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Time to Talk
Public Health
Wales



Time to Talk Public Health

August 2024 Panel Survey Findings:

Cardiovascular health, Non-Emergency Patient Transport Service, travelling to health appointments, healthy weight, mealtimes and vaccines

Published: November 2024



- **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 August 2024 Survey covering:
 - **Cardiovascular health**
 - **Non-Emergency Patient Transport Service (NEPTS)**
 - **Travelling to health appointments**
 - **Healthy weight**
 - **Mealtimes**
 - **Vaccines**
- We are very grateful to the residents of Wales who have given their valuable time to participate in the panel.



- 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 is continuous with individuals able to sign up via the [Time to Talk Public Health Panel website](#) (opens in new window) 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.
 - During the delivery of each survey, additional targeted recruitment is undertaken through face-to-face interviews and social media advertising to increase sample representativeness as required.
 - From April 2023-March 2024, panel members were invited to complete a survey every two months, either online or by telephone. From April 2024, surveys have been conducted quarterly.
 - No financial incentives are provided for participation.
 - 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 considered when interpreting findings.
 - Further information on the methods of the survey is provided in the Appendix.
- A demographic breakdown of panel members who were invited to complete the survey and of the 1,481 participants who completed the survey in August 2024 is provided in the Appendix.
 - Unless stated otherwise, data are weighted to reflect national population demographics by age, sex and deprivation.
 - Please note: percentages in this report may not total 100% due to rounding.

- 1,481 participants took part in the August 2024 survey (8th August – 8th September).

Cardiovascular health

- Out of a list of nine risk factors for cardiovascular disease, the two least known were having diabetes and having an abnormal heart rate. Around 3 in 4 people reported knowing these risk factors (diabetes 75%, abnormal heart rhythm 78%)
- 46% of people reported monitoring their health using an at home device to improve and protect their cardiovascular health.

Healthy weight

- Out of a list of 11 reasons that might stop people taking action to achieve or maintain a healthy weight, the top five reasons selected were:
 - Too many temptations (29%)
 - Not in the right frame of mind to start (27%)
 - Their health (20%)
 - Not enough time (19%)
 - Their job (17%)
- 88% of people who assessed themselves as being heavier than they think they should be said they intend to take action to achieve or maintain a healthy weight.

Travelling to health appointments

- 26% of people said they would find it difficult to travel to a hospital appointment, and 8% said they would find it difficult to travel to a GP appointment.
- 32% of people said, in general, they would be worried about their ability to travel to a health service appointment if they needed to.
- 52% of people said they had heard of the Non-Emergency Patient Transport Service.

Mealtimes

- Participants were asked about the main meals they had eaten in the past week. On at least one day in the past week:
 - 94% had eaten a main meal from scratch at home
 - 48% had eaten at a café or restaurant
 - 42% had eaten a ready meal
 - 41% had eaten a takeaway

Vaccines

- When asked how much of a risk COVID-19 is nowadays in terms of people becoming seriously ill, 10% thought it was a large risk, 43% a moderate risk, 42% a small risk and 5% no risk at all.
- 78% of people said they would accept a flu vaccine if eligible while 68% said they would accept a COVID-19 vaccine if eligible.



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Cardiovascular health

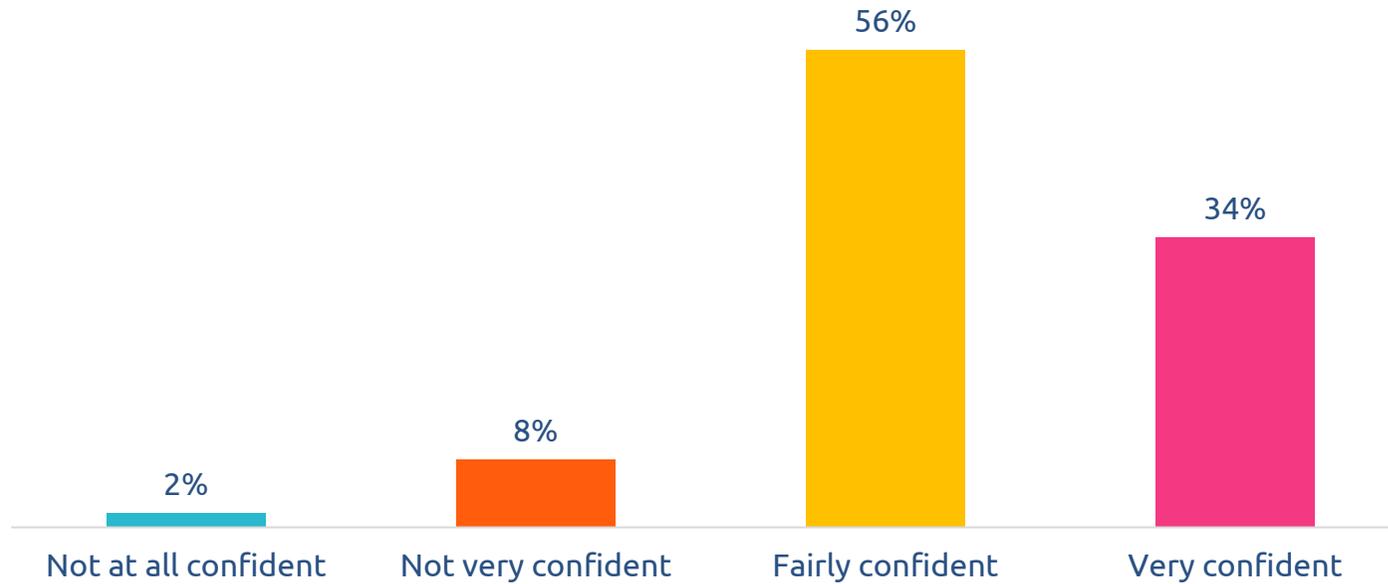
Cardiovascular health is vital for your well-being, as it affects the heart and blood vessels that deliver oxygen and nutrients to your body. Cardiovascular disease (also known as CVD) is a general term that describes conditions which can lead to events such as heart attacks and strokes. A healthy way of life can help to prevent or delay developing cardiovascular disease.

There are a number of risk factors for developing cardiovascular disease. Before today, which of the following, if any, did you already know increased a person's risk of cardiovascular disease?

	Yes	No
Having an abnormal heart rhythm	78%	22%
Having high blood pressure	93%	7%
Having high cholesterol	90%	9%
Having diabetes	75%	24%
Eating an unhealthy diet	93%	7%
Experiencing overweight or obesity	95%	5%
Having low physical activity levels	91%	9%
Smoking	94%	6%
Drinking alcohol	86%	14%

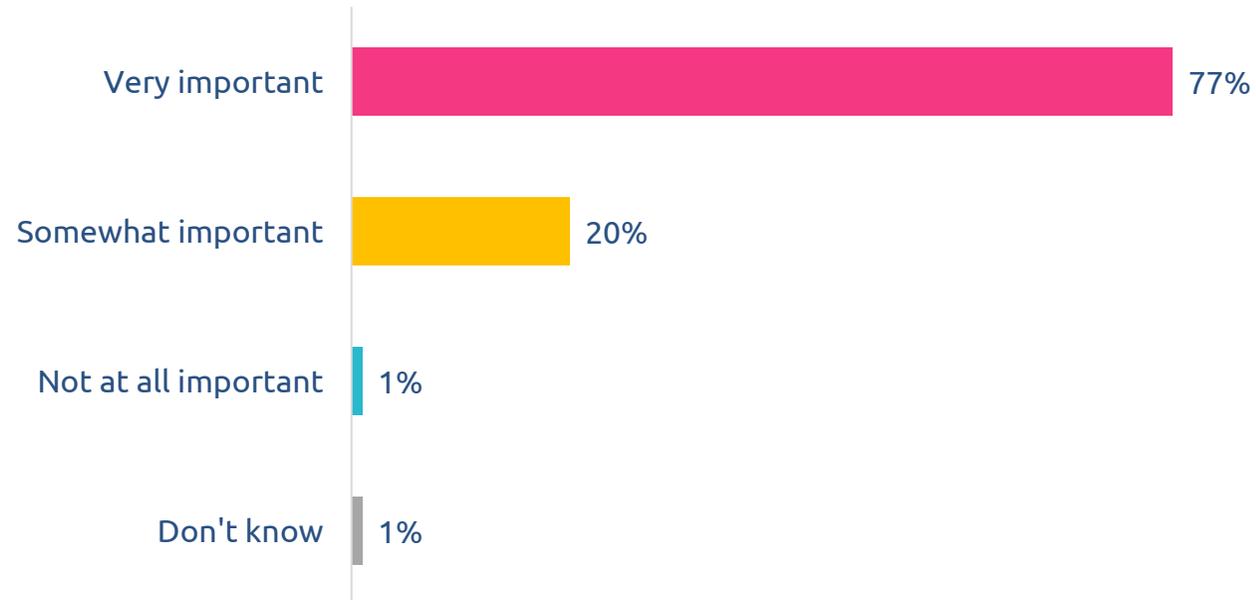
Prefer not to say for each statement: $\leq 1\%$

Thinking about these risk factors, how confident, if at all, are you that you know what action you can take to improve and protect your cardiovascular health?



Prefer not to say: <1%

How important, if at all, do you think it is for people to receive support from healthcare professionals to improve and protect their cardiovascular health?



Prefer not to say: <1%

How much of a role, if any, do you think the following have in supporting people to improve and protect their cardiovascular health?

	A lot	A little	Not at all	Don't know
The individual themselves	90%	7%	1%	2%
Their families	56%	37%	3%	4%
General practices (e.g. GPs, nurses)	76%	20%	2%	2%
Community pharmacists	32%	54%	8%	6%
Community and voluntary organisations	36%	51%	6%	7%
Hospitals and specialist care	65%	29%	3%	2%
Local authorities	27%	48%	18%	7%
Welsh Government	38%	41%	14%	7%

Prefer not to say for each statement: <1%

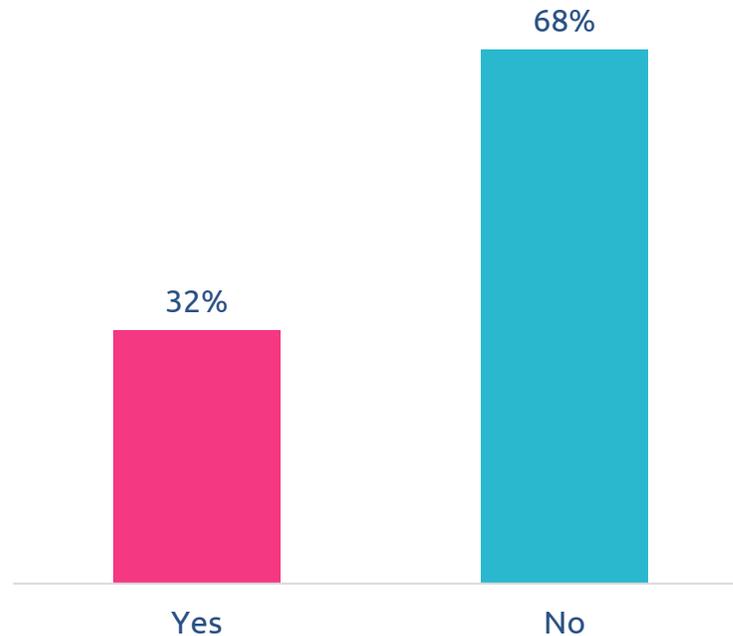
Which of the following cardiovascular disease conditions, if any, have you ever experienced?

	Yes, I have experienced this condition	No, I have never experienced this condition	Don't know, I have never been tested
Abnormal heart rhythm	15%	70%	14%
High blood pressure	33%	61%	5%
High cholesterol	25%	63%	12%
Diabetes	11%	81%	8%

Prefer not to say for each statement: <1%

Asked to participants who reported having one or more of the cardiovascular disease conditions
(n=809; unweighted)

In the past 12 months, have you been contacted by a health professional to arrange a review of your cardiovascular disease condition(s)?



Prefer not to say: <1%

Which of the following actions, if any, are you taking to improve and protect your cardiovascular health?

	Yes	No	Not applicable
Changing to a healthier diet	76%	22%	-
Becoming more physically active	77%	20%	-
Stopping smoking	11%	7%	81%
Reducing my alcohol consumption	40%	20%	39%
Monitoring my health using an at home device(s) (e.g. blood pressure monitor)	46%	53%	-

N.B. 'Not applicable' response options were only included for these two statements, worded as 'not applicable, I do not smoke' and 'not applicable, I do not drink alcohol' respectively. Prefer not to say for each statement: $\leq 3\%$

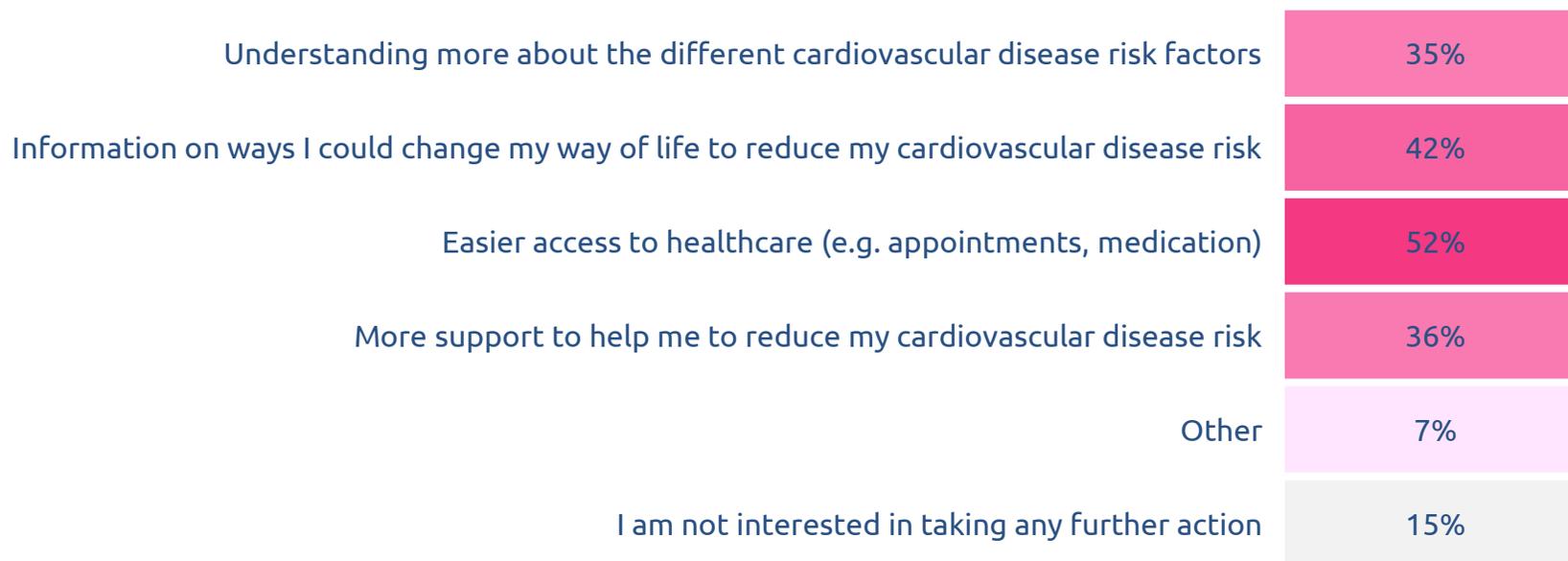
Asked to participants who reported having one or more of the cardiovascular disease conditions
(n=808; unweighted)

Which of the following actions, if any, are you taking to improve and protect your cardiovascular health?

	Yes	No	Not applicable
Attending appointments related to my condition	56%	9%	35%
Taking medication as prescribed	71%	4%	25%

Prefer not to say for each statement: $\leq 1\%$

Which of the following, if any, might encourage you to take further action to prevent you from experiencing a cardiovascular disease event (e.g. heart attack or stroke)? Select all that apply.



N.B. 'I am not interested in taking any further action' was an exclusive response option. Prefer not to say: 2%

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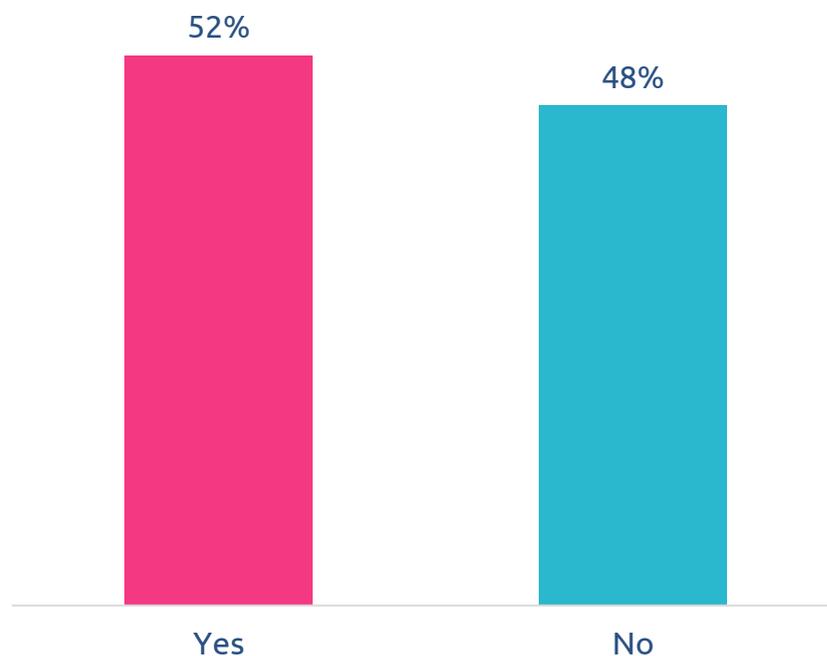
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Non-Emergency Patient Transport Service

Non-Emergency Patient Transport Service (NEPTS) is a service provided by the Welsh Ambulance Service which helps people who have a specific medical need to get to non-emergency appointments at hospitals, clinics and day centres.

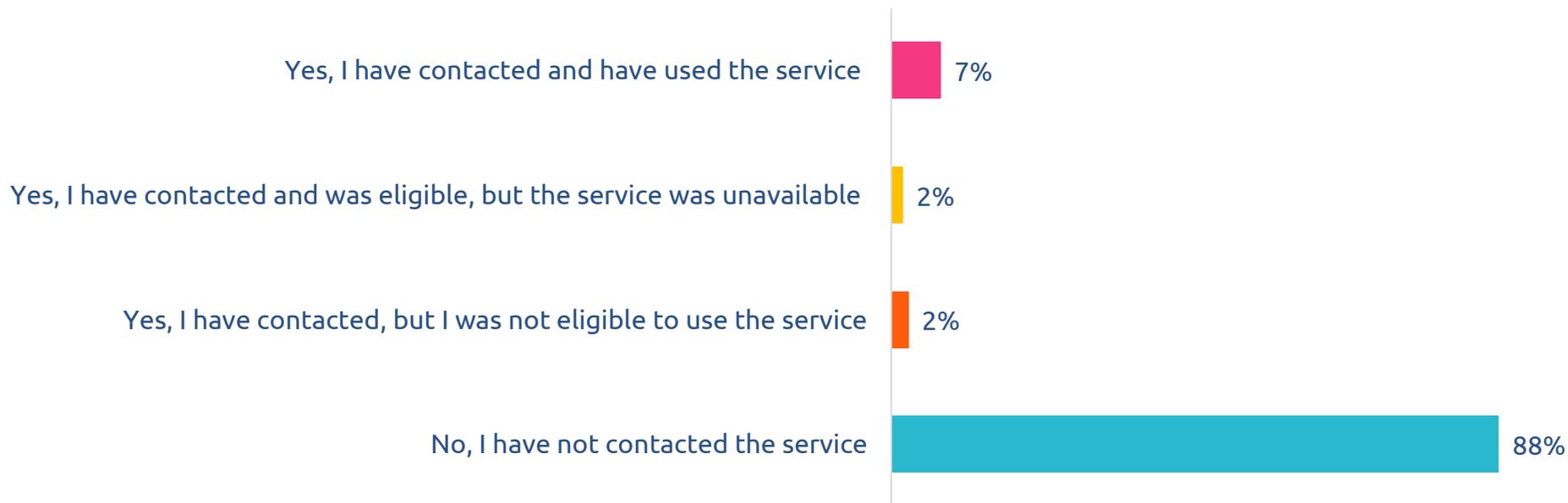
Before today, had you heard of the 'Non-Emergency Patient Transport Service' (NEPTS)?



Prefer not to say: 0%

Asked to participants who reported having heard of the NEPTS (n=809; unweighted)

Have you ever contacted and been eligible to use the Non-Emergency Patient Transport Service?



Prefer not to say: <1%

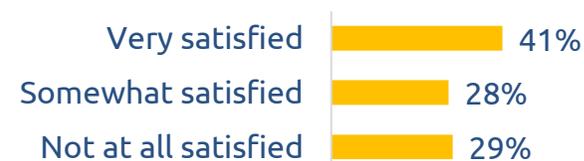
Based on your experience of the Non-Emergency Patient Transport Service, how satisfied, if at all, were you with the following?

Asked to participants who reported having contacted (regardless of use) the NEPTS (n=92; unweighted)

First phone call (e.g. assessing if eligible, booking process)

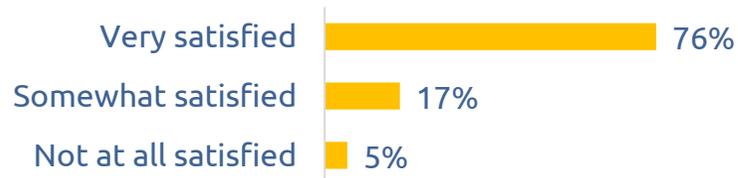


Overall experience



Asked to participants who reported having contacted and used the NEPTS (n=58; unweighted)

Vehicle experience (e.g. driver, vehicle cleanliness)



Timings (e.g. timeliness of pick up, length of journey)



Prefer not to say for each statement: $\geq 2\%$



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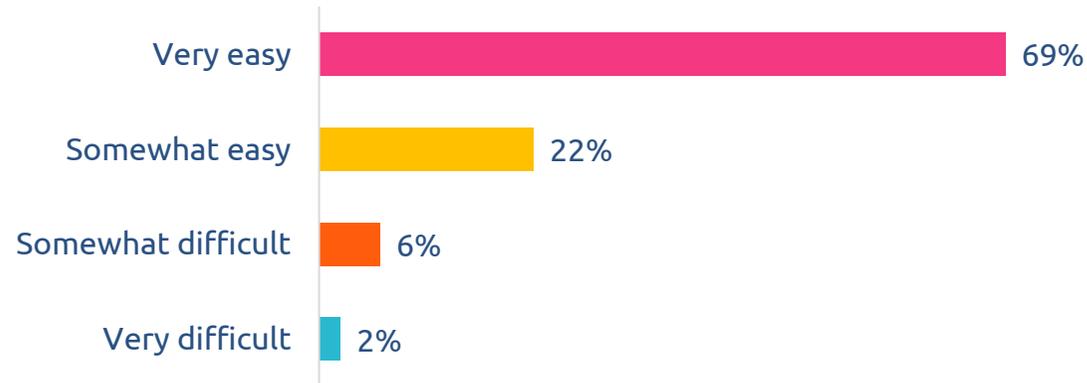


Travelling to health appointments

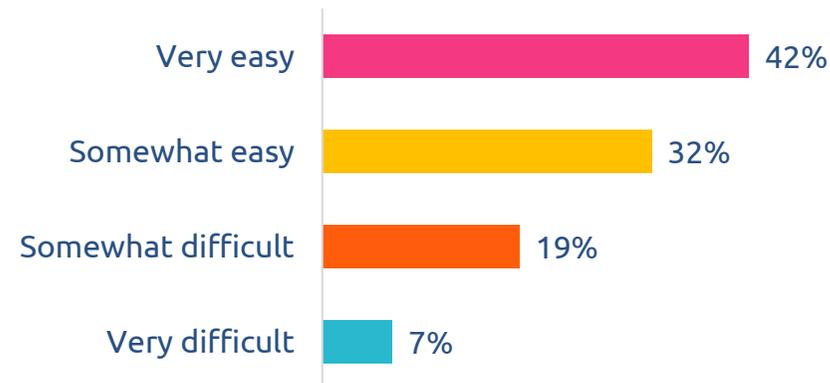
To understand the public's views on how they travel to health services in Wales, participants were asked to imagine they had been invited to an appointment at a GP surgery or at a hospital. When thinking about their response to the hospital statements, participants were asked to think about their nearest hospital or the one they visit most often.

How difficult or easy would it be for you to travel to each of the following...?

GP appointment



Hospital appointment



Prefer not to say for both questions: <1%

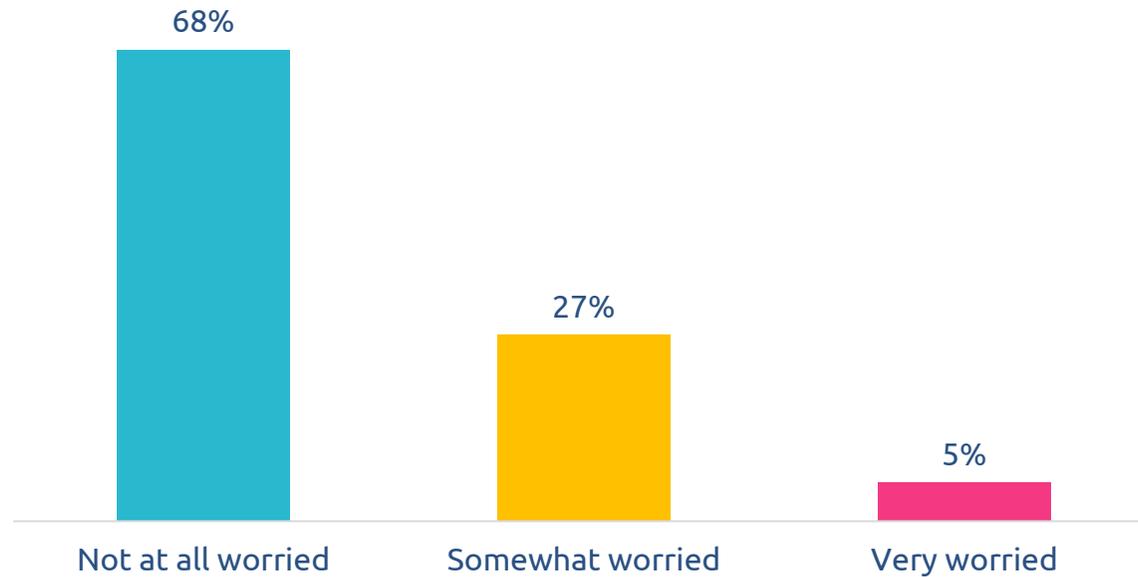
How would you travel to each of the following appointments?

	GP appointment	Hospital appointment
My own vehicle	57%	65%
My friend/family/carer would take me in their vehicle	8%	15%
Walk/Cycle	29%	4%
Private hire (e.g. Taxi)	1%	3%
Bus	3%	9%
Community and voluntary transport services	0%	<1%
Train	<1%	<1%
Non-Emergency Patient Transport Service	-	1%
Other	1%	2%

N.B. 'Non-Emergency Patient Transport Service' was not included as a transport option for GP appointments as it is not applicable.

Prefer not to say for each statement: <1%

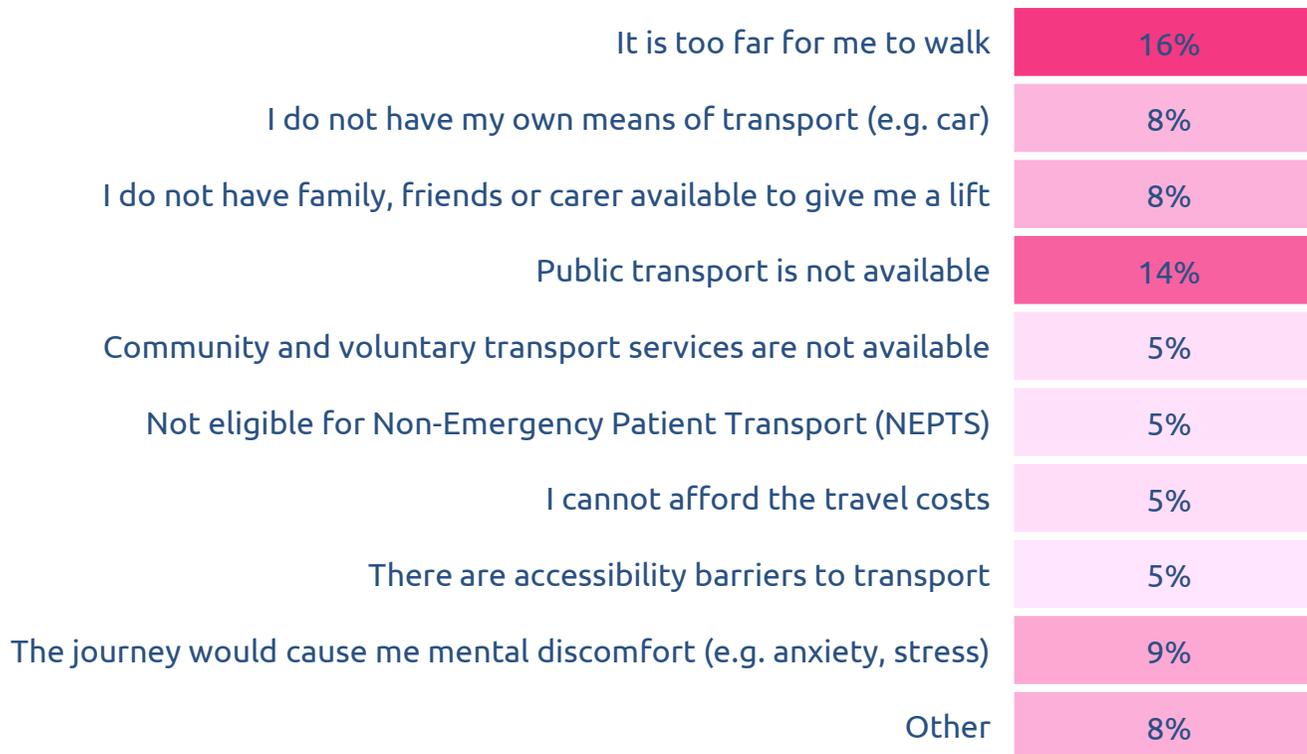
In general, how worried, if at all, would you be about your ability to travel to a health service appointment if you needed to?



Prefer not to say: <1%

Asked to participants who reported being somewhat or very worried (n=470; unweighted)

Which of the following, if any, are reasons why you would be worried about travelling to a health service appointment? Select all that apply.

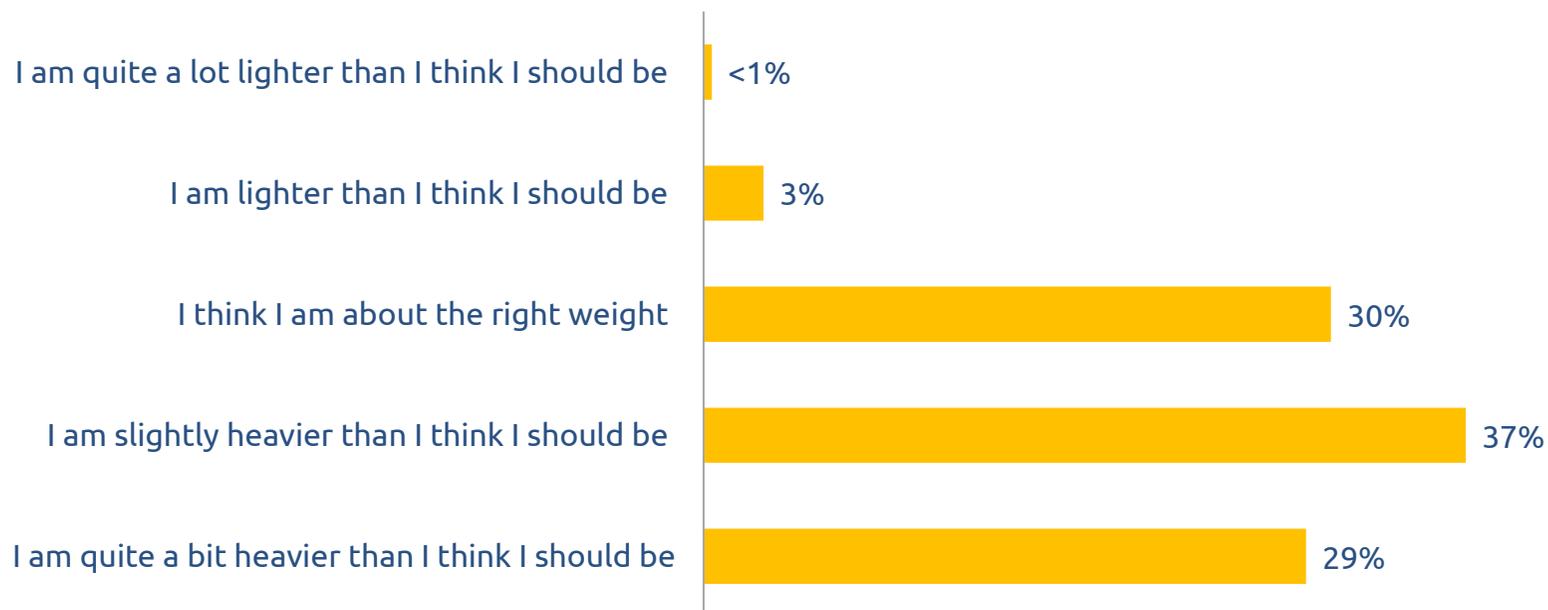


N.B. Many of the 'other' open text responses were related to worry of parking at a health service appointment; Prefer not to say: 1%

Healthy weight

This section focused on achieving and maintaining a healthy weight. The first question was asked to the full sample to ascertain perception of weight. Subsequent questions were only asked to participants who identified as being the right weight or being heavier than they thought they should be; thus, the questions were not asked to participants who identified as being lighter than they thought they should be.

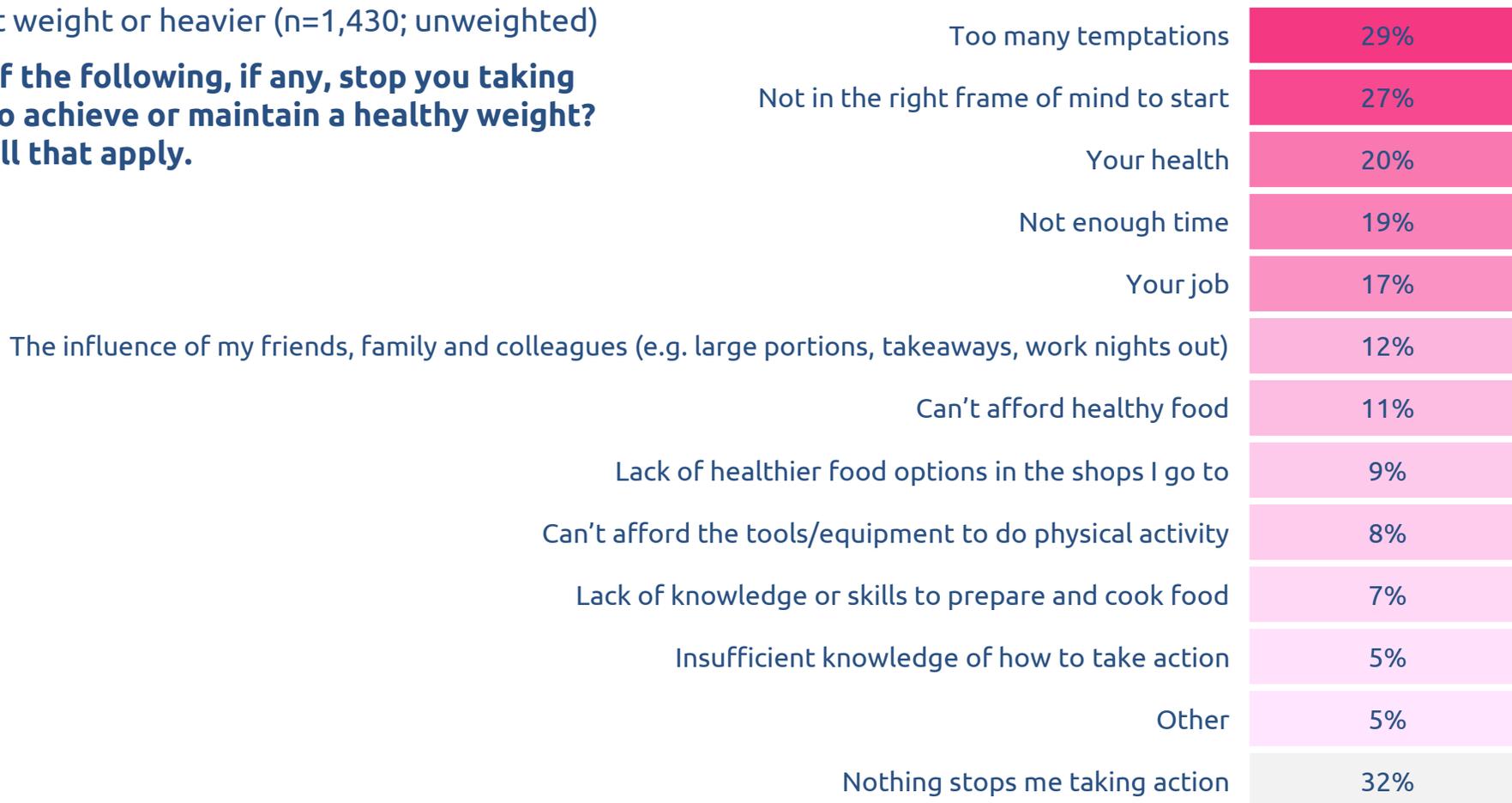
How would you assess your current weight?



Prefer not to say: <1%

Asked to participants who assessed themselves as being the right weight or heavier (n=1,430; unweighted)

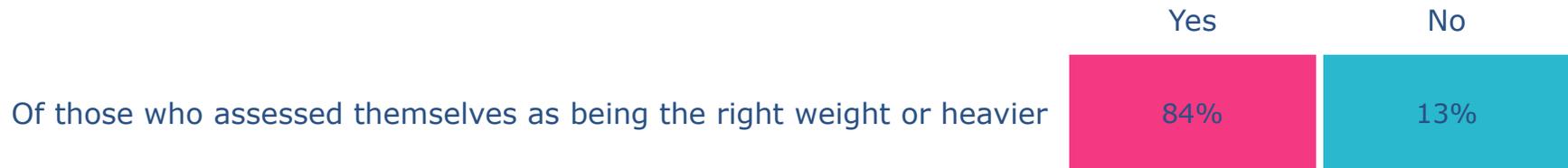
**Which of the following, if any, stop you taking action to achieve or maintain a healthy weight?
Select all that apply.**



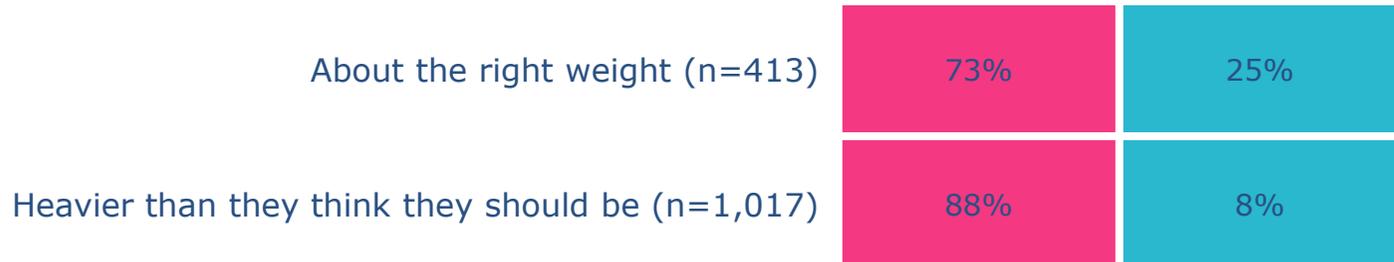
N.B. 'Nothing stops me taking action' was an exclusive response option; Prefer not to say: <1%

Asked to participants who assessed themselves as being about the right weight or heavier than they think they should be (n=1,430; unweighted)

Do you intend to take any action to achieve or maintain a healthy weight?



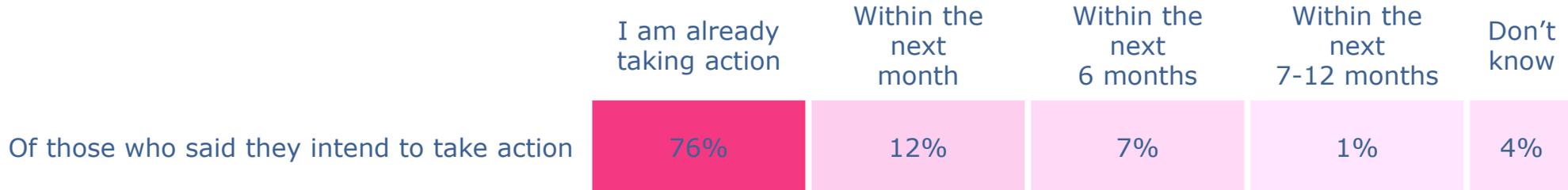
Broken down into those who reported being:



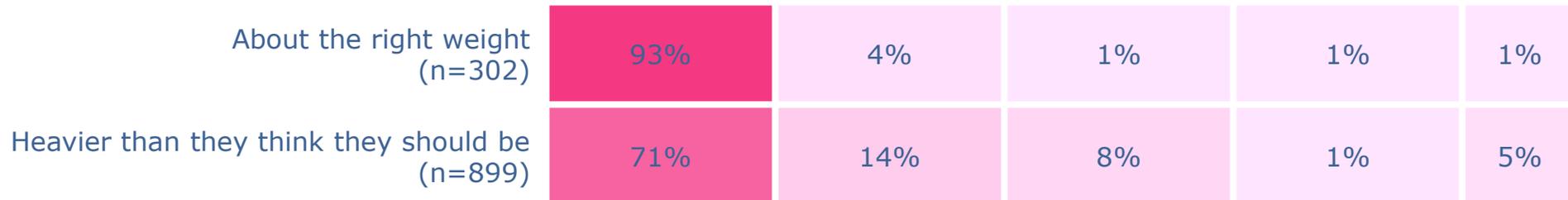
Prefer not to say for each category: $\leq 3\%$

Asked to participants who intend on taking action to achieve or maintain a healthy weight (n=1,201; unweighted)

When do you intend to take action to achieve or maintain a healthier weight?



Broken down by those who reported being:

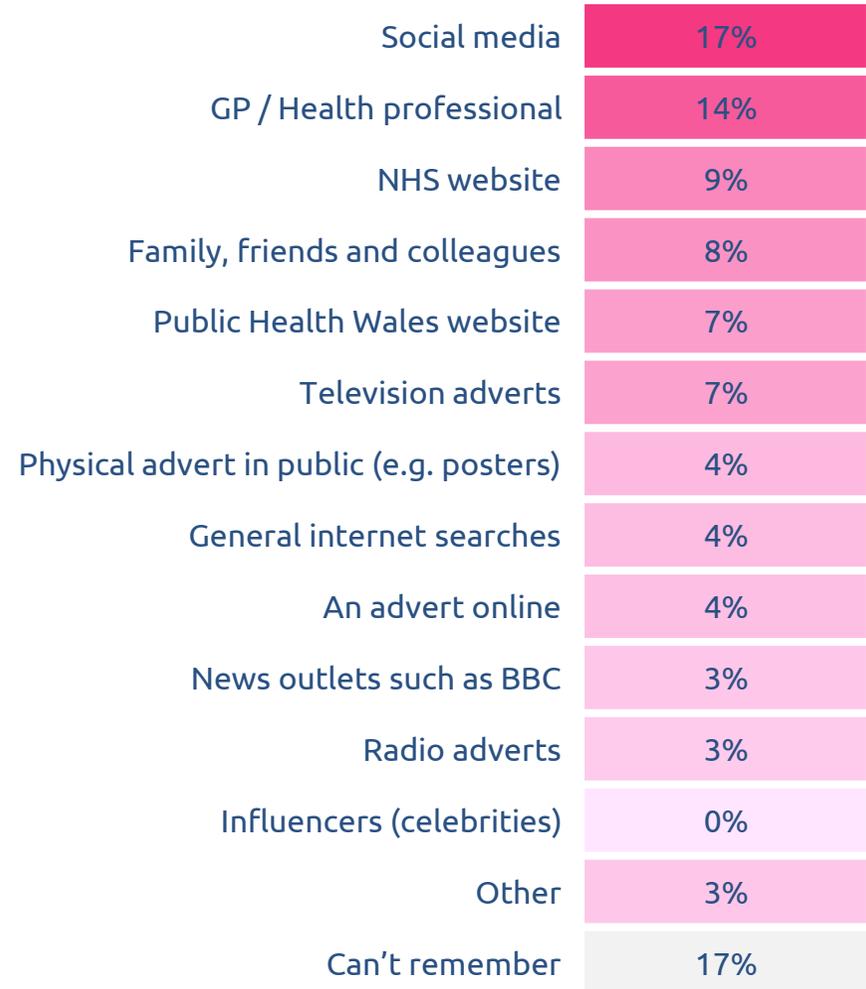


Prefer not to say: <1%

Participants who assessed themselves as being the right weight or heavier were asked if they had heard of Healthy Weight Healthy You.

Asked to participants who responded 'yes' (n=271; unweighted)

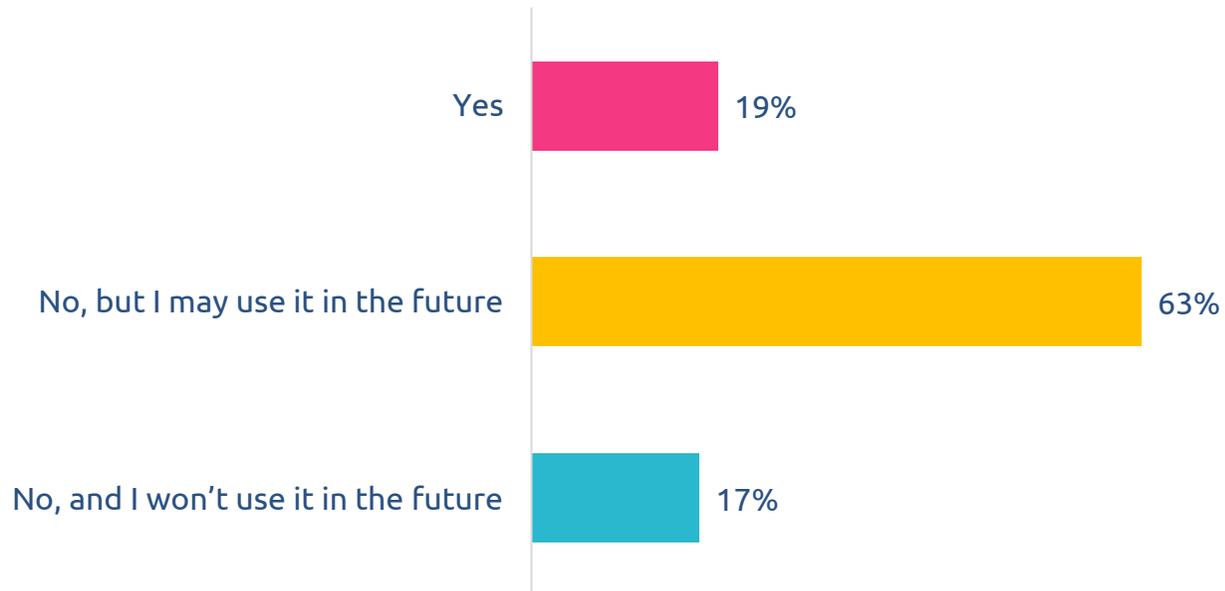
How did you become aware of Healthy Weight Healthy You?



Prefer not to say: <1%

Asked to participants who reported being aware of Healthy Weight Healthy You (n=271; unweighted)

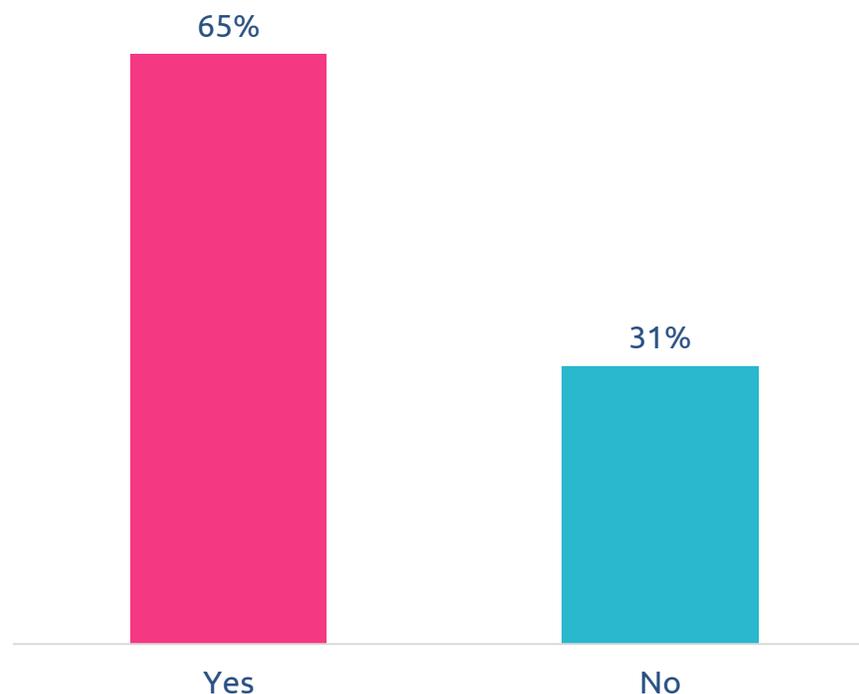
Have you used the Healthy Weight Healthy You website?



Prefer not to say: 1%

Asked to participants who reported having used the website (n=52; unweighted)

Did you find the website helpful?



Prefer not to say: 4%



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Mealtimes

This section asked participants about their mealtime behaviours.

Over the last 7 days, on how many days did you do each of the following for your main meal?

	Number of days		
	0 days	1 day	2 or more days
Eat a main meal made from scratch (using ingredients) at home	5%	2%	92%
Eat a ready meal	58%	19%	22%
Eat a takeaway	59%	28%	13%
Eat in a café or restaurant	52%	34%	14%
Missed a main meal	68%	13%	18%

Eat a main meal made from scratch (using ingredients) at home: combines responses from two questions asking participants about meals prepared by themselves and meals prepared by someone else. Eat a takeaway: combines responses from two questions asking participants about takeaways that had been collected and takeaways that had been delivered. Prefer not to say for each statement: ≤1%.

Do you ever eat your lunch away from your home?



Prefer not to say: 0%

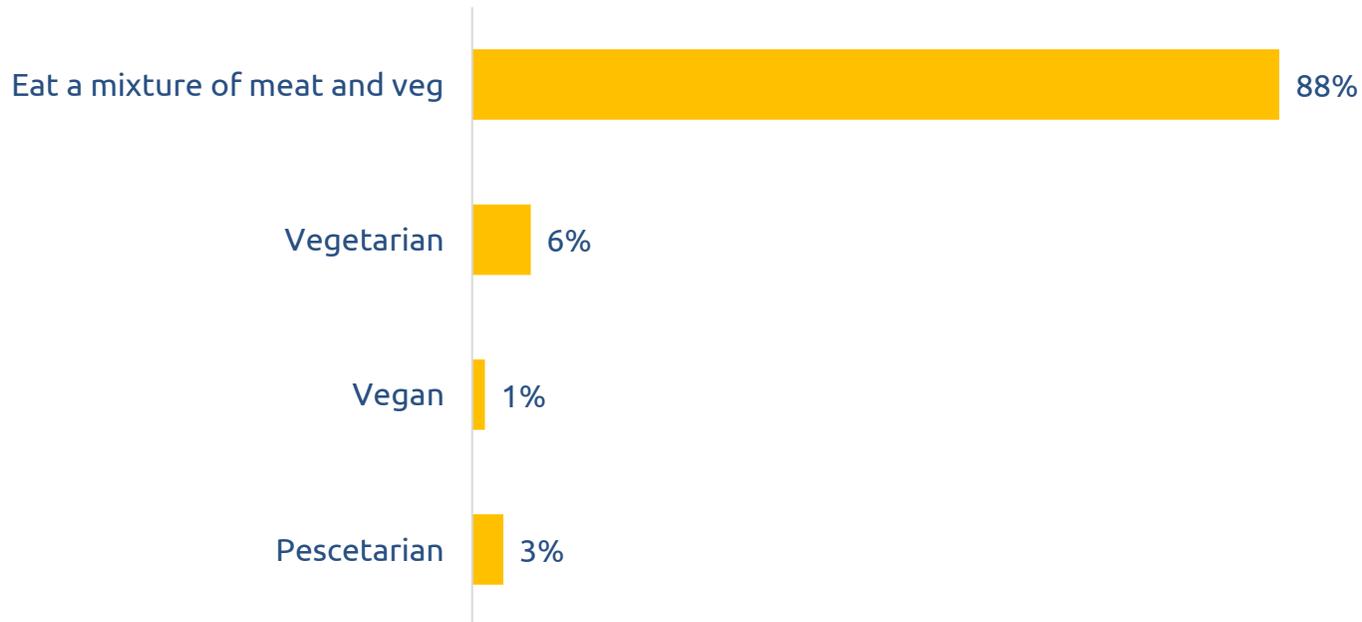
Asked to participants who reported eating lunchtime meals away from their home (n=843; unweighted)

When you are away from home for your lunchtime meals, how often do you do the following?

	Never	Rarely	Sometimes	Often	Always
Buy lunch on the go	12%	28%	36%	19%	5%
Have a lunch that was prepared at home	11%	18%	29%	28%	14%
Not eat a lunchtime meal	31%	28%	28%	11%	2%

Prefer not to say for each statement: <1%

Which of these would best describe your diet?



Prefer not to say: 1%



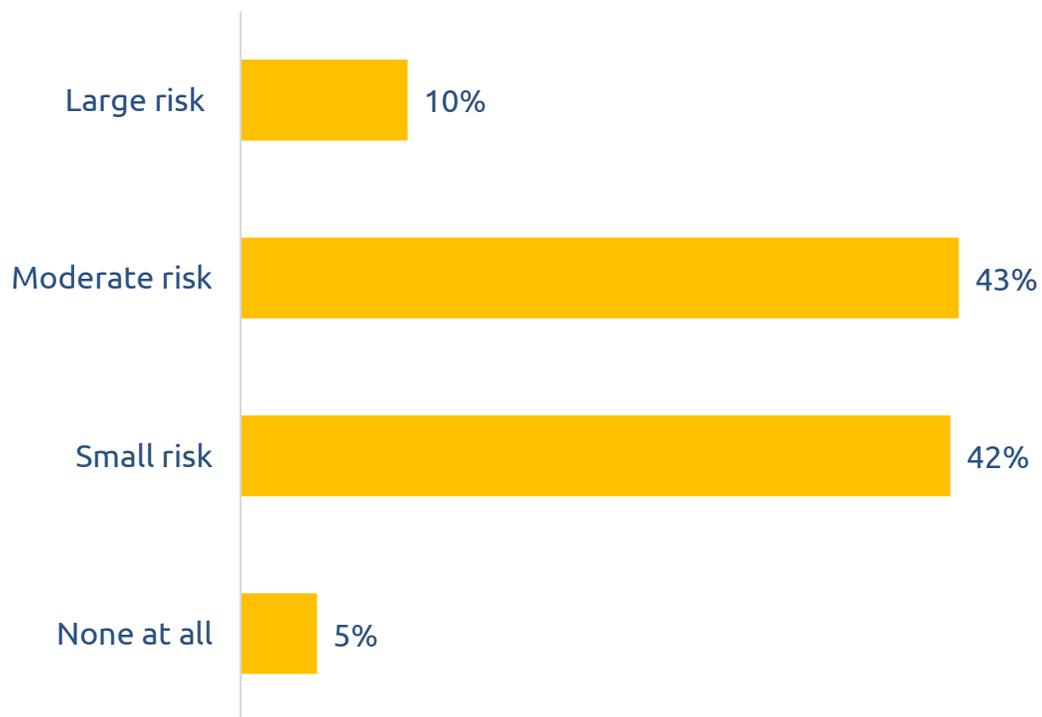
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Vaccines

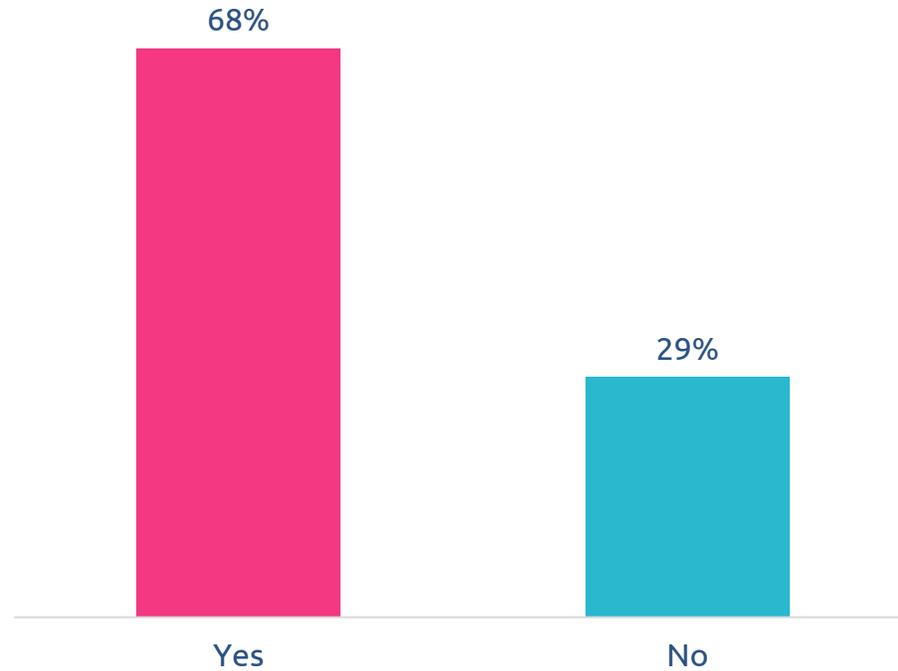
This section asked participants about COVID-19 and flu vaccines.

How much of a risk do you think COVID-19 is nowadays in terms of people becoming seriously ill?



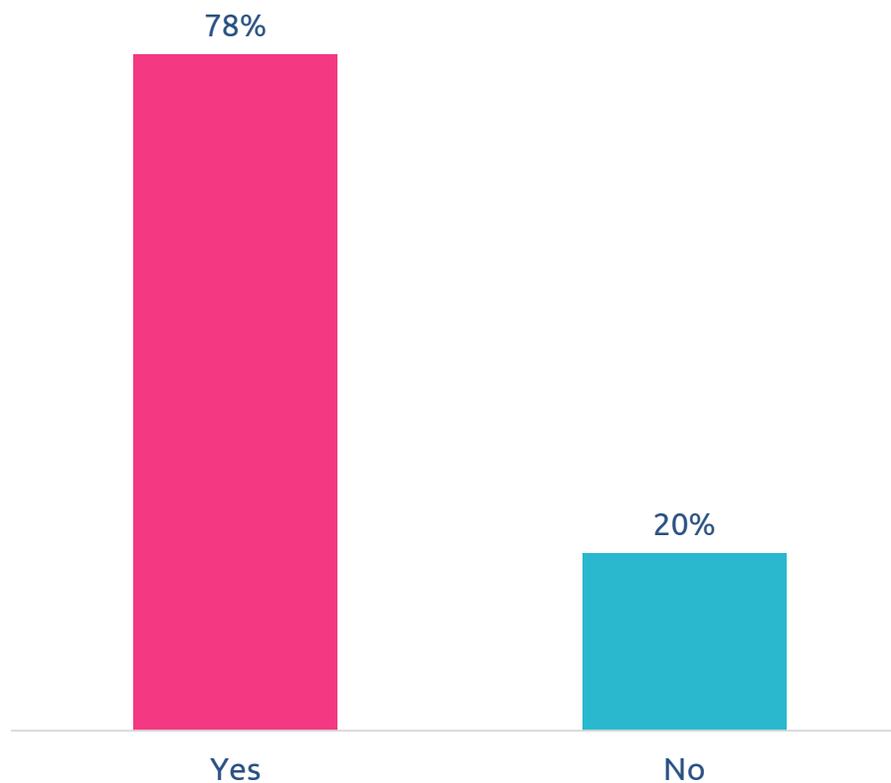
Prefer not to say: 1%

If you were eligible for a COVID-19 vaccine, would you accept it?



Prefer not to say: 3%

If you were eligible for a flu vaccine, would you accept it?



Prefer not to say: 2%

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Want to be involved in the Panel?

Recruitment to Time to Talk Public Health 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.

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**Policy and International Health,
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Questionnaire Development

The questions used in the August survey were developed in partnership with colleagues in Public Health Wales and Welsh Government.



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Appendix

Sample demographics

Methods

		Population (16+ years)	Overall panel sample N = 3,523		August 2024 survey sample N = 1,481	
Sex	Male	49%	1,357	39%	823	56%
	Female	51%	2,119	60%	646	44%
	Other	-	47	1%	12	1%
Age group (years)	16-29	21%	479	14%	171	12%
	30-49	29%	1,399	40%	414	28%
	50-69	31%	1,191	34%	605	41%
	70+	19%	457	13%	291	20%
Deprivation quintile	1 (Most)	19%	552	16%	206	14%
	2	20%	687	20%	279	19%
	3	21%	722	20%	320	22%
	4	21%	751	21%	319	22%
	5 (Least)	20%	811	23%	357	24%

Note. Population data from [the ONS Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland \(Mid 2020\)](#) (opens in new window); Deprivation quintile data from [the Welsh Index of Multiple Deprivation \(2019\)](#) (opens in new window).

Due to lack of participation in three consecutive surveys, 243 people were removed from the panel. This process was outlined to panel members in the joining material.

		Population (16+ years)	Overall panel sample N = 3,523	August 2024 survey sample N = 1,481		
Ethnicity	White	95%	3,393	96%	1,441	97%
	Mixed/Multiple Ethnic Groups	1%	65	2%	21	1%
	Asian, Asian Welsh or Asian British	2%	38	1%	13	1%
	Black, African, Caribbean, Black Welsh or Black British	1%	8	<1%	2	<1%
	Other Ethnic Group	1%	15	<1%	4	<1%
	Prefer not to say	-	4	<1%	0	0
Health Board	Aneurin Bevan UHB	19%	608	17%	237	16%
	Betsi Cadwaladr UHB	22%	698	20%	324	22%
	Cardiff and Vale UHB	16%	654	19%	257	17%
	Cwm Taf Morgannwg UHB	14%	484	14%	207	14%
	Hywel Dda UHB	12%	511	15%	216	15%
	Powys Teaching HB	4%	147	4%	64	4%
	Swansea Bay UHB	12%	421	12%	176	12%

Note. [Population estimates by ethnicity](#) (opens in new window) retrieved from Stats Wales are for all ages due to data not being available for non-white residents aged 65+ years. [Population estimates by local health boards](#) (opens in new window) retrieved from Stats Wales. UHB: University Health Board; HB: 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](#) (opens in new window).

- 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, sex, 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.

Participants (N = 1,481) who completed the August survey, were recruited via the following methods:

Recruitment Method	n	%
Online	1,091	74%
Telephone	254	17%
Face-to-face (panel)	82	6%
Face-to-face (one-off)	54	4%

Participants (N = 1,481) who completed the August survey, completed via the following methods:

Participation Method	n	%
Online	1,263	85%
Telephone	103	7%
Face-to-face	115	8%