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Leeds

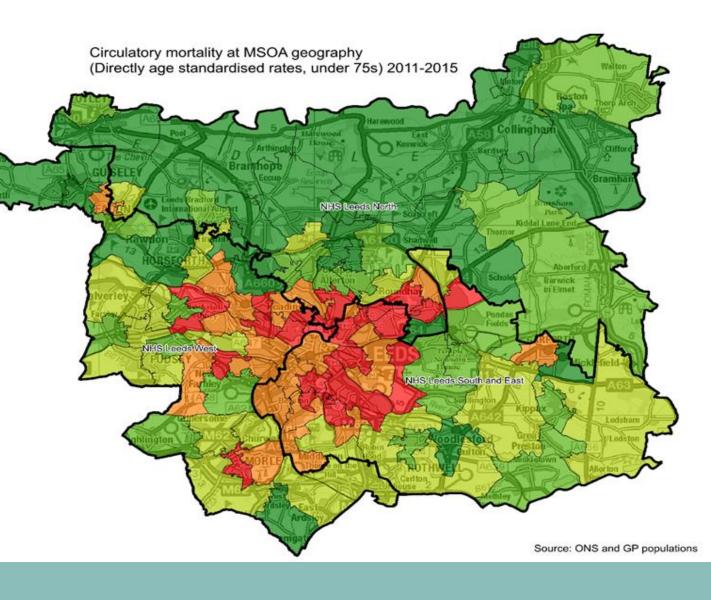
Population of 751,485

 There are 164,000 people in Leeds who live in areas that are ranked amongst the most deprived 10% (anationally.)

 10 year life expectancy gap between the most deprived and most affluent areas

 There are 141,771 people from BAME communities (19%) and over 85 languages spoken

 99 GP practices; 1 CCG within Leeds with different boundaries to LCC locality working









The Leeds Approach to Hypertension

- Estimated prevalence of 193,000 people with hypertension in Leeds
- Only 102,000 with a diagnosis
- 82,100 being managed to treatment targets (West Yorkshire Hypertension Dashboard, 2016)
- Variation in recording & treatment of hypertension

Leeds Priorities

- Quality Improvement scheme 2018-19
 - Increase identification
 - Optimise treatment
- BHF Opportunity to increase detection outside primary care







BPW Project Overview – The Aspiration

- Target 10,000 Blood Pressure Checks
- Delivered in Leeds City Council Workforce and 6 Community Pharmacies in deprived Leeds
- Aiming to address gap between expected and identified hypertension (circa 90,000 people)
- Identification of irregular pulse for AF
- Process for the service to follow up raised BP
- Opportunity to pilot new way of data sharing
- Contract award 1st April 2017
- Workplace commenced Feb 18, Pharmacy March 2018







Workplace

- Demographics from HR
- Contracted Leeds Community Healthcare to provide a Health Practitioner over two years
- Targeting LCC workforce Initially Manual Services

Pharmacy

Working closely with Community Pharmacy West Yorkshire

- Pharmacies in deprived Leeds approached via expression of interest
- 23 Applications
- Scored on Healthy Living Pharmacy status, private consultation rooms, opening hours and response to engagement question
- Target of 200 BP checks per pharmacy per year
- Lots of interest and willingness to work with us
- Incentive payments







IT system & Clinical Pathway

- Leeds Blood Pressure Wise is built on an innovative IT system
- Initial appointment in pharmacy or workplace
- People with raised BP offered HBPM and follow up appointment with practitioner
- All information inputted on the clinical template and shared with GP
- Records the outcome for the GP but patient responsible for follow up
- Referral letter provided to individual
- Signpost to local services & NHS Health Check
- Clinical pathway developed based on NICE Clinical guidelines includes Low Blood Pressure & Irregular Pulse
- Staff training provided for both elements







Interim Evaluation Findings

- 960 Patients with Blood Pressures taken (February- December 2018)
 - 875 Workplace
 - 85 Pharmacy
- 266 people found to have initial raised BP
- 20 people with severe
- 6 accelerated
- 30 people with irregular pulse and potential AF
- 139 people with 2nd/3rd raised reading and offered HBPM, 9 declined
- Average home BP reading 48 raised, 2 severe

Total people with provisional hypertensive diagnosis - 76







Blood Pressures – demographic data

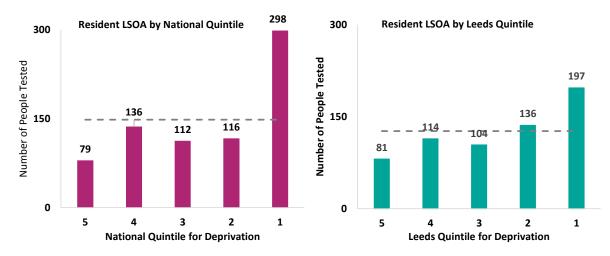


Figure 6: Readings Taken by National and Leeds Deprivation Quintiles (1 is the quintile with the greatest deprivation, 5 the least deprivation)

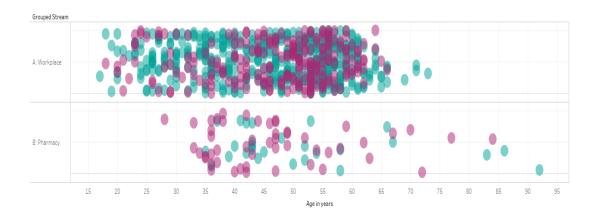
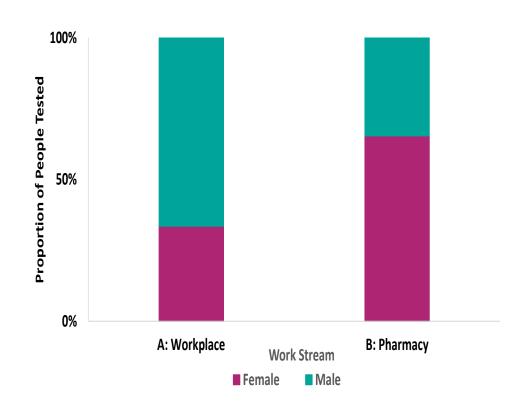
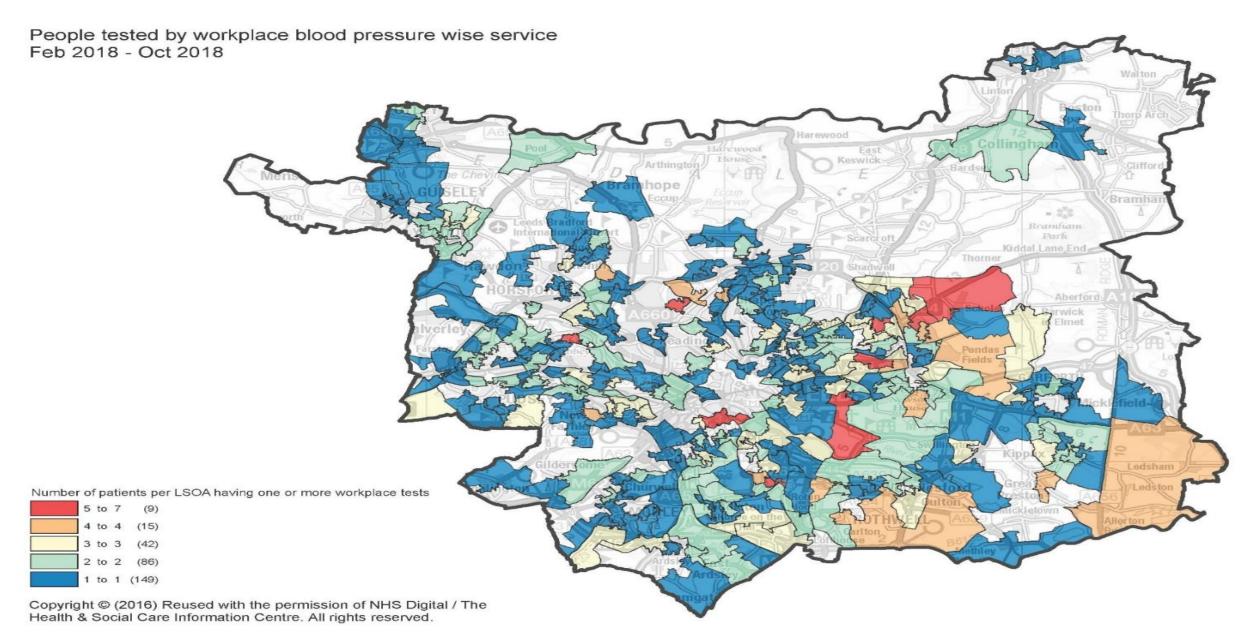


Figure 5: Age by Work stream and Gender

Figure 4: People Tested by Work stream and Gender



Workplace Readings



Survey Data

- Taken from 514 workplace surveys
- February- June 2018 no feedback received via pharmacy
- Participant satisfaction with the workplace work stream of the service is high.
- Participants in the service rated themselves unlikely to have a reading taken in a primary care setting, with over 45% rating themselves not likely to be tested in primary care at all.
- The workplace was effective in supporting participants through the provision of British Heart Foundation Leaflets, and signposting to NHS Health Checks in primary care and One You Leeds.

"Convenient to be able to be tested during work hours"

"A fantastic service, Thanks for saving my life."







Future sustainability & next steps

- Workforce element due to expire Oct 19
- Pharmacy finishes 31 January 2020
- Interim evaluation will inform next steps
- Link to West Yorkshire & Harrogate Healthy Hearts Project
- Ensure there is a community element for detection for example wider workplaces
- Maintain IT system & systematic process









Take home messages

- Don't rush a clear mobilisation period is needed
- IT system invaluable but complex, allow time to develop & maintain
- Can be too overambitious set realistic targets
- Be realistic with costs & funding available obtain quotes in advance
- Underestimated the time and capacity the project needed on good will
- Robust Governance Arrangements
- Pharmacies unfamiliar with Systm1.
- Staff and managers value the service in the workplace.
- Feedback from GPs has been positive.





