Eastern AHSN

National Blood Pressure Optimisation Programme Implementation Booklet

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 is intended for Primary Care Networks and practices.

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.

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Overview

AHSN Role

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:

1. Support PCNs/practices to implement the **UCLPartners Proactive Care Framework for hypertension** to optimise clinical care and self-management of people with hypertension.
2. Support PCNs/practices to increase the detection of people through case-finding interventions.
3. Support primary care to reduce health inequalities by targeting 20% of most deprived populations and other local priority groups (Core20PLUS5).

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Proactive Care Frameworks

Proactive care frameworks

UCLPartners has developed a series of frameworks for **local adaptation** to support proactive **management of long-term conditions in primary care.** The frameworks:

- stratify patients at the highest risk,
- deploy the wider workforce to reduce the workload for GP's, and
- improve personalised care

The **core principles** focus on:

- Virtual where appropriate, face to face where needed
- Mobilising and supporting the wider workforce (e.g. pharmacists, HCA's, and others) to optimise clinical care, support patient education and lifestyle change
- Step change in support for self-management
- Digital innovation including apps for self-management and technology for remote monitoring

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The framework consists of six components

Comprehensive stratification tools built for EMIS and SystmOne

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.

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

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

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

Project management and support for local leadership.

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Hypertension Framework: stratification and management

Healthcare Assistants/Health & Wellbeing Coaches and other trained staff

Gather information e.g.	Up to date bloods, BP, weight, smoking status, run QRISK score
Self management e.g.	Education (blood pressure, CVD risk), self care (e.g. BP measurement), sign post self care resources, access to medication/adherence
Behaviour change e.g.	Brief interventions and signposting e.g. smoking, weight, diet, exercise, alcohol

Stratification & Prioritisation

Searches built for EMIS and SystmOne

Priority One	Priority Two	Priority Three	Priority Four
BP >180/120	BP>160/100 or >140/90 if BAME plus comorbidities or no recorded BP in 18 months	BP >140/90	BP <140/90 under age 80 years OR BP <150/90 aged 80 years and over

*Office BP or equivalent home readings

Prescribing Clinician

Optimise blood pressure and CVD risk reduction

1. Review: blood results, risk scores & symptoms
2. Check adherence and adverse effects
3. Review complications and co-morbidities
4. Initiate or optimise blood pressure medication
5. CVD risk – optimise lipid management and other risk factors

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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

Borough level searches

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

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

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

18% highest priority

52% low priority

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Risk Stratification & Search Tools Demo

Risk Stratification & Search Tool Demos

UCLPartners demonstration videos which provide details of how to run searches and take you through these tools in action – we will use asthma and COPD as examples. Use these in conjunction with the search guide.

- **Access search and stratification tools here**

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EMIS

SystmOne

EMIS Hypertension search tools

- Download the EMIS Hypertension search tools
- Download the Hypertension search description

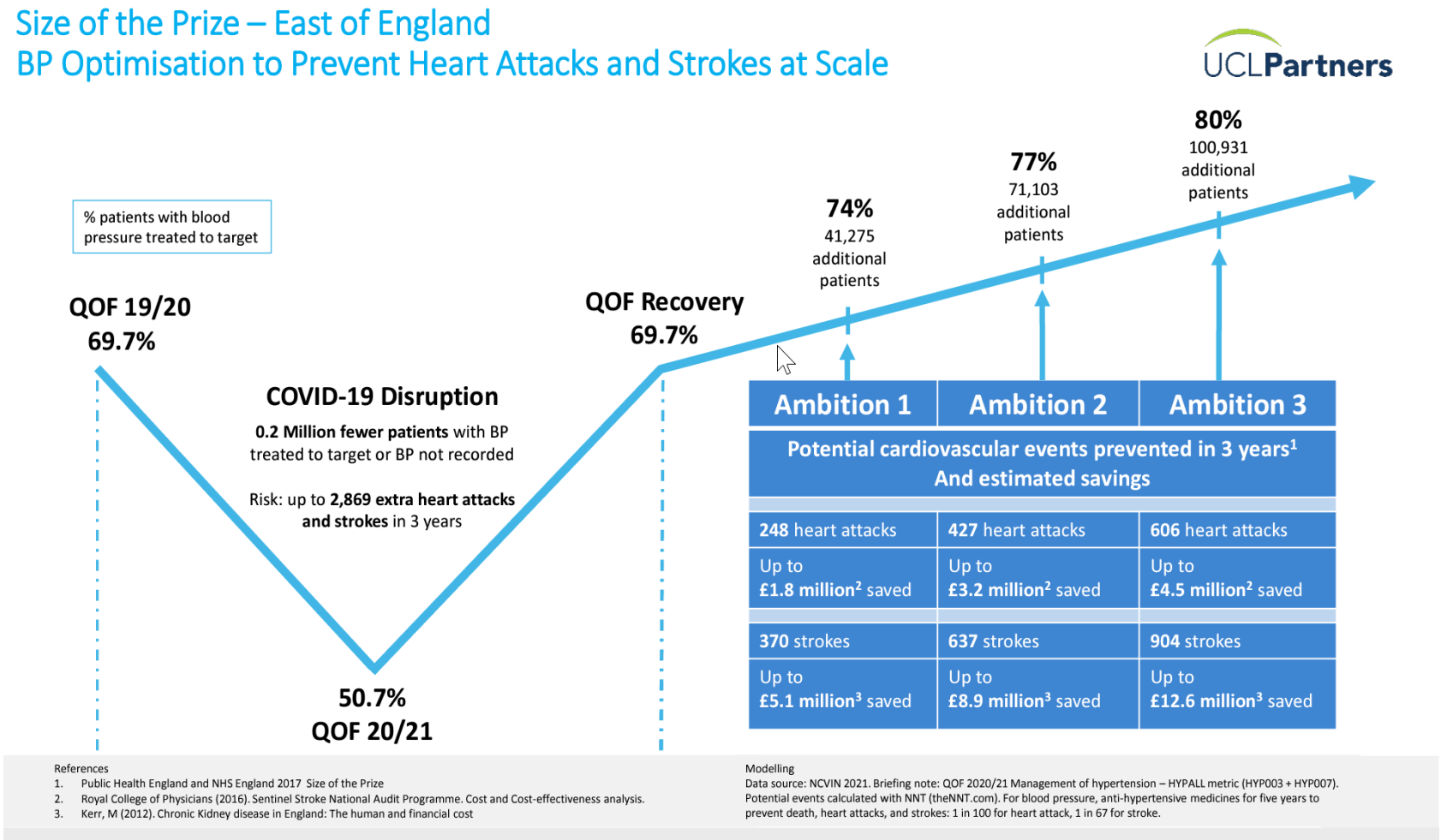
SystmOne Hypertension search tools

- Download the SystmOne Hypertension search tools
- Download the Hypertension search description

Size of the Prize

Size of the Prize East of England

In this **4 minute video Dr Matt Kearney** gives an overview about the programme and a new resource that helps to articulate the opportunities of the programme - the Size of the Prize, **ICB specific data is available here** on the UCLPartners website.



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Patient Video

Patient video

This video was created with funding from NHSX. The video is also available in Punjabi, Bengali, Urdu, Somali, Gujarati, Polish, Sylheti, Arabic, Farsi, Kurdish Sorani, Romanian, Chinese, Tamil and Turkish, click here to view the full playlist.

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Resources

Proactive Care Framework implementation workbook

- The workbook modules aim to help you understand the key concepts behind the frameworks, what they are and how to successfully implement them.
- The **workbooks** contain **free resources** to share with your teams, including video case studies, recommendations for implementation and QI tools and templates.

Workbook contents:

- Module 1: What are the proactive care frameworks
- Module 2: Team roles
- Module 3: Risk stratification
- Module 4: Taking a QI approach

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Top Tips for implementation

Top Tips for Implementation

1. Find the right **clinical or operational lead** within your PCN/Practice to **champion** this work.
2. Consider thinking about how the Proactive Care Frameworks can help to **deliver local or national initiatives** (i.e. BP @Home, Quality Outcomes Framework, Locally Commissioned Services, Direct Enhanced Service, Impact Investment Fund) leading to more efficient ways of working.
3. Ensure that both **staff and patients** have been **informed** about the **proactive care frameworks** and any changes to the usual long term condition reviews (e.g. reviews by healthcare assistants, social prescribers etc).
4. Ensure a **workforce mapping** exercise has been conducted to **review the skill sets** of your current workforce and that all members are working to their maximum competencies.

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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

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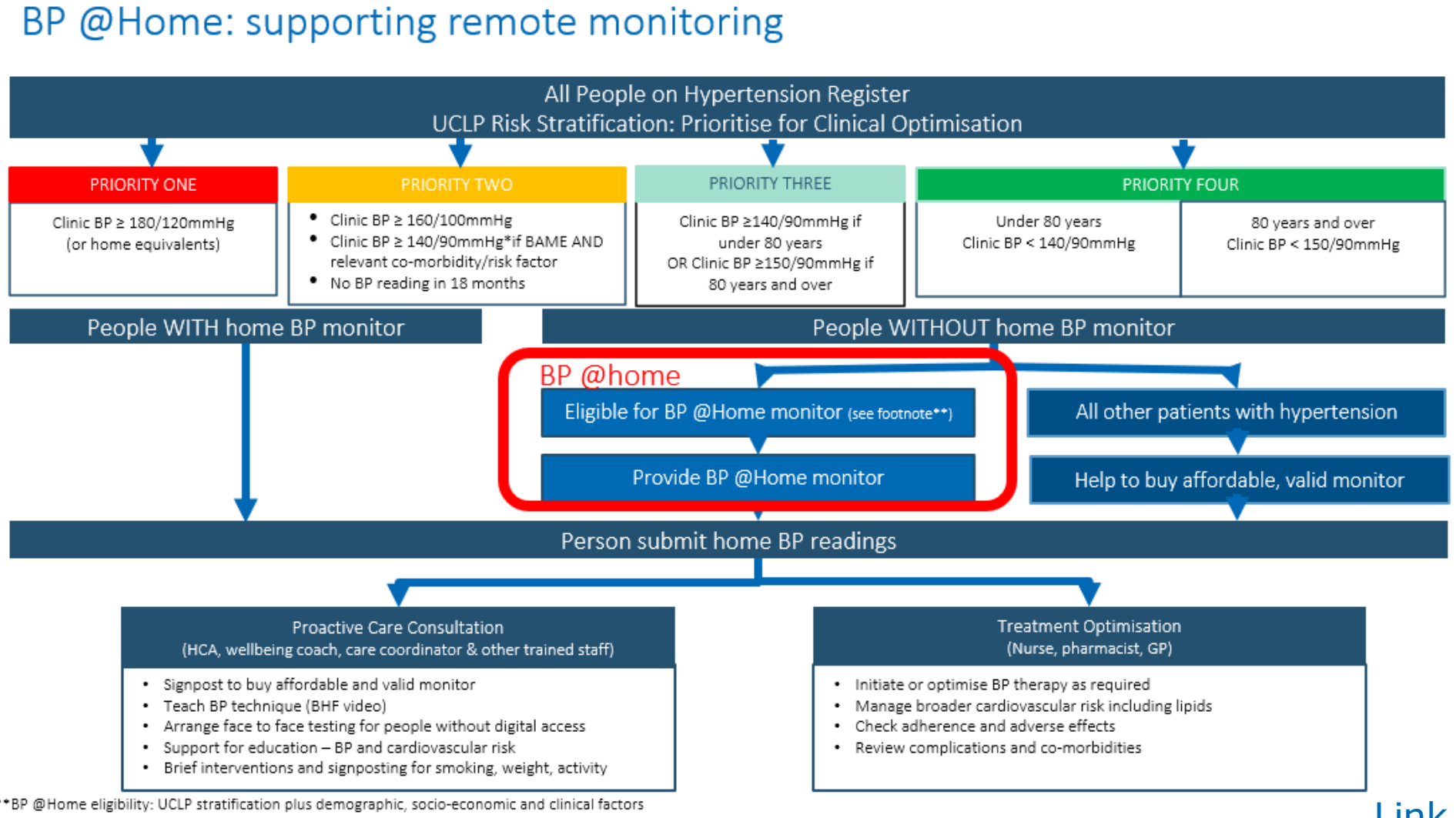
Link to BP@home



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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**

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Resource Links

BP Optimisation – Resource Links

Name	Origin	Purpose	Object
Hypertension Framework	UCLPartners	Overview	Link
Search and risk stratification tools	UCLPartners	Search and Stratification tools, free of charge	Register here to download resources
Clips and Protocols	UCLPartners	How to run searches	Link
Workbook implementation modules 1-4	UCLPartners	1. Understand context 2. Identify workforce 3. Risk stratification 4. Using Quality Improvement	Register here to download resources
Digital resources for hypertension	UCLPartners	Monitor, Management, Wellbeing	Link
Suggested essential training and education support for delivery	UCLPartners	Training for Healthcare assistants, nursing assistants, social prescribers, Pharmacists, nurses, physician associates and others	Link

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