NHS England

User Research: Participant Information Sheet & Consent Form

Information for research participants

About this research

This research will help us to understand what people's experiences are with the newly introduced 'Digital Prescriptions' feature in the NHS App. In these sessions, we will be asking you to:

- Give some general details about yourself and how you use the internet
- Tell us some overall information about your health and any health conditions you may experience
- Tell us what your experiences have been with the NHS App
- Tell us about what your experiences are when you have accessed the new 'digital prescription'
- What happened when you needed medication
- How we could improve these services

Type of research

The sessions will take place either in-person at your GP Practice or Pharmacy, or remotely via a Microsoft Teams video call.

About the interview

There may be observers of the session, but they will not be taking an active part in the session, notes will be taken on the things that we discuss and from what is being observed. If the session is taking place remotely, the video call will be recorded - but will be available to view by the user research team only, to review after the session has taken place.

Taking part is voluntary. You can refuse to take part at any time. You can take a break at any time. You can ask questions at any time.

Why we want to interview you

To understand your experiences with prescription and medication management, as well as a new 'digital prescriptions' feature in the NHS App, and how you may or may not interact with digital services.

Risks

We will ask for some information about your health. If you are uncomfortable talking about something in the interview, you do not have to answer the questions.

Benefits

There is no direct benefit to you, but you will help us to improve our service. An incentive will be provided to you, which is dependent on the type of involvement you have. This will be confirmed to you by the user researcher before the session takes place.

Confidentiality

Any recordings will only be listened to by NHS England colleagues who are directly involved with the project. If we publish research reports or publicised documentation that include your comments, your data will be anonymous. The session recordings will be destroyed 6 months after the recording takes place.
Any research reports will not link your name and identity to what you tell us.

You can change your mind

If you decide later, you don't want your information included in our research, we will destroy your data. Please tell us by emailing platformsuserresearch@nhs.net. Otherwise, we will delete your personal data after 1 year.

Consent to take part in user research
Please read the statements and tick to confirm you agree with them

☐ **I have read the information for research participants and understand it**

☐ **I agree to take part in this user research**

☐ **I understand taking part is voluntary and I can stop at any time**

☐ **I agree to my session being observed and notes taken by observers and/or recorded (if remote)**

☐ **I agree to my information being shared anonymously with wider NHS teams**

Name:

Contact number:

Email address:

The next few questions will gather some personal information about you. We are asking these questions to ensure that we are being representative in our research approach, ensuring that all viewpoints are considered when making design decisions regarding NHS services. By speaking and listening to all members of society we can continue to create a service that works for all.

You do not have to answer these questions if you do not want to, please select 'Prefer not to say'.

Which types of prescriptions have you had recently?

- ☐ A repeat prescription that I picked up (or had delivered) from my regular pharmacy (sometimes referred to as nominated pharmacy)
- ☐ A repeat prescription that I could pick up at any pharmacy that I wanted to (sometimes referred to as a non-nominated pharmacy)
- ☐ A one-off prescription that I picked up (or had delivered) from my regular pharmacy
- ☐ A one off-prescription that I picked up (or had delivered) from my regular pharmacy
- ☐ A prescription that was made for me by an urgent care centre or out of hours GP

How old are you?

- ☐ Under 16
- ☐ 16 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 to 94
- ☐ 95 or older
- ☐ Prefer not to say

Which of the following best describes you?

- ☐ Female
- ☐ Male
- ☐ I prefer to self-describe (please specific)

- ☐ Prefer not to say

Is the gender you identify with the same as your sex registered at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Which option best describes your ethnicity?

- ☐ Arab
- ☐ Asian/ British Asian - Bangladeshi
- ☐ Asian/ British Asian – Chinese
- ☐ Asian/ British Asian – Indian
- ☐ Asian/ British Asian – Pakistani
- ☐ Asian/ British Asian – Other (please specify)

- ☐ Black/ Black British - African
- ☐ Black/ Black British - Caribbean
- ☐ Black/ Black British – Other (please specify)

- ☐ Mixed/ Multiple – White and Asian
- ☐ Mixed/ Multiple – White and Black African
- ☐ Mixed/ Multiple – White and Black Caribbean
- ☐ Mixed/ Multiple – Other (please specify)

- ☐ White – British/ English/ Northern Irish/ Scottish/ Welsh
- ☐ White- Irish

- ☐ White – Gypsy or Irish Traveller
- ☐ White - Other (please specify)

- ☐ Other (please specify)

- ☐ Prefer not to say

Do you have any physical or mental health conditions or illnesses lasting, or expecting to last, 12 months or more?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

If yes - How does your condition(s) or illness(es) affect you?

(Please select all that apply)

- ☐ Hearing loss - mild or moderate
- ☐ Hearing loss - severe or profound
- ☐ Learning difficulties
- ☐ Mental health problems
- ☐ Problems walking or getting around

☐ Visual impairment – blindness
☐ Visual impairment – partial sight
☐ Other (please specify)

☐ Prefer not to say

If you are comfortable in doing so, please share the name(s) of the condition(s) or illness(es) that affect you. You do not need to answer this question if you do not want to.

Do you use any special software or equipment to help you use the internet or mobile apps? For example: Screen-readers or dictation software, etc.

☐ Yes, I use screen magnification software
☐ Yes, I use a screen reader
☐ Yes, I use text readers
☐ Yes, I use a speech input software
☐ Yes – other (please describe)

☐ No
☐ Prefer not to say