

## **Population Health Case Study: Tackling High Blood Pressure (BP) across Cheshire and Merseyside (C&M) as part of the C&M Health and Care Partnership (HCP/ STP).**

### **1) Background**

C&M covers nine local authorities and 12 CCGs, and has a population of around 2.5m people. Over 647,000 people are thought to be affected by high BP (hypertension) and almost half of these are thought to be unaware that they have the condition. In those known to the health system there is unwarranted variation in care, with more high BP and worse outcomes in deprived communities. Urgent action is needed to prevent, identify and manage people with high BP so we can reduce their risk of developing serious diseases such as heart attack, stroke, heart failure, chronic kidney disease and vascular dementia.

### **2) What are we doing in Cheshire in Merseyside? The Delivery Plan:**

As part of the C&M Health and Care Partnership (HCP, or STP), a shift in BP outcomes and a reduction in demand on the primary and secondary care will be achieved through a number of priority interventions:

#### **I. Empowering patients and communities to live better:**

- A C&M MECC Board has been established and is creating a strategic MECC plan
- Commitment to produce a C&M MECC organisational pledge
- Funding from a Local Workforce Action Board bid will support communications/engagement, evaluation, and training work-streams
- BP UK's Know Your Numbers campaign has been supported widely across C&M for last 3 years
- C&M 'Happy Hearts' website, a public- and professional-facing CVD-prevention website (in partnership with NHS RightCare) <https://www.happy-hearts.co.uk/>

#### **II. Strengthening the role of community pharmacies in the prevention, detection and management of high BP through BP testing.**

- C&M NHSE-Chaired BP in Community Pharmacy Oversight and Implementation groups have been established
- British Heart Foundation (BHF)-funded pilots are underway: 120 Healthy Living Pharmacies (HLPs) are being trained and delivering BP checks (so far 620 BPs over 9 months)
- 120 C&M HLPs participated in 'Know Your Numbers!' as Pressure Stations, and are piloting a conversational tool that aims to improve public engagement in BP testing.
- Development of a Service Level Agreement with community pharmacies for remuneration of BP testing activity (case-finding and to support medicines optimisation). The SLA is being developed with LPNs/LPCs- with a view to going live later in 2018.

#### **III. Quality improvement in general practice: Development of A C&M BP Quality Improvement (BPQI) package in partnership with BHF, HEE, NHSE, NICE and Champs.**

- The package builds on local insight work and is a nursing-focused tool that embeds into EMIS to support NICE-compliant BP care in general practice.
- Key components are: Practice-level BP dashboard/ audit tool, Consultation templates, Patient information prescription, Practice protocols and Supporting education and training. The tool is included in the NICE Shared Learning Database.
- Insight work with early adopting practices indicates the BPQI package is very positively received by the general practice team.
- Early quantitative data with 3 early adopting practices shows an average improvement in performance against most NICE Hypertension Quality Standards indicators by between 3 to 15% at 3 months.
- C&M BPQI partners have accepted an invitation to join a national PHE-led multiagency steering group to support development of a CVD prevention decision support and audit support tool for general practice.

### 3) Getting to this point: The C&M Approach

The current delivery plan builds on a history of cross-sector collaboration across the sub-region.

**C&M BP Partnership Board (2015):** A ‘call to action’ sub-regional stakeholder event led to the establishment of C&M cross-sector high BP Partnership Board, with membership from public health, NHS, local authority, Arms-Length Bodies (such as NICE, PHE, the Innovation Agency), voluntary sector organisations (e.g. British Heart Foundation, Stroke Association) C&M Fire and Rescue Services, and more.

**C&M BP Strategy (2016):** The Board launched a cross-sector sub-regional strategy to tackle high BP ‘Saving lives: Reducing the pressure’. Access the strategy via [http://www.champspublichealth.com/sites/default/files/FINAL%20BP%20Strategy%2017.5.16\\_0.pdf](http://www.champspublichealth.com/sites/default/files/FINAL%20BP%20Strategy%2017.5.16_0.pdf)

Delivery of the collective vision that ‘*our communities will have the best possible blood pressure*’ is through 10 strategic objectives: 1) Oversight and Accountability, 2) Intelligence and Evaluation, 3) Health and Care providers, 4) Education and Training, 5) Health System design, 6) Patients and Communities, 7) Engagement, 8) Supportive Environments, 9) Community Partners, 10) Innovation and Digital Technology.

#### **C&M Health and Care Partnership, HCP (2016):**

High BP and elements of the high BP strategy were embedded into the C&M HCP as part of Prevention work-stream to help address the 3 ‘gaps’ around Health and Wellbeing, Care and Quality, and Finance and Efficiency. It was estimated that if all C&M GP practices performed as well as the 75th best percentile for managing known BP patients, over 5 years we could prevent 183 strokes, 118 heart attacks, 256 cases of heart failure, 96 deaths. Furthermore, modelling indicated that investment of around £500k per annum across C&M could deliver a net financial benefit of between £7m and £8.2m in five years (discounted) based on 5% to 15% increase in diagnosis, and all GP practices performing as well as the 75th best percentile for managing blood pressure in people with high BP.

### 4) Challenges

Innovative cross-sector working to tackle high BP isn’t without its challenges, for example;

- building on non-recurrent funding opportunities (such as bids) to achieve sustainable approaches

- the cultural shift towards prevention, self-care, and new models of service delivery in the community
- concern from some in general practice regarding potential impact on workload (increased detection) and/or income. Embedding into wider discussions about transforming primary care is important.
- Data sharing, information governance
- Connectivity of systems across organisational boundaries e.g. Apps, pharmacy/ GP software

## **5) Summary**

Tackling high blood pressure has the potential to improve care, improve health outcomes and support sustainability of health and local authority services. It can be achieved as part of a strategically-embedded cross-sector system approach.

Partnership working between traditional health service colleagues and a range of community partners, for example community pharmacies, Fire and Rescue Services, local authorities and voluntary sector organisations is key to increasing capacity and 'reach', and public health teams are well placed to act as a system facilitators.

Working on a sub-regional footprint enables progress to happen at a pace and scale that would not otherwise be possible. Digital technologies and innovations can play an important role in engaging the public, detecting high BP and connecting system partners.