

Pharmacy First: Feedback from residents and Mystery Shopping findings



Table of Contents

1.Introduction	2
2. Methodology	2
3. Summary of findings	4
3.1 Mystery Shopping Findings	4
3.2 Summary of Mystery Shopper Feedback on Pharmacy First	9
3.3 Survey responses	10
4. Concluding summary	20
5. Recommendations	21
6. Response from the service provider	22
Demographic profile	22

1. Introduction

Thirty-seven pharmacies across Barking and Dagenham now offer the NHS Pharmacy First service, providing residents with faster access to expert advice and treatment for seven common minor illnesses without the need for a GP appointment. The service is designed to make healthcare more convenient and accessible by enabling people to walk into a participating pharmacy and receive a consultation with a qualified pharmacist for conditions including ear infections, sore throats, shingles, sinusitis, insect bites, impetigo, and simple urinary tract infections in women.

Pharmacists can assess symptoms, provide clinical advice, and, where appropriate, supply prescription-only medicines. A record of each consultation is shared with the patient's GP to ensure health records remain accurate and up to date. If the pharmacy team is unable to provide the necessary treatment, patients will be directed or referred to the most appropriate healthcare service. In some cases, individuals may also be referred to a pharmacy by their GP, NHS 111, or A&E for assessment and support.

Nationally, a poll conducted by Healthwatch England found that 86% of more than 7,000 adults reported a positive experience using Pharmacy First. Healthwatch Barking and Dagenham was seeking to understand local experiences of the service, whether residents have used it or not, to help assess how well it is meeting community needs. This work forms part one of the engagement; part two will focus on exploring the experiences of professionals in signposting individuals to Pharmacy First.

2. Methodology

This report is based on two main methods of data collection: mystery shopping visits to local pharmacies and a public survey of residents in Barking and Dagenham.

Mystery shopping

A mystery shopping exercise was conducted to understand how the Pharmacy First service is promoted and explained in community pharmacies. A total of 18 pharmacies across Barking and Dagenham were visited. During each visit, mystery shoppers presented a scenario relating to one of the conditions covered by the Pharmacy First service and observed how pharmacy staff responded.

After each visit, mystery shoppers completed a structured feedback form to record their experience. This included observations about:

- Whether information about Pharmacy First was visible in the pharmacy (for example, posters, signage, or digital displays).
- How easy it was to find information about the Pharmacy First service.
- Whether staff actively promoted the service or whether the shopper had to ask for help.
- The type of advice or support provided by pharmacy staff.
- Whether a private consultation room was offered or mentioned.

This approach helped provide insight into how the service is promoted in practice and the consistency of information provided to potential patients.

Resident survey

Healthwatch Barking and Dagenham also conducted a survey to gather feedback from residents about their awareness and experiences of the Pharmacy First service. In total, 154 residents took part in the survey.

The survey asked participants whether they had heard of the service, whether they had used it, how they accessed it (for example, self-referral or referral from a GP), and their level of satisfaction with the care received. Respondents were also invited to provide open-text comments about their experiences and suggestions for how awareness of the service could be improved.

Analysis

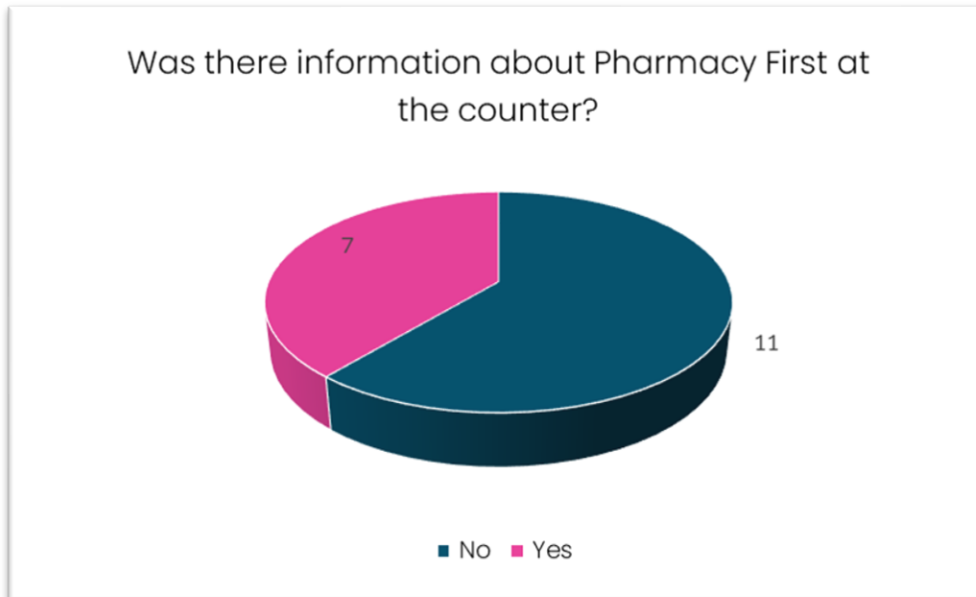
Both quantitative and qualitative data were analysed. Survey responses were summarised using descriptive statistics to identify key trends, such as awareness levels, satisfaction rates, and reasons for accessing the service. Open-ended responses from the survey and observations from the mystery shopping exercise were reviewed to identify common themes relating to accessibility, promotion, and patient experience.

Together, these methods provided a broad understanding of both how the Pharmacy First service is presented in pharmacies and how residents perceive and experience the service.

3. Summary of findings

3.1 Mystery Shopping Findings

In total, 18 pharmacies were visited as part of the mystery shopping exercise. Mystery shoppers had to then complete a sheet after each visit and note down their observations and interactions with pharmacy staff.



Out of the 18 pharmacies Healthwatch visited, 11 didn't have information about Pharmacy First at the counter, and 7 did. It suggests that a larger number of pharmacies lacked visible or accessible information about Pharmacy First at the counter than those that did have it. Information about Pharmacy First may not be consistently promoted or communicated at the point of contact (the counter). However, Superdrug pharmacy had an information leaflet as well as a card displaying all seven conditions that residents can get support for, as can be seen in Figures 2 and 3.

Residents might be less likely to know about the service unless they ask, because not all pharmacies actively display or provide information. Conversely, adequate, clear and visually appealing promotional material helps to inform the public about the help available at their local pharmacy.

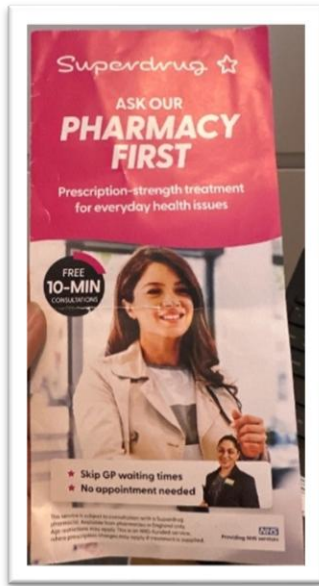


Figure 1 Superdrug Pharmacy First leaflet

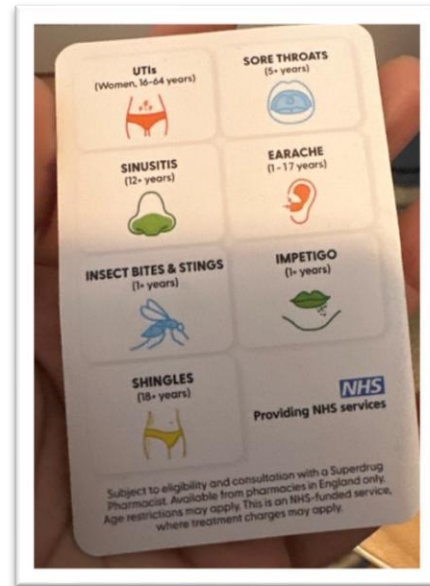
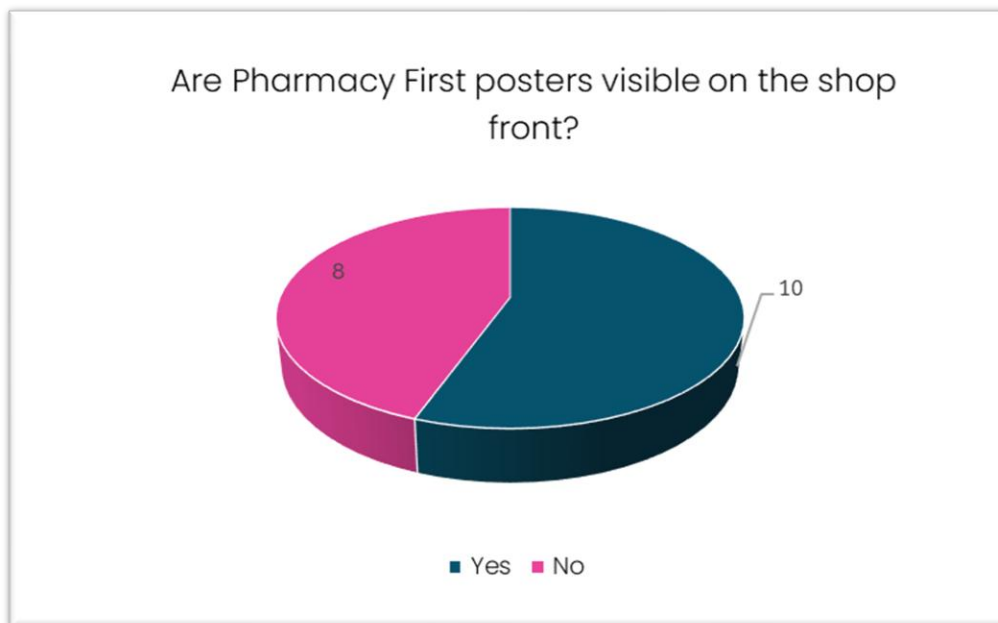


Figure 2 Pharmacy First conditions

Poster Visibility



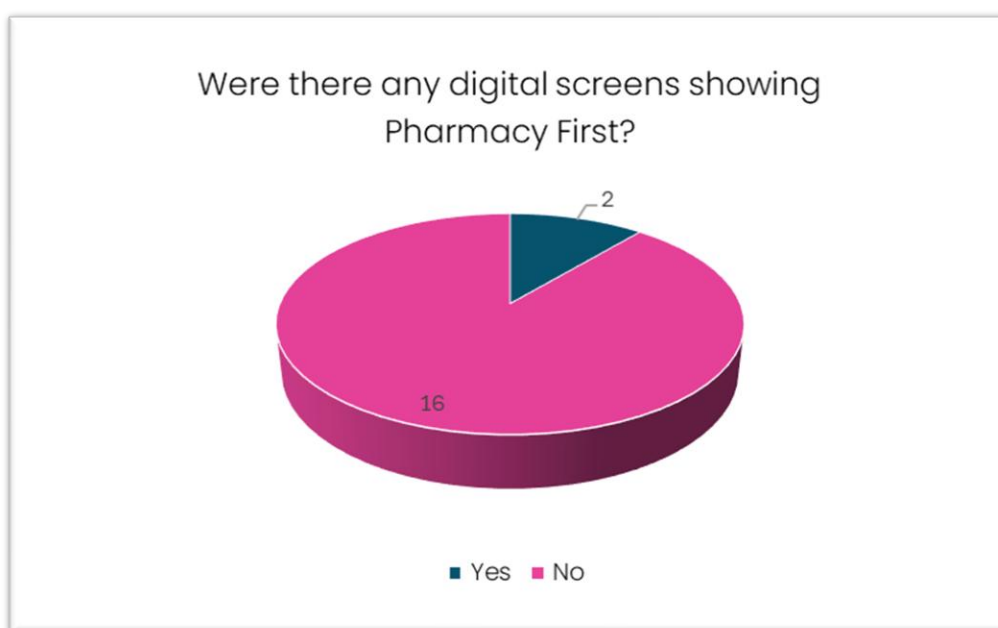
More than half (10) of pharmacies had visible posters on the shop front, and 8 pharmacies didn't. It suggests that promotion of the service at the shop-front level was slightly more common than not, but still not universal. However, the difference is fairly small, meaning promotion was inconsistent across pharmacies. Some patients may still

miss information about the service before entering, depending on which pharmacy they visit. See Figure 1 below, which illustrates a poster displayed on one of the pharmacies in Barking and Dagenham, which is an example of good practice.



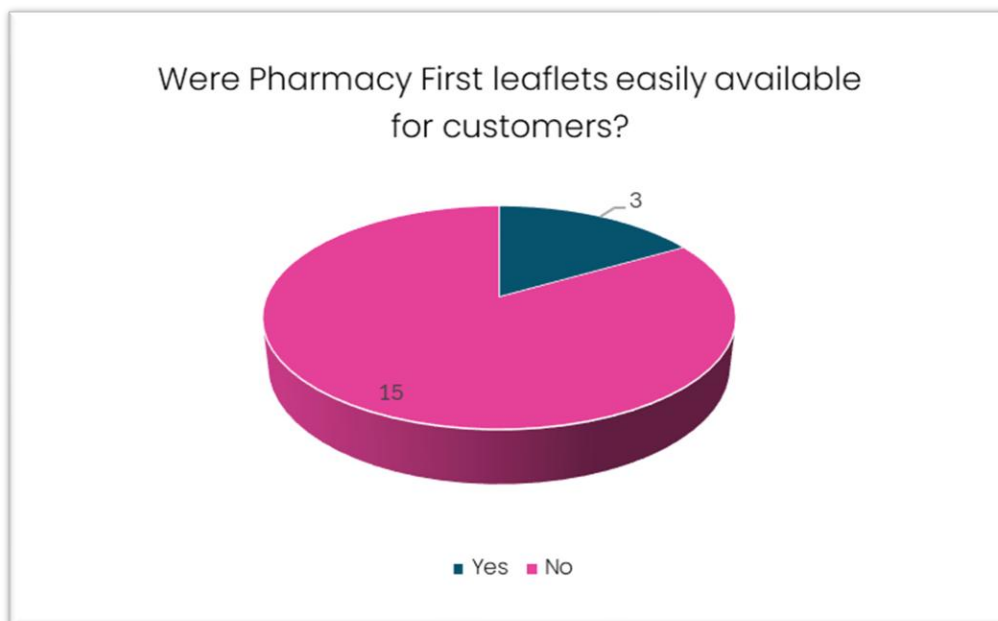
Figure 1 Pharmacy First poster outside Britannia Pharmacy

Use of Digital Screens



The majority (16) of pharmacies did not have digital screens advertising Pharmacy First, and 2 pharmacies had. This indicates that digital advertising or communication about the service was rarely used. Most pharmacies may be missing an opportunity to increase patient awareness through modern or visual in-store communication methods. Awareness of the service may therefore rely more on staff interaction or physical posters and leaflets rather than digital messaging.

Availability of Leaflets



Only three pharmacies had Pharmacy First leaflets readily available for customers to pick up, suggesting that in these locations the service was being actively promoted and made visible to the public. In contrast, 15 pharmacies did not have leaflets easily accessible, meaning new customers would be less likely to become aware of the service without directly asking staff. This lack of visible information may reduce opportunities for patient engagement and limit the overall reach of the Pharmacy First initiative within these pharmacies.

Ease of Accessing Information

How easy was it to find the information?	
Easy	8
Fairly easy	4
Difficult	4
Long wait to speak to someone	2

Most mystery shoppers reported that information about the service was easy or fairly easy to find. Some pharmacies displayed clear signage, including large posters outside the premises, which helped raise awareness of the service. However, a smaller number of mystery shoppers found it difficult to locate information or access support. Feedback highlighted issues such as long waiting times to speak with a member of staff and delays caused by pharmacists needing to consult senior colleagues before proceeding with enquiries. Overall, while visibility of information was generally positive, waiting times and staff availability affected the experience for some mystery shoppers.

Service Visibility

Did the service feel actively promoted or hidden?	
Actively promoted	6
Promoted only on the outside of the pharmacy	1
Hidden	9
Pharmacy First is mentioned, but no further explanation of what that means to customers.	2

Mystery shoppers' feedback suggests that the visibility and promotion of the service varied between pharmacies. Mystery shoppers felt that the service was largely not advertised or not clearly highlighted in nine pharmacies, with some noting that although Pharmacy First was mentioned among other information, there was little explanation of

what the service offered or how customers could access it. One mystery shopper also reported that the promotion was limited to signage outside the pharmacy. In contrast, the service was actively promoted in six pharmacies, indicating that some pharmacies were more effective at raising awareness than others. Overall, feedback suggests that clearer and more consistent promotion could help improve public understanding of the service.

3.2 Summary of Mystery Shopper Feedback on Pharmacy First

Overall, feedback indicates that most pharmacies were able to offer consultations without an appointment and had private consultation rooms available for assessments. In many cases, staff confirmed that the pharmacist could assess symptoms and prescribe treatment, including antibiotics, where appropriate.

Several shoppers reported that pharmacists were knowledgeable about the Pharmacy First conditions, particularly for UTIs, sore throats, and impetigo, and explained that medication could be prescribed following an assessment. Some pharmacies also emphasised the need for the patient to attend in person (e.g., bringing a baby in for assessment) before treatment could be provided, which suggests a good practice in ensuring that the patient is seen and symptoms assessed face to face for the most appropriate course of action.

A few interactions involved staff consulting the pharmacist or a senior colleague to confirm eligibility under the scheme. In cases where the patient did not meet the criteria (such as age restrictions), they were appropriately signposted to a GP.

However, there were occasional instances of uncertainty among front-line staff about whether treatment could be prescribed under the scheme, and in one case, the mystery shopper had to request to speak directly with the pharmacist. Once involved, the pharmacist was able to clarify the service and arrange appropriate consultation and treatment.

Key themes were identified following interactions with pharmacy staff:

- Walk-in access is commonly available
- Private consultation rooms are widely used

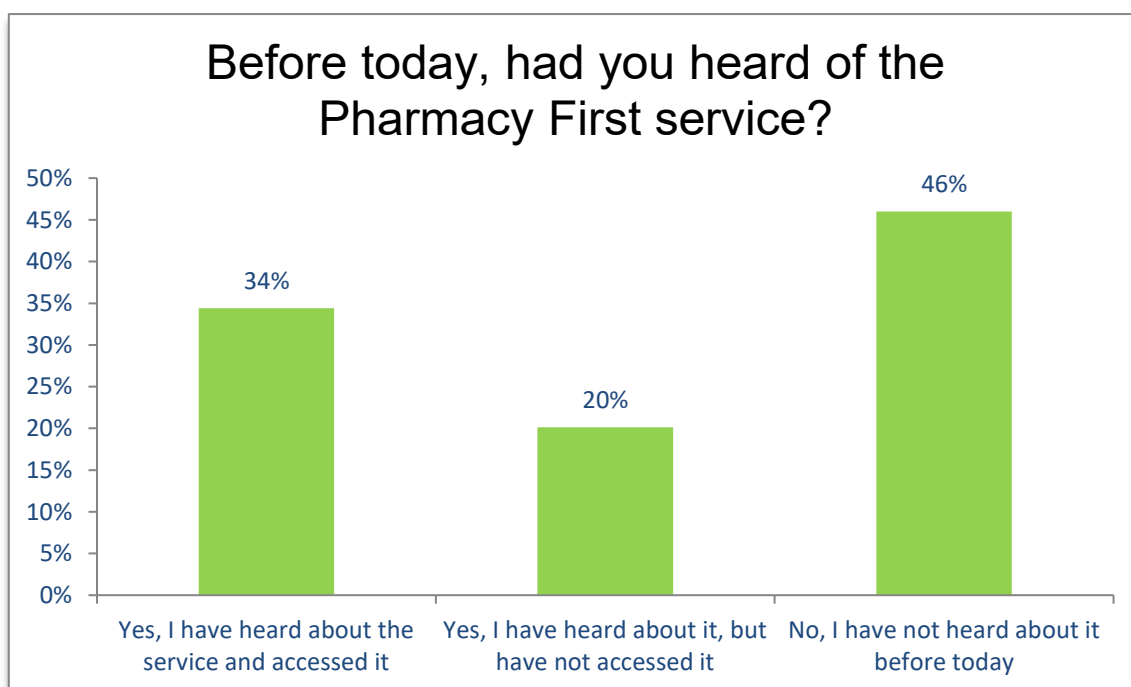
- Pharmacists are generally confident in prescribing where appropriate
- Occasional uncertainty about service criteria among counter staff

3.3 Survey responses

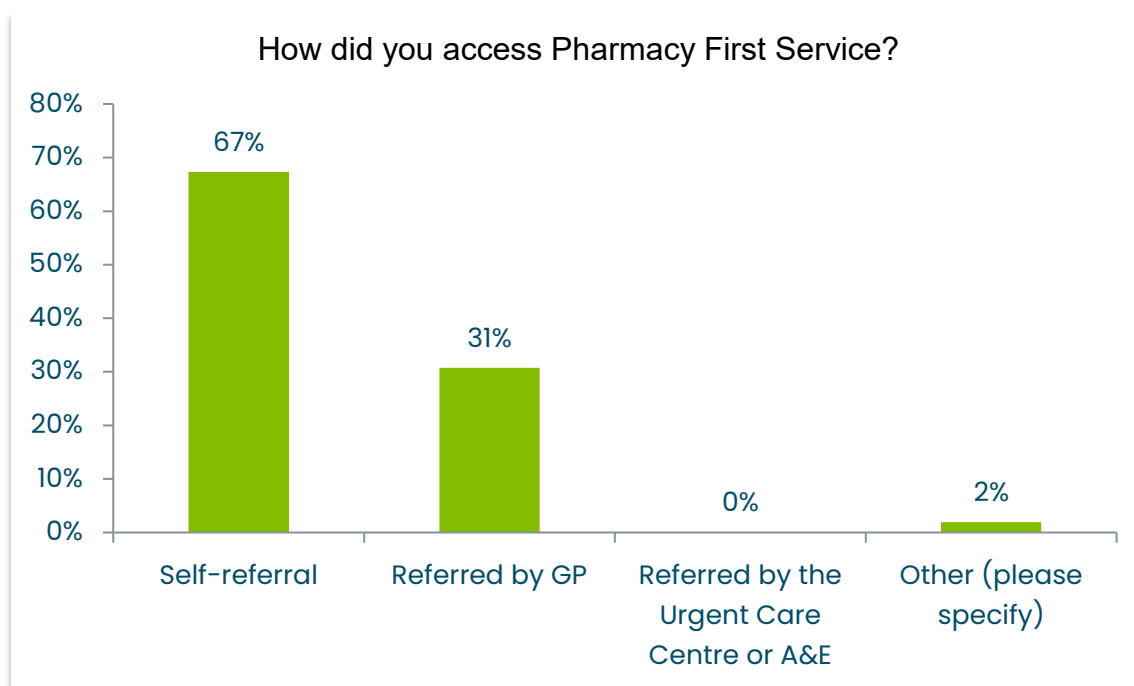
A total of 154 respondents participated in the survey. Among them:

- 53 (34%) respondents had both heard of and accessed the service
- 31 (20%) respondents had heard of it but had not accessed it.
- 70 (46%) respondents reported that they had neither heard of nor accessed the service.

Overall, 84 respondents were aware of the service, compared with 70 (45%) who were not aware of it. In terms of usage, only 53 respondents had accessed the service, whereas 101 had not accessed it. These findings indicate that although over half of the respondents were aware of the service, actual usage remains lower. Furthermore, a substantial portion of respondents had never heard of Pharmacy First. This shows that awareness is still inconsistent across the community, and some of those individuals could have missed out on opportunities to access quicker support.

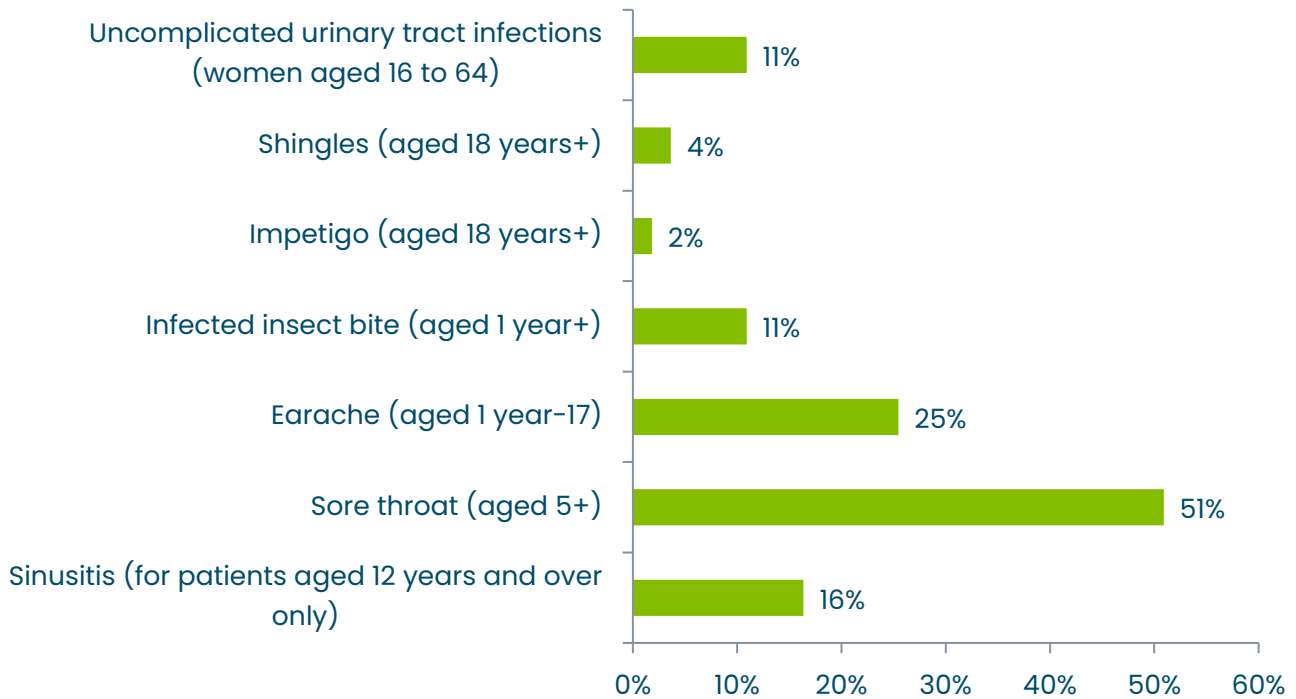


A total of 52 respondents answered the question regarding how they accessed the service. The majority of respondents (67%) reported that they accessed Pharmacy First by self-referring, indicating that most individuals independently chose to use the service without a formal referral. In comparison, 31% of respondents stated they were referred to the service by their GP, suggesting that general practitioners also play a role in directing patients to Pharmacy First, although to a lesser extent than self-referral. These findings highlight that self-referral is the most common route through which patients access the service, demonstrating a level of patient awareness and willingness to seek support directly from community pharmacies.

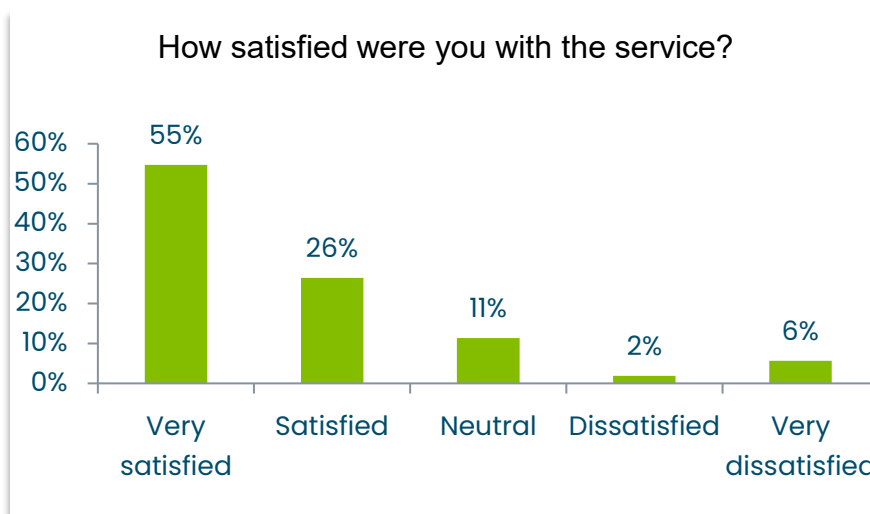


Among respondents who reported accessing the Pharmacy First service, slightly more than half (51%) stated that they used the service to treat a sore throat, making it the most common reason for accessing the service. Earache was the second most frequently reported reason, with 25% of respondents seeking treatment for this condition. A smaller proportion of respondents accessed the service for sinusitis (16%), while infected insect bites and uncomplicated urinary tract infections (UTIs) were each reported by 11% of respondents. These findings suggest that Pharmacy First is most commonly used for the management of common, minor conditions such as sore throat and earache, highlighting the service's role in providing accessible treatment for everyday health concerns within the community pharmacy setting.

What condition did you receive support for:



The respondents were asked to rate their satisfaction level with the Pharmacy First service. The results indicate a generally high level of satisfaction among respondents who used the Pharmacy First service. The majority of respondents (55%) reported that they were very satisfied with the service, while a further 26% stated that they were satisfied. A smaller proportion (11%) reported feeling neutral about their experience. In contrast, only a minority of respondents expressed dissatisfaction, with 6% reporting that they were very dissatisfied and 2% stating that they were dissatisfied with the service. Overall, these findings suggest that the Pharmacy First service is well received by most users, with more than four-fifths of respondents reporting a positive level of satisfaction.



Respondents provided comments about their rating, and these have been grouped into positive and negative.



Positive feedback

I was able to get same-day advice and treatment from the pharmacist after my GP surgery referred me, and the pharmacist explained clearly how to use the cream and when to return if it worsened.

I was able to speak to a female pharmacist in a private consultation room, received appropriate treatment quickly, and avoided a long wait at the GP practice.

The pharmacist was able to see me on the same day, assessed my symptoms thoroughly, and explained the treatment clearly, which meant I did not need to book a GP appointment.

I was seen quickly without needing a GP appointment, and the pharmacist explained everything clearly, including how to take the medicine and what warning signs to look out for. The advice was reassuring, and I left feeling confident about managing my symptoms at home.

I had a spreading rash on my face and felt self-conscious, but the pharmacist saw me in a private room, confirmed it was impetigo, and supplied the right cream straight away.

It was very busy, I had to wait 30 minutes, but she gave me antibiotics straight away."

Quicker than getting a GP appointment so able to treat the condition immediately."

*The pharmacist was very helpful and informative
The pharmacy does listen to my complaints and they pay attention to detail.*

I appreciated being able to speak privately with the pharmacist the same day about intimate symptoms, receive treatment, and avoid waiting for a GP appointment

I was able to pop into the pharmacy after work, the pharmacist checked my throat and general health, and gave clear advice and treatment without the need for a GP appointment.

As a carer, it is hard to get time off for GP appointments, so being able to walk into the pharmacy, be seen quickly, and get treatment made a big difference.

The GP surgery referred me to the pharmacist, who reviewed my symptoms, provided treatment, and explained when I should seek further help.



Areas for improvement

The prescribed medication turned out to be ineffective.

I had to visit two different pharmacies before I could get treatment.

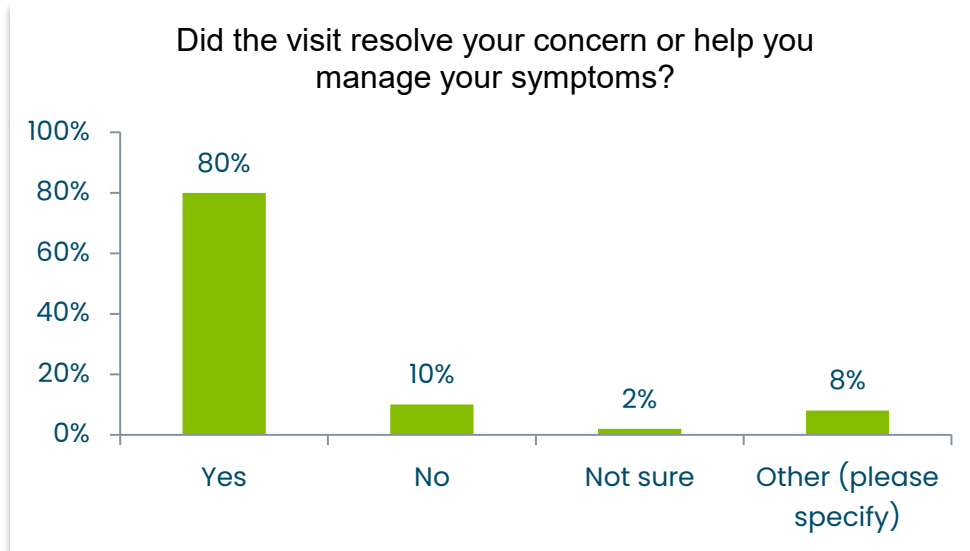
In the first, they went to ask the pharmacist. I heard him say, 'I don't have time.' Then the other staff member came out and said I had to go to the doctor, as my symptoms did not qualify. The second was also reluctant to help, and said that I hadn't used them before, so I couldn't get help. I argued that this was not correct, and then the pharmacist eventually saw me.

The time was not correct. Would say we will call you between 9 am and 12 pm and then call at 5 pm.

It didn't get better after I went to the pharmacist.

The GP practice was busy, and I had to see a pharmacist, but my illness was not resolved with medication.





80% of respondents reported that their visit to the pharmacy resolved their concern or symptoms, while 10% indicated that it did not. A further 2% were unsure whether their symptoms had been resolved. The remaining 8% selected 'Other' and provided additional comments, as outlined below:

“The prescribed medication turned out to be ineffective.”

“Yes, but only because I insisted.”

“Was advised to ring 111 because of my daughter's symptoms.”

“To a degree, I went back a few days later, and the pharmacist said she felt I should take my daughter to A&E or call 111 as she felt she needed more help than she could provide.”

Following that, respondents were asked to provide more details about their experience, and these are the comments that were offered:

“Within 2 days, the swelling went down. The pharmacist was excellent.”

“The staff were nice, they gave proper information about the medication, and answered all my questions.”

“I visited the pharmacy for common symptoms of cold/flu, and it saved a lot of time.”

“Help was not offered willingly. It seemed that in both pharmacies, they didn't want to help and tried to find excuses not to help, directing me back to GPs. ”

“Felt staff were under pressure. We got fobbed off on treatment to purchase, always shown expensive stuff.”

“Wouldn't advise because of age!”

“I went to the pharmacy after the GP but he did not tell me about PF and just prescribed me. ”

“Provided a telephone app + antibiotics.”

“I had burning when passing urine and was going to the toilet very often; the pharmacist went through a structured checklist, supplied antibiotics and advice on fluids and red-flag symptoms, and my UTI settled quickly.”

“I had a painful throat and fever; the pharmacist assessed whether it was likely viral or bacterial, recommended suitable medicines and self-care, and my symptoms improved over the next few days.”

“My leg had become red and swollen after a bite; the pharmacist assessed it, supplied appropriate medicine, and gave clear advice, which helped the infection to settle without needing urgent care.”

“The pharmacist explained how to apply the treatment, how long it would take to work, and how to avoid passing the infection to others, and the rash cleared within a week.”

“My 6-year-old had been crying with ear pain; the pharmacist checked him, provided treatment and clear safety-net advice, and his earache improved over the next couple of days.”

“The pharmacist took time to examine the rash, check my medical history, and explain pain relief and skin care, which helped my symptoms to settle and avoided A&E.”

“My ankle had become swollen and itchy after an insect bite; the pharmacist checked for signs of serious infection, supplied treatment, and the swelling reduced over the next few days, so I did not need to go back to the GP.”

“I had to go to the GP when what I was given by the pharmacy didn't resolve the issue.”

The comments show mixed experiences of the pharmacy service. Many patients reported positive outcomes, stating that pharmacists were helpful, knowledgeable, and provided clear advice and appropriate treatment for conditions such as UTIs, sore throats, rashes, insect bites, and ear pain. Several noted that symptoms improved quickly and that the service saved time or prevented the need to visit a GP or A&E. Patients also appreciated pharmacists taking time to assess symptoms, explain treatments, and give safety-net advice.

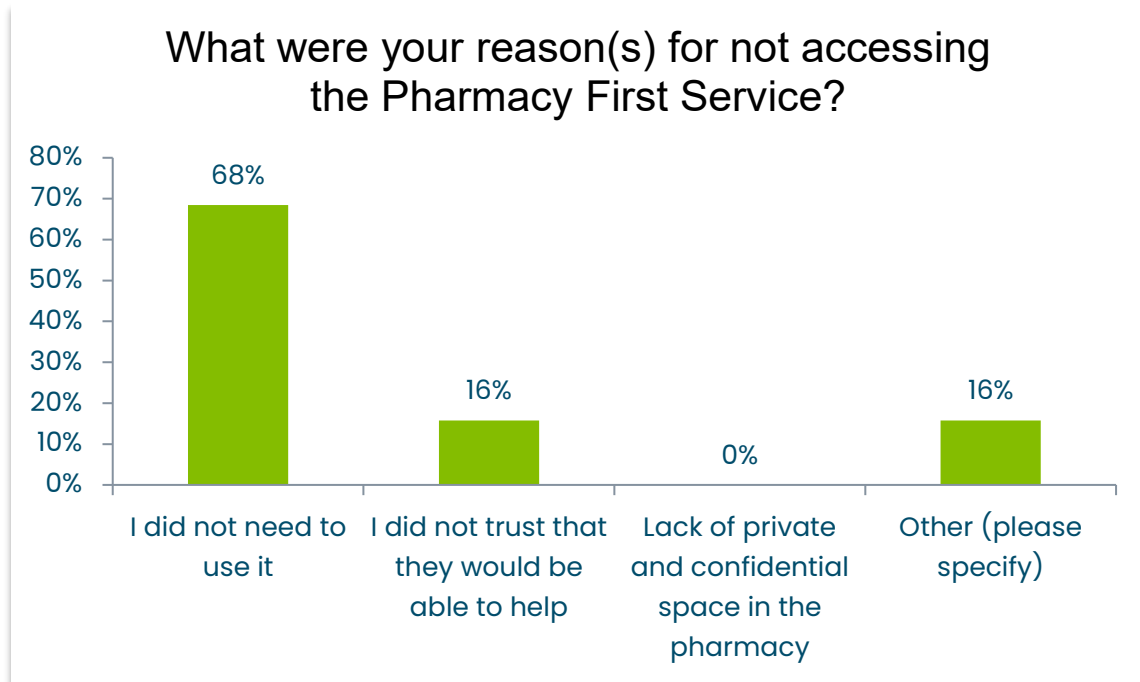
However, some respondents reported less positive experiences. A number felt that staff were unwilling to assist, appeared under pressure, or redirected them back to their GP rather than offering support. Others noted being encouraged to buy costly products, being refused help due to age, or not being made aware of the Pharmacy First service by their GP. In a small number of cases, the treatment provided did not resolve their condition, requiring follow-up care from their GP.

Reasons for not accessing Pharmacy First

Those who have heard about Pharmacy First but have not accessed it were asked if there were any specific reasons for it. 68% of them said they did not need to use it, and 16% stated that they did not trust the pharmacy would be able to help. 16% ticked 'other' and provided these comments:

"If the illness is not that serious, I just self-medicate, and if it is, I'll see a GP."

"Unsure as to what you can and can't get compared to previous years."



Data suggests that lack of need is the main reason for non-use of the Pharmacy First service, rather than barriers to access or awareness. Most respondents who were aware of the service simply had not experienced a health issue that required it. However, the finding that 16% did not trust that the pharmacy would be able to help indicates that confidence in the service is still a barrier for a minority of people. This may reflect limited understanding of pharmacists’ clinical role, uncertainty about the types of conditions they can treat, or a continued preference for GP services.

When asked if they wished to provide more information about their experience, respondents offered these comments:

“I found out about PF last week because I was signposted to a pharmacy for my son's tonsillitis when we went to A&E.”

“I have more faith in my GP.”

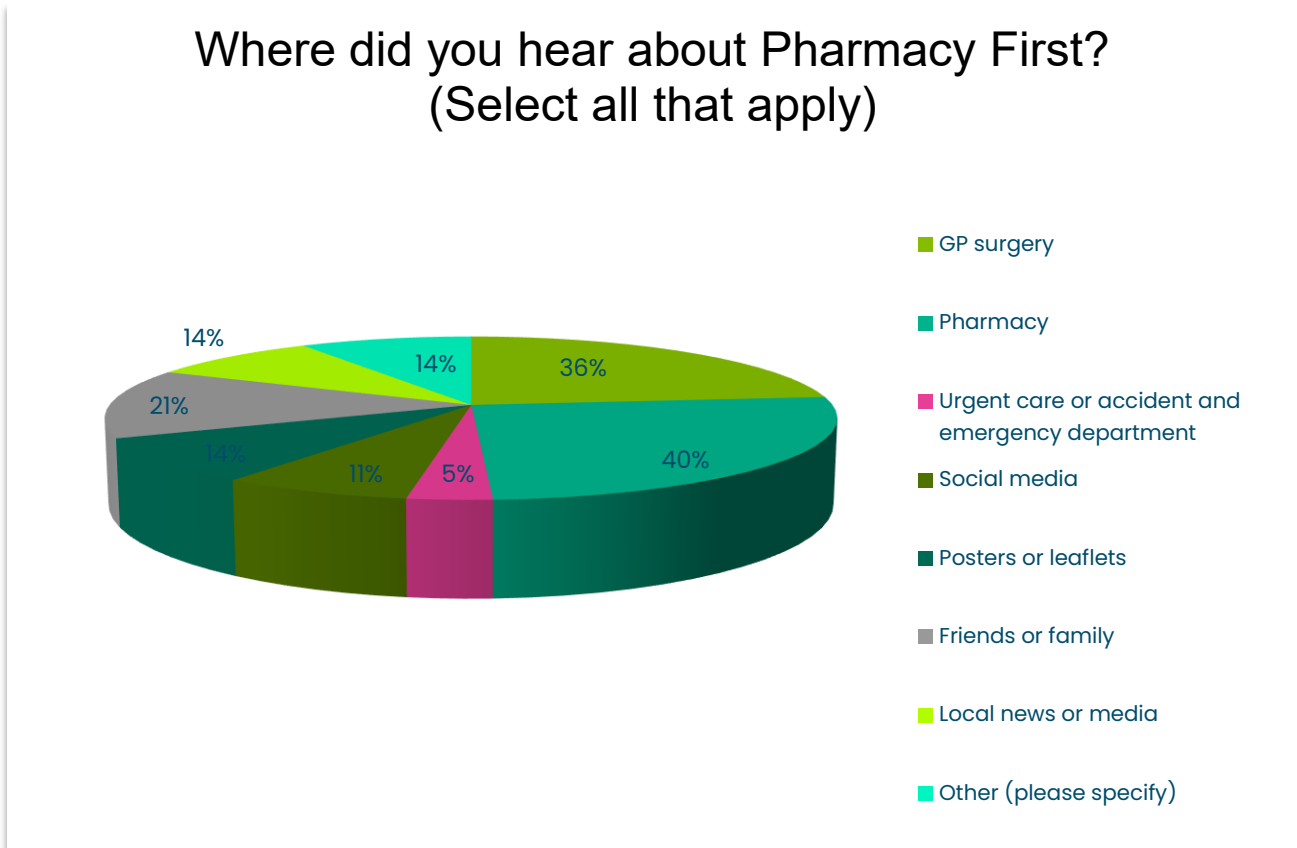
“This needs to be on social media more.”

“I think it is unfair to pharmacists as they will be more strained.”

These comments suggest that awareness of the Pharmacy First service is still developing, with some people only learning about it when signposted by other healthcare services. They also indicate varying levels of trust in pharmacists compared

to GPs, a perceived need for greater promotion (e.g., through social media), and some concern about the potential workload impact on pharmacists.

Next, those who were aware of the service but had not accessed it were asked where they had heard about Pharmacy First.



The majority (40%) found out about the Pharmacy First service in the pharmacy, and 36% were introduced to this service by their GP surgery. 21% were told about Pharmacy First by their friends and family. The least reported awareness route was Urgent care or emergency and accident department (5%) and social media (11%). Those who ticked other, provided these comments:

“I work in the health sector, so I know.”

“Word of mouth.”

“GP to more actively encourage people to approach the pharmacist to ask for advice.”

“Library event.”

“TV and radio.”

This suggests that pharmacies and GP surgeries are the main sources of awareness for the Pharmacy First service, indicating that most people learn about it through direct contact with healthcare providers. Awareness through friends and family also plays a role, while urgent care settings and social media contribute relatively little, suggesting there may be opportunities to improve promotion through these channels.

Feedback from respondents with no knowledge or experience of accessing Pharmacy First

Those who were not aware of Pharmacy First and had not accessed the service were asked how the service should be promoted. A summary of suggestions is provided in the table below.

Type of publicity	Number of mentions	Quotes
Social media/digital advertising	14	“More advertisement on social media”, “Instagram and Facebook”, “TikTok”, “online pop-ups”, “YouTube campaign”
Posters, leaflets, flyers, printed materials	13	“Leaflets in libraries”, “posters in GP surgeries”, “flyers”, “printed on prescription/forms”, “letterbox leaflets”
GP surgeries / GP recommendation	11	“More information from the GP”, “posters in GP surgeries”, “GP recommending the service”, “GP app”, “printed on prescription and forms.”
Community locations & events	8	“Community centres”, “schools”, “libraries”, “community events”, “shopping centres”.
Pharmacies promoting the service	5	“Inside pharmacies”, “pharmacy staff to promote it”, “encouragement at pharmacy”
Traditional media (TV, radio, newspapers)	5	“TV adverts”, “radio”, “local news”, “newspapers”
Outdoor advertising (buses, billboards)	5	“Billboards”, “buses”, “bus stops”
Email/newsletters/websites/apps	4	“Emails”, “newsletters”, “NHS website/app”, “council website”
Word of mouth / professional recommendation	3	“Talking to people”, “midwives sharing information”, “word of mouth”.

The most common suggestion from respondents was increasing promotion through social media and digital advertising, which was mentioned more frequently than any

other method. Respondents also frequently recommended printed promotional materials such as posters, leaflets, and flyers, particularly in GP surgeries, pharmacies, libraries, and community spaces.

Another common theme was the role of healthcare professionals, with many participants suggesting that GPs, pharmacists, midwives, or other NHS staff should actively recommend or promote the service. Respondents also highlighted the value of community-based promotion, including events, schools, and community centres.

In addition, several participants suggested traditional media advertising (TV, radio, newspapers) and outdoor advertising such as billboards, buses, and bus stops. Overall, the responses indicate that participants believe a combination of digital promotion, printed materials in healthcare settings, and community-based awareness activities would be most effective in increasing awareness of the service.

4. Concluding summary

Overall, the findings suggest that the Pharmacy First service is generally well received by those who use it, with high satisfaction levels and many residents reporting that their symptoms were resolved quickly and conveniently without the need for a GP appointment. Mystery shopping visits also showed that pharmacies are largely able to provide walk-in consultations, private consultation spaces, and clinical assessments by pharmacists, demonstrating the service's potential to improve access to care for common minor illnesses.

However, the research also highlights several areas for improvement. Awareness of the service remains inconsistent, with a significant proportion of residents still unaware of Pharmacy First, and promotion within pharmacies varies widely. Some residents also expressed limited confidence in pharmacists compared with GPs, and mystery shopping identified occasional uncertainty among counter staff about the service criteria.

5. Recommendations

After considering the evidence gathered during the duration of this project, Healthwatch Barking and Dagenham recommends:

1. Increase public awareness of Pharmacy First

Local partners should strengthen promotion of the service to improve awareness among residents. This could include greater use of social media campaigns, local community events, and digital advertising, as well as clearer information on NHS, council, and GP surgery websites.

2. Improve promotion within pharmacies

Pharmacies should ensure that clear and visible information about Pharmacy First is consistently displayed, including posters, leaflets, and signage at the counter and shop front. This would help customers' understanding of the service.

3. Strengthen communication from GP surgeries and other healthcare services

GP practices, NHS 111, and urgent care services should continue to actively signpost appropriate patients to Pharmacy First, helping residents understand when a pharmacist can provide treatment instead of a GP appointment.

4. Provide consistent staff awareness and training

Pharmacy teams, particularly counter staff, should receive ongoing training and guidance on Pharmacy First eligibility criteria and processes to ensure they can confidently explain the service and support patients appropriately.

5. Build public confidence in pharmacists' clinical role

Public messaging should highlight the clinical expertise of pharmacists and the range of conditions they can assess and treat, helping to address concerns among some residents who currently prefer to consult a GP.

6. Response from the service provider

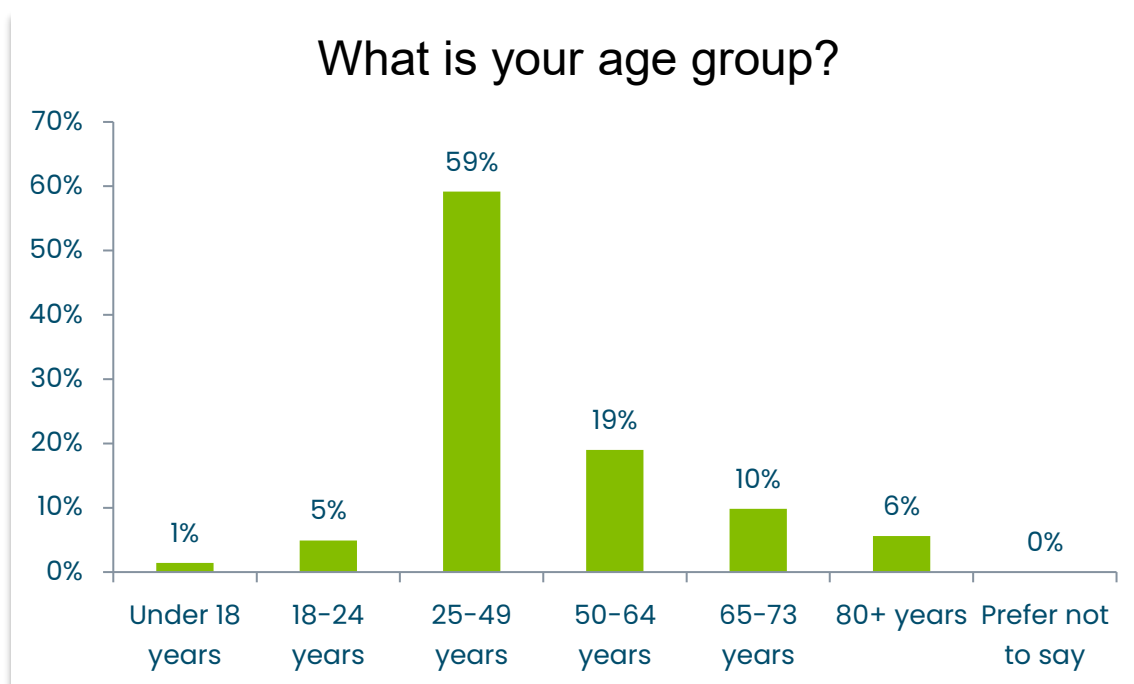


Shilpa Shah, CEO for Community Pharmacy North East London, responded:

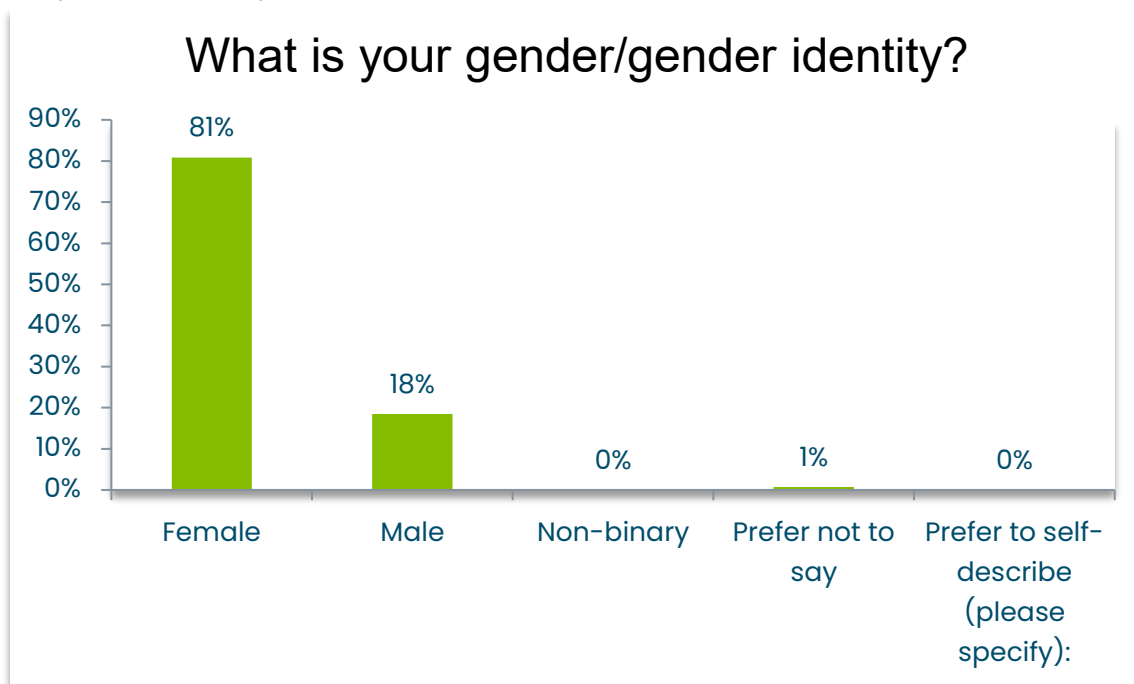
Community Pharmacy is the bedrock of local communities when it comes to healthcare. They have great accessibility, and you don't have to make an appointment to visit. Community Pharmacy North East London will be sharing this feedback with the contractors across B&D and allowing them to consider various options on how they can improve advertising of the Pharmacy First Service alongside the many other services that they offer to residents across B&D and neighbouring boroughs. It is important to note that, unlike other HCP groups in primary care, things like digital screens are not funded by the NHS; this is at a cost to the pharmacy, as is any advertising that the pharmacy chooses to invest in. We would like to see much better advertising from the NHSE national team, as there have been a couple of campaigns featuring Pharmacy First, but they don't seem to have had a huge impact. As part of the work we are doing on the positioning of community pharmacy in neighbourhoods, we are ensuring that other organisations are aware of the service in community pharmacy so that they can signpost appropriately.

Demographic profile

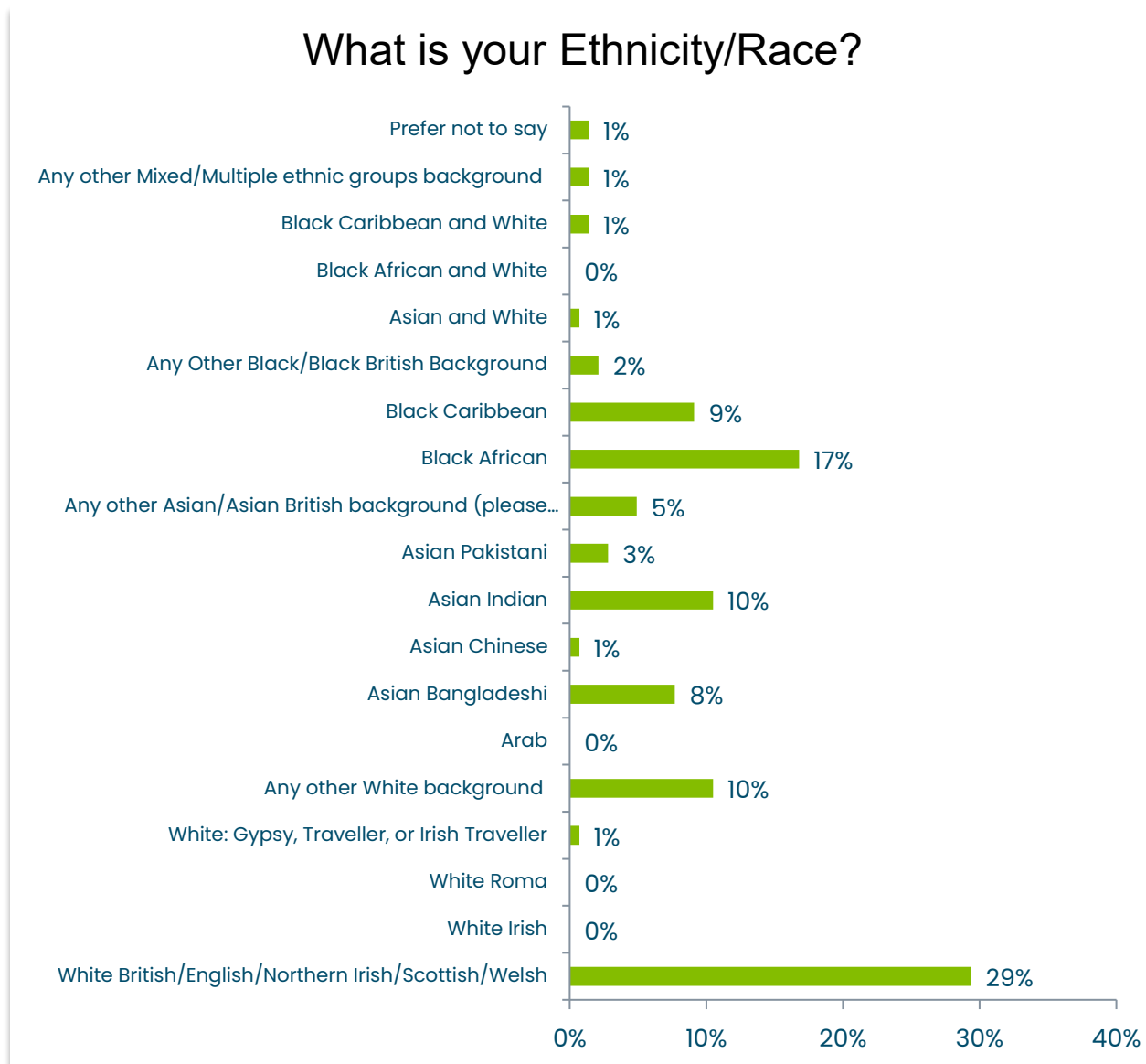
The majority of respondents (59%) were 25-49 years old.



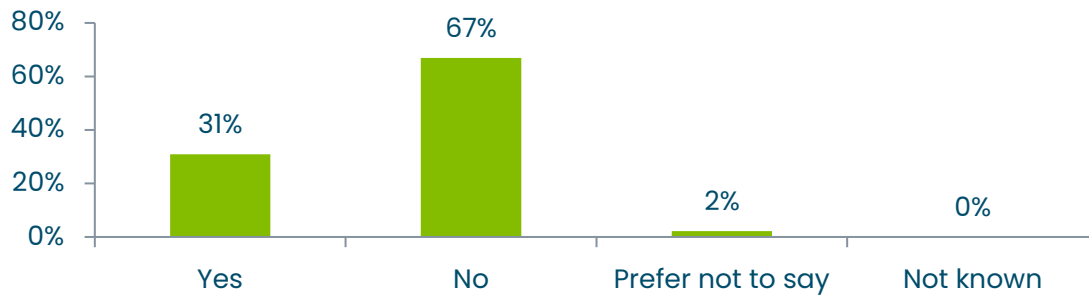
The majority (81%) of respondents were female.



The respondents represented a diverse range of ethnicities, with 39% identifying as White, 28% as Black, and 27% as Asian.

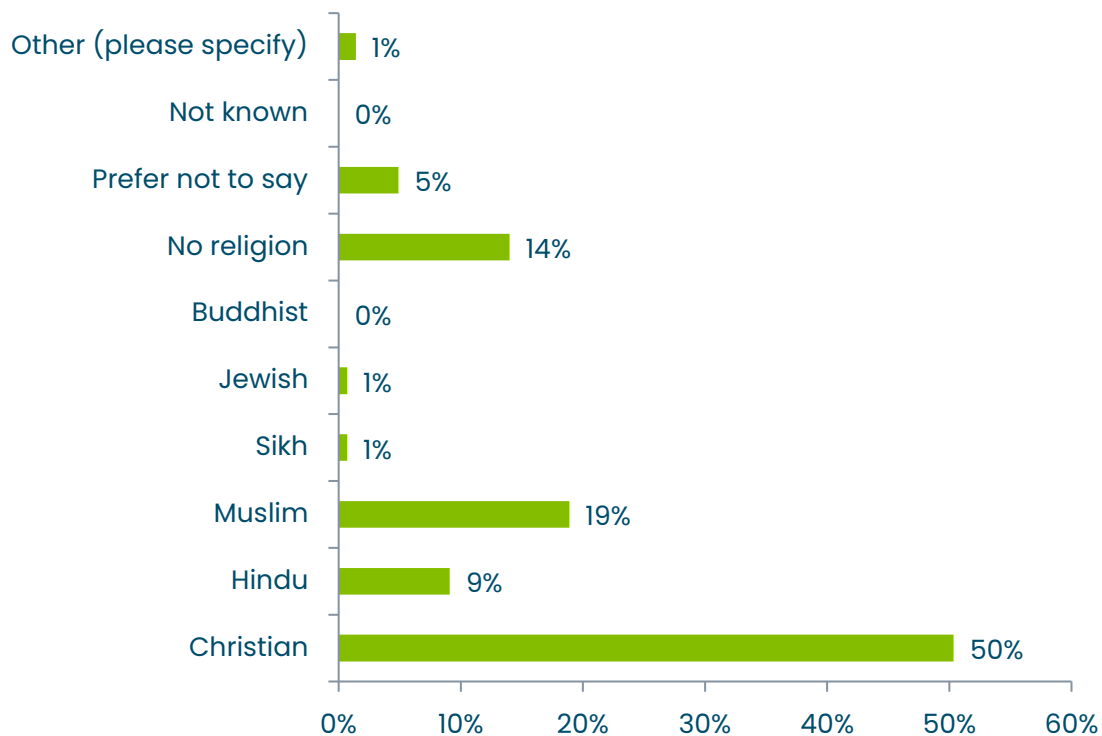


Do you consider yourself to be a carer?
(A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or addiction.)

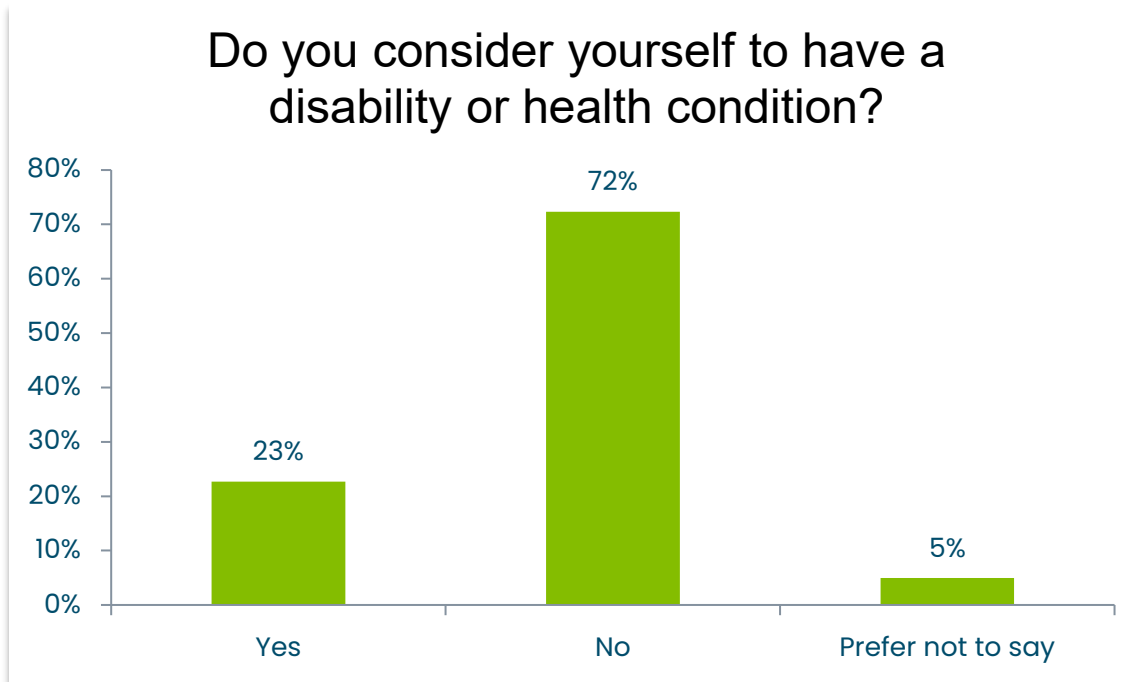


31% of respondents identified as unpaid carers.

What is your Religion?

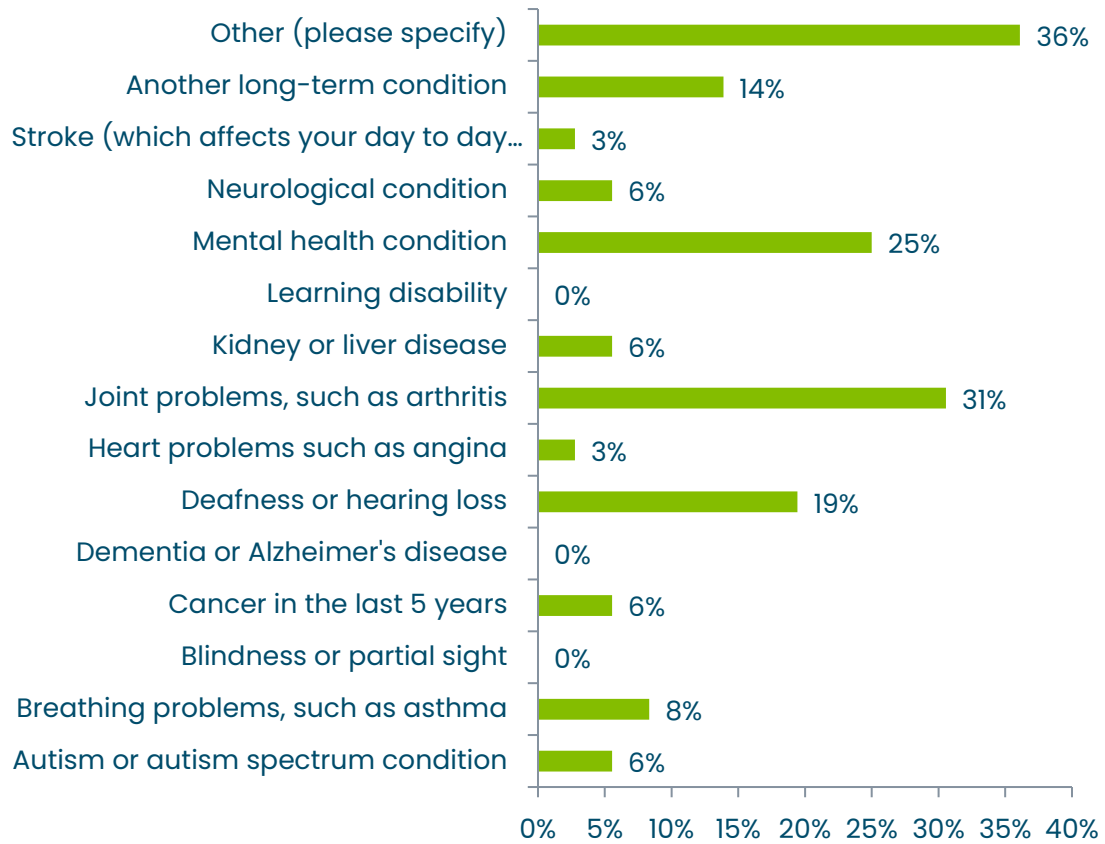


50% of respondents were Christian, 19% were Muslim, and 14% did not have a religion.



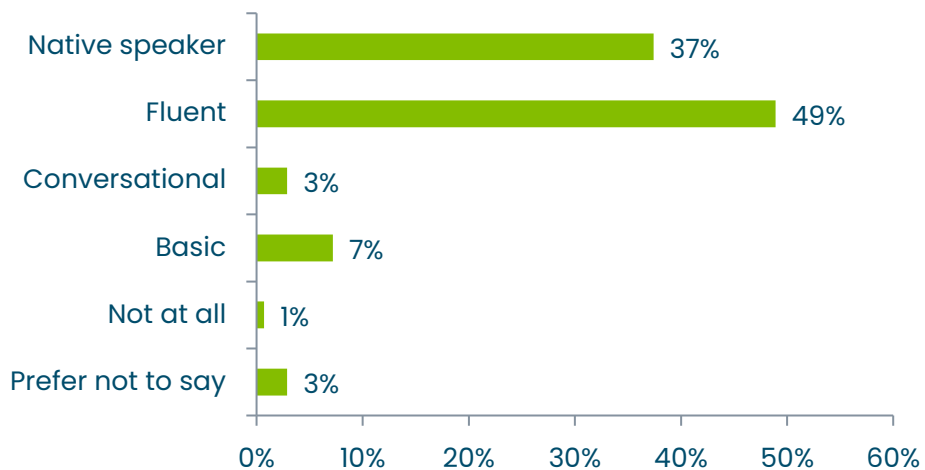
72% reported not having a disability or a long-term health condition. Among those who had a disability or a health condition, the most commonly reported ones were joint problems (31%), and mental health problems (25%). Those who specified “other” specified they had Plantar fasciitis, ADHD and epilepsy, skin allergies, diabetes/obesity, balance disorder, hepatitis, high blood pressure, and pancreatic insufficiency.

If yes, which of the following health conditions and disabilities?



Nearly half of the respondents (49%) were fluent in English, and 37% were native speakers.

How well can you speak English?






healthwatch
Barking and
Dagenham

Healthwatch Barking and Dagenham

www.healthwatchbarkinganddagenham.co.uk

t: 0800 298 5331

e: info@healthwatchbarkinganddagenham.co.uk

 [@HealthwatchBD](https://twitter.com/HealthwatchBD)

 [Facebook.com/Healthwatch.bd](https://www.facebook.com/Healthwatch.bd)