

Protocol for contacting people with well controlled hypertension

Guide for healthcare assistants and other appropriately trained staff

Introduction

The following provides suggested wording to be used by healthcare assistants and other appropriately trained staff, to contact people who have been identified as having well controlled hypertension. Please note that this is a guide and can be adapted as required.

We suggest you have a telephone or video call with the aim of:

1. Offering support to people during this time.
2. Checking how confident people are in managing their condition.
3. Ensuring they know what to do if there is a problem or if their condition deteriorates.

How to use this guide:

Each question is numbered to help guide you through the content.

- Questions for you to ask are in black print.
- The wording in **red** is there to provide directions as to which questions you should ask next or as general information for you. The wording in **red** is **not** intended to be read to the patient.
- We suggest that the sections highlighted in **blue** are prioritised, if less than 20 minutes is available.
- NB: Sections of the proposed wording will need to be locally agreed and adapted, e.g. how to confirm patient identity, how and where to record information provided and local arrangements for repeat prescriptions. These sections are highlighted in **yellow**.
- This protocol contains several website links and apps that can be sent to the patient for more information and advice. Please check that the patient has access to the internet and is able to watch or read online material. If the patient is unable to access website links, please ask if they have a family member or friend who can help them. Alternatively, the websites contain printable material that you can print and post to the patient.

Useful tips

Here are some tips to make the most out of this conversation:

- Some people may be going through a very difficult time right now due to loneliness, illness, financial difficulty or bereavement. It's important that we use this opportunity to demonstrate care and empathy – putting ourselves into the shoes of others – allow these emotions to come through in your conversation through a calm, soft tone of voice and a steady pace.
- Avoid distractions during the conversation, patients will notice if you are pre-occupied.
- Listen attentively. If the patient raises a question or a concern, repeating their concern to check you understand it, will reassure them that you are listening (e.g. *'so you would like to know why your statin dose has been increased, I will pass this onto the pharmacist for you'*).

Remember you do not need to have all the answers – if the patient has a question about their condition, please write it down and pass it onto a suitable member of the team to respond (i.e. a doctor, nurse, pharmacist or physicians' assistant).

Practise!

We suggest you practise the wording below with a colleague before you contact your first patient. UCLPartners will also provide virtual training on delivering these protocols and there will be an opportunity to practise the following during these sessions.

Suggested wording:

Section 1: Beginning the conversation

1a. Hello, my name is [first name] and I'm calling from [insert practice name].

1b. Can I confirm I am speaking to [insert patients name]?

1c. You should have received a letter or a text message, advising that I would be contacting you about your blood pressure. Did you receive this message from us?

If patient says no, please ask 'are you happy to carry on talking today, the call should take approximately 20 minutes?'

- Yes – Great, thank you. Continue to question 1d.
- No – when would be a better time to call you? (Note down date/time on the patients record and set a reminder to call this patient back.)

1d. Could you confirm your date of birth and address for me please?

(If talking to a member of the family, you will need to ask for consent from the patient to do so: are you happy for me to talk to your [insert who]?)

1e. I am a healthcare assistant/[insert role] which means I support [Dr or nurse name if possible] to care for patients.

I am here to talk to you about your blood pressure and listen to any concerns you have. If you have any medical questions then I will make sure a doctor, nurse or pharmacist will contact you to discuss them further.

- 1f. If at any point I am talking too fast or you would like me to repeat anything, please let me know.
- 1g. We want to help you to keep your blood pressure controlled because high blood pressure increases your risk of heart attack, stroke and dementia. If you keep your blood pressure controlled with treatment and a healthy lifestyle, the risk is much lower. We are contacting you because raised blood pressure does not usually cause any symptoms, so you may not be able to tell if it is raised by how you feel. The only way to know if it is high, is to measure it with a blood pressure monitor, so it is important to monitor your blood pressure regularly. We are also aware that it may be more difficult to attend appointments to manage your blood pressure because of COVID-19.
- 1h. The aim of today's call is primarily to discuss your blood pressure and how to manage it. I will also confirm with you that you have enough medication. The information that I am going to give to you today has been provided by your doctor.

Your medication is important for lowering your blood pressure and reducing the risk of heart attack, stroke and dementia, as previously mentioned. However, building a healthy lifestyle is important too - for example maintaining a balanced diet, regular exercise, reducing alcohol consumption and stopping smoking. Is it ok to talk about lifestyle measures with you today?

- **If the patient says yes – continue onto 1i**
 - **If the patient says no (i.e. they do not want to talk about lifestyle) -** Ok, no problem, I will just give you some general lifestyle advice and resources that you can read in your own time and perhaps we can have a discussion about lifestyle another time. **(Make a note that the patient did not want to discuss their lifestyle and consider introducing this again at a follow-up call).**
- 1i. I have some specific questions to ask you about your blood pressure but please do ask me any questions or raise any concerns you may have during our conversation.

Section 2: COVID-19

- 2a. We will not be covering any specific information about COVID-19 today, but if you feel that you have any of the symptoms of COVID-19, please follow government advice on self-isolation and continue to take your medicines as advised by your doctor.

If you have any concerns regarding your symptoms, please visit the NHS website (<https://www.nhs.uk/conditions/coronavirus-covid-19/>), call NHS 111 or contact the practice.

Section 3: High Blood Pressure

3a. What is your understanding of high blood pressure and why it requires treatment? (Give the patient a moment to answer- and then provide the relevant information as needed).

- Your heart pumps blood through the arteries in your body. Your blood pressure is the force of blood against your artery walls as your heart contracts and relaxes. A blood pressure reading has 2 numbers, for example 130/80. The top number is the force of blood against your artery walls when your heart contracts. The lower number is the force when your heart relaxes.
- Prolonged high blood pressure damages your arteries and increases your risk of heart attack, stroke and dementia. If you keep your blood pressure within the normal range with treatment and a healthy lifestyle, the risk is much lower.
- It is important to check your blood pressure regularly and take action if it is high to prevent further complications. You can watch a helpful video about high blood pressure from the British Heart Foundation website. I will send you a link to it:
<https://www.bhf.org.uk/information-support/risk-factors/high-blood-pressure>
- Normal blood pressure for **adults aged under 80 years** is below 135/85 mmHg.
- Normal blood pressure for **adults aged 80 years and over** is below 145/85 mmHg.

Please note that the above values are for home blood pressure monitoring. The acceptable blood pressure values in the clinic are slightly higher due to something called 'White Coat Syndrome', where patients have a slightly higher blood pressure in a clinical setting, thought to be due to anxiety.

3b. What is your understanding of heart rate and rhythm and why it is important to check these? (Give the patient a moment to answer – and then provide the relevant information as needed).

- Your heart rate is the number of times your heart beats per minute – or bpm. A normal heart rate is between 60 and 100 bpm while you are resting (and higher during physical activity).
- Your heart rhythm is the pattern of your heart beats and should be regular (like the second hand of a clock). This can be checked manually, by checking your pulse. It is important to know if your pulse is irregular because, if it is, a single blood pressure measurement might not be accurate, and you may need to have several measurements instead.

3c. Do you know how to take your pulse?

- Yes – great, could you talk me through it please? (Allow the patient to explain their process to you and then provide them with any missed information from the steps below).
- No – ok that's fine, I am going to explain step by step how to check your pulse. Please follow each step as I read it out to you. If you have any queries, please stop me:
 1. Put one of your hands out so you're looking at your palm.
 2. Use the first finger (your index finger) and middle finger of your other hand and place the pads of these fingers on the inside of your wrist of the other hand, at the base of your thumb.
 3. Press lightly and feel the pulse. If you can't feel anything press slightly harder and, if necessary, move your fingers slightly up or down to find the pulse.
 4. Once you've found your pulse, continue to feel it for about 30 seconds. Check to see if it feels regular (beating like a clock) or irregular (jumping around).
 5. You can work out your heart rate in beats per minute (bpm) by counting the number of beats in your pulse over 60 seconds or counting the beats for 30 seconds and multiplying by 2. When you can feel your pulse, count each beat out loud and I will time 30 seconds for you. (Keep track of the time and stop the patient when 30 seconds is over, then multiply the number of beats they counted by 2 for their current bpm). A normal heart rate is between 60 and 100 bpm while you're resting. It can be lower in people who are physically fit, and it can be higher when you are exerting yourself.

I will send you a video after this call on the best way to check your pulse manually. Please watch this video and repeat your pulse before our follow-up consultation.

<https://www.bhf.org.uk/information-support/tests/checking-your-pulse>

If your pulse feels irregular, you should check it for a full 60 seconds. If it still feels irregular, let me know and I can refer you to a doctor, nurse or pharmacist.

3d. Do you have a blood pressure monitor at home?

- No
 - Are you willing to purchase a blood pressure machine so that you can monitor your blood pressure at home? You can obtain reliable machines from approximately £25.
 - Yes - Great, there are some BP monitors that I can recommend for you. I will send you a list of these, some can be purchased from local pharmacies. (See <https://giftshop.bhf.org.uk/health/blood-pressure-monitors>).

- No - Ok, I will need to direct you to clinics where you can have your blood pressure taken for you. (Provide information as per your local pathway).

- Yes

- (Confirm that the patient's BP machine is on the approved list – see <https://bihsoc.org/bp-monitors/for-home-use/> - and check if the patient has had it for fewer than 5 years. If not on the approved list or over 5 years old, advise the patient to obtain a new BP machine).
- You should have received a video from us explaining the best way to check your blood pressure. Did you receive this?
 - Yes – great
 - No – sorry about that, I will send it to you after our conversation
- When did you take your blood pressure last and what was the reading? (Make a note of this reading and the date it was taken).
- If you haven't taken your blood pressure recently, could you please do it before our follow-up call? It is advisable that you watch the video on taking your blood pressure, before taking further blood pressure readings. Take a total of three blood pressure readings, waiting 1-2 minutes between each reading and then record the lowest of the 3 measurements. (Send the British Heart Foundation video about the best way to check your blood pressure at home using a blood pressure machine: <https://www.bhf.org.uk/information-support/heart-matters-magazine/medical/tests/blood-pressure-measuring-at-home>)

3e. Do you have a diagnosis of an irregular heart rate, e.g. Atrial Fibrillation (AF)?

- Yes – As you have an irregular heart rate, a single blood pressure reading may not be accurate. The best way to obtain an accurate reading is to measure your blood pressure several times and take an average. We can work out the average for you once we receive your blood pressure readings. Please take your blood pressure as described on the video twice in the morning and twice in the evening for 4 consecutive days and record these readings for our follow-up consultation.
- No/unsure – it is important to check your pulse routinely to ensure it is regular. Remember that if your pulse feels irregular, you should check it for a full 60 seconds. If it still feels irregular or you're concerned, let me know and I can refer you to a pharmacist, nurse or GP.

Section 4: Q-RISK2 score

The Q-RISK2 algorithm calculates a person's risk of developing a heart attack or stroke over the next 10 years. Anyone with a Q-RISK2 score of over 10% may require a review by a pharmacist, nurse or GP, and potentially a change in their medication.

4a. I am going to ask you a few questions just to confirm that we have the most up to date information on our GP record:

Could you please tell me what your recent weight is and when you took that measurement?

What is your height?

(Please document patients' weight and height and the date the measurement was taken. If the patient has not taken their weight in the last 3 months, please ask them to take their weight and you will call them back for this information within the next 2 weeks).

4b. Do you or have you ever smoked? (If the patient says yes, please ask how many per day and document this on the patient record).

- No (continue onto Section 5)
- Yes – ex-smoker (check when they stopped smoking)
- Yes, less than 10 cigarettes a day
- Yes, 10-19 a day
- Yes, more than 20 a day

(Make a note of the patient's response)

4c. Have you thought about giving up?

- Would you like some help with this?
- You can get started with free expert support, stop smoking aids, tools and practical tips from the 'One You' website (<https://www.nhs.uk/oneyou/for-your-body/quit-smoking/>). It also contains a free downloadable app to support you. I'll send you the link to this.

For you to check:

- Check if the patient is prescribed a statin on their repeat medication list.
- Please run the Q-RISK2 score (see Appendix 1 for step by step guide). NB: The Q-RISK2 score will only run if it is needed. It will not run, for example, in patients who already have cardiovascular disease.
- Please check that the patient has had a blood test for renal (kidney) function at least within the last year (if not, please request this blood test to be completed).

Refer all patients to a pharmacist, nurse or GP who:

1. Have a Q-RISK2 score >10% AND are not on a statin.
2. Have been identified by an alert box on the GP record to require a repeat blood test or other review.
3. Have not had a blood test for renal (kidney) function within the last year AND you have not been trained on how to request blood tests.

Section 5: Medication

5a. Do you currently have enough medication to last 7 or more days?

If they say yes – That's great, please request further supplies 7-10 days before you run out of medication. You can request repeat prescriptions by (please mention options that apply to your practice which might include):

- The NHS app
- Your nominated pharmacy
- Contact us directly at [insert name of GP practice]

If they say no, please note this down. Please say: I will request a prescription from your GP.

If they are unsure - Could you please double-check while I wait on the phone?

5b. Do you have any concerns about your medications?

- Yes – Ok I will ask a pharmacist, nurse or doctor to call you to discuss these with you.
- No - continue

If the patient agreed to discuss lifestyle – continue.

If the patient did not agree to discuss lifestyle go to section 9 and provide resources.

Section 6: Health and Well-being

Which of the following, if any, do you feel may be the biggest challenge(s) for you right now?

1. Keeping active (see section 7)
2. Maintaining a healthy diet (see section 8)
3. Keeping alcohol intake within the advised guidelines (see section 8)
4. Maintaining good mental health (see resources list)

Once the patient has responded to the above question, ask: Is it ok to discuss this/these further now?

- Yes – go to corresponding section (see above)
- No – would you like me to provide you with some resources to review later instead?
 - Yes - see section 10: Resources
 - No – go to section 9: Ending conversation

Section 7: Exercise

7a. Are you managing to stay active?

7b. It can be challenging to keep active and difficult to know which activities to do, however there are several helpful resources and tips that you can do at home or at your local park.

7c. Do something active every day, something is better than nothing. Even 10 minutes is a good start. Aim for 150 minutes per week in chunks of 10 minutes or more (for example 30 minutes a day, 5 days a week). For more information and tips on exercise see <https://www.nhs.uk/oneyou/for-your-body/move-more/>

7d. When you do any activity that gets your pulse rate up, it's totally normal if you breathe faster and more deeply or get hot and sweaty.

7e. Regular physical activity helps to control your blood pressure and keep it within healthy levels.

Section 8: Diet

8a. A diet that is high in salt can lead to increased blood pressure. It is important to look out for the salt content in your food, especially those foods where you may not expect there to be added salt, like bread and cereals. The British Heart Foundation has top tips on how to reduce your salt intake: <https://www.bhf.org.uk/information-support/support/healthy-living/healthy-eating/salt>

8b. Are you managing to eat regularly and include fruit and vegetables in your diet?

8c. We understand that obtaining all the usual fruits/vegetables and other groceries may be difficult now but try to maintain a balanced diet as much as possible during this time, as it will help your overall well-being. The 'One You' website has some great information on eating healthy and cooking tips. <https://www.nhs.uk/oneyou/for-your-body/eat-better/>

- 8d. Eating healthily and keeping track of your calorie intake can be tricky sometimes.
- 8e. If we consume more calories than we burn off, our bodies store any extra as fat. Over time this could mean we put on weight. The calorie content can usually be found on the nutrition label under energy.
- 8f. Healthier snacks include fresh fruit, unsalted nuts or seeds, plain rice cakes and low-fat yoghurt.
- 8g. Drink plenty of fluids (i.e. water, non-caffeinated and non-alcoholic drinks) a day or enough to ensure you are passing urine every couple of hours.

Alcohol

8h. Do you drink alcohol?

- No – **Move to section 9**
- Yes – We understand that being at home for longer means that some people might drink more alcohol than usual. Just remember, both men and women are advised not to regularly drink more than 14 units a week.
 - A small 125ml glass of wine, for example is 1.6 units and there are around 10 units in the average bottle of wine.
 - An average pint of beer is around 2 units depending on how strong it is. For a very strong pint of beer this rises to 3.5 units.
 - A single gin and tonic is approximately 1 unit.
- You can access more information about this on the 'One You' website:
(<https://www.nhs.uk/oneyou/for-your-body/drink-less/>)

Section 9: Ending Conversation

- 9a. Thank you for your time today. I hope this has been helpful.
- 9b. Do you have any questions or concerns on anything we talked about? (If yes, please note down and pass onto GP/experienced PA/nurse/pharmacist to respond).
- 9c. During our discussion I mentioned some websites and apps that you may want to have a look at. They have a lot of useful information. I will send these over (depending on whether phone or video session this could be by text message/ email/ via the post).
- 9d. Also, if you are feeling particularly anxious about the current situation, I would recommend having a look at the NHS Mental Health website.

Section 10: Resources [to be updated according to local preference]

Resources on high blood pressure and how to manage it:

- British Heart Foundation New hub for managing blood pressure at home
The coronavirus (Covid-19) pandemic has meant that many people can't get to the doctor for their usual blood pressure check-ups. The BHF has created a hub of helpful information so patients can feel confident checking and managing their blood pressure at home. www.bhf.org.uk/bloodpressureathome
- Stroke Association: www.stroke.org.uk/what-is-stroke/are-you-at-risk-of-stroke/high-blood-pressure

Monitoring your blood pressure at home:

How to check your blood pressure using a blood pressure machine (video)-
www.bhf.org.uk/information-support/heart-matters-magazine/medical/tests/blood-pressure-measuring-at-home

- How to measure your BP leaflet/poster: <https://bihsoc.org/wp-content/uploads/2017/11/BP-Measurement-Poster-Automated-2017.pdf>
- Step by step guide for patients on how to take BP:
<https://bihsoc.org/wp-content/uploads/2017/09/How to instructional leaflet.pdf>
- Home monitoring diary for patients:
<https://bihsoc.org/wp-content/uploads/2017/09/Home blood pressure diary.pdf>
- Validated BP monitors for home use:
<https://bihsoc.org/bp-monitors/for-home-use/>
- How to choose a BP monitor
www.bloodpressureuk.org/BloodPressureandyou/Homemonitoring/Choosingyourmonitor

How to assess pulse rhythm at home

- How to take your pulse video:
www.bhf.org.uk/information-support/tests/checking-your-pulse
- Know Your Pulse Factsheet www.hearhythmalliance.org/resources/view/389/pdf

- What is an Arrhythmia? <http://heartrhythmalliance.org/resources/view/522/pdf>

Diet:

- One You website www.nhs.uk/oneyou/for-your-body/eat-better/

Exercise:

- One You website www.nhs.uk/oneyou/for-your-body/move-more/
- “iPrescribe” app offers a tailored exercise plan by creating a 12-week exercise plan based on health information entered by the user. It then sets the duration and intensity of the exercise based on this information. www.nhs.uk/apps-library/iprescribe-exercise/ (free to download)
- Getting active around the home: tips, advice and guidance on how to keep or get active in and around the home from Sport England: <https://weareundefeatable.co.uk/> (free to access)
- Dance to health: Dance to Health - dance program for older people accessed online. (free to access). www.dancetohealth.org/Online_Session/Online_Sessions

Smoking cessation: ‘One You’ website www.nhs.uk/oneyou/for-your-body/quit-smoking/

Wellbeing and Mental Health: www.nhs.uk/oneyou/every-mind-matters/

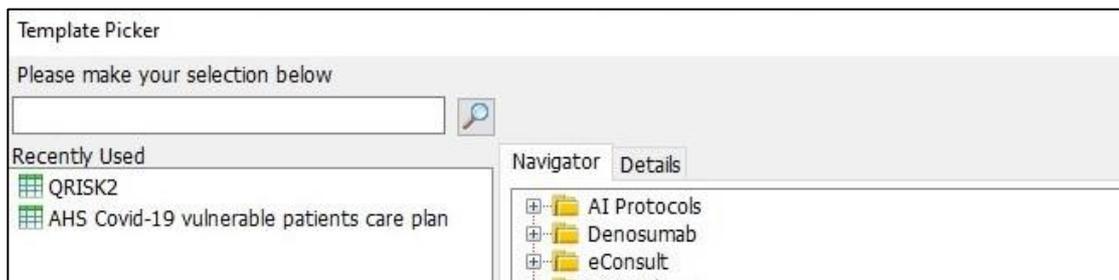
Appendix 1: Calculating Q-Risk2 Score

Calculating Q-RISK2 score on EMIS:

1. Click on 'Run Template' from the toolbar at the top of the screen:



2. Double-click on the QRISK2 template or search for QRISK2 in the search box if it is not under 'recently used' templates.



3. Update the patient details in the template where you have this information:

- Latest blood pressure
- Height and weight
- Smoking status

For other sections (e.g. cholesterol, family history) the risk calculator will use previously entered information.

Active **MOUSE, Mickey (Mr)** Born **11-May-1998 (22y)** Gender **Male** NHS No. **Unknown**
 Usual GP **THWE, S S (Dr)** PDS OS PROXY

QRISK2

Examinations/Investigations

Blood pressure / mmHg 08-Jun-2017 **120/75 mmHg** [»](#)
 ClinRisk QScores evaluate blood pressure values coded using **O/E - blood pressure reading** only. If no new reading is added, review the patient record to ensure the latest blood pressure is evaluated.

Height cm 12-Jun-2017 **160 cm** [»](#)
 Weight kg 12-Jun-2017 **56 kg** [»](#)
 Body mass index 12-Jun-2017 **21.9 kg/m2** [»](#)

Smoking status

Non Smoker 04-Mar-2020 **Never smoke...** [»](#)
 Current Smoker 24-Mar-2016 **Current smo...** [»](#)
 Ex-smoker 23-Mar-2018 **Ex smoker** [»](#)

Results

Total cholesterol 10-Nov-2016 **4.5 mmol/L** [»](#)
 HDL cholesterol 10-Nov-2016 **1 mmol/L** [»](#)
 Cholesterol/HDL ratio 10-Nov-2016 **2.8** [»](#)

Family history

Family history No previous entry

Ethnicity

Ethnic category 08-Jun-2017 **Other White ...** [»](#)

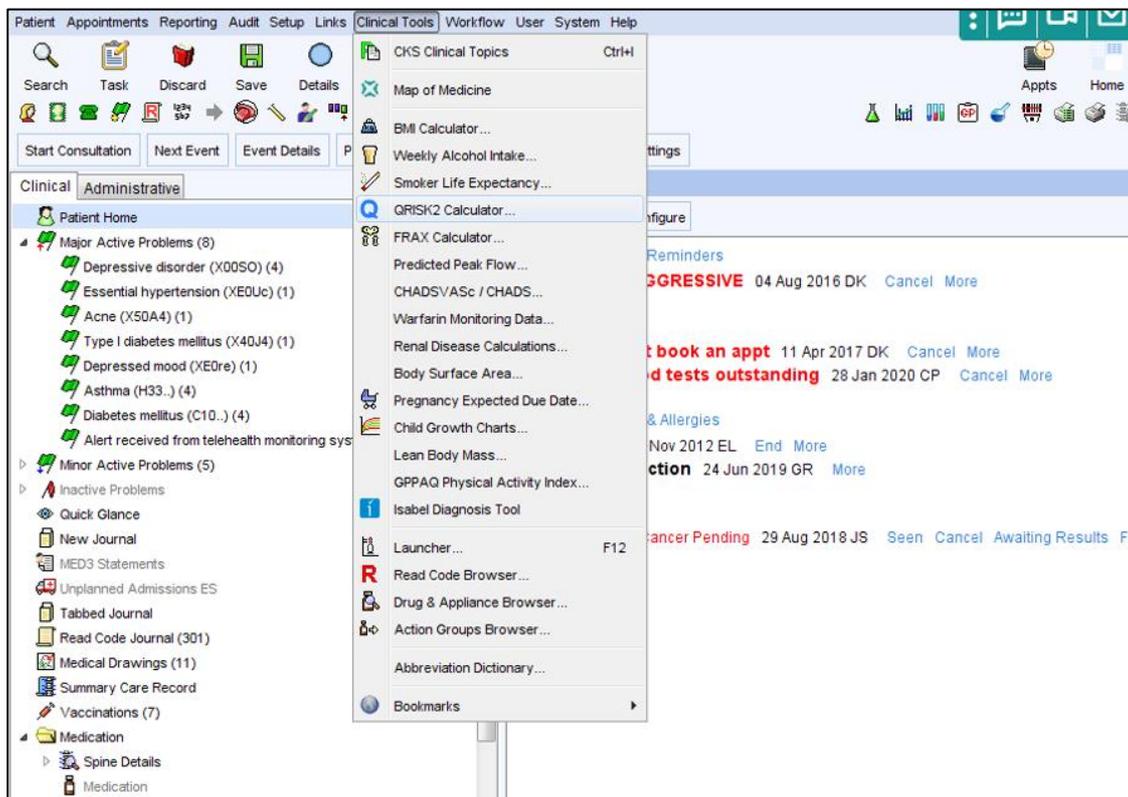
QRISK2 score

« QRISK 10 y CVD Risk % over 10 years [View](#) No previous entry

- Once all the available information has been entered, click 'Calculate' at the bottom of the form to obtain the QRISK2 Score. This will automatically enter into the patient records.

Calculating Q-RISK2 score on System One:

1. Click on 'Clinical Tools' from the tool bar at the top of the screen and select 'QRISK2 Calculator':



2. Update the patient details in the template where you have this information.

- Latest blood pressure
- Height and weight
- Smoking status

For other sections (e.g. cholesterol, family history) the risk calculator will use previously entered information.

3. The Q-RISK2 score will appear once the relevant information has been inserted.

Search Task Discard Save Details Next Acute Note Quick Appts

Next Event Event Details Pathology Drawing Auto-Consultation Settings

Clinical Administrative

Patient Home

- Major Active Problems (4)
 - Haemoglobin S trait (D105.) (4)
 - Glycogen storage disease (C310.) (3)
 - Uterine fibroid (B78..) (2)
 - Embolisation of uterine artery (XaDcZ) (1)
- Minor Active Problems (2)
- Inactive Problems (3)
 - Quick Glance
 - New Journal
 - MED3 Statements
 - Unplanned Admissions ES
 - Tabbed Journal
 - Read Code Journal (193)
 - Medical Drawings
 - Summary Care Record
 - Vaccinations (1)
- Medication
 - Spine Details
 - Medication
 - Repeat Templates
 - Prescription History (17)
 - Sensitivities & Allergies
 - Summary & Family History (9)
- Contacts
 - Referral Letters
 - Referrals (3)
 - Communications & Letters (81)
 - Record Attachments

History Examination Diagnosis Intervention

Continue

Reminders Cervical n 22 Oct 2011

Tasks Miscellaneous

Recalls 03 May 2004

Patient Status Missing

The product is intended to aid and supplement, not substitute for, the expertise and judgement of physicians, pharmacists or other healthcare professionals. All information is provided on the basis that the healthcare practitioners responsible for patient care will retain full and sole responsibility for deciding any treatment to prescribe or dispense for all patients and, in particular whether the use of information provided by the product is safe, appropriate, or effective for any particular patient or in any particular circumstances.

Patient Data

Sex Male Female

Age 52

Systolic BP 105 mmHg

BMI 24.97 Kg/m²

Postcode E17 5SZ

Total / HDL cholesterol ratio

Ethnicity Black Caribbean

Medical History

Smoking status Light smoker (< 10 cigs/...

Diabetes category Not diabetic

Family history of premature coronary heart disease

Treated for hypertension

Atrial fibrillation

Rheumatoid arthritis

Chronic renal disease

Personal history of CVD

Cholesterol ratio not recorded, so will use calculated default of 3.5. This will generate an estimated score.

Estimated 10yr QRISK®2 Score: 3.68%

Stains Selection Reasons Save to Record

About Reset Close