



Can you further improve blood pressure control in your patients?

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Dear Practice Manager and colleagues

Practices across West Yorkshire are working to manage hypertension effectively, reducing the risk of cardiovascular disease for their patients. The ASPIRE team is working with your practice to help achieve these goals for your patients. There are practical tools that you can access such as SystmOne searches and pharmacist support to identify relevant patients and review their care. We have provided examples of how other practices have used these tools to improve their patient care (see page 4).

We encourage practices to continue to review how you manage your hypertensive patients. Focus on those with the highest cardiovascular risk factors as a priority. Be realistic in your action planning; carefully targeted efforts can still make an important difference to your patient outcomes.

Please share and discuss your practice 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

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Dr Robbie FoyGeneral 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 hypertensive patients?

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

What have other practices taken advantage of?

- Educational outreach meeting: a free, 30min, pharmacist-led meeting to review your data and identify plans for action. These meetings are only available for another five months. Contact Naila today (aspire.admin@nhs.net / 01274 299 536).
- SystmOne searches that allow you to identify patients who might be in need of review.
- Up to two days of pharmacist support to tailor these searches to your practice needs and review patient management.
- Blood pressure target and management reminder laminate.





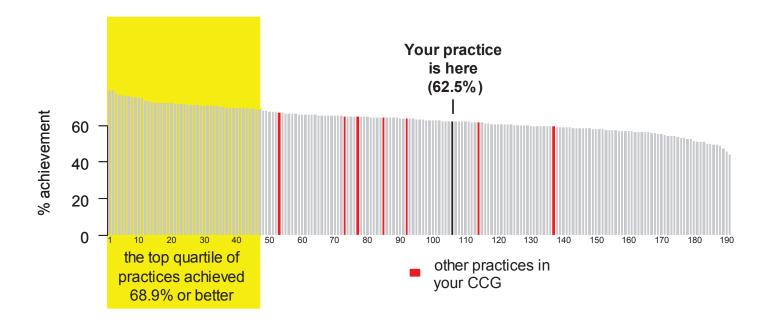
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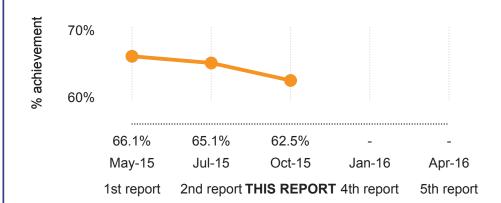
How well is your practice doing?

Current Achievement in participating practices across West Yorkshire

- Your practice (black bar) and % achievement (62.5%)
- Achievement throughout West Yorkshire overall (range 44.7 to 79.5%)
- The top quartile of practices within West Yorkshire (yellow box achieving 68.9% or above)
- Other practices within your CCG (red bars, n=7)



What has changed?



Your achievement fell by

3.6%

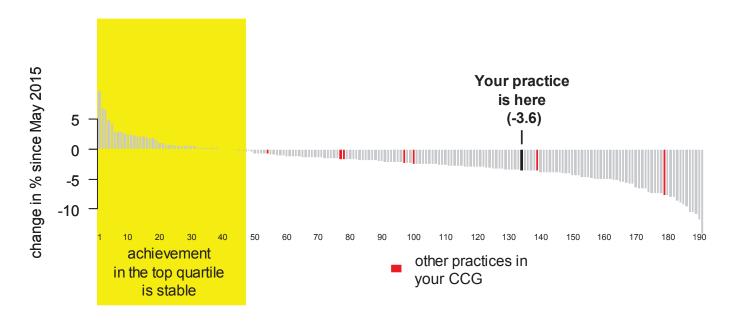
since May 2015. Now, 782 out of 1251 patients are in line with evidence-based targets whilst 469 could benefit from further action.

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.



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What have other West Yorkshire practices achieved in six months?



Where can we take action?		Your Progress	Data for Action Plan		
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	62.5	-3.6	479/767	288	37.5
BP < 150/90 in patients on the hypertension register AND aged 80 years and over	82.9	-1.2	209/252	43	17.1
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)	50.6	-4.1	79/156	77	49.4
BP < 130/80 in patients with chronic kidney disease and proteinuria AND aged under 80 years	38.1	-11.9	8/21	13	61.9
BP < 140/90 in patients with coronary heart disease AND aged under 80 years	73	-6.6	100/137	37	27
BP < 140/90 in patients with peripheral arterial disease AND aged under 80 years	55.6	-9.1	10/18	8	44.4
BP < 140/90 in patients with a history of stroke/TIA AND aged under 80 years	57.8	-9.3	48/83	35	42.2
BP < 140/90 in patients with a cardiovascular disease risk of 20% or higher AND aged under 80 years	55.8	-5.3	150/269	119	44.2
Combined indicator	62.5	-3.6	782/1251	469	37.5



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

Use your action plan template to identify what will work for your practice team. Consider who can do each task and make full use of the entire team's specialist skills. Here are some suggestions, including examples used by other practices in ASPIRE.

Patient with uncontrolled hypertension at increased risk of cardiovascular disease



How can we identify who is at risk?

- Accept the ASPIRE organisational group request and run the SystmOne searches to create a list of patients at risk.
- Use up to two days of pharmacist support to run and review the results of these searches (contact ASPIRE to arrange this).
- If the searches reveal large numbers of patients consider a proportion of them, e.g. those with highest 10-year cardiovascular risk, and invite them for review. The pharmacist can help to tailor searches.
- What is the simplest thing you can do now? What is the most manageable task you can
 do most consistently over time? Consider reviewing some or all of the indicators and a
 proportion of patients affected depending on time and resources.



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How can we organise care within our practice to improve outcomes?

- Take advantage of seasonal flu clinics by identifying those patients who rarely attend practice and measuring their BP
- Identify a lead clinician if not already done so
- Review the team structure and allocated tasks;
 - Could staff be utilised more effectively; are there staff members with skills not utilised?
 - Could staff be trained to increase the skill mix?



How can we promote personal goals for patients?



- Reinforce healthy eating and physical activity advice at every appointment.
- Consider providing patients with printed action plans and agree with them how the plans will be monitored.

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Patient with controlled hypertension at **reduced** risk of cardiovascular disease

Frequently Asked Questions

Since earlier reports, you have raised some questions about the data and/or ASPIRE in general:

What will happen in the educational outreach meeting?

During a 30 minute practice meeting we can review your achievement data, identify what works in your practice, identify realistic priorities for action and help you to create a manageable plan to improve the care of your patients. We can come back at a later date to review what's worked and help you improve further. Please contact aspire.admin@nhs.net to arrange a convenient time.

What about those with marginal BP, e.g. 142/82?

NICE advise that **all** patients with hypertension should be managed to within recommended targets. However, the evidence shows that those at highest risk of cardiovascular disease will benefit most from achieving the targets, so you may wish to prioritise the most at-risk groups. The tools provided by ASPIRE can help you do this, e.g. additional pharmacist support/ searches etc.

We are simply too busy – what can you do to help?

We can offer up to two days of pharmacist support to identify your patients and review their risk – please contact <code>aspire.admin@nhs.net</code> to arrange this. We offer our resources free of charge to practices. We also offer a modest 'Service Support Cost' sum for research activity. ASPIRE also targets clinical areas relevant to a number of QOF indicators.