Haringey and Islington Community High Blood Pressure Detection Project

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NHS health Checks Conference
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Overview

• Setting the scene
• Delivery plan
• Successes
• Progress made to date
• Feasibility analysis
• Summary
Local need for action: Health inequalities

Deaths from circulatory disease, under 75 years. 2011-15.

People
Some groups are more likely to die young (under the age of 75) from CVD:

- People living in most deprived parts (3 times more likely)
- Men
- People with serious mental illness
- People from Black Caribbean and Black African ethnic backgrounds are more likely to have high blood pressure and stroke.

Place
- North London
- Extremely diverse communities with different ethnic backgrounds
“Size of the prize”: Better identification and treatment of hypertension

In Haringey and Islington in 2016/2017

101,610 people estimated high blood pressure

53% diagnosed

59% in Enfield

77% controlled

87% in City & Hackney

Over 60,000 people undiagnosed or uncontrolled

The same diagnosis and control rates as best performing nearby boroughs over the next 5 years would mean:

• 11,300 more people with diagnosed and controlled blood pressure
• 120 strokes could be prevented
• 53 heart attacks could be prevented

• A potential saving to health and social care of £3,184,200*

* Based on cost of stroke = £24,855 (National audit office report), Cost of primary heart attack treatment = £3,804 (NICE costing tool)
Overview

- £80k per year invested by Haringey CCG between 2015 and 2017 on detection of high blood pressure and atrial fibrillation.
- Opportunistic pulse and blood pressure checks (e.g. during annual flu vaccination)

Outcomes thus far (2015-2017)

- Over 10,000 blood pressure and pulse checks carried out each year
- Over 500 new AF diagnoses and 1,500 new high blood pressure diagnoses
- Over 30 strokes will be prevented as a result of this work
- Stroke mortality and hospital admissions now beginning to fall
British Heart Foundation funded Project
Community blood pressure testing: Delivery model

<table>
<thead>
<tr>
<th>Trained network of staff and volunteers in 5 VCS organisations</th>
<th>Building on engagement with hard to reach communities</th>
<th>Opportunistic delivery: supermarkets, libraries, community centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Software developed to transfer blood pressure reading to primary care records</td>
<td>Focus on follow-up and referral to NHS Health Check and One You services</td>
<td>Accessible and engaging resources to raise awareness and promote behavior change</td>
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</tbody>
</table>

**Haringey and Islington Partnership Group**

- Two year project
- 10,000 checks over two years
VCS organisations carry out BP checks in the community, focusing on hard-to-reach population groups, using software which captures patient details, BP readings, Audit C and smoking status, and checks for eligibility for full NHS Health Check.

BP testing will follow NICE Clinical guideline CG127 on measuring blood pressure; testers will use BP monitors validated by the British Hypertension Society.

If not registered with a GP, VCS org helps resident to register with a GP practice.

If eligible for a full NHS Health Check, VCS helps client sign up to one.

Key of actors
- **Voluntary and Community Sector (VCS) organisations**
- **General Practice (GP) staff**: General Practitioners, Practice Nurses, Health Care Assistants, Receptionists
- **Service users**
- **Software**

**BP <140/90**
- Lifestyle Advice
- **Software automatically sends BP readings and alcohol/smoking scores to practice**
- Practice adds BP readings and alcohol/smoking scores to patient records

**BP ≥140/90**
- **VCS org gives information to client and asks them to self-refer to practice within 2-4 weeks**
- VCS follows up with patient three times over 2 weeks to ensure patient attends practice

**BP ≥140/90 and <160/100**
- **Patient books appointment or visits practice within specified timeframe**
- Practice follows existing pathway to diagnose hypertension and if necessary prescribe anti-hypertensives

**BP ≥160/100 and <180/110**
- **Software automatically sends BP readings and alcohol/smoking scores to practice**
- Practice adds BP readings and alcohol/smoking scores to patient records

**BP ≥180/110**
- **Repeat with different BP device on other arm. If this exceeds limits outlined below, VCS org will stop immediately and follow agreed client urgent referral procedures.**
- **Systolic ≥ 180 mmHg**
- **Diastolic ≥ 110 mmHg**
- **Both ≥ 180/110 mmHg**

**IN HOURS (9am-4pm Mon-Fri):**
- Patient makes same-day appointment with his/her practice

**OUT OF HOURS (4pm-9am Mon-Fri and all day Sat and Sun):**
- Patient visits nearest A&E department same day

**VCS to follow up with patient within 4 hours to ensure they have been seen by a clinician**

**Practice follows existing pathway to diagnose hypertension and if necessary prescribe anti-hypertensives**

**Practice adds BP readings and alcohol/smoking scores to patient records**

**Blood pressure monitoring saves lives**
Let’s make sure yours is under control
Successes: Software development and link to Primary Care

- Generates a rich source of data:
  - Patients demography
  - Lifestyle habits
- Generates READ coded letter which is sent by secure N3 connection to residents’ GP practices
Successes: engagement among VCS

- Excitement and energy among VCS staff and volunteers
- Over 75 volunteers trained to date - Stroke Association
- Positive evaluation of training sessions
Blood Pressure Training for Volunteers

Total number trained: 80
Feasibility analysis

• Testing the delivery model
• Usability of the software and link with Primary Care
• Identify issues and barriers
• Streamlining the process
# Testing locations

<table>
<thead>
<tr>
<th>Testing Locations</th>
<th>Number of checks</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Café</td>
<td>6</td>
<td>9%</td>
</tr>
<tr>
<td>College</td>
<td>9</td>
<td>14%</td>
</tr>
<tr>
<td>Community centre</td>
<td>15</td>
<td>23%</td>
</tr>
<tr>
<td>Library</td>
<td>13</td>
<td>20%</td>
</tr>
<tr>
<td>Sport centre</td>
<td>17</td>
<td>26%</td>
</tr>
<tr>
<td>Supermarket</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>65</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Testing Centre**

- Café: 26%
- College: 23%
- Community centre: 14%
- Library: 9%
- Sport centre: 8%
- Supermarket: 20%
Preliminary analysis: Age and gender

Gender
- Male: 30 (46%)
- Female: 35 (54%)

Age 40 or over
- Male: 10 (33%)
- Female: 25 (71%)
Preliminary analysis: Ethnicity

Ethnicity of participants

- African: 15%
- Caribbean: 9%
- Chinese: 2%
- Indian Or British Indian: 8%
- Irish: 2%
- Mixed Other: 2%
- Mixed White And Black Caribbean: 2%
- Other: 12%
- Other Asian: 5%
- Other Black: 8%
- Other White: 25%
- White British: 9%
Participants lifestyle habits

Date also collected for:

- alcohol intake
- pre-existing medical conditions (diabetes and history of previous stroke/TIA) - data not shown

### Smoking status

<table>
<thead>
<tr>
<th>Status</th>
<th>Counts</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoker</td>
<td>19</td>
<td>29%</td>
</tr>
<tr>
<td>Ex-smoker</td>
<td>8</td>
<td>12%</td>
</tr>
<tr>
<td>Never smoked</td>
<td>38</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

12 out of 19 smokers signposted to smoking cessation services
Preliminary analysis: BP checks

65 tests have been performed:

- 6: High (≥140/90 mmHg)
- 26: At risk (>120/80 mmHg but <140/90 mmHg)
- 33: Normal (120/80 mmHg)
Summary

Where are we now?

• Patient resources developed
• Software successfully launched – secure information transfer to Primary Care
• Blood pressure testing initiation: soft launch in October
• Systems in place for follow up
• Evaluation plan in progress

Key learning and next Steps

• Keeping the stakeholders engaged
• Further blood pressure training sessions- train the trainer scheme
• Off line software development
Thank you and acknowledgement

**Primary Care**
- All Haringey and Islington GP practices
- Sharon Seber (Nurse Consultant, Haringey)
- Sonia Hall Sharon (Practice Manager, Haringey)

**VCS organisations**
- All volunteers involved
- Tottenham Hotspur
- Bridge
- Embrace
- Octopus
- Manor Gardens

**Haringey CCG**
- Victoria Schofield
- Jasper Gruenewald

**British Heart Foundation**