Optimising Hypertension Management

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Dudley - doing things differently

- Population 314,00
- Dudley MBC, CCG and DGNFT
- Pharmaceutical Public Health Team
- Dudley CCG- 5 localities, Vanguard status – Multispecialty Care Provider, 47 GP Practices



Considerations when optimising Hypertension Management?

- Mortality rates- Premature mortality from hypertension in Dudley was nearly double the England average
- Impact of lowering BP
- Variation in expected to actual prevalence of hypertension
- Inter-practice variation within CCG
- Law M, Wald N, Morris J. Lowering blood pressure to prevent myocardial infarction and stroke: A new preventive strategy. *Health Technol Assess 2003;*7(31). Available from:<u>http://www.hta.ac.uk/fullmono/mon731.pdf</u> [accessed 17th June 2012]



What are the issues for medicines optimisation in Hypertension Management?

- Drug choice- formulary <u>www.dudleyformulary.nhs.uk</u>
- Interpretation of NICE Guidelines at a local level through to implementation
- Prescriber confidence and competence
- Patient selection
- Practical issues- dosing and side effects
- Coordination of approach

2008 data for Dudley

Table 2. Comparison of expected hypertension and prevalence ratio locally and nationally

CCG	Expected hypertension prevalence 2010-11*	Ratio of recorded vs. expected hypertension prevalence 2010-11*
NHS Dudley CCG	26.1%	0.643
NHS Sandwell and West Birmingham CCG	22.9%	0.613
NHS Wolverhampton CCG	25.5%	0.608
NHS Walsall CCG	25.3%	0.606
National Average	24.9%	0.551

("latest available data)."





Optimising Hypertension Management and Antiplatelet Prescribing in Dudley

Are we doing enough?





August 3053 Authoris Clair Huckerby, Arfaan Sultan, Jag Sangha, Shelagh Cleary, Dr Duncan Jan Kina Acknowledgementa: Praidica State d Pharmaclata and all GP Practices in volve d



Hypertension Audit 2013

- 11,000 patients diagnoses with hypertension whose BP is NOT managed to 150/90mmHg
- 27,800 patients missing from hypertension registers

Findngs:

- 2/3 practices' hypertension prevalence improved as a result of the audit
 - 63% due to newly diagnosed HT
 - -37% pts receiving treatment but no diagnosis code
- Treatment to 140/90mmHg was achieved by 90% practices meeting this standard (Standard is 50%, inter-practice variation 6-99%)
- BP5 (treatment to 150/90mmHg) increased from 73-85% of practices meeting this standard (Standard is 60%)
- 550 (2% register) declined HT monitoring- all received information
- Link between deprivation and higher levels of undiagnosed hypertension
 Despite inc in prevalence Dudley, is still considerably below national prevalence figures



Approach to managing change



The NHS RightCare Approach. The Atlas of Variation, September 2015. Public Health England and NHS England.



Recommendations from 2013 Audit

- CCG to endorse Practice specific action plans to address inequalities in hypertension management (to be developed by Public Health for outliers, include progress management)
- Linking into the Quality Premium local targets
- Clinician Engagement
 - Local pathway- Education, appropriate referral
 - Case finding strategy and recall systems
 - Access to equipment (ABPM)
- Patient Engagement- innovation
 - Awareness –general and for none attendees
 - ? Public Awareness campaign
 - Access- initial contact outside healthcare setting
 - Self management
- Vascular Dementia –local rates and links to undiagnosed hypertension (awareness inc in NHS Healthchecks April 2013 for over 65s)



Recommendations

- Patients should have BP measured frequently and targets should be defined and agreed
- As a minimum, BP targets to the QOF standard should be achieved
- At individual patient level, an action plan should be developed and implemented for adjusting therapy when blood pressure is not controlled to the evidence-based target or the QOF target
- Practices should be able to identify patients who choose not to have their blood pressure managed to target, this should be an informed choice



Projected benefits

- Potential cost saving of £13M (HARMS) over 5 years for the estimated 27,800 pts missing (£469/pt)
- Potential savings not included for those 11,000 pts whose BP is not managed to 150/90mmHg
- By reducing BP from 150/90mmHg to 140/90mmHg, the risk of CHD is reduced by 22% and the risk of stroke is reduced by 41%.

*NNT: number of patients requiring BP to be controlled to target to prevent one event

. Handler J. Optimizing hypertension control. [Presentation] Kaiser Permanente.15th February 2011. Available from: http://scahec.net/SCHOOLS/programs/docs/OptimizingHT.pdf [accessed 4th November 2012]

What has been happening in Dudley?

- Local pathway and treatment algorithm
- Locally agreed Quality Premium for Hypertension for 2013/14, 14/15 and 15/16



Introducing the Hypertension Quality Premium 2013/14

- Target to increase hypertension register for Dudley CCG by 1%
- Utilisation of various case finding strategies
- 1.5% stretch target



Hypertension Pathway

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Dudley Guidance-Hypertension Pathway





Dudley Guidance-Hypertension Pathway



Progress so far.....

- At the end of March 2014, over 2000 patients reviewed as a result of Quality Premium work
- 1096 new patients diagnosed with hypertension over two years, exceeding the QP target for each of the years 13/14 and 14/15.
- For every 1,000 patients controlled, 16 strokes and 12 MIs could be prevented each year
- The Hypertension register for Dudley CCG has grown by 1096 patients in last two years
- Prevalence of hypertension has increased since 2004/5 from 13.4% to 17.7% in 2014/15





Source: HSCIC QOF

The percentage of NHS Dudley CCG (PCT to 2011/12) patients (Net of Exceptions) with hypertension in whom the last blood pressure (measured in the preceding 9 months to 2013/14 or 12 months 2014/15) is 150/90 or less



Source: HSCIC QOF

90.0%

NHSE Atlas of Variation



Directly Standardised Mortality Rates from Hypertensive Disease by Year 3-Year Rates, Dudley, Both Sexes Aged Under 75, 2012



Dudley Metropolitan Borough Council



Directly Standardised Mortality Rates from CHD by Year 3-Year Rates, Dudley, Both Sexes Aged Under 75, 2012

Source: Office for National Statistics (ONS) Annual Deaths Extract Office for National Statistics (ONS) Mid-Year Population Estimates



Directly Standardised Mortality Rates from Stroke by Year 3-Year Rates, Dudley, Both Sexes Aged Under 75, 2012



Directly Standardised Mortality Rates from All Circulatory Diseases by Year 3-Year Rates, Dudley, Both Sexes Aged Under 75, 2012



Dudley Metropolitan Borough Council

Learning....

Translating this to a new era- post QOF as we know it...

	Indicator	Threshold	Evidence Base
VAS1	The percentage of people with vascular disease with a blood pressure which is treated to target of \leq 140/90mmHg		NICE CG 127
DM3	The percentage of people with diabetes with a blood pressure which is treated to target of ≤140/80mmHg (≤130/80mmHg with retinopathy, CKD or CVD complications)		NICE CG 127

Thank you for listening

For more information contact :

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