



# Managing your hypertension targets

How to use your workforce differently

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# Case Study: Prioritisation of Patient – roles of GP and Health & Wellbeing Coach

This video illustrates the role of a GP in seeing high priority patients, and health and wellbeing coaches seeing lower priority patients.

[Proactive Care Frameworks: A GP and Health and Wellbeing Coach Perspective - YouTube](#)

(3.25 mins long)



# Team roles: how your wider team can support implementation and delivery

UCLP have put together three workbooks to support practices who are implementing the UCLPartners Proactive Care Frameworks. They can all be accessed via this link -

<https://uclpartners.com/uclpartners-proactive-care-framework-implementation-workbook/>

**Module 2 – Team Roles**, focuses on the clinical prioritisation and systematic use of the wider workforce to help teams to optimise patient care, safely manage workflow, free up GP capacity and increase job satisfaction for staff.

The following slides cover the key points in the workbook:

- Roles & responsibilities (p5)
- Process mapping (p7)
- Process flow (p8)
- The Clinical Role (p11)
- Prescribing Clinician Role (p12)
- HCS and similar roles (p13)

# Roles & Responsibilities

Each team member is vital in performing their task which in turn has an impact on the patient's outcome. There are a variety of roles within your practice that could be involved in delivering the Frameworks. GP, Physicians Assoc, ANP, PN, HCA Pharmacist, Paramedic Admin staff and other ARRS roles

GP

Physician  
associate

Advanced  
Nurse  
practitioner

Paramedic

Healthcare  
Assistant

Pharmacist

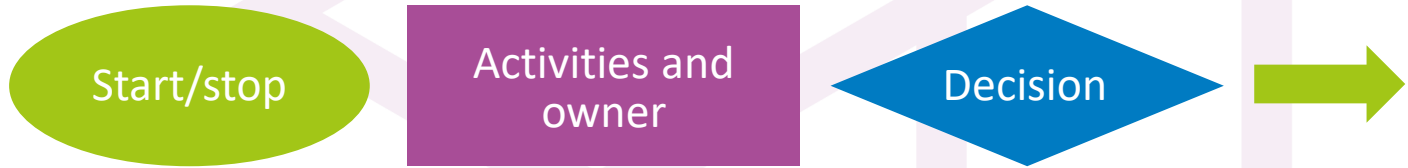
Administrative  
staff

Practice  
Nurse

And many  
more!

# Process Mapping

- 1) The pathway being mapped is (be as specific as you can):
- 2) Identify the start and end point of your pathway and write these in the ovals e.g. Start: Patient calls practice in their birthday month to book annual review End: Clinician updates patient record.
- 3) Take the process step by step. Identify the activities involved and who does them, decision points and the flow of the process
- 4) Consider running this activity with post-it notes in a multidisciplinary meeting to fully understand the process. Look for opportunities for improvement.



**Project Title:** How your team currently provides care for patients with a long-term condition e.g. hypertension?

**Where does your process start from?**



# Process Flow: identify who needs to be involved and what their role will be

**Process Flow** Below is a flow chart detailing some of the main roles that may exist within your practice that could complete each task. The roles identified are recommendations and can be changed based on your workforce.

## Recommended roles for stratification

### Overall project management

Practice manager/GP/Nurse/Pharmacist

### Run the search to stratify the data by clinical priority

Practice manager/Administrator

### Assigning the intervention to the appropriate team member

Practice manager/Administrator

### Sending invites (emails/texts) to patients requesting them to book appointments

Receptionist

## Intervention

### High priority intervention (Early review)

GP/Nurse practitioner

### Medium and low priority (Phased review)

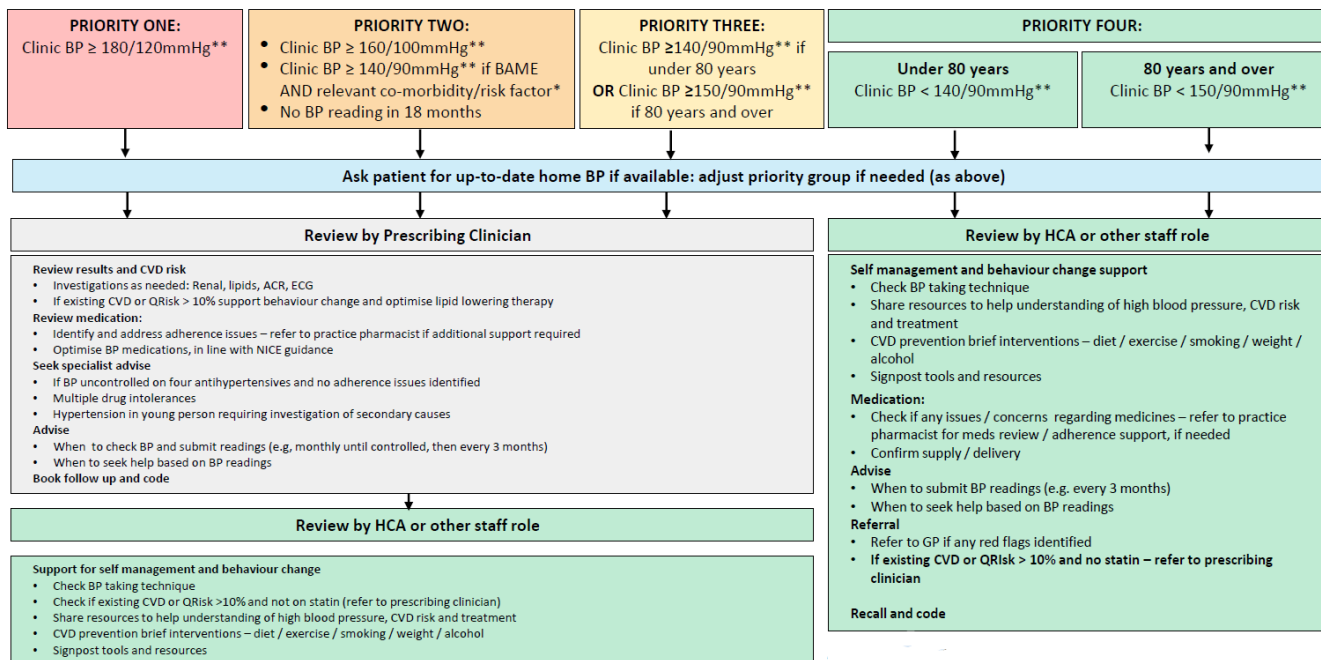
GP/Nurse practitioner/Pharmacist

### Holistic proactive care (for all patients)

Healthcare assistant, Nursing associate, Link worker, Health coach or similar role

# The Clinical Role: An example of the different interventions by priority group for hypertension management is shown below:

## High Blood Pressure Stratification and Management





# Prescribing Clinician role: Clinical Pharmacist, Nurse and Physician Associate and similar roles

These individuals could review patients in the **medium priority category** in some of the Frameworks, depending on their competency.

## Their role can involve:

### Medical assessment

- Blood sugar control, physical assessment and review triggers

### Medication review

- Adherence/titration

### Education

- Flu jab administration, supporting with licences and medical supplies and identifying red flags

### Specialist review

- If required

### Coding

- Coding at the end of the visit

All staff involved will need to be equipped with the right knowledge and resources to be able to deliver the care as proposed. This may mean ensuring they are aware of local schemes to provide digital equipment for patients and have access to patient educational resources. (A curated list is provided in the Frameworks).

# Healthcare assistants (HCA) and similar roles

HCAs and other roles can be involved in all priority pathways through the provision of **holistic care**. Additional roles could be support-workers, social prescribers, link workers, care co-ordinators and health and wellbeing coaches.

## Gather information

- Up to date patient observations, lifestyle assessment, risk calculation

## Self management

- Patient education, advice on self care, signpost resources

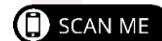
## Behaviour change

- Brief interventions and signposting

### Resources to support HCAs and other staff delivering proactive care

As some of the above tasks might be typically outside of the usual HCA and other staff roles such as behavioural support.

Protocols and training are currently available which provide this.



# Useful Resources

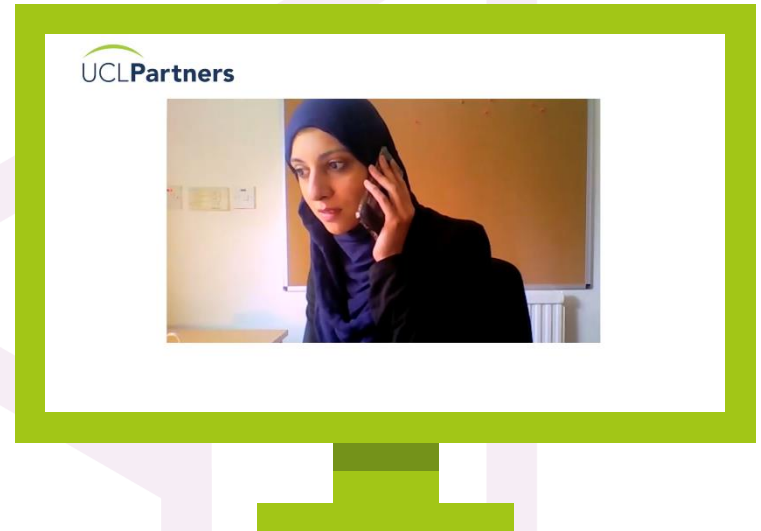
- Communication skills training: Blood Pressure
- Supporting self-management for people with LTC
- Competency Training Framework
- Other training and development resources
- Resources for patients

# Communication skills training: Blood Pressure

A short video from UCLP on how to improve conversation skills with patients using coaching and motivational interviewing techniques.

(8 mins)

<https://www.youtube.com/watch?v=oDV7Is26Ayc&list=PLUQr7EYOp6SVRL0zVCnqhlKw9ht290cl&index=3>



# Supporting self-management for people with LTC

Recordings of workshops from Care City (<http://www.carecity.london/>) on approaches for supporting self-management for patients living with low-risk long-term conditions.

- Workshop 1: <https://www.youtube.com/watch?v=ZmHlsci78vk> (35 mins)
- Workshop 2: <https://www.youtube.com/watch?v=baElmtKJBxU> (28 mins)

# Competency Training Framework:

The aim of this pack from UCLP is to outline the recommended training for:

- Healthcare assistants (HCAs), social prescribers, nursing assistants and other appropriately trained staff to effectively use the proactive care frameworks to support education, self-management and behaviour change in patients with long term conditions
- Pharmacists, nurses and physician associates to utilise the proactive care frameworks to support clinical interventions
- The Five Step summary of recommended training for all staff to implement Proactive Care Frameworks (slides 4-6) covers:
  1. Local practice
  2. Consultation
  3. Condition specific
  4. Support for lifestyle change
  5. Digital Tools

<https://s31836.pcdn.co/wp-content/uploads/Proactive-Care-Training-Resources-v3.0-Sept-2021.pdf>

# Other sources for training are:

E-learning for health: <https://www.e-lfh.org.uk/>

<https://www.practicalclinicalskills.com/blood-pressure-practice>

<https://www.bhf.org.uk/for-professionals/healthcare-professionals/support-for-your-patients>

<https://www.bhf.org.uk/for-professionals/healthcare-professionals/resources-for-your-role>

<https://s31836.pcdn.co/wp-content/uploads/Proactive-Care-Training-Resources-v4-June-2022.pdf>

# Resources for patients

- 1) [Manage your blood pressure at home hub](#) which has been created by The BHF to provide support and advice to help patients understand and control their blood pressure.
- 2) Example of a [Home BP Diary](#) from Sussex ICS.
- 3) Digital Resources <https://s31836.pcdn.co/wp-content/uploads/Digital-resources-for-hypertension-Sept-2021-FINAL.pdf>
- 4) Patient video – benefits of remote blood pressure monitoring (The video is also available in Punjabi, Bengali, Urdu, Somali, Gujarati, Polish, Sylheti, Arabic, Farsi, Kurdish Sorani, Romanian, Chinese, Tamil and Turkish) <https://youtu.be/edKbuoZPNyg> (1.45 mins)



Thank you to Yorkshire & Humber  
AHSN for sharing this guide for use  
within the North East and North  
Cumbria.