

The Cross Keys Practice

K82021 - PHOENIX HEALTH PCN - Buckinghamshire, Oxfordshire & Berkshire West ICS [was Buckinghamshire CCG]

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

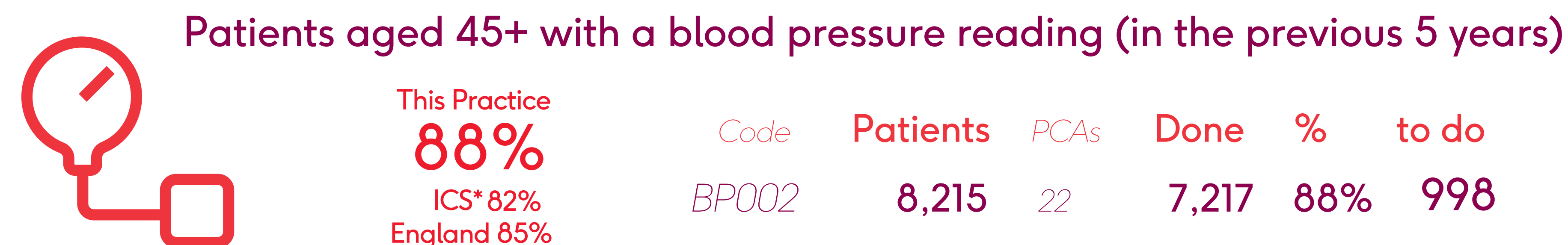
For more statistics and health intelligence visit:

www.bhf.org.uk/statistics

How you can help:

www.bhf.org.uk/how-you-can-help

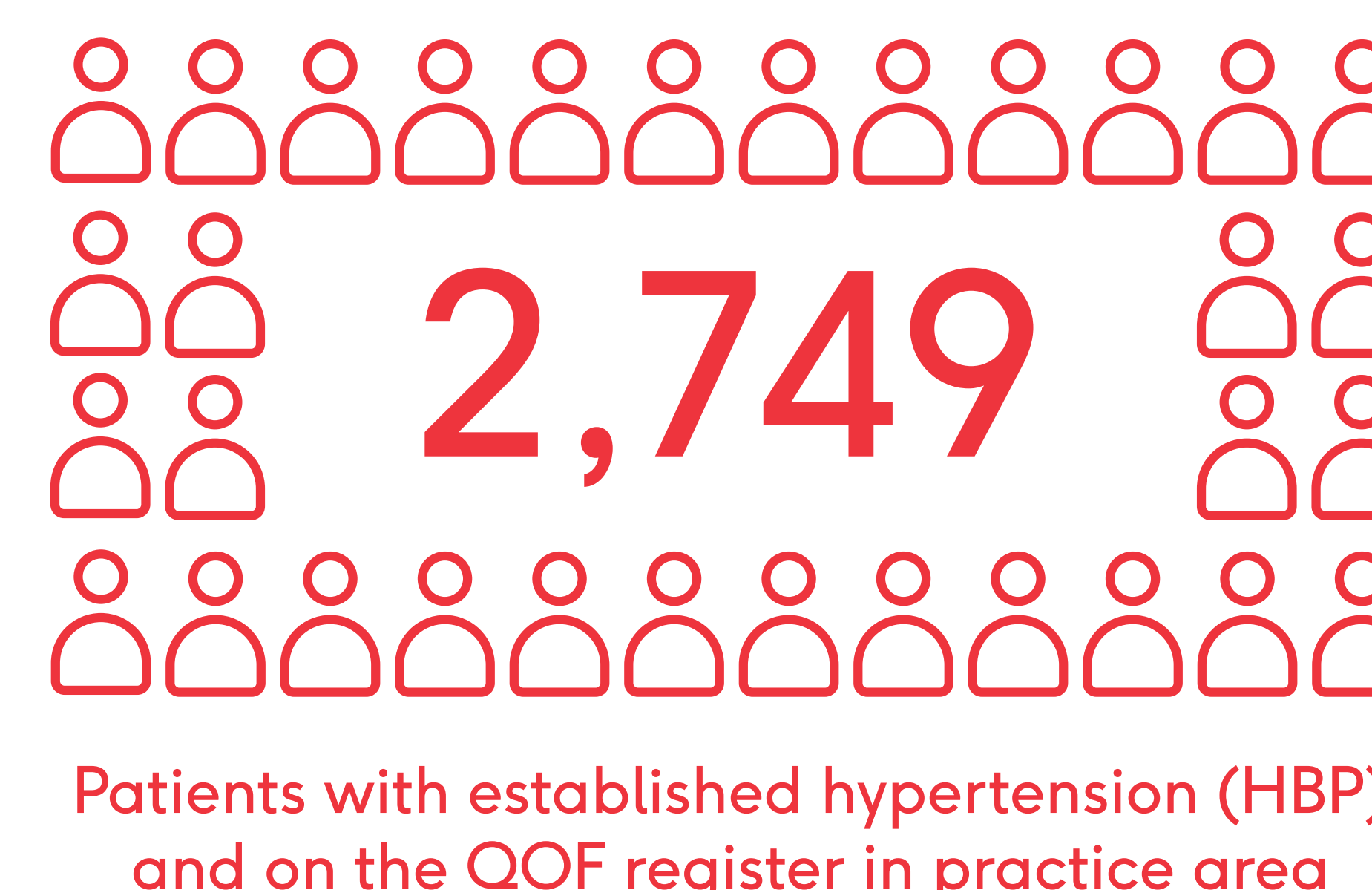
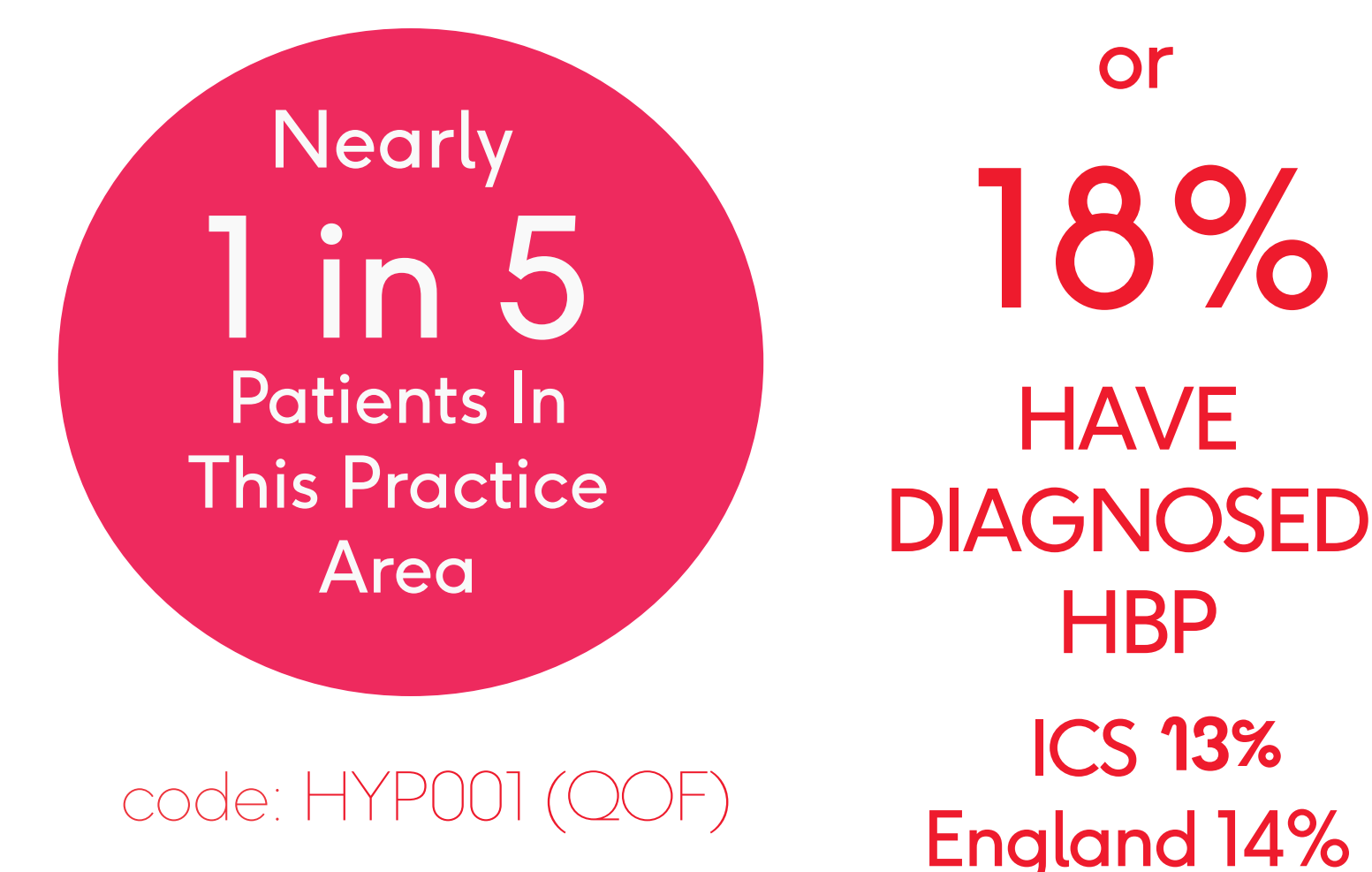
Blood Pressure - Do You Know Your Numbers?



* 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/

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

Diagnosed HBP



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%**

72%

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

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

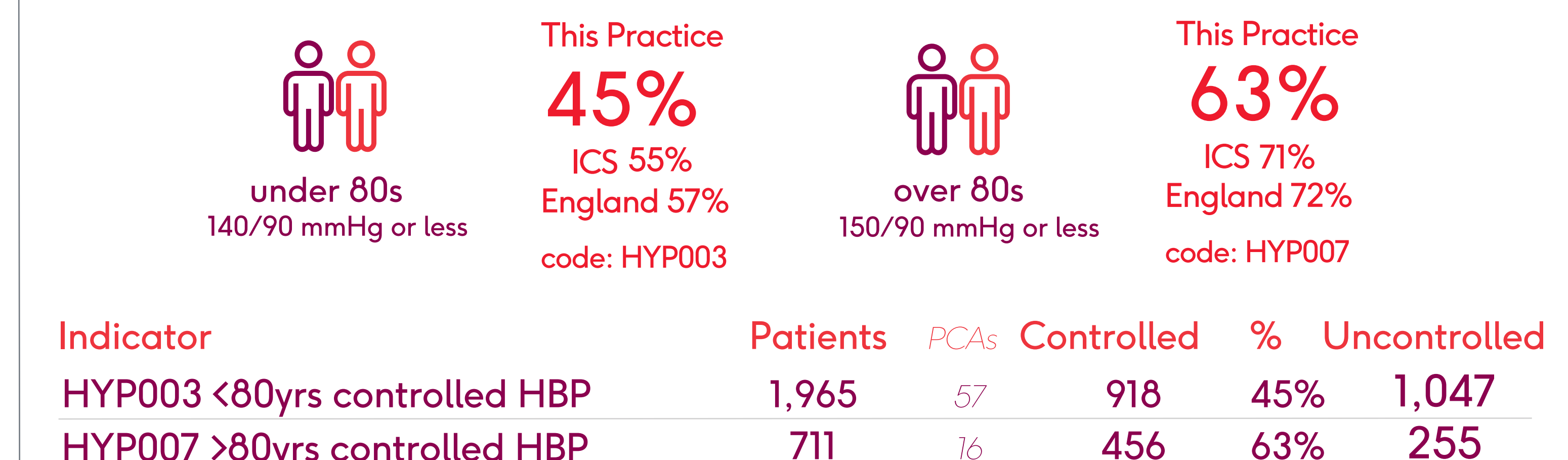
KEY FACTS ABOUT HIGH BLOOD PRESSURE, 'THE SILENT KILLER'

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

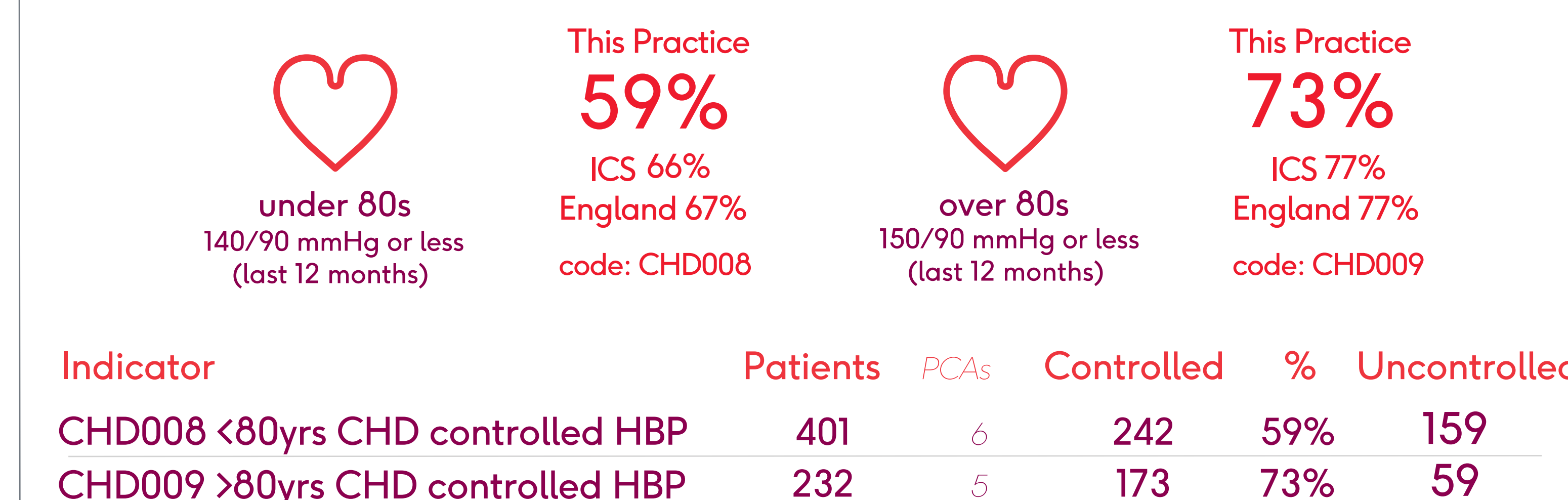
Every 10 mmHg reduction in systolic BP reduces the risk of major cardiovascular events, such as heart attack and stroke, by around 20 per cent

Percentage of diagnosed HBP patients with controlled hypertension



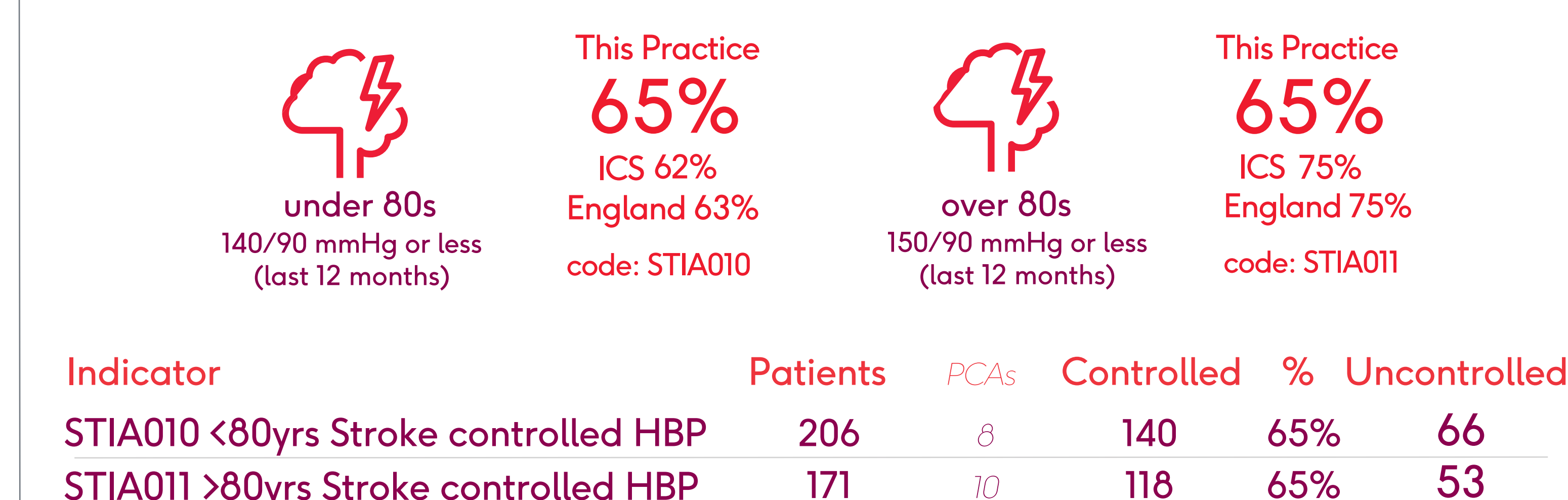
Coronary Heart Disease (CHD)

Percentage of CHD patients with controlled hypertension



Stroke & TIA (Transient Ischaemic Attack)

Percentage of stroke/TIA patients with controlled hypertension



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

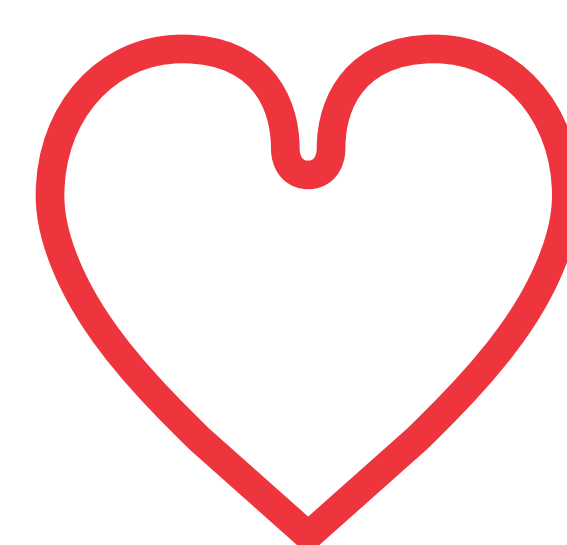
During the pandemic there has been a significant reduction in face-to-face appointments in primary care. People seeking help about high blood pressure may have chosen to avoid primary care settings. This has impacted on opportunities to detect and manage high blood pressure. We present data from that 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.

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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 (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
- 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>

