



# High Blood Pressure - A British Heart Foundation Resource for All Primary Care Staff

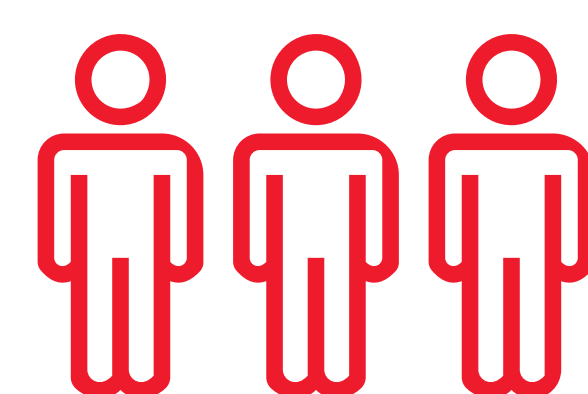
## Example - Name of Practice

GP Code - PCN allocation (if known) - Name of ICS (ICB)

### Did You Know...?

**28%** of adults have high blood pressure (HBP) in the UK

...that's 15 million adults



...at least half are not receiving effective treatment and millions are likely to be undiagnosed

Around **HALF**



of heart attacks and strokes are associated with high blood pressure in the UK

High blood pressure (hypertension) is the leading modifiable risk factor for heart and circulatory diseases (CVD) in the UK

**#1**

refs (this column): latest health surveys (NHS England, Scottish Government) & BHF estimates; Global Burden of Disease (GBD) 2019 estimates

If you would like copies of this resource for any practice, or have any queries, please contact: [HSITeam@bhf.org.uk](mailto:HSITeam@bhf.org.uk)

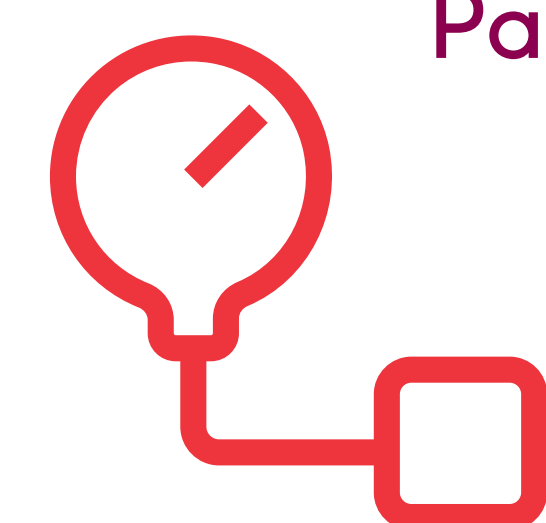
For more statistics and health intelligence visit:

[www.bhf.org.uk/statistics](http://www.bhf.org.uk/statistics)

How you can help:

[www.bhf.org.uk/how-you-can-help](http://www.bhf.org.uk/how-you-can-help)

### Blood Pressure - Do You Know Your Numbers?



Patients aged 45+ with a blood pressure reading (in the previous 5 years)

This Practice  
**91%**  
ICS 87%  
England 86%

Code

Patients  
excl PCAs

PCAs

Done

%  
all patients

to do

BP002

2,305

24

2,128

91%

177

ICS = integrated care systems, formerly STPs - 42 areas across England with formal status (ICBs) since 2022  
for more info: [www.england.nhs.uk/integratedcare/what-is-integrated-care/](http://www.england.nhs.uk/integratedcare/what-is-integrated-care/)

Please note statistics may not reflect current situation in this practice - see below for dates

### Diagnosed HBP

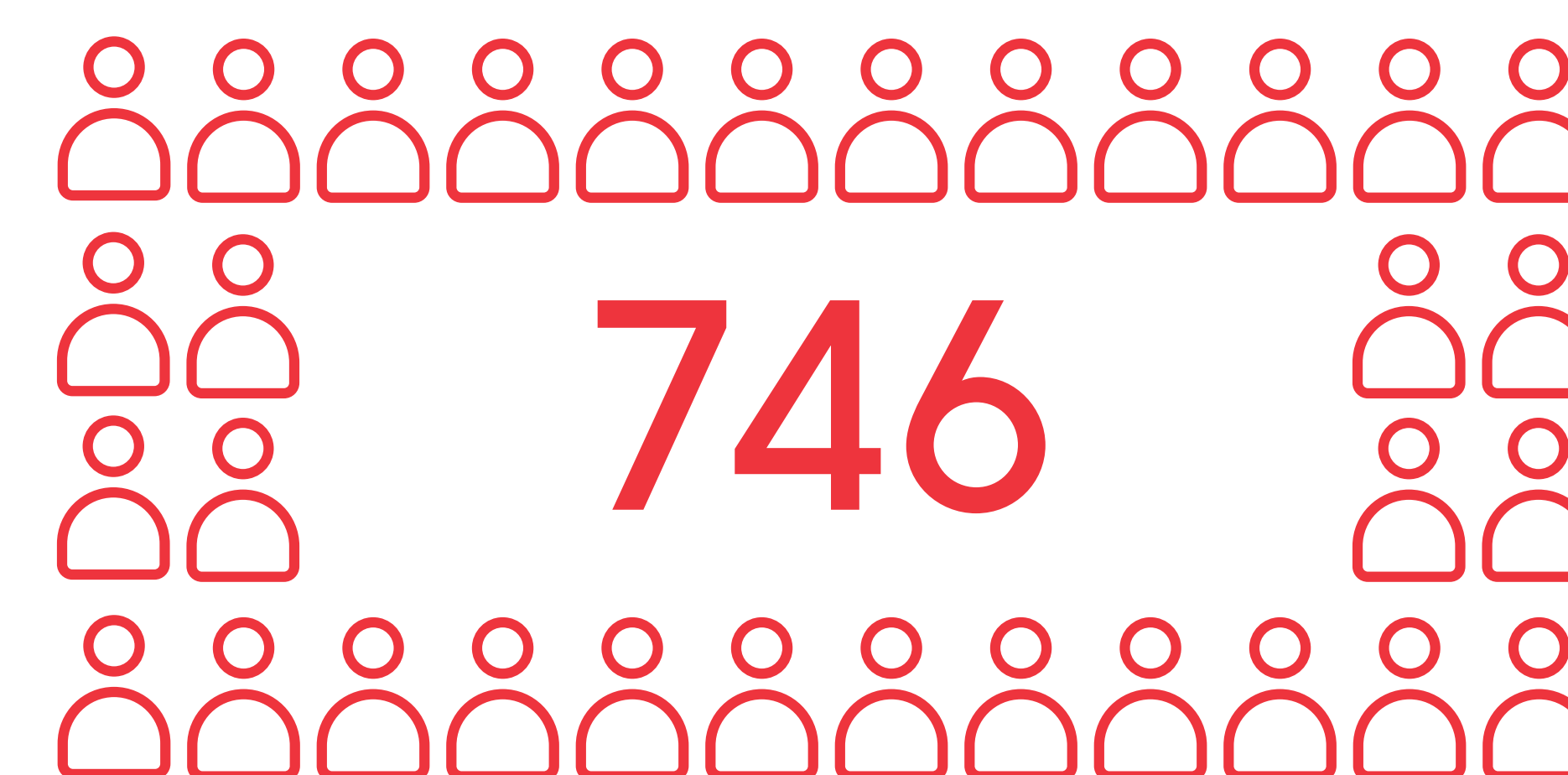
Around  
**1 in 7**  
Patients In  
This Practice  
Area

code: HYP001 (QOF)

or  
**13%**

HAVE  
DIAGNOSED  
HBP

ICS 16%  
England 14%



Patients with established hypertension (HBP) and on the QOF register in practice area

High blood pressure is more common as people get older, and in more deprived communities (but here diagnosis gaps may exist); also in some ethnic minority groups.  
We estimate that a typical practice has up to **500** people with undiagnosed high BP – potentially unaware of their increased cardiovascular risk if the condition is left untreated.

HBP REVIEWED  
code: CVDP004HYP

ICS 85%  
England 85%

**85%**

The percentage of patients aged 18 and over with GP-recorded hypertension who have had a blood pressure reading within the preceding 12 months.

available by ethnicity, sex, age and deprivation status at ICS level - see [www.cvdprevent.nhs.uk/data-explorer](http://www.cvdprevent.nhs.uk/data-explorer)

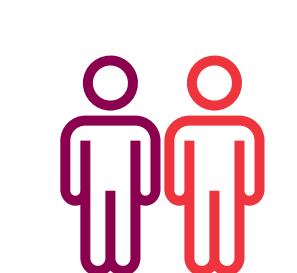
\*\* if n/a = up to 200 GPs have incomplete CVDPrevent data - or don't file

### Percentage of diagnosed HBP patients with controlled hypertension



under 80s  
140/90 mmHg or less

This Practice  
**62%**  
ICS 63%  
England 64%  
CVDP002HYP



over 80s  
150/90 mmHg or less

This Practice  
**81%**  
ICS 77%  
England 77%  
CVDP003HYP

All Ages  
**66%**  
ICS 66%  
England 67%  
CVDP007HYP

Indicator

CVDPrevent [occasionally QOF equivalent]

Patients

Controlled

%  
all patients

CVDP002HYP <80yrs controlled HBP

590

365

62%

CVDP003HYP 80yrs+ controlled HBP

155

125

81%

Mar-24  
Target  
**77%**

### KEY FACTS ABOUT HIGH BLOOD PRESSURE, 'THE SILENT KILLER'

High BP rarely has symptoms so detection often relies on opportunistic and unplanned testing, or late presentation by people with complications of high BP

Effectively treating high BP significantly reduces the risk of heart attacks, stroke and death

Every 10 mmHg reduction in systolic BP reduces the risk of major cardiovascular events, such as heart attack and stroke, by around 20%

### Coronary Heart Disease (CHD)

Percentage of CHD patients with controlled hypertension



under 80s  
140/90 mmHg or less  
(last 12 months)

This Practice  
**77%**  
ICS 74%  
England 76%  
code: CHD008



over 80s  
150/90 mmHg or less  
(last 12 months)

This Practice  
**91%**  
ICS 84%  
England 85%  
code: CHD009

Indicator  
all data from QOF

Patients  
excl PCAs

PCAs

Controlled

%  
all patients

Uncontrolled

CHD008 <80yrs CHD controlled HBP

121

15

105

77%

16

CHD009 >80yrs CHD controlled HBP

45

7

42

91%

3

### Stroke & TIA (Transient Ischaemic Attack)

Percentage of stroke/TIA patients with controlled hypertension



under 80s  
140/90 mmHg or less  
(last 12 months)

This Practice  
**68%**  
ICS 70%  
England 71%  
code: STIA010



over 80s  
150/90 mmHg or less  
(last 12 months)

This Practice  
**91%**  
ICS 82%  
England 83%  
code: STIA011

Indicator  
all data from QOF

Patients  
excl PCAs

PCAs

Controlled

%  
all patients

Uncontrolled

STIA010 <80yrs Stroke controlled HBP

43

10

36

68%

7

STIA011 >80yrs Stroke controlled HBP

31

2

30

91%

1

PCAs = personalised care adjustments; % = controlled as proportion of ALL patients including PCAs NB it is good practice to keep PCAs (exemptions) to a minimum - exemption volumes are not disclosed in CVDPrevent data

Last reviewed and updated Oct 2023

sources: Quality & Outcomes Framework (QOF) 2022/23 data NHS England (2023)  
(with some BHF analysis)

CVDPrevent June 2023 data - NHS England (2023)

(some data may be from previous periods, or equivalent indicators from QOF)

PCNs (primary care networks) cited in header are from the NHS ePCN list 29 Sept 2023 - PCNs are still evolving; we have no current PCN membership details for c.90 practices. For PCN-level data and analysis please refer to OHID Fingertips & CVDPrevent

Future updates: new QOF data due Autumn 2024; CVDPrevent in Jan 2024

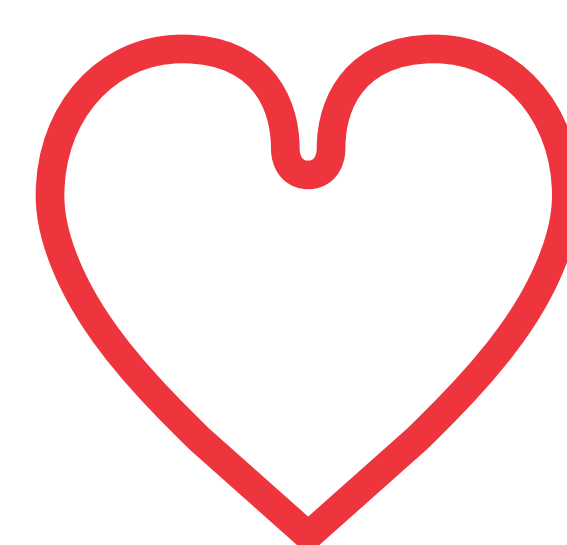


# Finding and treating people with high blood pressure is the role of everyone in the primary care team. This resource is designed to help all primary care staff build this work into everyday practices.

If you would like copies of this resource for any practice, or have any queries, please contact: [HSITeam@bhf.org.uk](mailto:HSITeam@bhf.org.uk)

## How can you improve detection of high blood pressure?

- Increase opportunistic blood pressure testing in the practice:
  - Think blood pressure in every routine consultation with a patient (this can include discussions held over the telephone and virtually)
  - Make blood pressure testing routine in clinics such as asthma, COPD, diabetes, weight management, smoking cessation, as well as other local enhanced service clinics
  - Add blood pressure check to any templates to help prompt staff
- Encourage patients to take up the NHS Health Check which provides blood pressure measurement in eligible 40-74 year olds
- Always offer ambulatory or, when appropriate, home blood pressure monitoring in order to confirm a diagnosis of high blood pressure
- Always include assessment of cardiovascular risk as part of diagnoses
- To promote high standards in blood pressure measurement, ensure your machines are calibrated and signpost patients and staff to video training resources



## How can you improve management of high blood pressure?

- Audit your practice records to identify people with high blood pressure recordings who do not have a high blood pressure code. To prioritise, consider starting with those with readings above 180/110 mmHg and then work your way down. (Search tools built for EMIS and SystmOne are amongst UCLPartners resources)
- Talk to your Medicines Optimisation and Community Pharmacist about how they can support blood pressure management and treatment optimisation
- The BP monitoring at home programme (Blood Pressure @Home) can empower patients, reduce monitoring workload for practices and free up HCA appointments.
- Have a range of patient information you can use with all your patients to promote good self-management e.g. leaflets, videos, trusted information websites, to best promote wide community access to blood pressure information and education
- Use scripts to help with having motivational conversations with patients about managing their blood pressure (see resources listed below)

## Things to think about together in your practice

- Include regular discussion about high blood pressure on the agenda of your practice meetings.
  - What barriers are there to improving detection and management of high blood pressure?
  - What ideas do people have for how to improve blood pressure detection and management? Agree which ideas you will test out.
- Identify training and education needs for everyone in your practice
- Take a look at the data for your practice – how are you doing compared with other practices in your area?
- Where available talk to your ICS-ICP/PCN leads for cardiovascular disease to learn how other practices are doing with detecting and managing high blood pressure
- What do you know about the people registered with your practice? Older people and Black and Asian Minority Ethnic patients are often some of the most vulnerable people in our communities, but especially in areas with greater deprivation, and you may want to prioritise them to start with



**Resources** • BHF blood pressure hub: patient and healthcare professionals education, videos, help to self-manage, recommended blood pressure machines for purchase [www.bhf.org.uk/information-support/risk-factors/high-blood-pressure](http://www.bhf.org.uk/information-support/risk-factors/high-blood-pressure)

• UCLPartners Proactive Care Frameworks – Search tools and help with prioritising your patients, workforce education and training, digital resources to promote patient activation and self-management <https://uclpartners.com/proactive-care/>

• UCLPartners video helping patients understand the benefits of remote BP monitoring [www.youtube.com/watch?v=edKbuoZPNyg](http://www.youtube.com/watch?v=edKbuoZPNyg)

• Future NHS - a digital platform to help the health and social care sector to connect and collaborate <https://future.nhs.uk/about>

