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BHF blood pressure pilots: changing the conversation about hypertension

As many as 16 million people in the UK are estimated to have hypertension, and around 7 million of these are undiagnosed.¹ Of those diagnosed in England, one third are not receiving optimum management. Poor detection and management of hypertension places a significant burden on the NHS, and hypertension-related conditions cost an estimated £2 billion a year.² We can change this by raising awareness of the consequences of hypertension, making it simpler to diagnose, and by supporting patients to manage their own health. The benefits of doing this are huge – just a 15% increase in the number of adults in England who have had their hypertension diagnosed would add 7,000 quality-adjusted life years and reduce health and social care costs by £120 m over ten years.²

POINTS FOR THE CLINIC

- Hypertension is a silent killer affecting an estimated 16 million people in the UK
- A 15% increase in the number of adults in England diagnosed with high blood pressure (BP) could reduce health and social care costs by £120 m a year
- The British Heart Foundation (BHF) is funding £1.5 m of innovative community-based BP programmes
- Evidence-based models from around the world demonstrate the impact of such approaches and can form the basis for high-impact interventions in the UK
- The BHF resource, *Blood pressure: how can we do better*, provides hypertension statistics for each clinical commissioning group, with practical pathway information to support clinical case-finding and decision-making



Credit: iStock, hoozone

Opportunistic testing in the community to help identify possible hypertension

So what needs to change? The public needs to better understand the risks of hypertension, and we need to ease the pressure on GP surgeries in terms of accurate diagnosis and appropriate management of hypertension, and increase access to blood pressure (BP) testing in wider community settings.

The British Heart Foundation (BHF) is spending £1.5 m on funding 15 community BP projects to improve the detection and management of hypertension in the UK. These programmes involve community approaches to BP testing, by reaching out to the local population through a variety of approaches such as working with football clubs, setting up checks in supermarkets, barber shops and shopping centres, and training pharmacists and volunteers to deliver BP tests.

INNOVATING TO DETECT HYPERTENSION

The sites shown in Table 1 were awarded grants of up to £100,000 each from the BHF and became part of a BHF-facilitated community of practice, enabling shared learning from the outset. Funding criteria required programme sites to have a population of at least 100,000 people, and to demonstrate evidence of unmet need in their area, such as cardiovascular disease (CVD) prevalence, premature mortality or health inequalities.

Sites were also required to have a pathway in place for people to access medical and behaviour change support. Hypertension had to be identified as a priority in local plans, with a commitment to reach and test 5,000 people per year. The programmes will be externally evaluated throughout the two-year funding programme, building the evidence of what works to

Table 1: Blood pressure programmes selected for British Heart Foundation funding

Round 1 of funding (awarded March 2017)

Leeds County Council	Health trainers and pharmacy technicians are being upskilled to carry out BP testing in workplaces. This programme is targeting deprived populations, BME communities and those identified as being less likely to attend primary care
Cheshire and Merseyside	The Fire and Rescue service is being trained to take BP via 'Safe and Well' home visits, which include people at risk from falls, increasing bowel cancer screening rates, smoking cessation and alcohol reduction. The programme will also see interconnected devices (health kiosks) for use within the prevention hub, primary care clusters and community venues
Royal Borough of Greenwich	A high-profile campaign supported by an 8-10 week annual roadshow to raise the profile of hypertension and, in particular, the importance of BP testing. It will also scale up testing and detection, including the delivery of new innovative models for follow-up such as clinics that support ambulatory BP monitoring
NHS Lambeth CCG	Community pharmacies, opticians and GP federations are being commissioned to opportunistically check BP, detect hypertension and provide education and support to priority groups. Home monitoring and assessment work will assess patients' capability to self-manage their condition
Haringey Council and Islington Council	Training a network of community and voluntary sector providers across Haringey and Islington with the skills to raise awareness of high BP and perform BP testing in community settings, including supermarkets, barber shops, football clubs, community centres and faith settings
Bradford Districts CCGs and HALE	High-footfall community-based locations are being used to test the local population, such as community centres, places of worship, and large employers. An awareness campaign including media interviews, social media, newspaper interviews, and a presence at festivals and sporting events is also under way
NHS 24/Scottish Centre for Telehealth and Telecare, Scotland	Patients are being provided with BP monitors to measure their BP from home, and use their own mobile phones to text their BP via a telehealth system called FLO, which will capture the measurement in the GP Patient Record system

Round 2 of funding (awarded August 2018)

East and North Hertfordshire CCG	A collaborative outreach programme expanding on existing services to include BP testing and outreach events at train stations, leisure centres and workplaces, targeting disadvantaged groups
Lancashire County Council	Establishing BP testing services in new community locations, including football clubs, healthy lifestyle provider settings and healthy living pharmacies, focusing on the areas that will have greatest impact to reduce health inequalities
CHAMPS Public Health Collaborative	A collaborative project between nine local authorities and other partners in Cheshire and Merseyside to embed BP testing across workplaces and existing wellbeing at work programmes. CHAMPS was awarded during Round 1 of funding and this project builds on the original award
Telford and Wrekin Council	Recruiting and training two Blood Pressure Advisors, based within the community, as well as upskilling existing health champions and volunteers with BP monitors placed at a wide range of community venues
Newcastle and Gateshead CCG	An innovative pharmacy-based model in which 40 pharmacies will be recruited and trained to provide a BP testing and diagnosis service and home BP monitoring, incorporating healthy living advice and brief interventions
ARC Healthy Living Centre; Northern Ireland	A collaborative approach between five existing centres and urban and rural community-based providers to identify 'hot spots' for hypertension focusing on areas of high deprivation. These hot spots include the Traveller community
East Riding of Yorkshire CCG	A targeted campaign through Healthy Living Pharmacies to deliver BP testing and lifestyle support. Individuals at high risk will be offered 'take-home monitors' and taught how to self-monitor
Gloucestershire CCG	A collaborative approach between Healthy Living Pharmacies, Gloucestershire Fire Service and The Workplace Wellbeing Charter and Voluntary Community and Social Enterprise Alliance training 'Blood Pressure Champions' to support testing events

BP = blood pressure; BME = Black and minority ethnic; CCG = clinical commissioning group

support wider adoption at scale. Some of the programmes from the first round of funding are now well established in their areas, delivering checks and following up with the people they test.

CHANGING THE CONVERSATION

The Haringey and Islington Wellbeing Partnership in London is training a network of community and voluntary sector providers to perform BP testing in a variety of community settings, including supermarkets, community centres and places of worship. By September 2018, they had carried out checks on over 530 people, many of whom were from black and minority ethnic groups.

Dr Will Maimaris, Interim Director of Public Health at Haringey Council, says: "We've proved that this is a feasible model. We've trained staff and volunteers, we're doing the checks, we're reaching the right people, and the information is getting into GP databases."

Building capacity within the voluntary and community sector has been important for the programme, according to Dr Maimaris. "What we've learnt is that you need to work with the skills and capacity of the voluntary and community sectors—you have to support development and provide adequate funding," he reports.

One of the main successes of the programme is hearing members of the public start to talk to each other about hypertension. Dr Maimaris says: "We're starting conversations in the community with people who didn't realise they were at risk—reaching people who wouldn't otherwise be reached."

The programme has also been an opportunity for people to talk about other important changes they can make to their lifestyles. "Using the opportunity of the BP check, we also engaged someone about their smoking who hadn't been approached about this before, and they were happy to talk about smoking cessation," Dr Maimaris says.

SAVING LIVES WITH BP CHECKS

Bradford Districts clinical commissioning group (CCG) is working with local charity HALE (Health Action Local Engagement) to reach out to high-footfall areas such as community centres, places of worship and large workplaces. As of October 2018, 2,000 tests have been carried out in Bradford, and just over 500 people have been asked to contact their GP practice for follow-up.

Hannah Child, Hypertension Outreach Project Lead at HALE, says that language barriers have previously been a problem in Bradford, which has a wide range of communities. "However, we now have four team members who can speak various

community languages between them and this has allowed us to go to more places to carry out tests,” she says.

HALE has had positive engagement from the public, who it says are “eager to be tested”, and BP results have been entered on to GP practice software SystmOne in real time. “We carried out a test in May where a male only had a test to encourage his peers to also take part,” the programme managers say. “The reading was very high, resulting in a GP referral within 24 hours. Following on from further tests by his GP he was diagnosed with an aortic aneurysm. The male wanted us to know that he believed we had saved his life by carrying out a community-based BP test.”

TARGETING AN UNDER-REACHED POPULATION

In Greenwich, London, a community detection and awareness programme is well under way. Organisers have set up the ‘Be sure of blood pressure’ brand campaign, with roadshows in public areas such as shopping centres and housing estates. They have also introduced follow-up clinics, including ambulatory BP monitoring, staffed by trained community health advisors who also check for atrial fibrillation (AF) and refer patients to their GP if it is suspected.

By mid-October 2018, over 5,500 people had been checked in the year since the ‘Be sure’ campaign started, including partnering with pharmacies that have been trained to carry out BP checks. The programme has picked up over 250 people with dangerously high BP, and around 250 people with raised BP who might require treatment. To date, 35 people with suspected AF have also been found. Half of the checks completed during the programme’s first roadshow in 2017 were carried out on men who, the programme managers say, are “usually very reluctant to come forward”.

“Working with Charlton Athletic Football Club has helped us reach men—we’ve found that when the health advisors are in the football kits, they do engage with the male population a bit more,” says Jackie Davidson, Assistant Director of Public Health at the Royal Borough of Greenwich.

CONCLUSION

With these programmes, and the rest of the funded sites, we are changing the way people think and talk about hypertension and improving access to diagnosis and management. Programmes in the UK can draw inspiration from other nations whose innovative approaches to tackling the rise of CVD have the potential to be adapted for use here (Table 2).

Table 2: The global context of cardiovascular disease (CVD) prevention

The British Heart Foundation and Public Health England have published a report identifying successful CVD prevention programmes from around the world that could be effective if replicated in the UK. These include:

- The COACH programme in Australia where trained nurses coach over the phone people who have, or are at high risk of developing, CVD
- The CHAP initiative in Canada, where older people were encouraged to attend volunteer-run sessions to encourage them to become more aware of their cardiovascular risk
- Hypertension Canada, which aims to train healthcare professionals to diagnose hypertension and follow evidence-based guidelines on managing the condition
- The HONU project in the USA, where people at risk of CVD were assigned a health coach to support lifestyle change, and initiatives to improve diet and activity levels were set up in workplaces and communities
- The Million Hearts initiative in the USA, where all 50 states focus on a small number of evidence-based priorities such as controlling blood pressure and smoking cessation

The BHF is committed to the World Health Organization ambition of reducing premature mortality from CVD by 25% by 2025, and addressing hypertension will be a significant factor in achieving this. The BHF has partnered with Public Health England and colleagues in Wales to design a resource for healthcare professionals and commissioners that provides an overall picture of their local population. *Blood pressure: how can we do better*¹ provides summaries of national BP data for England and Wales; detailed reports of BP care at CCG level in England; and recommendations for commissioners and GP practices about how to improve care.

The BHF wants to ensure that every person with hypertension is detected early and feels compelled to take steps to reduce their risk of the potentially deadly conditions associated with this silent killer.

References

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