NENC Healthwatch: GP Access, Pharmacy First and NHS App Survey 2025





We want to hear from you.

This survey is about three NHS services that help people get care more easily.

These are



The NHS App



Pharmacy First



GP Extended Access

| Your answers will help us understand what works well | | | | | |
|---|--|--|--|--|--|
| and what needs to be better. | | | | | |
| Please answer the questions below. | | | | | |
| You can ask someone to help you. | | | | | |
| 1. Have you used the NHS App? | | | | | |
| Yes | | | | | |
| No | | | | | |
| If yes, what did you use it for? Please write in the box below. | | | | | |
| | | | | | |
| | | | | | |
| Was it easy to use? Please write in the box below what | | | | | |
| was easy about using the NHS App. | | | | | |
| | | | | | |
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What is Pharmacy First?

| Your pharmacist can now give you treatment for seven common |
|--|
| conditions without you needing to see your doctor. These are |
| Earache |
| Impetigo |
| Infected insect bites |
| Shingles |
| Sinusitis |
| Sore throat |
| Urinary tract infections for women aged 16 – 64 |
| |
| 2. Have you used Pharmacy First? |
| 2. Have you used Pharmacy First? Yes |
| |
| Yes |
| Yes No What did you think about the service? Please write in the box |
| Yes No |
| Yes No What did you think about the service? Please write in the box |
| Yes No What did you think about the service? Please write in the box |

What is GP Extended Access?

You can now see a doctor or nurse at your GP surgery outside of usual hours. This could be in the evenings, early mornings or weekends.

| 3. Have yo | u used GP | Extended / | Access? | | |
|-------------|------------|---------------------------|-------------|--------------|-------------|
| Yes | | | | | |
| No | | | | | |
| Did it help | you get ca | ire when yo | u needed it | t? Please wi | rite below. |
| | | | | | |
| | - | else you wo P Extended | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Thank you!

Your answers will help improve NHS services for everyone. If you have more time please tell us a bit about you.

| What is your age? | | | | |
|---|--|--|--|--|
| 13-17 | | | | |
| 18-24 | | | | |
| 25-34 | | | | |
| 35-44 | | | | |
| 45-54 | | | | |
| 55-64 | | | | |
| 65-74 | | | | |
| 75+ | | | | |
| Do you have a disability? | | | | |
| Yes | | | | |
| No | | | | |
| Which town or city do you live in? Please write in the box below. | | | | |
| | | | | |