



Share the Pressure

Nurse-led motivation of blood pressure control and shared decision making amongst ethnic minority communities using the Heart Age tool online and in primary care practices

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SHARE — THE — PRESSURE

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Blood Pressure UK

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Introduction

Cardiovascular disease (CVD) is the umbrella term for health conditions that affect your heart or circulation. Hypertension, commonly known as high blood pressure, is one of these conditions. Heart attacks, strokes and other forms of cardiovascular disease cause a quarter of all deaths in the UK. It is a major driver of health inequalities accounting for a quarter of the life expectancy gap between deprived and affluent communities. Although it affects 1 in 4 adults in England, more than 4.3 million people in England with high blood pressure go undiagnosed and untreated leaving them at risk of heart attacks and strokes ([Public Health England, 2017](#)). Early detection and treatment can help people live longer and lower the risk of developing, worsening and being admitted for CVD.

Policy drivers to address high blood pressure include the NHS Long Term Plan and the NHS Core20PLUS5 2021 national campaign to reduce health inequalities. One of the five clinical areas integrated care systems are tasked with is hypertension case-finding and optimal management and lipid optimal management (essentially ensuring that patients are prescribed the most appropriate medicine in a shared decision with the clinician) to minimise risk of heart attacks ([NHS England](#), undated).

Black communities have a higher risk of developing high blood pressure. Recent analysis of the UK Biobank data shows that control of high blood pressure is suboptimal amongst 62% of those diagnosed ([Tapela et al., 2021](#)) and substantial variation exists in the degree of control due to ethnicity (Black people being less likely to have their high blood pressure (HBP) controlled than white people).

Poor management of the condition once diagnosed; a lack of knowledge about the condition, beliefs about the condition and symptoms, are challenges to be addressed to ensure healthcare messaging and preventative action reaches Black, Asian and minority ethnic communities. Community engagement interventions in primary care however, have been effective to address these challenges to undertake and raise awareness of high blood pressure with Black African and Caribbean men ([Signal, 2020](#)).

The NHS is currently going through a [digital transformation programme](#). The aim is to improve patient care by providing more personalised services which patients can access through modern techniques. Alongside this, the hypertension backlog as a result of Covid-19 has led to a focus on the use of digital technology to control blood pressure. Combinations of nurse-led programmes with telemonitoring have previously demonstrated beneficial outcomes for blood pressure ([Teo et al., 2021](#)). However, concerns remain about the degree of engagement and co-design in particular populations ([Q-Community Research, Health Foundation 2021](#)).

Our approach was to redesign the existing Heart Age tool taking on board some of the issues noted by the Health Foundation (2021) concerning co-design and ensuring that new

technologies do not widen health inequalities. The Heart Age Tool online risk management programme enabled individuals to undertake a quick assessment and get a tailored report to make informed decisions about how to lower their blood pressure and improve their overall health. This approach not only involved addressing some of the challenges faced by Black African and Caribbean communities with high blood pressure (such as mistrust or beliefs about symptoms) but also using a new model for managing high blood pressure as digital transformation develops across primary care. Share the Pressure makes access to health information, testing and decision-making that will impact on behaviour change and ultimately healthier lives.

Aims of the project

The long-term aim of the project is to contribute towards the narrowing of health inequalities in cardiovascular disease in Black African and Caribbean communities. We aimed to do this by developing and piloting a nurse-led motivational change model for the control of hypertension ('Share the Pressure') through primary care practices within South East London Integrated Care System (SE London ICS). The intention was to support healthcare practices and a range of practitioners within the integrated care system in the delivery of their priorities to manage and reduce high blood pressure using the Heart Age tool and shared decision making.

Nurses are central to supporting the clinical management of high blood pressure. The project also aimed to empower them to be more confident in communicating with Black African and Caribbean communities about high blood pressure and use technology to support them in having conversations to help patients make shared decisions about managing their care.

Methodology

There were two strands to the methodology. Firstly, the adaptation of the existing Heart Age tool to make it more appropriate for the target group in terms of content, and medical information aligned with the hypertension pathway. Research evidence contributed to the communications that were developed for the tool to ensure the questions necessary for the assessment were appropriate to meet health literacy needs, culture, and language of the target community. Co-design was a real element of the development of Heart Age. This user research contributed to the final development of the tool and noted barriers and opportunities for engagement with clinical pathways for managing high blood pressure.

Secondly in developing the skills and knowledge of practitioners about high blood pressure and in using the Heart Age tool with patients. A training model was developed based on

the Smart Health Solutions Learn with Nurses programme. Through engagement and outreach (see below) the training was delivered to a range of healthcare practitioners across the six South East London boroughs and in other geographical areas beyond our original criteria (nurses). Project partners social media sharing, dissemination via Race Equality Foundation networks and a leaflet with QR code for healthcare practitioners and also patients in GP surgeries, assisted with reach (see appendix one).

A number of articles were written about the project:

- Nursing Times
- Royal College of Nursing commentary piece in RCNi/Nursing Standard
- Nursing in Practice
<https://www.nursinginpractice.com/clinical/cardiology/ten-top-tips-hypertension-diagnosis-and-management/>
- Health Europa Quarterly magazine due for publication in February
<https://www.healtheuropa.com/health-europa-quarterly-issue-24/120891/>

Information was shared through the NHS Futures Network which might have contributed to interest from other NHS Trusts.

Lived experience insight and overview was provided as the project progressed by individuals from the target communities who have high blood pressure who were members of the project advisory group.

Finally, evaluation data was drawn from healthcare practitioners who took part in the training programme and also from individuals who used the online Heart Age tool.

Development of the tool

The [Heart Age Tool](#) was developed to be accessible online via a computer or mobile phone. Younger Lives revised the original Heart Age tool to align with the target group in terms of artwork and content. Research also influenced communication and design.

Feedback on the original design was gathered from informed conversations held with Black African and Caribbean communities in three local authorities within the target area. These conversations gave insights on how best to address user perceptions concerning high blood pressure (which was a barrier to access), understanding blood pressure and whether the concept of 'getting younger' would encourage action for blood pressure control.

The final Heart Age tool allowed users to undertake a two-minute assessment and use the information to create a heart age for the user.

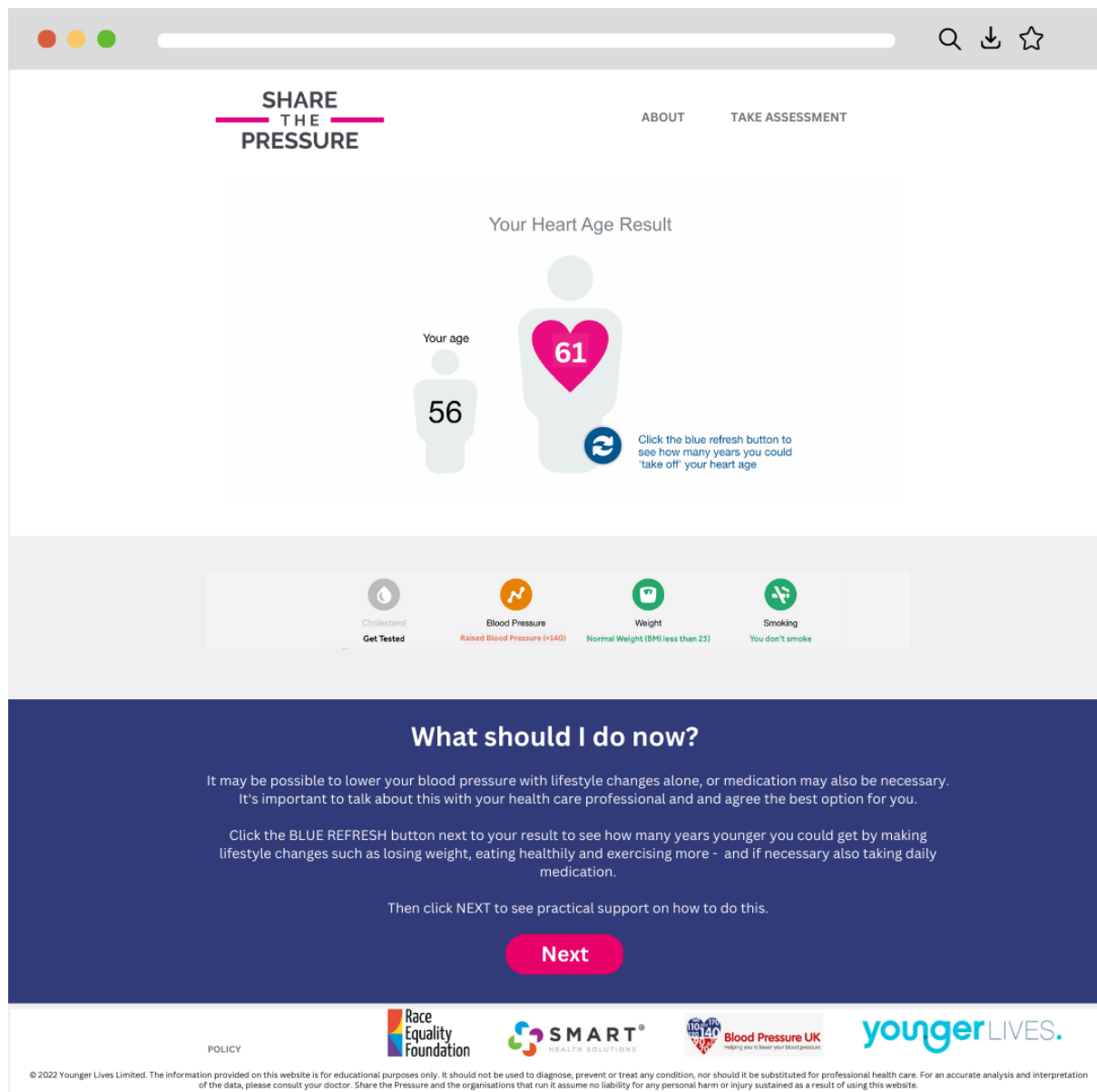
Stages in the Heart Age assessment process

a) Questions on the Heart Age tool

DIGITAL TOOL ASSESSEMENT QUESTIONS:

- Your age
- Your gender
- Your ethnicity
- Your height
- Your weight
- Do you smoke?
- Do you have a family relative that suffered from heart attack or angina before the age of 60?
- Do you know your cholesterol level? If so, you will be asked to input the readings
- Do you know your blood pressure? If so, you will be asked to input the number, and say where the reading was taken (at home, at doctors etc)
- Are you taking blood pressure medication?

b) The user receives the heart age reading based on the response to these questions.



c) Motivation and confidence questions

This is followed by a set of questions that measures the user's motivation and confidence to take actions to reduce the heart age (if it is older than the individual's actual age) or maintain their current heart age (if it is the individual's actual age). The assessment ends with a tailored report for the individual and the option to participate in a survey to provide feedback. There are also various resources, such as healthy eating for African and Caribbean communities (produced by Blood Pressure UK), myth busting, and medication

information, and local resources which can help individuals to manage their blood pressure.

SHARE
THE
PRESSURE

ABOUT

TAKE ASSESSMENT

Now you've seen your result, how motivated are you to:

Get your blood pressure checked regularly / make appointment with doctors practice

NOT AT ALL
SOMEWHAT
VERY

Lose weight / keep your weight down long term?

NOT AT ALL
SOMEWHAT
VERY

Eat healthily e.g. reduce salt, fat and sugar, eat more fruit & veg

NOT AT ALL
SOMEWHAT
VERY

Exercise regularly

NOT AT ALL
SOMEWHAT
VERY

Take medication every day

NOT AT ALL
SOMEWHAT
VERY

Quit smoking

NOT AT ALL
SOMEWHAT
VERY
DON'T SMOKE

Next

Engagement and training

Engagement took place with GP practices and health stakeholders in all six local authorities. The project information sheet was distributed to all training providers across South East London and a patient information sheet was left in GP practice waiting rooms. Whilst this has involved meetings with numerous health contacts in each area, two boroughs: Lambeth and Bromley have actively engaged with the Share the Pressure project. Pharmacies also promoted the training programme via the South East London Integrated Care Board.

On a strategic level, engagement took place with relevant staff in South East London Integrated Care Board and the Clinical Effectiveness South East London Group (Lambeth).

Engagement has also led to specific training in Lambeth leading to two GP practices setting up dedicated space to promote blood pressure measurements within their practice and using the Share The Pressure posters and flyers.

We were also able to engage other healthcare practitioners beyond nurses targeted in the proposal by delivering training to the health and wellbeing buses in Lambeth, Health Champions and working with pharmacists.

In addition, we have trained the blood pressure at home team in Bromley using Share the Pressure and worked with this team to develop the blood pressure at home training webinar.

Some NHS Trusts both in other areas of London and nationally were interested in the development of Share the Pressure (STP) and meetings were held with them.

[The training programme](#) developed by Smart Heart Solutions is available on their website, and can also be accessed via Share the Pressure website. It contains a) resources for healthcare practitioners including guidance and evidence on national information, competencies frameworks, local community programmes and lifestyle management, online training webinars; b) resources for patients and c) access to the Share the Pressure Heart Age tool.

The training of healthcare practitioners took place between February – September 2023 and the training programme consisted of webinars in seven topics; four podcasts; two quizzes; the Heart Age tool and access to literature, guidelines and case studies.

The content and success of the online training led to Smart Health Solutions receiving the MedAll Exceptional Educator award.

Evaluation

The project sought to achieve a number of outcomes related to healthcare practitioners' knowledge and skills, and use of the Heart Age tool.

The Heart Age tool ran from April 2023 – September 2023. The following was achieved in relation to the key performance indicators outlined in our proposal.

Implementing a training programme for healthcare practitioners

A total of 634 healthcare practitioners have participated in the training, extending beyond our target group of nurses to include the following roles: cardiovascular technologist, doctor, medical student, nurse, pharmacist, student healthcare practitioner, advanced clinical practitioner, allied health professional, healthcare assistant and healthcare

professional. 46% (n=92) of the 202 who recorded their profession on registration were nurses, reflecting the success of promotion of the initiative to nurses through targeted emails and social media.

There were four key performance indicators (KPI) in relation to the training of nurses and healthcare practitioners to use the Heart Age motivational tool to aid decision making on high blood pressure.

- a) Healthcare practice community KPI: 30 practices recruited into project, leads identified within each practice, patient journeys shared, numbers % using the heart age test, % numbers of practitioners engaged with training, numbers of practitioners reporting ongoing or future influence on programme.

As noted above, engagement took place with GP practices and pharmacists across the six South East London boroughs with particular engagement in Lambeth and Bromley as the project complimented their existing work on high blood pressure. There are 63 practices across these two boroughs meaning we exceeded our KPI of 30 practices. We also supported the BP in Pharmacy and BP at Home initiatives, meaning we added 12 extra sites to our KPI achievement. 634 healthcare practitioners joined both live and on demand webinars of which 53 were from the South East London boroughs. The following is a breakdown of participants from across South East London practices.

Table 1: area in which participants are based

London borough	Number of participants
Bexley	6
Bromley	16
Greenwich	8
Lambeth	5
Lewisham	6
Southwark	10
South East London *	2

*Did not give specific areas

Table 2: total attendees per topic:

Topic	Number of participants
Welcome Event	75
Understanding blood pressure	169
Blood pressure and lifestyle	87
Medicines for managing blood pressure	127
Using heart age	79
Getting it right in pharmacy	61
Podcasts	96
Quiz for healthcare practitioners	77
Quiz for patients and public	51

Out of the seven topics within the training programme, ‘Understanding blood pressure’ (169) and ‘Medicines for managing blood pressure’ (127) were the most attended. The four podcasts produced for the training programme were highly played 96 times:

- Understanding blood pressure - being the most popular with 54 plays and continues to have listeners throughout the period of delivery of the Share the Pressure
- Managing blood pressure
- Understanding heart age
- David’s story (lived experience)

In addition to the webinars, a face-to-face event was held for health trainers in Lambeth who would be measuring blood pressure as part of their outreach work. This work took them directly into communities using a health bus. They were also given posters and leaflets to promote the STP website.

A total of 78 participants joined the Using Heart Age interactive session where the tool was demonstrated. There was discussion on how this can be used to promote shared decision making, with a particular focus on people of black African and Caribbean descent.

b) 12 shared decision making and hypertension training programmes delivered

The training programme included access to [webinars](#) that covered the following:

- Understanding blood pressure (and podcast)
- Using the Heart Age tool (and podcast)
- Blood pressure and lifestyle
- Medicines for managing hypertension

- Getting it right in pharmacy
- Blood pressure at home
- Resources – such as NICE guidance, research and health frameworks
- Quizzes

We exceeded the KPI by delivering 16 decision making and hypertension training programmes. This consisted of 11 live webinars, two podcasts, two quizzes and training to practitioners using the health and wellbeing bus. All live webinars were recorded and made available on demand after the event. The sessions were bite-sized and informal to facilitate participation throughout the working day or at home.

The information conveyed in the programme would aid health practitioners to support individuals to make a shared decision to manage their blood pressure. Participant feedback indicated their intention to use the learning for shared decision as the following quotes illustrates:

“Very Informative, will definitely be of use to me whilst delivering Health Checks and covering outreach Events” (Health Care Assistant)

“We are happy and got more confidence as we discussed with all our pharmacy team”. (Manager)

“Clearly explained topic, insightful for future practice”. (Nurse)

- c) 75% of nurses and HCPs report an increase in their knowledge and confidence about hypertension, shared decision making and ethnic minority differences in management.

Learning was self-assessed with data taken from the pre and post questionnaire that healthcare practitioners completed after attendance. Obtaining feedback is always a challenge in training sessions and more so when this is undertaken online. 31 of the 212 participants were from South East London. Despite the very low numbers, feedback was received from participants in all South East London boroughs.

Table 3: feedback per South East area

London borough	Number of participants
Bexley	5
Bromley	9
Greenwich	6
Lambeth	3
Lewisham	4
Southwark	3

Participants rated their knowledge of blood pressure topics before and after training and were asked to indicate the likelihood of using the new learning when measuring blood pressure. Attendees were also asked to rate their confidence giving a scoring out of five, for discussing blood pressure with patients prior to and following training.

Table 4: Evaluation response for all participants

Knowledge of blood pressure topics		Confidence in discussing blood pressure with patients		Likelihood to use learning
Before	After	Before	After	
3.4/5	4.4/5	3.8/5	4.4/5	4.7/5

All attendees who submitted feedback reported an increase in knowledge and confidence in communication following their learning with 100% positive of the likelihood of using that learning in the future. The increase in knowledge and confidence exceeded the target KPI of 75%.

Chart 1: Evaluation of pre and post learning knowledge

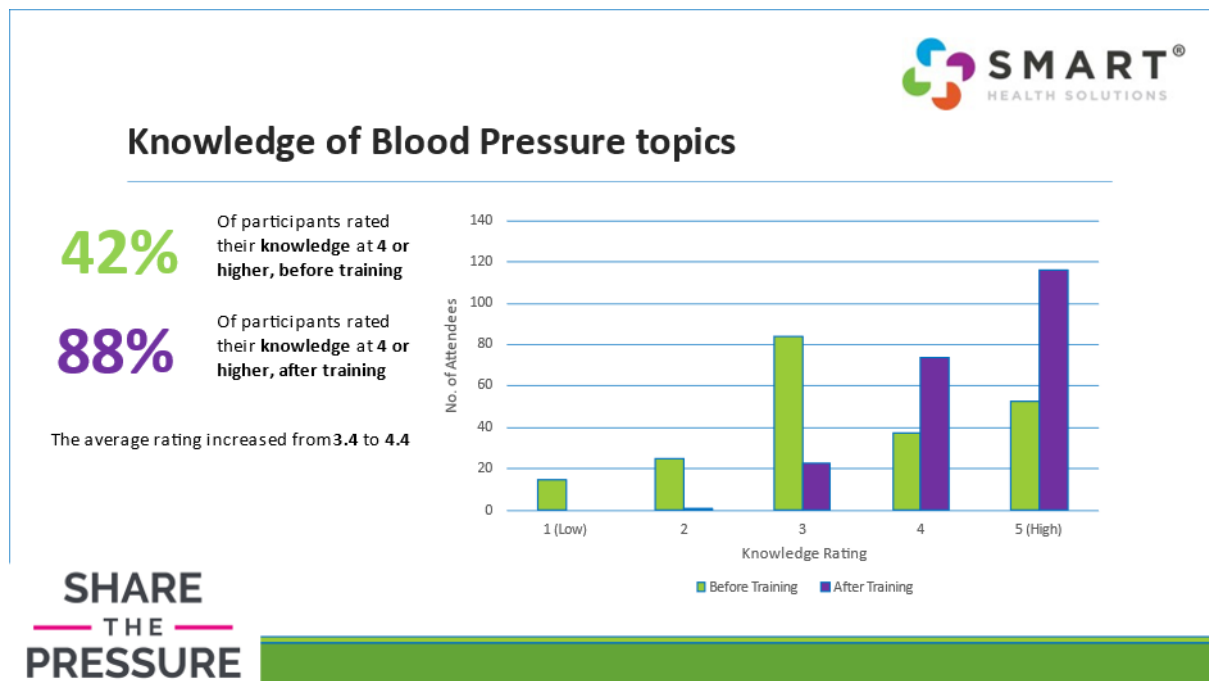


Chart 2: Confidence to discuss blood pressure

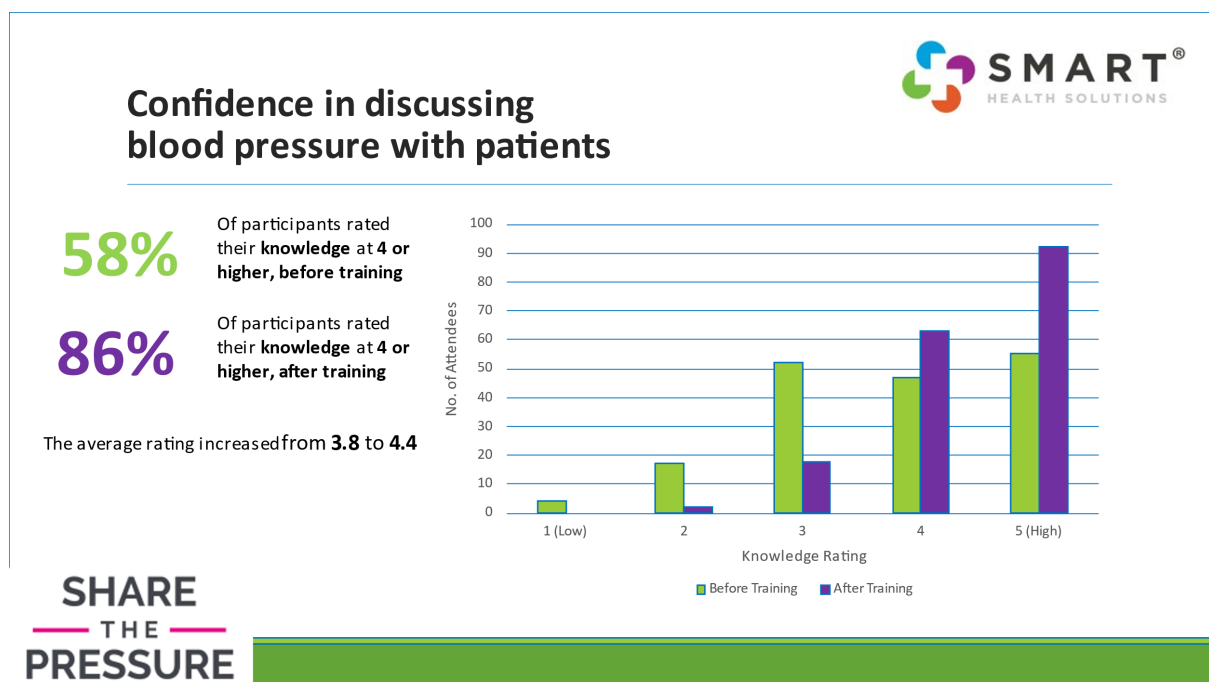
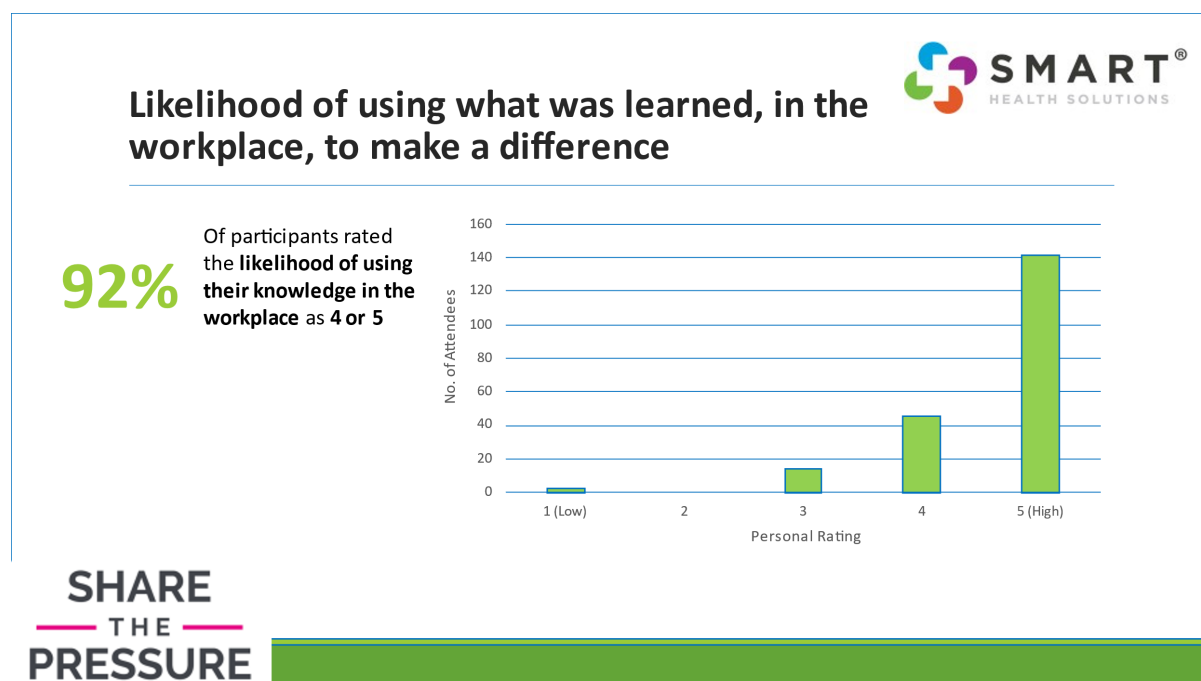


Chart 3: Likelihood to use what was learned in the workplace



Of the 202 nurses registered, 118 completed evaluation and we saw a successful increase in knowledge about blood pressure and the confidence to discuss blood pressure with patients in nurses. In terms of nurses, 72% rated the likelihood of using the training as 4 or 5 with an average of 4.9. Specific feedback from nurses indicates that they rated their knowledge of blood pressure as improving from 3.6 to 4.6 out of 5, and their confidence to discuss blood pressure with patients increased from 4 to 4.7. The nurses' knowledge of blood pressure increased from 57% rating their knowledge as 3 or below before training to 91% rating their knowledge as 4 or 5 after training.

“Extremely relevant for nurse to know the criteria for pharmacy BP testing so I appreciate attending this session” (Nurse)

For pharmacists, 90% who submitted feedback were from one of the six South East London boroughs. Interestingly, 50% of pharmacists rated their knowledge of blood pressure as 5 before the training however the overall average was 3.5 increasing to 4.5 after the training.

Pharmacists' confidence in discussing blood pressure with patients increased from an average of 3.9 pre and 4.6 post training. All but one pharmacist rated their likelihood of using the training as 5 out of 5.

- d) 300 nurses and HCPs aware of and using digital library of case studies; personal narratives; social media and website analytics.

In total 634 healthcare practitioners participated in the webinars and have knowledge and use of the digital library of case studies and resources. Case studies were used at different points of the training such as in the topic medicines for managing hypertension and the lived experience podcast 'David's story' Two [case studies](#) were produced for the training programme and continue to be accessible via Share the Pressure website.

Using the Heart Age tool

The Heart Age tool went live in April 2023 and by the end of deployment period 249 people had used the Heart Age tool.

We successfully engaged 99 people from minority ethnic backgrounds to use the Heart Age assessment tool. Of which 59 were from our target population of Black African and Caribbean ethnic groups, and 40 from the Asian ethnic group. Four people indicated 'not stated' and eight indicated their ethnicity as 'other'. The majority (138) of participants were White and likely consisted of healthcare practitioners participating in the training programme.

Table 5 - Ethnicity breakdown of respondents

Ethnic group	Number of participants
Bangladeshi	6
Black African	17
Black Caribbean	42
Chinese	3
Indian	21
Pakistani	8
Other Asian *	2
Not Stated *	4
White	138
Others *	8
Total	249

*these fields did not capture further breakdown

Table 6 - Age of respondents

Age range	Number of participants
20-29	20
30-39	42
40-49	66
50-59	83
60-69	37
70-79	1

The youngest participant was 22 and the oldest 73. The majority of participants were aged 40-59. Unfortunately, we were unable to indicate age and ethnicity profile.

Gender

180 participants were female and 69 were male. Unfortunately, we were unable to indicate the gender and ethnicity profile.

Exploring use of the site

We obtained data on the usage of the site was obtained from two sources: a) google analytics; and b) the number of assessments undertaken using the Heart Age tool.

Google analytics data on Share the Pressure website usage

Google analytics shows interactions with the website and where users have clicked through to other web pages. 432 people visited the Share the Pressure website with the biggest traffic to the site being between 14-24th May. 215 went on to take the survey and saw their results, with 115 (53%) making the decision to take further action by moving on to see the practical support to assist them. The motivational and confidence questions lead to only 74 (64%) moving on to see the practical support page.

Around 12 (16%) people clicked through to view articles on the support page, with the most popular articles were:

- Local support
- Healthy Eating and Drinking
- Getting active

This data shows interest in Share the Pressure and a willingness to explore the Heart Age tool and information. However, it is not clear how many of the visitors were patients as opposed to healthcare practitioners exploring the website. The Heart Age data gives more reliable data on completed tests and is outlined below in relation to the key performance indicators for the project.

Exploring evaluation data

Evaluation data was taken for two areas for users of the Heart Age tool.

- a) Heart Age KPI: number of heart age tests taken within the project, number of completions, number of participants reporting taking a decision on their blood pressure treatment next steps.

Heart Age data provides more detailed analysis including a focus on the target group of Black African and Caribbean communities. The data shows that 249 people completed Heart Age with 84 completing the motivation and confidence questions.

The following tables describe Heart Age data in terms of heart age and the average number of years older than real age. Table 8 shows this data for all participants:

Table 8 - Heart Age Data for all participants n=249

Average Age	Average Heart Age	Average Heart Age - Age
47.6	50.8	3.6

Table 8a - Black African/Caribbean population n=59

Average Age	Average Heart Age	Average Heart Age - Age
47.6	50.8	5.2

Specific data on the target Black African and Caribbean groups indicates the majority saw a heart age older than their actual age. Our analysis suggests that 98.3% of Black African and Caribbean people had a heart age older than their actual age and this compares to 80.7% of the wider population. Our analysis also shows that no Black African and Caribbean participant had a heart age younger than their actual age and this compares to 11.6% of the wider population for whom their heart age was younger.

Table 9 - Black African/Caribbean population age data n=59

% younger Heart Age	% Heart Age = age	% = older Heart Age
0	1.7	98.3

Table 10 below shows the distribution of risk factors in those who took the Heart Age test and/or the percentage who were high on those risk factors.

Table 10

Risk Factor	Mean	Percentage “high”
Family History of CVD	n/a	20.5
Smoking	n/a	10.4
BMI	27.6	29.3/61.2 (BMI>30/BMI>25)
Blood Pressure	128mmHg	15.0
BP Treatment	n/a	14.4
Unknown BP	n/a	42.2

The data demonstrate that blood pressure levels on average were in the healthy range with only 15% having high blood pressure, however over 40% of people did not know their blood pressure, consistent with what is normally found on most users of Heart Age tools. Awareness of cholesterol levels (data not shown) was even lower with 86% of users being unable to report cholesterol levels, again this is typical of online Heart Age tools. The average BMI was in the middle of the overweight range and smoking levels were slightly lower than the national average. Table 10a reveals why heart ages were older in the Black community sample as average systolic blood pressure and BMIs were higher than other populations in the sample as well as a higher smoking prevalence. Of concern, there was no concomitant increase in blood pressure treatment and a higher percentage unknown blood pressure.

Table 10a: Black African/Caribbean population n=59

Risk Factor	Mean	Percentage “high”
Family History of CVD	n/a	20.3
Smoking	n/a	19
BMI	30.7	54/83 (BMI>30/BMI>25)
Blood Pressure	144mmHg	43
BP Treatment	n/a	13.6
Unknown BP	n/a	52

The majority of blood pressure reported by participants was measured at home or in a medical setting with one third (31%) of those testing at home were on blood pressure

medication. Those testing at events had a higher reading: 8.5% of Black African and Caribbean participants had a high mean systolic reading of 159 compared to 3.2% of the wider population having a high mean systolic reading of 144.

In addition blood pressure measurements at events showed a higher systolic reading for all participants. Table 11 shows the mean heart age reading at events is much higher than in other settings. It may be that healthcare practitioners need to take care when using heart age at events and the explanation to individuals.

Table 11: location and heart age reading

Location	%	Mean Heart Age-Age
Event	3.2	7.8
Home	21.6	2.6
Medical Setting	24.0	2.8
Work	8.0	1.8
BP unknown	42.9	n/a

Some participants answered the motivational questions indicating a decision to take action following the heart age assessment. A high proportion of those with high blood pressure were motivated to lose weight, eat healthy, stop smoking and exercise than take medication. Importantly, there was motivation to speak to a healthcare practitioner as a result of the heart age assessment.

Exploring the data by the wide ethnic categories shows that motivation to lose weight, eat healthily and was relatively high in the Black and Asian populations.

Table 12a: motivated behaviour and ethnicity

Weight loss	% 'not at all' (n)	% 'a bit' (n)	% 'very' (n)	Total population
Asian (Chinese, Indian, Pakistani, Bangladeshi)	31 (4)	23 (3)	46 (6)	13
Black African, Black Caribbean	13 (4)	38 (12)	50 (16)	32
White	3 (1)	33 (13)	65 (26)	40

Healthy eating				
Asian (Chinese, Indian, Pakistani, Bangladeshi)	23 (3)	31 (4)	46 (6)	13
Black African, Black Caribbean	13 (4)	22 (7)	66 (21)	32
White	0 (0)	28 (11)	73 (29)	40

Exercise				
Asian (Chinese, Indian, Pakistani, Bangladeshi)	20 (3)	38 (5)	40 (5)	13
Black African, Black Caribbean	34 (11)	28 (9)	38 (12)	32
White	1 (2)	20 (8)	75 (30)	40

The target Black African and Caribbean groups were more motivated to make changes with weight loss and healthy eating. There was a trend to a higher percentage of those from the Black and Asian groups who were motivated to speak with a healthcare professional. This is likely explained by the increased percentage of those in the target Black community in this sample with high blood pressure.

Table 12b: Make an appointment with a HCP

Motivated Behaviour	% 'not at all' (n)	% 'a bit' (n)	% 'very' (n)	Total population
Asian (Chinese, Indian, Pakistani, Bangladeshi)	20 (8)	38 (4)	40 (1)	13

Black African, Black Caribbean	19 (6)	44 (14)	38 (12)	32
White	50 (20)	25 (10)	25 (10)	40

- b) Patient KPI: numbers reporting high overall understanding of and satisfaction with research process, increased understanding of, and satisfaction with tool experience.

Unfortunately, only seven surveys were completed by respondents and only two had high blood pressure. Therefore, there is little to conclude from the data.

Overall, Share the Pressure Heart Age tool effectively highlights to those from the Black African and Caribbean communities with high blood pressure that their heart age is on average five years older than they are (ranging from two years older to eight years older based on the magnitude of high blood pressure). Around two thirds of participants overall are a bit or very motivated to make lifestyle changes with the strongest motivation is to make healthier eating changes.

Working with the community

- a) Local Community KPI: Closer working relationship with the community of South East London.

There was interest from Black led community and faith organisations working with Black communities in South East London and also an organisation in the West Midlands. Interest in the project from 100 Black Men led to our attendance at a health networking meeting in February 2023 which has led to the development of a relationship with them. The Black African and Caribbean organisations contacted during the early development of the tool continued to liaise with us throughout the duration of the project. This enabled a wider reach within their networks and dissemination about the Heart Age tool, and interest from individuals working in health and with Black communities. The project team also met with other organisations working on high blood pressure including the Lambeth Together project run by Guy's and St Thomas's hospital.

100 Black Men provided an opportunity to demonstrate the Heart Age tool at a local event and to address 'myths' relating to blood pressure. We arranged for a nurse to attend a joint 100 Black Men and Pan African event in July 2023 resulting in blood pressure testing of 50 people from African communities. This provided an opportunity to raise awareness of blood pressure and also the Heart Age tool. However, the limited number of African people who had a smartphone to access the tool impacted on use.

Lessons learnt

Delivering a change project within the one-year timescale is always a challenge, particularly at a time of such demand on the NHS and healthcare workers. Worryingly, when Black African and Caribbean people did engage with the Heart Age tool, their older heart age in comparison to their actual age further demonstrates the need for attention to this area of health. Importantly, it has also been possible to demonstrate effectiveness of the training programme, although it is likely that greater outcomes could be delivered with additional time.

The small sample size of those using Heart Age within our target population impacted on the analysis. We were unable to differentiate whether those exploring the Heart Age tool were healthcare practitioners as part of the training programme or individuals from the general population. Clarification on the 'type' of user would have been beneficial when exploring the data on usage. A larger sample size of Black African and Caribbean communities is needed to understand whether these data are representative of the population.

Additionally, follow up with healthcare practitioners at a later date would have enabled feedback on how they went on to implement their acquired knowledge in practice, and facilitate shared decision making.

There is no doubt that digitalisation opens up opportunities for many patients to access information, and services such as booking GP appointments. But at the same time, there remains some communities including those in lower socio-economic status and some Black, Asian and minority ethnic groups where accessing services and information this way remains a problem. Whilst the Heart Age tool is versatile and easily accessible via a mobile phone, blood pressure testing at the community event raised the issue communities having the right (in this case smart phones) technology to access the service.

There was interest from one community organisation about how they could engage with the project. Whilst it was not in the remit of the project to engage in community events, there were several requests which would have increased participation and reach from the communities and provided more data on how Heart Age was being used for shared decision making with Black Caribbean and African communities.

Conclusion

The Share the Pressure training programme has achieved its aim of improving the skills and knowledge of healthcare practitioners and raising awareness of the disproportionate burden of raised blood pressure in Black African and Caribbean populations. Practitioners were able to become familiar with the Heart Age tool and use it to complement their practice to aid shared decision making to manage high blood pressure. The Heart Age tool was readily accessed. Individuals from Black communities were able to use the Heart Age tool as a means of managing high blood pressure. Despite the small sample size, the analysis indicates communities' intention to action to address high blood pressure. The challenge remains of community engagement with Black communities and addressing digital access.

Recommendations

The implementation of this programme has a number of recommendations for future work.

Sharing learning

1. Interest from other trusts has highlighted the need to share the learning from the project to others looking to address health inequalities with these communities and optimise blood pressure testing within their priorities for hypertension and reducing CVD.

Training programme

2. Healthcare practitioners and providers in their action to reduce the risk of cardiovascular diseases, may wish to implement the Share the Pressure programme to work alongside their priorities to identify and help people manage high blood pressure as stated in the NHS Long Term Plan and CORE20plus 5 priorities.

Therefore:

- It is imperative to build on the work already achieved by the Share the Pressure programme, so as not to lose momentum.
- Continued use of a dedicated webpage for promotion/booking of training.
- Continue to use the MedAll platform for webinar delivery and post course processes.
- Offer a range of training to accommodate the needs of other areas across primary care.

Online Heart Age tool

3. Digital access remains an issue to be addressed for communities. Healthcare Practitioners may need to consider how best to support these communities. This could mean helping communities develop the practical skills to use Heart Age tool within clinic consultations.

Community outreach

4. The project was focused on increasing the knowledge, skills and confidence of nurses to use the Heart Age tool to help patients from a Black African and Caribbean communities to make shared decisions about managing their blood pressure. As such, community outreach as a means of using Heart Age with blood pressure testing was not built into the project. Interest from some community groups for blood pressure testing at events would have been an opportunity to introduce and use the Heart Age tool with the Black communities. Proper resourcing is needed to explore this avenue in addition to the training of healthcare practitioners.

Black Caribbean and African respondents

5. The number of Black Caribbean and African respondents of Heart Age limited the conclusions that could be from analysing the data. Analysis of the people that did participate from these communities showed heart age that is worrying. However, further targeted research with a larger sample size is needed to understand how representative the data is of the wider Black Caribbean and African communities.

Appendix one

The information leaflets developed.



HCP SUPPORT LEAFLET (SHS TRACKABLE QR CODE).pdf



GP SURGERY LEAFLET (SHS TRACKABLE QR CODE).pdf