

## Cheshire & Merseyside HCP Prevention Board High Blood Pressure Update

<b>Method of communication</b>	Paper
<b>Date and time</b>	22 <sup>nd</sup> November 2018
<b>Agenda item</b>	High blood pressure update
<b>Prepared by</b>	Dr Mel Roche
<b>Presented by</b>	Dr Mel Roche
<b>Contact details</b>	<a href="mailto:melanieroche@wirral.gov.uk">melanieroche@wirral.gov.uk</a> , tel: 0151 666 5139
<b>Intention</b>	For information

### 1. Purpose

To update the C&M HCP Prevention Board on:

- progress in delivery of BP Programme
- impact on key performance indicators to date
- next steps

### 2. Background

Around 90% of high BP is preventable, but despite this high BP is very common; over 647,000 people across C&M are thought to be affected. Of those affected by high BP, over 260,000 are thought to be undiagnosed, and of BP patients known to the health service there is scope to improve care and control.

The **C&M BP Partnership Board** was established in 2015. Membership includes 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. The CM BP Board is represented on, and works closely with, the National CVD Prevention System Leadership Forum (previously the National BP Board).

**C&M cross-sector BP Strategy** 'Saving lives: Reducing the pressure' was launched in 2016. The vision; *'our communities will have the best possible blood pressure'* will be delivered 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.

The high BP strategy is embedded into the **C&M Health and Care Partnership** Prevention work-stream.

Deliverables set out in the BP strategy have recently been updated for 2018-20 by the BP Board (Appendix A), reflecting progress and aligning to HCP opportunities and priorities.

### **High BP remains a global and national priority**

- A recent Lancet paper reiterated the global importance of **tackling risk factors** for non-communicable diseases, including high BP (Foreman et al, Oct 2018)<sup>1</sup>.
- The NHSE/PHE Size of the Prize resources highlight the **health and financial benefits** that could be realised nationally and sub-regionally through improved high BP detection and management.
- The PHE-led national CVD System Leadership Forum is soon to publish a series of challenging **national ‘ambitions’ for CVD prevention**, including high BP detection and control.
- CVD prevention, including tackling high BP, is expected to feature in the upcoming NHS Long Term Plan

### **3. Work Stream updates**

- a. Community empowerment
  - Know Your Numbers
  - Happy hearts website
  - MECC
- b. Detection - BP testing in community and workplace settings
  - BHF pilots, rounds 1&2
- c. Community pharmacy roles
- d. General practice quality improvement
- e. Innovation and digital technology

#### **a. Community Engagement and Empowerment**

##### **Know Your Numbers! Campaign**

September 2018 was the third consecutive year C&M partners have supported the national Blood Pressure UK awareness-raising campaign, ‘Know Your Numbers!’. In addition to locally-registered pressure stations, 120 Healthy Living Pharmacies and other BHF pilot sites were registered through BHF funding. The Champs Support Team developed and ran a KYN digital campaign for Facebook & Twitter which ran for a week from 10<sup>th</sup> September, and a campaign toolkit supported promotion locally.

This year the local KYN Facebook campaign directed people towards the C&M Happy Hearts website (see below) which included, amongst other things, a ‘Pressure Station’ location search tool. A more holistic CVD prevention message was promoted during KYN across C&M this year as the KYN campaign was dovetailed with the PHE Heart Age campaign on the Happy Hearts website.

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<sup>1</sup> Forecasting life expectancy, years of life lost, and all-cause and cause-specific mortality for 250 causes of death: reference and alternative scenarios for 2016-40 for 195 countries. Published online October 16 2018 [http://dx.doi.org/10.1016/S0140-6736\(18\)31694-5](http://dx.doi.org/10.1016/S0140-6736(18)31694-5)

## Happy Hearts website

The C&M 'Happy Hearts' website ([www.happy-hearts.co.uk](http://www.happy-hearts.co.uk)) launched in September 2018 to support Know Your Numbers week.

C&M is the first STP in England to roll out the public- and professional-facing CVD Prevention 'Happy Hearts' website. The website is based on similar 'Healthy Hearts' websites developed in Bradford and the Vale of York, and is the result of the **NHS RightCare** Hot Housing Scheme identifying C&M as a sub-region with a mature BP system that could roll out a bespoke localised version of the website at pace and scale.

This collaborative project is led by a cross-sector steering group (with input from Prevention-, BP, CVD, and MECC Boards), Chaired by Lee Girvan, PHE (North) CVD Prevention lead. The website aims to underpin coordinated and consistent public and professional information and communications by supporting:

- **Public engagement:** Promotion of CVD prevention messages to the public and provision of education, information and signposting. The website emphasises lifestyle advice and promotes local lifestyle services
- **Professional CVD Prevention hub:** Provision of a central point of focus for a wide range of CVD prevention information and resources relating to work across C&M.

A second phase of development is now underway during which content for a broader range of CVD prevention risk factors will be developed by the cross-sector steering group, moving to a more distributed model of responsibility for delivery. Governance and accountability arrangements for website development and maintenance are being finalised.

## Making Every Contact Count

Making Every Contact Count 'at scale' is a priority deliverable within the BP HCP delivery plan, as well as being a well-established work-stream independent of the BP work. The MECC Partnership Board has ratified a strategic framework and dashboard. A successful HEE Local Workforce Action Board bid will help drive forward the implementation of MECC across C&M, focusing on;

- **Changing organisational culture.** Embedding MECC into organisational strategies as part of a wider focus on prevention and enabling sustainable delivery.
- **Scaling up training** – Training resources to be collated using a skills escalator approach and accredited Face to face Training is to be rolled out from January 2019
- Maximising the impact of MECC across C&M through **Communications and Engagement** and a shared learning portal – a Communications and Engagement Strategy will be developed (including MECC link website in partnership with YAS)

**'Prevention pledge':** Linking into and supporting MECC, a Prevention Board CQUINs task and finish group is exploring how to support NHS Trusts to engage fully with CQUINs that align with HCP Prevention priorities (e.g. healthy food, physical activity, alcohol, smoking, AMR, mental health and wellbeing).

Development of a 'Prevention pledge' for NHS Trusts has been proposed that could build on the Local Authority Declaration on Healthy Weight, to underpin a broader prevention focus and commitment. A package of implementation support will be crucial. Partners are co-developing project plans in order to help secure resources to implement.

## **b. Detection: British Heart Foundation Community BP Testing Pilots**

### **i) BHF Round 1: Community BP testing by a Community Partners**

The BHF Steering Group, Chaired by Helen Cartwright, continues to make great progress. In this first round pilot, BP testing is being undertaken by a range of community partners in a range of settings across C&M, including; Fire and Rescue Safe and Well checks, Healthy Living Pharmacies, Halton Health Trainers and a Wellpoint BP kiosk in Warrington, all working to a locally-developed pathway for consistency.

Also as part of the pilot a 'Happy Hearts' conversational tool has been developed to support community-based conversations that empower the public to be aware of, and take action in relation to their own BP.

The minimum target of 5,000 BPs per annum has been exceeded in the pilot's first year; since commencement of the project to 30<sup>th</sup> September 2018:

- **271 individuals** have so far been **trained** to undertake BP Checks (accredited to City and Guilds Health and Social Care – Level 3)
- **6,110** new case BP checks have been conducted. Of these:
  - 3,817 (62.5%) were female and 2293 (37.5%) were male
  - 3,942 (64.5%) had a reading that was normal (<129/84 mmHg) to high side of normal (130/85- 139/89 mmHg)
  - 1,683 (27.5%) had a reading that was high (140/90 – 179/109 mmHg)
  - 146 (2.4%) had a reading that was very high (140/90 – 179/109 mmHg)

A high proportion of tests are being undertaken in the most deprived areas (32% of tests in the most deprived quintile).

### **ii) BHF Pilots Round 2: BP Testing in C&M Workplaces**

Helen Cartwright will chair the steering group for the second round pilots (due to meet for the first time 29<sup>th</sup> November 2018) which will scale up BP detection across C&M by embedding BP checks within wellbeing at work programmes across all nine C&M local authorities, in addition to C&M Fire and Rescue Services and Healthy Living Pharmacies. Funding will;

- Provide equipment and accredited training to enable over **700 Health and Wellbeing champions/workplace champions** to undertake BP Checks.
- Provide of a state of the art **touch screen health kiosk** in 4 local authorities (Sefton, St Helens, Halton and Warrington). The kiosk calculates BP, Body Mass Index, Body Fat, Heart Rate and Heart Age using the Heart Age Tool.
- Enable a further **120 Healthy Living Pharmacies** to be trained to undertake BP Checks
- Interest has been expressed by a general practice and acute NHS Trust on Wirral to also participate in the pilots

Through the focus on workplace settings and workforce health it is hoped high BP workplace testing will be embedded in local **industrial strategies**, and the work further supported by locally elected council members.

### c. Blood Pressure in Community Pharmacies

Optimising BP prevention, detection and management opportunities in community pharmacies is embedded in the HCP BP plans. NHSE-Chaired C&M Community Pharmacy BP Oversight and Implementation Groups are making good progress in a number of projects:

**Healthy Living Pharmacies (HLPs)** have a strong presence in the most deprived areas across C&M making them ideal settings to drive a reduction in inequalities. Through the **BHF pilots** a total of 240 HLPs will receive BP testing equipment, training and resources. In BHF Round one, 1,613 new case BP checks have been undertaken in HLPs so far, exceeding their 1,500 p.a. target.

**NHSE** have committed £50k to support implementation of a **standard contract extension for remuneration of community pharmacy BP-testing activity** (for both new case-finding and to support antihypertensive Medication Use Reviews). The contract extension is planned to will go live in early 2019 and will support longer term sustainability of the progress made with the BHF pilots, as well as driving quality improvement through medicines optimisation.

The delivery plan for the £37.5k from C&M CCGs to support BP testing in community pharmacies is being finalised, building on developments with BHF pilots and the NHSE plans.

### d. Quality Improvement in General Practice

C&M are leading the way nationally with a solution to quality improvement in general practice BP care (the 'BPQI package'). Whilst there are national developments for a central audit of CVD prevention care in general practice ('CVD PREVENT' audit), there is a national gap regarding how to address the unwarranted variation in BP care and control this will uncover.

Practices and commissioners are largely unaware of their performance against NICE guidelines, and workload pressures make quality improvement initiatives challenging. Good progress has been made in developing an effective and acceptable quality improvement solution in C&M, the 'BPQI package'.

**The BPQI Package:** Development of the BPQI package has been a voluntary sector, health, public health and Arms-Length Body collaboration. Building on insights from a NICE-led workshop (2016) with Wirral practices, British Heart Foundation Clinical Development Coordinators co-developed and piloted a high BP quality improvement package with Sefton CCGs and practice staff. A small number of practices across C&M became early adopters of the primarily nurse-focused BPQI package, which includes:

- EMIS-embedded dashboard/ audit tool (aligned to NICE quality standards)
- EMIS-embedded consultation templates (new and existing patients)
- Practice protocols
- Printable patient information leaflet
- Training support

NHS England funding enabled dashboard refinements and insight with early adopting practices. As a result the dashboard enabled comparison of practice-level performance at baseline with performance at 14 weeks (average), and semi-structured interviews and an email survey were used to collect views of practice nurses, health care assistants, practice managers and GPs from 3 practices.

**Results:** The findings demonstrate that the BPQI package is effective (practice-level performance against indicators for BP care and control improved between approximately 3% and 15% at 14 weeks) and is acceptable and popular (staff feedback was positive with staff describing the package as intuitive, time-saving, and effective).

Consequently, **NHSE C&M**, including the **C&M General Practice Nursing Collaborative** has confirmed its support for rolling the BPQI package out 'at pace' across C&M, and the pathway to achieving this is being explored. A phased approach has been proposed, driven and overseen by a multidisciplinary task and finish group.

The BPQI package is featured on the NICE Shared Learning Database, and in light of recent progress, NICE is taking forward discussions regarding formal **NICE endorsement** of the package.

The practice-level audit data lends itself to a Sector Led Improvement approach, and the **C&M Getting It Right First Time** team, Champs and PHE are exploring potential for a future local GIRFT event focusing on BP quality improvement in general practice.

A delivery plan for the £11.5k from CCGs to support BP quality improvement in general practice will be finalised after key meetings with NHSE, NICE and GIRFT.

#### **e. C&M CVD Prevention Digital Solutions**

The potential to revolutionise and modernise how we deliver BP care through digital innovations is huge.

A small working group with partners from CVD-, Prevention-, and BP- Boards, the BP in Pharmacy group, and the Innovation Agency are exploring how to build on progress made through the recent test bed bid application - the bid itself was not successful but much progress was made in developing understanding and innovative ideas for next steps.

A project initiation document is being developed to outline aspirations and to support funding application opportunities when they arise.

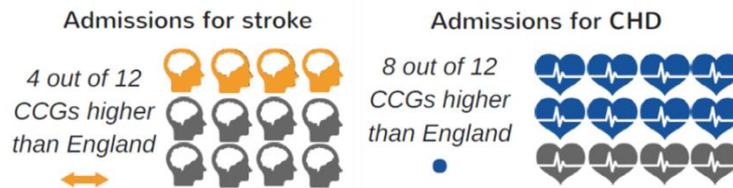
#### 4. Impact: Key Performance Indicators

Progress against the C&M BP strategy, 'Saving lives: Reducing the pressure' is monitored by a logic model-style indicator dashboard that sets out a series of deliverables, short-, medium- and longer-term key performance indicators reflective of the strategic objectives. The dashboard (updated in 2018) demonstrates there has been good progress against the original 2016-2018 delivery plan (recently updated for 2018-20, Appendix A).

Key performance indicators (KPIs) for the CM HCP BP programme span prevention, detection, management and impact. It is encouraging at this stage to see positive change in shorter term indicators (KPIs 2 and 3). We anticipate that routinely available data will start to demonstrate progress in population-level BP control and impact on CVD complications (KPIs 1 & 4) over the coming year or so.

**KPI 1 (Impact):** Number of local CCGs with higher than the national average hospital admissions for:

- **Heart attacks:** In 2014 - 15, 7/12 CCGs were above national average for hospital admissions for heart attacks. In 2015-16 data was available as Coronary Heart Disease (CHD) rather than heart attacks, preventing direct comparison. 8/12 CCGs were above the national average rate for CHD admissions in 2015-16.
- **Strokes:** (4/12 CCGs above average in 2014-15, unchanged for 2015-16)



**KPI 2 (Prevention):** NHS providers meeting HWB CQUIN 1b (Healthy food for staff, patients and visitors). Half of NHS providers for whom data was available (7/14) were achieving the HWB CQUIN 1b, 2016.



**KPI 3 (Detection):** Gap between observed and expected prevalence of BP reduced from 11% (2014-15) to 9.8% (2016-17).

**KPI 4 (Management):** % patients treated to QoF target levels of 150/90mmHg or less (81% 2014-15, unchanged at 81% 2016-17), and a reduction in CCG-wide practice-level variation (10-44% 2014-15, range reduced to 18-30% 2016-17)



## 5. Next steps

Next steps for implementation of the BP programme will focus on:

- Driving **public empowerment and engagement** in partnership with local public health teams through:
  - Delivery of **BP testing (BHF) pilots** in community and workplaces across C&M
  - Embedding workplace BP testing pilots in **local industrial strategies**, and engaging with locally **elected members** and **Health and Wellbeing Boards** to embed the BP strategy locally (bespoke local briefings to support)
  - Increasing local use of the C&M **Happy Hearts website**
  - Ongoing support for **awareness-raising campaigns** (Know Your Numbers and Heart Age)
  
- Driving progress within **health services and NHS partners** through:
  - Rolling out **quality improvement support in general practice** across C&M with NHS England and other partners
  - Launching and evaluating the extension to the **community pharmacy contract** to remunerate BP activity
  - Securing resources for **digital solutions** that integrate, embed and scale up community pharmacy and general practice developments in BP and CVD prevention
  - Developing a '**Prevention Pledge**' to underpin and support coordinated prevention interventions in NHS Trust settings across C&M

## APPENDICES

### APPENDIX A: Draft updated C&M BP strategic deliverables (2018-20)

<b>Objective 1. System Leadership and Accountability</b>
<b>1a. Board:</b> Cheshire and Merseyside BP Partnership Board continues to embed the Saving Lives: Reducing the Pressure BP strategy by influencing system leaders and partners, and drives joining-up and scaling-up of initiatives and resources.
<b>1b. Governance:</b> The BP Board maintains strong and transparent governance structures, reporting to the C&M Directors of Public Health and the C&M Health and Care Partnership Prevention Board as outlined in the terms of reference
<b>1c. Local delivery:</b> The board has an overview of local (place-based) delivery of the C&M BP strategy
<b>1d. Risk Register:</b> A risk register is maintained to identify and mitigate risks to strategic delivery or resulting from interventions
<b>1e. Resource:</b> Map existing and new resources / assets available to support the implementation of the strategy
<b>1f. National Forum:</b> C&M actively participates in the National CVD Prevention System Leadership Forum (CVD SLF) to stay abreast of, and linked into, national developments
<b>1g. Annual report:</b> the BP Board collectively produces an annual report each year
<b>Objective 2. Intelligence and Evaluation</b>
<b>2a. Data and Outcomes group:</b> A PHE-chaired working group continues to support monitoring and evaluation of the BP strategy
<b>2b. KPI updates:</b> The indicator dashboard, including Health and Care Partnership (previously STP) key performance indicators, is updated annually
<b>2c. Local variation:</b> Place-based variation in key indicators and outcomes is highlighted where possible
<b>2d. Health economics:</b> Economic modelling is built into evaluation of key projects where possible
<b>2e. Demonstrating impact:</b> Key findings and data are clearly and meaningfully communicated to stakeholders to inform and drive delivery
<b>Objective 3. Patients and Communities</b>
<b>3a. Lay representation:</b> Patients and the public are represented on the Cheshire and Merseyside Blood Pressure Board
<b>3b. Public consultation:</b> Lay engagement is sought for key projects and developments by consultation through existing patient and public networks and groups, e.g. HealthWatch and Heart Voices
<b>3c. Patient safety:</b> A log of any potential risks to patient safety and related mitigation measures is updated and monitored by the Board
<b>3d. Patient experience:</b> Qualitative evaluation is undertaken to understand impact of interventions on patient experience and satisfaction
<b>Objective 4. Engagement</b>
<b>4a. Awareness-raising campaigns:</b> Key national blood pressure and related prevention/ self-care campaigns are promoted across the sub-region
<b>4b. Conversational tool:</b> Pilot a digital conversational tool to improve public uptake of BP testing and subsequent behaviour change

<b>4c. Happy Hearts website:</b> A C&M-wide CVD Prevention website is developed with the support of NHS RightCare to strengthen engagement with the public and professionals. The website focuses on informing and benefiting local communities.
<b>4d. Communications strategy:</b> The BP communications strategy is implemented for cross-sector stakeholders
<b>Objective 5. Health and Care Providers</b>
<b>5a. NHS Trusts:</b> NHS organisations support a cultural shift towards prevention and self-care for patients, visitors and staff through healthy settings and Making Every Contact Count
<b>Community Pharmacy:</b>
<b>5b. Pharmacy groups:</b> NHSE-chaired groups oversee and deliver community pharmacy roles in tackling high BP
<b>5c. Healthy Living Pharmacies:</b> HLPs support a cultural shift towards prevention e.g. through awareness-raising campaigns, BP testing, signposting and Making Every Contact Count
<b>5d. Medicines Optimisation:</b> Innovative ways of working improve uptake, quality and impact of New Medicines Service (for antihypertensive medications) and cardiovascular risk Medicines Use Reviews
<b>General Practice:</b>
<b>5e. Audit:</b> Practice level audit of performance against NICE hypertension Quality Standards is undertaken in all C&M CCGs
<b>5f. CPD:</b> Education sessions deliver key messages to general practice teams in all C&M CCGs
<b>5g. Quality improvement:</b> The pathway to scaling up of the blood pressure quality improvement (BPQI) package is understood and implemented to widen availability across C&M.
<b>Objective 6. Education and Training</b>
<b>6a. Clinical development:</b> Work with relevant system leaders to identify and address learning needs in relation to BP care in general practice through effective communications and education sessions (links to website and CPD sessions)
<b>6b. Accredited training:</b> Delivery of accredited training for BP testing by (pre-general practice) community partners (e.g. Fire and Rescue, Health trainers, community pharmacies, and new partners e.g. sports and physical activity voluntary sector) is increased, and sustainable plan for maintaining/updating skills is developed.
<b>6c. Sector Led Improvement:</b> SLI principles are widely used to support effective peer to peer learning at local, sub-regional and national levels
<b>Objective 7. Health System Design</b>
<b>7a. BP Pathway:</b> Refine and embed the Cheshire and Merseyside BP testing guidelines for use in pre-general practice community settings (linking to the Transforming Primary Care agenda)
<b>7b. Health and Care Partnership</b> (previously STP): Work with NHS and wider partners to deliver the HCP high BP action plan, and report to the C&M Prevention Board
<b>Objective 8. Supportive Environments</b>
<b>8a. Health and Wellbeing Boards:</b> Increase the number of local Health and Wellbeing Boards that identify tackling high BP and/or CVD prevention as priorities

**8b. Council plans:** work with local elected members to embed BP prevention and detection into relevant sub-regional strategies e.g. contributing to the Liverpool City Region dementia friendly regional plan, and the Cheshire and Wirral Transformation Plan

**8c. Workplace:** Embed BP testing and MECC into workplace health initiatives

**8d. Lifestyle:** Support adoption of lifestyle factors that lower BP e.g. increasing physical activity, reducing alcohol intake and promoting healthy diet consistent with, and in partnership with the local Making Every Contact Count strategy and resources

### Objective 9. Community Partners

**9a. Fire and Rescue Services:** Deliver and evaluate BP testing within the C&M FRS Safe and Well visits

**9b. Voluntary Sector:** Work with voluntary sector partners to deliver BP detection, advice and signposting, especially with 'hard to reach' or vulnerable groups (e.g. Stroke Association, Pathways Associates).

**9c. Wider partners:** Conduct a stakeholder mapping exercise and expand the group of community partners who can support BP testing, lifestyle advice and signposting e.g. health trainers, faith sector, work places, voluntary sector sport and physical activity community

### Objective 10. Innovation and Digital Technology

**10a. Working group:** Establish a working group to co-develop innovation and digital technology proposals with industry partners in readiness for future bidding opportunities

**10b. Bid development:** Build on feedback from the previous Cheshire and Merseyside 'Test Bed' bid for high blood pressure and atrial fibrillation to optimise chances of future success; the blood pressure pathway development in particular

**10c. Data governance:** Work with NHSE to understand and generate data governance solutions that enable cross-sector data sharing as part of an interconnected 'Internet of Things' that supports a systems approach.