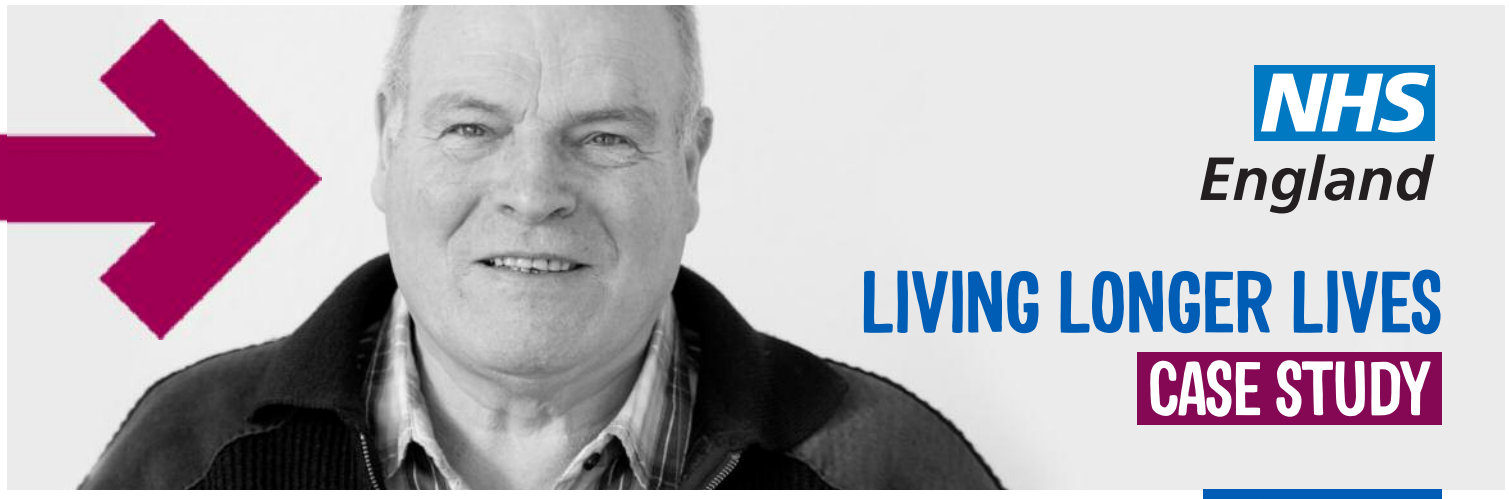

NHS England

LIVING LONGER LIVES

CASE STUDY

February 2016

Using practice based pharmacists to manage hypertension in Dudley

KEY LEARNING

- GPs were engaged through a practice engagement scheme and the hypertension action plans.
- A three year CCG Local Quality Premium for hypertension provided a funding incentive.
- Hypertension was made a clinical priority for CCG.

INTRODUCTION

- In 2002, statistics for Dudley PCT showed that the standardised mortality rate from hypertensive disease was double the England average.
- Further local audit in 2013 identified there were 11,000 patients diagnosed with hypertension whose blood pressure was not managed to 150/90mmHg, and an estimated 27,800 patients missing from hypertension registers.

BACKGROUND: DUDLEY CCG

Dudley is ranked 118 out of 326 in the Index of Multiple Deprivation (2015) with a population of 316,000 (ONS 2014 mid-year estimates). Life expectancy is close to the national average at 79.2 years for males and 83.2 years for females, compared with an England average of 79.4 years and 83.1 years. The life expectancy gap at birth between the least and most deprived local deciles in Dudley is 9.7 years for males and 6.1 years for females (2011-13).

Dudley CCG has the highest recorded prevalence of hypertension in England at 17.7%, or 54,606 people, compared with an average of 13.7%(QOF 2013/14).

WHY WAS A PROJECT TO TARGET HIGH BLOOD PRESSURE DEVELOPED?

A pharmacist-led audit in Dudley identified several underlying issues:

- Difficulty identifying patients with hypertension
- Practices only treating patients to the QOF target, not the evidence-base
- High levels of exception reporting
- Patients both being not recalled and not attending follow-up appointments after diagnosis
- Patients perceiving hypertension as not important, probably because this is silent and not a visible condition.

AIMS OF THE PROGRAMME

Dudley set up a project to:

- Identify patients with high blood pressure with a view to diagnosing hypertension
- Manage hypertension to the evidence-based target, not just the previous QOF target
- Ensure the most cost effective treatments are used to manage patients with hypertension
- Review exception reporting annually for all patients diagnosed with hypertension

- Reduce the gap in the standardised mortality rate between Dudley and the England average
- Improve life expectancy and outcomes for people with hypertension and related diseases
- Address intra-practice variation within the CCG
- Look at ways of working with the community to identify harder to reach patients with the highest risk of untreated and undiagnosed hypertension, such as middle-aged males.

HOW WAS THE PROGRAMME IMPLEMENTED?

A local hypertension audit was completed by the practice-based pharmacists in every GP Practice in Dudley. The audit was designed by a pharmaceutical advisor with support from the Office of Public Health's cardiovascular lead nurse. The audit returns were analysed and written up by the Pharmaceutical Public Health Team who used this to gain CCG support for the hypertension project.

Practice-based pharmacists (PBPs) worked with general practice to audit high risk patient groups and identify patients with hypertension who were undiagnosed. The PBPs used the EMIS search and report system and the results of NHS health checks to identify, screen and diagnose patients. They then managed these patients to the evidence-based NICE target for specific diseases such as hypertension and diabetes, not just the previous QOF target of 150/90mmHg.

The CCG used a local quality premium to support the work of PBPs and incentivise general practice. Each practice submitted an individual practice prescribing action plan to receive payment. The scheme has been in place for three years and each year has focussed on a different patient sub-group, including, patients with peripheral vascular disease, heart failure, diabetes and renal conditions.

A significant group of stakeholders were involved, including:
- a pharmaceutical advisor (who led the project)
- practice-based pharmacists (PBPs) and every general practice in the CCG
- the CCG's director of public health, head of commissioning, head of quality and the lead commissioning manager for long term conditions
- the GP clinical lead and lead nurse for CVD
- the CCG's Clinical Development Committee and Prescribing Sub-Committee
- Dudley Group NHS Foundation Trust's cardiologist medical service head
- the Office of Public Health (who were the lead for NHS Health Checks).

CRITICAL SUCCESS FACTORS

- Awareness of issues and the importance of managing hypertension at the GP practices within the CCG
- Comparison of local results to expected prevalence
- Discussions at practice-level on how to improve within local GP practice populations
- Making PBPs a 'free' resource to GP practices, by allowing them to work beyond QOF
- PBP expertise in managing hypertension, by using broader medicines management skills including independent prescribing
- Analysis of the health economy impact of untreated and unmanaged hypertension
- Support from a PBP to complete the audit and review patients
- PBP clinical skills in managing hypertensive patients.

WHAT BUDGET RESOURCES WERE NEEDED?

The project was carried out within the existing practice-based pharmacist budget as part of their annual work plan.

PROJECT OUTCOMES, IMPROVEMENTS AND COST SAVINGS ACHIEVED

Clinical Audit findings (carried out after the first year of the project):

- 11,000 patients diagnosed with hypertension whose blood pressure was not managed to 150/90mmHg
- 27,800 patients missing from hypertension registers were discovered
- Hypertension prevalence improved in two thirds of practices
- Prevalence increased by 63% due to newly diagnosed hypertension
- 37% fewer patients received treatment but no diagnosis code
- Treatment to 140/90mmHg was achieved by 90% of practices (the standard is 50%, and inter-practice variation 6-99%)
- BP5 (treatment to 150/90mmHg) increased from 73 to 85% of practices (the standard is 60%)
- 550 patients (2% of the register) declined hypertension monitoring, all of whom received information about the condition
- A link was made between deprivation and higher levels of undiagnosed hypertension
- Despite this increase in prevalence, Dudley is still considerably below national prevalence figures.

Projected benefits post audit:

- Potential cost savings of £13m Hospital Admissions Related to Medicines (HARMS) over five years for the estimated 27,800 patients previously missing (£469/pt)
- Potential savings are not included for those 11,000 patients whose blood pressure is not managed to 150/90mmHg
- By reducing blood pressure from 150/90mmHg to 140/90mmHg, the risk of CHD is reduced by 22% and the risk of stroke is reduced by 41%.

Post audit achievements:

- Locally agreed Quality Premium for Hypertension for 2013/14, 14/15 and 15/16
- At the end of March 2014, over 2000 patients were reviewed as a result of Quality Premium work
- 1096 new patients were diagnosed with hypertension over two years, exceeding the Quality Premium target for 13/14 and 14/15
- For every 1,000 patients controlled, 16 strokes and 12 myocardial infarctions (MIs) could be prevented each year
- The hypertension register for Dudley CCG has grown by 1096 patients in two years
- Prevalence of hypertension has increased from 13.4% in 2004/05 to 17.7% in 2014/15.

Cost savings:

- For every 1,000 patients controlled, 16 strokes and 12 MIs could be prevented each year.
- £127K per year for the 16 strokes prevented, based on a stroke cost of £8K (acute care + ongoing cost).
- £90K for the 12 myocardial infarctions saved, based on an MI cost of £7.5k
- In one year, changing behaviour has enabled Dudley CCG to save £200K and also receive the quality premium monies for the CCG to reinvest into services.

FUTURE WORK

The CCG is now focussing on treating to the NICE evidence-based target in line with disease guidelines and using NHS Health Checks and EMIS Search and Report system to case-finding high risk patients such as those with peripheral arterial disease and chronic kidney disease.

KEY LEARNING

- Reducing hypertension is ongoing work
- CCG and practice engagement is imperative
- Clinical workforce support is ideal
- Changing behaviours is the biggest challenge with clinical staff.

CONTACT

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