

Cheshire & Merseyside Blood Pressure Annual Report 2018

Halton Council Case Study

Hypertension Audits in Halton:

To improve BP management and control across the population, Halton CCG has undertaken audits of practice-level performance against NICE Hypertension Quality Standards in 2014/15, and later in 2017/18. Key recommendations from the audits are set out in this case study.

2014/15

In 2014/15 Halton CCG undertook a practice level audit of performance against NICE Hypertension Quality Standards:

NICE Hypertension Quality Standards

- **QS1:** People with suspected hypertension are offered ambulatory blood pressure monitoring (ABPM) to confirm a diagnosis of hypertension.
- **QS2:** People with newly diagnosed hypertension receive investigations for target organ damage within 1 month of diagnosis.
- **QS3:** Adults with newly diagnosed hypertension and a 10 year cardiovascular disease risk of 20% or more are offered a statin (since been updated).
- **QS4:** People with treated hypertension have clinic blood pressure (measured in the preceding 9 months) target set to below 140/90 mmHg if aged under 80 years, or below 150/90 mmHg if aged 80 years and over.
- **QS5:** People with hypertension are offered a review of risk factors for cardiovascular disease annually.
- **QS6:** People with resistant hypertension who are receiving 4 antihypertensive drugs and whose blood pressure remains uncontrolled are referred for specialist assessment.

At the time of the audit (June 2014 – May 2015) 15% of the Halton population was diagnosed with Hypertension and on some form of treatment, and it was estimated that nearly 13,000 people had undiagnosed high BP.

Audit was conducted across all practices and results for 12 practices analysed. Over 800 new diagnoses of hypertension were made across 12 practices during the audit period.

The audit demonstrated unwarranted practice-level variation in performance against NICE Hypertension quality standards.

2014/15 Key Recommendations:

1. Development of a template for re-audit
2. Practices to check for data accuracy- could practices be using alternate read codes/ other entries in notes which were not identified by audit, this would also enhance QOF attainment. A re-audit may then identify additional patients

3. Identify if there are exclusion criteria or exceptions which could explain the low number identified
4. Review services such as access to ECG, AMBP, Fundoscopy/ retinal imaging and access to lifestyle services to ensure that practices are able to access these
5. Review of atorvastatin prescribing in primary prevention of CVD to be conducted
6. Advice on methods to achieve medication adherence around Hypertension to be discussed with Medicine Management
7. Consistency in data recording could be achieved by using the same template for recording hypertension review and follow up of new and existing patients

2017/18

Later, in 2017/18, another audit of practice-level performance against NICE Hypertension Quality Standards was undertaken as part of an Enhanced Scheme across all Halton Practices. Practices developed their own three point quality improvement action plans after the first audit cycle, put these into practice, and closed the loop with a second round of data collection. After this second round of data collection, new plans were developed, and some key themes emerged:

2017/18 Key themes and recommendations:

- Ensure patients referred for ACR testing and/or correctly coded
- Ensure patients have urinalysis and/or correctly coded
- Increase number of patients diagnosed on Home BP Monitoring or Ambulatory BP Monitoring
- Improve alcohol assessment and/or correctly coded
- Ensure CVD risk/QRISK undertaken
- Ensure lifestyle advice given