

What is your Experience of the NHS App?

We would like to find out about your experience of using the NHS App. We would be very grateful if you could answer the following questions. If you would prefer a large print version, please ask a member of the team.

If you would prefer to answer these questions online rather than using this paper copy, you can do this by scanning the QR code.

If you need to return this survey to us by email or post, you can send to Janet Ayling. Email: janet.ayling@solent.nhs.uk

Postal address: Janet Ayling (NHS App Survey), Nicholstown Surgery, Royal South Hants Hospital, Brintons Terrace, Southampton, SO14 0YG



Questions about: Access

1. Do you own or have access to a device that you can use to get online and use apps?
(Please tick all that apply)

- | | |
|---|--|
| ☐ I have a smartphone | ☐ I use the library or other public setting to access |
| ☐ I have a tablet or iPad | ☐ I do not own or have access to an online device |
| ☐ I can borrow a device when I need to | |

2. Do you have an email address that you use and know how to log in to? (Please tick one)

- ☐ Yes ☐ No ☐ I have access to someone else's that I can use

3. Do you have access to the internet? (Please tick one)

- ☐ Yes ☐ No ☐ Sometimes ☐ I used to but not now

4. Please tell us how you prefer to contact your GP for each of these scenarios
(Please tick one option for each scenario)

	NHS App	GP website	Telephone	By email	In person
To book and manage your appointments	☐	☐	☐	☐	☐
To manage prescriptions	☐	☐	☐	☐	☐
To ask a question about a health concern	☐	☐	☐	☐	☐
To check health advice and information	☐	☐	☐	☐	☐
To support the health of my child or another family member I care for	☐	☐	☐	☐	☐

Questions about: Usage

5. Have you ever logged onto the NHS App? *(Please tick one)*

- ☐ Yes (continue onto Question 6)
- ☐ No, never tried (skip to the Support questions - question 11 onward)
- ☐ Tried but didn't manage to get it set up (skip to the Support questions - question 11 onward)

6. How often would you say you have used the NHS App since logging on for the first time?

- ☐ Never ☐ Once ☐ Occasionally ☐ Every month ☐ Every week

7. What is the main reason you started to use the NHS App? *(Please tick one)*

- ☐ Out of interest/to see what it offered ☐ I was advised to by somebody else
- ☐ To use a specific function ☐ Other

8. What do you use the NHS App for? *(Please tick all that apply)*

- ☐ To contact my GP surgery ☐ To book and manage GP appointments
- ☐ To manage prescriptions ☐ To attend virtual appointments
- ☐ To access my GP health record ☐ For health advice and information
- ☐ To support the health of my child or another family member that I care for ☐ To access other linked health apps (e.g. my mHealth)
- ☐ Other - please specify

9. On a scale of 1 to 5 (1 being 'not at all easy' and 5 being 'extremely easy'), how easy is it to use the NHS App? *(please tick one)*

- 1 2 3 4 5
- ☐ ☐ ☐ ☐ ☐

10. How do you feel about using the NHS App? *(use the box below to write your answer)*

Questions about: Support

11. If you have not used the NHS App before or have stopped using it, what are the main reasons? *(Please tick all that apply)*

- | | |
|--|---|
| ☐ I lack skills to use online platforms | ☐ There was a language barrier making it hard for me to understand |
| ☐ It was too difficult to get it set up | ☐ The app was confusing or hard to use |
| ☐ It didn't do what I needed | ☐ I have a disability or accessible needs that stop me from using it effectively |
| ☐ I could not book an appointment through the app | ☐ I do not have online access and/or a device to use |
| ☐ I do not feel safe using online platforms | ☐ N/A – I do use the NHS App |
| ☐ I do not wish to use online apps | |

12. Do you know where to get support with using the NHS App?

- | | | |
|--|---|--|
| ☐ Yes I am confident I know how to get help | ☐ No I do not know who could help me | ☐ I think so but could do with more information |
|--|---|--|

Please tell us more about why you answered in this way?

13. Do you know how to access support for help with devices, Sim Cards and Online Tariffs?

- | | | |
|--|---|--|
| ☐ Yes I am confident I know how to get help | ☐ No I do not know who could help me | ☐ I think so but could do with more information |
|--|---|--|

Please tell us more about why you answered in this way

14. Do you feel your GP surgery offers adequate support and information for patients wanting to get set up on the NHS App or to continue using it?

- | | | |
|---|---|---------------------------------------|
| ☐ Yes my surgery has clear information and support on this | ☐ No there is not enough information and support for patients in this area | ☐ I don't know |
|---|---|---------------------------------------|

Please tell us more about the digital support at your GP surgery and why you have answered in this way

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Questions about: Demographics

Please give us some information about you which will help us understand our different communities.

15. Please tell us your age bracket

- | | | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------------|
| ☐ Under 18 | ☐ 18-25 | ☐ 26-40 | ☐ 41-59 | ☐ 60-80 | ☐ Over 80 |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------------|

16. Please tell us your ethnicity

- | | | |
|--|--|--|
| ☐ Black/Black British/Caribbean/African | ☐ Asian/Asian British | ☐ White |
| ☐ Mixed or multiple ethnicities | ☐ Other ethnic group | ☐ Prefer not to say |

17. Please tell us your gender

- | | | | |
|--------------------------------|------------------------------|-------------------------------------|--|
| ☐ Woman | ☐ Man | ☐ Non-binary | ☐ Prefer not to say |
|--------------------------------|------------------------------|-------------------------------------|--|

18. Do you identify as trans?

- | | | |
|------------------------------|-----------------------------|--|
| ☐ Yes | ☐ No | ☐ Prefer not to say |
|------------------------------|-----------------------------|--|

19. Please tell us your sexual orientation

- | | | |
|--|--|--|
| ☐ Asexual | ☐ Bi / bisexual | ☐ Gay man |
| ☐ Gay woman / lesbian | ☐ Queer | ☐ Straight / heterosexual |
| ☐ Pansexual | ☐ I identify in another way | ☐ Prefer not to say |

20. Do you consider yourself to have any of the following? ***(Please tick all that apply)***

- | | | |
|---------------------------------------|--|---|
| ☐ A disability | ☐ A learning difficulty | ☐ Neurodiversity |
| ☐ Dementia | ☐ A mental health condition | |

If you ticked any of the above, please tell us if and how they impact on your access and use of the NHS App

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21. How many long-term ongoing health conditions do you have? ***(use the box below to write your answer)***

22. Which area do you live in? ***(Please tick one)***

- | | | | |
|--------------------------------------|-------------------------------------|--|--|
| ☐ Southampton | ☐ Portsmouth | ☐ Isle of Wight | ☐ Wider Hampshire |
|--------------------------------------|-------------------------------------|--|--|

23. Which GP surgery are you registered with?

Thank you for completing this anonymous survey. Please hand it back to a member of the team or send by post or email to the address on the first page.