Hypertension

Halton summary

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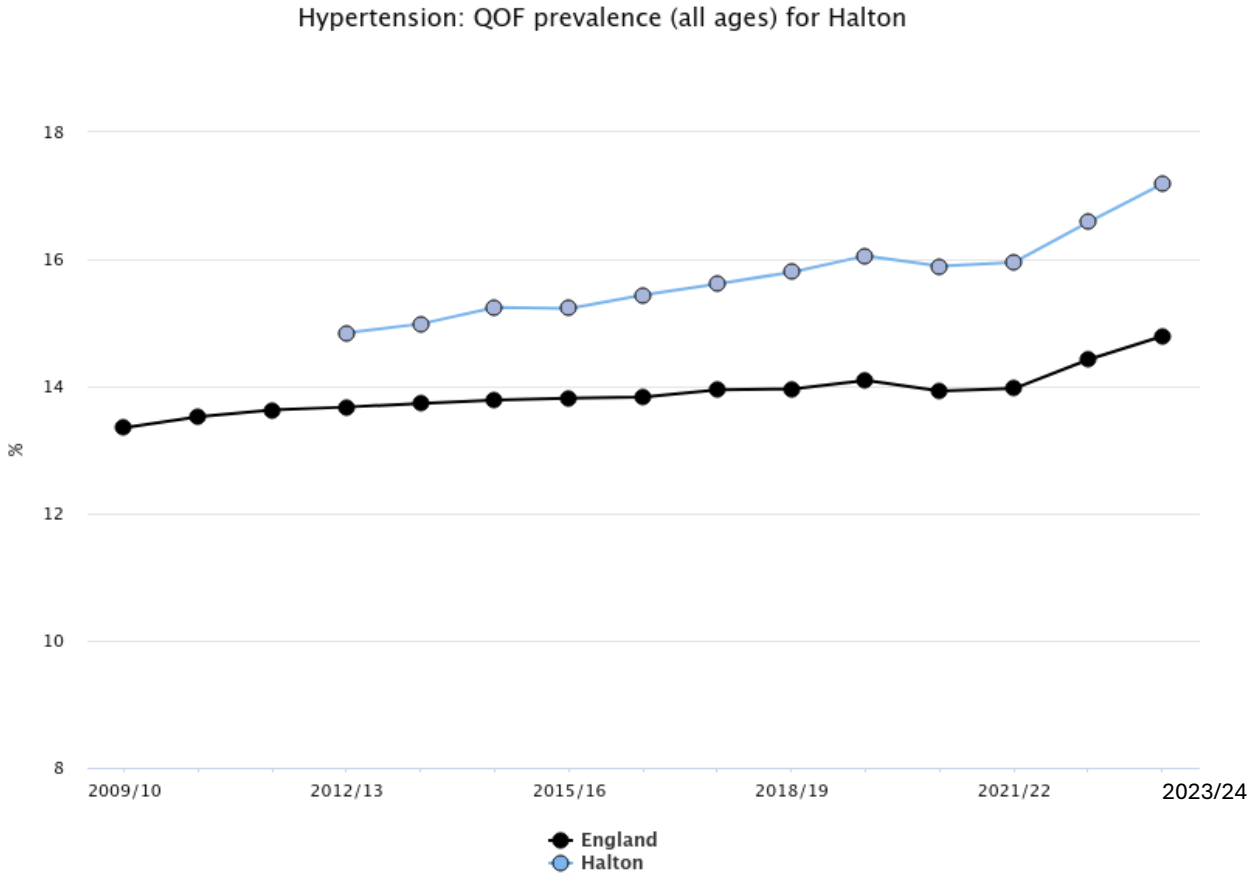
HALTON BOROUGH COUNCIL

PREVALENCE: Halton GP registered population



Recent trend: Increasing

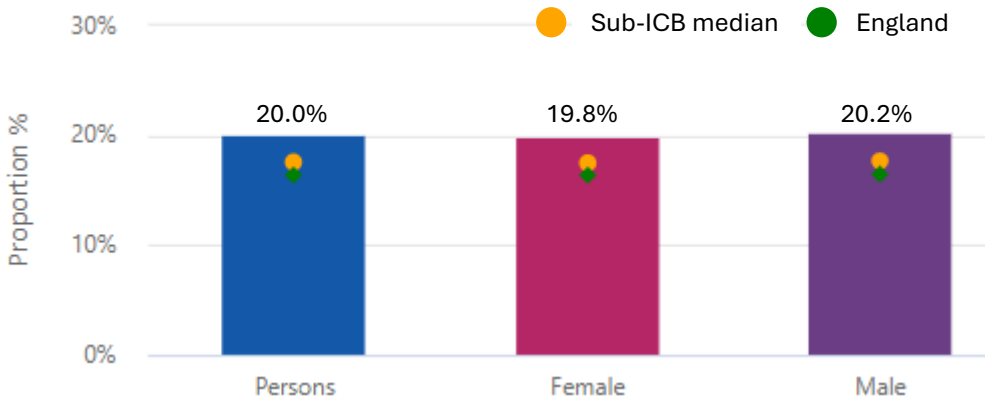
Period		Halton Count	Halton Value
2009/10		-	-
2010/11		-	-
2011/12		-	-
2012/13		19,093	14.8%
2013/14		19,332	15.0%
2014/15		19,403	15.2%
2015/16		19,818	15.2%
2016/17		20,138	15.4%
2017/18		20,488	15.6%
2018/19		20,943	15.8%
2019/20		21,422	16.1%
2020/21		21,318	15.9%
2021/22		21,573	16.0%
2022/23		22,454	16.6%
2023/24		23,387	17.2%

Source: NHS England via OHID fingertips

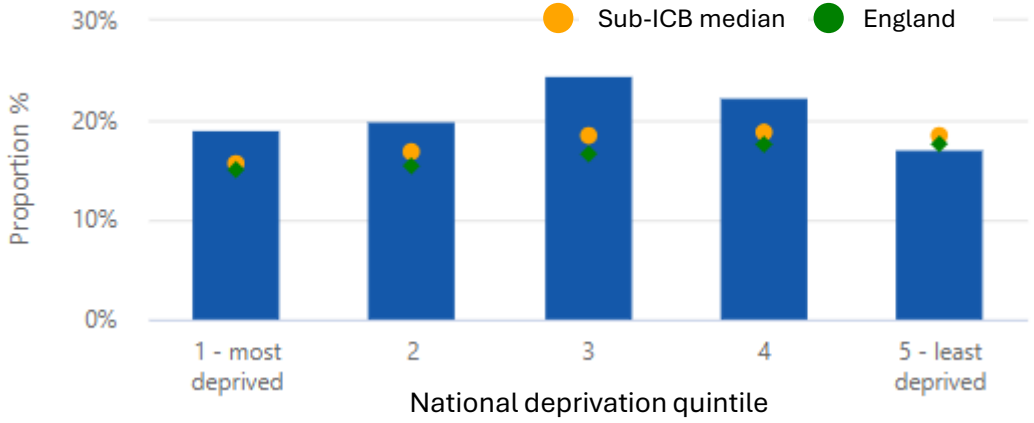
The prevalence of hypertension recorded in GP patients (via the Quality & Outcomes Framework) has increased since 2012 in Halton and across England as a whole. Halton's prevalence is higher than the England and the North West averages. The latest 2023/24 data shows Halton has a prevalence of 17.2%, compared to 14.8% in England and 15.5% in the North West.

PREVALENCE: Halton GP registered population

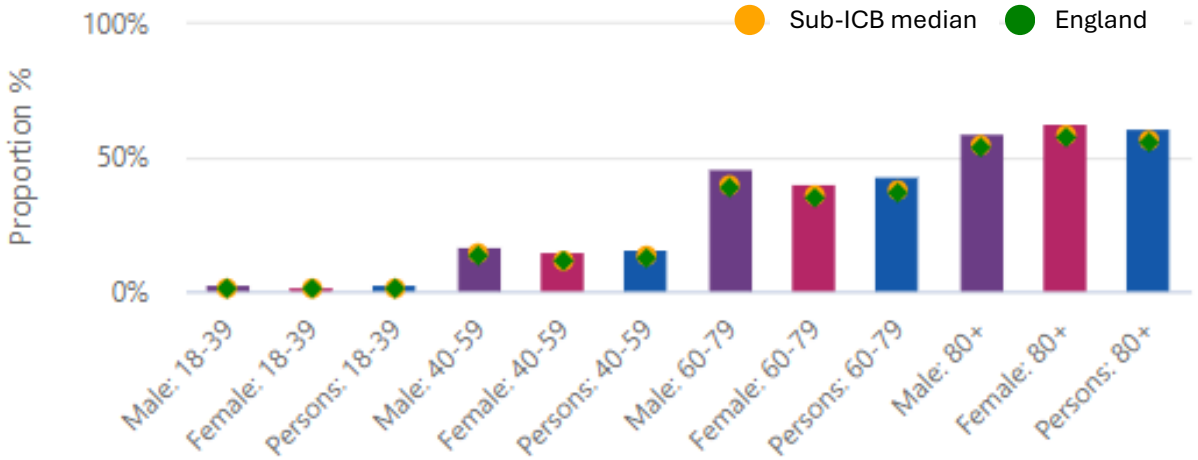
Hypertension prevalence by sex (March 2024)



Hypertension prevalence by deprivation quintile (March 2024)



Hypertension prevalence by age and sex (March 2024)

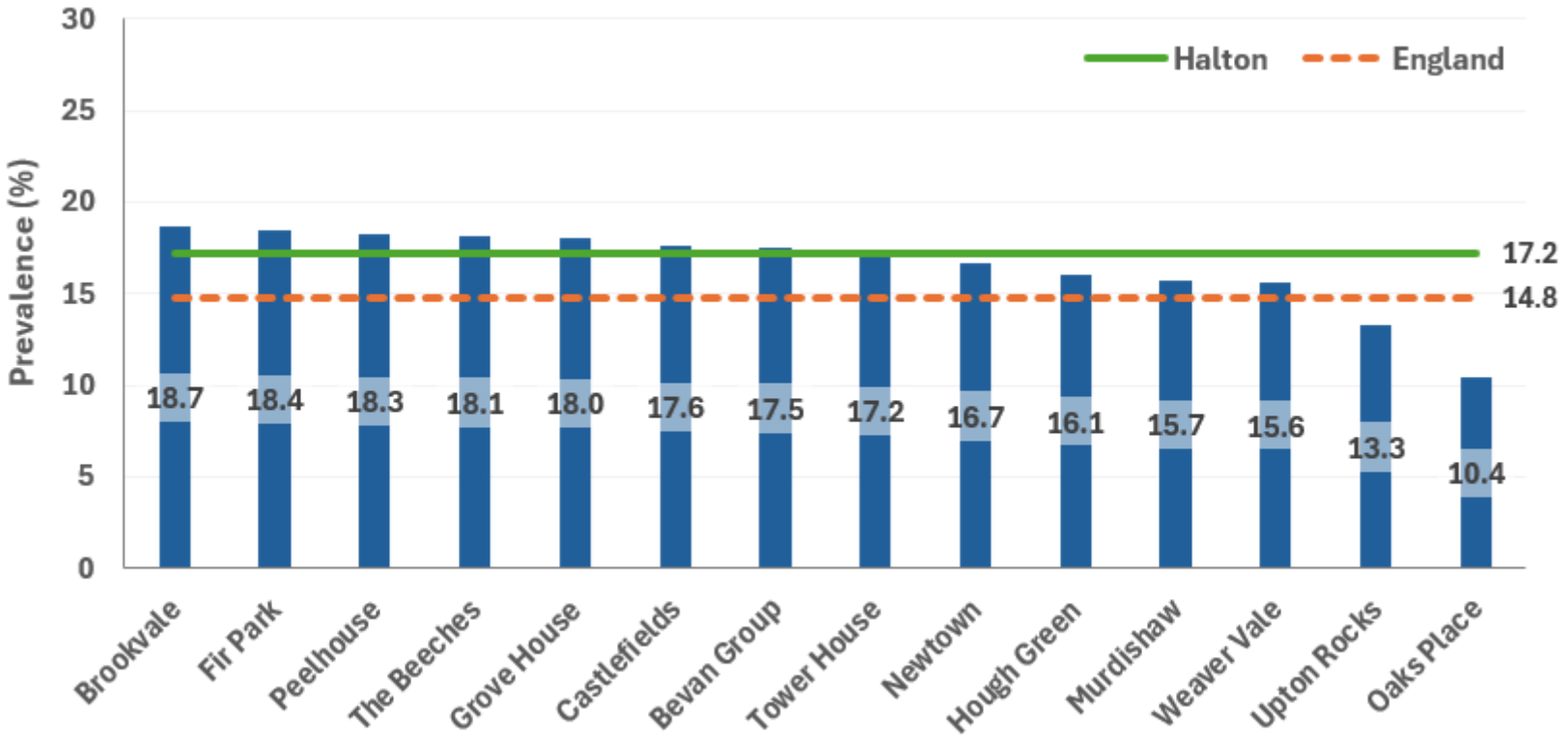


- Hypertension prevalence is similar for males and females in Halton sub-ICB.
- Prevalence increases with age and is noticeably higher in the over 60s: (age 60-79 - 42.4%, age 80+ - 60.6%).
- There is not a clear relationship between hypertension prevalence and deprivation. Prevalence is highest in quintile 3 (where 1 is most deprived and 5 least) at 24.3%. Across England as a whole, prevalence increases slightly as deprivation decreases (i.e. the highest prevalence is in the least deprived quintile).
- Halton has the 3rd highest prevalence of the 9 Cheshire & Merseyside sub-ICBs (St Helens is highest, followed by Southport & Formby).

Source: CVDPREVENT https://data.cvdprevent.nhs.uk
N.B. prevalence data from CVDPREVENT is slightly different to QOF, as it's based on adults aged 18+ (QOF is all ages)

PREVALENCE: Halton GPs

Hypertension prevalence by GP (all ages, 2023/24)



Source: Quality & Outcomes Framework, NHS England

- Prevalence of hypertension, as collected as part of the Quality & Outcomes Framework 2023/24 varies by GP of registration.
- Brookvale has the highest prevalence at 18.7% and Oaks Place the lowest at 10.4%.
- Just 2 practices in Halton have a prevalence lower than England: Upton Rocks and Oaks Place.

RISK FACTORS

Non-modifiable

- Age – aged 65 and over
- Ethnicity - people who are of black African or black Caribbean descent
- Family history

Source: British Heart Foundation

Modifiable

- Smoking
- Alcohol consumption
- Physical activity levels
- Salt intake
- Fruit & veg consumption
- Overweight and obesity

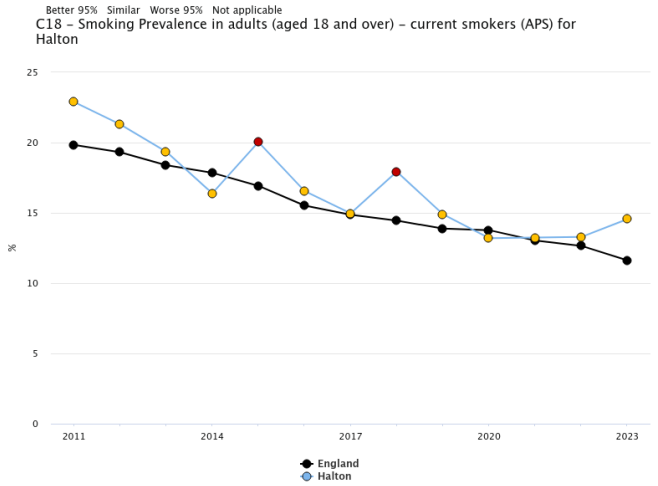
Smoking prevalence has risen recently but remains statistically similar to England. Other risk factors are statistically higher than England

Better 95% Similar Worse 95% Not applicable

Recent trends: – Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better

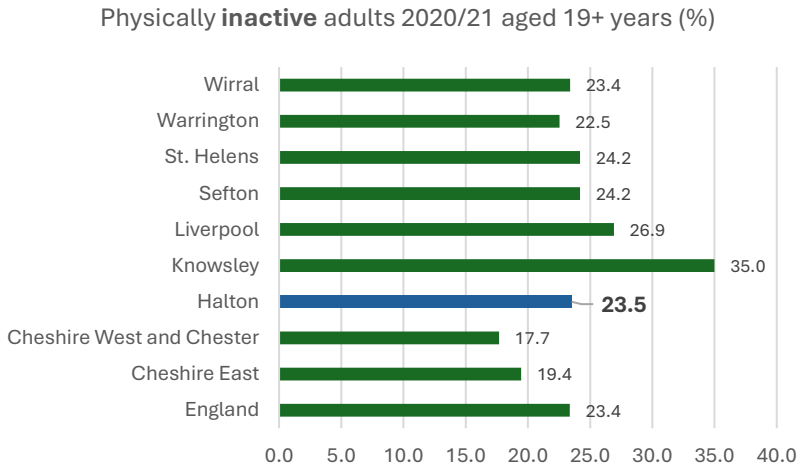
Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

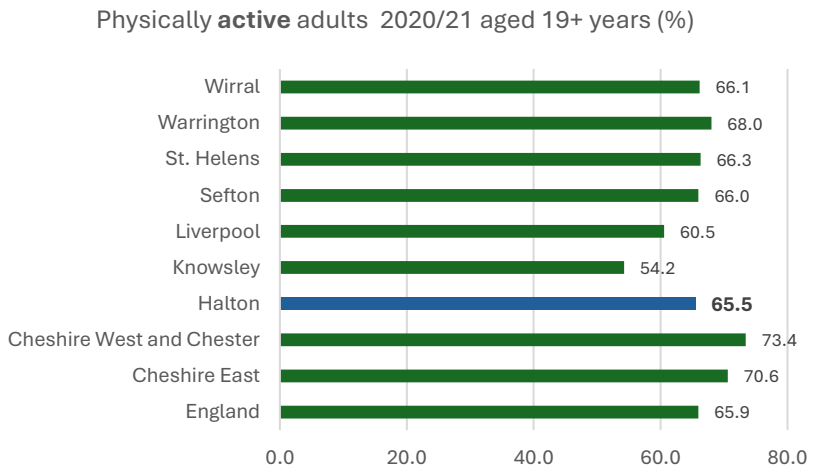
Indicator	Period	Halton			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Smoking Prevalence in adults (aged 18 and over) - current smokers (APS) (Persons, 18+ yrs) New data	2023	–	-	14.6%	11.6%	22.3%		
Overweight (including obesity) prevalence in adults (Persons, 18+ yrs)	2022/23	–	-	72.7%	64.0%	77.7%		
Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations (new method) (Persons, 16+ yrs)	2022/23	–	-	20.2%	31.0%	18.4%		
Percentage of physically active adults (Persons, 19+ yrs)	2022/23	–	-	62.8%	67.1%	49.9%		
Percentage of physically inactive adults (Persons, 19+ yrs)	2022/23	–	-	22.9%	22.6%	38.4%		
Admission episodes for alcohol-related conditions (Narrow) (Persons, All ages)	2022/23	↓	662	518	475	856		7



2023 smoking prevalence 14.6% compared to 13.3% in 2022

RISK FACTORS

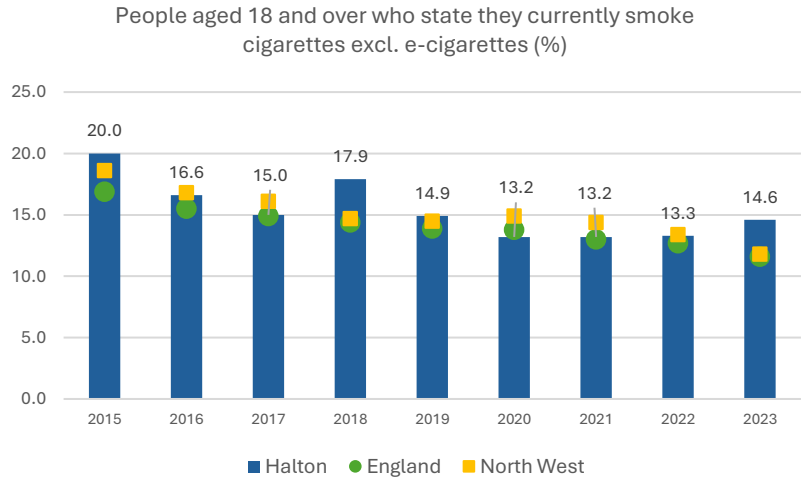




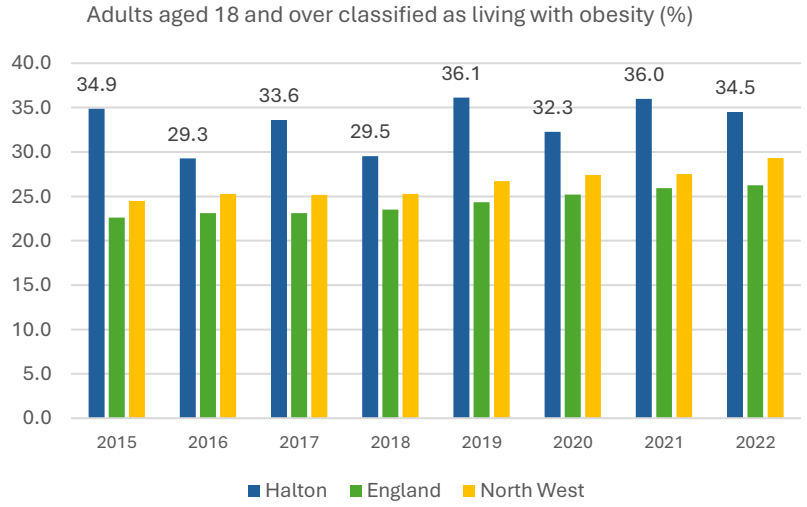
Source: Fingertips

We can see these modifiable risk factors relating to smoking, obesity, physical activity and inactivity. To the left, levels of physical inactivity and activity highlight that Halton falls relatively mid range compared with other North West areas. Inactivity was recorded at 23.5%, whereas those adults who were physically active was 65.5%.

To the right cigarette smoking and obesity levels are identified. However, comparing Halton to the North West and England, Halton most often is worse. Although smoking levels have slightly reduced overtime, they remain consistent over the past few years. Whereas obesity levels have remained with little change over time.



Source: ONS



RISK FACTORS

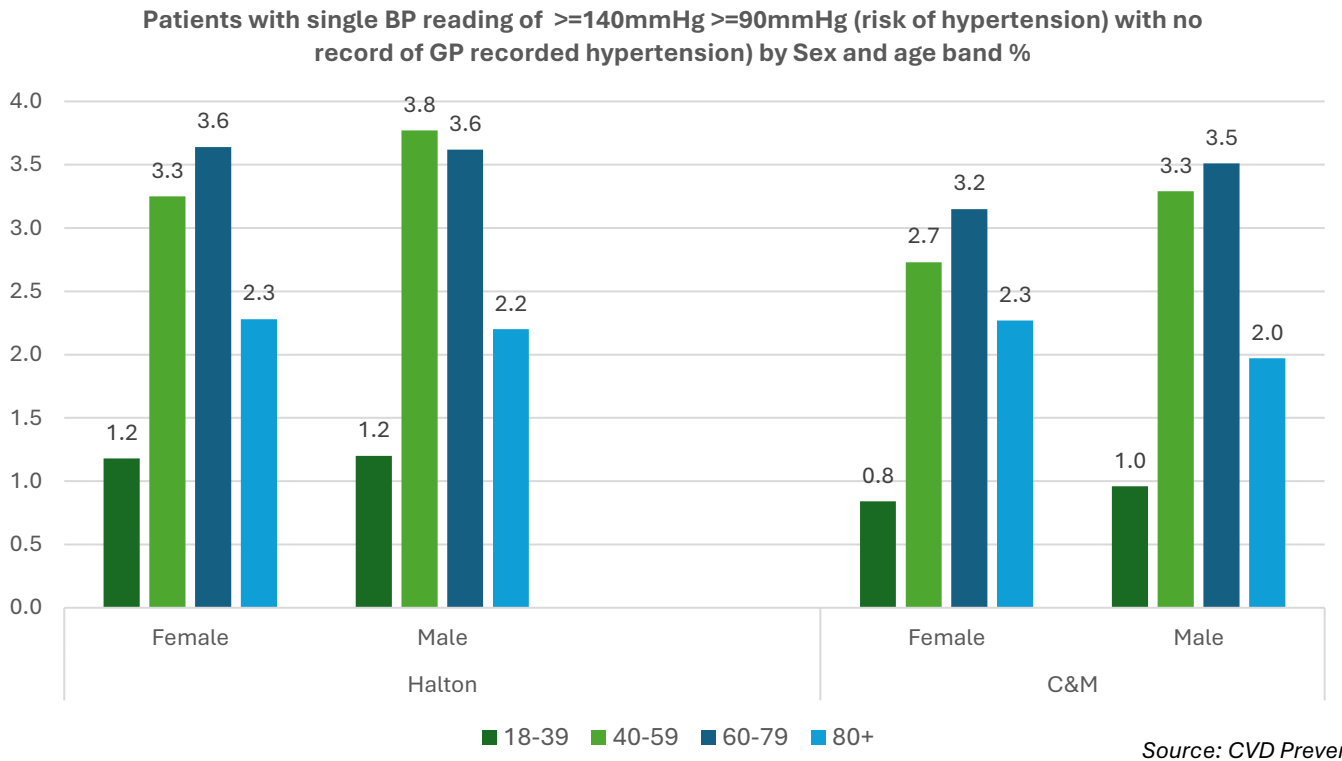
The data has identified the number of people in Halton with Diabetes (type 1,2, missing/ potential, and prediabetes) as well as those who already have hypertension and diabetes.

Along with this, we have highlighted those people who have no current co-morbidities, but who are at risk of developing hypertension. These were identified utilizing enhanced case finding, blood pressure readings of >=140/90mmHg.

The chart to the right has highlighted the percentage of males and females in Halton and C&M ICB at risk of hypertension, by age band- a non modifiable risk factor. The age bands 40-59 and 60-79 show that both males and females here are most at risk of hypertension compared to those aged 18-39 and 80+. There is little variation when comparing Halton to C&M as a whole.

Total patients w/ diabetes (Type 1, 2, missing)	9070
W/ prediabetes	2021
Total	11091
Percentage of people w/ Hypertension and diabetes in Halton	58.0%

Those with no co-morbidities who have a BP reading of >=140/90mmHg who are not diagnosed with hypertension (age band)	
20 to 29	3.6%
30 to 39	10.2%
40 to 49	19.7%
50 to 59	28.9%
60 to 69	22.0%
70 to 79	11.0%
80+	4.2%

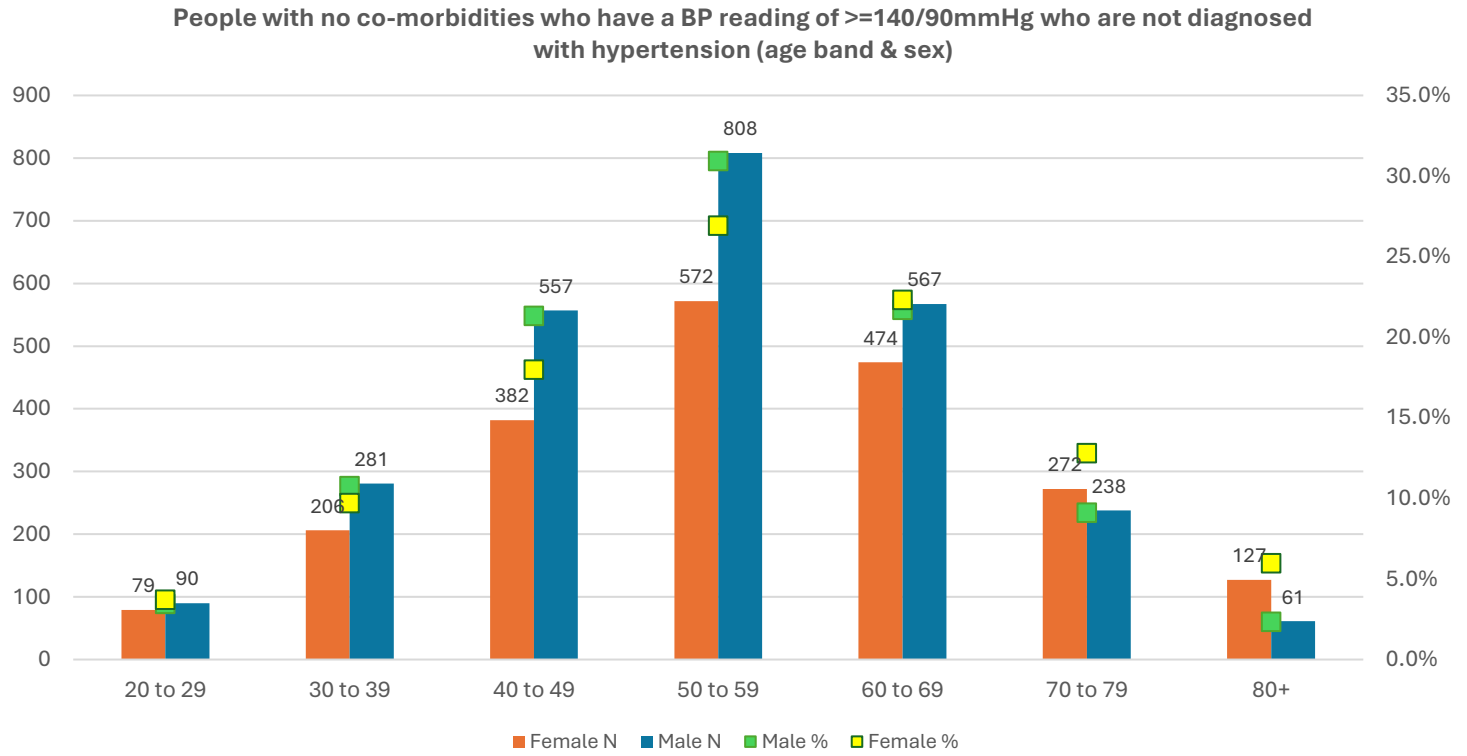


Source: CIPHA

Source: CVD Prevent

Enhanced case finding

The chart and table below highlights the number and percentage of people who are at risk of hypertension. These people are not known to have any co-morbidities. However, they have a BP reading of 140/90mmHg. There is variation between the age bands and some variation between males and females in Halton. The chart highlights the number of people who don't have any co-morbidities with that BP reading and also shows the %. When identifying risk of disease such as hypertension, that risk increases with the prevalence of any underlying co-morbidities. However, from the chart below, it must be considered that those with no previously identified co-morbidities must also be accounted for.
For the same indicator, ethnicity and risk was identified, however, due to small numbers the analysis did not highlight enough significance between ethnic groups and therefore was not included here.



Age Band	Female %	Male %	Female N	Male N
20 to 29	3.7%	3.4%	79	90
30 to 39	9.7%	10.8%	206	281
40 to 49	18.0%	21.3%	382	557
50 to 59	26.9%	30.9%	572	808
60 to 69	22.3%	21.7%	474	567
70 to 79	12.8%	9.1%	272	238
80+	6.0%	2.3%	127	61

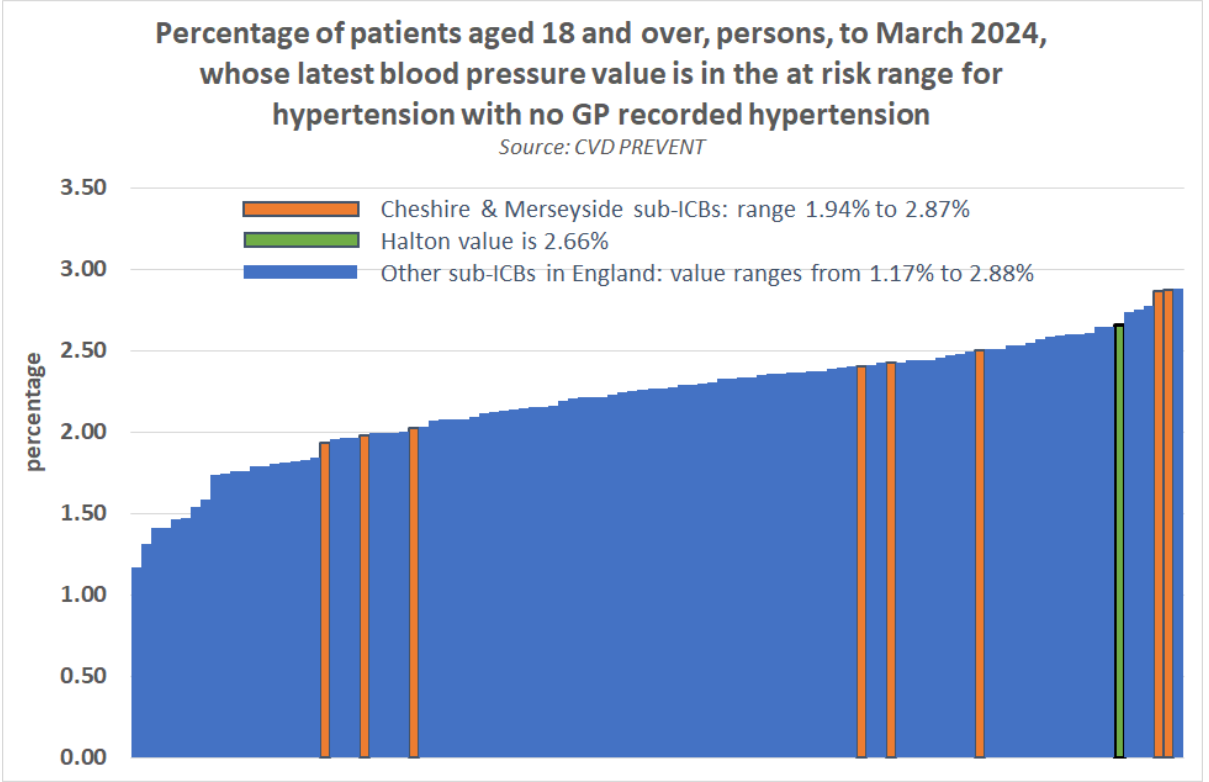
Source: CIPHA

HIGH RISK CASE FINDING

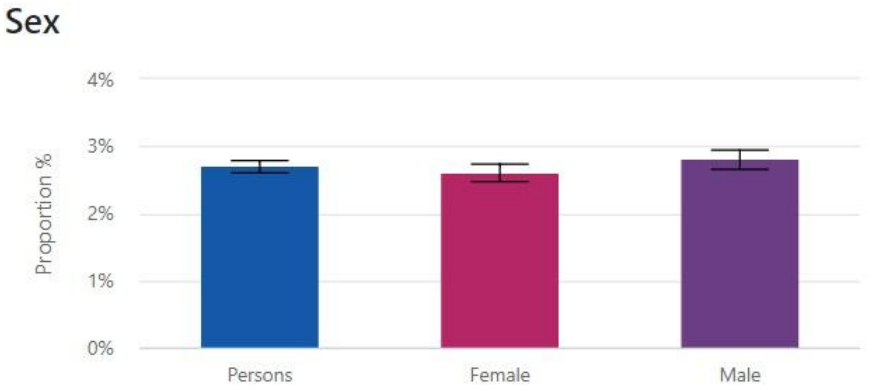
Most people with a blood pressure reading above the values indicating hypertension are recorded as having the condition.

However, data from CVD Prevent shows that Halton sub-ICB has a relatively high percentage of people with a blood pressure reading which puts that at risk of hypertension but who are not on the QOF Hypertension register.

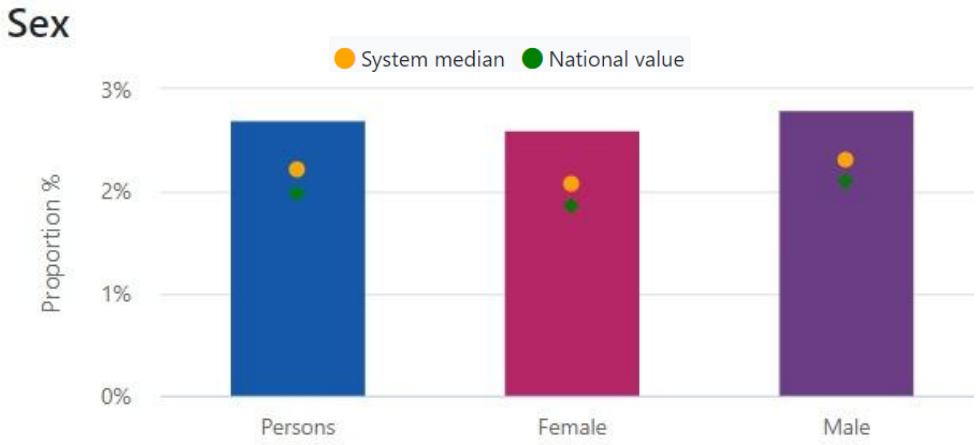
Two sub-ICB Places within Cheshire & Merseyside do have levels above Halton but the majority are lower.

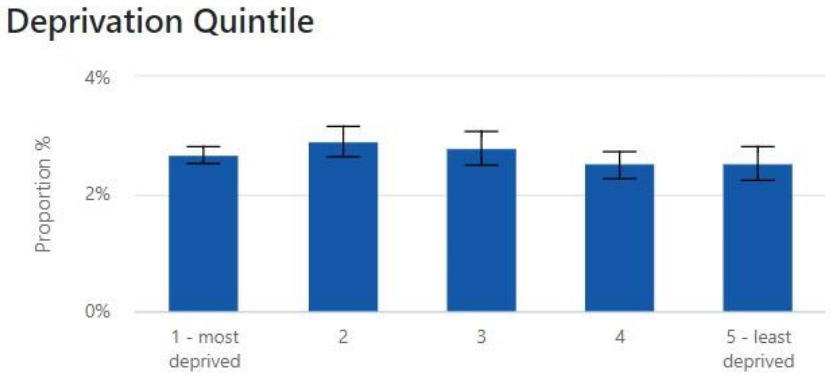


HIGH RISK CASE FINDING: INEQUALITIES, HALTON SUB-ICB



Across Halton sub-ICB levels are higher for men (2.79%) than women (2.59) but the differences are not statistically significant.
Levels are higher than the ICB and England averages





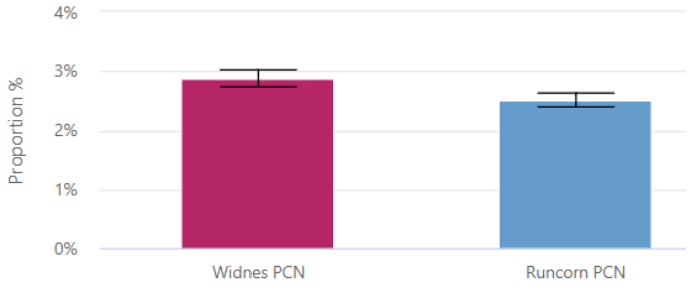
Category	Percentage
1 - most deprived	2.66
2	2.89
3	2.77
4	2.49
5 - least deprived	2.5

Whilst compared just the most deprived quintile to least deprived there is a slight difference, the pattern is not linear across the quintiles.
The differences across the deprivation quintiles are not statistically significant.
In Halton levels are highest in deprivation quintile 2, in Cheshire & Merseyside ICB the highest value is in deprivation quintile 3 and nationally in quintile 4.

Source: CVD PREVENT, CVDP005HYP: Percentage of patients aged 18 and over, whose latest blood pressure value is in the at risk range for hypertension with no GP recorded hypertension

HIGH RISK CASE FINDING: PCN AND PRACTICE VARIATION

CVDP005HYP: Percentage of patients aged 18 and over, whose latest blood pressure value is in the at risk range for hypertension with no GP recorded hypertension, Halton PCNs
Source: CVD PREVENT



AREA	PERCENTAGE
Runcorn PCN	2.51%
Widnes PCN	2.87%
C&M ICB	2.01%
England	1.98%

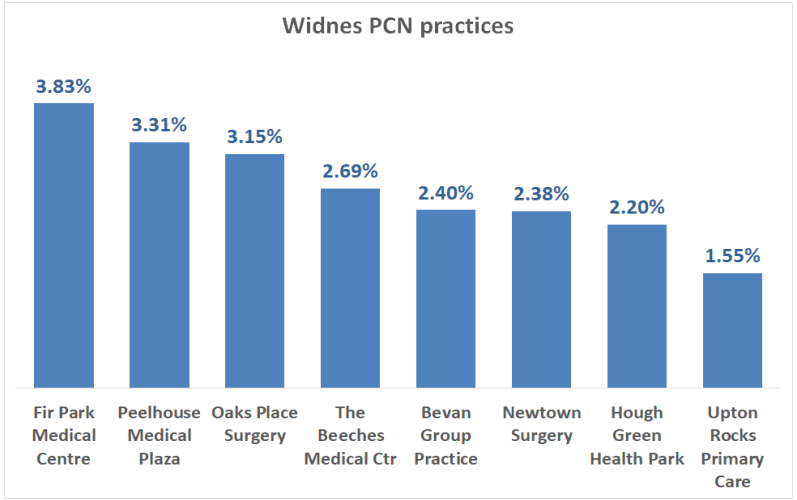
Source: CVD Prevent

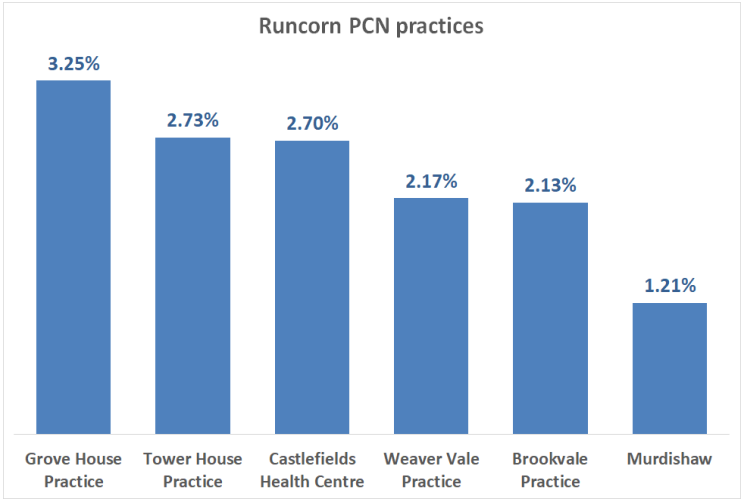
Levels of patients at risk of hypertension but with no GP recorded of having the condition are higher in Widnes PCN than Runcorn PCN. The difference IS statistically significant.

Levels are higher in both that the ICB and national averages.

Across the two PCNs there is wide variation with statically significant differences across both PCNs
The charts below highlight the risk of hypertension in GP practices. This risk is calculated by identifying patients with single blood pressure reading of systolic >=140mmHg and diastolic >=90mmHg, who do not have a record of GP recorded hypertension

CVDP005HYP: Percentage of patients aged 18 and over, whose latest blood pressure value is in the at risk range for hypertension with no GP recorded hypertension, GP practices per PCN
Source: CVD PREVENT





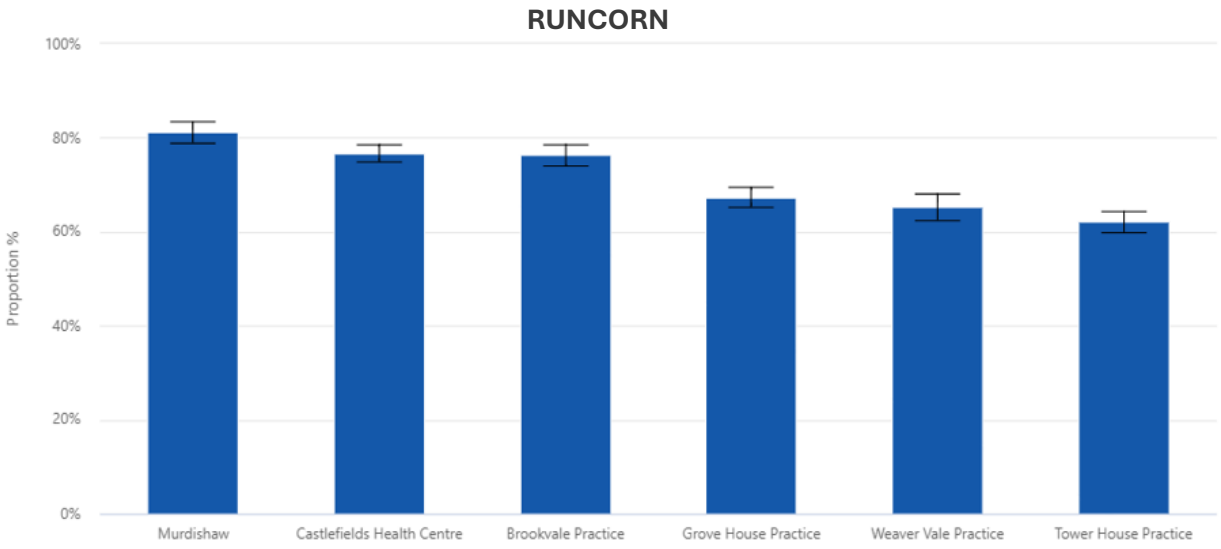
MANAGEMENT:

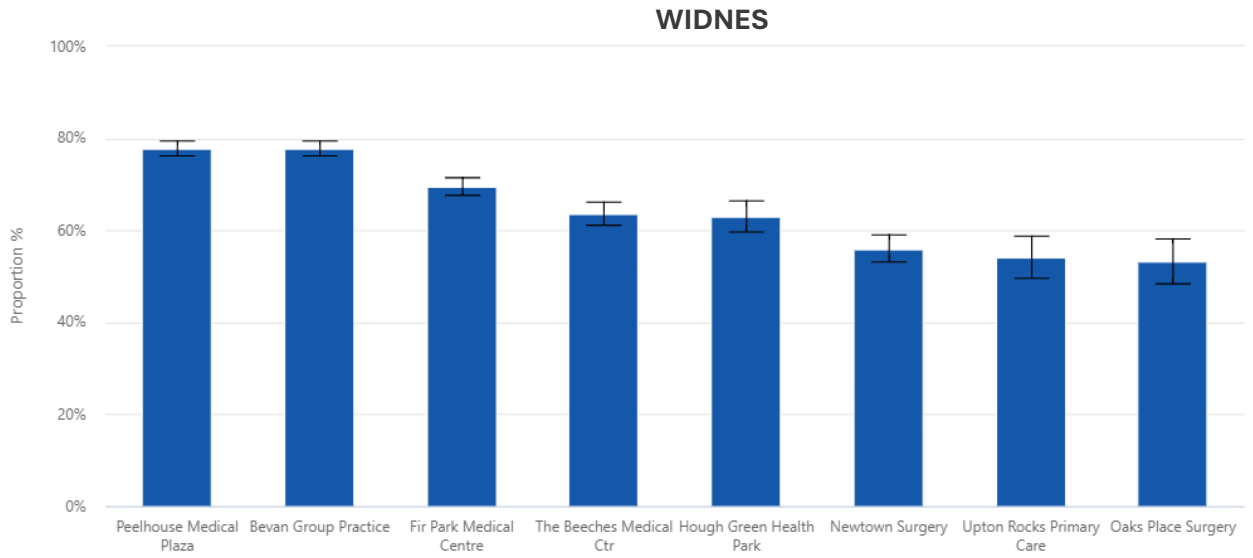
Patients with GP recorded hypertension who have had a blood pressure reading in the last 12 months that is below the age appropriate treatment threshold, March 24

	AGE 18+	AGE 18-79	AGE 80+
Runcorn PCN	73%	71%	83%
Widnes PCN	69%	67%	80%
England	71%	69%	80%

Source: CVDPREVENT (www.cvdprevent.nhs.uk)

- Runcorn practices on average have a higher proportion of patients with on target BP readings and are above the England average, for both 18-79 and 80+ age groups.
- The charts below show the overall data for age 18+ by practice, for both Runcorn and Widnes PCNs. The practices with the highest levels of hypertensive patients with appropriate blood pressure levels are Murdishaw, Castlefields and Brookvale in Halton and Peelhouse and Bevan Group in Widnes. The lowest are seen in Oaks Place and Upton Rocks in Widnes.





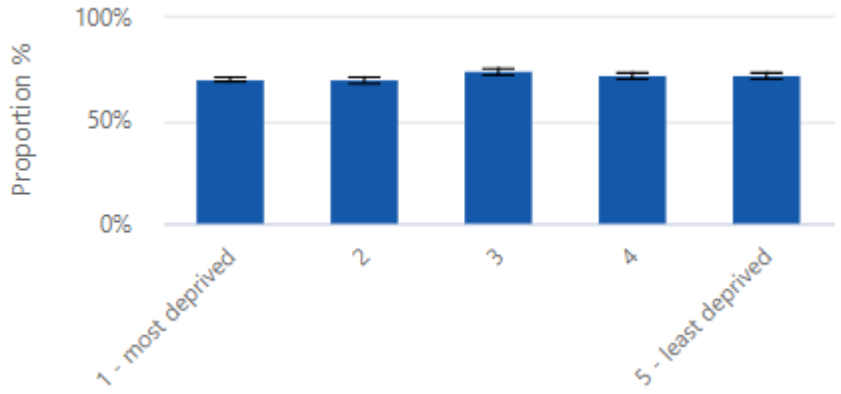
MANAGEMENT: Inequalities in patients with GP recorded hypertension who have had a blood pressure reading in the last 12 months that is below the age-appropriate treatment threshold, March 24

SEX

	Age 18+	Age 18-79	Age 80+
Female	72%	71%	79%
Male	70%	68%	84%

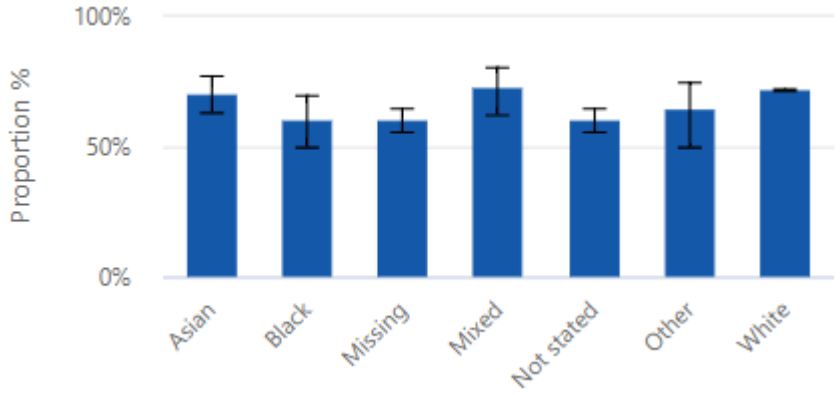
- The proportion is slightly higher for females aged 18-79 but males have a higher proportion in the
- 80+ age groups. This is similar to the pattern for England as a whole.

DEPRIVATION



- There is no clear pattern by deprivation quintile. The highest proportion is in quintile 3 (74%).

ETHNICITY



- The proportion is lower for black ethnic groups (60%) than white (72%) and Asian (70%) for all adults aged 18+. This is a similar pattern to England as a whole.
- However, when looking at the proportion who have a blood pressure reading in the last 12 months (regardless of the reading), black and mixed ethnic groups are the highest (at 90 and 91% respectively).

Source: CVDPREVENT (www.cvdprevent.nhs.uk)

HYPERTENSION AMONGST PEOPLE WITH LEARNING DISABILITIES (LD)

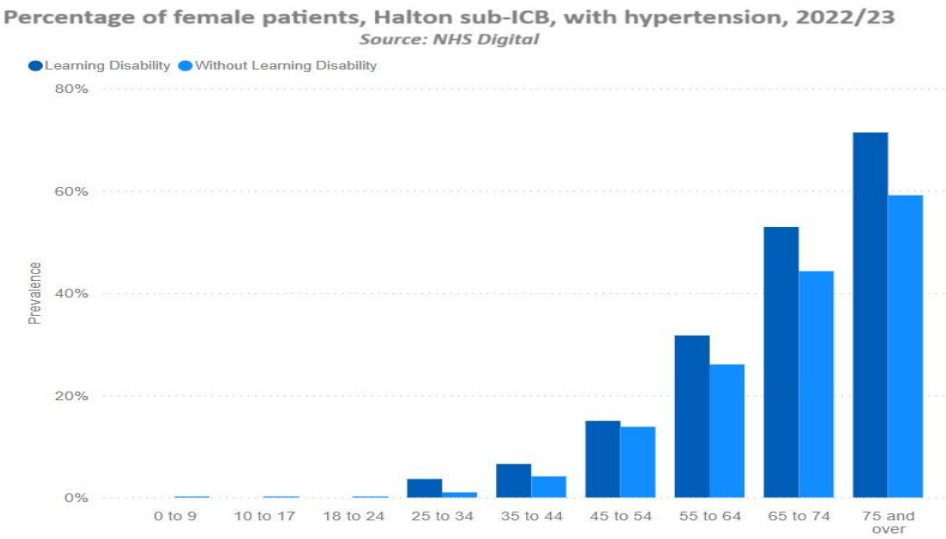
Data from NHS England Digital shows that in women with LD registered with Halton GPs prevalence is higher than for their peers without LD. However the reverse is the case for males.

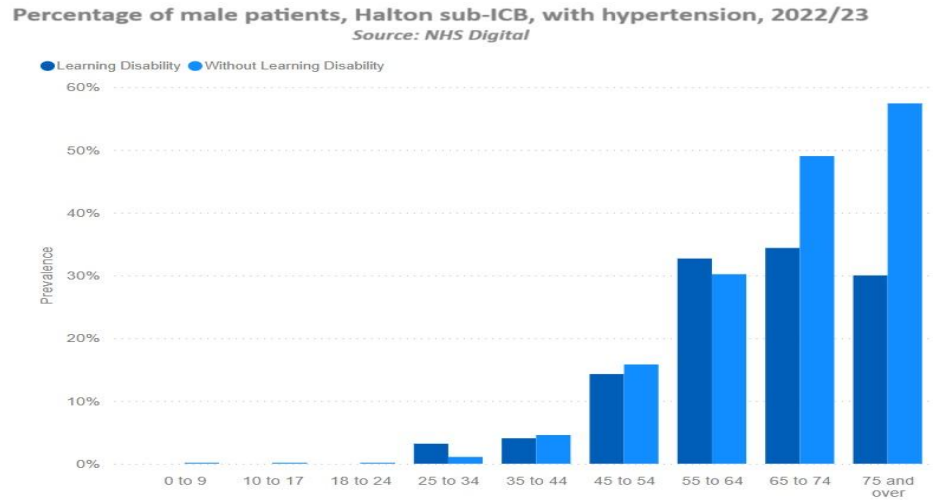
Levels are similar for males and females with LD in Halton between ages 25-34 to 55-64. For the older age groups levels are higher in females. This may be due to relatively low numbers of males in the older age groups.

Prevalence (%) of hypertension amongst Halton GP patients with LD, 2022/23

Age group	Males	Females	Persons
25 to 34	3.2%	3.6%	3.4%
35 to 44	4.1%	6.6%	5.2%
45 to 54	14.3%	15.0%	14.5%
55 to 64	32.7%	31.7%	32.3%
65 to 74	34.4%	52.9%	40.8%
75 and over	30.0%	71.4%	47.1%

Source: NHS England Digital





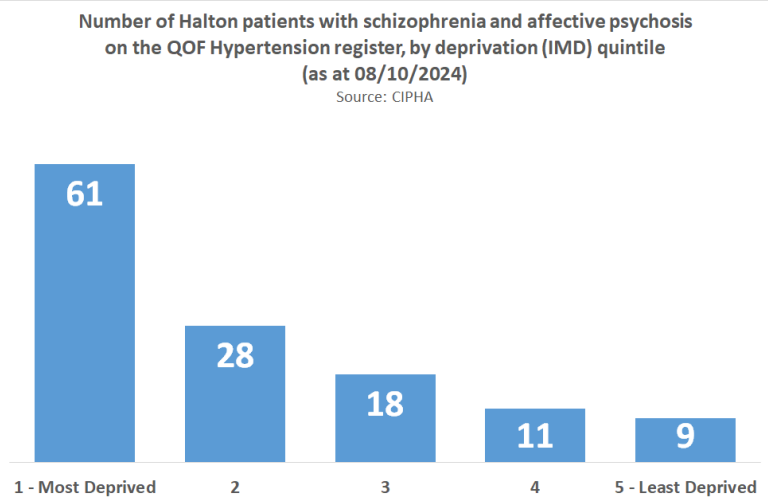
HYPERTENSION AMONGST PEOPLE WITH SEVERE MENTAL ILLNESS (SMI)

Anyone aged 18 or over who has schizophrenia, bipolar disorder or psychosis (collectively known as severe mental illness or SMI) can have a free health check once a year. This is because we know that people with SMI are more likely to die prematurely. The top causes are heart disease, cancer and respiratory disease.

The health check offers a range of checks dependent on the individual. One is a blood pressure reading.

Data from NHS England Digital Q1 2024/25 shows that of 1.065 people on the register 910 or **85%** had a blood pressure check. This is the highest percentage across Cheshire & Merseyside were values ranged from 74%-84%.

Unfortunately, this dataset does not include any outcomes from the checks carried out.



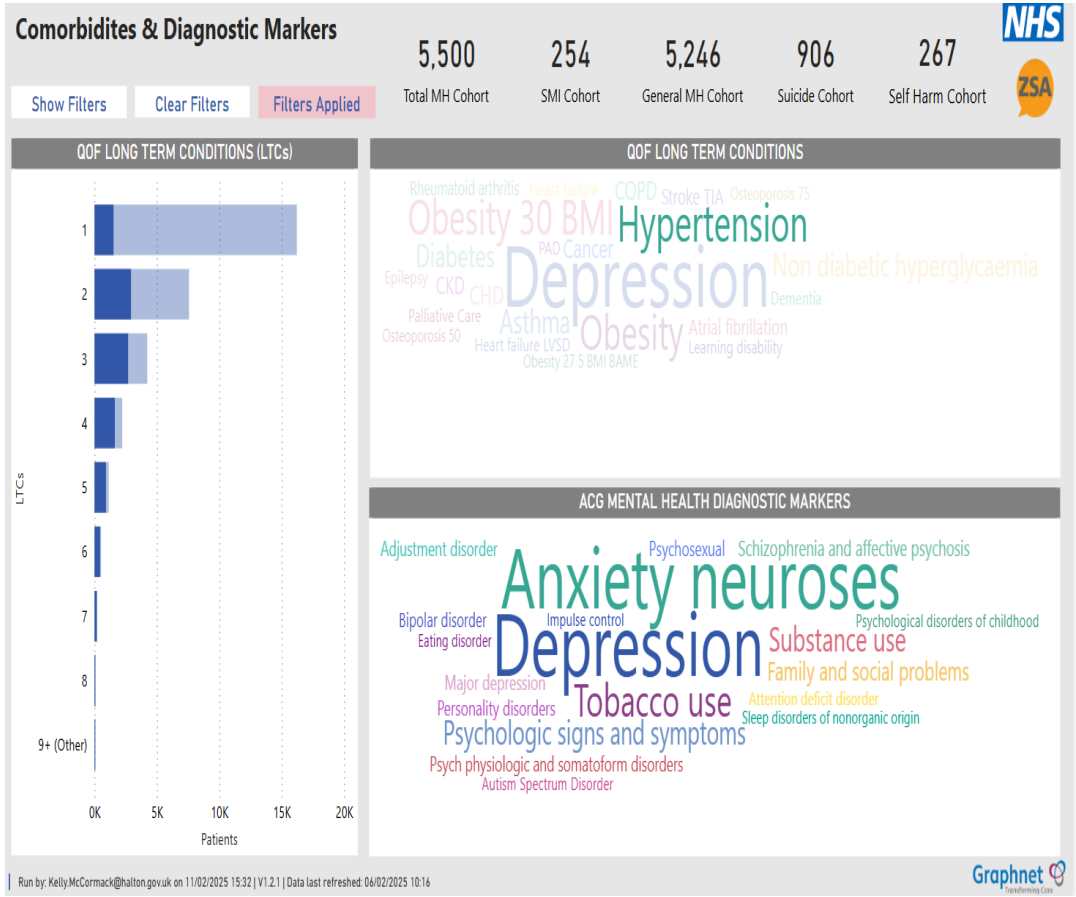
Data from the CIPHA enhanced case finding tool uses different definitions to the SMI (QOF) register. Using Johns Hopkins Adjusted Clinical Group Expanded Diagnostic Clusters we can draw out data from GP patient records for those with schizophrenia and affective psychosis.

Latest data (as at 08/10/2024) shows 127 people with these conditions on the hypertension register; 66 women and 61 men. Nearly half living in the most deprived quintile.

Age group	Female	Male
40 to 49	0	...
50 to 59	...	0
60 to 69	...	11
70 to 79	11	21
80+	47	27

... number less than 5 suppressed

Source: CIPHA



The screenshot above highlights the cohort of people in Halton with comorbidities, SMI and hypertension. However, this data could not be further analysed due to being unable to download. This data does show the breakdown of MH cohorts in Halton who also have a hypertension diagnosis. February 2025

Source: CIPHA

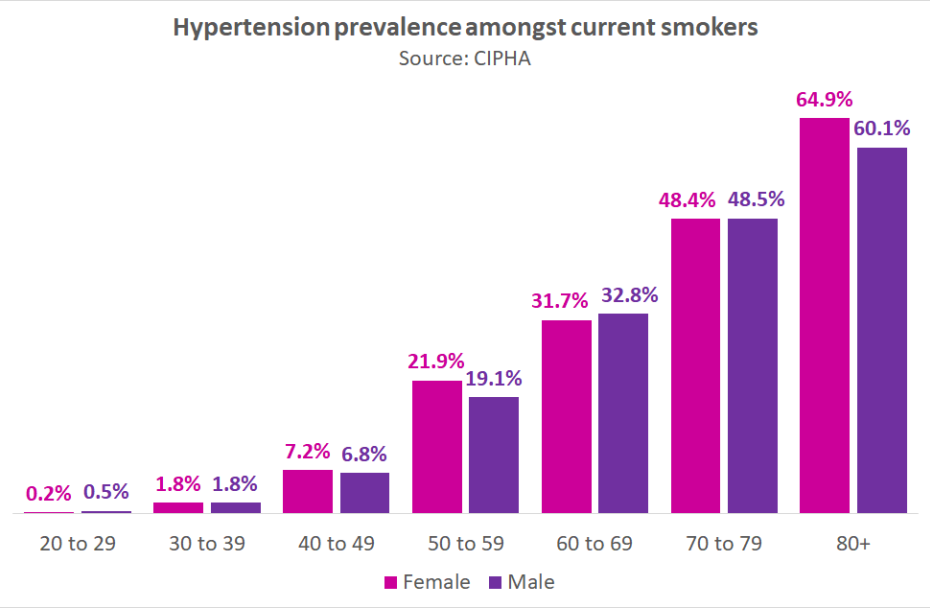
HYPERTENSION AMONGST PEOPLE WHO SMOKE

The effects of cigarette smoking on blood pressure are complex. There is evidence that smoking increases pulse pressure and central blood pressure.

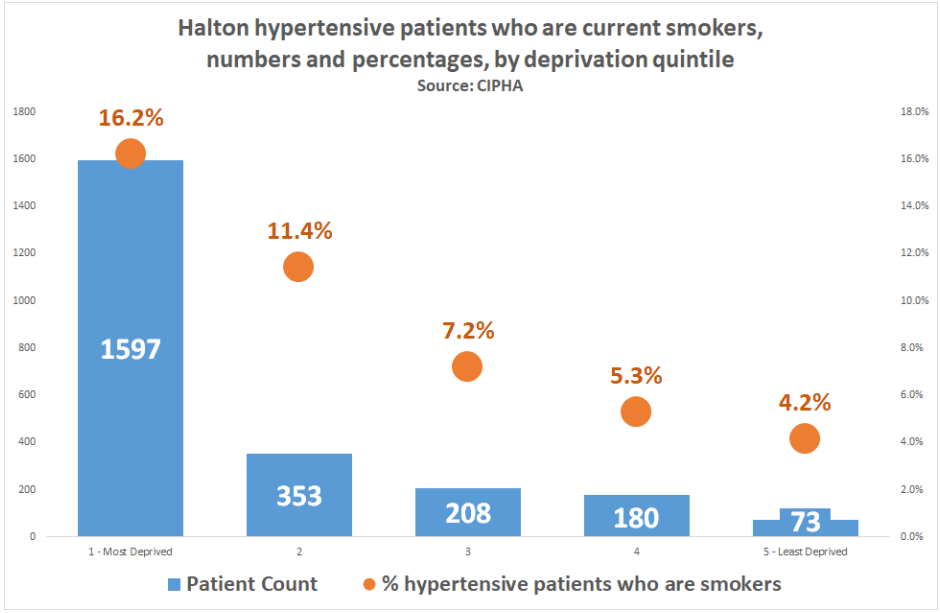
Smoking and exposure to secondhand smoke increase the risk atherosclerosis. Hypertensive smokers are more likely to develop severe forms of hypertension, including malignant and renovascular hypertension, an effect likely due to an accelerated atherosclerosis.

Data from the CIPHA enhanced case finding tool allows us to filter the data from the hypertension disease register by smoking status.

Latest data (as at 08/10/2024) shows 2,412 smokers on the hypertension register (out of 16,232 smokers). This gives a hypertension prevalence amongst smokers of 14.9%. However, there is significant variation by age but little difference by gender.



Over half of smokers with hypertension live in the most deprived quintile.

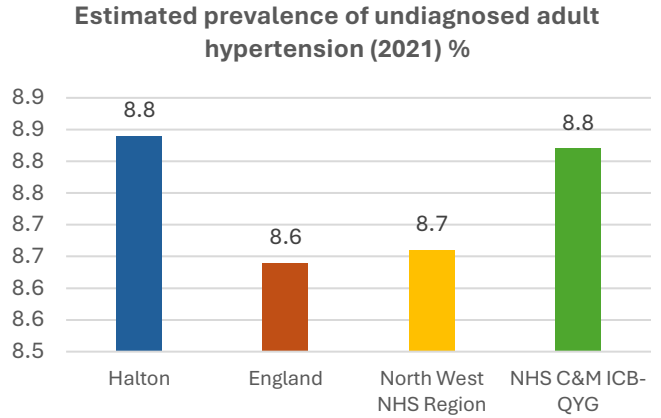


Estimates of undiagnosed hypertension

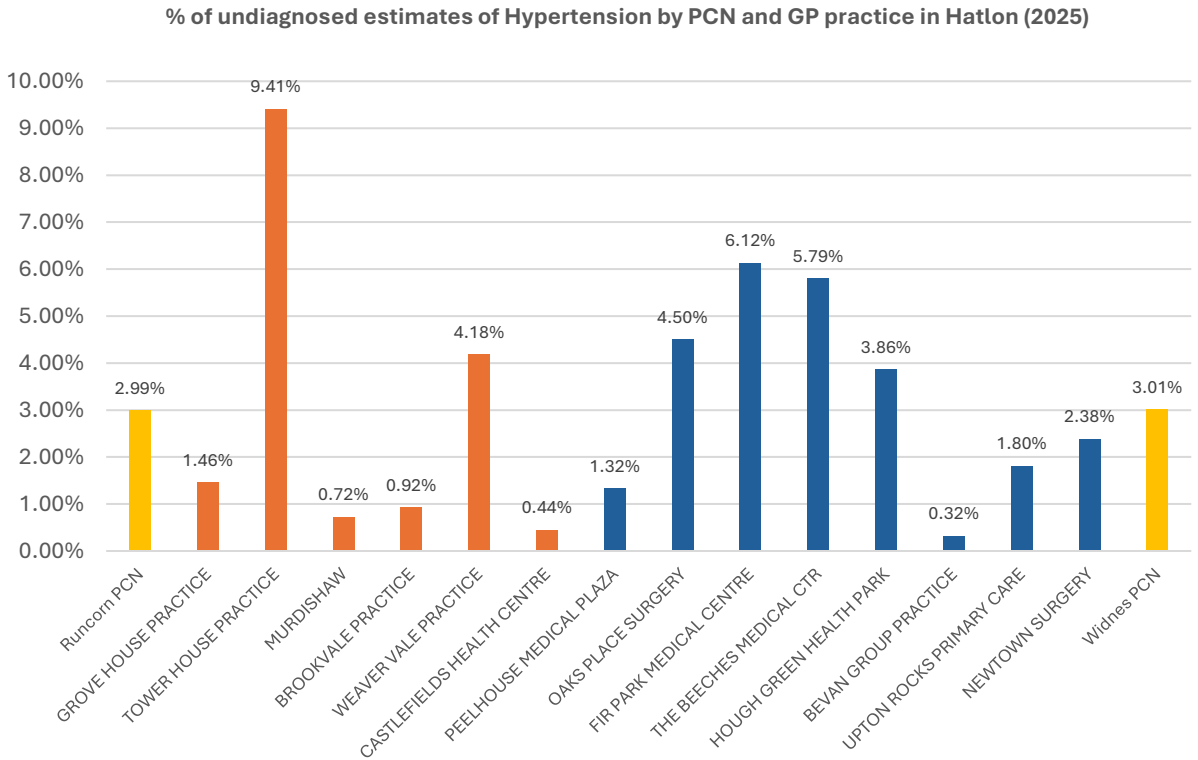
Beside we have undiagnosed estimates for Halton, England, the NW NHS region and C&M ICB. These were estimated by calculating the numerator (who didn't have a hypertension diagnosis from the GP- Health survey for England 2021) against mid year populations from ONS. These estimates are from Fingertips and used the full methodology can be found here. The final values for each geography were calculated by estimating the numerator (see definition) then dividing the estimated numerator by mid-year population estimates for ages 16 and over and multiplying by 100 to produce a percentage value.

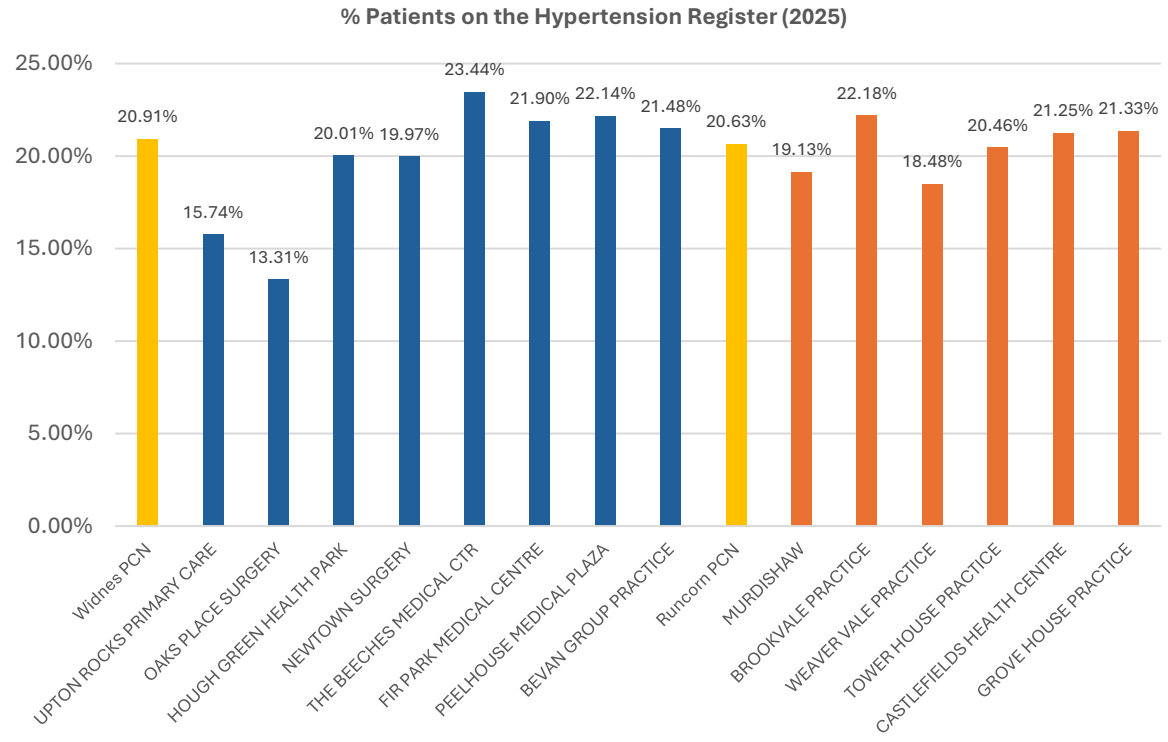
Undiagnosed estimates for Runcorn and Widnes PCNs and GPs, ages 15+ in Halton have been calculated. These have used a similar methodology. Utilising different sources for the data (NHS digital and CAM CIPHA CVD Dashboard) as the data used for the first chart was not available at PCN or GP level from the sources above. Therefore, using numerators for those not on any hypertension registers, but have a BP reading for >= 140/90mmHg and NHS GP population data, estimates have been calculated. The Numerator from the CIPHA register was used, against the GP populations for all GPs in Halton and PCN populations for Runcorn and Widnes. There is quite significant variation between GPs across Halton and caution on interpretation is recommended for both sets of estimates.

The chart to the bottom right shows the % of patients already on the hypertension register by GP practice in Halton.



Source: Fingertips





Source: CIPHA & NHS Digital