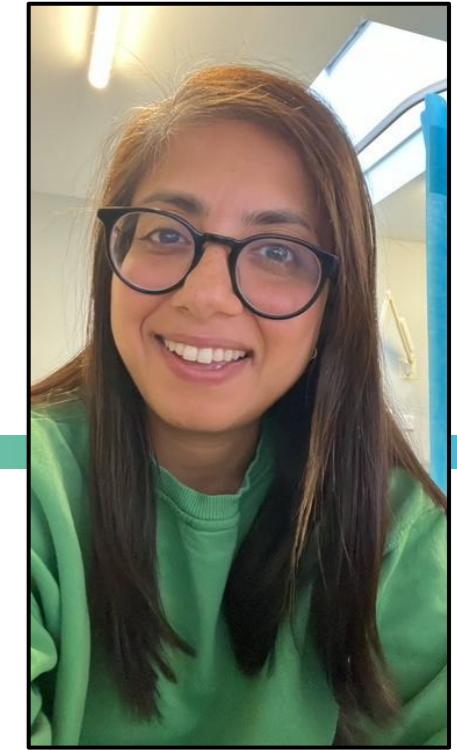


Managing Raised Blood Pressure in People aged 40-65

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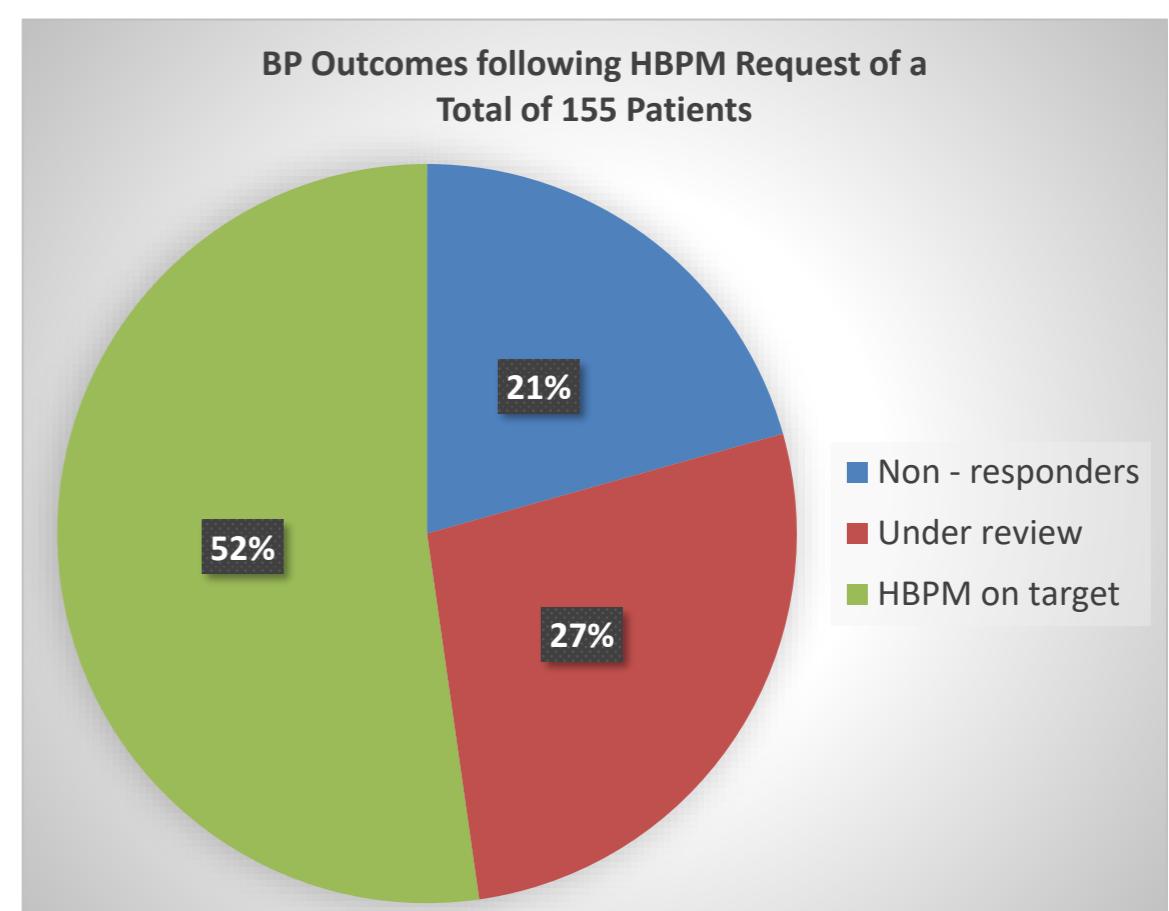


Aim

Identify and optimise treatment for at least 50% of hypertensive patients aged 40-65 years whose blood pressure (BP) falls between 140/90 – 160/100 or Home BP Monitoring (HBPM) of 135/85-150/90 by December 2025.

Method

1. Search conducted in EMIS (Electronic Medical Information System) to identify patients with raised BP
2. Patients contacted via text or email and asked if they could provide a home blood pressure diary.
3. Follow-up based on response:
 - a. If diary was completed the patient was sent a follow-up text:
 - If BP was normal, they were informed of this.
 - If BP was raised, they were asked to book an appointment, with a booking link included.
 - b. If diary was not completed:
 - Patient was re-contacted via phone, text, or email and asked to provide a suitable start date for completing the home BP readings.



Summary of Results

Of the 155 patients identified with raised blood pressure, all were contacted. Following review 52% (81) of patients' blood pressure became normotensive, 27% (42) of patients were being optimised and awaiting subsequent BP readings. Unfortunately, 21% (32) of patients did not respond.

Sustaining the Change

A new Accurx message was introduced, allowing patients to reply with a suitable date to begin HBPM. The initiative proved highly successful within this cohort and was subsequently rolled out to all age groups which has now been embedded as business as usual.

Learnings

- Having several pharmacists to oversee the Accurx messages helped to manage the workload.
- Have a longer time interval between sending reminder text messages to patients.
- Would have been helpful to have a focus group to see what is the preferred option of recording BP and preferred contact.

Patient feedback

Patients found it helpful that they could reply with a date when they could start the HBPM

Patient feedback

Patients appreciated us actively monitoring them

Contact Details

@UCLPartners

@UCLPartners

@UCLPartners

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Health Innovation



**Boehringer
Ingelheim**

Daiichi-Sankyo