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Qualitative evaluation of the Champs 'Saving Lives: Reducing the Pressure' British Heart Foundation initiative - Infographic summary report

'High blood pressure detection through innovation'

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Background

Champs is the public health collaborative covering the nine local authorities in Cheshire and Merseyside.



‘High blood pressure detection through innovation’

The Public Health Institute at Liverpool John Moores University was commissioned by Champs to carry out a qualitative evaluation of the Cheshire and Merseyside ‘High blood pressure detection through innovation’ initiative, which is part of Champs wider ‘Saving lives: Reducing the pressure’ scheme.

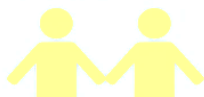


**Saving lives | Reducing the pressure
across Cheshire and Merseyside**

For every ten people with high blood pressure, around four are undiagnosed and untreated.



High BP undiagnosed and untreated



High BP treated but uncontrolled



High BP treated and controlled

Current local estimates suggest that more than a quarter of a million adults in Cheshire and Merseyside may have undiagnosed high blood pressure [1].

Poor health outcomes related to high blood pressure are worse for those who live in disadvantaged communities. Men are traditionally identified as hard to reach for blood pressure checks [2, 3].

Around half of adults do not understand their blood pressure numbers or the risks associated with high blood pressure.

Most high blood pressure is detected opportunistically through primary care visits. Previous studies have found that community blood pressure checks may offer the following benefits:

- Convenience and ease of use [3-5]
- Seen as helping to avoid 'wasting' the doctor's time [5, 6].
- Reaches people who would not otherwise have engaged [7].

The Champs initiative, funded by the British Heart Foundation involved the delivery of community-based blood pressure checks.

Blood pressure checks and the delivery of lifestyle advice were carried out in four community settings across Cheshire and Merseyside.

Checks were carried out within Healthy Living Pharmacies across Cheshire and Merseyside, by Health Trainers in Halton, and by Merseyside Fire and Rescue Service (FRS) as part of their Safe and Well checks in the home. A 'Wellpoint Kiosk', a machine that allows users to check their own blood pressure (as well as other measures such as weight and body fat) also moved between community locations in Warrington.

Through this evaluation we wanted to better understand the following aspects of the community blood pressure checks

Is high blood pressure detection outside of general practice acceptable to the public?	Do community blood pressure checks lead to changes in behaviour and lifestyle?
What is the opinion of staff who carry out blood pressure checks, and of key stakeholders on the implementation and delivery of the initiative?	What are the key drivers that support successful multi-partnership working to ensure the success of the initiative?

Evaluation methods

Our evaluation was based on the collection of qualitative data.

We interviewed 39 members of the public who had had a blood pressure check across the four settings to gather their views on the acceptability of community blood pressure checks and their experiences following the check (e.g. had they visited their GP, taken up referrals or made any lifestyle changes). We also observed the checks in each of the four settings. Six case studies were developed.

We also interviewed staff who were involved in implementing or managing the initiative across the four settings, as well as a range of wider stakeholders.

	Observation days	General public interviews	Staff interviews
Health Trainers	3	13	5
Pharmacy	2	12	5
Fire Service	3	4	5
Kiosk	3	10	n/a

+ Interviews with 11 wider stakeholders

The four settings

Health Trainers

Blood pressure checks carried out in shopping centres, workplaces and other community locations.



Merseyside Fire & Rescue Service

Blood pressure checks offered in people's homes as part of Safe & Well visits.



Wellpoint Kiosk

Self-service kiosk based at various community locations in and around Warrington.



Community pharmacy

Blood pressure checks offered to customers at Healthy Living pharmacies.



Findings



Convenient & familiar setting

We identified that important features of the initiative for members of the public were its convenience and ease of access. There was a widely expressed preference for checks to be carried out in a familiar, non-medical setting.

Many members of the public who we interviewed said that they would not otherwise have gone to their GP to have their blood pressure checked.



Empowerment

Having more control over when and where to have a blood pressure check, as with the kiosk and pharmacy checks, was identified as an important factor in this evaluation.

Members of the public had a sense of empowerment in being able to decide where and when to have a blood pressure check, and people reported feeling reassured by the check.



An 'inclusive' initiative

Our evaluation identified that the initiative was able to reach members of the public who stated they would not want to 'trouble the doctor' for a blood pressure check. This suggests that the initiative has successfully reached people who would not otherwise have engaged, using an inclusive approach.

However, some excluded groups were identified; people with poor eyesight, people with learning disabilities, and, in some settings, wheelchair users.



Community Pharmacy



Reaching the 'hard to reach'

The kiosk and Health Trainer strands of the initiative included a workplace-based element, and this had an important role in facilitating access to a large number of people, especially men, who may traditionally be thought of as 'hard to reach'.



Supporting behaviour & lifestyle changes

Several members of the public that we interviewed reported an improved awareness of what their blood pressure readings meant and that they either had been, or would go to their GP because of their community blood pressure check.



Acceptable to the public

This evaluation found that offering blood pressure checks outside of general practice was acceptable to the public.

The initiative was also found to be acceptable to the staff delivering the checks. They welcomed the extension of their role, and the more holistic approach towards behaviour and lifestyle change.



Working together

Stakeholders and members of staff delivering the blood pressure checks felt that excellent partnership working between a wide range of different agencies had been one of the key drivers to successful implementation of the initiative.



Case studies



Dave aged 48 from Halton. Discovered his blood pressure was high after a workplace based check.

Dave received an email invitation to a workplace blood pressure check from the Health Trainers. His blood pressure reading was high and he was very concerned. He would not have had his blood pressure checked elsewhere and had never been assessed as having high blood pressure in the past.

A follow-up interview three months later revealed that as a result of his check, Dave had been to see his GP and had been prescribed high blood pressure medication. He had also changed his lifestyle by doing more exercise and walking more, and had made dietary changes. His wife had joined him in these new routines. His blood pressure has stabilised and Dave said if not for the health trainer check at work, none of this would have happened.



Norman aged 42 from Warrington. High blood pressure detected at a community centre kiosk.

Norman is a driving instructor from Warrington. The kiosk was situated in the community centre in Orford that also houses the driving test centre. He had noticed the kiosk, but was not sure if it was for general use. A member of staff in the community centre informed him that he could use it. The kiosk showed that his blood pressure reading was high, so he had it re-checked at a later date at the kiosk and it was still high.

As a result of his high blood pressure reading, Norman decided to follow the lifestyle advice from the kiosk and has encouraged his family to do the same. He visited his GP and his blood pressure was normal, however he and his family have maintained their lifestyle changes.

I do feel better doing more active things as well so it has made me change my way of thinking. More exercise and better diet. Not ridiculous changes, but better.

Norman felt that as well as being more convenient, it was also less embarrassing to have his blood pressure checked by the kiosk than by his GP.

[I] can get [my blood pressure checked] anytime and you're not really ashamed, cos if it says 'you're too fat', it's just a machine. Whereas if it's a person in your face, you think 'oh now they now know that I eat too much chocolate' or whatever. Whereas if it's a machine, you can just go do it yourself and you don't feel as embarrassed.

Discussion

What understanding have we gained?

Is high blood pressure detection outside of general practice acceptable to the public?

We found that offering blood pressure checks outside of general practice was acceptable to the public across each strand of the project.

The members of the public were happy with the blood pressure check and said that they would be happy to return to have it done at the same venue again.

We also identified that the initiative was able to reach members of the public who stated they would not want to 'trouble the doctor' for a blood pressure check. This suggests that the initiative has successfully reached people who would not otherwise have engaged, using an inclusive approach.

What is the opinion of staff who carry out blood pressure checks, and of key stakeholders on the implementation and delivery of the initiative?

Staff viewed the initiative positively. Staff were comfortable with the extension to their role, which across the strands increasingly involves a more holistic approach (for example, in giving lifestyle advice). Staff viewed the initiative as involving a manageable amount of extra work and job satisfaction, and confidence levels were felt to have improved.

Do community blood pressure checks lead to changes in behaviour and lifestyle?

There was evidence of potential (and actual lifestyle change amongst those with high blood pressure, as well as those whose readings were normal. Some participants viewed the check as a 'prompt' to action.

Whether the initiative has been equitable requires further consideration. There are inequalities of opportunity to change lifestyle behaviours, with barriers to change including factors linked to deprivation, lack of time, caring responsibilities and the wider environment.

What are the key drivers that support successful multi partnership working to ensure the success of the initiative?

The collaboration between stakeholders in different strands of the initiative was regarded as excellent.

One of the important features of the training and the initiative in general was thought to be the consistent approach across Cheshire & Merseyside.

Recommendations

The full list of recommendations can be found in the main report:

<https://www.ljmu.ac.uk/~media/phi-reports/pdf/2019-07-qualitative-evaluation-of-champs-saving-lives-reducing-the-pressure-2.pdf>

Improve information systems

Ensure that IT systems are in place to record and report blood pressure measurements back to GPs and other relevant health professionals.

Monitor equity

Ensure the initiative is part of broader multi-level approaches that aim to promote healthy lifestyles in order to improve equity.

Monitor the impact of the initiative across different socio-economic groups.

Aim for further improvements in creating equitable access to opportunities to change lifestyle behaviours.

Setting-specific suggestions

Ensure that sufficient funding is in place for pharmacies.

Ensure that members of the public have enough privacy when they are having their blood pressure checked (by using screens where necessary, for example).

Ensure that health literature and signposting for advice is available close to where kiosks are located.

References

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Further information

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About the Champs Intelligence & Evidence Service

This work was conducted under the remit of the Champs Intelligence & Evidence Service. Commissioned by the Cheshire and Merseyside Directors of Public Health, the service aims to provide high quality research in response to collaborative priorities across the nine local authority public health teams in Cheshire and Merseyside.

Matthew Ashton, Joint Director of Public Health, Sefton, leads the Public Health Intelligence Network with support from Sharon McAteer (Halton), Adam Major (Wirral) and the wider network. Their role in the Intelligence & Evidence Service involves setting the work programme, providing strategic direction and facilitating collaborative links between the Champs Public Health Collaborative, the Public Health Institute, LJMU and the wider public health community. They also contribute to editing and final approval of reports.

Acknowledgements

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Link to full report: Qualitative evaluation of the Champs 'Saving Lives: Reducing the Pressure' British Heart Foundation initiative: 'High blood pressure detection through innovation' July 2019. [click here](#)

Other LJMU reports commissioned by Champs include:

- **An evaluation of the NO MORE Suicide Community Training** –to be published early 2020
- **ACES: Supporting services to prevent, identify and respond to Adverse Childhood Experiences among the population of Cheshire & Merseyside** – July 2019
- **Evaluation of the Youth Connect 5 Programme across Cheshire and Merseyside** – June 2018
- **'What is evidence based health and wellbeing?' Workshop report** – N/A
- **Developing Resilient Communities: Identification of Approaches and Evidence for their Effectiveness. Full and Summary report** – February 2018
- **Case for Change: Self-harm in Children and Young People** – January 2018
- **Cheshire and Merseyside Intelligence and Evidence Service: A Review of Impact 2015/16** – N/A
- **Worklessness in Cheshire and Warrington** – June 2017
- **Worklessness in the Liverpool City Region** – June 2017
- **The Case for Change: Evidence based interventions for public health and the health and social care system across Cheshire and Warrington** – June 2017
- **Children and Young People Health and Wellbeing Profile: Liverpool City Region** – April 2017
- **Children and Young People Health and Wellbeing Profile: Cheshire and Warrington** – April 2017
- **The Case for Change: Evidence based interventions for public health and the health and social care system across Liverpool City Region** – June 2016

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