The All-Party Parliamentary Group on **Prostate Cancer**

Supporting men with prostate cancer through the Men's Health Strategy

July 2026

This report was informed by evidence provided at a meeting of the All-Party Parliamentary Group on Prostate Cancer, supplemented by input from the Joint Secretariat (provided by Prostate Cancer Research and Prostate Cancer UK).

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Summary and recommendations

- **Ensuring men have access to a clinical nurse specialist, or other single point of contact, is critical to ensure a sense of control and effective management of prostate cancer. This requires an adequately resourced workforce. Shortages across the urology nurse workforce are persistent. In line with the Government's shift in health care from hospital to community, there exists an opportunity to develop the nursing role. The resourcing, training and integration of this shift requires careful mapping and, as it concludes the NHS 10 Year Workforce Plan, the UK Government should work actively with key stakeholders including the British Association of Urological Nurses and the Royal College of Nursing to ensure safe, equitable and timely delivery.**
- **To connect men into the services they need to help them through their personal prostate cancer journey, it is vital the NHS works closely with trusted third sector partners. Improving integration of these services into NHS pathways and allowing for direct referral from NHS clinicians will increase the support available to patients and reduce administrative burdens on NHS staff.**
- **The UK Government should commit to a standing set of meetings with key stakeholders that interrogates the progress and implementation of the Men's Health Strategy, and the work which intersects with complementary government strategies such as the National Cancer Plan and NHS 10 Year Health Plan for England.**
- **As part of its commitment to convene a National Summit on Men and Boys in autumn 2026, alongside topic-specific stakeholder workshops, the UK Government should ensure that prostate cancer is explicitly included within the programme.**

Foreword

Men's health is now a clear public health priority. As the All-Party Parliamentary Group on the most common cancer affecting men, it is right and timely that we assess prostate cancer within this wider context.

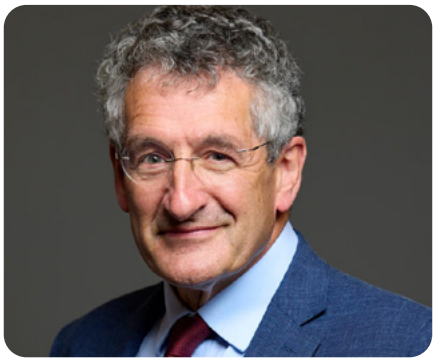
The Government's new Men's Health Strategy for England presents an important opportunity to address the distinct challenges men face in accessing and navigating care. This report examines how effectively prostate cancer policy and services respond to those challenges.

In March 2026, we heard evidence from experts, clinicians, support organisations and men with lived experience. We are grateful to Amy O'Connor (Movember), Hannah Doyle (BAUN), Rebecca Nicholls and Sinéad Cope (Maggie's), and Alphonso Archer for their contributions.

Prostate cancer must be central to any meaningful delivery of the Men's Health Strategy. This report sets out practical steps to improve diagnosis, treatment and care, and we will continue to highlight the need for support for people with prostate cancer as these national conversations further develop, including through the forthcoming National Summit on Men and Boys.

Ben Obese-Jecty MP

Officer



Dr Peter Prinsley MP

Officer

Lord Mott OBE

Officer

*Please note that Calvin Bailey MBE MP, who chaired the meeting referenced in this report, stepped down as Chair of the Group in June 2026 following his appointment as the UK Government's Minister for Veterans and People at the Ministry of Defence.

The Men's Health Strategy for England – how does it impact prostate cancer?

In November 2025, the UK Government published the UK's first ever Men's Health Strategy (MHS).[1]

With prostate cancer being a male disease and the most common cancer in men, responsible for 12,000 deaths a year, the importance of aligning the strategy with the requirements and ambitions for prostate cancer diagnosis, treatment and care is clear. Accordingly, prostate cancer appears within the second sentence of the strategy and throughout the document. Although a greater proportion of cancer-specific policy detail is contained within the Government's subsequent National Cancer Plan. However, as a governing document for men's health in the UK, understanding the implications for prostate cancer is critical.

The APPG was grateful to hear at its March 2026 meeting from Amy O'Connor, Global Lead for Policy and Advocacy at Movember. Her and her team's work was central in bringing the MHS into existence and to guiding the appropriate focus of this towards prostate cancer. Movember have highlighted that 2 in 5 men die too early and that preventable health diseases affecting men represented a £9.4 billion cost to UK society.[2] In that context, the Government and health sector were urged to consider a holistic approach to men's health and create an environment so men can better understand the risks to their health and better means of maintaining it.

Lessons were there to be learnt from the approach to women's health care in this area where demonstrable success has been achieved through gender responsive approaches that look beyond individual behaviours and which examine the systems within which they are operating.

The published MHS includes a specific action plan and highlights the need for disaggregated health data by gender, as well as talking about behaviours and systems. It is underpinned intellectually by an academic Men's Health Network, led by Professor Paul Galdas from University of York. The strategy is also led by a principle to 'go to where men are' or 'health by stealth', by partnering with organisations like the Premier League. A £3m fund has been committed to community health initiatives for this, which since the APPG's meeting has been increased to £6.3 million with additional funding from Movember and the People's Health Trust.[3] Additionally, there is a commitment to appoint a Men's Health Ambassador.

Within the MHS six levers are identified to improve men's health: Access to services; Individual behaviours; Healthy living; Strong social and family networks; Societal norms; Health challenges and conditions (where prostate cancer sits within the strategy).

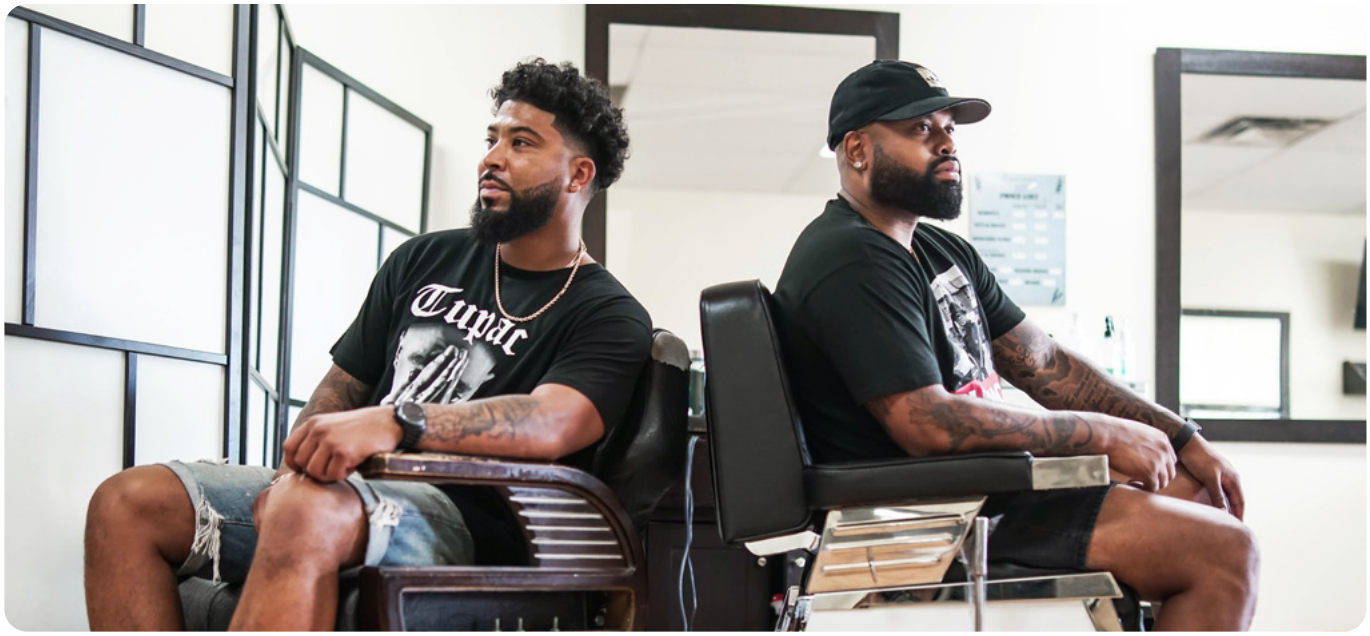


Photo credit: Movember

Prostate cancer in the MHS

There are specific initiatives regarding prostate cancer within the MHS. An existing announcement on funding for piloting the use of AI to assist radiologists using MRI to detect clinically significant prostate cancer is mentioned, with two innovations from Lucida Medical and Quibim funded to explore earlier and faster prostate cancer diagnosis.[4] There is also a new commitment that from 2027, subject to clinical validation, men on active monitoring pathways will be able to order and complete prostate-specific antigen (PSA) blood tests at home. Additionally, through NHS Online the Government commits to offering virtual hospital pathways for men with raised PSA levels who are at risk of prostate cancer. These could all appreciably improve the experience of men going through the diagnostic pathway or living with prostate cancer. Their implementation, equitable delivery and impact will be of particular interest to the APPG going forward.

With a team now within DHSC focussed on men's health, prostate cancer stakeholders should be encouraged to engage with that team as the MHS is implemented, and in line with planned reporting moments such as summit meetings. In doing so the most impactful priorities could be articulated and pursued under the umbrella of the MHS, including the following highlighted to the APPG by Ms O'Connor:

- updates to the diagnostic guidelines to allow for proactive outreach to men at highest risk;
- a push to encourage uptake of health services through risk awareness campaigns;
- evaluating Health Care Professional (HCP) training – e.g. the Australian Government have invested millions into training HCPs to better engage men in the healthcare setting;
- Sexual health and wellbeing provision – utilising Movember's international guidelines[5] on this topic;
- Prostate cancer can lead the way for collaboration with the DHSC to deliver on the opportunities of this new strategy.

How clinicians support the mental health needs of men with prostate cancer

There are roughly 540,000 men living with prostate cancer in the UK[6], and while early diagnosis is critical and the debate around screening continues, it is crucial that the well-being, experience and outcomes of men are considered after their diagnosis. The MHS is described as a strategy "designed to encourage men to take charge of their physical health and mental wellbeing. First, by expanding access to support services; second, by helping them to take better care of themselves; and third, by ensuring stigma is challenged and every man feels empowered to reach out for help."[7]

It was in this context that at its March 2026 meeting the APPG heard from Hannah Doyle, a prostate cancer nurse at the Royal Marsden and trustee of the British Association of Urological Nurses (BAUN), who shared clinical and frontline insights into the mental health needs of men with prostate cancer, drawing on her own experiences and those from BAUN's members across the UK.

Treatment advances for prostate cancer have dramatically improved survival, however, the side-effects of treatment and the emotional and psychological impact are often significant and can affect individuals at every stage of the pathway, whether patients are undergoing curative or palliative care.

Men tell nurses about fear of recurrence, changes in identity and the strain that cancer places on relationships, work, and daily life. Clinicians see this every day – but support is inconsistent and men often slip through the gaps.

Prostate cancer diagnosis is associated with a higher risk of mental health disorders than the general population.[8] A large European study found that 42% of men who have been treated for prostate cancer are anxious or depressed to some extent.[9] Prostate cancer patients are also at a significantly higher risk of committing suicide, with one recent study demonstrating a 1.25-6.5 times higher risk of suicide compared to the general population.[10] The psychological impact typically includes: fear and uncertainty around PSA blood tests and recurrence of their cancer; low mood, particularly when treatment affects sexual or urinary function; changes in body image and loss of confidence; social withdrawal; a strain on partners and families; and fatigue on Androgen Deprivation Therapy (ADT), which is compounded with hot flushes at night.

These themes appear across age groups and treatment types, and they shape how men engage with their care. Ms Doyle shared one nurse's view that "men with prostate cancer can often feel less manly, less masculine... it can all come down to identity. Peer support can be a big thing, but it can be hard to access."

This view, Ms Doyle highlighted, reflects what nurses hear in their own clinical practice: that prostate cancer affects far more than the physical body. Sexual wellbeing in prostate cancer patients is often dismissed and underestimated. Research has shown that there is a correlation in low sexual function and mental health with prostate cancer. However, nurses often witness these being dismissed, with oncology teams being wholly focussed on disease treatment rather than wider considerations on their quality of life and what is important to the patient.

Despite recognising the need, barriers exist from both the patient side and the clinical side. Many men do not feel able to express emotional distress, even when it is very visible. One BAUN member said:

"I've had men crying in clinic then refuse referral because they say they don't need help." This reluctance – driven by stoicism, generational norms, and stigma – means that distress is often unspoken.

How clinicians support the mental health needs of men with prostate cancer

Busy clinical environments, limited time for emotional assessment, variation in access to psychological services often with significant waiting times create systemic barriers to support. Ms Doyle highlighted that there is currently a 3-4 month waiting list for routine referrals for psychological support.

Challenges regarding the urological nurse workforce add to these barriers. Urology cancer has the highest ratio of patients to nurse specialists, with an average caseload of around 700 patients in England compared to approximately 160 for each breast cancer clinical nurse specialist (CNS) in England (2017-2018).[12] Nurses therefore struggle to find the time to address psychological needs with patients due to patient volume and the increasing responsibilities falling on nurses such as genetic testing.

Several approaches have been identified by the urology nursing community as consistently improving outcomes for men with prostate cancer. These include the effective use of Holistic Needs Assessments (HNAs), where meaningful implementation remains inconsistent across the UK; the central role of specialist nurses, who are often the most trusted and accessible point of contact for patients; the provision of peer support, which can significantly reduce isolation and improve wellbeing.

Additionally, BAUN nurses in particular point to the NHS's dependence on the contribution of charity-led services, which provide complementary practical and emotional support alongside clinical care. These help to lighten the load in busy clinics by providing counselling for those who engage with it. One clinician captured the importance of this intervention clearly:

"Counselling can be so effective... it's about getting the message out that it's okay to seek support."

Exercise is another key factor in supportive care, and can help to reduce anxiety and low mood, as well as helping with fatigue – which is one of the biggest contributors to emotional distress. Ms Doyle highlighted to the APPG that for many men, "exercise restores a sense of control at a time when treatment can feel overwhelming."

Across BAUN members, several themes emerge around opportunities for improvement. Referral pathways need to be clearer and should take advantage of the services from trusted third sector partners. Internally, NHS teams need better integration between urology, oncology, primary care, and psychology so that expectations are clear. The individual should remain the priority at all stages of care, rather than the disease alone, with services ensuring that opportunities for meaningful engagement and continuity of support are not overlooked.

Supporting men locally – the role of community-based and peer support services

A consistent theme emerging from the APPG meeting on the MHS was the central importance of locally delivered, non-clinical support in improving men's health outcomes, particularly for those affected by prostate cancer. Speakers emphasised that while national strategies and NHS pathways are essential, men's day-to-day experiences of diagnosis, treatment and survivorship are often shaped by the availability of trusted, accessible support in their local communities. The contributions from representatives of Maggie's West London illustrated how community-based and peer-led services can complement statutory provision and help address persistent gaps in engagement, wellbeing and continuity of care.

The importance of local support for men's health

Speakers repeatedly highlighted that many men are reluctant to seek help, particularly for emotional or psychological concerns. This reluctance was described as being shaped by social norms, stigma and discomfort with clinical environments. In the context of prostate cancer, these factors can be exacerbated by the nature of the disease and its side effects, which may affect continence, sexual function, identity and relationships.

Locally delivered support services are uniquely placed to overcome these barriers. By operating outside formal clinical settings, such services can offer more informal, flexible and approachable forms of support. Contributors emphasised that men often engage with these services at points where they may no longer be in regular contact with specialist care, including during active surveillance, after treatment has ended, or while living with advanced disease.

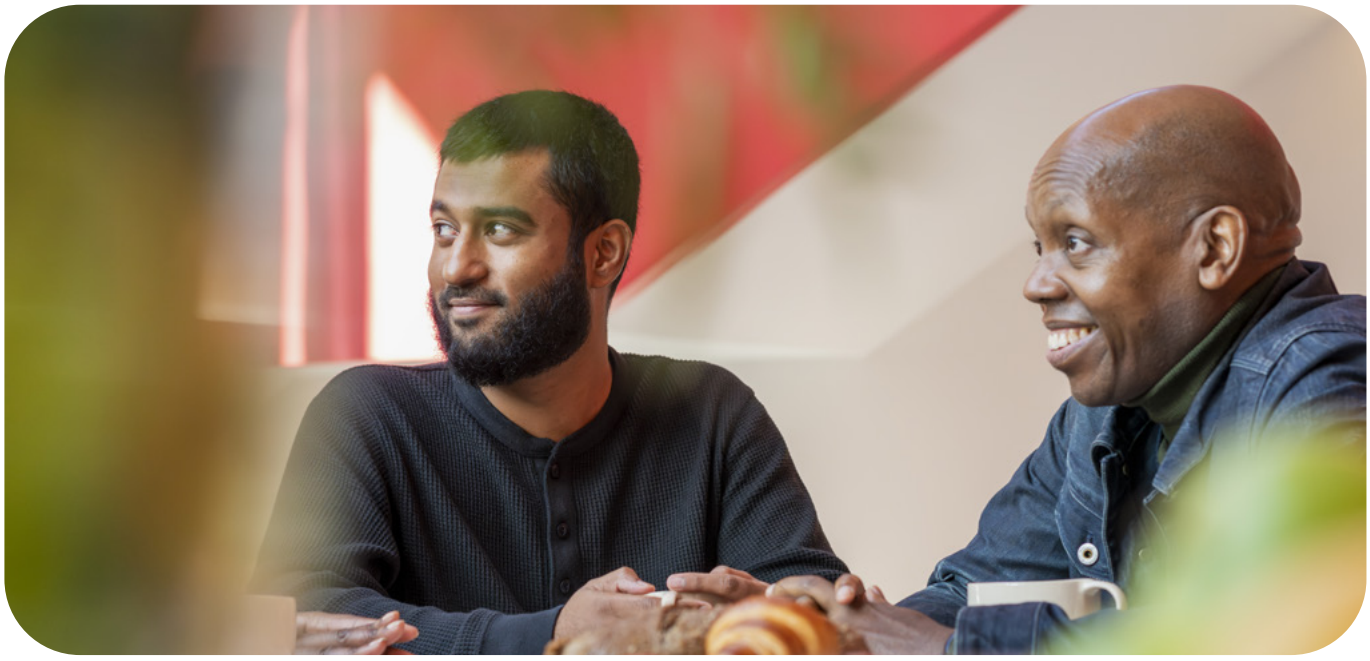


Photo credit: Maggie's

Maggie's: holistic, person-centred support in the community

As one example explored at the APPG's meeting, Maggie's centres provide free, drop-in support for people affected by cancer, including men with prostate cancer and their families. They described a holistic model of care that brings together psychological support, practical advice and peer connection in a single, non-clinical environment. This model of care from Maggie's was specifically referenced within the MHS.

Maggie's services are designed to meet people where they are, both emotionally and practically. For men, this often means engaging initially around information needs or practical concerns, such as understanding treatment options or accessing welfare and employment advice.

From this starting point, men may then feel more comfortable discussing emotional wellbeing, anxiety or relationship issues. This gradual, person-centred approach was presented as particularly effective in supporting men who might otherwise avoid mental health services.

The Maggie's team emphasised the importance of physical space and design in shaping engagement. Centres are intentionally welcoming and informal, which helps to reduce anxiety and encourage repeat visits. This environment can be especially important for men who associate hospitals with loss of control or distress, and who may therefore disengage once acute treatment has ended.

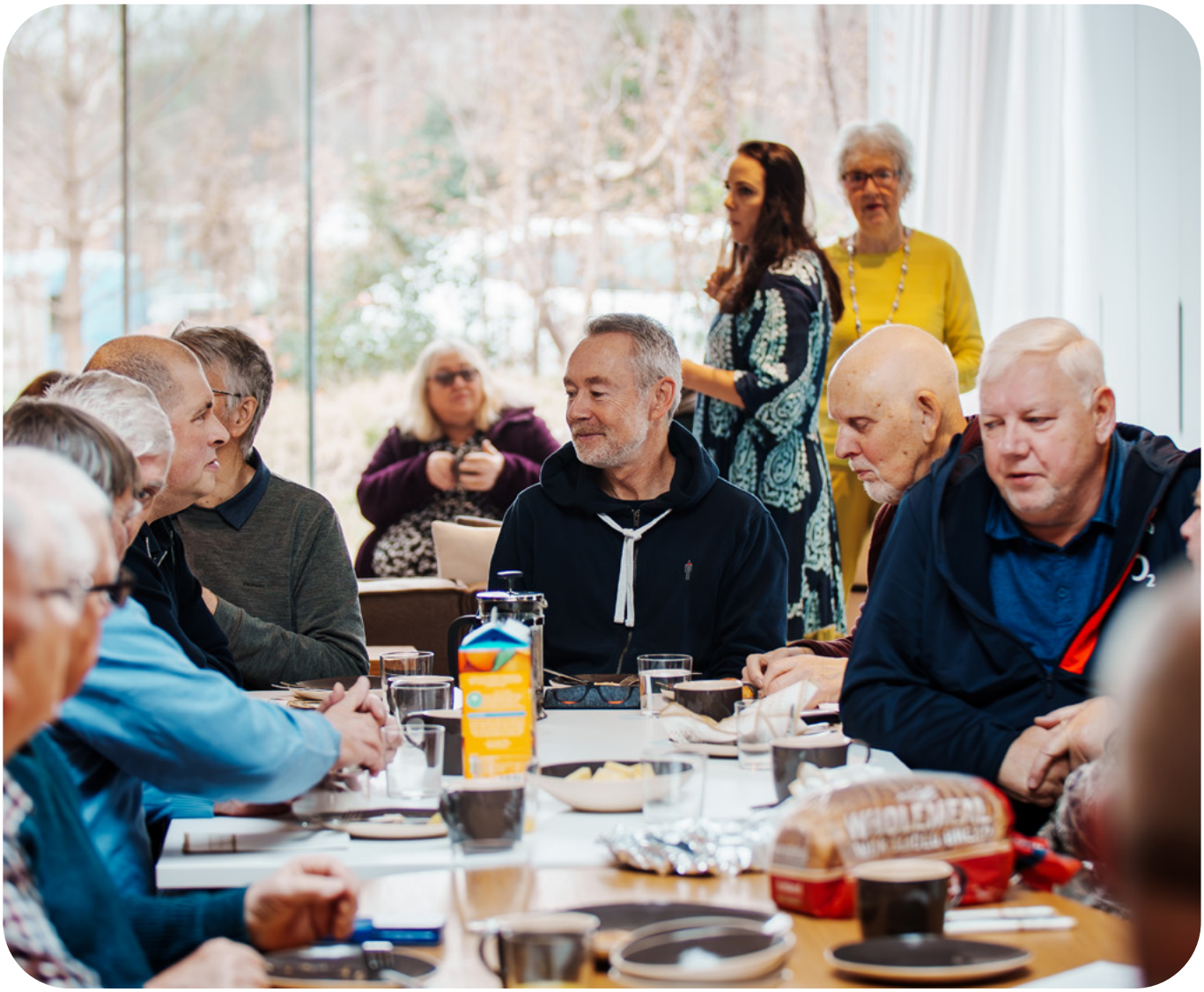


Photo credit: Maggie's

Supporting men beyond clinical care

Prostate cancer often has long-term consequences that extend well beyond the period of active treatment. Men may live for many years with side-effects, uncertainty or fear of recurrence, yet have limited contact with specialist services during this time. Maggie's representatives argued that community-based support can fill this gap by offering continuity, reassurance and ongoing opportunities for connection.

The speakers also highlighted the role of Maggie's in addressing wider determinants of health. Welfare advice, support with employment issues and help navigating benefits were all cited as critical in reducing stress and enabling men to focus on their health. This was framed as particularly important for men experiencing financial insecurity or other forms of disadvantage.

The power of peer support

Alongside professionally led services, contributors highlighted the distinct and complementary value of peer-led support, as exemplified by Tackle Prostate Cancer. Tackle is a national network of patient-led support groups dedicated to improving outcomes and experiences for men affected by prostate cancer. Through its network, Tackle provides peer-to-peer support, patient education and advocacy, helping men and their families to better understand diagnosis, treatment options and long-term impacts.

Tackle highlighted to the APPG that, despite policy commitments to personalised care, many men still face challenges in accessing meaningful shared decision-making, particularly where health literacy, emotional support and confidence to engage with clinicians are limited. Its peer support model helps to address this gap by enabling men to learn from lived experience, reflect on what matters to them, and prepare for discussions with healthcare professionals.

Local support groups offer safe, informal spaces where men can discuss sensitive issues, including treatment side-effects, and receive practical guidance alongside emotional reassurance. In doing so, they support more informed and confident decision-making and help reduce isolation.

Tackle's work demonstrates how voluntary and community sector expertise can complement clinical care. It also highlights the opportunity for the MHS to better integrate peer-led support within prostate cancer pathways and ensure that the experiences of patients and those who support them are more consistently reflected in policy and service design.

Complementing NHS services

Contributors were clear that peer support is not a substitute for clinical care. Instead, they positioned it as a means of strengthening engagement with health services. Well-informed and supported patients, they argued, are better able to participate in shared decision-making and to articulate their concerns to clinicians.

Participants also highlighted that peer support groups often maintain contact with men over long periods, including after discharge from specialist care. This long-term engagement was presented as particularly relevant for prostate cancer, where survivorship and chronic management are common.

Lived experience, creativity and connection

The contribution of Alphonso Archer (Music Therapist and Prostate Cancer Survivor) to the APPG's meeting brought a powerful lived experience perspective to discussions on the MHS. Speaking as both a patient and a music therapist, Alphonso highlighted dimensions of men's health that are often overlooked in policy debates, particularly emotional expression, identity and connection. His contribution reinforced the importance of listening to patient voices and of broadening understanding of what effective support for men can look like, including the need to better embed psychological and culturally appropriate support within prostate cancer pathways.

Value of patient involvement

Alphonso reflected on his own experience of prostate cancer and the ways in which diagnosis and treatment can affect men's sense of self. He described how men may feel pressure to remain stoic, self-reliant and emotionally contained, even in the face of profound uncertainty and loss. This, he argued, can create significant barriers to seeking help and engaging with support services.

By sharing personal reflections, Alphonso illustrated how men can feel reduced to a clinical case, with insufficient space to explore the emotional and psychological impact of illness. He emphasised that policy discussions must move beyond aggregate outcomes and statistics to engage with the lived realities of men navigating prostate cancer, including the fear, isolation and disruption that can accompany the condition. This included a call for more systematic recognition of psychological need, for example through routine assessment of anxiety, depression and identity disruption alongside clinical indicators.

Creativity and music therapy as routes for engagement

A central element of Alphonso's contribution was his discussion of music therapy and creative expression as tools for supporting men's wellbeing. He described how music can offer a non-verbal means of processing complex emotions, particularly for men who struggle to articulate feelings through conversation alone.

Alphonso explained that creative approaches can lower the threshold for engagement by allowing men to participate without needing to frame their experiences in explicitly emotional language. This was presented as especially valuable for men who may feel uncomfortable with, or alienated by, traditional mental health services. Music, he suggested, can create a shared language that enables reflection, connection and healing, and forms part of a wider case for commissioning community-based, activity-led support models.

Building connection and reducing isolation

Alphonso also emphasised the importance of connection and community. He described how group-based creative activities can foster a sense of belonging among men who might otherwise feel isolated following diagnosis or treatment. Shared creative experiences, he argued, can help men to see themselves not only as patients, but as individuals with agency, creativity and value.

This emphasis on connection resonated strongly with wider discussions during the meeting about peer support and community-based services. Alphonso's contribution reinforced the idea that men are more likely to engage with support when it feels relational and human, rather than transactional or purely clinical. He further highlighted the importance of ensuring that such spaces are culturally familiar and designed with specific communities in mind, particularly for Black men who may otherwise feel underserved or excluded by existing provision.

Challenging conventional definitions of support

In his contribution, Alphonso challenged policymakers to reflect on narrow definitions of health support that prioritise interventions which are easiest to measure or commission. He argued that many of the most meaningful aspects of support for men, such as feeling heard, understood and connected, are not always captured through standard metrics.

He encouraged a MHS that creates space for innovation and for approaches that prioritise quality of life alongside clinical outcomes. This includes recognising the legitimacy of creative and preventative interventions, even where they sit outside traditional healthcare models, alongside the need to invest in culturally specific services and improve cultural competency among frontline staff.

Photo credit: Movember

Conclusion

The publication of the MHS marks a significant step forward in recognising the importance of gender-responsive healthcare. There is now a well-established body of evidence demonstrating that men's health outcomes are shaped by distinct biological, behavioural and social factors, which must be addressed on their own terms. Delivering on the promise of the MHS is an opportunity to address some of the most persistent and complex challenges within prostate cancer care.

The APPG's report, drawing on expert contributions, identifies practical changes needed to deliver this ambition and improve men's experiences and outcomes across diagnosis, treatment and care. The policy recommendations in this report capture the most pressing of those actions, but they should be seen as part of a continual effort and ongoing exercise within this space. The environment and conditions for good health are continually changing. That is what has led to the publication of the MHS in the first place. We should understand that the causes and the effects of those changes evolve over time and it is the responsibility of those in government to ensure the healthcare system evolves with them.

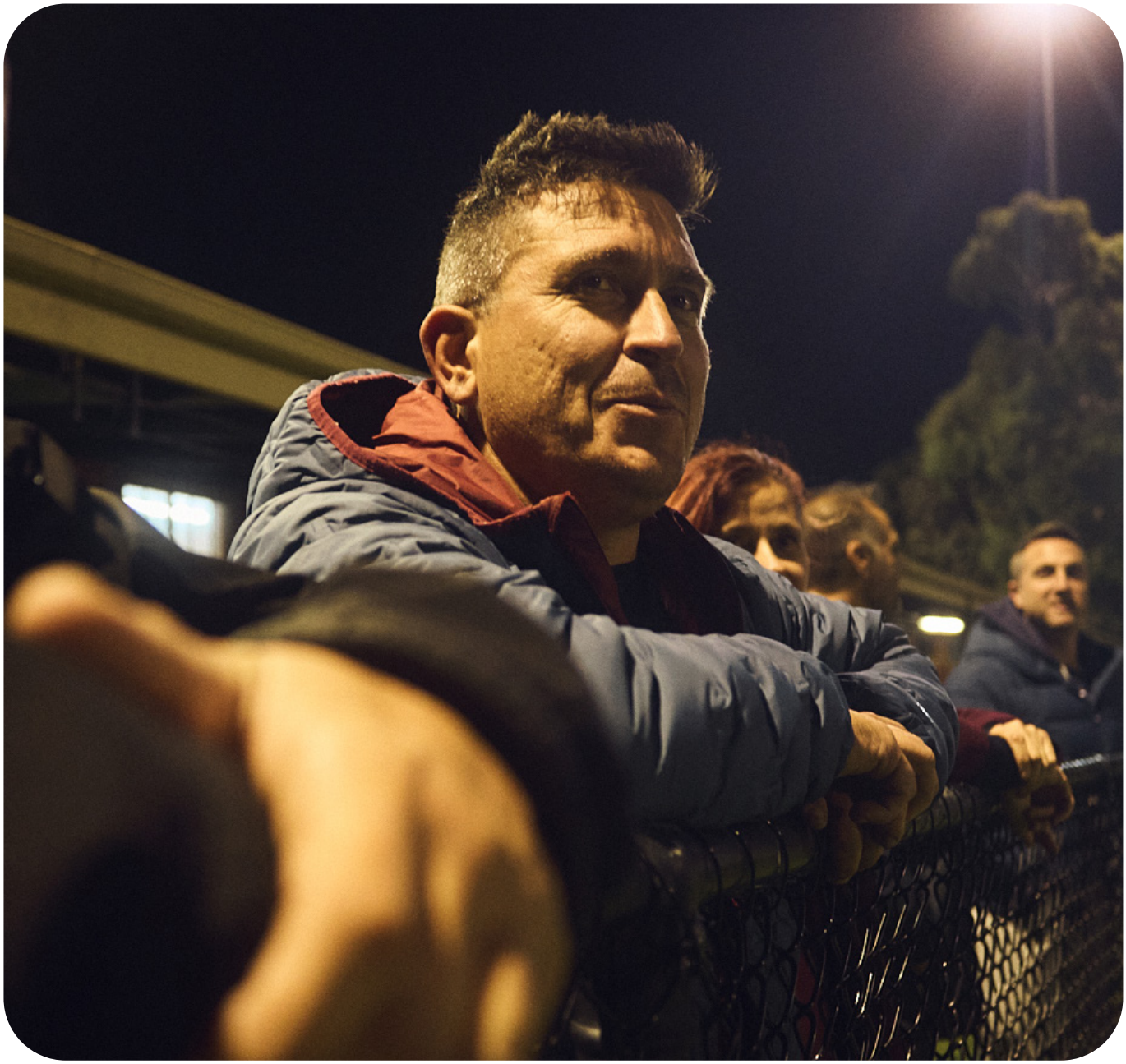


Photo credit: Movember

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This report was informed by evidence provided at a meeting of the All-Party Parliamentary Group on Prostate Cancer, supplemented by input from the Joint Secretariat (provided by Prostate Cancer Research and Prostate Cancer UK).

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