NHS

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ASPIRE
Action to Support Practices Implementing Research Evidence

Can you further improve blood pressure control in your patients?

1st report May 2015	2nd report July 2015	3rd report October 2015	4th report January 2016	5th report April 2016

Dear Practice Manager and colleagues

Patients with hypertension have a greater lifetime risk of cardiovascular disease than those with normal blood pressure (63% versus 46%). Around half of all deaths from cardiovascular disease can be linked to untreated hypertension[1]. Yorkshire and the Humber has some of the highest rates of untreated hypertension[2], leaving these patients at risk of potentially fatal events such as heart attacks and strokes. The ASPIRE team can offer your practice support to help more of your patients achieve their recommended blood pressure level, and improve their long-term health.

The benefits of controlled blood pressure are likely to be greater in patients at higher risk of cardiovascular events, and with longer duration of treatment. Overmedicalisation of people at low risk should be avoided: drug treatment of mild hypertension in low risk patients has not been proven to reduce mortality or morbidity[1].

There are things you can do to help your patients achieve their recommended blood pressure level. ASPIRE offers quarterly comparative feedback, practice educational meetings, computerised searches to identify patients, and additional pharmacist support to review patient notes. You can use any of these as you wish to improve your levels of evidence-based care.

Please share and discuss your data with your team. We will also send you ten copies of this report. If you require more copies of this or previous reports, or have any other queries about ASPIRE, please contact Dr Tom Willis (**aspire@leeds.ac.uk**; 0113 343 6731).

Yours sincerely

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

Why does improving blood pressure control matter?

Uncontrolled hypertension seriously impacts on patients' cardiovascular health. Stroke alone is the largest cause of adult disability in the UK and costs the NHS over £3 billion every year. Managing blood pressure can help to prevent cardiovascular disease and reduce the burden to patients and the service[3].

References

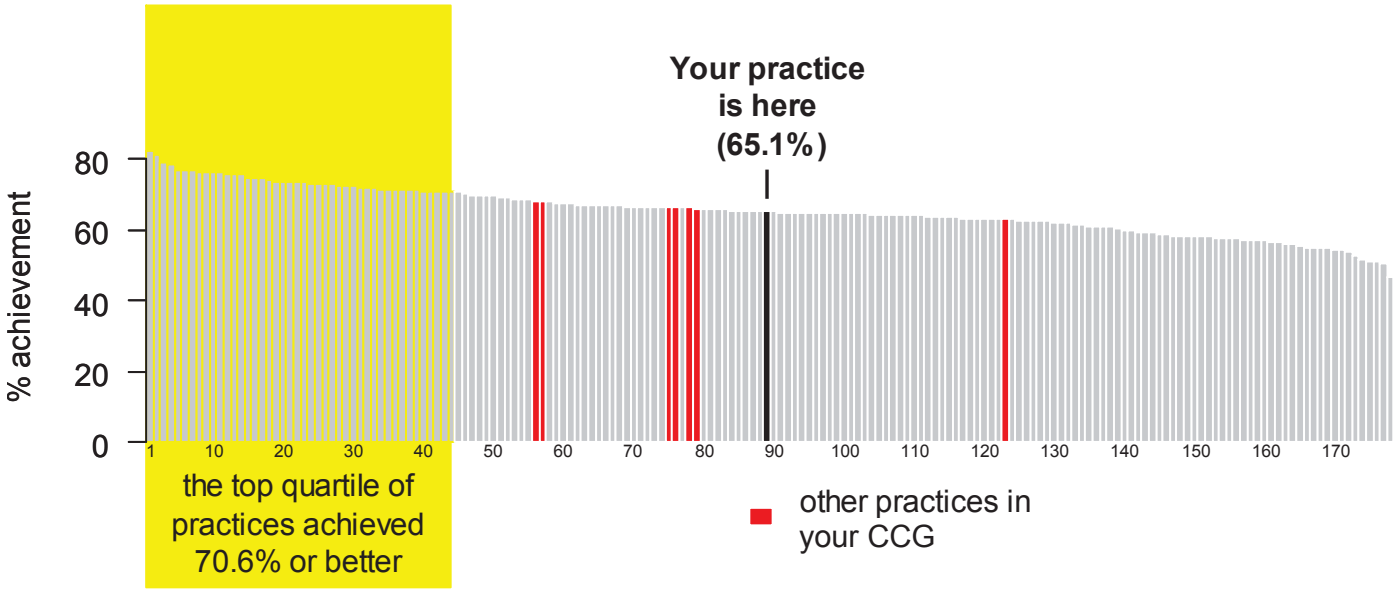
1. Martin, S.A., et al., Mild hypertension in people at low risk. BMJ, 2014. 349: p. g5432.
2. Townsend, N., et al., Coronary heart disease statistics: a compendium of health statistics 2012: London.
3. National Audit Office, Progress in improving stroke care, Department of Health, Editor. 2010, The Stationery Office: London.

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

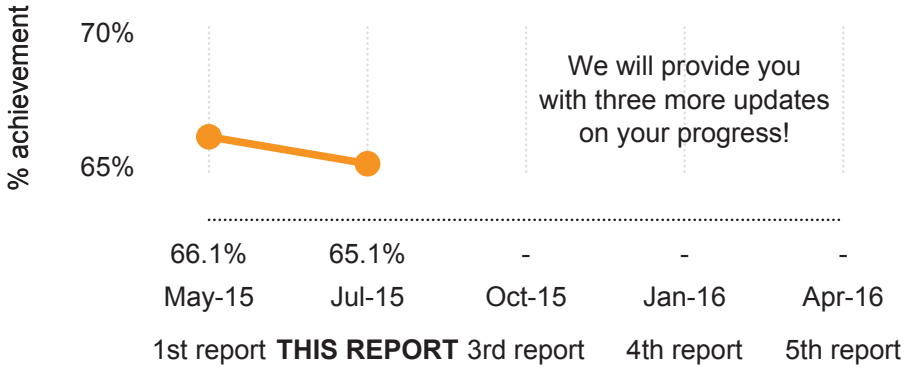
How well is your practice doing?

Achievement in participating practices across West Yorkshire June 2014 to June 2015

- Your practice (black bar) and % achievement (65.1%)
- Achievement throughout West Yorkshire overall (range 46.8 to 82.4%)
- The top quartile of practices within West Yorkshire (yellow box – achieving 70.6% or above)
- Other practices within your CCG (red bars, n=7)



What has changed?



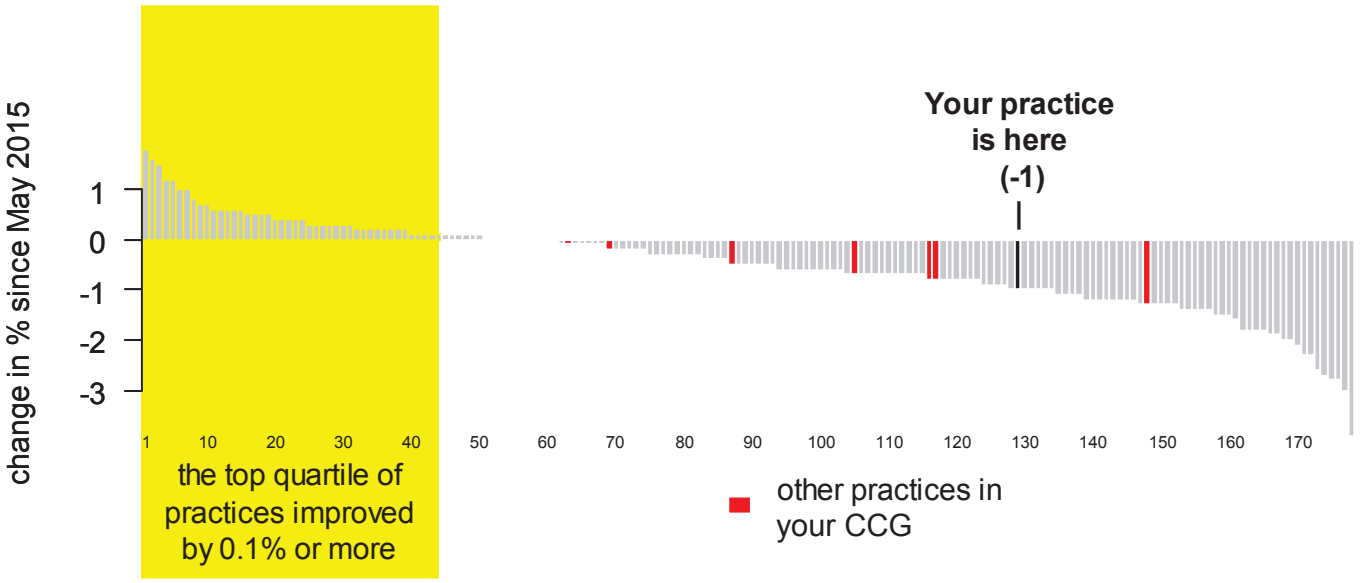
Your achievement fell by

1%

Now, 821 out of 1261 patients are in line with evidence-based targets whilst 440 could benefit from further action.

Don't be disheartened. These data cover a twelve month period (June 2014 - June 2015). The time since the last report may have been too brief a period to see an improvement in blood pressure control. You may see changes in the individual indicators in the next table. Can you identify what worked and did not work for your team over the last three months regarding blood pressure management? Can you create a manageable target for change that could reduce the cardiovascular risk for high-risk patients? You can use the attached action plan to help with this.

What have other West Yorkshire practices achieved in three months?



Where can we take action?

Your Progress

The proportion of patients with blood pressure satisfactorily controlled according to recommended levels	Proportion of patients (%)	Change in proportion since May 2015	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	65.4	-0.7	509/778	269	34.6
BP < 150/90 in patients on the hypertension register AND aged 80 years and over	83.9	-0.2	209/249	40	16.1
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)	51.6	-3.1	82/159	77	48.4
BP < 130/80 in patients with chronic kidney disease and proteinuria AND aged under 80 years	45	-5	9/20	11	55
BP < 140/90 in patients with coronary heart disease AND aged under 80 years	78	-1.6	110/141	31	22
BP < 140/90 in patients with peripheral arterial disease AND aged under 80 years	68.8	+4.1	11/16	5	31.2
BP < 140/90 in patients with a history of stroke/TIA AND aged under 80 years	67.9	+0.8	55/81	26	32.1
BP < 140/90 in patients with a cardiovascular disease risk of 20% or higher AND aged under 80 years	59	-2.1	154/261	107	41
Combined indicator	65.1	-1	821/1261	440	34.9

What will you do next to reduce cardiovascular disease risk for your patients?

- Identify a lead clinician who can take action on this.
- Disseminate this report to all relevant colleagues.
- Provide relevant colleagues with a copy of the laminated guide to blood pressure management.
- Contact Naila Hussain at Prescribing Support Services (01274 299536; **aspire.admin@nhs.net**) to arrange a convenient time for a 30 minute outreach session to create a plan for action and a follow-up visit to maintain achievements.

- Run the SystmOne searches to create lists of patients in need of review. We have made these available within SystmOne and sent instructions on how to action them. Please contact aspire@leeds.ac.uk if you have any queries.
- Access resources for your staff and patients, such as the British Heart Foundation website: **www.bhf.org.uk**

- Discuss current practice within a team meeting to identify what could be changed or improved, e.g. are you using all available resources in the most effective way? Our outreach facilitators can help with this discussion.
- Use the action plan template to create a plan for reviewing high-risk patients.
- Up to two days pharmacist support to review patient notes will be offered at your outreach visit or contact **aspire.admin@nhs.net** to arrange.

Frequently Asked Questions

Since the last report in May 2015, we have received some questions relating to the data and/or ASPIRE in general. We have collated the most common queries and our responses below:

• Where do these data come from?

These data were extracted from SystmOne in July 2015 by the NHS Yorkshire & Humber Commissioning Support Unit and cover June 2014 – June 2015. The ASPIRE team have created a bespoke search for each indicator that goes beyond QOF codes to capture the intricate ways that clinicians code patient data. We have made searches available on SystmOne so that you can identify relevant patients – please contact **aspire@leeds.ac.uk** if you require more information.

• These targets are different from QOF or our local guidance; which should we follow?

Some local policies advocate much tougher targets than those from NICE, and QOF targets are intended to be an audit standard, so may not be as ambitious. Those recommended here are based upon the best evidence available at this time. Attached is a guide for management of blood pressure depending on stage of hypertension and other risk factors (this can also be provided as an A4 laminated sheet).

• Why can't I produce the same numbers as the report?

It is important to remember that you may have changed patient care since we collected these data. SystmOne updates on a daily basis so it may not be possible to replicate the figures in your practice feedback reports.

• Are there any financial benefits of participating?

We offer our resources free of charge to practices. We also offer a minor 'Service Support Cost' sum for research activity. ASPIRE also targets clinical areas relevant to a number of QOF indicators.

• How is ASPIRE funded?

ASPIRE is a five-year research programme funded by the National Institute for Health Research (NIHR). Grant Reference Number RP-PG-1209-10040. We have the support of all CCGs in West Yorkshire and our research involves over 200 general practices in the region.

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National Institute for Health Research