

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INDICATOR DEVELOPMENT PROGRAMME

Consultation comments

Home and ambulatory blood pressure

Consultation period: 22 March – 21 April 2022

Date of Indicator Advisory Committee meeting: 14 June 2022

This paper includes consultation responses and line by line responses to a proposed update of existing blood pressure management indicators (six of which are included in QoF 2022/23). In line with NICE guidance, the proposal was to use tighter blood pressure targets when using home or ambulatory blood pressure monitoring (HBPM or ABPM).

ID	Stakeholder	Comment	NICE response
1	NHS England and Improvement	The existing indicators on blood pressure management should be updated to reflect NICE guidance on tighter targets when using home or ambulatory blood pressure monitoring to avoid sub optimal management of people who are undertaking home based monitoring.	Thank you for your comment. The existing indicators for blood pressure monitoring in people with diabetes or CVD have been updated.
2	Primary Care Cardiovascular Society	As the proportion of patients monitored using, in particular, home blood pressure readings has increased and is likely to continue to do so the NICE and QoF targets should reflect this. If they do not, you are effectively saying that not attaining the HBPM/ABPM targets is acceptable which is diluting the desired outcomes from good blood pressure management. Clarity on preferred coding and how this is extracted for Qof /CVD Prevent would be helpful	Thank you for your comment. The existing indicators for blood pressure monitoring in people with diabetes or CVD have been updated.

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3	Royal College of General Practitioners	<p>There are 2 considerations when updating the indicators for home monitoring.</p> <p>Positive: Many areas regularly use home blood pressure readings to monitor their patients and it is becoming increasingly acceptable.</p> <p>Negative: BP control is becoming increasingly complex and the now increasing variation in ideal ranges due to age, disease and whether it is measured in a clinic or via home recording is adding to the confusion. Patients may request to have their BP taken within a clinic environment if they know they can then aim for a higher target which will impact on appointments, workload and time to diagnosis in order to avoid an increased medication burden.</p> <p>In conclusion. Assuming we can align all of the BP indicators throughout and the coding of primary care systems can respond accordingly, we would support the addition of ABPM levels to align to the new guidance</p>	<p>Thank you for your comment. The existing indicators for blood pressure monitoring in people with diabetes or CVD have been updated.</p>
4	British Medical Association	<p>Implementing tighter blood pressure targets if the BP is measured at home could be a disincentive to doing home BP. Also – having to carry out manual searches make this a moderate workload.</p> <p>We do not support different thresholds for home BP readings. It is a disincentive to check at home so would mean increased footfall through the practice. What is the rationale or evidence for this differentiation?</p>	<p>Thank you for your comment. The existing indicators for blood pressure monitoring in people with diabetes or CVD have been updated.</p> <p>The business rules for the existing indicators can be amended to search for the specific HBPM or ABPM and apply the tighter targets. Manual searches would not be required.</p> <p>The committee felt that the indicators should be in line with evidence-based guidance and that tighter blood pressure targets should be used if recorded at home.</p>

ID	Stakeholder	Comment	NICE response
5	UK Clinical Pharmacy Association (UKCPA)	Yes the indicators should be updated in line with NICE & international guidance. Having persistently raised BP above treatment targets can cause target organ damage therefore such patients should be identified early to address the underlying cause.	Thank you for your comment. The existing indicators for blood pressure monitoring in people with diabetes or CVD have been updated.
6	Individual	Answer to question 16- I would agree with tighter target on 135/85 for under 80 and 145/85 for above years for AMBP/HBMP.	Thank you for your comment. The existing indicators for blood pressure monitoring in people with diabetes or CVD have been updated.