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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.

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

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References

Anselmi L., et al. (2026) **'Workload and Funding in General Practice: A Nationwide Cross-Sectional Study in England.'** ***The British Journal of General Practice : The Journal of the Royal College of General Practitioners 76*****(767), e434–e441.**
BACKGROUND: Funding based on population need is key to equitable health care. The formula for general practice capitation payments in England has not been updated for over 20 years and is based on crude workload weights. AIM: To estimate and describe the uplifts in practice payments required to bring them in line with updated and more precise needs-based workload weights. CONCLUSION(S): The workload element of the general practice funding formula should use updated weights. Additional concerns related to equity in outcomes and underfunding of practices in deprived areas should be addressed by adjustments or revisions of other elements of the funding formula.

Armitage, R. (2026) **'On Multiple Problems: The Ethics of Multiple Problems in Single General Practitioner Appointments.'** ***Journal of Medical Ethics 52*****(6), 386–390.**
Bringing multiple problems to a single general practitioner (GP) appointment raises various ethical issues, all of which emerge from the central tension between the total number of problems brought to the appointment and the finite amount of time allocated to undertake it. This paper finds that it would be unreasonable to only consider autonomy as being respected if all problems are addressed in a single appointment; the GP is required to address those problems that would maximally promote beneficence within the constraints of the single appointment; dealing with multiple problems in single appointments might violate non-maleficence by reducing the time dedicated to each problem and fostering error-producing conditions and is likely to reduce patient satisfaction. This paper makes three suggestions for practice, recognises various challenges to these recommendations and suggests how they should be addressed.

Brunton, L., et al. (2026) **'Implementing Pharmacogenetic-Guided Prescribing in General Practice: A Qualitative Process Evaluation.'** ***Implementation Science Communications***
BACKGROUND: Some people experience side-effects from medicines which can lead to negative patient outcomes and increased NHS costs. Pharmacogenetic-guided prescribing supports the safety and effectiveness of medicines. The Pharmacogenetics Roll Out - Gauging Response to Service (PROGRESS) study is assessing the viability and utility of pharmacogenetic-guided prescribing in general practice. We conducted a parallel process evaluation to explore the barriers and enablers to implementing pharmacogenetic-guided prescribing in general practice, from a clinician perspective.

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 48*****(16), 5150–5170.**
eHealth tools have gained more attention in general practice and chronic pain management because they have the potential to strengthen supported self-management. Using participatory methods, this study identified important needs, gaps, and perspectives that can inform more personalized digital solutions for chronic pain. 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.

Donaghy, E., et al. (2026) **'GPs' Satisfaction with Link Workers and Belief that they can Reduce Health Inequalities: A Cross-Sectional National GP Survey in Scotland.'** ***Bjgp Open***
BACKGROUND: Social prescribing link workers (SPLWs) have been based in general practices in Scotland since 2016 but the views of GPs on their work have not been quantified. **AIM**: To quantify GPs' satisfaction with the work of SPLWs and belief that they can reduce health inequalities, and to explore GP and practice factors that influence these views. **CONCLUSION**: GPs in Scotland who have an SPLW in their practice are largely satisfied with link workers. GPs believe SPLWs can reduce health inequalities, especially those working in deprived areas and who perceive reductions in their own workload owing to the work of the SPLW.

Elbaroumi, O. (2026) **'Diagnosing Sepsis in Primary Care: Navigating Clinical Uncertainty Across Vulnerable Patient Groups.'** ***Cureus 18*****(5), e109461.**
Sepsis is a medical emergency characterised by life-threatening organ dysfunction arising from a dysregulated host response to infection. It represents one of the most significant patient safety challenges in the United Kingdom, responsible for tens of thousands of preventable deaths each year, with a growing burden of hospital admissions that has risen substantially over the past two decades. The majority of cases originate in the community, placing general practitioners (GPs) at the critical frontline of early recognition. Despite this, the evidence base for sepsis diagnosis in primary care is sparse, and widely used clinical tools, including the quick Sequential Organ Failure Assessment (qSOFA) score and the National Early Warning Score 2 (NEWS2), were developed and validated predominantly in hospital settings, limiting their direct applicability in general practice. This narrative review examines the diagnostic challenges faced by UK GPs in recognising sepsis, with a particular focus on vulnerable patient groups, including elderly and frail patients, children, and individuals with multimorbidity, who frequently present with atypical features that do not satisfy conventional diagnostic criteria.

Fischer, M., et al. (2026) 'Effect of Direct Access to Physiotherapy on Prescribing and Imaging in Primary Care for Musculoskeletal Disorders: A Systematic Review and Meta-Analysis.' *Family Practice 43*(4)
BACKGROUND: Direct access (DA) to physiotherapy enables patients with musculoskeletal disorders (MSDs) to consult physiotherapists without prior GP referral. Despite its growing implementation, no quantitative synthesis has assessed its impact on prescribing outcomes relevant to GP workload. OBJECTIVE: To estimate the pooled effect of DA versus GP-led care on medication and imaging prescriptions for adults with MSDs in primary care. CONCLUSION: DA may reduce medication prescribing in MSDs, though evidence certainty remains low. Imaging results are inconclusive. Further high-quality, adequately powered trials with prespecified prescribing and imaging endpoints are warranted to guide equitable primary care workforce planning.

GomesMendes A., et al. (2026) 'Primary Care Experiences at the Intersection of Sexual Minority Status and Long-Term Mental Health Conditions in England: A Cross-Sectional Analysis using the English General Practice Patient Survey.' *eClinicalMedicine 96*(pagination), Article Number: 104016. Date of Publication: 01 Jun 2026.
Background: Sexual minorities and individuals with mental health conditions (MHC) often report poorer healthcare experiences, but evidence on inequalities at their intersection remains limited. Interpretation(s): Sexual minority orientation and long-term MHC independently related to lower primary care satisfaction. However, their intersection was associated with both disadvantage and relative protection across different domains. Recognising these patterns is essential for reducing inequalities and better tailoring primary care services.

Greaves F., et al. (2026) 'Evaluating the National Rollout of the NHS App in England using Qualitative and Quantitative Methods.' *Health and Social Care Delivery Research 14*(15), 1–91.
Background: In 2019, the NHS App was launched as a 'digital front door' to England's National Health Service, aiming to improve access to primary care, enhance patient experience, save time in general practitioner practices and promote self-care. Aims and objectives: This project aimed to identify and understand the use and acceptability of the NHS App, to measure the extent to which it improved patient experience and influences health service access, and to understand patterns of early take-up and participation. Conclusion(s): The NHS App was introduced into a complex and changing landscape. It has achieved strong uptake, with the COVID-19 Pass feature increasing adoption substantially. Overall uptake and use have followed an inverse deprivation gradient, influenced in particular by age, ethnicity and healthcare needs. Different functions of the NHS App have been used to different extents, and with different patterns over time. Future work: Further evaluation as the healthcare landscape and the functions of the NHS App evolve is warranted, including longitudinal studies using person-level data and further work on inequalities in access and use.

Hafid, S., et al. (2026) 'Measuring the Relationship between Outpatient Family Physician Visit Regularity and Acute Care Utilization during the End of Life: A Population-Level Retrospective Cohort Study.' *Family Practice 43*(3)
BACKGROUND: Family physicians (FP) are critical in providing outpatient end-of-life (EOL) care, yet most continuity measures do not consider temporal changes in visits. The relative variance index (RVI), which measures visit interval variation, has not been applied to the EOL context. AIM:

To measure the association between outpatient FP visit regularity & acute care use in the last month of life. CONCLUSIONS: Higher outpatient FP visit regularity was associated with increased EOL acute care use, despite low visit regularity during the last two years of life. However, the RVI's sensitivity to observation period lengths limits its utility as an EOL care-quality indicator.

Hall, J., et al. (2026) **'GPs' Perspectives of the Challenges in Diagnosing Depression: A Qualitative Study.'** ***Bjgp Open***
BACKGROUND: Depression is a leading cause of disability worldwide, with general practitioners (GPs) playing a crucial role in its identification and management. Despite this central position, GPs face challenges in diagnosing depression. Previous qualitative research has focused on clinical and interactional aspects of depression diagnosis in primary care, including uncertainty and negotiation; this study examines logistical and practical challenges in diagnosis. **AIM**: To explore GP perspectives of the challenges in diagnosing depression and providing initial support in primary care. **CONCLUSION**: Diagnostic challenges for depression in primary care are shaped by clinical complexity, time constraints, and continuity of care. Addressing these factors may help GPs navigate diagnostic uncertainty and provide earlier support for patients presenting with depressive symptoms.

L, S., et al. (2026) **'General Medicine as the Clinical Bridge: A Systematic Literature Review of Whole-Person Care, Multimorbidity Management, and Health System Integration.'** ***Cureus 18*****(6), e111077.**
Multimorbidity has become a major challenge for contemporary healthcare systems, as patients with multiple chronic conditions often require care that extends beyond disease-specific pathways. Fragmented services, polypharmacy, treatment burden, and poor continuity can limit the effectiveness of conventional clinical models. This review aimed to synthesize original evidence on whole-person care, multimorbidity management, and health system integration, with emphasis on the role of general medicine as a clinical bridge. The review found that general practice and primary care interventions commonly used extended consultations, relational continuity, individualized care plans, medication review, self-management support, interdisciplinary collaboration, and cross-sector coordination. Benefits were more consistent for patient-centered experience, emotional support, care coordination, medication-related processes, and health behaviors than for generic quality-of-life outcomes.

McAdam H., et al. (2026) **'Megapractices: A Tentative Typology of the New Models of Primary Care Provision in Scotland.'** ***Public Health 256*****(pagination), Article Number: 106341. Date of Publication: 01 Jul 2026.**
Objectives: GP practices in Scotland are changing with the emergence of megapractices. We aimed to update analyses of GP practice sizes in Scotland, and to begin the development of a typology of GP practices. The evidence we gathered suggests that the key parameters for describing practices are: ownership, legal status and motives; the extent of service provision by doctors or Allied Health Professionals (AHPs); and practice list size. We tentatively propose four common practice types in Scotland: traditional practices, megapractices, social enterprise practices, and direct NHS provision, recognising substantial diversity amongst megapractices. Conclusions Policymakers should carefully consider the implications, negative or positive, of the current drift in approach to GP provisioning.

McClarey, A., et al. (2026) **'Exploring GPs' Prioritisation Dilemmas - 'Quick Wins' Versus 'Eating the Frog': A Qualitative Study in Primary Care.'** ***British Journal of General Practice***

BACKGROUND: Prioritisation is an increasing part of a GP's workload, although learning this skill is usually left to on-the-job training. Little is known about how experienced GPs prioritise their workload. **AIM**: To explore the factors that experienced GPs consider when prioritising their acute workload. **CONCLUSION**: Prioritisation is an increasingly important skill in modern general practice. It is crucial that those involved in prioritisation are given the time and tools necessary to adequately develop this skill.

Mordue, P., et al. (2026) **'Chronic Disease Prevention in Deprived Communities: A Qualitative Study with Community Pharmacists.'** ***Bjgp Open***
BACKGROUND: Increasing demand for General Practice (GP) services has led to new ways of working being explored to ease pressures on healthcare access. Community pharmacists (CPs) play a key role to help with this and can deliver disease prevention interventions. **AIMS**: To explore the views of CP's, serving communities/neighbourhoods experiencing high levels of socioeconomic disadvantage and ill-health on taking a role in the prevention of chronic disease. **CONCLUSIONS**: CPs serving deprived populations see themselves as being well positioned to contribute to chronic disease prevention. Realising this potential requires systematic change. Significant barriers have been identified that reflect the complexity of serving deprived communities. Without addressing these structural barriers, expanding pharmacy roles risks creating unsustainable expectations and potentially widening health inequalities.

Morris, C., et al. (2026) **'How does Diagnostic Subtype Affect the Quality of Primary Care for People with Dementia? A Retrospective Cohort Study in 1490 English General Practices.'** ***Age & Ageing 55*****(4)**
INTRODUCTION: Diagnostic subtype has been suggested as a determinant of inequity for people with dementia; its impact on primary care provision is underexplored. This study investigated the association between dementia subtype and likelihood of receiving guideline-consistent primary care. **CONCLUSION**: We found greater likelihood of PIP in people with non-AD dementias, a novel finding. Further research is needed, especially with new AD drugs potentially widening disparities.

Muthuraman A.K., et al. (2026) **'General Practice Interventions to Reduce Cardiovascular Disease Risk in Patients with Severe Mental Illness: A Scoping Review.'** ***Plos One 21*****(5 May) (pagination), Article Number: e0349303. Date of Publication: 01 May 2026.**
Background People with severe mental illness (SMI), including bipolar disorder, major depression, and schizophrenia, face significantly increased morbidity and mortality from cardiovascular disease (CVD). Common CVD risk factors in these populations comprise health behaviours such as smoking and poor diet, and physical factors, including diabetes mellitus, obesity and dyslipidaemia. Thus, there is a need to identify interventions to prevent CVD in SMI patients, for which general practice may be ideal for delivery. This scoping review aimed to explore the interventions to reduce CVD risk in patients with SMI in primary care, with a focus on general practice. This scoping review highlights a research gap regarding primary care interventions to reduce CVD risk in SMI patients, as only 10 relevant studies were identified published from 2015 to July 2025 in the English language. However, aspects of existing literature, such as promising intervention features, implementation barriers and feedback for consideration were also identified.

Nielsen, S. H., et al. (2026) **'Predicting Long-Term Treatment with Short-Acting Opioids: The Role of General Practice Consultations and Sociodemographic Factors.'** ***Family Practice 43*****(2)**

BACKGROUND: Long-term treatment with short-acting opioids is not recommended for patients with chronic nonmalignant pain. General practitioners should assess patient's risk of developing long-term treatment prior to prescribing. AIM: To identify predictors of long-term opioid treatment among adults with nonmalignant pain initiating treatment with short-acting opioids, focusing on general practice consultations and sociodemographic factors. CONCLUSION: Higher frequency of remote consultations prior to treatment initiation and several sociodemographic factors were associated with a higher probability of developing long-term treatment with short-acting opioids. These predictors should be considered when prescribing short-acting opioids to adults with chronic nonmalignant pain.

Paddison C.A., and Georghiou, T. (2026) 'Implications of Skill-Mix Change in General Practice: Secondary Analysis of Data from the GP Patient Survey.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners 76*(767), e442–e452.
BACKGROUND: The shift in policy and practice towards multiprofessional team working has potential implications for patients' experience. AIM: To examine the relationship between delivery of care and patient-reported confidence and trust, and perception of needs met. CONCLUSION(S): Patients who were confused who their general practice appointment was with experienced lower trust and were more likely to perceive that their needs were not met. The impact was magnified when the consultation was remote (phone, video, or message). Helping patients understand new roles and providing clarity on who the patient is seeing are essential for building patient confidence in new models of care.

Parsons, J., et al. (2026) '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 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 the COVID-19 pandemic. **AIM**: 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.

Paule A., et al. (2026) 'Online Triage and Cancer Diagnostic Activity in General Practice: Cross-Sectional Study.' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 01 Jun 2026.
Background: Patient facing online triage tools potentially offer GPs a way to recognise cancer related symptoms and features to facilitate appropriate suspected cancer referrals. Little is known about their impact on cancer diagnostic process and outcomes. Aim: To describe patterns of cancer outcome and process indicators associated with the use of online triage tools in primary care. Conclusion: Greater use of online triage forms is associated with more investigations and referrals for suspected cancer, but not associated with better diagnostic outcomes. This may indicate that any additional referrals are of lower quality and overall there is an increase in inappropriate use of USC referrals.

Purchase, T., et al. (2026) **'Co-Generating Ideas for Safer Paediatric Care with Parents and Stakeholders: A Multi-Method UK General Practice Study.'** ***British Journal of General Practice***

BACKGROUND: Parents play a vital role in protecting their children from healthcare-associated harms, for example, through mitigating safety incidents in general practice. Despite international calls encouraging family involvement in patient safety initiatives, parental perspectives are rarely embedded in the co-design of safety improvements. **AIM**: To co-generate and prioritise ideas for improving paediatric safety in general practice with parents and key stakeholders, and to explore areas of agreement and disagreement between these groups. **CONCLUSION**: Parents are willing and able to support healthcare teams with their patient safety efforts. Their ideas align with national priorities and offer actionable strategies that general practice teams can adopt or adapt for safer paediatric care in their own populations.

Reeves, J. M., et al. (2026) **'Clinician Perspectives on Long-COVID Physical Rehabilitation: Challenges, Uncertainty, and Semantics.'** ***Disability & Rehabilitation 1-16***

PURPOSE: To understand the perspectives of clinicians who provided rehabilitation services to people with Long-COVID or referred people to such services. CONCLUSION: Clinicians described Long-COVID as a heterogenous condition which challenges traditional rehabilitation frameworks. This study highlights how uncertainty with rehabilitation methods leads to fragmented approaches to rehabilitation and inconsistencies in care.

Ringshall, M., and Vera, J. H. (2026) **'HIV Update for the Non-HIV Specialist and General Physician.'** ***Clinical Medicine 100628***

HIV has become a manageable chronic condition, one of the major successes of modern medicine. People living with HIV can now expect near-normal life expectancy with effective treatment, yet important challenges remain. Comorbidities, prevention of new infections, and the persistence of stigma continue to affect outcomes. Addressing these issues requires coordinated care, with general practice, hospital services, and specialist HIV teams working closely together. This article aims to support healthcare professionals by summarising current best practice in treatment, outlining advances in prevention and early diagnosis, and exploring how stigma can be reduced both within healthcare and in the wider community. These efforts are essential if the UK is to meet its goal of ending new HIV transmissions by 2030.

Savelkoul C., et al. (2026) **'Factors Influencing UK Medical Students' Choice of General Practice: A Systematic Review.'** ***The British Journal of General Practice : The Journal of the Royal College of General Practitioners 76*****(767), e504–e512.**

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 there is a lack of 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(S): 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 general practice, and promoting positive GP role models are all crucial.

Sharma R., et al. (2026) **'Exploring Pharmacist Prescribing Practices in General Practices for Atrial Fibrillation in England: A Qualitative Study using the Theoretical Domains Framework.'** ***International Journal of Clinical Pharmacy 48*****(3), 740–750.**
Introduction: Pharmacist roles in primary care are evolving, with increasing involvement in long-term condition management. An example is their crucial role in the management of atrial fibrillation (AF), particularly in prescribing and monitoring oral anticoagulation therapy. However, their experiences and challenges in this area remain underexplored, particularly within the context of general practice. Aim(s): This study aimed to explore the experiences, perceptions, and challenges of independent prescribing pharmacists when managing and prescribing for AF within general practice. Conclusion(s): The study emphasises the challenges pharmacists encounter in managing AF, highlighting the need for clearer role definitions, improved access to patient data and ongoing peer support. Addressing the identified barriers through targeted interventions could enhance the effectiveness of pharmacist-led AF management in general practice. Future research should evaluate interventions designed to support pharmacists in this evolving role.

Sheikh, S. R., et al. (2026) **'Association of Asymptomatic PSA Testing on Prostate Cancer Mortality; a Case Control Study in General Practice.'** ***Bjgp Open***
BACKGROUND: PSA is not recommended for screening by The UK National Screening Committee due to risks of over-diagnosis and over-treatment. However, men in England aged 50+can request a PSA test from their GP. **AIMS**: To investigate the association between PSA and cancer mortality and estimate the absolute and relative risk of prostate cancer deaths. **CONCLUSIONS**: PSA testing was associated with lower prostate cancer mortality, while higher PSA level was linked to increased risk. Higher primary care use of PSA testing was associated with improved patient outcomes. These findings support consideration of risk- stratified screening rather that a uniform approach.

Sirisena M., et al. (2026) **'Between the Clinic and the Community: A Qualitative Study of Logics of Action on Social Determinants of Health in General Practices Serving Disadvantaged Communities.'** ***BMC Public Health*** **(pagination), Date of Publication: 28 May 2026.**
BACKGROUND: Persistent socioeconomic inequalities in health remain a major public health challenge. Although the social determinants of health (SDOH) are widely recognised as foundational drivers of health inequities, translating structural understandings into sustained system-level action remains difficult. Primary care is increasingly positioned as a key site for advancing health equity; however, practitioners' orientations toward SDOH vary and are shaped by institutional, organisational, and ideological contexts. This study examines how general practices operationalise action on SDOH when provided with dedicated resources and flexibility to respond within socioeconomically disadvantaged settings. CONCLUSION(S): General practice can function as a site of public health implementation for action on SDOH, but responses are mediated by contextual, including ideological, factors. Interventions seeking to support structural engagement in primary care must attend not only to resources but also to the organisational and discursive conditions shaping practitioner reasoning.

Svensson, A., et al. (2026) **'The Constant Conflicts of Opioid Prescribing - GPs' Views on Treating Chronic Pain with Opioids in Primary Care: A Reflexive Qualitative Analysis.'** ***Scandinavian Journal of Primary Health Care 44*****(1), 2665697.**
BACKGROUND: Despite limited evidence supporting the long-term effectiveness of opioid therapy and existing recommendations on multi-disciplinary treatment, patients with chronic non-cancer

pain (CNCP) continue to receive opioids. AIM: To explore GPs' experiences with and understanding of opioid prescribing for CNCP and their views on multi-disciplinary collaboration. CONCLUSIONS: GPs experienced moral distress prescribing opioids and reinforced stigma toward patients with CNCP and LTOT. These dynamics hinder treatment reassessment and biopsychosocial evidence-based care. Perceived expectations of GPs as the 'last resort' may perpetuate opioid use and impede collaborative care with the patient and multi-disciplinary teams.; plain-language-summary Opioid prescribing involves significant ethical dilemmas for general practitioners (GPs).General practitioners face challenges balancing opioid risks with patient expectations and work load.

Tawse J., et al. (2026) **'Moving on from Patient Safety Incidents: A Qualitative Study Exploring GP Perspectives in England.'** ***The British Journal of General Practice : The Journal of the Royal College of General Practitioners*** **(pagination), Date of Publication: 07 Jun 2026.**
BACKGROUND: Patient safety incidents (PSIs), defined as unintended or unexpected events that could have or did lead to patient harm, can have profound effects on general practitioners (GPs). Understanding how GPs experience and recover from PSIs is important for workforce wellbeing and patient safety in primary care. AIM: To explore how GPs experience PSIs, how they move on, and how they use available support. CONCLUSION(S): GPs rely on informal and self-directed strategies to recover from PSIs, with variable access to formal support. Recovery is shaped by individual and organisational factors. Findings highlight importance of compassionate, non-punitive support systems and psychologically safe environments to enable recovery and promote learning.

Treadwell, J. S., et al. (2026) **'The GP Evidence Website: Focus-Group Evaluation Study of a New Point-of-Care Information Resource.'** ***Bjgp Open***
BACKGROUND: The GP Evidence website is a new point-of-care information resource aimed at GPs, providing quantitative information on the benefits and harms of treatments for common long-term conditions (LTCs), an identified gap in clinicians' knowledge. **AIM**: To explore whether the clinical content in GP Evidence can be accessed and understood by GPs in a way that can be integrated into their clinical thinking and decision making. **CONCLUSION**: This study confirms the usability of GP Evidence and suggests it has potential to introduce new information and influence practice. This could support shared decision making and person-centred practice. It is a preliminary study with limitations, and further research is needed to assess its impact in real-world settings.

Zubair, A. A., et al. (2026) **'Depictions of the GP Crisis: Thematic Analysis of UK Newspapers Pre-General Election.'** ***Bjgp Open***
BACKGROUND: In the 6 weeks between the announcement of the 2024 UK General Election (22 May) and election day (4 July), national newspapers published numerous articles depicting a 'crisis' in general practice. These portrayals varied across publications and may have influenced public discourse and political pledges. **AIM**: To explore how UK national newspapers depicted access to general practice during the 6 weeks preceding the 2024 General Election. **CONCLUSION**: In the run-up to the 2024 General Election, UK print media consistently portrayed general practice as being in crisis, often through sensationalised accounts of waiting times and limited access. These framings likely shaped public perception and influenced election pledges. Editorial choices played a key role in constructing dominant narratives around general practice and health policy discourse.

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