Address for Correspondence:
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January 2014
Professor Huon Gray, Department of Health
Lisa Nicholls, NICE
By Email

Dear Professor Gray and Ms Nicholls

## Re: Hypertension Targets in the Quality Outcomes Framework

We write to you on behalf of the British Hypertension Society and Blood Pressure UK to raise our serious concerns regarding the proposed changes to the Quality Outcome Framework hypertension indicators proposed for 2014/15.

In 2010 we proposed that the NICE Quality Outcome Framework consider more stringent targets for blood pressure lowering than those contained within the QOF indicators ( $90 \%$ less than $150 / 90 \mathrm{~mm} \mathrm{Hg}$ ). This was based upon multiple clinical trials showing between $50-60 \%$ achieved a blood pressure target of $140 / 90 \mathrm{~mm} \mathrm{Hg}$ or less. In 2011 the NICE Hypertension Guidance CG127 stated that $140 / 90 \mathrm{~mm} \mathrm{Hg}$ was the optimal blood pressure target in the under 80 year olds. The Guideline also stated for the first time that the over 80 year olds should be treated to a target of $150 / 90 \mathrm{~mm} \mathrm{Hg}$.

A pilot study in general practice led by the NICE QOF team confirmed that at baseline a target of $140 / 90 \mathrm{~mm} \mathrm{Hg}$ was attained in $52 \%$ of patients. Furthermore the pilot over 6 months showed that the application of this target led to almost $62 \%$ of hypertensives attaining a blood pressure of $140 / 90 \mathrm{~mm} \mathrm{Hg}$ or less. There were also similar improvements with a different target in the very elderly.

The NICE QOF panel structured the points based on an escalator between 40-80\% attaining $140 / 90 \mathrm{~mm} \mathrm{Hg}$ to acknowledge this could be challenging and to recognize achievements in primary care.

We understand that as a result of negotiations with the General Practitioners Committee of the British Medical Association these new and important advances toward improved blood pressure control are to be retired. This would be out of line with NICE guidance and a tremendous mistake for public health in the UK. Our primary concern is complete loss of the 140/90 blood pressure target. We believe that rather than abandon the significant benefits in stroke reduction by simply reverting to $150 / 90 \mathrm{~mm} \mathrm{Hg}$ an alternative approach should be taken. If we retain the $140 / 90 \mathrm{~mm}$ Hg target but reduce the threshold for maximal points from $80 \%$ to $60 \%$ attaining $140 / 90 \mathrm{~mm} \mathrm{Hg}$ this would more closely reflect the achieved blood pressure in the NICE QOF pilot studies.

We have summarized the new proposal and made two alternative suggestions, please see below.

We would very much appreciate the opportunity to discuss this further with you before any final decision is made.

Yours sincerely
Mrh Centiwint.

Professor Mark Caulfield, former President, BHS


Professor Tom MacDonald, President, BHS


Professor Adrian Brady, Vice President, BHS


Dr Terry McCormack, General Practitioner and Secretary, BHS


Professor Neil Poulter, Chair, BHS Guidelines \& Information Service Working Party


Professor Graham MacGregor, Chairman, Blood Pressure UK

## QOF and BP summary of changes 2014/15

| ID | Indicator wording | $13 / 14$ <br> Points | $13 / 15$ <br> Threshold | $14 / 15$ <br> Points | $14 / 15$ <br> Threshold | Time <br> frame |
| :--- | :--- | :--- | :--- | :---: | :--- | :---: |
| HYP <br> 001 | Contractor maintains <br> a register | 6 |  | 6 |  | 12 |
| HYP <br> 006 | The \% of patients with <br> hypertension in whom <br> the last blood <br> pressure reading <br> (measured in the <br> preceding 12 months) <br> is 150/90 mmHg or <br> less | 10 | $44-84$ | 20 | $45-80$ | 12 |

## BHS proposed change version 1

| ID | Indicator wording | $13 / 14$ <br> Points | $13 / 15$ <br> Threshold | $14 / 15$ <br> Points | $14 / 15$ <br> Threshold | Time <br> frame |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| HYP <br> 001 | Contractor maintains <br> a register | 6 |  | 6 |  | 12 |
| HYP <br> 006 | The \% of patients with <br> hypertension in whom <br> the last blood <br> pressure reading <br> (measured in the <br> preceding 12 months) <br> is 150/90 mmHg or <br> less | 10 | $44-84$ | 10 | $45-80$ | 12 |
| HYP <br> 007 <br>  <br> The \% of patients <br> aged 79 or under with <br> hypertension in whom <br> the last blood <br> pressure reading <br> (measured in the <br> preceding 12 months) <br> is 140/90 mmHg or <br> less | 50 | $20-80$ | 10 | $40-60$ | 12 |  |
|  |  |  |  |  |  |  |

## BHS proposed change version 2

Retire CHD 002, DM 002, DM 003, STIA 003 and CKD 002. Releasing 61 points.

| ID | Indicator wording | $13 / 14$ <br> Points | $13 / 15$ <br> Threshold | $14 / 15$ <br> Points | $14 / 15$ <br> Threshold | Time <br> frame |
| :--- | :--- | :---: | :--- | :---: | :---: | :---: |
| 001 | Contractor maintains <br> a register of patients <br> with hypertension, <br> Stroke, TIA or CKD | 6 |  | 7 |  | 12 |
| HYP |  |  |  |  |  |  |
| 006 | The \% of patients <br> with hypertension, <br> CHD, Stroke, TIA or <br> CKD in whom the last <br> blood pressure <br> reading (measured in <br> the preceding 12 <br> months) is 150/90 <br> mmHg or less | 10 | $44-84$ | 40 | $45-80$ | 12 |
| HYP <br> 007 <br> The \% of patients <br> aged 79 or under with <br> hypertension Stroke, <br> TIA or CKD in whom <br> the last blood <br> pressure reading <br> (measured in the <br> preceding 12 months) <br> is 140/90 mmHg or <br> less | 50 | $20-80$ | 40 | $40-60$ | 12 |  |

