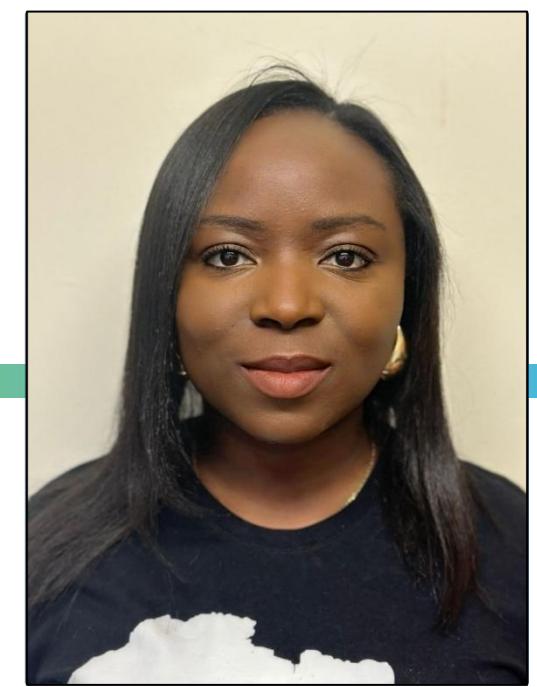


Targeted Hypertension Management in Ethnic Minority Males (30–60 years)

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Aim:

Increase the proportion of 30–60-year-old ethnic minority male patients with a valid BP recorded in the current QOF year from 34% of patients to at least 60% by July 2025, and sustain $\geq 70\%$ by August 2025, using outreach, patient education, and opportunistic BP checks.

Method:

Patient demographics were selected following consultation with the MSE Clinical Lead for Cardiovascular Health, in response to an identified need within the Thurrock population.

Inclusion criteria:

- Ethnic minority male patients aged 30–60 years.
- No BP recorded in the past 12 months across the full practice population (i.e. not limited to hypertension/cholesterol registers).

Data Source:

A SystmOne search identified 107 patients that met the inclusion criteria from the 12,294 patients registered at the practice.

Outreach:

Trial 1: Initial text message sent via AccuRx asking patients to submit a recent BP reading.

Trial 2: Reminder text sent to non-responders two weeks later.

Trial 3: Pharmacist and prescription clerk personally phoned remaining non-responders to explain the purpose of the project, reassure patients, address concerns about message authenticity, and provide education on cardiovascular disease (CVD) risk.

Trial 4: Revised text message incorporating risk framing (“uncontrolled BP is a silent risk”), information about weekend BP clinics, and inclusion of a leaflet from Blood Pressure UK to support patient understanding and engagement.

Letters:

19 letters were sent to patients whose mobile numbers on SystmOne were either missing or incorrect.

Summary of Results

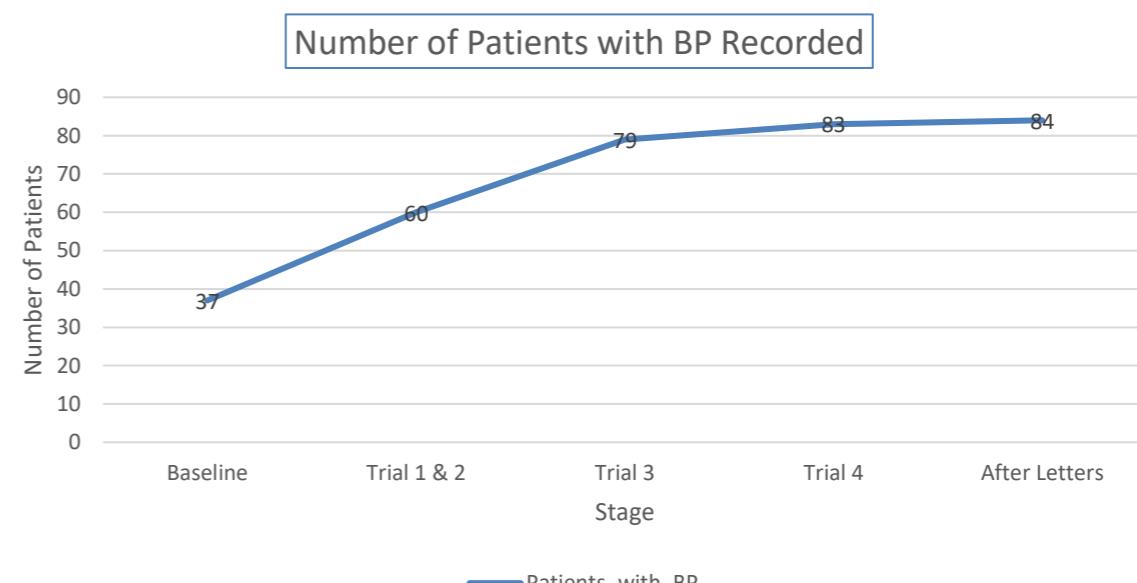
- Baseline: 37 out of 107 patients had a valid BP reading.
- Trial 1 & 2: 23 more patients had their BP completed (total 60).
- Trial 3: 19 more patients had BP checked (total 79).
- Trial 4: 4 more patients had BP checked (total 83).
- After Letters: +1 (total 84/107 $\approx 78.5\%$).

Clinical impact:

13 patients identified with elevated BP \rightarrow booked for Ambulatory BP Monitoring (ABPM) or medication review with blood test, urine ACR and retinal screening advised).

System issues identified:

Contact details not up to date (19 letters sent). Missed opportunistic BP checks in acute visits.



Sustaining the Change

- System prompts: Opportunistic BP prompts within SystmOne template encouraging clinicians to update BP reading during consultation.
- Staff script: Implement a short, standardised prompt for reception (“*Can I confirm your contact details*”) to maintain accurate records.
- Monitoring and audit: 6-monthly audit of the cohort to assess progress, ensuring BP data remains up to date and the improvements are sustained.

Learnings

- Behaviour-informed messaging increases engagement.
- Patient feedback shaped practical solutions (evening & weekend clinics), simplifying text message wording to improve understanding and trust.
- Multi- channel contact is essential: Sole reliance on SMS left out-patients with incorrect or no mobile number. Letters, while slower, remain necessary for reaching certain patients.
- Opportunistic checks reduce missed chances.

Patient feedback

“I couldn’t attend during work hours and thought blood pressure checks involved a blood test. The clear information and weekend clinics made it easier for me to get my blood pressure checked.”

Staff feedback

“The process improved awareness of opportunistic BP checks across the practice

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