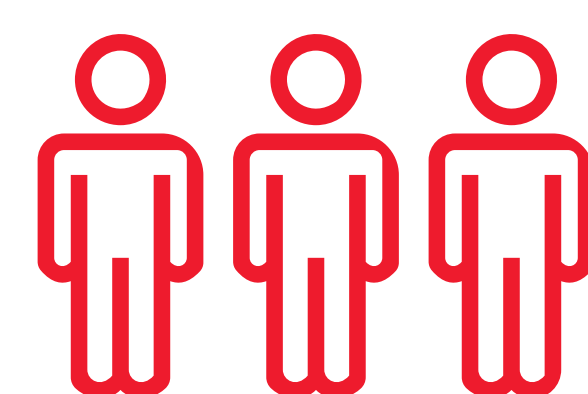


### Did You Know...?

28%

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

...that's 15 million adults



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

Around **HALF**



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

#1

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](mailto:HSITeam@bhf.org.uk)

For more statistics and health intelligence visit:

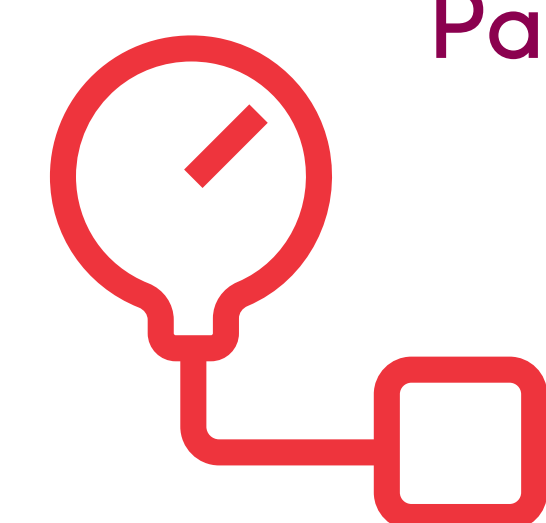
[www.bhf.org.uk/statistics](http://www.bhf.org.uk/statistics)

How you can help:

[www.bhf.org.uk/how-you-can-help](http://www.bhf.org.uk/how-you-can-help)

### Blood Pressure - Do You Know Your Numbers?

Patients aged 45+ with a blood pressure reading (in the previous 5 years)



This Practice  
**85%**  
ICS\* 82%  
England 85%

| Code  | Patients | PCAs | Done  | %   | to do |
|-------|----------|------|-------|-----|-------|
| BP002 | 5,049    | 11   | 4,309 | 85% | 740   |

\* ICS = integrated care systems, formerly STPs - there are 42 areas across England with legal status since July 2022 - for more info: [www.england.nhs.uk/integratedcare/what-is-integrated-care/](http://www.england.nhs.uk/integratedcare/what-is-integrated-care/)

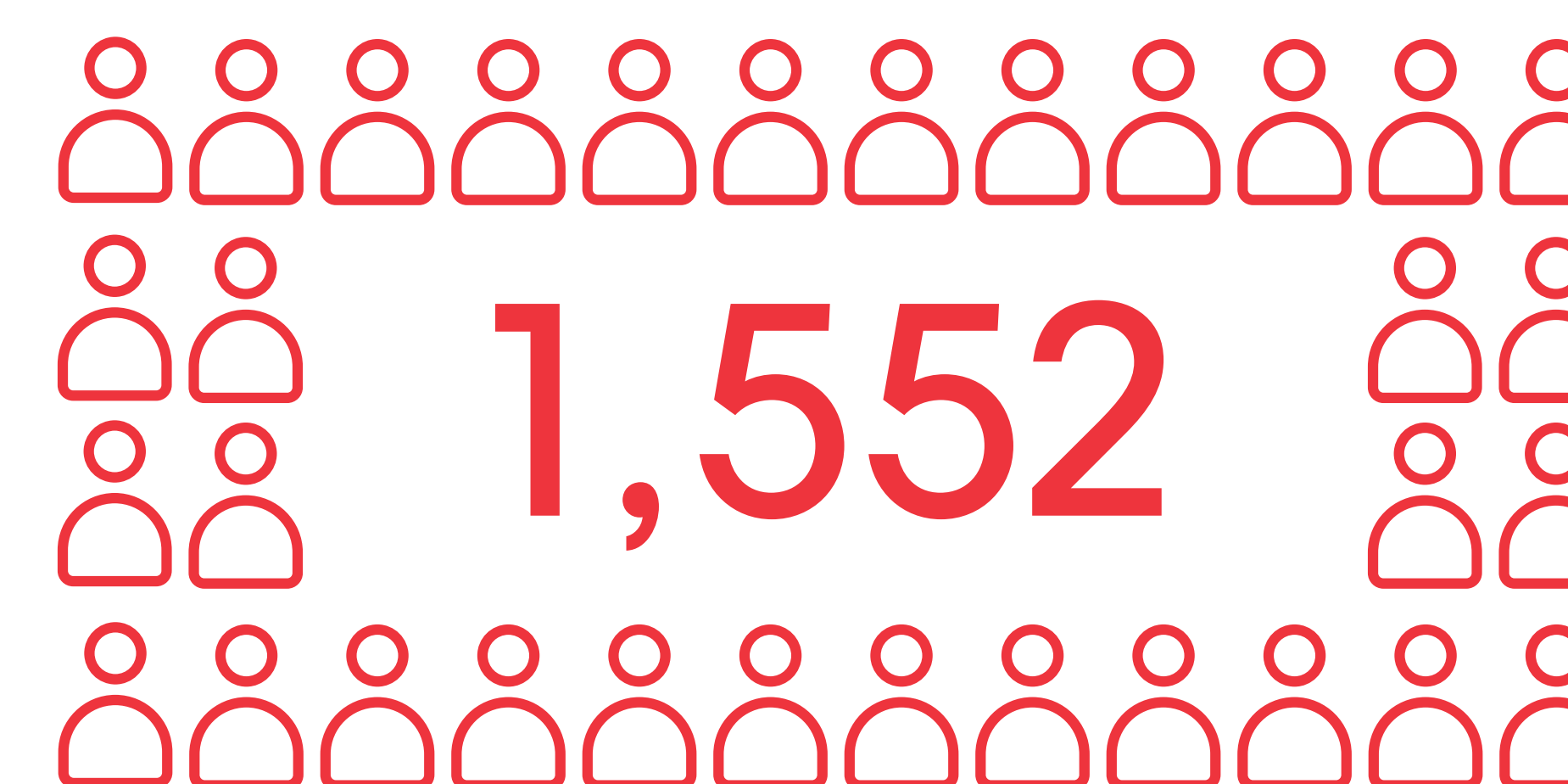
Please note statistics are latest available but may not reflect the current situation in this practice

### Diagnosed HBP

Nearly  
**1 in 6**  
Patients In  
This Practice  
Area

code: HYP001 (QOF)

or  
**15%**  
HAVE  
DIAGNOSED  
HBP  
ICS 13%  
England 14%



Patients with established hypertension (HBP)  
and on the QOF register in practice area

High blood pressure is more common as people get older, and in more deprived communities (but here diagnosis gaps may exist); also in some ethnic minority groups. We estimate that an average GP has up to **500** people with undiagnosed high BP – potentially unaware of their increased cardiovascular risk if the condition is left untreated.

HBP REVIEWED  
code: CVDP004HYP  
ICS 76%  
England 78%

82%

The percentage of patients aged 18 and over with  
GP-recorded hypertension who have had a blood  
pressure reading within the preceding 12 months.

available by ethnicity, sex, age and deprivation status at  
ICS level - see [www.cvdprevent.nhs.uk/data-explorer](http://www.cvdprevent.nhs.uk/data-explorer)

\*\* if n/a - around 130 English GPs contribute to QOF but not CVDPrevent

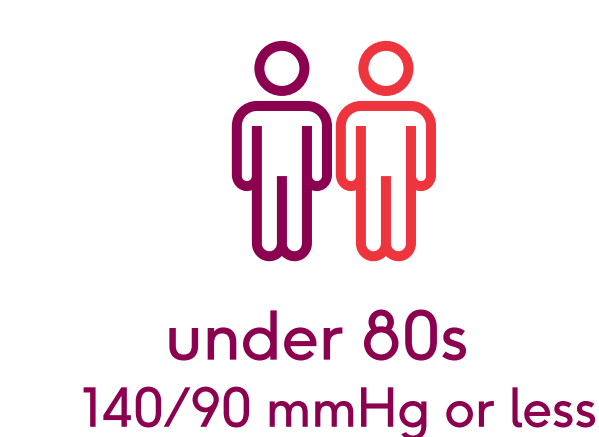
### KEY FACTS ABOUT HIGH BLOOD PRESSURE, 'THE SILENT KILLER'

High BP rarely has symptoms so detection often relies on opportunistic and unplanned testing, or late presentation by people with complications of high BP

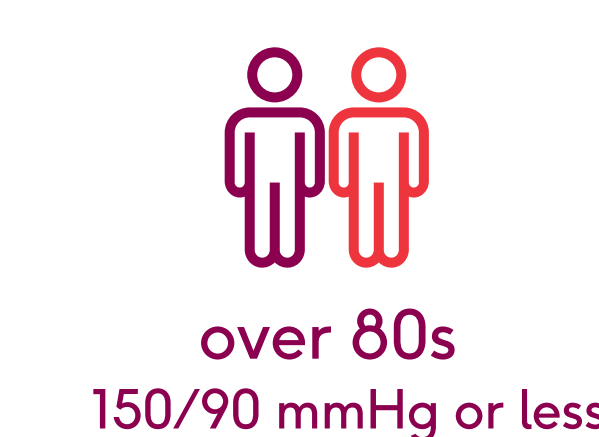
Effectively treating high BP significantly reduces the risk of heart attacks, stroke and death

Every 10 mmHg reduction in systolic BP reduces the risk of major cardiovascular events, such as heart attack and stroke, by around 20 per cent

### Percentage of diagnosed HBP patients with controlled hypertension

  
under 80s  
140/90 mmHg or less

This Practice  
**61%**  
ICS 55%  
England 57%  
code: HYP003

  
over 80s  
150/90 mmHg or less

This Practice  
**79%**  
ICS 71%  
England 72%  
code: HYP007

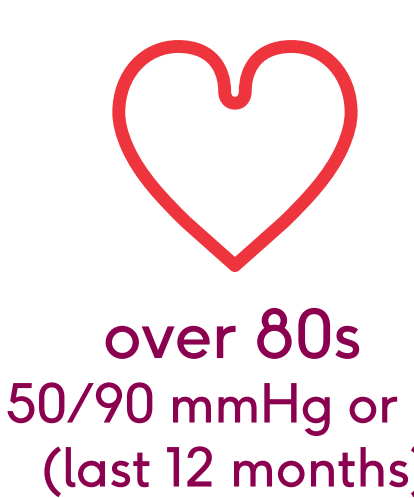
| Indicator                    | Patients | PCAs | Controlled | %   | Uncontrolled |
|------------------------------|----------|------|------------|-----|--------------|
| HYP003 <80yrs controlled HBP | 900      | 193  | 662        | 61% | 238          |
| HYP007 >80yrs controlled HBP | 438      | 21   | 362        | 79% | 76           |

### Coronary Heart Disease (CHD)

Percentage of CHD patients with controlled hypertension

  
under 80s  
140/90 mmHg or less  
(last 12 months)

This Practice  
**64%**  
ICS 66%  
England 67%  
code: CHD008

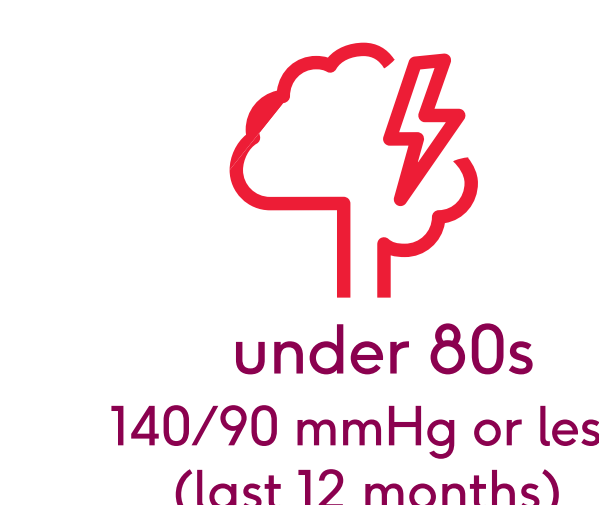
  
over 80s  
150/90 mmHg or less  
(last 12 months)

This Practice  
**83%**  
ICS 77%  
England 77%  
code: CHD009

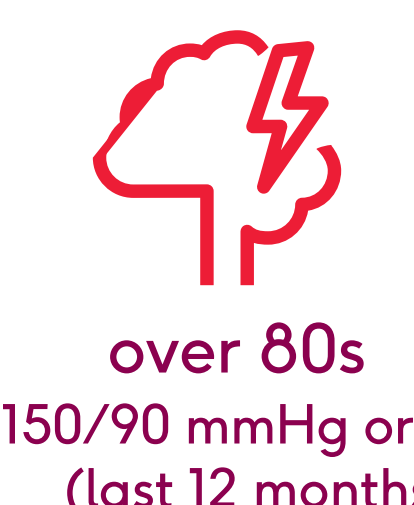
| Indicator                        | Patients | PCAs | Controlled | %   | Uncontrolled |
|----------------------------------|----------|------|------------|-----|--------------|
| CHD008 <80yrs CHD controlled HBP | 201      | 26   | 146        | 64% | 55           |
| CHD009 >80yrs CHD controlled HBP | 158      | 6    | 136        | 83% | 22           |

### Stroke & TIA (Transient Ischaemic Attack)

Percentage of stroke/TIA patients with controlled hypertension

  
under 80s  
140/90 mmHg or less  
(last 12 months)

This Practice  
**71%**  
ICS 62%  
England 63%  
code: STIA010

  
over 80s  
150/90 mmHg or less  
(last 12 months)

This Practice  
**83%**  
ICS 75%  
England 75%  
code: STIA011

| Indicator                            | Patients | PCAs | Controlled | %   | Uncontrolled |
|--------------------------------------|----------|------|------------|-----|--------------|
| STIA010 <80yrs Stroke controlled HBP | 102      | 9    | 79         | 71% | 23           |
| STIA011 >80yrs Stroke controlled HBP | 116      | 5    | 100        | 83% | 16           |

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.

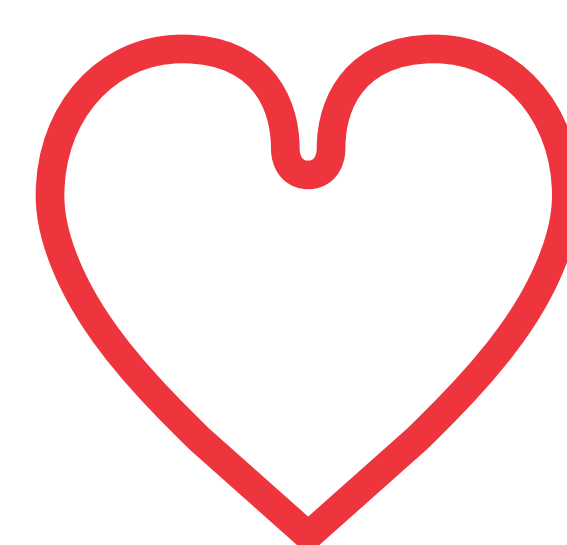


# Finding and treating people with high blood pressure is the role of everyone in the primary care team. This resource is designed to help all primary care staff build this work into everyday practices.

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

## 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 (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 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



## 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)

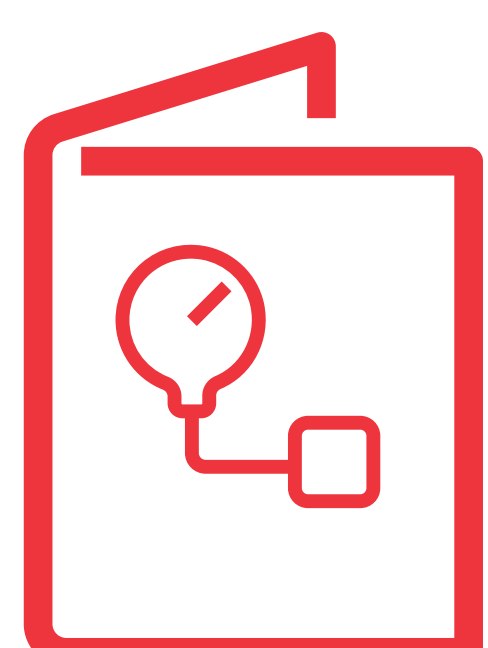
## Things to think about together in your practice

- 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



**Resources**

- BHF blood pressure hub: patient and healthcare professionals education, videos, help to self-manage, recommended blood pressure machines for purchase [www.bhf.org.uk/information-support/risk-factors/high-blood-pressure](http://www.bhf.org.uk/information-support/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](http://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>

