NHS Health Check: webinar instructions

The webinar will start promptly at **10am**

Please follow these simple steps to get the best experience for you and others attending this webinar:

- To hear audio dial: 0800 279 5729 Guest code 312 163 4382 (your telephone line will automatically be muted, please press *6 if you need to unmute)
- The phone line will be locked two minutes after the start time
- Instructions on how to ask a question will be displayed at the end of this presentation
- This webinar presentation will be *recorded* and *uploaded* on to our website

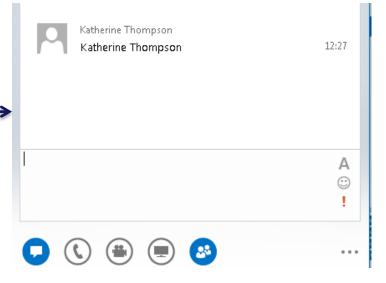


Questions

You can raise a question by: 1. clicking on the speech bubble icon

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- typing your question into the text box and pressing enter, it will look like this →
- 3. the chair will ask the question on your behalf
- 4. you can also raise a question when the chair invites questions from colleagues on the phone. You will need to unmute your phone by pressing *6







Hypertension profiles

Comparative profile of hypertension management

Andrew Hughes National Cardiovascular Intelligence Network





- Overview of the profiles and methods
- Explanation of some of the key indicators
- Examples in two areas within England
- Review of hypertension prevalence estimates



Resource developed to provide a reference set of primary care management around hypertension

- CCG and local authority views. The methodology between the two are aligned as much as possible, so where the CCG and local authority are co-terminous, then results are similar.
- Can be accessed here: <u>http://www.yhpho.org.uk//resource/view.aspx?RID=223374</u>



Overview

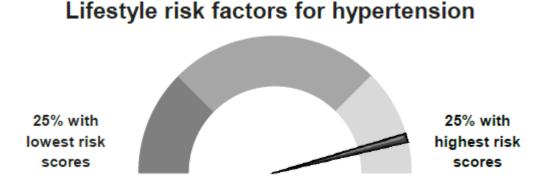
- Originally requested from the Blood Pressure System Leadership Board as a local report of hypertension management. Designed with support from a GP clinical advisor to NHS England and PHE.
- All data used in the profiles is in the public domain, so information is replicable and sustainable
- The profiles can be updated in next year with newer data
- Profiles are divided into three sections and mirror the three chapters prevention, detection and management of Tackling high blood pressure: From evidence into action



Prevention indicators

Prevention section focuses on fixed and modifiable risk factors, including an index risk score:

- Ethnicity and age > 65 years are provided as fixed risk factors
- Lifestyle risk factors include excess weight, physical inactivity and binge drinking
- Composite indicator on lifestyle risk factors included

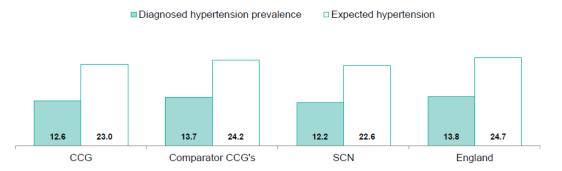




Detection indicators

Detection includes the number of people with hypertension, as well as recording of blood pressure checks and health check uptake.

- Comparative areas include 'similar' CCGs and ONS Cluster groups for local authorities
- · Representation of prevalence indicators, diagnosed and expected



Prevalence of hypertension (per cent)

Percentage of patients aged 45+ who have a record of blood pressure in last five years

 Blood pressure record with comparative areas



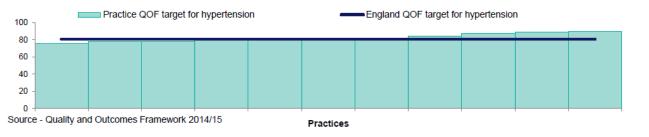


Management indicators

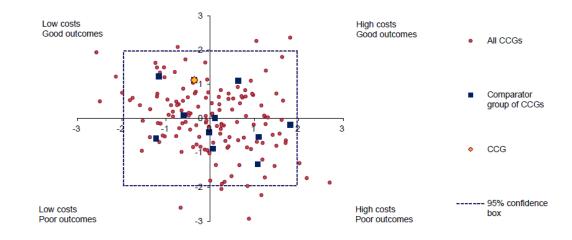
Management includes primary care data from the QOF, as well as an indication of outcome versus expenditure

Practice level variation of blood pressure control

Variation at practice level for the QOF target for hypertension in whom the last blood pressure reading is 150/90 mmHg or less (per cent).



 Cost of antihypertensives versus level blood pressure management to 150/90 in the CCG.





Dudley

- Estimated to have 66% of hypertensive population known to GP practices (sig higher than England)
- In the top 25% of rank of lifestyle risk scores for hypertension



Protecting and improving the nation's health

Dudley

Background

This profile compares Dudley with data for England, local authorities in the West Midlands region and the Office for National Statistics (ONS) group of similar local authorities.

High blood pressure (hypertension) is one of the leading risk factors for premature death and disability and can lead to conditions including stroke, heart attack, heart failure, chronic kidney disease and dementia. A blood pressure reading over 140/90mmHg indicates hypertension, which should be confirmed by tests on separate occasions to reach a diagnosis.

Diseases caused by high blood pressure cost the NHS over £2billion every year. By reducing the blood pressure of the nation as a whole, £850million of NHS and social care spend could be avoided over ten years. International comparison shows that improvement is possible and plausible. While around four in ten adults in England with high blood pressure are both diagnosed and controlled to recommended levels, the rate achieved in Canada is seven in ten (achieved with similar resources).

In Dudley the percentage of hypertension detected and controlled to 150/90 is 53.7%. In order to match the achievement of Canada a further 10,400 people would need to receive treatment and have their blood pressure controlled.

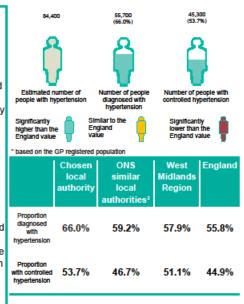
Public Health England has published evidencebased advice on how to effectively identify, treat and prevent hypertension; Tackling high blood pressure: from evidence into action¹.

www.tinyurl.com/prk7drz

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Hypertension profile

Diagnosis and control of hypertension in Dudley*



Lifestyle risk factors for hypertension



The lifestyle risk factors for hypertension: obesity, lack of exercise and excess alcohol drinking have been combined and weighted to produce an overall lifestyle hypertension ranking for each local authority. The lifestyle risk factors rank score for hypertension in Dudley is 283 out of 326 local authorities.

² www.tinyurl.com/q6yrale

www.gov.uk/phe | www.ncvin.org.uk Page 1



Newbury and District

- Estimated to have 54% of hypertensive population known to GP practices (sig lower than England)
- Just above the lower 25% of rank of lifestyle risk scores for hypertension

😻 Public Health England

Protecting and improving the nation's health

NHS Newbury and District CCG

Background

This profile compares NHS Newbury and District CCG with data for England, a group of similar CCGs and the Thames Valley strategic clinical network (SCN).

High blood pressure (hypertension) is one of the leading risk factors for premature death and disability, and can lead to conditions including stroke, heart attack, heart failure, chronic kidney disease and dementia. A blood pressure reading over 140/90mmHg indicates hypertension, which should be confirmed by tests on separate occasions to reach a diagnosis.

Diseases caused by high blood pressure cost the NHS over £2billion every year. By reducing the blood pressure of the nation as a whole, £850million of NHS and social care spend could be avoided over ten years. International comparison shows that improvement is possible and plausible. While around four in ten adults in England with high blood pressure are both diagnosed and controlled to recommended levels, the rate achieved in Canada is seven in ten (achieved with similar resources).

In NHS Newbury and District CCG the percentage of hypertension detected and controlled to 150/90 is 45.1%. In order to match the achievement of Canada a further 5,600 people would need to receive treatment and have blood pressure controlled.

Public Health England has published evidencebased advice on how to effectively identify, treat and prevent hypertension; Tackling high blood pressure: from evidence into action¹.

1 www.tinyurl.com/prk7drz

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Hypertension Profile

Discussion and control of humanian in MUO

Diagnosis and control of hypertension in NHS			
Newbury and District CCG*			
26,800	14,700 (54.9%)	12,100 (45.1%)	
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Estimated number of people with hypertension	Number of people diagnosed with hypertension	Number of people with controlled hypertension	
Significantly higher than the England value	Similar to the England value	Significantly lower than the England value	
* Based on GP registered population			
Chose CCG	n Comparator CCGs ²	SCN	England
Proportion diagnosed 54.9% wth 54.9%	56.5%	53.8%	55.8%
Proportion with controlled 45.1% hypertension	o 45.3%	43.5%	44.9%
Lifestyle risk factors for hypertension			
25% with lowest risk scores			25% with highest risk scores

The lifestyle risk factors for hypertension; obesity, lack of exercise and excess alcohol drinking have been combined and weighted to produce an overall lifestyle hypertension ranking for each CCG. NHS Newbury and District CCG ranks 51 out of 209 CCGs for the combined lifestyle risk factors for hypertension.

² www.tinyurl.com/qfg3sgy

www.gov.uk/phe |www.ncvin.org.uk Page 1



Hypertension prevalence

Original estimates are from 2009, based on measurements in 2003 and 2004

Estimates in Hypertension profiles apply hypertension prevalence to current population levels, however model is out-of-date.

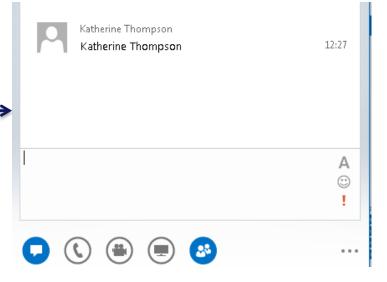
New hypertension model forecast to be completed by end of May 2016

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Thank you

Thank you for attending this webinar. A feedback survey will be distributed shortly.

