



# Can you further improve blood pressure control in your patients at high risk of a cardiovascular event?

1 <sup>st</sup> report May 2015	2 <sup>nd</sup> report July 2015	3 <sup>rd</sup> report October 2015	4 <sup>th</sup> report January 2016	5 <sup>th</sup> report April 2016
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## Dear Practice Manager and colleagues

Yorkshire and the Humber region has some of the highest levels of untreated hypertension in England, a major and preventable risk factor for life-changing cardiovascular events such as stroke and heart attack. Practices across West Yorkshire are improving their management of hypertension, but more can be done. The ASPIRE team can offer support to improve outcomes for your practice population. We are especially interested in helping you identify and manage blood pressure control in those patients at higher risk of cardiovascular events.

We have provided some guidance (page 4 of this report) to support you in controlling the blood pressure of your at-risk patients.

Practical tools provided through ASPIRE are still available to you until the end of March, including SystemOne searches, and pharmacist support to help you identify relevant patients and review their care.

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](mailto: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>

**“The publication of SPRINT (Systolic Blood Pressure Intervention Trial)<sup>1,2</sup> has highlighted the importance of aggressive blood pressure control to maximise the health benefits that an individual can attain. This strengthens the options for cardiovascular risk management.**

**The need to implement NICE CG127<sup>3</sup> for diagnosis of hypertension is now augmented by the need for aggressive hypertension management of those found to be at highest risk.”**

**Dr Matt Fay**

GP Bradford, Member of the National Cardiovascular Intelligence Network, and Trustee, AF Association

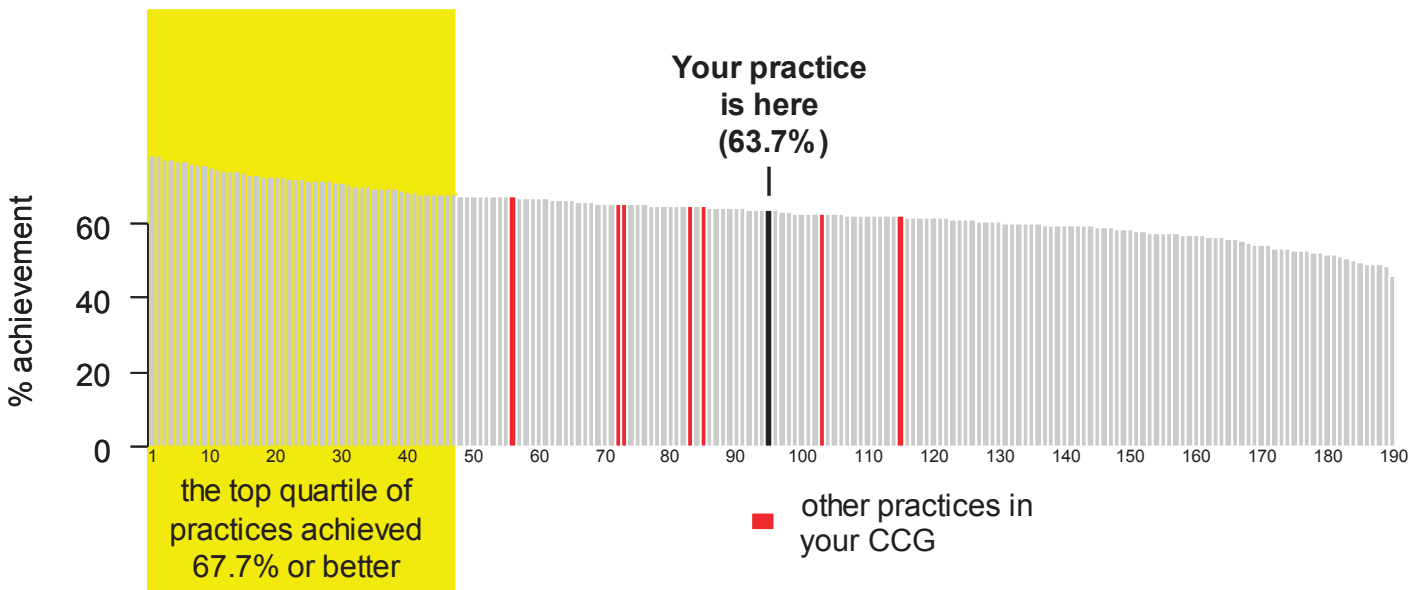


**National Institute for Health Research**

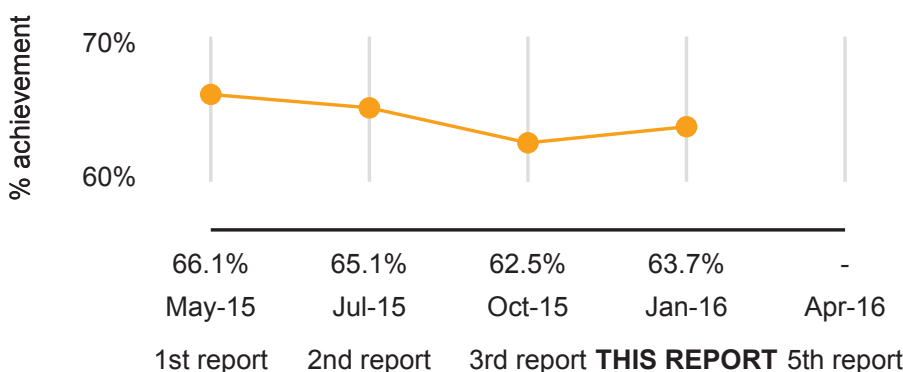
# How well is your practice doing?

## Current achievement in participating practices across West Yorkshire

- Your practice (black bar) and % achievement (63.7%)
- Achievement throughout West Yorkshire overall (range 45.8 to 78.4%)
- The top quartile of practices within West Yorkshire (yellow box – achieving 67.7% or above)
- Other practices within your CCG (red bars, n=7)



## What has changed?



Your achievement fell by

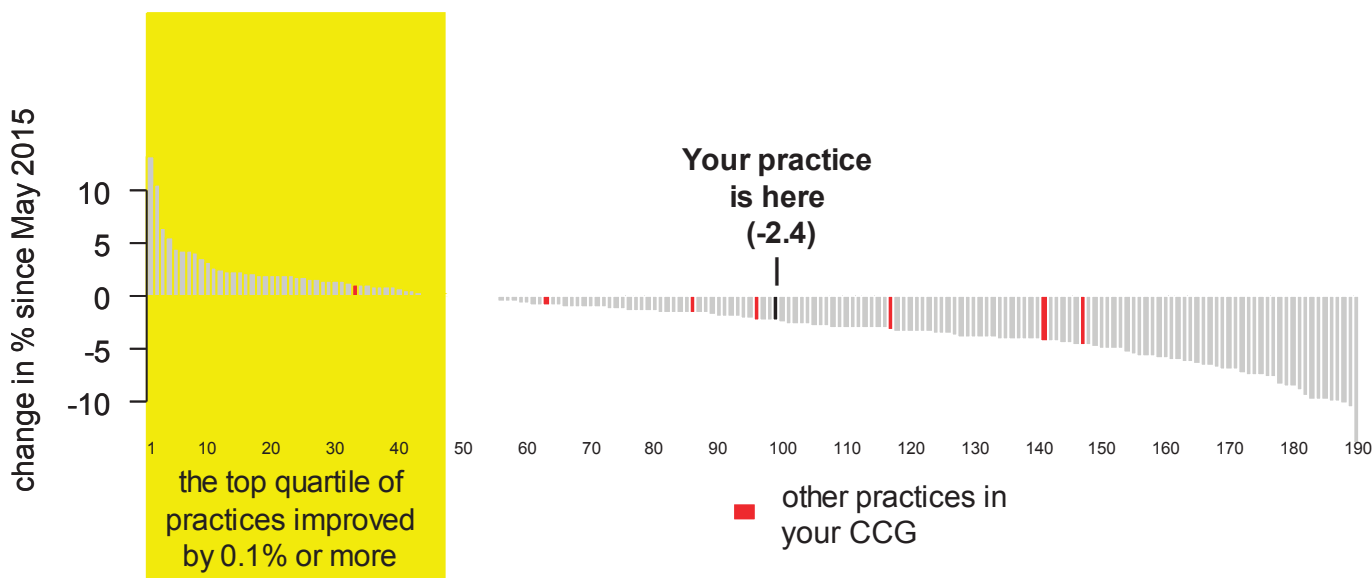
**2.4%**

since May 2015.  
Now, 803 out of 1260 patients are in line with evidence-based targets whilst 457 could benefit from further action.

Don't be disheartened. These data cover a twelve month period (January 2015 – December 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 nine 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	62.9	-3.2	484/770	286	37.1
BP < 150/90 in patients on the hypertension register AND aged 80 years and over	85.9	+1.8	213/248	35	14.1
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)	49.1	-5.6	82/167	85	50.9
BP < 130/80 in patients with chronic kidney disease and proteinuria AND aged under 80 years	40	-10	8/20	12	60
BP < 140/90 in patients with coronary heart disease AND aged under 80 years	78.6	-1	110/140	30	21.4
BP < 140/90 in patients with peripheral arterial disease AND aged under 80 years	66.7	+2	12/18	6	33.3
BP < 140/90 in patients with a history of stroke/TIA AND aged under 80 years	63	-4.1	51/81	30	37
BP < 140/90 in patients with a cardiovascular disease risk of 20% or higher AND aged under 80 years	59.8	-1.3	177/296	119	40.2
<b>Combined indicator</b>	<b>63.7</b>	<b>-2.4</b>	<b>803/1260</b>	<b>457</b>	<b>36.3</b>

## Action planning & achieving change

The following questions might help your team to think about how you could work to improve practice performance:

### What are we struggling with at our practice?

- Which indicator(s) or subgroup(s) of patients are we concerned about? Where should we start?

### Who is this a problem for?

- Which members of our team can identify patients or review their management?

### What have we or others done before, for this or similar problems?

- How can we maximise what we do well in this and other areas?

### What do we need to do to move forward?

- Who in our team can run and review the ASPIRE SystemOne searches to identify eligible patients?
- Have we arranged our ASPIRE outreach meeting?
- How can we use two days of pharmacist support?

## What have other practices done?

Two days of practice pharmacist support was used to identify patients at high risk of a cardiovascular event. The pharmacist identified patients for review (e.g. clinic BP or 24 hr BP) and recommended up-titration of doses/ addition of another agent.

These were reviewed by a GP in consultation with the outreach pharmacist. Support staff were then tasked to inform patients of medication changes or invite for medication review. The practice requested a re-audit in 3 months.

## Frequently Asked Questions

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

### Will ASPIRE help our QOF performance?

Blood pressure control is a clinical area relevant to several QOF indicators. Achievement of the indicators in this report may benefit performance on the following QOF indicators: CHD002, HYP006, STIA003, DM002, DM003 and PAD002. These all assess the proportion of eligible patients achieving specific BP targets.

The targets recommended in the ASPIRE indicators are in some cases tighter than those in QOF, but they are based upon the best evidence available at this time<sup>3</sup>.

We hope that our intervention will help QOF achievement, but the plain truth is that we won't know until we have analysed our results.

### 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](mailto: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. We have recently provided information on how ASPIRE can help to provide evidence for a CQC submission. Please contact us if you did not receive this.

## References

1. Wright JT, Williamson JD, Whelton PK, et al. *A randomized trial of intensive versus standard blood pressure control*. N Engl J Med 9 Nov 2015, doi:10.1056/NEJMoa1511939.
2. Mayor, S. *Intensive blood pressure control reduces cardiovascular events, studies show*. BMJ, 2015. 351: p. h6022
3. National Clinical Guideline Centre. *Hypertension: the clinical management of primary hypertension in adults*. Clinical Guideline 127. 2011. London: National Clinical Guideline Centre.