



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

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 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.



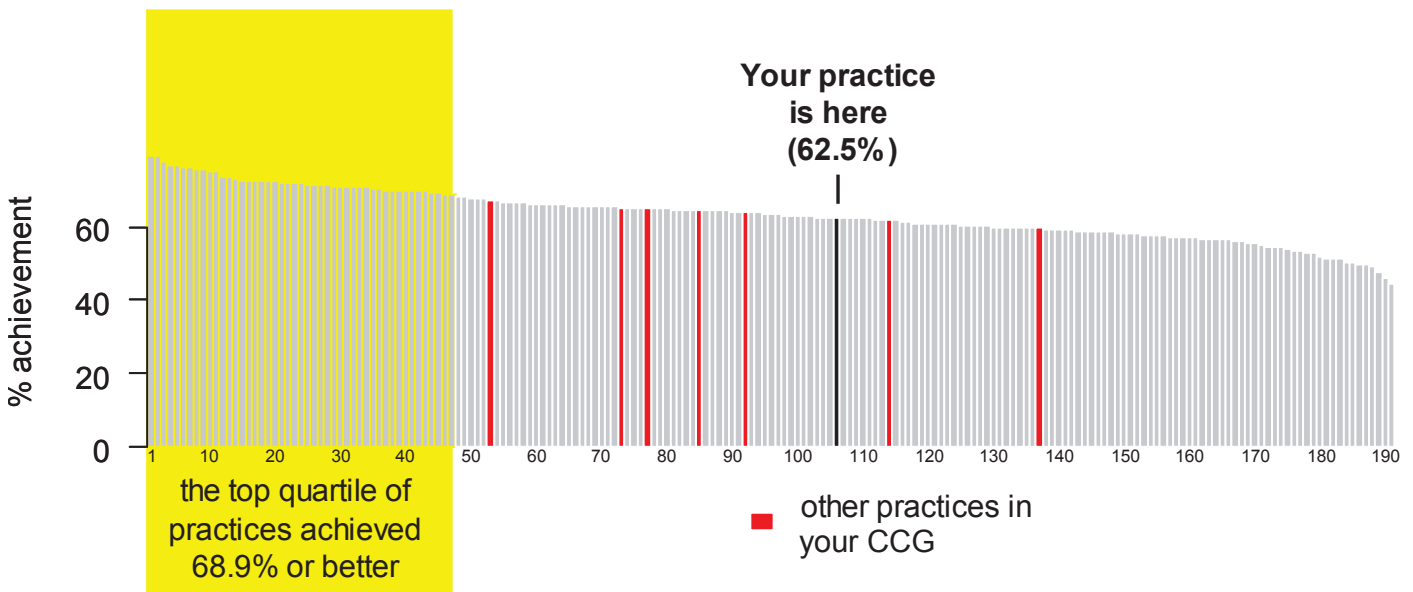
National Institute for Health Research

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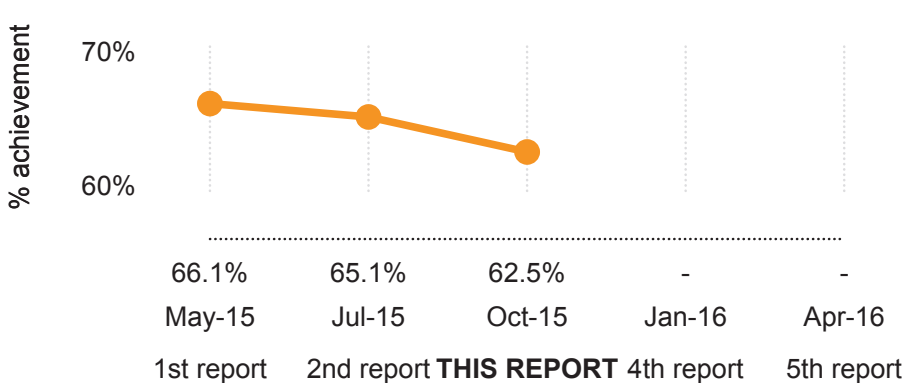
How well is your practice doing?

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

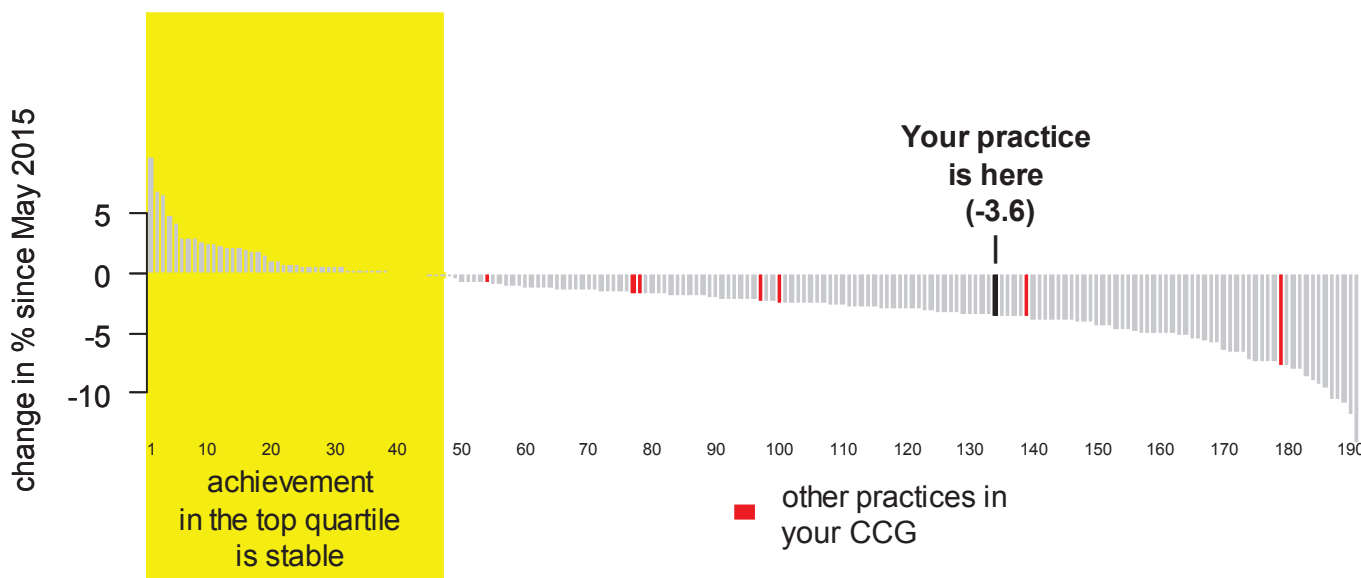
3.6%

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?

The proportion of patients with blood pressure satisfactorily controlled according to recommended levels

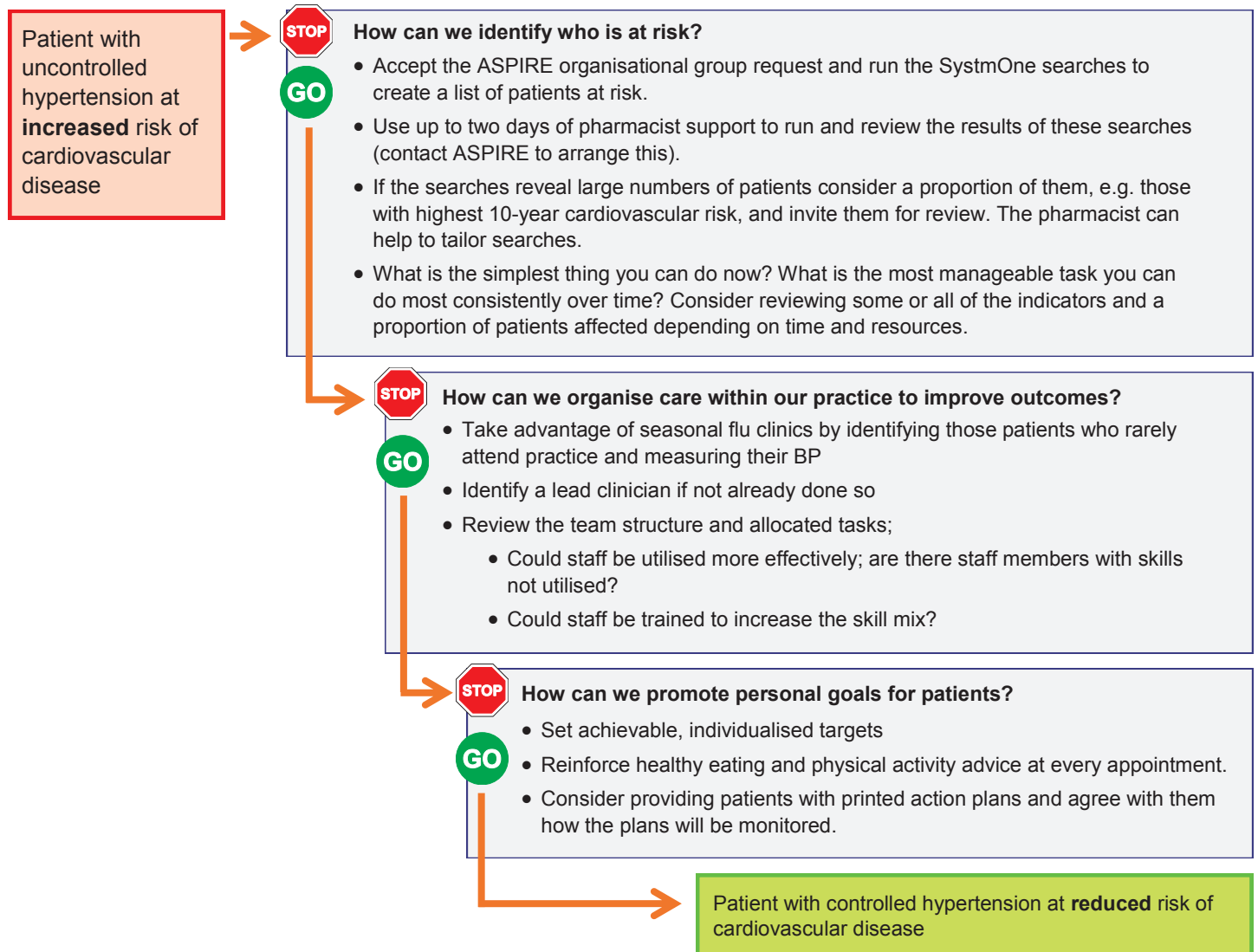
Your Progress

Data for Action Plan

| | 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 |

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.



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 aspire.admin@nhs.net 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.