Evaluation of targeting inequalities by optimising uncontrolled hypertension in Cheshire and Merseyside.

A Health Innovation North West Coast Evaluation
for Cheshire and Merseyside ICB

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Cheshire and Merseyside

Exec Summary

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Background

Cardiovascular disease (CVD) is a leading cause of death in the UK[1], **with high blood pressure (hypertension)** linked to around **50% of heart attacks and strokes[1]**. Hypertension is the **top modifiable risk factor** for CVD; it is estimated up to **30% of adults** have it and **half aren't effectively treated[2]**.

To address this, **NHS England** (NHSE) set a goal: by **March 2025, 80% of patients diagnosed with hypertension** should have **controlled blood pressure** (measured by metric CVD007HYP), based on readings taken within the past year[3].

In **September 2024**, NHSE approached Cheshire and Merseyside ICB to fund extra support for improving **blood pressure optimisation (BPO) and management**, with a focus on **reducing health inequalities.**

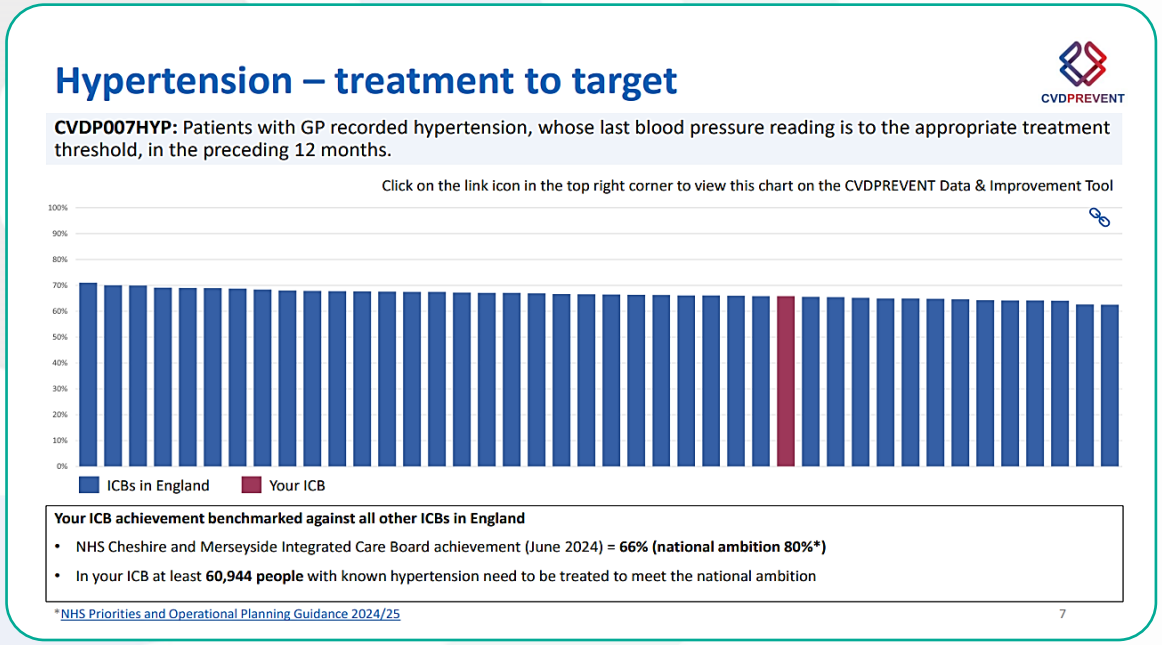
Data showed that **areas of high deprivation** had pockets **of low rates of blood pressure control.** Funding was directed to help the **lowest-performing GP practices** improve their outcomes.

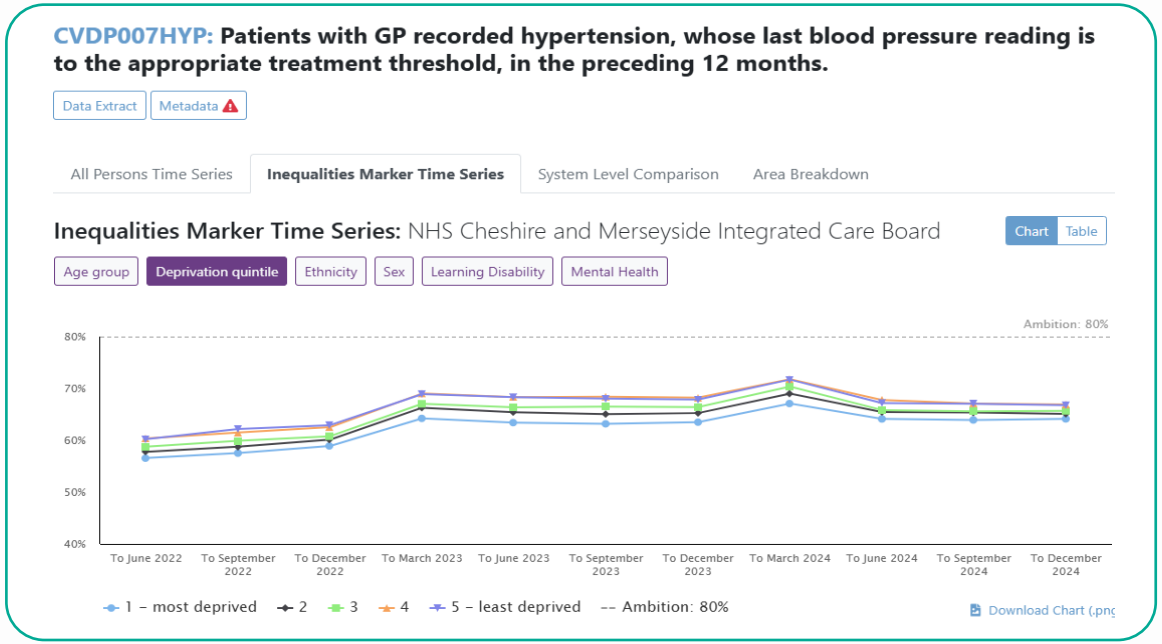
To support this, **Health Innovation North West Coast (HINWC)** was commissioned to deliver a **6-month quality improvement project.**

1. British Heart Foundation (2022) Heart and Circulatory Disease Statistics 2022. Available at: https://www.bhf.org.uk/-/media/files/for-professionals/research/heart-statistics/bhf-statistics-compendium-2022.pdf (Accessed: 24 July 2025).
2. NHS Digital (2023) Health Survey for England 2021: Adults' Health – Hypertension. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2/adult-health-hypertension (Accessed: 24 July 2025).
3. NHS England (2025) 2025/26 priorities and operational planning guidance.

Why Cheshire & Merseyside?

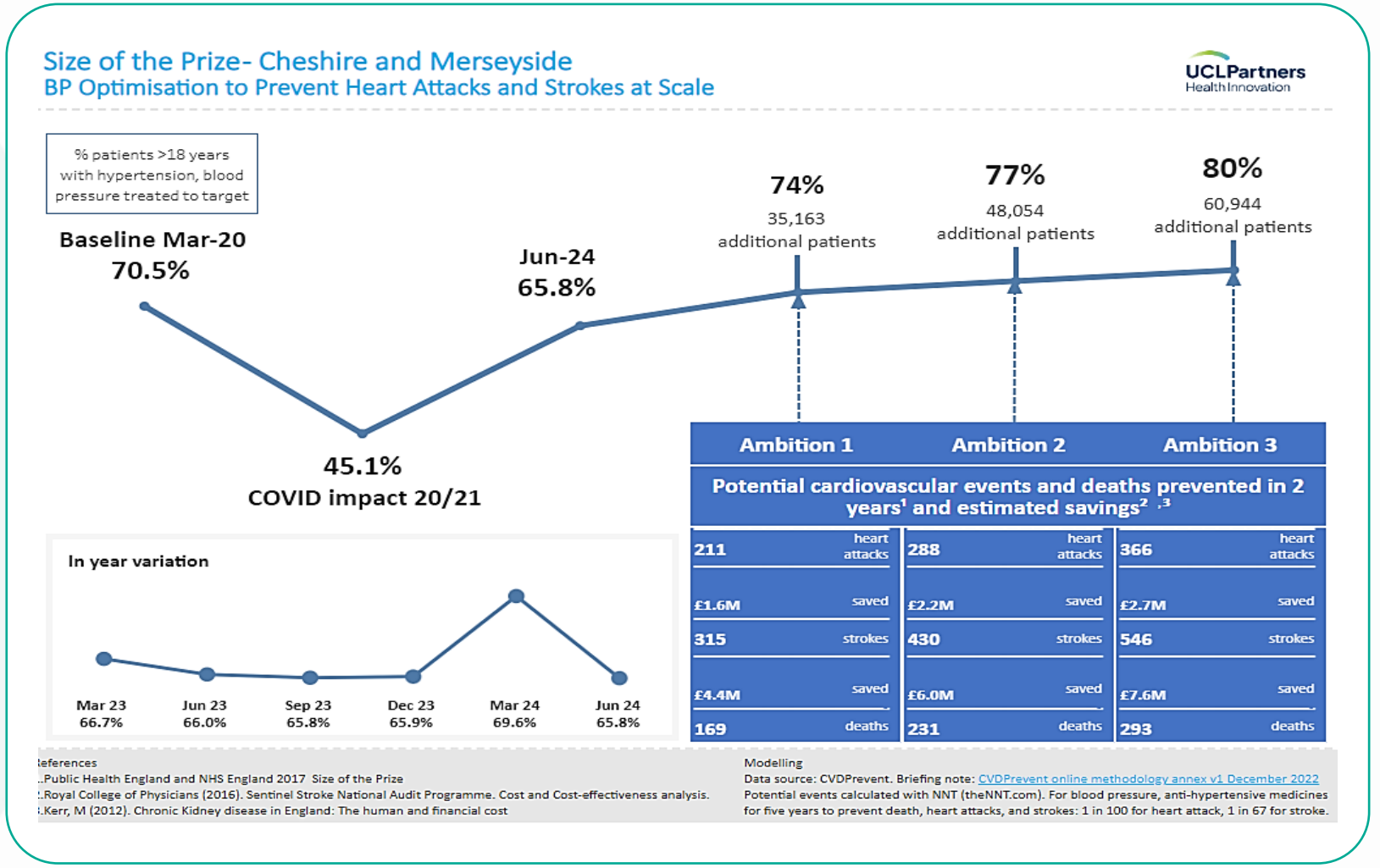
- In **June 2024,** national data showed that **Cheshire and Merseyside (C&M)** was **below the national average** for blood pressure control in hypertension patients (**65.8% vs 67.1%**), ranking **29th out of 42 ICBs.**
- Rates were even lower in **deprived areas,** highlighting a clear **health inequality:**
  - **IMD 1 decile:** 64.1% (national: 65.4%)
  - **IMD 2 decile:** 65.1% (national: 66.4%)
- Performance had largely **plateaued** between **June 2023 and June 2024,** including in the most deprived groups.





The Ambition

- In **June 2024,** modelling showed that **60,944 more patients** in Cheshire and Merseyside needed blood pressure control to reach the **80% treatment-to-target goal.**
- Analysis revealed **wide variation** in performance across **practices, PCNs, and Places,** pointing to **complex and varied causes** of underperformance.
- This suggested that a **one-size-fits-all approach** would be ineffective, and further exploration was needed to tailor support appropriately.



HINWC role in the project

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HINWC provided project support in the following key areas:

PROJECT MANAGEMENT

- Oversight of project delivery throughout life cycle
- Practice engagement and support
- Schedule practice visits, context assessments etc.
- Manage contracting, DPIAs and payment incentivisation

QUALITY IMPROVEMENT EXPERTISE

- Design of quality improvement framework
- Context assessments undertaken with each practice
- Demonstration of QI tools, e.g. BPQI toolkit
- Community of Practice facilitation

CLINICAL EXPERTISE

- Clinical Pharmacist to visit practices, advice, guidance and improvement resources provided
- Co-develop quality improvement plans with practice staff
- Review of practice data searches
- Ongoing support throughout project lifecycle

EVALUATION DELIVERY

- Evaluation codesign with full project team
- Data collection throughout project lifecycle
- Qualitative and quantitative data analysis
- Production of evaluation report/outputs

Methodology

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Practice Responsibilities

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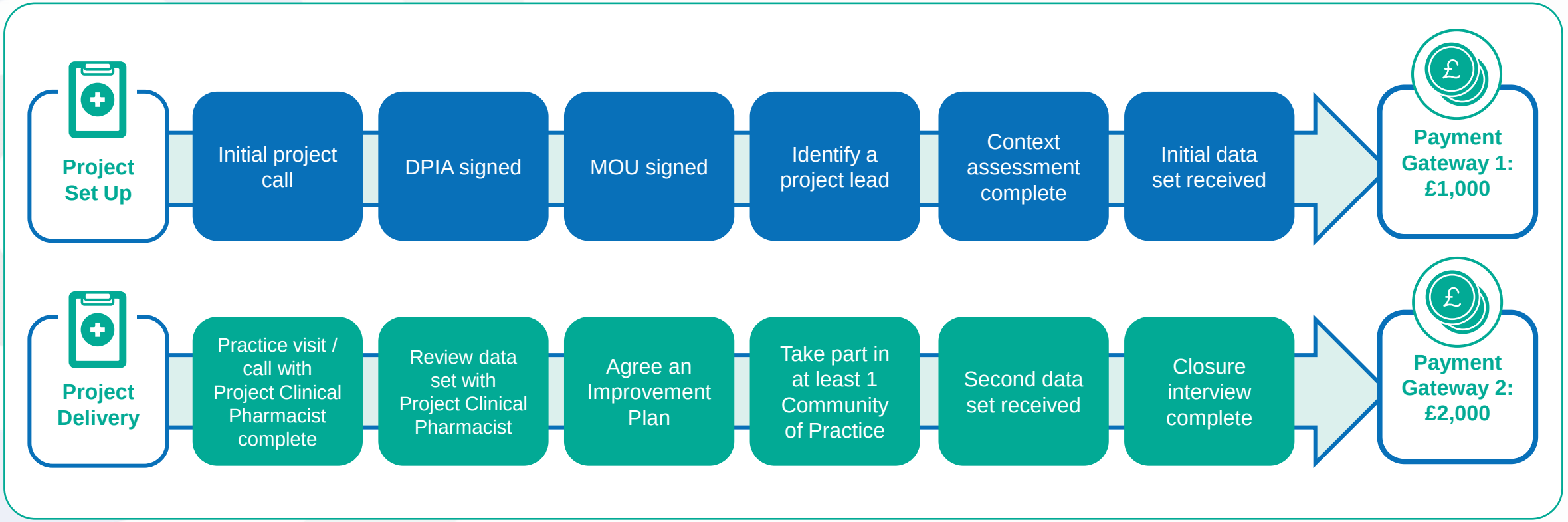
For project participation, practices were asked to commit to completing key tasks identified below.

Each practice could receive **£3,000,** paid in two instalments after completing the tasks. The funding had to be used for **equipment or training** to support blood pressure management.



Aim and objectives

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BPO Project Aim

1. To support identified practices with the knowledge and resources to manage more patients on the hypertension register to their treatment target
2. Identify the supportive measures for quality improvement for sustainability and spread of the initiative across Cheshire & Merseyside

BPO Project Objectives

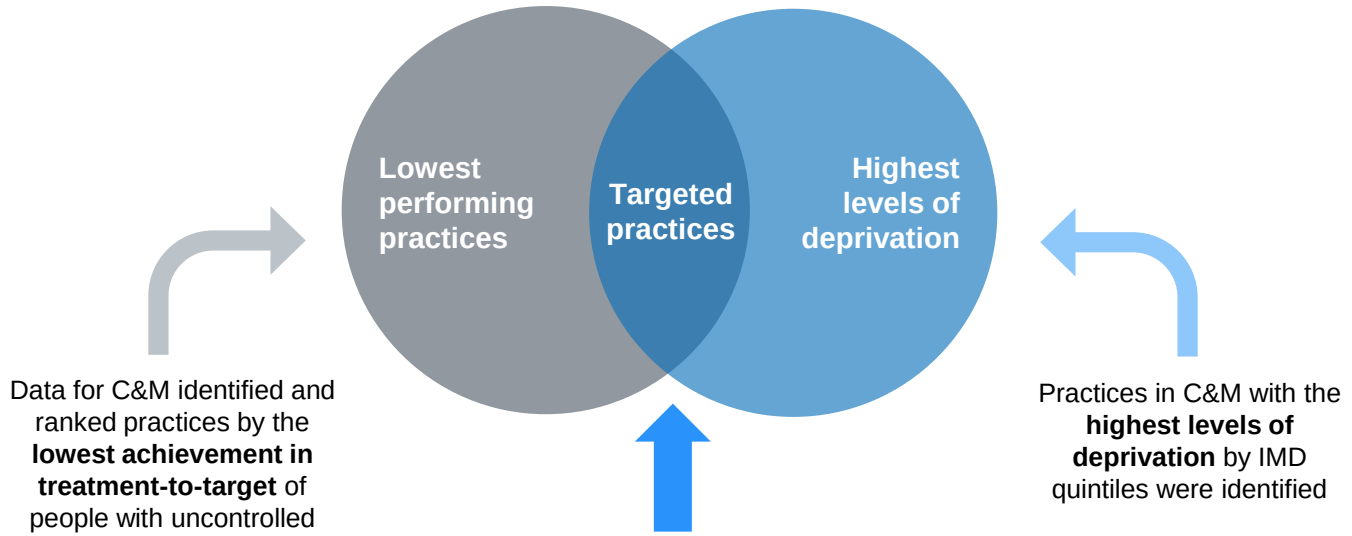
To understand the challenges faced by practices in managing patients to target

To understand the support required and valued by primary care in achieving treatment to target

To support practices to make sustainable improvements that will improve C&M's average treatment to target for hypertension against the national ambition

Practice Identification

A data-driven, targeted approach was used to identify practices for project participation by triangulating CVD Prevent data.



- Practices in **IMD 5 were excluded** from the project
- The **lowest-performing practices** often faced wider challenges across multiple health areas. To respect their capacity, **participation was encouraged but not mandatory.**
- If a practice in the bottom 30 declined to take part, the project team moved on to engage the **next lowest-performing practices.**
- **Practices were offered funds (£3,000)** to participate in the project.

Aim and measures

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BPO Project Aim

1. To support identified practices with the knowledge and resources to manage more patients on the hypertension register to their treatment target
2. Identify the supportive measures for quality improvement for sustainability and spread of the initiative across Cheshire & Merseyside

BPO Project Measures

BPO Project Outcome Measures	BPO Project Process (Data) Measures
The percentage of practices choosing each of the secondary drivers identified in the improvement plan	Number of patients on hypertension register
The engagement of practices throughout the project, identified through a qualitative scoring system	Number of patients on antihypertensive medication but not on the hypertension register
The percentage of practices who felt that the project had led to sustainable improvements in BPO within their practice	Number of patients on hypertension register but not on hypertension medication

Blood Pressure Optimisation (BPO)
Practice Quality Improvement Approach

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The project employed a light touch, modified Breakthrough Series Collaborative format, using the Model for Improvement as the underpinning quality improvement framework.

Co-development
with full project team of:

1. Project aim
2. Improvement framework for practices
3. Data searches (EMIS/SystemOne)

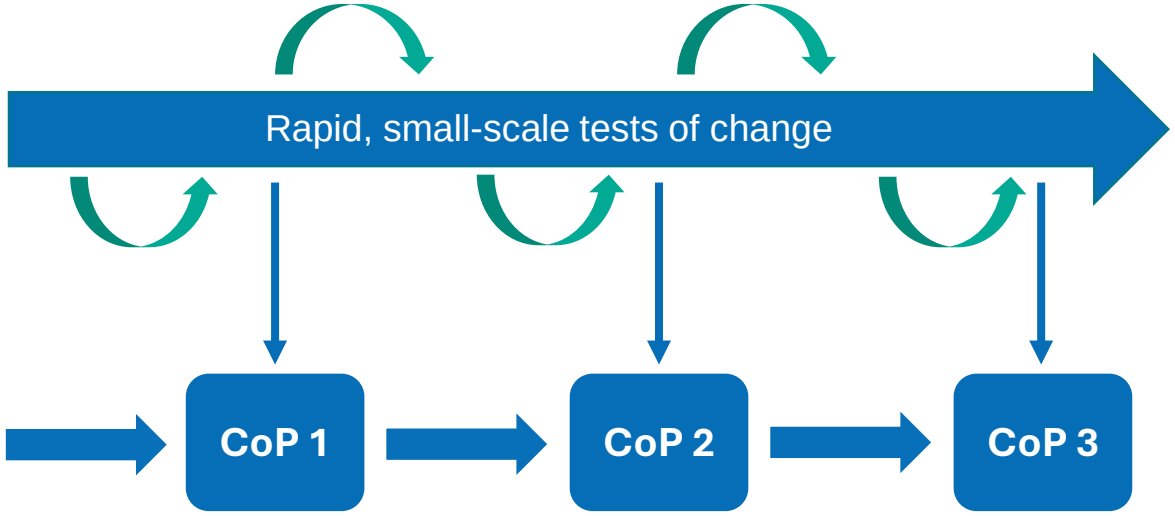
Practices identified and engaged
CVD Prevent data, telephone discussion

Baseline practice data extracted

Practice meeting to:

1. Discuss BP data
2. Discuss Improvement Framework
3. Agree practice improvement plan and priority focus
4. Deliver clinical education sessions

Project active period (3-5 months)



HINWC Clinical Pharmacist support provided to practices
Phone calls, practice visits, emails, data submissions

BPO Quality Improvement Framework

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All participating practices worked with a HINWC Clinical Pharmacist to use the Quality Improvement Framework and identify their own key areas for improvement.

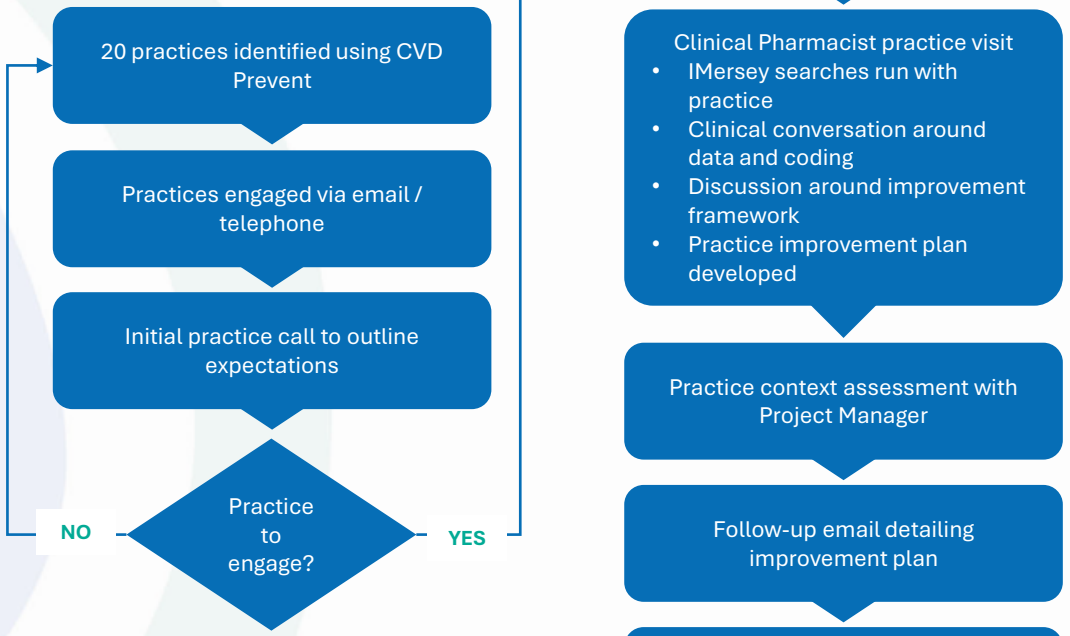
BPO Project Aims

1. To support identified practices with the knowledge and resources to manage more patients on the hypertension register to their treatment target
2. Identify the supportive measures for quality improvement for sustainability and spread of the initiative across Cheshire & Merseyside

Primary Driver	Secondary Driver	
Education	E1	Clinical training sessions needed on diagnosis and management of BP
	E2	Education on search tools including BPQI and medication searches available to improve BP management
	E3	Training required on coding and register validation
	E4	Need for a BP management protocol from diagnosis to treatment including a self-management protocol
	E5	Address patient education materials provided to patients
	E6	Clinical training for HCAs on taking blood pressures
	E7	Education on the community pharmacy ambulatory BP service
Information & Systems	IS1	Interrogation of data outputs from BPQI and medication searches: stratifying outputs and tasks across practice staff
	IS2	Using Accuryx or Blinx to record BPs – building into BP protocol
	IS3	BP monitors for self-management: test protocol, purchase machines if required
	IS4	Implement education on coding within practice system, linking meds etc.
	IS5	Address patient follow-up / recall processes re: sustainability of care improvements
Leadership	L1	Establish a practice lead for BP management
	L2	Establish mechanisms for sharing learning across the practice
	L3	Establish mechanism for sharing learning across PCN/Place

Project Pathway

The pathway reflects the approach the project team and practices followed throughout the six-month project lifecycle



Each practice to attend at least one Community of Practice

COP 1: APRIL 2025

- Setting the scene
- A practice journey of success
- Demonstration of BPQI Toolkit

COP 1: MAY 2025

- Project overview
- Shared reflection on progress / project
- Demonstration of CIPHA

COP 1: JUNE 2025

- Current position in project
- QOF and resources presentation
- Next steps for project end

Shared Learning Through Community of Practice

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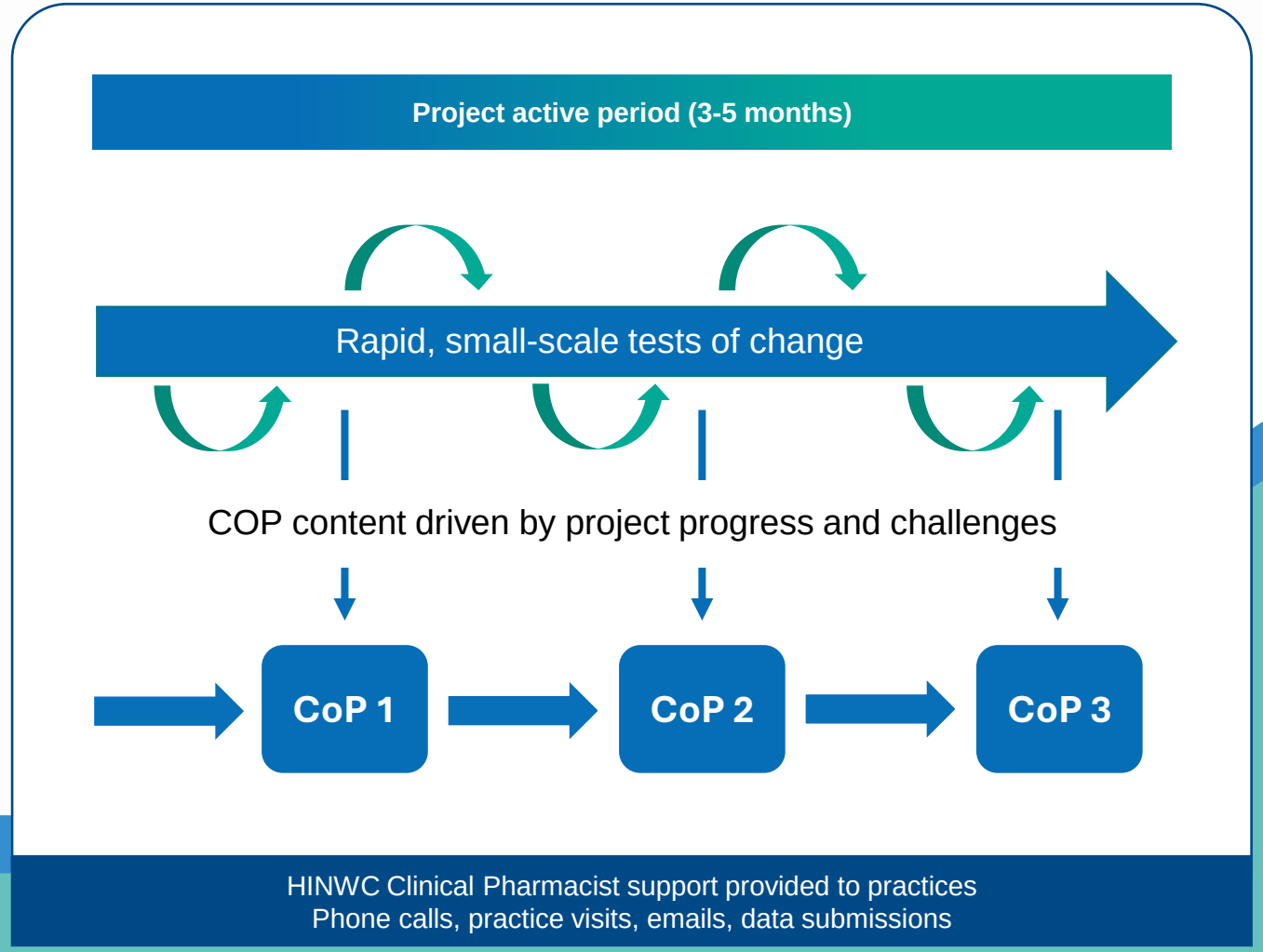
- The traditional **in-person Breakthrough Series** was replaced with **virtual cohort-based learning sessions.**
- These sessions aimed to:
  - **Challenge barriers** to improvement
  - **Share best practices**
  - **Showcase data sources and tools**
- Practices were **encouraged to attend all Community of Practice (COP) sessions,** as outlined in the **Memorandum of Understanding (MOU).**



Methods - Evaluation

Understanding context is important to understanding barriers to progress

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Each practice had a context assessment interview at the start of the project. This covered the domains shown below:

- Patient centred values
- Positive culture
- Focus on feedback and improvement

- Adequate resource to deliver high-quality care
- Morale
- Staff development opportunities
- Praise and recognition

- Trust and respect in senior leaders
- Responsibility of senior leaders to drive improvement
- Support in BPO project work to embrace and spread learning

Context Assessment Analysis Framework

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Interviews conducted for context assessments were analysed and scored against the framework below

	1	2	3	4	5
Organisation (6 questions)	All six questions answered negatively	Four to five questions answered negatively/less confidently	Two to three questions answered negatively/less confidently	One question answered negatively/less confidently	Confidently positive response to all questions
Leadership (3 questions)	All three questions answered negatively	Two questions answered negatively	Two questions answered less confidently	One question answered less confidently	Confidently positive response to all questions
Staff (7 questions)	All seven questions answered negatively	Five to six questions answered negatively/less confidently	Three to four questions answered negatively/less confidently	Two questions answered negatively/less confidently	Confidently positive response to all questions, morale 10

Practice Engagement Analysis Framework

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The framework below was used to quantitatively score practice engagement throughout the project life cycle.

Score	Emails	Visits	Data (data set 2)	Improvement framework focus	CoP
1	Didn't respond to emails after initial visit	Reluctant to arrange initial visit – required several chasing emails	Resistant to sending data – did not send two sets	No focus on areas of improvement	Did not attend a CoP
2	Answered less than 50% emails in > 5 days	Needed more than one email to arrange the visit, arranged for more than 3 weeks after the call	Data supplied but in > 5 days following request	Focused on one improvement area – slow	Attended one CoP event but only under pressure of not receiving the last payment
3	Answered over 50% emails, within 5 days	Responsive to email, arranged practice visit more than two weeks from the date of the call	Data supplied within 5 days	Focused on two improvement areas with progress	Attended one CoP event
4	Responsive to emails (2-3 days)	Keen to arrange practice visit, scheduled for within two weeks from the initial call	Data supplied within 2-3 days	Achieved a reasonable amount of progress	Attended two CoP event
5	Very responsive to emails (within 2 days), proactive with support	Keen to arrange practice visits – prioritised and requested more than one visit	Data supplied quickly on request (1- 2 days)	Achieved a proactive amount of progress	Attended three CoP events

Closedown Interview Analysis Framework

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Specific questions from practice closedown interviews were quantitatively scored against the framework below

	1	2	3	4	5
Do you feel that your practice was engaged in the BPO Hypertension initiative? Who was involved?	Negative response	Response does not commit level of engagement and can list 1-2 roles	Hesitant positive response and lists less than 4 roles	Confident positive response but lists less than 4 roles	Confident positive response and lists several key roles (more than 4)
What elements of the BPO initiative were useful to you and the practice?	Lists one element	Lists two	Lists three	Lists four	Lists five or more
Do you think that your work with the BPO initiative has improved the management of your hypertension patients? How?	Negative response	Negative response but states that with more time, it should improve	Yes, but cannot describe how	Confident yes and describes one to two examples	Confident yes and able to list over two examples
Do you feel that the BPO initiative has led to sustainable activity/improvements in the area of BPO and hypertension?	Negative response	Negative response but states that with more time, it should improve	Yes, but cannot describe how	Confident yes and describes one to two examples	Confident yes and can list over two reasons why

Results

BPO Project Final Practice Cohort

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- Between **January and June 2025, 32 practices** were approached to join the **Blood Pressure Optimisation (BPO) Project:**
  - **15** participated
  - **2** started but later withdrew
  - **8** did not respond
  - **7** responded but did not engage
- An additional **6 practices in IMD 5** had low treatment-to-target rates. They were informed of their data but **not invited** to join the project.
- Of the participating practices:
  - **60%** were among the **30 lowest-performing** in C&M
  - **74%** were in **IMD 3 or below**

Area	PCN	Practice Name	Total	IMD Quintile (1=most deprived)	Project Status
Sefton	PC24	Seaforth Litherland and Netherton	46.00%	2	Participated
Sefton	Southport & Formby PCN	Kew Surgery	48.90%	4	Participated
Halton	Widnes PCN	Oaks Place	49.40%	2	Participated
Sefton	South Sefton PCN	Glovers Lane Surgery	51.20%	2	Participated
Sefton	PC24	Sefton Road	52.40%	2	Participated
Sefton	PC24	Great Crosby and Thornton	52.40%	4	Participated
Liverpool	Liverpool First PCN	Yew Tree	52.40%	1	Participated
Sefton	PC24	North Park	52.70%	1	Participated
Liverpool	PC24	Garston Family Health Centre	52.72%	1	Participated
Warrington	Warrington south PCN	Latchford	57.08%	2	Participated
Liverpool	Picton PCN	Edge Hill	57.10%	1	Participated
Liverpool	Childwall & Wavertree PCN	Edge Hill@Mossley	58.30%	4	Participated
Warrington	East Warrington PCN	Padgate	60.67%	4	Participated
Liverpool	PC24	Netherley	69.77%	1	Participated
Liverpool	SWAGGA PCN	Woolton House	70.08%	1	Participated
Sefton	South Sefton PCN	Bridge Road	52.50%	2	Withdrew from project
St Helens	Newton and Haydock	Newton	59.56%	3	Withdrew from project
Knowsley	West Knowsley PCN	Cornerways Medical Centre	43.90%	1	Responded - failure to engage
Sefton	South Sefton PCN	Eastview Surgery	50.20%	3	Responded - failure to engage
Knowsley	Kirkby PCN	Maassarani & Partners	52.20%	2	Responded - failure to engage
Liverpool	Anfield & Everton PCN	Mere Lane Practice	52.60%	1	Responded – failure to engage
Sefton	Aintree PCN	Aintree Road	53.75%	1	Responded – failure to engage
Halton	Widnes PCN	Newtown Surgery	54.33%	1	Responded – failure to engage
St Helens	Newton and Haydock	Dr Rahills	55.30%	3	Responded – failure to engage
Knowsley	West Knowsley PCN	Hillside House Surgery	59.57%	1	Responded - failure to engage
Knowsley	West Knowsley PCN	Roseheath Surgery	44.30%	2	No response
Sefton	South Sefton PCN	Bootle Village Surgery	47.80%	1	No response
Knowsley	West Knowsley PCN	Aston Healthcare	50.60%	2	No response
Sefton	South Sefton PCN	Orrell Park (SSP)	50.90%	2	No response
CW&C	One Ellesmere Port	Westminster Surgery	52.90%	2	No response
Sefton	South Sefton PCN	30 Kingsway Surgery	53.30%	4	No response
St Helens	North PCN	Windermere Medical Centre	55.10%	2	No response

Evaluation Results:
Context assessment analysis

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Organisation

- **All practices** reported a **positive culture,** supporting the delivery high-quality patient care and valuing continuous improvement
- **19%** of practices said they **lacked enough BP machines** to support the project effectively.

Leadership

- Leadership was **highly rated** across 93% of practices.
- Leaders were seen as **respected, responsible,** and likely to **support adoption** of BPO learnings.

Staff reported **limited Quality Improvement (QI) Knowledge**

- **81%** of staff had **no awareness** of QI methods.
- However, **all practices** were **positive about learning more.**

N.B. one practice did not attend their context assessment and later withdrew from the project

Interviews conducted for context assessments were analysed and scored against a framework

Practice	Role	Organisation	Leadership	Staff	Total
Bridge Road	Practice Manager	3	3	2	**8**
Edge Hill	Practice Manager	5	5	4	**14**
Edge Hill @ Mossley Hill	Practice Manager	5	5	4	**14**
Garston	Practice Manager	4	5	4.5	**13.5**
Glovers Lane	Practice Manager	4	5	5	**14**
Great Crosby and Thornton	Practice Manager	5	5	5	**15**
Kew Practice	Practice Manager	5	5	4	**14**
Latchford	Practice Manager	4	5	5	**14**
Netherley	Practice Manager	3	5	4.5	**12.5**
North Park	Practice Manager	3	5	4.5	**12.5**
Oaks Place	Practice Manager	5	5	4	**14**
Padgate	Practice Manager	5	5	4.5	**14.5**
Seaforth, Litherland & Netherton	Practice Manager	4	5	4	**13**
Sefton Road	Practice Manager	4	5	4	**13**
Woolton House	General Practitioner	5	5	4	**14**
Yew Tree	Practice Manager	4.5	5	4.5	**14**

Evaluation Results:
Practice engagement analysis

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Practice	Emails	Visits	Data (data set 2)	Improvement framework focus	COPs	Total
Bridge Road	1	1	1	1	1	**5**
Edge Hill	5	5	5	4	4	**23**
Edge Hill @Mossley Hill	5	5	5	4	4	**23**
Garston	5	5	3	1	5	**19**
Glovers Lane	4	4	4	2	1	**15**
Great Crosby & Thornton	5	5	3	1	5	**19**
Kew	5	1	1	3	1	**11**
Latchford	4	5	4	3	1	**17**
Netherley	5	5	3	1	5	**19**
North Park	5	5	3	1	5	**19**
Oaks Place	2	1	1	3	1	**8**
Padgate	4	5	4	1	3	**17**
Seaford Litherland & Netherton	5	5	3	1	5	**19**
Sefton Road	5	5	3	1	5	**19**
Oolton House	3	1	1	1	3	**9**
Yew Tree	5	5	5	4	5	**24**

Practice engagement in the BPO project (1)

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The analysis of practice engagement showed the following practices were rated as the most engaged in the BPO project:

1. **Yew Tree**
2. **Edge Hill & Edge Hill @ Mossley Hill** (joint)
3. **PC24** (combined 6 practices)
4. **Latchford and Padgate** (joint)

These practices also **scored highly** in their **context assessments.**

- **8 practices (53%)** attended **more than one** CoP session
- **6 practices** (40%) did **not attend** any sessions

Practice engagement in the BPO project (2)

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Bridge Road

Scored **poorly across all context assessment domains;** they went on to demonstrate **minimal engagement** in the project, citing **CQC inspection** as a barrier to completing work. This practice was identified early in the project as being one that would need **additional support** due to the issues identified with the **resourcing and staff morale** in the context assessment.

PC24

Most engaged in Community of Practice (CoP) sessions. Although it scored low for improvement focus, they focused on developing **sustainable improvement processes**.

Newton Practice

Faced **disruption due to two changes in Practice Manager,** which made project participation difficult.

Latchford & Padgate

Faced **technical and timing challenges** (different systems and QOF period making changing data a concern). However, **Latchford's Practice Manager** was noted for being **highly engaged and improvement-focused.**

Practice enrolment and engagement
Interpretation of findings

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- Many practices **welcomed the timing** of the project, as it helped them focus on improving their **QOF register** ahead of the 31st March 2025 submission. This was a **significant enabler** to enrolment.
- However, some practices **delay QOF updates** until the final quarter, meaning the **CVD Prevent data** used to select them may have **misrepresented their performance.**
- As a result, some enrolled practices were **not as underperforming** as initially believed.
- One practice **chose not to engage** before year-end to avoid affecting their QOF figures.

Key learning

The **timing of QI projects** in primary care is **critical** to engagement and success.

BPO Quality Improvement Framework
Areas selected by practice

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Primary Driver	Secondary Driver		Practices														
			Bridge Road	Edge Hill	Edge Hill @Mossley Hill	Garston	Glovers Lane	Great Crosby & Thornton	Kew	Latchford	Netherley	North Park	Oaks Place	Padgate	SeaforthLitherland & Netherton	Sefton Road	Woolton House	Yew Tree
Education	E1	Clinical training sessions needed on diagnosis and management of BP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	E2	Education on search tools including BPQI and medication searches available to improve BP management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	E3	Admin training required on coding and register validation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	E4	Need for a BP management protocol from diagnosis to treatment including a self-management protocol	✗	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓
	E5	Address patient education materials provided to patients	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	E6	Clinical training for HCAs on taking blood pressures	✗	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓
	E7	Education on the community pharmacy ambulatory BP service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

BPO Quality Improvement Framework
Areas selected by practice

HEALTH INNOVATION North West Coast

Primary Driver	Secondary Driver		Practices														
			Bridge Road	Edge Hill	Edge Hill @Mossley Hill	Garston	Glovers Lane	Great Crosby & Thornton	Kew	Latchford	Netherley	North Park	Oaks Place	Padgate	SeaforthLitherland & Netherton	Sefton Road	Woolton House	Yew Tree
Information & Systems	IS1	Interrogation of data outputs from BPQI and medication searches: stratifying outputs and tasks across practice staff	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	IS2	Using Accuryx or Blinx to record BPs – building into BP protocol	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	IS3	BP monitors for self-management: test protocol, purchase machines if required	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓
	IS4	Implement education on coding within practice system, linking meds etc.	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓
	IS5	Address patient follow-up / recall processes re: sustainability of care improvements	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓
Leadership	L1	Establish a practice lead for BP management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	L2	Establish mechanisms for sharing learning across the practice	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✓	✓
	L3	Establish mechanism for sharing learning across PCN/Place	✗	✗	✗	✓	✗	✓	✗	✗	✓	✓	✗	✗	✓	✓	✗	✓

BPO Quality Improvement Focus
Analysis by Practice

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All practices identified a need to focus on:

- **Clinical training** on the diagnosis and management of BP
- **Education on system searches** to analyse data and focus improvement efforts
- **Admin training** on coding and register validation
- **Addressing patient education materials** (resources were recommended)
- **Education** on the **community pharmacy ambulatory programme**
- **Improving the use of digital assets** to manage BP
- **Establishing a BP lead** within the practice

81% of practices focused on

- Developing a **self-management protocol**
- **Sharing learning** across the practice
- **Training clinicians to code hypertension correctly** during diagnosis and management

69% of practices focused on

- Adapting and adopting a shared **BP protocol** from the several shared with the practices
- **Training Healthcare Assistants** (HCAs)

Most elements of the **BPO Quality Improvement Framework** were well adopted, except for:

- **Level 3 (L3):** Establishing a mechanism to **share learning across PCN/Place**, which was less consistently implemented.

BPO Quality Improvement Project Impact

Changes in coded hypertension not on medication

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How many patients have coded hypertension but not on antihypertensives?

Practice	Before	After	Net Change
Edge Hill	157	155	▼ 2
Edge Hill @ Mossley Hill	29	30	▲ +1
Garston	54	64	▼ 10
Glovers Lane	116	121	▲ +5
Great Crosby and Thornton	154	158	▲ +4
Kew Practice	101	66	▼ 35
Latchford	104	103	▼ 1
Netherley	68	60	▼ 8
North Park	163	159	▼ 4
Oaks Place	44	23	▼ 21
Padgate	108	*	*
Seaforth, Litherland & Netherton	131	135	▲ +4
Sefton Road	80	75	▼ 5
Woolton House	170	179	▲ +9
Yew Tree	397	300	▼ 97

- **1,876 patients** were identified as **incorrectly coded** as having hypertension.
- During the project, only **139 patients** were removed from the hypertension registers.
- **Correcting these records** would improve treatment-to-target metrics.
- Practices indicated they plan to **continue to making these updates** beyond the project.

* Practice joined project late and final data due end of July 2025

BPO Quality Improvement Project Impact

Changes in number of patients on medication but not coded as hypertension

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Patients on anti-hypertensive medication but missed hypertension coding			
Practice	**Before**	**After**	**Net Change**
Edge Hill	61	28	▼ 33
Edge Hill @ Mossley Hill	17	11	▼ 6
Garston	13	10	▼ 3
Glovers Lane	79	38	▼ 41
Great Crosby and Thornton	62	54	▼ 8
Kew Practice	76	44	▼ 32
Latchford	243	242	▼ 1
Netherley	18	16	▼ 2
North Park	35	37	▲ +2
Oaks Place	23	6	▼ 17
Padgate	218	*	*
Seaforth, Litherland & Netherton	55	48	▼ 7
Sefton Road	24	20	▼ 4
Woolton House	52	32	▼ 20
Yew Tree	150	5	▼ 145

- **1,126 patients** were found to be **taking antihypertensive medication** but had **no hypertension coding.**
- By the end of the project, **277 of these patients** were correctly **added to the hypertension register.**
- This work is **still ongoing in 9 practices**

* Practice joined project late and final data due end of July 2025

The community of Practice revealed useful insights

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According to Wenger et al., three critical success factors for Communities of Practice are:

1. **Clear identification of the domain**
2. **Adequate leadership to hold the space**
3. **Time**

Among these, time was the most commonly cited barrier to attendance at CoP events.

Introduction to communities of practice – wenger-trayner.

Closure interview analysis: 13 practices (1)

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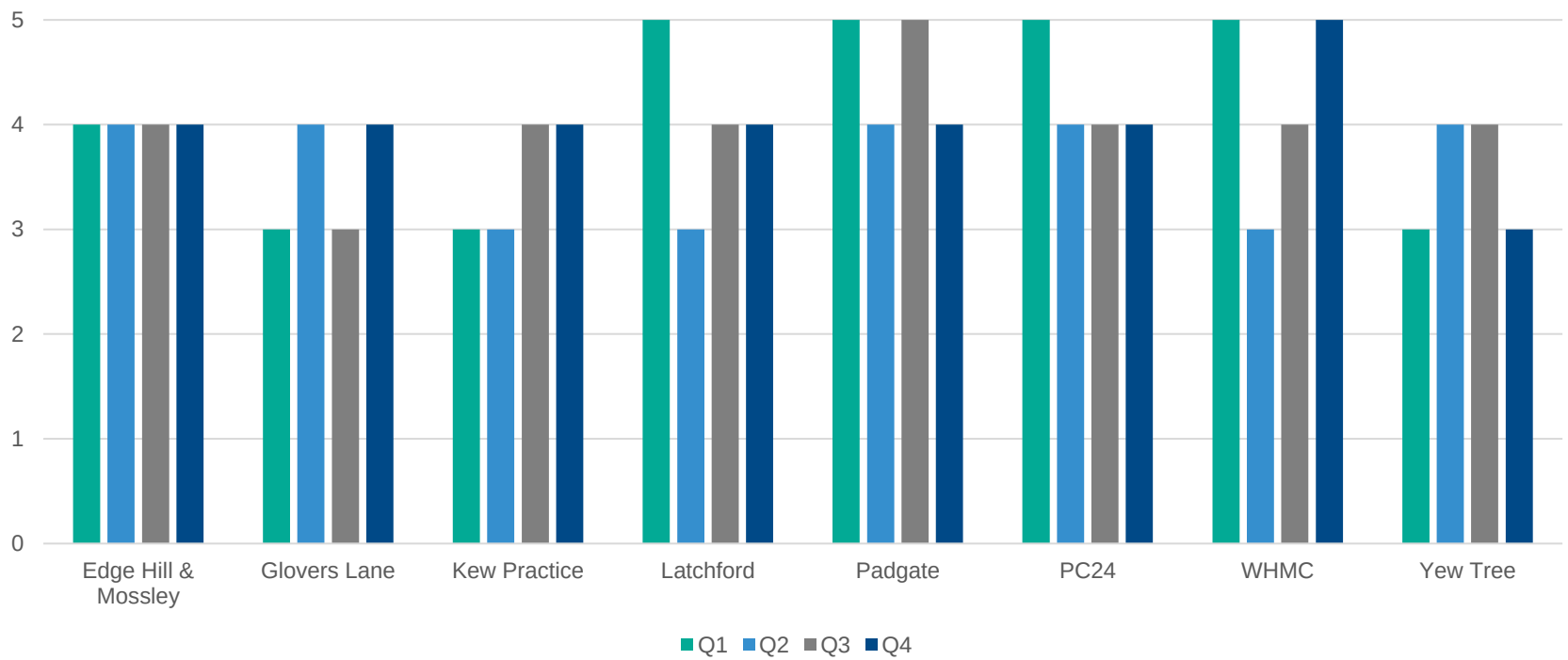
Questions

1. Do you feel that your practice was engaged in the BPO Hypertension initiative? Who was involved?
2. What elements of the BPO initiative were useful to you and the practice?
3. Do you think that your work with the BPO initiative has improved the management of your hypertension patients? How?
4. Do you feel that the BPO initiative has led to sustainable activity/improvements in the area of BPO and hypertension?



Q1: 4 = **Confident positive** response

Q2: 4 = Lists 4, 5 = Lists >4

Q3&4: 4 = **Confident yes**

Closure interview analysis: 13 practices (2)

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100%

of practices would undertake a quality improvement project like this again

93%

of practices confidently said that the project had led to sustainable improvements in BPO management within the practice

What are you planning on spending, or have already, spent your funds on?

93%

of practices were investing funds into additional BP monitoring equipment

29%

of practices were investing funds into staffing

Examples of sustainable improvements to patient care

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Effectively utilising the workforce

One practice **trained reception staff** to take blood pressure readings so they could be done immediately rather than the patient waiting for a medical appointment for up to two weeks.

Holistic education

Several practices **upskilled health care coordinators** to take blood pressure readings, helping patients to be seen more quickly.

Proactive care, maximising digital assets

Practices sent out **thousands of text messages**, encouraging patients to **visit pharmacist** for a blood pressure check and **empowering patients to self-check** their BP.

> Being able to engage with the patients more has been really useful, as is knowing what we are dealing with. Keeping on top of it [BP management] means we can manage patients more proactively, being able to send text messages etc.

Practice Manager

Conclusions/Discussion

BPO Quality Improvement Project

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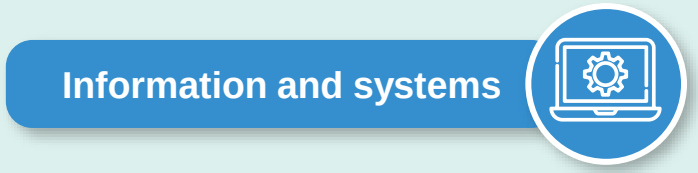
The project aimed to equip selected practices with resources across three primary drivers:



- These were the foundations for improving **hypertension management** during the project and beyond.
- All practices were made aware of their **hypertension data** and received **clinical and coding education.**
- **All but one practice** went on to make **sustainable improvements.**
- The **Clinical Pharmacist's expertise** was pivotal to the success of the project in establishing **clear, consistent best practices** for blood pressure management.
- The project also helped identify **key secondary drivers** for improvement. These insights will now inform a **sustainable scale-and-spread package** for all practices across the **Integrated Care System (ICS).**

The project aim was achieved

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BPO Project Aim

1. To support identified practices with the knowledge and resources to manage more patients on the hypertension register to their treatment target
2. Identify the supportive measures for quality improvement for sustainability and spread of the initiative across Cheshire & Merseyside

BPO Project Outcomes

BPO Project Outcomes	
Improvement Plan Focus Areas	92% of practices were able to list 4 or more of the BPO support initiatives that were useful to the practice
Practice engagement throughout the project	70% of practices confidently expressed that they were very engaged in this BPO QI initiative
Qualitative data from context assessment and close down interviews	92% of practices thought that the BPO initiative has led to sustainable improvements in patients' care
	100% of practices said that they would enrol in this type of improvement initiative again

The challenges faced and support valued by practices in managing hypertension patients to target

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EDUCATION

Challenges

- **Lack of confidence** across roles with the treatment and management of BP
- **Lack of awareness** of the community pharmacy ambulatory BP service
- **Lack of an agile workforce** to manage the demand of BP patients effectively

Valued support

- Variety of training sessions held by HINWC Clinical Pharmacist to **upskill workforce**
- Provision of **patient education** resources, e.g. decision tools
- Provision of **Standard Operating Procedures** and Self-Management **protocols**
- **Digital resources** to reduce the workload and empower patients and workforce
- Strategies for the effective **utilization of non-medical prescribers** (NMPS) to assist in improving BP management / follow-up, alleviating the demands on GP time.

INFORMATION AND SYSTEMS

Challenges

- Inconsistent **coding practices** across GPs causing variability of recall process
- Incorrect coding and **lack of clarity** around coding conventions
- Little **quality improvement capability** across practice staff

Valued support

- Incorporating **digital assets** into the BP management pathway
- Patient **self-management tools** to support practices to work more efficiently
- Introducing practices to the **BPQI tool to assist with patient prioritisation** and focus for improvement
- **Implement SOPs** for clinicians, other than GPs, to code "hypertension" in the patient register during patient triage and when documenting medication.

LEADERSHIP

Challenges

- Practices did not have **nominated clinical leads** for hypertension
- Most practices did not have a formal mechanism for **sharing learning** across the practice

Valued support

- Valuing **the need for a collective focus** on BPO, through clinical leadership, establishing **consistency of approach** and **dedicated resource.**

Project Learnings

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1 Timing is key for primary care

A **mid-year start** to a QI project **will not interfere with QOF** data or deadlines.

2 Allow at least six months to visibly see improvements in the clinical data

Most practices scored low on their improvement focus score as the **active project period was not long enough** to score highly for work completed.

3 Make Communities of Practice optional but develop the programme earlier

Practices didn't fully understand the benefits to be gained from the CoPs – the **time commitment was challenging.** Those who attended found them **useful.**

4 Leadership

Always involve a **GP Partner** to maintain engagement and ensure clinical continuity once the improvement support has gone.

Recommendation for a sustainable scale and spread package for all practices

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BPO Quality Improvement Checklist for primary care

	Tick the box when complete:
☐	GP lead for BP established in the practice
☐	Hypertension SOP tailored to practice and adopted across practice
☐	Self-management protocol for BP embedded across the practice, utilising digital assets as appropriate to communicate with the patient
☐	Practice has list of patient education materials to send digitally to patients
☐	Practice staff (HCAs and reception staff) competent with taking blood pressures to ensure no patient delay
☐	All staff aware of correct codes for use with hypertension patients
☐	Admin team briefed to run BPQI every six months to check the management of hypertension patients
☐	All patients on hypertensive medication checked for inclusion on hypertension register every six month
☐	All hypertensive patients have a diary date entry for review/hypertension only is on annual recall
☐	All hypertension patients NOT receiving medication have been reviewed and exception reported as appropriate
☐	Practice aware of pharmacy ambulatory blood pressure service

If you have embedded the relevant changes across your practice, engaging the whole practice team, and you review your hypertension data every 6-12 months, you will ensure that the changes you have made to improve patient care are sustainable.

Recommendation for a sustainable scale and spread package for all practices

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Primary Care BPO Support Package

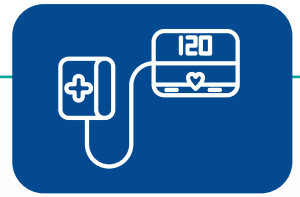
1

Develop a toolkit for professionals that contains:

- ✓ BPO SOP that can be tailored locally
- ✓ Hypertension self-management protocol
- ✓ Patient resources that practices can share digitally
- ✓ Coding advice
- ✓ Guidance Pack for the BPQI Toolkit

2

Develop guidance on annual recall/reviews



3

Communications strategy for BPO including:

- BPQI Toolkit
- Awareness raising for ABPM

Resources

Patient Resources

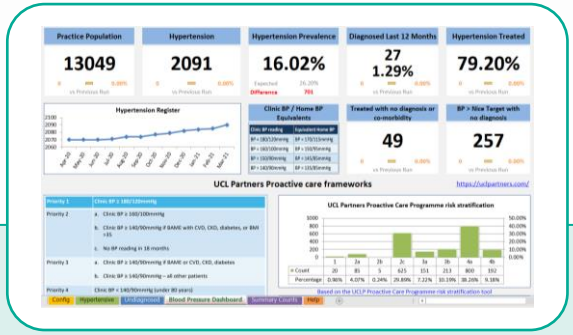
How to measure blood pressure:

https://www.bhf.org.uk/informationsupport/support

Buy approved Blood Pressure Monitors:

https://shop.bhf.org.uk/health-fitness/health-monitoring

Healthcare Professional Resources



BPQI Toolkit Information:

https://www.healthinnovationnwc.nhs.uk/blood-pressure-quality-improvement

Link to the QI Download portal:

https://www.healthinnovationnwc.nhs.uk/qi-toolkit-download-portal

BPQI Dashboard Installation Guide:

https://youtu.be/fZoTKt7Im7s?si=vmG0-salBZwUOEeO

Healthcare Professional Resources

A ZIP file with resources, to support home BP monitoring – some of these files (when adapted) might be useful to support this work:

https://happy-hearts.co.uk/professional-hub/professional-high-blood-pressure/#resource-pack

Links live from 25/07/2025

Resources - continued

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Healthcare Professional Resources

QRISK 3 patient information leaflets:

https://www.hornchurchhealthcare.co.uk/appointmentstest-referrals/tests-investigations

Hypertension NICE decision aid for HCA:

https://www.nice.org.uk/guidance/ng136/resources/visual-summary-pdf-6899919517

NICE patient decision aid - Assist patients in understanding lifestyle options and medication choices:

https://www.nice.org.uk/guidance/NG136/resources

QOF 2025/26: How to Shift Focus to CVD Prevention:

https://support.primarycareit.co.uk/portal/en-gb/kb/articles/qof-2025-26-how-to-shift-focus-to-cvd-prevention#Overview

Happy Hearts:

https://happy-hearts.co.uk/professional-hub/happy-hearts-toolkit/

Hornchurch Healthcare

NICE National Institute for Health and Care Excellence

Primary Care IT

Happy Hearts

Links live from 25/07/2025