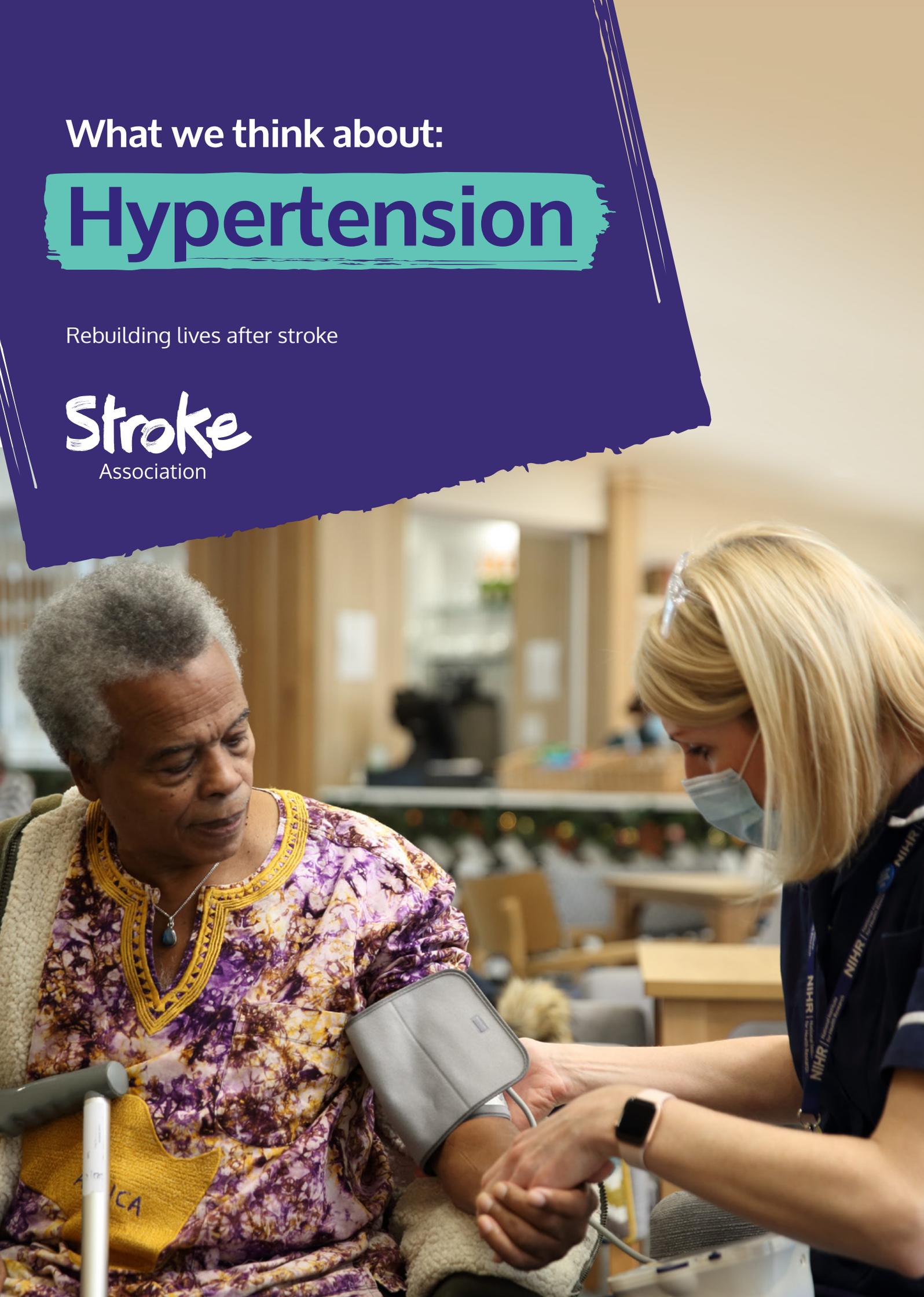


What we think about:

# Hypertension

Rebuilding lives after stroke

**Stroke**  
Association



# Improving the detection, management and treatment of high blood pressure

High blood pressure contributes to around half of all strokes, making it one of the biggest risk factors for stroke and one of the top five contributors towards premature death in England alone.<sup>1</sup> However, up to 80 to 90% of all strokes are preventable and evidence shows that taking action to lower blood pressure can significantly reduce the risk it poses to health.<sup>2,3</sup>

Over the past few years, governments and health systems across the UK have made some efforts to improve how high blood pressure is detected and managed. While there has been incremental progress in reducing levels of high blood pressure in the UK population, a number of challenges remain in the detection, treatment and management of high blood pressure.

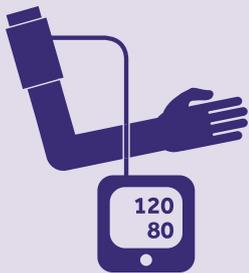
The Stroke Association want to see governments and health systems across the UK commit to and invest in stroke prevention initiatives, including coordinated approaches to the continued improvement of the detection, treatment and management of high blood pressure.

## High blood pressure and stroke key facts

- There are about 9.5 million people (1 in 7) with diagnosed high blood pressure in the UK.
- Over half of all stroke patients admitted to hospital in England, Wales and Northern Ireland each year have a pre-existing diagnosis of high blood pressure.<sup>4</sup>
- Recent research by the Stroke Association shows that only 53% of UK adults know that high blood pressure is a top risk factor for stroke.<sup>5</sup>
- Evidence shows that taking action to lower blood pressure can reduce the risk of stroke by about 27%.<sup>6</sup>

# What's the issue?

## Detection



There's more than **5.5 million** people living with untreated blood pressure in England alone.

- Most blood pressure tests are carried out in primary care such as GP surgeries. However, this can exclude individuals and groups who do not routinely attend GP surgeries and who also often have a higher risk of high blood pressure and stroke, such as certain ethnic groups or people living in more deprived areas.<sup>8 9 10</sup>
- Research has found that community-based testing of blood pressure, such as in pharmacies and workplaces, is effective in detecting raised blood pressure, particularly in populations who do not routinely access, or are underserved by, healthcare.<sup>11</sup> However, follow-ups after community testing are often scarce, which means that clinical outcomes for those with detected high blood pressure are not always known.<sup>12</sup> In England, the NHS Community Pharmacy Hypertension Case-Finding Advanced Service aims to identify and refer people who have previously not had a diagnosis of high blood pressure to their GP.

## Treatment and management

- Treatment with medication is often very effective at lowering blood pressure, significantly reducing the risk of stroke and other cardiovascular diseases. Optimally treating people with diagnosed high blood pressure could prevent 14,500 strokes and save up to £201.7m over three years in England and avoid nearly 300 strokes a year in Scotland.<sup>13 14</sup>
- However, many patients with a diagnosis of high blood pressure currently have poorly controlled blood pressure. For example, only 27% of adults with high blood pressure in Scotland have it treated and controlled to target levels, compared to 57% of adults in Canada.<sup>15 16</sup>
- Research suggests that self-monitoring – where people monitor their own blood pressure at home – combined with increased collaboration between the patient and a healthcare professional can help increase adherence to medication and is associated with moderate net reductions in blood pressure.<sup>20 21</sup>
- NHS England and NHS Improvement have also distributed home blood pressure monitors to CCGs across England.<sup>22</sup> These monitors are intended for patients with poorly controlled high blood pressure and are available through GPs or community-based clinical teams. It's hoped this will support people to better manage their blood pressure at home and share their readings with their GP without needing to visit the GP practice.
- There are also **avoidable differences in hypertension detection, treatment and management, contributing to health inequalities**. The CVD Prevention Audit in England suggest that hypertension management initiatives could be targeted at the working age population, particularly males. And, a focus is needed on hypertension management in people in the Black ethnic group.<sup>23</sup>



One barrier to optimum blood pressure control is medicine adherence. It's estimated that anywhere between 25% and 47% of patients with high blood pressure do not fully adhere to their prescribed medical treatment.<sup>17 18</sup> Poor adherence to blood pressure lowering medication is associated with adverse cardiovascular outcomes such as strokes and premature death and disability.<sup>19</sup>

## The impact of Covid-19 on high blood pressure detection and treatment

The impact of Covid-19 on high blood pressure detection and treatment  
Responding to Covid-19 has caused widespread disruption of health and social care services. The pandemic, lockdown and social distancing measures have reduced the number of face-to-face and opportunistic interactions where high blood pressure might be detected, and risks a substantial number of additional strokes related to high blood pressure in the coming years.

During the first three months of the pandemic (March – May 2020), there was a 43% reduction in the rate of diagnosis of cardiovascular conditions (including high blood pressure) and a 29-52% reduction in first prescriptions of medications.<sup>24</sup> This suggests that there is a large number of patients currently living with undiagnosed high blood pressure.

The reduction in new prescriptions for CVD medication alone is estimated to result in '12,000 extra heart attacks and strokes in England, in the next five years, without bold government intervention'.<sup>25</sup>

# What needs to happen?

Achievements in recent years in countries like Canada shows that there is huge potential for the UK to improve the detection, treatment and management of high blood pressure.<sup>26</sup> The Stroke Association is therefore calling on governments, decision makers and health systems across the UK to prioritise improvements to and investment in the detection, treatment and management of high blood pressure. In particular, we want to see:

- The identification of potential missed cases of high blood pressure during the pandemic, and national and local measures to address the backlog and the impact of the pandemic on detection, management and treatment.
- Enhanced community-based detection programmes (e.g. in well-frequented settings such as pharmacies, retail, community groups, workplaces etc.), including increased use of programmes that target high-risk and deprived groups who are not best served by current models of detection.
- Clear referral and follow-up pathways to primary care for patients identified with high blood pressure at community-based screening to ensure patients receive appropriate information, advice and treatment if necessary.
- Systematic audits undertaken across GP practices to identify patients whose blood pressure is not being treated to target.
- Health systems and GPs building on the work that has been done during the Covid-19 pandemic and continuing to support the self-monitoring of blood pressure to help patients take more control of their own health. However, it's important that this is done alongside enhanced collaboration with healthcare professionals and patients to ensure that people can raise concerns, questions and high readings in a timely manner.

## In England:

- The Stroke Association supports the aim of the National Stroke Programme to achieve 3.6m patients with improved management of high blood pressure over the course of the NHS Long Term Plan.<sup>27</sup>
- The Stroke Association also supports Integrated Stroke Delivery Networks (ISDNs) having a key responsibility for stroke prevention activity. ISDNs should work together with Integrated Care Systems and any activities should include plans and targets for improving the detection, treatment and management of high blood pressure in each area.
- We welcome the focus on hypertension case finding in NHS England's CORE20PLUS5 approach to reducing health inequalities. However, the ambition to improve case-finding could be strengthened. We would like this community-based testing to utilise the learnings from the successful Covid-19 vaccine deployment, so that testing can be equitable and not leave any at risk communities behind.
- Additionally, we feel that there's an opportunity to use the learnings from the NHS Health Check Programme. The new Community Diagnostic Hubs could offer blood pressure checks for communities as part of their services to improve hypertension case finding and make every contact count.
- We recommend that the ambition around hypertension case finding and diagnosis is strengthened to recognise these challenges, and extra support – whether in terms of resource or guidance – delivered by NHS England & Improvement's CVD prevention team in order to ensure that hypertension cases are found, managed and controlled.

## In Scotland:

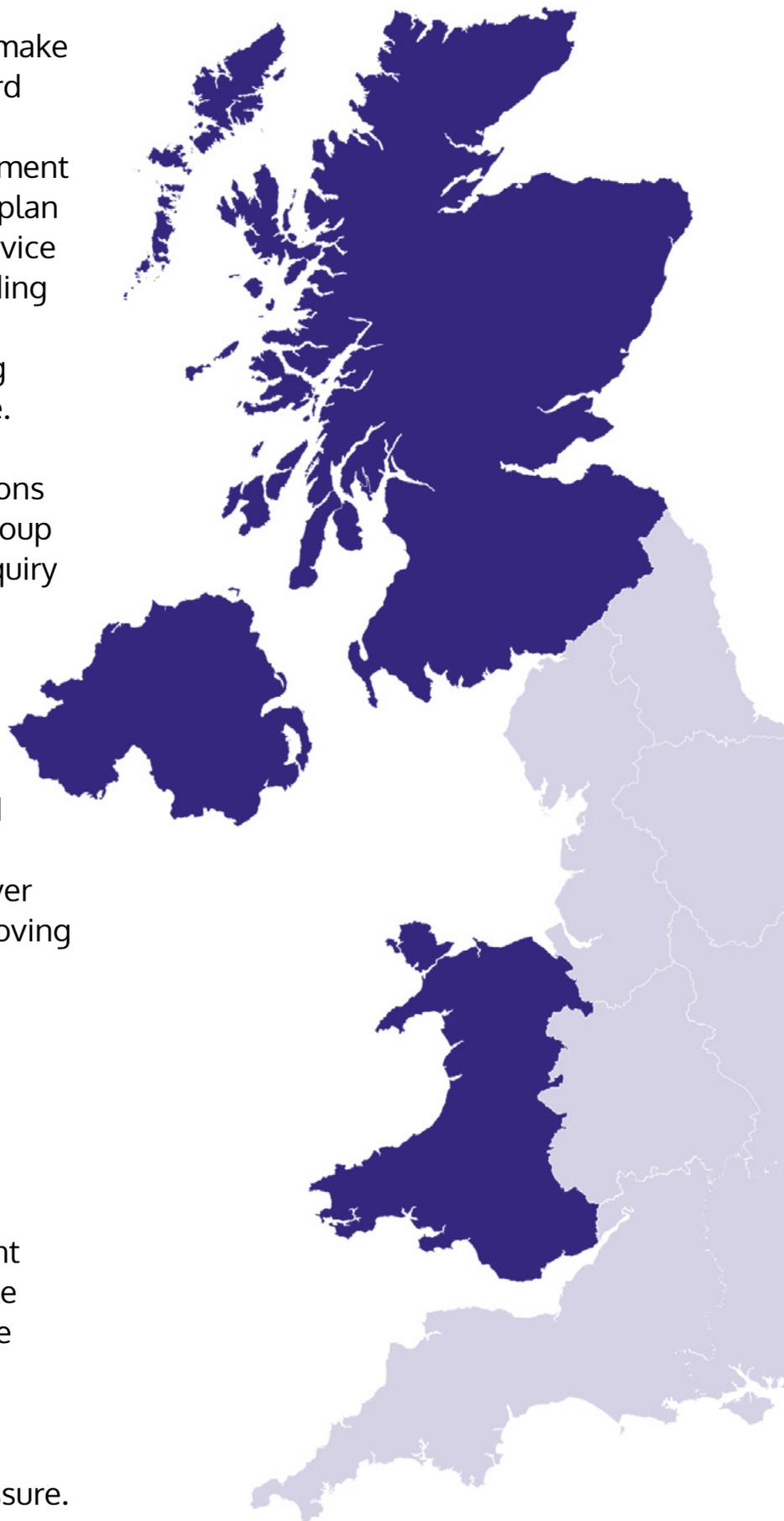
- The Scottish Government must make urgent progress in taking forward the commitments made in the 2019/20 Programme for Government and publish an implementation plan for a new progressive stroke service covering the full pathway, including clear commitments and targets on stroke prevention and raising awareness of the signs of stroke.
- We also support recommendations made in the 2018 Cross-Party Group on Heart Disease and Stroke inquiry report on high blood pressure.<sup>28</sup>

## In Northern Ireland:

- The Stroke Association calls on the NI Assembly to invest in and implement ambitious plans to reduce the number of strokes over the next decade, including improving the detection and treatment of hypertension.

## In Wales:

- The Stroke Association calls on the Welsh Government to fully implement the Quality Statement for Stroke commitment on stroke prevention, which should include measures to prevent strokes, including targets to improve the detection, treatment and management of high blood pressure.



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From a textphone: **18001 0303 3033 100**

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