usually had less time and that they, as pharmacists, couldn't always see them immediately without affecting other parts of their service. They felt men needed to be more aware of the role of pharmacy in promoting health and some suggested a national campaign should be launched. They also thought that pharmacists could be encouraged to have a wider role by going out to where men were – such as workplaces, community venues and schools – but they felt that incentives were needed to enable pharmacists to balance their commercial and their professional roles. Many pharmacists found it difficult to be involved in local commissioning processes.

The research for *Racks of Make-Up and No Spanners* also included a 4-week pilot intervention with a large employer (Royal Mail), which was intended to encourage men to use local community pharmacies. Even when the intervention was taken to them via trusted messengers, it wasn't enough to significantly change behaviour.

RESEARCH SINCE 2009

Since 2009, men and pharmacy has remained an under-researched field. However, a handful of papers are worth mentioning.

Although not directly pharmacy-related, the work by Seidler *et al.* (2016)²² has increased relevance in the light of the addition of adult depression to the NHS New Medicines Service. It finds, unsurprisingly, conformity to traditional masculine norms in the way men experience and seek help for depression. Seidler and colleagues conclude that the

“tailoring and targeting clinical interventions may increase men’s service uptake and the efficacy of treatments”.

Hindi, Schafheutle & Jacobs (2018)²³ examined the UK studies that had investigated patient or public views on community pharmacy services or pharmacist roles from 2005 to 2016. They didn’t look specifically at men (suggesting that ‘gender blindness’ remains an issue) but the conclusion is instructive: “whilst the majority of literature suggests that patient and public opinions about community pharmacy services are positive, awareness of pharmacy services beyond medicines supply remains low”.

Two papers from 2019 examine specific men’s health interventions delivered via pharmacy. Murphy & Gardner (2019)²⁴ employ the theoretical framework of acceptability²⁵ to look at a men’s mental health promotion programme designed to increase the capacity of community pharmacists in caring for men with lived experience of mental illness and addictions. They conclude that programme design should: “consider how services are advertised in the pharmacy setting, how personal values of pharmacists influence intervention coherence, and whether minimising the burden of an intervention negates issues related to opportunity costs” (opportunity costs had been identified as a barrier by pharmacists).

The second paper, by Lemanska *et al.* (2019),²⁶ aimed to assess a community pharmacy lifestyle intervention to improve physical activity and cardiovascular health in men with prostate cancer. The group concluded that the intervention was “feasible and acceptable” with the results warranting a definitive trial.

A clear thread runs through all these studies: men’s experiences, needs and barriers around pharmacy are largely unchanged and remain poorly understood. The limited research shows that traditional masculine norms still shape how men seek help, that community pharmacy is generally well-regarded but poorly understood beyond dispensing, and that even promising men-focused interventions depend on how services are presented and whether the environment feels acceptable and relevant to men. Taken together, the small evidence base reinforces the same message: without more attention to gender, environment and acceptability, pharmacy will continue

to miss opportunities to support men's health in ways that genuinely work for them. In short, it underlines the findings in our report *Racks of Make-Up and No Spanners*, suggesting that far less has changed than we might have hoped 16 years ago.



NEW RESEARCH

SURVEY: MEN'S ATTITUDES TO PHARMACY AND HEALTH

Our survey was conducted by Censuswide, among a UK-wide representative sample of 1675 men and women aged 18–65 years in October 2025.²⁷ It explores men's evolving attitudes toward health and pharmacy in the UK, examining usage patterns, barriers, and differences compared with women.

Men's current use of pharmacy

Just over 9 in 10 men (92.4%) use their local pharmacy²⁸ yet only one in four (25.25%) say they 'speak to a pharmacist when I have a question or concern'. Men aged 35–44 years and 55+ years were the age groups most likely to speak to a pharmacist (27.48% and 26.95% respectively).

Men mainly use pharmacies for prescriptions (50.25% rising to 69.51% in the over 55s) compared with 61% of women. The second most common use is for OTC medication; pharmacy is used in this way by about one-third of both men (33.58%) and women (33.88%).

Men are more likely than women to use their local pharmacies to buy everyday products such as toothpaste, hair products, and grooming etc. (23.28% compared with 18.04%) and everyday healthcare products such as vitamins and supplements, protein powder, and first-aid supplies etc. (29.29% compared with 22.47%).

When use of pharmacy data is broken down by demographic groups, the picture remains consistent.

For example, if we look at some of the groups highlighted in the Men's Health Strategy for England as being particularly vulnerable to poor health outcomes, we find that Black, Asian and other minority groups are all, in our research, using pharmacy at rates at or over 90%.

Speaking to a pharmacist

The enormous potential of pharmacy is highlighted when we look more closely at the one in four men who do report that they 'speak to a pharmacist when I have a question or concern'. Among this (relatively small) group, contact was frequent.

Over half of this group (56.8%)²⁸ said they spoke to their pharmacist at least once a month. Indeed, many (29.61%)²⁹ said they spoke to their pharmacist at least once a week. Younger men (aged 25–44 years) were particularly likely to have frequent contact with their pharmacist. Of men aged 25–34 years who said they spoke to their pharmacist, 76.67%²⁸ were doing so at least once a month. Of men aged 35–44 who said they spoke to their pharmacist, 68.85%²⁸ were doing so at least once a month. This suggests that once a man starts talking to his pharmacist, he finds it useful, especially if he is younger.

To find out more about the reason men don't talk to a pharmacist, we asked, 'If you don't, or wouldn't, visit a pharmacy for advice, what are the main reasons? Respondents could select up to five options.

The most popular responses among both men and women were:

- > I prefer visiting a doctor or another healthcare professional (35.69% of men; 32.04% of women)
- > I think pharmacy products are too expensive (23.19% of men; 22.36% of women)
- > I don't feel comfortable discussing health concerns in a pharmacy (21.92% of men; 18.49% of women)
- > I don't know my local pharmacist the way I know my GP (20.29% of men; 15.14% of women)
- > I have asked in the past, but the pharmacy wasn't helpful (16.67% of men; 16.02% of women)

Q4. If you don't, or wouldn't, visit a pharmacy for advice, what are the main reasons? (Select up to 5)

| | Male and 18-24 | Male and 25-34 | Male and 35-44 | Male and 45-54 | Male and 55+ |
|---|----------------|----------------|----------------|----------------|--------------|
| Number | 41 | 162 | 139 | 93 | 117 |
| I prefer visiting a doctor or another healthcare professional. | 9.76% | 43.21% | 35.97% | 34.41% | 35.04% |
| I think pharmacy products are too expensive. | 24.39% | 25.31% | 22.30% | 23.66% | 20.51% |
| I don't feel comfortable discussing health concerns in a pharmacy. | 14.63% | 24.69% | 21.58% | 16.13% | 25.64% |
| I don't know my local pharmacist the way I know my GP. | 19.51% | 24.07% | 17.99% | 15.05% | 22.22% |
| I have asked in the past, but the pharmacy wasn't helpful. | 4.88% | 22.84% | 17.99% | 18.28% | 9.40% |
| I don't think the pharmacist can provide the help I need. | 14.63% | 20.37% | 20.14% | 18.28% | 9.40% |
| I'm not aware of the services pharmacies offer. | 19.51% | 13.58% | 12.23% | 8.60% | 17.95% |
| I get a friend/family member/partner to help me with my healthcare needs. | 31.71% | 19.14% | 18.71% | 11.83% | 5.13% |
| Other, please specify | 2.44% | 3.70% | 2.16% | 2.15% | 13.68% |

Additionally, 17.21% of men surveyed reported that they don't think the pharmacist could provide the help they need.

There was one noticeable age variation in this question. The most popular response in the admittedly small group of just 13 men aged 18-24 was 'I get a friend/family member/partner to help me with my healthcare needs'; 31.71% of men in this age

group cited this as a reason compared with just 5.3% of men aged 55+ years; the score across all age groups was 15.76%.

The preference for visiting a GP or other health professional was noticeably higher among men aged 25–34 years with 43.21% giving this as their reason for not using pharmacy.

What would encourage men to use pharmacy more?

Respondents were then asked 'what would encourage you to use your pharmacy more?' There were 18 suggestions, of which the five most popular were:

- > Knowing they would be able to refer me into the NHS system if it was needed (25.86% of men; 31.43% of women)
- > Knowing I could discuss my concerns privately (24.02% of men; 27.59% of women)
- > Knowing I could get specific advice or support (24.02% of men; 24.10% of women)
- > Knowing I could get a referral to see a specialist if I needed it (22.06% of men; 23.63% of women)
- > Knowing that my concern will be shared with my GP if I wanted that (21.20% of men; 23.75% of women)

These five responses suggest that improved integration between pharmacy and the wider NHS and greater awareness of existing levels of integration could be significant.

Perhaps surprisingly, extended opening hours was relatively far down the list. Only 18.38% of men surveyed said that this would encourage them to use pharmacy more (compared with 23.05% of women). Whether or not men were of working age seems to have made little difference to their answer; indeed, the rate for the older men (55+ years) is actually slightly higher than across all age groups of men (19.16%).

There was a high level of awareness of pharmacists' qualifications – 93.50% of men and 93.83% of women agreed that the statement 'pharmacists are qualified healthcare professionals and experts in medicines, who can provide advice and treatment for many common ailments, and can prescribe

medications for certain conditions' was true with minimal variation by age. It should be noted though that this response was prompted – it is probable that far, far fewer respondents would have been able to name pharmacists' qualifications or their prescribing powers. In fact, more people said they were aware of pharmacists qualifications than actually used pharmacy (93.67% compared with 91.7%).

Awareness of pharmacists' qualifications also made people more likely to use pharmacy, they said. Some 89.83% of men and 89.06% of women in the survey answered 'yes' to the question 'Does knowing that your local pharmacist is qualified to treat and provide advice on many healthcare issues make you more likely to visit one BEFORE going to your GP or another healthcare services, such as A&E?' Indeed, over half of both men and women said this knowledge made it 'much more likely' they'd ask a pharmacist for advice. Younger men (under 35 years) were particularly likely to answer 'yes' to this question.

In short, the vast majority of respondents said that they are aware of pharmacists' qualifications and that this awareness makes them more likely to use pharmacy services. Thus the fact that only one in four report that they speak to a pharmacist when they have a question or concern seems even more stark.

Asked which healthcare concerns could be most usefully added to those that they could access at their local pharmacy, respondents chose the following top five:

- > Severe pain (35.42% of men; 31.66% of women)
- > Anxiety (32.84% of men; 32.83% of women)
- > Chest infection (28.43% of men; 34.11% of women)
- > Low mood or mild depression (26.47% of men; 28.64% of women)
- > Weight loss support (22.43% of men; 20.95% of women)

Erection problems (12.62% of men) and sexually-transmitted infections (12.01%) were lower down the list. This may reflect a reluctance to discuss these with a pharmacist or in a pharmacy setting or a reluctance to discuss them with anyone at all rather than a lack of interest in these topics.

Anxiety was particularly important for men surveyed under 45 years, peaking at 40.99% in men aged 35–44 years. Acne was particularly important for men under 35 years; more than one in four men in this age group identified it as a healthcare concern that could be usefully added.

Barriers to men's use of pharmacy

Respondents were asked what they considered to be the barriers to men leading healthier lives. The top five were:

- > Men tend to wait until things get worse before seeking help (36.15% of men; 38.18% of women)
- > Men don't talk enough about their health and wellbeing (32.72% of men; 41.09% of women)
- > Men are concerned about being considered 'weak' or 'unmasculine' (32.60% of men; 31.55% of women)
- > Men tend to put their head in the sand when it comes to ill health (29.41% of men; 34.46% of women)
- > Men tend to disregard or see their own health as unimportant (27.08% of men; 24.21% of women)

No other suggestion got more than 25% support although 24.26% of men responded that 'stereotyped attitudes relating to men's health (eg. 'man flu') prevent men from speaking about their health concerns'.

Responses regarding men not talking enough about their health and wellbeing varied noticeably with age. Just 23.08% of men surveyed aged 18-24 years saw this as barrier compared with over 30% in all other age groups, peaking at 35.93% in men over 55 years. However, women of all ages perceived this as a significant barrier for men, peaking at 48.34% in those over 55 years.

The fear of appearing 'unmasculine' peaked in men aged 25-34 years (36.78%) and the perception among women that is how men feel peaked in the same age group (41.67%).

The suggestion that there are 'not enough male staff working in the health care service' was one of the least popular with only

11.76% of men and 10.71% of women identifying it as a barrier. This suggests the gender of the pharmacist is less important than their approach and manner.

Respondents were also asked which services they would be most interested in their pharmacy providing. Most popular among both men (48.04%) and women (51.92%) was health checks (blood pressure, cholesterol etc.) Respondents aged over 55 years were the most enthusiastic about such checks and those under 25 years the least.

The second most popular service among men surveyed (42.77%) was support managing common illnesses (such as allergies, coughs, and constipation) and the third most popular (34.68%) was help with specific men's health concerns (such as sexual health, erection problems, and hair loss). Help with specific men's health concerns was particularly popular with younger men peaking at 43.8% in men aged 25–34 years.

Managing health concerns

Respondents were given a list of health concerns and asked, if they had experienced them over the previous five years, how they had managed them. The most common conditions that men and women surveyed had experienced were: cold and flu, including COVID; pain; skin conditions; digestive health, and ear and/or eye conditions. No other condition affected more than 20% of respondents. The most common ways of dealing with these were: seeking advice from a GP or doctor; buying an OTC medicine; and trying to handle it oneself. The fourth most popular was seeking advice from a pharmacist, but fewer than one in four (22.32%) said that they did this. Men (24.06%) were slightly more likely to consult a pharmacist than women (20.68%). Younger men (under 45 years) were slightly more likely to consult a pharmacist than older ones.

Men surveyed were also more likely than women to search online or use artificial intelligence (AI) (22.46% versus 17.53%). For comparison, 2025 data from Healthwatch³⁰ suggest that about 9% of men and 7% of women use AI tools as a regular source of information for staying healthy.

Use of social media or an online forum was further down the

list. Although the option was not especially popular, men were considerably more likely to use it than women (13.19% versus 7.81% across all ages). This response was most common among men aged 18–24 years (18.33%) and 25–34 years (20.1%).

Respondents were asked if they had experienced negative consequences as a result of not seeking advice for a health concern in the past. Over half of men said they had (56.74%). Men were considerably more likely to have experienced negative consequences than women (42.26%). Just over one in five (20.71%) men had had to miss work as a result (compared with 10.13% of women), peaking at nearly one in three in the male 25-34 years age group (32.64%). Men were also more likely to see the problem as impacting relationships – 16.42% (compared to 7.22% of women) felt that not seeking advice had negatively affected personal relationships. There are clear implications here for early intervention and the potential of pharmacy to facilitate this.

Is men's health improving?

Respondents were asked whether specific aspects of men's health had improved, stayed the same or got worse over the past ten years. The responses illustrated a general view that things had improved.

Men felt that their overall health and wellbeing, their physical fitness and lifestyle habits, and their mental health and emotional wellbeing had all improved over the period.

They were less sure about serious mental health issues such as suicide and self harm. For these issues, although only a minority thought things had got worse (22.92%); the majority (39.34%) felt things had stayed the same.

When it came to talking, one-third (33.33%) of men felt that openness to talking about sexual health had improved. Regarding openness to talking about mental health, 45.47% of men surveyed said things had improved with men under 35 most likely to feel this way.

A notable gender divide was observed regarding sexual health: 33.33% of men thought that openness to talking about sexual

health has improved, but only 24.45% of women agreed. However, less positively, when it came to talking to other men about their health or when it came to willingness to see a doctor, the majority of both men and women felt things had stayed the same.

Men were also less convinced about improvement in specific areas of health. The majority of men thought things had stayed the same when it came to use of alcohol, tobacco and other substances, to weight-management, and to health inequalities between men by income or region. Concerning those health inequalities, men in the North East of England (24.39%) and Scotland (22.06%) were most likely to say that these had got worse, although it should be noted that the total number questioned in many regions was relatively small. (The smallest sample size was 13 men in Northern Ireland; the largest, 157 men, in Greater London).

Generally, awareness of men's health, public information about men's health, and access to health services for men was perceived as improved; however, the majority of men felt that the stigma around men discussing or seeking help for health issues remained the same as did their ability to take proactive preventative steps around their health such as a check-up, screening, or using pharmacy services.

One-third of men surveyed (33.33%) concluded that the overall picture of men's health in the UK had improved over the past ten years, whereas 45.83% thought it had remained the same. Notably, 13.48% of men thought things had got worse. This response was particularly common among men in Scotland (20.59%) and Wales (28%). Again, of course, sample sizes were small.

In general, regarding the questions around whether the overall picture of men's health had improved or not, women were more cautious in outlook and less likely to see improvement, especially around access and inequality.

Q14. Thinking about men's health in the UK, how do you think each of the following has changed over the past 10 years?

| | Male | Female |
|---|--------|--------|
| Number | 816 | 859 |
| Overall health and wellbeing | % | % |
| Improved | 37.25% | 31.66% |
| Stayed the same | 41.05% | 40.16% |
| Got worse | 15.32% | 14.32% |
| Not sure | 6.37% | 13.85% |
| Physical fitness and lifestyle habits | % | % |
| Improved | 41.91% | 39.12% |
| Stayed the same | 39.09% | 36.32% |
| Got worse | 12.13% | 11.87% |
| Not sure | 6.86% | 12.69% |
| Mental health and emotional wellbeing | % | % |
| Improved | 37.50% | 32.01% |
| Stayed the same | 36.27% | 29.92% |
| Got worse | 19.12% | 25.61% |
| Not sure | 7.11% | 12.46% |
| Rates of serious mental health issues (eg. suicide, self-harm) | % | % |
| Improved | 27.57% | 19.56% |
| Stayed the same | 39.34% | 30.38% |
| Got worse | 22.92% | 33.88% |
| Not sure | 10.17% | 16.18% |

Sexual health and wellbeing (eg. libido, erectile health, sexual confidence)

Improved

Stayed the same

Got worse

Not sure

| Male | Female |
|--------|--------|
| % | % |
| 31.13% | 21.19% |
| 44.00% | 39.23% |
| 11.89% | 11.29% |
| 12.99% | 28.29% |

Prevalence of erection difficulties and related concerns

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 27.94% | 17.23% |
| 42.40% | 37.83% |
| 13.36% | 10.01% |
| 16.30% | 34.92% |

Openness to talking about sexual health

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 33.33% | 24.45% |
| 45.96% | 41.91% |
| 10.29% | 10.01% |
| 10.42% | 23.63% |

Openness to talking about mental health

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 45.47% | 40.05% |
| 35.54% | 32.71% |
| 12.13% | 13.85% |
| 6.86% | 13.39% |

Openness to talking to other men (friends, family, colleagues) about their health

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 38.60% | 31.66% |
| 44.12% | 37.95% |
| 10.05% | 12.46% |
| 7.23% | 17.93% |

Willingness to visit a doctor or seek help early

Improved

Stayed the same

Got worse

Not sure

| Male | Female |
|-------------|---------------|
| % | % |
| 36.03% | 24.56% |
| 43.50% | 44.70% |
| 13.60% | 16.76% |
| 6.86% | 13.97% |

Use of alcohol, tobacco or other substances

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 29.41% | 21.30% |
| 41.67% | 36.32% |
| 19.85% | 22.24% |
| 9.07% | 20.14% |

Weight management and diet-related health

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 36.27% | 27.24% |
| 41.79% | 38.53% |
| 12.99% | 13.50% |
| 8.95% | 20.72% |

Health inequalities between men (by income or region)

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 27.21% | 21.77% |
| 45.10% | 37.95% |
| 15.44% | 15.02% |
| 12.25% | 25.26% |

Awareness of men's health issues in society

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 44.98% | 47.50% |
| 38.36% | 27.47% |
| 9.31% | 10.01% |
| 7.35% | 15.02% |
| | |

Public campaigns and information about men's health

Improved

Stayed the same

Got worse

Not sure

| Male | Female |
|--------|--------|
| % | % |
| 40.20% | 48.08% |
| 42.77% | 28.87% |
| 9.80% | 7.80% |
| 7.23% | 15.25% |

Access to health or support services for men

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 40.07% | 39.00% |
| 40.44% | 32.95% |
| 11.76% | 11.87% |
| 7.72% | 16.18% |

Stigma around discussing or seeking help for health issues

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 36.52% | 38.30% |
| 43.63% | 35.27% |
| 11.27% | 11.64% |
| 8.58% | 14.78% |

Men taking proactive steps (eg. check-ups, screening, pharmacy use)

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 37.50% | 30.38% |
| 43.01% | 39.12% |
| 10.05% | 9.90% |
| 9.44% | 20.61% |

Overall picture of men's health in the UK

Improved

Stayed the same

Got worse

Not sure

| | |
|--------|--------|
| % | % |
| 33.33% | 30.38% |
| 45.83% | 38.07% |
| 13.48% | 12.57% |
| 7.35% | 18.98% |

SURVEY: PHARMACISTS' ATTITUDES AND PERCEPTIONS

As part of our research, Censuwide also surveyed 250 pharmacists and pharmacy technicians across the UK.³¹

Participants were asked what percentage of their customers were male. The mean result was 47.48% suggesting that, while women remain the majority users of pharmacy, men are not far behind.

Pharmacists surveyed felt that men were far more likely to ask for advice than women. This was the case with all the conditions suggested by our researchers. Around two-thirds of the pharmacists said men were more likely³² to ask for advice than women on sexual health, digestive health, pain, allergy, skin conditions, problems with hands (such as warts or fungal nail infections), problems with feet (including verrucas or ingrowing nails), and healthy ageing. Nearly three-quarters of pharmacists (73.20%) thought men were more likely than women to ask about eye problems and over half (the lowest score at 55.2%) thought men were more likely than women to ask about colds and flu. Most other pharmacies felt that men and women were equally likely to ask. Very few (10-15%) reported that men were less likely to ask than women.³³

Pharmacists surveyed were asked what challenges they faced in engaging men with pharmacy services. There was near unanimity that challenges existed – only 1.6% (4 out of the 250 pharmacists surveyed) said they faced no challenges. At least one pharmacist in five agreed with all the following statements:

- > Stigma around discussing sensitive health topics: 36.40%
- > The pharmacy is often crowded with customers shopping or waiting for prescriptions: 35.20%
- > Men don't explain their concerns clearly: 29.60%
- > Lack of time for meaningful interaction: 29.20%
- > Men are hesitant to ask for help: 27.20%
- > I have a private space to offer, but men are reluctant to use it: 23.20%

- > Staff are too busy to help: 20.40%

Taken together, the responses paint a worrying picture. Three of the responses identify men as the challenge: they don't explain clearly, are hesitant, and are reluctant to use the private space. Three of the responses identify challenges within the pharmacy: they are too crowded with busy staff who don't have time to help. Overarching all this is the social problem of stigma. No wonder the relationship between men and pharmacy is difficult.

It is important to note that nearly one pharmacist in five (18.4%) said they did not have a private space to offer private consultation, despite it being a statutory requirement in the UK to have such a room.³⁴

Pharmacists surveyed were asked what services they were currently offering or promoting for men's health. The most popular responses were retail items including health supplements (44%), sexual health products such as condoms (37.6%) and grooming products (35.2%) but between a quarter and a third were also providing more targeted health services as well including:

- > Specialist clinics on men's health topics: 32.40%
- > Signposting (fixtures, leaflets, staff advice, online promotion): 29.60%
- > Erectile dysfunction treatments: 28.80%
- > A specialist section or aisle on men's products: 27.20%
- > A designated men's health specialist on duty at all times: 26.80%

Only one pharmacist said their pharmacy didn't offer or promote anything related to men's health at all.

The pharmacists were asked what would help them to better support male customers. All of the following were supported by at least one in four pharmacists:

- > Better education on self-care and health literacy at school for boys: 35.60%
- > Better facilities to enable private conversations: 33.60%

- > More resources and information for men to access in store: 31.60%
- > More resources and information for men to access online: 31.20%
- > More telephone or digital services: 31.20%
- > Training for staff on men's health topics: 31.20%
- > Training for staff on how to discuss health more broadly with men: 27.60%
- > More products designed specifically for male consumers: 27.20%

The good news is that with the exception of the first suggestion – improved health literacy – all of these improvements are within the pharmacist's control to change.

Finally, pharmacists were asked what steps they were taking to make services more accessible to men. Encouragingly, all but one of the pharmacists said they had taken some steps, and the one who hadn't said they would do so next year. The responses suggest that a man looking for a specific service in this list will have between roughly a one in six and a one in four chance of any given pharmacy offering it. These data suggest that men finding out more about all the pharmacies in a particular community could pay dividends.

The ten most common steps taken by pharmacists were:

- > Made it easier to access private treatments (eg. online consultations or click-and-collect for erectile dysfunction medication): 26.80%
- > Created or promoted specific men's health services (eg. erectile dysfunction, hair loss, prostate health): 26.40%
- > Partnered with local GPs or community organisations to run men's health events or checks: 22.80%
- > Reviewed store layout to make men's health areas more prominent or welcoming: 22.40%
- > Encouraged conversations about mental health and wellbeing alongside physical health: 22.40%

- > Provided free or low-cost checks (blood pressure, cholesterol, weight etc) aimed at men: 21.20%
- > Trained staff to feel more confident talking about men's health topics: 21.20%
- > Adjusted opening hours or appointment systems to better suit working men's schedules: 21.20%
- > Offer private consultation areas to encourage confidential discussions: 21.20%
- > Displayed posters, leaflets, or digital content focused on men's health awareness: 21.20%

CASE STUDY: COMMUNITY PHARMACIST

Ade Williams, community pharmacist Bedminster, Bristol

'When we first started looking at how we could better meet the needs of men in our community, we realised that our practice was built on several assumptions. We assumed that everybody knew we were health professionals, that everybody knew we didn't just sell medicines and that everybody knew we had private consultation rooms. There were a lot of 'everybodies'. We also assumed that everyone understood that, with the proper care, many conditions can improve. But the truth is that not all men feel that way or have seen that reality.

Many men are quite fatalistic, often alongside gaps in health literacy. They'll say, "My dad and uncle both died of heart attacks in their 50s, so I will too." That mindset matters. You have to develop insight into the patient as an individual, not just as a condition or a service user.

That's why we do outreach work, such as taking blood pressure checks into pubs. It helps people see that we understand them, and it builds a bridge so they feel comfortable coming into the pharmacy. Men are often more sensitive patients than they're given credit for. They can be self-conscious, worried about being perceived as vulnerable or uninformed. Many don't really understand how pharmacy works or what pharmacists know

about health. In my case, I might also be the only man in the team they interact with, which is typical of many community pharmacies.

What matters most is that the man has a positive experience, that he comes back, and that he tells his friends that “they’re safe in there.” Everything starts with trust. We want to become part of that man’s trusted network, built on openness and mutual respect across every encounter and every member of the pharmacy team.

If someone feels understood, they will talk. We validate their experience rather than diminish or patronise them. We tailor our approach to the individual so that, regardless of the outcome – even if they don’t get what they came in for, they leave having had a respectful, positive interaction.

At the same time, societal awareness of self-care is diminishing. Many people now assume the worst when something is wrong, even when it isn’t. Equally, those who genuinely do need to take action often can’t, because they’re sitting twentieth in a queue. When self-care knowledge erodes, people turn to the algorithms on their computers or phones. The problem is that those algorithms don’t always provide simple, evidence-based self-care advice.

Artificial intelligence, while drawing on published work, often relies on journal literature rather than accessible public health information. As a result, headaches become migraines or brain tumours, rather than dehydration or a need for paracetamol and rest. Health professionals have been slow to grasp what’s happening in this space. People are now far more likely to ask AI than a community pharmacist, and they’re using it for health more than anything else.

AI removes the awkwardness of conversation and the sense of inaccessibility. The more people use it, the more it reinforces itself, and we need to recognise that reality. We can’t simply tell people not to use it. Instead, we need to work to improve the technology while also strengthening the personal care offer in community pharmacy.

No man has ever told me he happily sat at number 20 in a

telephone queue. For many men, it's simply not possible. If you're a bus or taxi driver, you can't sit on the phone waiting. People are looking for dignified, accessible care – so it's no surprise that they turn to AI. But if you already have limited health knowledge, it can be the worst place to go. Societal and racial injustice can also skew how men perceive the intention and offer of health. We must understand this to make a difference.

I often ask people what they've found out and take it from there. That helps them learn how to use the information they've gathered, rather than feeling told they're wrong. We have to be cognisant of how they feel. Many men know someone who's had a stroke, cancer, or died suddenly so when a search reply tells them that might be happening to them, panic sets in. They move into life-saving mode and then question with frustration why the health professional in front of them isn't doing what they read was possible.

We all want men to seek help. When they arrive with information they've found, we have to respect that. Dismissing it – or them – feels invalidating. The skill is to work with what they bring, validate the effort they've made, and guide them without being patronising. Nobody wants to feel their intelligence is being insulted. You have to work with people from where they are.

This approach is urgently needed across all age groups. We may already be losing younger men as well.

More than ever, pharmacy needs to meet patients where they are. The retail value offer is diminishing. OTC purchases are down and sometimes loss-making. Dispensing may only break even. The future of the community pharmacy profession lies in healthcare services, particularly those commissioned by the NHS to promote equity. That model depends entirely on the pharmacist's relationship with all our patient groups.

For example, adult depression is now part of the New Medicines Service. But if a male patient isn't comfortable talking to you about a headache, they're certainly not going to talk to you about their mental health.

Pharmacists need to engage men and earn their trust. That

represents a cultural shift for pharmacy if we're to succeed. The question is whether enough commissioners truly understand the opportunity that pharmacy-commissioned services offer in terms of reach, value for money, and addressing health inequalities. The evidence supporting this is clear.

Our outreach work is less about the immediate result and more about being visible as the face of the NHS – building bridges to places where men feel comfortable. Even small things matter. Our team wear the colours of local football clubs. It's about connection.

To community pharmacy teams, I'd say: think about how you design services, how you communicate, and how you listen. Do your posters only feature women? The message to men can easily become, "You're allowed to come in, but you're not our preferred user." And we must challenge lazy narratives that claim men don't care about their health. Health is dignity. We should champion dignity and equity for men and all our patients.

Respect patients' power to choose. Men who don't take their medicines have reasons: forgetfulness, lack of symptoms, doubts about seriousness. There are always reasons. Be curious about the complexity. If it's forgetfulness, don't reprimand them – support them with practical solutions. That's progress.

As health professionals, we don't spend enough time on the psychology of communication and relationship building. In community pharmacy, relationships are everything. Our team aims for peer-to-peer conversations. Often, once trust is established, the patient will say, "You're the pharmacist – you tell me." At that point, advice is welcomed and sticks.

If the information a man brings doesn't align with the evidence, many take away alternative information provided, reflect on it, and return to discuss it. That means we need accessible, understandable information resources at hand to give them. We also need to check ourselves: "Am I comfortable being challenged? Do I sound impatient or irritated?"

When we audited our pharmacy's approach to men's health, we asked male patients to lead by giving feedback on how male-

friendly we were: the environment, the culture, the language. Empowering them was invaluable. Many institutions never ask for their views. Being asked — and seeing change follow — is deeply validating.

Pharmacists often say, “I’d love to do something, but I don’t know where to start.” My advice is to review local public health data, identify a men’s health issue in your community or locality, and focus on it. What are the barriers? What’s already happening locally? What’s working elsewhere? What can you learn from, support, or even broaden from the work women are likely already doing?

The Men’s Health Strategy is an opportunity. We’ve acknowledged there’s a problem, now we have a chance to change the narrative. Community pharmacy enables change-making practice like few other parts of the NHS. With the proper support and alignment, we can make a meaningful difference to men’s health and wellbeing.’

FOCUS GROUPS OF MEN

Two focus groups were held with men.

The ten men involved were drawn from across the UK and were aged between 25 and 72 years. Many of the issues they raised reflected the findings of the research. (The views expressed in the section are, of course, theirs and not those of the Men’s Health Forum.)

Peter, 67, uses a small local pharmacy regularly for prescriptions and jabs.

‘It’s about the staff. It all depends on any rapport you may have. If you have new staff at the front it can create a completely different vibe. What you’re sharing with whom and whether they know your family is a factor. I’ve seen this in the men’s groups I convene, and it applies very much to pharmacy. Sometimes people don’t want to go local where people know you and your family, they want anonymity.

I get the impression that GPs want to reduce numbers and push

people towards community pharmacy but if the NHS is going to do that then the pharmacists need to have time. They don't – it's busy, busy. And in a small pharmacy there are concerns about who's listening.

I wouldn't refer blokes in my groups to pharmacy. It's harder than a doctor's surgery. The environment doesn't encourage you to open up. Pharmacies could push men towards talking groups like the ones I run.

Nobody in my groups goes to the doctor's if they can avoid it so something that is simple to read and gives the facts like, for example, the Men's Health Forum's manuals could be made available in pharmacy (and many other places as well).

We need clarity on what services are available. There could be a men's noticeboard. It could be a quick win for the NHS to get men into pharmacy but if the experience is poor you're not going back.'

Paul, 55, uses a local pharmacy every couple of months for asthma medication and also for flu and travel jabs.

'Every pharmacy is supposed to have a consulting room but men don't know that and it often doesn't say it on the door or give any information. They also offer a lot of services like blood pressure tests with no booking. I know all this through my work but the pharmacy don't make it very clear. If pharmacies provided more information then men might use them.

I was there once and a woman came in and just asked for the consulting room and that was that. Off they went. She just knew; men don't. If they had a QR code where you could just book that might help men.

I wanted melatonin, which is prescription only in the UK so I went to an online pharmacy. This means I'm not exposed to any benefits available in store.

I suspect a lot of men use online pharmacy for anonymity reasons. I have seen some research that showed that men were driving out of town to go to a pharmacy where nobody knows them or their family to get meds for erection problems.

Pharmacies need to communicate their services better with posters, leaflets etc. It's basic comms really. Longer opening hours would help a lot too. You could have men's hour. My local pharmacy shuts 1–2pm which seems a bit outdated.'

Doug, 72, uses pharmacy frequently for a range of health conditions.

'Pharmacies seem to want you to give more and more information in front of more and more people in order to talk to you. There are queues. The smaller pharmacies don't have a room set aside and the pharmacist is always busy anyway.

If they do have a private room, there's no comfort. They do stock takes and paperwork in the same place. It's often just a store room. It doesn't inspire confidence in the professional–patient relationship. But the big thing is time: pharmacists don't have it. I'd rather go somewhere where you're in a clinical environment rather than a sales environment.

True, pharmacists may know more about drugs than your doctor but they're not actually doctors They don't as a rule examine you. You can psych yourself up and then you get into that little room and the pharmacist just says go and see your GP. You could go to the GP straight away.

I can see that this might be the spur some men need to actually go to their GP. But, if we're talking about rapid diagnosis, it bothers me that men have to go through another stage. Especially one that is public and embarrassing. You feel stupid if it's something the pharmacist can't help with and that covers a lot of conditions as they're not diagnosticians.

It's touted as the answer – 'you can't see a GP but you can see a pharmacist' – but it isn't true. I need lateral flow tests because of my health conditions but many pharmacies don't have them even though the NHS says they provide them.

Pharmacy as a signposting centre could help. Perhaps if they thought of themselves more in that way, they could be more effective.'

Nick, 50, recently used a pharmacy for persistent indigestion and has had a health check in one.

'Like many men, my health is secondary to everything else like family and work. I had persistent indigestion over 6-7 weeks. I tried all the OTC options and got nowhere so I asked for a chat and the pharmacist just said: see your GP. I could have done that straight away. It was a bit of a wake-up call though. I asked myself, why I hadn't already done it. It was surprisingly quick with the new online system to book an appointment, it turned out.

I had an MOT thing at one of the biggest pharmacy chains – it was blood pressure and weight and that was it, in and out, just a tick-box exercise. She was in a bit of a flap, didn't really have time. She'd forgotten my appointment and was very busy. I was expecting a bit more, including some advice. It's a way of getting footfall, but it was lacklustre and didn't offer anything I couldn't do at home.

I feel like I've been part of that male social conditioning that says my health is a nuisance and I should only go to a GP as a last resort. If I'm in a pharmacy regularly, they could be doing more to keep me informed and to encourage me to seek advice more quickly. If that happens, it could be a major force to boost men's health: a safe environment where we can be encouraged to seek early diagnosis. They probably need a "hero issue" like prostate health to really cut through.'

Martin, 63, uses pharmacy regularly to collect prescriptions for himself and his family.

'We have a lot of pharmacies nearby. A new one opened recently and their longer opening hours seem to have encouraged others to open later too. I had my most recent flu jab there. This new pharmacy does have a couple of consulting rooms off to the side. They are sometimes used by a chiropodist and a masseur, I think.

I once had a fungal nail infection and I went to the pharmacy. They examined my toe and referred me to the GP.

My GP invites me in for health check every year but I think that's a rarity. Pharmacy could certainly offer that. They might not be able to do blood tests but everything short of this should be possible. They could do it in Men's Health Week.'

Craig, 42, occasionally picks up prescriptions for someone else.

'I didn't know until this focus group that they have private rooms available so that needs to be far better advertised; this could be done with more prominent signage.'

Niall, 47 occasionally picks up prescriptions for someone else.

'I had a serious operation back in 2024 and you don't get access to a GP as much as you'd like so I would ask the pharmacist for advice. They had a private room. It was smaller, independent pharmacy. In the bigger chains the volume of scripts seemed to take up all the time. That's my experience.

Make-up takes a lot of real estate in the store. You have to wade your way through the toiletries to get to the counter. Around the men's toiletries you could have posters advertising services like the consultation room.

I'd been in for vaccinations, and it was in and out with no chat. But last time, I was asked lots more about lifestyle and stuff. It felt a bit like a mental health check-in. If that was standard or not, I don't know. I was in a hurry and I wasn't sure if it was related to the vaccine, but when I thought about it afterwards I thought it was a good thing. Mental health is so important and we don't talk about it. It was a pity it couldn't have been better presented.

Being clearer on what the pharmacist can do would really help. A sign would help. There's something similar in our GPs. It's empowering. I wouldn't mind going in for a health check. Preventative care like that could really help for people who are reluctant to go to the GP's surgery. They should do something for Movember.'

Fungus, 62, picks up regular prescriptions and has also had a pharmacy health check.

'I'm a strict vegan. It sometimes affects the medication I can take, but doctors don't always pick that up even though I have an advance directive in place. Recently the pharmacy was able to track down a vegan alternative to a prescribed medication. Pharmacists need to be far clearer about their qualifications and expertise.

The biggest chains are always busy but there are consulting rooms. You get prescriptions at the same counter as paying for other goods and services: they could change that. Sexual health issues for example, might be a sticky one to discuss at a busy counter. A private consultation with the GP would be better but a booking system could work with pharmacy for this sort of thing.

Where are the men's products? We're shunted into a corner. Two-thirds of the products are for women. More male staff would help too.

I went to one of the biggest chains for a health check: height, weight, pinprick of blood. There wasn't much privacy, just rudimentary screening. It felt like you were in the shop window. It could have been better organised. My wife and I also used baby changing facilities and breast-feeding facilities in the same store but the room stank of soiled nappies and was not particularly welcoming or pleasant to sit in.

Improved opening times would be useful. Most close at 5.30 around here and need to offer later opening times to allow working men access to their services. I've also never seen anything for Men's Health Week or International Men's Day advertised or celebrated within a pharmacy.'

James, 44, uses pharmacy regularly.

'I avoid the biggest chains like the plague. They're too busy. I go to the smaller ones and they're really good. A doctor might prescribe me something but they often don't know as much about how drugs work and interactions with other medications, so I'll ask the pharmacist that. Trying to see the doctor is like

buying a lottery ticket, so I would ask a pharmacist.

Once when I was in for a flu jab, I was asked a checklist of questions before my vaccine was administered. It really annoyed me – I don't want to be harassed; I had made the appointment so I could go about my day quickly. It felt like they were trying to hit a quota regardless of relevance. It felt transactional, and as if they were going to sell me something. It was 15 minutes instead of three minutes. It felt like it was for them rather than me. I changed pharmacy after that. Some training would help here, I think.

If you want a private room you should just get it, no questions asked. In fairness, during the couple of occasions I've had to ask, that's been the case, but I have been asked "why" before too, and that's off-putting. You should also be able to book an appointment online if you're on a schedule.

I don't think the four horsemen of the apocalypse could drag me into a pharmacy for a health check. Perhaps if they teamed up with a local practice or charity it might be better but it's about time and place – a pharmacy is not a clinical environment and a pharmacist is not a doctor. They've usually moved the brooms out of the consulting room just before you go in.'

Evan, 25 uses pharmacy rarely

'I'll go once in a blue moon and going up to the counter to speak to a member of staff with a crowd of people behind you is not easy. Knowing there was private area would help. Men need to be better educated on what you can go to pharmacy for and what you need to go to a GP for. I ask my mum or my grandma. Pharma could do a better job of that, informing men what they do.

To be honest, I avoid doctors at all costs. I think I'm young and healthy and others need it more but if a pharmacist advised me to go then I would, so that signposting is important.'



COMMENTARY

For anyone working in men's health, it feels like we have been talking about men and pharmacy for a long time. That there's a pharmacy on every high street, often open longish hours and with no need for an appointment, has become almost a mantra.

Theoretically, if we could use them effectively they could make a major difference to the health of men (and women), but the system isn't working like that. So many of the findings and discussion points in this report reflect those of our 2009 report *Racks of Make-Up and No Spanners*.

KEY RECOMMENDATIONS FOR PHARMACISTS

Men may present late at health services, but with the vast majority of men using pharmacies, many frequently, it is fair to say that pharmacies see men often enough to intervene earlier, if only engagement was improved. Clearly, pharmacists could do a lot to facilitate this if – and we understand this is a major caveat – they have the time and resources to do so. Much of it is less about fundamental changes and more about better marketing and raising awareness.

Indeed, all but one of the barriers to men making greater use of pharmacy identified by the pharmacists in our research (see page 30-31) could be addressed to some degree by the pharmacy rethinking its own approach.

Opening hours

The issue appeared some way down the list of barriers in our survey of men. Fewer than one man in five surveyed said extended opening hours would encourage him to use pharmacy more. However, they were considered significant by the focus groups and would clearly help engagement.

Women are 2.5 times more likely to work part-time than men,³⁵ so are better placed to come into pharmacy during so-called normal opening hours. Pharmacies that are opening longer

hours would do well to make this clear to male customers and potential male customers.

Privacy

Privacy is a key issue: it came up in the survey and in the focus groups just as it did in the research for *Racks of Make-Up and No Spanners* in 2009 and in the FIP Insight Board report. More than one man in five reported feeling uncomfortable discussing health concerns in a pharmacy. The busy store, the need to speak in public, and the unsuitability of private consulting rooms were all cited. If privacy could be addressed, it could pay dividends. Almost a quarter of men said that knowing they could discuss their concerns privately would make them more likely to visit a pharmacy.

Opening hours are also linked to privacy: longer hours with quieter periods might be more attractive to men, or pharmacies could consider instituting a designated period for men (a men's hour).

It is clearly in pharmacies' interests to address this issue, as our evidence (page 17) suggests that once men do start talking to their pharmacist, they tend to do so frequently. Pharmacist Ade Williams (page 31) talks about the importance of building trust, but before that can even be considered, the discomfort men feel about opening up in a pharmacy must be addressed. A private consulting room is clearly vital here.

The in-store experience

The title of our 2009 report *Racks of Make-Up and No Spanners* encapsulated the feeling men often have that pharmacies are designed for women. This feeling persists. It ought to be relatively easily addressed by thinking about matters such as colour and vibe, signage, product placement, posters and reading material and by ensuring that these are inviting to all customers. Our focus groups, alongside pharmacist Ade Williams suggested that pharmacists could consider asking male customers to audit the store and give some feedback on how to make it more attractive to men.

Reorganisation, including new furniture, better signage, and

appealing, male-focused reading material to pass the time while patients wait, could improve a pharmacy's spaces, including its consultation room. Ensure that posters and other displays are gender-balanced. There are many resource options for reading material: both the public and voluntary sectors produce relevant literature and information, such as the popular Man Manuals published by The Men's Health Forum.³⁶ These easy-to-read booklets targeted at men can be given away or used as a small library for men to read whilst waiting in the pharmacy. The Men's Health Forum also provides training: its Men's Health Champions workshop focuses specifically on the skill needed to have more effective conversations about health with men — a skill pharmacists have been telling us they need since 2009.

All pharmacies need a private consultation room and it is surprising that nearly one fifth of pharmacists surveyed admitted to not having one. Our research highlights the need to advertise the facility very clearly indeed and to ensure that it feels like a professional healthcare environment rather than a broom cupboard or a stockroom. It should be available with no questions asked. No patients (regardless of gender) should have to give a reason at a public counter as to why they want a private consultation.

The research suggests it makes sense for pharmacists to apply the same principles to any in-store health checks or other services they might provide. These services need to be clearly advertised, private and professional, not delivered behind inadequate screening by overworked staff who have half a mind on the burgeoning queue at the counter.

Understanding the local community

It is understandable that the team at a busy pharmacy might not feel they have time for outreach work. However, our research demonstrates that seeing this less as an altruistic, bolt-on activity or mere 'advertising' and more as a community bridge-building exercise that could pay dividends in terms of customers' trust (and their pennies) in the future might make it more cost-effective. The message for pharmacists is simple: if you go to where men are (pubs, clubs, leisure and sports grounds), they are far more likely to then come to where you are.

'Meeting men where they are' doesn't just refer to the places they go but also to the stages they are at in their lives. The turning points in a man's life – such as becoming a father, receiving a diagnosis of a long-term condition, or retiring – are all opportunities to have a conversation about health. Men are socialised not to prioritise their own health – this much-discussed point was evident yet again in our research – but that doesn't mean they are not interested; the data demonstrate that vast majority of men do care about their health and wellbeing.

Pharmacies need to study the demographics of their local community and the related public health data. Through this process they can learn what their community needs in order to be healthier and they can then consider how they can help deliver it. How can they better target the message to the men coming into their pharmacy?

Our research suggests that men are reluctant to talk as it seems unmasculine. Pharmacists could challenge this preconception directly by showing men talking (for example, in posters) or by using local role models or influencers to encourage pharmacy visits. Communications with men could lean in to some of those traditional notions of masculinity by emphasising, for example, that looking after your own health helps you to look after your family. You can only take care of them by taking care of yourself – in the event of a problem on an airline, parents are encouraged to fit their own oxygen masks before fitting their children's for exactly this reason.

Better integration with other services

Men surveyed expressed a preference for visiting their GP. More than one-third (35.69%)³⁷ said they'd rather visit a doctor or other healthcare professional. Some (20.29%) felt they didn't know their pharmacist like they knew their GP and slightly more (21.92%) simply weren't happy discussing health concerns in a pharmacy.

It is evident that improving integration with the wider NHS would make pharmacy a lot more attractive to men. Knowing the pharmacist would be able to refer them into the NHS system if needed (25.86%), knowing that they could get a referral to see

a specialist if needed (22.06%), and knowing that their concern would be shared with their GP if they wanted it (21.20%) would all make men more likely to speak to a pharmacist. These views all point in one direction: better integration. Of course, this is not entirely the responsibility of the pharmacy – other services and NHS structures need to engage too – but if pharmacists could find a way to work with local GPs and Integrated Care Boards to provide fast-tracking, direct referral or booking of appointments or basic triaging it could make a significant difference.

Pharmacists' attitudes

Our research suggests that the approach of the pharmacist is vital. The attitude of staff and ambience of the store are far more important than the gender of the pharmacist. Indeed, more women (11.76%) than men (9.31%) said that being able to speak to a pharmacist of the same sex would make them more likely to visit a pharmacy. Other research³⁸ on the gender of healthcare professionals suggests much the same with most patients reporting that they are unconcerned by their gender, except in the case of intimate examinations, which is not an issue in a pharmacy.

The research suggests that it would help to make it clear which conditions and issues pharmacists are best placed to assist with. Just over one in six men surveyed (17.21%) said they hadn't asked for advice in a pharmacy because they didn't think the pharmacy could help. Similarly, it is valuable to make the pharmacy team's qualifications clear; men say it does make them more likely to ask for advice.

If a lot of men are saying they don't know their pharmacist the way they know their GP then this is a clear invitation to get to know them better. The approach of pharmacist Ade Williams (page 32) is particularly instructive here, and our research supports his advice. Chat to the males who come into your store, get to know them as individuals in their own right at a particular stage in their lives with particular challenges and needs rather than seeing them as customers or patients. If you can't help, you can still be helpful. Some one in six of men (16.67%) said they had asked for advice and found the pharmacy unhelpful.

With so many men coming in to collect prescriptions, every prescription becomes a communications opportunity. Why not include a men's health leaflet?

Services rather than sales

Our research suggests that it is important to emphasise that pharmacies are primarily about health not commerce. Some men said they would be encouraged to talk to a pharmacist if they knew that they didn't necessarily have to buy something (14.58%) and that, if they did, that their budget would be catered for (15.44%). This suggests that as well as clarifying which services are offered, it is important to make it clear which ones are free.

Since COVID, digital services have been expanding in pharmacies. Many now have the facility for vaccinations to be booked online. This could be extended to other services like health checks. Nearly half of men say they would be interested in health checks in pharmacies. Providing targeted services for men is a very simple way of saying that men are as welcome in this space as anyone else. Just make sure it doesn't look like a box-ticking exercise or an unwanted distraction.

The popularity with men of health checks, of support managing common illnesses (allergies, coughs, constipation etc.), and of help with specific men's health concerns (sexual health, erection problems, hair loss etc.) demonstrates clearly that while men might not fancy talking about some of these topics, they would like services that address them. This is a real opportunity for pharmacists to be proactive and stigma-busting.

Notably, the advertising of services and pharmacists' personal attitudes were mentioned by Murphy & Gardner in their research (see page 14) into the effective promotion of men's mental health in pharmacy.

KEY RECOMMENDATIONS FOR MEN

Although men generally felt that men's health had improved over the past ten years and that there was greater willingness to talk about health, even about mental health, there was still a

strong sense that stigma remained. This was reflected, they said, in a difficulty in talking to other men, being proactive around health, and in seeing a GP.

The research makes it clear that men are missing out on a lot by not engaging more with pharmacy services. One very practical reason for this highlighted by the research is that the majority of men (56.74%) have experienced negative consequences from not practising self-care. These negative consequences included ill health, missed work, and damaged relationships. This alone is, surely, as good a reason as any for asking a pharmacist for advice.

The evidence³⁹ suggests that men are sometimes reluctant to go to the doctor for fear of wasting their GP's time (and their own) with something trivial. Using pharmacy as a form of 'triage' could reassure on this point and empower men by giving them 'permission' to see a GP.

The key message for men is that pharmacy is for you. It is a far, far better source of health advice and information than, for example, AI, which cannot be recommended.

Pharmacists want to help, it's just that pharmacies are not very good at telling you what they offer. If you don't know, ask. If you're not happy with your pharmacy, try a different one. If the one you use doesn't provide a particular service, then find out about the others in your community. There are 10,000 pharmacies in the UK and the evidence is that if you can find one that you like, it can be very helpful. Of the men who said they speak to a pharmacist when they have a question or concern, well over half (56.8%) did so at least once a month.

KEY RECOMMENDATIONS FOR THE NHS AND POLICY-MAKERS

If the NHS is serious about using pharmacy more effectively – and the growth in advanced services discussed above suggests that it is – then improved integration of pharmacy into the NHS is probably the one single change that could have the biggest impact on men's health generally and on their willingness to use pharmacy in particular; this point came up time and again.

We talk a lot about integrated care, this is what 'integrated care' means to the men we interviewed.

Why would a man speak to his pharmacist about a problem if he thinks the advice is going to be 'go and see your GP'? He may as well go and see the GP in the first place. This point was particularly clear from our focus groups. However, if the pharmacist's response is 'I can't deal with that directly but I can book you an appointment with someone who can' then the opposite applies: why wouldn't he speak to the pharmacist? The application of basic triage could revolutionise the attitude of men (and women) to the walk-in benefits afforded by having a pharmacy on every high street.

Given that use of pharmacy appears fairly consistent across the male population – even men from more disadvantaged demographics have usage rates of around 90% – finding ways to harness its potential could help the NHS reach those groups that were singled out in the Men's Health Strategy for England as needing particular support.

An anecdote to end on

It is October 2024, late on a Friday afternoon. A patient is discharged from A&E after several hours, armed with a diagnosis (a ruptured Achilles), a plastic moon boot on the affected leg and, because the hospital pharmacy is already closed, a prescription for blood thinners to prevent a blood clot. Unfortunately, most of the local pharmacies are closed and the others do not have the drug in stock.

The following morning his partner goes to the local pharmacy – now open – to fulfil the prescription. It is well over 24 hours since the injury and the need for blood thinners is urgent. Unfortunately, the A&E doctor has forgotten to sign the prescription. The partner shows the pharmacist the A&E discharge sheet which naturally mentions the prescription of the drugs. Not enough, apparently. Now, you might expect the pharmacist to contact the hospital (surely all pharmacies have contact details for local hospitals without a 24-hour pharmacy). You might expect that a qualified pharmacist would recognise

the urgency and supply, if not the complete prescription, then at least enough for the weekend. But no; instead, the pharmacist sends the partner back to the hospital to get the prescription signed. A couple of miles on a bicycle in the pouring rain. The pharmacist's only advice? Take out a complaint against the hospital.

I know all this because the patient was me. And I was lucky. Without my partner to do all the leg work who knows how long I would have been waiting for those drugs.

The point of this story is not to criticise any one pharmacy in particular – we aren't naming the pharmacy – but to illustrate the points we are making in this report. No doubt the pharmacy were following protocol as they understood it. That being so, those protocols need addressing if we're serious about improving integration between pharmacy services and the NHS.

Is it just a story about a lack of common sense? Perhaps, it is more about procedures that don't allow those following them to think for themselves, regardless of their qualifications. Perhaps it's the result of seeing people who come through the door as customers rather than patients to whom you have a responsibility. Whatever the precise reason, it highlights the failure of integrated care writ large: a system that in the age of the internet and artificial intelligence falls apart for want of a signature on a slip of paper.

Acting on the recommendations in this report would eliminate experiences like this. The Men's Health Strategy is an opportunity for men and pharmacy to take their relationship to a new level. We desperately need policy-makers to seize this opportunity.

Jim Pollard, Men's Health Forum



BECOME A MALE-FRIENDLY PHARMACY

If you're a pharmacist reading this report we hope it has provided some useful ideas for making yours a male-friendly pharmacy.

To facilitate the improvement we all want to see, the Men's Health Forum has developed a five-point plan:

Create a welcoming and designated space

Make the pharmacy environment more approachable by providing a clearly labelled and advertised private consulting room. This should be supported by marketing materials, including posters and leaflets, that are specifically targeted at men to signal that their health concerns are a priority.

Appoint a men's health champion

Designate at least one team member as a men's health specialist. This should be someone who has received training in talking to men about their health. The champion's role and qualifications should be made clear to build trust and ensure men know who to turn to for expert advice.

Offer dedicated men's health services

Go beyond prescriptions by offering specific, preventative services that appeal to men. This could include health 'MOTs', blood pressure and cholesterol checks, and informal chat groups to create a sense of community and shared experience.

Improve access and guarantee privacy

Address practical barriers by keeping the pharmacy open late at least one night a week. Crucially, implement a 'no questions asked' policy for a private chat and provide a simple online booking system to make it easy for men to seek advice without worrying about being overheard.

Proactively engage the community

Actively reach out to men rather than waiting for them to come in. This includes going out into the community to places where men already are, such as hosting talks or checks at sports centres and stadia, community and leisure venues, and workplaces. Pharmacies should also provide a facility for customer feedback, conduct a regular 'pharmacy audit' with local men to understand their needs, participate in national campaigns like Men's Health Week, and ensure any local fundraising efforts also support men's health charities.

ENDNOTES

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- 28 Combining responses 'Yes, to buy everyday products (toothpaste, hair and grooming etc.)', 'Yes, to buy everyday healthcare products (vitamins and supplements, protein powder, first-aid supplies etc.)', 'Yes, to buy over-the-counter medications (erectile dysfunction medication, allergy medications, painkillers etc.)', 'Yes, to collect prescriptions', 'Yes, to receive vaccinations (e.g. flu jab)', 'Yes, to get help or advice when I have a healthcare concern', and 'Yes, other, please specify'
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AN UNFILLED PRESCRIPTION TAPPING PHARMACY'S POTENTIAL TO BOOST MEN'S HEALTH

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How can policy-makers, the NHS, and pharmacists use community pharmacies to improve men's health? The Forum's new research with men and pharmacists suggests that the Men's Health Strategy for England provides a golden opportunity to keep men healthier and pharmacies open.