



National Survey for Wales, 2017-18: Healthcare Services (non-GP) and medicines

11 September 2018
SB 56/2018

In 2017-18 the National Survey for Wales covered the use of a range of health-related services beyond those normally provided in the context of a GP practice or hospital. This bulletin covers many of these associated healthcare services including people's use of dentists, opticians, and out of hours GP services. It also presents results on use of medicines, drug support services, and tattoos and piercings.

Key findings

Healthcare providers

- 68% of people had visited a dentist in the last 12 months
- 50% had visited an optician in the last 12 months
- 8% had seen an out of hours GP or GP nurse
- 14% had used NHS Direct Wales

Medicines

- In the previous 4 weeks, 54% of people had purchased conventional medicines
- 52% were receiving a long-term prescription (more than 12 months)



Drug support services

- Overall 81% of adults felt they were well-informed about drugs the effect of drugs.
- People were most likely to seek advice on drugs from parents, friends or their GP. They were less likely to use online services

Tattoos and piercings

- Overall 52% of adults have a piercing, 29% have a tattoo
- 58% of people aged 64 and under have a piercing
- 35% of those aged 64 and under have a tattoo



About this bulletin

This bulletin provides more detailed analysis of the healthcare services questions many of which were asked for the first time in 2017-18

The full questionnaire is available on the [National Survey web pages](#).

Additional tables of results can be accessed via the [Results viewer](#).

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Introduction

This bulletin covers mainly health-related services beyond those normally provided in the context of a GP practice or hospital. Specifically it relates to ancillary services provided by pharmacists, dentists and opticians, as well as non-clinical cosmetic treatments.

There are a range of initiatives that are relevant to the results covered here.

[A Healthier Wales: our plan for Health and Social Care](#) is a long-term Welsh Government plan which focuses on providing more joined-up services, in community settings. The intention is to create better care locally, with support and treatment available across a range of community-based services. An intended benefit of this shift is that when hospital based care is needed it can be accessed more quickly.

The [NHS Wales Delivery Framework 2017-2018](#) has been developed to measure and monitor the health of the Welsh population and their experience of health services. Themes relevant to this bulletin are:

- Staying healthy: People should be well informed and supported to manage their own health.
- Safe care: People should be protected from harm and supported to protect themselves from harm.
- Timely care: People should have timely access to services based on clinical need and should be actively involved in decisions about their care plan.
- Individual care: People should be treated as individuals with their own needs and responsibilities.

In 2014 the National Primary Care Plan was implemented in order to make changes to how community-based health provision is delivered.

Since 1 April 2007, prescription medicines have been provided free of charge in Wales. Non-prescription medications can still be bought over-the-counter without GP consultation. In relation to tattoos and piercings, the [Public Health \(Wales\) Act 2017](#) includes provision for the creation of a new mandatory licensing system for practitioners of special procedures in Wales (body piercing, electrolysis, acupuncture and tattooing) that will provide protection from the risks of infection resulting from those procedures. It is expected that legislation on this will be implemented in April 2020.

Healthcare providers

Since 2016-17 the National Survey for Wales has included a number of questions previously asked in other surveys – such as the Welsh Health Survey (WHS) – which cover the use of healthcare services other than those provided by family doctors/GPs. These services may have been accessed via the NHS or privately and include:

- Dentists
- Opticians
- Pharmacies
- Out of Hours GP services
- GP surgery nurse
- Podiatrist/Chiropodist.

In 2017-18, 69% of people visited a pharmacist in the past 12 months, 68% visited a dentist, and 50% visited an optician. Although not directly comparable (due to a change in methodology), these levels of use are broadly similar to those reported from the WHS in previous years.

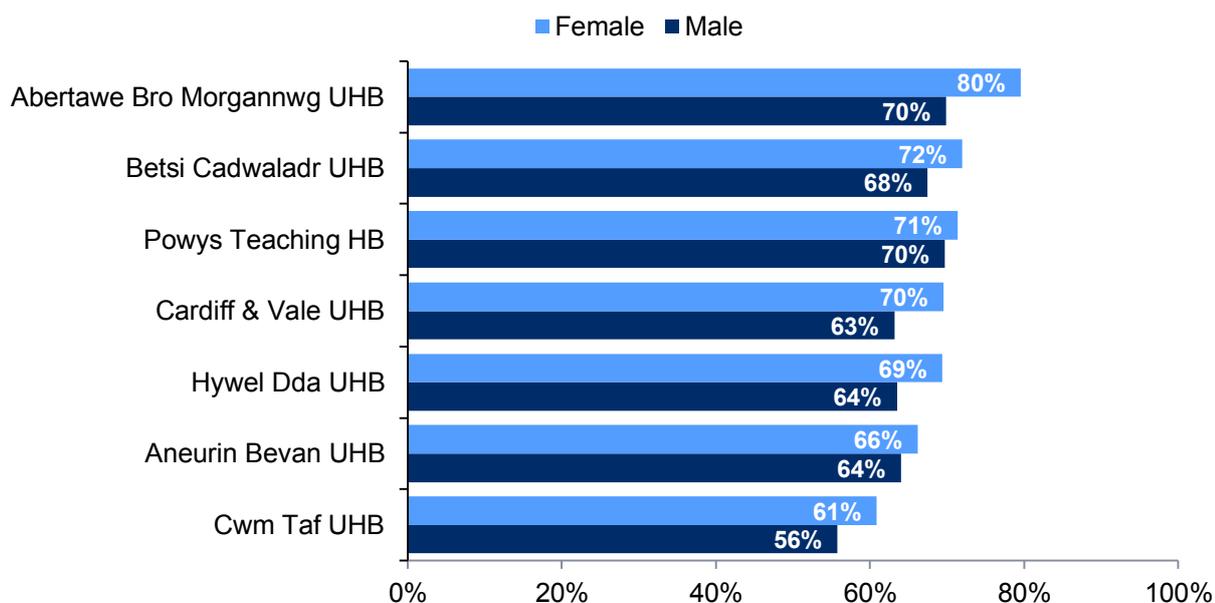
Overall, women were more likely than men to have used non-GP primary care services. For services such as pharmacists, opticians, and chiropodists, the percentage of people reporting to have used them increased with age.

8% of people had visited an out of hours GP or GP nurse in the previous 12 months. This is similar to levels of use recorded in the past from the WHS.

NHS Direct Wales provides health advice online and by phone. In 2017-18, 14% of adults reported having used NHS Direct Wales in the past 12 months (11% of men and 16% of women). People aged 25 to 44 were the age group most likely to have used NHS Direct Wales, with 22% having done so, compared with 7% of those aged 65 to 74. Also available is the '111' advice service, again provided online or by phone. Around 3% of people had used this, with no difference in use between men and women.

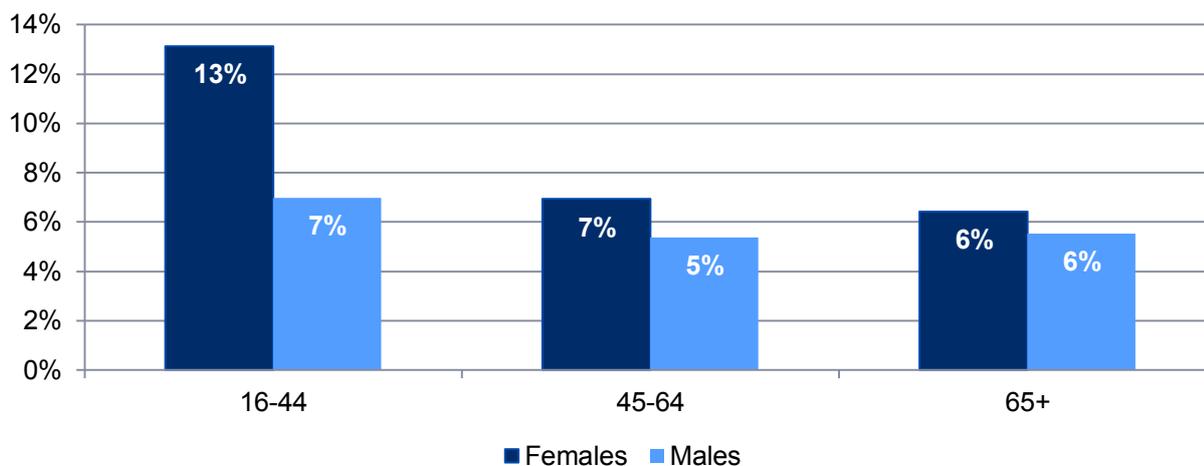
People aged 24 and under, and those aged 75 and over were less likely to have visited a dentist in the previous 12 months than other age groups. Those living in the least deprived areas were more likely to have visited a dentist than those in the most deprived areas. Chart 1 shows that the proportion of dental visits also varies by gender and local health board. Abertawe Bro Morgannwg had the highest proportion of visits to the dentist for both men and women, but with women more likely to visit than men (80% and 70% respectively). Cwm Taf health board had the lowest proportion of people visiting the dentist: 61% of women and 56% of men.

Chart 1: Visits to dentist in past 12 months, by gender and local health board



Use of health services, and out of hours services in particular can vary by age and gender, as shown in Chart 2. People aged under 45 were more likely than older people to have used out of hours GP services. For all age groups women were more likely than men to have done so.

Chart 2: Out of Hours GP or GP nurse services, by age and gender



Further analysis – Out of hours GP and GP nurse services

Cross-analysis indicates that various factors such as age group, general health and urban/rural classification may be associated with use of non-GP healthcare services. However, these factors are often also linked to each other (for example, older people are more likely to be in poor health). To get a clearer understanding of the effect of each individual factor we used statistical methods to separate out the individual effect of each factor on people's use of services. These methods allow us to look at the effect of one factor while keeping other factors constant – sometimes called “controlling for other factors”¹. Various factors can be considered, including age, gender, and deprivation.

¹ This method is known as logistic regression. Information about the method can be found in [Regression analysis](#)

When controlling for other factors, we found that women and people aged under 45 are more likely to use out of hours services. Service use was not found to be related to household material deprivation, or to area levels of health deprivation as measured by the Welsh Index of Multiple Deprivation (WIMD). The survey records illnesses for all respondents which are identified and reported by respondents themselves. Presence of illnesses is not verified by practitioners. The following health problems are most linked to whether someone had used out of hours GP or GP nurse services:

- skin complaints
- digestive system illnesses
- mental health problems.

In addition, age and gender continue to be related to use of out of hours GP and GP nurse services when these conditions are controlled for. Also, having an illness that limits people's day-to-day activities was also found to be related to use of these services.

Separately, further analysis was used to compare use of out of hours services, with that of the 111 phone service or NHS Direct Wales. We found that use of both of these services was related to use out of hours GP or GP nurse services, however use of the 111 phone service was more strongly related than use of NHS Direct Wales. Nevertheless this analysis does not establish timing of use, i.e. whether these services were used *before* a visit to an out of hours GP or GP nurse.

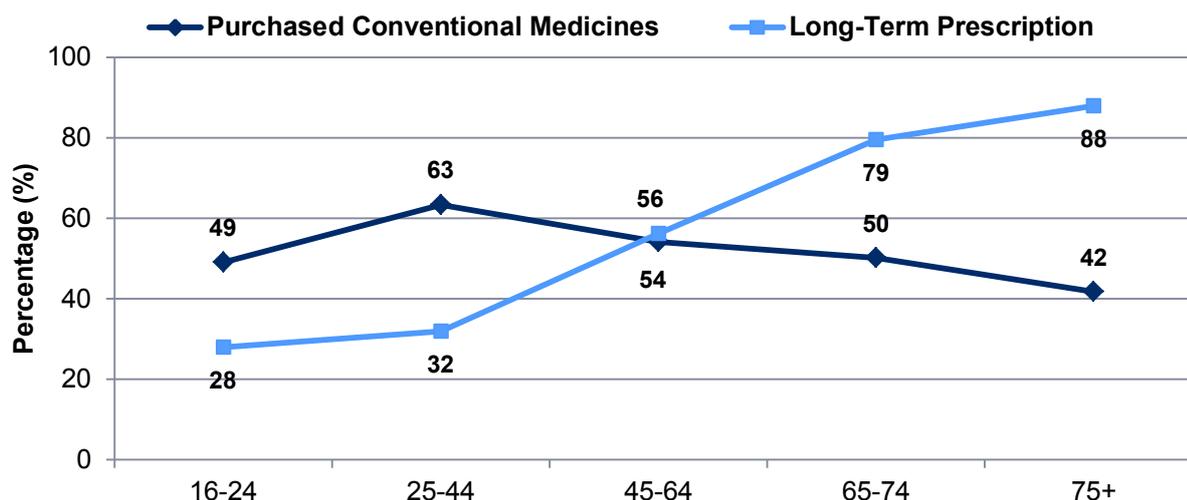
Use of medicines²

The survey found that over 50% of people had purchased conventional medicines in the previous four weeks. The figure was substantially higher for women (60%) than for men (48%). Around 20% of people had purchased vitamin supplements in the past four weeks, and 5% had bought herbal medicines.

52% of adults had been taking medicine on prescription for more than a year in 2017-18. This compares with 55% of adults recorded in the last tranche of the WHS (2015). For men and women the equivalent figures were 46% and 58% respectively in 2017-18. Use of long-term medication also increased with age, as shown in the [further analysis](#).

² Use of medicines questions - whether purchased 'over the counter' or provided on prescription – were previously asked in the Welsh Health Survey. However, results are not directly comparable.

Chart 3: Adults purchasing conventional medicine over the counter in previous 4 weeks, or taking prescription medicines for more than a year



Purchase of conventional medicine decreases with age, but older people are more likely to be taking long-term prescription medicines (see Chart 3).

Further analysis – use of long-term prescriptions

The wide range of other information that is collected in the National Survey enables us to look further into trends in the use of long-term prescription medicines, and possible reasons for the change in use by age. For example many illnesses are age-related, but by using statistical methods to control for a range of factors simultaneously it is possible to understand how much age on its own is linked with prescription use. Using a similar approach to that used for out of hours services³, we found that of the range of illnesses recorded in the National Survey, the most strongly linked with use of long-term prescriptions are chronic diseases such as:

- endocrine and metabolic diseases (e.g. diabetes)
- heart and circulatory diseases
- blood and related organ illnesses
- respiratory illnesses
- mental disorders.

Whilst some of these conditions become more common with age, analysis showed that they are strongly linked to use of long-term prescriptions even when age has been taken into account. Use of long-term prescriptions was not found to be associated with material deprivation.

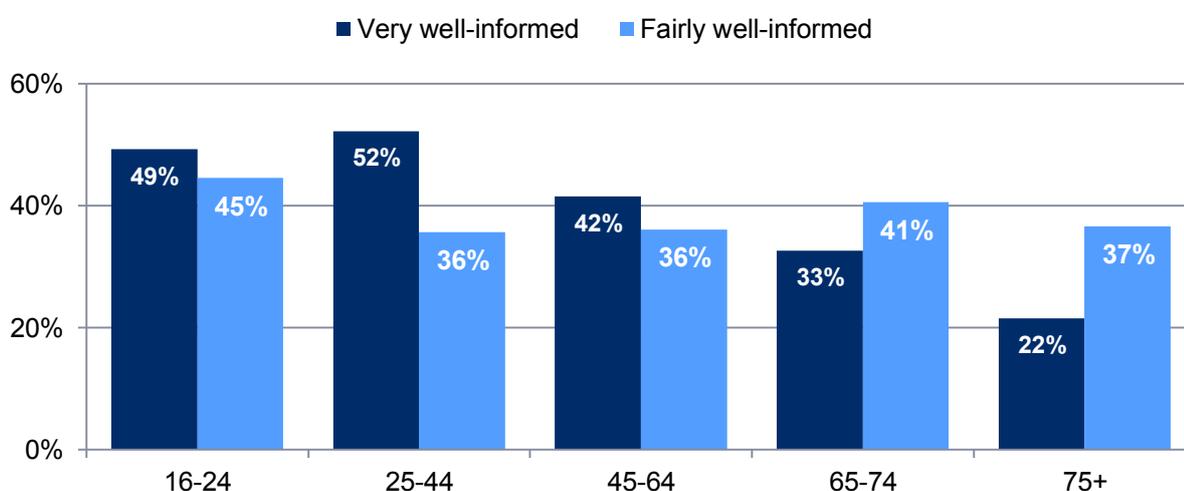
³ Again, the method used is logistic regression. Information about the method can be found in [Regression analysis](#)

Drug support services

2017-18 was the first year that the National Survey for Wales included questions on how well-informed people were about non-prescribed drugs and their likely use of drug advice services. These questions were answered as self-completion, with respondents entering their answers onto the interviewer's laptop computer rather than the interviewer asking the questions and recording answers.

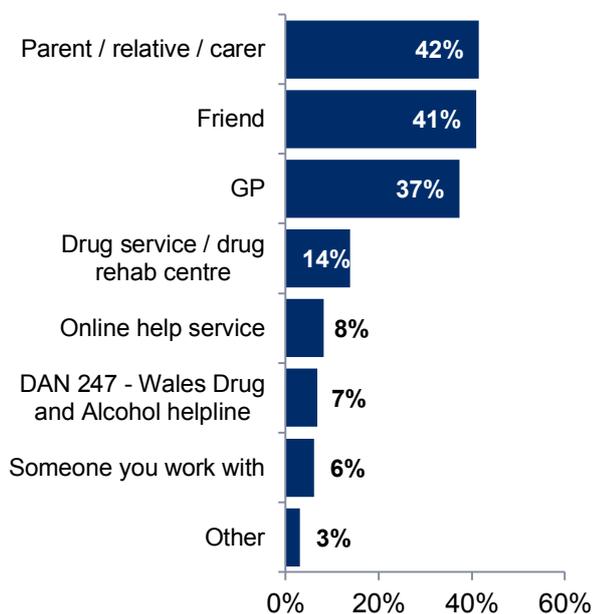
81% of adults felt they were fairly or very well-informed about the effects of drugs, with no difference in the results for men and women. Chart 4 shows that the overall percentage of adults for whom this was the case decreased by age, from 94% of 16-24 year olds to 59% of those aged 75 and over. In addition, 85% of parents felt they were fairly or very well-informed about the effects of drugs.

Chart 4: People In Wales who say they are well-informed about the effects of drugs



People were asked where they would seek help if they were using or thinking of using drugs. Chart 5 shows that 42% said they would seek advice from a parent or relative, 41% from friends, and 37% from their GP. People were less likely to use telephone and online support services.

Chart 5: Sources of help adults would seek when using or thinking of using drugs



Piercings and tattoos

In 2017-18 the National Survey for Wales included questions on whether people had received any cosmetic treatments such as piercings and tattoos, and when.

52% of people had a piercing, with those aged under 65 more likely to have one (as shown in Chart 6). Figures include ear piercings. Women were most likely to have a piercing (79% compared with 25% of men). 15% of people with piercings had had their most recent piercing within the last 2 years.

29% of people said they had a tattoo, with 45% of the 25-44 age group having one. 32% of people with tattoos reported receiving their most recent tattoo in the last 2 years.

Chart 6: Piercings and tattoos by age group

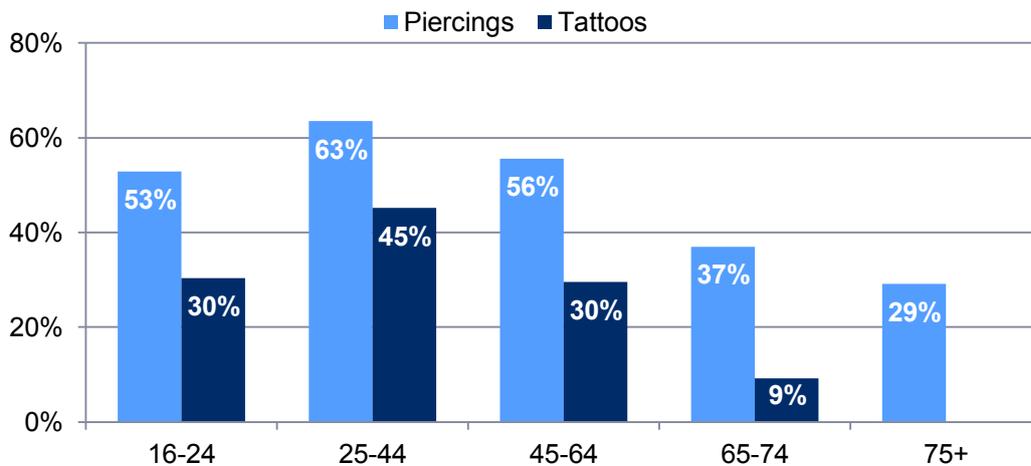
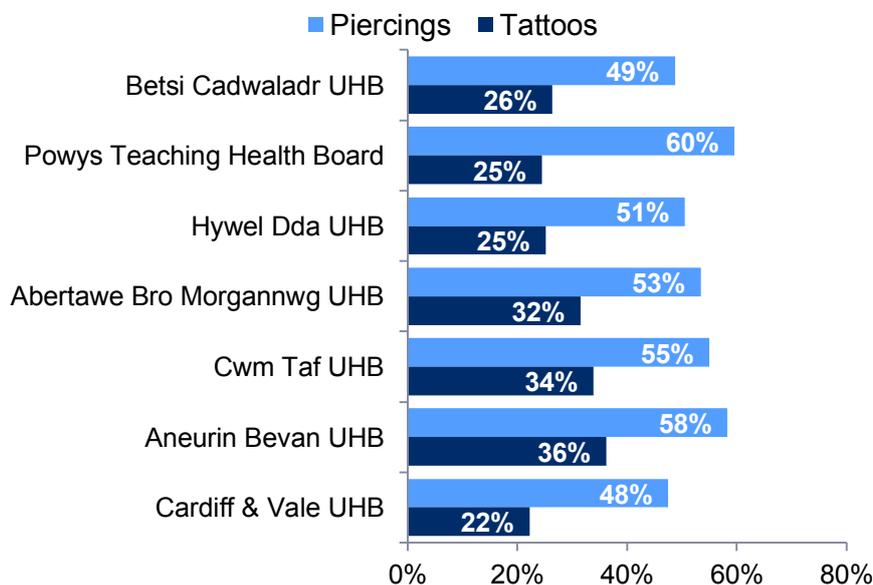


Chart 7 illustrates the variation across health boards. 60% of people in Powys health board area had a piercing compared with 48% in Cardiff and Vale health board area. The highest proportion of people with tattoos was in Aneurin Bevan health board area (36%) and the lowest proportion was in Cardiff and Vale health board area (22%).

Chart 7: People with piercings and tattoos by local health board area



60% of people in Powys health board area had a piercing compared with 48% in Cardiff and Vale health board area. The highest proportion of people with tattoos was in Aneurin Bevan health board area (36%) and the lowest proportion was in Cardiff and Vale health board area (22%).

Chart 8: People with piercings and tattoos by WIMD⁴ area deprivation

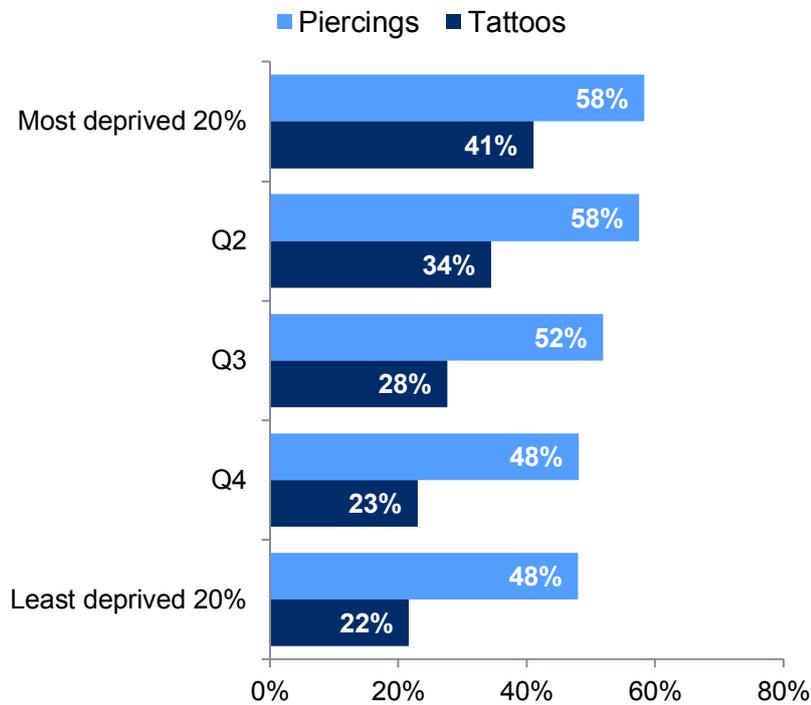


Chart 8 shows the percentage of people with piercings and tattoos by area deprivation. This indicates that on average those living in more deprived areas were more likely to have a piercing or tattoo than those in less deprived areas. Similarly those living in material deprivation are more likely to have a tattoo or piercing than those not living in material deprivation.

⁴ WIMD – see [Terms and Definitions](#)

Terms and definitions

Welsh Index of Multiple Deprivation (WIMD)

The WIMD is used as the official measure of area deprivation in Wales. Deprivation is a wider concept than poverty. Deprivation refers to wider problems caused by a lack of resources and opportunities. The WIMD is constructed from eight different types of area deprivation. These are: income, housing, employment, access to services, education, health, community safety and physical environment. Wales is divided into, 1,909 Lower-Layer Super Output Areas (LSOA) each having about 1,600 people. Deprivation ranks have been worked out for each of these areas: the most deprived LSOA is ranked 1, and the least deprived 1,909. For this bulletin, we have grouped the people living in the 20% of LSOAs that are most deprived based on WIMD score and compared them against the 20% of the LSOAs that are least deprived – see also Material Deprivation below.

Material deprivation

Material deprivation is a measure which is designed to capture the consequences of long-term poverty on households, rather than short-term financial strain.

Non-pensioner adults were asked whether they had things like 'a holiday away from home for at least a week a year', 'enough money to keep their home in a decent state of decoration', or could 'make regular savings of £10 a month or more'. The questions for adults focussed on whether they could afford these items. These items are really for their 'household' as opposed to them personally which is why they were previously called 'household material deprivation'.

Pensioners were asked slightly different questions such as whether their 'home was kept adequately warm', whether they had 'access to a car or taxi, when needed' or whether they had their hair done or cut regularly'. These also asked whether they could afford them, but also focussed on not being able to have these items for other reasons, such as poor health, or no one to help them etc. These questions were less based on the household and more about the individual.

Those who did not have these items were given a score, such that if they didn't have any item on the list, they would have a score of 100, and if they had all items, they had a score of 0. Non-pensioners with a score of 25 or more were classed as deprived and pensioners with a score of 20 or more were classed as deprived.

Parents of children were also asked a set of questions about what they could afford for their children.

In this bulletin the non-pensioner and pensioner measures of deprivation are combined to provide an 'adult' deprivation variable. The terms 'adult' and 'household' deprivation may be used interchangeably depending on context.

Key quality information

Background

The National Survey for Wales is carried out by the Office for National Statistics on behalf of the Welsh Government. The results reported in this bulletin are based on interviews completed between 1 April 2017 and 31 March 2018.

23,517 addresses were chosen randomly from the Royal Mail's Small User Postcode Address File. Interviewers visited each address and randomly selected one adult (aged 16+) in the household. They then carried out a 45-minute face-to-face interview, covering a range of views, behaviours, and characteristics. A total of 11,381 interviews were achieved with a response rate of 54.5%.

More information on the method is available in the [technical report](#).

Interpreting the results

Figures quoted in this bulletin are based on only those respondents who provided an answer to the relevant question. Some topics in the survey were only asked of a sub-sample of respondents and other questions were not asked where the question was not applicable. Missing answers can also occur for several reasons, including a refusal or an inability to answer a particular question.

Where a relationship has been discussed between two factors, this does not mean it is a causal relationship. More detailed analysis is required to identify whether one factor causes change in another, or if other factors are actually more important.

The results are weighted to ensure that the results reflect the age and sex distribution of the Wales population.

Quality report

A summary [Quality report](#) is available, containing more detailed information on the quality of the survey as well as a summary of the methods used to compile the results.

Sampling variability

As with any survey, estimates from the National Survey are subject to a margin of uncertainty. Part of the uncertainty comes from the fact that any randomly-selected sample of the population will give slightly different results from the results that would be obtained if the whole population was surveyed. This is known as sampling error. Confidence intervals can be used as a guide to the size of the sampling error. These intervals are calculated around a survey estimate and give a range within which the true value is likely to fall. In 95% of survey samples, the 95% confidence interval will contain the 'true' proportion for the whole population (that is, the proportion we would get if the survey covered the entire population). In general, the smaller the sample size the wider the confidence interval. Confidence intervals are included in the tables of survey results published in our [Results viewer](#).

The National Survey is also subject to a range of other sources of error: for example, due to non-response; because respondents may not interpret the questions as intended or may not answer accurately; and because errors may be introduced as the survey data is processed. These kinds of error are known as non-sampling error, and are discussed further in the [Quality report](#).

Significant differences

Where the text of this release notes a difference between two National Survey results, we have checked to ensure that the confidence intervals for the two results do not overlap. This suggests that the difference is statistically significant, i.e. that there is less than a 5% (1 in 20) chance of obtaining these results if there is no difference between the same two groups in the wider population.

Checking to see whether two confidence intervals overlap is less likely than a formal statistical test to lead to conclusions that there are real differences between groups. That is, it is more likely to lead to "false negatives": incorrect conclusions that there is no real difference when in fact there is a difference. It is also less likely to lead to "false positives": incorrect conclusions that there is a difference when there is in fact none. Carrying out many comparisons increases the chance of finding false positives. Therefore, when many comparisons are made the conservative nature of the test is an advantage because it reduces (but does not eliminate) this chance.

Where National Survey results are compared with results from other sources, we have not checked that confidence intervals do not overlap.

Regression analysis

We separately considered factors likely to have an influence on out of hours GP or GP nurse services and use of long-term prescriptions using the relevant regression models. In each case the selection of the initial variables used in the regression was based on the results from cross-analysis, policy direction, and the practicality of using the variable. The results for some factors were only available for a sub-sample of respondents. For this reason some variables/factors were omitted from the investigation. The final models consisted of those factors that remained significant even after holding the other factors constant. These significant factors are those that have been discussed in this bulletin and the use of regression analysis is indicated by the statement that we have 'controlled for other factors'. It is worth noting that had a different range of factors been available to consider from the survey, then some conclusions about which factors were significant may have been different.

More details on the methodology used in the regression analysis in this report are available in the [Technical Report: Approach to regression analysis and models produced](#).

National Statistics status

The [United Kingdom Statistics Authority](#) has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the [Code of Practice for Statistics](#).

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Further details

The document is available at:

<https://gov.wales/statistics-and-research/national-survey/?tab=current&lang=en> .

The [first release](#) for the survey was published on 20 June 2018.

More detailed information on the survey methodology is set out in the [Technical report](#) for the survey.

Next update

Not a regular output.

We want your feedback

We welcome any feedback on any aspect of these statistics, which can be provided by email to surveys@gov.wales

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