



Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

Communication with hospitals, telemonitoring, chronic pain, and 'sexting'

Communication with hospitals. Clinicians in both primary and secondary care advocate the importance of good communication, perhaps in no specialty more so than in paediatrics. Despite this, communication problems continue across the hospital-community interface and a recent US study sought to determine the underlying reasons behind them.¹ They conducted focus groups; six with primary care clinicians and three with hospital paediatricians. Primary care clinicians felt devalued and that their input into the care of hospitalised patients was not desired. Neither primary or secondary care doctors had a clear understanding of each other's work environments and there were divergent expectations of post-discharge responsibilities. All participants were keen to make better use of technology to improve communication channels. It seems clear to me that just as general practice training includes hospital rotations, secondary care-based specialty training programmes should all include placements in primary care.

Telemonitoring. Telemonitoring seems to be increasingly popular with policy makers, although it has yet to become a routine part of clinical practice within the NHS. Although it has the potential to deliver innovative solutions fit for the digital era, little is known about patients' acceptance of such services in routine care. A Malaysian study recently explored patients' acceptance of a blood pressure telemonitoring service delivered in primary care, using interviews and focus groups.² Patients found the service easy to use but struggled with the perceived usefulness of doing so. They expressed confusion in making sense of the monitored home blood pressure readings. Although support from clinicians is an important feature of successful telemonitoring, the authors suggest it is also essential to give patients sufficient training on interpretation of their readings at the outset, so they can improve their self-efficacy and motivation.

Chronic pain. The use of opioids in chronic pain can be uneasy for many doctors and patients alike. A US primary care research

study recently sought to explore the perspectives of patients who live with chronic pain and receive opioids to help manage it.³ Participants stated they feared losing access to opioids, wanted to protect their sobriety when they had histories of substance use disorder, experienced stress at their jobs with frequent appointments, identified inconsistencies in health care prolonging their suffering and increasing substance misuse, and identified improvement in coping with pain when they had confidence in healthcare providers. However, the author concludes that by taking these struggles into account, it is possible to provide patient-centred care in these challenging circumstances.

They suggest that clinicians should strive to provide consistent and convenient healthcare encounters. If only it was as easy as it sounds.

'Sexting'. Smartphones have revolutionised how young people interact with their peers. Although they have allowed improved social networking and increased access to information, they have also had more negative consequences such as cyber bullying. Sexting is the practice of sending and receiving sexually-motivated messages or images and is an increasingly common feature of relationships between young people. A Hull-based research team recently completed a systematic review of qualitative research exploring young people's experiences of this practice.⁴

Their four central themes were gender inequity, popularity with peers, relationship context, and costs and benefits. Notably, they highlight that it is a process that is experienced very differently by girls and boys, who play different roles and thus face differing pressures and consequences. The authors highlight that the often consensual nature of sexting separates it from traditional cyber bullying although they acknowledge that this does not mean it is without risk. They conclude that school nurses may be correctly placed to work with young people and initiate open discussions about the use of technology within relationships.

Ahmed Rashid,
NIHR Academic Clinical Fellow in General Practice,
University of Cambridge, Cambridge.

E-mail: mar74@medschl.cam.ac.uk
@Dr_A_Rashid

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