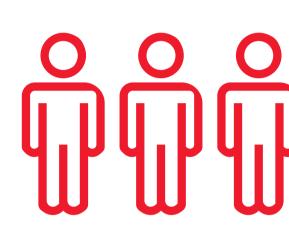


Did You Know...?



of adults have high blood pressure (HBP) in the UK

...that's 15 million adults



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...at least half are not receiving effective treatment and millions are likely to be undiagnosed

Around Around of heart attacks and strokes are associated with high blood pressure in the UK

High blood pressure (hypertension) is the leading modifiable risk factor for heart and circulatory diseases (CVD) in the UK

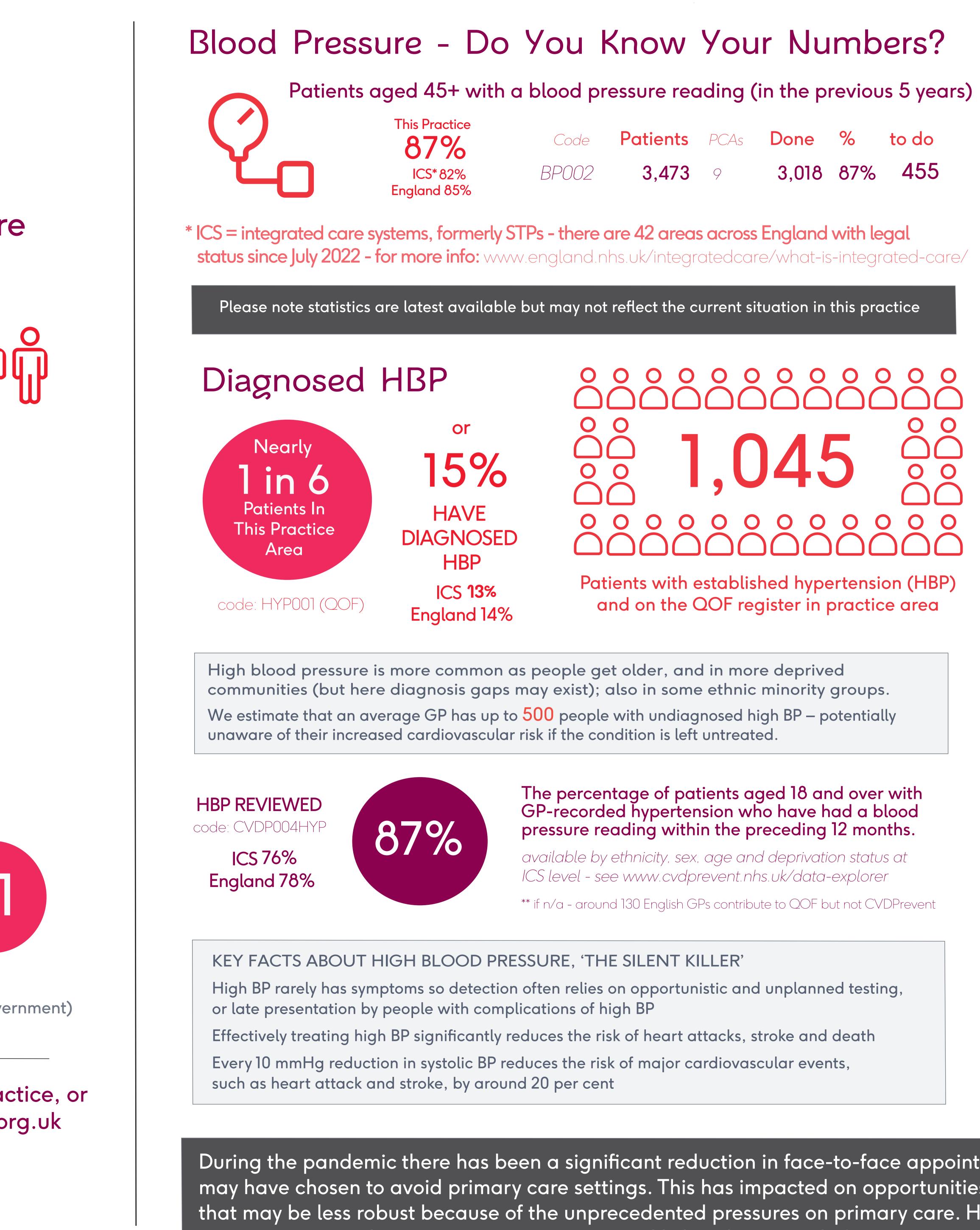


refs (this column): latest health surveys (NHS Digital, Scottish Government) & BHF estimates; Global Burden of Disease (GBD) 2019 estimates

If you would like copies of this resource for any practice, or have any queries, please contact: HSITeam@bhf.org.uk

For more statistics and health intelligence visit: www.bhf.org.uk/statistics How you can help: www.bhf.org.uk/how-you-can-help

High Blood Pressure - A British Heart Foundation Resource for All Primary Care Staff Southmead Surgery K82045 - SOUTH BUCKS PCN - Buckinghamshire, Oxfordshire & Berkshire West ICS [was Buckinghamshire CCG]



ode	Patients	PCAs	Done	%	to do
002	3,473	9	3,018	87%	455

Percentage



Indicator HYP003 <80yrs HYP007 >80yrs c





Indicator CHD008 <80yrs CHD009 >80yrs



Percenta

140/90 (last

Indicator STIA010 <80yrs STIA011 >80yrs

PCAs = personalised care adjustments; % = controlled as proportion of patients including PCAs NB it is good practice to keep PCAs (exemptions) to a minimum

Last reviewed and updated January 2023 - update due later in 2023 ref: Quality & Outcomes Framework (QOF) 2021/22 data NHS Digital (2022) (with some BHF analysis) also: CVDPrevent June 2022 - NHS (2022) - CVDP004HYP indicator (others HBP stats are available)

ICS areas - GP allocations to latest ICS geographic areas - some boundary changes from 1 July 2022 PCNs (primary care networks) cited in header are from NHS Digital's ePCN list Oct 2022 memberships are still evolving

During the pandemic there has been a significant reduction in face-to-face appointments in primary care. People seeking help about high blood pressure may have chosen to avoid primary care settings. This has impacted on opportunities to detect and manage high blood pressure. We present data from that may be less robust because of the unprecedented pressures on primary care. However, this data can be used to help practices reflect and develop an improvement plan to prioritise patients more likely to be in need of support regarding high blood pressure.

of diagnosed HBP patients with controlled hypertension								
DO JOJ Ier 80s mmHg or less	This Practice 64% ICS 55% England 57% code: HYP003		O Over 80s 70 mmHg or	7 K Eng	s Practice 9% CS 71% land 72% e: HYP007			
s controlled s controlled		Patients 705 310	PCAs C 26 4	Controlled 466 248	% Un 64% 79%	239 62		
Dronary Heart Disease (CHD) ntage of CHD patients with controlled hypertension								
0 der 80s	This Practice 73% ICS 66% England 67%		over 80		This Pract 81% ICS 77% England 7	6 %		
nmHg or less 2 months)	code: CHD008	15 B Patients	50/90 mmH (last 12 mo PCAs		code: CHE	0009 Jncontrolled		
rs CHD contro rs CHD contro		128 88	7 3	98 74	73% 81%	30 14		
mmHa or less								
nder 80s mmHg or less t 12 months)	ICS 62%	% 1,		lg or less	ICS 75%	5%		

	Patients	PCAs	Controlled	%	Uncontrolled
s Stroke controlled HBP	80	2	62	76%	18
Stroke controlled HBP	77	_	65	84%	12



Finding and treating people with high blood pressure is the role of everyone in the primary care team. This resource is designed to help all primary care staff build this work into everyday practices.

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How can you improve detection of high blood pressure?

- Increase opportunistic blood pressure testing in the practice:
 - Think blood pressure in every routine consultation with a patient

 - enhanced service clinics
 - Add blood pressure check to any templates to help prompt staff
- Encourage patients to take up the NHS Health Check which provides blood pressure measurement in eligible 40-74 year olds
- Always offer ambulatory or, when appropriate, home blood pressure monitoring in order to confirm a diagnosis of high blood pressure
- Always include assessment of cardiovascular risk as part of diagnoses
- To promote high standards in blood pressure measurement, ensure your machines are calibrated and signpost patients and staff to video training resources

Things to think about together in your practice

Resources

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(this can include discussions held over the telephone and virtually) — Make blood pressure testing routine in clinics such as asthma, COPD, diabetes, weight management, smoking cessation, as well as other local

Include regular discussion about high blood pressure on the agenda of your practice meetings. — What barriers are there to improving detection and management of high blood pressure? — What ideas do people have for how to improve blood pressure detection and management? Agree which ideas you will test out. Identify training and education needs for everyone in your practice

Take a look at the data for your practice – how are you doing compared with other practices in your area? Where available talk to your ICS-ICP/PCN leads for cardiovascular disease to learn how other practices are doing with detecting and managing high blood pressure What do you know about the people registered with your practice? Older people and Black and Asian Minority Ethnic patients are often some of the most vulnerable people in our communities, but especially in areas with greater deprivation, and you may want to prioritise them to start with

• BHF blood pressure hub: patient and healthcare professionals education, videos, help to self-manage, recommended blood pressure machines for purchase www.bhf.org.uk/informationsupport/risk-factors/high-blood-pressure

• UCLPartners Proactive Care Frameworks – Search tools and help with prioritising your patients, workforce education and training, digital resources to promote patient activation and self-management https://uclpartners.com/proactive-care/ • UCLPartners video helping patients understand the benefits of remote BP monitoring www.youtube.com/watch?v=edKbuoZPNyg • Future NHS - a digital platform to help the health and social care sector to connect and collaborate https://future.nhs.uk/about

How can you improve management of high blood pressure?

- Audit your practice records to identify people with high blood pressure recordings who do not have a high blood pressure code. To prioritise, consider starting with those with readings above 180/110 mmHg and then work your way down. (Search tools built for EMIS and SystmOne are amongst UCLPartners resources)
- Talk to your Medicines Optimisation and Community Pharmacist about how they can support blood pressure management and treatment optimisation
- The BP monitoring at home programme (Blood Pressure @Home) can empower patients, reduce monitoring workload for practices and free up HCA appointments.
- Have a range of patient information you can use with all your patients to promote good self-management e.g. leaflets, videos, trusted information websites, to best promote wide community access to blood pressure information and education
- Use scripts to help with having motivational conversations with patients about managing their blood pressure (see resources listed below)

