

Optimising Hypertension Management

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Dudley - *doing things differently*

- Population 314,000
- Dudley MBC, CCG and DGNFT
- Pharmaceutical Public Health Team
- Dudley CCG- 5 localities, Vanguard status – Multispecialty Care Provider, 47 GP Practices

Considerations when optimising Hypertension Management?

- Mortality rates- Premature mortality from hypertension in Dudley was nearly double the England average
- Impact of lowering BP
- Variation in expected to actual prevalence of hypertension
- Inter-practice variation within CCG
- Law M, Wald N, Morris J. Lowering blood pressure to prevent myocardial infarction and stroke: A new preventive strategy. *Health Technol Assess* 2003;7(31). Available from: <http://www.hta.ac.uk/fullmono/mon731.pdf> [accessed 17th June 2012]

What are the issues for medicines optimisation in Hypertension Management?

- Drug choice- formulary
www.dudleyformulary.nhs.uk
- Interpretation of NICE Guidelines at a local level through to implementation
- Prescriber confidence and competence
- Patient selection
- Practical issues- dosing and side effects
- Coordination of approach

2008 data for Dudley

Table 2. Comparison of expected hypertension and prevalence ratio locally and nationally

CCG	Expected hypertension prevalence 2010-11*	Ratio of recorded vs. expected hypertension prevalence 2010-11*
NHS Dudley CCG	26.1%	0.643
NHS Sandwell and West Birmingham CCG	22.9%	0.613
NHS Wolverhampton CCG	25.5%	0.608
NHS Walsall CCG	25.3%	0.606
<i>National Average</i>	24.9%	0.551

(*latest available data)*

Optimising Hypertension Management and Antiplatelet Prescribing in Dudley

Are we doing enough?



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Acknowledgements: Practice Based Pharmacists and all GP Practices Involved

Hypertension Audit 2013

Hypertension Audit 2013

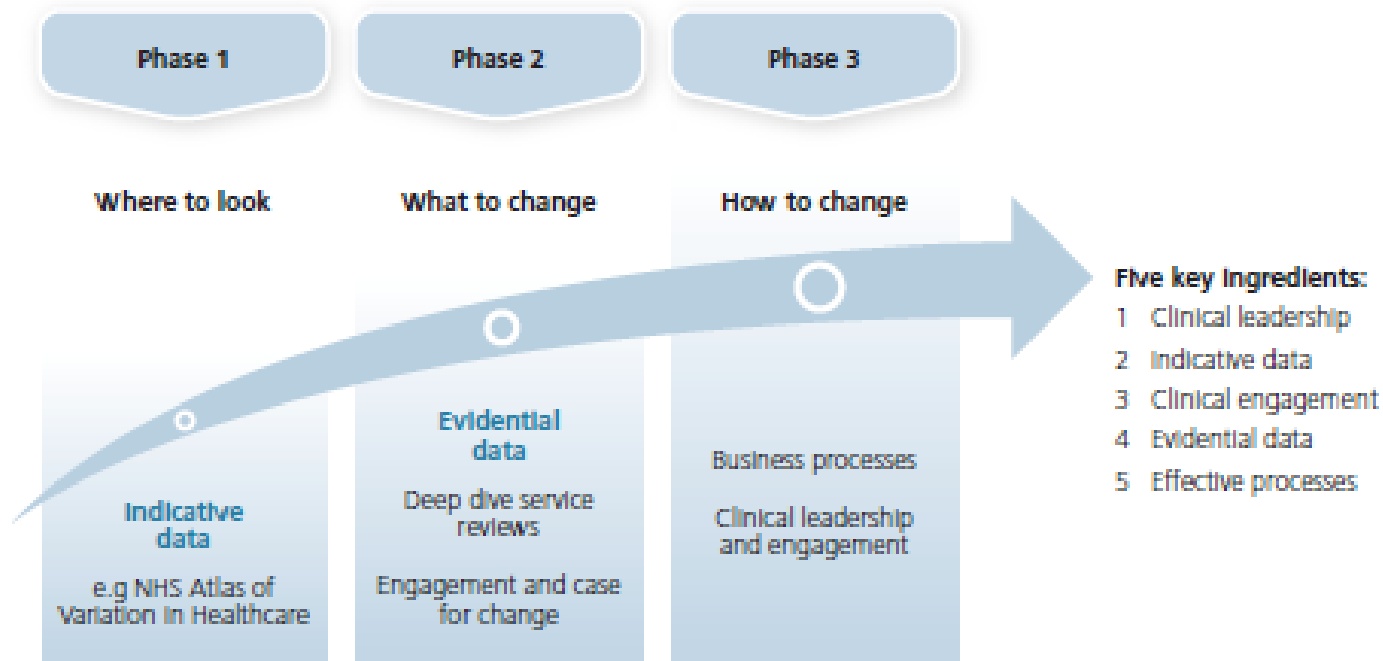
- 11,000 patients diagnosed with hypertension whose BP is NOT managed to 150/90mmHg
- 27,800 patients missing from hypertension registers

Findings:

- 2/3 practices' hypertension prevalence improved as a result of the audit
 - 63% due to newly diagnosed HT
 - -37% pts receiving treatment but no diagnosis code
 - Treatment to 140/90mmHg was achieved by 90% practices meeting this standard (Standard is 50%, inter-practice variation 6-99%)
 - BP5 (treatment to 150/90mmHg) increased from 73-85% of practices meeting this standard (Standard is 60%)
 - 550 (2% register) declined HT monitoring- all received information
 - Link between deprivation and higher levels of undiagnosed hypertension
- Despite inc in prevalence Dudley, is still considerably below national prevalence figures**

Approach to managing change

Objective: Maximise value (Individual and population)



The NHS RightCare Approach. The Atlas of Variation, September 2015. Public Health England and NHS England.

Recommendations from 2013 Audit

- **CCG to endorse Practice specific action plans** to address inequalities in hypertension management (to be developed by Public Health for outliers, include progress management)
- Linking into the **Quality Premium local targets**
- **Clinician Engagement**
 - Local pathway- Education, appropriate referral
 - Case finding strategy and recall systems
 - Access to equipment (ABPM)
- **Patient Engagement- innovation**
 - Awareness –general and for none attendees
 - ? Public Awareness campaign
 - Access- initial contact outside healthcare setting
 - Self management
- **Vascular Dementia** –local rates and links to undiagnosed hypertension (awareness inc in NHS Healthchecks April 2013 for over 65s)

Recommendations

- Patients should have BP measured frequently and targets should be defined and agreed
- As a minimum, BP targets to the QOF standard should be achieved
- At individual patient level, an action plan should be developed and implemented for adjusting therapy when blood pressure is not controlled to the evidence-based target or the QOF target
- Practices should be able to identify patients who choose not to have their blood pressure managed to target, this should be an informed choice

Projected benefits

- Potential cost saving of £13M (HARMS) over 5 years for the estimated 27,800 pts missing (£469/pt)
- Potential savings not included for those 11,000 pts whose BP is not managed to 150/90mmHg
- By reducing BP from 150/90mmHg to 140/90mmHg, the risk of CHD is reduced by 22% and the risk of stroke is reduced by 41%.

**NNT: number of patients requiring BP to be controlled to target to prevent one event*

. Handler J. Optimizing hypertension control. [Presentation] Kaiser Permanente. 15th February 2011. Available from: <http://scahec.net/SCHOOLS/programs/docs/OptimizingHT.pdf> [accessed 4th November 2012]

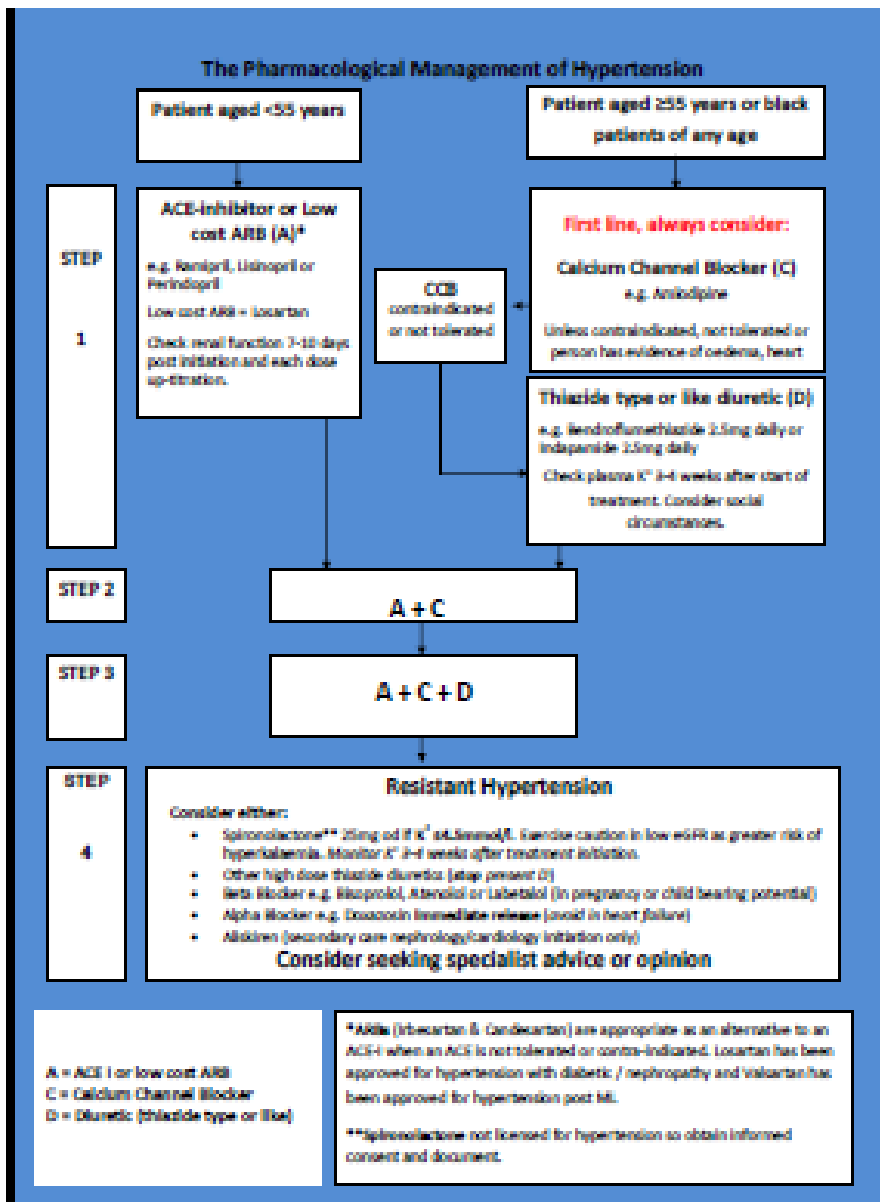
What has been happening in Dudley?

- Local pathway and treatment algorithm
- Locally agreed Quality Premium for Hypertension for 2013/14, 14/15 and 15/16

Introducing the Hypertension Quality Premium 2013/14

- Target to increase hypertension register for Dudley CCG by 1%
- Utilisation of various case finding strategies
- 1.5% stretch target

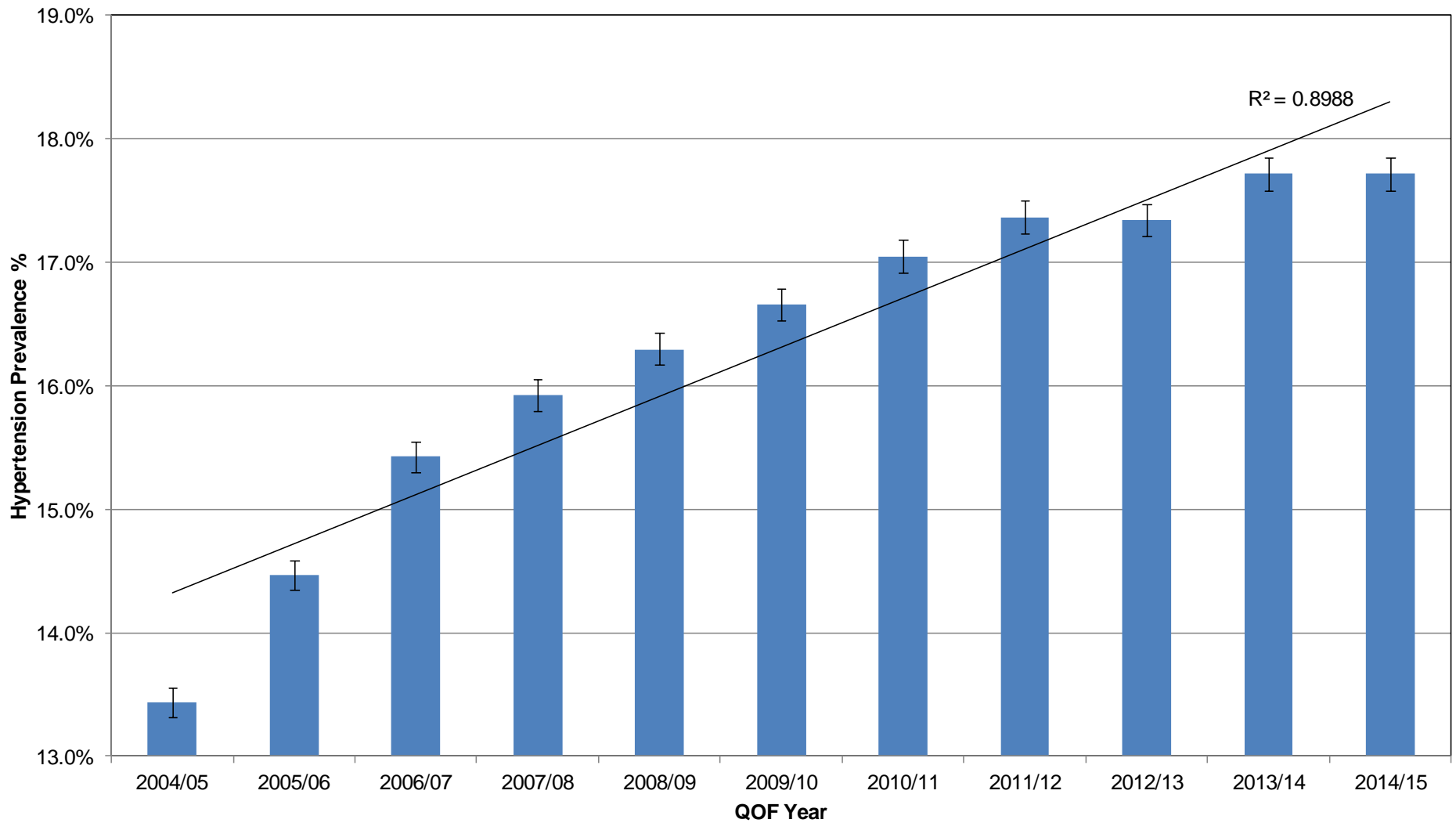
Dudley Guidance- Hypertension Pathway



Progress so far.....

- At the end of March 2014, over 2000 patients reviewed as a result of Quality Premium work
- 1096 new patients diagnosed with hypertension over two years, exceeding the QP target for each of the years 13/14 and 14/15.
- For every 1,000 patients controlled, 16 strokes and 12 MIs could be prevented each year
- The Hypertension register for Dudley CCG has grown by 1096 patients in last two years
- Prevalence of hypertension has increased since 2004/5 from 13.4% to 17.7% in 2014/15

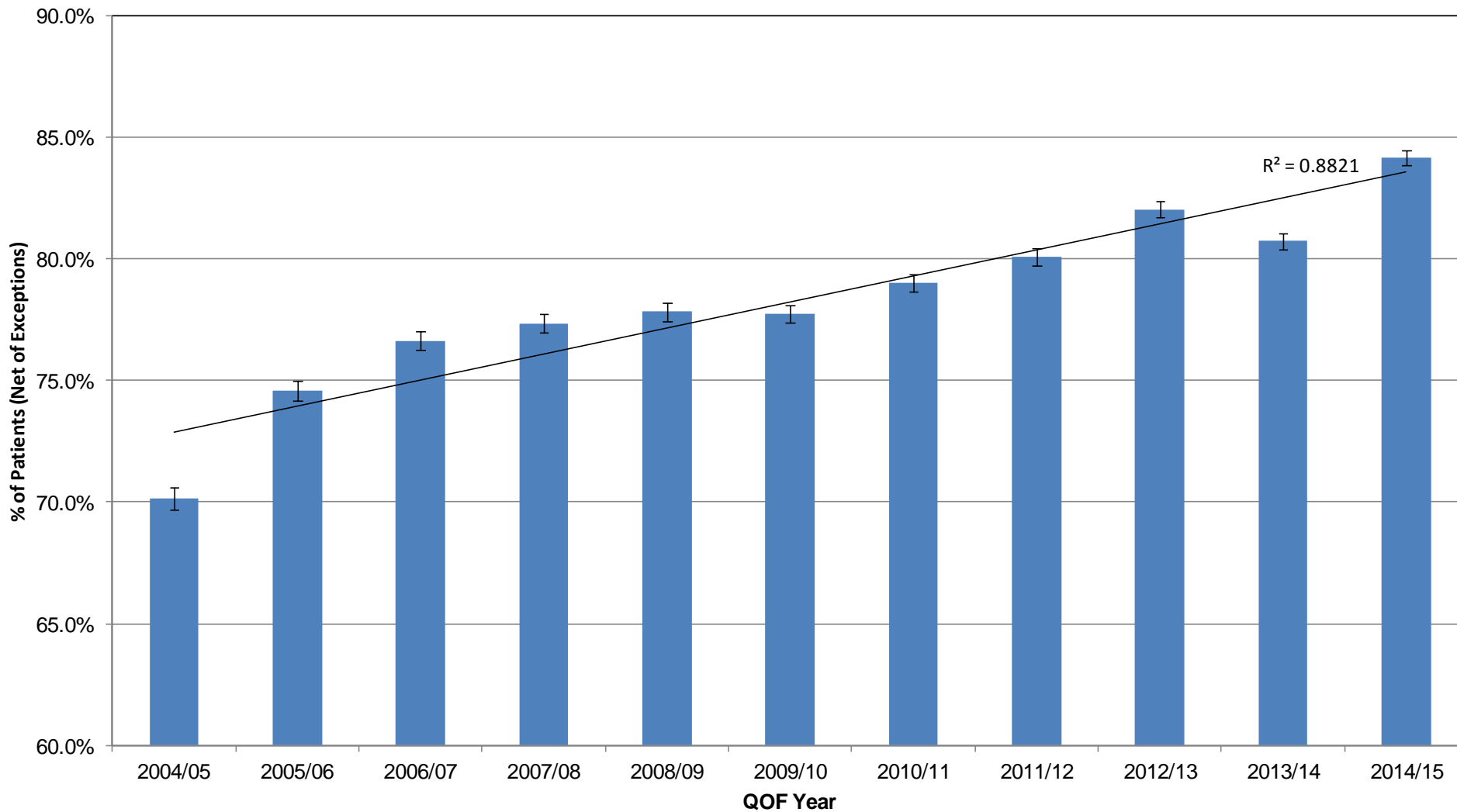
QOF Hypertension Prevalence NHS Dudley CCG (PCT to 2011/12)



Produced by Public Health Intelligence, Office of Public Health, Dudley MBC

Source: HSCIC QOF

The percentage of NHS Dudley CCG (PCT to 2011/12) patients (Net of Exceptions) with hypertension in whom the last blood pressure (measured in the preceding 9 months to 2013/14 or 12 months 2014/15) is 150/90 or less

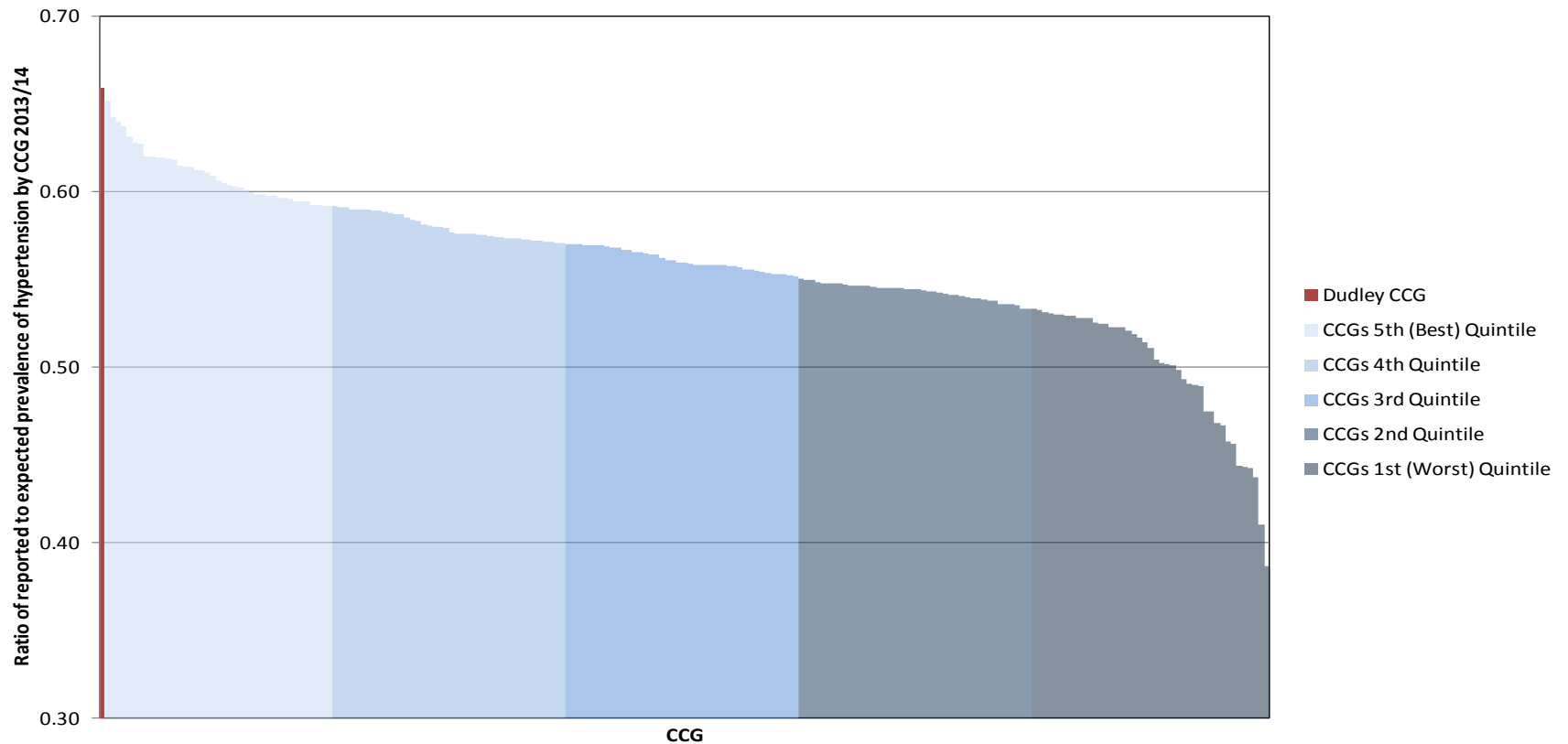


Produced by Public Health Intelligence, Office of Public Health, Dudley MBC

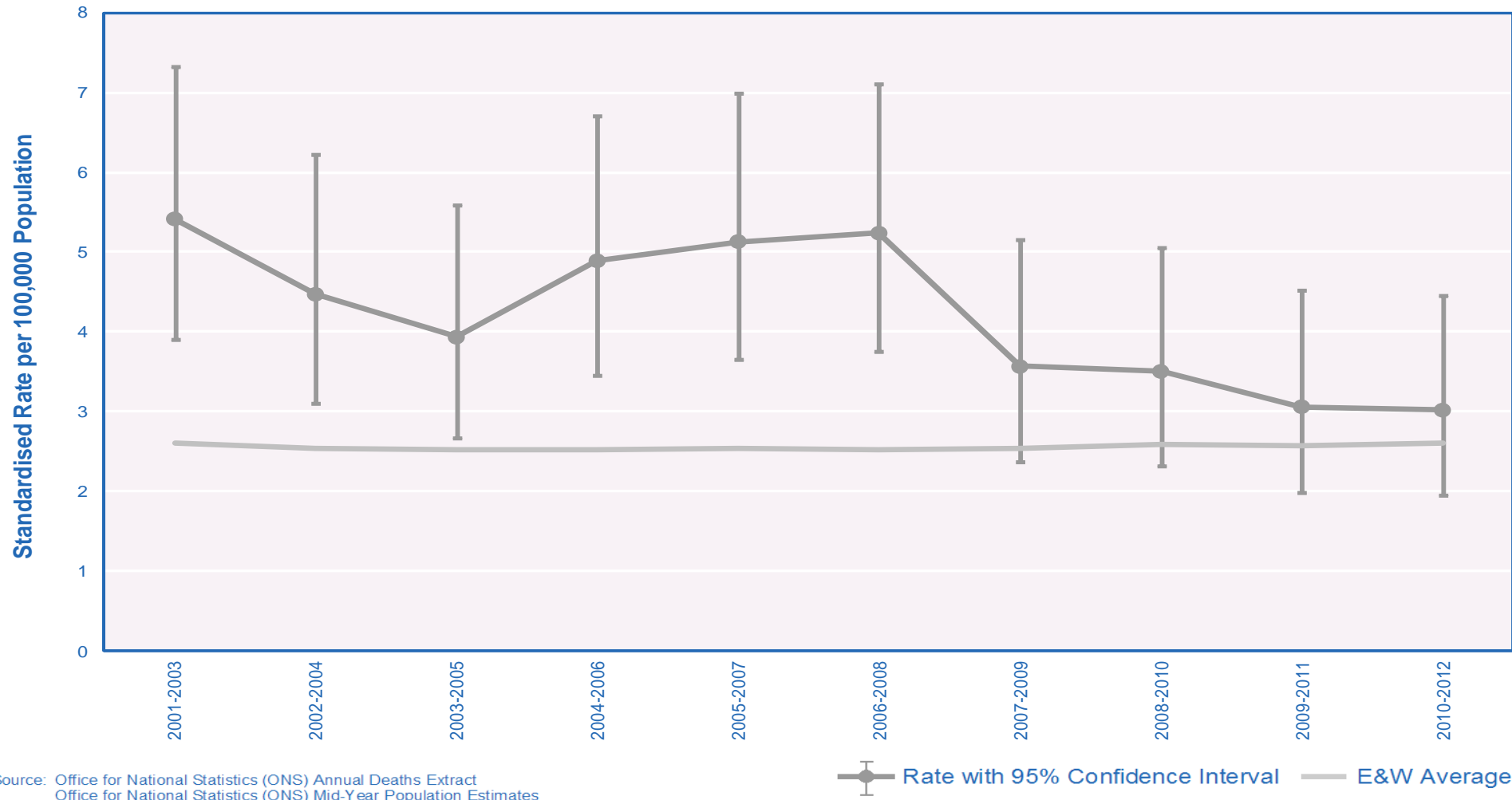
Source: HSCIC QOF

NHSE Atlas of Variation

Ratio of reported to expected prevalence of hypertension by CCG (QOF 2013/14 hypertension prevalence / Estimated prevalence modelled by the former ERPHO)

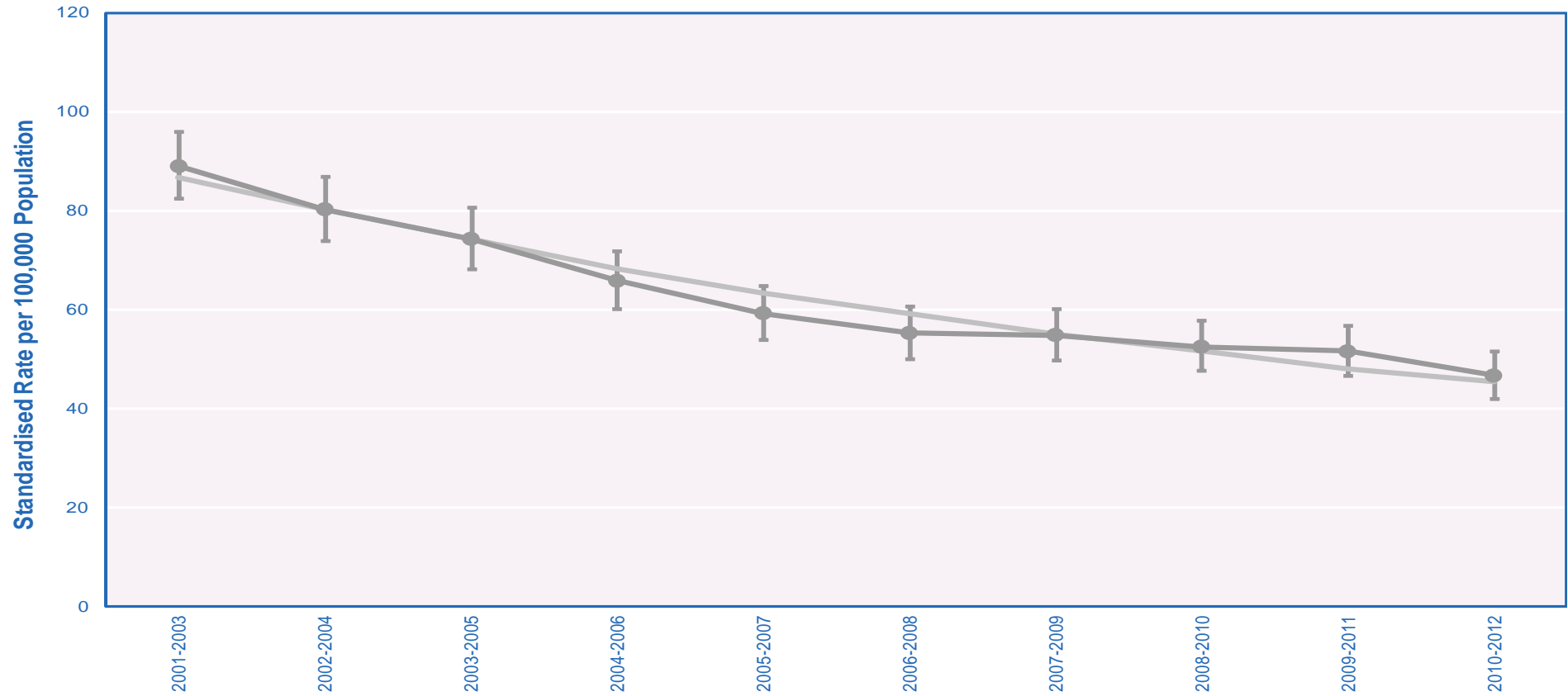


Directly Standardised Mortality Rates from Hypertensive Disease by Year 3-Year Rates, Dudley, Both Sexes Aged Under 75, 2012



Source: Office for National Statistics (ONS) Annual Deaths Extract
Office for National Statistics (ONS) Mid-Year Population Estimates

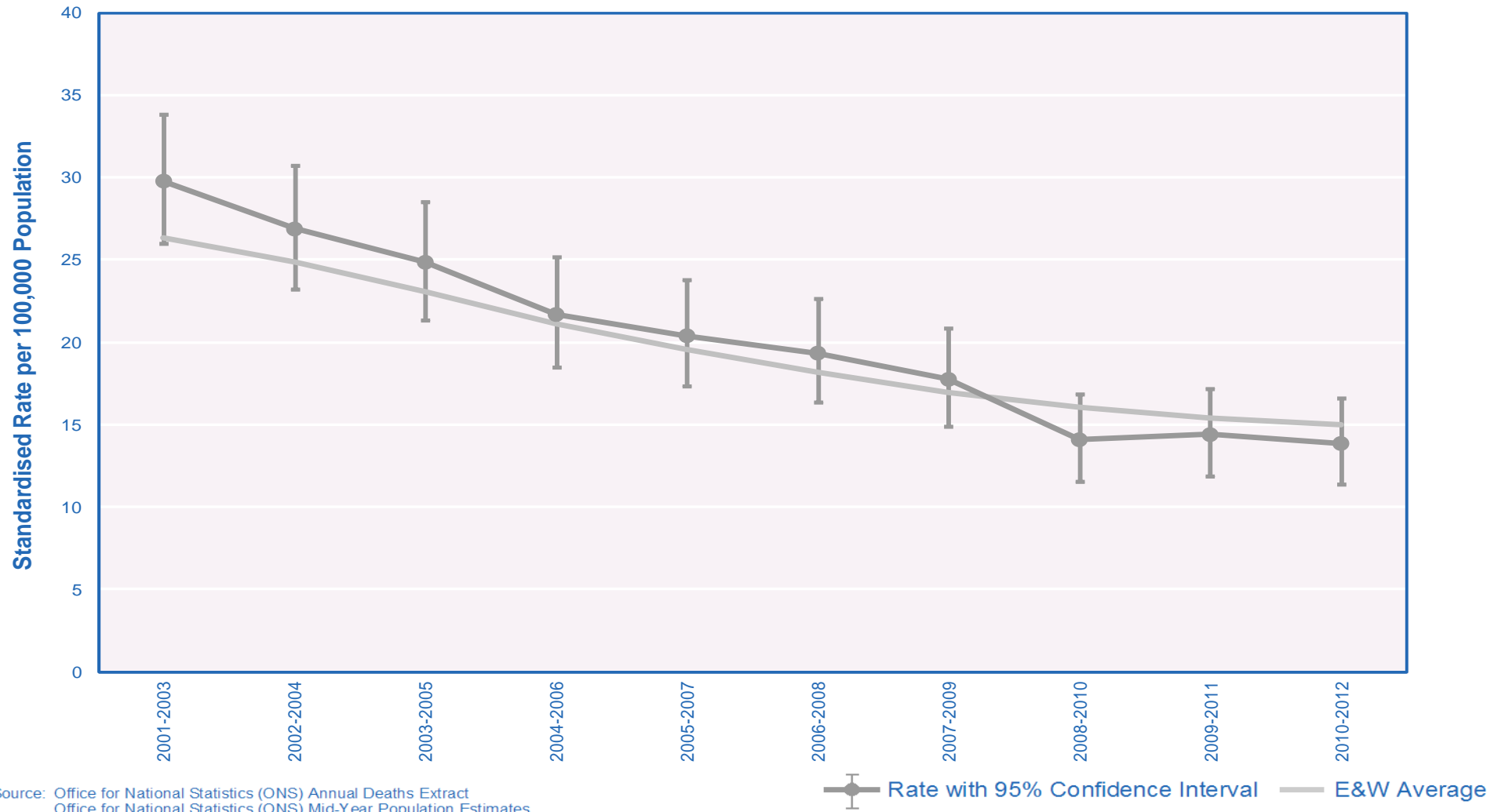
Directly Standardised Mortality Rates from CHD by Year 3-Year Rates, Dudley, Both Sexes Aged Under 75, 2012



Source: Office for National Statistics (ONS) Annual Deaths Extract
Office for National Statistics (ONS) Mid-Year Population Estimates

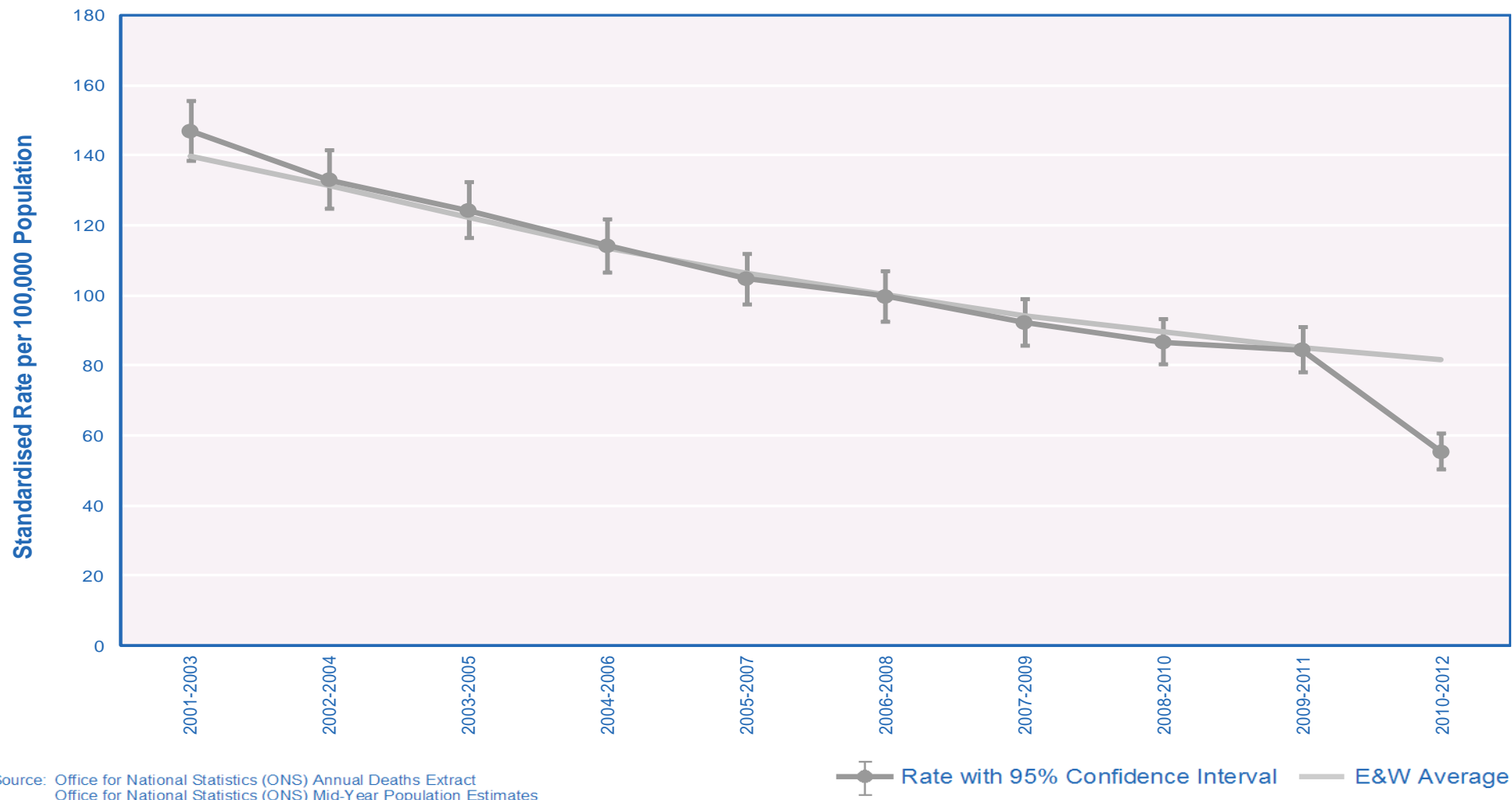
Rate with 95% Confidence Interval E&W Average

Directly Standardised Mortality Rates from Stroke by Year 3-Year Rates, Dudley, Both Sexes Aged Under 75, 2012



Source: Office for National Statistics (ONS) Annual Deaths Extract
Office for National Statistics (ONS) Mid-Year Population Estimates

Directly Standardised Mortality Rates from All Circulatory Diseases by Year 3-Year Rates, Dudley, Both Sexes Aged Under 75, 2012



Source: Office for National Statistics (ONS) Annual Deaths Extract
Office for National Statistics (ONS) Mid-Year Population Estimates

Rate with 95% Confidence Interval E+W Average

Learning....

- Translating this to a new era- post QOF as we know it...

	Indicator	Threshold	Evidence Base
VAS1	The percentage of people with vascular disease with a blood pressure which is treated to target of $\leq 140/90$ mmHg		NICE CG 127
DM3	The percentage of people with diabetes with a blood pressure which is treated to target of $\leq 140/80$ mmHg ($\leq 130/80$ mmHg with retinopathy, CKD or CVD complications)		NICE CG 127

Thank you for listening

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