

healthwatch

Remote Blood Pressure Monitoring

Hampshire Report



Background

Six million people in the UK are estimated to have undiagnosed high blood pressure (hypertension). This makes the improved use of digital blood pressure monitoring a priority for the NHS.

Nearly 500 people recently shared their experiences of using blood pressure monitors with five Local Healthwatch in different areas: Hampshire, Oxfordshire & Bucks, Gloucestershire, Darlington and Hammersmith and Fulham.

The aim of the exercise was to evaluate the NHS Digital programme entitled BP@Home that provides hypertension patients with digital blood pressure monitors.

The full report of the online survey and in-depth interviews conducted by the Local Healthwatch project partners was published by Healthwatch England, the coordinating body, in April 2022.

This is a summary of the survey results and analysis in Hampshire.

Method

Healthwatch Hampshire used a combination of a patient survey and in-depth interviews to understand people's experiences of home monitoring. We collected the data from August to October 2021.

Our analysis is based on 179 survey responses and seven in-depth interviews. This was the highest response rate (survey and case studies) of the five project partners.

90% of respondents were white British and in the age range 50-80 (men and women equally represented). We had low participation from black, Asian and minority ethnic groups.

Results

- The majority (105 - 57%) of respondents bought a monitor on their own initiative and in response to their personal concerns and experiences, e.g.
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the loss of a close relative at a relatively early age, a family history of hypertension, and, importantly, on the advice of their GP/consultant (41 - 23%). There were numerous instances of people taking their own advice:

'I am a physician and simply think it a good idea to monitor BP'

- A significant number of respondents (48 - 30%) reported feeling 'safer', and 'empowered' (in control) as in the case of one patient being:

'Satisfied that I can check my BP when I need to in order to ensure my drugs are keeping it at a safe level'

- Some people needed support to use a monitor. Others preferred to have their blood pressure taken at their GP practice, although reference was made by some to 'white coat syndrome', i.e. raised blood pressure when in the GP practice.
- Most people kept a record of their blood pressure readings. However, the majority of respondents (56 - 41%) did not contact their GP since acquiring a monitor, or report their practice contacting them (the question of whether the practice had contacted the patient since they acquired a monitor went largely unanswered).

N.B. There were frequent references to annual health reviews involving BP readings, and occasional examples of patients making use of their readings on a more regular basis, e.g:

'Every time I have a surgery appointment I always provide one week of BP readings taken by me at home'.

Overall the survey results are inconclusive when it comes to defining a) how willing patients are to share their BP readings, and b) how readings are communicated to GP practices. In terms of the latter, the survey found a wide variation in the submission method, possibly reflecting the complexity of the health system itself, as suggested by one patient: 'by hand at face-to-face reviews, else by post to the hospital consultant, when my review is by 'phone'. 88% of respondents (37/42) found the blood pressure monitor easy to use and convenient. However, many (38% - 42/137) also reported a low level of support and guidance from their local GP practice. (Where the patient had been specifically given or advised to purchase a monitor by the practice, the level of support from the practice was significantly higher, as would be expected).

Some significant statistics from the survey

- 36.5% (65/178) of respondents kept an on-going paper record of their BP readings.
- 72% (56+72 - 179) of respondents to a subsequent question said they 'definitely' (56/179), or 'probably' (72/179) 'would consider using an app or website to submit readings' to their practice.
- 97% (174/179) of respondents said they had access to the internet, and 66% (118/179) said they were 'confident using apps to carry out day to day tasks (e.g. banking/booking travel).
- 63% (112/179) said they 'would prefer to continue to take BP readings at home', and
- 46% (82/179) said they meant to continue to take their BP 'regularly'.

Factors identified that could encourage people to take part or remain engaged in home monitoring:

- Having access to clear information about blood pressure and how to check it.
- Flexibility in how to submit readings.
- Good communication and regular feedback from their GP.

Recommendations

We advise the following recommendations:

- Primary care providers to review and potentially enhance support to people who monitor their blood pressure at home.
- NHSX to develop and promote a mobile ‘remote monitoring’ app that people can use to record blood pressure and other lifestyle monitoring data.
- Build on the knowledge gained from this research to ensure equality of access to monitors, guidance and support, focusing on seldom-heard communities in Hampshire.

Appendix: Extracts from the Hampshire in-depth interviews

Interactions with medics (GP, hospital etc)



‘I’ve always had a fantastic GP and been medicated for the last 27 years so I’ve always kept a close eye on my blood pressure and my GP has always followed up very closely and I’ve always had very close contact with my GP. I’m also a nurse so I can interpret the results I suppose - I start to realise when things go wrong - what goes wrong in terms of my blood pressure going too high and their needing to medicate me in another way, so that probably makes me a bit unique in terms of my knowledge base which helps me understand what the GP might need to do next’.



Taking and entering readings



‘I enter the readings onto an app on my phone so I check the readings on the mobile phone health app that’s built into the phone. I log them on there and it does a graph so you can look at a graph and see how it’s going, and the averages or yearly averages or weekly, however you want to display the information. The health app with its graphs is very useful. I do my readings about twice a week usually, so my monthly average is at least six to eight readings. I just submit once a month, and the first week of the following month I drop it into reception and they log it on to the computer in front of me. They accept it as part of their role.’



View of other types of monitoring



It’s a bit like checking your blood sugars when you are diabetic you have to be shown how to do that, everyone does. If I had to go on insulin I will need to be shown the modern way of what I am supposed to do by someone who is teaching people to give themselves insulin. The same thing applies with a BPM, you need to get it right from the beginning so you don’t cause a lot of anxiety and a nurse needs to show people and give an explanation of how to use it. So you are going to select your patients, if I’d been a normal member of the public I might have contacted my gp and gone in and the gp would have checked my bp in the consultation there and then, but that’s just one reading.



Further information

The Healthwatch England report about the public's experiences of monitoring their blood pressure at home can be found [here](#).

Know Your Numbers week (second week of September 2022)

<https://www.bloodpressureuk.org/know-your-numbers/why-is-know-your-numbers-needed/>



healthwatch

Healthwatch Hampshire
Unit A49 Aerodrome Studios
Airfield Way
Christchurch
Dorset
BH23 3TS

www.healthwatchhampshire.co.uk
t: 01962 440262
e: enquiries@healthwatchhampshire.co.uk