Eastern AHSN

National Blood Pressure Optimisation Programme:

An implementation Guide for Norfolk & Waveney

Part of The AHSN Network

Office for Life Sciences

NHS

Purpose

This guide aims to provide information to support implementation of a population health management approach to blood pressure management within primary care and it is intended for the Norfolk and Waveney ICS CVD Prevention Board.

Content

This guide will provide useful information including:

National Blood Pressure Optimisation Programme

Aim of programme

To ensure patients with hypertension are appropriately monitored and their blood pressure and broader cardiovascular risk are optimised to prevent heart attacks, strokes and dementia.

Overview

Aim

Academic Health Science Networks (AHSNs) to support local systems to ensure people with hypertension are appropriately monitored and have their blood pressure and broader cardiovascular risk optimised to prevent heart attacks, strokes, and dementia at scale.

Objectives

Support PCNs to implement the UCLPartners Proactive Care Framework for hypertension to optimise clinical care and self-management of people with hypertension. **You can watch a presentation about the Proactive framework here**

1. Support PCNs to increase detection of people through case finding interventions.
2. Support ICSs to reduce health inequalities by targeting 20% most deprived populations and other local priority groups (Core20PLUS5).

Proactive care frameworks

Proactive care frameworks

The frameworks focus on how to do things differently at scale

- They **stratify** patients at highest risk to enable practices to prioritise clinical activity
- They **deploy** the wider workforce to reduce the workload for GPs
- They **improve** personalised care

Core principles

- Virtual when appropriate and face to face when needed
- Mobilising and supporting the wider workforce (including pharmacists, HCAs, other clinical and non-clinical staff)
- Step change in support for self-management
- Digital innovation including apps for self-management and technology for remote monitoring

Proactive Care Framework for Hypertension

1. **Developed to support primary care teams to manage patients with hypertension**
2. **Focuses on the HOW of doing things differently**
3. **Takes a Population Health Management Approach**
4. **Incorporates the following:**
    - ❑ Risk stratification
    - ❑ Prioritisation
    - ❑ Optimisation
    - ❑ Self-management
    - ❑ Clinical management
    - ❑ Personalised care for the whole person

The framework consists of six components

1. Comprehensive stratification tools built for EMIS and SystmOne

2. Pathways that prioritise patients for follow up, support remote delivery of care, and identify what elements of LTC care can be delivered by staff such as Health Care Assistants and link workers.

3. Scripts and protocols to guide Health Care Assistants and others in consultations.

4. Training for staff to deliver education, self-management support and brief interventions. Training includes health coaching and motivational interviewing.

5. Digital and other resources that support remote care and self-care.

6. Project management and support for local clinical leadership

Metrics: Challenges to be addressed

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Metric	Challenges
1.Health inequalities: prioritised uptake of Proactive Care @home framework in PCNs with highest levels of inequalities	• Challenges in defining this metric. • Approaches and methods for data collection are locally determined
2. 50% of primary care networks in England implementing Proactive Care Frameworks that include support for remote management, self-management and treatment optimisation in hypertension and including lipid optimisation as a core element of hypertension management.	• It is important to define what implementation means. • Framework for defining level of engagement developed in line with QART spread categories requires clear definitions and criteria
3. Blood Pressure Optimisation Rates: In those PCNs adopting Proactive Care Frameworks, increase by 5% (QOF 2020-21 baseline plus 5%) patients under 80 years with hypertension with BP controlled to <140/90	• The challenge is in deciding what our ambition should be because QOF 20-21 achievement is low compared with previous years • There will be challenges regularly collecting this data due to the frequency and timing of when QOF data is published.
4.Hypertension case finding metric to mirror that in the PCN DES to be published	• Challenges regarding data availability for this metric and the suspension of the metrics up to April 2022. • Too complex to achieve any hard target within the scope of the programme (12 Months)

Example of Impact

Example of impact

Optimising blood pressure in the highest risk patients in the **Norfolk and Waveney** would prevent up to **102 heart attacks** and/or **153 strokes,** over three years.

Support for implementation

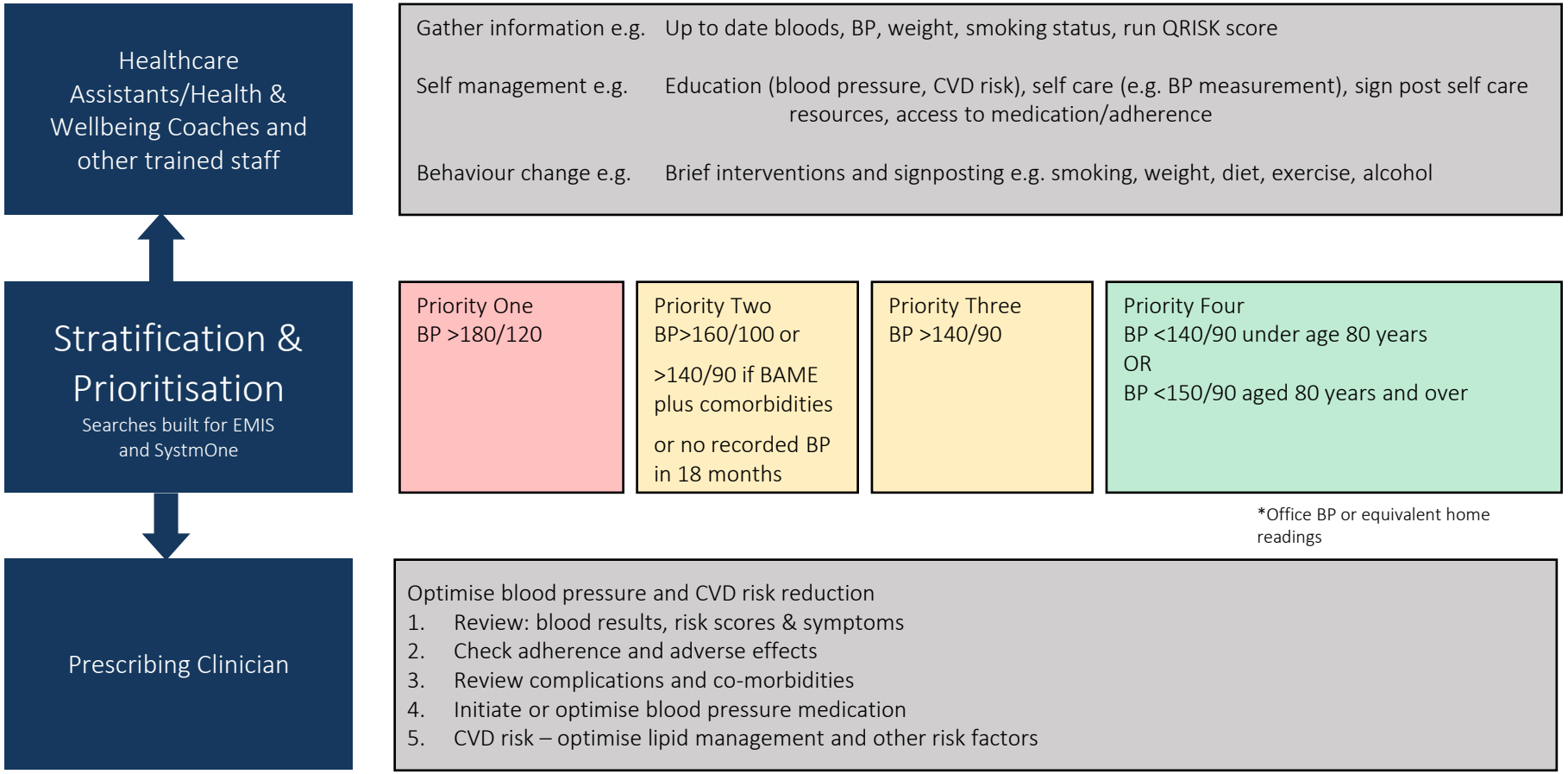
Role of AHSNs

Support primary care to:

- **Risk stratify** all people with hypertension
- **Prioritise** those at highest risk
- **Optimise** blood pressure, cholesterol and broader cardiovascular risk management
- **Systematically support** education, self-management and behaviour change
- **Case-find** people with undiagnosed hypertension
- **Develop plan** to scale implementation of hypertension Proactive Care Framework

Hypertension framework: stratification & management

Hypertension Framework: stratification and management



Example modelling (Lambeth borough)

Hypertension example

- Informs workflow and workforce planning
- Helps GPs meet QOF and other targets
- Shift between priority groups over time shows clinical impact

Optimisation of BP in priority groups 1, 2a and 2b will prevent up to 71 heart attacks and/or 106 strokes in 5 years in this population of 446,000

Borough level searches

Total Population: ~446,000
Hypertension: 40,155

Priority Group	Definition	No. of patients	%
PRIORITY 1	Clinic BP ≥180/120mmHg	541	1%
PRIORITY 2a **PRIORITY 2b** **Priority 2c**	Clinic BP ≥160/100mmHg Clinic BP ≥140/90mmHg and BAME + additional CV risk factor No BP reading in last 18 months	2,756 3,827 5,902	7% 10% 15%
Priority 3a **Priority 3b**	Clinic BP ≥140/90mmHgBP if BAME or CVD, CKD, diabetes BP ≥140/90mmHg - all other patients	3,818 2,347	10% 6%
Priority 4a **Priority 4b**	BP < 140/90mmHg (under 80 years) BP < 150/90mmHg (80 years and over)	18,013 2,951	45% 7%

18% highest priority

52% low priority

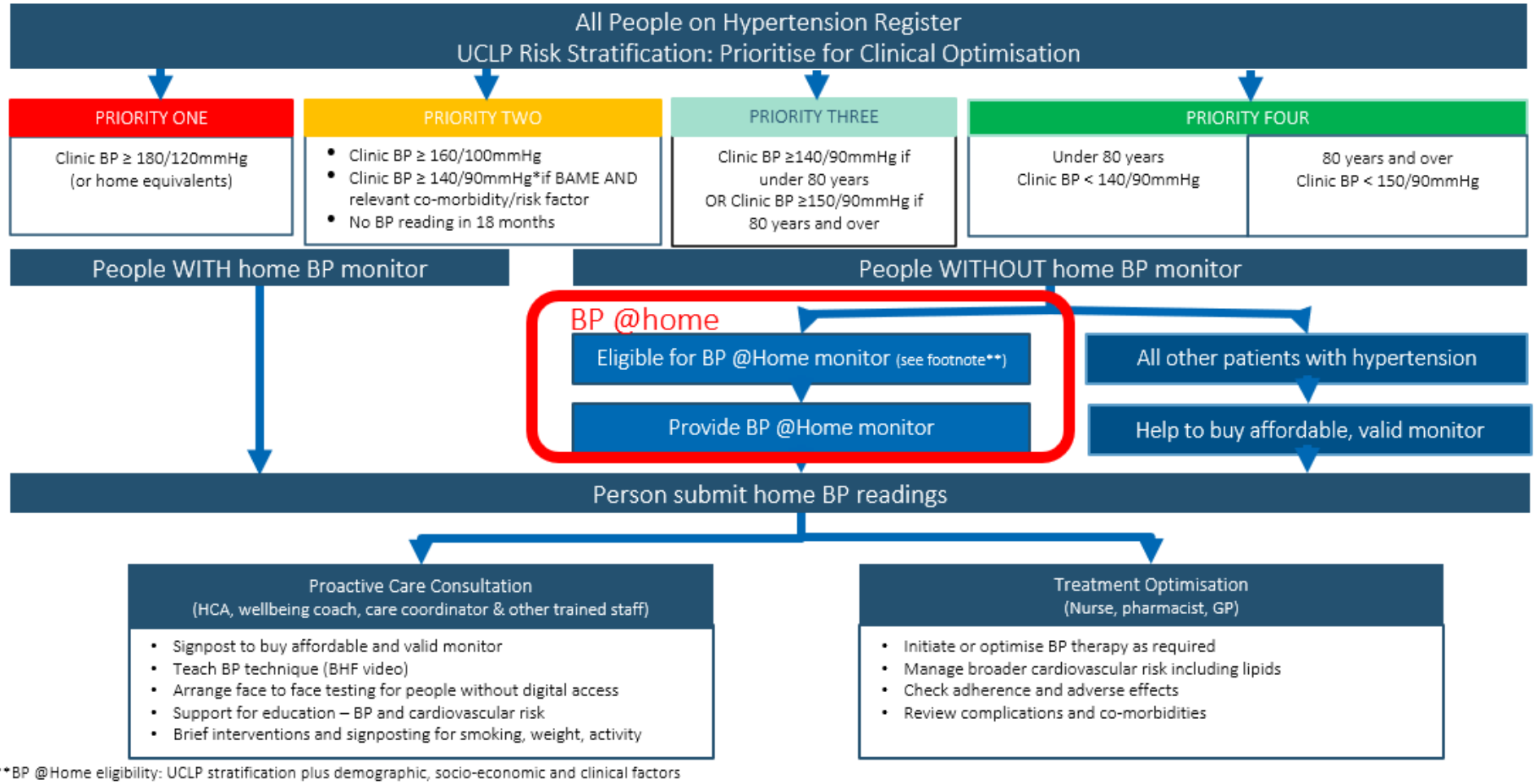
Links to other programmes

Links to other programmes

- The national blood pressure optimisation programme:
  - **Supports** the implementation of UCLPartners Proactive Care Framework for Hypertension
  - **Builds** on BP @Home

Link to BP@home

BP @Home: supporting remote monitoring



**BP @Home eligibility: UCLP stratification plus demographic, socio-economic and clinical factors

AHSN resources

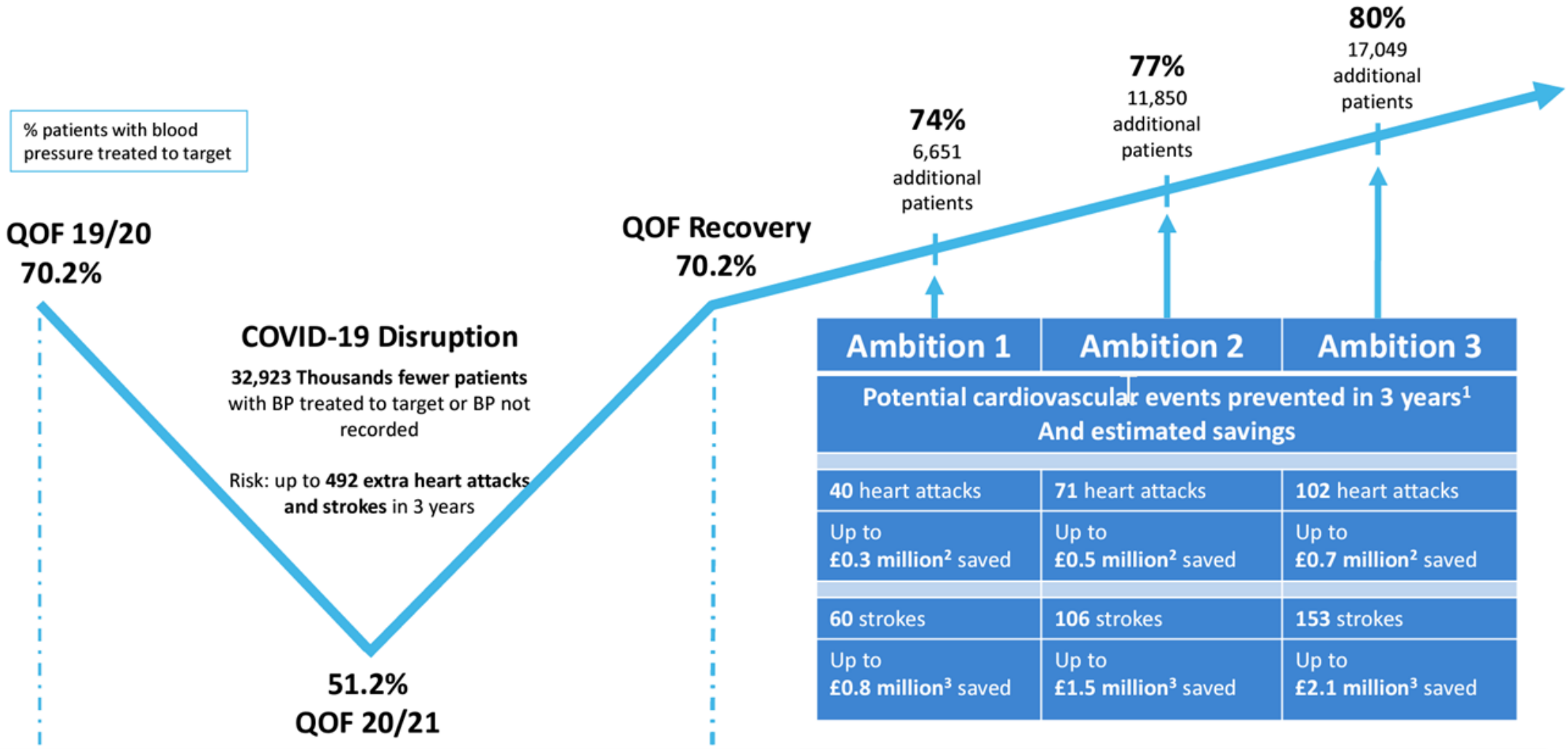
AHSN resources

Resources to support the implementation are available on NHS Futures

Local Priorities

Size of the Prize – Norfolk and Waveney Health and Care Partnership
BP Optimisation to Prevent Heart Attacks and Strokes at Scale

UCLPartners



Ambition 1	Ambition 2	Ambition 3
Potential cardiovascular events prevented in 3 years[1] And estimated savings		
40 heart attacks	**71** heart attacks	**102** heart attacks
Up to **£0.3 million**[2] saved	Up to **£0.5 million**[2] saved	Up to **£0.7 million**[2] saved
60 strokes	**106** strokes	**153** strokes
Up to **£0.8 million**[3] saved	Up to **£1.5 million**[3] saved	Up to **£2.1 million**[3] saved

References
1. Public Health England and NHS England 2017 Size of the Prize
2. Royal College of Physicians (2016). Sentinel Stroke National Audit Programme. Cost and Cost-effectiveness analysis.
3. Kerr, M (2012). Chronic Kidney disease in England: The human and financial cost

Modelling
Data source: NCVIN 2021. Briefing note: QOF 2020/21 Management of hypertension – HYPALL metric (HYP003 + HYP007). Potential events calculated with NNT (theNNT.com). For blood pressure, anti-hypertensive medicines for five years to prevent death, heart attacks, and strokes: 1 in 100 for heart attack, 1 in 67 for stroke.

Data on deprivation and hypertension

*Priority PCNs highlighted in green and priority practices highlighted in red

Priority PCN	Priority GP Practice		
BRECKLAND SURGERIES PCN	GROVE SURGERY	69.8	77.7
BRECKLAND SURGERIES PCN	SCHOOL LANE PMS PRACTICE	51.5	60
BRECKLAND SURGERIES PCN	SCHOOL LANE SURGERY	65.6	67.5
BRECKLAND SURGERIES PCN	WATTON MEDICAL PRACTICE	76.3	59.1
FENS & BRECKS PCN	BOUGHTON SURGERY	62.9	71.4
FENS & BRECKS PCN	UPWELL HEALTH CENTRE	74.5	66.3
GORLESTON PCN	BEACHES MEDICAL CENTRE	65.3	62.6
GORLESTON PCN	THE MILLWOOD PARTNERSHIP	74.5	71
GREAT YARMOUTH & NORTHERN VILLAGES PCN	COASTAL VILLAGES PRACTICE	76.9	67.2
GREAT YARMOUTH & NORTHERN VILLAGES PCN	EAST NORFOLK MEDICAL PRACTICE (2 branches)	77.1	71.7
KETTS OAK PCN	ATTLEBOROUGH SURGERY	62.9	70.9
KINGS LYNN PCN	SOUTHGATES SURGICAL & MEDICAL CENTRE	69.3	63.3
KINGS LYNN PCN	ST JAMES MEDICAL PRACTICE	60.1	76.9
KINGS LYNN PCN	VIDA HEALTHCARE	76	75.5
LOWESTOFT PCN	ALEXANDRA & CRESTVIEW SURGERIES	68.5	60.2
LOWESTOFT PCN	HIGH STREET SURGERY	63.6	63.3
LOWESTOFT PCN	KIRKLEY MILL HEALTH CENTRE	68.8	70.2
LOWESTOFT PCN	VICTORIA ROAD SURGERY	64.7	65
MID NORFOLK PCN	ELMHAM SURGERY	64.9	68.4
MID NORFOLK PCN	ORCHARD SURGERY	65.2	71.2
NORTH NORFOLK 2 PCN	CROMER GROUP PRACTICE	69.6	58.2
NORTH NORFOLK 2 PCN	PASTON SURGERY	69.1	72.7
NORTH NORFOLK 4 PCN	ACLE MEDICAL PARTNERSHIP	68.2	55.2
SOUTH NORFOLK HIP PCN	CHURCH HILL SURGERY	65.9	60.5
SOUTH WAVENEY PCN	BECCLES MEDICAL CENTRE	58.6	61.7
SOUTH WAVENEY PCN	BUNGAY MEDICAL CENTRE	66.2	67.1
SOUTH WAVENEY PCN	SOLE BAY H/C	60.6	72.8

Data on deprivation and hypertension

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Priority PCN	Priority GP Practice		
SWAFFHAM & DOWNHAM MARKET PCN	CAMPINGLAND SURGERY	74.4	71.1
SWAFFHAM & DOWNHAM MARKET PCN	HOWDALE SURGERY	61.8	61.2
SWAFFHAM & DOWNHAM MARKET PCN	LITCHAM HEALTH CENTRE	63.7	82.6
SWAFFHAM & DOWNHAM MARKET PCN	MANOR FARM MEDICAL CENTRE	74.9	70.7
SWAFFHAM & DOWNHAM MARKET PCN	PLOWRIGHT MEDICAL CENTRE	72.5	67.8
SWAFFHAM & DOWNHAM MARKET PCN	THE HOLLIES SURGERY	64.3	77.8
WEST NORFOLK COASTAL PCN	BURNHAM SURGERY	60.6	69.9
WEST NORFOLK COASTAL PCN	GREAT MASSINGHAM SURGERY	63.4	69.7
WEST NORFOLK COASTAL PCN	HEACHAM GROUP PRACTICE	68.9	54.5
NORWICH PCN	EAST NORWICH MEDICAL PARTNERSHIP	64.7	64.2
NORWICH PCN	TAVERHAM PARTNERSHIP	61.4	75.9

Data on deprivation and hypertension

*Priority PCNs highlighted in green and priority practices highlighted in red

Priority PCN	Priority GP Practice		
FENS & BRECKS PCN	FELTWELL SURGERY	81.7	76.2
FENS & BRECKS PCN	ST CLEMENTS SURGERY	72	76
FENS & BRECKS PCN	ST JOHN'S SURGERY	69.4	76.9
FENS & BRECKS PCN	WATLINGTON MEDICAL CENTRE	67.9	81.2
GREAT YARMOUTH & NORTHERN VILLAGES PCN	FLEGGBURGH SURGERY	70.8	65.8
GREAT YARMOUTH & NORTHERN VILLAGES PCN	THE PARK SURGERY	61.6	78.8
KETTS OAK PCN	E HARLING & KENNINGHALL MEDICAL PRACTICE	57.8	70.7
KETTS OAK PCN	HINGHAM SURGERY	62	65.8
KETTS OAK PCN	HUMBLEYARD PRACTICE	59.9	74.8
KETTS OAK PCN	WINDMILL SURGERY	58.3	76.8
KETTS OAK PCN	WYMONDHAM MEDICAL PARTNERSHIP	64.1	73.1
KINGS LYNN PCN	THE WOOTTONS SURGERY	68.6	71.6
LOWESTOFT PCN	ANDAMAN SURGERY	69.8	64.5
LOWESTOFT PCN	BRIDGE ROAD SURGERY	71.6	69.8
LOWESTOFT PCN	ROSEDALE SURGERY	73.1	62.9
MID NORFOLK PCN	MATTISHALL SURGERY	72.5	78.7
MID NORFOLK PCN	SHIPDHAM SURGERY	76.8	85.5
MID NORFOLK PCN	THEATRE ROYAL SURGERY	67	76.1
MID NORFOLK PCN	TOFTWOOD MEDICAL CENTRE	82.3	72.9
NORTH NORFOLK 1 PCN	FAKENHAM MEDICAL PRACTICE	62.5	76.2
NORTH NORFOLK 1 PCN	HOLT MEDICAL PRACTICE	60.2	75.2
NORTH NORFOLK 1 PCN	SHERINGHAM MEDICAL PRACTICE	68.7	72.6
NORTH NORFOLK 1 PCN	WELLS HEALTH CENTRE	56.2	79.6
NORTH NORFOLK 2 PCN	ALDBOROUGH SURGERY	71.5	68.9
NORTH NORFOLK 2 PCN	BIRCHWOOD MEDICAL PRACTICE	66	70.4
NORTH NORFOLK 2 PCN	MUNDESLEY MEDICAL CENTRE	71.6	80.1
NORTH NORFOLK 3 PCN	COLTISHALL MEDICAL PRACTICE	72.7	72
NORTH NORFOLK 3 PCN	DRAYTON MEDICAL PRACTICE	64.2	76.8
NORTH NORFOLK 3 PCN	MARKET SURGERY	58.4	73.4
NORTH NORFOLK 3 PCN	REEPHAM & AYLSHAM MEDICAL PRACTICE	58.7	80.4
NORTH NORFOLK 4 PCN	BLOFIELD SURGERY	68.5	70
NORTH NORFOLK 4 PCN	BRUNDALL MEDICAL PARTNERSHIP	62.9	66.6
NORTH NORFOLK 4 PCN	HOVETON & WROXHAM MEDICAL CENTRE	71.4	80.7
NORTH NORFOLK 4 PCN	LUDHAM AND STALHAM GREEN SURGERIES	67.7	73.4
NORTH NORFOLK 4 PCN	STALHAM STAITHE SURGERY	78.3	68.9
SOUTH NORFOLK HIP PCN	CHET VALLEY MEDICAL PRACTICE	61.3	71.5
SOUTH NORFOLK HIP PCN	HARLESTON MEDICAL PRACTICE	64.5	72.9
SOUTH NORFOLK HIP PCN	HEATHGATE MEDICAL PRACTICE	55.7	64.4
SOUTH NORFOLK HIP PCN	LAWNS PRACTICE	67.1	77
SOUTH NORFOLK HIP PCN	LONG STRATTON MEDICAL PARTNERSHIP	64	69.4
SOUTH NORFOLK HIP PCN	OLD MILL AND MILLGATES MEDICAL PRACTICE	55.8	69
SOUTH NORFOLK HIP PCN	PARISH FIELDS PRACTICE	76.3	77
SOUTH WAVENEY PCN	CUTLERS HILL SURGERY	56.4	66.6
SOUTH WAVENEY PCN	LONGSHORE SURGERIES	71.2	55.3
SWAFFHAM & DOWNHAM MARKET PCN	BRIDGE STREET SURGERY	67	65.8
WEST NORFOLK COASTAL PCN	GRIMSTON MEDICAL CENTRE	75.8	78.9

Please tell us about the local priorities for Norfolk and Waveney?

Frequently asked questions

Frequently asked questions

- Please find frequently asked questions by following the link

- If you have a question that is not answered here, please email primarycare@uclpartners.com

Contacts

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