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Time to Talk
Public Health
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Time to Talk Public Health

June 2023 Panel Survey Findings: Covering NHS Waiting Lists,
Housing, Witnessing Violence, Mental Well-being and Primary Care

Published: July 2023



Introduction

- **Time to Talk Public Health** is a national panel of Welsh residents aged 16+ years established by Public Health Wales to enable **regular public engagement** to inform public health policy and practice.
- The panel is designed to be broadly representative of the Welsh population by age, sex, deprivation, ethnicity and health board.
- Members of the public are recruited to the panel using a variety of methods and subsequently invited to participate in regular surveys to provide insight into key public health issues.
- This report presents findings from the June 2023 survey covering:
 - **NHS waiting lists**
 - **Housing**
 - **Witnessing violence**
 - **Mental well-being**
 - **Primary care.**
- We are very grateful to the residents of Wales who have given their valuable time to participate in the panel.



Methodological Overview

- Initial recruitment to the Time to Talk Public Health panel (Nov 2022-Jan 2023) was undertaken by telephone, face-to-face and social media advertising.
 - Recruitment to the panel is continuous with individuals able to sign up via the [Panel website](#) at any time. Based on initial demographic screening, individuals are either recruited directly to the panel or invited to join a waiting list if the quota for their demographic profile is full.
 - Panel members are currently invited to complete a survey every two months, either online or by telephone.
 - During the delivery of each survey, additional targeted participation is undertaken through face-to-face interviews and social media advertising to increase sample representativeness as required.
 - No financial incentives are provided for participation.
 - **Further information on survey methodology is provided in the Appendix.**
 - Due to the Panel being partially self-selected and focused on public health topics, the sample may be affected by bias towards residents with greater interest in public health topics and healthcare issues. This should be taken into account when interpreting findings.
- A demographic breakdown of panel members who were invited to complete the survey and of the 1,076 participants who completed the survey in June 2023 is provided in the Appendix.
 - Unless stated otherwise, data are weighted to reflect national population demographics by age, sex and deprivation.

Summary Points

- 1,076 participants took part in the June 2023 survey (5th June - 2nd July 2023).

NHS Waiting Lists

- **37%** of people said they were currently waiting for a hospital appointment, test or to start medical treatment with the NHS.
- **25%** of those who were waiting reported having been waiting for more than 18 months.
- **51%** of those where waiting said the wait was having a strong negative impact on their life.

Mental Health

- **59%** of people reported spend money on their mental well-being in a typical month.
- Only **21%** strongly agreed they are able to find time to do the things that matter for their mental well-being.

Witnessing Violence

- **39%** of people said they had witnessed violence in the last 12 months.
- **61%** of people said they would be likely (**23%** very likely) to attend face-to-face bystander training to develop their skills and confidence to respond to violence, if they were offered it.

Primary Care

- **61%** of people said they would be more likely to use a community pharmacy's walk-in services if they knew it was taking steps to reduce its impact on the climate.
- **88%** of people said they support (**55%** strongly support) encouraging people to reuse glasses frames and cases when prescriptions change.

Housing

- When asked to rate areas of their home environment, the three (out of seven) areas most commonly rated as 'good' were:
 - Home security (**81%**)
 - House quality (**71%**)
 - House functionality (**70%**)
- When asked which of the seven areas of housing should be the top three priorities for action in Wales, the areas most commonly ranked in the top three were:
 - Home affordability (**84%**)
 - Home quality (**80%**)
 - Home security (**44%**)

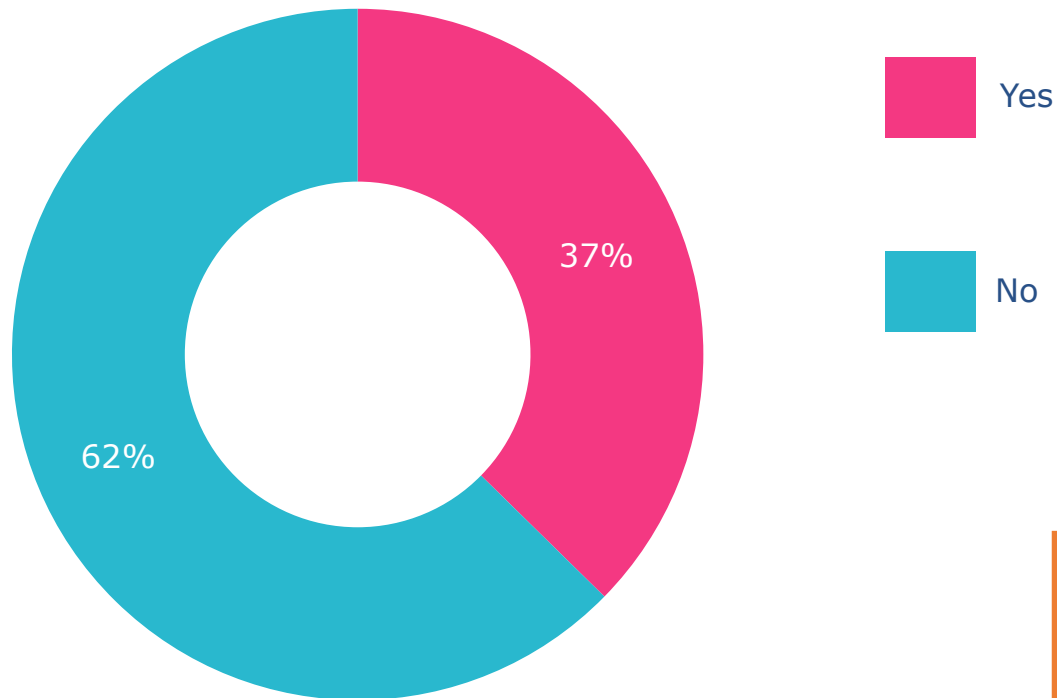
NHS Waiting Lists

Questions in this section were largely derived from the cross-sectional [ONS Opinions and Lifestyle Survey](#), which publishes this data for Great Britain along with national breakdowns.

A comparison to this survey is provided for the overall proportion of respondents reporting waiting for NHS care for context.

NHS Waiting Lists

Are you currently waiting for a hospital appointment, test, or to start receiving medical treatment through the NHS?*



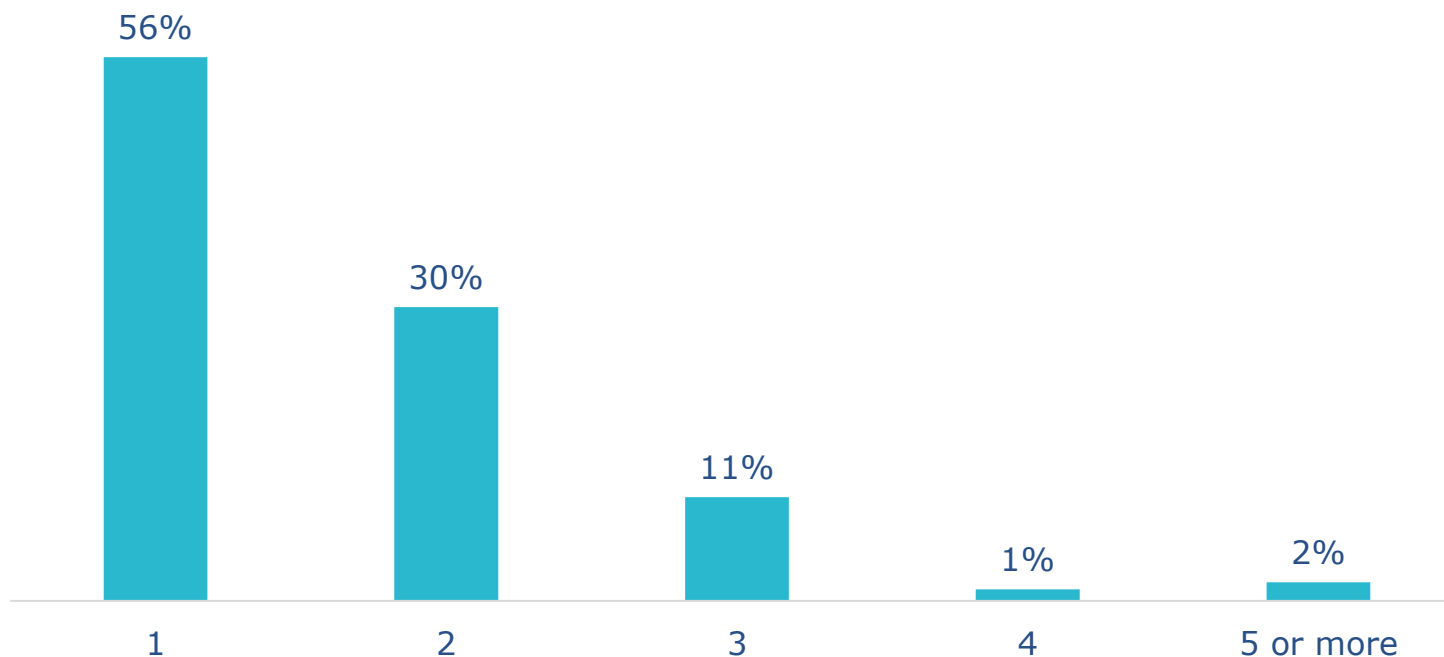
This question was also asked in the February 2023 ONS Opinions and Lifestyle Survey, and found that 29% of people in Wales responded 'yes' to this question, with confidence intervals ranging 19-39%.

*Don't know: 1%; Prefer not to say: <1%

NHS Waiting Lists

Asked to participants who reported being on a NHS waiting list (n=416):

How many different health conditions are you currently waiting to start NHS treatment for?*

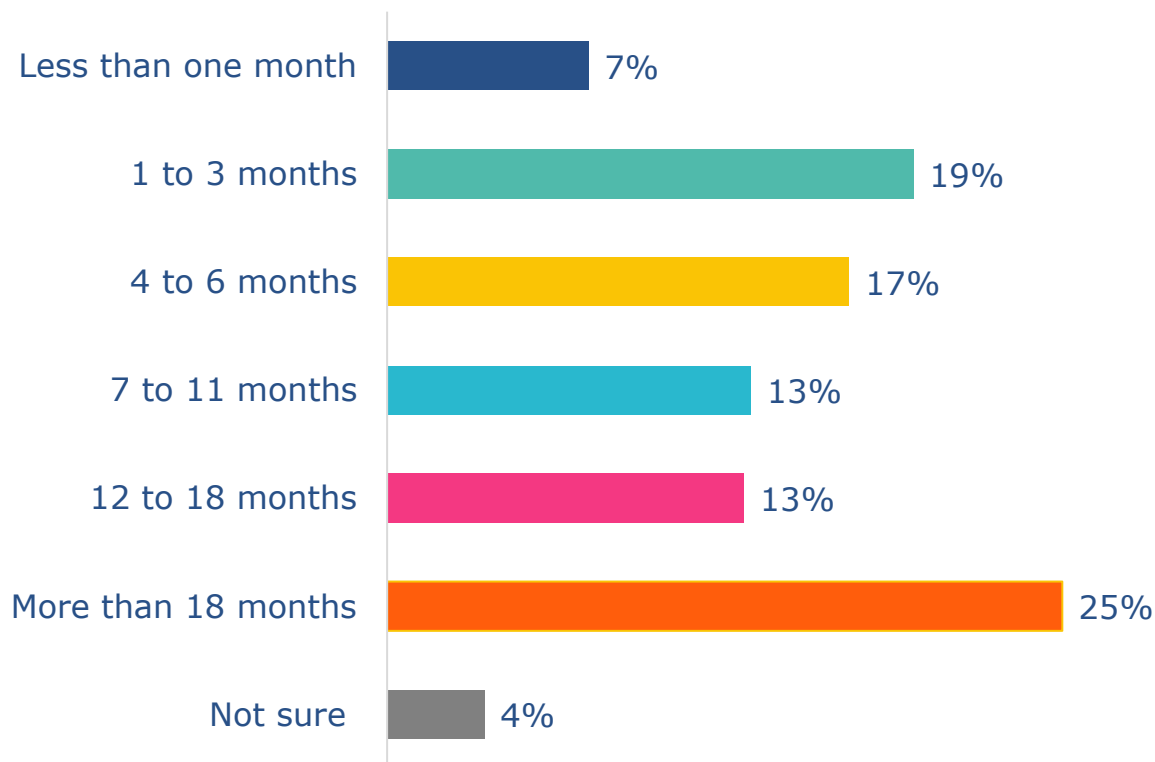


*Unweighted data; Prefer not to say: 1%

NHS Waiting Lists

Asked to participants who reported being on a NHS waiting list (n=416):

How long have you been waiting for a hospital appointment, test, or to start receiving medical treatment through the NHS? If you are on multiple waiting lists, please tell us about the longest wait.*

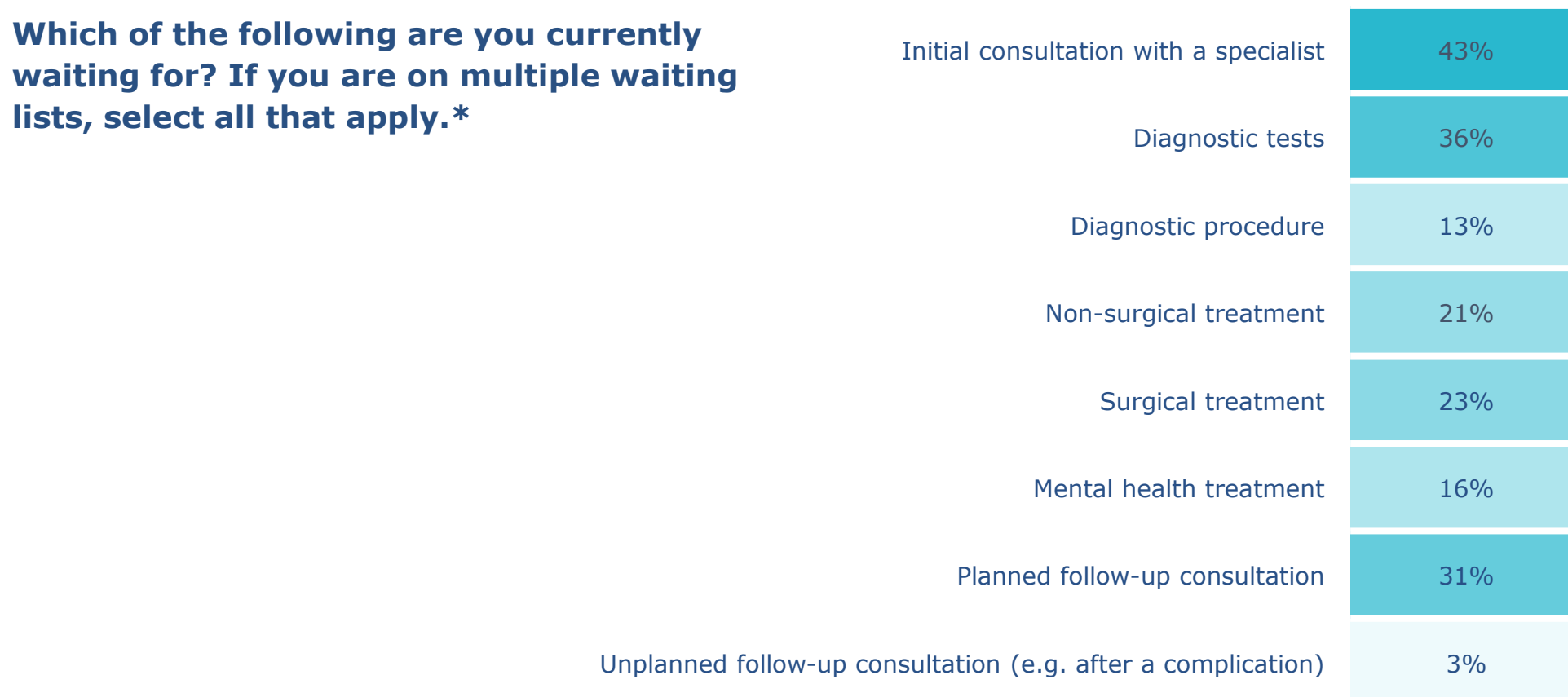


*Unweighted data; Prefer not to say: 1%

NHS Waiting Lists

Asked to participants who reported being on a NHS waiting list (n=416):

Which of the following are you currently waiting for? If you are on multiple waiting lists, select all that apply.*



*Unweighted data; Prefer not to say: <1%

NHS Waiting Lists

Asked to participants who reported waiting for a planned follow-up consultation (n=128):

How many of the following 'planned follow-up consultation(s)' are you waiting for?*

1. Pre-treatment

(A follow-up to a previous appointment but before your treatment begins)

0	1	2	3	4	5	Don't know
11%	45%	16%	9%	1%	1%	18%

2. Post-treatment

(A follow-up to occur any time after your treatment has started or finished)

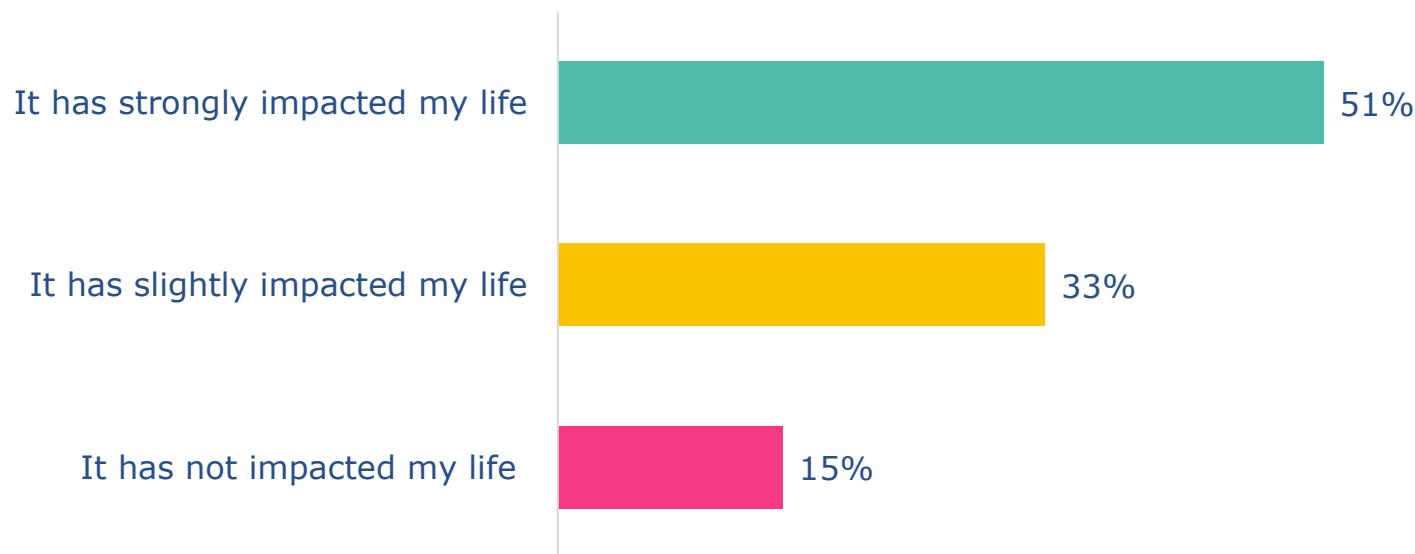
0	1	2	3	4	5	Don't know
21%	48%	6%	3%	1%	1%	20%

*Unweighted data; Prefer not to say for both statements: 0%; Open text response question where 5 was the most reported number of consultations a respondent was waiting for.

NHS Waiting Lists

Asked to participants who reported being on a NHS waiting list (n=416):

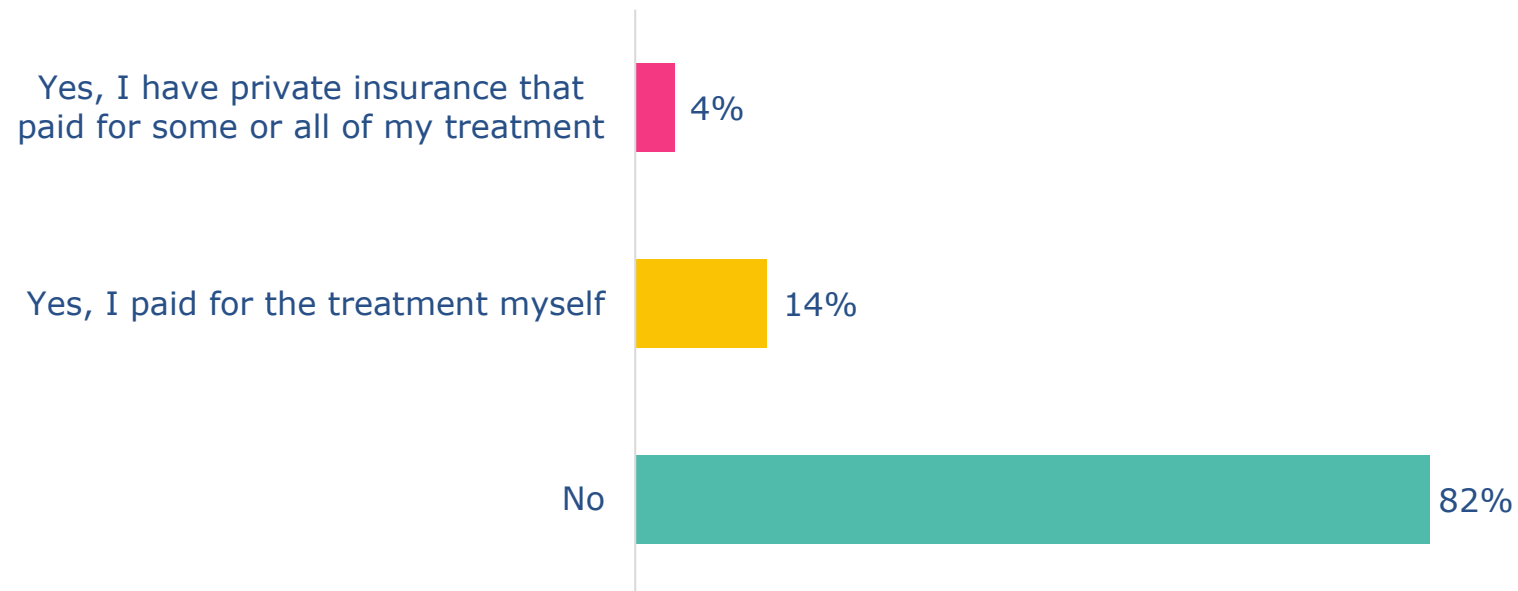
How much, if at all, has waiting for NHS treatment negatively impacted your life? If you are waiting to start treatment for multiple conditions, please think about the most impactful wait.*



*Unweighted data; Prefer not to say: 1%

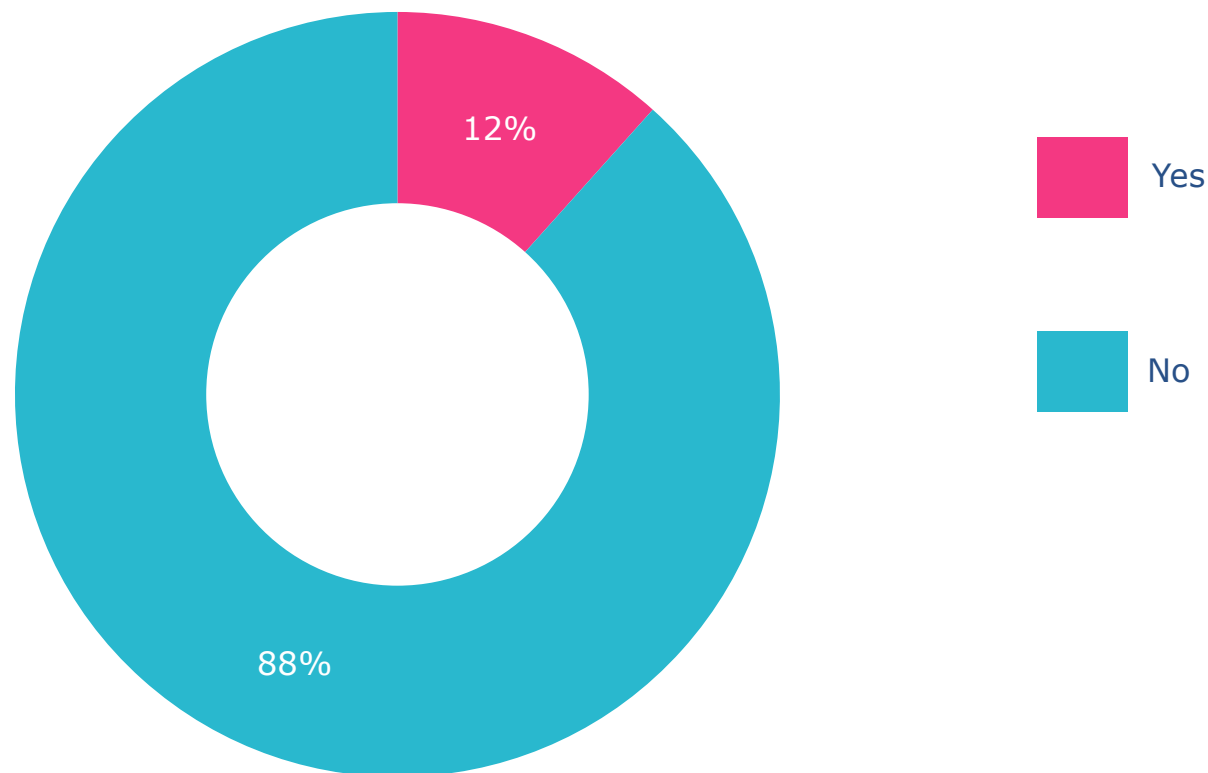
NHS Waiting Lists

In the past year, have you paid for a private medical appointment, test, or treatment because you felt that the wait for the NHS was too long? (Asked to all participants)*



*Prefer not to say: <1%

Have you had a medical appointment cancelled or delayed in the past month? Please exclude dental treatment.*



*Prefer not to say: <1%



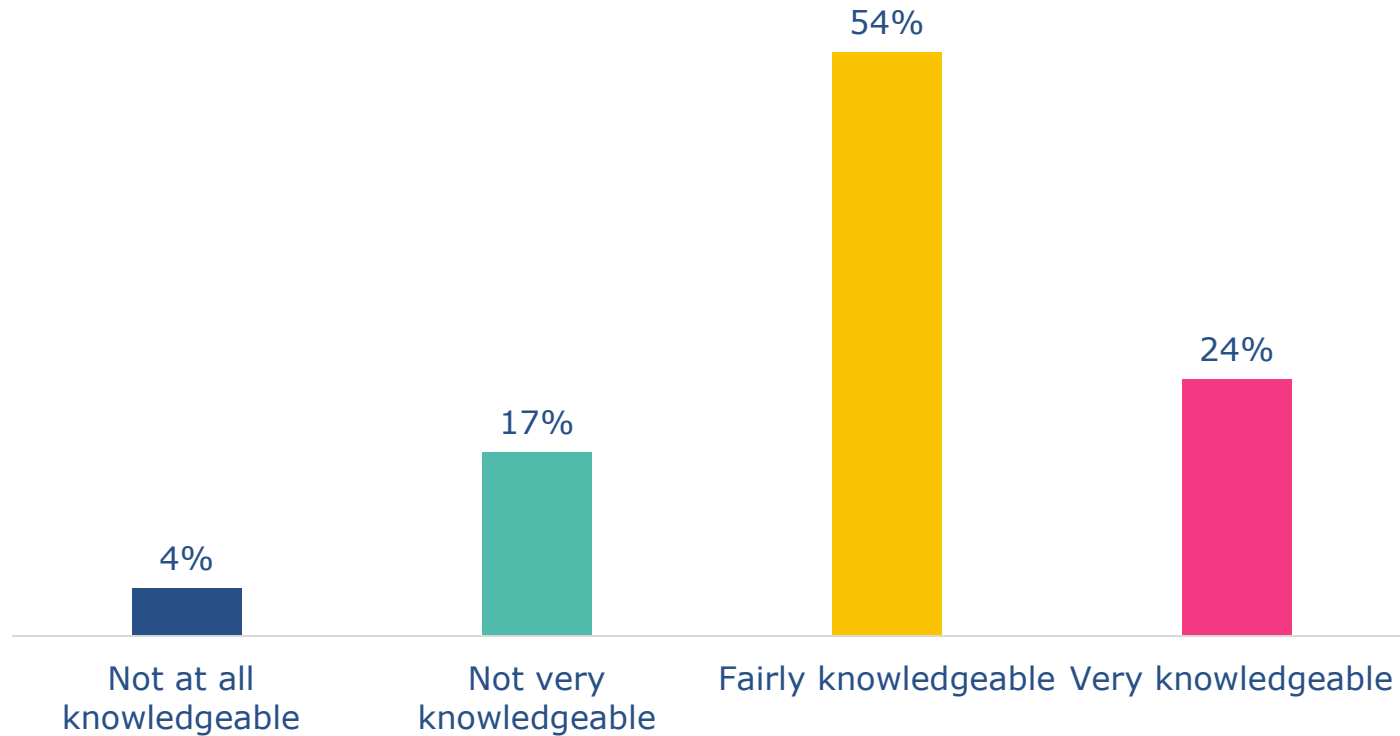
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Housing

The homes that people live in can have a large impact on their physical and mental health.

How knowledgeable, if at all, would you say you are about the impact poor housing can have on people's health?*



*Prefer not to say: <1%

Focusing on seven key areas of housing, how would you rate the following areas in terms of your home environment?*

	Poor	Fair	Good
The quality of your home (e.g. damp, temperature, state of repair)	7%	22%	71%
The affordability of your home (e.g. rent, bills, council tax)	16%	41%	40%
The functionality of your home (e.g. size, suitability)	7%	23%	70%
How secure your home is (e.g. safety, risk of eviction)	5%	13%	81%
How environmentally friendly your home is (e.g. insulation, gardens, recycling)	9%	38%	52%
The community around your home (e.g. neighbours, support systems)	14%	33%	53%
The infrastructure of your home (e.g. transport, accessibility, shops, services)	18%	32%	50%

*Prefer not to say for each statement: $\leq 3\%$

Thinking about these seven areas of housing at a national level, which areas do you think should be the 1st, 2nd and 3rd priorities for action in Wales?*

	1st priority	2nd priority	3rd priority	Included in top 3
Quality of homes (e.g. damp, temperature, state of repair)	45%	24%	11%	80%
Affordability of homes (e.g. rent, bills, council tax)	41%	32%	11%	84%
Functionality of homes (e.g. size, suitability)	5%	12%	13%	30%
How secure homes are (e.g. safety, risk of eviction)	12%	12%	20%	44%
How environmentally friendly homes are (e.g. insulation, gardens, recycling)	9%	10%	13%	32%
Community around homes (e.g. neighbours, support systems)	5%	12%	13%	30%
Infrastructure of homes (e.g. transport, accessibility, shops, services)	7%	14%	19%	40%

*Prefer not to say: 3%

Does your household own or rent your accommodation?*

Owens outright	40%
Owens with a mortgage or loan	30%
Part-owns and part-rents (<i>shared ownership</i>)	1%
Private rent (<i>e.g. from a letting agent or private landlord</i>)	12%
Social rent (<i>e.g. from the council or a housing association</i>)	12%
Rent from relative or friend	2%
Lives rent free	2%
Other	<1%

*Prefer not to say: 1%

Witnessing Violence

The following examples were provided for each type of violence referred to:

Sexual harassment: Someone shouting comments of a sexual nature

Sexual violence: Unwanted touching

Domestic abuse: Violence between intimate partners including physical, emotional, and financial

Physical punishment of children: Smacking

Abuse of elder people: To include physical, emotional, and financial abuse

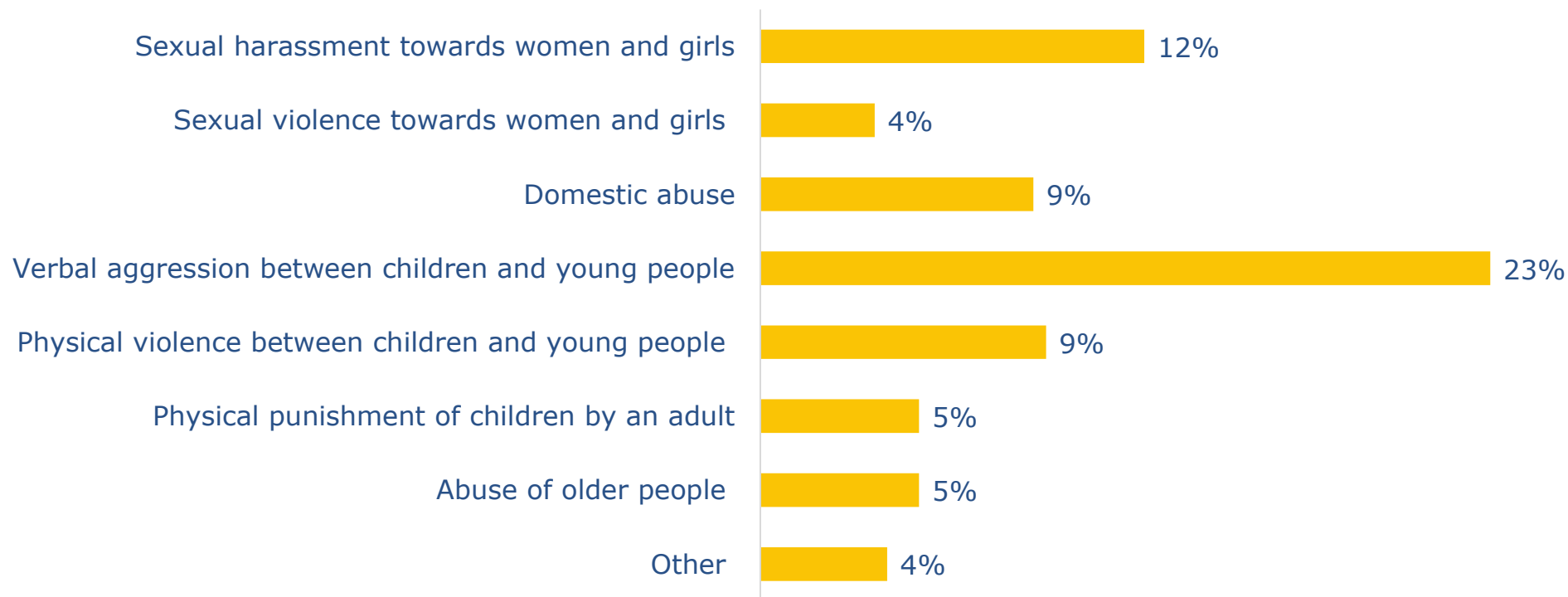
Witnessing Violence

If you witnessed the following types of violence, do you feel you have the confidence and/or the skills to do something about it?

	I have the confidence and the skills	I have the confidence but not the skills	I have the skills but not the confidence	I have neither the confidence nor the skills	Prefer not to say
Sexual harassment towards females 16+ years	35%	25%	16%	20%	4%
Sexual violence towards females 16+ years	37%	29%	13%	17%	4%
Domestic abuse	26%	27%	16%	27%	4%
Verbal aggression between children and young people	36%	20%	17%	23%	4%
Physical violence between children and young people	32%	24%	16%	24%	4%
Physical punishment of children by an adult	29%	21%	15%	26%	9%
Abuse of older people	45%	23%	11%	17%	4%

Witnessing Violence

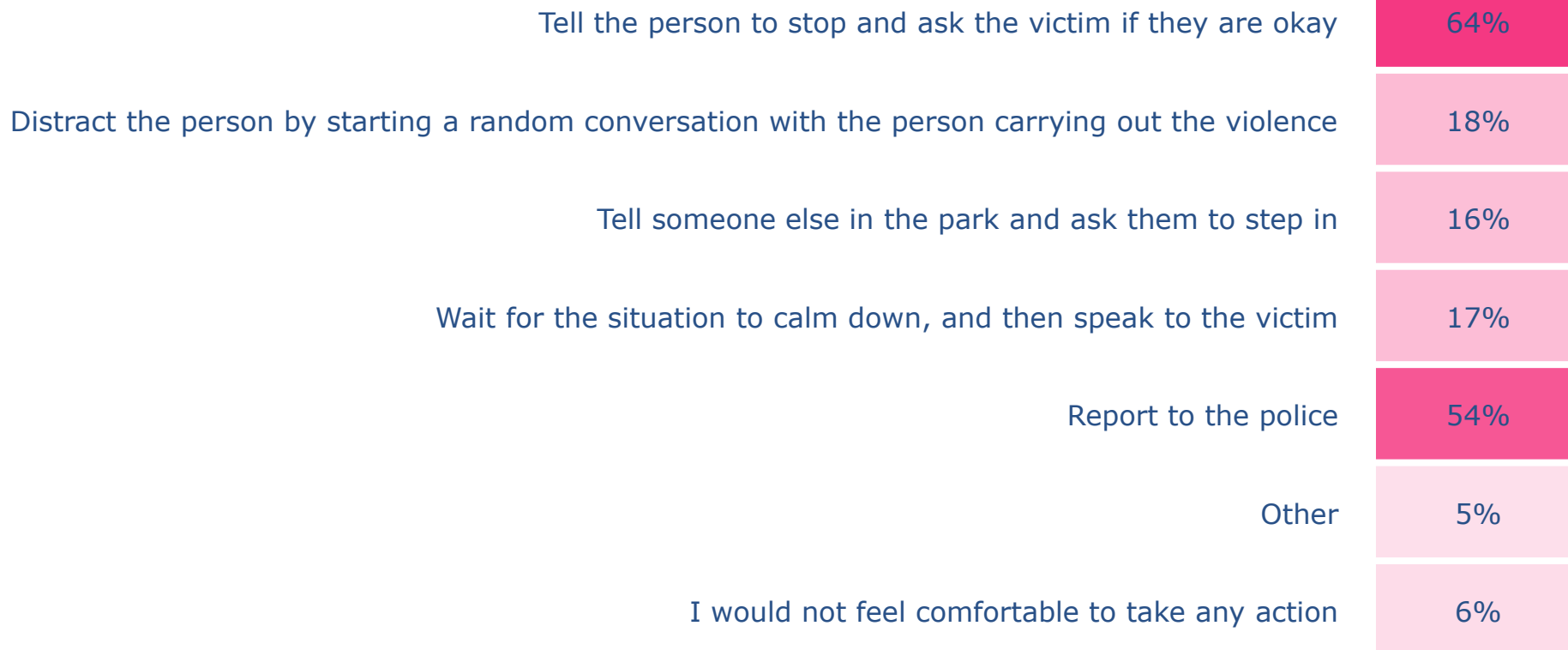
In the last 12 months, which of the following forms of violence have you been a bystander to? (Select all that apply)*



*I have not been a bystander to any forms of violence in the last 12 months: 61%; Prefer not to say: 2%

Witnessing Violence

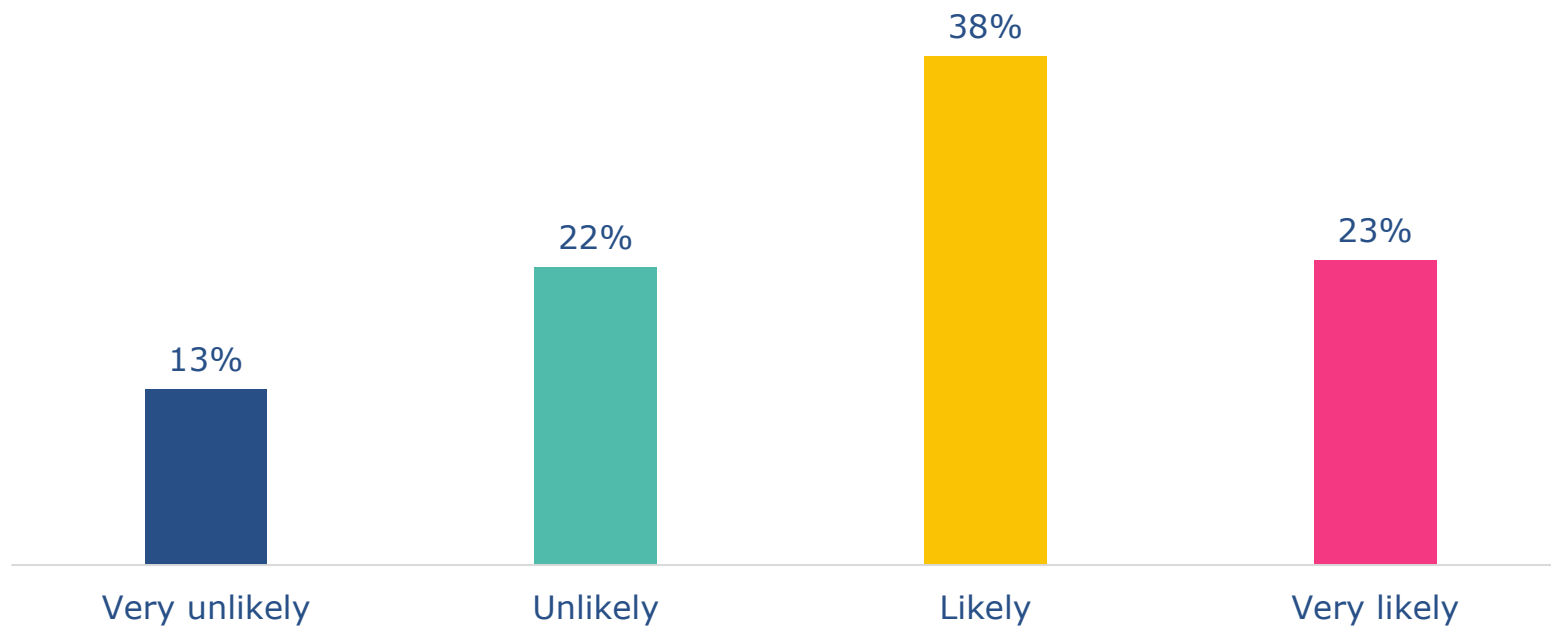
If you are walking through a park and saw a young person being physically assaulted by another young person, which of the following actions would you be likely to take? (Select all that apply)*



*Prefer not to say: 1%

Witnessing Violence

If you were offered face-to-face training on developing skills and confidence on how to respond if you are a bystander to violence, how likely would you be to attend this?*



*Prefer not to say: 3%

Mental Well-being

The following definition was provided to participants: "Mental well-being relates to how we think, feel and act. We experience good mental well-being when we are "feeling good and functioning well". Many things influence our mental well-being including our relationships and surroundings, things that have happened or are happening to us, and how we respond to them. There are things we can all do to protect and improve our mental well-being, in the same way people might maintain a healthy diet to look after their physical health."

Mental Well-being

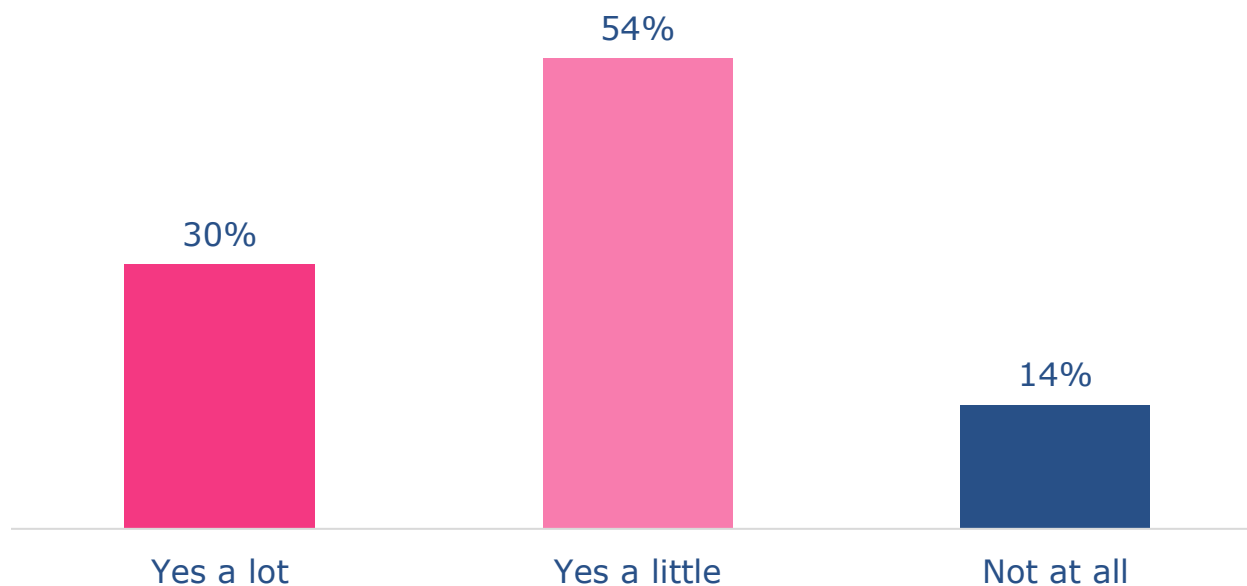
For each of the following statements, please answer on a scale of 0 to 10, where 0 is “strongly disagree”, 5 is “neither agree nor disagree”, and 10 is “strongly agree”.*

	Strongly disagree				Neither agree nor disagree				Strongly agree		
	0	1	2	3	4	5	6	7	8	9	10
I am confident I understand what the term mental well-being means	<1%	<1%	<1%	1%	1%	5%	4%	9%	18%	14%	48%
I think it's important people take action to protect and improve their mental well-being	<1%	<1%	<1%	0%	<1%	5%	3%	8%	14%	11%	58%
I know what actions I can take to protect and improve my mental well-being	2%	<1%	1%	1%	3%	9%	8%	15%	18%	14%	29%
I am able to find time to do the things that matter for my mental well-being	2%	1%	3%	4%	6%	13%	9%	15%	14%	10%	21%

*Prefer not to say for each statement: ≤1%

Mental Well-being

Do you currently take any action to help protect and improve your mental well-being?*

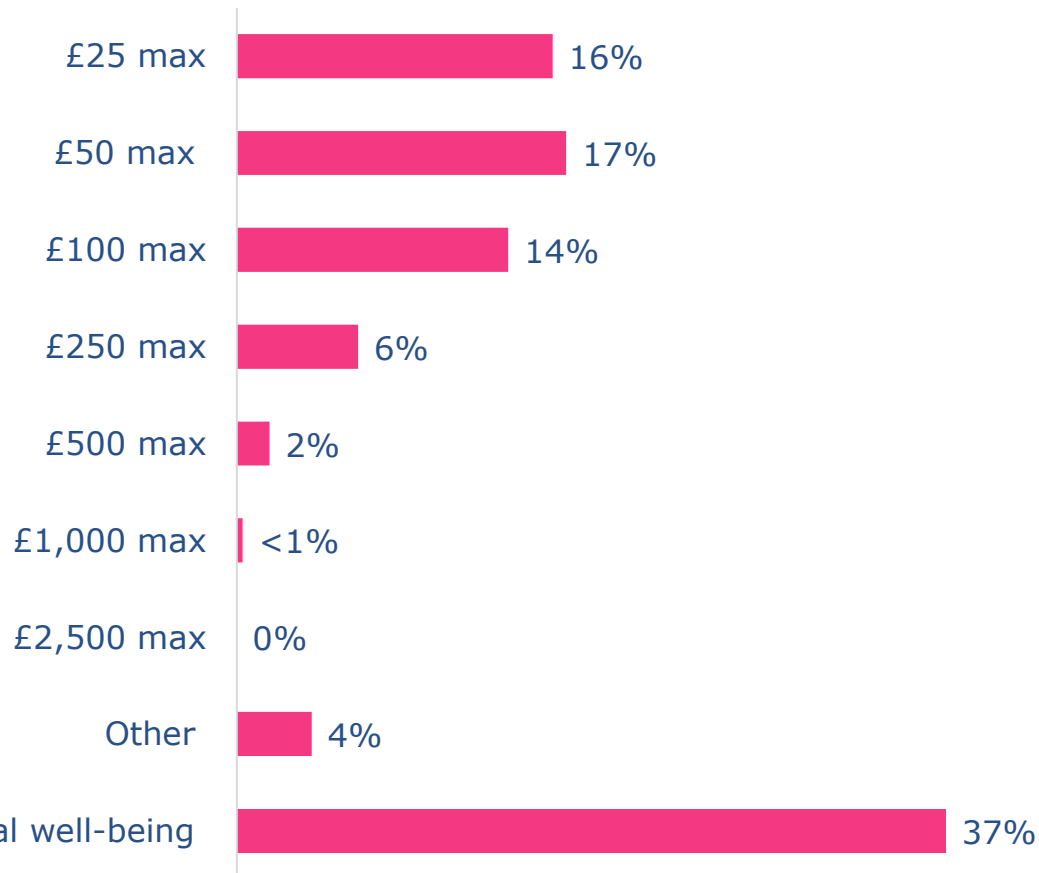


*Prefer not to say: 2%

Mental Well-being

Asked to participants who reported taking action for their mental well-being (n=932):

In a typical month, approximately how much money, if any, do you spend on sustaining and/or improving your mental well-being?*

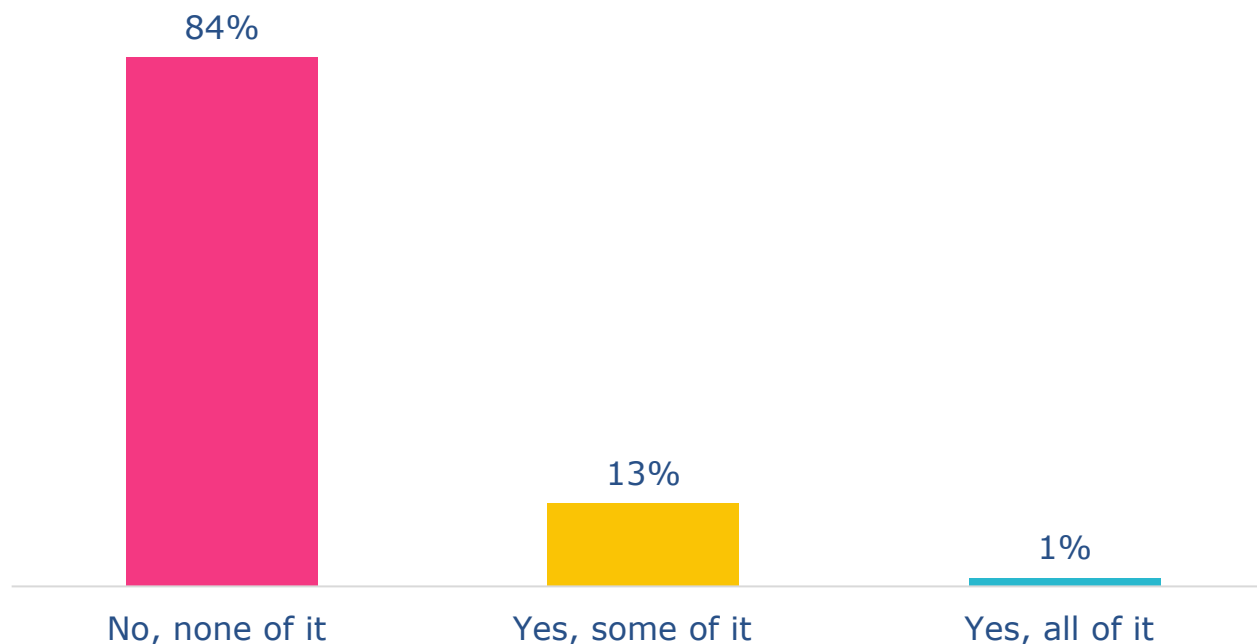


*Unweighted data; Prefer not to say: 3%

Mental Well-being

Asked to participants who reported spending money on their mental well-being (n=557):

Thinking about the money you spent on mental well-being last month, do you regret any of this spending?*

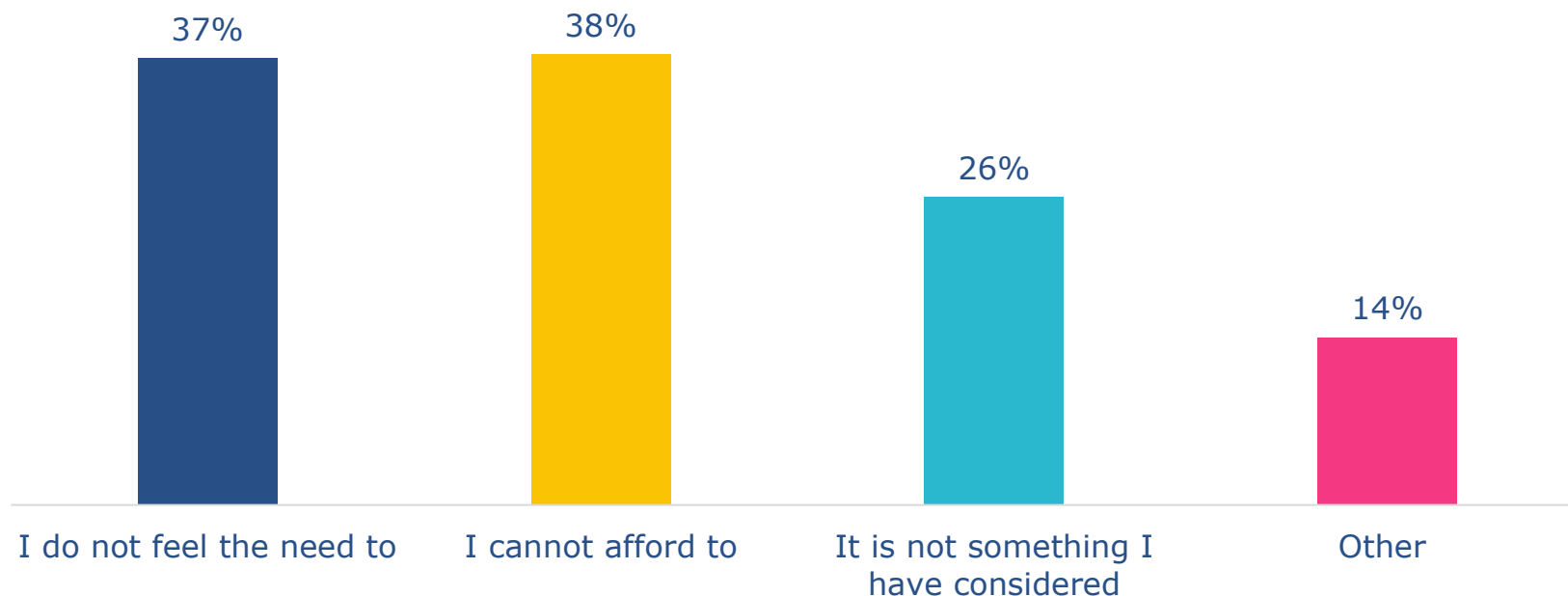


*Unweighted data; Prefer not to say: 1%

Mental Well-being

Asked to participants who reported not spending any money on their mental well-being (n=343):

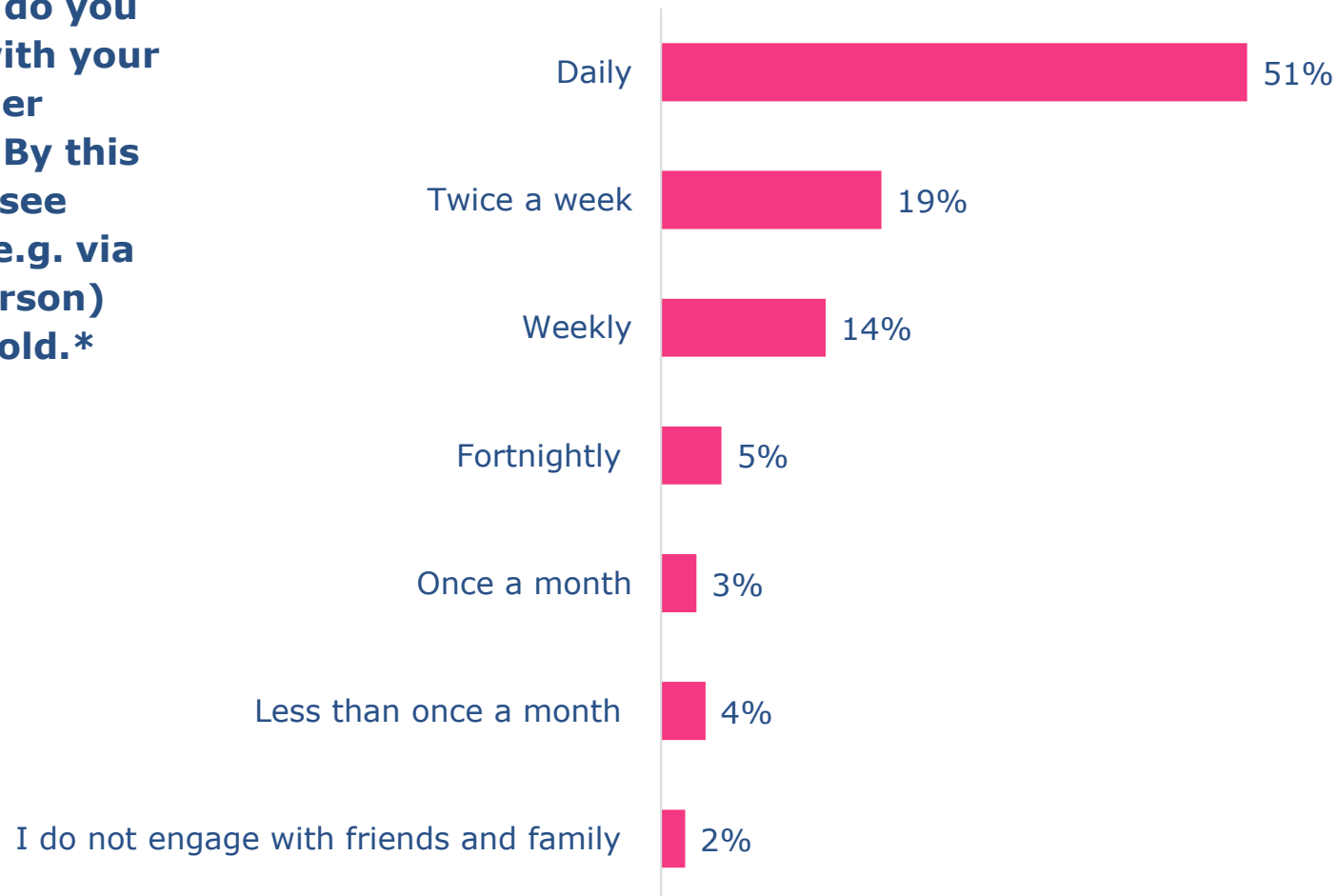
Are there any reasons why you typically don't spend money to sustain or improve your mental well-being? (Select all that apply)*



*Unweighted data; Prefer not to say: 1%

Mental Well-being

On average, how often do you meaningfully engage with your friends and family, either online or face-to-face? By this we mean speak to and see online or face to face (e.g. via video message or in person) outside of your household.*



*Prefer not to say: 1%

Mental Well-being

Imagine that you had planned to see a close friend, but they had to cancel due to money worries. In each of the following scenarios, how much money, if any, would you be willing to spend to help your friend join you?

	£5 max	£10 max	£20 max	£30 max	£40 max	£50 max	£100 max	>£100	I would not offer to pay	I cannot afford to pay	Prefer not to say
You are both well, but have not seen each other in a long time	1%	8%	17%	13%	5%	15%	6%	5%	9%	11%	9%
You have been feeling low	2%	7%	15%	13%	5%	12%	7%	5%	12%	11%	11%
Your friend has been feeling low	1%	7%	16%	13%	8%	15%	9%	7%	5%	9%	9%
You are both well and have seen each other recently	6%	11%	17%	9%	2%	9%	3%	2%	21%	12%	9%

Mental Well-being

Next are some statements about thoughts and feelings. For each statement, please select the option that best describes your experience over the last 2 weeks.*

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	6%	17%	35%	30%	11%
I've been feeling useful	3%	12%	33%	33%	17%
I've been feeling relaxed	5%	18%	35%	30%	10%
I've been dealing with problems well	2%	8%	32%	38%	18%
I've been thinking clearly	2%	7%	29%	37%	26%
I've been feeling close to other people	4%	12%	32%	31%	19%
I've been able to make up my own mind about things	2%	6%	22%	35%	35%

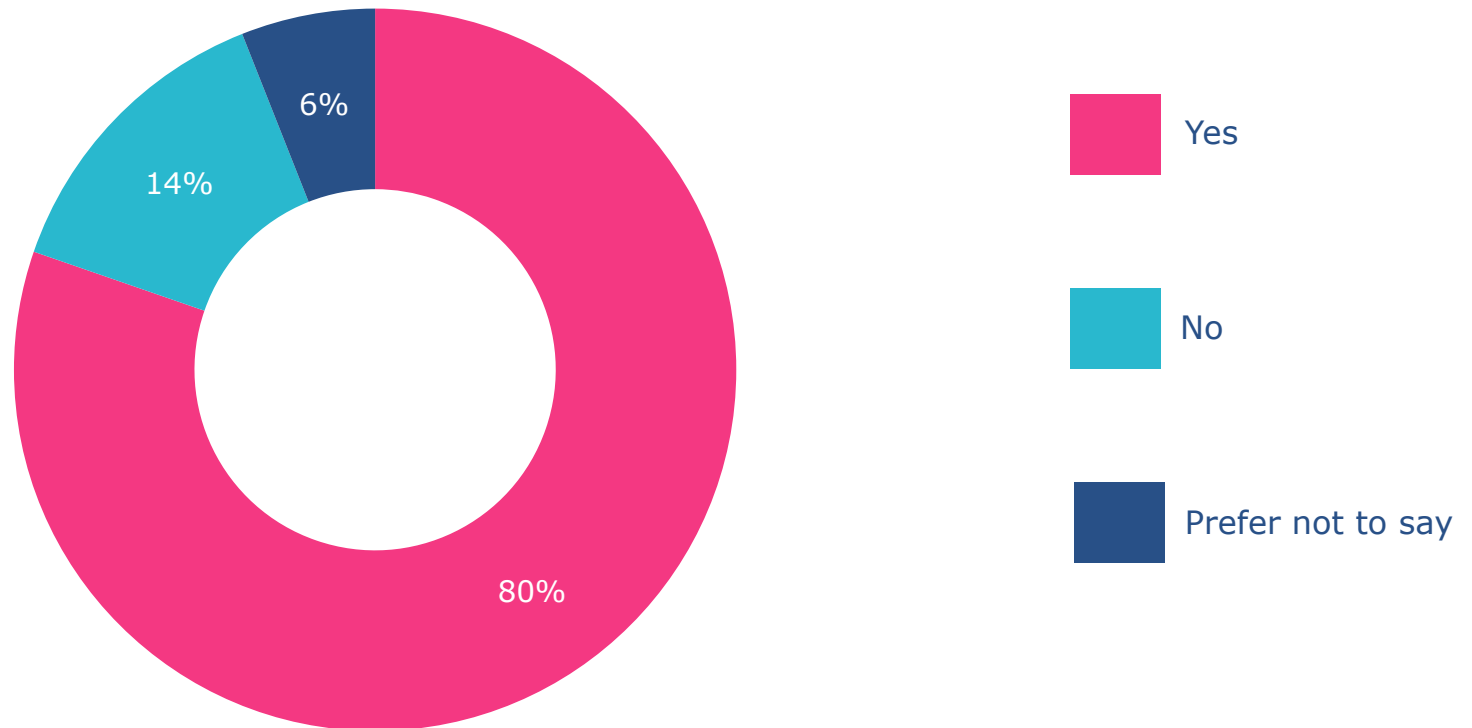
*Prefer not to say for each statement: 1%

Primary Care

By 2030 the Welsh Government expect the public sector (which includes the NHS) to be net zero carbon emissions, meaning there is an urgency to act and adopt more climate friendly actions. We are interested in your thoughts on climate friendly actions by NHS primary care settings, which include GP practices, dental practices, community pharmacies and community opticians.

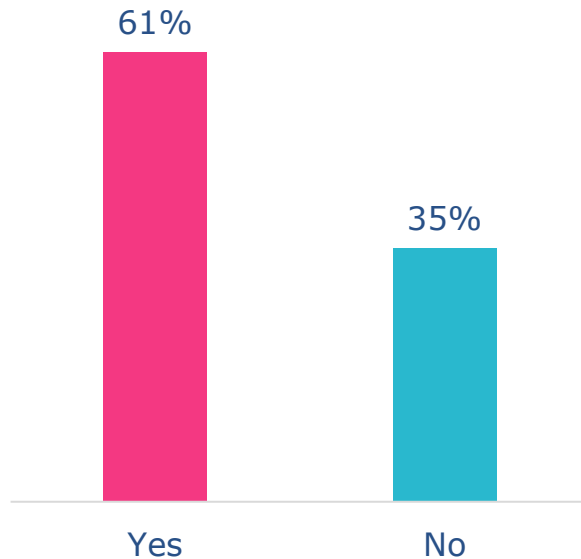
Primary Care

Assuming there is no reduction in the quality of care provided, do you think practices in primary care should be taking action to reduce their impact on the climate?

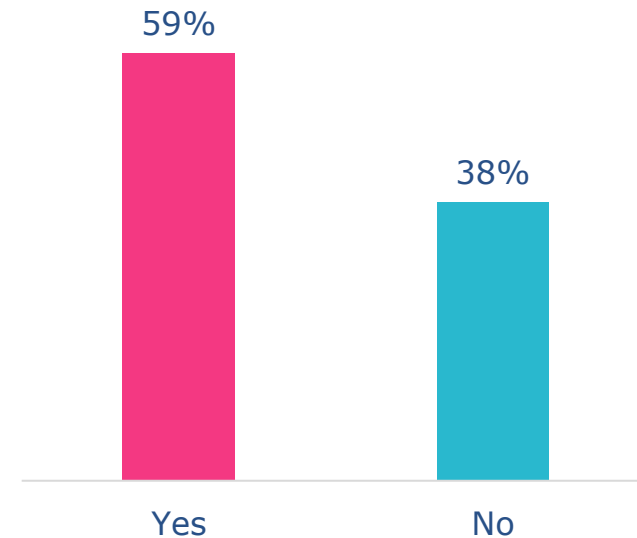


Primary Care

If you knew a community pharmacy was taking steps to reduce their impact on the climate, would it make you more likely to use their walk-in services?*



If you knew a community optician was taking steps to reduce their impact on the climate, would it make you more likely to use their walk-in services?*



*Prefer not to say for both questions: $\leq 4\%$

Thinking about actions local primary care settings could encourage people to do to reduce their impact on the climate, to what extent would you support or oppose the following actions?*

	Strongly oppose	Tend to oppose	Tend to support	Strongly support	Don't know
Encourage people to use active travel or public transport to visit primary care settings	5%	11%	37%	33%	10%
Encourage people to reuse glasses frames and cases when prescriptions change	2%	3%	33%	55%	5%
Encourage people to return used and unused inhalers to local pharmacy for safe disposal	1%	1%	21%	71%	4%
Encourage people to buy plastic-free oral hygiene product at the dentist	2%	5%	36%	47%	8%

*Prefer not to say for each statement: ≤4%

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Want to be involved in the Panel?

Recruitment to the Time to Talk Public Health Panel is continuous as we want to speak with a broad range of individuals across Wales.

If you live in Wales and are aged 16+ years, this is your opportunity to be heard.



TalkPHWales.com



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well-being and reduce health
inequalities for the people of Wales.**



Project Team: Dr Catherine Sharp | Prof Karen Hughes

Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being

Appendix

Demographics – Panel Sample and Survey Sample
Methods

Panel Sample Demographics

		Panel Sample N=2,911		Survey Sample N=1,076		Population*
Gender*	Male	970	33%	352	33%	49%
	Female	1890	65%	707	66%	51%
	Other	51	2%	17	2%	- \$
Age group (years)*	16-29	487	17%	206	19%	21%
	30-49	1123	39%	327	30%	29%
	50-69	868	30%	369	34%	31%
	70+	433	15%	174	16%	19%
Deprivation quintile [^]	1 (Most)	522	18%	175	16%	19%
	2	550	19%	212	20%	20%
	3	600	21%	232	22%	21%
	4	594	20%	212	20%	21%
	5 (Least)	645	22%	245	23%	20%

*Age 16+ Population equivalents from: ONS. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. Mid 2020. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland; [^]Welsh Index of Multiple Deprivation 2019 <https://www.gov.wales/welsh-index-multiple-deprivation-full-index-update-ranks-2019>; \$Data not available. ~74 respondents aged 16-29 who are included in the survey sample subsequently declined to join the panel and are therefore not included in the panel sample numbers; see methods

Panel Sample Demographics

		Panel Sample N=2,911		Survey Sample N=1,076		Population*
Ethnicity [^]	White	2756	95%	1014	94%	95%
	Mixed/Multiple Ethnic Groups	48	2%	21	2%	1%
	Asian, Asian Welsh or Asian British	47	2%	16	1%	2%
	Black, African, Caribbean, Black Welsh or Black British	27	1%	10	1%	1%
	Other Ethnic Group	22	1%	9	1%	1%
	Prefer not to say	11	<1%	6	1%	- \$
Health Board [#]	Aneurin Bevan UHB	487	17%	197	18%	19%
	Betsi Cadwaladr UHB	667	23%	249	23%	22%
	Cardiff and Vale UHB	504	17%	175	16%	16%
	Cwm Taf Morgannwg UHB	393	14%	131	12%	14%
	Hywel Dda UHB	363	12%	149	14%	12%
	Powys Teaching HB	131	5%	57	5%	4%
	Swansea Bay UHB	366	13%	118	11%	12%

*16+ years; ^Population ethnicity estimates are for all ages due to data not being available for non-White residents aged 65+; Stats Wales, stats.wales.gov.wales/Catalogue/Equality-and-Diversity/Ethnicity; \$Data not available. #Population estimates for ages 16+; Stats Wales, stats.wales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/Local-Health-Boards/populationestimates-by-lhb-age; UHB – University Health Board.

- An initial target of 2,500 panel members was set in order to obtain a monthly survey sample of approximately 1,000 responses, with response rates to alternate month surveys estimated to be a maximum of 50%.
- To reach a range of individuals, three methods of recruitment were used:
 - Telephone
 - Social media
 - Face-to-face
- A professional market research company (DJS Research Limited) was procured to undertake recruitment and alternate month surveys.
- Telephone and face-to-face recruitment used stratified quota sampling. Quotas applied to:
 - Geography (Health Board)
 - Age
 - Sex
 - Deprivation quintile (WIMD*)
- Social media targeting focused on demographic gaps in recruitment.
- Panel members completed an initial recruitment survey and are asked to complete a 15-20 minute survey every other month. Alternate month surveys are undertaken online or by telephone, depending on participants' preference.

*Welsh Index of Multiple Deprivation.

Further methodological detail is available in the [project protocol](#).

Methods – Alternate Month Survey

- For each survey, all panel members are invited to complete the questionnaire through their method of choice (telephone or online). Panel members have three weeks to complete the survey. Within that timeframe, gaps in the demographic profile required to achieve a sample representative of the age, gender, ethnicity and deprivation profile of Wales are identified, and reminders to complete the survey are sent.
- To increase representation across the survey sample, around 100 face-to-face interviews are undertaken per survey wave with targeted population groups. These individuals are invited to complete the survey and are then invited to join the panel. Thus a proportion are one-off survey participants. In addition, social media advertising targeting specific population groups is conducted. These individuals provide demographic information and are then invited to complete the live survey.

Participants who completed the June survey, were recruited via the following methods:

Recruitment Method	n	%
Online	489	45%
Telephone	426	40%
Face-to-face (panel)	87	8%
Face-to-face (one-off)	74	7%

Participants who completed the June survey, completed via the following methods:

Participation Method	n	%
Online	836	78%
Telephone	123	11%
Face-to-face	117	11%