



# General Practice

April 2026

This monthly current awareness bulletin aims to highlight relevant reports and peer-reviewed literature in General Practice. The bulletin focuses on workforce issues, quality of care, patient dynamics and service delivery.

If you require specific information, please [contact us via email](#).

## References

**Archer C., et al. (2026) 'The use of Online Consultation Tools for Common Mental Health Conditions in UK Primary Care: A Qualitative Interview Study of Patient and Practitioner Perspectives.'** *BMC Primary Care* 27(1) (pagination), Date of Publication: 05 Feb 2026.

UK general practices are now required to make online consultation tools available during practice hours. Evidence shows patients increasingly use them to access mental health support under the 'digital first' approach. Whilst they may increase time-efficiency for practices, we do not know whether practitioners and patients view them as a suitable consultation mode to discuss mental health. Our aim was to explore patients' and practitioners' views and experiences of using online consultation tools for mental health, to inform their future use.

**Atherton H., et al. (2026) 'Access to General Practice Appointments and Sustainable Change: A Focused Ethnographic Case Study.'** *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 76(764), e204–e212.

**BACKGROUND:** Access to an appointment with a GP is important to patients, but hard to achieve in modern general practice, with general practice delivering more consultations than ever before. Research has focused on discrete systems for managing access in general practice, for example, telephone prioritisation, and these have been demonstrated to be variably successful in managing demand. **AIM:** To examine the sustainability of previous attempts to improve access to GP appointments to understand if access systems previously deployed have been adapted, abandoned, or sustained.

**Baker, R., et al. (2026) 'Factors Influencing Confidence and Trust in Health Professionals: A Cross-Sectional Study of English General Practices.'** *British Journal of General Practice*

**BACKGROUND:** Profound changes to English general practice aim to improve access to appointments, however, how these changes might affect patients' confidence and trust in healthcare professionals is unknown. **AIM:** To determine whether appointments that were 1) face to face with any type of healthcare professional, or 2) with GPs in any mode, were associated with variations in confidence and trust in the professional last seen. **CONCLUSION:** This study cannot

establish causation but does suggest that strategies to improve access that lower continuity, reduce the percentage of appointments that are with GPs, and increase remote consulting may lead to lower confidence and trust in healthcare professionals.

**Beattie A., et al. (2026) 'The Role of Nurses in General Practice: An Integrative Review.'** *Journal of Advanced Nursing* (pagination), Date of Publication: 02 Feb 2026.

AIM: To synthesise the literature around the roles of general practice nurses (GPNs) and the barriers and facilitators of their role. DESIGN: Integrative literature review using Whittemore and Knafls framework. CONCLUSION(S): The GPN role offers an opportunity to enhance access to general practice care. However, there is limited and mixed literature describing the roles of GPNs. Future research should more closely explore the current practice of GPNs to inform policy and optimal utilisation of the workforce to the full extent of their practice scope. IMPLICATIONS FOR THE PROFESSION AND/OR PATIENT CARE: Understanding the complex roles of GPNs requires more robust data on clinical activity. These data would have the potential to inform ways to optimise the GPN role within the multidisciplinary team.

**Burch P., et al. (2026) 'What do Patients and Clinicians Think about Continuity in General Practice in England? a Qualitative Study.'** *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 76(764), e223–e233.

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 amid 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(S): We may be reaching a tipping point, whereby a critical mass of patients views general practice solely as a method of accessing biomedical services from whichever 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.

**Chance-Larsen, K., et al. (2026) 'Embedding Physiotherapy in General Practice: Global Challenges, Local Solutions, and the Role of First Contact Physiotherapy.'** *Physiotherapy* 132, 102317.

In this debate article we draw on insights from a focused symposium at the World Physiotherapy Congress 2025, where we explored the embedding of physiotherapy in general practice and the role of First Contact Physiotherapy (FCP). We did this through the lens of four distinct national contexts: the UK, Norway, Nigeria, and New Zealand. We present country-specific experiences to show how historical, cultural, and systemic factors shape FCP implementation. Across these settings, we identify common challenges, including tensions around professional boundaries, patient expectations, workforce readiness, and funding mechanisms. We also highlight locally adapted solutions such as co-location, policy reform, competency development, and culturally responsive models that demonstrate the importance of tailoring FCP to local needs. Finally, we reflect on the strategic implications for global practice, advocating for flexible frameworks, international collaboration, and context-sensitive innovation to support equitable and sustainable development of FCP worldwide.

**Chandra C., et al. (2026) 'Exploring the Roles and Impacts of Pharmacists Embedded in General Practice: A Scoping Review.'** *Journal of Pharmacy Practice and Research* 56(1), 47–61.

Background: The role of the general practice pharmacist (GPP) in Australia is not yet clearly defined, and their clinical expertise remains underutilised in general practice settings. This may be attributed to a limited understanding of pharmacists' capabilities, which can hinder optimal GPP utilisation. Aim(s): This scoping review aimed to evaluate current roles of pharmacists in general practice settings globally, and examine the clinical and cost impacts of these roles. Conclusion(s): GPPs improve medication safety and health system efficiency. Expanding pharmacist roles to include structured interventions and emerging functions such as prescribing

and pathology testing may enhance their impact. Addressing funding models and clarifying role expectations will be critical to supporting broader integration in primary care.

**Dakin F.H., et al. (2026) 'Teamwork and Relational Infrastructure: A Qualitative Study of Modern UK General Practice.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 02 Feb 2026.**

Background Clinical and support staff in modern general practice must work across in-person and digital modalities to deliver high-quality, safe care in a context of high workload, constant change and intermittent crisis. Navigating this environment is cognitively and emotionally demanding and requires complex teamwork. Staff morale is often low, and staff turnover high. Aims 1. To understand how the context of modern UK general practice affects staff wellbeing and teamwork. 2. To develop our understanding of how to improve these aspects of work culture. Design and Setting Multi-site case study of 10 GP practices across England, Wales, and Scotland. Conclusion: This study has identified elements of 'relational infrastructure' with the potential to improve team relations, communication, and coordination, which may also enhance practices' resilience to withstand change and crises.

**De Simoni A., et al. (2026) 'Reducing Short-Acting Beta-Agonist Overprescribing in General Practice: Evaluation of a Quality Improvement Programme in East London.' *European Journal of General Practice* 32(1) (pagination), Article Number: 2619229. Date of Publication: 2026.**

Background: Overprescribing of short-acting beta-agonist (SABA) inhalers is a worldwide problem. Objective(s): To evaluate the impact of a system-wide quality improvement programme on SABA overprescribing, and to identify the most effective strategies. Conclusion(s): This quality improvement programme was associated with a reduction in SABA overuse, which could also decrease hospital admissions. Practices required individual coaching to use the electronic tools effectively. Integrated prescribing alerts reduced overprescribing, and collaborative practice cultures supported faster implementation of improvement strategies.

**Evans, D. R., et al. (2026) 'A Feasibility Study to Collect Three Generation Family Histories using a Patient Completed Questionnaire Provided by a Family Physician.' *Journal of Community Genetics* 17(2)**

Assessing family history is an important part of routine family practice. The primary aim of this study was to determine whether patients can complete a take home questionnaire provided by their family physician. Family history and pedigrees inform health care decisions as part of routine care and risk assessment in a family practice setting. Assessing family history in the workflow of a family physician's office will be important to integration of genetics and family medicine in the future. Our study demonstrates the feasibility of family history assessment in family practice.

**Fedorowicz S., et al. (2026) "'Hopeless but Supported in that Hopelessness": A Qualitative Study of how People Experience Talking to a GP about Suicide.' *Frontiers in Psychiatry* 17(pagination), Article Number: 1744949. Date of Publication: 2026.**

Introduction: There is evidence that help-seeking escalates in the weeks before death by suicide, with general practice being the most common last point of contact. The experiences of people seeking support for suicidal thoughts and feelings in primary care is under-explored. Understanding the perspectives of people experiencing suicidal thoughts and feelings may identify innovative ways to assess risk in primary care in a safe and collaborative way, allowing more opportunity for intervention. The aim of the current qualitative study was to explore individual experiences of talking to a GP about suicide to understand how they perceive these interactions. Discussion(s): These findings have implications for practice largely connected to a need for relationally informed responses to suicidality that promote more compassionate, contextually responsive mental health care.

**Gage, H., et al. (2026) 'English General Practice in a Period of Change: A Mixed-Methods Study of Staff and Patient Perspectives.' *Bjgp Open***

**BACKGROUND:** The COVID-19 pandemic prompted widespread use of remote (telephone and online) communication in general practice in England, which exacerbated long-term pressures from staffing shortages. The public perceived problems with access. **AIM:** To explore patient and staff perspectives on changing processes in general practice. **CONCLUSION:** Effective methods are needed to improve patient communication with practices and access. Receptionists require recognition and training for their pivotal role.

**Herklots A., et al. (2026) 'The Decision-Making Processes of UK General Practice Nurse Prescribers when Managing Acute Illness in Patients with Multimorbidity and Polypharmacy: A Qualitative Study using Think Aloud and Staged Vignettes.'** *Primary Health Care Research & Development* 27, e17.

**AIM:** To investigate the decision-making processes of nurse prescribers in general practice when managing acute episodes of illness in patients with multimorbidity. **BACKGROUND:** Nurse independent prescribers in UK general practice are facing increasing complex clinical decision-making when assessing patients presenting acutely with undifferentiated and undiagnosed conditions as multimorbidity and polypharmacy becomes increasingly common. This qualitative study investigated the decision-making processes of nurse prescribers in general practice when managing acute episodes of illness in patients with multimorbidity.

**Hudson S.M., and Hudson, C. (2026) 'Is GP Practice Bowel, Breast and Cervical Cancer Screening Coverage Correlated with GP Practice List Inflation?.'** *Journal of Medical Screening* 33(1), 1–8.

GP list inflation occurs when the number of patients registered at a GP practice exceeds the number of residents. It may be associated with out-of-date patient contact data, affecting invitations for cancer screening. We examined whether bowel, breast and cervical screening coverage was associated with list inflation after adjusting for deprivation and ethnicity. **Conclusions:** It is important to control for variations in list inflation as well as population demographics when comparing screening programme coverage. Uptake improvement initiatives should include strategies for overcoming issues with out-of-date registration data.

**Jefferson L., et al. (2026) 'Understanding Persistent GP Turnover using Work and Personal Characteristics: A Retrospective Observational Study.'** *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 76(764), e183–e191.

**BACKGROUND:** Rising GP turnover, declining participation rates, and growing workforce pressures threaten the sustainability of general practice. As policy shifts towards community-based care and workforce retention, understanding the job characteristics linked to high turnover is crucial. **AIM:** To examine the relationship between practice-level persistent GP turnover and GP job satisfaction. **CONCLUSION(S):** A clear relationship exists between GP job satisfaction and high turnover. The notable differences in experiences in some key work characteristics suggest targets for developing interventions supporting GP retention.

**Khan N., et al. (2026) 'Building the Future of UK Primary Care: Expanding Roles of General Practice Nurses and Patient Perspectives.'** *BMC Primary Care* (pagination), Date of Publication: 17 Mar 2026.

This scoping review synthesises evidence on the roles and responsibilities of practice nurses in primary care, patients' perspectives on their care and the organisational and leadership factors that support effective practice within multidisciplinary teams.

**Kral N., et al. (2026) 'Recruiting Patients into a Digital Behavioural Intervention in General Practice: Insights from the ENERGISED Trial.'** *BMC Primary Care* (pagination), Date of Publication: 03 Mar 2026.

Recruiting patients into randomised controlled trials in general practice is challenging and carries a substantial risk of bias. The ENERGISED trial evaluated a digitally supported behavioural

intervention to increase physical activity in patients with prediabetes or type 2 diabetes recruited through general practice.

**Macnamara, A., et al. (2026) 'A GP Drop-in Clinic Model Providing Holistic Community Care in Family Hubs: Service Evaluation Findings and Next Steps.'** *Public Health in Practice* 11, 100759.

**Objectives:** The first few years of life are vital in building the foundations for a child's healthy development, with the needs of the whole family having an impact on how children grow and develop. In addition, many families living in deprived areas face multiple barriers and inequalities in accessing high quality primary care. A new approach to improving access to primary care was developed in the form of a drop-in GP clinic based in a Family Hub. The model allows families with young children to see a GP as a whole family, with no appointment time restrictions, and the ability to see the same GP at every contact. This provides continuity of care and the opportunity to deliver preventative and holistic care in the context of the whole family. This service evaluation aimed to explore the reach and impact of the new service on families and practitioners. **Conclusions:** The interviews demonstrated a range of benefits from the drop-in model and suggested that this helped to overcome some of the challenges and barriers some families face in accessing usual care in a primary care setting, in addition to providing a more satisfying care experience for both families and clinician.

**Mallik R., et al. (2026) 'Addressing Inequalities in Access and Care in Type 1 Diabetes - the North-East London Type 1 Diabetes Transformation (NATALIE) Project.'** *Primary Care Diabetes (pagination), Date of Publication: 2026.*

**Aim:** The North-East London Type 1 Diabetes Transformation (NATALIE) Project aimed to accurately provide data on place of care for people with type 1 diabetes (T1D) and assess the impact of interventions to engage people with T1D not accessing specialist care or those assigned to a high-risk register. **Conclusion:** In an area of high socioeconomic deprivation, the NATALIE project showed that an average of 30 % of people with type 1 diabetes are under primary care alone, and simple interventions improved this by up to 10 %. Furthermore, focused clinical contacts with high-risk people with T1D can reduce HbA1c by 10 mmol/mol.

**McClatchey K., et al. (2026) 'IMPlimenting IMProved Asthma Self-Management as RouTine (IMP<sup>2</sup>ART) in UK Primary Care: An Internal Pilot for a Cluster Randomised Controlled Trial.'** *Plos One* 21(3 March) (pagination), Article Number: e0336745. Date of Publication: 01 Mar 2026.

**Introduction:** Supported self-management that includes a personalised asthma action plan and regular professional review, reduces unscheduled consultations, and improves asthma outcomes and quality of life. However, despite unequivocal inter/national guideline recommendations, supported self-management is poorly implemented in UK primary care. The IMPlimenting IMProved Asthma self-management as RouTine (IMP<sup>2</sup>ART) implementation strategy (including facilitated provision of patient, professional, and organisational resources) has been developed to address this challenge and is being evaluated in a UK-wide cluster randomised controlled trial (cRCT). The internal pilot aimed to assess the trial recruitment processes, delivery of and general practice engagement with the implementation strategy to inform the progression criteria.

**Miles, S. (2026) 'Paradox of Perfection: Modern General Practice and the Impossibility of 'Good enough' in Neoliberal Healthcare.'** *Medical Humanities*

The changing nature of medicine in primary care from an individualised patient-centred practice to industrialised, protocol driven care is fuelling a rise in perfectionism in general practitioners (GPs). Systemic surveillance and loss of individual autonomy leave individual practitioners in fear of stepping outside guidelines and engaging in the craftsmanship of their healing role. Their training leaves them ill-equipped for the inherent uncertainties of human suffering and the systemic rise of socially prescribed perfectionism and fear of failure, with its resultant blame and shame. It leaves individual GPs exposed to burnout and mental illness. Working towards excellent patient care,

while accepting medicine is still an art of understanding human need rather than a pure science of molecular manipulation, may bring the much-needed acceptance of doctors to be 'good enough'.

**Mokbel K., et al. (2026) 'Evaluating Genotype-Treatment Interactions for High-Risk Medications in British General Practice: A Retrospective Cohort Study using UK Biobank.'** *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 76(763), e163–e174.

**BACKGROUND:** Pharmacogenetics has the potential to optimise drug therapy and reduce adverse drug effects (ADEs) by tailoring treatment to a patient's genotype, particularly for chronic disorders managed in general practice. However, the adoption of pharmacogenetics in general practice remains slow. **AIM:** To evaluate the reproducibility of previously reported associations between genomic variants and medically important adverse drug effects (MIADEs) associated with high-risk medications in general practice.

**Najafi, E., et al. (2026) 'Perceptions and Practices of UK GPs Towards Youth Vaping: A Questionnaire-Based Study.'** *Bjgp Open*

**BACKGROUND:** E-cigarette use among adolescents and young adults is a growing public health concern. GPs play a critical role in addressing health behaviours, yet there is limited research on their perceptions and practices towards vaping in young people. **AIM:** To explore current perceptions and practices among GPs concerning vaping in young people. **CONCLUSION:** GPs recognise the importance of youth vaping but face barriers to screening and counselling, indicating the need for change in guidelines and policy.

**Ng, L., et al. (2026) 'Has the New Scottish GP Contract Improved GPs' Working Lives in Deprived Areas? A Secondary Analysis of Two Cross-Sectional National Surveys of GPs' Views in 2018 and 2023.'** *Bjgp Open*

**BACKGROUND:** The new 2018 Scottish GP contract aimed to reduce GP workload and address health inequalities in primary care. **AIM:** To compare the working life experiences of GPs working in affluent and deprived areas in 2023, and assess changes since 2018. **CONCLUSION:** Since the implementation of the 2018 Scottish GP contract, stark contrasts continue to exist in the working life experiences of GPs in affluent areas compared with deprived areas. Targeted strategies are required to address the inverse care law in order to achieve the contract's intended goals.

**OwenBoukra E., et al. (2026) 'GP 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* 76(764), e192–e203.

**BACKGROUND:** UK and global primary care face significant GP workforce shortages. Much research focuses on individual-level factors such as wellbeing, resilience, and professional identity; however, less attention has been given to organisational- and system-level influences on GP work and workforce sustainability. **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.

**Parretti H.M., et al. (2026) 'A Review of the Management of Obesity in Primary Care.'** *Clinical Obesity* 16(1) (pagination), Article Number: e70040. Date of Publication: 01 Feb 2026.

This review highlights the important role primary care plays in obesity management, using England as an example. It includes a comprehensive summary of current management and referral options for primary care clinicians, a discussion of the most up-to-date clinical guidelines for the use of GLP-1 receptor agonists in England, and the evolving ways in which obesity is identified and defined. Reflections from people living with obesity are considered.

**Pettigrew L.M., et al. (2026) 'Counting General Practitioners: A Comparative Repeat Cross-Sectional Analysis of GPs in NHS General Practice in England.'** *The British Journal of*

**General Practice : The Journal of the Royal College of General Practitioners 76(764), e175–e182.**

**BACKGROUND:** There have been successive government promises to increase general practitioner (GP) numbers in England. **AIM:** To compare how NHS general practice GP numbers and trends differ depending on how GPs are defined and data are analysed. **CONCLUSION(S):** How GPs are defined, whether working hours are considered, and what measure of population size is used affects the interpretation of workforce trends. Using fully qualified FTE GPs per capita most closely reflects GP capacity, although there are limitations to current NHS data. Reporting the spread of patients per GP at practice level is necessary to capture the widening variation in GP provision in England.

**Ruigomez A., et al. (2026) 'Incidence of Multiple Sclerosis in UK General Practice; Risk of Infections and Mortality.' *Multiple Sclerosis and Related Disorders* 107(pagination), Article Number: 107029. Date of Publication: 01 Mar 2026.**

Multiple sclerosis (MS) is a leading cause of severe neurological disability and is associated with substantial comorbidity. Infections represent a major complication, and patients with MS have an increased risk of mortality. This population-based descriptive cohort study examined the natural history of MS in general practice, focusing on incidence, comorbidities, infection risk, and mortality.

**Smith, L., et al. (2026) 'Impact of Promoting 'Only Order what You Need' and Ceasing Pharmacy-Initiated Managed Repeats in a Large General Practice.' *BMJ Leader***

**BACKGROUND:** Prescribing is responsible for over half of carbon emissions in primary care. Strategies to reduce unnecessary medication use are therefore important in supporting the delivery of a net-zero National Health Service (NHS). **CONCLUSIONS:** A well-planned campaign to move away from pharmacy-managed repeat prescriptions to patient-initiated requests can reduce prescribing costs and support the NHS journey to net zero.

**Wheeler J.R., et al. (2026) 'Self-Management of Male Urinary Symptoms: Qualitative Findings from a Primary Care Trial.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 76(764), e253–e263.**

**BACKGROUND:** Informed self-management is the first-line treatment for male lower urinary tract symptoms (LUTS), although the extent of delivery in primary care is unclear. The Treating Urinary symptoms in Men in Primary Health care (TRIUMPH) cluster randomised controlled trial compared a structured self-management intervention with usual care for men with LUTS. We report on embedded qualitative interviews. **AIM:** To investigate men's experiences of LUTS, engagement with primary care, and responses to a self-management intervention, along with the perspectives of primary care clinicians in order to inform the delivery of self-management guidance in primary care. **CONCLUSION(S):** Explanations and tailored self-management support were liked and found useful by many men with LUTS. Recommendations for clinical practice include: avoiding the expression 'old men's problems', ensuring LUTS follow-up after PSA testing, focusing on symptoms and self-management approaches, and distributing the TRIUMPH booklet widely. Copyright © The Authors.

**Yap A.J.Y., et al. (2026) 'Management of Older Adults Consulting in GP Surgery Practices with Back Pain in UK Clinical Practice Research Datalink Aurum: Population Based Study.' *BMC Musculoskeletal Disorders* (pagination), Date of Publication: 02 Mar 2026.**

The management of older adults with back pain in GP surgery practices is currently not well understood. We aimed to describe this and investigate if there are factors associated with variability in treatment.

End of Document