

Pharmacy First survey

This survey is about the NHS Pharmacy First service.

You have been asked to complete the survey because you had a Pharmacy First service consultation at a pharmacy.

Pharmacy First is a consultation with a pharmacist about a minor illness or one of the following seven conditions: sinusitis, sore throat, earache, infected insect bites, impetigo, shingles and urinary tract infections in women.

Please base your answers only on the Pharmacy First service consultation that you or the person you are completing the survey for, received from the pharmacy.

About us

Community Pharmacy England represents and supports pharmacies in England.

Healthwatch England is your health and social care champion, making sure NHS leaders and other decision makers hear patients' voices and use your feedback to improve care.

We are keen to hear about your experience of the NHS Pharmacy First service.

Your feedback will help us consider how we can support pharmacies to improve their services to you and other people.

For information about how we use data, please read our privacy notices:

<https://cpe.org.uk/website/privacy-notice/> <https://www.healthwatch.co.uk/privacy>

* Required

Questions about your experience of using the Pharmacy First service

1. How did you hear about the Pharmacy First service? (pick all that apply) *

- From staff at the pharmacy
- By word of mouth
- From another healthcare professional
- From my GP surgery
- An advert
- From NHS 111
- From A&E
- Poster in the pharmacy
- Other

2. **What was your reason for choosing to use the Pharmacy First service? (pick all that apply) ***

- Convenience of long opening hours
- Already use the pharmacy for other healthcare services
- Easier for me to get to a pharmacy than another healthcare provider
- Convenience of not having to book an appointment
- I know the pharmacist or pharmacy team and trust them
- Referred to the service by my GP surgery or another health professional
- Already attending the pharmacy for another reason
- Recommended to me
- Difficulty getting an appointment at my GP surgery
- Not registered with a GP surgery
- Other

3. **Please rate how satisfied or dissatisfied you were with the following aspects of the service. ***

	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissa
The length of the time you had to wait before your Pharmacy First consultation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The privacy of the consultation room where you had your Pharmacy First consultation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether the information provided by the pharmacist was clear and understandable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether the pharmacist provided you with enough information to meet your needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ability of the pharmacist to answer any questions you had.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. **Overall, how was your experience of the Pharmacy First service? ***



5. **If you had not had a Pharmacy First consultation, which service would you have gone to instead? (select one option) ***

- GP surgery
- GP out-of-hours service
- NHS 111
- Walk-in centre
- I wouldn't have sought help from another service
- A&E
- Other

6. **Do you have any comments that you want to share about your experience with the Pharmacy First service?**

Questions about the person who used the Pharmacy First service

7. What is your gender? (select one option) *

- Male (including trans man)
- Female (including trans woman)
- Non-binary
- Other
- Not known
- Prefer not to say

8. How old are you? (select one option) *

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to say

9. **What is your ethnicity? (select one option) ***

- White - British
- White - Irish
- White - Any other White background
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Mixed - Any other mixed background
- Asian or Asian British - India
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Any other Asian background
- Black or Black British - Caribbean
- Black or Black British - African
- Black or Black British - Any other Black background
- Chinese
- Any other ethnic group
- Prefer not to say

10. **What is your postcode?** (You don't need to give us this information. If you do, it will allow us to compare responses to this survey across different parts of England)

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