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Time to Talk Public Health

February 2025 Survey Findings:

Primary care and health inequalities; delivery of primary care services; social connectedness; personal well-being; financial security; minimum unit pricing of alcohol; and breast screening and artificial intelligence

Published: May 2025



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 February 2025 Survey covering:
 - **Primary care and health inequalities**
 - **Delivery of primary care services**
 - **Social connectedness**
 - **Personal well-being**
 - **Financial security**
 - **Minimum unit pricing (MUP) for alcohol**
 - **Breast screening and artificial intelligence (AI)**
- We are very grateful to the residents of Wales who have given their valuable time to participate in the panel.



Methodology

- Initial recruitment to the Time to Talk Public Health Panel (November 2022 to January 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 to 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 2,137 participants who completed the survey in February 2025 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.

- 2,137 participants took part in the February 2025 survey (20th January to 2nd March 2025).

Health inequalities

- When asked how much of an impact eight wider determinants have on whether a person experiences good health, the top three considered to have a large impact were:
 - Ability to access health care (93%)
 - Good quality, warm homes (89%)
 - Good financial security (78%)
- 70% of people said they support the allocation of money for primary care services being based on the needs of people in an area. This reduced to 51% when stated it may mean an area with people who have good health get less primary care services.

Delivery of primary care services

- 60% of people said, if they had multiple health concerns, they would be willing to wait longer for an appointment with a healthcare professional if it meant they could talk about all their concerns together.
- 47% of people think it is acceptable to wait up to 1 week for a general appointment with their preferred healthcare professional.

Social connectedness and personal well-being

- Most people reported feeling connected to other people (30% very connected, 41% fairly connected).
- 72% of people said they feel the things they do in their life are worthwhile, and 33% said they had high anxiety.

Minimum unit pricing for alcohol

- 58% of people said they knew there was a minimum unit price for alcohol in Wales.
- 43% of people said they were in favour of the MUP, while 21% were against, 28% were neither in favour nor against and 7% didn't know.

Breast screening and artificial intelligence

- 56% of people said they support the use of an approved AI tool to assist healthcare specialists to review mammograms.
- If an approved AI tool was used in the breast screening process, 71% of people said they think it will improve timeliness and 67% think it will improve efficiency.



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Primary care and health inequalities

There are unfair and avoidable differences in health across different groups of people in Wales. This is often called 'health inequalities'. We asked participants about their perception on how primary care can support the reduction of health inequalities.

Primary care and health inequalities

How much of an impact, if any, do you think the following have on whether a person experiences good health?

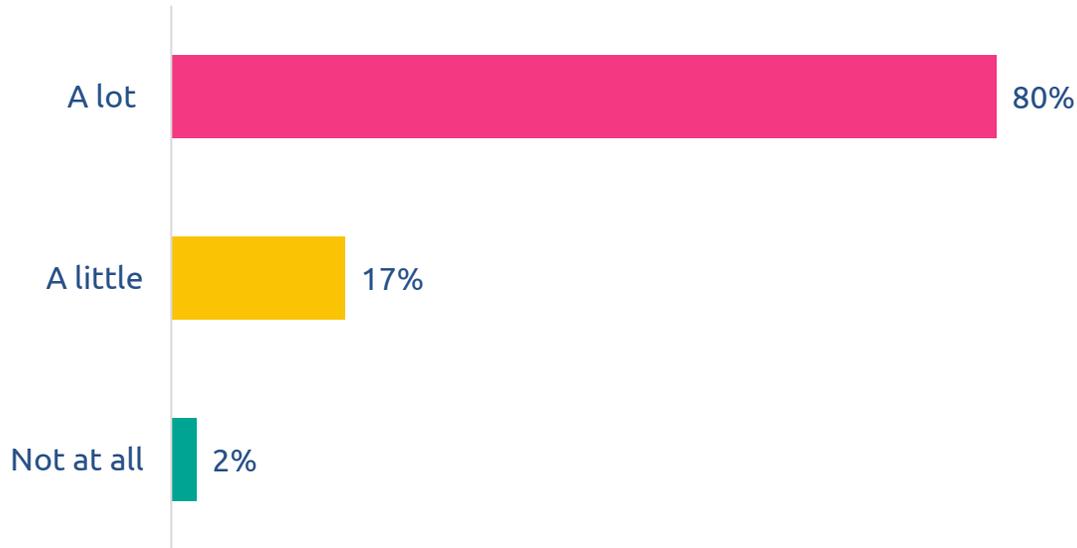
	No impact	Small impact	Large impact
Ability to access health care	1%	5%	93%
Good quality, warm homes	1%	10%	89%
Good financial security	3%	19%	78%
Good social connections (e.g. relationships with families and friends)	2%	20%	77%
Fair working conditions	3%	20%	77%
Good air quality	2%	23%	74%
Good quality education	5%	29%	67%
Good access to transport	4%	38%	57%

Prefer not to say: less than 1%



Primary care and health inequalities

How much of a role, if any, do you think primary care services (e.g. GP surgeries, community pharmacies, optometrists and dentists) have in supporting everyone to experience good health and reducing health inequalities?



Prefer not to say: less than 1%

Primary care and health inequalities

How acceptable, if at all, would you find it if a healthcare professional asked you about the following?

	Not acceptable	Somewhat acceptable	Very acceptable
Your financial security	28%	48%	23%
Your housing environment	3%	33%	63%
Your employment	8%	37%	53%
Your ability to access health care	2%	13%	85%
Your social connections	11%	41%	48%
Your access to transport	4%	35%	60%
The quality of air you breathe	3%	25%	72%
Your overall well-being (this is your state of being comfortable, healthy and happy)	1%	14%	85%

Prefer not to say for each statement: equal to or less than 1%



Primary care and health inequalities

How much responsibility, if any, do you think healthcare professionals working in GP practices should have for each of the following?

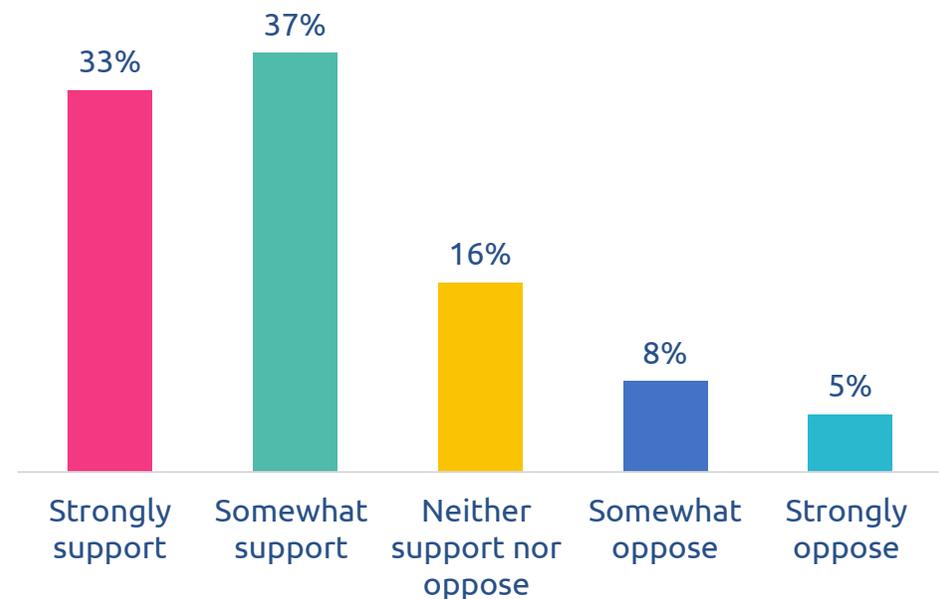
	Don't know	None	Not very much	A fair amount	A great deal
Providing ongoing healthcare and support for patients with long-term conditions (e.g. having more regular check-ups for patients)	Less than 1%	Less than 1%	1%	23%	75%
Working with local communities to help prevent ill-health	1%	2%	11%	42%	44%
Helping patients to eat a healthy diet and be physically active	1%	2%	16%	49%	32%
Referring patients to local services that can support them for non-medical needs that affect their health (e.g. food banks and housing charities)	1%	4%	15%	43%	37%
Asking whether patients have non-medical needs that affect their health (e.g. problems with housing, unemployment, or not having enough food)	1%	5%	20%	47%	27%

Prefer not to say for each statement: equal to or less than 1%

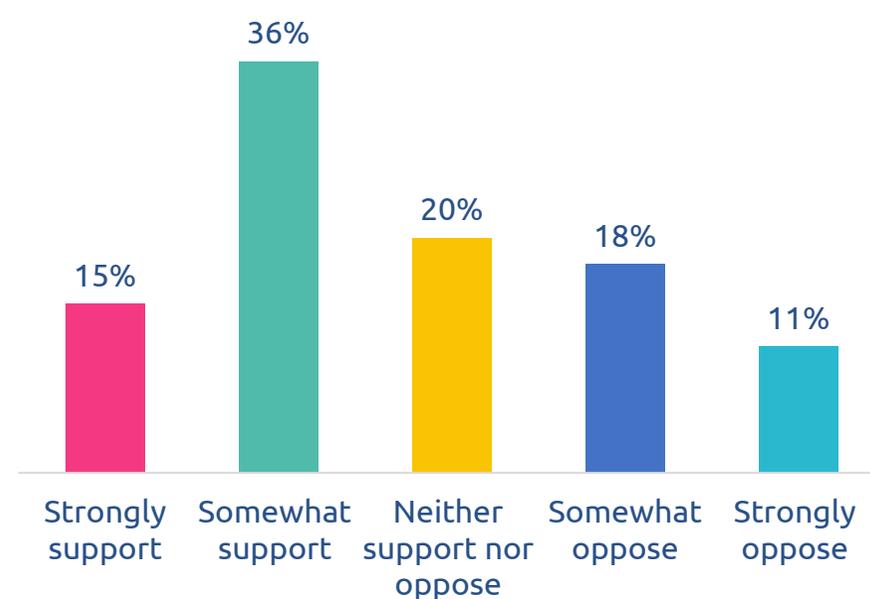


Primary care and health inequalities

Do you support or oppose the allocation of money for primary care services being based on the needs of the people in an area (i.e. health status, employment levels and quality of the environment)?



Do you support or oppose the allocation of money for primary care services being based on the needs of the people in an area, even if it means an area with people who have good health get less primary care services?



Prefer not to say for each question: 1%





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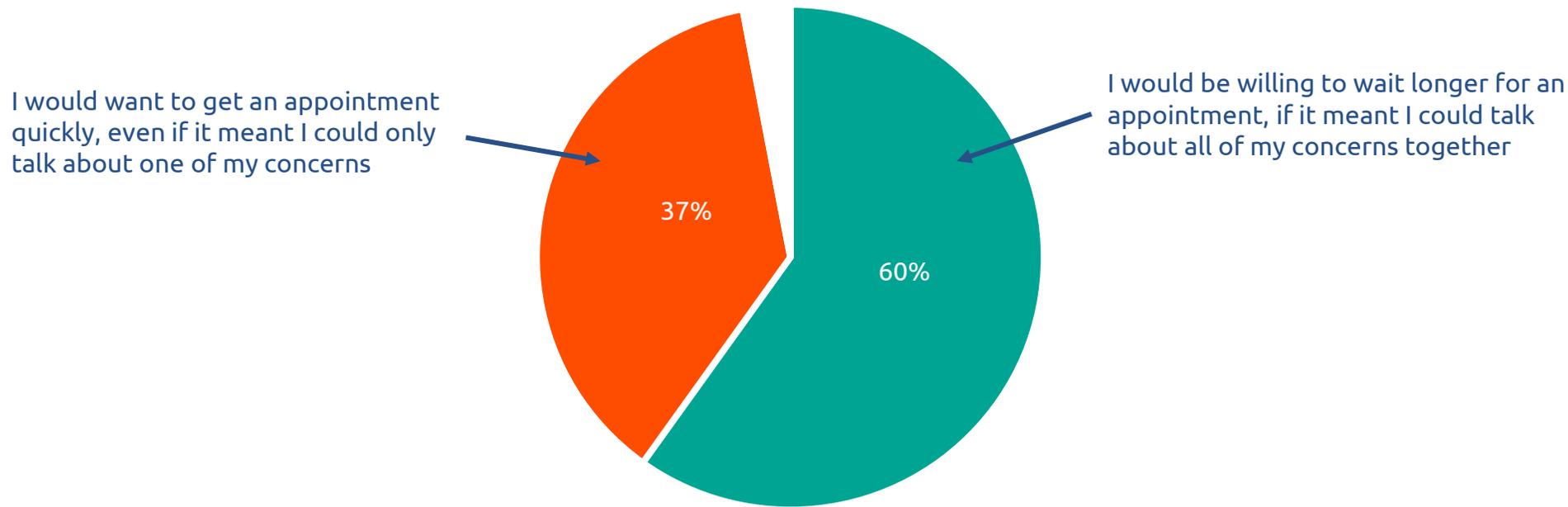
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Delivery of primary care services

Being able to receive healthcare when and how you need it is important to achieve the best health outcomes. We asked participants about their preferences for how they would want primary care services to be delivered.

Delivery of primary care services

Imagine you had multiple health concerns that you wanted to speak with a healthcare professional about. Which of the following best describes you?



Prefer not to say: 3%



Delivery of primary care services

Imagine you wanted to see a healthcare professional at a GP surgery for a new but non-emergency health condition you have not had before. Please order the following in terms of most important to least important.

	1 Most important	2	3	4 Least important
Being seen by the same person you have seen before	24%	18%	16%	41%
Being seen quickly	40%	23%	22%	14%
Being seen at a time that is suitable for you	18%	27%	32%	21%
Being seen in a way that suits you (e.g. telephone, face-to-face)	17%	31%	29%	22%

Prefer not to say for each statement: 1%



Delivery of primary care services

Imagine you wanted to see a healthcare professional at a GP surgery for a new emergency health condition you have not had before. Please order the following in terms of most important to least important.

	1 Most important	2	3	4 Least important
Being seen by the same person you have seen before	10%	21%	17%	51%
Being seen quickly	81%	10%	4%	3%
Being seen at a time that is suitable for you	2%	31%	42%	23%
Being seen in a way that suits you (e.g. telephone, face-to-face)	5%	37%	35%	21%

Prefer not to say for each statement: 1%



Delivery of primary care services

Imagine you wanted to see a healthcare professional at a GP surgery for an existing health condition you have had for a while. Please order the following in terms of most important to least important.

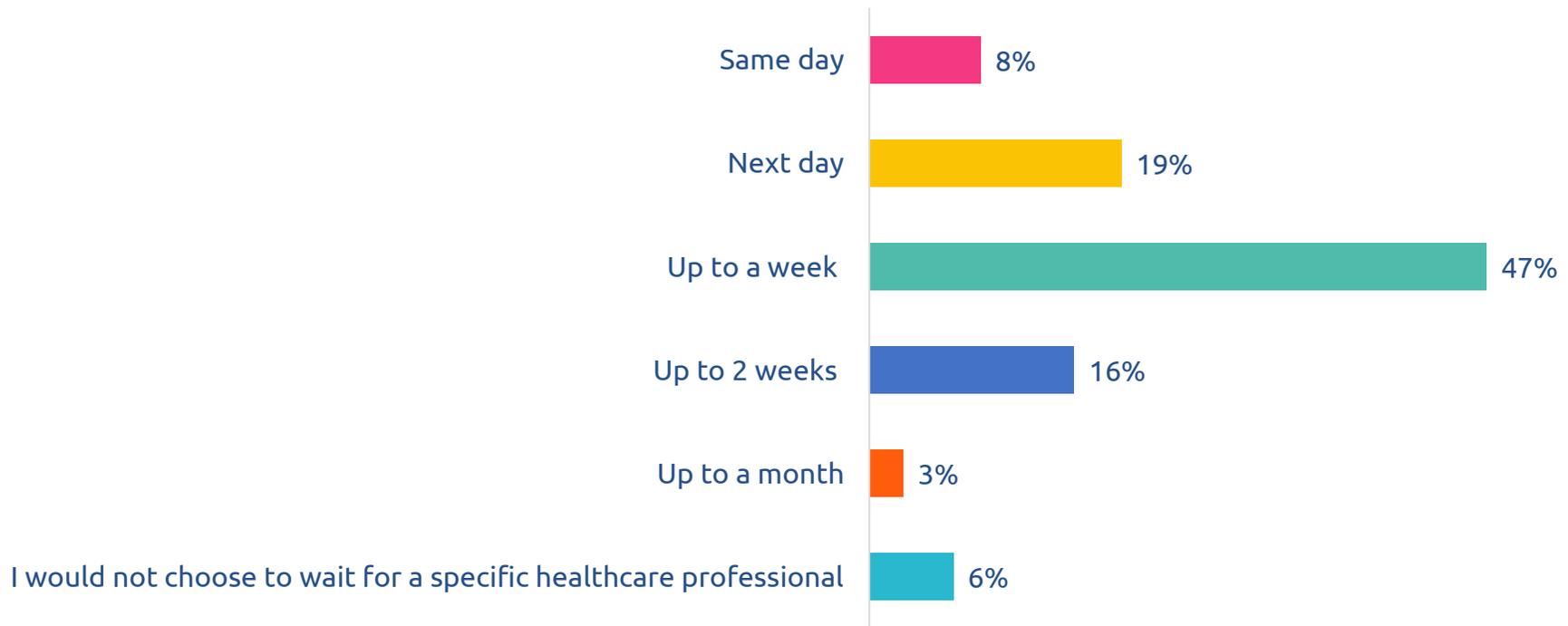
	1 Most important	2	3	4 Least important
Being seen by the same person you have seen before	57%	17%	9%	16%
Being seen quickly	20%	27%	22%	29%
Being seen at a time that is suitable for you	11%	28%	37%	22%
Being seen in a way that suits you (e.g. telephone, face-to-face)	10%	26%	31%	32%

Prefer not to say for each statement: less than or equal to 2%



Delivery of primary care services

How long do you think is acceptable for you to wait for a general appointment with your preferred healthcare professional at your GP surgery?

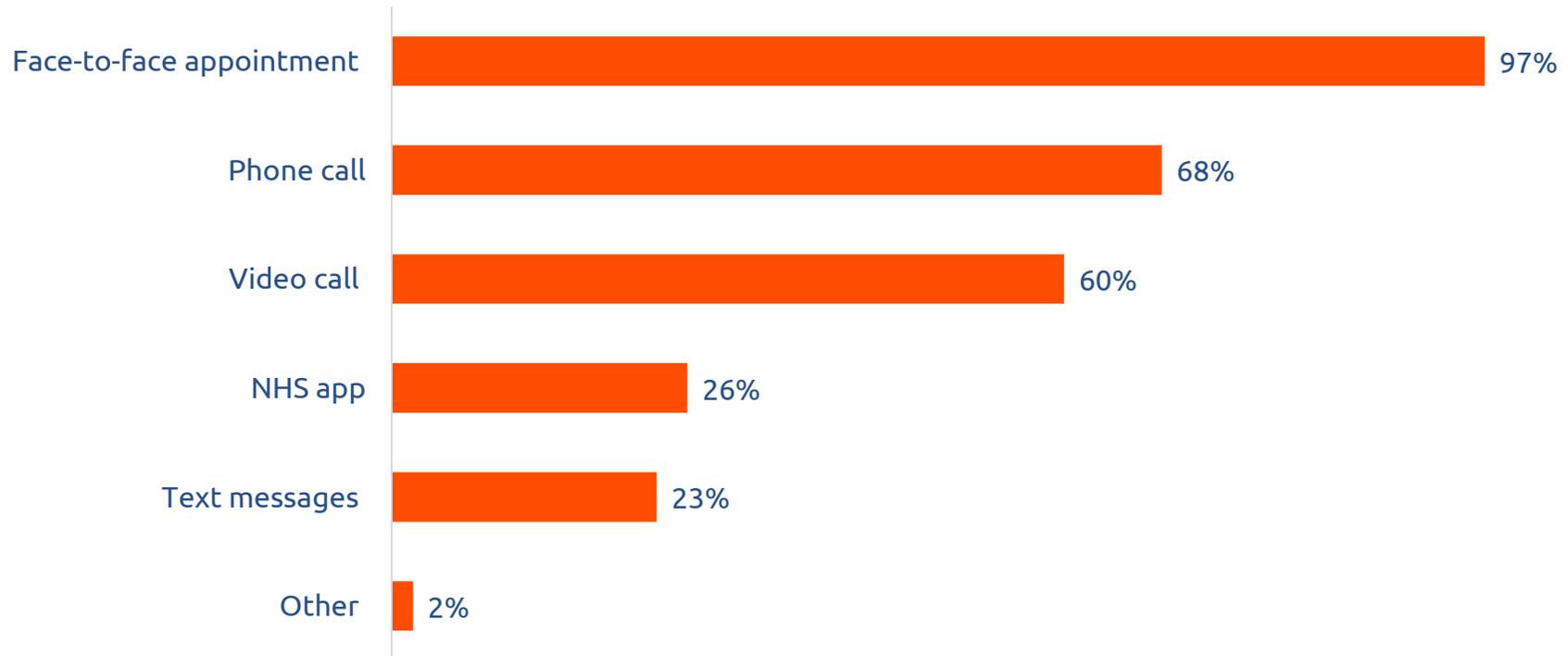


Prefer not to say: 1%



Delivery of primary care services

GP surgeries can offer healthcare appointments in different ways. Which of the following would you find acceptable? (Select all that apply)

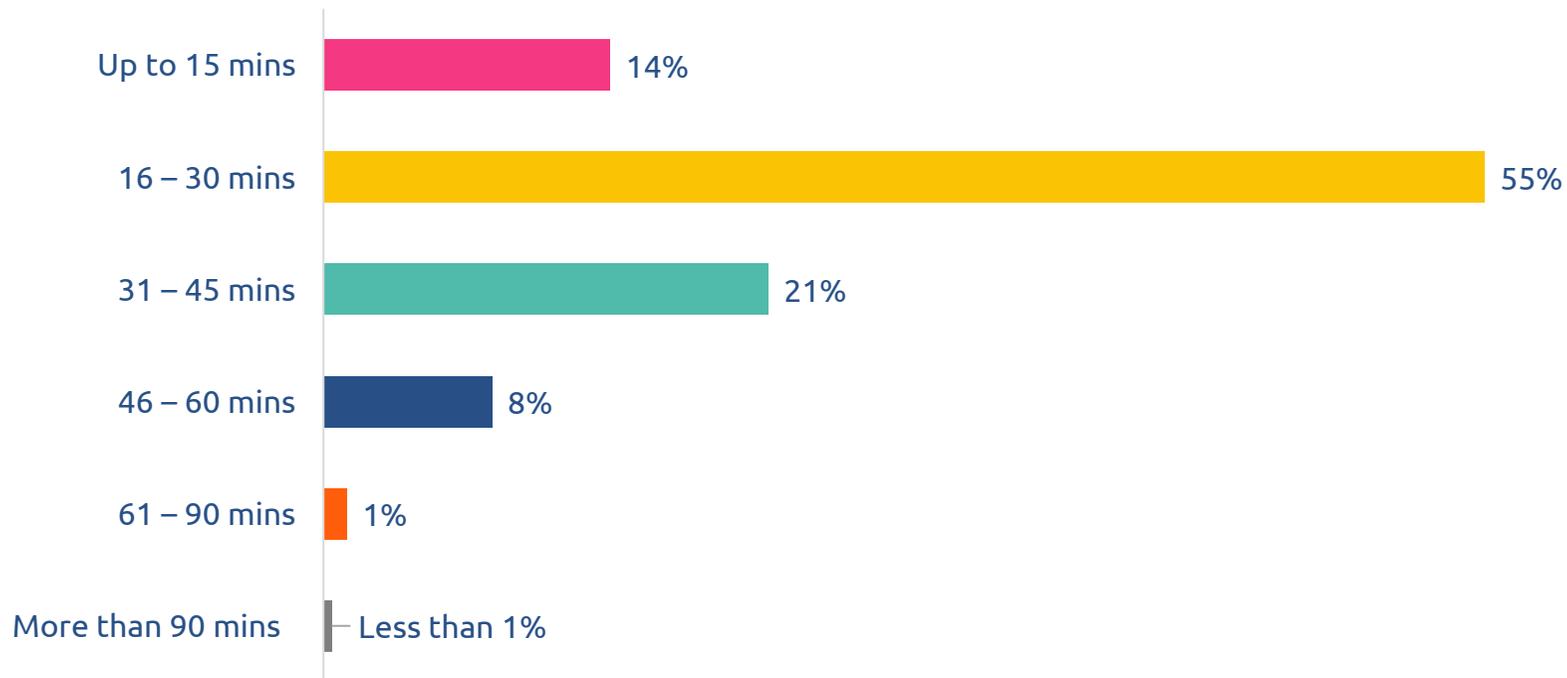


Prefer not to say: less than 1%

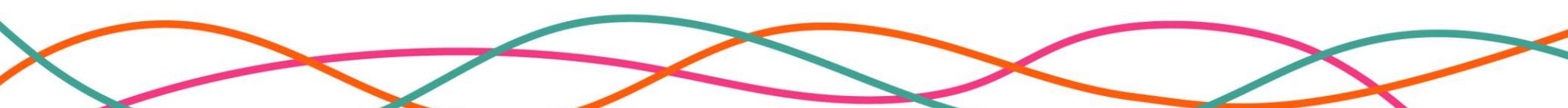


Delivery of primary care services

How long do you think is acceptable for you to travel for a routine test like a blood test or x-ray?



Prefer not to say: 1%





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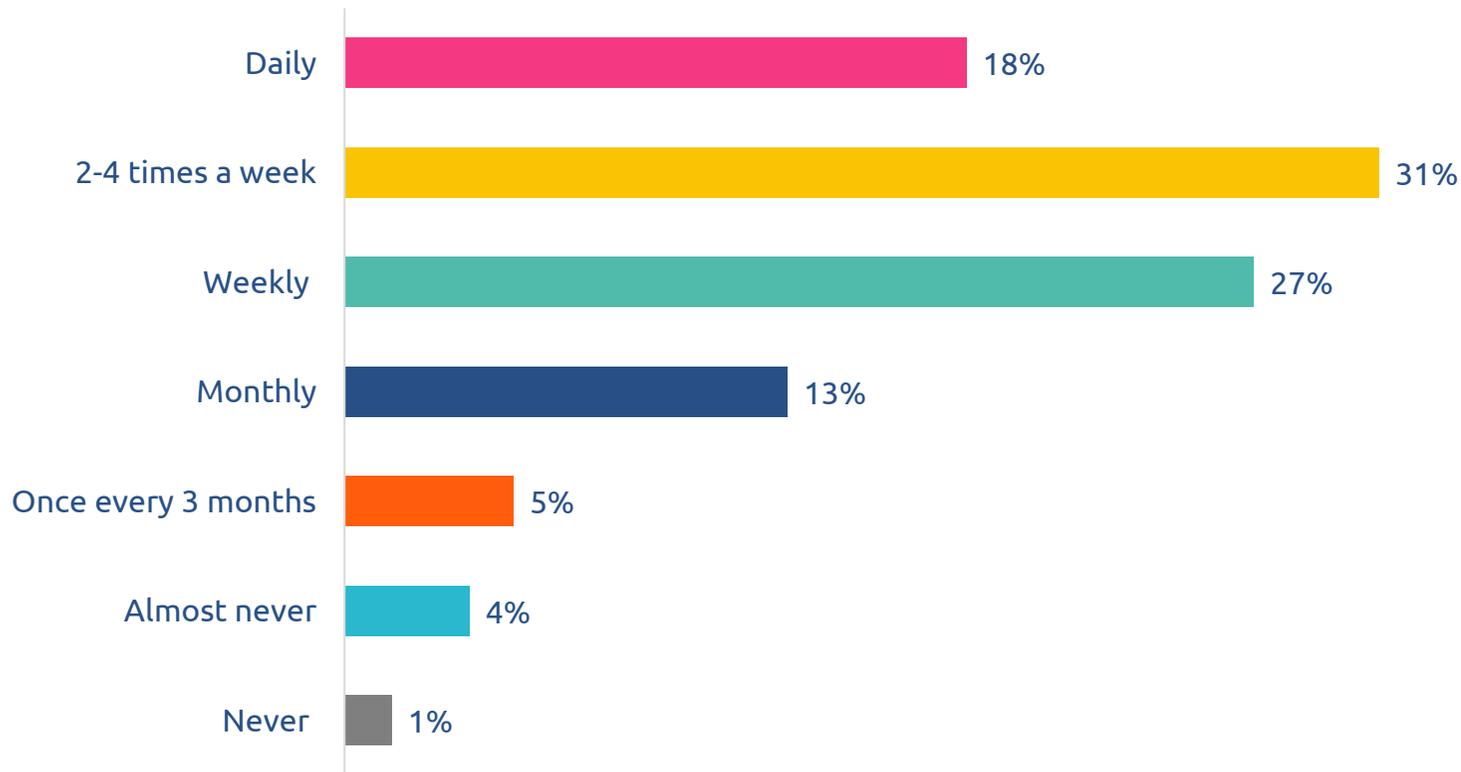
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Social connectedness

Levels of social connectedness have an impact on health. We asked people about their interactions and personal well-being.

Social connectedness

How often do you visit friends or family or have them visit you?

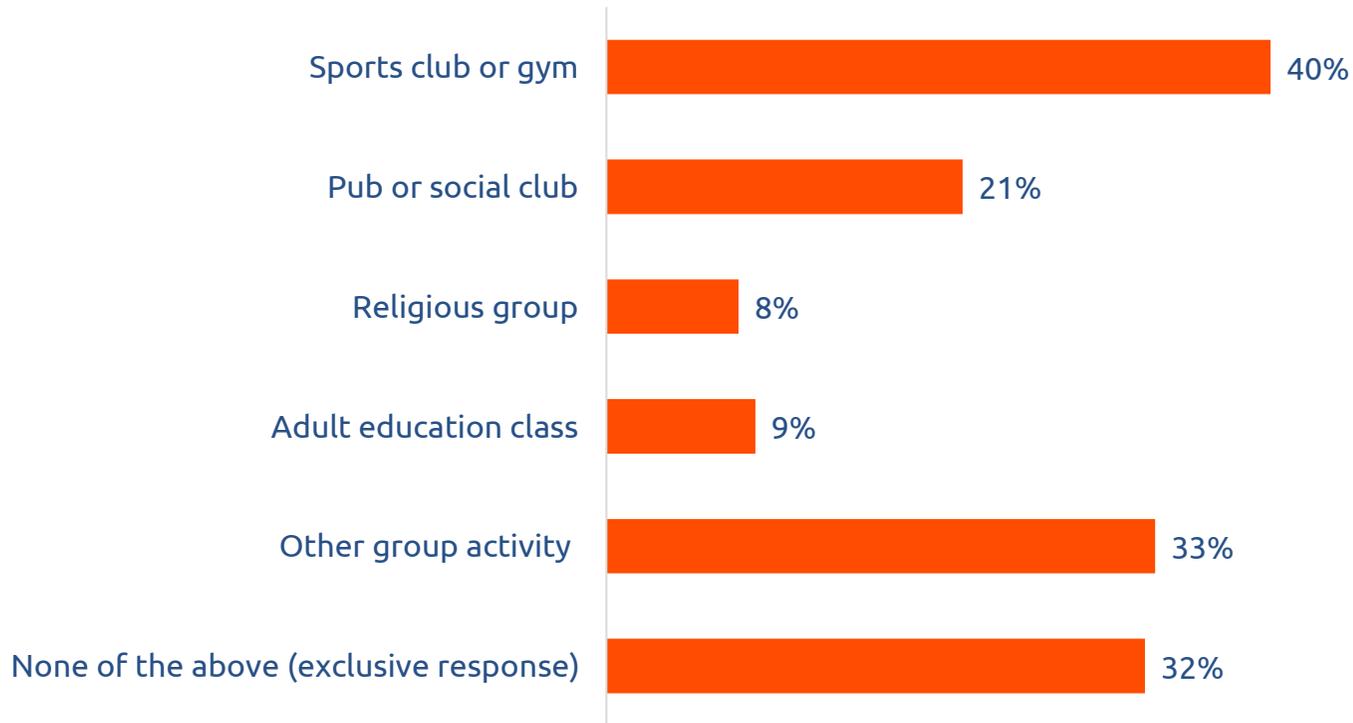


Prefer not to say: 1%



Social connectedness

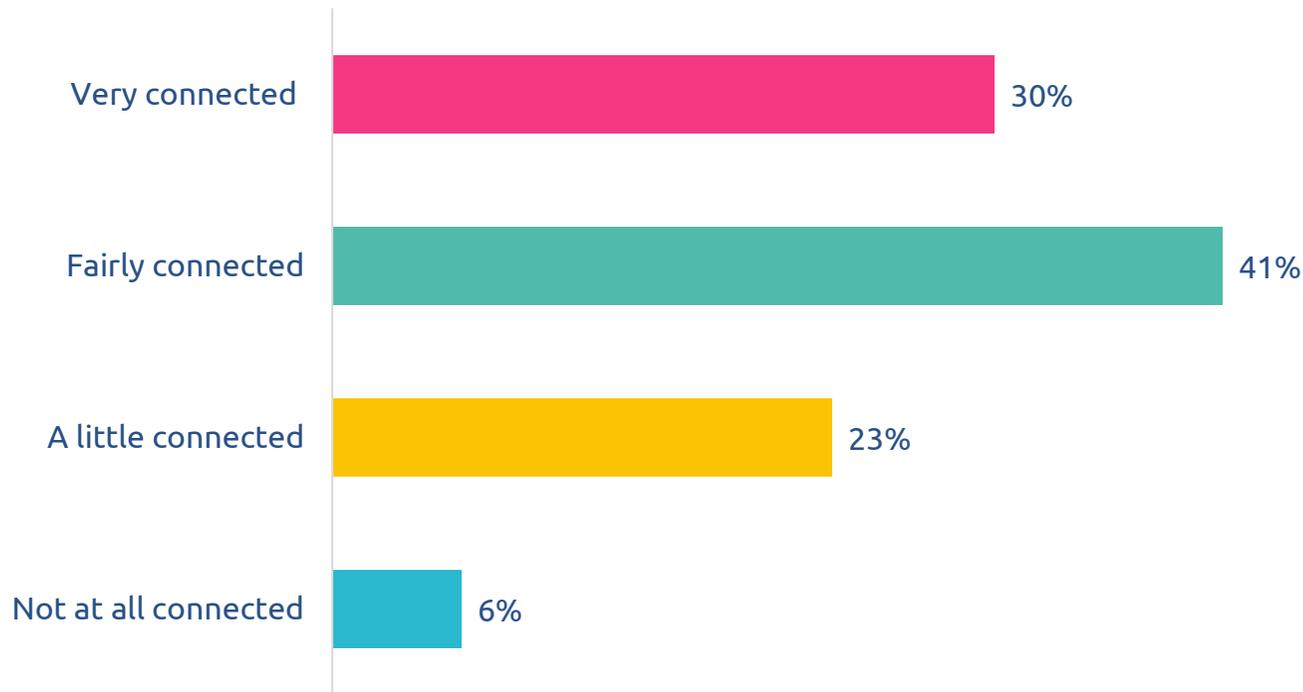
Which of the following do you engage in once a week or more often? (Select all that apply)



Prefer not to say: 1%

Social connectedness

In general, how connected do you feel to people?



Prefer not to say: less than 1%





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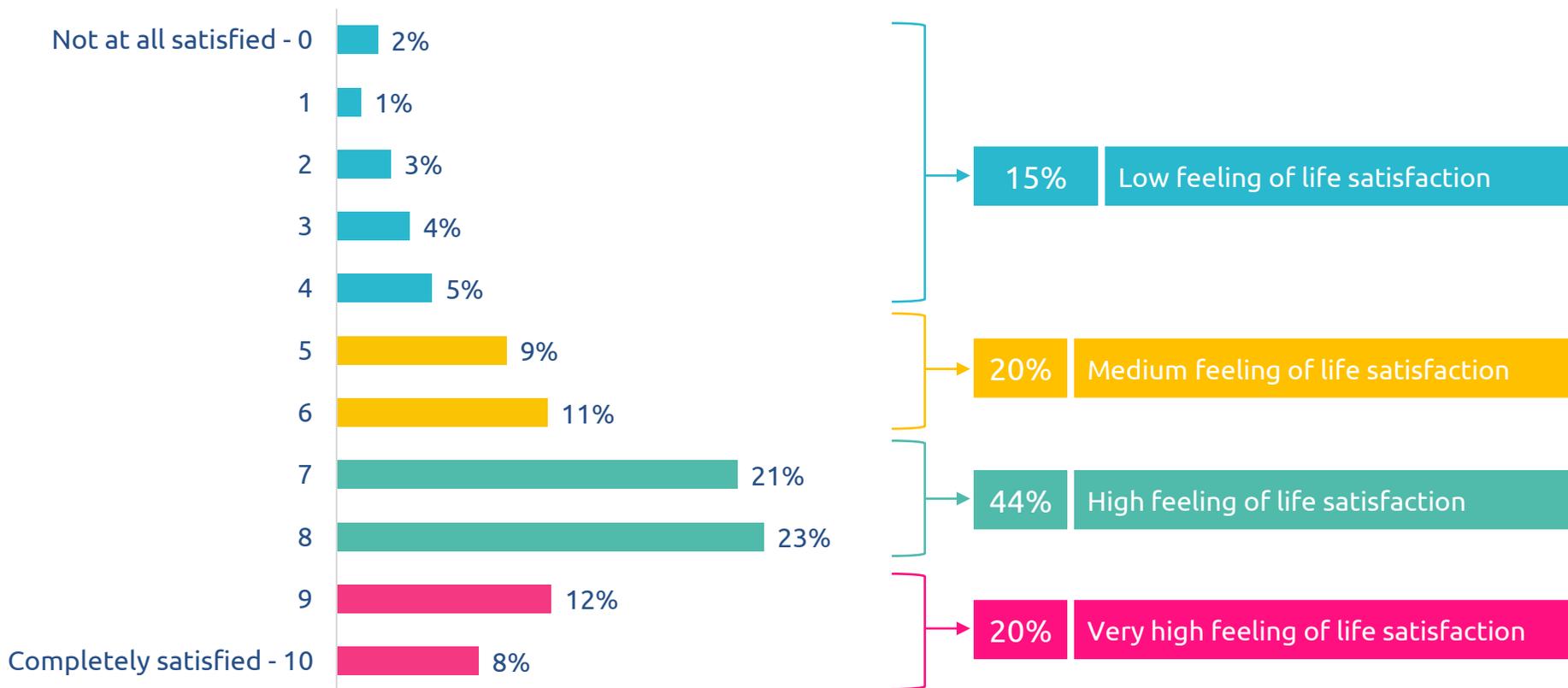
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Personal well-being

Personal well-being and the behaviours we engage in impact our health. The personal well-being questions used were those of the Office for National Statistics questions (ONS4) and categorised from a 11-point Likert scale to four categories in line with ONS guidance ([Personal well-being user guidance - Office for National Statistics](#); opens in new window). Thresholds for 'life satisfaction', 'worthwhile' and 'happiness' were categorised as: low (0 to 4), medium (5 to 6), high (7 to 8), and very high (9 to 10), while 'anxiety' was categorised as: very low (0 to 1), low (2 to 3), medium (4 to 5), and high (6 to 10).

Personal well-being

Overall, how satisfied are you with your life nowadays, where 0 is "not at all satisfied" and 10 is "completely satisfied"?

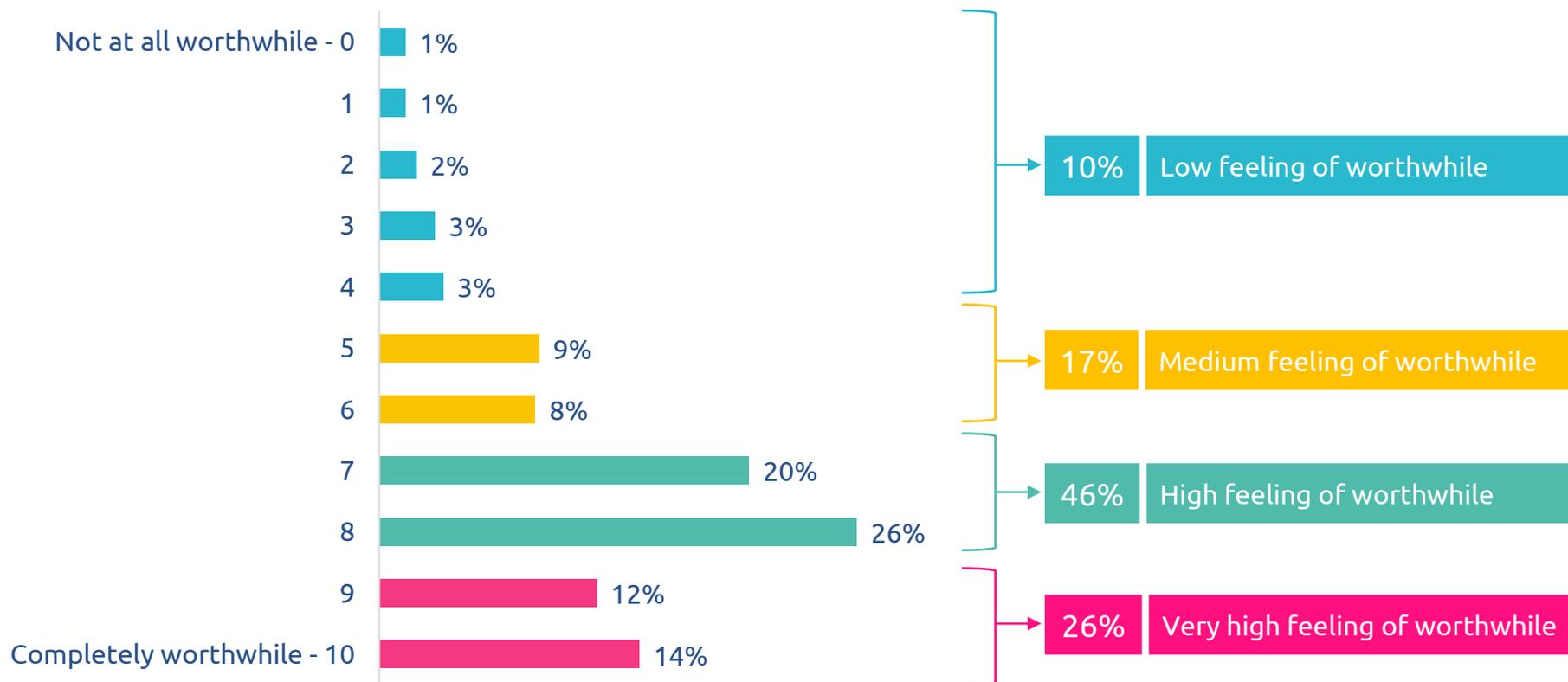


Prefer not to say: 1%



Personal well-being

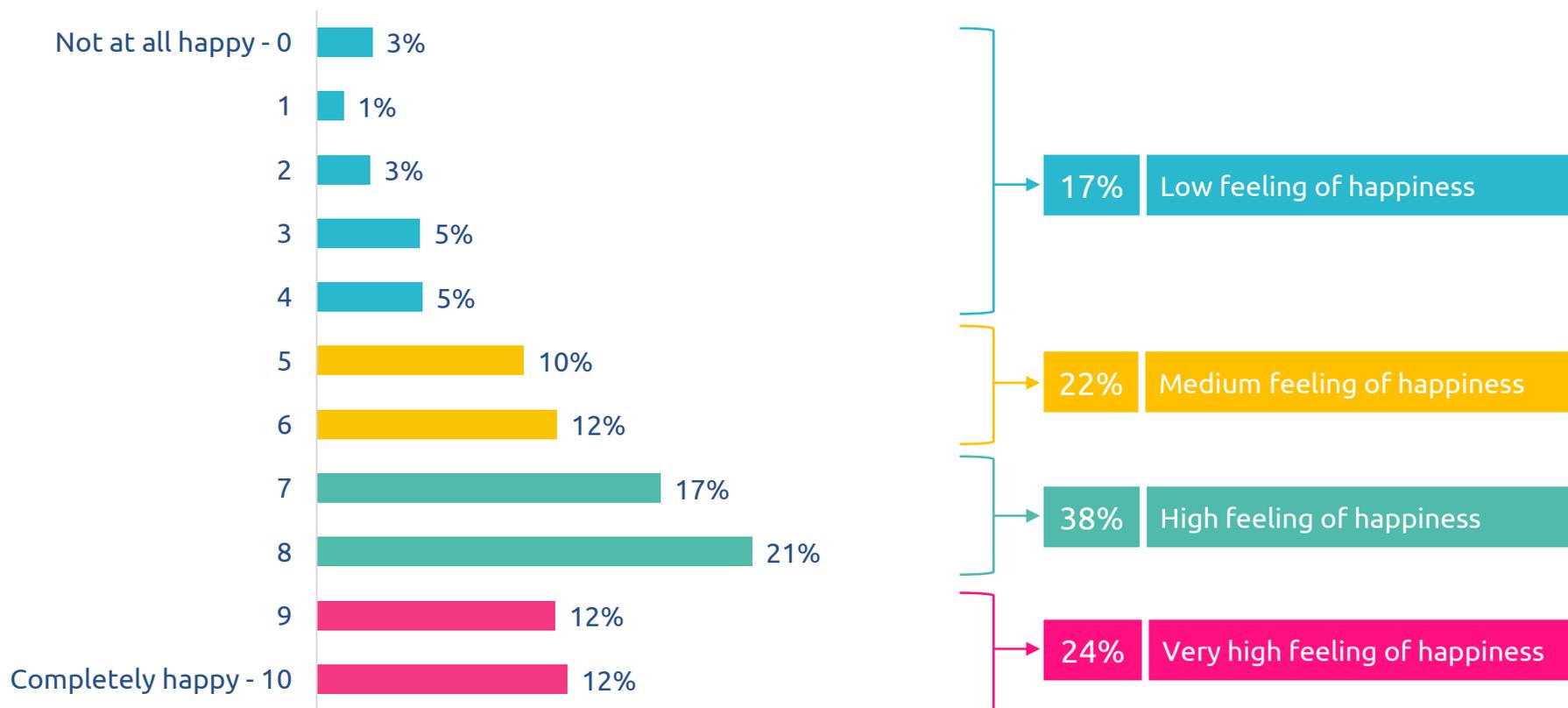
Overall, to what extent do you feel that the things you do in your life are worthwhile, where 0 is "not at all worthwhile" and 10 is "completely worthwhile"?



Prefer not to say: 1%

Personal well-being

Overall, how happy did you feel yesterday, where 0 is "not at all happy" and 10 is "completely happy"?

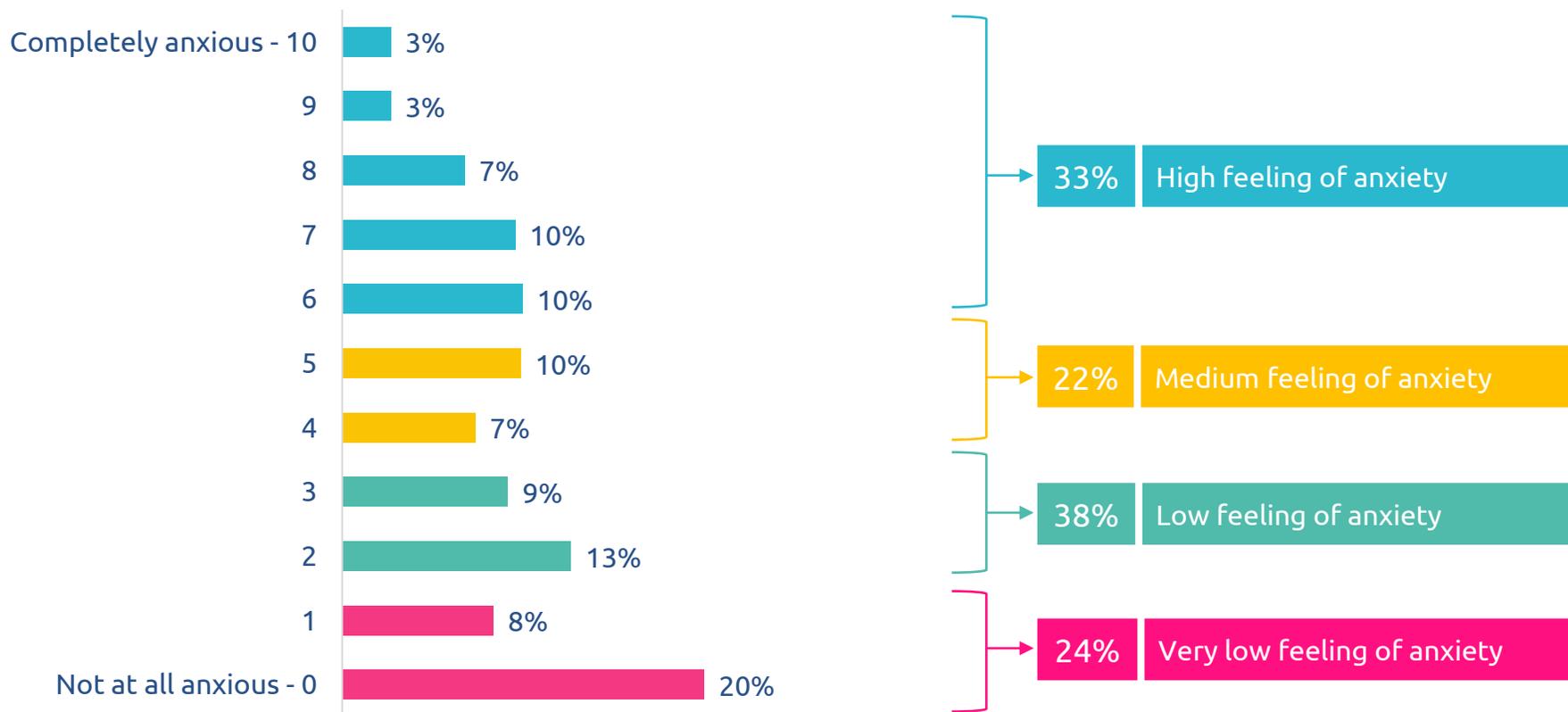


Prefer not to say: 1%



Personal well-being

On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?



Prefer not to say: 1%



Personal well-being

Compared to six months ago, would you say the following have increased, decreased, or stayed the same?

	Increased	Stayed the same	Decreased	Not applicable I never do this
The amount of alcohol you drink	5%	43%	21%	30%
The amount you smoke (tobacco / vaping)	3%	9%	3%	85%
Your use of medication (i.e. prescribed and over the counter)	19%	53%	6%	21%
Your use of Illicit drugs (e.g. cannabis, cocaine)	1%	2%	1%	95%
The amount of physical activity you do (e.g. walking, gym, running)	27%	48%	21%	4%
The amount you gamble	2%	12%	3%	83%
How healthily you eat	23%	64%	12%	Less than 1%
The time you spend socialising with other people	13%	64%	21%	2%

Prefer not to say for each statement: equal to or less than 1%





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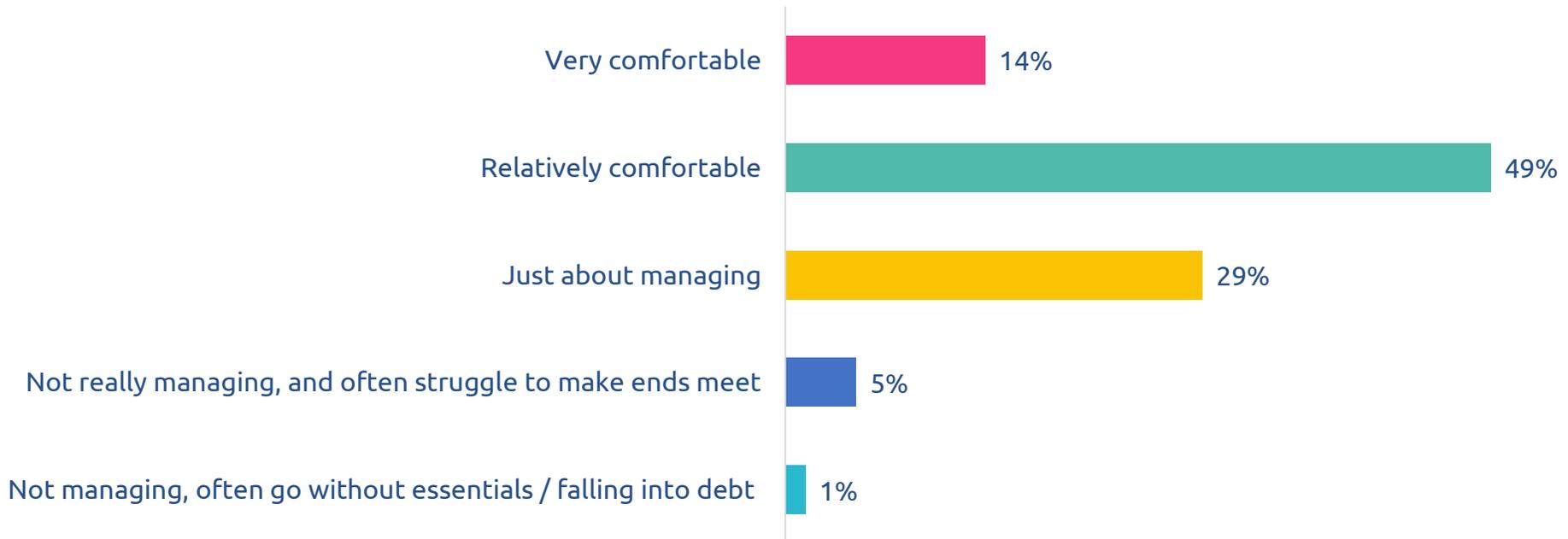
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Financial security

Financial security has an impact on health. We asked about people's perceived financial security now and in the future.

Financial security

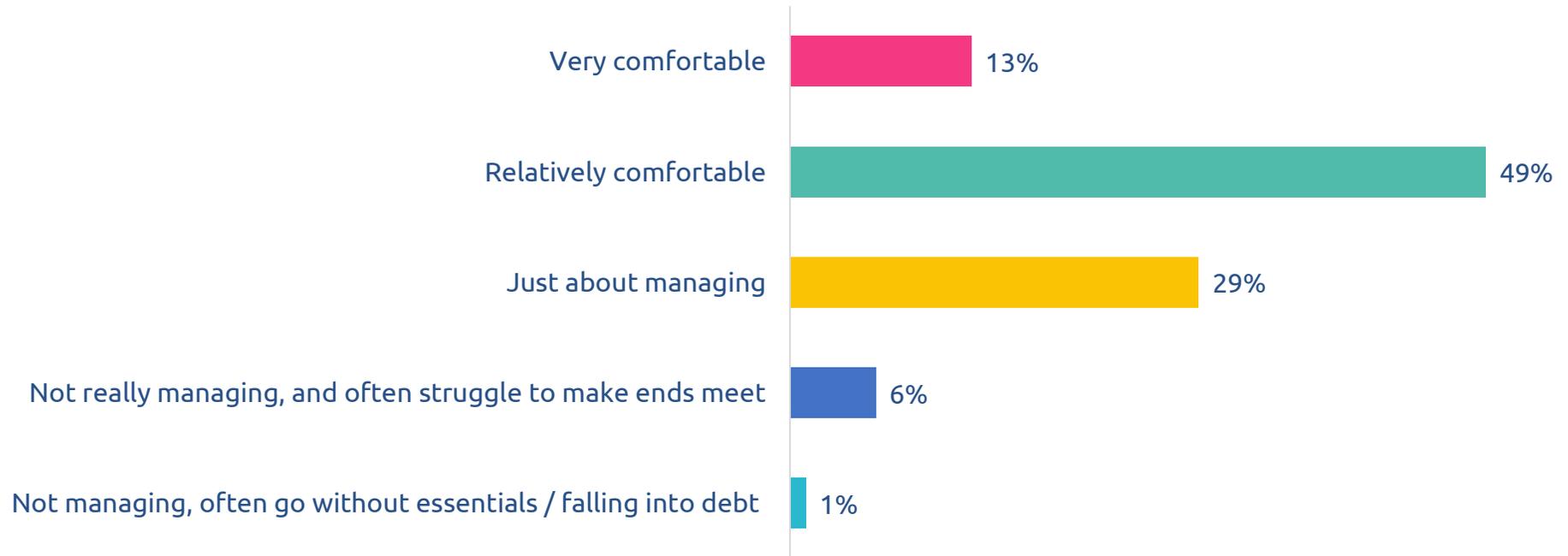
Thinking about your household finances, which of the following best reflects your current position?



Prefer not to say: 2%

Financial security

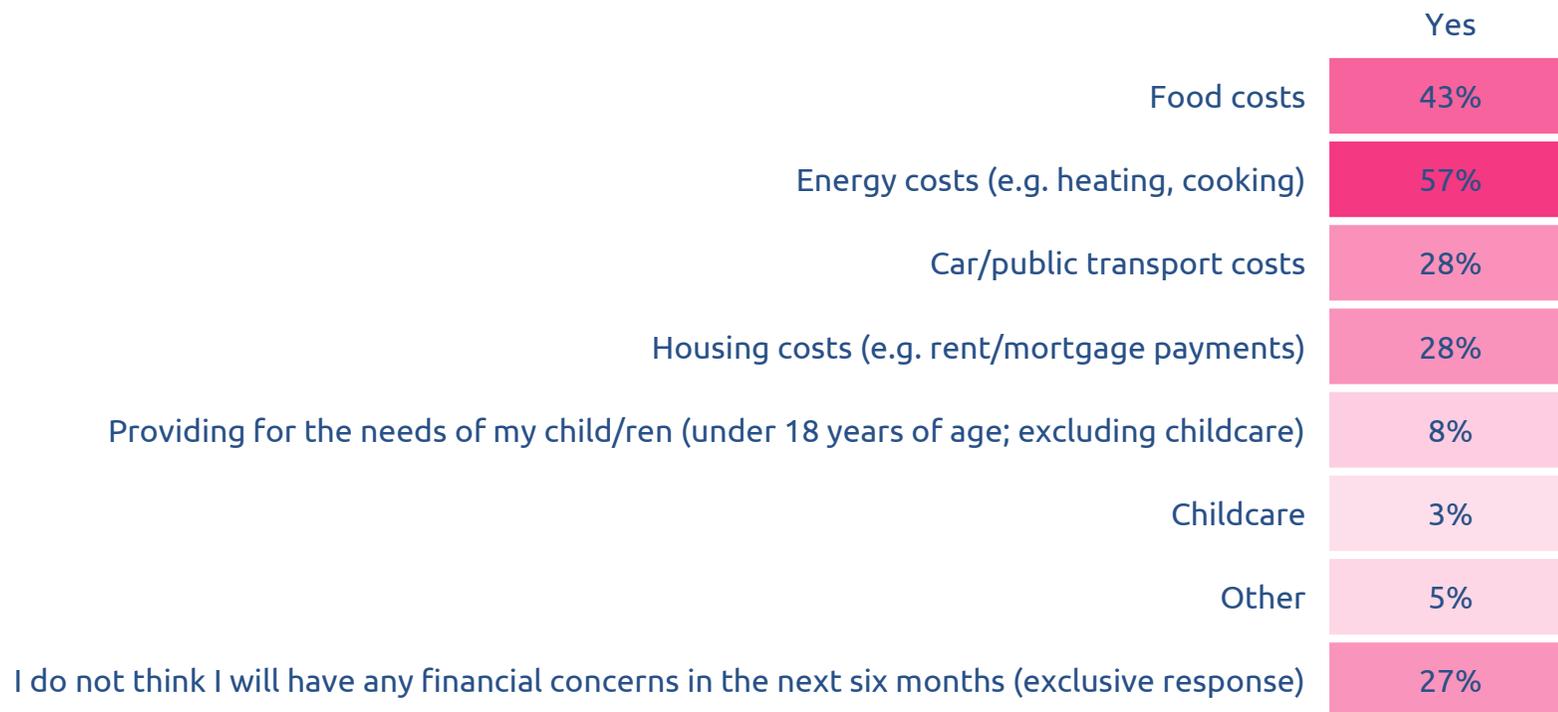
Thinking about your household finances, which of the following best reflects the position you think you will be in, in the next six months?



Prefer not to say: 3%

Financial security

Which of the following, if any, do you think will be financial concerns for your household in the next six months? (Select all that apply)



Free text responses to 'Other' were re-coded into existing categories where appropriate. For example, responses relating to council tax, water bills, and house repairs were coded into 'housing costs'. Prefer not to say: 3%



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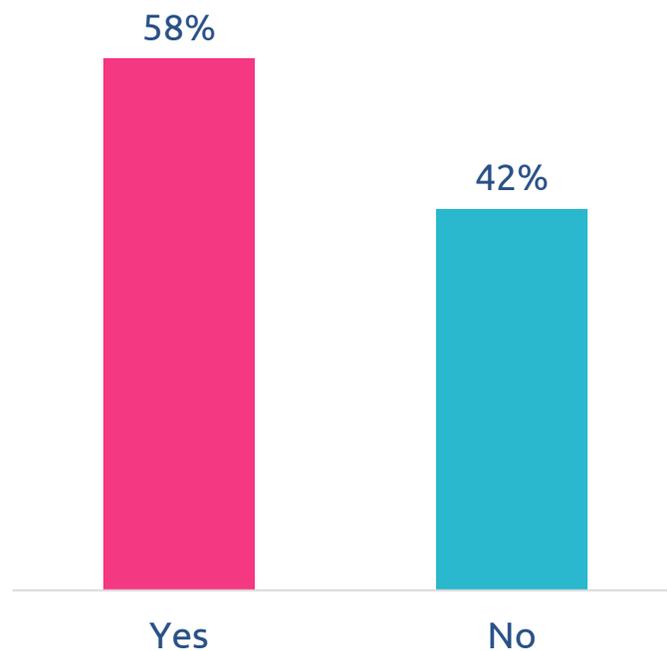
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Minimum unit pricing for alcohol

In March 2020, the Welsh Government introduced a minimum unit pricing (MUP) for alcohol, as one way of trying to reduce problem drinking in Wales. MUP is not a tax, it is the legal lowest price that retailers can sell alcohol at. The price is based on how much alcohol is in each drink. We asked participants about their attitudes towards MUP for alcohol. Questions were drawn from those previously asked by the Scottish Government ([Annex B – Survey Questions - Alcohol - minimum unit pricing: public attitudes research - gov.scot](#); opens in new window).

MUP for alcohol

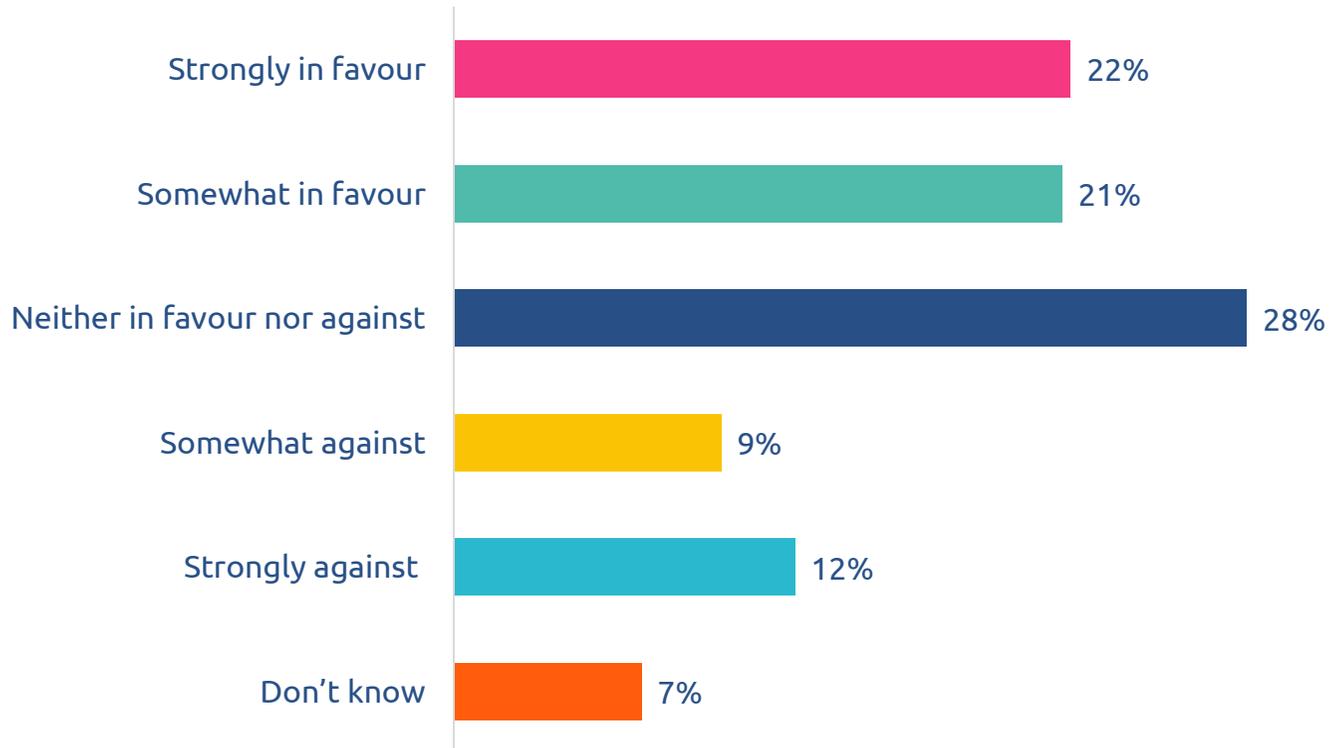
Before today, did you know there was a Minimum Unit Price (MUP) for alcohol in Wales?



Prefer not to say: 1%

MUP for alcohol

How much are you in favour of or against Minimum Unit Pricing of alcohol?



Prefer not to say: 1%

MUP for alcohol

Asked to those in favour of MUP for alcohol (n = 940; unweighted)

Which of the following is your main reason and second reason for saying you are in favour of Minimum Unit Pricing of alcohol? This question was asked as two independent questions.

	Main reason	Second reason
To help tackle problems caused by alcohol in general	47%	19%
To help stop people drinking too much in general	18%	15%
To help stop young people drinking/drinking too much	9%	14%
To help tackle health problems from drinking	15%	30%
To help tackle problems from drinking	6%	15%
To help tackle problems with particular strong drinks	3%	4%
Other	1%	1%
Don't know	Less than 1%	1%

Prefer not to say for each question: equal to or less than 1%



MUP for alcohol

Asked to those against MUP for alcohol (n = 456; unweighted)

Which of the following is your main reason and second reason for saying you are against minimum unit pricing of alcohol? This question was asked as two independent questions.

	Main reason	Second reason
If people want to drink, they will whatever the price	23%	14%
It won't make any difference to how much people drink	9%	13%
It punishes everyone for what some drinkers do	24%	19%
It should be up to individuals how they spend their money	10%	14%
It won't make any difference to heavy drinkers	5%	12%
It punishes those who are less well off	10%	14%
The state should not interfere	12%	10%
Other	6%	4%
Don't know	Less than 1%	1%

Prefer not to say for each question: 0%



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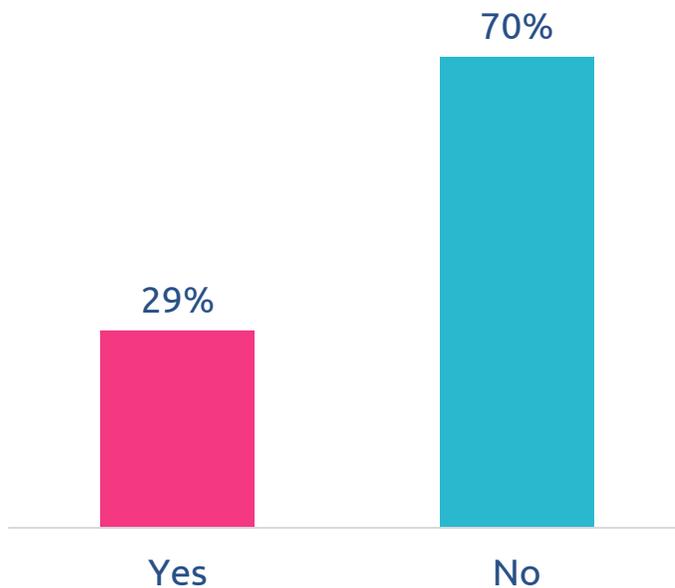
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Breast screening and artificial intelligence

Breast screening is a service to detect breast cancer early. The current screening process involves mammograms (i.e. x-rays) of each breast which are then reviewed by two skilled healthcare specialists. We asked participants about their thoughts on the future use of an approved artificial intelligence (AI) tool to support healthcare specialists to review mammograms. AI is a term that describes the use of computers and digital technology to perform complex tasks commonly thought to require intelligence. We asked participants about their views on the use of AI as a tool in the breast screening process.

Breast screening and AI

Have you ever had a mammogram (i.e. x-ray of the breast)?



Prefer not to say: 1%

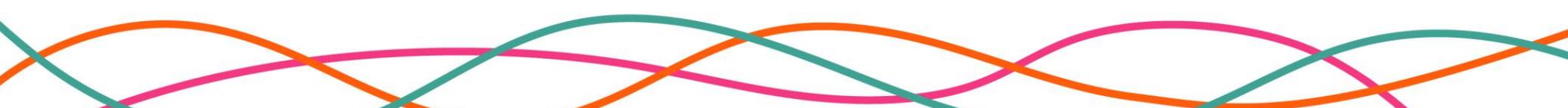
This question was asked to all participants as while women aged 50 – 70 years are invited for NHS breast screening, other participants may have requested a breast screening or may have been referred to have one by a healthcare professional, and so it was important to capture all experiences.

Breast screening and AI

How knowledgeable, if at all, would you say you are about the following...?

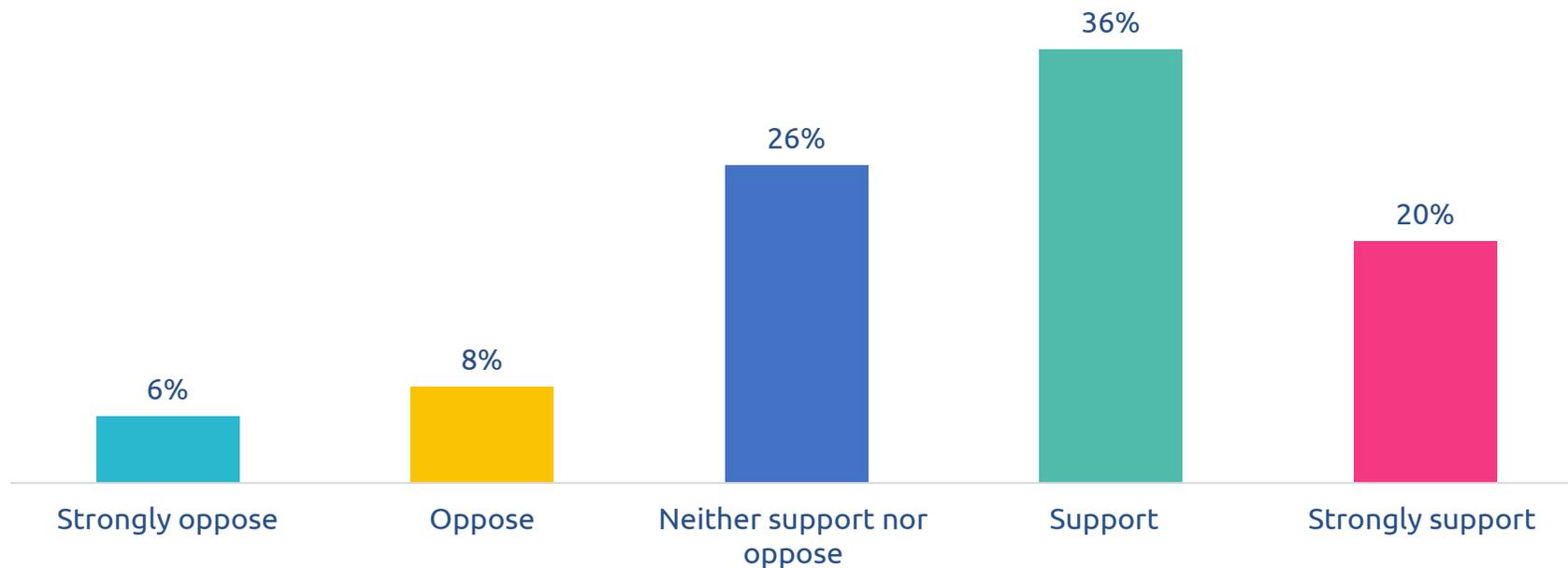
	Not at all	Not very	Fairly	Very
The breast screening process	28%	25%	34%	12%
The use of AI in general	23%	35%	36%	6%
The use of AI in the healthcare service	36%	44%	18%	2%

Prefer not to say for each statement: 1%

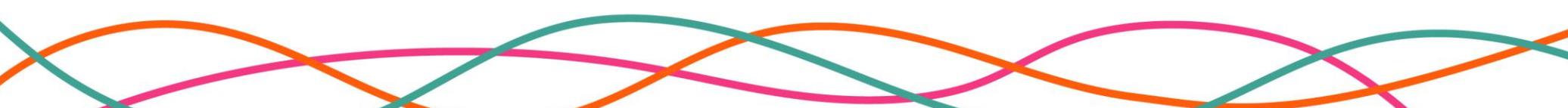


Breast screening and AI

Currently, two healthcare specialists review a mammogram and decide if it is 'normal' or 'has a risk of cancer being present in the breast'. To what extent do you support or oppose the use of an approved AI tool to support healthcare specialists to review mammograms (x-rays)? A healthcare specialist will always be responsible for deciding the final result of the mammogram (not the AI tool).



Prefer not to say: 4%



Breast screening and AI

If an approved AI tool was used to support healthcare specialists to review mammograms, what impact do you think that would have on the following?

	Improve	Stay the same	Worsen	Prefer not to say
Privacy of data	11%	55%	25%	10%
Timeliness (e.g. speed in the return of results)	71%	16%	4%	9%
Effectiveness (e.g. accuracy of results)	48%	27%	13%	12%
Efficiency (e.g. burden on healthcare professionals)	67%	17%	6%	9%
Equity (e.g. everyone treated the same)	36%	48%	7%	10%
Connection between the person and healthcare professional	11%	48%	33%	8%



Want to be involved in Time to Talk Public Health?

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.

Want to learn more about how to live a healthy and prosperous life?

Want to find out how to help your community flourish?

Public Health Wales works to protect and improve health and well-being and reduce health inequalities for the people of Wales.



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Join the Group

How does the panel work?

Have your say!

What is public health?

Make a difference!



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Wider Project Support Acknowledgements:

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Questionnaire Development

The questions used in the February 2025 survey were developed in partnership with colleagues in Public Health Wales and Welsh Government.





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Appendix

Demographics

Methods



Demographics

		Population (16+ years)	Panel sample N = 4,088		February 2025 survey sample N = 2,137	
Sex	Male	49%	1730	42%	954	45%
	Female	51%	2319	57%	1166	55%
	Other	-	39	1%	17	1%
Age group (years)	16-29	21%	740	18%	369	17%
	30-49	29%	1672	41%	762	36%
	50-69	31%	1026	25%	569	27%
	70+	19%	650	16%	437	20%
Deprivation quintile	1 (Most)	19%	653	16%	320	15%
	2	20%	790	19%	408	19%
	3	21%	806	20%	432	20%
	4	21%	915	22%	511	24%
	5 (Least)	20%	924	23%	466	22%

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, 495 people were removed from the panel. This process was outlined to panel members in the joining material.

Demographics

		Population (16+ years)	Panel sample N = 4,088		February 2025 survey sample N = 2,137	
Ethnicity	White	95%	3936	96%	2038	95%
	Mixed/Multiple Ethnic Groups	1%	63	2%	34	2%
	Asian, Asian Welsh or Asian British	2%	58	1%	42	2%
	Black, African, Caribbean, Black Welsh or Black British	1%	10	Less than 1%	11	1%
	Other Ethnic Group	1%	12	Less than 1%	8	Less than 1%
	Prefer not to say	-	9	Less than 1%	4	Less than 1%
Health Board	Aneurin Bevan UHB	19%	763	19%	391	18%
	Betsi Cadwaladr UHB	22%	748	18%	428	20%
	Cardiff and Vale UHB	16%	775	19%	365	17%
	Cwm Taf Morgannwg UHB	14%	630	15%	316	15%
	Hywel Dda UHB	12%	558	14%	312	15%
	Powys Teaching HB	4%	149	4%	94	4%
	Swansea Bay UHB	12%	465	11%	231	11%

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.

Methods – Initial recruitment

- 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 each survey 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 surveys.
- Telephone and face-to-face recruitment used stratified quota sampling. Quotas applied to:
 - Geography (Health Board)
 - Age
 - Sex
 - Deprivation quintile (Welsh Index of Multiple Deprivation)
- Social media targeting focused on demographic gaps in recruitment.
- Panel members completed an initial recruitment survey and are asked to complete a 15 to 20-minute survey quarterly. Quarterly surveys are undertaken online or by telephone, depending on participants' preference.
- Further methodological detail is available in the [project protocol](#) (opens in new window).

Methods – Survey delivery

- 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.
- The questionnaires include both single-response and multi-response questions (i.e. select all that apply). Where a question is multi-response but also contains an exclusive response option (meaning only that option can be selected), this is acknowledged on the graph or table.
- For each survey wave, to increase representation across the survey sample, around 100 face-to-face interviews are undertaken 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.
- Additional targeted recruitment was undertaken during the February 2025 survey, with a further 400 face-to-face interviews commissioned. Of the 500 face-to-face interviews conducted, 290 participants joined the panel.

Participants (N = 2,137) who completed the February 2025 survey, were recruited via the following methods:

Recruitment method	n	%
Online	1378	64%
Telephone	226	11%
Face-to-face (panel)	316	15%
Face-to-face (one-off)	217	10%

Participants (N = 2,137) who completed the February 2025 survey, completed via the following methods:

Participation method	n	%
Online	1545	72%
Telephone	85	4%
Face-to-face	507	24%



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