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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 and primary care. The bulletin focuses on workforce issues, quality of care, patient demand and service delivery.

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Alboksmaty, A., et al. (2026) 'Communication Challenges and Mitigation Strategies in Primary Care Virtual Consultations: Qualitative Study.' *Journal of Medical Internet Research* 28, e79399.

Background: The growing reliance on virtual consultations in primary care has reshaped traditional general practitioner (GP)-patient communication dynamics, presenting new challenges that affect care quality and safety. **Objective:** This study explores communication challenges and gaps, particularly relevant to virtual consultations compared with face-to-face interactions, as well as identifying mitigation strategies from both GPs' and patients' perspectives. **Conclusions:** This study highlights communication gaps in virtual consultations and proposes actionable mitigation strategies. Tailored use of virtual modalities, supported by structured training and policy efforts, is essential to ensure effective and safe remote communication.

Allen, B., and Jones, N. (2026) 'Reimagining General Practice for the NHS 10-Year Plan: Organisational Culture as the Social Determinant of Team Health.' *BMJ Leader*

Bray K., et al. (2026) 'Hospital Rotations in General Practitioner Training: A Scoping Review of Strengths, Issues and Concerns.' *Education for Primary Care : An Official Publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors* , 1–13.

BACKGROUND: Workplace learning in hospitals is a cornerstone of postgraduate medical education, enabling junior doctors to develop specialist expertise and generalist skills. General Practice (GP) trainees often spend significant time in hospital-based rotations to acquire broad clinical experience. However, the hospital environment poses challenges for GP trainees, who may find it disconnected from their primary care focus. The aim of this scoping review is to map out existing literature regarding strengths, issues and concerns associated with hospital rotations in GP training. **CONCLUSION(S):** This review emphasises the importance of strategic planning in hospital rotations for GP trainees to address identified challenges. By fostering supervision, collaboration, and primary care integration, hospital training can better support GP trainees' professional development and preparation for practice.

Bushell, S. D., et al. (2026) 'Attitudes to Earlier Advance Care Planning: A Qualitative Interview Study in General Practice.' *British Journal of General Practice*

BACKGROUND: Advance care planning (ACP) research has often focused on those experiencing

deteriorating health. There is limited research regarding attitudes to early ACP among people living with long-term conditions without advanced illness or severe frailty. **AIM:** To explore how people living with a non-cancer long-term condition understand ACP; and their preferences for how, if at all, these discussions should be undertaken, including within annual health reviews. **CONCLUSION:** This study suggests that ACP may be well received and could be discussed earlier with adults living with long-term conditions, before onset of advanced illness or severe frailty.

Cai, Q., et al. (2026) 'Factors Associated with Long-Term Opioid Therapy Discontinuation for People with Chronic Non-Cancer Pain in UK Primary Care: A Population-Based Retrospective Cohort Study.' *British Journal of Anaesthesia* 136(1), 197–207.

BACKGROUND: Understanding the characteristics linked to long-term opioid therapy (L-TOT) discontinuation may inform safer and personalised discontinuation strategies. This study aimed to identify factors associated with L-TOT discontinuation in people with chronic non-cancer pain (CNCP) in UK primary care. **CONCLUSIONS:** This study identified key characteristics of people with chronic non-cancer pain who are more likely to discontinue long-term opioid therapy. This may help to inform the development of tailored interventions to promote safe opioid discontinuation in primary care.

Chatzilena A., et al. (2026) 'Incidence of Community Acquired Lower Respiratory Tract Disease in Bristol, UK, in 2020-2024: A Prospective Cohort Study.' *The Lancet Regional Health - Europe* 62(pagination), Article Number: 101555. Date of Publication: 01 Mar 2026.

Background: Surveillance of acute lower respiratory tract disease (aLRTD) is fundamental for understanding population health burden and healthcare needs. COVID-19 altered respiratory infection epidemiology, but the post-pandemic baseline incidence and severity of aLRTD remain underexplored. We describe the incidence and clinical outcomes of acute lower respiratory tract disease (aLRTD) hospitalisations in adults, stratified by clinical presentation and SARS-CoV-2 status. **Interpretation(s):** aLRTD incidence and severity remained substantial throughout and after COVID-19, with non-COVID infections maintaining consistent rates despite public health measures. These findings highlight the persistent burden of hospitalisations for aLRTD, measured in incidence and adverse outcomes and the importance of comprehensive aLRTD surveillance for public health planning.

Chou, S., et al. (2026) 'Violence and Abuse Towards Staff by Patients and the Public in General Practice since COVID-19.' *Bjgp Open*

BACKGROUND: General practice (family medicine) experiences more violence and abuse by patients and the public than other healthcare settings. There is limited research on such experiences amongst non-clinical staff, and no direct comparisons between staff groups in general practice. **AIMS:** To explore: 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; 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.

Creavin A.L., et al. (2026) 'Dynamics of Public Health Messaging and Healthcare Activity in Children during the 2022 iGAS Surge: An Observational Study in England.' *Journal of Public Health (Oxford, England)* (pagination), Date of Publication: 12 Jan 2026.

BACKGROUND: Public health messaging during infectious disease outbreaks can influence healthcare demand. The winter 2022 surge in Group A Streptococcus (GAS) in England provided an opportunity to examine the relationship between communications and National Health Service (NHS) activity, informing future strategies for resilience and risk communication.

CONCLUSION(S): This is the first study to link outbreak communications with system-wide NHS activity in real time. Messaging likely prompted appropriate care-seeking, but the rapid return to baseline and the low predictive value of consultations for iGAS suggest that many were for self-limiting illness. Findings highlight the need for tailored messaging, interdisciplinary collaboration, and scalable healthcare capacity during outbreaks.

Djurtoft, C., et al. (2026) 'Supporting Self-Management in Chronic Pain through eHealth - Exploring the Needs, Challenges and Solutions in General Practice: A Qualitative and Participatory Study.' *Disability & Rehabilitation* 1-21

PURPOSE: Digital transformation and integration of eHealth solutions into chronic pain management faces significant challenges that have not yet been met. The objective of this study is to explore the challenges, barriers, needs, and solutions experienced by patients and general practitioners (GPs) in the context of an eHealth solution designed for chronic pain management in general practice. **CONCLUSIONS:** Our study represents a significant advancement in developing personalized and innovative eHealth solutions for general practice, addressing key clinical challenges.; plain-language-summary eHealth tools have gained more attention in general practice and chronic pain management because they have the potential to strengthen supported self-management Our study highlights the importance of clinicians being attentive to patients' unique needs and ensuring these are incorporated into consultations and treatment. Our findings show that patients and clinicians may have different perspectives on management needs, such as patient education, so healthcare professionals should actively involve patients in care to provide effective support for self-management. Language: English

Hardy, L., et al. (2026) 'Workplace Wellbeing for the General Practice Workforce Across England: Mapping Current Services.' *Bjgp Open*

BACKGROUND: The rising prevalence of poor workplace wellbeing in healthcare practitioners has been defined as a global crisis, threatening the sustainability of healthcare systems and the quality of care. General practice staff in England are especially impacted, yet it is unclear how support for this workforce is delivered, and where accountability for this sits. **AIM:** Map the provision of wellbeing strategies and interventions for the general practice workforce in England. **CONCLUSION:** This is the first study mapping workplace wellbeing services for the general practice workforce across England. Our results suggest there is an interest in staff wellbeing. More preventive approaches addressing systemic workplace wellbeing factors are now needed. Future research should evaluate the impacts of wellbeing support for the general practice workforce.

Hare, L., et al. (2026) 'How GPs can Help Forcibly Displaced Young Migrants.' *British Journal of General Practice* 76(762), 41–44.

Higham, H., et al. (2026) 'Checklists for Emergencies in General Practice: Participatory Design of a Quick Reference Handbook.' *Bjgp Open*

BACKGROUND: Emergency presentations in General Practice (GP) are increasing, yet teams may go months without managing one. Cognitive aids such as checklists improve in-hospital emergency care, but existing tools are poorly suited to GP. **AIM:** To identify common emergency presentations in GP and co-design bespoke checklists for safer management. **CONCLUSION:** We have developed the first QRH for General Practice specifically tailored to primary care, co-designed with intended users. Its impact will depend on commitment to consistent use, local leadership and advocacy across GP networks. Further usability testing, evaluation of clinical impact and development of additional checklists are needed, but the GP-QRH has the potential to enhance emergency care and patient safety in UK general practice and internationally.

Hyde R., et al. (2026) 'HIV Testing in Primary Care in a Low-Prevalence Area of Northeast England.' *HIV Medicine* (pagination), Date of Publication: 2026.

Objectives: Indicator condition-based HIV testing is recommended by the British HIV Association in all clinical settings, including in primary care. We estimated the frequency of non-obstetric HIV testing in primary care in an area of Northeast England with a low prevalence of HIV and examined the effects of clinical and demographic indicators on testing rates. **Conclusion(s):** Low rates of non-HIV testing in primary care, including where clinical and/or demographic indicators are present, represent a barrier to reducing late diagnoses and achieving the UK government's target of eliminating HIV transmission by 2030.

Leniz, J., et al. (2026) 'Continuity of Primary Care and End-of-Life Care Costs in Dementia: A Retrospective Cohort Study.' *British Journal of General Practice*

BACKGROUND: End-of-life dementia care costs are expected to rise as populations age. Higher continuity of care with GPs is associated with reduced hospital admissions at the end of life, but the impact on costs is not known. **AIM:** To explore the association of continuity of primary care on hospital and general practice costs in the last year of life among people with dementia. **CONCLUSION:** Continuity of care with GPs is associated with lower total costs and might contribute to reduce hospital admissions and costs among people with dementia in their last year of life.

Loftus Moran, O., and Casey, M. (2026) 'Assessing the Landscape of Quality Care Nursing Metrics in General Practice Settings: A Scoping Review.' *Journal of Advanced Nursing* 82(2), 1039–1054.

AIM: To synthesise current evidence on the development and implementation of quality care metrics for nurses working in general practice. **DESIGN:** A Scoping review guided by Arksey and O'Malley's framework and the Preferred Reporting Items for Systematic Reviews and Meta-Analysis for Scoping Reviews (PRISMA-ScR). **CONCLUSION:** Quality care metrics are underutilised in general practice. There is ambiguity in metric terminology and nursing roles, education and primary care systems. Quality care metrics must align with nursing values, with digital technology and leadership as core enablers. **IMPLICATIONS FOR THE PROFESSION AND/OR PATIENT CARE:** Adoption of nursing metrics in general practice provides insights into nursing contributions to patient care. Standardising the definitions of nursing care metrics will enable valid and reliable comparisons. **IMPACT:** Quality care nursing metrics will enable the nurse's role to be manifested in general practice settings in relation to patient outcomes.

Maharjan P., et al. (2026) 'General Practitioner Service use before and After Long-Term Workplace Injury: A Retrospective Cohort Study.' *Journal of Occupational Rehabilitation* (pagination), Date of Publication: 03 Jan 2026.

PURPOSE: In Australia, general practitioner (GP) consultations for work-related injuries are funded by workers' compensation and GP care for non-work-related conditions is funded by public health insurance (Medicare Benefits Schedule, MBS). This study aimed to measure changes in the proportion and frequency of GP consultations after a long-term work injury, including both Medicare and workers' compensation funded care, and to assess the proportion of GP services funded by each scheme. **CONCLUSION(S):** GP service use by injured workers with long-compensation claims increased substantially post-injury and remained high for two years. Workers also continued receiving Medicare-subsidised services at a similar level to pre-injury, presumably for managing non-work-related conditions. An integrated care model may provide holistic support to injured workers needing care for both workplace-injury-related and other conditions.

Marshall, J., et al. (2026) 'GPs' Perspectives regarding Suicide Prevention: A Systematic Scoping Review.' *Bjgp Open*

BACKGROUND: Suicide is a major public health issue. More than one third of patients will visit their GP in the month leading up to a suicide attempt, thus highlighting the key role GPs play in suicide prevention. **AIM:** To explore the qualitative research on GPs' perspectives of suicide prevention in primary care. **CONCLUSION:** Understanding GPs' perspectives can lead to improved training, resources, and support for primary care professionals, who are frontline providers of mental health care. This scoping review suggested there is a lack of evidence around what approaches GPs find effective in managing suicidality and how relationships can be strengthened with mental health services to deliver person-centred integrated care for those identified at risk of suicide.

McDonagh S.T., et al. (2026) 'Understanding Measurement of Postural Hypotension: A Nationwide Survey of General Practice in England.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 76(762), e957–e965.

BACKGROUND: Postural hypotension is associated with excess mortality, falls, and cognitive decline. Postural hypotension is poorly recorded in routine general practice records. Few studies have explored measurement and diagnosis of postural hypotension in general practice. **AIM:** To understand how postural hypotension is measured, diagnosed, and managed in general practice. **CONCLUSION(S):** Awareness of reasons, besides symptoms, and adherence to guidelines for

postural hypotension testing, are low. Time is the key barrier to improved testing for postural hypotension. Clarity on pragmatic methods of measuring postural hypotension in general practice would also facilitate measurement uptake.

Mesiano N., and Santos, R. (2026) 'Impact of COVID-19 on Primary Care Consultation Mode in England: An Interrupted Time Series Analysis.' *Health Policy* 164(pagination), Article Number: 105502. Date of Publication: 01 Feb 2026.

Background: The COVID-19 pandemic significantly disrupted healthcare delivery worldwide, and general practice in England was no exception. The adoption of remote consultations in primary care increased sharply during the pandemic. However, there is no evidence that the adoption of remote consultation will continue in the long term. **Objective(s):** Analyse the long-term effects on primary care face-to-face and telephone consultations in England after the change towards remote consultation during COVID-19 pandemic. **Conclusion(s):** The COVID-19 pandemic profoundly changed how general practice consultations are delivered in England, prompting a rapid shift to remote consultation methods. While telephone consultations surged when face-to-face contact was restricted, this increase was not sustained in the long term. Although remote consultations remained above pre-pandemic levels, they did not fully replace in-person visits. This suggests a dual use of resources rather than a substitution. Policy efforts should focus on balancing and supporting both remote and face-to-face consultation models.

Mulinari, S., et al. (2026) 'Pharmaceutical Company Promotional Payments to English General Practices: A Longitudinal Study.' *Bjgp Open*

BACKGROUND: General practices have been a long-standing focus of pharmaceutical promotion, but their financial relationships with pharmaceutical companies remain understudied. **AIM:** To examine pharmaceutical company payments to general practices in England from 2015-2022, focusing on changing patterns of payments and what this reveals about companies' marketing. **CONCLUSION:** The growing scale and concentration of payments and the dominance of one company raises concerns about bias in general practice. Future research should investigate the impact of payments on clinical decision making, but to do so, payment disclosures need enhanced transparency, particularly through including product-specific payment details.

Oliver P., et al. (2026) 'Complex Mental Health Difficulties: A Mixed-Methods Study in Primary Care.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 76(762), e899–e909.

BACKGROUND: The term 'complex mental health difficulties' describes long-term difficulties with emotional regulation and relationships, including personality disorders, complex trauma, and dysthymia. People with complex mental health difficulties often experience episodic and crisis-related care. **AIM:** To understand how general practices can better recognise people with complex mental health difficulties and provide the best care. **DESIGN AND SETTING:** A concurrent mixed-methods study was conducted with three components: two qualitative studies and a database study. **CONCLUSION(S):** The current organisation of care and lack of an acceptable language for complex mental health difficulties means that patients' needs continue to go unrecognised and 'unseen'.

Potter R., et al. (2026) 'Co-Production and Validation of an Online Resource to Support the Diagnosis of Migraine.' *BMC Neurology* 26(1) (pagination), Article Number: 21. Date of Publication: 01 Dec 2026.

Background: Most adults with migraine never consult their family doctor or receive a formal diagnosis. It is often these people that turn to the internet for healthcare information. Here we describe the development and testing of an on-line version of a previously validated telephone migraine classification interview. **Conclusion(s):** Despite a careful development process our on-line tool did not perform to an adequate standard. There is a risk that misclassification could lead to people receiving inappropriate treatment. Any on-line classification tool for multiple headache disorders should be adequately validated before widespread use to avoid risk of iatrogenic harm.

Sinnott C., et al. (2026) 'Experiences of Access to General Practice in England: Qualitative Study and Implications for the NHS 10 Year Plan.' *BMJ (Clinical Research Ed.)* 392, e087367.

OBJECTIVE: To report experiences and views of patients, carers, and staff on access to general practice in England in the context of major government plans to reform NHS services. **DESIGN:** Qualitative interview study. **CONCLUSION(S):** Although improving access to general practice is a stated priority in government plans to reform NHS services, the three proposed shifts may not be what patients are seeking or what practices want in order to support their work. The proposals will require careful design, implementation, and evaluation in collaboration with key stakeholders, to ensure they do not undermine continuity of care nor fragment existing services.

Stott H., et al. (2026) 'Understanding Experiences of First Contact Physiotherapy in General Practice: A Realist Qualitative Study.' *Journal of Primary Care & Community Health* 17, 21501319251404273.

First Contact Physiotherapy Practitioners (FCPPs) are working across the UK to deliver musculoskeletal services to patients within general practice. Little is known about the impact of the model and how variation in delivery may lead to different experiences and outcomes of the service amongst patients and general practice staff. This study explored staff and patient experiences of First Contact Physiotherapy in general practice to determine what works, for whom, under what circumstances, and how. Findings from this study strengthen the evidence by providing a robust piece of empirical work about the key issues and contexts impacting successful implementation of the FCPP role into general practice, which will aid decision makers when developing First Contact Physiotherapy services.

Ton, T., et al. (2026) 'Morbidity and Patient Characteristics on Acute Presentation with Sore Throat: A Multicentre National Audit.' *Annals of the Royal College of Surgeons of England*

INTRODUCTION: Sore throat is one of the most common reasons for an acute ear, nose and throat (ENT) admission. Recurrent tonsillitis can be treated definitively by tonsillectomy, but patients must fulfil Scottish Intercollegiate Guideline Network (SIGN) guidelines to be eligible. The aim of this audit was to assess the throat morbidity of patients admitted with 'sore throat' to ENT wards across Scotland. **CONCLUSIONS:** Most patients admitted with sore throat in Scotland had low numbers of previous throat complaints. Fewer than half had received antibiotics from a GP before admission. One-quarter met SIGN criteria for tonsillectomy.

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

BACKGROUND: Carers are important facilitators to 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. **AIMS:** To 1/ identify and describe the activities carers are involved in during consultations with their general practitioner and 2/ to assess how these activities could translate to virtual care consultations. **CONCLUSION:** All activities involving carers were deemed translatable/potentially translatable to virtual care. Future research should examine ways to support carers and their roles during virtual care.

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