

Cheshire & Merseyside Blood Pressure Annual Report 2018

Sefton Council Case Study

Quality Improvement pilot in Blundell Sands Surgery, South Sefton CCG

The Blundell sands practice has been able to look at different ways of working to improve the management of patients newly diagnosed with hypertension and those with the condition to ensure it was appropriately managed. The patient flow has improved, and now many of the patients who are well controlled can monitor their own blood pressures, recording on a practice form and handing in their results for recording in their records. The role of the health care assistant has supported the self-management plans of their patients and also helped to redirect some of the regular monitoring away from the Practice Nurses, allowing them more time to consult with patients with difficult to manage cases or co-morbidities. The health care assistants also follow the protocol to refer for ECG's, to exercise programmes and for ambulatory blood pressure monitoring (ABPM).

The use of the primary care dashboard offers an opportunity for the whole practice to be involved in the quality improvement element of patients care, and this is a model we would like to extend to other areas of general practice.

Patient Stories:

Patient A is a 53 year old male who presented to the GP with intermittent pains. He was referred for an ECG and bloods and also booked in for ABPM as his BP was elevated. This demonstrated that he did have hypertension so as per guidelines he was commenced on an ace inhibitor. He was then referred to the health care assistant for further monitoring and renal function blood test. As his BP remained elevated she referred him to the PN prescriber for up titration of his medication. During these consultations lifestyle issues were discussed.

Patient B is a 60 year old male who attended for a cardiovascular disease (CVD) assessment with the health care assistant. During this he was given lifestyle advice but was noted to have a raised BP. He was asked to return 2 weeks later and was seen by a PN. His BP had improved but as he had a home monitor she asked him to monitor this for a 2 week period and return. This demonstrated hypertension. He had already had bloods but was referred for an ECG and advised to see his optician. He was commenced on medication as per guidelines and his BP is now controlled.

Staff Stories:

The training provided to the HCA team has enabled them to use the protocol/template efficiently. They have confidence in referring patients for either ABPM or for home monitoring. The template reminds them of targets and when to act. It also acts as a prompt to request an ECG/blood or urine tests. This has had an impact on reducing referrals to the PN.

South Sefton CCG has supported the development of the BPQI pilot and commissioned an additional hypertension workshop in July prior to the national 'Know your numbers' BP campaign in September. It is hoped that other practices will sign up to this quality improvement initiative.