

Theme 1: contextual factors

- Living with type 2 diabetes –
 - Personal stories
 - Self management is wearisome
- Usual practice
 - Routine monitoring
 - Preferred management options
 - Patient use of non-telemetric monitoring devices
 - Acquired through practice
 - Acquired through commercial means by patient
- Research context
 - Reasons for participation
 - Helping myself
 - Helping others
 - Technical interest
 - For medical science
 - Recruitment
 - Processes
 - Criteria for inclusion
 - Comparison with other telemonitoring trials
 - Views on research documentation
 - Baseline questionnaires
 - Information on diabetes

Theme 2: Communication

performance of the technology

- *Easy to use
- *Technical problems & equipment malfunctions
 - Malfunctioning equipment (inaccurate readings)
 - Performance a reason for withdrawal
- Not familiar with the equipment the patients are using
 - Specified by four practitioners.
- Taking BP readings
 - Fitting the cuff
 - Comparison with ABPM
- Blood testing
- Use of glucometer
 - Modem signal issues
- Use of scales
- Hiding it from the kids
- Use of website
 - Don't have or don't use Internet
 - Patients
 - Easy

- Regular
- Professionals
 - Straightforward
 - Slow
- Receiving printouts of data from the website
- Suggestions for improvement
 - Adding two way messaging
 - Improve graphics

Practitioner-patient interaction

- Practitioner contact
- *No practitioner contact
- Are my readings being checked at my GP practice?
- *Issues of interaction
 - Benign policing
 - Prevents 'white coat syndrome', stress related to visiting GP
 - Leads to increased interaction between patients and practitioners

Theme 3: telemonitoring as support for improving management of the condition

- knowing
 - Getting instant feedback
 - Patient feels more informed about condition
 - Knowing BP provides reassurance to the patient
 - Considered a more truthful and accurate measurement of condition
 - It keeps practitioners informed, supporting care
- Self management
 - Issues of responsibility
 - *My healthcare is my responsibility
 - ***Shared responsibility with practitioners***
 - My healthcare is my practitioner's responsibility
 - Diabetes self-management
 - Definitions of self-management
 - Perception of diabetic control
 - *Cheating
 - Impact on lifestyle
 - *Implementing lifestyle changes –
 - immediate
 - No lifestyle changes
 - BP
 - *Gauging trends or noticing differences
 - Not sure what it means
 - Keeping vigilant
 - Indifferent
 - Becoming anxious
- Medication management
 - *Changes
 - Automatic (BP)

- Faster changes
 - Resistance to change
 - No changes
 - Insulin management
- Downsides
 - *None (15)
 - ***Not reaching the unmotivated***
 - ***Too much emphasis on readings, not about the person***

Theme 4: 'fit' of telemonitoring with both personal lifestyles and professional practice in primary care

- Telemonitoring routine (patients)
 - *Not intrusive
 - Ways of making it fit
 - Frequency of taking readings
 - Forgetting
 - Dealing with holidays
 - Keeping written notes of readings
 - Carer support and/or interaction
 - convenience
 - Perception that telemonitoring saves practitioners' time
 - Saves patient hassle of getting to the surgery/ convenience of doing it at home
- Practitioners
 - Service set-up
 - Practice arrangements
 - Perceptions of attitudes of colleagues to telemonitoring
 - ***Impact on practice***
 - ****Workload***
 - *Protected time
 - *Continuity of care
 - Monitoring by practitioners
 - Routine
 - *Service models for telemonitoring
 - *Applicability of home telemonitoring for specific groups
 - Comparisons of telemonitoring and usual practice)
 - Monitoring routines (practitioners)
 - Preference for usual care
 - *Preference for telemonitoring*
 - *Longer term involvement in telemonitoring?*
 - **Would be willing to undertake telemonitoring in the longer term*
 - *Not interested*