



November 2014

## PSNC Briefing 028/14: Tackling high blood pressure. From evidence into action

Public Health England (PHE) published [Tackling high blood pressure: from evidence into action](#) 18<sup>th</sup> November 2014. This document provides evidence-based advice on how local government, the health system and others can effectively identify, treat and prevent high blood pressure. The document, which has been produced by a number of organisations from across national and local government, the health system, voluntary sector and academia (collectively known as the Blood Pressure System Leadership Board) is a vision and action plan on how to support partners at all levels to focus upon the work that will make the biggest impact on tackling high blood pressure.

The document also supports wider health strategies such as the [NHS Five Year Forward View](#) and PHE's priorities to protect and improve the nation's health.

This PSNC Briefing summarises the elements of the document that are of most relevance to community pharmacy.

### Background

High blood pressure is a huge issue in the UK with more than one in four adults being affected. It is the second biggest risk factor for premature death and disability, and only four in ten adults with high blood pressure are both aware of their condition and managing it to the levels recommended.

With support from PHE, the Blood Pressure System Leadership Board has come together to consider what can be done to raise performance in this area so England is among the best countries in the world. The objective is to get all relevant organisations to work together to support a shared and coherent approach to tackling high blood pressure, to improve performance across the pathway of:

- prevention;
- detection;
- management (investigation, treatment and care); and
- reducing inequalities in health outcomes.

The plan is the first major output from the Blood Pressure System Leadership Board. It sets out a vision for tackling high blood pressure, drawing upon the combination of the best evidence and professional judgment from the group, in order to:

- highlight specific issues on the blood pressure pathway where there is the greatest opportunity for transformation;
- demonstrate examples of roles in promoting the transformation for a wide range of organisations;
- provide a compelling case to tackle high blood pressure; and
- set out what key partners have already pledged to do in support of the ambition.

The document recognises that each local area will wish to tailor work to suit their particular circumstances; however, it is hoped that the vision and action plan will be a useful contribution towards achieving the shared

ambition.

## Key approaches detailed in the action plan to help save years of life

### Prevention

In ten years, 45,000 years of life could be saved & £850m not spent on related health & social care if we achieve a reduction in the average population blood pressure.

- reducing salt consumption and improving overall nutrition at population-level
- improving calorie balance to reduce excess body weight at population-level
- personal behaviour change on diet, physical activity, alcohol and smoking, particularly prompted through individuals' regular contacts with healthcare and other institutions

### Detection

In ten years, 7,000 years of life could be saved & £120m not spent on related health & social care if we achieve an improvement in the diagnosis of high blood pressure.

- more frequent opportunistic testing in primary care, achieved through using wider staff (nurses, pharmacy, etc.), and integrating testing into the management of long term conditions
- improving take-up of the NHS Health Check
- targeting high-risk and deprived groups, particularly through general practice records audit and outreach testing, particularly through pharmacy

### Management

In ten years, 7,000 years of life could be saved & £120m not spent on related health & social care if we achieve (via lifestyle and/or drug therapy) better control of blood pressure levels among those on treatment.

- local leadership and action planning for system change, to tackle particular areas of local variation, and achieve models of person-centric care
- health professional support (communication, tools and incentives) to bring practice nearer to treatment guidelines where this falls short
- support adherence to drug therapy and lifestyle change, particularly through self-monitoring of blood pressure and pharmacy medicine support

## Prevention

The key focus in this part of the document is primary prevention of high blood pressure. It notes that the greatest overall impact is likely to be seen when changes can be made at a population level rather than treating only high-risk individuals. However, individual-based approaches are also an essential element of an overall approach, through encouraging individual behaviour change.

The National Institute for Health & Care Excellence (NICE) has undertaken a systematic review around prevention of cardiovascular disease, which makes a range of evidence-based recommendations for national implementation. They highlight the national levers available to drive change in the population's diet (in particular, opportunities upstream of individual food choices), through changes such as food reformulation, promotion, labelling, catering and procurement. The national salt reduction programme shows what is possible, with a 15% reduction in population salt intake achieved within the last decade.

### How can pharmacy contribute? The document suggests that:

- Pharmacists and their teams should incorporate healthy lifestyle information and behaviour change support in their dealings with the public
- Professional organisations should promote clinical leadership, education and training in primary care to support delivery of preventative interventions

## Detection

The key focus in this part of the document is on the detection and diagnosis of high blood pressure among those who are not already established as having this condition. It notes that progress has been made, with almost two million more people diagnosed with high blood pressure in the last decade. However, with an estimated 12.9 million adults in England with high blood pressure, there are likely to be over five million people in England with

undiagnosed high blood pressure.

Experience suggests that while creating demand for testing can be beneficial, the most effective route is to create easily accessible testing opportunities. There is a drive towards extended opening hours in general practice, which could support this, plus pharmacy and other community or workplace settings have demonstrated they can offer accessible and attractive venues to those less engaged in the health system (and lighten the load on other services).

The document identifies the following key approaches to be taken:

- Promote clinical leadership, engagement and education on detection of high blood pressure in primary care: aspiring to more frequent opportunistic testing not only by general practitioners but wider staff groups for example pharmacists;
- Improving take-up of the NHS Health Check; and
- Pro-active provision of testing for high-risk and deprived groups of all ages. In particular via outreach testing beyond general practice, particularly through pharmacy (in order to access those groups least likely to otherwise present, such as younger men, low income households and those in deprived areas).

**How can pharmacy contribute? The document suggests that:**

- Clinical Commissioning Groups (CCGs) should consider the case for local investment in Enhanced community pharmacy services to provide better information and support about blood pressure management; to introduce opportunistic screening in some areas; and to use the Medicines Use Review (MUR) service to review the blood pressure of those on anti-hypertensives and others at high risk of developing high blood pressure
- Healthcare professionals, including pharmacists and their teams, should take the opportunity of patient engagement to test the blood pressure of all adults regularly and carry out pulse checks as part of blood pressure measurement
- Professional organisations should promote clinical leadership, education and training in primary care for the detection (and optimal treatment) of high blood pressure

## Management

The key focus in this part of the document is around lifestyle changes as well as drug therapy where necessary.

Latest NICE guidelines recommend lifestyle interventions for all patients with high blood pressure. NICE recommend initiation of drug therapy for clinic readings above 160/90mmHg, unless there is evidence of target organ damage, cardiovascular disease risk of more than 20% in ten years, or established diabetes, cardiovascular or renal disease, in which case intervention should start at lower blood pressure levels.

Where it is appropriate, drug therapy for high blood pressure has been proven to reduce cardiovascular disease morbidity and mortality. Around 80% of people require two or more anti-hypertensive agents to achieve blood pressure control, and some need up to four agents.

The document notes that pharmacies are increasingly demonstrating their ability to support effective blood pressure control with studies suggesting improved medicines adherence as well as reductions in blood pressure levels as a result of pharmacist interventions. It references the New Medicine Service and the planned addition of hypertension to the MUR target groups (as part of the new cardiovascular risk target group). It suggests that there could be further opportunities to use the capacity and skills in pharmacy to improve blood pressure control levels.

**How can pharmacy contribute? The document suggests that:**

- CCGs should consider the case for local investment in Enhanced community pharmacy services to provide better information and support about blood pressure management; to use MURs and the New Medicine Service to support blood pressure management; and to introduce opportunistic screening in some areas
- CCGs should promote and support clinical leadership for improvement by GPs, nurses and pharmacists
- Pharmacists and their teams should maximise opportunities to provide ancillary support to general

practice in supporting effective management (including monitoring, medicine and adherence review, and lifestyle advice)

- Patients should be given opportunities to participate in decision-making on treatment and be provided with information and explanation to support compliance
- Professional organisations should promote clinical leadership, education and training in primary care for the (detection and) optimal treatment of high blood pressure

## Supporting actions for the future

The document also sets out commitments for action during 2014-2016 made by the individual members of the Blood Pressure System Leadership Board. The commitments that relate to community pharmacy are listed below:

- **Health Education England** will contribute towards education and training issues identified – specifically through the behaviour change and pharmacy consultation skills work streams, and considering opportunities within HEE’s workforce.
- **Pharmacy Voice** will sponsor a group of senior pharmacy stakeholders to develop a response from the sector to this initiative – early outputs could include consensus statements, baseline data collection, best practice research, and specific member actions. They will also adopt high blood pressure as a theme for Pharmacy Voice’s public campaign programme in 2015, with a particular focus on pharmacy’s role in increasing testing and supporting the better use of prescribed medicines.
- **NHS England** will work with PHE to make the case to CCGs to invest in locally commissioned community pharmacy services to provide better information and support about blood pressure management, to introduce opportunistic screening, and to refer patients to their regular community pharmacy for a medicines use review to review the blood pressure of those on anti-hypertensives and others at high risk of hypertension.

## PSNC’s view on these proposals

The management of hypertension is an area that PSNC identified in its [Vision for the development of community pharmacy services](#) and testing the concept of hypertension management by community pharmacies in collaboration with CCGs and other organisations features in our current work plans. Many of the proposals in the PHE document are supportive of PSNC’s proposed service developments and as such this document and the associated commitments for actions by various bodies are to be welcomed. Further work will however be required to identify how some of the suggested community pharmacy service developments may actually be funded.

If you have any queries on this PSNC Briefing or you require more information, please contact [Rosie Taylor, Pharmacy and NHS Policy Officer](#).