National Survey for Wales, 2018-19
GPs, hospitals and out of hours services

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SB 4/2020

In 2018-19 the National Survey for Wales included questions about people's use of and satisfaction with NHS Wales services. These included our regular questions about GP and hospital services, as well as a new set of questions about GP out of hours services. This bulletin presents the results.

Main points

In 2018-19:

- 93% of people were satisfied with the care received from the GP. 96% felt they were treated with dignity and respect at their GP appointment.

- The most common reasons people felt it was difficult to make a convenient GP appointment included feeling there was a long wait and that an early morning phone call was needed.
- 15% of people had used GP out of hours services in the previous 12 months. Those most likely to have done so were women, people aged 25-44, people with bad or very bad health, and people with children in the household.
- 84% of people who had used GP out of hours services were satisfied with them.
- 94% of hospital outpatients were satisfied with the care they received at their hospital appointment, as were 89% of inpatients.

About this bulletin

This bulletin provides more detailed analysis of the 2018-19 results for the questions on **GPs, hospitals and GP out of hours services**. It also compares results over time.

The full questionnaire is available on the National Survey web pages.

More tables can be found in the Results viewer.

In this bulletin

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Introduction

Taking Wales Forward, the Welsh Government's programme for government, includes an aim to provide people with access to good quality, timely care as close to home as appropriate. Plans to achieve this are set out in Prosperity for All, the national strategy, and A Healthier Wales, the long-term plan for health and social care.

The NHS Wales Delivery Framework 2018-2019 has been developed to measure and monitor the health of the Welsh population and their experience of health services in Wales. The framework sets out many aims; the most relevant to this bulletin are:

- Staying healthy – people in Wales are well informed and supported to manage their own health;
- Dignified care – people in Wales are treated with dignity and respect and treat others the same;
- Timely care – people in Wales have timely access to services based on clinical need and are actively involved in decisions about their care plan; and
- Individual care – people in Wales are treated as individuals with their own needs and responsibilities.

In 2018-19, the National Survey for Wales asked a new set of questions on GP out of hours services in order to gauge public perception of provision of, and satisfaction with, out of hours services.

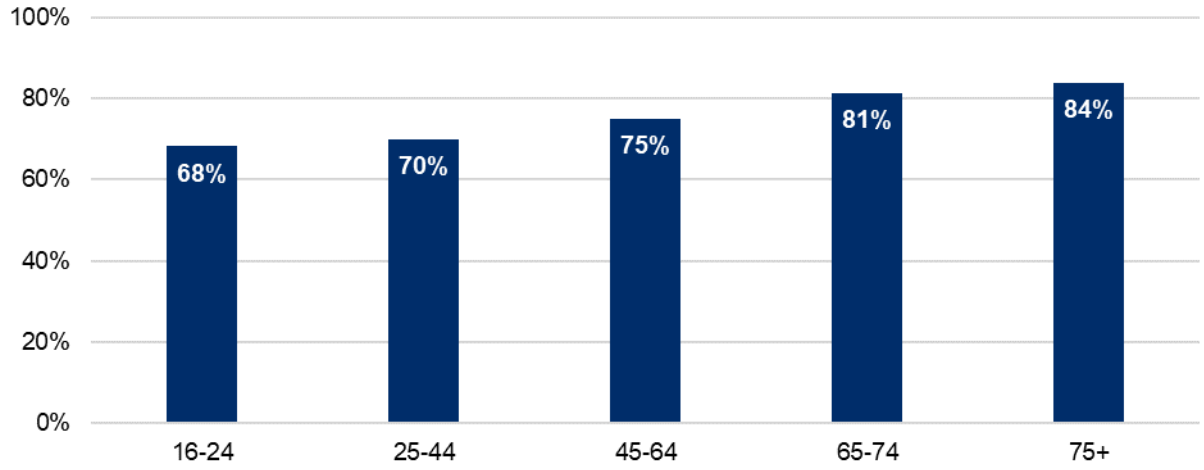
Local health boards (LHB) are responsible for providing GP out of hours services from 6.30pm to 8am on weekdays, and all day at weekends and on public holidays. The original model was that each LHB hosts a number of primary care centres from which GPs operate – conducting both telephone assessments as well as face to face appointments from these bases. The NHS 111 service model was introduced in October 2016 in the Abertawe Bro Morgannwg Health Board area (now Swansea Bay – but the service still includes Bridgend). The service expanded in 2017-18 to operate in parts of Hywel Dda and then during 2018-19 was rolled out to the rest of Hywel Dda and Powys. It was rolled out to Aneurin Bevan Health Board in 2019-20, which is after this survey was conducted. The remaining health boards will be switching to using NHS 111 for their out of hours services in the future. The 111 service combines NHS Direct Wales and GP Out of Hours using a free to call number providing 24/7 access for patients to clinical advice, signposting as well as providing access to treatment through primary care centres. The remainder of Wales has access to NHS Direct and to separate GP out of hours services.

GP services

Since the National Survey began in 2012, it has regularly included questions about GP appointments, satisfaction with GP care, and ease / difficulty of getting an appointment.

In 2018-19, 74% of people had seen their GP in the previous 12 months, which is consistent with previous years of the survey. 80% of women had seen their GP, compared with 69% of men. As shown in chart 1, older people were more likely to have seen their GP than younger, with 81% of those aged 65-74 and 84% of those 75 and older compared with 68% of those aged 16-24 and 70% of those aged 25-44 having seen their GP.

Chart 1: Proportion of people who had seen their GP in the previous 12 months, by age



Those with a limiting long-term illness are more likely to have seen their GP than those without, as are those in bad or very bad general health, compared with those in good or very good general health.

26% of people had not seen their GP in the previous 12 months. Of those, 95% said they didn't need to and 5% had wanted to but couldn't. Of those who wanted to but couldn't, two thirds said they couldn't get an appointment.

Of those who had seen their GP in the previous 12 months, 93% of people were satisfied with the care they received at their most recent appointment. This has increased since 2017-18, when 86% of people were satisfied, and returned to the levels seen in 2012-13 to 2016-17. Whilst direct comparison is not possible, it's worth noting that in NHS England's 2019 GP Patient Survey, 83% rated their overall experience of their GP practice as good; and in the Scottish Government's 2017-18 Health and care experience survey, 83% of people rated the overall care provided by their GP positively[1].

85% of those who consider themselves to have bad or very bad health and had visited their GP were satisfied with the care they received, compared with 94% of those who have good or very good health. Those with medium or high mental well-being[2] were more likely to be satisfied than

[1] Care must be taken when comparing results with other surveys due to differences in question wording and methodology, which could have an effect on the results.
[2] Mental well-being (WEMWBS) – see Terms and definitions

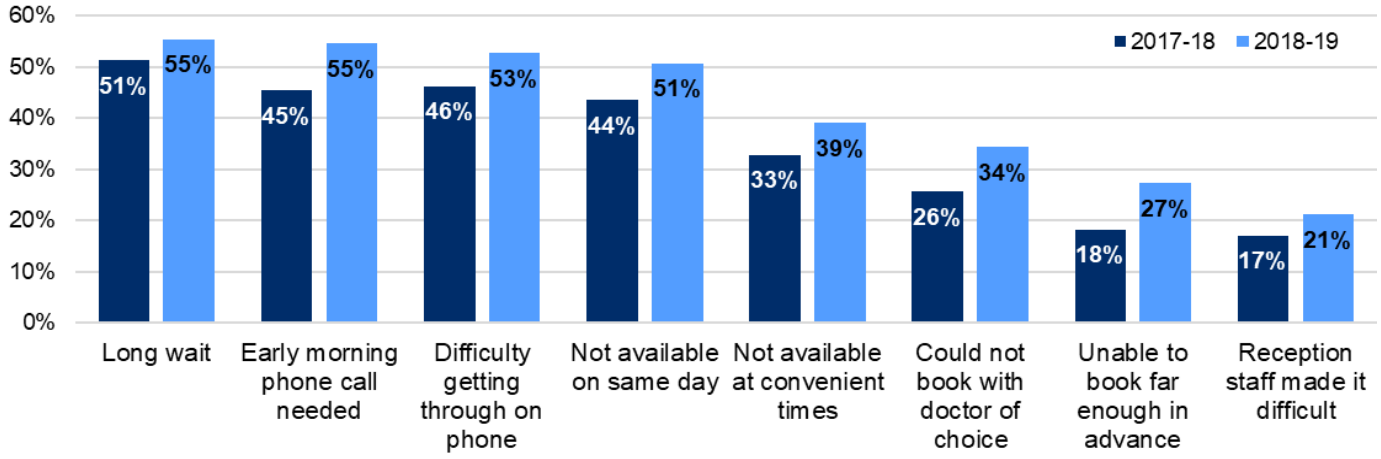
those with low well-being. Similarly, those with high or very high life satisfaction with life[3] were more likely to be satisfied with the care received from their GP than those with low life satisfaction.

Of those who had seen their GP in the previous 12 months, 96% felt that they were treated with dignity and respect. This is consistent with previous years of the survey.

Of those who had seen their GP in the previous 12 months and had made the appointment themselves, 40% said they found it difficult to get a convenient appointment: 23% found it very difficult and 17% found it fairly difficult. The percentage of people who found it difficult to make an appointment increased from 33% in 2012-13 to 38% in 2013-14, and has remained similar since. This is reflected at local health board level: for example, the proportion of people who lived in Betsi Cadwaladr LHB who found it difficult to make an appointment increased from 28% in 2012-13 to 37% in 2018-19. In Cardiff and the Vale LHB the proportion increased from 34% to 45%.

People with a limiting long-term illness are more likely to report that it was difficult to get a convenient appointment (44%), compared with those without such a condition (37%). 38% of those with medium or high mental well-being said they found it was difficult to get a convenient appointment, compared with 46% of those with low mental well-being. 47% of those in household material deprivation[4] found it difficult, compared with 39% of those not in material deprivation.

Chart 2: Difficulties getting a convenient GP appointment, 2017-18 and 2018-19 (a)



(a) People could give more than one response so percentages may sum to over 100%.

People who either saw their GP but found it difficult to get a convenient appointment, or didn't see their GP because they couldn't get an appointment, were asked why they found it difficult. Chart 2 shows the results for the past two years.

The changes between years are statistically significant for all reasons with the exception of 'long wait for appointment' and 'reception staff making it difficult'.

At a health board level, people living in the Abertawe Bro Morgannwg LHB area were less likely to feel there was a long wait for appointments than people living in any other health board area. People living in the Powys LHB area were less likely to feel that they needed to make an early morning phone call to get an appointment than people in any other health board area.

[3] Subjective well-being (including satisfaction with life) – see Terms and definitions
[4] Material deprivation – see Terms and definitions

46% of people in employment felt that appointments were not available at convenient times, compared with 30% of people who were economically inactive[5]. People with children under the age of 16 in the household were also more likely to feel that appointments were not available at convenient times (48%, compared with 36% of people without children).

Further analysis – satisfaction with GP care

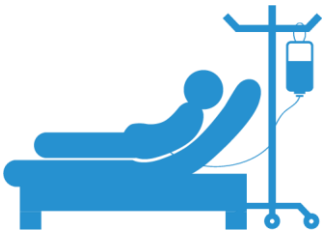
Cross-analysis suggests that various factors may be associated with the people who were very satisfied with the care received from their GP. However, these factors are often linked to each other (for example, people with a limiting long-term condition may also be older). To get a clearer understanding of the effect of each individual factor, we have used statistical methods[6] to separate out the individual effect of each factor. These methods allow us to look at the effect of one factor while keeping other factors constant – sometimes called "controlling for other factors".[7]

After controlling for a range of factors, we found that the following each have a separate effect on people being very satisfied with the care received from their GP:

- being unemployed;
- having high mental well-being[8];
- agreeing that they were treated with dignity and respect at a GP appointment; and
- finding it very easy to get a convenient GP appointment.

As with all analysis of this type, we are unable to attribute cause and effect these factors and satisfaction with care, or to take account of factors not measured in the survey.

Hospital services



Each year the National Survey includes questions about whether people had attended an NHS hospital appointment, and their satisfaction with the care received. 47% of people have had an appointment at an NHS hospital in the previous 12 months. Of these, 83% were outpatients, 8% were day patients and 10% were inpatients[9].

51% of women, compared with 44% of men, have had a hospital appointment in the previous 12 months. 47% of people who identify as heterosexual or straight have had an appointment, compared with 40% of people who gave another response (including those who said they don't know or preferred not to say).

Older people were more likely to have had a hospital appointment, with 63% of those aged 65 or older having had an appointment in the previous 12 months, compared with 39% of those aged 16 to 44 and 47% of those aged 45 to 64.

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[5] Economic status – see Terms and definitions
[6] This analysis is known as logistic regression. Information about the method can be found in Regression analysis
[7] The factors we controlled for were: health board, gender, sexual orientation, age, ethnicity, religion, limiting long-term illness, general health, number of healthy lifestyle behaviours, respondent qualifications, economic status, tenure type, urban or rural area, satisfaction with life, mental well-being, material deprivation, whether a Welsh speaker, whether they felt they were treated with dignity and respect by GP, and ease of getting a convenient GP appointment.
[8] Mental well-being - see Terms and definitions
[9] As percentages have been rounded to the nearest whole number, these percentages do not add up to 100%

As might be expected, people with limiting long-term illnesses were more likely to have had a hospital appointment than those without (68% compared with 37%, respectively). Those who consider themselves to have bad or very bad health were also more likely to have had a hospital appointment, compared with those with fair, good, or very good health.

52% of those in material deprivation had an appointment compared with 47% of those not in material deprivation.

Of those who have had an appointment, 96% agreed that they were treated with dignity and respect. This has remained constant since the question was first asked in 2012-13. In 2018-19 86% said they strongly agreed and 11% said they tended to agree that they were treated with dignity and respect[10]. There is a difference between outpatients and inpatients, where 97% of outpatients agreed, compared with 91% of inpatients.

93% of those who have had a hospital appointment in the previous 12 months said they were satisfied with the care received. 95% of those aged 65 and over were satisfied with their care, compared with 92% of those aged 16 to 44. There is also a difference between outpatients and inpatients, with 94% of outpatients and 89% of inpatients being satisfied with their care.

Chart 3: Proportion of people who were satisfied with care provided at a hospital appointment, by general health and limiting long-term illnesses

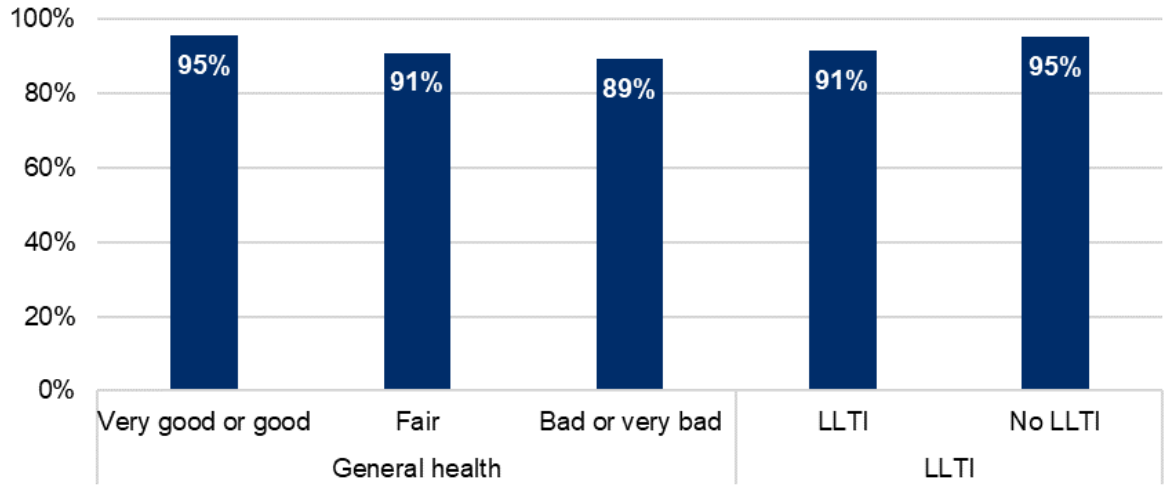


Chart 3 shows that 91% of those with a limiting long-term illness (LLTI) were satisfied, compared with 95% of those without. A similar trend was shown in general health, where people with good or very good general health were more likely to be satisfied than those in fair, bad or very bad health.

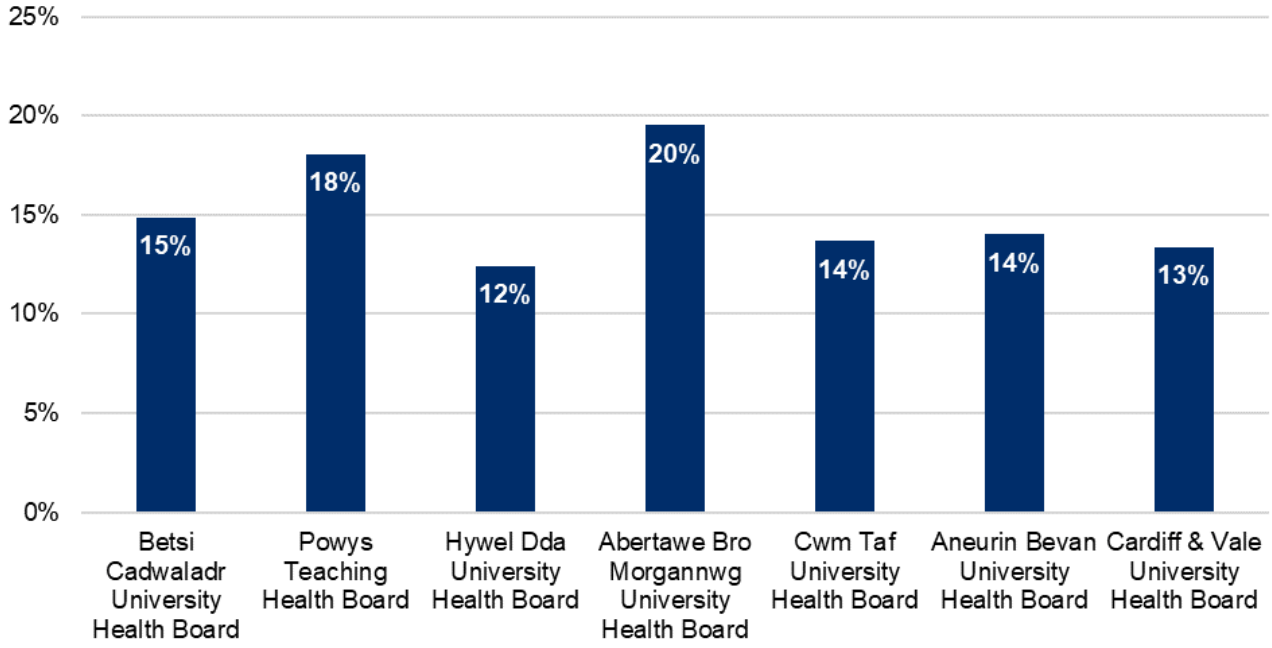
[10] As percentages have been rounded to the nearest whole number, the percentages for those who strongly agreed and those who tended to agree do not add up to the percentage of those who agreed overall

GP out of hours services

In 2018-19, the National Survey included a new series of questions about out of hours GP services. These are services provided by the local health board, between 6:30pm and 8am on weekdays, and all day on weekends and bank holidays.

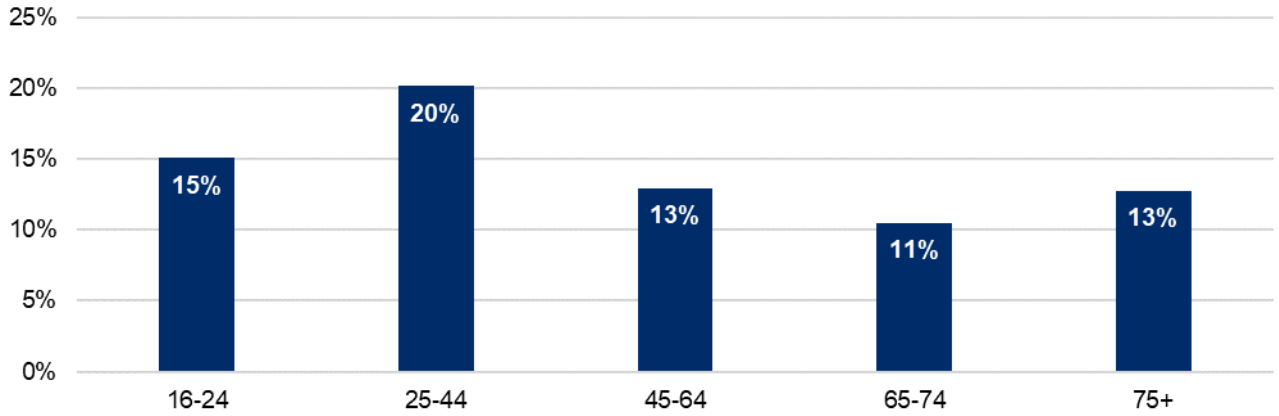
15% of people said they had used out of hours services in the previous 12 months. Chart 4 shows that a higher proportion of people living in the Abertawe Bro Morgannwg LHB area used the service than all other health boards apart from Powys LHB. Abertawe Bro Morgannwg was the first health board to roll out the new 111 telephone service, as discussed in the Introduction.

Chart 4: Proportion of people who have used GP out of hours services in the previous 12 months, by local health board



Overall, women were more likely to have used the out of hours service than men, with 18% of women and 12% of men making use of the service in the previous 12 months. Chart 5 shows that those aged 25 to 44 were more likely than any other age group to have used the out of hours service, with 20% of that group having used the service in the previous 12 months compared with 15% of those under 25 and 12% of over 44. 22% of people with children under the age of 16 in the household had used the service, compared with12% of those without.

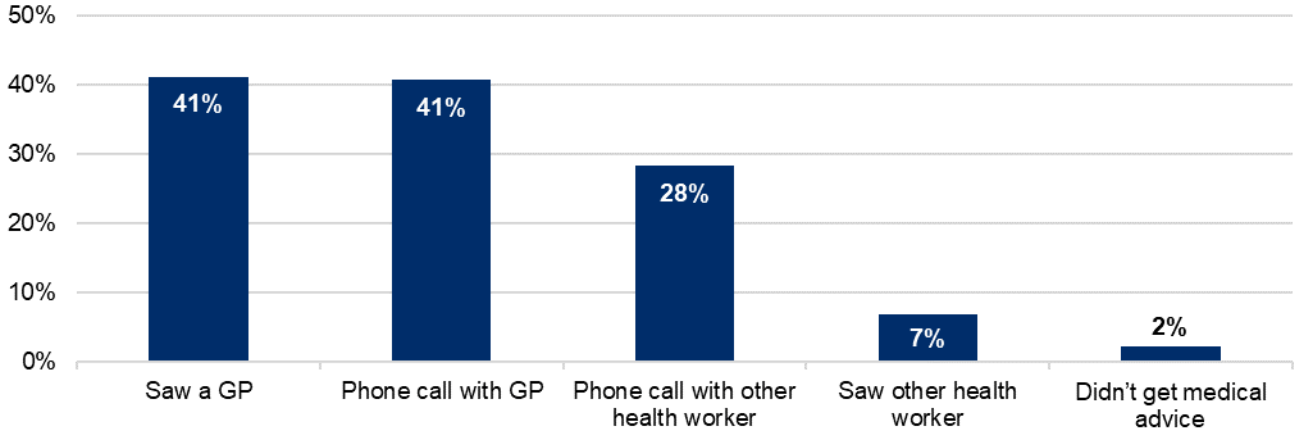
Chart 5: Proportion of people who have used GP out of hours services in the previous 12 months, by age group



19% of people with a limiting long-term illness had used the out of hours service in the previous 12 months, compared with 13% of those without. Similarly, 25% of people with bad or very bad health had used the out of hours service, compared with 14% of those in fair, good or very good health.

Chart 6 shows that the most common methods of receiving out of hours medical advice was seeing a GP and via a telephone call with a GP, with 41% of people receiving their advice in each of these ways. 28% of people said they received advice via a phone call with a non-GP health worker and 7% saw a non-GP health worker.

Chart 6: Ways people received medical advice from the out of hours service (a)



(a) People could give more than one response so percentages may sum to over 100%.

Of the people who have used out of hours services in the previous 12 months, 84% were satisfied with the service received. This breaks down to 58% who were very satisfied and 26% who were fairly satisfied.

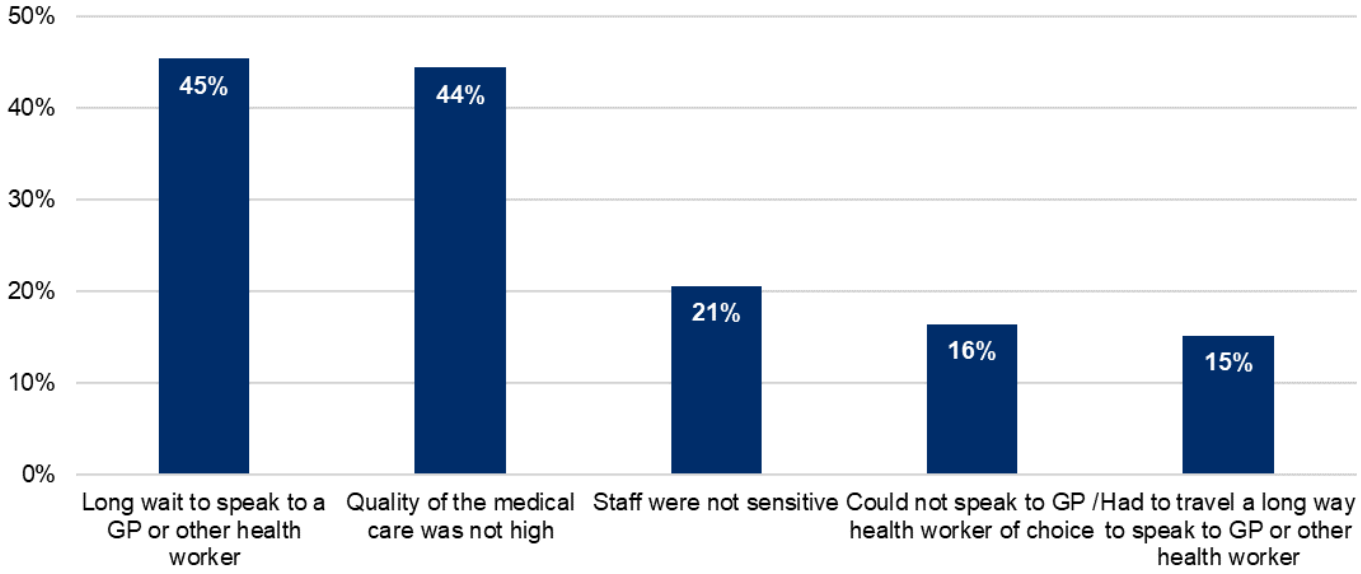
Although people in material deprivation[11] were more likely to have used these services than those not in material deprivation, they were less satisfied with the service overall. 77% of people in material deprivation were either very or fairly satisfied with the service, compared with 85% of people not in material deprivation.

Chart 7 shows that, of the 13% of out of hours service users who were either fairly or very dissatisfied, 45% said this was because there was a long wait to speak to a GP or other health

[11] Material deprivation – see Terms and definitions

worker. 44% said the quality of the medical care was not high. 21% felt the staff were not sensitive, 16% said they couldn't speak to the GP or other health worker of choice, and 15% had to travel a long way to see a GP or other health worker.

Chart 7: Reasons people were dissatisfied with the out of hours service (a)



(a) People could give more than one response so percentages may sum to over 100%.

Of the people who had not used their GP's out of hours service in the previous 12 months, 99% didn't use it because they didn't need to and 1% wanted to but couldn't.

Further analysis – use of out of hours services

More in-depth analysis was undertaken to find out which groups of people were most likely to have used out of hours GP services in the previous 12 months. As before, we used a statistical method sometimes known as "controlling for other factors"[12] to study each factor's link with the outcome of interest, whilst holding the values of other factors constant. In this case, the outcome of interest was people who have used out of hours GP services in the previous 12 months,

The following factors each had a separate link with a person having used out of hours GP services in the previous 12 months, after other factors were controlled for[13]:

- being a woman;
- being aged 25-44;
- being in bad or very bad health; and
- having a child under 16 in the household.

As with all analysis of this type, we are unable to attribute cause and effect or to allow for factors not measured in the survey.

[12] See Regression analysis

[13] The factors we controlled for were health board, gender, sexual orientation, age group, ethnicity, religion, limiting long-term illness, general health, number of healthy lifestyle behaviours, respondent qualifications, economic status, tenure type, urban or rural area, satisfaction with life, mental well-being, material deprivation, Welsh speaker, access to a car, access to public transport links, and whether there was a child in the household.

Other relevant publications

Further exploration of these results and the results from previous years is available in the National Survey for Wales Results Viewer.

Following the 2014-15 National Survey a follow-up survey and report was commissioned to explore in greater depth the reasons behind satisfaction/dissatisfaction with GP and NHS hospital services in Wales. This follow-up involved re-contacting a sub-sample of people from the 2014-15 National Survey who had attended a GP or hospital appointment in the previous 12 months.

Separate bulletins on 2016-17 results provide more in-depth analysis of satisfaction with GP services and hospital services. These included analysis of type of appointment by gender and year, appointment experience and outpatient appointments by time, age and gender. Further analyses looked at factors affecting ease of booking a GP appointment and satisfaction with hospital care using the statistical approach outlined above.

The latest GP Access in Wales bulletin discusses the number of GP practices, their opening times and the availability of appointments.

Terms and definitions

Mental well-being (WEMWBS)

The Warwick-Edinburgh Mental Well-being Scale is a standard scale composed of 14 questions designed to measure respondents' mental well-being. These questions were not asked by the interviewer, respondents were provided with a laptop in order to answer these sensitive questions themselves. The statements covered both "feeling" and "functioning" aspects of well-being.

Respondents were shown the following statements and asked how often they experienced these feelings over the previous 2 weeks

- 'I've been feeling optimistic about the future'
- 'I've been feeling useful'
- 'I've been feeling relaxed'
- 'I've been feeling interested in other people'
- 'I've had energy to spare'
- 'I've been dealing with problems well'
- 'I've been thinking clearly'
- 'I've been feeling good about myself'
- 'I've been feeling close to other people'
- 'I've been feeling confident'
- 'I've been able to make up my own mind about things'
- 'I've been feeling loved'
- 'I've been interested in new things'
- 'I've been feeling cheerful'

These questions have 5 responses, and corresponding scores:

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time

Scores from the 14 questions are combined to give an overall score ranging from 14 to 70, where higher scores suggest higher mental well-being.

Scores were grouped, with scores of 58-70 defined as high mental well-being, 45-57 defined as medium mental well-being and 14-44 defined as low mental-wellbeing.

Subjective well-being

Respondents were asked to reply to a series of questions concerning their feelings on aspects of their lives, scoring their responses on scales of 0 to 10, where 0 indicates ‘not at all’ and 10 represents ‘completely’. The following four questions were asked:

- ‘Overall, how satisfied are you with your life nowadays?’
- ‘Overall, to what extent do you feel that the things you do in your life are worthwhile?
- ‘Overall, how happy did you feel yesterday?
- ‘Overall, how anxious did you feel yesterday?’

For life satisfaction, worthwhileness of life and happiness scales, scores 0-4 were classed as low, 5-6 as medium, 7-8 as high, and scores 9-10 as very high. For anxiety the scale was grouped so that scores 0-1 were classed as very low, scores 2-3 as low, 4-5 as medium and scores 6-10 as high levels of anxiety.

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.

Economic status

Respondents were classified into the following three economic statuses according to how they described what they were doing in the previous 7 days.

In employment

- In any paid employment or self-employment (or away temporarily)
- On a government sponsored training scheme
- Doing unpaid work for a business that you or a relative owns
- Waiting to take up paid work already obtained

Unemployed

- Unemployed and looking for work
- Intending to look for work but prevented by temporary sickness or injury (28 days or less)

Economically inactive

- Full-time student (including on holiday)
- Unable to work because of long-term sickness or disability
- Retired
- Looking after home or family
- Doing something else

Healthy lifestyle behaviours

There are five heathy lifestyle behaviours, as defined in the Well-being of Future Generations Act:

- Not smoking
- Not drinking above weekly guidelines
- Eating 5 or more portions of fruit & vegetables the previous day
- Being physically active at least 150 minutes the previous week
- Maintaining a healthy weight / body mass index

National indicator 3 is the percentage of adults aged 16 or over who have fewer than two of these healthy lifestyle behaviours.

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 in 2018-19 (1 April 2018 – 31 March 2019).

The sample was drawn from the Royal Mail Small Users Postcode Address File (PAF), whereby all residential addresses and types of dwellings were included in the sample selection process as long as they were listed as individual addresses. If included as individual addresses on the PAF,

residential park homes and other dwellings were included in the sampling frame but community establishments such as care homes and army barracks are not on the PAF and therefore were not included.

The National Survey sample in 2018-19 comprised 24,762 addresses chosen randomly from the PAF. Interviewers visited each address, randomly selected one adult (aged 16+) in the household, and carried out a 44-minute face-to-face interview with them, which asked for their opinions on a wide range of issues affecting them and their local area. A total of 11,922 interviews were achieved.

Interpreting the results

Percentages 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 is not applicable to the respondent. Missing answers can also occur for several reasons, including refusal or an inability to answer a particular question.

Where a relationship has been found between two factors, this does not mean it is a causal relationship. More detailed analysis is required to find whether a factor causes change in another.

The results are weighted to ensure that the results reflect the age and sex distribution of the Welsh 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

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’ figure for the whole population (that is, the figure 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 tables of survey results published on StatsWales.

As with any survey, 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 for the survey.

Significant differences

Where the text of this release notes a difference between two National Survey results (in the same year), we have checked to ensure that the confidence intervals for the two results do not overlap. This suggests that the difference is statistically significant (but as noted above, is not as rigorous as carrying out a formal statistical test), 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. 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

Where further analysis has been carried out 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, or there were a large number of ‘missing’ results which resulted in a substantial drop in the sample size on which the regression model could be tested. 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.

Technical report

More detailed information on the survey methodology is set out in the technical report for the survey.

National Statistics status

National Statistics status means that our statistics meet the highest standards of trustworthiness, quality and public value, and it is our responsibility to maintain compliance with these standards.

The continued designation of these statistics as National Statistics was confirmed in 2017 following a compliance check by the Office for Statistics Regulation [letter of confirmation]. These statistics last underwent a full assessment [full report] against the Code of Practice in 2013.

Since the latest review by the Office for Statistics Regulation, we have continued to comply with the Code of Practice for Statistics, and have made the following improvements:

- provided more detailed breakdowns in the Results viewer and made it easier for users to compare results across years;
- updated the survey topics annually to ensure we continue to meet changing policy need;
- made regression analysis a standard part of our outputs to help users understand the contribution of particular factors to outcomes of interest.

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/gps-hospitals-and-out-hours-services-national-survey-wales-april-2018-march-2019

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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