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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

Anderson H., et al. (2025) 'Exploring the Relationship between Cultural and Structural Workforce Issues and Retention of Nurses in General Practice (GenRet): A Qualitative Interview Study.' *BMC Primary Care* 26(1), 114.

BACKGROUND: Increasing shortfalls in nursing workforces are detrimental to safety critical patient care. In general practice in England up to one-in-two nursing posts are predicted to be unfilled by 2030/31, with Wales similarly threatened. This is reflected internationally. Limited attention has been paid to how cultural and structural issues affect retention of nurses in general practice. The aim of our study is to understand factors that challenge retention and support nurses to stay in general practice.

CONCLUSION(S): Cultural and structural issues impacted on retention of nurses in general practice. While some supported retention, others revealed deep-seated, complex issues which require addressing at practice, local and national organisational levels. Nurses in general practice experience factors which leave them vulnerable and underserved. Policy makers, employers and professional organisations need to work to support retention and enable nurses in general practice, not only to survive, but thrive.

Anderson M., et al. (2025) 'Deprivation and General Practitioners' Working Lives: Repeated Cross-Sectional Study.' *Journal of the Royal Society of Medicine* (pagination), Date of Publication: 2025.

Objectives: To examine how area deprivation affects the working lives of general practitioners (GPs). **Setting(s):** Primary medical care in England. **Participant(s):** GPs.

Conclusion(s): Perceived problem patients, insufficient resources and finding temporary cover are key drivers of GP job pressures in practices serving more deprived populations. GPs in more

deprived areas also report lower incomes. These factors should be the target of increased investment and policy interventions to improve recruitment and retention of GPs in these areas.

Bogie J., et al. (2025) 'Addressing the Inverse Care Law in Scottish General Practice: Systematic Scoping Review.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 12 May 2025.

Background Recent evidence demonstrates persistence of the inverse care law (ICL) in general practice in England. Although the ICL was well-described in Scotland 20 years ago, progress in interventions since then is unclear. Aim To review national and local interventions which aimed to specifically address the ICL in Scottish general practice since 2000. Interventions to improve general practice in deprived areas were categorised as: 1) enhancing patients' financial or social support, 2) targeting specific health conditions, 3) targeting specific groups and 4) enhancing generalist healthcare. Six interventions accounted for 49% of all included papers. Only two interventions have been rolled out nationally - Community Link Workers and Welfare Advice and Health Partnerships - with both facing uncertain long-term funding. Conclusion There remains a major implementation gap between Scottish Government's policy ambitions to address health inequalities and sustainable delivery on the ground. To address the inverse care law, greater overall investment in general practice is needed, together with additional resources for more deprived areas according to local population need (a "proportionate universalism" approach).

Bower P., et al. (2025) 'The Effectiveness and Cost-Effectiveness of the NHS Diabetes Prevention Programme (NHS-DPP): The DIPLOMA Long-Term Multimethod Assessment.' *Health and Social Care Delivery Research* , 1–47.

Background: Type 2 diabetes is considered a critical challenge to modern healthcare systems. The National Health Service Diabetes Prevention Programme delivered an evidence-based behaviour change programme at a national scale to reduce the incidence of type 2 diabetes in England. Objective(s): The Diabetes Prevention - Long-term Multimethod Assessment research programme provided a comprehensive assessment of the delivery of the National Health Service Diabetes Prevention Programme and its effectiveness and cost-effectiveness. Conclusion(s): The National Health Service Diabetes Prevention Programme is highly likely to be cost-effective. Data from Diabetes Prevention - Long-term Multimethod Assessment have been used to improve aspects of programme delivery and could suggest further enhancements to improve recruitment, retention and fidelity. Future work: Future research should address the question of whether the National Health Service Diabetes Prevention Programme prevents or delays type 2 diabetes when longer-term follow-up data are available. We identified factors that could be targeted to impact on recruitment, retention and inequalities, and recommend a robust assessment of the link between fidelity and outcomes.

Bradley S.H., et al. (2025) 'General Practice Chest X-Ray Rate is Associated with Earlier Lung Cancer Diagnosis and Reduced all-Cause Mortality: A Retrospective Observational Study.' *British Journal of General Practice* 75(754), e323–e332.

Background Evidence is equivocal on whether general practice rates of investigation in symptomatic patients using chest X-ray (CXR) affect outcomes. Aim To determine whether there is an association between rates of CXR requested in general practice and lung cancer outcomes. Conclusion Patients registered at general practices with higher CXR use have a favourable stage distribution and slightly better survival. This supports the use of CXR in promoting earlier diagnosis of symptomatic lung cancer in general practice.

Brewster L., et al. (2025) 'Retaining Doctors in Organisations in Socioeconomically Deprived Areas in England: A Qualitative Study.' *BMJ Open* 15(5) (pagination), Article Number: e100694. Date of Publication: 08 May 2025.

Objectives To identify factors that improve retention in under-doctored areas that experience difficulties in maintaining sufficient medical workforce. Conclusions Many studies focusing on workforce examine why staff leave, but by focusing on factors that influence retention, greater understanding of specific facets of organisational culture can be used to inform policy and practice.

Burch P., et al. (2025) 'Relationship between the Volume and Type of Appointments in General Practice and Patient Experience: An Observational Study in England.' *British Journal of General Practice* 75(754), e375–e381.

Patient satisfaction is a significant dimension of quality in general practice and has notably declined post-COVID. Understanding the dynamics between practice activities, practice characteristics, and patient experience is vital for improving care quality. Aim To investigate the relationship between the volume, modality (telephone or face to face), and practitioner type of general practice appointments and patient experience. Conclusion Patient satisfaction and ability to have health needs met is associated with face-to-face access to GPs as well as the total volume of appointments available. The results suggest that patients' perceptions of access involve more than immediate availability of appointments or that patients may struggle to get appointments at practices offering more same-day appointments. Initiatives to improve access to, and satisfaction with, general practice should prioritise expanding face-to-face GP appointments.

Chan, M., et al. (2025) 'Incentivising General Practice: A Review of the Scottish Targeted Enhanced Recruitment Scheme (TERS).' *Bjgp Open*

BACKGROUND: One of the challenges facing UK general practice is the dwindling workforce, particularly in deprived or remote areas. One solution is to increase trainee's exposures to these environments by incentivising training in these locations. The Scottish Targeted Enhanced Recruitment Scheme (TERS) offered a one-time grant to general practice specialty trainees (GPSTs) in historically under-subscribed training programmes from 2017-2023. **AIM:** To evaluate the impact of the TERS grant on GPST recruitment across Scotland and within the targeted programmes. **CONCLUSIONS:** We found a one-off 20 000 conditional grant was associated with a doubling of the odds of recruitment to historically under-filled GP specialty training programmes. Further work is needed to explore the effect of the TERS grant, and its withdrawal in 2024, on retention and the GP workforce.

Frost, H., et al. (2025) 'General Practitioners' Views on Green Social Prescribing in Scotland: Analysis of a National Cross-Sectional Survey.' *Bjgp Open*

BACKGROUND: Green social prescribing (GSP) aims to link patients to nature-based health interventions (NBHIs) through general practitioners (GPs). However, knowledge of GPs' views on GSP is limited. **AIM:** To explore GPs' views on GSP and the factors influencing these views. **CONCLUSION:** GPs in Scotland are aware of and willing to refer to GSP but have concerns about accessibility for patients from deprived areas. Views were influenced by personal and practice characteristics.

Govender D., and Howard, A. Q. (2025) 'Swelling of the Legs and Feet.' *Surgery (United Kingdom)* 43(Vascular Surgery - II.), 286–298.

There are many different causes of leg and foot swelling, some are benign and transient, others

can be debilitating and progressive. Correct diagnosis and early treatment are crucial as conservative measures are most effective before the condition is allowed to progress. Current waiting times in the UK National Health Service (NHS) for General Practitioners and Specialists are leading to delays in care for people with chronic leg swelling. Delayed or inadequate treatment for these patients can lead to irreversible tissue damage, episodes of cellulitis and ulceration. There is a significant impact on quality of life associated with living with the pain, anxiety, and reduced mobility resulting in social isolation. The causes of acute and chronic leg and foot swelling are outlined. Diagnosis and treatment of the common causes of leg and foot swelling in the Western adult population are discussed. The mainstay of treatment for most of these conditions relies on physical therapy and graduated elastic compression garments or inelastic Velcro compression wraps as many do not have a cure.

Henderson D., et al. (2025) 'Patient Satisfaction with General Practice in Scotland 2011/12 to 2021/22.' *PLoS ONE* 20(4 April) (pagination), Article Number: e0322095. Date of Publication: 01 Apr 2025.

Background The Scottish Government introduced the first phase of a new General Practice (GP) contract in 2018, aiming to transform primary care and address health inequalities. However, the impact of these changes on patient satisfaction is unclear. **Aim** To assess temporal changes in overall patient satisfaction, and satisfaction with access and consultation quality, in general practice between 2011/12 and 2021/22, focusing on disparities across sociodemographic groups. **Conclusion** Satisfaction overall, and with access to GP consultations, steadily declined between 2011/12 and 2021/22, with a more pronounced decrease following the COVID-19 pandemic, particularly among the most deprived and complex patients. Although the new GP contract was introduced during this period, it does not appear to have significantly impacted these downward trends. These findings highlight the need for focused efforts to improve patient satisfaction, especially in disadvantaged populations, as the contract evolves.

Hepburn, J., et al. (2025) 'GPs' Experience of Embedded Musculoskeletal Advanced Practice Physiotherapists in Primary Care: A Cross-Sectional Survey with Content Analysis.' *Musculoskeletal Science & Practice* 76, 103285.

BACKGROUND: General Practices across Scotland have expanded their multi-disciplinary teams (MDTs) to include non-medical allied health professionals (NMAHPs) as part of the 2018 General Medical Services Contract (GMS), including musculoskeletal (MSK) Advanced Practice Physiotherapists (APPs). MDT expansion was hoped to reduce General Practitioner (GP) workloads and release their time to care for patients with complex needs. Published research concerning GPs' experiences of these roles is conflicting on whether they perceive this to be the case. **AIM:** To understand GPs' experience of MSK APPs since their integration within MDTs. **CONCLUSION:** Findings support the argument that APPs are contributing to the achievement of GMS contract aims. Further research is required to increase the pool of available studies from which evidence-based recommendations can be made to health boards.

Hooper M.E., et al. (2025) 'The Perspectives of Healthcare Professionals in Providing Care to Women with GDM in High-Income Nations: A Qualitative Systematic Review.' *Primary Care Diabetes* 19(3), 246–260.

Background: Gestational Diabetes Mellitus (GDM) represents a growing challenge worldwide, with significant risks to both women and their babies that extend beyond the duration of the pregnancy and immediate post-partum period. Healthcare professionals (HCPs) play important roles in the

screening, diagnosis, treatment and management of women with GDM. Discussion and conclusion: There are barriers to providing optimal care to women with GDM. Including, time and resource constraints, a lack of consensus in practice guidelines, and variable multidisciplinary collaboration. Moving forward, there needs to be a focus on more explicit guidelines, multidisciplinary collaboration, and appropriate resources to support HCPs in providing care to women to manage the short-term and longer-term risks that are associated with a pregnancy affected by GDM.

Jamieson T., et al. (2025) 'Availability of Primary Care and Avoidable Attendance at English Emergency Departments: A Regression Analysis.' *Health Policy* 157(pagination), Article Number: 105330. Date of Publication: 01 Jul 2025.

Attendances at emergency departments (EDs) by patients who could have been treated in primary care increase waiting times and costs in EDs and may reduce quality of care. This study examines whether the probability that a patient's ED attendance is avoidable is associated with their characteristics and the quality, staffing, and availability of their general practice, particularly its extended hours provision. Attendances from practices where a higher proportion of patients get same-day GP appointments, or were aware of early morning extended hours, were less likely to be avoidable. The probability that an ED attendance was clinically inappropriate was about 0.5 % smaller during weekends or evenings when the practice had extended hours but was not associated with the overall provision of extended hours by the practice.

Kurdi A., et al. (2025) 'A Population-Based Study of Incident Prescribing for Hypercholesterolaemia and Hypertension in Scotland: Is the Healthcare System Recovering from the Impact of COVID-19?.' *Current Medical Research and Opinion* 41(3), 447–453.

Background: COVID-19 pandemic caused significant disruptions in healthcare services, with previous studies estimated that the early months of the pandemic led to a substantial decline in new prescriptions for hypercholesterolemia and hypertension. The long-term recovery of healthcare systems in addressing these gaps remains uncertain. We aimed to assess the recovery of the healthcare system in Scotland regarding the initiation of treatments for hypercholesterolemia and hypertension post-COVID-19 pandemic. Conclusion(s): The observed increase in new treatments for drugs to treat hypercholesterolemia and hypertension suggests recovery of the healthcare system in Scotland following the COVID-19 pandemic. These higher prescribing rates post-pandemic hypothesise potential long-term sequelae associated with COVID-19. The findings demonstrate the potential for improved pharmacotherapy strategies that address both the backlog of untreated cases and new-onset conditions linked to COVID-19. This underscores the need for ongoing surveillance and flexible healthcare responses to manage emerging health challenges effectively. Additionally, our findings suggest novel research areas that could offer a more comprehensive understanding of the COVID-19 pandemic's influence on the prescribing patterns of these widely used medications.

Leese C.J., et al. (2025) 'Motivations, Delivery, Perceived Benefits, and Barriers to Delivery of the Parkrun Practice Initiative in General Practices Across the UK: A National Cross-Sectional Online Survey of Healthcare Professionals and Event Organisers.' *BMC Primary Care* 26(1), 137.

BACKGROUND: Physical activity offers significant health benefits, yet many people in the United Kingdom do not meet recommended guidelines. Primary care plays a crucial role in physical activity promotion, but barriers can hinder implementation. The parkrun practice initiative, launched in 2018, aims to address these barriers by linking general practices with local parkrun

events. AIM: This study aimed to evaluate the parkrun practice initiative from the perspective of staff at general practices and parkrun event organisers, exploring the motivations for joining, the variety of ways in which the initiative was delivered, perceived benefits on patients and staff, and barriers to implementation. CONCLUSION(S): To address the barriers in implementing the parkrun practice initiative in primary care, our findings indicate that future initiatives should look to include: (1) clear and ongoing communication to ensure widespread engagement of patients, staff and event organisers; (2) ease of implementation (minimising time demands); and (3) adequate resource allocation to facilitate implementation (e.g., financial, educational, personnel).

Leschziner G., et al. (2025) 'Assessing Sleep Disturbance and Daytime Sleepiness in People with Epilepsy: A United Kingdom Survey of Four Categories of Healthcare Professional.' *Epilepsy and Behavior* 170(pagination), Article Number: 110483. Date of Publication: 01 Se 2025.

There is a lack of understanding of how healthcare practitioners (HCPs) perceive the burden of sleep disturbance and how they screen for sleep disturbances in PWE. This study aimed to assess how different categories of HCPs perceive the burden of sleep disturbance in PWE in the UK, and to determine which tools they use to measure sleep disturbance and sleep quality in clinical practice.

Little P., et al. (2025) 'Digital Intervention (Renewed) to Support Symptom Management, Wellbeing, and Quality of Life among Cancer Survivors in Primary Care: A Randomised Controlled Trial.' *British Journal of General Practice* 75(754), e357–e365.

Background Many cancer survivors following primary treatment have prolonged poor quality of life. Aim: To determine the effectiveness of a bespoke digital intervention to support cancer survivors. Conclusion: Cancer survivors' quality of life improved with detailed generic online support. Robustly developed bespoke digital support provides limited additional short-term benefit, but additional longer-term improvement in global health, enablement, and symptom management, with substantially lower NHS costs.

McCarthy C., et al. (2025) 'Core Medication use in General Practice Prescriptions: A Pilot Study Evaluating the Drug Utilization 90% Index in Irish General Practice.' *British Journal of Clinical Pharmacology* 91(4), 1241–1249.

Aims: The Drug Utilization 90% Index (DU90%), the number of medicines making up 90% of a doctor's prescribing, is a simple tool that can be used to describe core prescribing patterns. This research aimed to pilot the application of the DU90% in the Irish context, to investigate the relationship between the DU90% and prescriber and practice characteristics and prescribing quality. Conclusion(s): Applying the DU90% to Irish general practice prescriptions is feasible, revealing that GPs typically use 140 medicines in the bulk of their prescribing.

McCormick P.A., et al. (2025) 'Community Prevalence of Blood-Borne Viruses (Hepatitis B and HIV) in Ireland.' *Irish Journal of Medical Science* 194(2), 491–495.

Background: Chronic infection with hepatitis B virus and HIV causes significant morbidity and mortality. Effective antiviral treatment is available for both. Ireland has historically been considered a low prevalence country. However, with increasing inward migration and diversity, this may be changing. Aim(s): The aim of this study was to measure the community prevalence of hepatitis B virus and HIV infections in Irish residents born between the years 1965 and 1985. Conclusion(s): The prevalence of hepatitis B virus and HIV infections in this cohort appear to be higher than previously estimated. In addition, their prevalence in the Cork area appears particularly high.

Whether this represents a true prevalence or a chance finding will require confirmatory studies.
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Morbey R., et al. (2025) 'Validation of a Difference-in-Differences Investigation Tool (DiD IT) for Quantifying Local Outbreaks.' *Public Health* 243(pagination), Article Number: 105735. Date of Publication: 01 Jun 2025.

Objectives: The Difference-in-Differences Investigation Tool ('DiD IT') is a new tool used to estimate the impact of local threats to public health in England. 'DiD IT' is part of a daily all hazards syndromic surveillance service. We present a validation of the 'DiD IT' tool, using synthetic injects to assess how well it can estimate small, localised increases in the number of people presenting to health care. Furthermore, we assess how control settings within 'DiD IT' affect it's performance. Conclusion(s): We have shown that 'DiD IT' is accurate for assessing the impact of local incidents but that further work is needed to improve the how the uncertainty of

Ngoc Nguyen O., et al. (2025) 'GP Or ChatGPT? Ability of Large Language Models (LLMs) to Support General Practitioners when Prescribing Antibiotics.' *Journal of Antimicrobial Chemotherapy* 80(5), 1324–1330.

Introduction: Large language models (LLMs) are becoming ubiquitous and widely implemented. LLMs could also be used for diagnosis and treatment. National antibiotic prescribing guidelines are customized and informed by local laboratory data on antimicrobial resistance. Conclusion(s): LLMs may be safe to guide antibiotic prescribing in general practice. However, to interpret vignettes, apply national guidelines and prescribe the right dose and duration, GPs remain best placed..

O'Caoimh R., et al. (2025) 'Comparing Short Cognitive Screening Instruments in an Outreach Memory Clinic in Primary Care.' *International Journal of Environmental Research and Public Health* 22(3) (pagination), Article Number: 410. Date of Publication: 01 Mar 2025.

Few studies have investigated the possibility of offering outreach from hospital-based memory clinic services to primary care. Such models could potentially improve access to specialised mental healthcare. We report on the reliability and validity of a pilot cognitive screening pathway in general practice (GP) in Ireland.

Parker R., et al. (2025) 'Risk Factors for Liver Disease Cluster Geographically: A Precision Public Health Analysis of a UK City.' *Alimentary Pharmacology and Therapeutics* 61(10), 1697–1702.

These data describe the distribution of risk factors for liver disease in Leeds, a large city in the UK. Anonymised, unlinked data were aggregated to lower super output areas by the Leeds GP data extraction programme for deprivation, obesity, diabetes and alcohol use. Incident liver disease was quantified from coding of hospital admissions. Alcohol use, deprivation and obesity were associated with LD. Risk factors clustered together geographically. Liver blood tests were more frequently done in areas of low-disease prevalence. These results illustrate health inequalities and support public health policies to reduce incident liver disease.

Prestwich A., et al. (2025) 'The Role of Psychological Factors in Patients' Choices to See their General Practitioner Or Pharmacist for Minor Conditions.' *Psychology & Health* , 1–20.

OBJECTIVE: UK-based patients can consult with, and be treated by, pharmacists for various minor medical conditions. However, research needs to identify the psychological factors that influence patients' decisions to consult with a pharmacist over alternative treatment responses. The current study addressed this gap. CONCLUSION(S): Strategies that increase pharmacists'

perceived assertiveness and morality could enhance respect and trust of pharmacists. Such changes could facilitate the current drive in the UK to utilize pharmacies more to minimise GP service demand.

Price A., et al. (2025) 'Improving Healthcare Information for Young People with ADHD: Perspectives from General Practice.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 22 Ar 2025.

BACKGROUND: Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder which can have poor long-term outcomes when unmanaged. Young people aged 16-25 with ADHD are often unable to access specialist healthcare as recommended by UK guidelines, due to 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(S):** 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 under-utilised.

Seum T., et al. (2025) 'Exploring Metabolomics for Colorectal Cancer Risk Prediction: Evidence from the UK Biobank and ESTHER Cohorts.' *BMC Medicine* 23(1) (pagination), Article Number: 283. Date of Publication: 01 Dec 2025.

Background: While metabolic pathway alterations are linked to colorectal cancer (CRC), the predictive value of pre-diagnostic metabolomic profiling in CRC risk assessment remains to be clarified. This study evaluated the predictive performance of a metabolomics risk panel (MRP) both independently and in combination with established risk factors. **Conclusion(s):** Genetic and environmental risk information provided strong predictive accuracy for CRC risk, with no improvements from adding metabolomics data. These findings suggest that metabolomics data may have limited impact on enhancing established CRC risk models in clinical practice.

Stockwell S., et al. (2025) 'Evolution of the General Practice Receptionist Role and Online Services: Qualitative Study.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 06 May 2025.

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 have on the role of the general practice receptionist. **Design and setting** A focused ethnographic case study in eight general practices across England and 19 stakeholder interviews. **Conclusion** 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.

Tu T., et al. (2025) 'Towards Conversational Diagnostic Artificial Intelligence.' *Nature* (pagination)

At the heart of medicine lies physician-patient dialogue, where skillful history-taking enables

effective diagnosis, management and enduring trust^{1,2}. Artificial intelligence (AI) systems capable of diagnostic dialogue could increase accessibility and quality of care. However, approximating clinicians' expertise is an outstanding challenge. Here we introduce AMIE (Articulate Medical Intelligence Explorer), a large language model (LLM)-based AI system optimized for diagnostic dialogue. AMIE uses a self-play-based³ simulated environment with automated feedback for scaling learning across disease conditions, specialties and contexts. We designed a framework for evaluating clinically meaningful axes of performance, including history-taking, diagnostic accuracy, management, communication skills and empathy. We compared AMIE's performance to that of primary care physicians in a randomized, double-blind crossover study of text-based consultations with validated patient-actors similar to objective structured clinical examination.

Wagner M., et al. (2025) 'The Journey of Patients with Musculoskeletal Complaints in Europe: A Cross-Sectional European Survey.' *Rheumatology International* 45(5) (pagination), Article Number: 107. Date of Publication: 01 May 2025.

Rheumatic and musculoskeletal diseases (RMDs) are highly prevalent and place a significant socioeconomic burden on healthcare systems. However, their diagnosis and management remain suboptimal. This study aimed to analyze healthcare-seeking behaviors, key touchpoints, access barriers, and diagnostic pathways for individuals experiencing initial or progressive symptoms of RMDs across European countries. Understanding these differences is crucial for improving early access to specialized care. The survey indicated that individuals experiencing RMD symptoms primarily seek information through internet research and GP consultations. Despite their role as primary gatekeepers, GPs' knowledge of RMDs was generally perceived as moderate to low. Significant disparities in access to rheumatological diagnostics, time to diagnosis, and treatment, coupled with organizational barriers between primary and specialist care, were reported across most countries.

Watkins R., et al. (2025) 'Making do in the Absence of Specialist Support: Exploring Healthcare Professionals' Views, Experiences and Behaviours Around Long-Term Post-Bariatric Surgery Follow-Up Care in the United Kingdom.' *Clinical Obesity* (pagination), Date of Publication: 2025.

Bariatric surgery is an effective treatment for obesity, but long-term can lead to health-related issues. Guidelines highlight the importance of long-term post-bariatric surgery follow-up. However, in the UK, there is currently no specific funding to support the delivery of this care. Our aim was to understand the views and experiences of healthcare professionals (HCPs) around long-term post-bariatric surgery follow-up, and barriers and enablers to care. Three core themes were interpreted: Existing Challenges, Mediating Factors and Future Directions. While there was agreement on the need for long-term support, current provision was variable and hampered by a paucity of referral options. Follow-up care could be contingent upon the patients' surgical pathway and the culture and expertise within the general practitioner surgery. Participants discussed potential ways to improve care, including using technology, adapting approaches used in other chronic conditions, shared care models and harnessing the potential for peer-based support to improve wellbeing and quality of life. Healthcare professionals' views and experiences shared in this study highlight the complex issues associated with long-term bariatric surgery follow-up.

Wilson G., and Hutchison, J. S. (2025) 'In Pursuit of a Person-Centered Approach to Care Delivery: A Qualitative Descriptive Study of the Patient Experience of a Long-Term Conditions Clinic in General Practice.' *Qualitative Health Research* 35(6), 680–696.

Innovative ways of working are emerging in health care to meet the complex needs of people living with multiple long-term conditions. While these initiatives are often measured for their health and economic outcomes, few studies prioritize the patient experience. This qualitative descriptive study is one of a few studies exploring the patient experience of attending a dedicated long-term conditions annual review clinic in a primary care setting in England. We conclude that the experience of patients in this study suggests this service model can enable patients to manage their health and improve well-being, however, while a person-centered philosophy may underpin service models, our research shows that ensuring this philosophy is born out in service delivery and recognized by patients is problematic.

Wu A.D., et al. (2025) 'Investigating the Association between Recorded Smoking Cessation Interventions and Smoking Cessation in People Living with Cardiovascular Disease using UK General Practice Data.' *BMC Primary Care* 26(1), 141.

BACKGROUND: Smoking significantly increases the risk of cardiovascular diseases (CVD), yet quitting smoking after diagnosis of CVD can mitigate further negative impacts. However, encouraging smoking cessation remains a challenge for General Practitioners (GPs) with concerns regarding mental health. Since 2004, the UK's Quality and Outcomes Framework (QOF) incentivises GP smoking cessation support. Despite this, a significant proportion of individuals diagnosed with CVD continue to smoke after diagnosis. This study aims to investigate the frequencies and types of smoking cessation interventions offered to people with CVD (defined as coronary heart disease (CHD) and stroke), with and without mental illness, and assess their association with successful cessation.**CONCLUSION(S):** Financial incentives for GP smoking cessation support outlined in QOF may not suffice to enhance methods that are more efficacious or improve cessation rates, especially among people with mental illness. Practical strategies that provide tangible support and treatment are needed for CVD patients, including those with mental illness, to facilitate successful cessation.

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