

UNIVERSITY OF BIRMINGHAM AND
UNIVERSITY OF YORK HEALTH ECONOMICS CONSORTIUM
(NICE EXTERNAL CONTRACTOR)

Development feedback report on piloted indicator

QOF indicator area: Stroke and transient ischaemic attack – BP control

Pilot period: 1st October 2012 – 31st March 2013

Potential Output: Recommendations for NICE menu

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Background

As part of the NICE-managed Quality and Outcomes Framework (QOF) process, all clinical and health improvement indicators are piloted, using agreed methodology, in a representative sample of GP practices across England, Scotland, Wales and Northern Ireland.

The aim of piloting is to test whether indicators work in practice, have any unintended consequences and are fit for purpose.

Piloted indicators

1. The percentage of patients aged 80 years and over with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less.
2. The percentage of patients under 80 years old with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 15 months) is 140/90 or less.

Number of practices participating in the pilot: 37

Number of practices withdrawing from the pilot: 5

Number of practices where staff were interviewed: 32

(29 GPs, 6 Practice Nurses, 19 Practice Managers = 54 primary care staff most involved in the QOF pilot)

Assessment of clarity, reliability, feasibility, acceptability and implementation

Clarity

- Indicator wording as stated, rated as clear and unambiguous by the experts and frontline GPs.
- The HSCIC has confirmed that they have been able to write Business Rules (and/or an Extraction Specification).

Reliability¹ and feasibility

| Indicator | Feasibility | Reliability | Implementation |
|------------------------|-------------|-------------|----------------|
| 1 | 1 | 1 | 1 |
| 2 | 1 | 1 | 1 |
| GPES conversion | | | 3 |

AcceptabilityGeneral comments

Over two-thirds of practices felt that these indicators, when considered together, should be considered for inclusion in QOF. Five practices did not think this indicator set should be included in QOF and three were ambivalent.

Where practices were supportive of this indicator set being considered for QOF this was because they viewed both targets as acceptable and reflective of current evidence. Practices were generally more positive about tighter blood pressure targets for this group of patients than for those with CHD or peripheral arterial disease.

“If anything probably the stroke you’ve got a better relationship with lowering blood pressure.”

(GP:ID13)

¹ HSCIC provide guidance on whether the piloted indicators are, from a business rule perspective, suitable to become ‘live’ indicators. A notional ‘scoring’ system is used:

1. No problems to implement in live with other indicators
2. Minor re-work before it can go live with other indicators
3. Major re-work but do-able without recourse to anyone outside of the process
4. Major considerations to be made before the indicator can go live - possibly need to speak to CFH / suppliers
5. Not feasible

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“So, yeah, actually in this case he [GP] feels that that would be doable, bearing in mind that, that, you know, that there’s already trials and this could be effective and this, this would be great.”

(PM:ID28)

Where practices were not supportive of these indicators being included in QOF this was due to concerns about them being difficult to achieve, issues of poly-pharmacy and the potential risks of over-treatment. These concerns were common across the three clinical areas in which these blood pressure targets were piloted.

“Again, I’m not against it, blood pressure control, in either age group but I think the target is, again, it’s an unachievable target.” (GP:ID19)

“From the patient’s perspective I think most of them were all right, some did day that erm you know the number of tablets...because if you know the blood pressure tablets, there are four or five different types of blood pressure tablets, and one erm gets added on if the blood pressure is not target. So from that point of view I think erm poly pharmacy is going to be a real issue, with erm - with erm this target.” (GP:ID29)

Practices were generally supportive of having different blood pressure targets for the different age groups, although some expressed concern that this could be viewed as discriminating against those aged over 80 years and that target setting should be tailored to the individual.

“...I think that makes sense, I think it fits with, you know, clinical evidence so I think that’s a good theoretical approach...” (GP:ID23)

“Er, I think that age is irrelevant actually, er, I’ve always treated patients the same whether they’re under or over 80, the issue is their comorbidity and – and you know their patient expectations and all the other individual factors and the age is irrelevant” (GP:ID4)

Acceptability indicator 1 (patients aged 80 years and over)

Twenty-four practices (65%) were supportive of this indicator going into QOF, five practices (14%) did not support it going into QOF and three (8%) were ambivalent.

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As described above, practices that were supportive of this indicator expressed the view that the target was acceptable for this age group, reflected current evidence and was consistent with their current practice.

Where practices were not supportive of this indicator they cited concerns about poly-pharmacy and the risks of over-treatment as described above. One practice expressed the view that there should not be a blood pressure target for this age group.

“Personally I think that, you know, you may say that in the over 80s that you should just leave it to clinical judgement and not go on targets but it just over...it just risks too much over treatment.” (GP:ID17)

Acceptability indicator 2 (patients aged under 80 years)

Twenty-six practices (70%) were supportive of this indicator going into QOF, four practices (11%) did not support it going into QOF and two (5%) were ambivalent.

This indicator was supported by the majority of practices for the reasons expressed above. Sixteen practices (43%) reported that they were already working to this target so it did not reflect either a significant increase in workload or change in practice. One practice noted that current targets may result in a proportion of people being under-treated.

“I think they’re probably more appropriate to the stroke and TIA the 140 target, I think it’s more important. I think blood pressure control generally is more important in stroke and TIA...” (GP:ID14)

“...we probably are under treating proportion of people with the current targets we’ve got, especially the under 80s and I think the new targets are probably more sensible.” (GP:ID26)

Similarly where practices were not supportive of this indicator this was generally for the reasons described above. Specific concerns were expressed about whether a blood pressure target of 140/90mmHg was achievable.

“... But realistically all the, all the studies have shown you can’t get all your patients down to 140/90 or less. It’s an unachievable target.” (GP:ID19)

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Acceptability recommendation indicator 1(patients aged 80 years and over)

- There are barriers/ risks/ issues/ uncertainties identified from the pilot *in terms of acceptability* that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Acceptability recommendation indicator 2(patients aged under 80 years)

- There are barriers/ risks/ issues/ uncertainties identified from the pilot *in terms of acceptability* that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Implementation

Assessment of piloting achievement

1. The percentage of patients aged 80 years and over with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less.

| STROKE INDICATOR P708 | Baseline | Final |
|--|---------------|---------------|
| Number of Practices Uploading | 24 | 24 |
| Practice Population | 157,833 | 156,719 |
| Stroke Register | 2,568 | 2,633 |
| Excluded regardless | | |
| Patient aged 79 or under | 1,571 | 1,584 |
| Excluded if they do not meet Numerator criteria | | |
| Blood Pressure Exclusion in last 12 months | 1 | 3 |
| Registered in last 9 months | 8 | 17 |
| Stroke Exclusion in last 12 months | 27 | 37 |
| Stroke Date in last 9 months | 7 | 19 |
| HTMAX Date in last 12 months | 7 | 10 |
| Total Exclusions | 1,621 | 1,670 |
| Stroke Denominator | 947 | 963 |
| Stroke Numerator | 814 | 699 |
| Numerator as % of Denominator | 85.96% | 72.59% |

HTMAX = maximal tolerated dose of antihypertensive therapy.

Baseline data was extracted over a 12 month period whereas final data was extracted for the 6 months of the pilot only.

2. The percentage of patients under 80 years old with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 15 months) is 140/90 or less.

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| STROKE INDICATOR P709 | Baseline | Final |
|--|---------------|---------------|
| Number of Practices Uploading | 24 | 24 |
| Practice Population | 157,833 | 156,719 |
| Stroke Register | 2,568 | 2,633 |
| Excluded regardless | | |
| Patient aged 80 or over | 997 | 1,049 |
| Excluded if they do not meet Numerator criteria | | |
| Blood Pressure Exclusion in last 12 months | 2 | 2 |
| Registered in last 9 months | 16 | 18 |
| Stroke Exclusion in last 12 months | 26 | 44 |
| Stroke Date in last 9 months | 38 | 41 |
| HTMAX Date in last 12 months | 9 | 12 |
| Total Exclusions | 1,088 | 1,166 |
| Stroke Denominator | 1,480 | 1,467 |
| Stroke Numerator | 1,067 | 859 |
| Numerator as % of Denominator | 72.09% | 58.55% |

HTMAX = maximal tolerated dose of antihypertensive therapy.

Baseline data was extracted over a 12 month period whereas final data was extracted for the 6 months of the pilot only.

Changes in practice organisation

General comments

No changes were needed to practice organisation.

Specific comments indicator 1 (patients aged 80 years and over)

No specific comments.

Specific comments indicator 2 (patients aged less than 80 years)

No specific comments.

Resource utilisation and costs

General comments

Assessment of workload varied across practices. Seventeen practices (46%) felt that these indicators would have little impact on their workload, whilst eleven practices (30%) were concerned that workload could increase significantly.

Specific comments indicator 1 (patients aged 80 years and over)

Two practices noted that workload could increase significantly in these patients.

Specific comments indicator 2 (patients aged under 80 years)

No specific comments.

Barriers to implementation

General comments

Six practices (16%) expressed the view that threshold setting would be important for the acceptability of these indicators. Thresholds for the current STIA003² are 40-75%. Thresholds for the current HYP003³ are 40-90%.

Specific comments indicator 1 (patients aged 80 years and over)

Indicator achievement during the six months of the pilot was 72.59%. The distribution of practice achievement at the final data upload was 40-87%.

Specific comments indicator 2 (patients aged under 80 years)

Indicator achievement during the six months of the pilot was 58.55%. The distribution of practice achievement was 40-70%.

Assessment of exception reporting

General comments

A small number of practices expressed concern that exception reporting may rise, especially for maximal tolerated dose of anti-hypertensive therapy.

Specific comments indicator 1 (patients aged 80 years and over)

Exception reporting against this indicator was 5% at baseline and 8.2% at the end of the pilot period. Exception reporting for maximal tolerated dose was 0.7% at baseline and 1% at the end of the pilot.

Specific comments indicator 2 (patients aged under 80 years)

² STIA003: The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.

³ HYP003: The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 140/90 mmHg or less.

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Exception reporting against this indicator was 5.8% at baseline and 7.4% at the end of the pilot period. Exception reporting for maximal tolerated dose was 0.6% at baseline and 0.8% at the end of the pilot.

Assessment of potential unintended consequences

Specific comments indicator 1 (patients aged 80 years and over)

No specific comments.

Specific comments indicator 2 (patients aged under 80 years)

No specific comments.

Implementation recommendations

Implementation recommendation indicator 1 (patients aged 80 years and over)

- There are barriers/risks/issues/uncertainties identified from the pilot in terms of implementation that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Implementation recommendation indicator 2 (patients aged under 80 years)

- There are barriers/risks/issues/uncertainties identified from the pilot in terms of implementation that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Assessment of overlap with existing QOF indicators and potential changes to existing QOF indicators

STIA003. The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.

It is proposed that the two piloted indicators replace this current indicator.

Overall recommendation

Overall Recommendation indicator 1 (patients aged 80 years and over)

There are barriers/risks/issues/uncertainties identified from the pilot that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Overall Recommendation indicator 2 (patients aged under 80 years old)

There are barriers/risks/issues/uncertainties identified from the pilot that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Suggested amendments to indicator wording

Suggested amendments to indicator 1

The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding **12** months) is **150/90 mmHg** or less.

Suggested amendments to indicator 2

The percentage of patients aged **79 years or under** with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding **12** months) is **140/90 mmHg** or less.

These amendments are suggested to ensure consistency with existing QOF indicators in terms of timeframes for activity and descriptions of the target population.

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Appendix A: Indicator details

During a teleconference on 21st June 2012 the NICE QOF team advised the NEC that they would like the NEC to develop and pilot staged blood pressure control indicators for patients with CHD, peripheral arterial disease or a history of a stroke/ TIA.

Relevant NICE and other guidance was identified and target blood pressure thresholds extracted. From these the following questions were developed for discussion with the NICE identified clinical experts, Dr Melvyn Jones, Prof Jonathon Mant, Prof Richard McManus, Dr Kathryn Griffith and Prof Kamlesh Khunti.

Stepped BP indicators for people with HYPERTENSION AND ALSO CHD, Stroke, PAD or Diabetes

Guidance Table

| Clinical condition | Current QOF target | Guideline | Year | Target BP | Target group |
|-------------------------------------|--------------------|------------------------------------|------|--|---|
| Angina | CHD6: 150/90 | CG126: Management of stable angina | 2011 | Recommendation 1.3.8: 'offer treatment for high blood pressure in line with 'Hypertension' (CG34)' (predates CG127, assume therefore that CG127 now applies) | Patients with stable angina and hypertension – drug treatment for secondary prevention of CVD |
| Secondary prevention of CVD post MI | CHD6: 150/90 | CG48: MI: secondary prevention | 2007 | Recommendation 8.1.1.1 (in full guideline): hypertension should be treated to the currently recommended target of 140/90 or lower given in | Patients with a previous MI and hypertension |

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|--------|--------------------|--|------|---|--|
| | | | | <p>‘Hypertension’ (CG34) (again assume that CG127 now applies).</p> <p>Patients with co-morbidities, for example diabetes or renal disease, should be treated to a lower blood pressure target. CG48 does not detail these lower targets.</p> | |
| Stroke | STROKE6: 150/90 | Royal College of Physicians National Clinical Guideline for Stroke: third edition. | 2008 | <p>Recommendation 5.4.1 A: 130/80 in patients with established cardiovascular disease.</p> <p>For patients with bilateral severe (>70%) internal carotid artery stenosis a slightly higher target of 150 systolic may be appropriate.</p> | Patients post stroke |
| Stroke | STROKE6: 150/90 | SIGN 108: Management of patients with stroke or TIA: assessment, investigation, | 2008 | <p>Patients with hypertension should be treated to <140/85.</p> <p>Patients who have had a stroke and who</p> | Patients with hypertension post stroke |

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|-----------------------------|--------------------|--|------|--|--|
| | | immediate management and secondary prevention | | also have diabetes should be treated a blood pressure of <130/80. | |
| Stroke | STROKE6: 150/90 | CG68:Diagnosis and initial management of acute stroke and transient ischaemic attack (TIA) | 2008 | None given – guidance relates to diagnosis and initial management of stroke/ TIA. | |
| Peripheral arterial disease | PAD3: 150/90 | SIGN | 2006 | <p>Hypertensive patients with peripheral arterial disease should be treated to reduce their blood pressure (Grade A recommendation). No target given but 140/90 noted as a desirable upper limit. Refers to 2004 British Hypertensive Society Guidelines recommendations which have now been superseded by CG127.</p> <p>We piloted 140/90 in QOF pilot 2 but the June 2011 QOF AC</p> | |

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|-----------------------------|---|---------------------------------|------|--|----------------------------|
| | | | | <p>moved this to 150/90 stating “The Committee also noted that the blood pressure target for indicator 5 is inconsistent with the other relevant QOF BP indicators (CHD6, STROKE6, BP5, DM30), and should therefore be changed to be brought in line with these.” The changes at the last AC in June 2012 should however mean that 140/90 is now seen as appropriate by the Committee.</p> | |
| Peripheral arterial disease | PAD3: 150/90 | NICE Guideline due October 2012 | | | |
| Hypertension | BP5: 150/90 but 2 new indicators piloted and recommended for 2013: <ul style="list-style-type: none"> • 140/90 in patients aged under 80 years | CG127: Hypertension | 2011 | 140/90 in patients aged <80 years 150/90 in patients aged ≥80 years | Patients with hypertension |

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| | | | | | |
|--|--|--|--|--|--|
| | <ul style="list-style-type: none">• 150/90 in patients over 80 years | | | | |
|--|--|--|--|--|--|

Questions

CHD

1. Should we keep the target BP at 150/90 for people aged over 80 years and reduce to 140/90 for people under 80 who have had an MI?
2. Should we construct an indicator for people with stable angina under 80 with a BP of 140/90? There may be some definitional issues and current QOF terminology talks about CHD rather than stable angina.
3. What is the evidence base for keeping at 150/90 in the over 80s? CG127 (page 171) states that most people in trials were well with fewer comorbidities so to apply clinical judgement.

Stroke/ TIA

1. Should we keep to a target BP of 150/90 for people aged over 80 years and reduce to 140/90 in people less than 80 years?
2. Should we drop to 140/85 for all patients in line with SIGN or 130/80 in line with the RCP Guidelines?
3. Do these lower targets apply to patients who have had a TIA as well?

PAD

1. Should we keep to a target BP of 150/90 for people aged over 80 years and reduce to 140/90 in people less than 80 years?
2. Should the BP target be 140/90? We last looked at this in 2010 in the context of QOF. Has more evidence been published since then?

Diabetes

1. Should we lower the target BP to 130/80 if the patient has comorbid diabetes, hypertension and stroke? This would probably sit in the Diabetes domain. Current diabetes BP targets are DM30: 150/90 and DM31: 140/80. In the pilot we can see how such an indicator which takes into account multiple co morbidities might work in practice.
2. Should we keep the target BP at 150/90 for people aged over 80 years?

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Summary of expert responses

Discussions took place via email and teleconferences between 29th June 2012 and 6th July 2012.

CHD

There was support for different blood pressure targets based upon patient age. A separate indicator for patients with stable angina was not supported for definitional issues and difficulties arising from small denominators. Therefore indicators were developed for a target group of all people with CHD. It was proposed that these indicators should be aligned to annual reviews rather than limiting the incentive for treatment to the last nine months of the QOF year. There was support for ensuring consistency of targets across disease areas where possible.

Stroke/TIA

Prof Mant expressed an initial preference for a BP target of 130/80 for all ages noting that there was no evidence base for different BP targets based upon age in these patients. However, he also noted the advantages of consistency across disease areas in QOF and therefore agreed to a BP target of 140/90.

He was not supportive of a proposed indicator for patients with comorbid diabetes and questioned the aim of this.

PAD

Dr Jones confirmed that whilst there is evidence for treating raised blood pressure in patients with PAD there was little evidence confirming a specific BP target. Acknowledged that 140/90 represents the best available evidence.

Diabetes

A tighter BP target of 130/80 was preferred for patients with microvascular complications i.e. retinopathy, neuropathy and micro-albuminuria. The advantages of a single BP target were acknowledged.

Based upon these discussions two indicators relating to BP control in patients with CHD, stroke/TIA and PAD were taken forward for discussion with a focus group of frontline GPs. A potential indicator relating to comorbid diabetes and stroke was not progressed at this stage.

Focus group discussion with frontline GPs

A focus group was held on 10th July 2012 with 8 front line GPs recruited via the West Midlands Faculty of the Royal College of General Practitioners. They participated on a voluntary basis. The group included an equal number of men and women of whom 50% described their ethnicity as white

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British and included two QOF Assessors. There were also two representatives from the Health and Social Care Information Centre at the meeting and a representative from NICE.

Prior to the meeting the GPs were provided with written detail of the proposed indicators and the underpinning NICE recommendation/ quality standard. This included details of specific issues which we wanted them to discuss in relation to each indicator. The purpose of this meeting was to consider the clarity, feasibility and validity of the indicators, to suggest improvements where possible and to highlight specific issues that would need to be explored during piloting. The following indicators were discussed in turn.

Stroke indicators

| Recommendations | Potential indicators | Questions/ issues for discussion |
|--|--|----------------------------------|
| Royal College of Physicians National Clinical Guideline for Stroke: third edition. - Recommendation 5.4.1 A: 130/80 in patients with established cardiovascular disease. SIGN 108: Management of patients with stroke or TIA: assessment, investigation, immediate management and secondary prevention. - Patients with hypertension should be treated to <140/85. | The percentage of patients with a history of stroke or TIA AND hypertension in whom the last blood pressure reading (measured in the preceding 15 months) is 130/80 or less. The percentage of patients with a history of stroke or TIA AND hypertension in whom the last blood pressure reading (measured in the preceding 15 months) is 140/85 or less. | No specific issues |

PAD indicators

| Recommendations | Potential indicators | Questions/ issues for |
|-----------------|----------------------|-----------------------|
|-----------------|----------------------|-----------------------|

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| | | discussion |
|---|--|--------------------|
| <p>SIGN 89: Hypertensive patients with peripheral arterial disease should be treated to reduce their blood pressure (Grade A recommendation)</p> <p>No target blood pressure is given but a target of 140/90 is noted as desirable.</p> | <p>The percentage of patients with a history of PAD AND hypertension whose last recorded blood pressure reading (measured in the preceding 15 months) was 14/90.</p> | No specific issues |

CHD indicators

| Recommendations | Potential indicators | Questions/ issues for discussion |
|--|---|----------------------------------|
| <p>CG48: MI: secondary prevention Recommendation 8.1.1.1 (in full guideline): 'hypertension should be treated to the currently recommended target of 140/90 or lower given in 'Hypertension' (CG34). Patients with co-morbidities, for example diabetes or renal disease, should be treated to a lower blood pressure target.'</p> <p>CG126: Management of stable angina</p> <p>Recommendation 1.3.8: 'offer treatment for high blood pressure in line with 'Hypertension'</p> | <p>The percentage of patients aged under 80 years old with coronary heart disease AND hypertension in whom the last blood pressure reading (measured in the preceding 15 months) is 140/90 or less.</p> <p>The percentage of patients aged under 80 years with a history of myocardial infarction AND hypertension in whom the last blood pressure reading (measured in the preceding 15 months) is 140/90 or less.</p> | No specific issues |

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| | | |
|--|--|--|
| (CG34)'. | | |
| CG34 has now been superseded by CG127: Hypertension. | | |

Note: It is proposed that 'CHD6: the percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 of less' is retained alongside any indicator with a lower target BP.

Summary of discussion

- Immediate reaction to the BP target of 130/80 was that it was not manageable, and that 130/85 was the more pragmatic option.
- GPs were quick to raise the issue of co-morbidities, the lack of tolerance of anti-hypertensives & the side-effects of falls etc. A number of GPs stated that they would put the patient first & work to lower the BP based on their clinical judgement of the patient. Thus, it was raised, there may be a high exception rate for the tighter target.
- Two specific issues were raised that required further consideration from NICE (via Dan): differentiated targets for people aged under/over 80 years old; and whether these indicators related to people with the various conditions AND explicitly diagnosed hypertension.
- From this latter point, one person questioned why there were three sets of numbers, why they're not all treated the same due to there being one underlying condition, that of vascular disease.
- An added complication was raised regarding patients diagnosed with hypertension in secondary care, the accuracy of that diagnosis with another condition (e.g. angina/MI) and what then becomes the priority to treat, how frequently they should be checked etc.
- The general consensus was that the 'and hypertension' could be eliminated from the indicators because it would be justifiable to treat patients with the stated conditions to a tighter BP regardless of if they were specifically diagnosed with hypertension or not (on the basis that "it's not an illness",

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“it’s a risk factor”). The difficulty, however, is then which NICE guidance to state as a reference for these indicators, specifically relating to the co-morbidities. Overall, it was felt that ‘and hypertension’ should be removed & that CG127 would be the reference point for the tighter BP targets for Stroke & CHD.

- There was greater resistance to tighter BP targets with regards to PAD, but it was agreed that it made sense to also tighten BP targets for this condition.

Indicators for piloting post focus group

Stroke/ TIA

The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 15 months) is 140/85 [or 140/90?] or less.

PAD

The percentage of patients 80 and over with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less.

The percentage of patients under 80 with a history of PAD whose last recorded blood pressure reading (measured in the preceding 15 months) was 140/90.

CHD

The percentage of patients 80 and over with coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less.

The percentage of patients under 80 with coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 140/90 or less.

Final indicators for piloting

Stroke/ TIA

- The percentage of patients 80 and over with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less.
- The percentage of patients under 80 with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 15 months) is 140/90 or less.

PAD

- The percentage of patients 80 and over with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less

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- The percentage of patients under 80 with a history of PAD whose last recorded blood pressure reading (measured in the preceding 15 months) was 140/90.

CHD

- The percentage of patients 80 and over with coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less.
- The percentage of patients under 80 with coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 140/90 or less.