NHS

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ASPIRE
Action to Support Practices Implementing Research Evidence

Can you further improve blood pressure control in your patients?

Dear Practice Manager and colleagues

Effective control of blood pressure is a national priority. We are working with local general practitioners, practice nurses and practice managers, who have also chosen hypertension as a priority.

As part of this initiative, supported by CCGs across West Yorkshire, we plan to provide you with regular comparative feedback on how well you are managing blood pressure control in your patients with hypertension. This is the first report for your practice. We will provide quarterly updates on your practice's achievement. In addition we will offer two outreach meetings (CPD accredited), computerised searches to identify patients and additional pharmacist support to review patient notes. In the outreach meetings we will work with you to create an action plan (see attached Word template) or you can use this independently.

Please distribute this report to your practice team. We will be in touch to arrange a convenient time at a practice meeting to discuss how we can support you.

We know that practices are currently under a great deal of pressure and recognise increasing demands within consultations. However, there are still significant opportunities to save lives and prevent illness in your patients with hypertension.

We invite you to review your care of patients with hypertension and consider whether you can do more to promote their health and longevity.

We will also send ten copies of this report for your team. If you require more please contact Dr Tom Willis on **aspire@leeds.ac.uk** or 0113 343 6731.

"Yorkshire and the Humber has some of the highest rates of untreated hypertension in the UK; 20% in men and 12% in women. This means that a huge number of our patients are at higher risk of life-limiting and potentially fatal cardiovascular diseases and events such as stroke and heart attack. Early and aggressive intervention for cardiovascular risk factors will help patients with hypertension maintain a healthy lifetime circulation."

Dr Matt Fay
General Practitioner

Yours sincerely

Dr Robbie Foy
General Practitioner & Professor of Primary Care
on behalf of the ASPIRE team

For more information on ASPIRE, please see
http://medhealth.leeds.ac.uk/aspire

Why review blood pressure control in your patients with hypertension?

Cardiovascular disease is still the biggest killer in the UK. The risk of cardiovascular disease is directly related to increasing blood pressure[1].

Patients with hypertension have a greater lifetime risk of cardiovascular disease than those with normal blood pressure **(63% versus 46%)**, and develop cardiovascular disease an average of **5 years earlier** than those with normal blood pressure. Around half of all deaths from cardiovascular disease can be linked to under-treated hypertension[2].

Controlling blood pressure most benefits patients at greatest initial risk[3]. Although effective treatment reduces cardiovascular morbidity and mortality, many patients with hypertension do not achieve recommended blood pressure levels[4].

What are the main target groups for treatment? A brief reminder

Stage 1 hypertension

- Clinic BP 140/90 mmHg or more, and ABPM average 135/85 mmHg or more[5, 6].
- Treat if aged less than 80 years with one or more of: target organ damage, established cardiovascular disease, renal disease, diabetes, and 10 year cardiovascular risk of 20% or more.
- Drug treatment of mild hypertension in low risk people has not been proved to reduce cardiovascular disease[2].

Stage 2 hypertension

- Clinic BP 160/100 mmHg or more, and ABPM average 150/95 mmHg or more.
- Start antihypertensive drug treatment.

We analysed blood pressure control in 77,787 patients with hypertension from a random sample of 89 general practices across West Yorkshire.

Men and people aged under 80 years were less likely to achieve targets. People with co-morbidities were more likely to achieve targets – possibly because they have regular healthcare contact.

We found an almost 2-fold variation in levels of recommended control between the lowest and highest achieving practices. However, much variation cannot be explained away by patient (e.g. ethnicity) or practice factors (e.g. local deprivation or the number of practice partners) and is likely to be related to differences in clinician behaviour and how individual general practices organise their care.

What are the recommended blood pressure levels? A brief reminder

Aim for a target clinic blood pressure below:

- 150/90 mmHg in people aged 80 years and over with treated hypertension
- 140/90 mmHg in people aged under 80 years with treated hypertension
- 140/80 mmHg in patients with diabetes, and 130/80 mmHg if there are complications of diabetes
- 130/80 mmHg in patients with chronic kidney disease and proteinuria
- 140/90 mmHg in patients with: coronary heart disease, peripheral arterial disease, a history of stroke/TIA or a cardiovascular disease risk of 20% or higher

Benefits of anti-hypertensive treatment

Numbers needed to treat over 5 years to prevent any major cardiovascular event – including stroke, myocardial infarction, heart failure or death from cardiovascular causes[3]:

- **71** for patients with **less than 11%** estimated 5-year cardiovascular disease risk
- **50** for patients with **11–15%** estimated 5-year cardiovascular disease risk
- **42** for patients with **15–21%** estimated 5-year cardiovascular disease risk
- **26** for patients with **over 21%** estimated 5-year cardiovascular disease risk

Benefits are likely to be greater in patients with cardiovascular disease or higher risk, and with longer duration of treatment.

The key message is that lower is better. However, we need to avoid overtreatment. Where you can, focus on those with the highest cardiovascular risk factors.

References

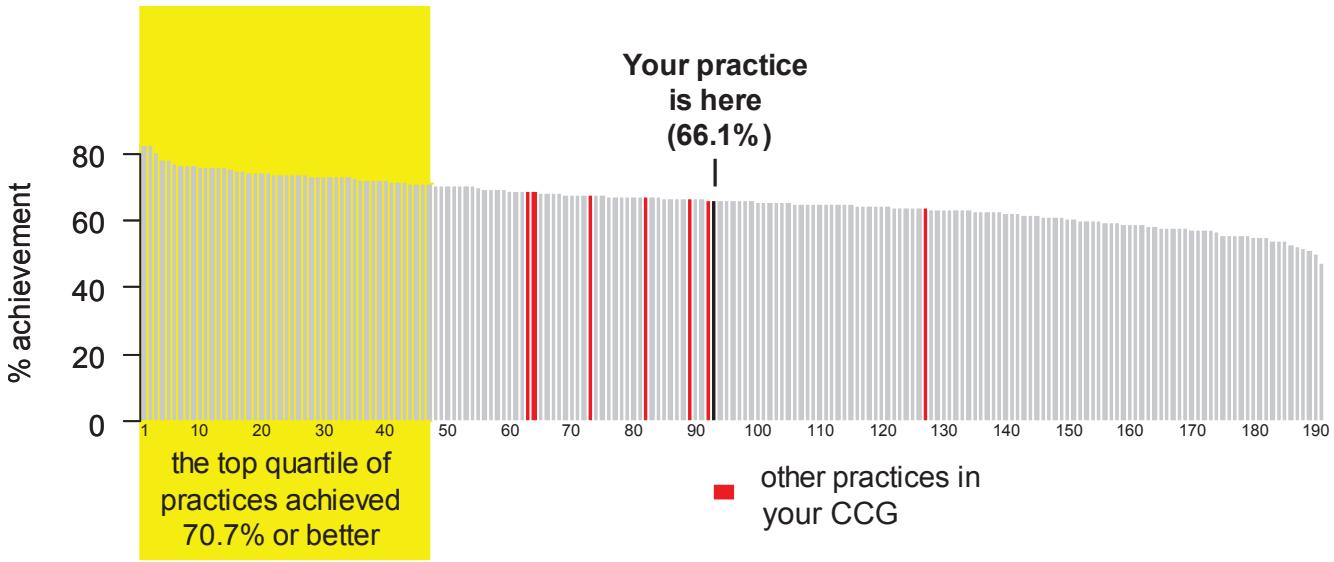
1. Townsend, N., et al., *Coronary heart disease statistics: a compendium of health statistics 2012*: London.
2. Martin, S.A., et al., *Mild hypertension in people at low risk*. BMJ, 2014. 349: p. g5432.
3. Blood Pressure Lowering Treatment Trialists' Collaboration, et al., *Blood pressure-lowering treatment based on cardiovascular risk: a meta-analysis of individual patient data*. Lancet, 2014. 384(9943): p. 591-8.
4. Glynn, L.G., et al., *Interventions used to improve control of blood pressure in patients with hypertension*. Cochrane Database Syst Rev, 2010(3): p. CD005182.
5. National Institute for Health and Care Excellence, Hypertension: *Clinical management of primary hypertension in adults*, 2011, National Institute for Health and Care Excellence.
6. National Institute for Health and Care Excellence. Clinical Knowledge Summaries: *Hypertension – not diabetic*. 2012 [cited 2014 03/12/2014]; Available from: **http://cks.nice.org.uk/hypertension-not-diabetic**.

How well is your practice doing?

Achievement in participating practices across West Yorkshire 2014/15 QOF year

The graph below demonstrates:

- Your practice (black bar) and % achievement 66.1% ('achieved' here means that patient's last blood pressure recording is within their recommended range)
- The range of achievement across West Yorkshire is 47.4% to 82.6%
- The top quartile of practices within West Yorkshire (yellow box – achieving 70.7% or above)
- Other practices within your CCG (red bars, n=7)



Your practice achievement on individual indicators

The proportion of patients with blood pressure satisfactorily controlled according to recommended levels	Proportion of patients (%)	Number of patients	Number of patients to be reviewed	Proportion of patients to be reviewed (%)
BP < 140/90 in patients on the hypertension register AND aged under 80 years	**66.1**	**519/785**	**266**	**33.9**
BP < 150/90 in patients on the hypertension register AND aged 80 years and over	**84.1**	**207/246**	**39**	**15.9**
BP < 140/80 in patients with type 2 diabetes AND aged under 80 years (or < 130/80 if there is kidney, eye or cerebrovascular damage)	**54.7**	**87/159**	**72**	**45.3**
BP < 130/80 in patients with chronic kidney disease and proteinuria AND aged under 80 years	**50**	**11/22**	**11**	**50**
BP < 140/90 in patients with coronary heart disease AND aged under 80 years	**79.6**	**113/142**	**29**	**20.4**
BP < 140/90 in patients with peripheral arterial disease AND aged under 80 years	**64.7**	**11/17**	**6**	**35.3**
BP < 140/90 in patients with a history of stroke/ TIA AND aged under 80 years	**67.1**	**57/85**	**28**	**32.9**
BP < 140/90 in patients with a cardiovascular disease risk of 20% or higher AND aged under 80 years	**61.1**	**160/262**	**102**	**38.9**
Combined indicator	**66.1**	**836/1264**	**428**	**33.9**

What next?

Our team will be in touch to offer an outreach visit to support any changes your practice would like to make. Or you can use the attached template to guide a discussion about who will do what by when. It may involve one or more of the following:

1. Review your current internal arrangements for managing blood pressure in patients with hypertension, diabetes, CKD, CHD, PAD, stroke or CVD risk >20%. For example, does everyone understand and agree with the recommended BP levels? Is everyone confident about their approaches to drug and non-drug treatment?
2. Run the audit template we can provide to identify patients whose blood pressure could be better controlled. Contact patients using the letter templates, which include links to information to help communicate the risk of under-treated hypertension and the benefits of reducing blood pressure. Invite patients for a review of their treatment.
3. Offer patients individualised written goals and action plans for tackling raised blood pressure.
4. Review your progress in light of further feedback we will send you later.

Relevant NICE guidance and further information can be found at:

http://cks.nice.org.uk/hypertension-not-diabetic#!topicsummary
http://www.nice.org.uk/guidance/cg127

About ASPIRE

We are a multi-disciplinary group involving experienced researchers (from Leeds, Bradford and York), general practitioners, clinical leads from NICE, managers and patients. We also have panels of patients and international experts advising our programme. For further information see: **http://medhealth.leeds.ac.uk/aspire**.

Clinical research continually produces new evidence that can benefit patients. Despite the best efforts of many professionals, this evidence does not reliably find its way into everyday patient care. Much research suggests that we can do better for our patients – everyone knows this, and knows that achieving it is often easier said than done. We also understand the many competing demands that general practices face.

Our mission is to develop and test ways to support general practices in implementing evidence-based practice effectively and realistically within the constraints and challenges of real-life general practice.

ASPIRE is supported by all CCGs and by general practices across West Yorkshire