

# HIN 2023 CVD Fellowship – Hypertension QI Project Ideas & Information

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# Hypertension Detection, Monitoring and Optimisation Projects – Sample Aims

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Hypertension projects are aiming to improve the health of patients and prevent heart attacks, strokes and dementia by ensuring that patients are being identified and treatment is optimised for hypertension.

Your aim might look like....

- To reduce the number of patients in UCLP Priority Group 1 by 17% by January 2024.
- To review and if needed update the coding of 35% of the patients on our hypertension register by January 2024.
- To increase opportunistic BP monitoring of patients by 20% by January, 2024.
- To increase the number of at home readings submitted to the practice by 20% by January 2024.
- To increase patient satisfaction with hypertension review appointments by 30% by January 2024.

***A SMART Aim is Specific, Measurable, Achievable, Relevant, & Timebound***

# Hypertension monitoring & optimisation – UCLP Risk Stratification Groups

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Target groups (see [UCLP Framework\\*](#) for more details):

- Priority One - Clinic BP  $\geq$  180/120mmHg;
- Priority Two
  - 2a. BP  $>$ 160/100mmHg\*\*
  - 2b. BP  $>$ 140/90mmHg if BAME AND CV risk factors or co-morbidities\*\*\*
  - 2c. No BP reading in last 18 months
- Priority Three
  - 3a. BP  $>$ 140/90mmHg if BAME OR CV risk factors or comorbidities
  - 3b. BP  $>$ 140/90mmHg or  $>$ 150/90mmHg if  $\geq$  80 years
- Priority Four
  - 4a. BP  $<$ 140/90mmHG under 80 years
  - 4b. BP  $<$ 150/90mmHG aged  $\geq$  80 years

\*UCLP Framework December 2022 Update

\*\*Figures based on clinic readings. See UCLP Framework for @Home BP reading equivalents

\*\*\*Comorbidities / risk factors - Established CVD (prior stroke/TIA, heart disease, peripheral arterial disease) • Diabetes • CKD 3 or more • Obesity with BMI  $>$  35

## Hypertension Projects – Ideas for Delivery

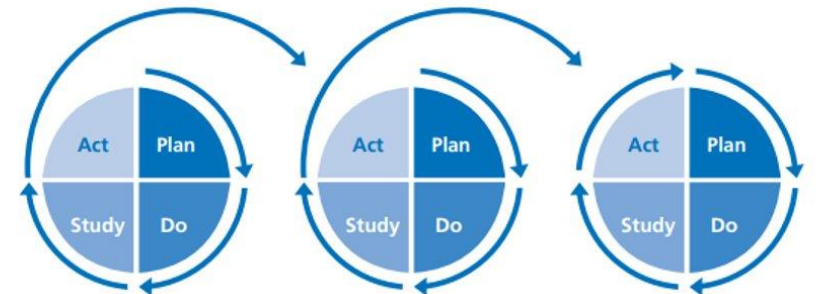
Following are ideas for delivery to get you started in planning your project. Your project will need to reflect ways of working in your practice, staff and patient need, procedures & guidance, local pathways - and any other factors. However this can help you get started.

# Hypertension Sample Project

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To implement the PDSA cycle you will likely -

1. Identify what the problem is. Use data and other evidence (ie staff and patient feedback) to identify this.
2. Identify who in your practice needs to be involved in each stage of the project. Speak to colleagues about what you are doing – some Fellows found bringing the data was very useful to getting everyone on board.
3. With colleagues map the current process for recalling patients and optimising treatment. Think through the patient experience of this process, involving patients where possible.
4. Identify areas you can change for your project.
5. Work with colleagues to develop an improved process – for both patients and staff. Again involve patients where possible.
6. Decide what you will test for your project – PDSA cycle
7. Begin delivery of a new way of working.



# Hypertension Sample Project – Optimisation of patients with hypertension

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Your project might involve -

1. Run [UCLP Searches](#) to identify patients in the target groups, and choose a target group.
2. Text or call patients in target groups to invite them in for an up to date reading, to go to a community pharmacy, or submit a reading if have a monitor.
3. Implement your process for patients who do not respond.
4. Update records and coding for patients with up to date readings.
5. Optimise treatment for patients where needed. For patients with very high blood pressure or other severe CVD risks implement escalation process.
6. Support patients with self-management advice and resources.
7. Track patients to assess impact.
8. Compare progress to aim - look at what is working well and what could be further improved.
9. Rerun the cycle (PDSA cycle) with the next set of patients.

# Hypertension Sample Project – Opportunistic Testing

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Implementation plan for testing. This could involve:

1. Bring together relevant colleagues to discuss opportunities for BP opportunistic testing. Consider when might be best, what the limitations are, and how confident staff are at testing and conversations around blood pressure.
2. Develop a process map for opportunistic testing ie during a vaccination clinic. Think through staff and patient experience in the process (ie using a journey map).
3. Establish a protocol, and pathways for patients with a high BP reading.
4. Check staff are confident with implementing this, including with coding patients following checks, sending results in if relevant etc. If needed organise training on this.
5. Set your baseline data, a start date, and a review date.
6. Implement the opportunistic testing as agreed. Track patients to assess impact – number offered tests, number tested, hypertension cases found, follow up.
7. Compare progress to aim; Consult with staff and patients to understand what is working well and what could be further improved; Rerun the cycle (PDSA cycle)

## Hypertension Projects - Other things to consider

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- Who do you need to involve in your project? (Stakeholders – This could include practice and / or PCN staff, patients, carers etc)
- Who else could help project delivery? Would they need training to support?
- Who can run searches in the practice? Can anyone be trained to help?
- Do you need training to help with delivery?
- Are staff confident with coding? With escalation procedures? Local pathways and guidance?
- Where can patients go for BP readings locally? Does the practice have monitors patients can use? Are you working with local pharmacies? Can they offer ABPM?
- Is there already a call and recall system to bring in patients for regular checks? How well is this working?
- What information on self-management do you have for patients? Does it reflect your patients' diets and culture? How are they sent information?



## CVD resources to support your project

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- Fellowship [Data Dashboard](#)
- HIN [Protected Characteristics Dashboard](#)
- [UCLP Framework and searches](#)
- [CVD Prevent](#)
- [NICE guidance](#) - diagnosis and management of hypertension in adults
- [CESEL Hypertension Guide](#) (SE London)
- SEL - Pathfinder Data - Intro webinar link [here](#), access via [bi@selondonics.nhs.uk](mailto:bi@selondonics.nhs.uk)
- Your local Community Pharmacy Blood Pressure Check Service

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