

Using mHealth for the management of hypertension in UK primary care

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Table 3 – Participant quotations

Acceptability of self-monitoring / telemonitoring to patients and professionals

“They’re looking after me... I text them my results and they text me back. If it’s high they’ll tell me to see my GP and if it’s low they tell me it’s all right” (Patient 0328, Male, mHealth)

“I think the only hesitation with that [texting process] for me is that in terms of what sort of target group you’re aiming at because in this study there are a lot of not elderly but more retired people and perhaps less confident at using mobile phones and texting is perhaps a younger population” (Practice Nurse, 11014, Female)

Getting started with self-monitoring / telemonitoring - managing data

“We initially had a [practice manager] working the averages out, then we had a receptionist when she left and it’s a bit clunky...I haven’t had to contact them. But if I did have to contact them, it would be much more time-consuming” (GP 11001, Female)

“It’s tedious to enter it in, isn’t it? [entering BP values into the clinical system] As I’ve lost my HCA [health care assistant] who was trained on that training day and left us, I actually ended up doing it all myself...with the texting business which I then have to look up on the website... it puts the onus on me. I would not do this in my general day-to-day practice. It is up to me to go into an inbox to look at what patients may have communicated” (GP 11008, Male)

“The only thing is, potentially, the confidentiality, if you’re texting back on the phone, as to who could potentially read it... mine have been okay, so I’ve said, ‘Thank you. Repeat them in a month and continue as you are.’ So, it’s been a bit non-committal, I think if you were wanting to make some changes... you shouldn’t be doing it over a text anyway” (GP 11004, Female)

Communications

“Yeah...my doctor’s very good, Dr {X} phones me every month to see if I’m satisfied and if I have any problems...I’ve had more contact...I feel easier asking her questions and talking to her now...” (Patient 2286, Female, self-monitoring without mHealth)

“Well I quite like the idea that blood pressure is being monitored and I take more interest in the blood pressure with my own doctor, you know I’ll take the

figures and talk to her” (Patient 3421, Male, self-monitoring with mHealth)

“One guy was on Ramipril so he needed blood tests doing and then we’d reviewed the results. You really could do with talking to them” (GP 11001, Female)

“I do think they feel a lot more confident in partnership with the clinician, so I think it’s actually enhanced the doctor patient relationship and I think the adherence to treatment is probably greater...It’s just great having the access there on your desktop all the time, not scrambling to find it” (GP, Male, 11006)

Integrating self-monitoring in hypertension management (structured care)

“It meant that I was more intensely watching their numbers than I would normally have done for someone whose blood pressure is well controlled. I would do an annual review and with this system, I was getting monthly readings and so that’s more intense follow up” (GP, 11009, Male)

It’s fantastic. I love it. It’s just so easy to access it quick and you don’t have to rely on finding the paper and getting it scanned, or the quality of the scan, or patients remembering to bring it, or whatever. It’s just really useful. (GP 11006, Male)
