Reviewer's report

Title: Using simple telehealth to manage hypertension in general practice: a service evaluation

Version: 3  Date: 5 May 2015

Reviewer: Hilary Pinnock

Reviewer's report:

Thank you for inviting me to review this paper.

This is a study reporting the roll-out of tele-monitoring for hypertension in UK primary care

Title

• It would be helpful to systematic reviewers to include the word ‘implementation’ in the title and a description of the methodology used (observational study). Similarly implementation should be included in the keywords.

Introduction

• Some factors are listed as reasons for poor compliance. Two points: I don’t understand what ‘hypertension itself’ means in this sentence, and secondly this sentence does not encapsulate contemporary understanding of reasons for poor adherence (such as intentional and non-intentional) or the necessity-concerns framework. As one possible mechanism for the effectiveness of tele-monitoring is by improving adherence, it would appropriate to consider these concepts.

• One the three trials cited in support of tele-monitoring BP, and the Florence service evaluations, are from the UK – so why say that ‘there is little UK data’?

Methods

A detailed description of the implementation strategy is important so that the reader can understand what was implemented. This should cover context, personnel involved, training, monitoring (of the implementation) as well as describing the intervention.

• Context is important in implementation studies. For the benefit of an international readership, it would be helpful to explain that primary care practices are incentivised (through QOF) to monitor hypertension and achieve target BP levels (which are slightly higher than the targets for this project on the assumption that BPs were measured in the surgery). Were there any DES incentives in place that might have influenced the practices?

• Were there any eligibility criteria for the practices (e.g. a nurse trained in hypertension management)? Were there any eligibility criteria for the patients (apart from owning a mobile phone)

• ‘Practices were required to ensure that shared management plans between
clinician and patient signed up to Florence matched their own clinical protocols’. Were these the same as the AIM protocols?

- What did the AIM clinical facilitators do? What training/advice/was provided for the practice staff? Who was responsible for the weekly monitoring? If this was normally delegated to nurses, were they prescribers? Were they able to authorise changes in medication?

- What aspects of the intervention were regarded as essential (and how was fidelity to these measured?). What aspects of the implementation were practices encouraged to adapt to fit their routines.

A couple of minor points:
- I note that this paper reports the outcomes of AIM01, 2, 3 and 10. What are AIM 4 to 9?
- Line 120: should read ‘…if BP readings fell outside ….’

**Results**

- What was the uptake at practice level? Did all 425 practices recruit patients? If so they only recruited about 7 patients each, which suggests that the uptake at patient level was very low as this is a small proportion of the people with hypertension in their practices. This will also have had an impact on whether this approach to management was integrated into the routines of the practice.

- The methods state that ‘The patients’ responsible clinicians were required to periodically (e.g. weekly) check patients’ submitted BP readings on the Florence website and contact patients if necessary (e.g. by personal text or telephone call) with further instructions. Did this happen? If only 7 patients were using the system, weekly monitoring was likely to be an extra task that in some practices was not given scheduled time. The attrition on the part of the patients might reflect a lack of regular monitoring and contact with the supervising clinician.

- Why did clinical staff prevent the evaluative texts being sent to patients?

**Discussion**

The discussion highlights some of the reasons why this intervention was not as successful as hoped, and suggests ways in which more insights could be gained.

- There is a typo in line 238 which should read ‘nor may sufficient equipment..’

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests