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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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References

Allen T., et al. (2025) 'Consultations with Locum Doctors in UK General Practice: Longitudinal Analysis of Electronic Health Records.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 24 Nov 2025.

BACKGROUND: Locum doctors are vital for maintaining healthcare provision, especially in primary care. However, their levels of use, role and impact remain relatively understudied. CONCLUSION(S): Our study indicates higher use of locums across the UK than available NHS statistics would suggest. We attribute these differences to alternative ways of measuring GP activity (consultations vs hours worked).

Alqahtani, N. S. (2025) 'Lifestyle Counseling in Primary Care: Effectiveness, Strategies, and Clinical Implications.' *International Journal of General Medicine* 18, 6741–6756.

This review highlights the importance of integrating lifestyle counseling into routine primary care to address non-communicable diseases and improve patient outcomes. Future research should explore long-term outcomes, cultural adaptations, and cost-effectiveness to refine implementation strategies. By addressing these gaps, healthcare providers can enhance patient adherence and improve health outcomes, ultimately contributing to better population health.

AyazShah A.A., et al. (2025) 'GPs' Acceptability and Feasibility for using Point-of-Care Tests for Cancer in Primary Care: A Qualitative Interview Study.' *BJGP Open* 9(3) (pagination), Article Number: BJGPO.2024.0191. Date of Publication: 01 Oct 2025.

The availability of reliable, rapid diagnostic cancer tests, at the 'point of care', have the potential to expedite diagnosis, and support timely management of patients. Aim(s): To explore the acceptability and feasibility of using point-of-care tests (POCTs) for detecting cancer among UK GPs, including barriers and facilitators to uptake. Design & setting: A qualitative semi-structured interview study with 32 UK GPs. Conclusion(s): Most GPs welcome the use of POCTs for cancer detection in primary care; however, this will require substantial system-level changes. We highlight the relevant considerations and challenges that need to be addressed before uptake. This study also calls attention to wider innovation implementation issues that should be considered by GPs, test developers, policymakers, and stakeholders.

Barbuiani G., et al. (2026) 'Nurses' Role in Deprescribing for Older Adults: A Scoping Review.' *International Journal of Nursing Studies* 174 (pagination), Article Number: 105274. Date of Publication: 01 Feb 2026.

Purpose: To map the evidence on nurses' roles and contributions in deprescribing within the multidisciplinary team across all clinical settings. Conclusion(s): The changing and crucial role that nurses play in the deprescribing process is highlighted in this scoping review. The medication safety of older adults necessitates empowering nurses through organizational frameworks, technology support, and training. There is a clear need for stronger, high-quality evidence, including randomized controlled trials and rigorously designed implementation studies, to assess outcomes and guide the integration of nurse-led deprescribing interventions into everyday clinical practice.

Browne S., et al. (2025) 'General Practitioner Care of Residential Aged Care Facility Residents at End of Life: A Systematic Literature Review and Narrative Synthesis.' *BMJ Open* 15(11) (pagination), Article Number: e104243. Date of Publication: 12 Nov 2025.

Objectives In 2023, 21% of deaths occurred in residential aged care facilities (RACFs), a setting expected to play an increasing role in palliative and end-of-life care (PEoLC). General practitioners (GPs) oversee and deliver PEoLC in residential and nursing homes, yet little is known about their practice. We conducted a systematic review of the published evidence concerning how GPs provide this care: what they do and the quality, challenges and facilitators of that care

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* 10(11), e903–e911.

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. 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.

Byrne S.J., et al. (2025) 'Exploring Patients' Experiences of Secondary Prevention After Stroke: A Survey Study.' *Discover Public Health* 22(1) (pagination), Article Number: 693. Date of Publication: 01 Dec 2025.

Background and aims: Stroke secondary prevention focuses on reducing the

likelihood of future strokes by addressing underlying risk factors and lifestyle factors for stroke. By engaging with healthcare professionals and embracing secondary prevention education, patients become empowered in reducing the risk of recurrent stroke and improving long-term recovery. The aim of the survey was to describe stroke patients' experiences and needs in relation to secondary prevention in a community setting in Ireland. Conclusion(s): Providing secondary prevention information to stroke patients in the community supports the view that patients to feel more in control at home in a familiar environment, reducing stress and anxiety. These findings will be used to inform the development of a secondary prevention education resource for use by stroke nurse specialists in ESD.

Callaghan C.T., et al. (2025) 'GPs' use of Video and Telephone Consultation: Implications for Physical Activity Promotion for Older Adults. A Mixed-Methods Study.' *BJGP Open* 9(3) (pagination), Article Number: BJGPO.2023.0256. Date of Publication: 01 Oct 2025.

The COVID-19 pandemic led GPs to adopt video consultation and telephone consultation (VC/TC) as part of routine practice. The potential impact on physical activity (PA) promotion and prescription for older adults, in routine practice, was unknown. Aim(s): To understand how VC/TC have impacted on the routine promotion of PA to older adults in GP consultations. Design & setting: A mixed-methods, cross-sectional study of GPs was conducted in the Republic of Ireland (RoI) and Northern Ireland (NI) in 2020/2021.

Conclusion(s): GPs are continuing to use VC/TC at the initial consultation stage, but the broader and longer-term implications on PA promotion with older adults are unknown.

Chan M., et al. (2025) 'Incentivising General Practice: A Review of the Scottish Targeted Enhanced Recruitment Scheme (TERS) through Recruitment and Training Data.' *BJGP Open* 9(3) (pagination), Article Number: BJGPO.2024.0289. Date of Publication: 01 Oct 2025.

Background: One of the challenges facing UK general practice is the dwindling workforce, particularly in deprived or remote areas. One solution is to increase trainees' exposures to these environments by incentivising training in these locations. Aim(s): To evaluate the impact of the TERS grant on GPST recruitment across Scotland and within the targeted programmes. Design & setting: Analytical observational study of recruitment and training data from NHS Education for Scotland. Conclusion(s): 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.

Chau W., and Ridge, J. (2025) 'Exploration of the Barriers, Enablers and Experiences of Opioid Management for Chronic Non-Cancer Pain (CNCP) in the General Practice Setting within the United Kingdom: A Meta-Synthesis.' *British Journal of Pain* (pagination)

Background: There is insufficient evidence to indicate using opioids in the management of chronic non-cancer pain (CNCP), yet ongoing prescribing is prevalent and remains a global public health matter. Inappropriate long-term prescribing of opioids is associated with side effects and adverse events. This article explores the significant barriers and enablers during opioid management indicated

for CNCP within general practice, in the United Kingdom, and proposes recommendations to optimise practice.

Coope, C., et al. (2025) 'Impact of a Comprehensive Review Template on Personalised Care in General Practice for Patients with Multiple Long-Term Conditions: A Mixed-Methods Evaluation.' *Bjgp Open*

BACKGROUND: Primary care is in urgent need of more effective and efficient ways of managing the care of people living with multiple long-term conditions (MLTCs; multimorbidity). Personalised care organised around an individual's needs and conditions, taking account of individual context and priorities and supporting self-management, may offer an improved approach. **AIM:** To explore the impact of a computerised template to support personalised care for patients with MLTCs within the context of routinely applied general practice. **CONCLUSION:** Use of the multimorbidity template needs to be supported by staff training, adequate practice capacity, support for system reorganisation, and attention to incentives to facilitate its benefits.

Cooper M., et al. (2025) 'Specialist Medication Monitoring and Prescribing in Primary Care: Case Study of Shared Care Agreements in Northern England, UK.' *BMJ Open Quality* 14(4) (pagination), Article Number: e003491. Date of Publication: 19 Nov 2025.

Introduction Shared care agreements (SCAs) in the UK enable general practitioners (GPs) in primary care to take over the monitoring and prescribing of specialist medications for patients under agreed protocols. While SCAs are intended to improve access and continuity of care, concerns regarding their implementation and adherence to safety protocols persist. This study aims to explore the mechanisms, challenges and risks associated with SCAs, focusing on their impact on patient safety and primary care capacity. **Conclusions:** SCAs hold potential for improving care continuity but face significant operational and systemic barriers that undermine their safety and effectiveness. Findings evidence the need for clearer role delineation, robust communication frameworks, enhanced patient engagement and integrated digital solutions.

d'Elia A., et al. (2025) 'Perceptions of an AI-Based Clinical Decision Support Tool for Prescribing in Multiple Long-Term Conditions: A Qualitative Study of General Practice Clinicians in England.' *BMJ Open* 15(11) (pagination), Article Number: e102833. Date of Publication: 23 Nov 2025.

Background Artificial intelligence (AI)-based clinical decision support systems (CDSSs) are currently being developed to aid prescribing in primary care. There is a lack of research on how these systems will be perceived and used by healthcare professionals and subsequently on how to optimise the implementation process of AI-based CDSSs (AICDSSs). **Objectives:** To explore healthcare professionals' perspectives on the use of an AICDSS for prescribing in co-existing multiple long-term conditions (MLTC), and the relevance to shared decision making (SDM). **Conclusion:** AICDSSs such as the OPTIMAL tool hold potential for optimising pharmaceutical treatment in patients with MLTC. However, specific issues related to the tool need to be addressed and careful implementation into the existing clinical practice is necessary to realise the potential benefits.

Drokow E.K., et al. (2025) 'Patient and System Barriers to Early Diagnosis of Oral Cancer in the UK.' *Oral Diseases* (pagination), Date of Publication: 2025.

Objective: Oral cancer poses a significant public health challenge worldwide,

especially in the UK, where delayed diagnosis negatively impacts patient outcomes and survival rates. This study aims to systematically review and synthesise evidence on patient and system barriers to early diagnosis of oral cancer within the UK context. Conclusion(s): The pooled relative risk indicates a marginally increased probability of referrals by general practitioners compared to dentists; however, the overlapping confidence intervals necessitate a cooperative strategy to enhance referral routes. Addressing these obstacles via specific interventions and policy reform could significantly improve the UK's early detection rates and patient outcomes for oral cancer.

Elliott D., et al. (2025) 'A Mixed-Methods Study of the Experience of GP Educational Supervisors.' *BJGP Open* 9(3) (pagination), Article Number: BJGPO.2024.0106. Date of Publication: 01 Oct 2025.

Background: Quality supervision in the clinical learning environment is known to improve future quality of patient care by graduates of that training. The support required by supervisors is not well documented. Aim(s): To conduct a needs assessment of educational supervisors (ESs) on the GP training programme. Design & setting: This was a mixed methods study conducted among the trainer population in the West of Scotland region. Conclusion(s): With increasing demands on time, an increased trainer workload and an increase in the number of trainees with more variable needs, the willingness of GPs to become ESs may be reaching a tipping point. This research identified areas for targeting support, but also recommended review of some of the structures of GP training in order to retain quality GP supervision in GP training.

Frost H., et al. (2025) 'GPs' Views on Green Social Prescribing in Scotland: Analysis of a National Cross-Sectional Survey.' *BJGP Open* 9(3) (pagination), Article Number: BJGPO.2024.0259. Date of Publication: 01 Oct 2025.

Background: Green social prescribing (GSP) aims to link patients to nature-based health interventions (NBHIs) through GPs. However, knowledge of GPs' views on GSP is limited. Aim(s): To explore GPs' views on GSP and the factors influencing these views. Design & setting: National cross-sectional survey of GPs' working lives in Scotland, conducted in 2023, which included four questions about GSP. Conclusion(s): 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.

Hare A., et al. (2025) 'A Modified Delphi Consensus to Reframe and Prioritise the Management of Chronic Insomnia in UK Primary Care.' *BMJ Open* 15(11) (pagination), Article Number: e104341. Date of Publication: 07 Nov 2025.

Objectives: Chronic insomnia is a prevalent but under-recognised sleep disorder in the UK, affecting 6.8%-14.9% of adults. It is associated with significant health and economic burdens, yet remains under-diagnosed and poorly managed in primary care. This study aimed to address key gaps in the understanding, diagnosis and management of chronic insomnia and to develop consensus-based recommendations to optimise care pathways across the National Health Service. Conclusions: The study identifies systemic barriers to effective insomnia care and calls for chronic insomnia to be prioritised in UK primary care. The resulting consensus recommendations aim to reduce the burden of untreated insomnia, improve patient outcomes, enhance healthcare delivery and increase economic productivity.

Hodson N., et al. (2025) 'Evaluating Adherence to Patient Registration Paperwork Guidelines: A Mystery Shopper Study in English Primary Care.' *BMJ Open* 15(11) (pagination), Article Number: e100719. Date of Publication: 11 Nov 2025.

Objective: To evaluate adherence to National Health Service (NHS) patient registration ID guidelines among General Practitioners' (GP) practices. Conclusions: GP practices commonly refuse registration to people without photo ID or proof of address, thus creating 'sludge' and undermining access to healthcare especially for poor, vulnerable patients, including immigrants. Changing GP practices' websites would not address this problem if erroneous information is still provided over the phone. GPs and practice managers should ensure that all staff follow NHS guidance to allow registration without these documents.

Howe R., et al. (2025) 'Prescribing Mistakes in Primary Care: Individual Or System Error?.' *Drug and Therapeutics Bulletin* 63(11), 168–171.

Howell I., et al. (2025) 'The Risk-Benefit Balance of Oral Corticosteroid Treatment for Asthma Attacks: A Discrete Choice Experiment of Patients and Healthcare Professionals in the UK and New Zealand.' *Respirology* 30(11), 1035–1045.

Background and Objective: Oral corticosteroids (OCS) are the guideline recommended treatment for all asthma attacks, but benefits must be considered alongside the potential for cumulative side-effects. There is interest in trialling biomarker-directed management of attacks to rationalise OCS treatment in those with least benefit. Understanding stakeholder perspectives on the risks and benefits associated with OCS treatment can inform trial design and shared decision-making discussions in clinical practice. The aim was to examine patients' and healthcare professionals' preferences for the risks and benefits associated with OCS treatment for asthma attacks. Conclusion(s): Patients and HCPs will trade-off treatment benefits to avoid the side-effects associated with OCS. The risk-benefit balance of OCS should feature in shared decision-making discussions with patients experiencing outpatient asthma attacks. The findings support developing trials to personalise acute asthma treatment.

Hyder S., et al. (2025) 'Ethnic Minority Patients' Experiences of Clinical Communication with General Practitioners in the United Kingdom: A Meta-Synthesis of Qualitative Evidence.' *SSM - Qualitative Research in Health* 8(pagination), Article Number: 100660. Date of Publication: 01 Dec 2025.

Rationale: Health inequalities disproportionately affect people from ethnic minority backgrounds. Primary care is usually where patients first access healthcare services and come into contact with healthcare professionals such as General Practitioners (GPs). The quality of communication between patients and GPs can affect patient experience and health outcomes. Research shows that these experiences can be poorer for ethnically minoritised patients. However, a review providing a comprehensive understanding of ethnic minority patients' GP communication experiences does not exist. Objective(s): To synthesise the qualitative evidence on ethnic minority patients' experiences of clinical communication with GPs in the UK. Conclusion(s): The 'on PAR' model depicts that ethnic minority patients' GP communication experiences vary based on intersectional aspects of patients' identities (such as gender, religion and language) and their interplay with GPs' identities, extending beyond reductionist ethnicity-based classifications linked to

patients' healthcare experiences and outcomes. Findings may inform doctors' communication training, with regard to providing tailored care to diverse ethnic minority patients.

Jacobsen, M. H., et al. (2025) 'The Role of General Practice in the Identification of Age-Related Vision Impairment and Chronic Eye Diseases: A Systematic Review.' *Bjgp Open*

BACKGROUND: Age-related vision impairment (ARVI) is associated with an increased risk of dementia and depression and can affect older patients' overall health and ability to manage everyday tasks. ARVI is often asymptomatic making it difficult to detect. The World Health Organization (WHO) recommends primary care settings for identification of ARVI, underscoring the importance of general practice. **AIM:** To synthesise recent knowledge on identifying ARVI in general practice within countries with well-established primary healthcare systems. **CONCLUSION:** This review highlights the need for more research in detection of ARVI and prevalent chronic eye diseases in general practice.

Jefferson L., et al. (2025) 'Barriers to and Facilitators of Women GPs' Careers: A Systematic Review.' *BJGP Open* 9(3) (pagination), Article Number:

BJGPO.2024.0282. Date of Publication: 01 Oct 2025.

Background: Despite women comprising 52% of full-time equivalent GPs in England, a significant gender pay gap persists (15% after adjustments). Further understanding of the barriers and facilitators impacting women GPs' careers is needed.

Aim(s): To identify and synthesise research evidence exploring barriers to and facilitators of women GPs' careers. **Design & setting:** Systematic review of qualitative and quantitative studies. **Studies were included of GPs conducted in the UK NHS general practice setting.** **Conclusion(s):** Despite general practice being a medical specialty where women outnumber men, barriers at personal, socio-cultural, and system levels continue to inhibit women GPs' careers.

Jung J.H., and Hur, Y. (2025) 'Lifestyle Prescriptions for Obesity Treatment in Primary Care: A Narrative Review.' *EWHA Medical Journal* 48(4) (pagination), Article Number: e54. Date of Publication: 01 Oct 2025.

Purpose: This review aims to synthesize the most up-to-date evidence on effective lifestyle prescriptions for managing patients with obesity in the primary care setting.

Method(s): A comprehensive literature search was conducted through June 2025 using major domestic and international databases, including PubMed, Google Scholar, and RISS, as well as the websites of relevant academic societies. The search strategy employed keywords such as "obesity, " "primary care, " "lifestyle intervention, " "diet, " "exercise, " and "behavioral therapy" in both English and Korean. **Conclusion(s):** Primary care physicians are not only capable but also uniquely positioned to lead long-term, patient-centered obesity management. Their comprehensive and integrative perspective makes them one of the most efficient and scalable resources in addressing the obesity epidemic.

Leach H., et al. (2025) 'It Gives a Sense of Purpose': A Survey Exploring GP Registrars' Views on Relational Continuity of Care.' *BJGP Open* 9(3) (pagination), Article Number: BJGPO.2025.0001. Date of Publication: 01 Oct 2025.

Background: Relational continuity of care has been shown to improve patient outcomes and clinician satisfaction. However, little is known about how GP

registrars, the future workforce in general practice, experience this continuity, especially in the context of evolving workforces and increasing use of remote consultations. Aim(s): To explore GP registrars' views on relational continuity of care and identify personal, training, and practice factors that may influence these views, including the impact of digital or remote consulting. Design & setting: A cross-sectional online survey was conducted among GP registrars in the West Midlands, England. The survey explored registrars' experiences and attitudes towards relational continuity, including the impact of remote consulting. Conclusion(s): Despite significant barriers, GP registrars highlighted the importance of relational continuity for patient care and clinician satisfaction. Further research is needed to explore how training models impact continuity, and how training and remote consulting can support the experience of relational continuity in practice.

Malogianni E., et al. (2025) 'Barriers and Facilitators of Accessing Primary Healthcare for Patients with Severe Mental Illness: A Mixed-Methods Systematic Review using Framework Synthesis.' *BMC Psychiatry* 25(1) (pagination), Article Number: 1131. Date of Publication: 01 Dec 2025.

Background: Serious Mental Illness (SMI) is associated with significant physical health inequalities and a shortened life expectancy of approximately 20 years compared to the general population. Access to primary care (PC) services is crucial for addressing the complex healthcare needs of individuals with SMI.

Aim(s): To identify and analyse the barriers and facilitators that individuals with SMI encounter when accessing PC. Conclusion(s): The review highlights the urgent need for strategies that will reduce the persistent stigma around SMIs, enable care continuity, promote a shared-care approach between PC and MH services and offer adequate support to patients to access healthcare when needed. Future research should focus on evaluating the effectiveness of such approaches and expanding the evidence base in this critical area.

Mattsson M., et al. (2025) 'Trends in Analgesia Prescribing in Primary Care in Ireland and England between 2014 and 2022: A Repeated Cross-Sectional Study.' *British Journal of Clinical Pharmacology* 91(12), 3432–3444.

Aims: Analgesic medicines are an important component of pain management, with different medicines carrying different risks and benefits. The aim of this study was to examine trends in analgesic prescribing in Ireland and England between 2014 and 2022. Conclusion(s): Substantially different dispensing patterns were found in Ireland and England, with dispensing rates in Ireland generally higher and increasing between 2014 and 2022 and rates in England generally lower and decreasing. This discrepancy is likely largely driven by the older age and lower socioeconomic status of GMS patients; however, further research to understand the drivers for this high volume of use is required.

O'Connor M., et al. (2026) 'Community and Residential Care Providers' Perspectives on the Impact of Mobile X-Ray Services in Ireland: A National Study.' *Journal of Medical Imaging and Radiation Sciences* 57(1) (pagination), Article Number: 102137. Date of Publication: 01 Jan 2026.

Background: Mobile X-ray services offer timely diagnostics for frail or immobile patients, potentially reducing hospital admissions. However, limited research exists on implementation from the care facility perspective. This study examines the operational, organisational, and experiential use of mobile X-ray services in Irish care homes, identifying key barriers and facilitators. Conclusion: Mobile X-ray

services are well-supported by Irish care providers, enhancing diagnostic access and patient comfort. Findings indicate that these services align with people-centred and ageing-focused healthcare strategies, supporting their potential role in broader national care models.

Onwunduba A., et al. (2025) 'Variation in the Efficiency of English General Practices and Associated Factors: A Cross-Sectional Study of 5069 General Practices.' *European Journal of General Practice* 31(1) (pagination), Article Number: 2580827. Date of Publication: 2025.

Background: Healthcare demand in English general practice exceeds supply, necessitating practice efficiency. To our knowledge, no study has explored factors associated with practice efficiency in England using a quality-adjusted output. Objective(s): To determine practice-level efficiency in England and identify associated factors using a quality-adjusted output. Conclusion(s): Smaller practices were more efficient. Therefore, policies that encourage practice mergers may not deliver the efficiency gains expected.

Parsons, J., et al. (2025) 'Telephone First Access to General Practice for Older People- a Qualitative Study.' *Bjgp Open*

BACKGROUND: Recent years have seen increasing pressure on primary care workforce and appointments, with 'telephone first' introduced in the UK to manage demand and workload. Patients discuss healthcare needs via telephone with a general practitioner (GP) before being invited to make an appointment. Older people are at increased risk of inequality in accessing primary care appointments, with more long-term conditions and increased communication difficulties using telephone. These inequalities were potentially exacerbated during Covid-19. **AIMS:** This study aimed to explore experiences of older people, carers and general practice teams in using telephone first to access appointments. **CONCLUSION:** Systems implemented into practices need to be adequately explained regarding processes, staff roles and expectations of patients, to allow for thorough understanding, and a demystification of the unknown. Future research should examine how telephone first approaches affect older patients' health outcomes.

Pinder L., et al. (2025) 'Annual Prevalence of the Body Mass Index Documentation in the UK Primary Care: A Cross-Sectional Study using IQVIA Medical Research Data.' *Diabetes, Obesity and Metabolism* (pagination), Date of Publication: 2025.

Aim: To estimate the annual prevalence of body mass index (BMI) documentation in UK primary care in 2023 and identify demographic and clinical factors associated with its recording. Conclusion(s): Although fewer than half of adults had a BMI recorded in 2023, documentation rates were high among patients with chronic disease and multimorbidity. These findings suggest that BMI recording in UK primary care is targeted and clinically driven. and compares favourably with data from other European countries.

Rothenberger R., et al. (2025) 'Changes in Heart Failure Healthcare in General Practice during the COVID-19 Pandemic: A Survey.' *BJGP Open* 9(3) (pagination), Article Number: BJGPO.2024.0138. Date of Publication: 01 Oct 2025.

Background: The COVID-19 pandemic accelerated the adoption of remote healthcare for the management of long-term conditions, including heart failure (HF). However, little is known about the experiences of this transition, knowledge

developed during service transformation, and/or the preferences of clinicians and patients with HF going forward. Aim(s): This study aimed to determine the perspectives and consensus of healthcare providers, patients, and carers in the UK regarding the transition to remote healthcare for HF during the pandemic. Design & setting: A survey was conducted among individuals with HF and healthcare providers. Conclusion(s): Remote healthcare presents opportunities and risks, emphasising the need for equitable access to telehealth technologies and thoughtful integration into healthcare systems. Balancing remote and in-person care, along with targeted training for healthcare providers, is essential for effective management and support of people with long-term conditions.

Sampri A., et al. (2025) 'Vascular and Inflammatory Diseases After COVID-19 Infection and Vaccination in Children and Young People in England: A Retrospective, Population-Based Cohort Study using Linked Electronic Health Records.' *The Lancet Child and Adolescent Health* 9(12), 837–847.

Background: The rarity of severe diseases following COVID-19 infection balanced against rare COVID-19 vaccination-related adverse effects is an important consideration for vaccination policies. We aimed to assess the short-term and long-term risks of vascular and inflammatory diseases following first COVID-19 diagnosis and vaccination in children and young people. Interpretation(s): Children and young people have higher risks of rare vascular and inflammatory diseases up to 12 months after a first COVID-19 diagnosis and higher risk of rare myocarditis or pericarditis up to 4 weeks after a first BNT162b2 vaccine, although the risk following vaccination is substantially lower than the risk following infection. These findings are of great importance for national policy makers and caregivers considering vaccination consent for children, and support the public health strategy of COVID-19 vaccination in children and young people to mitigate the more frequent and persistent risks associated with SARS-CoV-2 infection.

Savelkoul, C., et al. (2025) 'Factors Influencing UK Medical Students' Choice of General Practice: A Systematic Review.' *British Journal of General Practice*

BACKGROUND: There are currently concerns about recruitment to UK general practice. There have been various efforts and approaches to increase recruitment to general practice, and we lack contemporary insights and knowledge about the factors that shape medical students' career intentions. **AIM:** To identify and analyse the key factors influencing UK medical students' choice of general practice as a career pathway. **CONCLUSION:** The findings from this review suggest that medical education structures and institutional cultures influence medical students' decisions about general practice careers. Medical schools and policymakers can improve recruitment by addressing the educational factors that shape career choice. Increasing high-quality general practice exposure in the curriculum, actively countering negative perceptions of GP, and promoting positive GP role models are all crucial.

Scholes A.K., et al. (2025) 'Family Physician Perspectives on Managing Indirect Patient Care Activities in the Electronic Inbox: A Systematic Mixed Studies Review.' *Family Practice* 42(6) (pagination), Article Number: cmaf092. Date of Publication: 01 Dec 2025.

Introduction Family physicians spend approximately half their professional time on indirect patient care activities (IPCA). Essential to patient care, inbox IPCA includes renewing prescriptions, checking lab results, and reviewing messages. However, IPCA detracts time from direct patient care and has been linked to burnout,

potentially contributing to the family medicine crisis in Canada. Our objective was to understand the range of family physicians' experiences and perspectives regarding electronic inbox management. Conclusions: The intersection of inefficient systems and high workloads makes inbox management labour-intensive and frustrating, lowering job satisfaction and efficacy. Downloading administrative tasks to family physicians, combined with the growing complexity of patient management, has generated a tremendous burden. Solutions are needed to improve the sustainability and appeal of family medicine.

Scott A., et al. (2025) 'Developing the PATH-GP (Prevention and Testing for HIV in General Practice) Intervention: A Person-Based Approach Intervention Development Study to Increase HIV Testing and PrEP Access.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 01 Dec 2025.

BACKGROUND: Testing for HIV, linkage to treatment, and access to pre-exposure prophylaxis (PrEP) (medication that reduces the risk of acquiring HIV) is essential for early HIV diagnosis, treatment, and prevention. General practice could play a key role in maximising HIV testing opportunities and supporting access to PrEP. AIM: To develop an intervention for general practice to increase HIV testing and facilitate access to PrEP. CONCLUSION(S): Research is needed to explore the feasibility and the effectiveness of this multicomponent intervention to increase testing and access to PrEP within general practice.

Shabbir U., and O'Regan, A. (2025) 'Leveraging Physical Activity Data in Chronic Disease Management: A Novel Approach in Irish General Practice.' *Irish Journal of Medical Science* (pagination), Date of Publication: 2025.

Stewart J., et al. (2025) 'Who is Responsible for Follow-Up After Critical Illness? GP, ICU and Patient Perspectives.' *Critical Care* 29(1) (pagination), Article Number: 489. Date of Publication: 01 Dec 2025.

Background: Critical illness is associated with a range of physical, psychological, medical and social sequelae. It is unclear from existing clinical guidance who should be responsible for follow-up of these sequelae following hospital discharge.

Aim(s): To explore the views of views of UK general practitioners (GPs), intensive care medicine (ICM) consultants, and patients on responsibility for follow-up care for critical illness survivors following hospital discharge. Conclusion(s): The experiences of healthcare professionals and patients indicate the current lack of clarity could negatively impacting patient care and outcomes. Consensus is required on how we should define the boundaries of critical illness sequelae, and which clinical groups are responsible for care across the various transitions of care experienced by intensive care unit (ICU) survivors.

Uebel K., et al. (2025) 'General Practitioners' Trust in their Patients: A Qualitative Study.' *Annals of Family Medicine* 23(6), 500–506.

PURPOSE: Mutual trust is a critical component of the physician-patient relationship, and although much research has examined patient trust in the physician, little attention has been given to the physician's trust in the patient in the general practice setting. This study explored general practitioners' (GPs') understanding of trust in their patients. CONCLUSION(S): Our study shows that GPs understand a therapeutic relationship with a patient begins by trusting what their patients say, then develops as their patients become more actively involved in their own management.

GPs need support in building mutually trusting relationships, especially in patients with complex care needs.

Warburton L., et al. (2025) 'Tackling Health Inequity through Focused Care in a 'Deep End' General Practice in England: A Case Study.' *Journal of Primary Care & Community Health* 16, 21501319251370819.

The National Health Service (NHS) in England provides funding for social prescribing to address the social determinants of ill-health. This paper describes a case study of how one general practice serving a disadvantaged population transitioned to Focused Care, a more intensive form of social prescribing, to increase engagement and improve outcomes. Characteristics of service users and their presenting problems, rates of engagement, resource implications of the service and potential benefits are discussed.

Wise, J. (2025) 'GPs to See 90% of Urgent Cases on Same Day-what Else is in NHS England's "most Ambitious Plan in a Generation"?.' *BMJ (Clinical Research Ed.)* 391, r2262.

Wright A., et al. (2025) 'Advancing Assessment in General Practice: The Case for Programmatic Assessment in UK GP Training.' *Education for Primary Care : An Official Publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors* , 1–5.

Assessment in UK General Practice (GP) training has traditionally relied on high-stakes evaluations that may fail to capture the complexity of clinical competence or support equitable learner development. Programmatic assessment, based on the systematic collection of diverse, low-stakes data points over time, offers a more valid, reliable and learner-centred alternative. This article examines the limitations of the current system, outlines the principles and benefits of programmatic assessment, and explores challenges and implementation strategies. Drawing on international models and educational theory, we propose a shift towards an integrated portfolio-based approach that prioritises meaningful feedback, supports competency-based progression and has the potential to reduce reliance on high stakes examinations.

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