



Increasing Detection of Atrial Fibrillation & Hypertension across Surrey



Background:

CVD is the leading cause of death in Surrey. Approximately, 40% of the population expected to have atrial fibrillation (AF) or hypertension are undiagnosed.

To understand how best to reduce the diagnosis gap for AF and hypertension, a co-design process with representatives from healthcare, government, voluntary sector and citizens took place. The standout themes were the need for a quick check that is accessible and clearly focused on CVD.

To reach a diverse audience, BP+ is delivered in the following locations:

- Pharmacies (currently 20 pharmacies in Surrey)
- Workplaces
- Volunteer groups

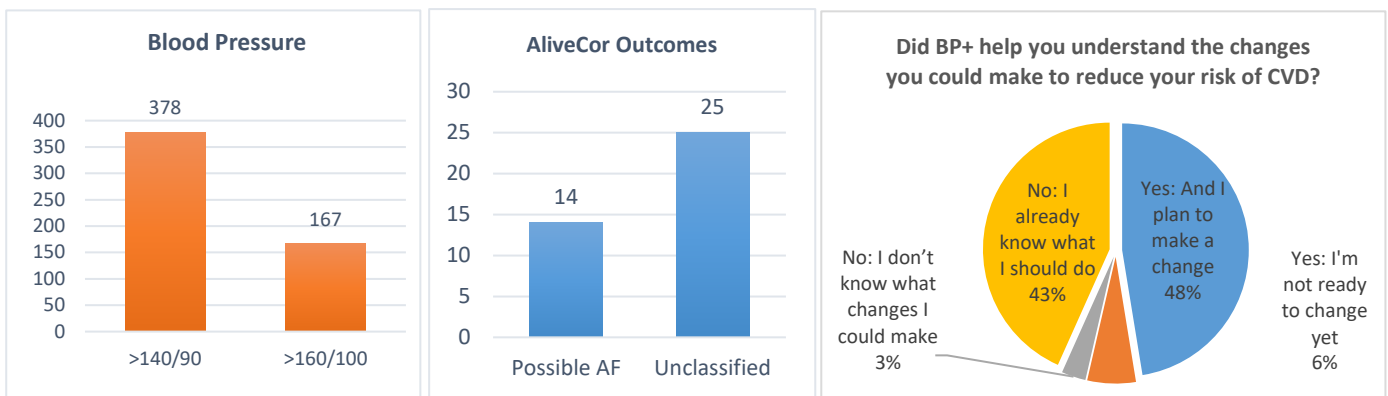
BP+ typically lasts 10-15mins, including:

- Blood Pressure Check
- Manual Pulse Check & AliveCor Lead 1 ECG if pulse is irregular
- Discussion about modifiable risk factors for CVD

Patient data is recorded in a clinical system (PharmOutcomes) that enables electronic transfer of results to primary care via Docman. Patient feedback is also obtained via SMS surveys.

Outcomes:

Between 1st April 2019 and 1st January 2020 **2783 BP+ checks have been completed** with the following results:



If all patients identified with AF or Hypertension by BP+ have been appropriately treated or managed to target through changes to modifiable risk factors, it is estimated that **3 strokes** have been saved.

Reflections:

IG: Ensure IG involvement throughout the project. Initially, we had difficulty obtaining IG approval to hold patient data, because the ICS was not a legal entity. We are now having difficulty evaluating the success of the project, because IG are unsure we have obtained sufficient patient consent to use the data in this way.

Target Populations: We have held BP+ sessions in a number of workplaces where the employees are typically from populations with low risk of CVD. We are now looking to focus on locations where the workforce is likely to have a higher risk of CVD.

Provider Delivery: Where we have paid providers to deliver BP+ checks the number of checks completed by the providers has varied significantly and we have failed to meet our targets in a number of locations. It would be wise to ensure providers have sufficient motivation and capacity to deliver what is required.

Service Redesign: In the future we should consider how we can support primary care by treating/managing patients identified with AF or hypertension without increasing the workload for primary care.



Please like/follow @BPPlusSurrey on social media

jason.ralph@surreycc.gov.uk

