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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 emergency and unscheduled care. The bulletin focuses on efforts to improve patient flow, reduce waiting times and alternative care models.

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References

Aitken L., et al. (2025) 'Has the New GP Contract in Scotland Reduced Health Inequalities? Qualitative Evaluation of the Views of General Practitioners Working in Deprived Areas.' *International Journal for Equity in Health* 24(1) (pagination), Article Number: 233. Date of Publication: 01 Dec 2025.

Background: Scotland has the widest health inequalities in western Europe and a well-documented inverse care law in general practice. Scotland introduced a new General Practitioner contract in 2018, reforming how care is delivered. Changes included expanding the primary care multidisciplinary team, and grouping practices into geographical clusters to improve quality of care for the local populations. A stated aim of the new contract was also to reduce inequalities in health. However, the effects of the reforms upon health inequalities have been little explored. This study aimed to analyse the views of General Practitioners working in deprived areas on the impact of the contract on health inequalities in Scotland. Conclusion(s): The new Scottish General Practice contract has not achieved its aim of reducing health inequalities, according to General Practitioners working in deprived areas. Future iterations of the contract need to implement changes that will tackle the inverse care law and thus help reduce inequalities in health.

Alsaeed B.A., et al. (2025) 'Evaluating Pharmacist Independent Prescribing for Patients with Mental Illness in Community Care: A Qualitative Study.' *Frontiers in Psychiatry* 16(pagination), Article Number: 1637132. Date of Publication: 2025.

Background: Non-medical prescribing by pharmacists, nurses, and other professionals has been introduced over recent decades to address staff shortages and the growing demand for mental health services globally. However, most of the emerging evidence concerning the contribution and impact of non-medical prescribing focuses on nurses, despite the expanding role of pharmacists. Aim(s): The study aimed to explore in depth the factors influencing implementation and delivery of pharmacist non-medical prescribing services for patients with mental illness in community-based settings across the UK. Conclusion(s): Several factors were identified that influenced successful implementation and delivery of pharmacist prescribing services for patients with mental illness in community care. Improved education and training in mental health along with a clearer definition of the pharmacist prescribing role may support optimal service delivery. Future work evaluating

pharmacist prescribing should explore the viewpoints of patients and carers in order to develop holistic improvement recommendations driven by key stakeholders.

Argyris A.A., et al. (2025) 'Effect of Digital Messaging on Blood Pressure Control in General Practice: Observations from the BP@Home Programme in Wirral Area.' *Journal of Human Hypertension* (pagination), Date of Publication: 2025.

Home blood pressure (BP) monitoring (HBPM) is an established method for improved diagnosis and control of high BP. The BP@Home programme was launched in 2021 to support the use of HBPM. BP tele-messaging systems allow the digital transmission of HBPM readings back to healthcare providers, offering the potential to improve hypertension management. Aim of our study was to examine the enabling effect that implementing a new BP tele-messaging service had on hypertension metrics of an urban area. In this community study using a BP tele-messaging implemented approach, system wide BP messaging was associated with an increase in new hypertension diagnoses and better control of hypertension. Future studies should focus on the role of digital BP messaging in reducing cardiovascular disease and improving clinical outcomes.

Baptista Goncalves R., et al. (2025) 'Delusional Infestation: An Evidence-Informed Approach for General Practice.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 75(759), 485–487.

Bu F., et al. (2025) 'National Roll-Out of Social Prescribing in England's Primary Care System: A Longitudinal Observational Study using Clinical Practice Research Datalink Data.' *The Lancet. Public Health* (pagination), Date of Publication: 26 Se 2025.

BACKGROUND: Social prescribing is growing rapidly in England and across the world. However, it remains unclear who it is reaching and how effectively it is being implemented. This study aimed to assess longitudinal trends in social prescribing in England's primary care system, including growth trajectories and target alignment, sociodemographic profiles of referred patients, and predictors of service refusal over time. INTERPRETATION: Social prescribing has expanded rapidly in England, far exceeding initial targets of 900 000 patients by 2023-24, suggesting broad service acceptability. Progress is being made in reaching specific target groups, such as more deprived communities. However, there are still disparities in accessibility and uptake, calling for targeted strategies to address underlying inequalities.

Burch P.B.M., et al. (2025) 'What do Patients and Clinicians Think about Continuity in General Practice in England?.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 15 Sep 2025.

Background: Relational continuity, an ongoing therapeutic relationship between a patient and a clinician, has long been a hallmark of general practice. However, its prevalence in England has declined over the past decade, amidst increasing demand, workforce shortages, and structural changes in primary care delivery. Aim: To explore patient and clinician views on continuity in general practice and understand the factors influencing these perspectives. Conclusion: We may be reaching a tipping point where a critical mass of patients view general practice solely as a method of accessing biomedical services from whatever staff member is available. If we want to improve continuity, we need to act before changes in attitudes and care delivery make change an impossibility.

Burns A., et al. (2025) 'Clinical Decision Making and Risk Appraisal using Electronic Risk Assessment Tools for Cancer Diagnosis: A Qualitative Study of GP Experiences.' *BJGP Open* 9(2) (pagination), Article Number: BJGPO.2024.0243. Date of Publication: 01 Jul 2025.

Background: Electronic risk assessment tools (eRATs) are intended to improve early primary care cancer diagnosis. eRATs, which interrupt a consultation to suggest a possibility of a cancer

diagnosis, could impact clinical appraisal and the experience of the consultation. This study explores this issue using data collected within the context of the Electronic Risk-assessment for CAncer (ERICA) trial. Aim(s): To explore views and experiences of GPs who used the ERICA eRATs, how the tools impacted their perception of risk and diagnostic thinking, and how this was communicated to patients. Design & setting: Qualitative interviews with GPs from English general practices undertaking the ERICA trial. Conclusion(s): eRATs are appreciated as a defence against missing a cancer diagnosis. This defence comes at a cost and challenges GPs' freedom in communication and decision making.

Carter M., et al. (2025) 'Evaluating Care Pathways in Alzheimer's Disease: A Qualitative Interview Study with GPs in England.' *BMJ Open* 15(9), e105978.

AIM: To understand general practitioners' (GPs') experience of existing care pathways for people with moderate-severe Alzheimer's Disease (AD) and explore their attitudes towards potential modifications to these pathways. CONCLUSION(S): A considerable knowledge, skills and confidence gap must be addressed to support the implementation of new care pathways that include revised responsibilities for GPs. GPs need appropriate support and resources to manage their patients' changing needs and to provide the best possible pharmacological management as the disease develops.

Christoforou L., and Sutcliffe, K. (2025) 'Discontinuing Antidepressant Medication: A Qualitative Evidence Synthesis and Logic Model Based on Health Professionals' Views.' *BMC Health Services Research* 25(1), 1226.

BACKGROUND: Increased long-term antidepressant medication (ADM) use can lead to serious psychological and physical public health implications, as well as increased financial costs and social injustice. Given that health professionals (HPs) can influence decisions on ADM discontinuation, it is imperative that to promote and enable discontinuation when the medication is no longer indicated, their perspectives around this issue are explored in depth. This systematic review of qualitative evidence aimed to identify HPs' perspectives on the barriers and facilitators to ADM discontinuation / deprescribing. CONCLUSION(S): Use of the SEM and development of a logic model uncovered possible pathways and underlying reasons through which factors influencing ADM discontinuation interrelate both within and across societal levels. Societal norms and pressures, and systemic healthcare delivery issues, appear to influence directly or indirectly all aspects around ADM discontinuation / deprescribing.

Foley K., et al. (2025) 'GP Consultations for Respiratory Tract Infections in Children Aged <5 Years: A Retrospective Cohort Study 2016-2023.' *British Journal of General Practice* 75(758), e577–e585.

Background: Little is known about how GP consultation rates for children's respiratory tract infections (RTIs) have changed since the COVID-19 pandemic restrictions lifted. Aim To describe changes in GP consultation rates for RTIs in children aged <5 years from 2016 to 2023. Design & setting A population-based retrospective cohort study using electronic health records from primary care practices across England. Conclusion: This study shows reductions in GP consultations for RTIs in children aged <5 years since the lifting of COVID- 19 pandemic restrictions. Of concern is a sharp rise in tonsillitis, Streptococcus A, and bacterial ear infections that should be monitored.

Holland D., et al. (2025) 'Improving Diabetes Monitoring in People with Sub-Optimally Controlled Diabetes: Implementing a Clinical Laboratory-Led Quality Improvement Initiative in General Practice.' *Diabetes Therapy* 16(9), 1813–1827.

Introduction: The appropriate use of glycated haemoglobin (HbA1c), the international standard for assessing overall glycaemic status in diabetes mellitus, is critical to ensuring optimal clinical outcome and minimise complications. We describe a clinical laboratory-led general practice service development to facilitate targeted follow-up in high-risk patients. Conclusion(s): Our

findings indicate that clinical laboratories can support general practices facilitating targeting monitoring to high-risk patients. Providing succinct reports that identify patients overdue for testing can reduce the number of such patients, thereby improving diabetes control and increasing the achievement of target levels.

Locock L., et al. (2025) 'Come and Work here!' Qualitative Research Exploring Community-Led Initiatives to Improve Healthcare Recruitment and Retention in Remote and Rural Areas.' *Health and Social Care Delivery Research* 13(34), 1–70.

Background: Recruitment and retention of healthcare staff in rural and remote areas is a significant problem for the National Health Service. Some communities have experimented with initiatives to support recruitment and retention, but these actions are often ad hoc and undocumented. Objective(s): To explore the experiences of remote and rural community members and organisations of trying to attract healthcare staff and their families. To map local context and describe initiatives they have undertaken to improve recruitment. To understand how community initiatives have been received by those staff and families who have been attracted to work and live in a rural area as a result. To assess which initiatives seem to have been more or less successful and why. To provide resources for other communities and the National Health Service based on this learning. Conclusion(s): Successful recruitment and retention need to focus on the whole person and family, not just the job. There is an important role for communities to play, but communities cannot be expected to solve all recruitment and retention problems. Central and regional government and the National Health Service could work in supportive partnership with communities at an earlier stage, benefiting from their local contextual knowledge and energy. We recommend further longitudinal ethnographic research into retention and a health economics study of the cost-effectiveness of National Health Service job adverts.

Mahase, E. (2025) 'Mounjaro: Less than Half of England has NHS Access to Jab Months After Roll-Out, Distressing Patients and GPs.' *BMJ (Clinical Research Ed.)* 390, r1855.

OwenBoukra E., et al. (2025) 'General Practitioner Workforce Sustainability to Maximise Effective and Equitable Patient Care: A Realist Review.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 29 Sep 2025.

BACKGROUND: UK and global primary care face significant General Practitioner (GP) workforce shortages. While much research focuses on individual-level factors such as wellbeing, resilience, and professional identity, less attention has been paid to organisational and system-level influences on GP work and workforce sustainability. Our review addresses these gaps and explores the factors that support and enable GPs to flourish. AIM: To examine how general practice work and healthcare systems support GP workforce sustainability and effective, equitable patient care. CONCLUSION(S): Structures, policies, and relational connections within general practice are central for sustaining the GP workforce and enabling effective, equitable patient care. Collaboration among GPs, patients, and policymakers is essential. Future systems should prioritise personalised care, support meaning-making, and protect GP autonomy to foster sustained engagement, expertise, and equity in care delivery.

Pettigrew L.M., et al. (2025) 'Trends in the Shortfall of English NHS General Practice Doctors: Repeat Cross Sectional Study.' *BMJ* 390(pagination), Article Number: e083978. Date of Publication: 2025.

Objectives To compare the numbers and characteristics of English general practitioner doctors (GPs) across publicly available data sources, and to examine trends in GP numbers relative to population growth and the specialist medical workforce in England. Design Repeat cross sectional study. Conclusion: The growing difference between GMC licensed GPs and those working in NHS general practice is in contrast with trends among specialists. This shift is occurring despite rising patient demand and policy commitments to strengthen primary care. Addressing the underlying reasons for workforce attrition in NHS general practice is critical to achieving the government's stated goals of strengthening community based care and shifting the focus of care from treatment

to prevention.

Price A., et al. (2025) 'Improving Healthcare Information for Young People with ADHD in General Practice: A Qualitative Study.' *British Journal of General Practice* 75(758), e586–e596.

Background: Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder that can have poor long-term outcomes when unmanaged. Young people aged 16-25 years with ADHD are often unable to access specialist health care as recommended by UK guidelines because of gaps in services, poor transitional support between child and adult services, and long waiting lists. Healthcare information, which is important for condition management, may help mitigate service gaps and support thriving in people with ADHD; however, little is known about provision via primary care. Aim: To investigate experiences of information provision supporting management of young people with ADHD in general practice and explore the potential of digital resources. Conclusion: People with lived experience and healthcare professionals want better healthcare information about ADHD in general practice, including co-produced resources to support understanding and self-management. Digital resources represent a potentially cost-effective and accessible solution that is currently underutilised.

Quinlan D., et al. (2025) 'Competencies and Clinical Guidelines for Managing Acne with Isotretinoin in General Practice: A Scoping Review.' *British Journal of General Practice* 75(758), e597–e606.

Background: Acne is a common, chronic, and burdensome disease. There is evidence of delayed and inequitable patient access to isotretinoin. Overuse of antibiotics in patients with acne raises antimicrobial stewardship concerns. Aim: To identify clinical practice guideline (CPG) and consensus statement recommendations regarding the clinical competencies required for prescribing oral isotretinoin for acne. Conclusion: This scoping review has identified the key clinical competencies that underpin safe management of people with acne using isotretinoin: dermatology, pregnancy prevention, mental health assessment, and blood testing. Resourcing and supporting GPs to incrementally adopt this role may promote safe, timely, and equitable patient access to isotretinoin, while enhancing antimicrobial stewardship.

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Russell J., et al. (2025) 'How GPs Communicate the Urgent Suspected Cancer Referral Pathway to Patients: A Qualitative Study of GP-Patient Consultations.' *BJGP Open* 9(2) (pagination), Article Number: BJGPO.2024.0115. Date of Publication: 01 Jul 2025.

Background: The UK National Institute for Health and Care (NICE) recommends that GPs inform patients referred onto the urgent suspected cancer (USC) pathway about what to expect from the service. However, there is a lack of evidence on patient experience and information needs at the point of referral. It is a challenge for GPs to communicate the reasons for referral and provide reassurance. Aim(s): To examine how GPs communicate a potential cancer diagnosis and USC referral in practice. Conclusion(s): Clear communication about cancer in primary care is promoted in UK policy, and has an important role driving patient investigations attendance. The study highlights the need for further research on communication practices around cancer referral to improve patient understanding and experience. Our recommendations for enhanced communication may improve patient outcomes by optimising routes to diagnosis via primary care.

Srai R., et al. (2025) 'General Practice Characteristics Associated with Pay-for-Performance in the UK: A Systematic Review.' *BJGP Open* 9(2) (pagination), Article Number: BJGPO.2024.0174. Date of Publication: 01 Jul 2025.

Background: The Quality and Outcomes Framework (QOF), a pay-for-performance programme, has been the most widespread quality initiative in NHS general practice since 2004. It has contributed between 25% and 8% of practices' income during this time, but concerns about its effect on equity have been raised. Aim(s): To understand which practice characteristics are associated with QOF performance. Design and setting: A systematic review was conducted,

focusing on NHS general practice in the UK. Conclusion(s): Associations with characteristics both within and outside practices' control were identified. Pay-for-performance instruments may systematically disadvantage practices serving those at greatest risk of ill-health such as older and more deprived populations.

Stockwell S., et al. (2025) 'Evolution of the General Practice Receptionist Role and Online Services: A Qualitative Study.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 75(759), e703–e711.

BACKGROUND: General practice receptionists are perceived as the 'gatekeepers' to primary care services and are central to managing patient demand and facilitating patient care. This role is evolving and becoming increasingly complex in a digital world. AIM: To consider the growing role of patient-facing online services and the impact these services have on the role of the general practice receptionist. CONCLUSION(S): The digitalisation of healthcare services impacts the workflow and consistency in task completion of general practice receptionist staff and has potential implications regarding job satisfaction and retention. In addition, the knowledge and skills required to fulfil this role are evolving and therefore may have recruitment and training implications.

Woodcock A., et al. (2025) 'Real-World Comparative Effectiveness in Patients with Asthma Newly Initiating Fluticasone Furoate/Vilanterol Or Budesonide/Formoterol: A United Kingdom General Practice Cohort Study.' *Pulmonary Therapy* (pagination), Date of Publication: 2025.

Introduction: It is important that treatment recommendations reflect real-world data when available, as randomised controlled trials have stringent eligibility criteria and do not represent the entire asthma population or their usual ecosystem of care. Limited real-world evidence has compared the effectiveness of fluticasone furoate/vilanterol (FF/VI) and budesonide/formoterol (BUD/FOR) to date in asthma; we explored this in England using patients from general practice. Conclusion(s): Patients who continued initiation treatment for a year without interruption had reduced exacerbation rates with FF/VI versus BUD/FOR. The FF/VI group also had reduced treatment discontinuation and OCS use.

Wynne S.C., and Ashworth, M. (2025) 'Inequalities in Cancer 2-Week-Wait Referrals: A Cross-Sectional Study in English General Practice.' *BJGP Open* 9(2), 1–14.

Background: Practices with higher 2-week-wait (2WW) referral rates demonstrate higher survival for several cancers. Yet, there is little up-to-date evidence exploring factors influencing 2WW referral rates and whether health inequalities exist, particularly after COVID-19.

Aim(s): To establish which patient factors (for example, age, sex, ethnic group, deprivation) and practice factors (for example, remote consultations, frequency of seeing a preferred GP) independently predict 2WW referral rates. Design & setting: A cross-sectional, observational study was performed using data from English general practices for 2021-2022.

Conclusion(s): This study analyses factors influencing 2WW referral rates and highlights potential inequalities. This work identifies priority populations, including people who smoke, and Asian and Black ethnic group patients, who may benefit from interventions to increase primary care access. Shared decision making may be an underexplored resource for increasing all-cancer 2WW referral rates.

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