Note and action points

Meeting: Blood Pressure System Leadership Board
Date: 3 June 2015
Time: 14:00 – 16:00

Attendees:
Jamie Waterall, PHE, NHS Health Check National Lead (Chair)

Jenny Hargrave, British Heart Foundation, Head of Healthcare and Innovation
Professor Huon Gray, NHS England, National Clinical Director for Heart Disease
Stephen Hodges, NHS IQ, Programme Delivery Manager at NHS Improving Quality
Professor Graham MacGregor, Blood Pressure UK, Chair
Professor Anthony Heagerty, British Hypertension Society, Past President
Dr George Kassianos, Royal College of General Practitioners, Fellow
Rob Darracott, Pharmacy Voice, CEO
Heather White, Department of Health, Domain 1, NHS Clinical Services (deputy for Jane Allberry)
Dr Shahed Ahmad, Enfield Council, Director of Public Health
Helen Donovan, Royal College of Nursing, Professional Lead for Public Health Nursing
Dr Heather Grimbaldeston, Cheshire East Council, Director of Public Health

Professor Kevin Fenton, PHE, Executive Director for Health and Wellbeing
Ben Lumley, PHE, Blood Pressure Programme Lead
Bianca Blom, PHE, PA to Jamie Waterall
Dr Matt Kearney, PHE, National Clinical Adviser (NHS Health Check and Blood Pressure)
Ian Williams, PHE, Head of Marketing, Healthy Ageing
Gul Root, PHE, Lead Pharmacist, Health and Wellbeing Directorate
Andrew Hughes, PHE, NCVIN Principal Public Health Analyst
Melanie Sirotkin, PHE, Centre Director
Dr Raymond Jankowski, PHE, Head of Healthcare Public Health
Shakti Dookeran, PHE, Population Health Service Manager

Apologies:
Matthew Fagg, NHS England, Deputy Director, Reducing Premature Mortality
Professor Simon Capewell, Faculty of Public Health, Expert Member
Jane Allberry, Department of Health, Deputy Director, Sexual Health, Screening and Early Diagnosis
Cllr Jonathan McShane, Hackney Council, Cabinet Member for Health
Dr Justin Varney, PHE, National Lead for Adult Health and Wellbeing
Rachel Johns, PHE North, Deputy Director – Service Delivery
Paul Ogden, Local Government Association, Senior Adviser (Public Health)
Item 1 – Introductions, welcome and context

JW welcomed new member organisations (Royal College of Nursing and Cheshire and Merseyside hypertension collaborative) and new representatives from NHS IQ and the NCVIN to the meeting. He passed on our thanks to Nicola Jacobs who has moved from the blood pressure team to a new role.

Item 2 – Blood pressure in the new PHE/DH landscape

KF provided some updates following the election and an internal programme of change at PHE:

- Relevant for our area, Ministers are placing a focus on prevention of chronic diseases, tackling obesity (especially childhood obesity) and the diabetes prevention programme
- In relation to achieving efficiency savings in the NHS, one area of focus is key prevention interventions which can be scaled up – this will include hypertension amongst other areas
- PHE will reduce its financial footprint by 10% this year. We anticipate further pressure on resources and need to look at innovative models to deliver our flagship programmes and priorities. On blood pressure we are developing a model of collaboration with the British Heart Foundation.

Points raised in discussion:

- National system could argue more strongly around invest to save opportunities – e.g. one project (HiLo) was estimated to save £40m annually to social care in London if rolled out
- It would be important for PHE to retain capacity to play its role in relation to blood pressure
- When focusing on childhood obesity, early investment in tackling poverty and social determinants was key
- Physical activity must be in tandem with work on diet and obesity

Item 3 – Measuring the impact of the blood pressure programme

BL and AH presented the paper which sets out the rationale and indicators for a simple dashboard to be presented at future Board meetings – combining process and outcome measures. They also shared a draft of a local profile for any initial feedback.

The dashboard was welcomed without revision, except to note that there might need be changes to the precise QOF indicators if these change in future and data on retired indicators is not available.

Discussion focused upon the draft profiles, where it was noted:

- Local partners including CCGs and local authorities should (and will be) asked for feedback
- Discussion of geographies – some felt data would be useful at Strategic Planning Group level (c. 1.5m population) or at practice level, but there were mixed views on take-up of very local data
- Need to ensure these align with the data quoted in other products and add value
- Appetite to include economic savings within this work (and colleagues felt the £2bn annual cost to NHS or savings figures were significant under-estimates)
- Question on what the practical implications for health professional activity are – how can we make the most of these profiles to drive change, ensure they have traction (recognising there are practical barriers to this in some areas, for example no resources for patients to self-manage their condition)
- Need in final version to list sources more clearly in the profiles
Action: Any additional comments on Paper 1 (particularly Annex A) to BL and AH.

**Item 4 – NHS improving quality blood pressure plans**

SH introduced the planned work from NHS IQ to contribute to the blood pressure programme, as per Paper 2. He flagged that Sylvia Richards who is working with him on this would likely be in touch with board members to seek their engagement and input on some of these workstreams. This work was welcomed by JW as an important contribution to our agenda.

**Action:** Any comments on Paper 2 to SH

**Item 5 – PHE’s planned One You campaign**

IW introduced the One You campaign via the summary paper attached (not for onward circulation). The target audience is the 40 to 60 year olds from lower socio economic groups. It has tested well with the target audience. The core message is that to value your health you have to value yourself. The campaign is looking at influencing a number of behaviours including promoting lifestyle change and checking. The media launch is anticipated for January 2016. The campaign target is to engage a million people by the end of 2016.

In discussion:
- Members had mixed views about the impact of campaigns and the best metrics to measure this – and it was recognised that a campaign was one element in changing behaviour, the environment also needed to change more to support healthy life choices
- Suggestions to enhance the campaign were made including – greater use of social media, use of GP waiting room screens, targeting parents with the message that their health matters to their children
- An opportunity was proposed with an RCN self-care forum event in November to support one You

**Action:** HD and IW to discuss if there is an opportunity with the One You work at the RCN self-care forum event

**Action:** Members can contact IW if they have further comments or queries.

**Item 6 – Partner updates**

- CVD leadership forum. MK noted that the clinical and primary care leadership forum has 27 members including nurses, pharmacists and GPs. This work will include the three priorities of blood pressure, atrial fibrillation and cardiovascular risk (including pre-diabetes). There were also strong links with the RCGP priority on CVD.
Pharmacy Voice and sector plans: RD explained there had been a very positive and constructive workshop with a group of pharmacy stakeholders which had generated many supporting actions under four themes - maximise the impact of existing activities, supporting effective commissioning, enhancing professional education and communications to raise profile of issues within pharmacies.

**Action:** RD to circulate the meeting note (attached below)

To Table - Pharmacy Meeting Note.docx

- **ASDA collaboration:** JW explained early discussions had been had about collaborating to improve the reach of blood pressure testing.
- **British Heart Foundation:** JW and JH updated that blood pressure prevention agenda is high priority for BHF and that conversations were underway about more integrated collaborative working between PHE and BHF.
- **Atrial fibrillation programme:** SD explained the AF programme is focused on increasing detection and improving management of AF, the programme utilises a systems approach to drive improvement across populations through the collection of outcomes data in a standardised way on how different services are performing across England. Currently, they are working with NCVIN and Stroke Association to refine the metrics on the AF dashboard and develop specific criteria and standards (aiming to have a draft by the autumn).

**Action:** SD to email members information on the AF conference in September.

- **Events:** BL noted that following the initial successful workshops in Greater Manchester and Cheshire & Merseyside, we have had a lot of interest from areas to participate in the next phase. Further workshops will run in Taunton in July, East of England, West Midlands and London this autumn, and the East Midlands in spring 2016.

- **Communications:** BL explained the group of comms leads has been reviewing fact sheets and shared opportunities, which is ongoing. Upcoming communications include launching new content on the NHS Choices website, a column by Viv Bennet (PHE Chief Nurse) in a nursing journal, and men’s health week.

**Action –** BL to offer via HD the opportunity for RCN to link in to the communications work.

**Item 7 – International engagement – lessons learned and upcoming opportunities**

BL gave an update on international work underway (as per the attached presentation) and some key lessons from the wider set of international programmes we have seen. Members were invited to let BL know if they would like any more information or to link to any actions. An upcoming webinar where Canadian colleagues would share their insights was flagged.

In discussion:

- It was highlighted that although many other international programmes had succeeded without significant funding, each had a dedicated central programme team to support activity
- It was raised that in Canada a funded clinical academic is in place as a figurehead and leader of the work, and ensuring we have that same clinical visibility and credibility is important
Action: BL to distribute registration link for 14 July webinar in which Canadian colleagues will share insights from their hypertension programme

Item 8 – Reviewing terms of reference and membership of this board

Almost 18 months since the group’s formation, BL explained that we were due to review the ToR. His view was that they remained fit for purpose, but that we may wish to consider if there are any gaps in membership in particular.

In discussion it was suggested that Health Education England, Healthwatch, and the London Primary Care Transformation Board (or equivalent from elsewhere) could all be useful links to explore.

Action: Members to inform BL of any changes needed to the ToR and membership.

Action: BL to explore additional memberships and update on this and re-affirmed ToR at next meeting

Item 9 – Summary of key actions, next steps and AOB

GR updated with information from DH on prescription charges for hypertension, which had been raised as a concern in earlier meetings. It was too early in the new Government for DH to confirm any policy changes, but our concerns were raised and it was highlighted that a range of options already exist for people to reduce or avoid prescription charges.

Action: GR to distribute email to members about hypertension prescription charges (attached below).

The next meeting is on Wednesday 23 September 14:00-16:00, central London (venue TBC).

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<thead>
<tr>
<th>Action Point</th>
<th>Action to be taken forward</th>
<th>Owner</th>
<th>Status</th>
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<tbody>
<tr>
<td>1.</td>
<td>Members to send any further comments (on Paper 1, particularly Annex A) to BL and AH</td>
<td>All</td>
<td></td>
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<tr>
<td>2.</td>
<td>Members to send any comments on Paper 2 to SH</td>
<td>All</td>
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<td>3.</td>
<td>Discuss if there is an opportunity with the One You work at the RCN self-care forum event</td>
<td>HD/IW</td>
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<td>4.</td>
<td>Members can contact IW if they have further comments or queries on the One You campaign</td>
<td>All</td>
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<td></td>
<td>Task Description</td>
<td>Responsible</td>
<td>Notes</td>
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<tr>
<td>5</td>
<td>Circulate the 13 actions from the initial pharmacy voice and sector plan conversations</td>
<td>RD</td>
<td>Complete – attached to this note</td>
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<td>6</td>
<td>Email members information on the AF conference in September 2015</td>
<td>SD</td>
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<td>7</td>
<td>Invite RCN to link to the communications work</td>
<td>BL</td>
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<td>8</td>
<td>BL to distribute registration link for Canadian webinar on 14 July</td>
<td>BL</td>
<td>Complete – sent in covering email (link also <a href="#">here</a>)</td>
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<td>9</td>
<td>Inform BL of any changes needed to the ToR and membership</td>
<td>All</td>
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<td>10</td>
<td>BL to update on any membership or ToR changes to resolve this matter at next meeting</td>
<td>BL</td>
<td></td>
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<tr>
<td>11</td>
<td>GR to distribute email to members about hypertension prescription charges</td>
<td>GR</td>
<td>Complete – attached to this note</td>
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