Single Trusted Source of Truth to Improve Blood Pressure for Londoners

Introduction

Hypertension is the leading cause of heart disease, stroke, kidney disease, dementia and early death globally, with wide inequalities in outcomes and care has been severely impacted by COVID.

PROJECT AIMS

- To improve HTN detection and management and reduce inequalities using clinical effectiveness approaches and the Discovery Data Service in primary care/general practice.
- Develop shared learning across integrated care systems to develop Health Data Infrastructure to deliver the actionable data to drive health improvement across London.
- To build patient trust through transparency and understand patient requirements to build into project deliverables and recommendations.

Intervention

"Improvement in healthcare is 20% technical and 80% human"
Marjorie Godfrey

The project included three interconnected workstreams:

Data
Each ICB developed their own, aligned dashboard.

Clinical Effectiveness
enabling data informed improvements in general practice.

Patient and Public Involvement and Engagement PPIE
Insights on patient perception of their hypertension care and use of their data.

Search Criteria

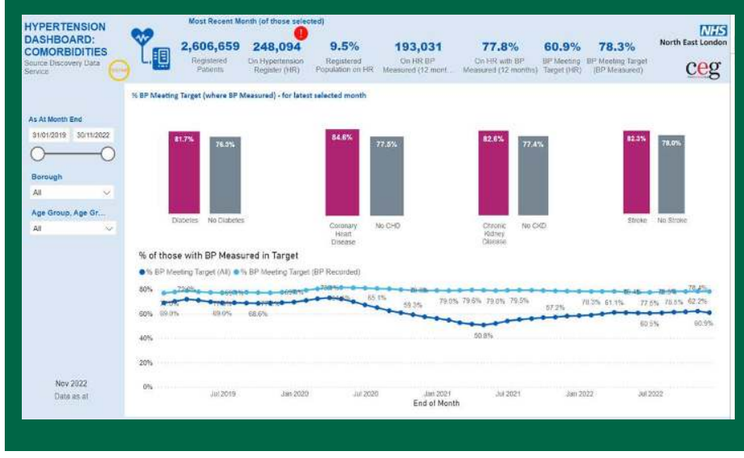
Each ICB dashboard used matching search criteria:

PROJECT OUTPUTS
Prevalence
BP recording
BP control
Demographics
Vulnerability
Comorbidity

Results 1: Data – Credible dashboards

Technical infrastructure + **Dashboard Framework** + **Multidisciplinary team (MDT)** → **TRUST** → **Actionable health and care dashboard**

The project team propose the use of a **framework,** for standardised high quality dashboards trusted by end users.

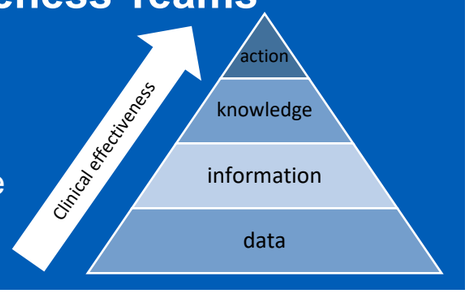


Dashboard Framework
Clear aims
Resource especially for MDT
MDT tasks and responsibilities
Implementation plan
Opportunities for shared learning
Data entry
Design
Population
Content
Context
Agreed coding standards
Data source/s and date range
Validation
Reporting
PPIE
IG
Role Based Access (RBAC)
Analytic capability

Dashboard example demonstrating comorbidity with hypertension in Northeast London.

Results 2: Trusted Clinical Effectiveness Teams

Clinical effectiveness (CE)
Data enabled quality improvement support for general practice teams.
Already established in NE and SE London, the project supported the development of a CE approach in NWL.



Results 3: Patient and Public Involvement and Engagement (PPIE): An Insight Study

Survey and focus groups using evidence based behavioural change methodology.

The primary barrier to engagement with primary care services were **motivational** and related to **TRUST** with healthcare professionals and the wider system.

Further themes related to patient **capability** e.g. identifying and self-managing hypertension and service **opportunity** e.g. the perceived accessibility of services.

The findings will be used to inform CE methods and develop hypertension pathways including community partners.

> "Because it's all right them compiling the information and having the evidence… but, **if the action isn't taken** with regard to drive things forward, to move things forward… **I'm afraid very little changes**."

Limitations

- The project was not able to demonstrate quantifiable improvements in the 12 month project period.
- Longer term evaluation of impact was not built into the project.
- Isolating the impact of the project from other hypertension initiatives and natural COVID recovery would be challenging.
- The project was delivered predominantly by busy teams on top of their day job, limiting the pace of delivery/change.
- We struggled to promptly recruit effective project management within the project timescales and NHS recruitment rules.

Conclusions & Next Steps

Conclusion
Also see full evaluation from Imperial Health partners below

- **Trust** is key for actionable data.
- **Dashboard development**: we recommend a standardised approach for robust, and therefore trusted dashboard development.
- **Implementation:** to action data requires evidence-based quality improvement methodology – modelled by clinical effectiveness.
- **PPIE**: health improvement work will have limited benefits without the meaningful inclusion of patient voices, especially seldom heard voices.

Next steps - from project to business as usual
Share and reflect on project evaluation (Imperial Health Partners) and consider how to action project recommendations including:

- Dashboard roll out, testing and refinement.
- Pathway redesign in light of Insight Study findings.
- Share proposed Health and Care Dashboard Framework with colleagues to test in other dashboard development.
- Strengthen collaborative working and shared learning between CE team and BI teams across London ICBs.

Find out more

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