



Hypertension: lifestyle advice

NICE indicator

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www.nice.org.uk/indicators/ind146

Indicator

The percentage of patients diagnosed with hypertension (diagnosed on or after 1 April 2009) who are given lifestyle advice in the preceding 12 months for: smoking cessation, safe alcohol consumption and healthy diet.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

This indicator measures the percentage of people diagnosed with hypertension who are given lifestyle advice for smoking cessation, safe alcohol consumption and healthy diet each year. The aim is to prevent cardiovascular problems such as heart attack and stroke in people with hypertension. Smoking cessation, reduction in unsafe alcohol consumption and a healthy diet have a positive impact on cardiovascular health. All people undergoing assessment or treatment for hypertension should be offered lifestyle advice initially and periodically. For the purpose of a primary care quality indicator, periodic lifestyle advice has been defined as being provided every 12 months to account for any possible changes to lifestyle factors for all people diagnosed with hypertension.

Source guidance

Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 (2023), section 1.3

Hypertension in adults: diagnosis and management. NICE guideline NG136 (2019, updated 2023), recommendation 1.4.1

Specification

Numerator: The number of patients in the denominator who have been given lifestyle advice for smoking cessation, safe alcohol consumption and healthy diet in the preceding 12 months.

Denominator: The number of patients on the hypertension register.

Calculation: Numerator divided by the denominator, multiplied by 100.

Definitions: N/A.

Exclusions: None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if the indicator is not appropriate.

Expected population size:

QOF register data for 2022/23 shows that 14.4% of people in England have an unresolved diagnosis of hypertension: 1442 patients for an average practice with 10,000 patients. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

Update information

Minor changes since publication

April 2024: We updated links to source guidance NG238 and added expected population size.

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