

the very drugs that had been stopped. This should not stop one from trying though. It still remains a joy to my ears to hear a patient say, 'Do I really need all these drugs, doctor?'

Ivan Illich should be mandatory reading for all healthcare professionals. It was recommended to me during my training and though out of date in parts has many lessons wrapped up inside it. I have often given a copy as a parting gift to trainee GPs along with William Pickles' biography.

The expansion of social prescribing to include exercise and wellbeing etc. sadly reflects on a society that cannot provide guidance and support through the family or community unit but must have a 'specialist' input.

We encourage expectation of prescription through our very language. 'What may I do for you?' is a common opening line. I am now trying 'What is troubling you?' or even 'Now then'. In the hope that it is understood I will listen but may not necessarily prescribe.

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Potential for placing voice-activated devices to improve patient care in general practices as well as patients' homes

I read with interest this real-world study that shows promise in which voice-activated devices such as Amazon's 'Alexa' can be placed in patients' homes.¹ Clearly Amazon will have performed extensive testing and had user input into its design and functionality given the sales success, with more than 100 million of these devices having been sold.² Beneficial first-hand user experience has been previously

written about for people with health needs.³ It is remarkable to witness an individual with autism interact with a voice-activated device, a device that never loses patience. It has been suggested that individuals with autism can also benefit from voice-activated devices.⁴

Personally, I believe the potential does not just stop within patients' homes but there is great potential for voice-activated devices to be used in primary care systems to improve data quality and coding in health care. Although clearly privacy concerns would need to be addressed, I believe these are not insurmountable.

To explore the primary care user acceptability I sent a national survey across Scotland to primary care teams in November and December 2019. This had 422 responses (GPs 170, practice managers 166, other 86). Of the overall responders, 41.7% (176) stated they would use a voice-activated device, 38.6% (163) stated they don't know, and 19.7% (83) stated they would not.

I had thought that experience of using these devices would enhance acceptability; however, subgroup analysis revealed this was not the case. Results from those with self-declared experience of using a voice-activated device were as follows: 45% (116) would use, 37% (96) don't know, and 18% (46) would not use. Results from those with no self-declared experience showed: that 37% (60) would use, 41% (67) don't know, and 23% (37) would not use. Comparing percentages by performing a χ^2 test⁵ shows that none of these represent a statistically significant difference (would use $P=0.1049$, don't know $P=0.4111$, would not use $P=0.2107$).

I believe there is potential for placing voice-activated devices to improve patient care by not just placing these in patients' homes but also in general practices.

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Corrections

In the Life & Times article by Harrison S *et al*. Bridging the gap between care: is speed dating the answer? *Br J Gen Pract* 2020; DOI: <https://doi.org/10.3399/bjgp20X707513> the following author details were missing: Brian D Nicholson, GP, Senior Clinical Researcher, Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford. This has been corrected in the online version.

DOI: <https://doi.org/10.3399/bjgp20X708449>

In the Clinical Intelligence article by Jones NR *et al*. Diagnosis and management of hypertension in adults: NICE guideline update 2019. *Br J Gen Pract* 2020; DOI: <https://doi.org/10.3399/bjgp20X708053> the blood pressure threshold for stage 3 hypertension was wrongly given as 180/110 in the text and in Table 1. It should have been 180/120. Figure 1, Step 1 incorrectly stated 'African or Caribbean family origin', but should have stated 'not of black African or African Caribbean family origin'. These corrections have been made in the online version.

DOI: <https://doi.org/10.3399/bjgp20X708461>