

People's experiences of blood pressure monitoring at home

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About us

Healthwatch Gloucestershire is the county's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.



Background

High blood pressure (hypertension) if untreated, increases your risk of serious problems such as heart attack and stroke. Around a third of adults in the UK have high blood pressure, although many will not realise it. Low blood pressure (hypotension) can also be problematic and may need medical intervention. The only way to accurately find out if your blood pressure is too high or too low is to have your blood pressure checked.

NHSX (part of the NHS Transformation Directorate) have been working on innovative ways to help manage ongoing health conditions, including the use of technology. Home blood pressure monitoring has also been identified as a priority for managing cardiovascular disease as the NHS recovers from the COVID-19 pandemic, to ensure that patients can manage their hypertension remotely, reducing the need to attend GP appointments.

In the summer of 2020, NHSX initiated the BP@Home programme in five 'early mover' locations, one of which was in Gloucestershire. In this scheme, 100 patients in each county who have high or low blood pressure were given monitors to use at home. The initiative was designed so that regular blood pressure readings could be submitted to their GP to review, by telephone, email or via a remote monitoring platform.

What we did

We worked with Healthwatch England and alongside other local Healthwatch partners to understand how well the BP@Home initiative has worked for patients, and how people use blood pressure monitors for their own health and wellbeing.

There were low numbers of patients involved in this pilot and there were some difficulties in engaging with the GPs who were involved nationally. We conducted a survey, which included questions for patients taking part in the programme and this was widened to include people who monitor their blood pressure at home with or without prompting from their GP.

We made a concerted effort to reach all the patients involved by sending a letter to each one via a primary care professional. We gave links to the survey and offered people the chance to talk to us individually about their experiences.

Sixty people completed the survey, eight of whom were part of the core BP@Home pilot programme. A further five people were interviewed about their experience of being on the NHSX programme. Although the number of people who participated was small, the experiences in Gloucestershire are echoed across other local Healthwatch areas.

This report sets out the key messages we heard from people in Gloucestershire, in two main themed areas:

- **BP@Home – how effective GP led remote monitoring was for patients**
- **The wider use of blood pressure monitors in self-care and digital inclusion**

Key messages

- A lack of information and guidance around how to use a blood pressure monitor, the reasons for using it, and what the readings mean for the individual, can lead to disengagement.
- A lack of communication from clinicians when people submit their readings can leave the patient wondering what the point is, and result in them stopping submitting readings.
- People felt positively about monitoring their own blood pressure.
- People were willing to consider monitoring other aspects of their health.
- People using monitors made positive changes to proactively manage their own health.
- Most of the people we heard from were digitally confident and had access to the internet.
- A small minority of the people we heard from had no access to the internet and did not have digital devices, so need non-digital methods of reporting their readings.

What people told us

BP@Home – GP led remote monitoring

We received survey responses and comments from eight people who were part of the BP@Home programme. Although the number was small, their responses are representative of the [national findings](#). We also looked at comments made by the five people we interviewed who were part of the programme.

Information and advice at the outset

Only half of the eight people who completed the survey were aware that they were part of the 'early mover' BP@Home pilot programme; the five people we interviewed did not know.

Only half of patients had been contacted by their GP practice since they got the blood pressure monitor.

Only a quarter of people were given information and advice about:

- Blood pressure and what the 'normal' range is for them
- The risks associated with high or low blood pressure
- The benefits of monitoring their own blood pressure
- What to do if the readings are too high or too low.



I believe there was mutual trust, and if I was concerned I had avenues available to contact the surgery.



The monitor has achieved more than seeing the GP has done, due to taking it regularly.



I had no idea there was a problem with my blood pressure before receiving the call to ask about having the blood pressure monitor at home, so I was surprised to receive the call. I had no discussions with a professional about how to use it and picked it up from reception.



Guidance and instructions on how to use the monitor

Half of those we heard from were given guidance from their surgery about how to use the monitor.

Half were left to rely on the instructions that came with the monitor, and some people needed assistance setting it up.

Everyone who completed our survey were told clearly, either in writing or face-to-face, about how to submit readings to their surgery, how often and for how long.

Ease of use and sentiment

Almost everyone found the blood pressure monitor easy to use. A few people needed help to get going with it as well as securing the cuff on their arm.

People largely told us that they had positive feelings when they got their monitor.

Most people would like to continue monitoring their own blood pressure, and seven of the eight people who responded, were continuing to do so. One person said, "It gives me total peace of mind."

The patient–doctor partnership

Half of the eight people we heard from told us that the instructions about how to submit their blood pressure readings to their GP were clear.

Half found it easy to submit their readings.

A quarter said that the GP practice explained to them what happens with the blood pressure readings they submit.

Half of the participants were continuing to submit blood pressure readings to their GP practice.

People who stopped submitting readings to their GP did so for the following main reasons:

- They were confident and happy in self-monitoring
- They're agreed this with their GP
- They had no contact from their GP practice so disengaged.

Happy
Excited
Relieved
Empowered
Very comfortable



My blood pressure has reduced due to changes to my diet etc, so unless it changes, they are happy for me to keep monitoring it myself and contact them if there are any changes.



What could be done to improve the experience?

People highlighted how much satisfaction with monitoring blood pressure at home depended on how well it was a part of the doctor–patient partnership. Maintaining good communication with the patient is essential.

Half of the eight people we heard from had no suggestions for improvement.

Half wondered what the point was, questioning why they were monitoring blood pressure from home as they'd had little or no feedback from their GP.



Current system is very good and cannot see a way of improving it.



Surgery has not asked for the readings and my blood pressure is low, so I wonder why I am doing it. I'm quite happy to do it and find it interesting.



Clearer guidance from the GP practice as to when they wish me to carry this out, would be good. Also to know if the readings are normal or high as I never hear any feedback at all.



Case studies (all names have been changed)

Evelyn's story:

Given a blood pressure monitor, but not told why or how to use it

Age 85+ and part of the BP@Home programme

At no time did anyone ever explain the reasons for me having the monitor, so I do feel a little frustrated about this. In addition, no one has ever told me I should be submitting readings, nor have they rung me to ask me to do so. On occasions, this has made me wonder what is the point in continuing with this?



Evelyn received a call from a receptionist at her GP practice asking if she would like to have a blood pressure monitor at home, but they didn't give any reason for this. No one explained why she should have it, nor that it was part of a trial.

When she went to collect the monitor, initially they couldn't find it and then just handed it over the counter without saying anything else. She wasn't shown how to use it or asked to send in the readings.

Her son helped her set it up correctly and sort the cuff out so it is easy to slide up and down her arm. Within the box there was also a sheet of paper to record the blood pressure reading, which her son copied, to ensure she had multiple copies. She read the booklet.

Overall, Evelyn is in good health for her age, although she gets short of breath and has difficulty walking, but she does look after herself, and feels in control of her own wellbeing.

Evelyn is not very technologically minded and would not feel confident monitoring any other aspect of her health and wellbeing, nor does she want to – she would prefer to do this through the GP practice.

Michael's story:

Having a home monitor has changed his life for the better

Age 70-79 and given a monitor as part of the BP@Home programme

If I had the equipment and appropriate knowledge to monitor anything about my health, I would do it. I believe we have to turn away from picking the phone up and ringing the GP and we need to take responsibility for ourselves through changing our lifestyles and doing some exercise.



Michael used to go to the GP practice every six months or annually to have his blood pressure taken and have a liver function test. The GP discussed his high blood pressure with him and for a time he modified his lifestyle but slipped back into his old ways.

Michael was given a blood pressure monitor by his GP and asked to take readings once a day for one week then send the result back to the surgery on the sheet provided. A week later his GP advised him to remain on current medication and to continue to take blood pressure readings intermittently, and that there was no requirement to submit them to the surgery.

Michael says having the monitor has completely changed his life for the better. He now checks his blood pressure regularly and he says it has made him completely overhaul his lifestyle and he is feeling so much better for it.

He firmly believes this has improved his health and his blood pressure readings are now lower than they have been for years. He has nothing but good things to say about having the monitor. He intends to continue to use it regularly.

Although the GP surgery used to take Michael's blood pressure every year, they never spoke to him about changing his lifestyle or diet and he says that when someone has high blood pressure this discussion needs to take place.

Michael has a basic mobile phone and no internet access.

Audrey's story:

Happy to monitor health at home, but what's the point if there's no follow up?

Age 60-69 and loaned a monitor as part of the programme

I'd be happy to monitor other parts of my own health, although having taken part in this trial and receiving no feedback or comments, I do wonder what the point is and even whether they are looking at the results. There needs to be much more communication on how to use the equipment. Many people struggle with understanding what to do and even what normal blood pressure readings should be.



Audrey was invited by text to participate in the programme and loaned a blood pressure monitor for a week. She decided to take part because her mother had hypertension and her sister is on medication for blood pressure, but she wasn't told why she was asked on the programme.

She went to the surgery to pick it up and the receptionist just handed it over without providing any additional information. At home she searched the internet to find out what the normal range for blood pressure should be, because no one in the practice told her.

The leaflet provided with the monitor said she should take her blood pressure twice; first thing in the morning, and once at night. She found it easy to use the monitor and take the readings, which were all quite high. At the end of the week, she handed the monitor back to the surgery with the readings but was disappointed not to hear anything else about it.

Audrey generally feels fine about her health. She is retired and does not smoke or drink, she walks twice a day with her dogs and looks after her grandchildren. She's a bit overweight, but not worried about this.

Audrey is confident using apps for day-to-day tasks, online searching, social media and virtual communication.

Tom's story:

Positive about digitalisation, provided face-to-face contact is also available

Age 50-64 and loaned a monitor as part of the programme

With regard to any other sort of self-monitoring, I would be happy to take part as long as I understood why I was doing it and exactly what to do. I would be happy to use an App to share the results with the Practice if this was possible.



Tom has had high blood pressure for many years and it runs in his family. He first became aware of it around 10 years ago through an annual health check at work where they monitor cholesterol, blood pressure and BMI.

He enjoys getting out and doing regular exercise and has been a runner for years. He used to put salt on his food but over the past 10 years, since having the regular health checks, he's been very aware of what he eats and tries to avoid processed food and salt.

Tom was loaned a blood pressure monitor for a week. He was shown how to use it and found it easy to use and self explanatory. He handed his results in after a week but was not advised what would happen with them at the time. He is going back to see a cardiologist and thinks this is related.

Tom has no issues with the digitalisation of services, as long as he is able to see someone face-to-face when required. For less serious issues, he would be happy to have a consultation over the phone or on Zoom.

Adam's story:

Easier to submit results electronically and helps people take responsibility for their own wellbeing

Age 65-79 and given a monitor as part of the programme

I definitely think this pilot is worthwhile, although I hadn't realised I was on it until I received your letter. I think, as long as each individual is willing to help themselves, then it can only be a good thing to take more responsibility for your own wellbeing. I have found it to be totally painless and easy. As long as you know the technology basics, it does make it easier to submit the result electronically.



Adam was diagnosed with hypertension following an appointment with his optician who contacted his GP. At an appointment, the practice nurse told him his blood pressure was high and suggested he consider buying his own monitor, which he did. The nurse asked him to take readings morning and evening and ring the GP practice with the results after a week.

After sending in his week's readings, a GP rang him the same day and asked to see him within a few hours. The GP explained that his readings were high. Adam was given another monitor by the GP and asked to use it to take another week of readings. Adam was told in detail how to use the monitor and was given a comprehensive leaflet. He was asked to submit his readings via the GP practice website and, although he says he is not brilliant with IT, found this very simple. Adam was not given information about the risks associated with high blood pressure nor the benefits of using a monitor at home.

After a further week with the same results reported, Adam was prescribed medication and advised to keep taking readings, which he has done. He contacted the surgery himself when he had cause for concern and his medication was adjusted.

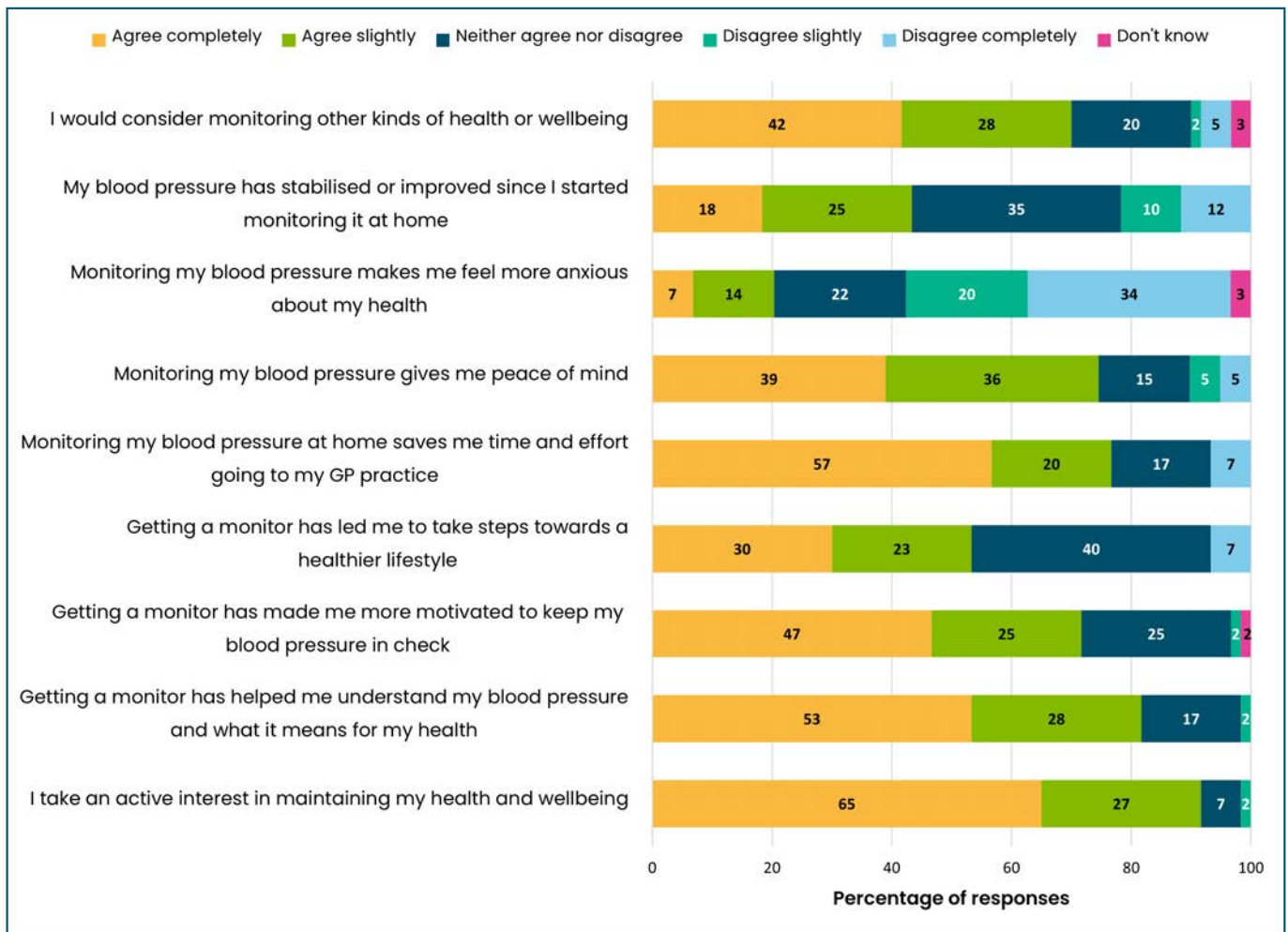
Adam’s blood pressure has reduced over time and he feels better in himself. He still takes his blood pressure every week to make sure it is not rising again. He says his blood pressure is a little high but his surgery describes this as ‘normal high’ and not worryingly so.

Adam considers himself to be fit and healthy. He walks every day and does a long walk once a week. He is not overweight and thinks that people should take responsibility for themselves and not go to the GP for every little thing. He would be happy to monitor other parts of his own health as long as it was easy to do and he felt comfortable.

Wider use of blood pressure monitors in self-care and digital inclusion

The data set out below represents responses from all 60 people who responded to our survey online, including those from the BP@Home programme who were contacted and those outside the programme who volunteered to take part. Although we did not have a large number of responses, the results of the survey and findings were consistent with the wider data collected by [Healthwatch England](#).

We asked people about the impact monitoring had on their health and wellbeing



We asked people about their access to the internet

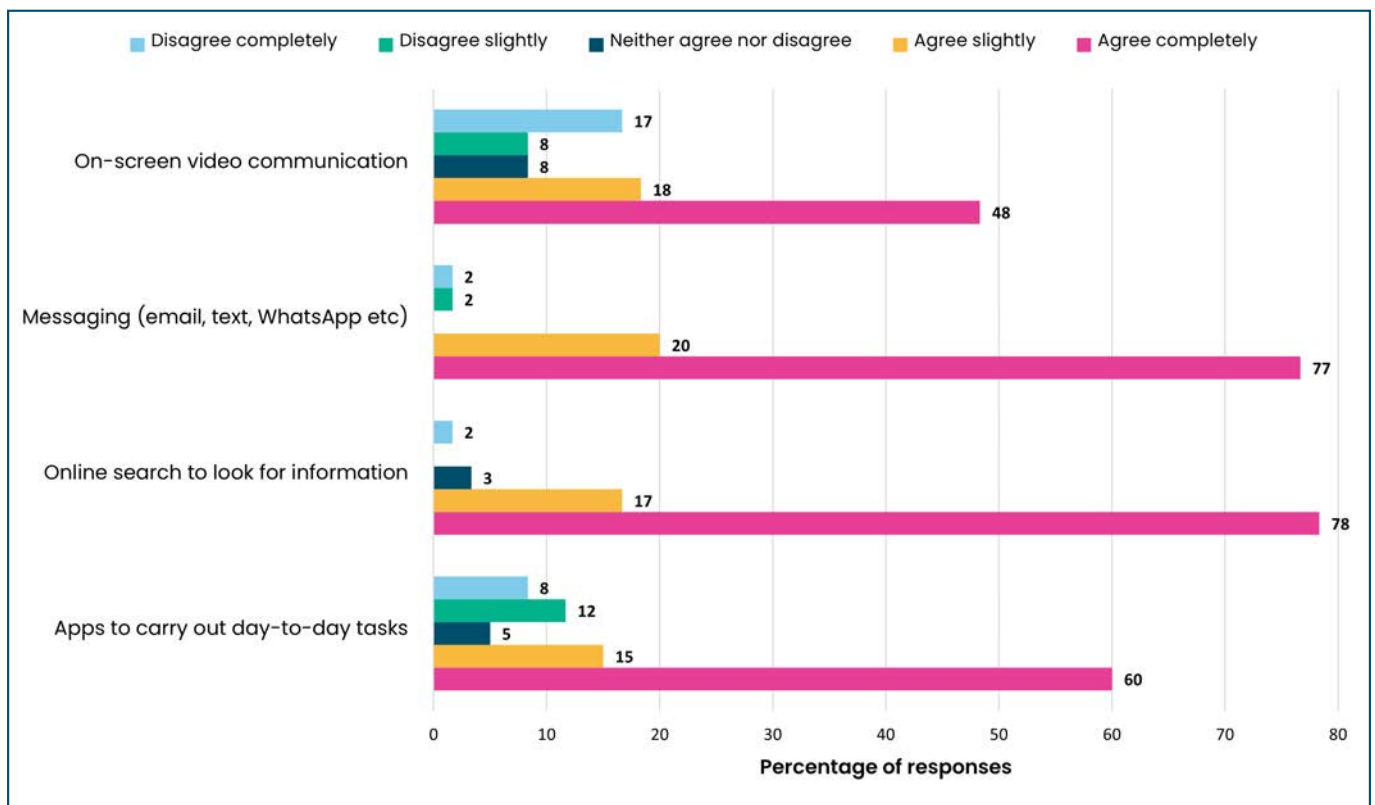
- 93% had broadband access at home
- 30% accessed the internet via a mobile device
- 3% had no access to the internet.

We asked people which devices they use

- 82% use a computer (laptop or desktop)
- 63% use a tablet
- 85% use a smartphone
- 2% use none of these.

We asked people about how digitally confident they are

Most people were confident, although a significant minority were not confident. There is less confidence in using on-screen video communication.



Recommendations

We analysed what people told us and we recommend the following actions to help improve patient experience of blood monitoring at home.

- Provide comprehensive, clear information and guidance about how to monitor blood pressure and how to submit readings.
- Give patients information about what 'normal' blood pressure is for them, along with guidance about what to do when their readings are outside of their own range.
- Give patients feedback about their readings, encouraging continued engagement and embedding the technology as a key part of the doctor-patient relationship.
- Consider digital prompts to encourage people to continue submitting their blood pressure readings.
- Maximise the positive feelings people have about monitoring their own blood pressure with information and encouragement to make lifestyle changes and practice self-care.
- Maximise willingness to consider monitoring other aspects of health with good information, guidance and feedback.
- Offer a range of methods for patients to submit digital data, feedback, and information to increase people's ability to participate.
- Make provision for those who have no access to the internet or digital devices.

Next steps

We will share this report and the associated data with Gloucestershire Clinical Commissioning Group so that they can make best use of the insights and recommendations to develop and improve their approach blood pressure monitoring.

The findings of our work in Gloucestershire contributed to a national project with other local Healthwatch. Healthwatch England have published their report, [*The public's experience of monitoring their blood pressure at home*](#), and have made a set of detailed recommendations that they are taking forward at national level.

We will build on the insight we have gained from this project as part of our 2022-23 investigation into digital inclusion and the barriers to digital access for health and care services in Gloucestershire.

Stakeholder response

Gloucestershire CCG

Becky Parish, Associate Director, Engagement and Experience

“Thank you to Healthwatch Gloucestershire for undertaking this research. This information and learning points will be shared with GP practices (71) in Gloucestershire. It is positive to see the high level of enthusiasm amongst research participants for getting involved in self-management and monitoring.”



Thank you

Thank you to the people who took the time to tell us their story and share their thoughts, and thanks to everyone who completed our survey.

We'd also like to thank the pharmacy staff in Gloucestershire for helping us reach out to people on the BP@Home programme.

Further thanks go to Healthwatch England for steering and leading on this project, as well as our local Healthwatch colleagues from Darlington, Oxfordshire, Buckinghamshire, Hampshire and Hammersmith and Fulham. It was a real team effort and we all played a part in shaping the project and making it a success.





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