

SECTION 6: STANDARDS FOR SPECIFIC CONDITIONS

6.1 HYPERTENSION

Hypertension (persistently high blood pressure) is one of the most common health problems in the United Kingdom. Although it rarely causes symptoms, the damage it does to arteries and the organs they supply results in significant morbidity and mortality and a considerable cost burden to the NHS, social care and the wider economy. Hypertension is one of the most important modifiable risk factors for coronary heart disease (the leading cause of premature death in the United Kingdom) and stroke (the 3rd leading cause). It is also an important contributor to chronic heart failure, chronic kidney disease and peripheral vascular disease. Therefore, hypertension is a key priority for prevention, detection and control, and effective management of hypertension is recognised as an essential component of national strategies for coronary heart disease, stroke, diabetes and chronic kidney disease. Effective management of hypertension also forms a key part of the general medical services targets.

A concerted and co-ordinated approach is required to develop and implement strategies and action plans, not only to identify and treat patients with hypertension, but also to promote healthy lifestyles and environments to prevent hypertension. Guidelines for the management of hypertension have recently been issued by the National Institute for Health and Clinical Excellence (NICE), British Hypertension Society and the Scottish Intercollegiate Guidelines Network. Prescribers in primary care are expected to achieve standards set out in the NICE guidance and should implement the NICE guidance for suitable patients. Despite isolated examples of good practice, prevention initiatives are thinly spread, detection is patchy and clinical protocols are often poorly followed. The prevention strand of the hypertension strategy should be based on healthy lifestyles and work in partnership with established local policies and programmes related to the wider determinants of health.

The standards set out below aim to enhance the quality of service for patients at risk of developing hypertension and those with established disease in order to reduce unacceptable variations in health and provision of services.

SERVICE FRAMEWORK FOR CARDIOVASCULAR HEALTH AND WELL BEING

Overarching standard 10:

All adults should be offered lifestyle advice as to the prevention of hypertension and have their blood pressure measured and recorded using standardised techniques every five years from age 45 years.

Rationale:

High blood pressure is a one of the most important modifiable risk factors for a number of conditions including coronary heart disease, stroke, chronic kidney disease

Hypertension is frequently undiagnosed for many years by which time organ damage may have resulted

The rising prevalence of modifiable risk factors (e.g. dietary salt, obesity, physical inactivity and diabetes) for the development of hypertension and an ageing population means the prevalence will increase in the future.

NICE Hypertension Guidelines 2006 recommend that to identify hypertension (persistent raised blood pressure above 140/90mmHg) the patient should return on at least two subsequent clinics where blood pressure is assessed from two readings under the best conditions available.

The Faculty of Public Health and the National Heart Forum have produced Easing the Pressure: Tackling Hypertension which provides guidance to multiagency teams on how to develop local strategies for the prevention, detection and control of hypertension <http://www.fph.org.uk>

Evidence:

National Institute for Health and Clinical Excellence (NICE) Guidance on the Management of hypertension in adults in primary care (2006)
<http://www.nice.org.uk/Guidance/CG034>

Guidelines for the management of hypertension, British Hypertension Society (2004) [http://www.bhsoc.org/Latest BHS management Guidelines.stm](http://www.bhsoc.org/Latest_BHS_management_Guidelines.stm)

Responsibility for delivery / implementation

HSC Trusts
Primary Care

SERVICE FRAMEWORK FOR CARDIOVASCULAR HEALTH AND WELL BEING

Quality Dimension			
<p>Timely Early identification and management of hypertension will reduce the incidence of long term organ damage</p> <p>Effective Systematic monitoring of the population to detect hypertension will reduce the risks of patients being undetected and therefore untreated</p> <p>Equitable Applied across the general population</p>			
Performance Indicator:	Data source	Anticipated Performance Level	Date to be achieved by
Percentage of patients aged over 45 years who have had a recorded blood pressure on their GP record within the past 5 years	QOF	70% 80% 90%	March 2010 March 2011 March 2012

SERVICE FRAMEWORK FOR CARDIOVASCULAR HEALTH AND WELL BEING

Overarching standard 11:

All patients should be offered drug therapy if they have (a) persistent blood pressure of 160/100 mmHg or more and/or (b) raised cardiovascular risk (10 year risk of cardiovascular disease of 20% or existing cardiovascular disease / target organ damage) with persistent blood pressure of \geq 140/90 mmHg.

Rationale:

High blood pressure is a major risk factor for a number of conditions including coronary heart disease, stroke, and chronic kidney disease. In Northern Ireland 19% of men and 27% of women are reported as being diagnosed with high blood pressure. The rising prevalence of modifiable risk factors (e.g. dietary salt, obesity, physical inactivity and diabetes) for the development of hypertension and an ageing population means the prevalence will increase in the future. It is estimated that in the UK approximately 60-70% of all men and 50% of all women are untreated

Evidence:

National Institute for Health and Clinical Excellence (NICE) Guidance on the Management of hypertension in adults in primary care (2006)

<http://www.nice.org.uk/Guidance/CG034>

Guidelines for the management of hypertension, British Hypertension Society (2004) [http://www.bhsoc.org/Latest BHS management Guidelines.stm](http://www.bhsoc.org/Latest_BHS_management_Guidelines.stm)

Responsibility for delivery / implementation

HSC Trusts
Primary Care

SERVICE FRAMEWORK FOR CARDIOVASCULAR HEALTH AND WELL BEING

Quality Dimension			
<p>Timely Reduction in blood pressure is associated with a reduced risk of developing a cardiovascular event</p> <p>Effective All treatment will be provided in line with evidence based practices</p> <p>Efficient Evidence attests to the clinical and cost-effectiveness of lowering blood pressure</p> <p>Equitable All eligible patients would receive treatment</p> <p>Patient Centred All patients will be involved partners in their treatment</p>			
Performance Indicator:	Data source	Anticipated Performance Level	Date to be achieved by
Percentage of patients with a target blood pressure of <140/90 mmHg	QOF	70%	March 2010
		80%	March 2011
		90%	March 2012