Hypertension Resource Pack for Non-Clinical GP Teams

Supporting non-clinical teams contribution to delivering the best possible hypertension care for patients across South East London

Key messages

- Hypertension is everyone's business
- Make every contact count – encourage adult patients to have a blood pressure check
- Make sure you get your blood pressure checked too
- Patients with hypertension should have a review at least annually
- Patients with a blood pressure reading over ≥180/120 need urgent same day assessment by a clinician

Always work within your knowledge and competency

CESEL Hypertension Guide for clinicians can be found here

January 2023 – due review in June 2024 – sooner if new changes

Hypertension Is Everyone's Business

What is hypertension?

People are diagnosed with hypertension if they have a persistent raised blood pressure (BP) - not a one off raised reading– usually over 140/90 for a clinic reading or 135/85 for a home or ambulatory (24 hour) blood pressure reading. A diagnosis of hypertension should be made by a clinician.

Why focus on hypertension?

1 in 4 adults in the UK have hypertension.

Many people do not know they have hypertension - there are usually no symptoms.

Hypertension increases the risk of stroke, heart attack, dementia, kidney disease and impotence.

People of Black African and Black Caribbean heritage have higher rates of hypertension than other ethnic groups in southeast London– starting at a younger age and with more adverse outcomes. Patients from these communities tell us that barriers to accessing care include

- Difficulty accessing services
- Experience of racism in healthcare services
- Lack of trust in healthcare professionals

Detecting and managing hypertension increases people's chance of living a long and healthy life, spending more time in good health with the people they care about.

Hypertension management includes support to make lifestyle changes and often medication.

Typical hypertension medications include ramipril, amlodipine and losartan.

What is my role?

All staff can play an important role in supporting patients to receive the best possible hypertension care. This guide aims to help non-clinical teams understand why hypertension is important and why your role in supporting patients is crucial for effective hypertension care.

What is blood pressure (BP)?

BP is a measure of the force that the heart uses to pump blood around the body.

BP is measured using two numbers: the units of BP measurement are millimeters of mercury - mmHg

- Top number - systolic, measures pressure when the heart beats
- Bottom number - diastolic, measures pressure when the heart rests

$$\frac{122}{76} \quad \frac{mm}{Hg}$$

Where can BP be checked?

Measuring blood pressure is the only way to know whether someone has high blood pressure. Patients typically get their blood pressure measured at:

- A GP surgery
- A local pharmacy –
- Home BP monitor
- Community testing

as a one off or ambulatory (24 hour) reading

What is good BP control?

Blood pressure targets vary for different people according to what other conditions they may have. Home BP and ambulatory/24-hour BP readings are usually lower than when BP is checked by a GP or nurse, and the target is therefore lower. In older people the target is a little higher. Ideally patients with hypertension should have a personalised target for their blood pressure, agreed with a clinician and recorded in their notes.

Lifestyle changes can help achieve a healthy blood pressure

Each change can reduce your BP by

Healthy weight

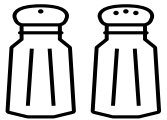If you are overweight, weight loss of 10kg will have a big impact on your BP.

5-20 mmHg

Healthy diet

Have a low-fat diet rich in fruit, vegetables to help maintain a healthy BP.

8-14 mmHg

Low salt intake

High salt intake raises BP. Processed and readymade foods often have high salt intake. Aim for **less than** one teaspoon (6g) of salt a day.

2-8 mmHg

Regular exercise

Regular aerobic physical activity, 30 minutes most days of the week, helps maintain a healthy BP.

4-9 mmHg

Reduce your alcohol

Drinking even a little over the recommended weekly amount of alcohol will cause BP to go up. Aim for fewer than 14 units a week.

2-4 mmHg
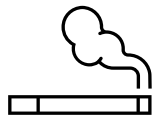
Stop smoking

Stopping smoking will reduce overall risk of heart disease and stroke and help keep blood pressure lower. You are three times more likely to successfully give up smoking if you get help.

The hypertension review

Patients diagnosed with hypertension should be offered a hypertension review appointment at least once a year, more often if their blood pressure is not well controlled, with a clinician trained in hypertension management e.g. GP, practice pharmacist, nurse or physician assistant.

Ahead of this appointment it is helpful to gather some information.

Arrange the right tests ahead of the review appointment

- Recent BP readings – patients can enter home readings on an Accurx Florey
- Smoking history
- Weight & height– used to calculate body mass index (BMI)
- Blood tests
  - for kidneys (renal profile),
  - cholesterol (lipid profile)
  - diabetes (HbA1c)
  - +/- liver function tests, full blood count and thyroid function tests
- Urine test – as part of a kidney test (urine albumin creatinine ratio (ACR))

What happens in the review appointment?

During the review appointment the clinician will
- See how the patient is managing and if they have any questions
- Ensure the patient understands about their hypertension and any treatment offered
- Check for side effects of any medicines
- Check if the hypertension has caused any problems or they have any associated health issues, particularly kidney disease, high cholesterol or diabetes
- Offer lifestyle advice
- Discuss starting, changing or adding to medicines if BP is not at target
- Offer a referral to e.g. weight management or smoking cessation service
- Agree a shared plan and next review date – or referral if needed
- Check everything is recorded in the notes – ideally using the Ardens Hypertension Template – this includes
  - Physical activity
  - Smoking history
  - BP reading
  - All investigation results
  - BMI and ideally waist circumference
  - QRISK – which calculates each person's risk of a heart attack or stroke in the next 10 years
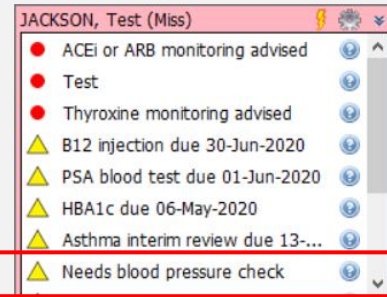
Clinician see CESEL Hypertension guide for more detail

How can front desk and admin. teams make a difference?

1. FIRST POINT OF CONTACT


Check the alert box

What is needed for this patient?
Is this something you can help with?
Remind patients of any upcoming appointments.

Encourage patients to have a BP check in the surgery, and record in their records, or signpost to local pharmacy that offers this service.
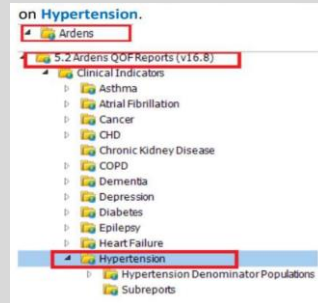
Support patients to understand what the BP reading means by sharing information (see resources page 8).
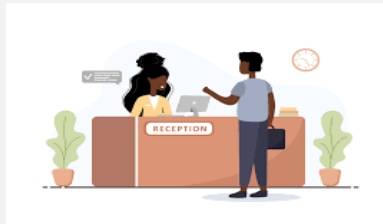
2. CALL AND RECALL

Have clear call and recall systems in place.
When possible, look to invite patients with multiple conditions to one review appointment that covers all their conditions including hypertension.

Use Ardens searches to identify who would benefit from a review (see page 7), e.g.;
- Annual review appointment due
- High blood pressure readings not coded as hypertension
- On hypertension register but not reaching BP control target

Use a range of communication methods to contact patients
- Accurx - text or email (text may carry an additional cost)
- Telephone for people who don't respond to text or email
- Some people may like a letter
- Try to contact and speak to patients in their own language if you have staff that can help

Watch the CESEL Hypertension webinar for non-clinical teams

Contact your CESEL facilitator for support with searches: clinicaleffectiveness@selondonics.nhs.uk.

3. BOOKING A REVIEW

Explain why a review appointment is being offered and what to expect. Be kind, understand that some people can be anxious about medical care.

Arrange the right tests ahead of the review appointment

- Recent BP readings – you can use an Accurx Florey
- Smoking history
- Weight & Height– BMI
- Blood tests – for kidneys (renal profile), cholesterol (lipid profile) and diabetes (HbA1c), +/- liver function tests, full blood count and thyroid function tests
- Urine test – as part of a kidney check (urine albumin creatinine ratio (ACR)

Book an appointment at as convenient time as possible. Patients have told us they prefer face to face appointment when possible, and especially for a new diagnosis of hypertension.

Tips to help hypertension care in your practice

Hypertension is everybody's business

Coding

- Use the Ardens template to ensure accurate coding
- Code BP readings and relevant investigations from hospital letters and community pharmacy readings
- Ensure information from Health Checks is coded correctly

The above may save a patient needing to come in for a review.

Opportunistic checks

- Encourage team members to check the alert box
- Clinicians should offer opportunistic BP reviews for patients attending with other health needs
- Reception teams to encourage a BP check and book review if needed

Focus messaging on the positive

- Highlight benefits of good BP control including healthy years lived and more time with family and friends

Continuity of care

- Patients value seeing their usual clinician for their ongoing health needs
- Non responders are more likely to respond if a clinician they know contacts them

Involve the whole team

Hypertension champions

- A clinical and/or non-clinical champion can help prioritise hypertension, agree pathways, and support the team to contribute to good patient care

Practice Pharmacists

- Practice pharmacists can carry out hypertension reviews and follow up when medicines have been changed
- Pharmacists can help with frailty reviews and reduce overprescribing when BP medication may be causing harm.

Care Coordinators and Social Prescribers

- Vulnerable patients, or with complex needs, may respond well to contact from a Social Prescribing Link Worker or Care Coordinator to offer general support and explain/arrange hypertension review

Practice Nurse and Nurse Prescribers

- Combine long term condition reviews if patient has multiple conditions e.g. hypertension assessment alongside other reviews such as diabetes and CKD

Healthcare assistants

- HCA can check BP and signpost to advice on management (training may be required)

Good systems underpin good hypertension care

Clear Pathway and training

- Have a clear pathway for hypertension, with the right members of the team seeing the right patients
- Risk stratification Ardens/UCLP searches can help prioritise patients based on complexity (see page 7)
- Patients with well controlled BP may be happy to be reviewed remotely or even digitally
- Start call and recall early in the QOF year to ensure you have time to manage more complex cases.

Use the patient's first language

- Patients whose first language isn't English may not understand practice messages/letters, or why they are being invited for a review
- Code spoken language in patients notes, know who speaks what within your team, group patients by their first language and contact in their first language
- Use interpreting services

Use technology

- Loan patients a BP monitor or if appropriate, advise to buy their own
- Use the 4 and 7-day Florey on Accurx to collect their readings

Use data to focus your efforts and address inequalities

- Use data to focus your efforts on patients who are not meeting targets
- This webinar demonstrated the SEL hypertension dashboard. Contact CESEL for a practice visit to share your latest data and good practice.

Paper prescriptions

- If a patient is on medication and has not responded to an invite or attended a review, consider issuing a paper prescription. When they collect this, use the opportunity to offer a BP check, remind them the importance of a hypertension review and book an appointment

Different modes of contact

- Offer a range of appointment types and times, including face-face, telephone, evening and weekend slots
- Work with community groups to offer flexible community-based testing

BP checks in vaccination clinics

- Offer a BP check while patients are waiting to have a flu/ Covid vaccination

Exemption reporting/Personalised Care Adjustment (PCA)

- Patients on the hypertension register can be excluded from the final QOF targets for a range of reasons - see this information leaflet.
- To avoid widening inequalities risk, aim to only apply PCA when the patient has been contacted through all means e.g, text, phone call, letter
- Patients are exempted from QOF if they have been diagnosed with hypertension in the last 9 months or are a newly registered patient with hypertension in the last 3 months

Collaborate

Cultural humility

- Be curious about cultural differences and learn from your patients
- Honour patients' beliefs, cultures, and values

Work with your patient groups

- Engage practice patient groups (PPG) to get feedback on how services are working and how things can be improved to meet patient needs

Work with Community Groups

- Work with community groups to understand how best to shape services
- Consider community-based BP testing to improve access
- Focus particularly on high-risk groups e.g. groups connecting to Black African and Caribbean heritage communities – to foster a shared understanding and trust
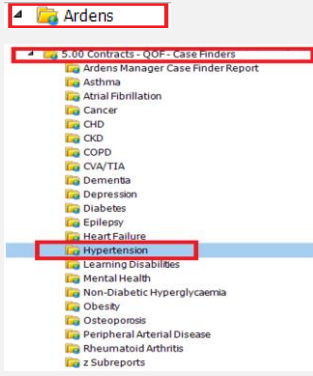
Community BP Service

- Most community pharmacies offer BP service for everybody over 40 without a diagnosis of hypertension and ABPM (24-hour monitoring) on referral
- Promote Community BP service to patients
- Have a clear pathway to receive, code, and act on results from this service
- Community pharmacists can support patients understand their medicines and help with tips to remember to take them (adherence)

1. SEARCHES TO IMPROVE HYPERTENSION PREVALENCE: ARDENS CASE FINDERS

Ardens have created Case Finder searches to support practices to identify patients who are likely to have hypertension but have not been coded onto the QOF Hypertension Register

In EMIS
Ardens >> 5.00 Contracts – QOF – Case Finders >> Hypertension

Search definitions

QOF | ?HTN	Includes all patients from the reports below. Provides a single report to cover each search criteria.
QOF | ?HTN as ABPM, HBPM or 24hr BP reading >135/85	These patients have had a high BP reading, indicative of hypertension, but have not got a code on their record to put them on the QOF hypertension register.
QOF | ?HTN as h/o HTN or review/monitoring/plan	These patients have a code on their record which indicates that they have had some sort of hypertension monitoring, but they do not have a code on their record to put them on the QOF hypertension register.
QOF | ?HTN as on antihypertensives + BP >140/90	These patients have a prescription for anti-hypertensive medication, and they also have a high BP but they do not have a code on their record to put them on the QOF hypertension register.
QOF | ?HTN as on antihypertensives + latest BP >140/90	These patients have a prescription for anti-hypertensive medication and their latest BP is high, but they do not have a code on their record to put them on the QOF hypertension register.
QOF | ?HTN as resolved but on antihypertensives	These patients have a current prescription for anti-hypertensives, but they are coded as 'hypertension resolved' – review the record and remove the resolved code if appropriate. The report will indicate the date of the resolved code and the most recent medication.
QOF | ?HTN as suspected HTN without a more recent HTN excluded or white coat	These patients have a code of 'suspected hypertension' without a subsequent normal BP or code to suggest white coat syndrome. Please review the record and add a HTN QOF code if appropriate.

2. ARDENS HYPERTENSION RISK STRATIFICATION SEARCHES

These searches to prioritise hypertension patients by risk. Patients at higher risk should be prioritised.

In EMIS

Ardens >> 1.12 LTC Reviews – Risk Strat >> Chronic Disease Risk Stratification-UCLP criteria >> Hypertension
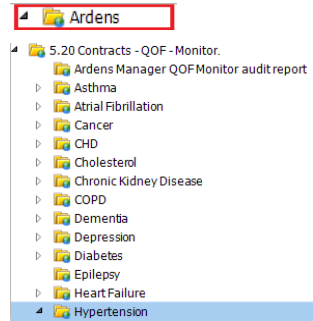
Based on UCLP searches

Search definitions

UCLP Hypertension Risk Stratification

Ardens Search - Risk Priority	UCLP Search - Risk Priority	Definition
Hypertension | Priority One (high risk)	Priority 1	Clinic BP ≥ 180/120mmHg
Hypertension | Priority Two	Priority 2a	Clinic BP ≥ 160/100mmHg
	Priority 2b	Clinic BP ≥ 140/90mmHg if the patient is from Black Ethnicity or Asian Ethnicity Groups with CVD or CKD or Diabetes or BMI >35
	Priority 2c	No BP reading in 18 months
Hypertension | Priority Three	Priority 3a	Clinic BP ≥ 140/90mmHg with CVD or CKD or Diabetes or from Black Ethnicity or Asian Ethnicity Groups not included in Priority Group 2
	Priority 3a	Clinic BP ≥ 140/90mmHg if < 80 years Clinic BP ≥ 150/90mmHg if 80+ years
Hypertension | Priority Four (low risk)	Priority 4a	Clinic BP < 140/90mmHg if < 80 years
	Priority 4b	Clinic BP < 150/90mmHg if 80+ years

3. ARDENS QOF HYPERTENSION SEARCHES

In EMIS

Ardens >> 5.20 Contracts – QOF - Monitor >> Hypertension

Search definitions

HYP008. The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (or equivalent home blood pressure reading)	14	40-77%
HYP009. The percentage of patients aged 80 years or over with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (or equivalent home blood pressure reading)	5	40-80%

There are also hypertension QOF targets for diabetes, public health, stroke and TIA and secondary prevention of CHD
see Quality and Outcomes Framework guidance for 2023/24 (england.nhs.uk)
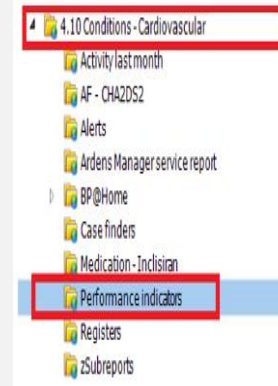
4. HIDDEN HYPERTENSION: ARDENS SEARCH - NO BP CHECK IN THE LAST 5 YEARS

Patients aged over 40 years with no BP check in the last 5 years. This search excludes patients diagnosed with hypertension.

In EMIS

Ardens >> 4.10 Conditions Reports – Cardiovascular >> Performance Indicators >> then under HTN (Hypertension) find this search:

🔍 HTN - Target: >40 years + no BP recorded in Last 5y (no HTN)

Please contact your CESEL facilitator if you would like any help with searches and improvement work
clinicaleffectiveness@selondonics.nhs.uk.

Resources for the Team

Attach NHS links or web links to Accurx messages for patients. (Note there is a cost to send an Accurx text message but not an email).

CESEL webpage – Google 'CESEL'

This includes:

Webinars:

- Hypertension for non-clinical teams
- Population Health Management approaches to hypertension – with a demo of SEL dashboard
- CESEL hypertension for clinicians

SELICB Hypertension Dashboard – contact Business Intelligence (NHS South East London ICB) bi@selondonics.nhs.uk

Community Pharmacies offering BP checks – Community Pharmacy Blood pressure check service - South East London CCG (selondonccg.nhs.uk)

Resources for patients

Check your blood pressure reading - NHS (www.nhs.uk)

Blood pressure leaflets in different languages

Love your Heart – A South Asian Guide for controlling BP

Race Equality Project Leaflets targeted at men of Black African and Caribbean Heritage

British Heart Foundation advice and support for high blood pressure

British Heart Foundation Helpline – nurses to answer your questions Call **0808 802 1234** (freephone). Our Helpline is open weekdays 9am to 5pm

Stop smoking London

DASH diet – Dietary approaches to stop hypertension; What is the DASH diet? | BBC Good Food

Ardens Support, Webinars & Short Videos

Ardens have a support **website** which includes a catalogue of recorded webinars and short videos

Popular recordings are listed and linked below:

- Ardens website for New Starter Training
- Ardens EMIS for Pharmacist and Pharmacists Technicians (11th Jan 2024)
- New Starter Webinar for GPs & ANPs (13th Dec 2023)
- New Starter Webinar for Practice Management Team (13th Dec 2023)
- Ardens EMIS for Paramedics (14th Nov 2023)
- New Starter Webinar for Nurses & HCAs (17th Oct 2023)
- New Starter Webinar for Reception & Admin (20th Apr 2023)
- Searches and Reports webinar (10th Feb 2022)
- Video on Clinical Templates (20th Jan 2022)

Recall, Vaccination, QOF and Searches
- Ardens EMIS New Features Webinar (10th Jan 2024)
- Maximising Income Webinar (29th Nov 2023)
- Vaccinations Webinar (19th Oct 2023)
- QOF Updates 2023/24 Hints & Tips Webinar (5th Jul 2023)
- Ardens LTC Recall Live Q&A Session (12th May 2023)
- Diary Recall webinar (3rd Mar 2022)
- Getting Started with the Ardens LTC Recall System (23rd Feb 2023)
- Searches Webinar for Clinicians (24th Jan 2023)

**Making the right thing to do
the easy thing to do.**