The BPQI package
Early findings from the Cheshire and Merseyside Quality Improvement Support Package for High Blood Pressure

A collaborative project presented by:
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BPQI: What we’ll cover

- Local and national context
- Development journey
- The BPQI package
- Early findings
- Summary and next steps
Local and national context

Cheshire and Merseyside

- Champs Public Health Collaborative
- C&M BP Partnership Board (2015)
- C&M BP Strategy (2016)
  ‘Saving lives: Reducing the pressure’
- C&M Health and Care Partnership (STP)

National

- Size of the Prize
- CVD System Leadership Forum (CVD SLF)
- CVD PREVENT audit
- NHS Long Term Plan
- National Ambitions
Development journey (2016 to 2018)

• Insight work; NICE
• Primary care workshop
• British Heart Foundation Clinical Development Coordinator
• Sefton CCG GP practice, IT Merseyside, Wirral CCG/PH, Liverpool CCG
• Early adopting practices
• Funding: HEE LWAB bid, NHSE (C&M) bid, HCP
BPQI Package

General points:
- Nursing focused
- EMIS-Embedded
- Supportive
- Training sessions

4 Key Components:
1. Dashboard/audit tool (aligned to NICE)
2. Consultation templates (new & existing patients)
3. ‘Gold standard’ practice protocol
4. Printable patient information prescription
1. Dashboard

2. Template

Stage 1 hypertension

Diagnosis
Stage 1 Hypertension: ABPM/HBPM 135/85 or higher
When clinic BP is 140/90 or higher and subsequent ambulatory BP monitoring (ABPM) daytime average or home BP monitoring (HBPM) average BP is 135/85 mmHg or higher.

Red Flag
For people under 40 years of age with stage 1 hypertension and no evidence of target organ damage, CVD, renal disease or diabetes consider seeking specialist evaluation of secondary causes of hypertension and a more detailed assessment of potential target organ damage.

Stage 2 hypertension

Diagnosis
Stage 2 Hypertension ABPM/HBPM 150/95 or higher
Clinical BP 160/100 mmHg or higher and subsequent ABPM daytime average or HBPM average BP is 150/95 mmHg or higher.

Red Flag
Consider the need for specialist investigations in people with signs and symptoms suggesting a secondary cause of hypertension.
3. Practice protocol

Medication

<table>
<thead>
<tr>
<th>Step 1</th>
<th>ACE INHIBITOR or low cost ARB</th>
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<tbody>
<tr>
<td>U&amp;E 1/2 after starting dose and 1/3 after each titration, if ACE not tolerated due to cough offer low cost ARB</td>
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<thead>
<tr>
<th>Step 2</th>
<th>ACE + CCB (DO NOT combine ACE &amp; ARB)</th>
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<tr>
<td>For those of African/Caribbean descent consider ARB in preference to ACE</td>
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<tr>
<th>Step 3</th>
<th>ACE + CCB + Thiazide diuretic</th>
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<tr>
<td>NB if pt already taking bendroflumethiazide and if BP is well controlled continue treatment</td>
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<tr>
<td>Check renal function and serum electrolytes (noting potassium levels) within 4-8 weeks of starting a diuretic or after a dose increase, then every 6-12 months</td>
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4. Patient information prescription

Champs Public Health Collaborative

Cheshire & Merseyside Health & Care Partnership
Early findings from 3 early adopting practices (2018)

**Effective**

- Performance against NICE hypertension Quality Statements & Standards measured @ 3m
- Improvements across all headline/consolidation indicators (4 to 15%)
- Spans diagnosis, investigations, management, control

**Popular & acceptable**

Health Care Assistant: “The template... transformed the way we run our consultations... increased our confidence... prompts and targets [are] really helpful”

Health Care Practitioner: “Keeps me on track and reassures me I am doing everything I should...”

Practice Nurse: “the template has assisted patients in taking ownership of the blood pressure, whilst providing structure...”.

GP (re dashboard): “It really is a fantastic tool, and I fully support its potential rolling out........”
Some key learning points

• Development unearthed **areas of uncertainty** and **variable practice**
• BPQI package helps to address most of these

1. Coding/recording of stage 1 hypertension
2. QoF V NICE targets
3. Equipment
4. Diagnosis
5. Assessment for target organ damage
6. Under 40’s
7. Methodology used for recall appointments
8. Content of annual review of high BP
BPQI: Summary

- Supportive quality improvement tool, nursing focus
- Key elements: dashboard, consultation templates, protocol, patient information
- Aims: Improve BP detection/management, reduce unwarranted variation
- Meets local/national QI need
- Development: Cross sector collaboration, clinical input central at every stage
- Practice level - effective & popular
- Scope to extend approach to other CVD risk factors/ LTCs
- Next steps in C&M: Scale up adoption (with NHSE C&M), stakeholder engagement, NICE endorsement process, embed into nursing workforce development, CVD PREVENT
Acknowledgments and further information

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Liverpool CCG
NHSE (C&M)
NHS RightCare
NICE (North) Insight, Quality and Field teams
North West Coast Academic Health Science Network
PRC Consultancy
Public Health England (NW)
Sefton CCGs and Blundell Sands practice
C&M Strategic Clinical Network
Wirral PH,CCG Beacon practice initiative

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Thank you