healthwatch
North East and North Cumbria

Modern General Practice Access

Healthwatch North East and North Cumbria Network

Making GP access clearer, fairer and easier for local people

March 2026

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About this report and the transition from PCARP to MGPA

Modern General Practice Access (MGPA) is the new national framework that replaces the former Primary Care Access Recovery Plan (PCARP). During the period of this work, many materials in circulation, including banners, leaflets and engagement tools, still refer to PCARP. In this report, any reference to PCARP reflects that earlier branding. All insight presented relates to people's experiences of MGPA.

Making GP access clearer, fairer and easier for local people

This report shares what people across the North East and North Cumbria have told Healthwatch about Modern General Practice Access (MGPA). It brings together early insights gathered through conversations in communities, engagement events, and a survey that remains open.

It aims to give a clear picture of what's working well, where people are struggling, and what could make things easier in the future.

Acknowledgements

Thank you to the North East and North Cumbria ICB, the 14 local Healthwatch organisations, and to the many people who shared their views with us.

Local Healthwatch teams made sure feedback was gathered in ways that were accessible to everyone, using Easy Read, large-print versions, translated materials, BSL support, high-contrast formats and non-digital alternatives. These approaches helped people who may otherwise have been excluded to take part.

Most importantly, we thank all the residents across NENC who took the time to speak to us, meet us in their communities, or complete the survey. Their voices directly shape the learning in this report.

Background & Approach

Modern General Practice Access (MGPA) is the updated national approach that replaces the former Primary Care Access Recovery Plan (PCARP). The move to MGPA reflects the need for clearer terminology and more consistent communication across the NHS, ensuring that people across the region hear the same simple messages about how to access general practice.

Early learning from this work emphasised the importance of shared naming, accessible public information, and coordinated communications to reduce confusion and help people understand the different ways they can get support. Throughout this report, 'EA' refers to Extended Access, the evening and weekend GP appointment service.

This report brings together insight gathered through both survey responses and direct conversations with communities across the North East and North Cumbria. To ensure information reached as many people as possible, 15,000 MGPA leaflets were distributed across the NENC footprint, and Healthwatch teams engaged with people in GP practices, pharmacies, community hubs, libraries, warm spaces, faith venues, ageing-well events, job centres, foodbanks, and asylum-seeker accommodation.

Healthwatch deliberately used a wide range of inclusive, non-digital and face-to-face engagement methods because survey data alone does not provide a full or representative picture, particularly for residents who are digitally excluded, have communication or accessibility needs, or require support to complete forms.

Where statistics appear in this report, they are drawn from the survey results, these figures are therefore one element of a wider mixed-methods approach. Bringing these different approaches together provides a richer, more accurate understanding of how MGPA is being understood and experienced in our communities.

Executive Summary

People across our region are using a growing number of ways to get help from primary care, including the NHS App, Pharmacy First, GP practices and evening and weekend Extended Access appointments. Many people told us they appreciate having more choice, and 59% (178 people) said they found it easy to access their GP. However, experiences vary, and some people continue to face long waits, uncertainty and confusion.

Awareness of newer services is still developing. For example, 80% (248 people) who had recently contacted their GP said they were not offered an Extended Access appointment, and 41% (143) told us they have never used this option. Awareness of Pharmacy First also varies, with 32% (117) saying they haven't used it and 7% (26) unsure what it offers.

Digital tools can help, and people who use the NHS App value quick access to prescriptions and results. But 21% (77 people) told us they do not use the App, with some saying technology, confidence or device limitations make it difficult.

This report brings together what people told Healthwatch teams across the North East and North Cumbria during community visits, conversations and through the shared MGPA survey. It highlights what is working well, where people still struggle, and what could make accessing GP care clearer and less stressful for people.

The recommendations later in this report are based directly on what people shared. They focus on clearer communication, easier navigation of services, and making sure support works for everyone, including people who face the biggest barriers.

"80% (248) of recent GP users say they were not offered Extended Access (EA)."

What this report covers

- How Healthwatch teams helped promote MGPA across the region
- Where we visited, who we spoke to, and how we shared information
- What people told us about accessing general practice
- Where things are working well, and where people still face barriers
- What these early insights mean for the system going forward

Getting out into communities quickly

When MGPA was launched, Healthwatch teams across all 14 areas moved quickly to make sure people knew about the changes. Working closely with the ICB, we co-designed leaflets and banners so that everyone was sharing the same clear messages.

Because we have teams based in every local area, we were able to get information into a wide range of communities, not just big towns and cities, but rural and coastal areas too. This helped ensure that awareness of MGPA wasn't concentrated in a few places.

Where we went and who we spoke to

Healthwatch teams didn't just hand out information, we used MGPA materials as a way to start conversations.

We spoke to people in:

- GP practices
- Community pharmacies
- Hospital waiting areas
- Libraries and community hubs
- Faith venues and Voluntary, Community and Social Enterprise (VCSE) spaces
- Warm spaces, ageing-well events and "Here to Hear" drop-ins
- Job centres, foodbanks and other everyday community touchpoints

This helped us reach people who don't always engage with health messages, including those with limited digital access or who may struggle to navigate online systems.

Engaging with the communities

Making sure engagement was inclusive

We know that some groups face more barriers than others when it comes to accessing their GP or understanding new systems.

Healthwatch teams made sure we heard from:

- Older people
- People from ethnic minority backgrounds, including asylum seekers
- People with learning disabilities
- Deaf people needing BSL or visual communication
- People who struggle with technology or don't use the internet
- Parents and carers
- People with long-term health conditions

This helped build a picture that reflects the reality of communities across NENC, not just those who are already confident and well-connected.

What people told us

Awareness varies, and face-to-face explanations really help

Many people heard about Pharmacy First and Extended Access for the first time through Healthwatch. Some had used these services, but many were still unsure what they offered or whether they were eligible.

Talking through the leaflet with someone in person made a clear difference in helping people understand their options.

'We know that some groups face more barriers than others when it comes to accessing their GP or understanding new systems.'

What people told us

People value the NHS App, but not everyone can use it

Those who could access the NHS App often praised it for:

- Ordering prescriptions
- Checking test results
- Receiving appointment reminders

But for others, using the App wasn't straightforward. People told us about difficulties with:

- ID verification
- Old devices that don't support the App
- Not knowing how to get started
- Practices switching on different features

For some, particularly older people and disabled people, digital routes simply aren't an option. This reinforced the need for clear non-digital choices.

Access to GP appointments is still the biggest challenge

This was the strongest theme across all areas. People shared concerns about:

- Busy phone lines and long waits
- The '8am race' for appointments
- Online forms being confusing or inaccessible
- Not being offered Extended Access even when it was available
- A lack of continuity, especially for those with complex or long-term conditions

While many people did share positive experiences, these were often when services were working exactly as intended, and when they could speak to the right person at the right time.

What people told us

Disabled people and those needing communication support face added barriers

Some people told us they could not access services in a way that worked for them.

This included:

- Deaf people being told to ‘call back later’
- No interpreters being available
- People with learning disabilities struggling with online forms
- People with sensory needs finding digital systems overwhelming
- Those without internet access feeling left behind

This feedback has strengthened the recommendation for Accessible Information from Day One.

Why a coordinated approach matters

One of the strengths of this work has been the ability of the Healthwatch network to act quickly, share consistent messages and bring back early learning at pace.

Our structure means:

- Local voices feed directly into NENC-wide insight
- Messages are consistent across the system
- We can reach communities who may not otherwise have their voice heard
- Themes can be spotted quickly and shared with decision-makers

This early intelligence is already helping identify areas that may need extra focus as MGPA continues to develop.

Learning from the shift from PCARP to MGPA

As the programme evolved, it highlighted how important it is to have:

- Clear and consistent naming
- Shared, simple messages
- Light-touch activity logs that don't add burden
- Consistent public information across partners
- Accessible formats from the outset

This will help avoid confusion and ensure people across the region hear the same thing, wherever they live.

Key Findings

1. People value having more choice but still need clearer guidance

Many people appreciate the NHS App, Pharmacy First and Extended Access, but remain unsure which option to choose and when. Confusion often leads people to default to phoning their GP, even when other routes may have been quicker.

2. Digital tools work well for some, but exclude others

People confident with the NHS App describe it as fast and convenient for prescriptions, appointments and test results. However, significant numbers struggle due to digital confidence, old devices, ID requirements, accessibility needs, or because practices do not consistently enable features.

Key Findings

3. Access to GP appointments remains the biggest pressure point

Difficulties getting through on busy phone lines, the ‘8am race’, long waits, confusing online forms and lack of continuity were the strongest and most repeated themes.

4. Awareness and use of Extended Access (EA) is inconsistent

Many people reported never being offered Extended Access appointments, even where they existed. Some only learned about EA through Healthwatch engagement.

5. Awareness and experiences of Pharmacy First vary widely

People who used it often found it helpful and timely. Others were unsure what conditions qualified, reported inconsistent information from different pharmacies, or felt Pharmacies were not fully prepared to deliver the service.

6. Communication across services is not always consistent

People described receiving different messages from GP practices, pharmacies, NHS App notifications and reception teams, making navigation more difficult.

‘Many people reported never being offered Extended Access appointments, even where they existed.’

Key Findings

7. Some groups face compounded barriers

Disabled people, Deaf people, older adults, carers, people with limited English and those with low digital confidence face additional challenges accessing GP care. These include inaccessible booking routes, lack of interpreters, and reliance on digital-only systems.

8. Face-to-face appointments still matter

Many people prefer in-person appointments for complex, sensitive or ongoing issues, and value continuity with clinicians who know their history.

9. Positive experiences show the model can work well

When staff explain options clearly, systems align smoothly, and digital and non-digital routes both function well, people report quick access, confidence and satisfaction.

10. People are still attending GP practices in person due to telephone issues, and leaving without appointments

Many people told us they still attend in person because they cannot get through on the phone, only to find no appointments available. This leaves people frustrated, unsure what to do next, and sometimes making repeated trips or giving up.

Reported experiences included waiting in queues before opening, being told to 'ring back tomorrow', or not being informed about Extended Access as an alternative.

11. Joined-up, consistent communication from the system really helps

Healthwatch engagement showed that simple, clear, co-branded messages across GP practices, pharmacies, community settings and digital channels significantly improve understanding and confidence.

Recommendations

1. Make it clearer which service people should use and when

People told us they often feel unsure whether to use the NHS App, Pharmacy First, their GP practice or extended access.

We recommend clearer, more consistent information across all GP websites, phone messages, leaflets and community settings. Messages should be simple, co-branded and available in Easy Read, BSL, translated and printed formats.

2. Improve how people are offered and informed about Extended Access

Extended Access appointments are helpful but not routinely offered, and many people don't know they exist.

We recommend that practices explain Extended Access at every contact and publish offer rates across practices/PCNs so people know it's available. Staff should be supported to describe all appointment options clearly and confidently.

3. Support people who struggle with digital tools and keep non-digital options easy to use

The NHS App works very well for some people, but others find it difficult or cannot use digital tools at all.

We recommend offering simple in-person guidance, drop-in support and clear alternatives like telephone and face-to-face options. Practices should enable a consistent minimum set of NHS App features so people have the same experience wherever they live.

'Support people who struggle with digital tools.'

Recommendations

4. Improve how people can contact their GP practice, especially at busy times

The biggest pressure point remains getting through on the phone.

We recommend clearer information about the best times to call, how call-backs work, online/phone alternatives when lines are busy, and exploring whole-day triage or queue systems to reduce the "8am race." Transparency around appointment release times will help people plan.

5. Make information from different services more joined-up and consistent

People sometimes receive different or confusing messages depending on where they ask for help.

We recommend coordinated, simple communication across GP practices, pharmacies, NHS App information, reception teams and wider services so people know what to expect and where to go first.

6. Remove barriers for people who face the biggest challenges accessing care

Disabled people, Deaf people, carers, older adults, and people with limited English or digital confidence face the most barriers.

We recommend making the Accessible Information Standard a routine requirement: interpreters, translation, BSL support, accessible booking routes and non-digital choices should be available from Day One, with monitoring shared with the ICB.

'We recommend making the Accessible Information Standard a routine requirement.'

Recommendations

7. Protect access to face-to-face appointments and continuity for those who need it most

Many people still prefer face-to-face appointments, especially for complex or sensitive issues.

We recommend keeping in-person options visible and easy to request, and making it easier for people with long-term or complex conditions to see the same clinician where possible.

8. Build on what already works well and keep investing in community outreach

People have better experiences when information is clear, staff take time to explain options, and services work smoothly together.

We recommend continuing to invest in face-to-face outreach through Healthwatch and VCSE partners, particularly for people who are least likely to use digital routes. Sharing good practice across the system will help ensure positive experiences become the norm.

8. Ensure that reception teams proactively explain all available options when people present in person

This includes Extended Access, Pharmacy First, urgent care pathways, and call-back systems, so that attending the practice physically does not result in being turned away without clear next steps.

Next Steps

This report will be shared with the ICB to help shape future service delivery. It sets out where people feel confident, where they feel confused, and where things may not yet be working as intended.

The survey QR code will remain open, giving the system access to ongoing real-time feedback. Results can be downloaded at any time to support regular reviews.

All MGPA leaflets have now been fully distributed across the region. If the system wishes to maintain visibility, extend reach or continue face-to-face conversations, further investment will be needed to sustain this work.

Healthwatch will continue to make sure people's voices, especially those often overlooked, remain at the heart of developing and improving access to general practice.

Responses

North East & North Cumbria Integrated Care Board

"The ICB is pleased to receive this initial feedback from our collaboration with Healthwatch to promote access to, and understand experiences of, General Practice and Community Pharmacy. This report highlights areas where progress has been made and where we need to focus our attention on in the future to ensure equity of access to North East and North Cumbria's primary care services.

"We look forward to continuing to work with Healthwatch through this initiative to promote access to primary care in our region, build on the insights provided, and consider the recommendations within this report."

Pamela Phelps, Deputy Director of Strategy and Transformation on behalf of the North East & North Cumbria Integrated Care Board

Note

This work represents the collective effort of all 14 local Healthwatch organisations across the North East and North Cumbria. Each team played a vital role in reaching people, sharing information, and gathering insight from their communities.

We would like to acknowledge the contributions of:

- Healthwatch County Durham
- Healthwatch Darlington
- Healthwatch Gateshead
- Healthwatch Hartlepool
- Healthwatch Middlesbrough
- Healthwatch Newcastle
- Healthwatch North Tyneside
- Healthwatch Northumberland
- Healthwatch Redcar & Cleveland
- Healthwatch South Tyneside
- Healthwatch Cumbria
- Healthwatch Stockton-on-Tees
- Healthwatch Sunderland
- Healthwatch Westmorland & Furness

Together, these teams helped ensure a wide range of voices were heard, from coastal towns to rural villages, large urban centres to small community hubs.

Their shared commitment, local relationships and willingness to act at pace made this work possible.

Disclaimer:-

All findings in this report are based on the lived experiences shared with Healthwatch. Our aim is to highlight challenges within local health and care services and support meaningful improvements.

Before publication, all feedback was shared with the relevant services to provide an opportunity for response. Any updates included reflect the collaborative work undertaken to improve outcomes for local people.

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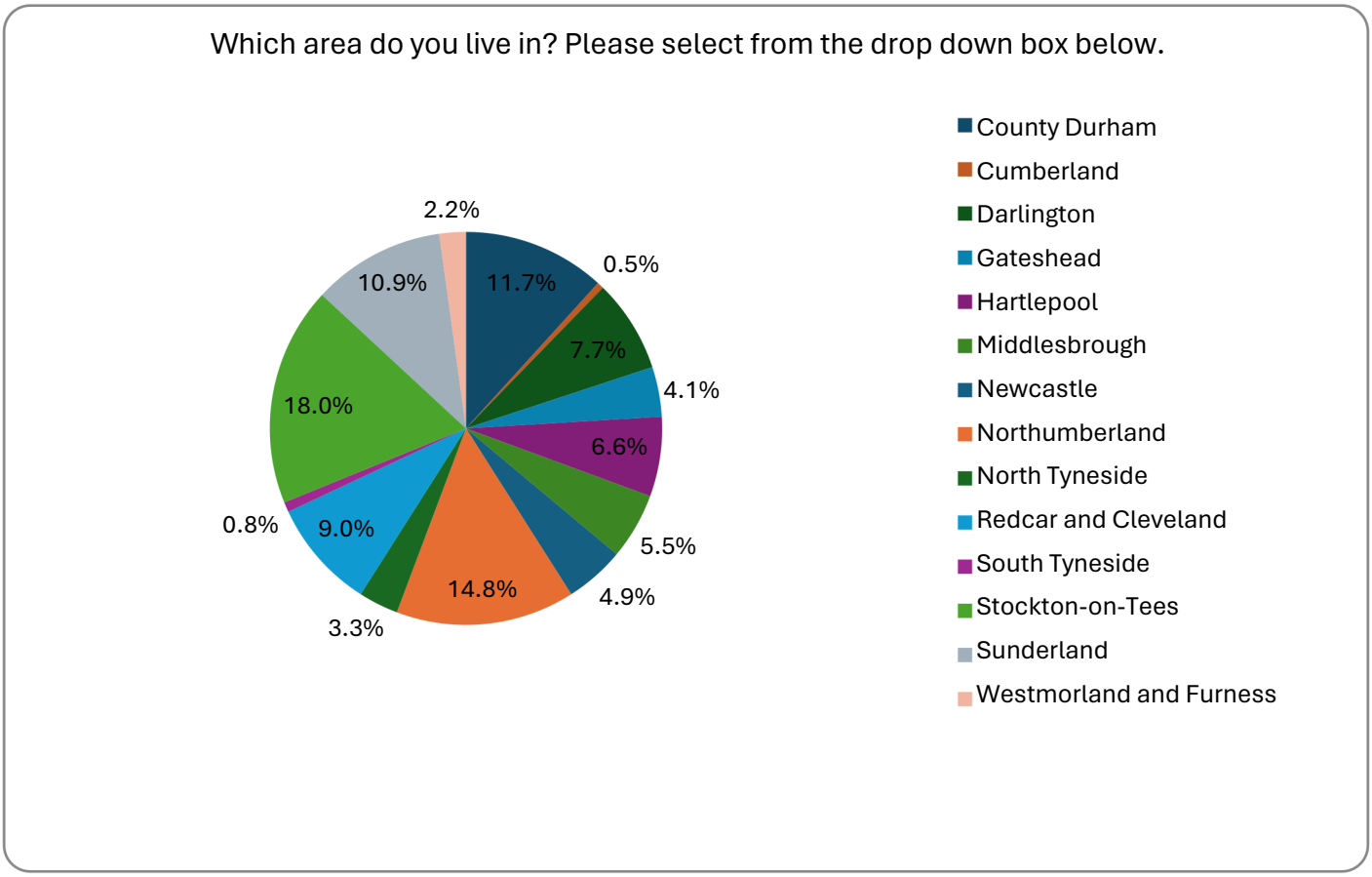
- Ethnic Group
- Age
- Gender
- Carer, disability or long-term health condition

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

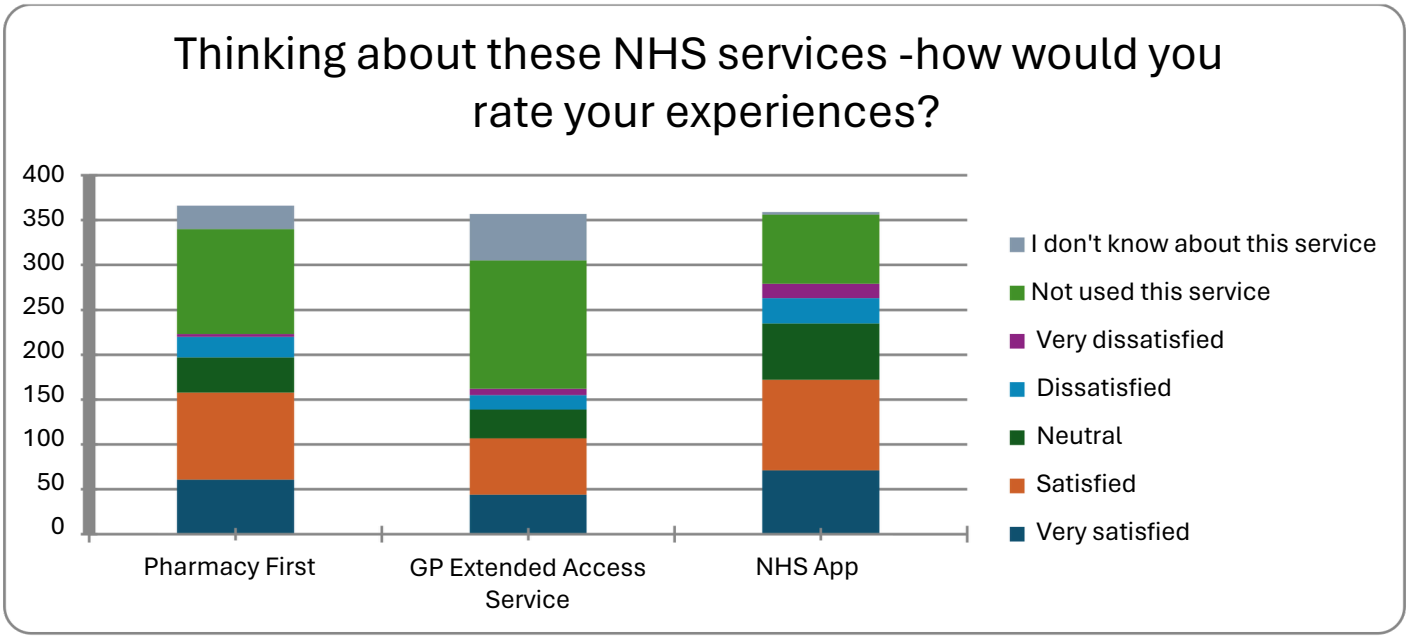
1. Which area do you live in? Please select from the drop down box below.

	Answer Choices	Response Percent	Response Total
1	County Durham	11.75%	43
2	Cumberland	0.55%	2
3	Darlington	7.65%	28
4	Gateshead	4.10%	15
5	Hartlepool	6.56%	24
6	Middlesbrough	5.46%	20
7	Newcastle	4.92%	18
8	Northumberland	14.75%	54
9	North Tyneside	3.28%	12
10	Redcar and Cleveland	9.02%	33
11	South Tyneside	0.82%	3
12	Stockton-on-Tees	18.03%	66
13	Sunderland	10.93%	40
14	Westmorland and Furness	2.19%	8
		answered	366
		skipped	12



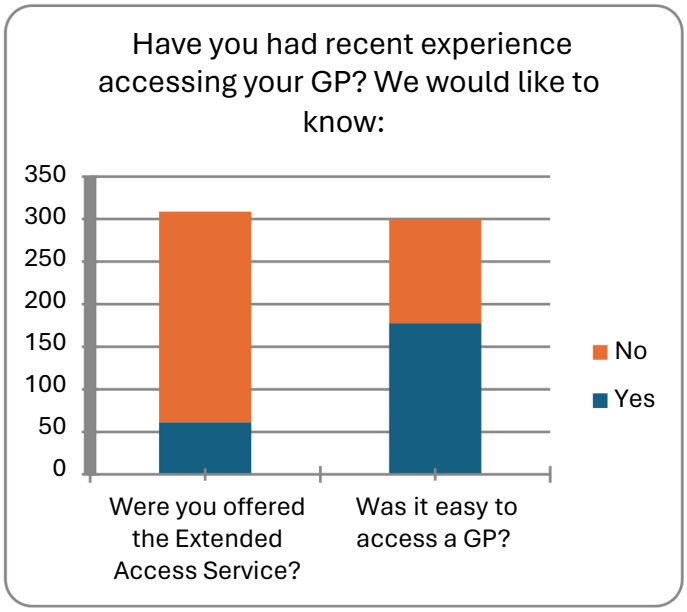
2. Thinking about these NHS services - how would you rate your experiences?

Answer Choices	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Not used this service	I don't know about this service	Response Total
Pharmacy First	16.67% 61	26.50% 97	10.66% 39	6.28% 23	0.82% 3	31.97% 117	7.10% 26	366
GP Extended Access Service	12.32% 44	17.65% 63	8.96% 32	4.48% 16	1.96% 7	40.06% 143	14.57% 52	357
NHS App	19.78% 71	28.13% 101	17.55% 63	7.80% 28	4.46% 16	21.45% 77	0.84% 3	359
							answered	369
							skipped	9



3. Have you had recent experience accessing your GP? We would like to know:

Answer Choices	Yes	No	Response Total
Were you offered the Extended Access Service?	19.74% 61	80.26% 248	309
Was it easy to access a GP?	59.33% 178	40.67% 122	300
		answered	316
		skipped	62

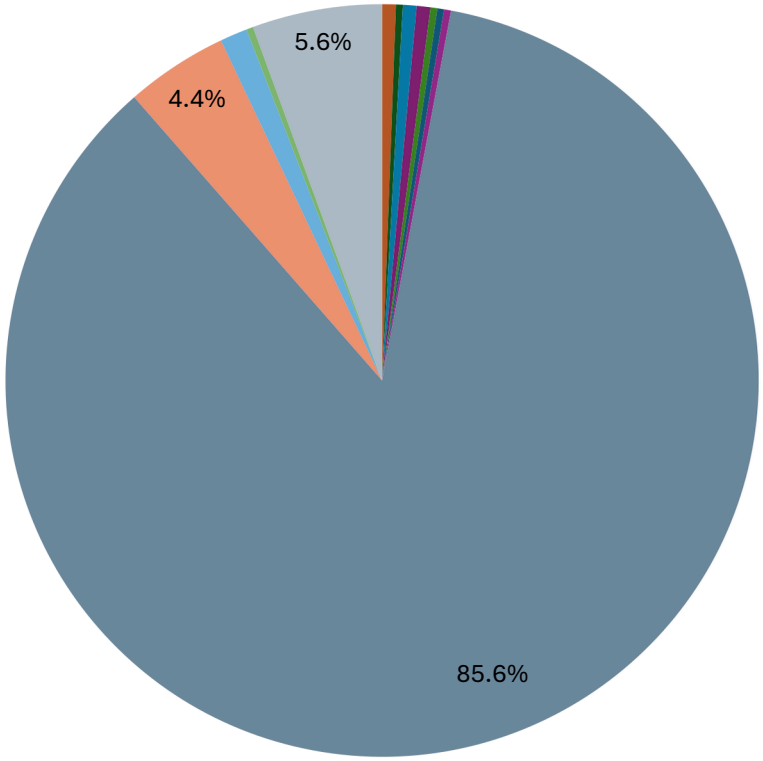


4. Would you like to give us any additional information - both good and bad - of the services listed below?			
Answer Choices		**Response Percent**	**Response Total**
1	Pharmacy First	63.25%	148
2	GP Extended Access Service	52.99%	124
3	NHS App	88.46%	207
4	Other	11.11%	26
		answered	234
		skipped	144

Demographics

6. Which of the following best describes your ethnic group?				
Answer Choices			**Response Percent**	**Response Total**
1	Asian/Asian British - Bangladeshi		0.00%	0
2	Asian/Asian British - Chinese		0.59%	2
3	Asian/Asian British - Indian		0.29%	1
4	Asian/Asian British - Pakistani		0.59%	2
5	Asian/Asian British - Any other Asian background		0.59%	2
6	Black/African/Caribbean/Black British - African		0.29%	1
7	Black/African/Caribbean/Black British - Any other Black/Black British background		0.29%	1
8	Black/African/Caribbean/Black British - Caribbean		0.00%	0
9	Mixed/Multiple ethnic group - White and Black Caribbean		0.00%	0
10	Mixed/Multiple ethnic group - any other mixed/multiple ethnic background		0.00%	0
11	Mixed/Multiple ethnic group - White and Asian		0.29%	1
12	Mixed/Multiple ethnic group - White and Black African		0.00%	0
13	White - English/Welsh/Scottish/Northern Irish/British		85.63%	292
14	White - any other white background		4.40%	15
15	White - Gypsy or Irish Traveller		0.00%	0
16	White - Irish		1.17%	4
17	Other ethnic group - Arab		0.00%	0
18	Other - any other ethnic background		0.29%	1
19	Prefer not to say		5.57%	19
			answered	341
			skipped	37

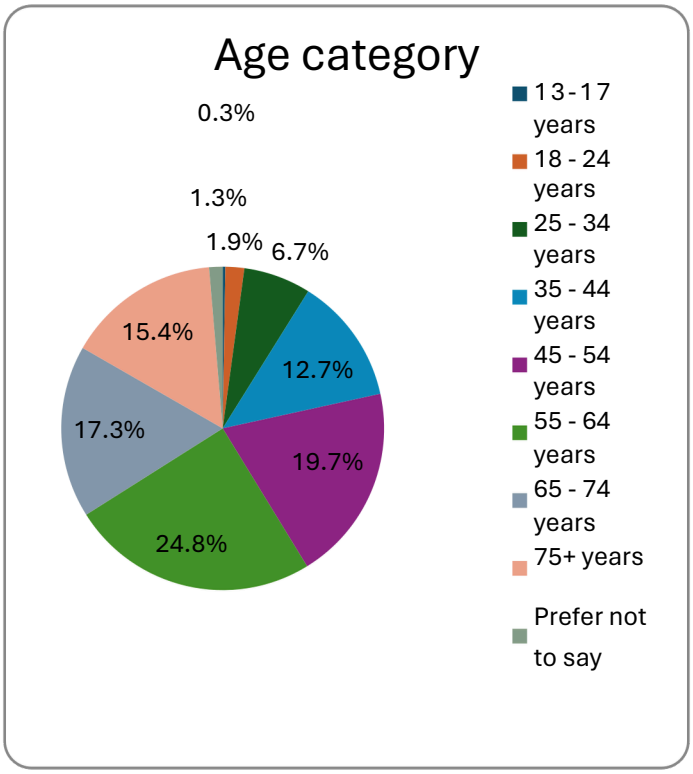
Which of the following best describes your ethnic group?



- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese
- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian/Asian British - Any other Asian background
- Black/African/Caribbean/Black British - African
- Black/African/Caribbean/Black British - Any other Black/Black British background
- Black/African/Caribbean/Black British - Caribbean
- Mixed/Multiple ethnic group - White and Black Caribbean
- Mixed/Multiple ethnic group - any other mixed/multiple ethnic background
- Mixed/Multiple ethnic group-Whiteand Asian
- Mixed/Multiple ethnic group - White and Black African
- White - English/Welsh/Scottish/Northern Irish/British
- White - any other white background
- White - Gypsy or Irish Traveller
- White - Irish
- Other ethnic group - Arab
- Other - any other ethnic background
- Prefer not to say

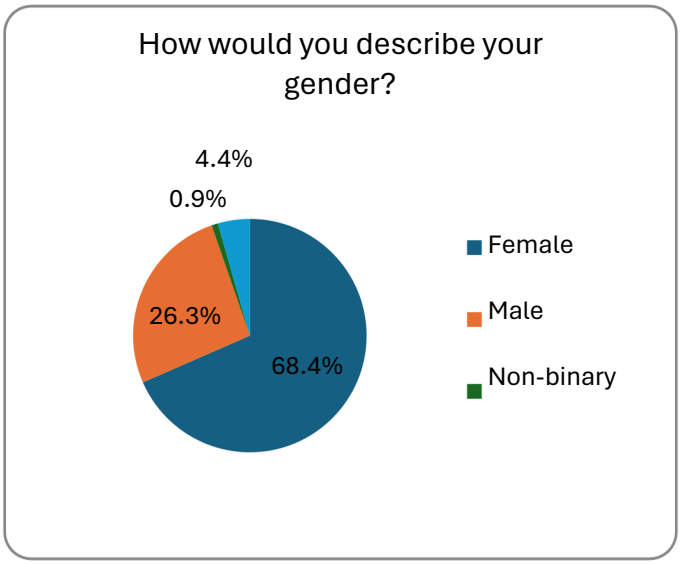
7. Age category

	Answer Choices	Response Percent	Response Total
1	13 - 17 years	0.27%	1
2	18 - 24 years	1.89%	7
3	25 - 34 years	6.74%	25
4	35 - 44 years	12.67%	47
5	45 - 54 years	19.68%	73
6	55 - 64 years	24.80%	92
7	65 - 74 years	17.25%	64
8	75+ years	15.36%	57
9	Prefer not to say	1.35%	5
		answered	371
		skipped	7



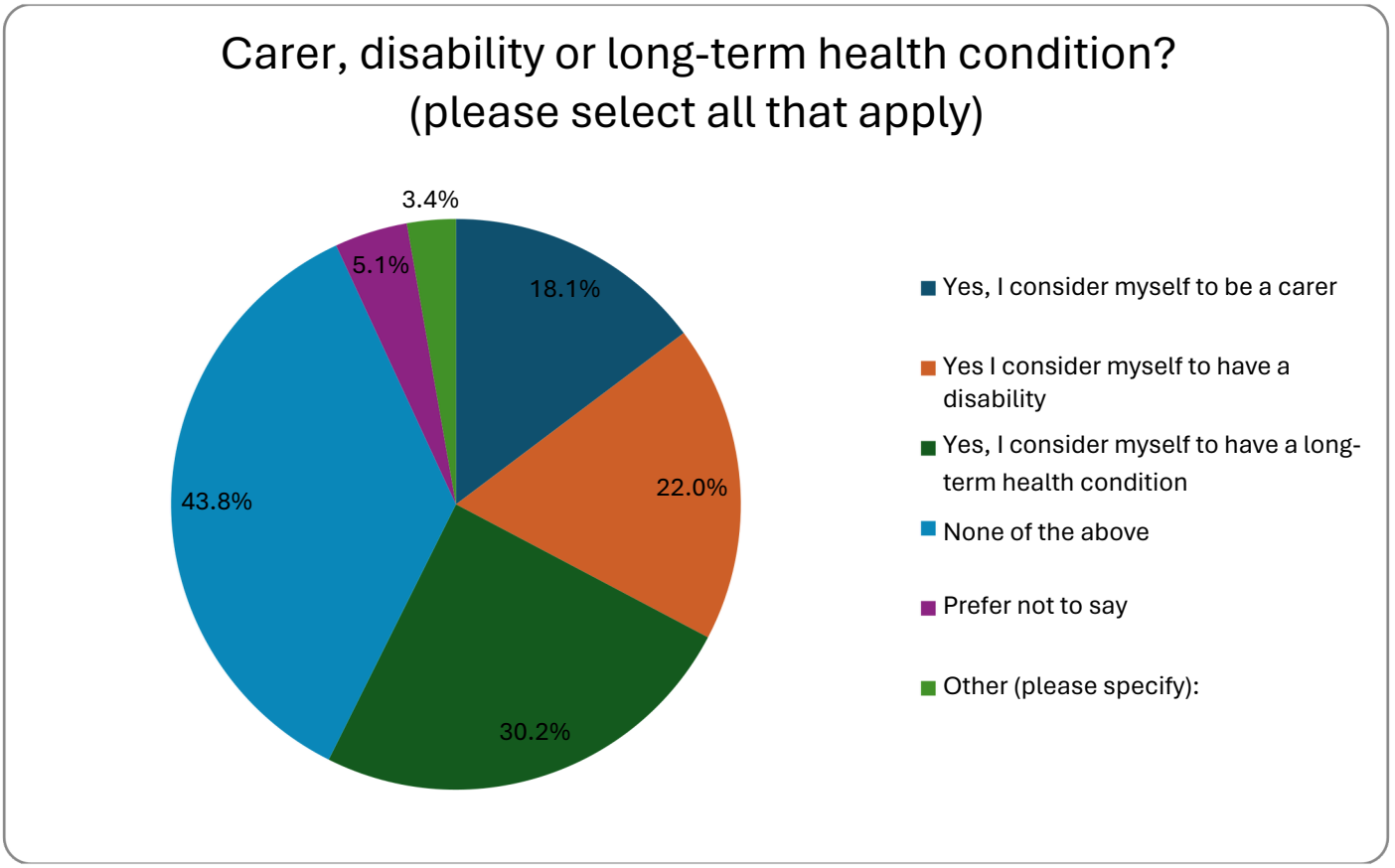
8. How would you describe your gender?

	Answer Choices	Response Percent	Response Total
1	Female	68.44%	232
2	Male	26.25%	89
3	Non-binary	0.88%	3
4	Prefer not to say	4.42%	15
		answered	339
		skipped	39



9. Carer, disability or long-term health condition? (please select all that apply)

	Answer Choices	Response Percent	Response Total
1	Yes, I consider myself to be a carer	18.08%	64
2	Yes I consider myself to have a disability	22.03%	78
3	Yes, I consider myself to have a long-term health condition	30.23%	107
4	None of the above	43.79%	155
5	Prefer not to say	5.08%	18
6	Other (please specify):	3.39%	12
		answered	354
		skipped	24



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Tell us what you think!

Have you used the NHS App, Pharmacy First, or the GP Extended Access Service recently?

We would love to hear about your experience:

- What worked well?
- What could be better?
- Did you notice any changes?

We are especially keen to hear how access to your GP practice feels right now:

- Are things improving?
- Are the changes making a difference?

Scan the QR code above to share your feedback and help shape better services for everyone.

HERE TO HELP

www.northeastnorthcumbria.nhs.uk

NorthEastandNorthCumbriaNHS

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Feel better faster!

Your guide to the NHS App, Think Pharmacy First, and GP Extended Access

NHS App

Your healthcare, in your hands

The NHS App is a simple andsecure way to manage your health. It puts key services at your fingertips - anytime, anywhere.

With the NHS App, you can:

- Book GP appointments
- Order repeat prescriptions
- View your health records
- Access trusted health advice
- Receive messages from your GP and hospital services

Top Tip: Turn on notifications so you never miss important updates.
Download the NHS App on your phone or tablet, or visit **www.nhs.uk** to use it on your computer.

HERE
TO
HELP

Think Pharmacy First

Fast, friendly help for minor illnesses

Your local pharmacist can help with many common health concerns - no appointment needed. Visit your pharmacy first for:

- Earache, sore throat, colds and flu
- Upset stomach, aches and pains
- Itchy eyes or skin
- Infected insect bites, sinusitis, UTIs, shingles

Pharmacists can also offer free treatment if you qualify, and provide contraception without needing to see a doctor or nurse. They're experts in everyday health and can even help you stock your medicine cabinet with essentials.

GP Extended Access Service

Appointments that fit your schedule

Need to see a GP outside normal hours?
The Extended Access Service offers:

- Same-day and pre-bookable appointments
- Face-to-face, phone, or online consultations
- Evening and weekend availability

Opening hours: Mon to Fri: 8am – 8pm, Sat: up to 5pm
Appointments may be at a different practice, so check with your GP surgery or visit their website to book.

Tell us what you think!

Have you used the NHSApp, Pharmacy First, or the GP Extended Access Service recently?

We would love to hear about your experience, what worked well, what could be better, and whether you've noticed any changes. We are especially keen to hear how access to your GP practice feels right now.

Are things improving? Are the changes making a difference?
Scan the QR code above to share your feedback and help shape better services for everyone.

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