# Cheshire & Merseyside Blood Pressure Annual Report 2018

## Demonstrating Impact in 2018

Progress against the C&M BP strategy, 'Saving lives: Reducing the pressure' is monitored by a logic model-style indicator dashboard (Appendices A&B).

## Summary of key messages

High BP, a key risk factor for heart attacks, strokes and other CVD complications, remains an important issue across C&M. 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. This is largely due to the high prevalence of lifestyle factors, e.g. 24% of adults are inactive, nearly 2/3s of adults are overweight or obese, and around 16% of adults smoke. 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.

**Progress against deliverables and performance indicators**

- There has been good progress against the original 2016-2018 delivery plan. This has now been updated for 2018-20.
- Encouraging progress has been demonstrated in short term (12-18 month) outcome measures, particularly around community BP testing (including the BHF pilots), and the gap between observed vs expected BP prevalence has reduced by 1% from 2014/15 to 2016/17.
- Indicators have now been identified to build the evidence base for community pharmacy roles, e.g. no. of Healthy Living Pharmacies, BP testing activity, numbers of medicines optimisation services undertaken.
- Impact on medium term (18-36 months) outcome measures (e.g. BP control, hospital admissions due to heart attacks and strokes) is yet to be demonstrated at scale. It is anticipated that this should start to become evident over the coming year.
- Data from 3 early adopting practices of the C&M BP quality improvement package suggests improved performance against most NICE hypertension Quality Standards, including BP control.

## Progress update

### Strategic deliverables

Within the original BP strategy there are 44 deliverables which aim to address the 10 strategic objectives. Delivery has progressed well since the first annual report in 2017 (Appendix A) and the majority of deliverables are 'on track' or complete.

### Short term outcomes

At 2 years since the launch of the strategy, short term (12-18 month) outcome indicators demonstrate the positive changes expected at this stage. These indicators largely reflect a groundswell of activity by a range of partners to undertake BP testing in pre-general practice community settings, e.g. local authorities, Fire and Rescue Services, Healthy Living Pharmacies (see BHF pilots, below) and voluntary sector partners (Stroke Association).


A reduction in the gap between high BP that is observed (i.e. diagnosed in general practice) and expected (based on local population factors) is encouraging; O/E BP prevalence reduced from 11% (2014-15) to 9.8% (2016-17) indicating a rise in the proportion of high BP known to general practice.

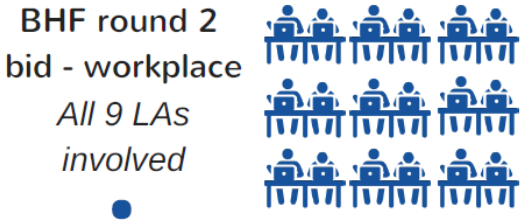
**British Heart Foundation pilots**

Much of the more recent shift in BP detection figures is due to the success of the BHF BP detection pilots. The award has supported delivery at scale of BP testing in a wide range of pre-general practice settings, including through BPUK's 'Know Your Numbers!' campaign.

Nine months into the pilots (Q1 data); 225 individuals have been trained to undertake BP checks, and 3,586 new case BP checks have been conducted. Of these readings:

- 2,269 (63.3%)% were from females
- 1,541 (43.0%) were normal range (<129/84 mmHg)
- 644 (18.0%) were the high side of normal range (130/85 - 139/89 mmHg)
- 1,050 (29.3%) were high (140/90 – 179/109 mmHg)
- 89 (2.5%) were very high (180/110 mmHg+)

This work will be scaled up further with the recently announced success of C&M partners in BHF round 2 bid (workplace-focus).



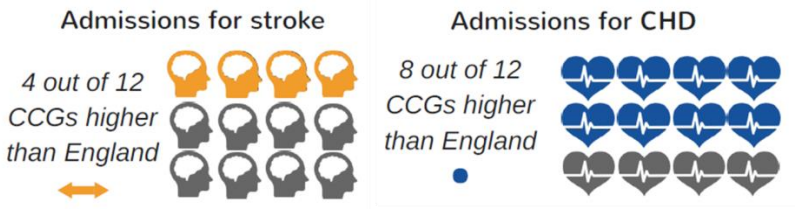

**Health and Care Partnership (STP) key performance indicators**

The five year HCP BP action plan draws on the 'Saving Lives' strategy, and key performance indicators (KPIs) span prevention, detection, management and impact. It is encouraging at this stage to see positive change in shorter term indicators (KPIs 2 and 3).

**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)


While it is too early at this stage to expect routinely available data to demonstrate a change in BP control and impact (KPIs 1 & 4), we anticipate progress over the coming year. However, contributing to KPI 4 (BP control) are some encouraging early findings from 3 early adopting practices of the C&M Blood Pressure Quality Improvement package. At 3 months, performance against the vast majority of NICE hypertension Quality Standards indicators improved by an average 3-15% for respective indicators.

**Community pharmacy**

Indicators for the community pharmacy programme of work around BP prevention, detection and management have been established by the C&M Community Pharmacy Oversight and Implementation groups this year. Included on the strategy dashboard are:

- The number of Healthy Living Pharmacies (27 HLPs accredited across C&M 2016-17, rose to 532 accredited HLPs 2017-18). These are largely based in the most deprived areas across C&M (Appendix C)
- Number of CVD risk Medicines Use Reviews (nearly 60,000 in 2017)

- Number of antihypertensive medication New Medicines Service (>30,000 in 2017)

In addition, the groups are monitoring:

- BP testing activity measured on PharmOutcomes as part of the BHF pilots: 71 HLPs trained at 9 months, with 57 actively conducting a total of 703 BP checks
- Qualitative insight into the impact of initiatives on patient care and experience (to be undertaken September 2018 by LJMU)

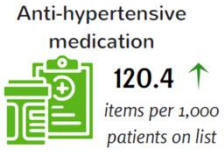
**Qualitative evaluation**

It's not all about numbers. In order to better understand impact on patient care and on system stakeholders, qualitative work is currently being planned or undertaken as part of the BHF pilots and community pharmacy programme of work (Liverpool John Moores University), and the high BP Quality Improvement work in general practice (Hitch Marketing).

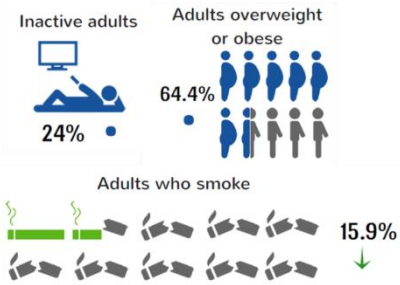
Insight report BPQI early adopting practic

**Medium (18-36 months) and longer-term (3 years+) indicators**

There is encouraging progress already in some medium-term indicators; an increase in observed prevalence (indicating better diagnosis), an increase in the number of high BP medication prescriptions, and a reduction in practice-level variation in BP control across CCGs.




Lifestyle factors that contribute to high BP and poor CVD outcomes remain common, with 24% of adults inactive, nearly 2/3s of adults are overweight or obese, and around 16% of adults smoke.




A number of factors have limited availability of trend data for medium term indicators to date (e.g. change in routinely available data, new indicators, challenges with data collection), but where this is available we are yet to see a marked impact on the control of high BP patients who are known to general practice, on related hospital admissions for complications such as heart attacks, stroke, coronary heart disease, on deaths or on system spend. We expect to see some demonstrable change in medium-term indicators over the coming year with the scaling-up of quality improvement work.

**Changes to indicator dashboard**

Since its original inception the dashboard has undergone a small number of refinements to reflect changing data sources, a better understanding of how the system approach works in practice, and to incorporate new indicators. As such, trend data is not available for these indicators, which are RAG-rated as ‘baseline’. Further updates to the deliverables section of the dashboard will be incorporated next year to reflect updated deliverables for 2018-20.

## **Appendix A** Deliverables Dashboard RAG Rating Changes Over Time, September 2018

| Objective | Year | Board | Governance | System Leadership | Sector Led Improvement | Local Log | Risk Register | Resource | National Board | Annual Report |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. System Leadership and Accountability | 2017 | | | | | | | | | |
| | 2018 | | | | | | | | | |

| Objective | Year | Working Group | Subregional Baseline | Local Variation | Template | Health Economics | Patient Safety |
|---|---|---|---|---|---|---|---|
| 2. Intelligence and Evaluation | 2017 | | | | | | |
| | 2018 | | | | | | |

| Objective | Year | Lay Representation | Lay Network |
|---|---|---|---|
| 3. Patients and Communities | 2017 | | |
| | 2018 | | |

| Objective | Year | Community Insight | Primary Care Insight | Campaigns | Communication Strategy |
|---|---|---|---|---|---|
| 4. Engagement | 2017 | | | | |
| | 2018 | | | | |

| Objective | Year | Primary Care Workshop | Pharmacy Working Group | Pharmacy Services | Healthy Living Pharmacies | Wider Workforce |
|---|---|---|---|---|---|---|
| 5. Health and Social Care Providers | 2017 | | | | | |
| | 2018 | | | | | |

Improvement / Progress
Decline / Issue
Baseline
No Change / No Update
Complete

| Objective | Year | Workforce Mapping | Education & Training Programme | Primary Care Piloting | Wider Roll-Out |
|---|---|---|---|---|---|
| 6. Education and Training | 2017 | | | | |
| | 2018 | | | | |

| Objective | Year | BP Pathway | STP |
|---|---|---|---|
| 7. Health System Design | 2017 | | |
| | 2018 | | |

| Objective | Year | HWB | Devolution | Workplace | Healthy Lifestyle Services | National Policy |
|---|---|---|---|---|---|---|
| 8. Supportive Environments | 2017 | | | | | |
| | 2018 | | | | | |

| Objective | Year | Fire & Rescue Services | Voluntary Sector | Future |
|---|---|---|---|---|
| 9. Community Partners | 2017 | | | |
| | 2018 | | | |

| Objective | Year | Working Group | Bid Development | Data Governance | Conversational Tool |
|---|---|---|---|---|---|
| 10. Innovation and Digital Technology | 2017 | | | | |
| | 2018 | | | | |

Improvement / Progress
Decline / Issue
Baseline
No Change / No Update
Complete

Champs Public Health Collaborative

Detection Management Prevention

Saving lives | Reducing the pressure across Cheshire and Merseyside

# **Appendix B** Outcomes Dashboard 2018

| Objectives | Outcomes | | | | IMPACT |
|---|---|---|---|---|---|
| | Short | Medium | | Long | |
| 1. System Leadership and Accountability | Gap between observed/ expected high BP prevalence: 9.8 (2016/17) | Prevalence high BP: 15.2 (2016/17) | Anti-hypertensive Medication New Medicines Service: 25,103 (2017) | Mortality from Chronic Heart Disease: 45 (2013-15) | Improved Life Expectancy and Healthy Life Expectancy |
| 4. Engagement | Total number of Healthy Living Pharmacies: 532 (2017/18) | % of adult population that is 'BP aware'.: Not Available (April 17 – Feb 18) | Medicines Use Reviews for CV Risk: 68,839 (2017) | Mortality from Stroke: 15.7 (2013-15) | Reduced health inequalities within the sub-region, and between Cheshire and Merseyside and England |
| 5. Health and Social Care Providers | No. local authorities delivering BP-specific training to workforce: 9/9 (2018) | % of adult population that 'know their numbers': Not Available (April 17 – Feb 18) | Measurable progress against NICE BP Quality Standards in primary care: Interim BPQI Evaluation due 2018 (2018) | Improved value for spend across the system: No Update (2018) | Reduced total spend across health and social care |
| 6. Education and Training | No. of Safe and Well Checks undertaken that include BP measurement: 329 (Q3 2017/18) | People taking up an NHS Health Check invite: 272,235 (2013/14 - Q3 17/18) | % of adults overweight or obese: 64.4 (2015/16) | Spend per head on problems of circulation (mean for the 12 CCGs): £ 72 (2013/14) | Cheshire and Merseyside becomes the most improved subregion in England with respect to BP outcomes |
| 8. Supportive Environments | No. of BP checks taken by voluntary sector partner organisations: 3,547 (April 17 – Feb 18) | Prescription of antihypertensive medications (items per 1000 patients on list): 120 (01/03/2017) | % of adults physically inactive: 24 (2015/16) | Spend per head on CHD (mean for the 12 CCGs): £ 16 (2013/14) | |
| 9. Community Partners | No. Local Authorities planning or offering BP-related workplace initiatives: 9/9 (2018) | % of patients with high BP whose last reading was <150/90: 81 (2016/17) | % of adults that smoke: 15.9 (2016) | | |
| 10. Innovation and Digital Technology | | Within CCG practice-level variation in % patients whose last BP reading was <150/90. STP KPI4b: 17.7 - 29.6% (2016/17) | NHS providers meet HWB CQUIN 1b 'Healthy food' STP KPI2: 7/14 (2016) | | |
| | | Emergency Hospital Admissions for Stroke (rate): 164.8 (2015/16) | Increased use of digital technologies amongst health workforce: 4 technologies initiated (2018) | | |
| | | Emergency hospital admissions for CHD (rate): 321 (2015/16) | Community based digital technologies prompting actions (lifestyle change, referral): Awaiting Evaluations (2018) | | |
| | | No. CCGs with higher than England average hospital admissions for coronary heart disease: 8/12 (2015/16) | Primary care using decision support software for BP care: 10 Early Adoptor Practices (2017) | | |
| | | No. CCGs with higher than England average hospital admissions for stroke STP KPI 1: 4/12 (2015/16) | | | |

**Appendix C**: Healthy Living Pharmacies in Cheshire and Merseyside, February 2018, by LSOA deprivation decile in IMD 2015