

Cheshire & Merseyside Blood Pressure Annual Report 2018

Wirral Council Case Studies

1. The Beacon Practice Scheme: quality improvement in general practice

Four practices across Wirral took on 'Beacon Practice' status for 2 years from November 2016, with the aim of improving high BP detection and management with support from Wirral CCG and Wirral Public health. The practices were supported in a number of ways including through access to loan of additional BP equipment, dedicated teaching time and IT support (e.g. for audit and coding issues).



Practices explored new ways of working and each produced individual project plans. Practices met collectively up to 4 times a year and undertook regular audits based on NICE hypertension indicators, sharing results with Wirral CCG.

The Beacon BP practice project delivered some real progress to quality improvement in participating practices in their treatment of patients with hypertension. The practices reported how much they enjoyed working on a clinical quality improvement project across the whole multidisciplinary team and that the length of the project meant they could try different approaches and make changes to their protocols/systems.

Staff highlighted the need for a 'cultural shift' across all practice staff in order to deliver a truly robust hypertension service to patients.

Key successes: Over the 2 year project, the Beacon Practices:

- Improved use of self-measurement or ambulatory BP monitoring (ABPM) to diagnose high BP in line with NICE guidelines
- Undertook more baseline investigations for hypertension (as per NICE guidelines) and became more efficient at capturing data about these through the use of a dedicated BP Template (developed locally).
- Achieved a greater proportion of patients who were self-monitoring/self-testing both for diagnosis and ongoing treatment. *Note: Practices had a ready supply of BP monitors and improved access to ABPM devices.*

Challenges:

- Several innovative methods were adopted to encourage patients with poorly controlled hypertension to attend for clinical review (e.g. the use of group sessions and dedicated mail shots), but without significant impact

- Overall figures for blood pressure control amongst Beacon Practices compared to the rest of Wirral did not show significant changes within the timeframe of this project

Recommendations: At the end of the 2 year Beacon Practice project, local recommendations include:

- Use of standardised templates to support best practice and data capture
- Dedicated hypertension training for practice nurses
- Increased access to BP equipment for home and ambulatory BP monitoring
- Focused briefings/communications for practices about performance and BP news
- Improved BP data sharing across NHS partners
- Quality Premium schemes to incentivise quality improvement activity e.g. training, templates, patient engagement, audit



2. Workplace blood pressure testing events

A number of workplace and community-based blood pressure testing events (e.g. Child Support Agency, the Department for Work and Pensions and others) have been held across Wirral to support detection of undiagnosed high blood pressure.

Convenient opportunistic testing in the workplace can help to extend the reach of BP testing, and has the potential to make a huge difference to those affected who are identified as having raised readings, as demonstrated in the following examples.

Example 1: An employee who had a BP reading of 168/110mmHg at a workplace testing event subsequently opened up about stress, depression and excess alcohol intake. On later review by the GP, the individual's BP remained high and pulse was fast and irregular. An ECG confirmed Atrial Fibrillation. The individual was referred for further BP and cardiac testing and will be managed and supported by local services.

Example 2: An employee in their 40s had an opportunistic BP check at a workplace event. Despite having no obvious risk factors or symptoms, their blood pressure readings were consistently extremely high at 220/120mmHg. The individual was reviewed by their GP and admitted to hospital owing to the imminent threat of a stroke or heart attack. They are now on a treatment plan to control their high blood pressure.