



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

Report written by Jim Pollard
April 2026

SUMMARY



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.

This is a summary of the Men's Health Forum's 2026 report *An Unfilled Prescription* (ISBN 978-1-906121-41-9), which examines the role of community pharmacy in improving men's health in the UK. The full report is available from the Forum.

An Unfilled Prescription (Summary)

© Men's Health Forum, 2026

All rights reserved. You must not reproduce or transmit any part of this in any form or in any way without written permission from the Men's Health Forum. This includes photocopying or scanning it.

The Men's Health Forum wishes to thank Opella for supporting its work on men's health. Opella has neither sought nor had any influence or control over the content of this summary or the report. The content of both is solely the responsibility of the Men's Health Forum. The report was written by Jim Pollard, an associate of the Men's Health Forum. Photo credits in full report.

Published April 2026

Men's Health Forum,
82 Tanner St, London SE1 3GN
Registered charity No. 1087375
Company limited by guarantee No. 4142349 –
England

0330 097 0654

www.menshealthforum.org.uk



WHY THIS RESEARCH IS SO IMPORTANT NOW

Men's health is poor in the UK – one man in five dies before the age of 65 – and health inequalities are rampant.

As government policy begins to address this, *An Unfilled Prescription* revisits a long-standing question in UK public health: why do community pharmacies remain an underused resource for improving men's health? What has changed since the Men's Health Forum published *Racks of Make-Up and No Spanners*, its previous report on this topic, in 2009? The answer, suggests this new research, is "not enough".

Pharmacies are everywhere, are often open outside GP hours, and do not require appointments. Men, meanwhile, continue to experience poorer health outcomes than women and are less likely to engage early with healthcare services. In theory, pharmacy should be a natural point of intervention. In practice, a persistent mismatch remains between men's needs, expectations, and behaviour, and how pharmacy services are designed, communicated, and experienced.

The new research presented in this report combines a large national survey of men and women, a parallel survey of pharmacists, focus groups with men, and an in-depth practitioner case study. Together, these provide a picture of high levels of pharmacy use but low levels of meaningful engagement, alongside clear evidence that trust, privacy, communication, and cultural fit remain significant barriers. The report concludes with a five-point plan, based on the research, that pharmacies might adopt to become a male-friendly pharmacy.



NEW RESEARCH: MEN'S ATTITUDES & EXPERIENCES

High usage, low engagement

Men are physically present in pharmacies but engagement is low.

In a sense, pharmacy is already embedded in men's lives. Over 92% of men report using their local pharmacy, most commonly

for prescriptions and over-the-counter (OTC) medicines but only around one in four men say they speak to a pharmacist when they have a question or concern. This figure rises only marginally across age groups, with slightly higher engagement among men aged 35–44 years and those over 55 years.

This mismatch exposes pharmacy's unrealised potential. Men are coming through the door but that rarely leads to a health conversation. Importantly, the data show that when men do start talking to pharmacists, they tend to do so frequently. Over half of men who speak to a pharmacist do so at least monthly, and nearly one-third do so weekly. Younger men who engage appear especially likely to find these interactions useful. The opportunity is clear.

Why don't men talk to pharmacists?

When asked why they do not seek advice from pharmacists, men cite a combination of structural, cultural, and relational barriers:

- > A preference for seeing a GP or another healthcare professional
- > Perceived high cost of pharmacy products
- > Discomfort discussing health concerns in a public retail space
- > Lack of a personal relationship with the pharmacist
- > Previous unhelpful experiences

Notably, a significant minority of men (around 17%) do not believe pharmacists can provide the help they need. This persists despite very high awareness (when prompted) of pharmacists' professional qualifications.

Age is a factor. Men aged 18–24 years are far more likely to rely on family members for health advice, whereas men aged 25–34 years are the most likely to prefer GPs over pharmacy. Older men may be less likely to want to discuss their health in a pharmacy: more than 25% of men aged over 55 years say they feel discomfort about discussing health concerns in the pharmacy environment.

These findings reinforce previous research showing that men want legitimacy, privacy, and clarity before seeking help. Many fear wasting professionals' time, being overheard, or being funnelled into a retail transaction rather than a clinical interaction.

What would encourage greater use?

Men were also asked what would make them more likely to use pharmacy services. The top motivators point toward integration, privacy, and credibility, rather than convenience alone:

- > Knowing the pharmacist could refer them into the NHS if needed (25.86%)
- > Knowing conversations would be private (24.02%)
- > Knowing they could get specific, tailored advice (24.02%)
- > Knowing information could be shared with their GP (21.02%)

Extended opening hours, often assumed to be a key factor for working men, ranked relatively low suggesting that men prioritise the quality and legitimacy of care over accessibility.

The importance of NHS integration also stands out: men want reassurance that pharmacy is not a stopgap alternative, but a gateway into the wider health system.

Perceptions of men's health and masculinity

The survey also explores men's views on broader barriers to healthier lives. The dominant themes are familiar but powerfully reinforced. Respondents were asked what they considered to be the barriers to men leading healthier lives:

- > Men delay seeking help (36.15% of men; 38.18% of women)
- > Men do not talk enough about health (32.72% of men; 41.09% of women)

- > Men fear appearing weak or unmasculine (32.60% of men; 31.55% of women)
- > Men downplay their own health needs (29.41% of men and 34.46% of women agreed that 'men tend to put their head in the sand when it comes to ill health', while 27.08% of men and 24.21% of women agreed 'Men tend to disregard or see their own health as unimportant')

These perceptions are shared by men and women alike, although women tend to see the barriers as even more pronounced. Interestingly, the idea that a lack of male staff is a major barrier receives little support, suggesting that how pharmacists communicate matters more than their gender.

How men currently manage health concerns

When asked how they actually manage common health issues, men report a pragmatic, but often suboptimal, mix of strategies:

- > Seeing a GP
- > Buying OTC medicines
- > Trying to manage alone
- > Consulting a pharmacist (fourth most common)

Men are slightly more likely than women to consult pharmacists, particularly younger men. They are also significantly more likely to search online or use Artificial Intelligence (AI) tools for health advice (22.46% of men compared with 17.53% of women).

Crucially, over half of men report experiencing negative consequences from not seeking advice, including missed work and relationship strain. These costs peak among men aged 25–34 years, highlighting the economic and social impact of delayed care.

The findings reinforce the case for early, low-threshold intervention, which is precisely the space pharmacy could occupy more effectively.

Is men's health improving?

Men are cautiously optimistic about improvements in overall

health, fitness, and openness around mental health and sexual health over the past decade.

However, they are far less convinced that:

- > Health inequalities have narrowed (only 27.21% of men said these have improved)
- > Substance use and weight issues have improved (only 29.41% of men said use of alcohol tobacco or other substances have improved and only 36.27% said weight loss management has improved)
- > Men are becoming more willing to seek help early, with more than half of men saying this has stayed the same or is worse

Most men believe stigma remains largely unchanged, and many feel that proactive prevention (screening, check-ups, pharmacy-use) has not meaningfully increased.

Women are consistently more sceptical than men about the extent of progress on men's health, particularly regarding access and inequality. This gender gap might imply continued blind spots in how men assess their own health behaviours.



NEW RESEARCH: PHARMACISTS' ATTITUDES & EXPERIENCES

How do pharmacists see male customers?

Pharmacists estimate that just under half of their customers are male – a significant part of pharmacy footfall. Many pharmacists believe men are actually more likely than women to ask for advice on a wide range of conditions, particularly sexual health, pain, skin problems, and eye conditions.

Barriers identified by pharmacists

Nearly all pharmacists report challenges in engaging men. These fall into three overlapping categories:

Social and cultural barriers:

- > Stigma around sensitive topics

- > Men's hesitation and communication challenges

Environmental barriers:

- > Crowded shops
- > Inadequate or underused private spaces

Operational barriers:

- > Lack of time
- > Staff workload pressures

Almost one in five pharmacists report not having a private consultation space, despite this being a statutory requirement. This highlights the challenges implicit in any national ambitions for pharmacy-led care.

**What are pharmacists doing
(and what would they like to do)?**

Many pharmacies already promote men's health in some form, though activity is uneven. Common approaches include retail products, signposting, and specific services such as erectile dysfunction treatment.

Pharmacists overwhelmingly express a desire for:

- > Better facilities for private conversations
- > More resources, both in-store and online
- > Training in men's health and communication
- > Digital and telephone services
- > Improved health literacy

With the exception of improved health literacy in schools, most of these changes are within a pharmacy's own control, underlining the view that progress does not depend solely on policy reform.

WHY HASN'T MORE CHANGED?

Many of the findings in the new report echo those of the



Forum's 2009 report. Pharmacies remain theoretically ideal for engaging men, but the system has failed to translate potential into practice.

It is easy to point the finger at men but that is to ignore pharmacy's failure to adapt its environment, messaging, and culture to men's needs. Men's late presentation to health services is well documented, yet pharmacies continue to operate in ways that do not encourage earlier engagement.

Five key themes for pharmacists

1. Privacy is foundational, not optional

Privacy emerges as the single most important issue across surveys, focus groups, and practitioner reflections. Men are uncomfortable discussing health concerns in public retail spaces. Consultation rooms, when they exist, are often poorly signposted, poorly designed, or feel like storage areas rather than clinical spaces.

Opening hours are linked to privacy. Longer hours with quieter periods might be more attractive, or pharmacies could consider a designated men's hour (or two).

Improving privacy is not an optional enhancement but as a prerequisite for trust. Without it, efforts to expand pharmacy services will struggle to reach men.

2. The in-store experience still feels feminised

As reported in *Racks of Make-Up and No Spanners* in 2009, many men continue to experience pharmacies as female-oriented, retail environments where they feel out of place or invisible.

Some relatively simple low-cost, high-impact interventions include: improved signage, more inclusive imagery, visible men's health information and reading material, high-quality men's health screening and other services and, perhaps most importantly, inviting male customers to audit the space.

3. Trust is built through relationships, not transactions

Men open up when they feel understood and respected.

Trust grows through repeated, positive interactions, outreach work, and working with men's existing knowledge – including the information, good or bad, that they may bring from the internet or from using AI tools.

Dismissive or transactional encounters can permanently deter men. Conversely, respectful engagement can turn pharmacies into trusted hubs within men's informal support networks.

4. Pharmacy must meet men where they are

This applies physically and psychologically. Outreach in pubs, workplaces, and community spaces is a powerful trust-building strategy. So too is acknowledging men's use of AI and online information and working with it rather than condemning it.

Pharmacy must adapt to changing help-seeking behaviours, not compete with them. Far better integration with the NHS is required. If pharmacists could find a way to provide fast-tracking, direct referral or booking of appointments or basic triaging it could make a significant difference

5. The future of pharmacy depends on service, not sales

Men's health can be situated within a wider existential challenge for community pharmacy. Retail margins are shrinking, dispensing is often loss-making, and the future lies in commissioned healthcare services.

Men represent both a moral imperative and a strategic opportunity. Reaching men earlier could improve health equity while strengthening pharmacy's role within the NHS.

CONCLUSION: A FAMILIAR CHALLENGE, A GREAT OPPORTUNITY

Despite limited progress since 2009, this new research should not be viewed pessimistically. Men use pharmacies and they trust pharmacists once relationships form. They want personal, respectful, NHS-connected care. Pharmacists want to do more and largely know what needs to change.



What has been missing is systematic follow-through: redesigning spaces, rethinking communication, investing in skills, and embedding pharmacy more clearly and cogently within the healthcare system.

Sixteen years on from *Racks of Make-Up and No Spanners*, the challenge is no longer identifying the problem, but whether pharmacy – and the system around it – can act on it.

MALE-FRIENDLY PHARMACY CHARTER

The Men's Health Forum is calling on community pharmacists to ensure their business is a male-friendly pharmacy by signing up to a five-point plan:

1. Create a welcoming and designated space

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

2. 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.

3. 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.

4. 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.

5. 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 could also 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.

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.

This is a summary of the Men's Health Forum's 2026 report *An Unfilled Prescription* which examines the role of community pharmacy in improving men's health in the UK. The full report is available from the Forum.



menshealthforum.org.uk

