National Institute for Health and Clinical Excellence

Quality Standards Topic Expert Group

Hypertension

Minutes of the meeting held on Friday 27th July 2012

Meeting held at the NICE offices in Manchester

Attendees	Chair Bryan Williams (BW), John Crimmins (JC), Mark Caulfield (MC), Michaela Watts (MW), Terry McCormack (TM), Liz Clark (LC), Azia Lakhani (AL) **NICE Attendees** Tim Stokes (TS), Kate Moring (KM), Daniel Sutcliffe (DS), Michelle Gilberthorpe (MG), Laura Hobbs (LH), Jamie Jason (JS) **Observers**
Apologies	TEG members: Naomi Stetson (NS), Shelley Mason (SM), NICE attendees: Gary Shield (GS)

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	The chair, BW welcomed the attendees and reviewed the agenda for the day. BW informed the group of the apologies. The group agreed the minutes from the scoping meeting held on 24th April 2012.	
1.Declaration of Interest (DOI)	BW asked the group whether they had any new interests to declare since the last meeting. TM stated that he had given a lecture on Hypertension drugs. The group were all asked to fill out DOI forms.	
2.Objectives of the meeting	BW briefly outlined the key objectives of the day: to discuss and agree the wording of a concise set of draft quality statements. The TEG was reminded that the draft statements will be progressed for consultation.	
3.Review of process for developing the hypertension quality standards	DS reviewed the process for developing the quality standard (QS). He emphasised the need for clear, focused quality statements and reminded the group that the statements must be aspirational but achievable. He also asked the group to highlight any equality issues relating to each statement to the NICE team during the meeting.	
4. Overview and recap	MG reminded the TEG that there would be approximately 40 minutes to discuss each draft statement. MG provided a recap from the scoping meeting. The group asked a question regarding costing and commissioning. KM responded and referred the group to the costing and commissioning document which had been circulated. MG explained that the NICE team had considered the development sources agreed in the draft QS scope and undertaken draft prioritisation of recommendations with the TEG Chair. This was on the basis of areas of care agreed with the TEG following the scoping meeting. A briefing paper was circulated to the TEG prior to the TEG 2 meeting to help inform discussion around draft quality statements.	

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5. Draft Quality Statements (QS) and Quality Measures (QM) **Presentation** **Discussion** **Agreement**	**Draft Quality Statement 1** People with a clinic blood pressure of 140/90 or higher and no confirmed diagnosis of hypertension, and a difference in blood pressure readings between arms of more than 20 mmHg, have all subsequent blood pressure taken in the arm with the highest reading. **Decision:** The TEG agreed this statement could be removed.	
	Draft Quality Statement 2 People with a clinic blood pressure of 140/90 mmHg or higher are offered ambulatory blood pressure monitoring (ABPM) to confirm a diagnosis of hypertension. The TEG considered equality issues related to ABPM and agreed that it would need to be stated that some people may prefer HBPM, for example people who do not wish to wear a cuff overnight. ABPM may not be suitable for everyone, e.g. people who have particular learning or physical disabilities. **Decision:** The TEG agreed the following re-worded draft quality statement: People with a clinic blood pressure of 140/90 mmHg or higher are offered ambulatory blood pressure monitoring (ABPM) to confirm a diagnosis of hypertension.	
	Draft Quality Statement 3 Three draft statements were suggested for consideration: i) People with a clinic blood pressure of 140/90 or higher have a formal estimation of CVD risk while waiting for confirmation of a diagnosis of hypertension. OR ii) People with a clinic blood pressure of 140/90 or higher have investigations for target	

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	organ damage while waiting for confirmation of a diagnosis of hypertension. OR iii) People (with hypertension) who have a 20% or higher risk of developing CVD, are offered statin therapy. TS reminded the TEG that i) is a Quality Outcome Framework (QOF) indicator. Current QOF achievement was presented and DS highlighted that data may suggest this element of care is not being fully addressed. It was stated that it is important to both assess risk and that the risk was acted upon. The group asked if draft statements i) and iii) could be joined and a separate statement included for ii). DS confirmed that a quality statement should only have one concept. The TEG discussed the benefits and limitations of applying a timeframe to statement ii). It was agreed that a statement on target organ damage should stipulate 'at the point of diagnosis'. The TEG considered that investigations for target organ damage should include investigations to identify ischaemic heart disease, stroke and renal damage. It was agreed that this could include electrocardiogram and measurement of albumin:creatinine ratio. The definitions will be further considered during development of the draft quality standard. Some information will already be captured on practice registers. The TEG was asked to consider the target population and timeframe for statement iii). The TEG discussed potential benefits and limitations of stipulating 'at the point of diagnosis' in a statement on statin therapy. The TEG concluded that the statement should include this timeframe. It was agreed that a question should be included at consultation around timing of assessment. There was discussion as to whether statement iii) needed to state that other modifiable risk factors should be taken into account before offering statin therapy. The TEG agreed that this was not needed. The TEG discussed equality and diversity considerations. It was highlighted that focussing on people who are 'newly diagnosed' in terms of target organ damage may not cover all age	

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	groups. In addition, this approach does not cover people with an existing diagnosis who may benefit from assessment. The TEG considered the fact that younger people may not have a diagnosis of hypertension, or a 10 year CVD risk of 20% or higher and may not therefore be treated with a statin. **Revised Quality Statements:** 3i) People with hypertension are offered investigations for target organ damage at the point of diagnosis. 3iii) People with (newly diagnosed hypertension) who have a 10 year CVD risk of 20% or higher are offered statin therapy.	
	Draft Quality Statement 4 People with suspected secondary causes of hypertension are referred for specialist investigations. The group raised the issue of referral arrangements. Within current structures 'multidisciplinary' referral is not practical but a person with target organ damage may require multidisciplinary specialist input. The TEG felt that this would require specialist centres, which are currently poorly defined and not widely available. **Decision:** The TEG agreed to remove this statement.	

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	Draft Quality Statement 5 People with stage 1 hypertension aged under 40 years and with no evidence of target organ damage, CVD, renal disease or diabetes, are offered referral for specialist assessment. The TEG discussed the issue of limiting a statement on referral to those with no evidence of target organ damage. MW suggested that 'including those' could be added to the statement. The TEG discussed the evidence base for the statement. BW provided context that the guideline recommendation was based on identification of people with a 'hidden' risk, which would be a small number of people. There has been a call for evidence in this area. The TEG felt that this statement is already part of current practice. **Decision:** The TEG agreed to remove this statement.	
	Draft Quality Statement 6 People with treated hypertension have a target clinical blood pressure below 140/90 if aged under 80 years, or below 150/90 if aged 80 years and over. The TEG agreed that a person aged 80 years or over who was already treated would not be targeted to a clinic blood pressure of 150/90 if they were already achieving a blood pressure below this threshold i.e. they would not be back titrated. It was agreed to highlight this in equality and diversity issues. It was also agreed to highlight that there are different targets for the two age groups based on evidence of safety considerations. **Decision:** No change to this statement.	

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	Draft Quality Statement 7 People with hypertension are offered review of care at least annually, which includes a review of CVD risk factors. The TEG agreed that although annual reviews are part of current practice these may not cover all potential risk factors. BW asked if existing recommendations and QOF indicators address this area of care, as there are a number of indicators relating to CVD risk factors. The TEG suggested that a question should be included for this statement as part of consultation on the draft quality standard, as to whether this area is felt to be sufficiently covered in the QOF. **Decision:** The TEG agreed to retain this statement.	
	Draft Quality Statement 8 People with resistant hypertension are offered a fourth hypertensive drug and/or referral for specialist advice. The TEG discussed the target population for a statement on referral for resistant hypertension and agreed that referral should take place following treatment with 4 drugs. The TEG queried whether a timeframe could be added to clarify how long treatment with a fourth drug would be. The TEG agreed that a timeframe should not be added at this stage. **Revised Quality Statement** People with resistant hypertension who have received four antihypertensive drugs, whose blood pressure remains uncontrolled, are referred for specialist assessment.	
7. Other recommendations potentially suitable for QS development	It was suggested that measurement of standing blood pressure could be considered for a statement. However, following discussion the TEG agreed that this would not be included as a draft statement for consultation.	

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8. Consultation	MG outlined the consultation process and advised the group that only registered stakeholders can comment on the draft QS. The group agreed to look through the list of registered stakeholder and suggest additional organisations who might like to register. MG explained to the TEG there would be a table of comments sent out after consultation. The TEG will have the opportunity to consider the draft statements in consideration of comments at TEG 3.	
9. Next steps	MG outlined the next steps, including key dates in the QS development process and asked the group to ensure they return comments during the relevant periods. TM requested a single page document with the list of statements as a coversheet to the draft QS. **Endorsements** MG asked the TEG to consider their organisations or suggestions of other organisations who could be approached to endorse the standard. TM to contact British Hypertension Society and Royal College of General Practitioners.	TM to contact BHS and Royal College of General Practitioners. BW requested a copy of the timeline.
10. AOB	The likely duration of the next meeting was discussed. BW asked if the TEG could get flexible tickets. BW thanked the group and closed the meeting.	