NHS Western Isles - Involving our Patients: Faster Access to Treatment for Hypertension in Primary Care
Evidence based impact

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Florence
Context: The Hypertension Challenge

• Hypertension is the single most common risk factor for both cardiovascular and overall disease burden and mortality worldwide, medical treatment of hypertension mitigates this risk.\(^1\)

• Around 7 million people in the UK have undiagnosed hypertension and therefore do not know that they are at risk.\(^2\)

• Patients waiting over a month and a half post high reading demonstrate progressively worse outcomes than those treated more promptly.\(^3\)

• NICE recommends ambulatory blood pressure monitoring (ABPM) to confirm or exclude a diagnosis of hypertension.\(^4\)

• Acknowledging that some patients find ABPM uncomfortable, home blood pressure monitoring is recommended as a suitable alternative, which patients generally find a positive experience.\(^5\)

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The Case for Change

• Some patients in the Western Isles are referred to ABPM with a waiting list of several weeks, resulting in delays to treatment and a high number of contacts both clinically and administratively.

• The time between identifying a raised blood pressure and treatment leaves the patient unmanaged and vulnerable to exacerbation before treatment has commenced.

• Patients also have to make several journeys both to the practice and hospital with the communication process largely being paper led.

• Feedback from GP’s in Scotland suggests that in addition to ABPM at least 3 appointments are required to diagnose hypertension.

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Pathway Redesign

- Based on previous evidence, Florence was identified as the tool that could enable a safe and effective transition to a 7 day home blood pressure monitoring pathway.

- Following clinical approval locally, home monitoring via Florence was offered to patients attending the pilot practice & demonstrating a raised blood pressure.

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The Clinical Decision

Edit patient or add a protocol

Messages
- All Messages
- Reminders

Protocol
- Anticoagulation Confirmation
- Daily Blood Pressure, Readings only

Services
- Blood Pressure
- Medication

Finished +

Readings

<table>
<thead>
<tr>
<th>Date</th>
<th>Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>7th Dec 2015 19:20</td>
<td>97 65</td>
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Impact

• The redesigned pathway is now complete in 8 days from identification to treatment initiation. Both patient and clinician experience has been positive.

• Thorough evaluation with the initial cohort of 13 patients (aged 26-73) resulted in:

  19 follow-up appointments (primary care) avoided  
  71 patient contacts avoided  
  44 patient journeys avoided  
  Identified 4 cases of white coat hypertension (30%)
Reported Outcomes

The Patient

• Faster diagnosis or exclusion of hypertension

• Reduced patient uncertainty

• Confidence and ability to self-manage improved

• Improved Understanding of hypertension and associated complications

• Improved patient acceptance of new or increased medication
Reported Outcomes

The Clinician

- Faster access to diagnostic data to initiate treatment
- Real time access to accessible and exportable data to expedite and evidence treatment decisions.
- Improved patient safety during diagnostic process
- AF screening increased via monitors with in built detection
Reported Outcomes

The System

• Improved patient flow

• Reduction in patient contacts

• More cost effective pathway

• Generates Capacity

• Opportunity to support the delivery of person centred care when treatment planning
Conclusion

- Sustainable at Scale: low cost, low tech, ease of use.

- Blood Pressure & Weight
- Heart Rate & Blood Oxygen
- Blood Glucose
- Exercise Tracking
- Medication Compliance
- Symptom Management
Conclusion

• Generates capacity within the system

• This was the first model within Scotland reviewing hypertension diagnosis pathways with Florence which formed the basis for a large scale implementation in NHS Lanarkshire.

• NHS Western Isles are collaborating with Scottish Centre for Telehealth and Telecare on a national pathway based on this methodology which has been adopted as part of a national evaluation model.