



Improving BP Control A Pharmacists View

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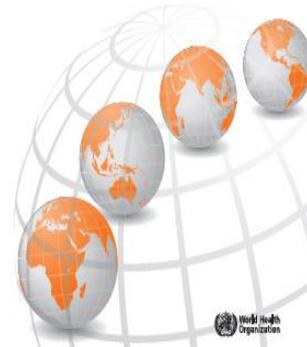
MORTALITY

Table 1: Ranking of selected risk factors: 10 leading risk factor causes of death by income group, 2004

Risk factor	Deaths (millions)	Percentage of total	Risk factor	Deaths (millions)	Percentage of total
<i>World</i>			<i>Low-income countries^a</i>		
1 High blood pressure	7.5	12.8	1 Childhood underweight	2.0	7.8
2 Tobacco use	5.1	8.7	2 High blood pressure	2.0	7.5
3 High blood glucose	3.4	5.8	3 Unsafe sex	1.7	6.6
4 Physical inactivity	3.2	5.5	4 Unsafe water, sanitation, hygiene	1.6	6.1
5 Overweight and obesity	2.8	4.8	5 High blood glucose	1.3	4.9
6 High cholesterol	2.6	4.5	6 Indoor smoke from solid fuels	1.3	4.8
7 Unsafe sex	2.4	4.0	7 Tobacco use	1.0	3.9
8 Alcohol use	2.3	3.8	8 Physical inactivity	1.0	3.8
9 Childhood underweight	2.2	3.8	9 Suboptimal breastfeeding	1.0	3.7
10 Indoor smoke from solid fuels	2.0	3.3	10 High cholesterol	0.9	3.4
<i>Middle-income countries^a</i>			<i>High-income countries^a</i>		
1 High blood pressure	4.2	17.2	1 Tobacco use	1.5	17.9
2 Tobacco use	2.6	10.8	2 High blood pressure	1.4	16.8
3 Overweight and obesity	1.6	6.7	3 Overweight and obesity	0.7	8.4
4 Physical inactivity	1.6	6.6	4 Physical inactivity	0.6	7.7
5 Alcohol use	1.6	6.4	5 High blood glucose	0.6	7.0
6 High blood glucose	1.5	6.3	6 High cholesterol	0.5	5.8
7 High cholesterol	1.3	5.2	7 Low fruit and vegetable intake	0.2	2.5
8 Low fruit and vegetable intake	0.9	3.9	8 Urban outdoor air pollution	0.2	2.5
9 Indoor smoke from solid fuels	0.7	2.8	9 Alcohol use	0.1	1.6
10 Urban outdoor air pollution	0.7	2.8	10 Occupational risks	0.1	1.1

^a Countries grouped by gross national income per capita – low income (US\$ 825 or less), high income (US\$ 10 066 or more).

GLOBAL HEALTH RISKS
Mortality and burden of disease attributable to selected major risks



SOURCE:
Global health risks:
mortality and burden of disease attributable to selected major risks.
WHO 2009

2015

Hypertension

2014

Indicator

2013

2010

2009

2008

2007

2006

....still over 1.5 million people with known hypertension and BP > 150/90mmHg (QOF 2015)

....still over 3.4 million people with known hypertension and BP > 140/90mmHg (QOF 2014)

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2014

Hypertension

2014

2007

2006

2005

HYP002

HYP003

HYP004

HYP005

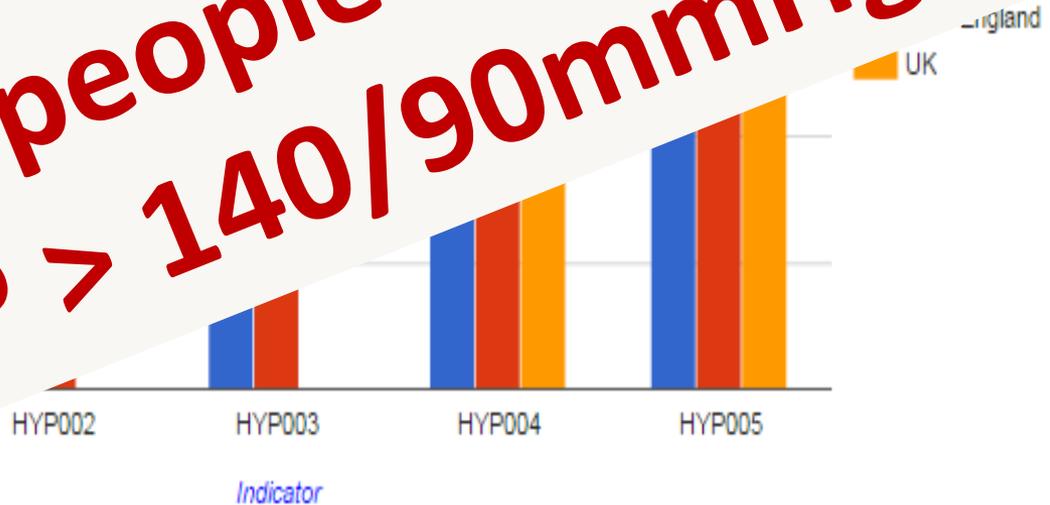
Indicator

England

UK

More than 200,000
people with
BP > 150/90mmHg

More than 400,000
people with
BP > 140/90mmHg



Pharmacist-Led Hypertension Clinics

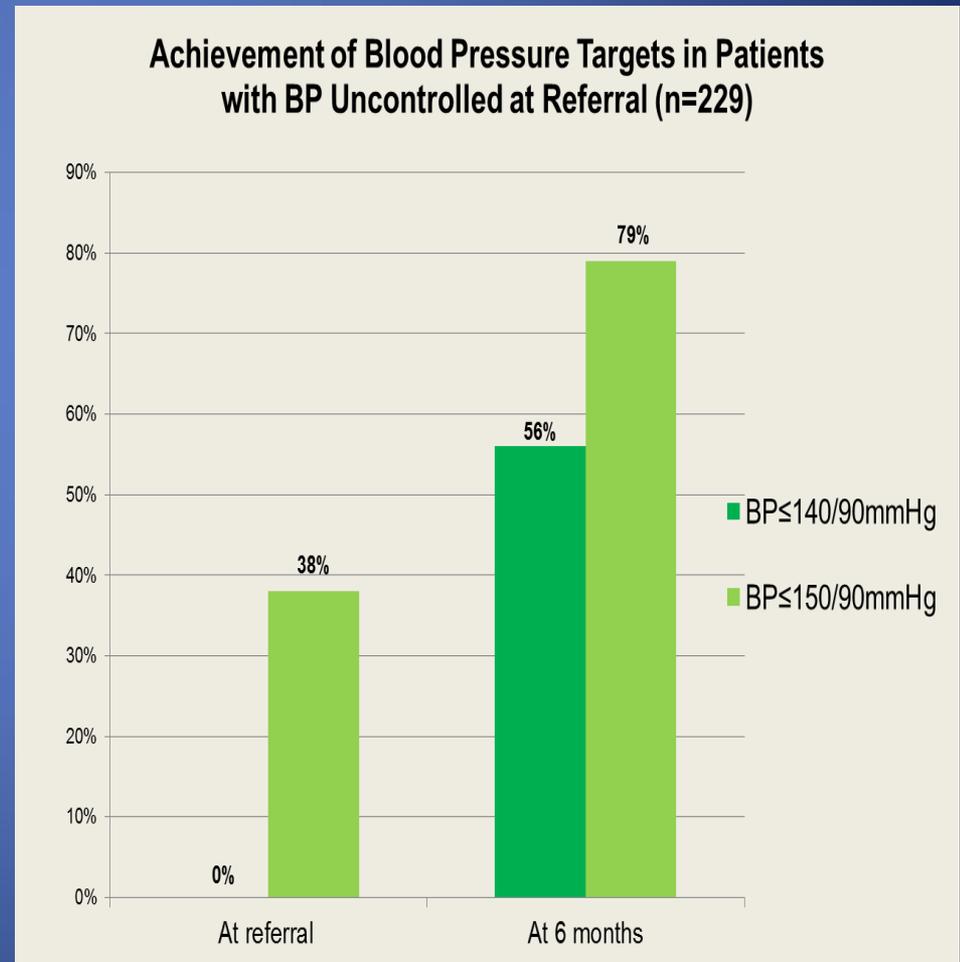
- Supplementary and independent prescribing introduced 2003/2006¹
- Numerous examples of individual pharmacists developing services utilising their prescribing qualification
- Projects have been reported, they often revolve around the activities of an individual prescriber
- Few data evaluating the impact of these services on patient outcomes
- ***Aim: evaluate the impact of pharmacist prescribers on blood pressure (BP) management by drawing together the activities of pharmacist prescribers working across a wide geography***

Department of Health 2006. Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England.

http://webarchive.nationalarchives.gov.uk/20130124072757/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4133747.pdf

Results

- Data were collected from 7 clinics across South London from October 2011 to March 2012
- 336 patients were seen over the course of the 6 month data collection period.
 - 229 had uncontrolled BP (68%)
 - 44 had unmonitored BP within the last 9 months (13%)
 - 63 were referred with BP already controlled to $<140/90\text{mmHg}$.



Sustainability

- Two clinics were already well established and funding has been continued
 - A pharmacist-led hypertension and hyperlipidaemia service based within locality settings has been commissioned by two South London CCGs
 - The aim being to reduce referrals to acute care by managing difficult to control BP / lipids in a community setting
 - Project data has been made available to support business cases for the development of more pharmacist-led clinics
- The evaluation tool has been shared through existing networks and can be found at <http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Meds-use-and-safety/Leadership-workforce/Non-med-presc/>

NHS LAMBETH CCG

1 LOWER MARSH, WATERLOO, LONDON, GREATER LONDON, SE1 7NT [See more](#)

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2014

Hypertension

2013

Indicator	Numerator	Denominator	Ratio	Centile	
BP 1	34805	378733	9.2%	3	 
BP 4	31084	34571	89.9%	13	 
BP 5	26144	33517	78.0%	4	 

2012

At the end of 2013; QOF showed there were > 8,000 hypertensive people in Lambeth failing to achieve a BP target < 150/90mmHg

Pharmacist-led Virtual Clinics

- Aim: improved medicines use to improve health outcomes in patients with chronic disease
- Review of chronic disease registers
 - HF, hypertension, AF
- Specialist pharmacist 'Virtual Clinic' with GPs
 - Identify and discuss medicines opt issues
 - Develop management plan to address in practice
- GPs or pharmacist delivers individual patient management plans

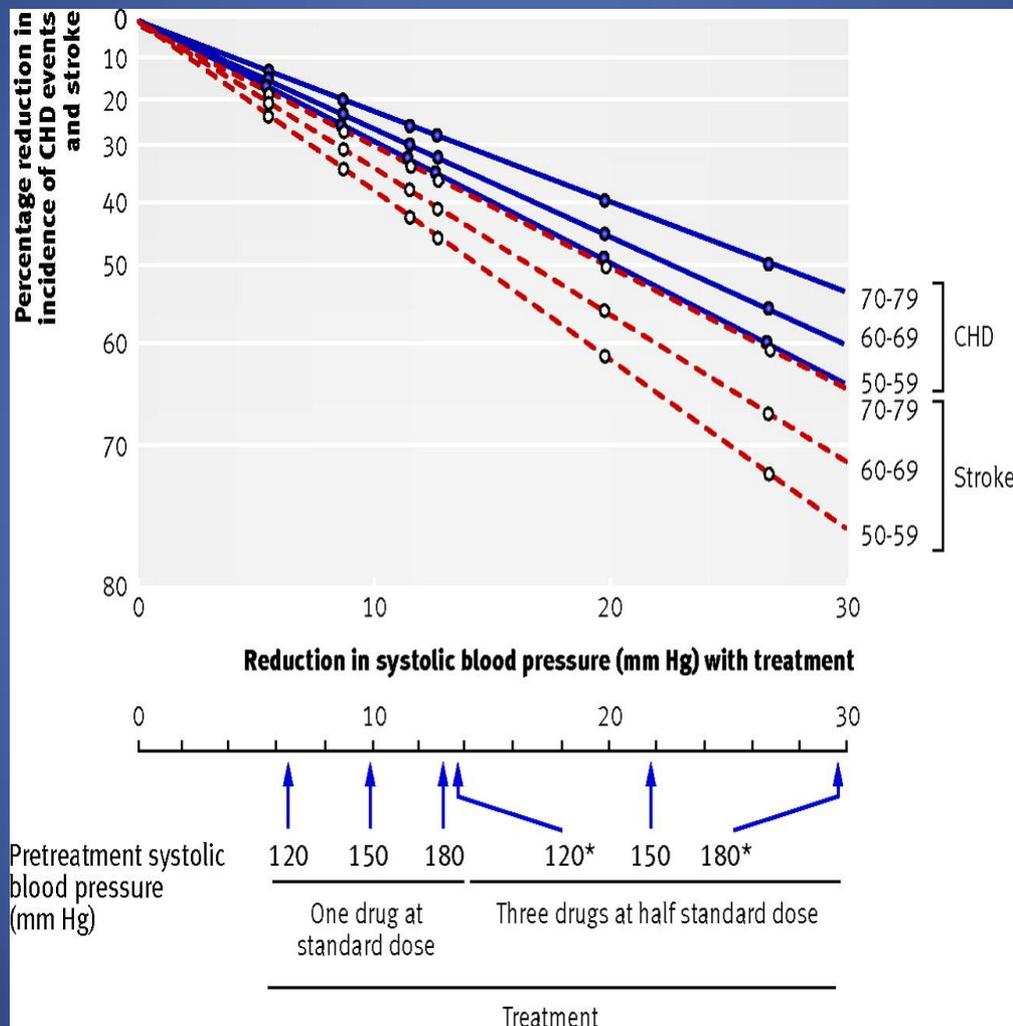
Hypertension Meds Opt Project

- Practices to identify all patients with $BP \geq 160/100$ mmHg
- Review management and select 20-30 patients for discussion at virtual clinic
- VC led by Specialist Cardiac pharmacist
- Practice to implement recommendations from VC in selected patients and submit data on BP control across entire cohort with $BP \geq 160/100$ mmHg

Results

- 37 practices submitted data for 1,079 patients
 - 281 patients (26%) did not respond to repeated invitations for a BP review from the practices
 - Of the remaining 798 patients, the average baseline sBP was 170.8mmHg and dBP was 94.8mmHg
- 688 patients with sBP \geq 160mmHg at baseline – **average sBP reduction of 26.9mmHg**
- 208 patients with sBP \geq 180mmHg at baseline - **average sBP reduction in sBP of 37mmHg**
- 43 patients with sBP \geq 200mmHg at baseline **average sBP reduction in sBP of 51mmHg**
- 359 patients were identified with a dBP \geq 100mmHg at baseline, and this was reduced by an average of 16.4mmHg

Fig 7 Reduction in incidence of coronary heart disease (CHD) events and stroke in relation to reduction in systolic blood pressure according to dose and combination of drugs, pretreatment systolic blood pressure, and age. *Blood pressure reductions are more uncertain and hence also reductions in disease incidence.



M R Law et al. BMJ 2009;338:bmj.b1665

Achieving targets

- 584 patients (73.2%) achieved a BP of < 160/100mmHg
- 453 patients (56.8%) meet the QOF BP target \leq 150/90mmHg
- 341 patients (42.7%) meet the clinical BP target \leq 140/90mmHg

Year	% patients achieving QOF BP < 150/90mmHg
2011	76.4
2012	75.3
2013	78
2014	81

Key Areas addressed in VCs

- Current prescribing guidelines and rationale
- Clinical inertia
- Non-adherence
- Failure to engage patients

- Role of community clinic – identifying appropriate patients for referral

Future work...

- There remains a cohort of patients that do not respond for frequent requests for review of BP management
 - CCG now needs to consider how this group can be better engaged
- Utilise community pharmacists in supporting adherence through provision of the new medicines service and medicines use reviews
- Other Virtual clinics – AF and anticoagulation

Future work...

- There remains a cohort of patients that do not respond for frequent requests for review of BP management
 - CCG now needs to consider how this group can be better engaged
- Utilise community pharmacists in supporting adherence through provision of the new medicines service and medicines use reviews
- Other Virtual clinics – AF and anticoagulation?

Involving Community Pharmacy

The What?

- Adherence support
- Hypertension
 - Monitoring of BP
 - In-house BP clinics
 - Supporting virtual clinics
- Lipid management
- Weight management
- Lifestyle support

The How?

- Federate to form provider organisations
- Link with local GP federations to deliver population health contracts
- Look for AQP contracts when available
- Link with local CVD leads and public health to influence service developments
- Pilot new services to demonstrate outcomes



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