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Time to Talk Public Health

June 2026 Survey Findings:

NHS waiting lists, use of nutritional information, healthy by default environments and sexually transmitted infections.

Published: October 2026



Introduction

- **Time to Talk Public Health** is a national panel of residents living in Wales aged 16 years or over 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 population in Wales 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 2026 survey covering:
 - **NHS waiting lists**
 - **Use of nutritional information**
 - **Healthy by default environments**
 - **Sexually transmitted infections (STIs)**
- 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](#) 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 2025, panel members are invited to complete a survey every four months, either online or by telephone.
 - The data for this survey was collected between 1st June and 30th June 2026.
 - 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 1,421 participants who completed the survey in June 2026 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.

- 1,421 participants took part in the June 2026 survey (1st June to 30th June 2026).

NHS waiting lists

- 68% of people said they had been on an NHS waiting list in the past five years, including 36% who are currently waiting.
- When asked what impact being on a waiting list had on their life, the top three areas (out of 13) rated 'large negative impact' were physical activity levels (39%), physical health (38%) and sleep (35%).
- 74% of those currently on a waiting list said they did not receive any information or signposting support for healthy behaviours while waiting.
- 36% of people had delayed seeking healthcare or treatment because of concerns about NHS waiting lists.

Sexually transmitted infections (STIs)

- 89% of people knew early testing and treatment can reduce the harm caused by some STIs.
- Awareness of STI testing access was lower: 47% knew kits were available from community hubs and 46% knew they could be ordered to their home.
- Of the 23% who had accessed a health service about an STI, 83% reported they had a mostly positive experience.
- Of the 10% who had looked for information on STIs in the last year, the top three sources were NHS website (69%), health websites (60%) and sexual health clinics (50%).

Healthy by default environments

- 81% of people supported publicly funded places having healthier food and drinks as the default options (55% strongly supported).
- 77% supported making healthier advertising, offers and promotions the default. Support remained high at 72%, even if this meant less advertising and promotions of unhealthy foods.
- Most people think schools (92%), childcare settings (92%) and hospitals (91%) should have healthier food and drinks as the default.

Use of nutritional information

- 70% of people think nutritional information should always be available for food purchased outside the home, and 66% said the same for drinks.
- Traffic-light labels were the preferred method of displaying nutritional information (64%).
- Cost (40%) was the top factor in choosing what food to buy, followed by nutritional information (36%).



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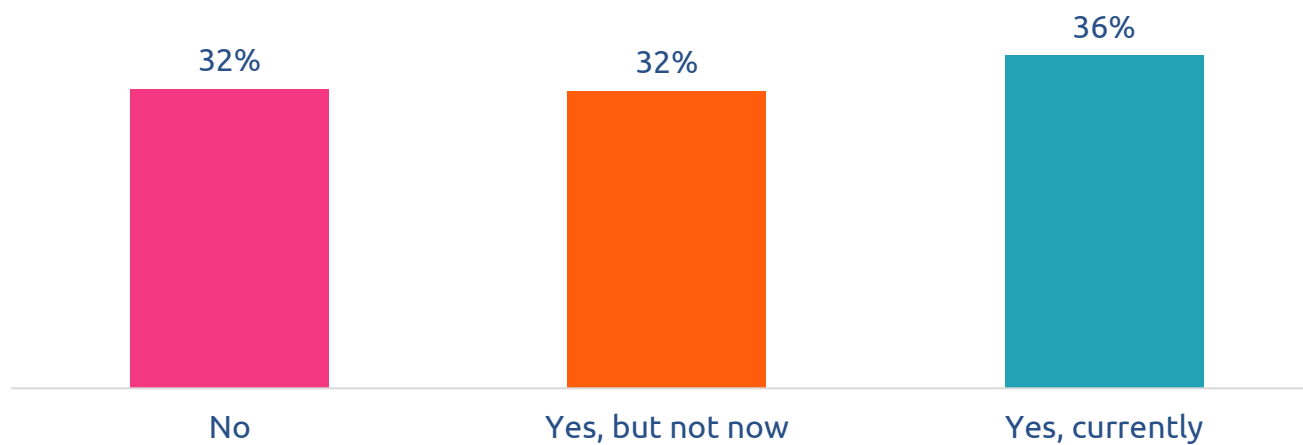
NHS waiting lists

This section sought to understand people's thoughts, experiences and health while being on an NHS waiting list in the last five years. Being on a waiting list was defined as when you have been referred for care but have not received the appointment, test or treatment needed. If participants had been on multiple waiting lists in the last five years, they were asked to report on the longest wait they had.

Please note, direct comparison between this data and official NHS waiting list statistics should be avoided. It is possible that participants in this survey have interpreted their experience of being on a waiting list differently to what is captured in official data.

NHS waiting lists

Have you been on an NHS waiting list for an appointment, test or treatment in the last 5 years?



Prefer not to say: Less than 1%

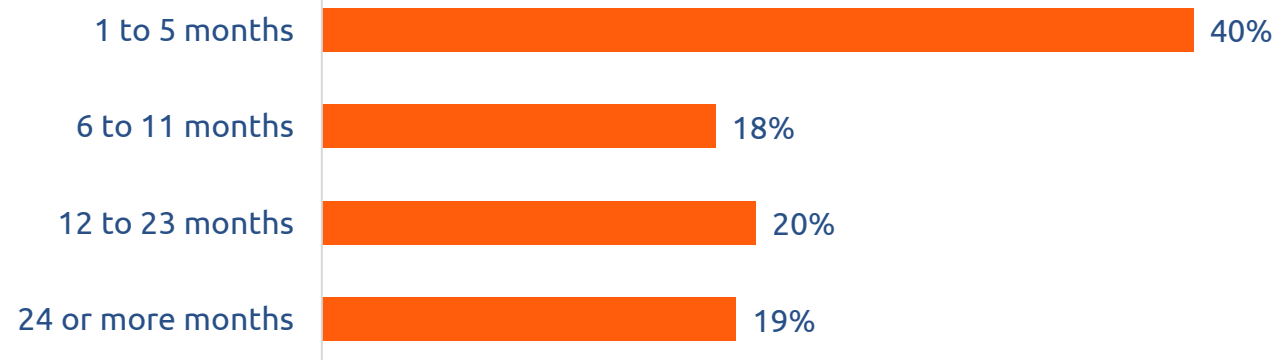
NHS waiting lists

How many months have you been or were you on the waiting list for?

Those currently on a waiting list
(n=515; unweighted)



**Those who have been on a waiting list
in the last 5 years but are not now**
(n=455; unweighted)

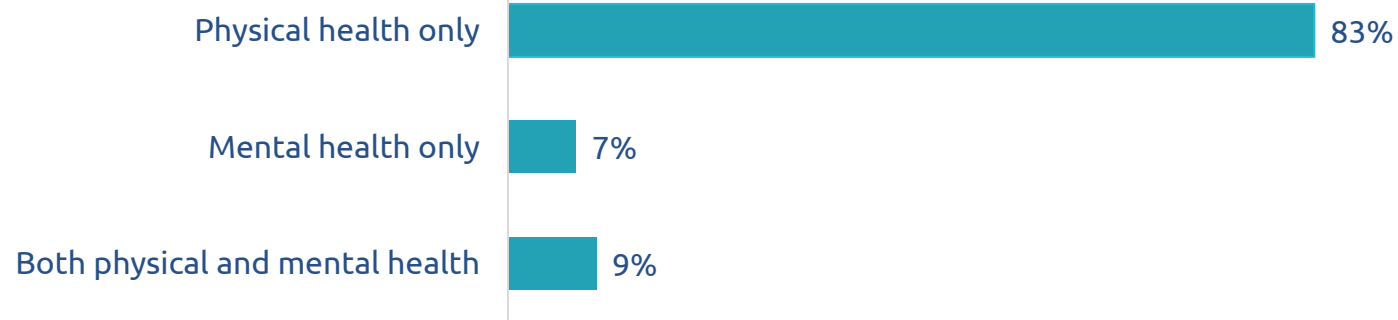


Prefer not to say for both timeframes: 2% or less

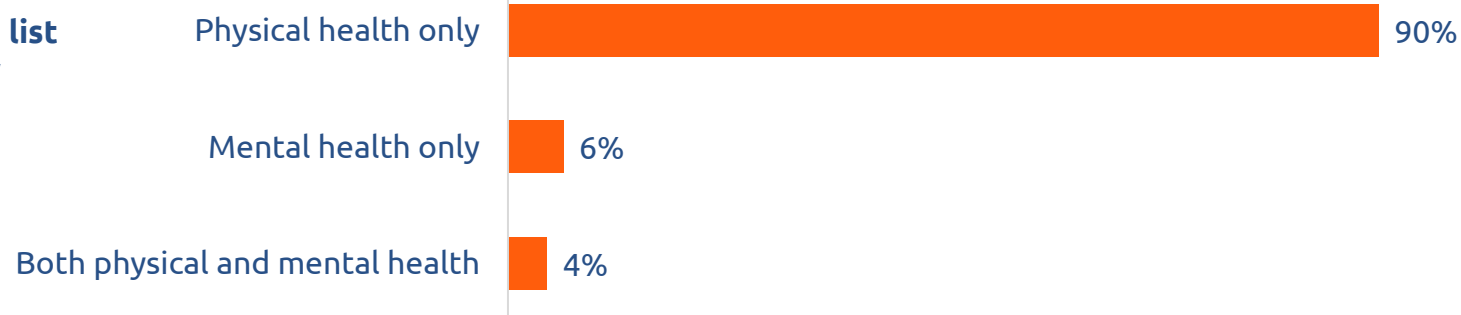
NHS waiting lists

Which of the following are you or have you been on an NHS waiting list for?

Those currently on a waiting list
(n=515; unweighted)



Those who have been on a waiting list in the last 5 years but are not now
(n=455; unweighted)



Prefer not to say for both timeframes: 1%

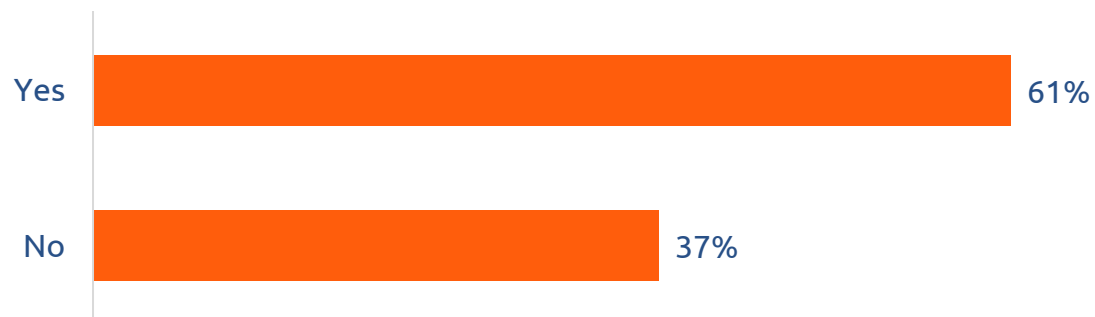
NHS waiting lists

Are you or were you waiting to have your care in a hospital?

Those currently on a waiting list
(n=515; unweighted)



**Those who have been on a waiting list
in the last 5 years but are not now**
(n=455; unweighted)

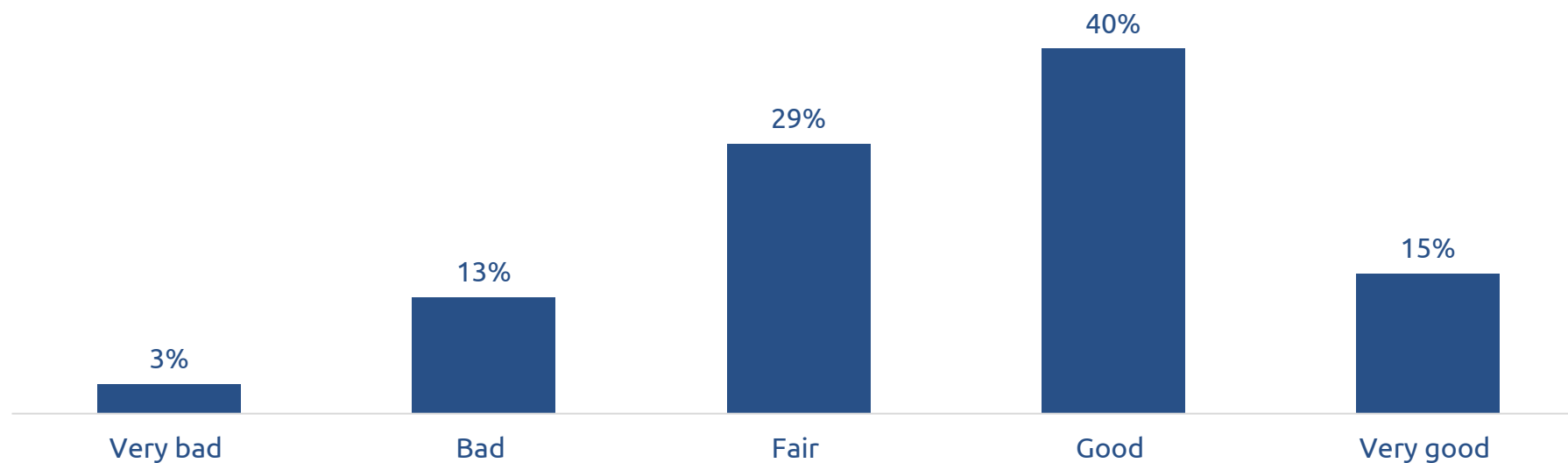


Prefer not to say for both timeframes: 2%



NHS waiting lists

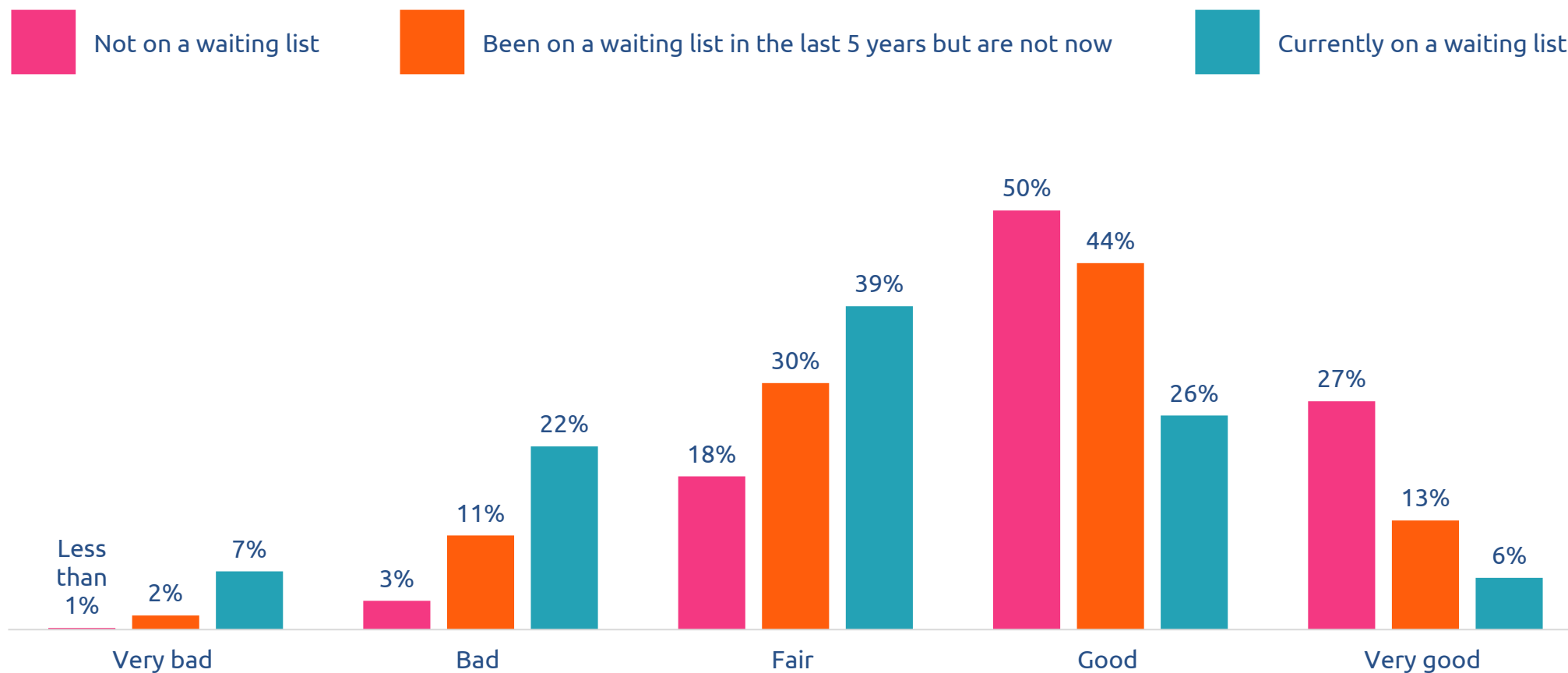
How is your health in general? (Asked to all participants)



Prefer not to say: Less than 1%

NHS waiting lists

How is your health in general? (Asked to all participants, presented by self-reported waiting list status)



Prefer not to say: Less than 1%

NHS waiting lists

Asked to those who have been on a waiting list in the last 5 years but are not now (n = 455, unweighted)

How would you have described your health in general while you were on an NHS waiting list?

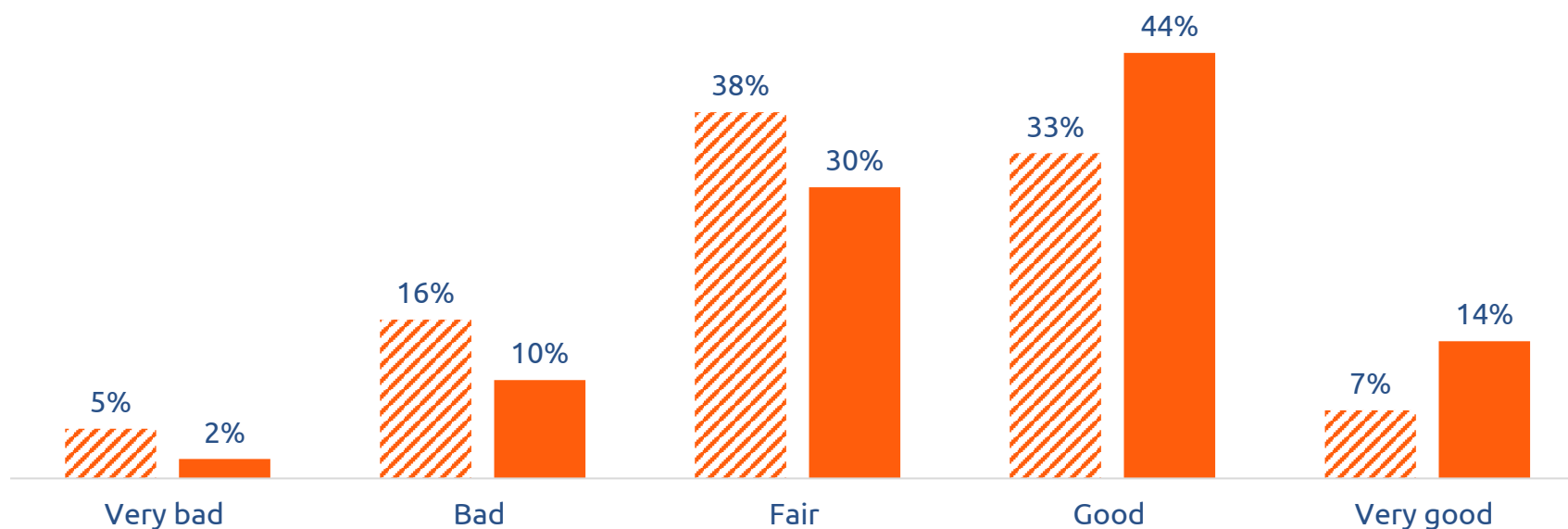
Comparison provided to current health status



Self-reported general health while on a waiting list



Self-reported general health now (when not on a waiting list)



Prefer not to say for both timeframes: 1% or less

NHS waiting lists

Asked to those currently on a waiting list (n = 515, unweighted)

What impact has being on an NHS waiting list had on the following areas of your life?

Statements 1 to 7 of 13 (continued next page)

	Large negative impact	Slight negative impact	No impact	Slight positive impact	Large positive impact	Not applicable
Your physical activity levels	39%	34%	22%	1%	2%	3%
Your physical health	38%	43%	14%	1%	1%	2%
Your sleep	35%	38%	21%	2%	1%	3%
Ability to access support from healthcare professionals	33%	24%	32%	3%	2%	6%
Your mental health	32%	40%	22%	1%	1%	2%
Your confidence in managing your health	27%	43%	21%	3%	2%	3%
Your ability to work or study	26%	27%	29%	1%	2%	15%

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

NHS waiting lists

Asked to those currently on a waiting list (n = 515, unweighted)

What impact has being on an NHS waiting list had on the following areas of your life?

Statements 8 to 13 of 13

	Large negative impact	Slight negative impact	No impact	Slight positive impact	Large positive impact	Not applicable
Your personal relationships	20%	34%	35%	3%	1%	7%
Ability to use transport and travel networks	19%	22%	46%	1%	1%	11%
Your eating habits	18%	26%	44%	2%	2%	7%
Your caring responsibilities (e.g. family members)	18%	23%	39%	1%	1%	18%
Your financial position	17%	16%	52%	1%	1%	12%
Ability to access informal support (e.g. family and friends)	13%	19%	51%	4%	3%	10%

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

NHS waiting lists

Asked to those who have been on a waiting list in the last 5 years but are not now (n = 455, unweighted)

What impact did being on an NHS waiting list have on the following areas of your life?

Statements 1 to 7 of 13 (continued next page)

	Large negative impact	Slight negative impact	No impact	Slight positive impact	Large positive impact	Not applicable
Your physical activity levels	25%	32%	36%	2%	2%	3%
Your physical health	23%	39%	32%	1%	2%	3%
Your sleep	22%	33%	37%	2%	1%	5%
Ability to access support from healthcare professionals	16%	25%	45%	3%	2%	7%
Your mental health	21%	36%	34%	2%	2%	5%
Your confidence in managing your health	20%	38%	34%	3%	1%	4%
Your ability to work or study	16%	26%	44%	1%	Less than 1%	13%

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

NHS waiting lists

Asked to those who have been on a waiting list in the last 5 years but are not now (n = 455, unweighted)

What impact did being on an NHS waiting list have on the following areas of your life?

Statements 8 to 13 of 13

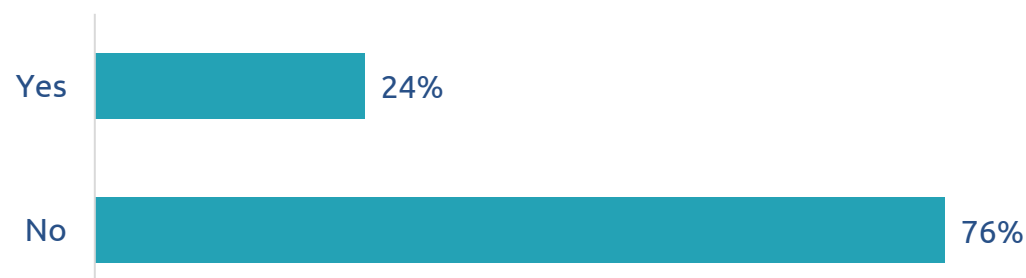
	Large negative impact	Slight negative impact	No impact	Slight positive impact	Large positive impact	Not applicable
Your personal relationships	11%	26%	55%	1%	Less than 1%	6%
Ability to use transport and travel networks	10%	18%	60%	Less than 1%	1%	11%
Your eating habits	13%	19%	56%	2%	2%	8%
Your caring responsibilities (e.g. family members)	9%	20%	52%	1%	1%	18%
Your financial position	8%	13%	66%	1%	Less than 1%	11%
Ability to access informal support (e.g. family and friends)	7%	14%	65%	2%	2%	9%

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

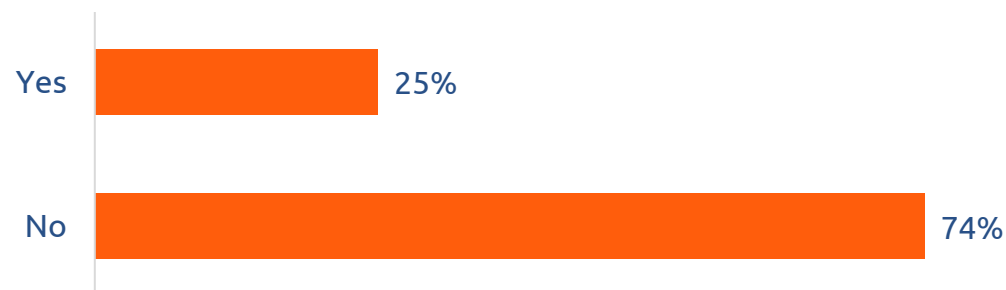
NHS waiting lists

Have you or were you offered any information or signposting support for healthy behaviours while you were on a waiting list?

Those currently on a waiting list
(n=515; unweighted)



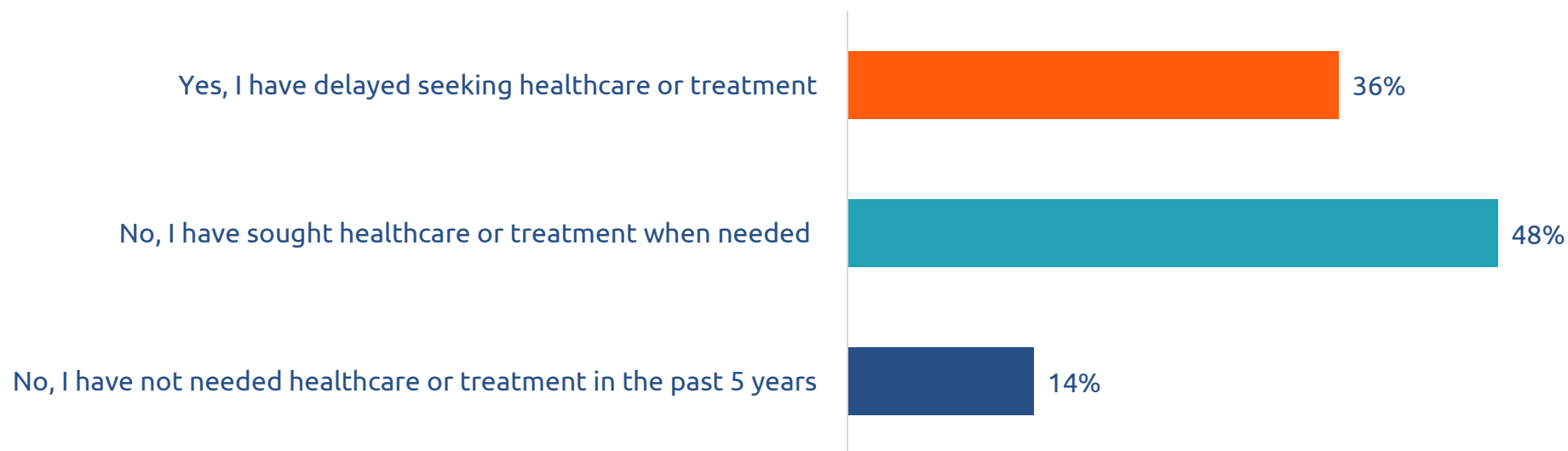
Those who have been on a waiting list in the last 5 years but are not now
(n=455; unweighted)



Prefer not to say for both timeframes: 1% or less

NHS waiting lists

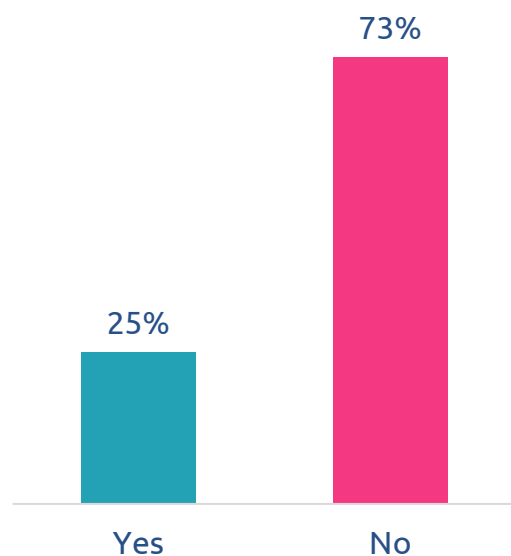
In the past 5 years, have concerns about NHS waiting lists led you to delay contacting or seeing a healthcare professional? (Asked to all participants)



Prefer not to say: 2%

NHS waiting lists

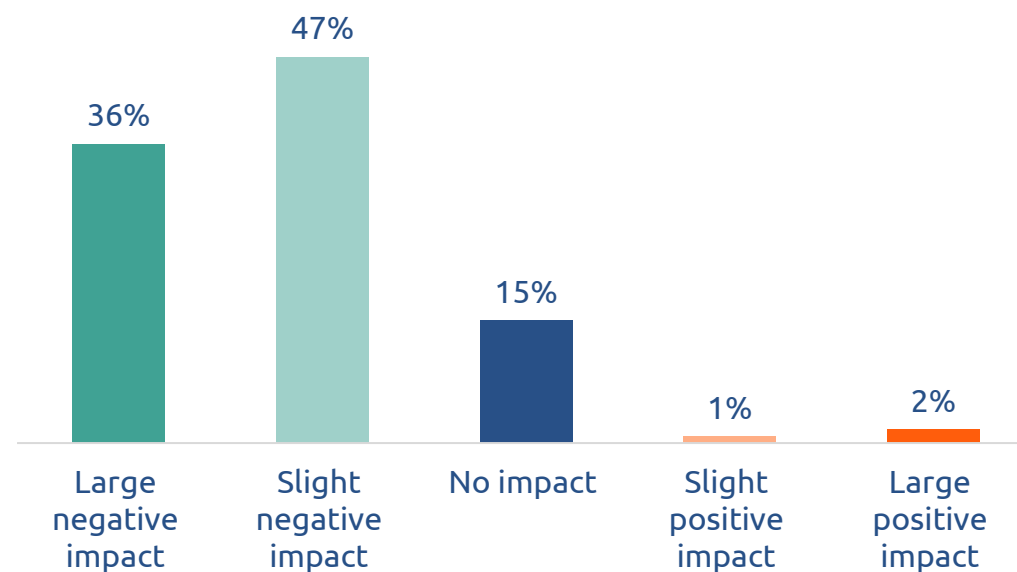
In the past 5 years, have you been required to provide regular support to someone due to them being on an NHS waiting list for an appointment, test or treatment? This is support in addition to any regular caregiving support you might provide to someone.



Prefer not to say: 2%

Asked to those who have provided support to someone on an NHS waiting list (n = 371, unweighted)

Overall, what impact has being required to support someone while they are on an NHS waiting list had on your health and well-being?

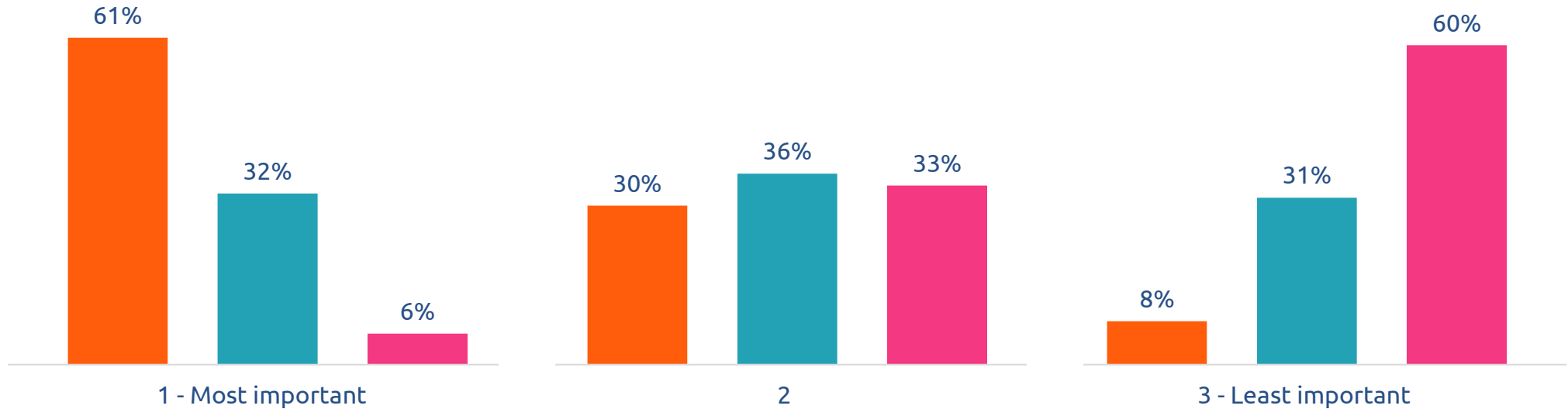


Prefer not to say: 0%

NHS waiting lists

If additional money was available for the NHS, rank the following actions in order of importance, where 1 is the most important and 3 is the least important, in terms of how you think the money should be spent.

-  Reducing waiting times so people are treated sooner
-  Helping people stay well and avoid needing to be on a waiting list
-  Providing better support for people while they are on a waiting list



Prefer not to say for the question set: 1%



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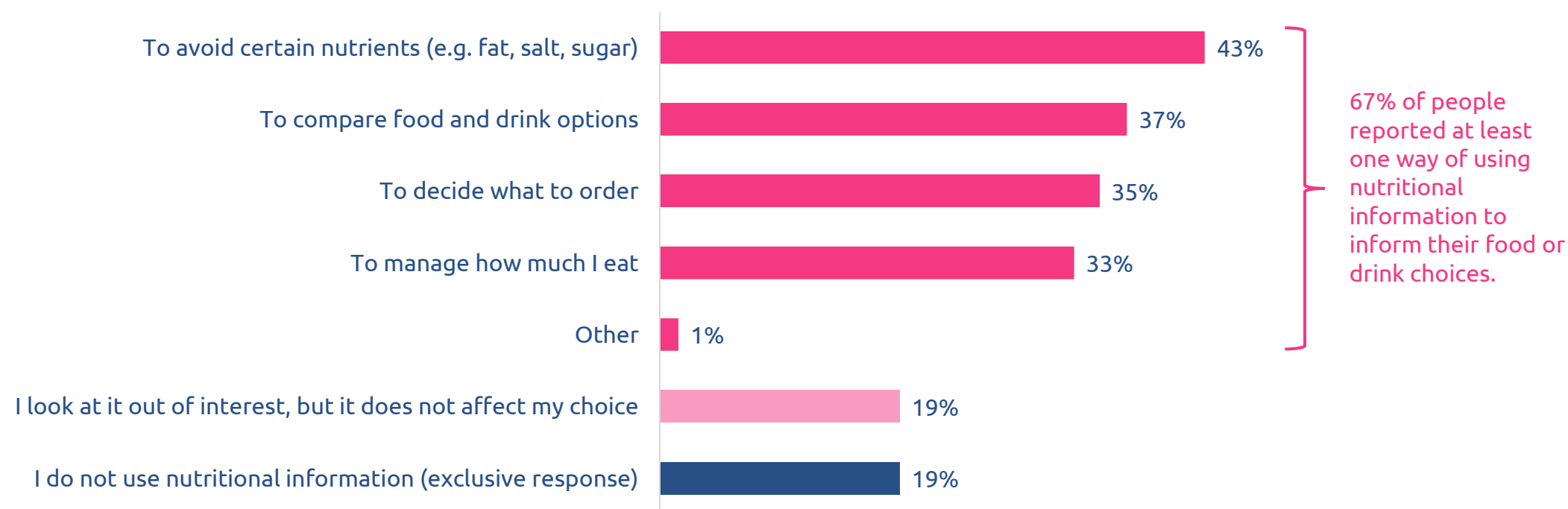
Use of nutritional information

This section sought to understand people's views on the use of nutritional information for food and drinks prepared outside the home.

Nutritional information shows how much energy (calories) and nutrients (e.g. fat, sugar, salt and protein) food and drinks contain and is sometimes found on packaging and menus. Food and drinks prepared outside the home includes those eaten out in places such as cafés, restaurants, workplace canteens, hospital vending machines, mobile food vans as well as takeaway and delivered food eaten at home.

Use of nutritional information

How, if at all, do you use nutritional information when choosing food or drinks prepared outside the home?
(Select all that apply)



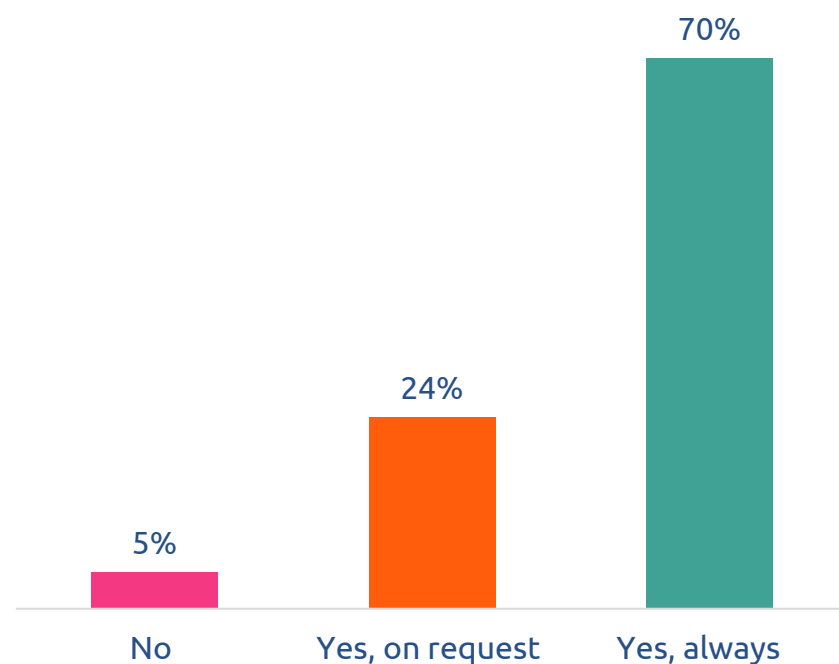
Free text themes collected through the 'other' response option were coded into existing categories where relevant. A further 1% of people provided free text responses that indicated they did not consume food and drink prepared outside the home, could not use nutritional information or did not specify whether they used it or not, and these responses are not included in the graph.

Prefer not to say: Less than 1%

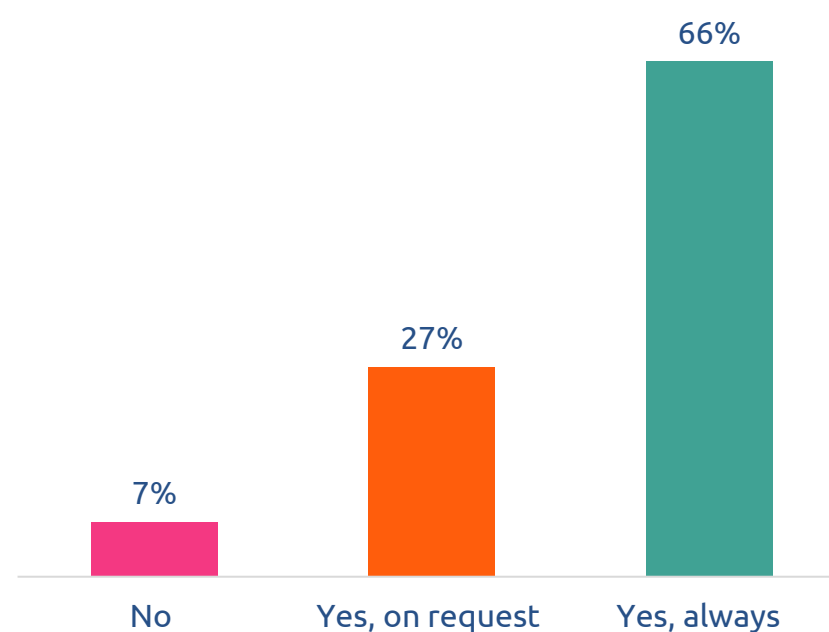
Use of nutritional information

Generally, do you think nutritional information should be available for food and drinks prepared outside the home?

Food



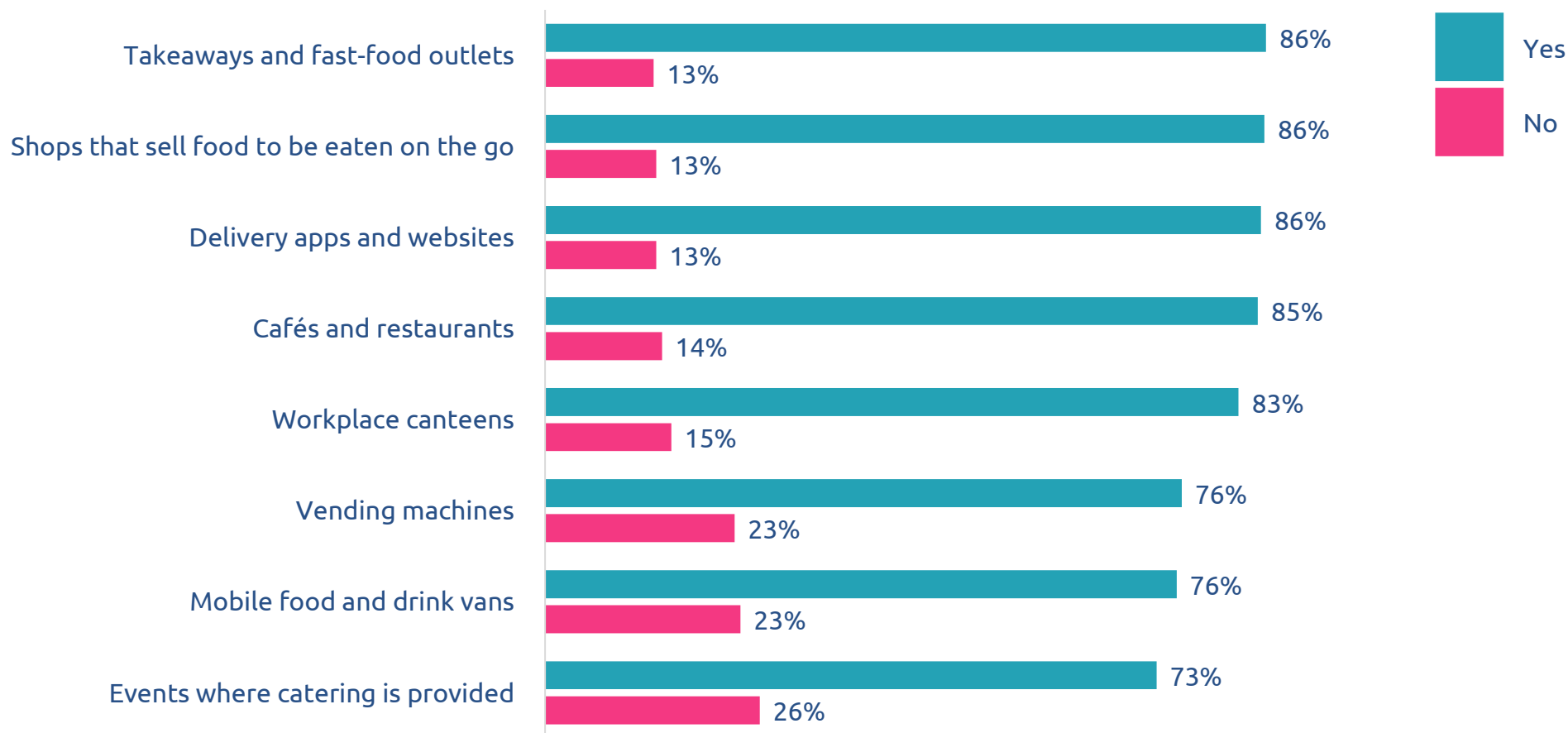
Drinks



Prefer not to say for each statement: 1%

Use of nutritional information

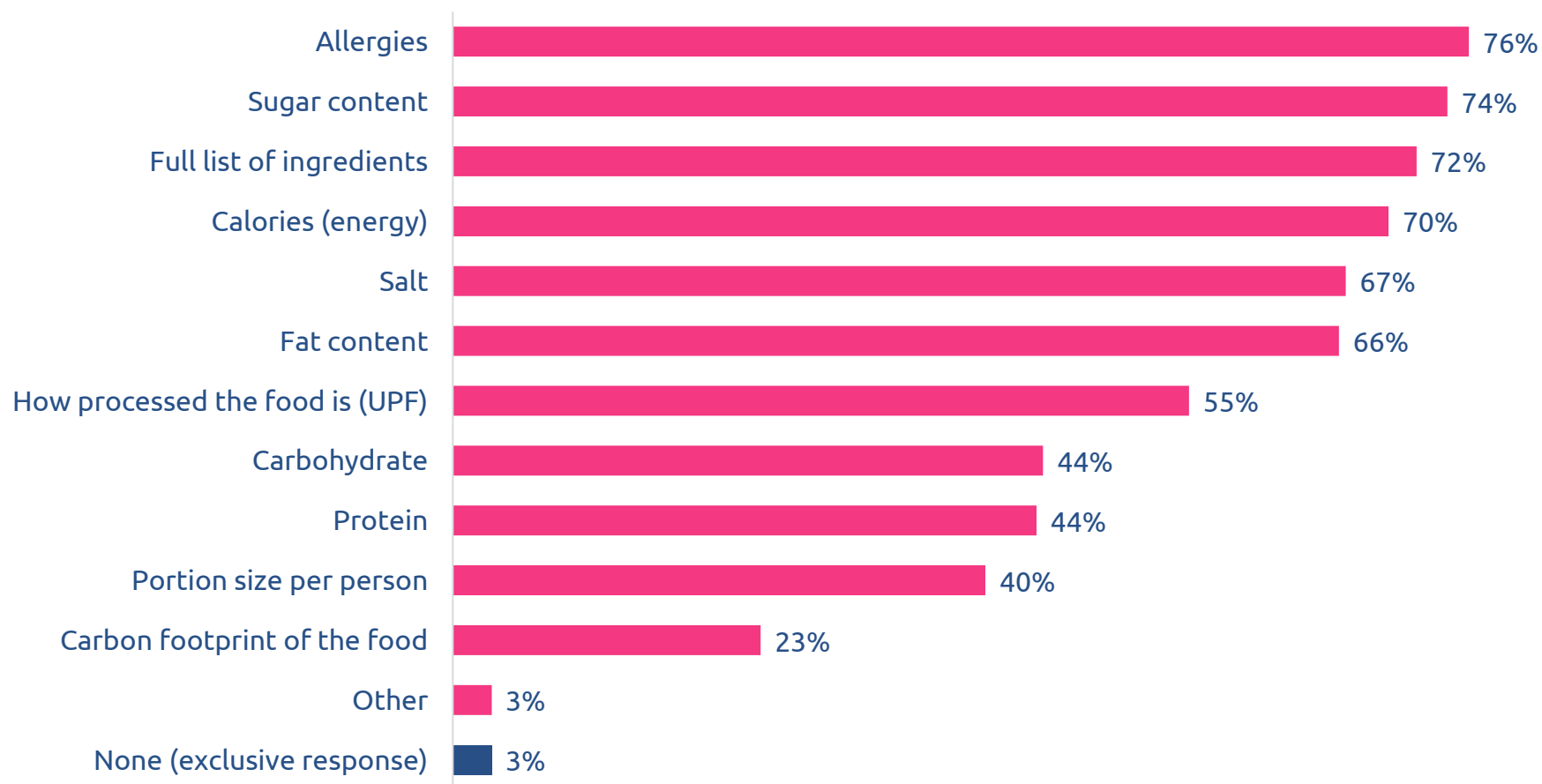
Do you think nutritional information should always be provided in any of the following places?



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

Use of nutritional information

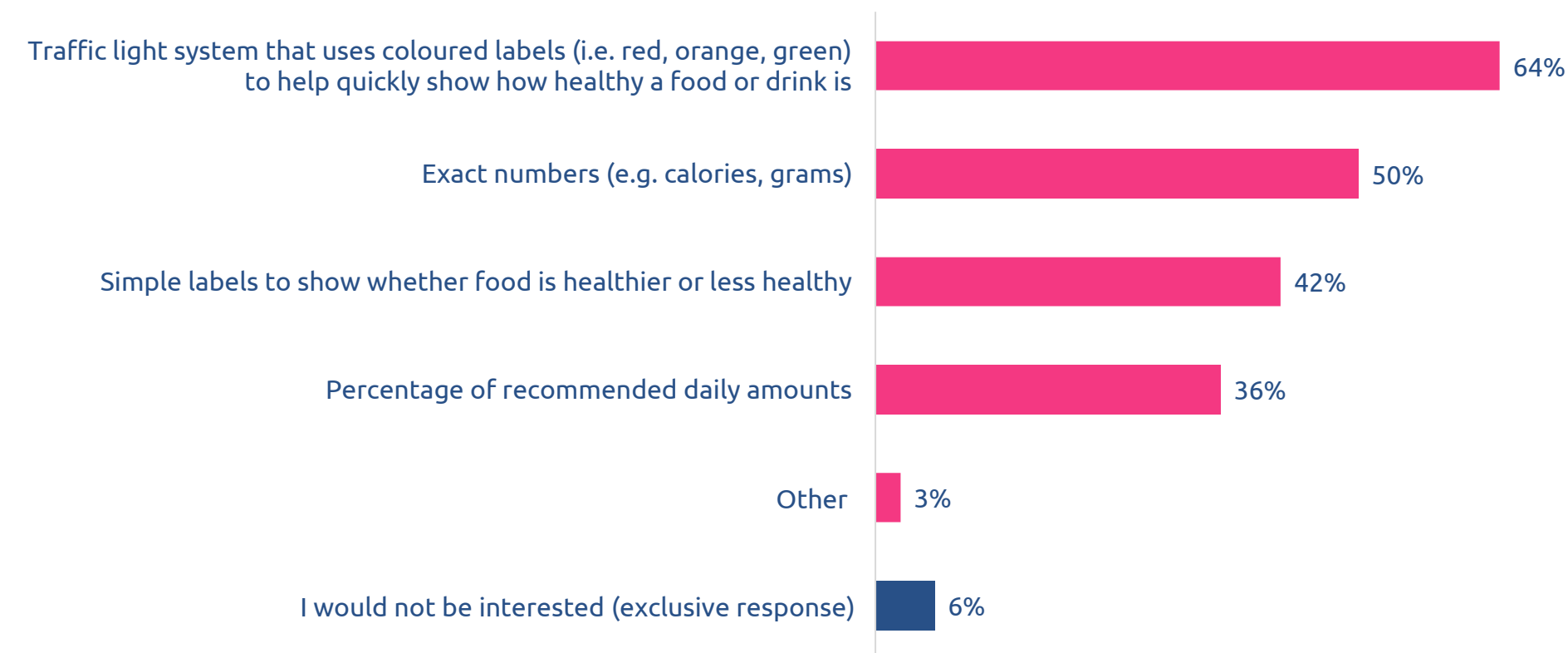
Which types of nutritional information, if any, do you think should be available when choosing food and drinks prepared outside the home? (Select all that apply)



Prefer not to say: 1%

Use of nutritional information

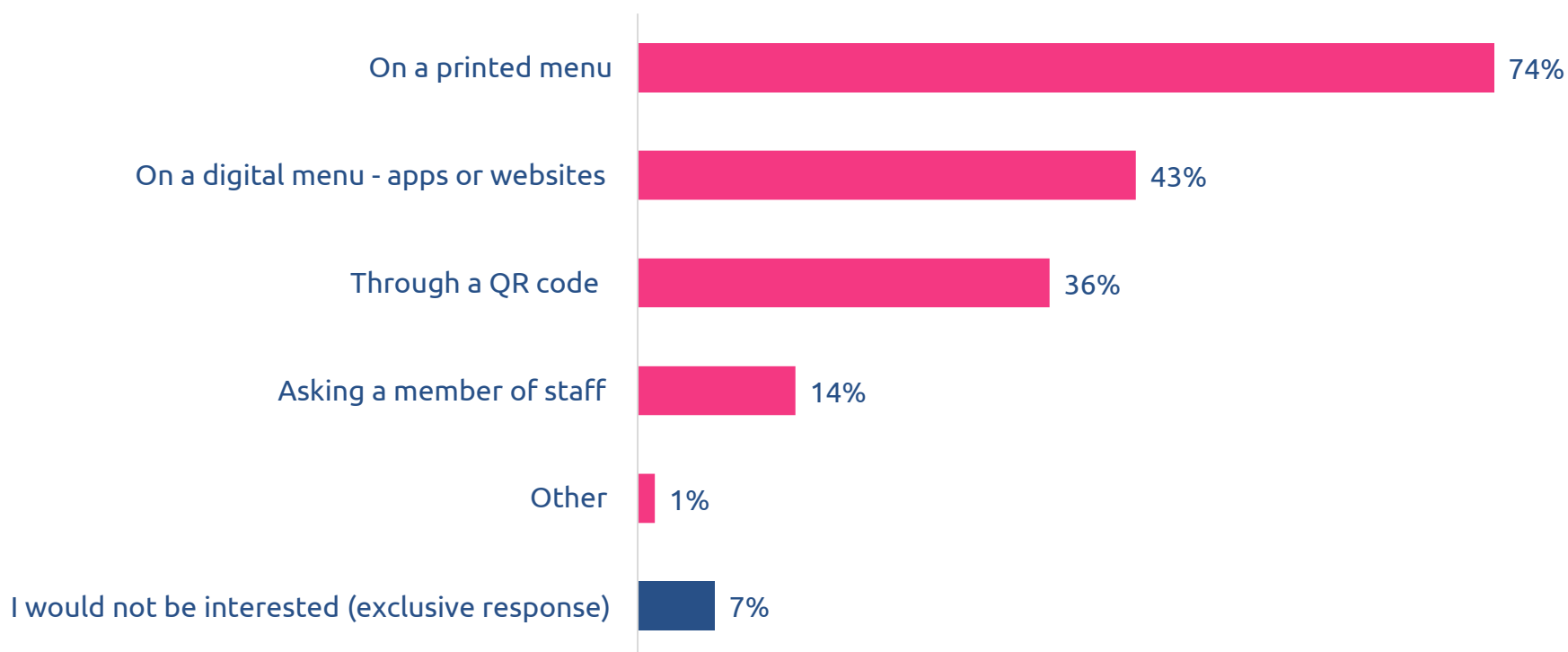
How would you prefer nutritional information to be presented when choosing food and drinks prepared outside the home? (Select all that apply)



Prefer not to say: 1%

Use of nutritional information

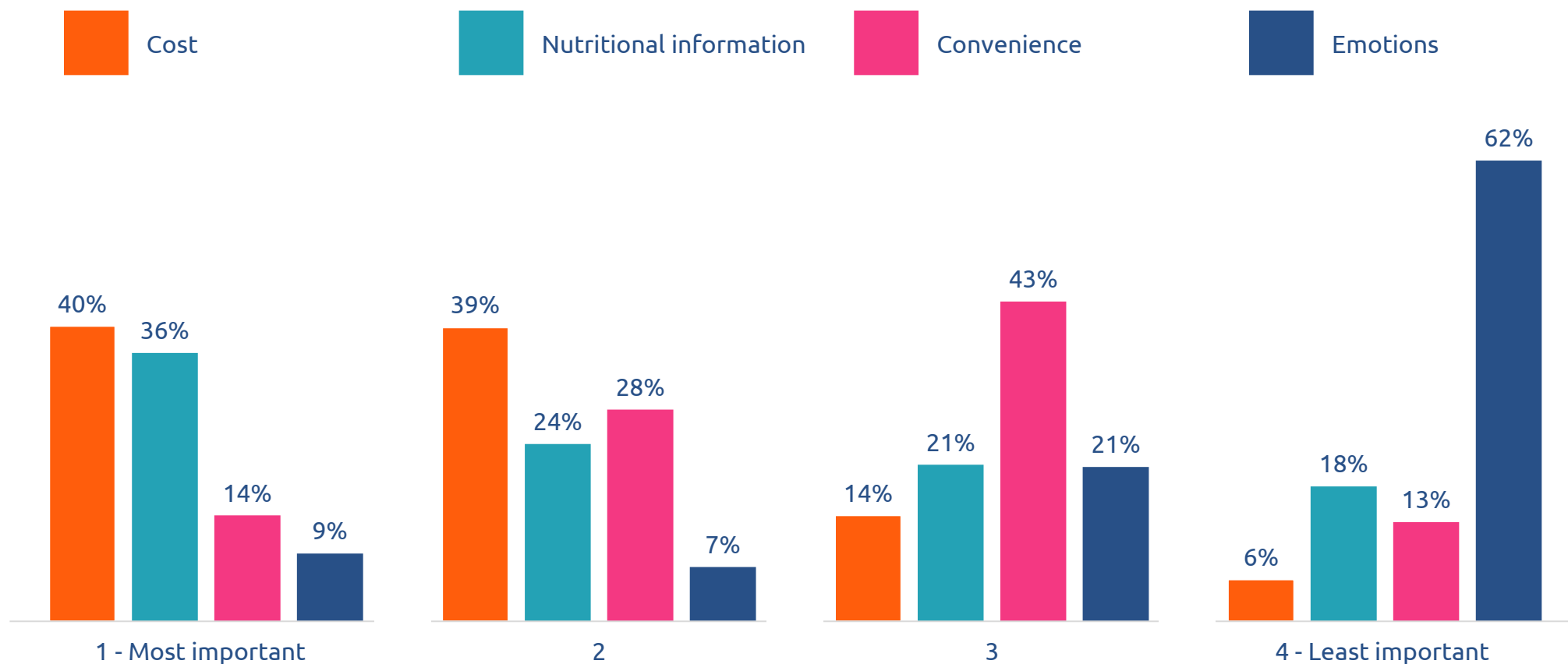
If you were to look at nutritional information when buying food and drinks prepared out of the home, how would you like to access it? (Select all that apply)



Prefer not to say: 1%

Use of nutritional information

Rank in order of importance, where 1 is the most important and 4 is the least important, the following four items that help you decide when buying food and/or drink prepared out of the home?



Prefer not to say for this question set: 1%



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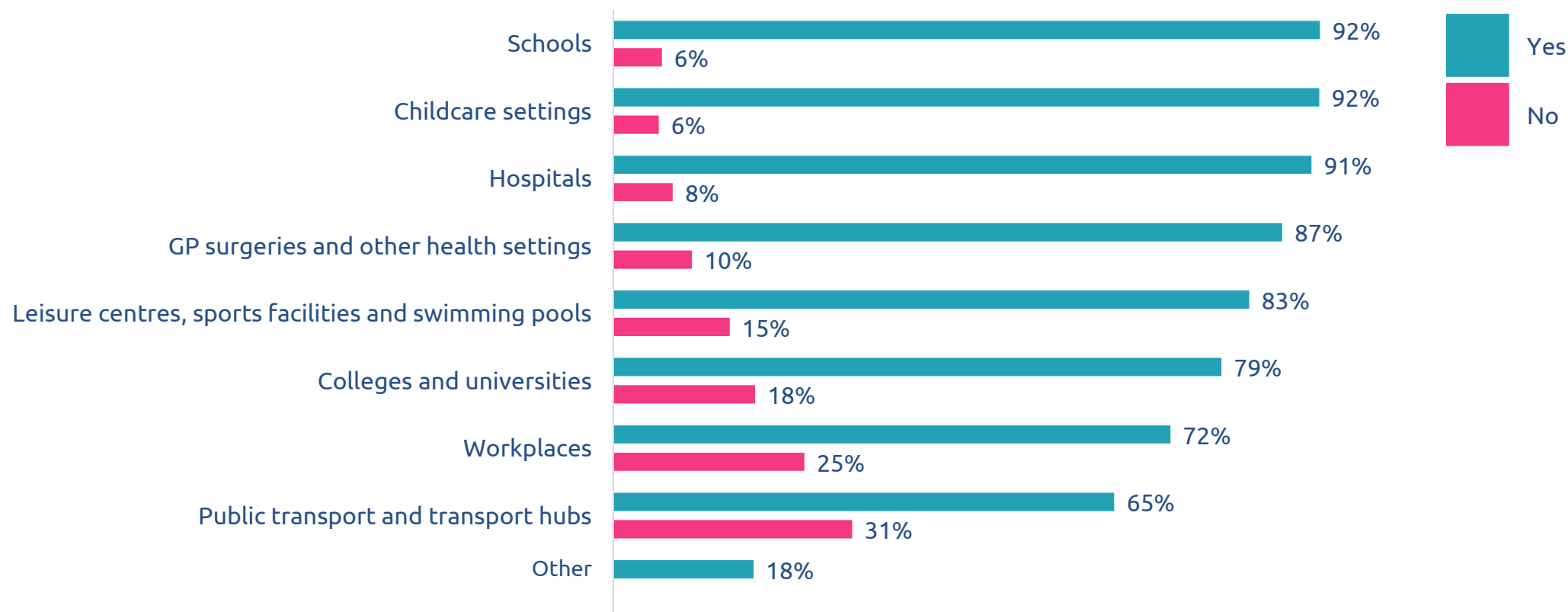
Healthy by default environments

This section sought to understand people's views on making healthier food and drinks the default option in different places.

Healthy by default environments involve making healthier options easier to choose and more widely available to buy, for example, food and drinks that are lower in fat, sugar and salt, and healthier portion sizes.

Healthy by default environments

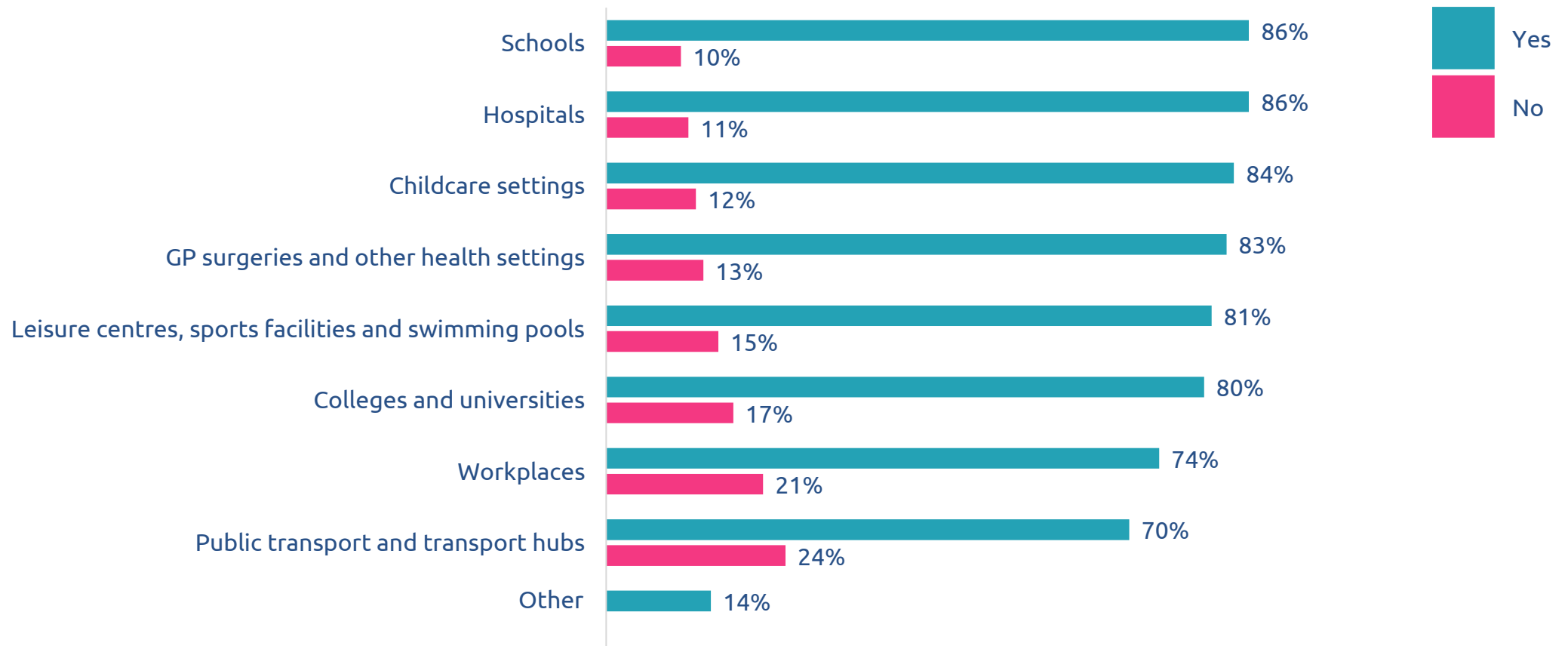
Do you think healthier food and drinks should be the default options in any of the following places?



Themes specified in the 'other' responses included takeaways, supermarkets, vending machines, sport venues, cinemas, motorway services and care homes.
Prefer not to say for each statement: 4% or less

Healthy by default environments

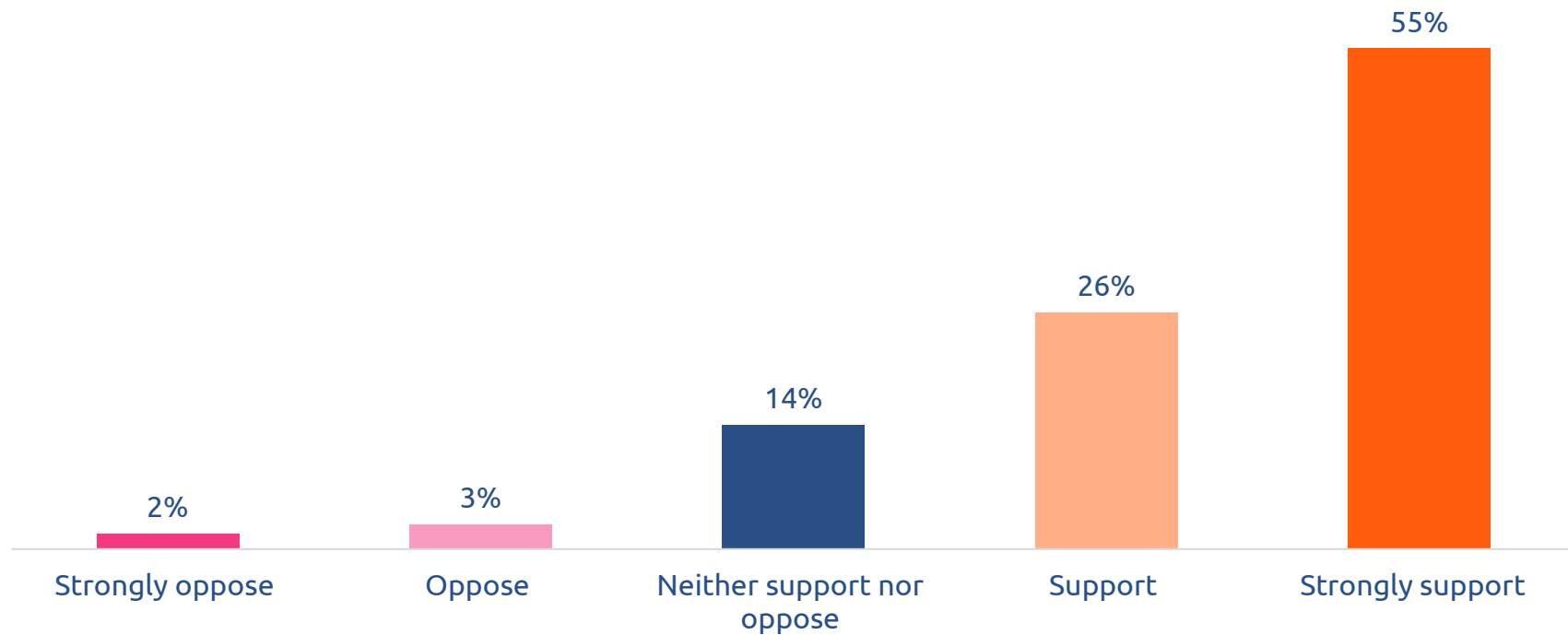
Do you think advertising, special offers and price promotions on healthier food and drinks should be the default in any of the following places?



Themes specified in the 'other' responses included cafes, supermarkets, vending machines, sport venues, petrol stations, event catering and hotels
Prefer not to say for each statement: 4% or less

Healthy by default environments

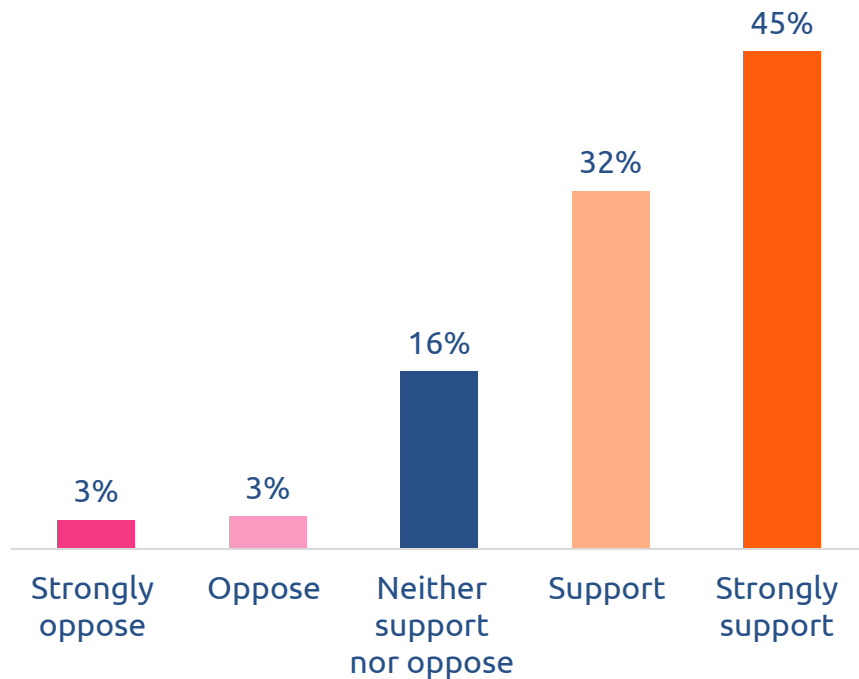
To what extent do you support or oppose publicly funded places (e.g. hospitals, workplaces, schools, leisure centres) having healthier food and drinks as the default options?



Prefer not to say: 1%

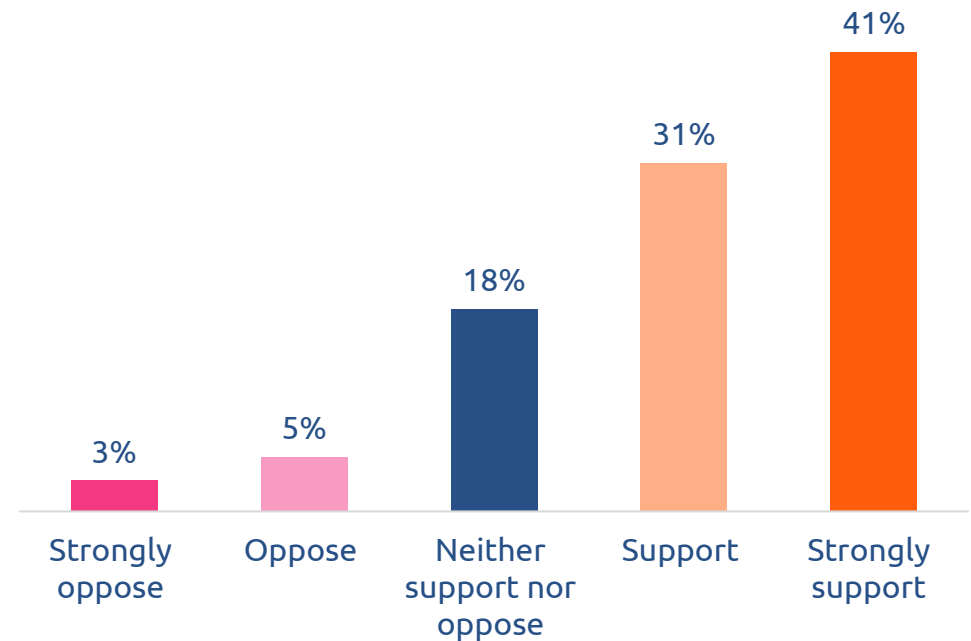
Healthy by default environments

To what extent do you support or oppose making advertising, special offers and price promotions on healthier food and drinks the default (e.g. food and drinks lower in fat, sugar and salt)?



Prefer not to say: 1%

To what extent do you support or oppose making advertising, special offers and price promotions on healthier food and drinks the default, even if it means less advertising, special offers and price promotions on unhealthy food and drinks?



Prefer not to say: 1%



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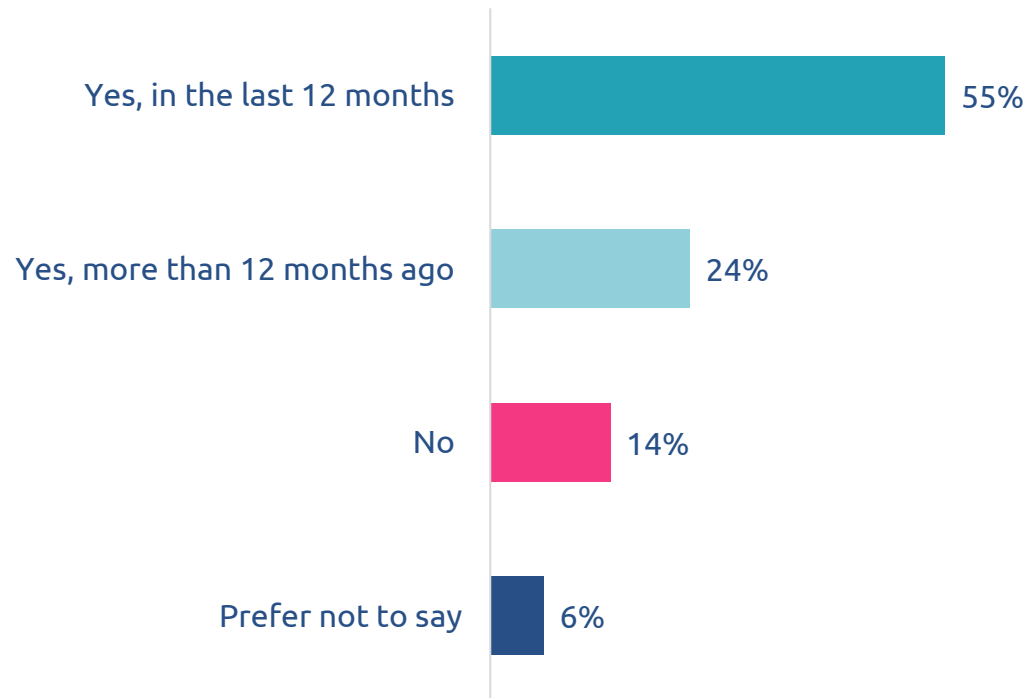
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Sexually transmitted infections

This section sought to understand people's knowledge of sexually transmitted infections (STIs).

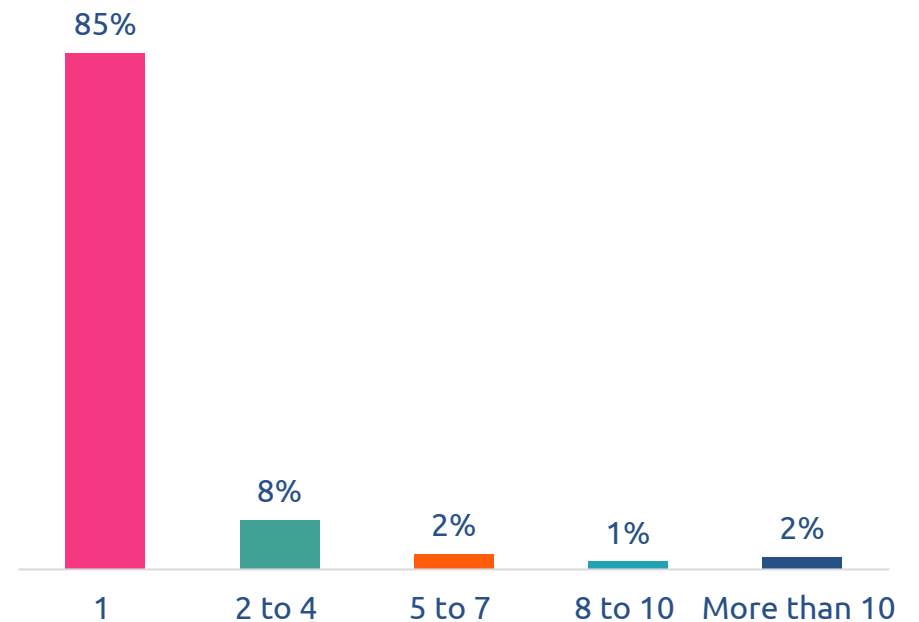
Sexually transmitted infections

Have you ever been sexually active with another person?



Asked to those who have been sexually active in the last 12 months (n = 761, unweighted)

How many sexual partners have you had in the last 12 months?

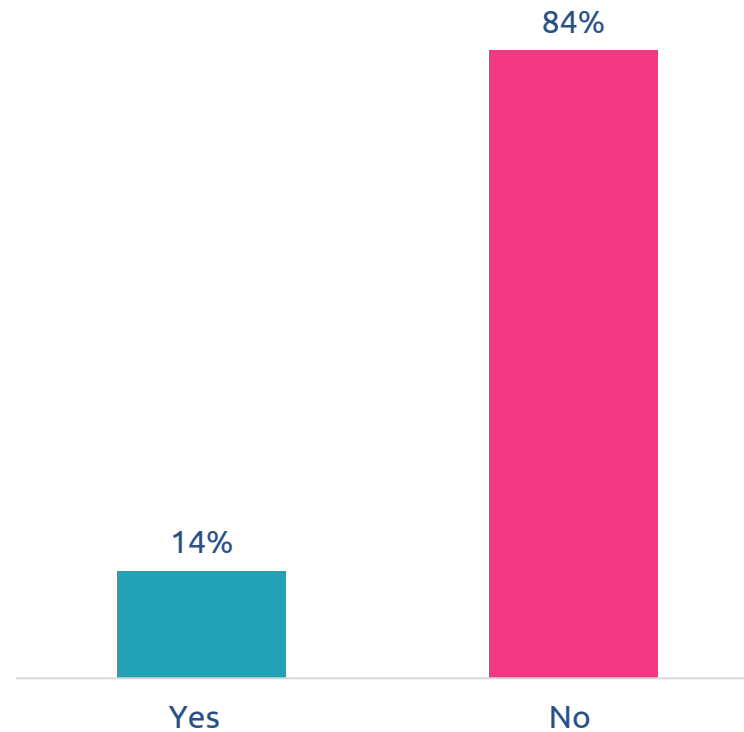


Prefer not to say: 1%

Sexually transmitted infections

Asked to those who have ever been sexually active (n = 1,122, unweighted)

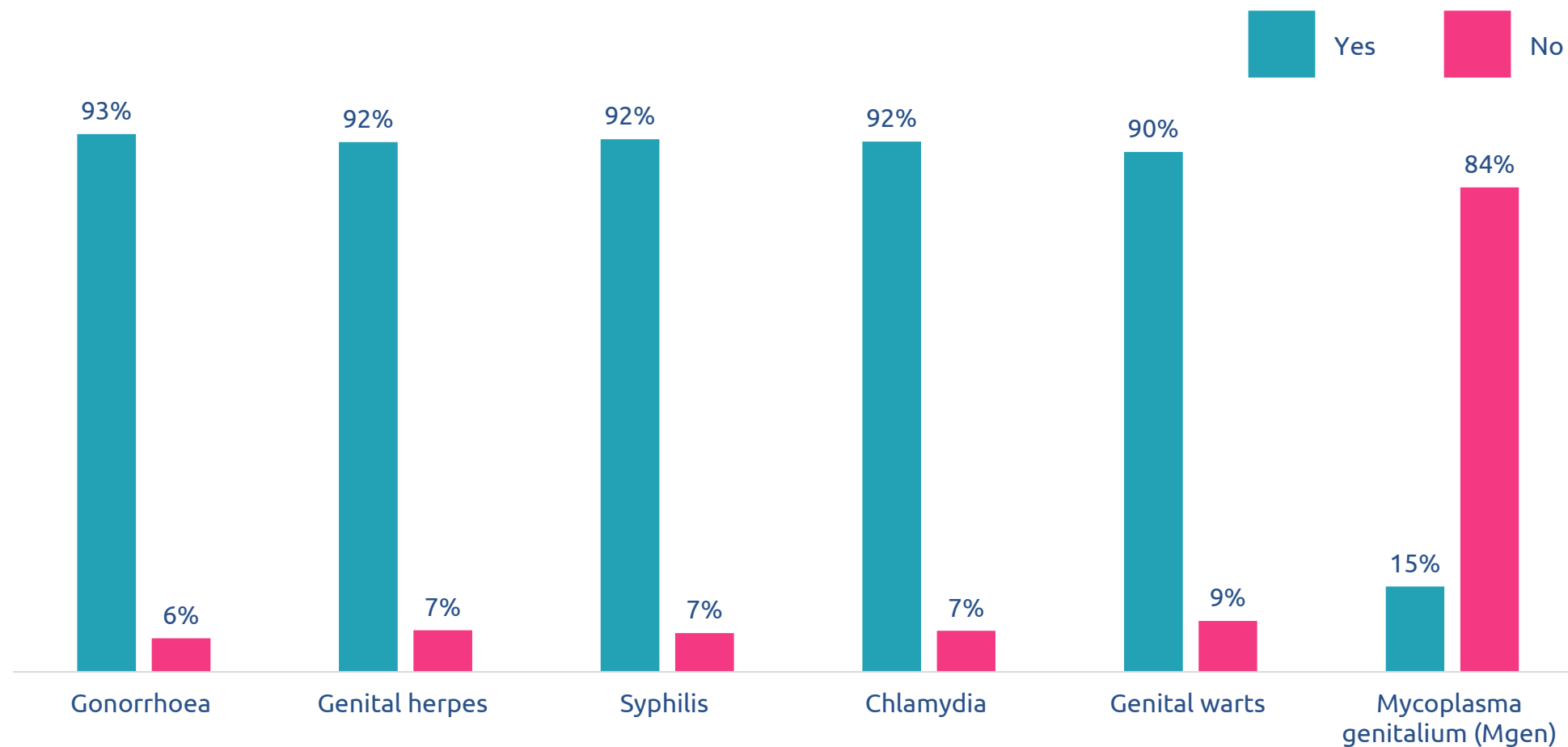
Have you ever had an STI?



Prefer not to say: 2%

Sexually transmitted infections

Here is a list of some STIs. Before today, which of the following had you heard of?



Prefer not to say for each statement: 1%

Sexually transmitted infections

The following are facts about STIs. Before today, which of the following did you know already?

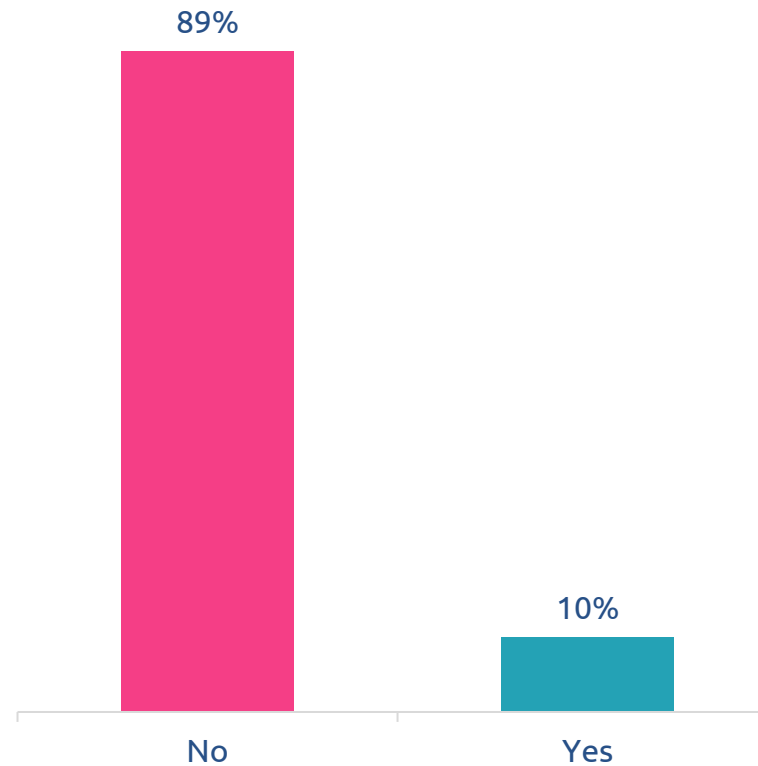
	Yes	No
People can get an STI at any age if sexually active	92%	5%
The harm caused by some STIs can be reduced by early testing and treatment	89%	8%
Someone can have an STI without having any symptoms	86%	11%
Having an STI does not prevent you from getting another one	81%	17%
An STI testing kit can be picked up from community hubs (e.g. pharmacy)	47%	50%
An STI testing kit can be ordered to your home	46%	50%

Prefer not to say for each statement: 4% or less



Sexually transmitted infections

Have you looked for information about STIs in the last 12 months? This could be for yourself or someone else.



Prefer not to say: 1%

Sexually transmitted infections

Which of the following information sources did you use or if you wanted information about STIs, which of the following sources would you use? (Select all that apply)

	Those who have looked for information (n=121; unweighted)	Those who have not looked for information (n=1,290; unweighted)
NHS website	69%	79%
Health websites (e.g. sexual health)	60%	54%
Sexual health clinic	50%	48%
Sexual health voluntary organisations (e.g. Terrence Higgins Trust)	22%	25%
Other websites	17%	14%
Family, friends and colleagues	14%	8%
Health apps	13%	25%
Community organisations (e.g. Fast Track Wales)	9%	8%
GP surgery	7%	56%
Social media (e.g. TikTok, Facebook)	7%	5%
Community pharmacy	3%	26%
Helpline (phone)	2%	13%
Other	7%	3%
I would not know where to look (exclusive response)	-	5%

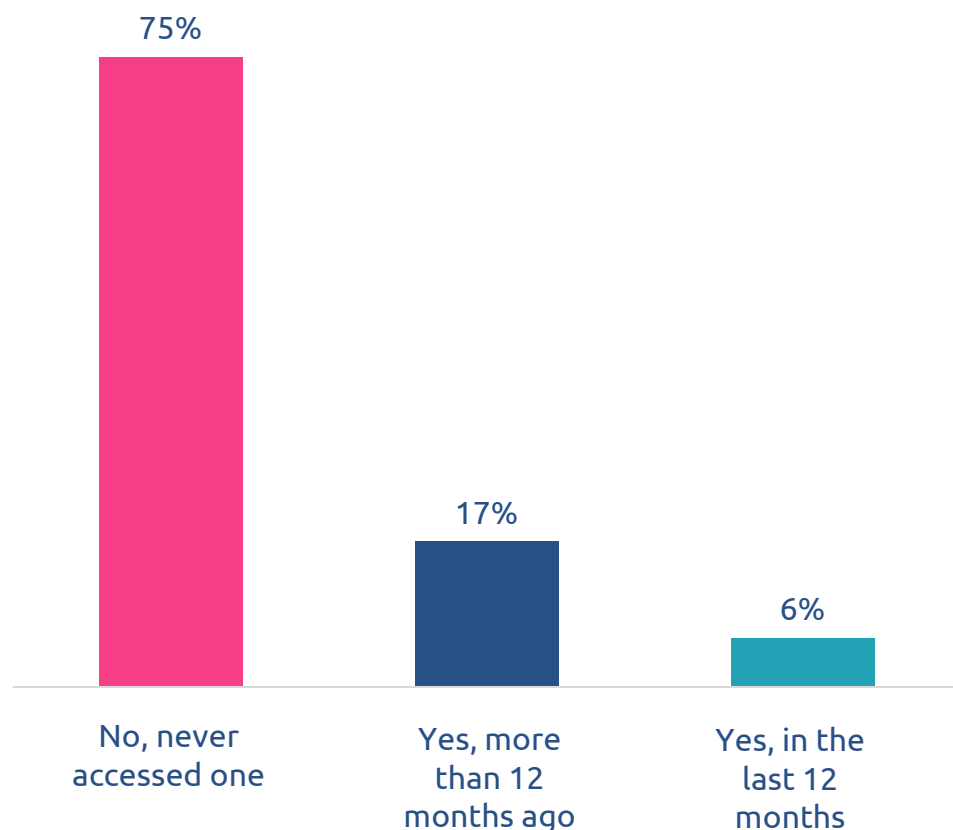
Prefer not to say: 2% or less

Sexually transmitted infections

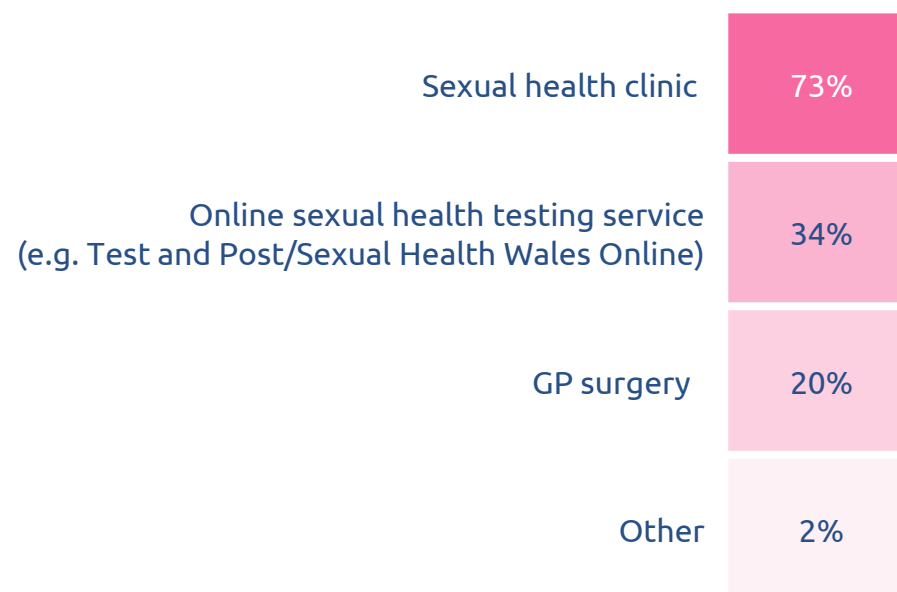
Have you ever accessed a health service about an STI?
This could be for yourself or someone else.

Asked to those who have accessed a health service about an STI (n = 306, unweighted)

Which of the following health service(s) did you access? (Select all that apply)



Prefer not to say: 2%

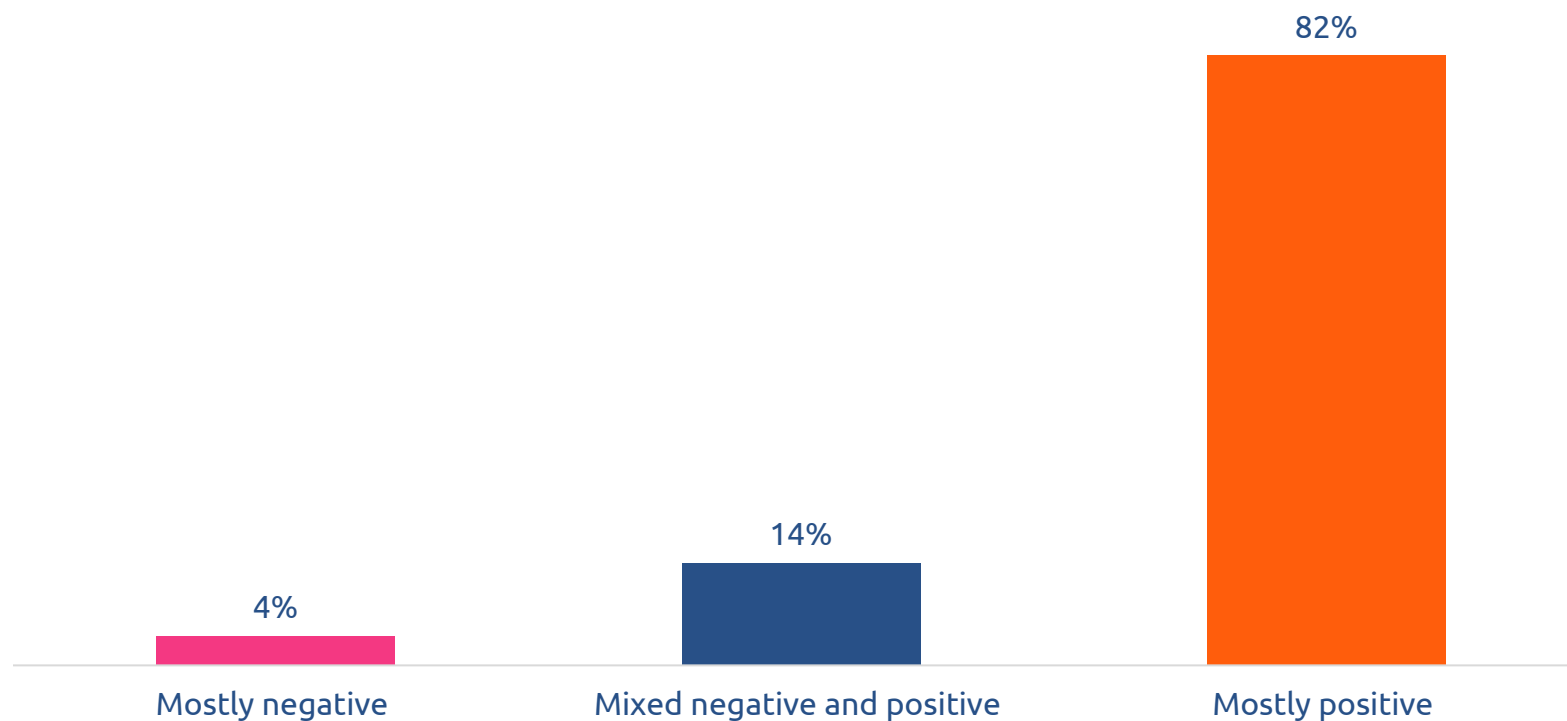


Prefer not to say: 0%

Sexually transmitted infections

Asked to those who have accessed a health service about an STI and listed which health service(s) they used
(n = 306, unweighted)

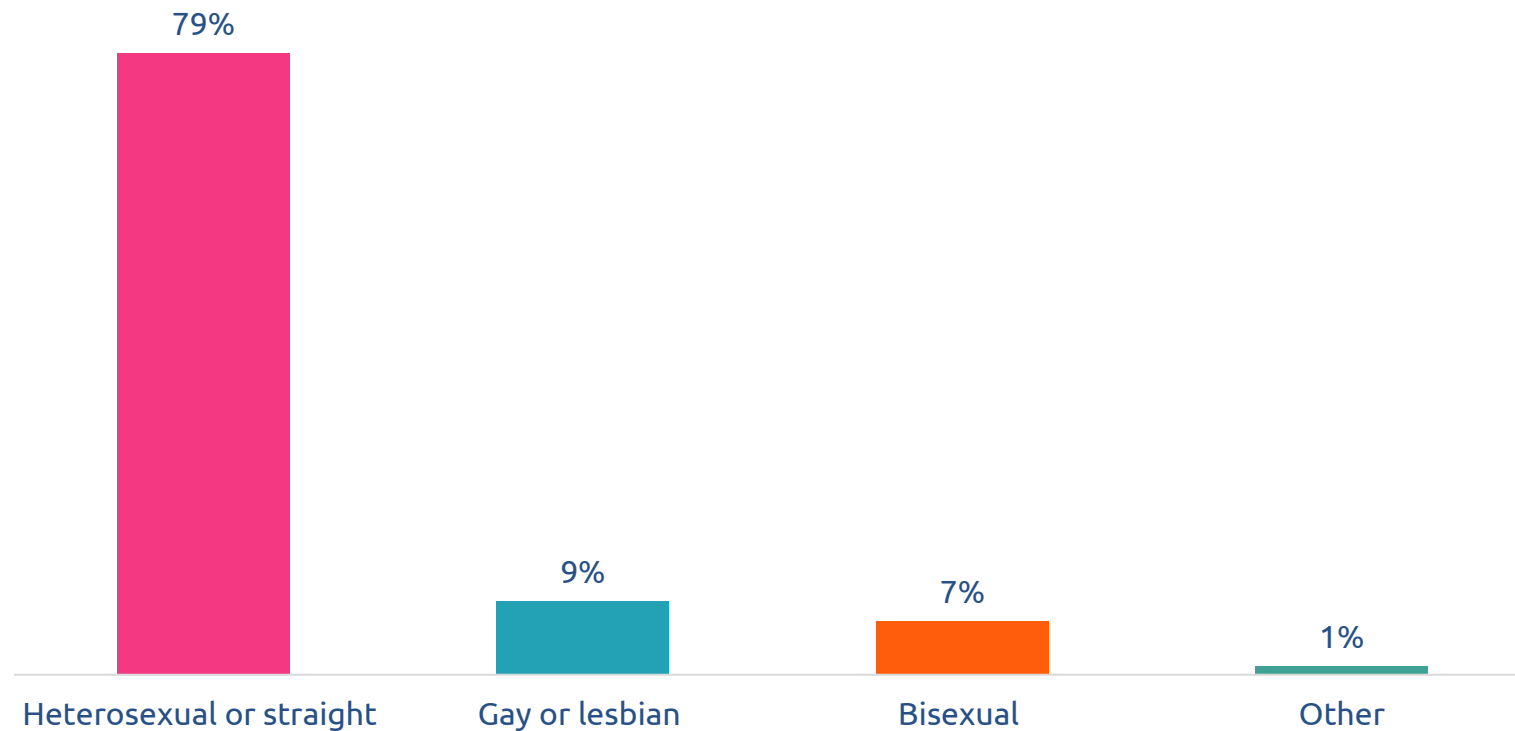
How was your experience of using the health service(s) you accessed?



Prefer not to say: 1%

Sexually transmitted infections

Which of the following best describes your sexual orientation?



Prefer not to say: 4%

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 or over,
this is your opportunity to be heard.**

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Questionnaire Development

The questions used in the June 2026 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 or over)	Panel sample N = 2,500		June 2026 survey sample N = 1,421	
Sex	Male	49%	1,084	43%	646	45%
	Female	51%	1,398	56%	761	54%
	Other	-	18	1%	14	1%
Age group (years)	16 to 29	20%	362	14%	242	17%
	30 to 49	29%	704	28%	363	26%
	50 to 69	32%	835	33%	463	33%
	70 years or over	19%	599	24%	353	25%
Deprivation quintile	1 (Most)	19%	362	14%	197	14%
	2	19%	477	19%	285	20%
	3	21%	527	21%	304	21%
	4	21%	552	22%	288	20%
	5 (Least)	20%	582	23%	347	24%

Note. Panel sample numbers show the people on the panel who were invited to take part in the June 2026 survey. Population data retrieved from [Lower layer Super Output Area population estimates \(supporting information\) - Office for National Statistics](#) (mid-2024; opens in new window); Deprivation quintile data from [the Welsh Index of Multiple Deprivation \(2025\)](#) (opens in new window). Due to lack of participation in three consecutive surveys, 696 people were removed from the panel. This process was outlined to panel members in the joining material.

Demographics

		Population (16 years or over)	Panel sample N = 2,500		June 2026 survey sample N = 1,421	
Ethnicity	White	95%	2,410	96%	1,368	96%
	Mixed/Multiple Ethnic Groups	1%	20	1%	23	2%
	Asian, Asian Welsh or Asian British	2%	13	1%	14	1%
	Black, African, Caribbean, Black Welsh or Black British	1%	38	2%	4	Less than1%
	Other Ethnic Group	1%	13	1%	9	1%
	Prefer not to say	-	6	Less than1%	3	Less than1%
Health Board	Aneurin Bevan UHB	19%	428	17%	222	16%
	Betsi Cadwaladr UHB	22%	499	20%	287	20%
	Cardiff and Vale UHB	16%	452	18%	267	19%
	Cwm Taf Morgannwg UHB	14%	354	14%	199	14%
	Hywel Dda UHB	12%	360	14%	202	14%
	Powys Teaching HB	4%	110	4%	59	4%
	Swansea Bay UHB	12%	297	12%	185	13%

Note. [Population estimates by ethnicity](#) (opens in new window) retrieved from UK Data Service. [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.

Participants (N = 1,421) who completed the June 2026 survey, were recruited via the following methods:

Recruitment method	n	%
Online	1152	81%
Telephone	130	9%
Face-to-face (panel)	90	6%
Face-to-face (one-off)	49	3%

Participants (N = 1,421) who completed the June 2026 survey, completed via the following methods:

Participation method	n	%
Online	1276	90%
Telephone	38	3%
Face-to-face	107	8%



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