

AIM

“By the end of March 2024, at least 75% of patients with a clinic BP of 140/90 mmHg or higher will have a follow-up blood pressure reading reported by their GP within 1 month of their clinic date.”

BACKGROUND

The Scottish Government’s Women’s Health Plan: A plan for 2021 – 2024 highlights:

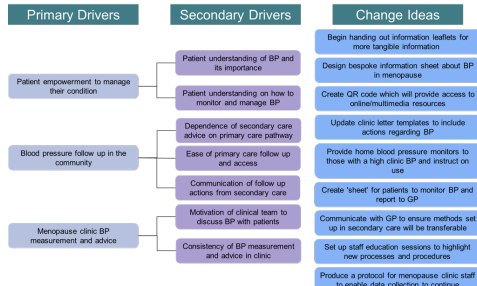
- A need for recognition and treatment of cardiovascular disease (CVD) in women
- Risk of CVD with hypertension is greater for women but they are less likely to have appropriate treatment.
- The risk of CVD doubles in post-menopausal women.

Patients in clinic with readings higher than 140/90 are advised to speak to their doctors, anecdotally this wasn’t happening.

UNDERSTANDING THE PROBLEM

A comprehensive analysis of the problem was conducted using the following quality improvement tools;

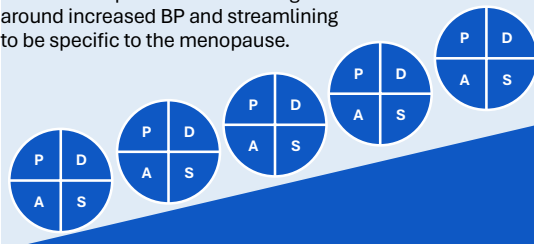
- Process map – Shows where to streamline the process.
- Fishbone diagram – Shows barriers to overcome.
- Stakeholder analysis – Shows who to communicate with.
- Forcefield Diagram – Show forces against change.
- Driver Diagram – Outlines what changes can be made.



CHANGE IDEAS

⊕ Patient education

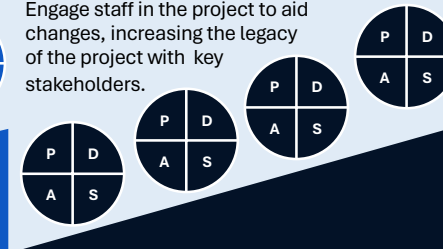
Increase the patient information given around increased BP and streamlining to be specific to the menopause.



- Cycle #1** Creation of leaflets specific to BP in the menopausal period
- Cycle #2** Review of the leaflets from patients and stakeholders to refine information and links.
- Cycle #3** Collaboration with the medical illustrator to improve leaflet design
- Cycle #4** Addition of home blood pressure monitoring diary & ‘how to’ to back of leaflet.
- Cycle #5** Distribution of leaflets and consideration of the accessibility of the leaflet.

🩺 Staff education

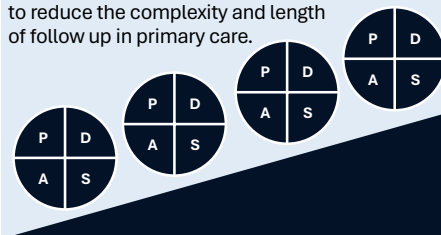
Engage staff in the project to aid changes, increasing the legacy of the project with key stakeholders.



- Cycle #1** Introduce project and change ideas to clinical team
- Cycle #2** Present QI project progress at departmental meeting
- Cycle #3** Educate staff on data collection for project sustainability
- Cycle #4** Present QI project and findings at GP teaching evening in May

🏠 Home blood pressure monitors

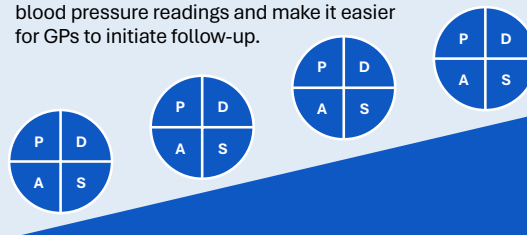
Provide home blood pressure monitors to reduce the complexity and length of follow up in primary care.



- Cycle #1** Identify and address logistical issues, including funding and storage.
- Cycle #2** Get advice from key stakeholders about the practicality of providing HBPM kits.
- Cycle #3** Provide appropriate information about HBPM to patients.
- Cycle #4** Provide appropriate information about HBPM to patients.

📞 Communication between primary and secondary care

Adjust the clinic letter template to emphasise blood pressure readings and make it easier for GPs to initiate follow-up.

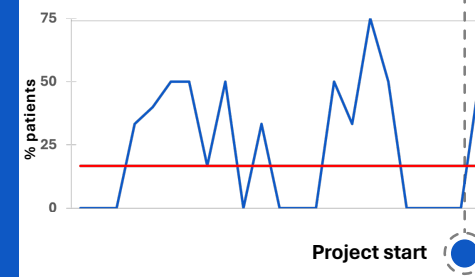


- Cycle #1** Review of current letters from menopause clinic to patients and GPs.
- Cycle #2** Discussion of clinic letter format strengths and weaknesses with primary care.
- Cycle #3** Review of letters from other clinics for comparison and review of guidance on writing to patients.
- Cycle #4** Production and consideration of two possible options and selection of one.

DATA

Outcome data was measured between 11/09/23 and 26/02/24. The follow up rates were highly variable, both percentage followed up and the length of time taken for follow up. The median length of time for follow up was found to be 29 days and the median percentage of patients followed up was found to be 17%.

1 Month Blood Pressure Follow up Rate by Clinic Date



Process and balancing measures taken:

- Amount of clinic letters with BP mentioned at the top on the summary.
- Number of patient leaflets handed out
- Balancing measures of time added to clinic and cost of leaflets was found to be negligible.

CONCLUSIONS

This project introduced a number of key process changes which have since been continued by the clinic. It is hoped and expected that the foundations established will make an improvement to rates of follow up and provide a legacy that will continually improve women’s care.

REFERENCES

- Newson, L. (2017) ‘Menopause and cardiovascular disease’ POST reproductive health, 24(1). Available at: <https://journals.sagepub.com/doi/epub/10.1177/2053369117749675> (Accessed 29 February 2024).
- NICE (2023). ‘Hypertension in adults: diagnosis and management’ NICE guideline [NG 136]. Available online at: <https://www.nice.org.uk/guidance/ng136/chapter/Recommendations#diagnosing-hypertension>
- Scottish Government (2021) Women’s health plan. A plan for 2021 – 2024. Available online at: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/womens-health-plan/documents/womens-health-plan-plan-2021-2024/womens-health-plan-plan-2021-2024/govscot%3Adocument/womens-health-plan-plan-2021-2024.pdf> (Accessed 25 February 2024).
- Staessen, J., Boullet C.J., Fagard R., Lijnen, A., and Amery, A. (1988) ‘The influence of menopause on blood pressure’, Journal of Human Hypertension, 3, 427–433.

