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Time to Talk
Public Health
Wales



Time to Talk Public Health

November 2024 Panel Survey Findings:

Healthy life expectancy, Awareness of health services, Vaccines,
and a Violence prevention approach called stop and search

Published: March 2025



- **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 November 2024 survey covering:
 - **Healthy life expectancy**
 - **Awareness of health services**
 - **Vaccines**
 - **Violence prevention approach, stop and search**
- 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 (November 2022 to January 2023) was undertaken by telephone, face-to-face and through 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 2,091 participants who completed the survey in November 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.

- 2,091 participants took part in the November 2024 survey (29th October to 12th December 2024).

Healthy life expectancy

- 58% of people said they were in good or very good health.
- 51% of people said their health has been a high priority for them over the last three years.
- People were asked whether 17 items were having a positive, negative or no impact on their health.

The top three **positive** impacts were:

- Access to nature and outdoor space (74%)
- How much physical activity they do (63%)
- The home they live in (58%)

The top three **negative** impacts were:

- Access to health care services (42%)
- Their financial position (34%)
- Social media (34%)

Vaccines

- 54% of people said they had heard of respiratory syncytial virus (RSV).
- 32% said they had heard of the RSV vaccine.

Awareness of health services

- When asked which service they would first contact if they had a health condition and were unsure which service they needed, 42% of people said they would contact their GP practice. 28% would look on the NHS 111 Wales website.
- When asked how they would find out what services their local community pharmacy offered, 45% said they would visit the pharmacy and ask.
- 62% of people reported knowing of the Common Aliments Service.

Violence prevention approach, stop and search

- Around 40% of people said they were fairly or very knowledgeable about when a police officer is allowed to undertake a stop and search and what happens during a stop and search.
- When asked from a list of six emotions how they would feel if they were stopped and searched in accordance with protocol, 44% said scared and 44% said embarrassed.
- Of the 19% who had experience (personally or as a witness) of a stop and search, 33% said they thought it would be helpful for people to receive mental health support after they have been stopped and searched.



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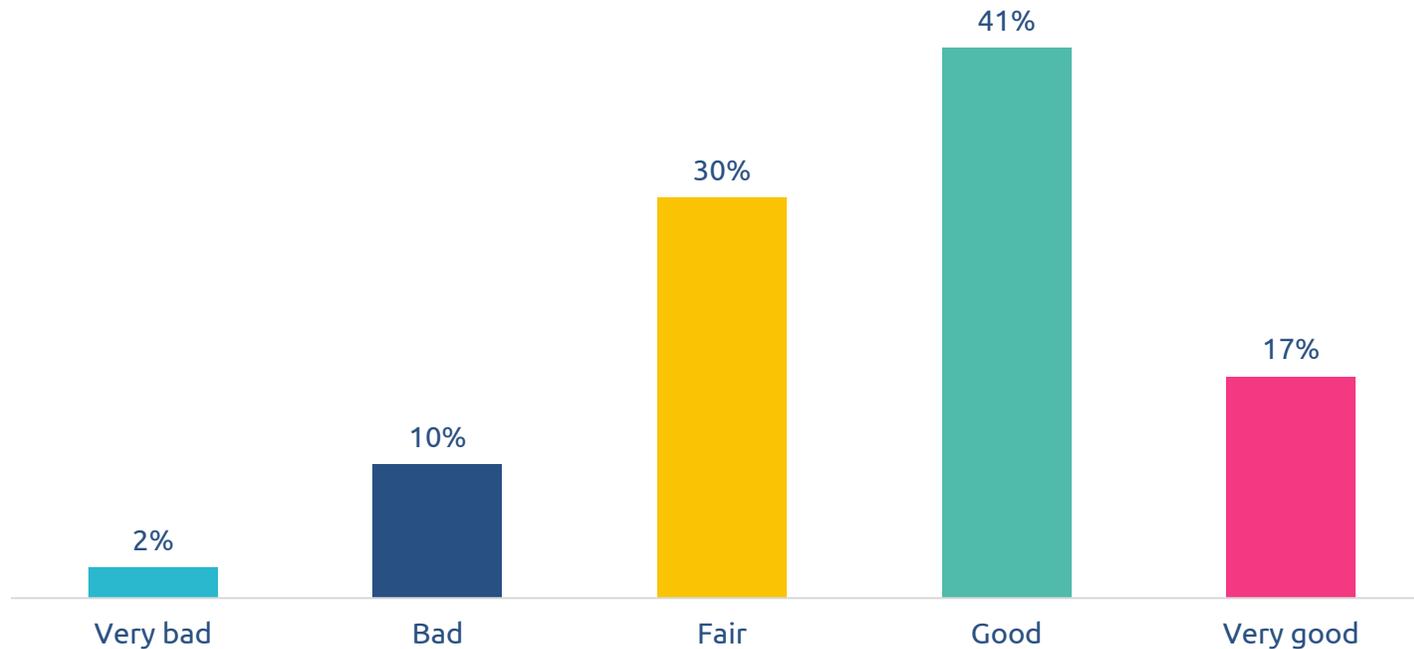
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Healthy life expectancy

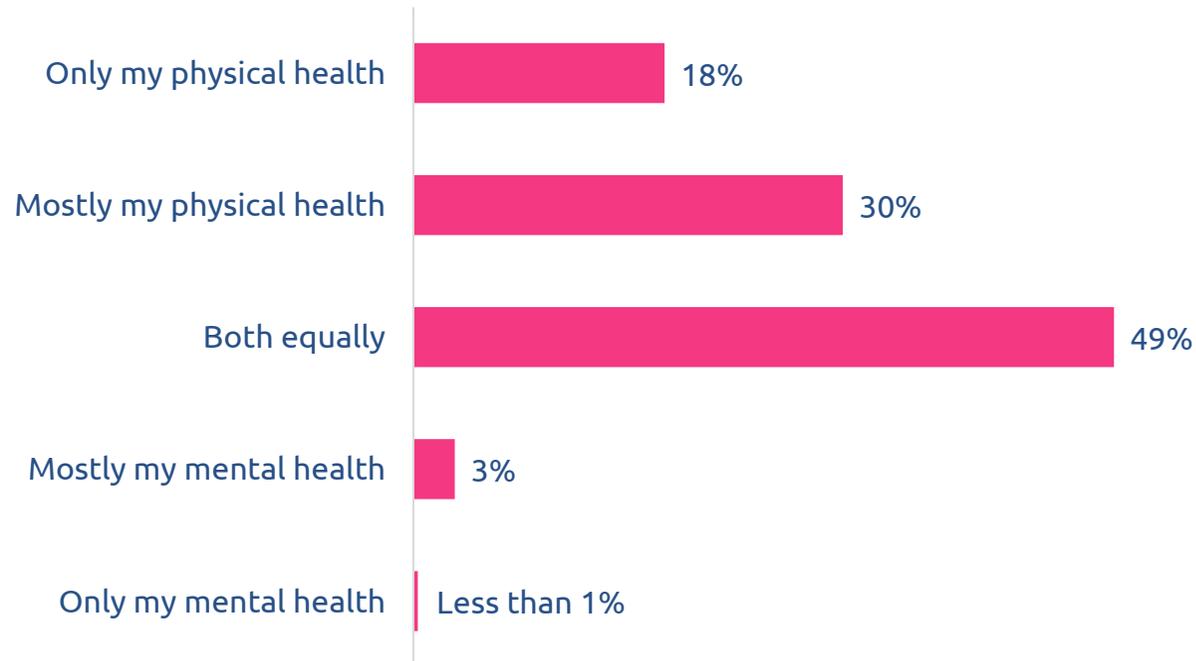
In this section we asked how people felt about their health and the factors that contribute to better or worse health.

How is your health in general?



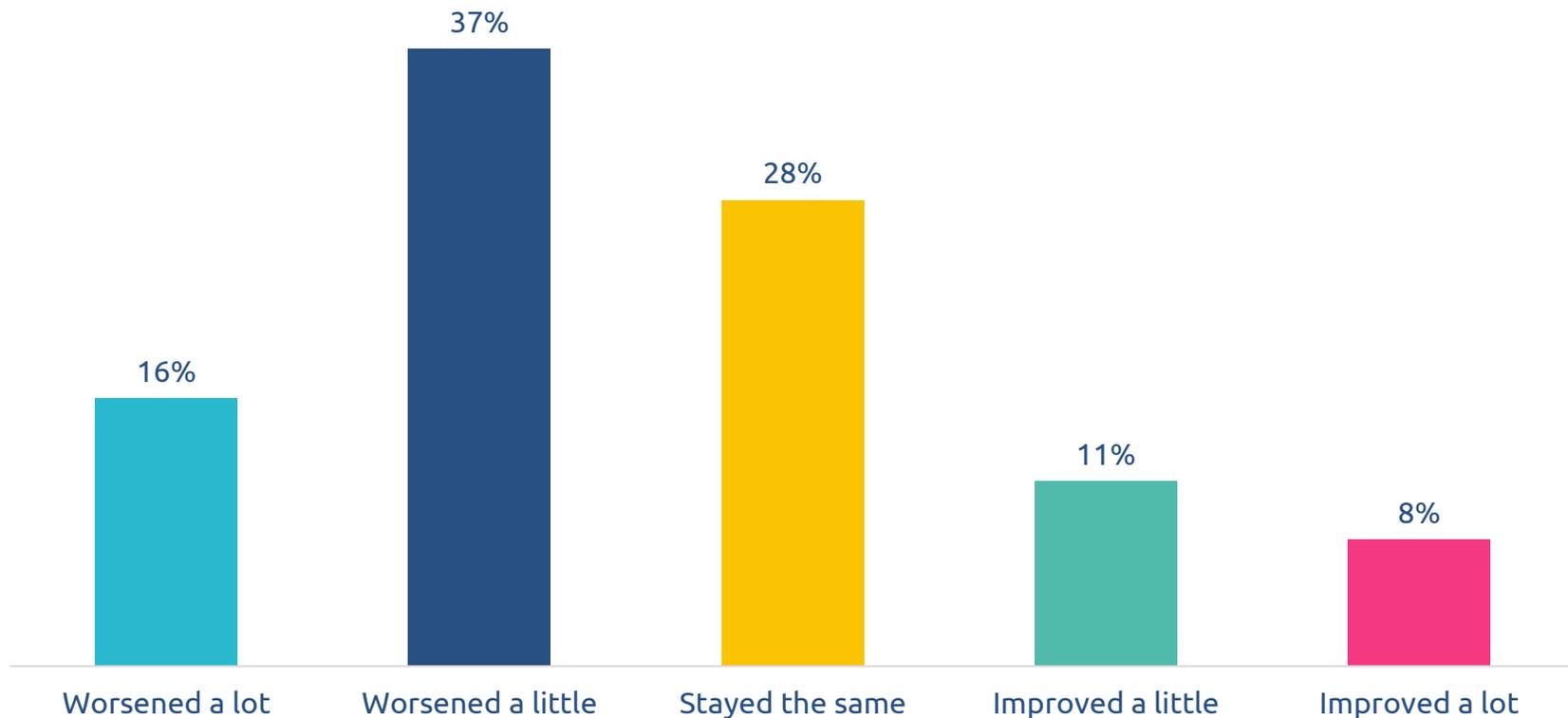
Prefer not to say = 0%

When you answered the previous question, were you thinking more about your physical health, your mental health, or both equally?



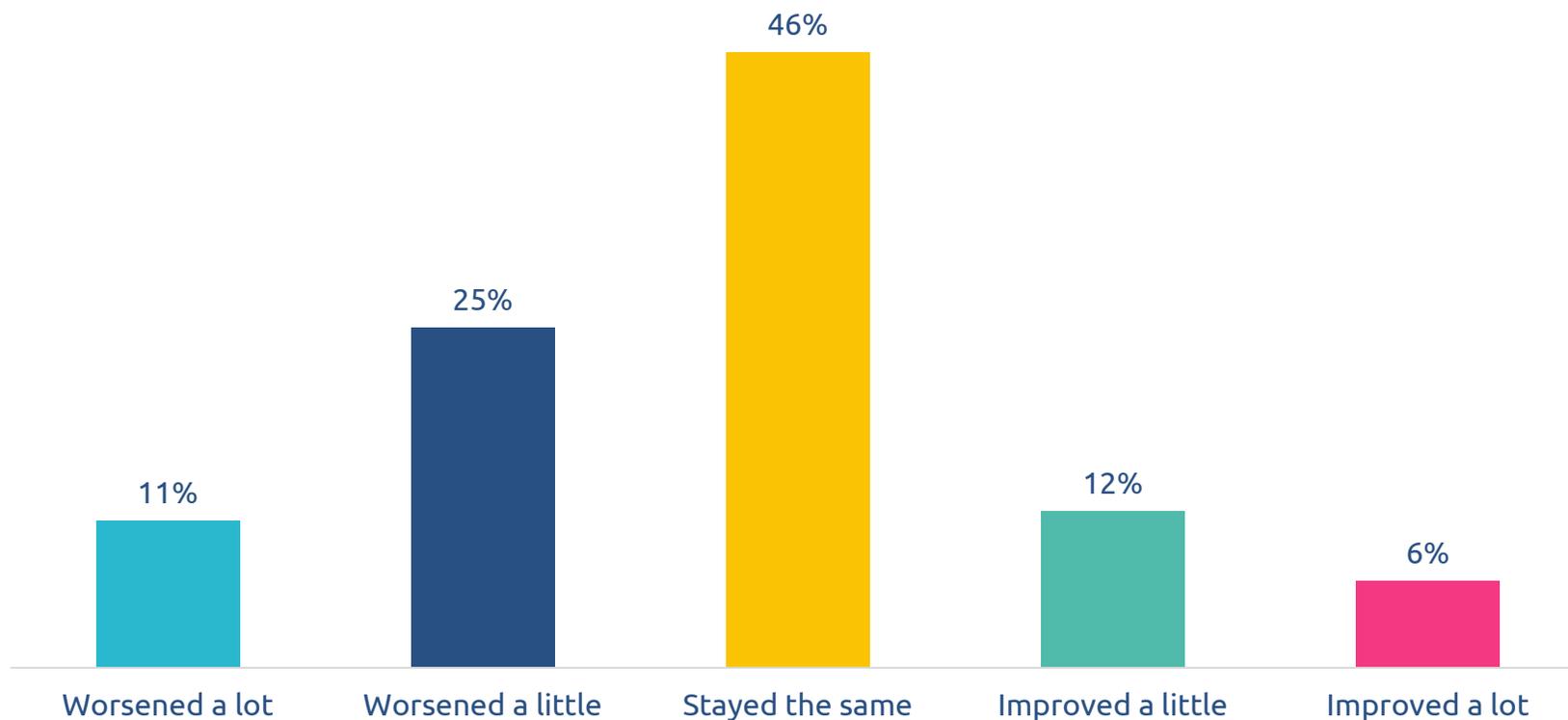
Prefer not to say = Less than 1%

Over the last three years, would you say your physical health has worsened, improved, or stayed the same?



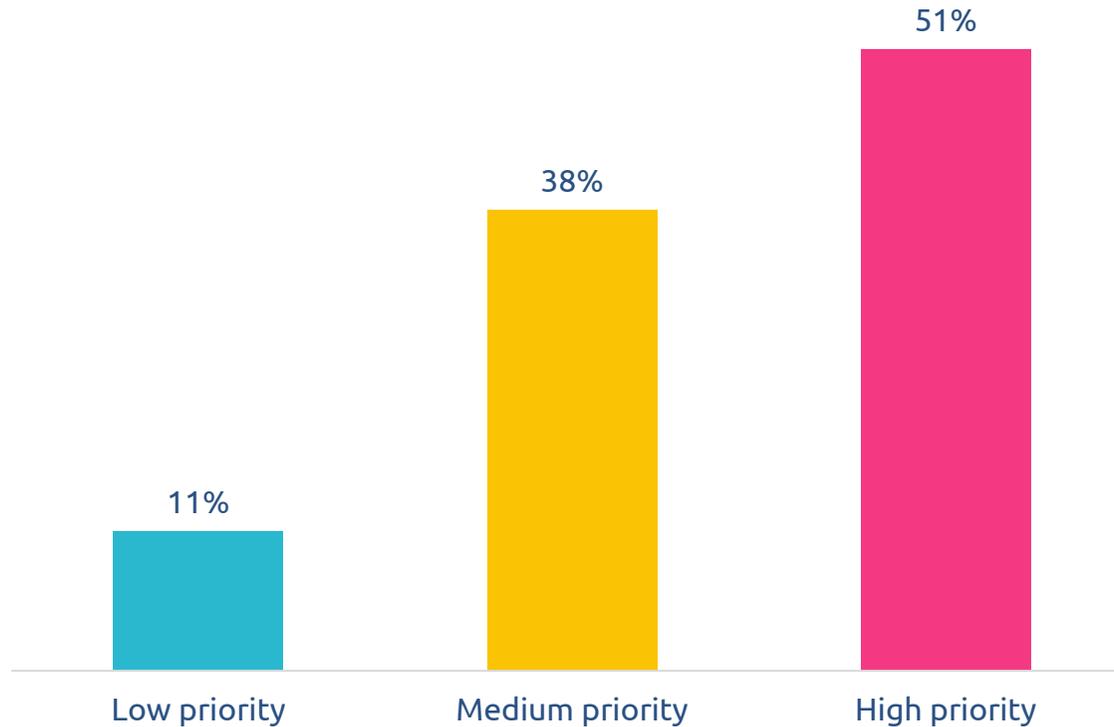
Prefer not to say = Less than 1%

Over the last three years, would you say your mental health has worsened, improved, or stayed the same?



Prefer not to say = Less than 1%

Over the last three years, how much of a priority has looking after your health been to you?



Prefer not to say = Less than 1%

Thinking back through your life, how important do you think the following have been in shaping your current state of health?

	Not at all important	Somewhat important	Very important	Not applicable
The places you have lived in (e.g. your housing, community)	21%	35%	43%	
The behaviours you have engaged in (e.g. alcohol use, smoking, diet, physical activity)	16%	37%	46%	
Your access to health services (e.g. GPs, hospital appointments)	8%	32%	60%	
Your family relationships	12%	29%	58%	
Your financial position	15%	42%	43%	
The jobs you have had	12%	35%	42%	10%
The availability of unhealthy products (e.g. food, alcohol, gambling, tobacco)	41%	36%	22%	

Prefer not to say for each statement = Equal to or less than 1%

Currently, to what extent are the following having a negative impact, a positive impact, or no impact on your health?

This question covered 17 different areas, which are presented in two groups: individual-level and environmental-level. This table shows individual-level items.

	Large negative impact	Slight negative impact	No impact	Slight positive impact	Large positive impact	Not applicable
Your financial position	10%	24%	26%	24%	16%	
Your job	8%	18%	14%	14%	10%	36%
Your childcare responsibilities	3%	6%	20%	5%	6%	61%
Other caregiving responsibilities (e.g. family members)	6%	18%	18%	4%	4%	49%
Your personal relationships	6%	15%	22%	18%	38%	
How much physical activity you do	12%	16%	9%	27%	36%	
The types of food you eat	7%	22%	16%	25%	29%	
The amount of alcohol you drink	3%	17%	40%	6%	3%	30%
The home you live in	4%	13%	24%	25%	33%	

Prefer not to say for each statement = Equal to or less than 1%

Currently, to what extent are the following having a negative impact, a positive impact, or no impact on your health?

This question covered 17 different areas, which are presented in two groups: individual-level and environmental-level. This table shows environmental-level items.

	Large negative impact	Slight negative impact	No impact	Slight positive impact	Large positive impact	Not applicable
Your access to healthcare services	19%	23%	20%	21%	17%	
Technology for health monitoring (e.g. fitness, blood pressure)	2%	5%	49%	31%	12%	
Social media	8%	26%	43%	15%	4%	3%
The environment (e.g. air quality, climate change)	5%	24%	38%	18%	15%	
Your access to nature and outdoor space (e.g. parks)	2%	5%	18%	27%	47%	
Available transport and travel networks	9%	19%	49%	15%	8%	
The behaviour of companies (e.g. product marketing and promotions)	9%	24%	60%	5%	1%	
Your access to fitness equipment	6%	12%	42%	19%	21%	

Prefer not to say for each statement = Equal to or less than 1%

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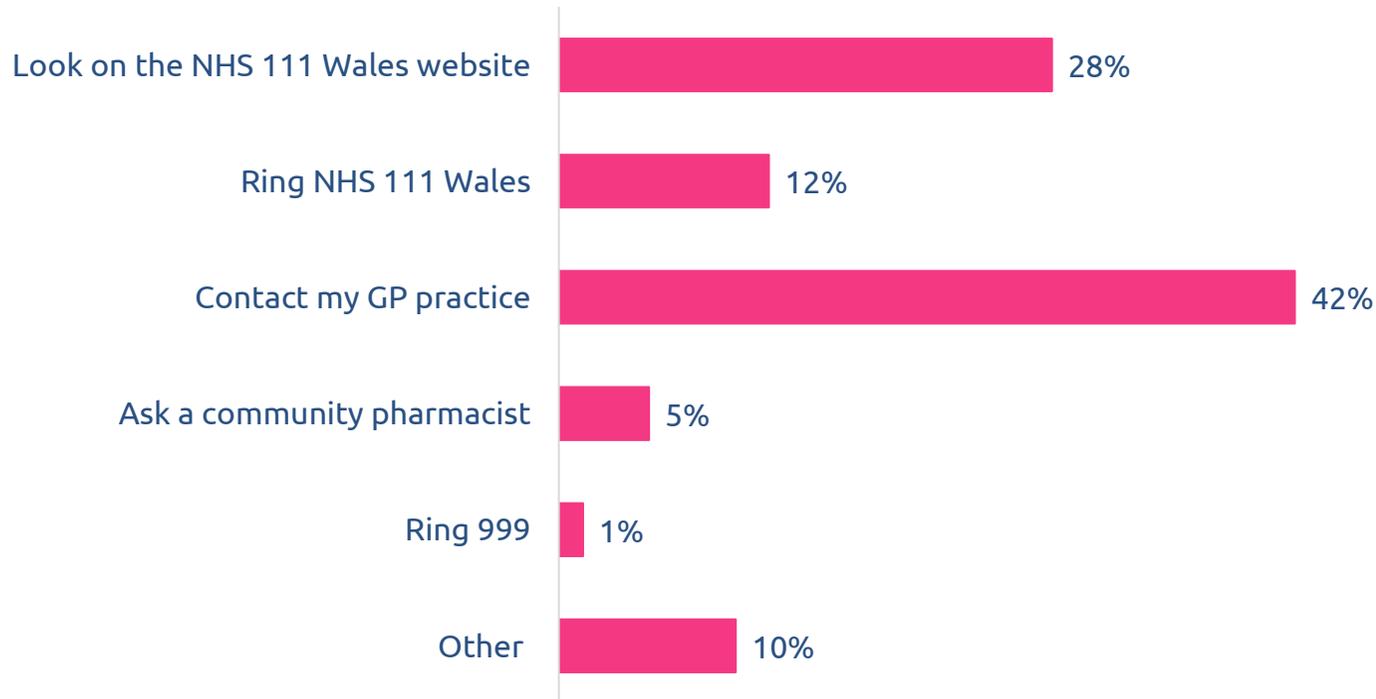
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Awareness of health services

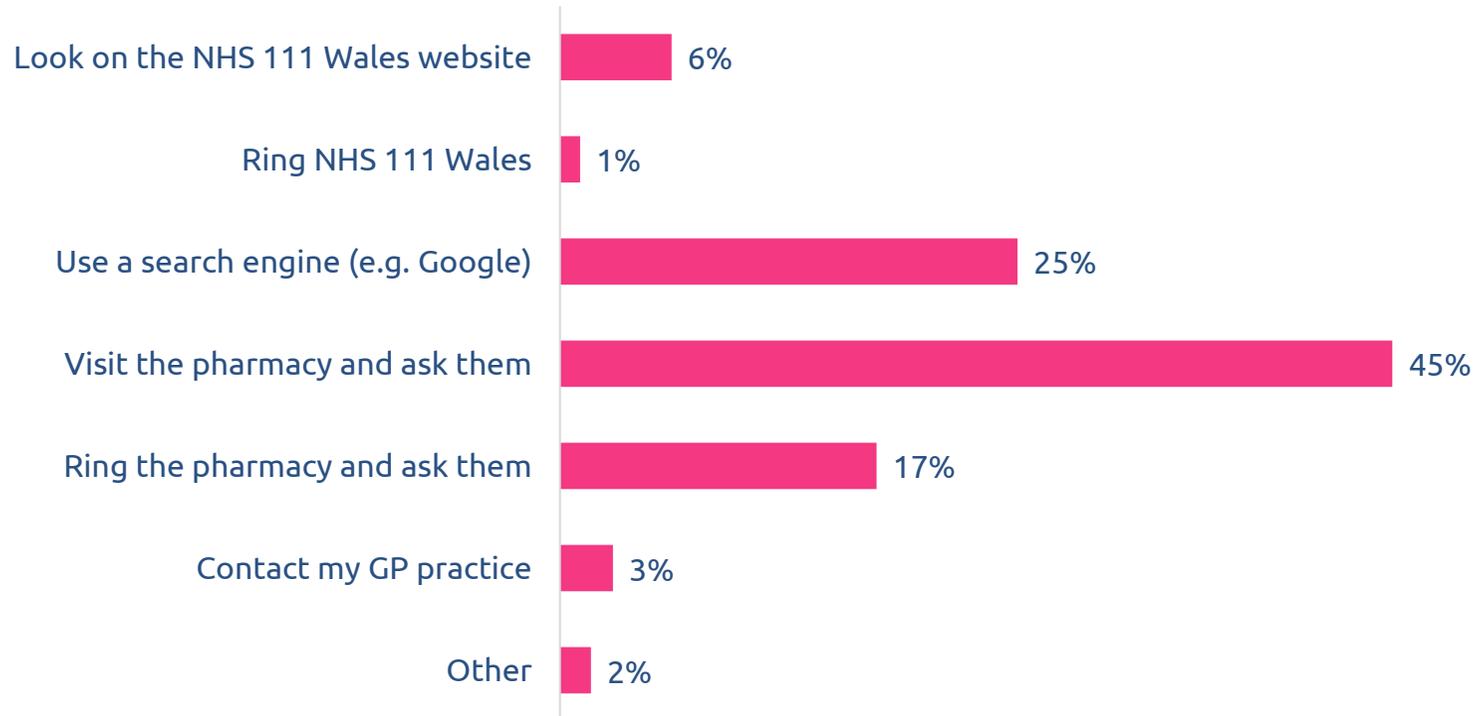
In this section we asked people about their awareness of health services in Wales.

Imagine you had a health condition, and you were unsure which health service you needed. Which of the following would you be most likely to do? *(Single response only)*



Prefer not to say = Less than 1%

Imagine you needed to find out what services your local community pharmacy offers, which of the following would you do? (Single response only)



Prefer not to say = Less than 1%

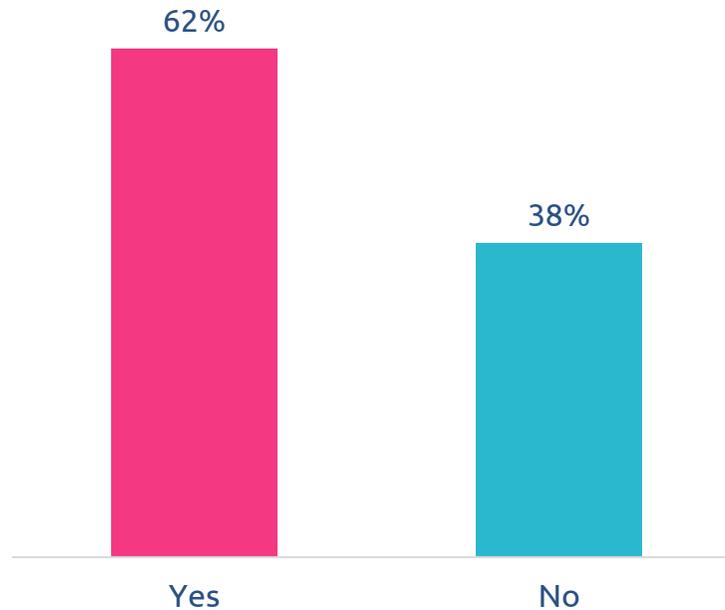
Which of the following health conditions, if any, would you go directly to your local community pharmacy for help with?

	Yes	No	Not applicable
Sore throat	72%	28%	
Earache or ear infection	63%	36%	
Urinary tract infection (UTI)	38%	61%	
Emergency contraception (morning after pill)	24%	8%	67%
Regular contraception	14%	22%	64%

Prefer not to say for each statement = 1%

A scheme called the Common Ailments Service is offered by community pharmacies. Under the scheme, people can receive free NHS advice and treatment for 27 different minor illnesses like chickenpox, hay fever, threadworms, thrush and warts.

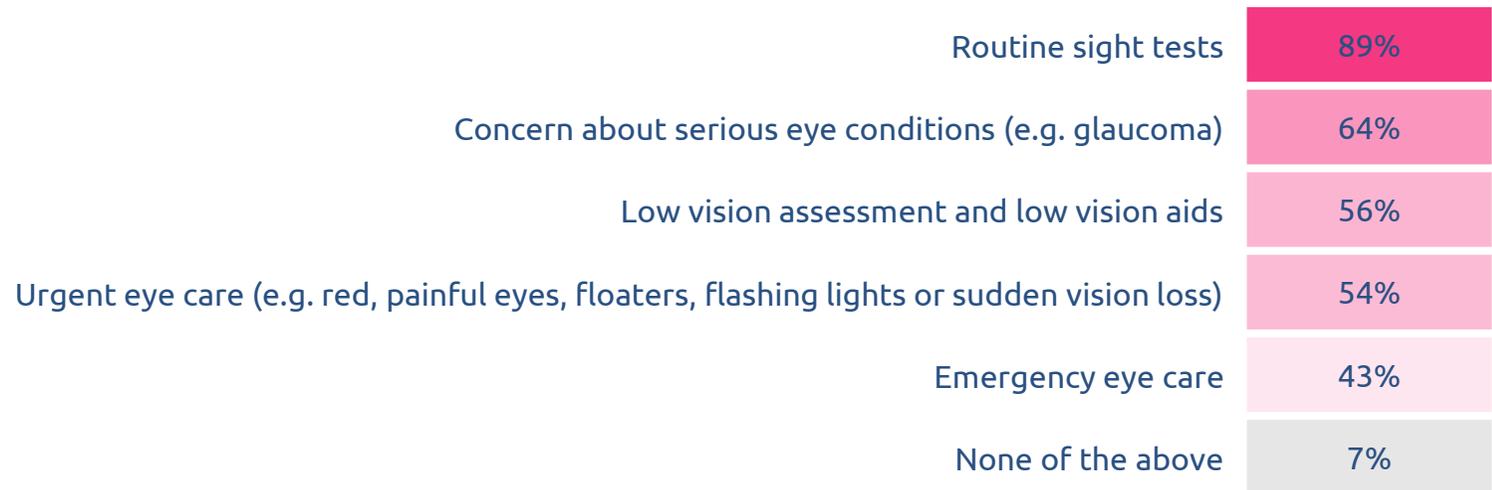
Before today, did you know community pharmacies offered this service?



Prefer not to say = 0%

In 2023, changes were made to increase the services provided by optometrists (who are highly trained eye specialists) in high street opticians in Wales.

Which of the following services did you know you could see an optometrist for? Select all that apply.



Prefer not to say = 1%

GP practices provide a range of services which are delivered by different health professionals depending on the needs of the patient.

Before today, which of the following health professionals did you know you could see at a GP practice?

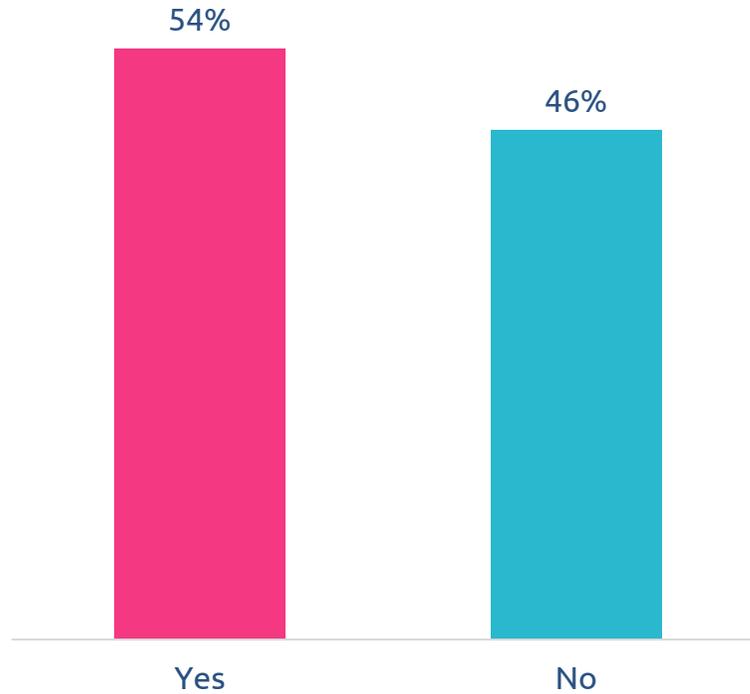
	Yes	No
Nurse	95%	4%
Nurse practitioner (e.g. can prescribe treatment, order tests, and provide diagnosis)	85%	15%
Pharmacist	50%	49%
Physiotherapist	39%	60%
Mental health practitioner	39%	60%
Paramedic	17%	82%

Prefer not to say for each statement = Equal to or less than 1%

Vaccines

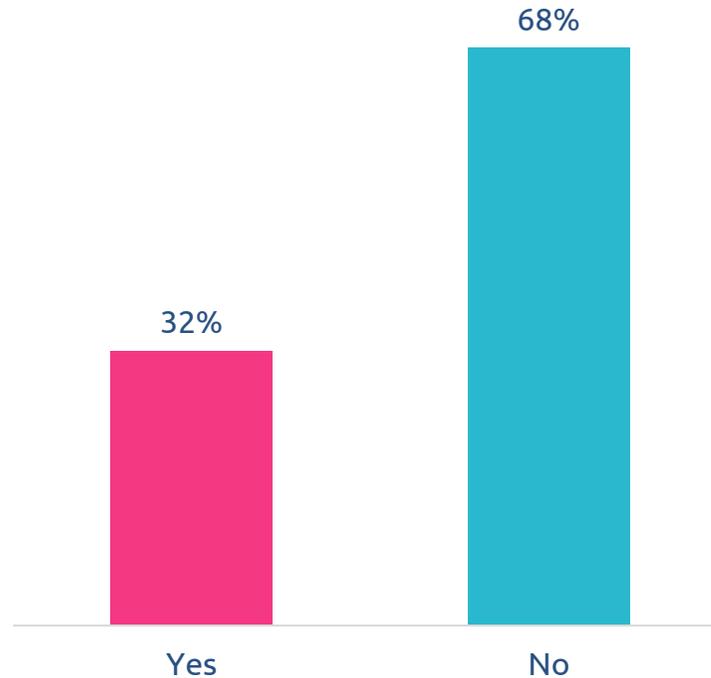
In this section we asked about people's awareness on the respiratory syncytial virus (RSV), sometimes called Bronchiolitis. RSV is a viral illness that causes symptoms like a common cold (e.g. runny nose, coughing, fever, wheezing). The virus usually occurs in winter and early spring and puts pressure on the NHS.

Before today, had you heard of the respiratory syncytial virus (RSV)?



Prefer not to say = Less than 1%

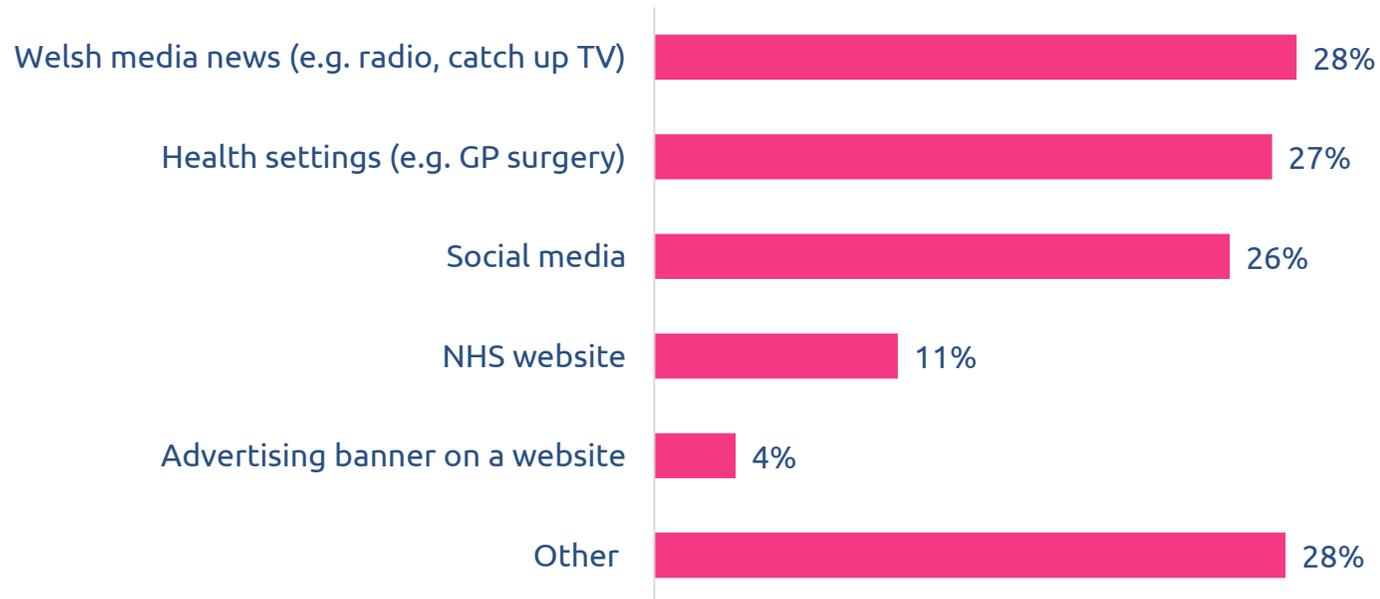
A vaccine to protect against serious illness caused by RSV was launched for certain groups of people in September. Before today, had you heard of this vaccine?



Prefer not to say = Less than 1%

Asked to those who reported they had heard of the RSV vaccine (n = 674; unweighted)

Where did you learn about the new RSV vaccine? Select all that apply.



Other text responses included: Family, friends and colleagues; their workplace and profession; unspecified media and news.
Prefer not to say = 2%

Violence prevention approach, stop and search

Violence and crime can impact people's health and well-being. We asked people's views on a violence prevention approach, whereby if a police officer has reasonable grounds to suspect that someone is carrying a weapon, stolen property, or something that could be used to commit a crime, they can stop and search the person. This is called a 'Section 1 stop and search'.

Which of the following statements most accurately reflect how you feel about 'stop and search' in policing?

I think stop and search is necessary, and the police should continue using it as they are

50%

I think stop and search is necessary, but the police do not use it appropriately

36%

I think stop and search is unnecessary, and should stop being used by the police

4%

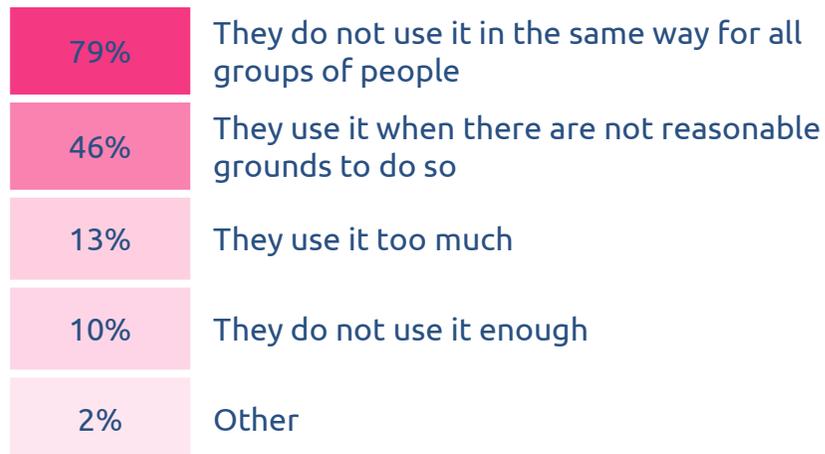
Don't know

10%

Prefer not to say = 1%

Asked to those who reported thinking stop and search is **necessary**, but the police do not use it appropriately (n = 764; unweighted).

Why do you think that the police do not use stop and search powers appropriately? Select all that apply.



Prefer not to say = 1%

Asked to those who reported thinking stop and search is **unnecessary** and should stop being used by the police (n = 82; unweighted).

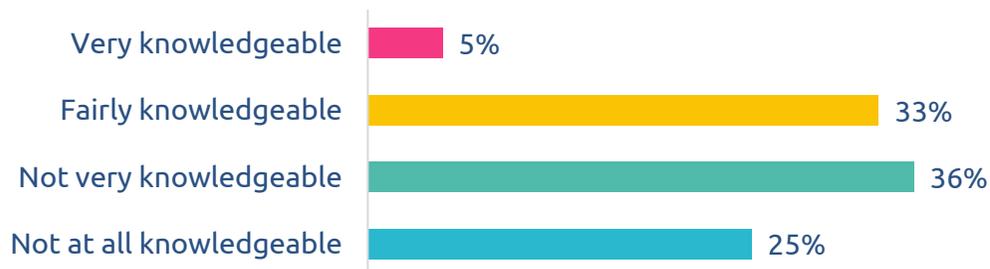
In a few words, please tell us why you think stop and search is unnecessary and should stop being used by the police.

Open text responses were firstly coded to the responses used in the previous question with additional codes identified.

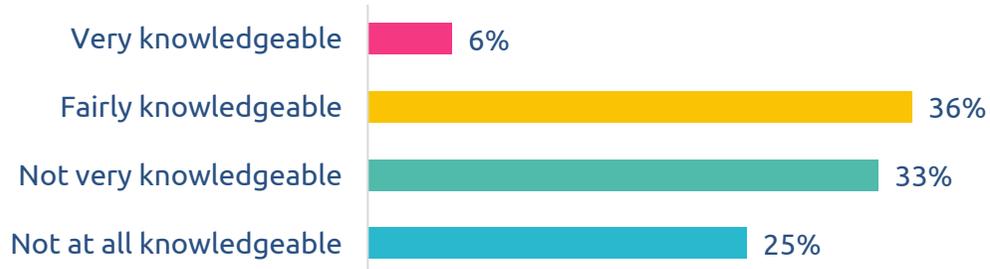


How knowledgeable, if at all, would you say you are about each of the following... ?

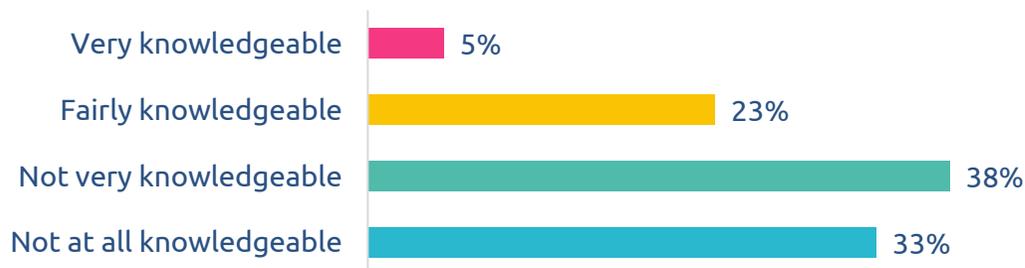
When a stop and search is allowed



What happens during a stop and search



The rights of a person when they are stopped and searched



Prefer not to say for each statement = 1%

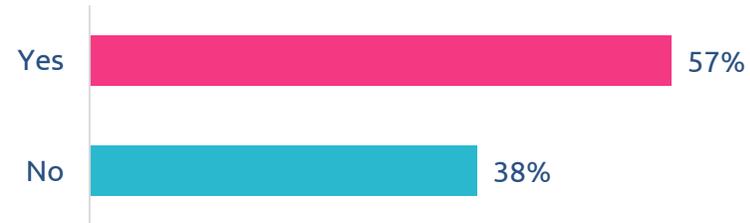
Before today, did you know any of the following facts about what happens during a Section 1 stop and search?

	Yes	No
The police officer must explain why a person has been stopped and what they expect to find during the search	73%	25%
If possible, the person should be searched by a police officer of the same sex	68%	29%
A person can be asked to remove their coat, gloves, or jacket during the search. If asked to remove anything else, including religious clothing, they must be taken out of public view	51%	46%
The police officer must tell them their name and the name of the police station they are based at	47%	51%
A person is allowed a copy of their stop and search form	44%	53%

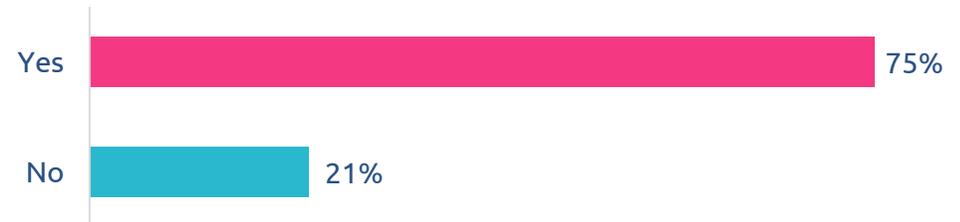
Prefer not to say for each statement = Equal to or less than 3%

Did you know the following about a Section 1 stop and search?

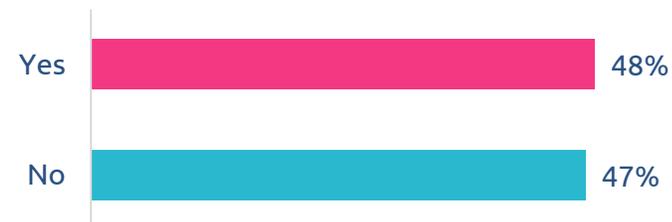
The search is not voluntary (i.e. a person cannot refuse the stop and search)



Police cannot stop and search someone just because of their ethnicity



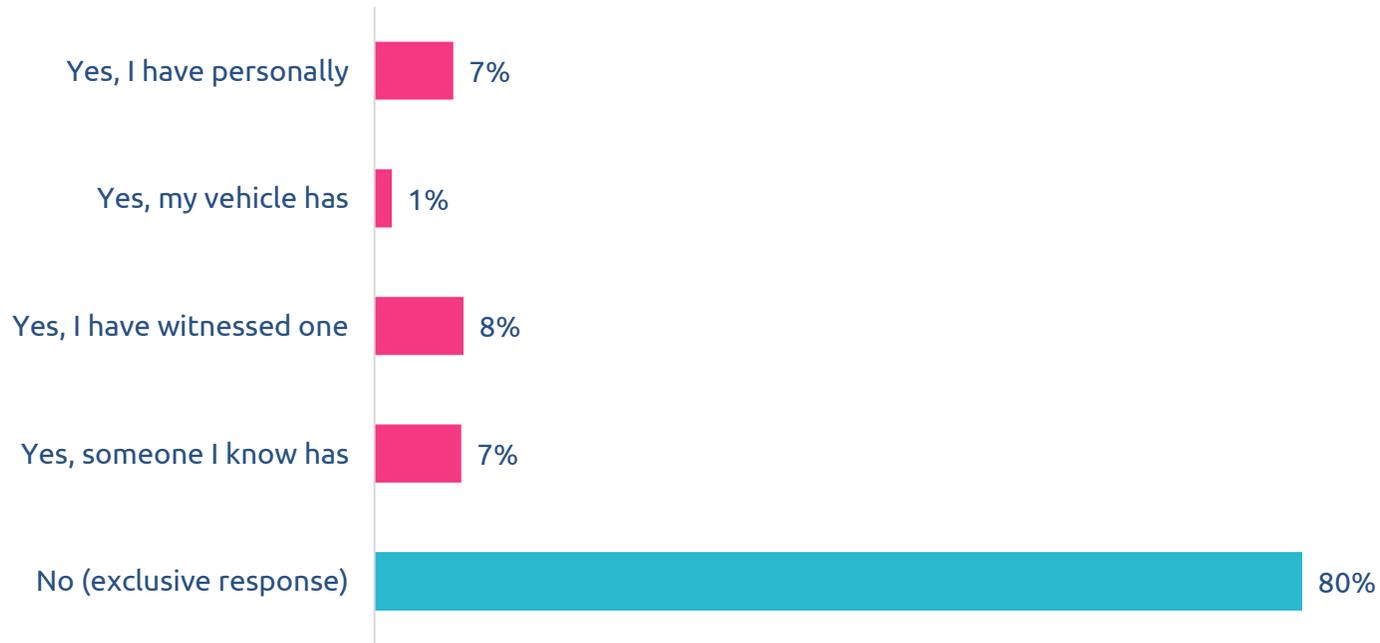
Police cannot stop and search someone just because they are already known to the police



Prefer not to say for each statement = Equal to or less than 4%

Violence prevention approach, stop and search

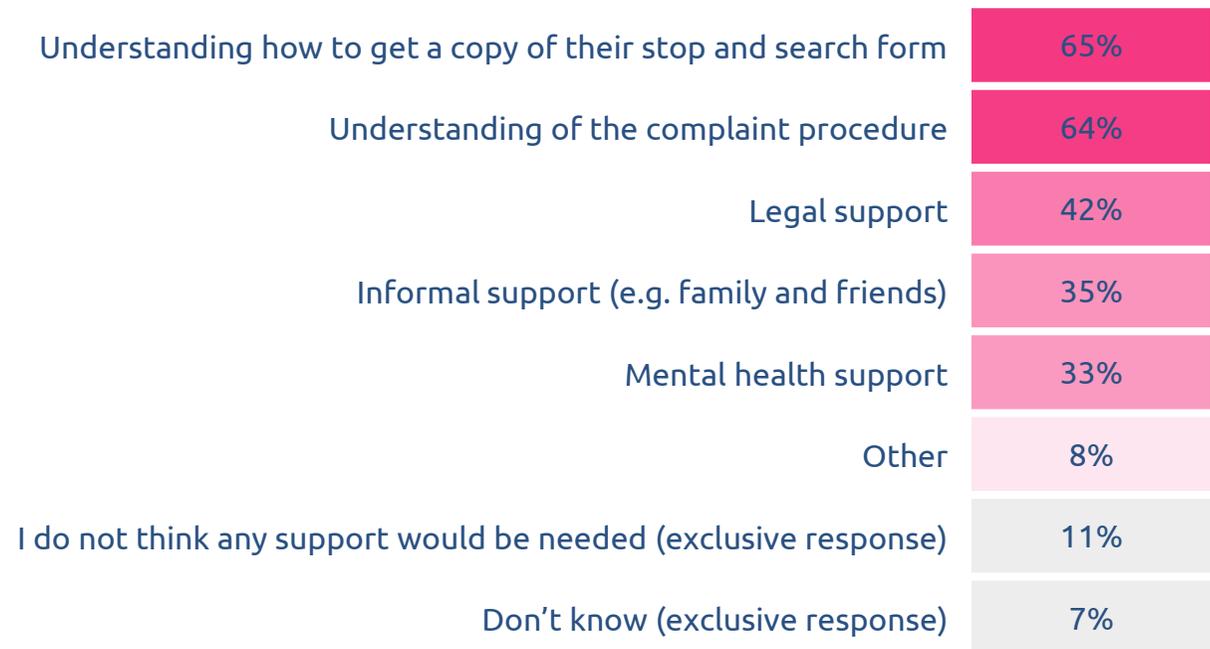
Have you or someone you know ever been stopped and searched or have you ever witnessed a stop and search? Select all the apply.



Prefer not to say = 1%

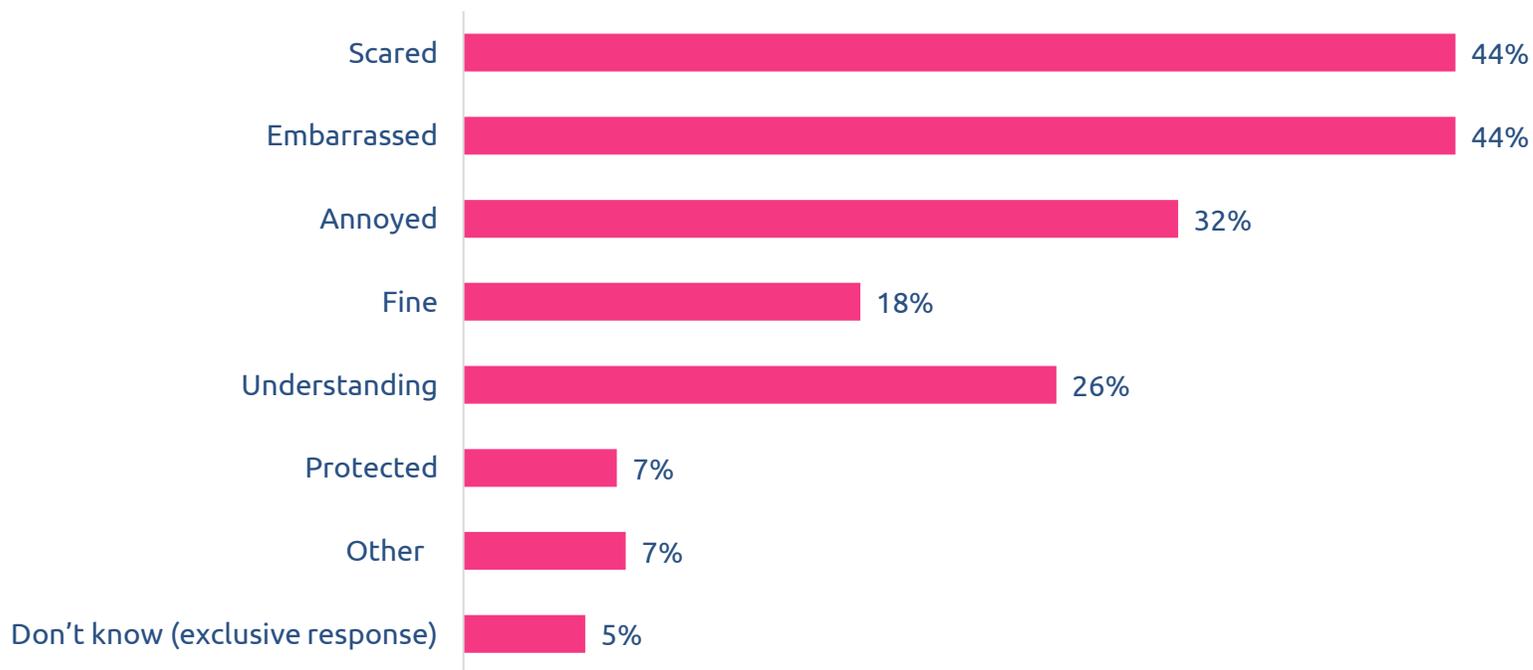
Asked to those who reported having had experience of a stop and search, either personally or as a witness
(n = 403; unweighted)

What type of support, if any, do you think it would be helpful for people to receive after they have been stopped and searched? Select all that apply



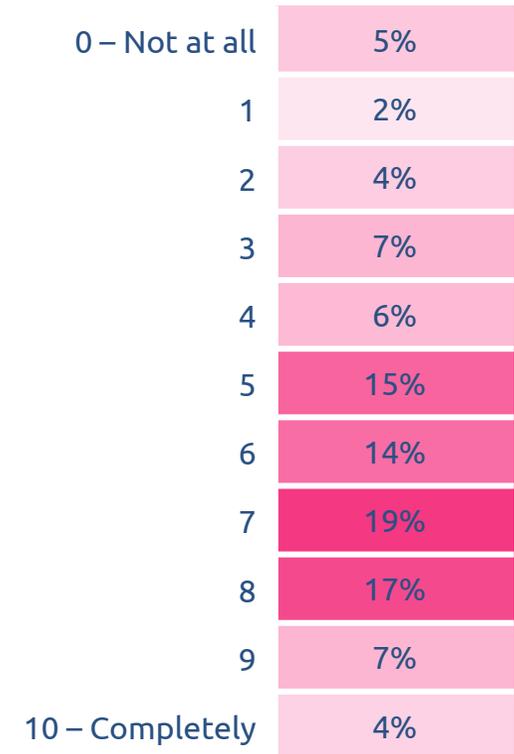
Prefer not to say = 0%

Imagine you were stopped and searched by a police officer, who explained why you had been stopped and what they expected to find before doing the search and answered any questions you had. Which of the following emotions do you think you would feel? Select all the apply.



Prefer not to say = 1%

On a scale from 0 to 10, where 0 is not at all and 10 is completely, how much do you trust the police?



Mean score calculated from those who responded with a response between 0 to 10 was 5.9 (standard deviation = 2.44).

Prefer not to say = 1%

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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 and over, this is your opportunity to be heard.

 TalkPHWales.com

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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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Questionnaire Development

The questions used in the November 2024 survey were developed in partnership with colleagues in Public Health Wales and Welsh Government.

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Appendix

Demographics

Methods

		Population (16 years or over)	Overall panel sample N = 4,005		November 2024 survey sample N = 2,091	
Sex	Male	49%	1,583	40%	1,017	49%
	Female	51%	2,376	59%	1,053	50%
	Other	-	46	1%	21	1%
Age group (years)	16 to 29	21%	670	17%	508	24%
	30 to 49	29%	1,636	41%	653	31%
	50 to 69	31%	1,159	29%	563	27%
	70 and over	19%	540	13%	367	18%
Deprivation quintile	1 (Most)	19%	645	16%	328	16%
	2	20%	769	19%	382	18%
	3	21%	793	20%	424	20%
	4	21%	855	21%	464	22%
	5 (Least)	20%	943	24%	493	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, 495 people were removed from the panel before recruitment to participate in the November 2024 survey began. This process was outlined to panel members in the joining material.

		Population (16 years or over)	Overall panel sample N = 4,005		November 2024 survey sample N = 2,091	
Ethnicity	White	95%	3,843	96%	2,000	96%
	Mixed/Multiple Ethnic Groups	1%	65	2%	32	2%
	Asian, Asian Welsh or Asian British	2%	56	1%	29	1%
	Black, African, Caribbean, Black Welsh or Black British	1%	15	Less than 1%	14	1%
	Other Ethnic Group	1%	15	Less than 1%	11	1%
	Prefer not to say	-	11	Less than 1%	5	Less than 1%
Health Board	Aneurin Bevan UHB	19%	723	18%	365	19%
	Betsi Cadwaladr UHB	22%	735	18%	405	22%
	Cardiff and Vale UHB	16%	784	20%	399	16%
	Cwm Taf Morgannwg UHB	14%	575	14%	298	14%
	Hywel Dda UHB	12%	558	14%	281	12%
	Powys Teaching HB	4%	154	4%	109	4%
	Swansea Bay UHB	12%	476	12%	234	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 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).

- 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 comprise of questions which are single-response and multi-response (i.e. select all that apply). Where a question was multi-response and contained exclusive response option meaning only that option could be selected, this is acknowledged on the graph or table.
- For each survey, 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.
- Additional targeted recruitment was undertaken during the November 2024 survey, with a further 400 face-to-face interviews commissioned. Of these, 209 participants opted to join the panel.

Participants (N = 2,091) who completed the November survey, were recruited via the following methods:

Recruitment method	n	%
Online	1,341	64%
Telephone	222	11%
Face-to-face (panel)	299	14%
Face-to-face (one-off)	229	11%

Participants (N = 2,091) who completed the November survey, completed via the following methods:

Participation method	n	%
Online	1,506	72%
Telephone	84	4%
Face-to-face	501	24%