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General Practice

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This monthly current awareness bulletin aims to highlight relevant reports and peer-reviewed literature in General Practice. The bulletin focuses on efforts to improve patient flow, reduce waiting times, care models, national news and trends.

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References

Abrams R., et al. (2026) '[Investigating the Conditions in which Women GPs Thrive in General Practice: A Realist Review.](#)' *British Journal of General Practice* 76(770) Article Number: e751–e762. Date of Publication: 2026.

Background: Women GPs experience higher rates of burnout, anxiety, depression, and slower career progression than men GPs. Women GPs are sought out by patients for specific conditions, which may increase consultation length. This can be a source of job satisfaction for some. However it can also contribute to additional exhaustion and affects career progression, meaning women GPs are at higher risk of leaving the profession. There is an urgent need to identify solutions to retain and support them. Aim(s): This review brings together a wide range of evidence to identify the conditions in which women GPs can thrive, to better support them at work.

Allen T., et al. (2026) '[Consultations with Locum Doctors in UK General Practice: Longitudinal Analysis of Electronic Health Records.](#)' *British Journal of General Practice* 76(764), e213–e222.

Background: Locum doctors are vital for maintaining healthcare provision, especially in general practice. However, their levels of use, role, and impact remain relatively understudied and official statistics cannot be compared between UK countries. Aim: To explore locum use more comprehensively in the UK, over time and across geographies. Conclusion: This study indicates higher use of locums across the UK than available NHS statistics would suggest. These differences are probably because of alternative ways of measuring GP activity (consultations versus hours worked). Regional and country differences highlight diverse workforce challenges where local solutions may be needed. These findings contribute to understanding NHS workforce dynamics and may help inform strategies for primary care service delivery.

Burrell A., and Booker, M. (2026) '[GP Roles in Emergency Ambulance Services in the United Kingdom: A Qualitative Realist Study.](#)' *British Journal of General Practice* , 1–14.

Background: Demand on emergency healthcare services is increasing. Utilising GPs in emergency ambulance services (EAS) may be effective in reducing avoidable conveyances to emergency departments and releasing emergency ambulances for higher-acuity cases. There is limited evidence on models of GP EAS roles in the UK. Aims: To describe current provision of GP EAS roles and to develop a provisional explanatory programme theory. Conclusion: GPs in EAS serve both individual patients and the system by individualising organisational approaches to risk and resource management.

Chieng C.Y., et al. (2026) '[Can Oral and Maxillofacial Education Improve General Medical Practitioners' Knowledge? A Systematic Review of Educational Interventions in Oral Cancer and Oral Pathology.](#)' *Advances in Oral and Maxillofacial Surgery* 23Article Number: 100718. Date of Publication: 01 Sep 2026.

Oral cancer remains a public health concern. Reduced access to NHS dental services has resulted in increased presentation of oral cancer and related pathologies to general medical practitioners. Nonetheless, undergraduate and postgraduate medical training in oral health remains limited. The review evaluates the effectiveness of educational interventions aimed at improving knowledge and diagnostic competence in oral cancer recognition among medical practitioners. Our systematic review demonstrated a clear need for improved integration of oral health education within medical training. Collaboration between British Oral and Maxillofacial Surgery Association, medical schools and postgraduate deaneries is essential to strengthen both undergraduate and general practitioner training.

Chou, S., et al. (2026) '[Violence and Abuse Towards Staff by Patients and the Public in General Practice since COVID-19: Findings from an Online Survey.](#)' *Bjgp Open*

BACKGROUND: Professionals in general practice (family medicine) experience more violence and abuse by patients and the public than in other healthcare settings. There is limited research on such experiences among non-clinical staff, and no direct comparisons between staff groups in general practice. **AIM:** To explore the following: the extent of violence and abuse from patients or the public towards general practice staff between 2020 and 2023; staff correlates and environmental correlates for violence and abuse; and potential impacts of violence and abuse regarding staff feeling of safety and support at work. **CONCLUSIONS:** Violence and abuse from patients and the public towards general practice staff may be prevalent and increased since the COVID-19 pandemic. Those at greater risk require more organisational support.

Derksen C., et al. (2026) '[Use of AI Scribes in UK Primary Care: A Survey of General Practitioners.](#)' *Npj Digital Medicine* 9(1) Article Number: 596. Date of Publication: 01 Dec 2026.

UK general practice is increasingly adopting ambient voice technology ("AI scribes") for summarising and documenting medical consultations without clear regulation and implementation guidance. The aim of this study was to examine current use and perceptions of AI scribes among UK GPs, and to identify GP, practice, and population factors associated with their adoption. Use of AI scribes in the UK is relatively high despite regulatory issues and recent official cease communication. Local population characteristics were not associated with use, but use varied

significantly depending on GP characteristics. Selective use within practices and patient perspectives warrant further investigation to ensure equitable use of AI scribes.

Dolan, M., et al. (2026) '[E-Learning Preferences of Rural General Practitioners: A Descriptive Educational Needs Assessment. Results of a Cross-Sectional Survey Distributed through UK and European Rural GP Networks.](#)' *Advances in Clinical & Experimental Medicine*

BACKGROUND: Rural general practitioners (GPs) encounter unique challenges in accessing continuing professional development (CPD). E-learning offers a potential solution by overcoming geographic and time constraints, particularly when the content is relevant to the rural primary care context. **OBJECTIVES:** To identify rural GPs' preferences regarding the format, duration, and content of e-learning and to assess their current engagement with and awareness of CPD specific to rural primary care. **CONCLUSIONS:** Rural GPs favor short, interactive, context-specific e-learning. These findings can guide the design of pan-European rural primary care modules. Future studies should evaluate educational effectiveness and implementation feasibility.

Fuger J.M., et al. (2026) '[The Impact of Digitalization on European General Practice from the Perspective of General Practitioners: Systematic Review.](#)' *Journal of Medical Internet Research* 28(1) Article Number: e83343. Date of Publication: 2026.

Background: Digital health technologies, including telemedicine, electronic medical records, digital health tools (DHTs), and AI, are transforming European primary care, but evidence on how general practitioners (GPs) experience these tools remains fragmented.

Objective(s): We aimed to synthesize European GPs' perspectives on the adoption and implementation of digital health technologies, focusing on perceived usefulness, ease of use, implementation barriers, workload, and doctor-patient relationships. Conclusion(s): European general practice is extensively digitized but only partially normalized. GPs use digital tools because they must, not because they find them easy or workflow-enhancing. This review is, to our knowledge, the first to systematically synthesize European GPs' experiences of digitalization across multiple technologies using a combined technology acceptance model-NPT effect-direction approach.

Glogowska M., et al. (2026) '[Impact of Recurrent Urinary Tract Infections on Women: A Qualitative Study.](#)' *British Journal of General Practice* Date of Publication: 2026.

Background: Many women experience recurrent urinary tract infections (rUTIs) yet their significance for the women affected is poorly described and understood. Aim: To explore women's experiences of rUTIs and the impact on their lives. Design and setting A qualitative study embedded in a randomised controlled trial (RCT) of D-mannose with women with clinically defined rUTIs in England and Wales. Conclusion: Experience of rUTIs has taught women to be vigilant and proactive about the condition but this was not always matched with understanding and validation on the part of HCPs. When women experiencing rUTIs seek care, clinicians could usefully consider the patient's broader experience of rUTIs, including internalised and externalised impacts.

Heath L., and Smith, A. (2026) '[Practice Nurse Management of Hypertension in Primary Care: A Scoping Review.](#)' *Primary Health Care Research & Development* 27, e89.

AIM: To review the current diagnosis and treatment of hypertension (HTN) and explore alternative care management options. BACKGROUND: HTN is underdiagnosed and poorly managed in the UK. With an increasing emphasis on teamwork in primary care (PC), what is the evidence base

supporting the partial or complete management of HTN by practice nurses (PNs)? The development of new roles to support GPs in their work is underway, but current roles remain vague and without nationally agreed remits or working practices. PNs currently manage most chronic non-communicable diseases, such as diabetes, asthma, and chronic obstructive pulmonary disease; however, HTN is not typically part of their remit. There is strong quantitative and qualitative evidence supporting PNs' involvement in HTN management as care coordinators. Such a move could improve patient outcomes and release GP time, but institutional barriers need to be addressed.

Huang H.T., et al. (2026) '[Epidemiology, Temporal Trends, and Fibrosis Risk Stratification in Metabolic Dysfunction-Associated Steatotic Liver Disease in UK Primary Care: A Population-Based Cohort and Nested Case-Control Study.](#)' *The Lancet Regional Health - Europe* 68Article Number: 101808. Date of Publication: 01 Sep 2026.

Background: We sought to determine the changing prevalence, incidence, and temporal trends in real-world, recorded diagnoses of metabolic dysfunction-associated steatotic liver disease (MASLD) and assess availability of fibrosis risk stratification following awareness campaigns and guideline updates over the last decade. Interpretation(s): Recorded MASLD prevalence has increased 5-fold in a decade, yet a diagnostic gap persists. Fibrosis risk stratification has improved, but remains low and is potentially inequitable for people of South Asian ethnicity.

Hutchinson J., et al. (2026) '[General Practice Closures Or Mergers: A Survival Analysis of Contributing Practice.](#)' *British Journal of General Practice* (pagination)

Background: 20% of general practices in the England have closed or merged since 2013. Little is known about factors that are associated with these closures, despite evidence on their negative impacts. Understanding these risks is important for recovering general practice. Aim: Describe how differences in the patient mix, practice location, workforce, funding and quality are associated with the future risk of closure. Conclusion: The practice contract, relevant region, practice list size, funding and quality are key hazards for the subsequent closure or merger of general practices.

Khan A.A., et al. (2026) '[Clinitalk: Evaluation of a Web-Based Feedback Platform Supporting Consultation Skill Development in UK GP Training.](#)' *Education for Primary Care : World Organisation of Family Doctors* , 1–7.

BACKGROUND: Consultation skills are central to general practice and the MRCGP Simulated Consultation Assessment (SCA). Clinitalk is a digital platform enabling GP trainees to record and reflect on consultations, supported by AI-generated feedback to facilitate deliberate practice. AIM: To evaluate Clinitalk using Kirkpatrick's four-level model of training evaluation, focusing on user satisfaction, learning outcomes, behavioural change, and alignment with professional standards. CONCLUSION(S): Clinitalk is associated with positive outcomes across the first three Kirkpatrick levels. Digital feedback tools may enhance reflective practice, promote patient-centred care, and support equitable GP training in resource-constrained settings.

Lancaster H., et al. (2026) '[Stakeholder Perspectives on Identifying and Managing Comorbid Health Conditions among Nursing Home Residents with Dementia: A UK Single-Site Qualitative Study.](#)' *Healthcare (Switzerland)* 14(16) Article Number: 2601. Date of Publication: 01 Aug 2026.

Background: This single-site qualitative interview study sought the opinions of 15 stakeholders from a nursing home based in the United Kingdom (UK) about identification and management of comorbidities in residents with dementia. Conclusion(s): Overall, the perspectives of stakeholders

interviewed in this single-site case study suggest that improving the identification and management of comorbidities in residents with dementia requires multilevel interventions that strengthen staff capability, organizational practices, and integration between nursing homes and the wider healthcare system.

Marshall, J., et al. (2026) ['General Practitioners' Perspectives on Suicide Prevention in Primary Care: A Qualitative Study.'](#) *Bjgp Open*

BACKGROUND: Suicide is the leading cause of death among adults aged 20-34 in England and Wales. Around 80% of those who die by suicide have consulted a GP within the previous year, making primary care a critical setting for prevention. Rates in Yorkshire and the Humber (YH) exceed the national average (12-13 deaths per 100 000 population). **AIM:** To explore GPs' perspectives on suicide prevention in primary care across YH. **CONCLUSION:** An integrated, resourced system with equitable access to primary care mental health workers and third sector support may enhance suicide prevention. Continuity of care was valued but undermined by inflexible models prioritising same-day triage over personalised mental health primary care.

McClarey A., et al. (2026) ['"Quick Wins" Vs "Eating the Frog": Exploring General Practitioners' Prioritisation Dilemmas.'](#) *British Journal of General Practice* 76(770) Article Number: e763–e770. Date of Publication: 2026.

Background: Prioritisation is an increasing part of a GP's workload, though learning this skill is usually left to on-the-job training. Little is known about how experienced GPs prioritise their workload. Aim This study aimed to explore the factors that experienced GPs consider when prioritising their acute workload. Conclusion: Prioritisation is an increasingly important skill in modern General Practice. It is crucial that those involved in prioritisation are given the time and tools necessary to adequately develop this skill.

Mitzkat A., et al. (2026) ['Salutogenic and Health-Promoting Communication Techniques in General Practice: A Scoping Review Protocol Based on the Consolidated Framework for Implementation Research \(CFIR\).'](#) *BMJ Open* 16(8), e113546.

INTRODUCTION: Salutogenic and health-promoting communication techniques - such as positive health, motivational interviewing, solution-focused approaches and health coaching - aim to strengthen patient empowerment, resource activation and self-management in primary care. Despite growing interest, the evidence on how these approaches are implemented in general practice is fragmented. Guided by the Consolidated Framework for Implementation Research (CFIR), this scoping review will map settings, strategies, determinants and outcomes related to the implementation of salutogenic and health-promoting communication techniques in primary care. This review aims to bridge the gap between theory and routine care by identifying context-sensitive strategies for integrating salutogenic and health-promoting dialogue into everyday general practice.

Nichol B., et al. (2026) ['Behaviourally Informed Text Message Reminders to Increase Cervical Screening Attendance in People with Severe Mental Illness: The OPTIMISE Pilot Randomised Controlled Trial.'](#) *BMJ Open* 16(9), e122934.

OBJECTIVES: This study assessed the feasibility of both the delivery and evaluation of 'enhanced' (behaviourally informed) text message reminders containing links to existing co-designed resources supporting decision-making for people with severe mental illness (SMI) regarding attendance of cervical screening. CONCLUSION(S): Achieving adequate recruitment and retention, data completeness and comparable groups is viable with some amendments, although an

alternative method is required to assess fidelity. Behaviourally informed SMS reminders are feasible to deliver to people with SMI, although it is uncertain if the extra resources are accessed and used.

Pilling S., et al. (2026) '[Open Dialogue Versus Treatment as Usual for Adults Presenting in Crisis to Mental Health Services in England \(the ODESSI Trial\): A Multisite Cluster-Randomised Trial.](#)' *The Lancet Psychiatry* 13(10), 841–851.

Background: Open Dialogue is a person-centred, transdiagnostic model of mental health care that emphasises continuity, therapeutic relationships, and collaboration with the service user's social network. Open Dialogue is a service-wide approach to care involving network meetings with the service user, members of their social network, and usually two practitioners who support the network throughout the duration of care. In this cluster-randomised trial, we aimed to evaluate the clinical effectiveness of Open Dialogue versus treatment as usual for adults presenting in crisis to community mental health services in England.

Interpretation(s): Open Dialogue did not reduce time to first relapse compared with treatment as usual, the primary outcome, but it reduced acute inpatient bed use, improved service user reported outcomes and experience, and there were no significant safety concerns. Further investigation is required to determine whether Open Dialogue can enhance the effectiveness and acceptability of crisis care and continuing care in community mental health services.

Quah A.L.Y., et al. (2026) '[Evaluation of the Community Urgent Eyecare Service in Greater Manchester, Including the Impact of Independent Prescribing.](#)' *Ophthalmic and Physiological Optics* 46(5), 1133–1141.

Purpose: Community Urgent Eyecare Services (CUES) utilises primary care optometrists to reduce urgent eyecare demand within ophthalmology and general practice (GP). This large-scale study evaluated CUES in Greater Manchester (GM), including assessing the embedded Independent Prescribing (IP) pathway. Conclusion(s): GM CUES managed and discharged most cases in primary care, reducing GP and EED demands. Greater IP optometrist availability could broaden CUES' scope and increase effectiveness.

Rago C., et al. (2026) '[Respiratory Virology Dashboards for Primary Care and Public Health Insight in England.](#)' *PloS One* 21(9), e0357287.

BACKGROUND: Effective community surveillance of respiratory diseases relies on the timely collection and analysis of high quality clinical and virology data. The aim was to develop interactive dashboards for general practice, public health, and researcher groups. This would improve the visualisation, utilisation, and quality of virology data from an English sentinel network, support disease trend monitoring, early outbreak response, and thereby reduce poor health outcomes and their societal impact. CONCLUSION(S): The user-centred dashboards created a data feedback loop. Future work requires formal evaluation of usage metrics, user impact and satisfaction, data quality, and the quality of virology samples.

Ramkumar S., et al. (2026) '[Implementing a Falls Conversation Package in General Practice: A Service Evaluation.](#)' *Journal of Clinical Medicine* 15(15) Article Number: 5849. Date of Publication: 01 Aug 2026.

Background/Objectives: Falls-prevention advice in primary care does not always lead to a practical next step. We evaluated a brief, non-clinical Falls Conversation package at one urban NHS general practice. Conclusion(s): The package appeared feasible to embed in one practice and was associated with higher immediate knowledge scores and patient-reported action. It did not

demonstrate reduced falls or clinically meaningful change in fear-related outcomes. Controlled studies using validated measures, objective outcomes and longer follow-up are required.

Ramos T., et al. (2026) '[Feasibility Study of the Care-at-Home Pharmacotherapy Service \(CAHPS\): Pharmacy Technician-Led Home Visits for People Receiving Polypharmacy Who are Housebound Living in Socioeconomically Deprived Areas.](#)' *International Journal of Clinical Pharmacy* Date of Publication: 12 Sep 2026.

INTRODUCTION: People who are housebound frequently miss general practice-based long-term condition (LTC) reviews. Missingness from LTC reviews are associated with poorer health outcomes and higher costs. General practice pharmacy collaboration within primary care teams may help address the housebound missingness care gap. **AIM:** To evaluate the feasibility of implementing the Care-at-Home Pharmacotherapy Service, a general practice pharmacy technician-clinical pharmacist domiciliary review model for housebound patients living in areas of socioeconomic deprivation. **CONCLUSION(S):** Pharmacy technician-led domiciliary review with support from a clinical pharmacist is feasible and leads to identification of actionable unmet clinical and medication- needs in older adults who are housebound..

Schoenaker, D., et al. (2026) '[Priority Topics for Preconception Care in General Practice: A Consensus Study.](#)' *Bjgp Open*

BACKGROUND: Primary care practitioners are well-positioned to support people of reproductive age in preparing for pregnancy and parenthood. Such "preconception care" is ideally delivered opportunistically during routine consultations, although limited time presents a barrier. **AIM:** To achieve consensus on priority topics for opportunistic preconception care in general practice.

CONCLUSION: The agreed priority topic areas offer a structured foundation for delivering patient-centred, opportunistic preconception care in primary care. The findings support future co-development of practical tools and resources to enable routine implementation.

Shearman T.D., et al. (2026) '[A Qualitative Analysis of Colon Capsule Endoscopy using a Novel GP-Led, Home-Delivered Service Model in the Western Isles, Scotland.](#)' *Rural and Remote Health* 26(3) Article Number: 9978. Date of Publication: 2026.

Introduction: A novel GP-led, home-delivered colon capsule endoscopy (CCE) service was developed and delivered in the remote Western Isles, Scotland. This service model may address issues faced by rural dwellers in accessing traditional colonoscopies. Staff perspectives on the development, delivery and impact of this service model may assist decision-makers and future researchers in understanding the nuances of CCE delivery models in rural areas. **Conclusion(s):** Our research identified key enablers and barriers to the development and delivery of GP-led, hospital-at-home delivered CCE in a remote part of Scotland. While participants expressed broad agreement about advantages and disadvantages of the service, including significant benefits for staff, some of these require further evaluation from the patient perspective.

Sweeney K.D., et al. (2026) '[Role of GP Empathy on Patient-Reported Outcomes in Telephone Consultations: A Cross-Sectional Study with Validation of the Consultation and Relational Empathy \(CARE\) Measure.](#)' *British Journal of General Practice* 76(766), e408–e414.

Background: The Consultation and Relational Empathy (CARE) Measure is a validated measure of GP empathy in face-to-face consultations (FTFCs) and higher CARE scores predict better patient outcomes. However, the validity of the CARE Measure and its importance in telephone consultations (TCs) is unknown. **Aim:** To determine the validity and reliability of the CARE Measure

in TCs, and the associations between CARE scores and outcomes in TCs compared with FTFCs. Conclusion: The CARE Measure is valid and reliable in TC. GP empathy, as measured by the tool, predicts better patient outcomes in TCs, similar to FTFCs. Given the common use of TC in primary care, strategies to support empathic communication are essential irrespective of consultation modality.

Sweeney, K. D., et al. (2026) ['The Work of the Consultation in General Practice: A Comparison of Affluent and Deprived Areas of Scotland using a Novel Consultation Workload Index.'](#) *Bjgp Open* 10(2)

BACKGROUND: The workload within GP consultations, and how this varies by deprivation, is not well known. **AIM:** To examine how deprivation influences GP consultation workload by developing and applying a novel consultation workload index (CWI). **CONCLUSION:** Greater patient need and complexity in deprived areas is reflected in higher GP workload in the consultation as measured by the CWI. Ways of operationalising the CWI routinely - for example, through real-time artificial intelligence (AI) analysis of consultations - should be explored. If robust, these could be used to inform the resource allocation to general practice to help address the inverse care law.

Tarafdar S.A., et al. (2026) ['Experiences of Dyslexia in GP Training in the UK: A Qualitative Study.'](#) *BJGP Open* 10(2) Date of Publication: 01 Jul 2026.

Background: Dyslexia is a neurodevelopmental learning difficulty that affects the acquisition of reading and spelling. Dyslexic medical residents can experience difficulties with assessments and workload, although reasonable adjustments are helpful. Nonetheless, there is limited evidence regarding the experiences of dyslexia within family medicine and general practice training. Aim(s): To explore experiences of dyslexia in GP training in the UK, and identify adaptive strategies to improve training experiences. Design & setting: This was a qualitative study comprising detailed semi-structured, one-to-one interviews. Participants were dyslexic GPs or residents, or educators of dyslexic GP residents, within UK training programmes. Conclusion(s): Further training regarding dyslexia is required for GP residents and educators. Programmes should foster a positive, inclusive culture. Adaptive strategies can be employed within primary care to improve experiences.

Vasooja, D., et al. (2026) ['GPs' Perspectives on Assessing Vaping among Adolescents without Prior Smoking History: A Qualitative Study within Primary Care.'](#) *Bjgp Open*

BACKGROUND: An increasing number of adolescents and young adults who have never smoked now use e-cigarettes. GPs must screen and counsel effectively as vaping is linked to an increased chance of progression to conventional smoking in those who have never smoked. Limited long-term data compounds risk and uncertainty for chronic users. Evidence to guide GP counselling of adolescents and young adults who vape remains scarce in routine clinical practice. **AIM:** To investigate GPs' perspectives on tackling the vaping epidemic, their preparedness, current management approaches, challenges, and potential improvements at personal and national levels. **CONCLUSION:** Our findings highlight the urgent need for interventions to address rising e-cigarette use among adolescents and young adults who have never previously smoked. While some GPs are motivated to improve practice, others are uncertain given the limited and mixed evidence currently available. Effective solutions must extend beyond primary care to involve other healthcare professionals and key stakeholders.

Ward, K., et al. (2026) ['Carer Involvement in GP-Patient Consultations and Translatability to Virtual Care: A Multi-Methods Study.'](#) *Bjgp Open*

BACKGROUND: Carers are important facilitators for patients accessing care and having positive experiences. Carers often accompany patients to their consultations, providing emotional and physical support. To our knowledge, there is limited research identifying and describing the specific activities carers are involved in or the translatability of these activities to virtual care.

AIM: To identify and describe the activities carers are involved in during consultations with their GP, and to assess how these activities could translate to virtual care consultations.

CONCLUSION: All activities involving carers were deemed translatable or potentially translatable to virtual care. Future research should examine ways to support carers and their roles during virtual care.

Whitehead I.O., and Hanratty, B. (2026) ["I Clearly have some Wiring That's Not quite Right" how General Practitioners with Lived Experience of Burnout Describe Personal Factors Related to their Burnout: A Qualitative Study using in-Depth Interviews.](#)

***Family Practice* 43(2) Article Number: cmag012. Date of Publication: 2026.**

Objective: To explore the personal factors that burned out GPs feel could have predisposed them to their burnout. Conclusion(s): Burnout among GPs arises from complex interactions between personal and systemic factors. Traits such as perfectionism, neurodivergence, and prior trauma were described by participants as shaping vulnerability to burnout, while also underpinning the empathy and dedication valued in general practice.

Wilding A., et al. (2026) ['Changes in Healthcare use and Cost Associated with Referrals to Social Prescribing Link Workers in England: A Matched Case-Control Cohort Study.'](#) *eClinicalMedicine* 99 Article Number: 104102. Date of Publication: 01 Sep 2026.

Background: Social prescribing primarily aims to address patients' non-clinical needs and increase the appropriateness of healthcare use. A major new national programme in England, introduced in 2019, has led to substantial increases in referrals to social prescribing link workers. Impacts on healthcare use and cost have not been examined. We aimed to address this. Interpretation(s): The initial increase in use of elective healthcare suggests social prescribing may encourage health-seeking behaviour. The reduction in general practitioner appointments within 1 year suggests social prescribing may result in a shift toward more suitable forms of care. Better integration between social prescribing data platforms and electronic healthcare records would enable future research to estimate the effects of uptake, fidelity and completion of social prescribing link worker referrals on healthcare use and costs.

Zink E., et al. (2026) ['Guideline Adherence for the Management of Cardiovascular Disease in Primary Care: A Scoping Review.'](#) *Family Practice* 43(5) Article Number: cmag061. Date of Publication: 01 Oct 2026.

Background: Worldwide, cardiovascular diseases (CVDs) persist as a leading cause of mortality. Clinical practice guidelines (CPGs) aim to support evidence-based decision-making and improve outcomes in primary care. However, application of these guidelines is often inconsistent, raising concerns about potential unconsidered barriers to implementation. Objective(s): This review aimed to assess the extent to which CVD-related CPGs are followed in general practice and factors influencing the application. Conclusion(s): Despite high awareness, the adherence to cardiovascular guidelines in general practice has a high variance. As patients in primary care are often multimorbid, evidence-based recommendations often need to be tailored to the patient's needs. Guideline enhancement should therefore emphasize practicality, comprehensibility, and the

incorporation of general practitioners' viewpoints.

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