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**Background:** Long-term conditions (LTCs) are increasingly important determinants of quality of life and healthcare costs in populations worldwide. The Chronic Care Model and the NHS and Social Care Long Term Conditions Model highlight the use of consultations where patients are invited to attend a consultation with a primary care clinician (practice nurse or GP) to complete a review of the management of the LTC. We report a qualitative study in which we focus on the ways in which QOF (Quality and Outcomes Framework) shapes routine review consultations, and highlight the tensions exposed between patient-centred consulting and QOF-informed LTC management.

**Methods:** A longitudinal qualitative study. We audio-recorded consultations of primary care practitioners with patients with LTCS. We then interviewed both patients and practitioners using tape-assisted recall. Patient participants were followed for three months during which the research team made weekly contact and invited them to complete weekly logs about their health service use. A second interview at three months was conducted with patients. Analysis of the data sets used an integrative framework approach.

**Results:** Practitioners view consultations as a means of ‘surveillance’ of patients. Patients present themselves, often passively, to the practitioner for scrutiny, but leave the consultation with unmet biomedical, informational and emotional needs. Patients perceived review consultations as insignificant and irrelevant to the daily management of their LTC and future healthcare needs. Two *deviant* cases, where the requirements of the ‘review’ were subsumed to meet the patient’s needs, focused on cancer and bereavement.

**Conclusions:** Routine review consultations in primary care focus on the biomedical agenda set by QOF where the practitioner is the expert, and the patient agenda unheard. Review consultations shape patients’ expectations of future care and socialize patients into becoming passive subjects of ‘surveillance’. Patient needs outside the narrow protocol of the review are made invisible by the process of review except in extreme cases such as anticipating death and bereavement. We suggest how these constraints might be overcome.


Unscheduled care (UC) refers to non-routine face-to-face care, such as accident and emergency care, out-of-hours care, or walk-in centres. Current health service policy aims to reduce its use. Unscheduled care is common in people with long-term conditions such as diabetes, asthma, chronic obstructive pulmonary disease and coronary heart disease. By reviewing qualitative research literature, we aimed to understand the breadth of psychosocial and other influences on UC use in people with long-term conditions. Few qualitative papers specifically address UC in patients in these disease groups. Therefore, our literature search also included qualitative research that explored factors potentially relevant to UC use, including attitudes to healthcare use in general. By searching Medline, Embase, Psycinfo and Cinahl from inception to 2011, we identified 42 papers, published since 1984, describing relevant original research and took a meta-ethnographic approach in reviewing them. The review was conducted between Spring 2009 and April 2011, with a further search in December 2011. Most papers reported on asthma \((n = 13)\) or on multiple or unspecified conditions \((n = 12)\). The most common methods reported were interviews \((n = 33)\) and focus groups \((n = 13)\), and analyses were generally descriptive. Theoretical and ethical background was rarely explicit, but the implicit starting point was generally the ‘problem’ of UC, and health-care, use in general, decontextualised from the lives of the patients using it. Patients’ use of UC emerged as understandable, rational responses to pressing clinical need in situations in which patients thought it the only option. This belief reflected the value that they had learned to attach to UC versus routine care through previous experiences. For socially or economically marginalised patients, UC offered access to clinical or social care that was otherwise unavailable to them.


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‘Short breaks’ is a term used in England to refer to a range of services for disabled children, many of which used to be known as respite. Recent legislation in England requires local authorities to provide family carers of disabled children with breaks so that they can continue to care. This qualitative study explored the perceptions of twenty-five parents whose children accessed short breaks. We performed a thematic analysis of data obtained from interviews and a narrative tool. The analysis revealed that short breaks were crucial in helping parents with disabled children continue to provide care and they were used in other ways that addressed the wider consequences of caring. These other uses included reducing social isolation and caring for non-disabled siblings and were facilitated by novel forms of short break provision. Some parents reported that their needs for short breaks had not been met and this appeared to arise from contested interpretations of what ‘breaks from caring’ means. Our findings suggest social work assessments should not just identify that parents need a break from caring, but should also include an understanding of how parents make sense of their need for a break.
This paper's main aim is to argue the methodological case for a particular approach to researching the sociology of suicide. By way of illustrating the use of this approach it also offers some brief examples of substantive findings about the gendered character of men's suicides. The first half of the article explains and justifies the research approach. This is a qualitatively-driven mixed method and dual paradigm study of individual suicides. It is a sociological study which draws on the tradition of psychological autopsies of suicide; hence the term 'sociological autopsy'. The second half of the article offers brief illustrative findings from a specific research project which employed the sociological autopsy approach. This was a study of 100 suicide case files from a coroner's office in the UK. There is discussion of common sense assumptions about suicide in men; the construction of evidence in case files; a typology of gendered suicides where relationship breakdown seems to be the principal trigger; and the value of case-based analysis, with a single case discussed in some detail.

Suicide has an important place in the history of sociology, because of Durkheim's famous study and the debates that have followed since it was published more than a century ago. The sociological study of suicide remains a powerful illustration of competing paradigms. The bold aim of this book is to make a new contribution to this classic sociological debate. The authors highlight the importance of qualitatively-driven, mixed methods sociological research on individual suicides, coining the term 'sociological autopsy' to describe their ESRC-funded study of 100 suicide case files. They illustrate how qualitative and quantitative data can be combined; and navigate the dual paradigms of objectivism and constructionism, examining what can be known about suicidal lives and also taking a critical stance on the knowledge itself. Substantive themes developed in the book include the gendered character of suicidal behaviour, the role of the life-course and the importance of social bonds, especially intimate relationships.