



Hypertension Protocol

2021

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Introduction

The [NHS Long Term Plan](#) identifies [cardiovascular disease as a clinical priority](#) and the single biggest condition where lives can be saved by the NHS over the next 10 years. CVD affects around seven million people in the UK and is a significant cause of disability and death and accounts for the largest gap in life expectancy. There are also significant inequalities attached to high BP, where prevalence is 30% more likely in the most deprived areas of England compared to the least deprived. The National CVD Prevention System Leadership Forum has agreed specific ambitions for the detection and management high blood pressure which are:

- 80% of the expected no of people with high blood pressure are diagnosed by 2029.
- 80% of the total number of people diagnosed with high blood pressure are treated to NICE guidelines by 2029.

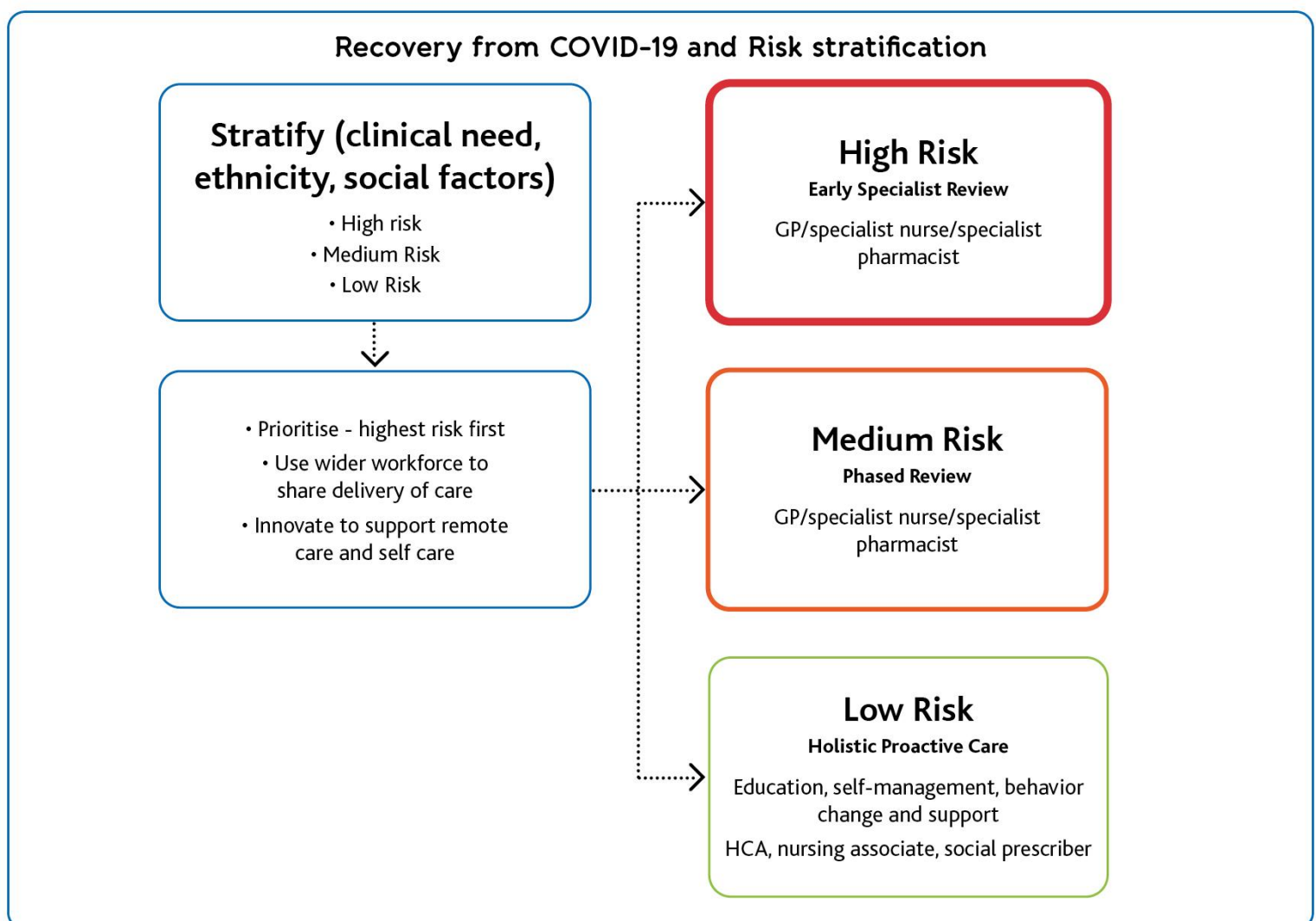
Currently, four in ten people with high blood pressure are unaware they have the condition and the risk to their health; and even when diagnosed, four in ten people treated for hypertension do not have their blood pressure controlled to target. Partly this is because these conditions are usually silent with no symptoms indicating there is a problem or that treatment is not working. And partly because today's consultations in general practice are frequently complex and time pressured. The Blood Pressure Quality Improvement (BPQII) toolkit has been requested, designed, and tested by frontline clinicians with the ambition of making optimal management of high blood pressure the easiest path to follow.

Over recent months the BPQI toolkit has been refreshed to reflect the impact of COVID-19, and the impact this has had on the general practice setting. Risk stratification tools and updated consultation templates have been provided to give general practice pragmatic solutions to deal with the inevitable backlog of patients needing review during and after the pandemic. It is also envisaged that the BPQI toolkit will be a valuable tool to support QoF Quality Improvement domains and Primary

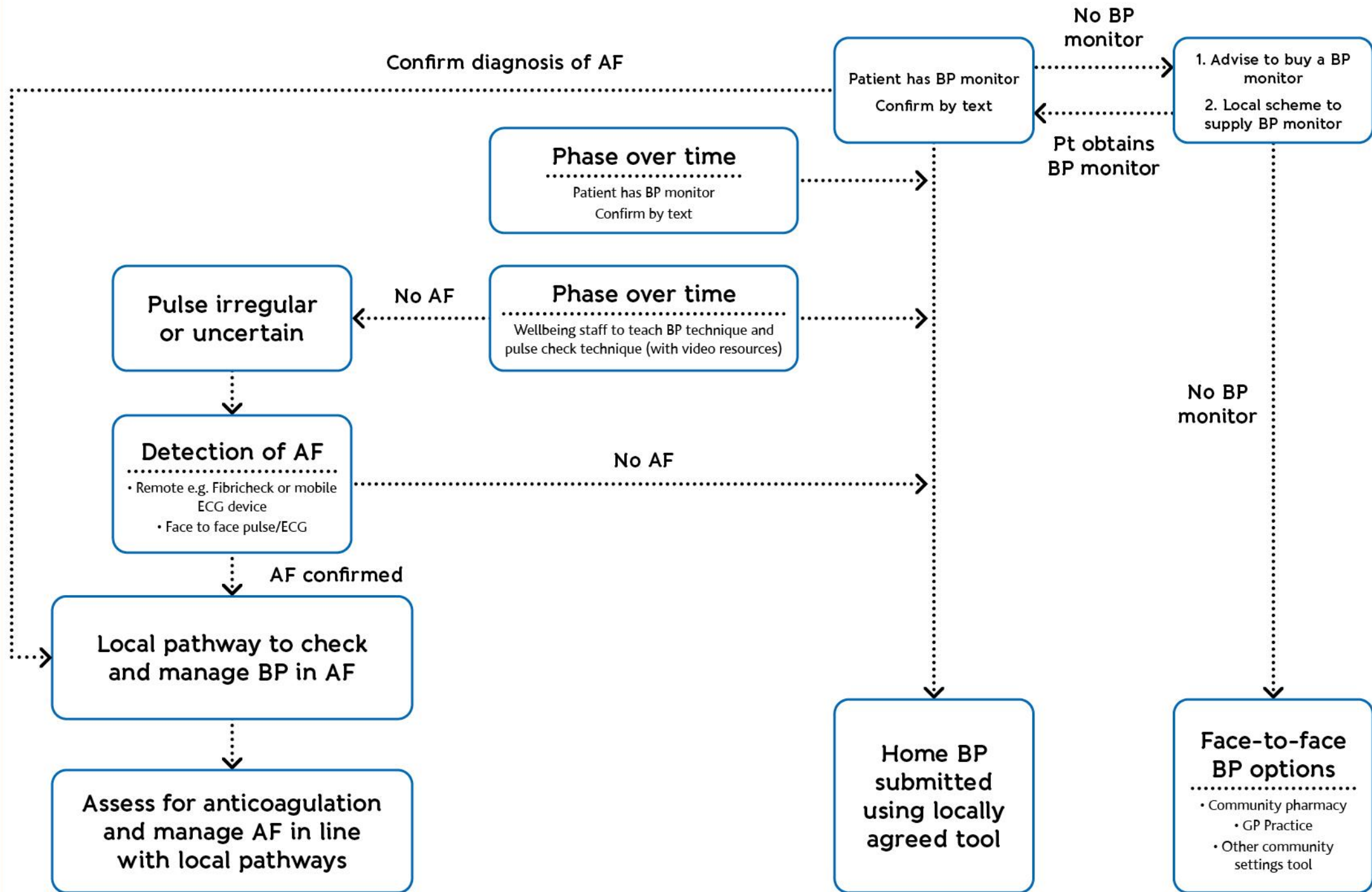
Recovery from COVID-19 and Risk stratification.

The BPQI dashboard provides the necessary information to tackle COVID-19- induced backlog of reviews alongside the consultation template which will enable an optimal clinical review. BPQI uses the priority groups and risk stratification processes as identified by UCLPartners. These are based on last recorded blood pressure as well comorbidities and ethnicity. The grouping allows practices to prioritise patients for follow up and to safely phase review appointments over time.

It also helps match patient care to the workforce. Patients with suboptimal blood pressure will need to be seen by a prescribing clinician in order to optimise their treatment. Patients whose blood pressure is well controlled may not need clinical input, but they will need support for self-management, education about their condition and support for lifestyle change. This care can be delivered by staff such as health care assistants, link workers and other non-clinical roles with appropriate training.



Remote BP monitoring



High Blood Pressure Risk Stratification and Management

PRIORITY ONE:

Clinic BP \geq 180/120mmHg**

⋮

PRIORITY TWO:

- Clinic BP \geq 160/100mmHg**
- Clinic BP \geq 140/90mmHg** if BAME AND relevant co-morbidity/risk factor*
- No BP reading in 18 months

⋮

PRIORITY THREE

- Clinic BP \geq 140/90mmHg

⋮

PRIORITY FOUR

Under 80 years

- Clinic BP < 140/90mmHg

⋮

80 years and over

- Clinic BP < 140/90mmHg

⋮

Ask patient for up-to-date BP if available and adjust priority group if needed



Review by Prescribing Clinician

Monitor:

- Investigations, as needed: Renal, lipids, ACR, ECG
- If no pre-existing CVD - assess QRisk score and consider lipid lowering therapy if > 10% and not on statin

Review medication:

- Identify and address adherence issues – refer to practice pharmacist if additional support required
- Optimise medications, in line with NICE guidance (see slide 8)

Seek specialist advice:

- If BP uncontrolled on four antihypertensives and no adherence issues identified
- Multiple drug intolerances
- Hypertension in young person requiring investigation of secondary causes

Advise:

- When to check BP and submit readings (e.g. monthly until controlled, then every 3 months)
- When to seek help based on BP readings

Book follow up and code***



Review by HCA or Other Staff Role

Support for self-management and behaviour change

- Check BP taking technique
- Check if existing CVD or QRisk > 10% and not on statin (refer to prescribing clinician)
- Share resources to help understanding of high blood pressure, CVD risk and treatment
- CVD prevention brief interventions – diet / exercise / smoking / weight / alcohol
- Signpost tools and resources

Review by HCA or Other Staff Role

Self-management and behaviour change support:

- Check BP taking technique
- Share resources to help understanding of high blood pressure

CVD risk and treatment:

- CVD prevention brief interventions – diet / exercise / smoking / weight / alcohol
- Signpost tools and resources

Medication:

- Check if any issues/concerns regarding medicines – refer to practice pharmacist for meds review/adherence support, if needed
- Ensure at least annual renal check has been undertaken
- Confirm supply/delivery

Advise:

- When to submit BP readings (e.g. every 3 months)
- When to seek help based on BP readings

Referral:

- Refer to GP if any red flags identified
- If QRisk > 10% and no statin – refer to prescribing clinician.
- Recall and code

Taking an Accurate Clinic Blood Pressure Measurement.

There are many factors that have potential to affect the accuracy of a blood pressure recording.

Before taking a patient's blood pressure it is good practice to take a manual pulse. In the case of a patient with an irregular pulse (atrial fibrillation for example) the blood pressure should be measured manually. Several recordings will need to be taken to obtain an accurate reading.

The patient:

- Should be rested (5 minutes) and relaxed (not talking)
- Should be seated with the arm supported at heart level
- Should ensure no restrictive clothing on the arm
- Should not have smoked or consumed caffeine in the half last hour
- Should not have recently had a heavy meal
- Should be advised not to talk and to breathe normally whilst the recording is taking place.

Measuring blood pressure

- Ensure that staff taking blood pressure measurements have adequate initial training and periodic review of their performance
- Ensure that devices for measuring blood pressure are properly validated, maintained, and regularly recalibrated according to manufacturers' instructions
- When measuring blood pressure in the clinic or in the home, standardise the environment and provide a relaxed, temperate setting, with the person quiet and seated, and their arm outstretched and supported
- *Blood pressure should initially be measured in both arms
- **An assessment for postural hypotension should be made particularly if the patient has Type 2 diabetes, is 80 years of age or more or is symptomatic.

Equipment and Cuff Size

- All blood pressure devices used within the practice will be purchased from the [list](#) that is validated by the British and Irish Hypertension

Cuff Sizes	Indication	Width (cm) ⁺⁼	Length (cm) ⁺⁼	BHS Guidelines Bladder Width and Length (cm's) ⁺	Arm Circ. (cm) ⁺
	Small Adult/Child	10-12	18-24	12x18	<23
	Standard Adult	12-13	23-35	12x26	<33
	Large Adult	12-16	35-40	12x40	<50
	Adult Thigh Cuff**	20	42	<53	

*The range for columns 2 and 3 are derived from the British Hypertension Society (BHS), European Hypertension Society (ESH) and the American Heart Association. Columns 4 and 5 are derived from only BHS guideline.

**Large bladders for arm circumference over 42cm may be required.

=Bladders of varying sizes are available so arrange is provided for each indication (applies to columns 2 and 3).

Suspecting High Blood Pressure



Person with suspected high blood pressure



= New NICE Guidance 2019

Record BP in each arm using an appropriate cuff size

< 15 mmHg

Difference between both arms

< 15 mmHg

Difference between both arms



Repeat measurement if BP is 140/90mmHg or higher



Repeat measurement
If the difference remains above 15mmHg, use the arm with the *higher* reading for future measurements



Repeat again if substantially different from the first. Use the *lower* of the second and third measurements as the clinic blood pressure

Record clinic blood pressure

Consider an assessment for postural hypotension in people with Type 2 diabetes, over 80 years of age or who are symptomatic

Home Blood Pressure Monitoring

During and likely after COVID-19 the role of HBPM will take on new significance, but the imperative to gain accurate blood pressure readings remains.

- Advise 7 days twice daily BP recordings when trying to establish a diagnosis of hypertension as per HBPM guidance protocol.
- 4 days twice daily BP recordings are sufficient for monitoring of existing hypertension.
- Results should be received should be handed onto an identified clinical member of staff, e.g. health care assistant who will average the results out and record these in the clinical system using the SNOMED code 314446007 for average day interval systolic blood pressure and 314461008 for average day interval diastolic blood pressure. Also record the last pulse under regular pulse if appropriate. If patient mentions error recordings for pulse inform GP to consider arrhythmia e.g., Atrial Fibrillation.

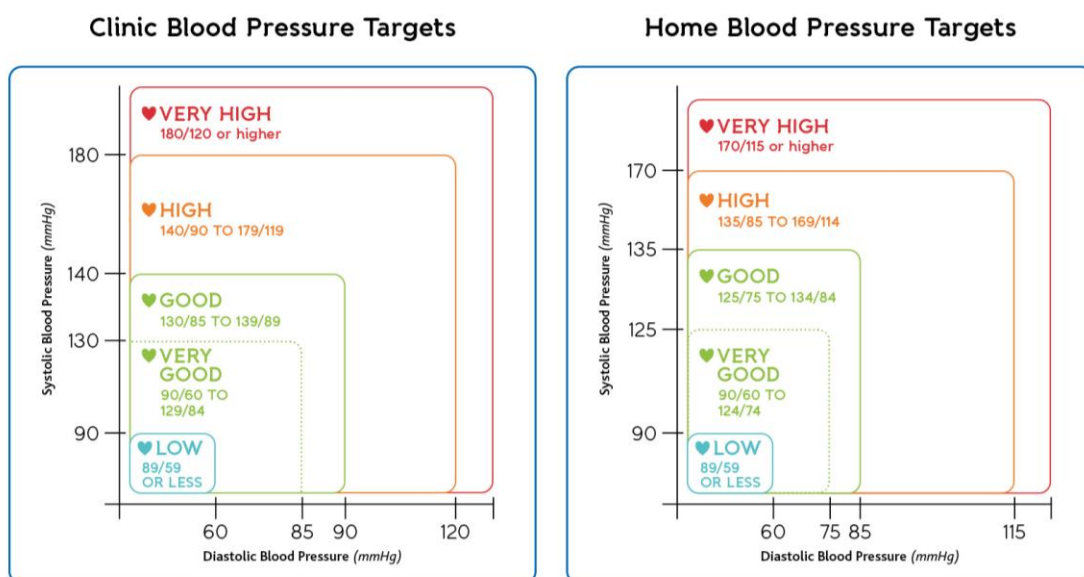
Example in-practice patient flow

Normal BP recordings

- If average blood pressure is $\leq 135/85$ in patients aged under 80 or $\leq 145/85$ in patients aged 80 and over then contact the patient advising repeat in 12 months.
- The results can then be scanned in the notes directly and do not need to go to a GP.
- The identified clinical member of staff to send a task to prescription clerk to check if medications need re-authorising.

Raised BP recordings

If average blood pressure is $>135/85$ for patients under the age of 80 or $>145/85$ for patients 80 and over, these should be recorded in the notes as above and passed on to a GP or Nurse practitioner who will then action, send a task or contact the patient. Results (initialled and dated by a clinician) then given back to reception to be scan directly into the notes.



Checklist when considering systematic implementation of HBPM.

- Who within the practice will provide education for patients about home monitoring and pulse check?
- What reputable online resources to support patients to take their own blood pressure are available?
- How will home BP monitoring be discussed and introduced to patients?
- How will patients record and return their blood pressure readings? Omron Connect? Flo? Paper-based diary? Electronic spreadsheet?
- How will patients with irregular pulse or who are uncertain about pulse measurement be dealt with? e.g. use of Fibrichk mobile ECG device or face to face consultation.
- What patient information will be used?
- If patient wishes to purchase a new monitor provide links to approved monitors
- If patients using their own monitor, check that the patient is not using a wrist monitor and confirm that the monitor is less than 5 years old
- How and who will ensure that all HBPM returns are accurately coded?
- How and who will patients contact for any additional information or support they require?
- Before a routine hypertension review, how will patients be asked to monitor their blood pressure in preparation alongside routine bloods etc?

The Process of HBPM monitoring

The patient will be advised that:

- Blood Pressure readings should be recorded twice a day, morning, and evening
- On each occasion 2 recordings should be taken at least 1 minute apart
- BP measurements should be recorded for 7 days ideally, but 4 is the minimum required
- The patient will be advised on how to follow the correct procedure to take an accurate blood pressure reading
- Disregard the first days reading and take an average from the rest.

Note that AF detection BP monitors whilst they are validated in identification of possible AF, they are not validated for assessing BP accurately for people with AF. Face to face manual BP checks are advised.

Clinic vs Home/Ambulatory Blood Pressure Readings

Home blood pressure monitoring generates lower than clinic BP: approximately -5/5mmHg at 140/90mmHg in clinic and -10/5mmHg at 160/100mmHg in clinic

Clinic BP reading	Equivalent Home /Ambulatory BP reading
BP=180/120mmHg	BP=170/115
BP=160/100	BP=150/95
BP=150/90	BP=145/85
BP=140/90	BP=135/85

Ambulatory Blood Pressure Monitoring (ABPM)

Ambulatory Blood Pressure monitoring can be used for the diagnosis of hypertension and the detection of:

- Possible white coat hypertension
- Unusual variability of blood pressure
- Evaluation of nocturnal hypertension
- Treatment of Hypertension:
- Informing equivocal treatment decisions
- Evaluation of drug resistant hypertension
- Determining the efficacy of drug treatment over 24 hours
- Evaluation of symptomatic hypotension
- Diagnosis and treatment of hypertension in pregnancy.

Prior to fitting an ambulatory monitor

A checklist should be followed that includes the following criteria.

- If the patient takes Warfarin advise patient of increased risk of bruising to upper/lower arm and that if they see this occurring, they should discontinue wearing the ABPM
- Check if there any problems that would prevent the patient from wearing an ABPM on a particular arm (e.g. arm affected by a stroke or mastectomy)
- Advise the patient to remove tight-fitting jewellery to the arm chosen for ABPM
- Inform the patient of health & safety implications re monitor, e.g. cuff, tubing and work/leisure activities
- Check for latex allergy. Latex free cuffs are available.

Fitting an ambulatory monitor

- To support systematic good practice a Standard Operating Procedure should be used, and one or two readings in clinic to make sure it is working; and that the patient knows how it works and how it will feel
- Provide information on correct use of ABPM to patient and supply ABPM information sheet and patient diary.

Minimum requirements

The minimum requirement of ABPM for an accurate diagnosis of hypertension is 2 readings per hour, for 14 waking hours. If evaluation of nocturnal hypertension is needed then a 24-hour monitoring session will be required.

Where ABPM is unsuitable, for example, a person with AF or other arrhythmia – manual BP clinic readings x3 are advised for such individuals. For others when ABPM is unsuitable, Home Blood Pressure Monitoring is an equally valid alternative.

Useful links: Patient resources

Resources on high blood pressure and how to manage it:

- British Heart Foundation hub for managing blood pressure at home so patients can feel confident checking and managing their blood pressure at home.
<https://www.bhf.org.uk/bloodpressureathome>
- Stroke Association: <https://www.stroke.org.uk/what-is-stroke/are-you-at-risk-of-stroke/high-blood-pressure>

Choosing a BP Monitor:

- How to choose a BP monitor <http://www.bloodpressureuk.org/your-blood-pressure/how-to-lower-your-blood-pressure/monitoring-your-blood-pressure-at-home/>
- British and Irish Hypertension Society: Validated monitors
<https://bihsoc.org/bp-monitors/>

Monitoring your own blood pressure at home:

- How to check your blood pressure using a blood pressure machine (video)
<https://www.bhf.org.uk/information-support/heart-matters-magazine/medical/tests/blood-pressure-measuring-at-home>
- How to measure your BP leaflet/poster:
<https://bihsoc.org/wp-content/uploads/2017/11/BP-Measurement-Poster-Automated-2017.pdf>
- Step by step guide for patients on how to take BP: https://bihsoc.org/wp-content/uploads/2017/09/How_to_instructional_leaflet.pdf
- Home monitoring diary for patients:
https://bihsoc.org/wp-content/uploads/2017/09/Home_blood_pressure_diary.pdf

How to assess pulse rhythm at home:

- How to take your pulse video:
- <https://www.bhf.org.uk/information-support/tests/checking-your-pulse>
- Know Your Pulse Fact sheet
www.heartrhythmalliance.org/resources/view/389/pdf
- What is an Arrhythmia?
<http://heartrhythmalliance.org/resources/view/522/pdf>

Ambulatory Monitoring:

- British and Irish Hypertension Society Patient Leaflet Ambulatory Monitoring explained
https://bihsoc.org/wp-content/uploads/2017/09/ABPM_Explained_-_Patient_Leaflet.pdf
- British and Irish Hypertension Society Patient Leaflet Ambulatory Monitoring Patient Diary
https://bihsoc.org/wp-content/uploads/2017/09/BHS_ABPM_Patient_Diary.pdf

Useful links: Patient resources

Health and wellbeing resources:

- **Diet:**
One You website <https://www.nhs.uk/oneyou/for-your-body/eat-better/>
- **Exercise:**
One You <https://www.nhs.uk/better-health/get-active/> “iPrescribe” app offers a tailored exercise plan by creating a 12-week exercise plan based on health information entered by the user. <https://www.nhs.uk/apps-library/exi/> (Getting active around the home: tips, advice and guidance on how to keep or get active in and around the home from Sport England: <https://weareundefeatable.co.uk> (free to access)
- **Smoking cessation:**
One You website <https://www.nhs.uk/better-health/quit-smoking/>
- **Wellbeing and Mental Health:**
<https://www.nhs.uk/oneyou/every-mind-matters/>

Useful links: Staff resources

Remote consultations:

- Step by step guide for remote consultation of hypertension (ideally suited for HCA's or P/N's)
https://bihsoc.org/wp-content/uploads/2017/09/How_to_instructional_leaflet.pdf

Ambulatory monitoring:

- British and Irish Hypertension Society: Standard Operating Procedure
https://bihsoc.org/wp-content/uploads/2017/09/BHS_Standard_Operating_Procedure_for_ABPM.pdf
- British and Irish Hypertension Society: Clinic checklist pre ABPM
https://bihsoc.org/wp-content/uploads/2017/09/BHS_Clinic_Checklist_for_Fitting_ABPM.pdf

Options for Atrial Fibrillation remote diagnostics and blood pressure monitoring (NB. may require local commissioning/purchase).

Newly identified irregular heart rhythm.

- Fibrichck: (requires smartphone/watch) <https://www.fibrichck.com>
- Kardia by AliveCor (needs smartphone): <https://www.alivecor.co.uk/kardiamobile>
- MyDiagnostick: <http://www.mydiagnostick.com>
- Zenicor: <https://zenicor.com>

For health professionals: options for transmission of home blood pressure reading from patient to GP practice.

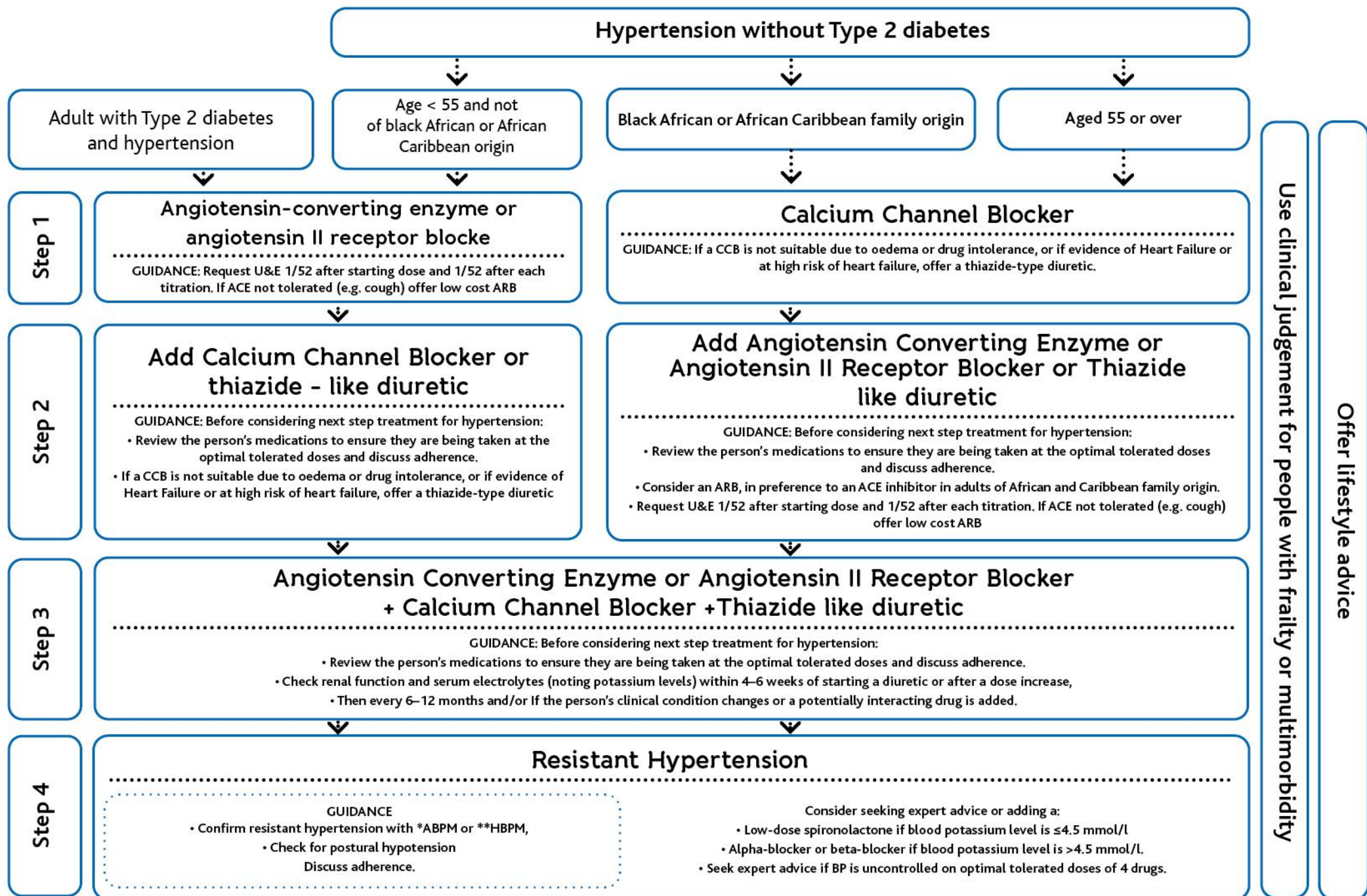
Please visit <https://s31836.pcdn.co/wp-content/uploads/Hypertension-pathwaySeptember-2020.pdf> for a comparison of these platforms.

- Accurx: <https://www.accurx.com>
- E-consult: <https://econsult.net/primary-care>
- Omron-Connect: https://www.omronconnect.com/emea/en_gb/
- Primary Care Pathways: <https://www.primarycareit.co.uk>

Ambulatory monitoring staff resources:

- British and Irish Hypertension Society: Standard Operating Procedure
https://bihsoc.org/wp-content/uploads/2017/09/BHS_Standard_Operating_Procedure_for_ABPM.pdf
- British and Irish Hypertension Society: Clinic checklist pre ABPM
https://bihsoc.org/wp-content/uploads/2017/09/BHS_Clinic_Checklist_for_Fitting_ABPM.pdf

Treatment steps for High Blood Pressure



Treatment Targets and Co-Morbidities



= New NICE
Guidance 2019

	Clinic target	Ambulatory or Home Blood Pressure Monitoring Targets
Hypertension (no co-morbidities) Taken from: NICE CG136, Published date: August 2019 (Reviewed: Jan 2021)	Under 80 years <hr/> Over 80 years	<135/85mmHg <hr/> <145/85mmHg
Type 1 Taken from NICE NG17 Published date: August 2015 Last updated: July 2016	<hr/> Microalbuminuria or, two or more features of metabolic syndrome	<130/80mmHg <hr/> <125/75mmHg
Type 2 diabetes Taken from: NICE NG136 Published date: August 2019 (Reviewed: Jan 2021)	<hr/> CKD or if ACR exceeds 70mg/mmol Eye damage Cerebrovascular damage	<135/85mmHg <hr/> <125/75mmHg
Chronic Kidney Disease (stages 3-5) Taken from: NICE CG182, Published: July 2014 Last Updated: January 2015 (Reviewed: Jan 2021)	<hr/> Diabetes Proteinuria (ACR ≥ 70mgmmol)	<140/90mmHg (target range 120–139mmHg systolic, diastolic below 90) <hr/> <130/80mmHg (target range 120-129mmHg systolic and diastolic below 80)
Stroke and TIA* Long-term secondary prevention Taken from: NICE Clinical Case Summaries Last updated August 2020 (Reviewed: Jan 2021)	<hr/> Severe bilateral carotid stenosis	SBP <130mmHg <hr/> SBP 140-150mmHg
		SBP <125mmHg <hr/> SBP 135-145mmHg

Reference

NICE Guidelines NG136, Hypertension in adults: diagnosis and Management.
 Published August 2019. <https://www.nice.org.uk/guidance/ng136> BMJ 2019;367: I5310 doi: 10.1136/bmj. I5310 (Published 21 October 2019)

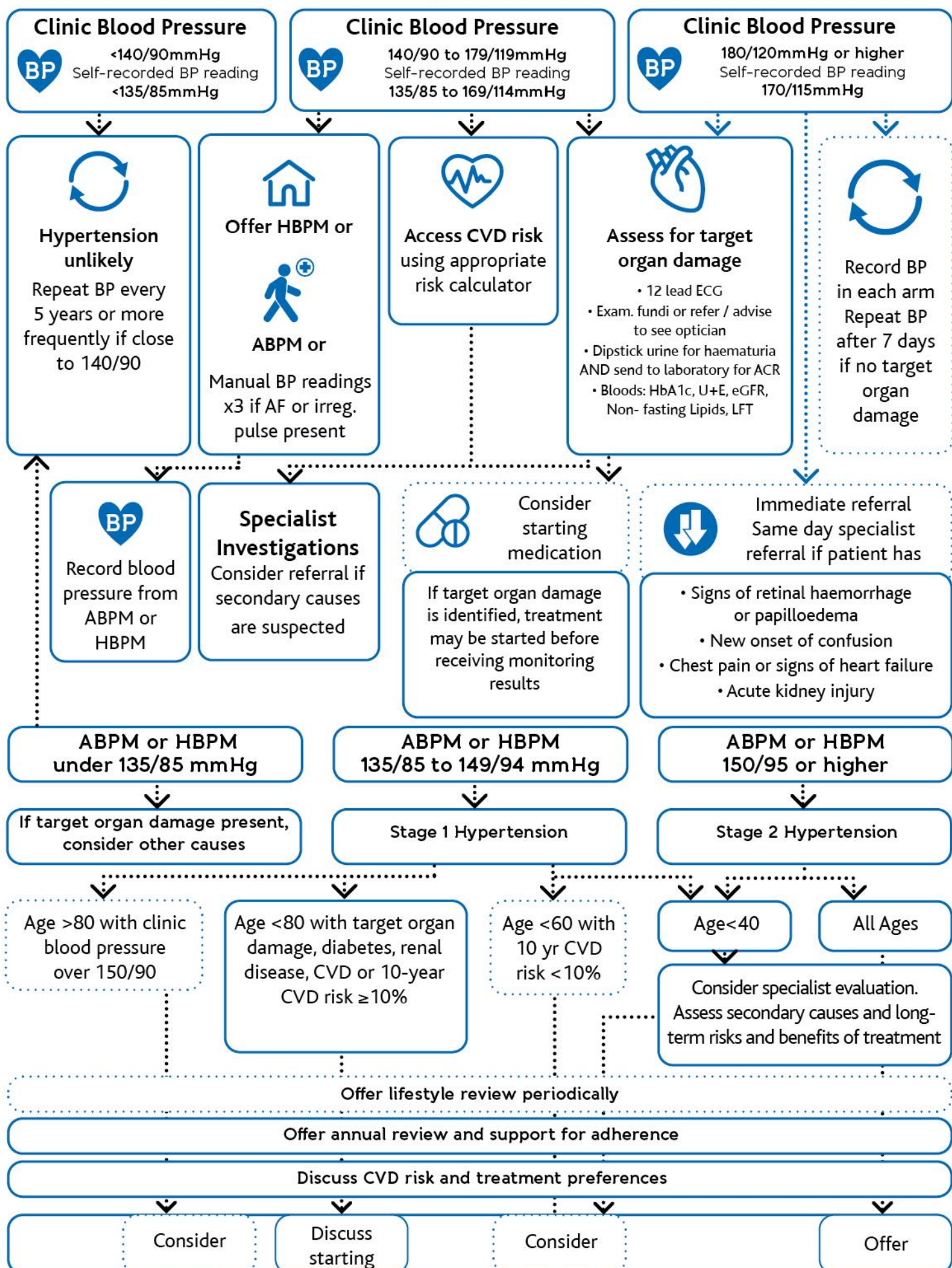
*ABPM= Ambulatory Blood Pressure Monitoring

**Home Blood Pressure Monitoring

Start date 01/11/2019. Review date 01/11/2021

Diagnosing High Blood Pressure and Initial Management

= New Nice Guidance 2019



Annual Review

NICE does not supply recommendations on the content of annual review. Below is suggested content, based on clinical consensus.

All patients with a diagnosis of hypertension should receive an annual review, (whether or not receiving antihypertensive medication)



Reassess clinic blood pressure reading or average home blood pressure readings using appropriate protocol.



STAGE 1

Hypertension and not on antihypertensive medication.

Consider reassessment for target organ damage:

- Cardiovascular risk assessment
- Bloods – HbA1c, U+E, eGFR, non- fasting lipids LFT
 - Urine ACR and dipstick for haematuria.
- A clinical decision is required for the following
 - ECG
 - Fundi (GP or refer pt)
 - Repeat ABPM /HBPM
- If BP remains persistently raised, consider medication



STAGE 1 AND 2

Hypertension on antihypertensive medication

- Consider bloods: HbA1c, U+E, eGFR, non-fasting lipids LFT
 - Urine ACR and dipstick for haematuria
 - Conduct Cardiovascular risk assessment.
- Assess response to antihypertensive treatments.
 - Assess concordance.
 - Side effects
 - Optimise medication.



SEVERE HYPERTENSION
(Clinic BP $\geq 180/120$ mmHg)

Escalate as necessary to appropriate practitioner.

Consider immediate referral if:

- Signs of retinal haemorrhage or papilloedema
 - New onset of confusion
- Chest pain or signs of heart failure
 - Acute kidney injury



- Discuss lifestyle using key lifestyle messages principles (below)
- Offer referral to local lifestyle support schemes as appropriate



- Give patient information prescription advising of current and target blood pressure
- Arrange recall as necessary (Minimum annually)

Key Lifestyle Messages

Nutrition

- Portion control
- Reduce salt intake, adults and children over 11 should have no more than 6g per day
- Eat at least 5 portions of a variety of fruit and vegetables per day
- Choose unsaturated fats, such as olive oil, rapeseed and vegetable oils
- Choose lean cuts of meat, remove visible fat and skin and choose healthy cooking methods
- Include 1 portion of oily fish per week
- Limit your intake of sugar and sugary foods/drinks
- Choose higher fiber wholegrain varieties of carbohydrates
- Stay well hydrated but note that drinking more than four cups of coffee a day or other caffeine rich drinks such as cola or energy drinks may increase blood pressure
- Eat regular meals and snack wisely

Healthy Weight

BMI ranges (Adult).

- Below 18.5 underweight
- 18.5-24.9 healthy weight
- 25-29.9 overweight
- 30-39.9 obese
- 40 or above severely obese

**NB BMI should not be used as a measure when pregnant*

Ethnicity

For people from Asian groups BMI suggested ranges are: 18.5–22.9 kg/m² (increasing but acceptable risk); 23–27.4 kg/m² (increased risk); and 27.5 kg/m² or higher (high risk of developing chronic health conditions).

Waist Circumference

Regardless of height or BMI, weight loss should be advised if waist is:

- 94cm (37ins) or more for men
- 80cm (31.5ins) or more for women

Very High Risk

- 102cm (40ins) or more for men
- 88cm (34ins) or more for women

Exercise General Population

Adults age 19-64 should be advised to be active daily and take at least 150 minutes of moderate aerobic activity such as cycling or fast walking every week, and strength exercises on two or more days a week that work all the major muscle groups e.g. legs hips back, abdomen, chest, shoulders and arms.

Older adults aged 65 or older, who are generally fit and have no health conditions that limit their mobility, should try to be active daily and should take at least 150 minutes of moderate aerobic activity such as cycling or fast walking every week, and strength exercises on two or more days a week that work all the major muscle groups e.g. legs hips back, abdomen, chest, shoulders and arms

Older adults at risk of falls, such as people with weak legs, poor balance and some medical conditions will be advised to do exercises to improve balance a co-ordination at least two times a week

Exercise and Hypertension

The below table summarises advice given by BP UK re activity and hypertension

BP range	Advice
90/60-140/90	It is safe to be more active, and it will help to keep blood pressure in this ideal blood pressure range
140/90 – 179/99	It should be safe to start increasing your physical activity to help lower your high blood pressure
180/100 – 199/109	Lower BP before starting any new exercise
200/110 or above	Do not start any new activity without further consultation

Alcohol

Drink alcohol in moderation. Current recommendations advise 14 units of alcohol per week for both men and women *spread over 3-4 days*.

Concordance

Remind people of the importance of taking their medication every day and ask about side effects that may be worrying them or putting them off.

Highlight to the patient that any concerns they have could be addressed, either by consulting with their pharmacist who could provide valuable advice on overcoming some of the side effects or an alternative medication could be prescribed.

*Where appropriate advise people of the New Medicines Review Service The service is based in community pharmacies and provides support for people with long-term conditions, (including hypertension) who are newly prescribed a medicine, to help improve medicines adherence.

**For the patients taking four or more or medications at least one of which includes cardiovascular medication the Medication Use Review (MUR) service can be accessed within specific community-based pharmacies. MUR's supports patients taking long term medication to optimise the use of their medicines.

Smoking

Advise all patients who smoke to quit when they attend a consultation.

Those who want to stop should be offered a referral to an intensive support service (for example, an evidence-based stop smoking service). If a patient is unwilling or unable to accept this referral, they should be offered pharmacotherapy and additional support.

E-cigarettes

Public Health England states that:

1. Smokers who have tried other methods of quitting without success could be encouraged to try e-cigarettes (EC) to stop smoking and stop smoking services should support smokers using EC to quit by offering them behavioural support.
2. Encouraging smokers who cannot or do not want to stop smoking to switch to EC could help reduce smoking related disease, death and health inequalities.

References

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/375985/20141018_Tackling_high_blood_pressure_-_FINAL_INCL_LINK_CHANGES.pdf
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Appendix I NICE Quality Standards

Statement 1

People with suspected hypertension are offered ambulatory blood pressure monitoring (ABPM) to confirm a diagnosis of hypertension.

Statement 2

People with newly diagnosed hypertension receive investigations for target organ damage within 1 month of diagnosis.

Statement 3

This statement has been replaced by quality statements on primary and secondary prevention of cardiovascular disease in cardiovascular disease risk assessment and lipid modification (NICE quality standard 100).

Statement 4

People with treated hypertension have a clinic blood pressure target set to below 140/90 mmHg if aged under 80 years, or below 150/90 mmHg if aged 80 years and over.

Statement 5

People with hypertension are offered a review of risk factors for cardiovascular disease annually.

Statement 6

People with resistant hypertension who are receiving 4 antihypertensive drugs and whose blood pressure remains uncontrolled are referred for specialist assessment.