



British Hypertension Society

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British Hypertension Society

Strategic Review

2010-2016

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THE BRITISH HYPERTENSION SOCIETY STRATEGIC REVIEW (BHS) EXECUTIVE SUMMARY

At the BHS Executive Committee meeting on 27 April 2009, it was agreed that a strategic review of current activities and future aims and objectives should be undertaken to guide development of the BHS between 2010-2016.

NB. This Strategic Review was completed at the end of 2009. Since then the Nurses Hypertension Association has been dissolved and its members invited to apply for full membership of the British Hypertension Society. The Nurses Working Party now represents their interests – September 2010.

The British Hypertension Society Mission Statement:

To reduce the burden and consequences of hypertension and cardiovascular disease in the UK, Ireland and beyond

The British Hypertension Society (BHS) represents the forum for professionals working in the field of hypertension and cardiovascular disease. The Society comprises clinicians specialising in the research and delivery of care in hypertension and allied fields, together with scientists in the forefront of cardiovascular research, and we are committed to supporting and developing high cadre of multidisciplinary healthcare workers who are key agents in the delivery of care. The BHS is made up of a membership of 250 ordinary members led by an Executive Committee. There are four working parties: the BHS Information Service and Guidelines Working Party; the BHS Educational Programmes Working Party; the BHS Blood Pressure Measurement Working Party; and the BHS Collaborative Research Working Party.

The BHS provides a broad spectrum of scientific and educational activities, for example, the production and regular updating of NICE/BHS Guidelines for the management of hypertension; scientific meetings covering all aspects of research and the delivery of care related to hypertension and cardiovascular disease; and the Annual Scientific Meeting held every September.

Delivery of the British Hypertension Society Mission

The BHS will deliver its strategic mission by education and dissemination of new ideas and best practice. These are centred upon the annual scientific congress and the work of five main working parties of the BHS. The BHS-NICE Guidelines for the management of hypertension are the most prominent and internationally renowned feature of the BHS work. Yet, the establishment of accurate blood pressure measurement and validation of appropriate devices is fundamental to the management of high blood pressure. The BHS leads the world in this field and delivery of a validation service led by the Blood Pressure Measurement Working Party will be central to our future activity. We offer highly rated education and training ranging from study days for nurse practitioners, to cutting edge scientific workshops, meetings for general practitioners and more widespread academic debate, continuously develop the understanding and awareness of the management of hypertension within the British Isles and abroad. The incubation of research concepts that plug gaps in the evidence basis such as the PATHWAY Programme has combined BHS talent to evaluate therapy for more resistant hypertension. This will form a key part of our future strategy, with critical research projects aimed at improving blood pressure control among our more challenging patients. Finally the BHS will work with cognate charities such as the Blood Pressure Association, Consensus Action on Salt and Health and government agencies to improve cardiovascular disease prevention.

Key recommendations:

1. The Annual Scientific Meeting will be evolved through multi-sponsorship by broadening pharmaceutical and other engagement in new cardio-metabolic therapeutic areas. This will be accompanied by greater delegate cost recovery.
2. The Information and Guidelines work of the BHS creates amongst the most influential cardiovascular guidelines world-wide. We will continue to engage actively with National Institute of Clinical Excellence (NICE) to assure that a high quality evidence based guideline is produced.

3. Our Educational Programmes offer interface with multidisciplinary healthcare workers delivering hypertension care and prevention. These will be developed through stronger links with cognate societies.
4. Our Research Collaborative activity will be broadened as this has enormous potential value to UK Healthcare, improving care of patients and increased Gross Domestic Product to the UK.
5. There is scope for development of joint initiatives with Government and other cognate associations to increase public awareness and benefit from cardiovascular risk reduction.

This document has received input from key stakeholders following input from the BHS Executive, BHS Working Parties and the Membership. It represents an opportunity to take the Society to the next level while sustaining excellence in its current portfolio of activities.

BACKGROUND TO THE BRITISH HYPERTENSION SOCIETY STRATEGIC REVIEW

For some time after its foundation, the British Hypertension Society (BHS) was a national society primarily devoted to organising an annual scientific meeting for those involved in blood pressure related research. In recent years the BHS has undergone a transformation to a society which produces internationally renowned, high quality guidelines and notably was the first national society to develop guidance on the management of hypertension in collaboration with NICE. The BHS has developed a highly valued information service and website as a resource for members and non-members, and provides multidisciplinary education programmes in support of improved patient care. The Society has taken the lead in blood pressure measurement and the assessment of new devices and created a research collaborative. In research, the Society has built on the success of the Anglo-Scandinavian Cardiac Outcome Trial (ASCOT) and British Genetics of Hypertension (BRIGHT) Programme to secure funding from the British Heart Foundation for PATHWAY, a programme of clinical research to address unanswered questions in the management of hypertension. This substantial expansion of the Society's activities was enabled by the successful establishment of the Friends of the BHS initiative in 2003. This has offered dialogue with industry and significantly increased assets from £150,000 in 2002 to around £500,000 in 2009 enabling many of the programmes of the Society to flourish. These industry resources have been invaluable but as most classes of antihypertensive agents become generic and there is a relative dearth of new pharmacological interventions it is likely that funding from industry will be less readily available and the BHS will have to generate new sources of support. This, together with the current economic uncertainty makes it imperative that the Society revisits its strategy to create a base on which the BHS can build on these successes in order to evolve in a sustainable fashion over the next six years and beyond. This strategic review offers the opportunity to examine the portfolio of BHS activities and consider how they could sustainably be taken to a new level.

1 VISION

Effective understanding, detection and treatment of hypertension is vital for prevention and treatment of serious disorders of heart, brain and circulation. The British Hypertension Society will address this by building on its international leadership in promoting excellence in clinical care underpinned by the robust evidence based NICE/BHS guidance and providing a high calibre information service, supported by a multidisciplinary educational programme and BP monitor validation service. The Society aims to promote UK talent to lead in major areas of international research endeavour and to create a multidisciplinary forum to enthuse and engage clinicians and scientists in training from all cognate disciplines both within the UK and across the world. Our aim is to take hypertension and cardiovascular clinical care and research to a new level of excellence. Recent government-driven initiatives for cardiovascular risk assessment offer the BHS an opportunity to engage in improving standards of cardiovascular care including kitemarking for blood pressure measuring devices and development of a training programme leading to accreditation in cardiovascular risk management.

2 KEY STRATEGIC GOALS

- Deliver international excellence and leadership in cardiovascular guidelines, measurement and service innovation for the benefit of both patients and society. This will capitalise upon our existing relationships with NICE and key stakeholders e.g. the Blood Pressure Association and encourage the development of new partnerships.
- Develop and broaden the BHS Blood Pressure Monitor Validation Service to promote standards of accuracy in blood pressure measurement, encourage service providers to use validated devices and to provide updated advice on validated devices for clinic and home use. The BHS will advocate that all blood pressure measurements in the UK should be accredited according to BHS standards i.e. BHS kitemarking.
- Develop a sub-speciality training programme in cardiovascular risk management for medical trainees in cognate disciplines in secondary care and primary care leading to the accreditation of a new generation of physicians with expertise to enhance delivery of care in the UK.
- Use the enlarged and multidisciplinary BHS educational programmes to extend the reach of the BHS beyond the annual scientific meeting and to collaborate with cognate national and international societies to further facilitate high quality training for those caring for people with hypertension and at risk of cardiovascular events especially in primary care.
- Transform the internationally renowned BHS research base into a collaborative aimed at incubating and leading the highest calibre clinical and basic science research programme at national and international level. The BHS should become the key opinion leader and the key driver of internationally relevant research.
- From these programmes, building and developing international collaborative links to create “the international place to train” in hypertension and cardiovascular risk management.
- Use web casts and the BHS *Live!* Concept to disseminate the latest clinical trials in a rapid timeframe to allow us to reach the widest healthcare audience.
- Develop and review the Annual Scientific Meeting to attract new blood while continuing to offer an excellent forum for scientific exchange.
- Support the Nurses Hypertension Association to ensure a sustainable base for engagement of multidisciplinary team members and non-medical prescribers.
- Engage with government to ensure substantive policies and strategies for cardiovascular risk management and the food industry to facilitate lifestyle interventions, in collaboration with a network of other interested parties e.g. Blood Pressure Association and the Consensus Action on Salt and Health (CASH).
- Engage actively with the pharmaceutical and biotechnology industries to facilitate evidence based development and investigation of new antihypertensive therapies.

3 DISTINCTIVE ADVANTAGE OF BHS

The British Hypertension Society offers an exceptionally well-organised multidisciplinary grouping for the promotion of all aspects of cardiovascular health with a focus on blood pressure research and education aimed at improvement of clinical care. The importance of the activities of the Society are emphasised by data suggesting that in 2006 cardiovascular disease (CVD) was estimated to cost the UK economy £30.7 billion a year. Of the total cost of CVD to the UK, around 47% is due to direct health care costs, 27% to productivity losses, and 26% to the informal care of people with CVD. The influence of blood pressure on these endpoints and the Society’s close links with primary as well as secondary care, nurses, pharmacists and other health professionals, and strong interactions with other cognate societies, places it in a key national opinion leading position in cardiovascular disease prevention. The BHS has close contacts with international pharma and UK government institutions offering advice and, where appropriate, constructive criticism. This has led to international prominence alongside organisations such as ISH, ESH and ESC. Taking advantage of the unique UK NHS health care environment gives the BHS a competitive advantage over those other societies in maximising the potential impact of its activities.

Figure 1. BHS NICE Guidance anti-hypertensive cost-effectiveness analysis shows excellent value of medications and potential savings of full implementation of these guidelines

Summary of annual revenue changes

	Annual cost £ millions
Recommendations with significant resource impact	
Current cost of pharmacological intervention for essential hypertension	409.8
Proposed cost of pharmacological intervention for essential hypertension	468.2
Changes to pharmacological interventions	58.4
Following full implementation of the guideline update the following savings are achievable.	
Estimated potential savings arising from reduced: strokes	(255.1)
ischaemic heart disease (minimum saving)	(25.3)
Estimated net saving of full implementation	(221.9)

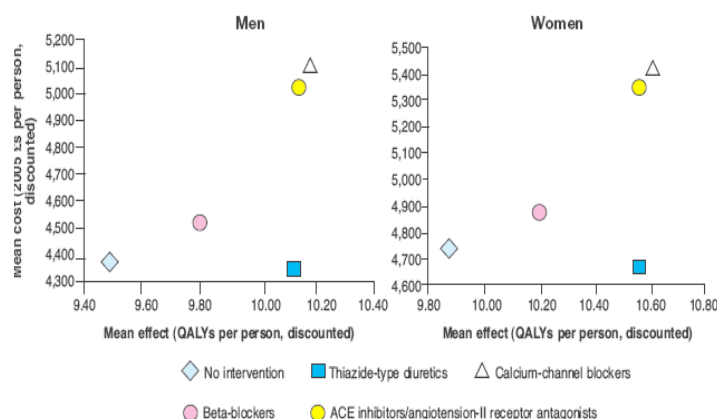


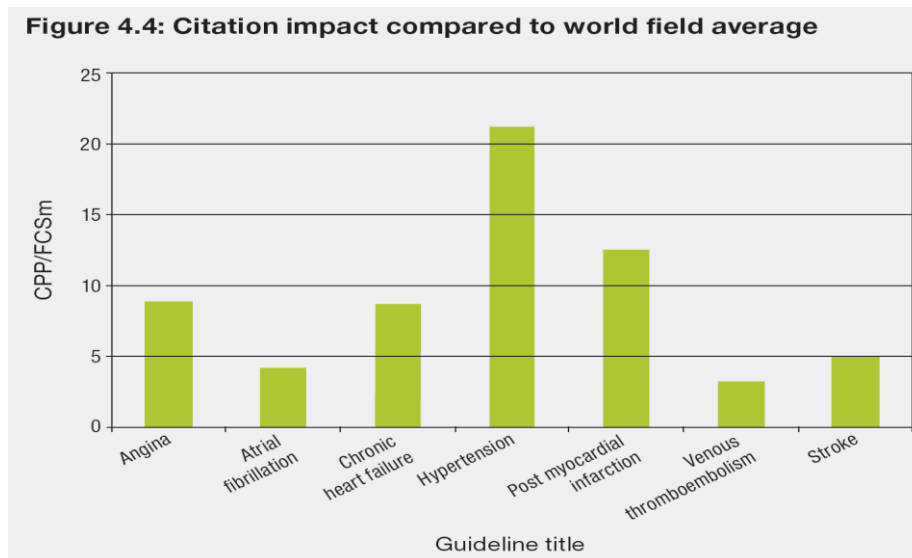
Figure 1 Base case results (65-year-old, 2% cardiovascular risk, 1.1% diabetes risk, 1% HF risk)

3.1 Perception of the BHS

The sustained engagement with clinical management and research issues has enhanced the reputation of the BHS with NHS stakeholders, other government bodies, UK funders such as the BHF and cognate cardiovascular societies. The Society is internationally renowned and respected for recommendations for management of hypertension and validation of blood pressure monitors. A key step change in connecting with those delivering the majority of care for hypertensive patients has been achieved through primary care and non-medical training programmes. The initiative to develop formal mutually advantageous interactions with pharma has been seen as a very astute strategy. Internationally, the BHS is perceived as an important independent force while developing fruitful relationships with the European Society of Hypertension (ESH) and the International Society for Hypertension (ISH). This is exemplified by the BHS preliminary assessment of applications for the ESH Centres of Excellence awards and approval of applications from its members for the ESH Clinical Hypertension Specialist Accreditation Scheme. The success in attracting the ESH 2012 meeting to London represents a major opportunity to showcase the Society. Furthermore, the success of major research collaboratives such as the British Genetics of Hypertension Study, the Anglo-Scandinavian Cardiac Outcomes Trial, public health initiatives which lead the world on salt reduction and now the new BHF funded PATHWAY programme pave the way for international leadership in blood pressure research.

Figure 2 (see below). World Citation of UK Hypertension Research in Guidelines compared with other Cardiovascular research (CV). The Centre for Science and Technology Studies maintains a bibliometric database of citations. Below is the world-wide citation of UK generated hypertension research cited in guidance compared to the citation of all other UK CV in other guidelines. This is expressed as the ratio of the citations per paper = CPP divided by mean field citation score = FCSm. If the ratio is one then citation is identical to that expected for the field. Published UK original hypertension research and guidance are cited on average 22 times more than the world field average (Chapter 4 in Medical Research – What’s it worth? report for MRC, Wellcome Trust and Academy of Medical Science).

Figure 4.4: Citation impact compared to world field average



4. BHS STRATEGIC ACHIEVEMENTS 2003-2009 AND STRATEGIC GOALS 2010-2014

4.1 The Annual Scientific Meeting and the membership

These meetings have been held annually since 1981. Although the Society's membership has been limited to 250, attendance at meetings remains strong with many non-members attending as guests. Recent initiatives have included: arrangements to provide short-term exchange lecturerships for outstanding young investigators with the High Blood Pressure Research Council of Australia, invitations for a limited number of members of that society to attend the annual meeting, invited presentations from leading members of ESH/ISH, poster presentations, and sessions devoted to clinical issues and latest trial results. The format of the meeting has evolved to open with cases with practice points, a topical debate, 2 young investigator awards, 2 invited speakers in addition to the Pickering Lecture, latest news from contemporary studies and a "How to" session. These changes have preserved the scientific excellence of the meeting but extended it by half a day. Some clinicians have commented that attending the entire programme with clinical commitments has proved challenging. The Executive will monitor closely attendance and quality feedback and adjust the programme structure and content to respond to feedback.

4.2 Attendance, number of new members, recent changes and feedback, venue costs

Attendance remains high and recent changes in format appear to have been well received. However, of the 45 abstracts accepted for the 2009 meeting, 32 were from non-members, most of which are aged under 35 years. It is recognised that there needs to be a concerted effort to increase membership and the current constitution limit of 250 members has recently been reviewed. A category of student membership with a lower membership and registration fee has been introduced. Applications for membership might be enhanced if this included subscription for a relevant journal at no added cost. Preliminary discussions with the Journal of Human Hypertension have been encouraging. **These are two areas with potential to significantly impact the Society's vibrancy moving forward.**

4.2.1. The decline in clinical academic numbers and young people entering academia.

The recent report from the Medical Schools Council (Fitzpatrick) shows that between 2000 and 2008 there was a 14% decline in clinical academics (-500 FTEs) especially at Reader/Senior Lecturer/Lecturer grade. As a result of the Walport initiative there is an encouraging 6% increase in clinical Lecturers in the last 2 years. This will impact the Society as retirements of senior members with no succession plan leads to diminution of research teams and a loss of multidisciplinary research hubs. The Society will need to make a concerted effort through the membership to encourage strategic capacity building amongst clinical, non-clinical and allied healthcare professionals through encouraging fellowship applications from talented researchers and establishment of new academic posts.

4.2.2 The reduction in the launch of new anti-hypertensives.

The lean pipelines in anti-hypertensive drug development mean that the traditional sole sponsor model needs revisiting and multi-sponsor financial models have been developed for 2010 for the annual meeting. This will require the Society to recognise that the blockbuster cardiovascular drug era is unlikely to be sustainable and therefore future sponsorship should be sought from the broader cardio-metabolic therapeutic area. However, the meeting should continue to be held in one venue where all delegates can be accommodated and the registration fee should be all-inclusive. Multi-sponsorship is inevitable in the future. The sponsorship fee might have to include satellite symposia provided these were strictly regulated by the Society. It is also necessary to acknowledge that greater cost recovery from delegates will be necessary. However, because of the impact this might have on the capability of major centres to sponsor attendance of their teams, any change needs to assess the risk to the meeting in terms of attracting and enthusing young scientists, clinicians and nurses.

4.3 Key strategic goals (numbered) and tactics (bullets) for implementation:

1. The existing BHS membership must take concerted action to expand the membership base especially by attracting young clinicians, scientists and healthcare workers to 300 members.
 - Tactical implementation of this strategy includes an associate trainee membership open to graduate students, clinicians in training and postdoctoral scientists.
 - The Executive will consider whether a mentorship programme with local identification and nurturing of talented clinicians and scientists will help facilitate this goal.
 - The provision of journal access to the Journal of Human Hypertension or an alternative quality cognate journal is being explored.

Deliverable and timeline: Incept associate membership by spring 2010 and decide about mentorship by September 2010.

2. The existing sole sponsor model for funding the annual scientific meeting has been reassessed in the light of genericisation of anti-hypertensives.
 - The BHS must adopt a multi-sponsor model for the Annual Scientific Meeting and consider whether satellite sessions offer a way of broadening sponsorship and therapeutic arena to cardio-metabolic disease where novel targets and devices are expanding.
 - The Society must revisit greater delegate fee recovery without threatening attendance, or discouraging larger hypertension centres from bringing their research teams.

Deliverable and timeline: We will move if possible to multi-sponsorship, draft new budgets for Annual Scientific Meeting and prepare for greater delegate cost recovery by January 2010.

5 THE BHS INFORMATION SERVICE AND GUIDELINES WORKING PARTY, KEY ACTIVITIES

Remit:

- To provide information for health care professionals about hypertension and cardiovascular risk reduction.
- To produce hypertension guidelines and timely web-based updates in response to new trial evidence.
- To produce fact files on the management of hypertension in special situations.
- To develop a strategy, manage and support the Information Service to ensure that it delivers on the above.

Key activities:

- Guideline development on behalf of the BHS.
- Information website.
- Newsletters.

5.1 BHS Guidelines & Information Service Working Party – Metrics of success 2003-2009

2003-2009 Key Achievements

2003

- Developed the BHS *Live!* Webcast for transmission of the latest evidence from clinical trials.

2004

- Publication of BHS IV Guidelines.
- Re-design and launch of BHS website.
- Distribution of 40,000 ABCD posters.
- Factfiles on 'How to Treat Hypertension' & 'CV Risk Assessment and Its Use' – written for the BHF and based on the guidelines distributed to 49,000 UK GPs
- Introduction of representation by the Information Service at conferences
- Nurses Distance Learning Course
- General queries from Healthcare professionals

2005

- New Full Time Equivalent Administrative Officer appointed
- ASCOT press coverage handled by the Information Service
- BHS *Live!* 4 (ASCOT) – Broadcast live on the internet and webcast loaded onto BHS website
- NICE Stakeholder registration in guideline review: Type 2 Diabetes
- JBS 2 published
- General queries and attendance at meetings/conferences

2006

- BHS/NICE Hypertension Guideline update
- Press enquiries on BHS/NICE guideline handled
- NICE Stakeholder registration in guideline reviews: Stroke and CKD
- Website additions:
 - Bulletin Board
 - Search facility
 - FAQs
 - Slides on BP Measurement, Epidemiology of Hypertension and Guidelines
 - Factfiles on BP Measurement, Estimated GFR, Liddle Syndrome and Stroke
 - general overhaul
- BHS logo unified
- General queries and attendance at meetings/conferences.

2007

- NICE Stakeholder registration in guideline reviews: Lipid Modification, Antenatal Care, Hypertension in Pregnancy, Aliskiren Technology Review.
- JBS2 Summary Guideline
- Launch of quarterly Newsletter
- General queries and attendance at meetings/conferences

2008

- NICE guidelines issued in Stroke, Lipid Modification, Antenatal Care, Type 2 Diabetes, CKD – BHS contributed to final guidelines
- NICE Prevention of CVD, Public Health Programme Review – stakeholder registration and Chronic Heart Disease guideline review Stakeholder registration
- Development of a quarterly BHS Newsletter and increased circulation to ISH members

- General queries and attendance at meetings/conferences
- Job vacancies section added to website

2009

- Joint British Societies (JBS2) Risk assessment Charts, updated to include people over 70, added to website
- Section on Drug Classes added to website
- Resistant Hypertension guidelines will be published imminently
- Increased Newsletter circulation to GPs interested in hypertension
- General queries and attendance at meetings/conferences

The BHS website is a resource for members and non-members throughout the world. This has proved popular with an average of about 30,000 hits per month. UK and USA are the top visitor countries with the Netherlands and Spain featuring strongly as the most popular European users.

Feedback from BHS members on the Newsletter has been extremely positive. The Newsletter is also circulated to ISH members via a secure area on the ISH website and to GPs who have an interest in hypertension.

5.2 Information and guidelines – key strategic goals (numbered) and tactics (bullets) 2010-2014.

This working party will endeavour to remain at the forefront in providing information and guidelines. The scope will evolve from a limited focus on hypertension to incorporate all aspects of cardiovascular risk management.

5.2.1 Guidelines. The original BHS guidelines for the management of hypertension were published in 2004. A NICE review of the hypertension guideline to run over 2010 has been announced and the Chair of this review has been advertised. Meanwhile, BHS guidance on the Treatment of Resistant Hypertension has been drafted to complement the BHS/NICE ACD algorithm. This will offer pragmatic advice in response to requests from primary care. The BHS has also been invited to engage in the JBS3 Guideline update. This provides an opportunity to engage in efforts to improve cardiovascular risk management rather than specifically hypertension. That said there is increasing use of European Guidelines from ESH by clinicians in Ireland.

- Engagement by key members of the Society through various stakeholders will be vital to support the development of high quality guidelines.
- Co-ordinated planning of dissemination of these guidelines using the BHS Educational Programmes and BHS *Live!* will be vital.
- Tactical engagement in other guidelines development such as JBS and other cognate NICE guidance is also very important.

Deliverables and timelines: A BHS Resistant Hypertension Guideline will be produced and submitted by May 2010. We will engage in supporting the NICE Guideline revision anticipated to call for applications for the Guideline Development Group in May 2010.

5.2.2 Website. The Therapeutic section on all major antihypertensive drug classes is now complete. It is intended to update this section regularly in the light of new therapeutic developments. In addition, the JBS Risk Prediction Charts are posted on the website together with a link to the JBS Risk Calculator. This again reflects a more holistic approach to cardiovascular risk management.

- It is intended to update this section regularly in the light of new therapeutic developments.
- The BHS should use computer based synchronised voice recording with PowerPoint presentations to create web casts of key lectures and educational events which could be open access.

Deliverables and timelines: explore software for computer based recording of speakers at BHS Educational meetings, BHS Live! and the Annual Scientific Meeting. Complete by July 2010. Additional website features and improvements will be completed by September 2010.

6 THE BHS EDUCATIONAL PROGRAMMES WORKING PARTY

Remit: To establish, deliver and evaluate cutting-edge educational programmes designed to disseminate guidance and best practice to all health professionals involved in the arena of hypertension and cardiovascular risk management not reached through our Annual Scientific Meeting including:

- Clinical Education Meetings for Primary Care
- Masterclasses for specialist training
- Structured Education Programme for Independent Prescribers
- UK specialist accreditation
- Joint Meetings and Sessions with other Societies

Aims: To provide a programme of high quality educational programmes that:

- enables the dissemination of the BHS/NICE guidelines and other aspects of hypertension detection, investigation and management.
- supports future specialist accreditation by providing a core curriculum and access to continued professional development.
- is inclusive and encompasses the wider health care professions involved in hypertension and cardiovascular risk management and are likely to have an expanding role in the future.
- moving forwards, accredits formal programmes of training for health professionals

In 2002, enthusiastic support was received for the suggestion that the BHS should hold one or two educational meetings every year for primary care (GPs, nurses and pharmacists), targeting in particular PCT leads. These should become “gold standard” meetings which those working in primary care should attend to update their knowledge of the latest guidelines and treatments in hypertension. The intention of these meetings is to support best practice and successful implementation of evidence-based management and guidelines.

Since then, these meetings have evolved to include all aspects of cardiovascular risk management. In addition the Working Party has established hypertension Masterclasses to provide a CPD accredited educational programmes to link with the Royal College of Physicians training programme. A recent development has been Independent Prescribers’ Training Education days, a programme intended for health professionals (primarily nurses and pharmacists) who have completed a supplementary prescribing course and aims to deliver education that enables health professionals to bridge the gap from generic prescribing to prescribing in hypertension. This programme is supplemented by occasional BHS *Live!* meetings to provide detailed interactive discussion about contemporary outcome trials in hypertension and joint meetings with other cognate societies.

The BHS has for many years supported sub-speciality accreditation for trainees in specialities in secondary care and primary care. Following discussions the focus is now on a modular curriculum for Hypertension and Cardiovascular Risk Management. A proposal is now at an advanced stage of preparation.

6.1 BHS Educational Programmes Working Party - Metrics of success 2003-2009

- Clinical Education Meetings for Primary Care have been consistently successful and well attended. Attendances average 142 delegates and 1295 individuals have attended since 2004. The meetings are highly rated; the last meeting on 19 May 2009 was rated very good or excellent by over 80% of the delegates. Topics were considered highly relevant to primary care with case-based discussions and debates very popular. The meeting featured high quality speakers with ample time for audience discussion.

BHS CLINICAL EDUCATION MEETINGS FOR PRIMARY CARE - Meeting statistics

Delegate Number/ Type:	1 9.3.04 London	2 16.1.04 Manch	3 26.4.05 London	4 8.11.05 Edin	5 12.5.06 London	6 10.11.06 Notting.	7 20.4.07 London	8 14.11.07 Edin	9 20.5.08 London	10 18.11.08 Manch	11 19.5.09 London
GP	70	53	87	91	128	56	134	62	122	46	125
Pharm Advisor /Pharmacist	66	37	28	42	19	8	9	13	9	10	7
Nurse	35	26	31	34	2	11	11	14	23	18	10
Public Health	7	4	0	2	1	1	3	0	0	0	0
Other	14	12	8	23	12	7	0	5	10	3	15
Total	192	132	154	192	162	83	157	94	164	77	157

Geographical split:	1 9.3.04 London	2 16.1.04 Manch	3 26.4.05 London	4 8.11.05 Edin	5 12.5.06 London	6 10.11.06 Notting.	7 20.4.07 London	8 14.11.07 Edin	9 20.5.08 London	10 18.11.08 Manch	11 19.5.09 London
01 London, Middlesex	32	4	37	3	46	6	52	0	54	1	48
02 Home counties, Oxford, Brighton, Southampton, Portsmouth	70	12	52	17	68	7	66	6	66	2	65
03 Brisol, Cheltenham, Bath	10	6	6	3	5	0	5	0	6	2	4
04 W. County – Exeter, Taunton, Truro	2	4	1	2	0	0	0	0	0	2	2
05 Leicester, Derby, Coventry, Solihull	21	2	16	9	13	23	6	1	7	9	8
06 Birm, Nottingham, Stoke, Lough, Worcester	7	16	10	6	6	12	8	1	6	7	5
07 Camb, Norwich	2	0	2	3	2	2	5	2	5	0	4
08 Leeds, Sheff, Hull	19	12	7	7	3	16	0	5	5	11	2
09 Manch, Liverp, Blackpool, Macc, Stockport, Bolton	12	49	8	18	7	9	5	3	4	28	5
10 Kendal	1	9	2	6	1	0	0	1	1	1	0
11 Newc, Sunderland, Middlesborough	3	6	4	7	2	1	1	1	3	2	2
12 Scottish Borders	1	1	2	9	2	1	0	3	1	1	0
13 Glasg, Edinburgh, Dumfries	2	5	3	63	1	2	2	33	3	2	3
14 Aberdeen, Dundee	3	1	1	32	2	1	1	35	0	4	1
15 Scotland – far NE	0	0	0	1	0	0	0	0	0	0	0
16 Scotland – far NW	0	0	0	1	1	2	0	0	1	2	0
17 Cardiff, Swansea	4	2	1	1	1	0	3	1	1	2	5
18 Northern Ireland	2	2	1	3	2	0	2	2	1	0	0
Other/Ireland	1	1	1	1	0	1	1	0	0	1	3
TOTAL	192	132	154	192	162	83	157	94	164	77	157

- **BHS Masterclasses.** Ten have been organised at sites throughout the UK. Attendances have ranged from 22-42 (average 34). Feedback has been positive.
- **Non-Medical Prescribers' Training Education Programme.** This successful partnership with the Nurses Hypertension Association began in 2007. Four meetings have been held in Derby (2), London and Aberdeen. The key goal of this programme is to enhance understanding of safe and effective use of all therapeutic modalities to lower blood pressure and cardiovascular risk and participant

feedback has rated the programme very highly. Delegate numbers are restricted to 50 to facilitate interaction and small group work with attendance averaging 43.

- **BHS Live!** Several such events have taken place, the most recent in April 2008 to discuss the outcome from the ONTARGET study.
- **Joint meetings** have been held with several cognitive societies including the British Cardiovascular Society, the British Pharmacological Society and the Renal Association.
- **Sub-speciality Accreditation.** Progress has been slow but is continuing.

6.2 Education strategic goals (numbered) and tactical implementation (bullets) 2010-2016. It is proposed that the BHS should continue to deliver and evaluate a range of educational programmes each year which may include but not be limited to:

- Primary Care Meeting
- Specialist Masterclasses
- Independent Prescribers Training Days
- One or more joint meetings with other societies that share common goals
- Development of an accreditation system for educational programmes, in particular those aimed at independent prescribers
- Development of training packages that incorporate assessment of competence

6.2.1 Primary Care Meetings. The educational remit of these meetings will be broadened to include all aspects of cardiovascular risk management to make the meeting more attractive to delegates and Friends.

- Although highly successful educationally, because of reduced support from Friends, the last meeting incurred a substantial deficit. Accordingly this meeting should be held at affordable venues where attendance is consistently high.
- We propose that the registration fee must be raised in line with the benchmarking exercise against other providers such as BMA and other such programmes which suggests this is sustainable.
- To encourage attendance, speaker presentations will be made available on the BHS website or as handouts.

Deliverables and timelines: Ensure selection of cost-effective venue and maximise delegate attendance and engagement of BHS Friends as sponsors.

6.2.2 Masterclasses. The Masterclass programme was attracting a variety of trainees not reached by the BHS in other ways. Recently, achieving a critical mass of attendees has proved more challenging.

- The next meeting is planned for Sheffield in Spring 2010. A careful review of marketing strategy with full delegate fee recovery should be planned.
- The concepts of future Masterclasses aimed at GP specialists is under consideration with the PCCS.

6.2.3 Non-Medical Prescribers' Meetings. It is very clear that this is a vitally important educational activity where there appears to be unmet need in knowledge base of pharmacology, adverse effects and interactions of medications. Initial feedback has suggested this type of activity is confidence-building and there are the beginnings of a shift toward greater use of prescribing by accredited non-medical prescribers.

- This activity should be expanded in a sustainable way.
- Meetings are planned for Winter 2010 (Brighton), Spring 2010 (Scotland) and Autumn 2010 (Liverpool).
- Work is on-going to look at developing a Postgraduate Certificate in Prescribing in Hypertension, accredited by the BHS

Deliverables and timelines: Ensure this moves to an affordable cost recovery base and maximise delegate attendance.

6.2.4. A Joint Meeting with the BPS is proposed for December 2010. Discussions continue with the Primary Care Cardiovascular Society (PCCS) regarding a joint BHS/PCCS session during the British

Cardiovascular Society (BCS) meeting in 2010. Such meetings should be continued to increase the profile of the Society.

Deliverables and timelines: The Programme is set for the Joint BPS and BCS meetings (latter joint with PCCS).

6.2.5 BHS Live! No sessions are planned but intelligence should be gathered about new trials where possible in advance of publication so a contemporary web cast can be scheduled.

- The cost of holding these sessions without the support of pharma may be prohibitive.
- We could move to web cast style meetings using slides and voice synchrony software employed in most UK Universities.

6.2.6 Approved training programme leading to sub-speciality accreditation in cardiovascular risk management should remain a priority.

The revised proposal has been prepared and the Specialist Advisory Committee in Cardiology has agreed to review this. There remain considerable challenges of protectionism and demarcation to overcome.

- An interim plan to implement modularised curricula within Clinical Pharmacology and Therapeutics programme is likely to offer a key short term route to success.

Deliverables and timelines: By the end of 2010 to have made significant progress toward implementation of hypertension as a module of the Clinical Pharmacology curriculum.

7 THE BHS BLOOD PRESSURE MEASUREMENT WORKING PARTY

Remit:

- To appraise current validation criteria for BP monitors and define criteria to be adopted by the BHS for the validation of such monitors to include home, clinic, 24-hour ambulatory and beat-to-beat devices. To assess, on a regular basis, the published information over and above that of the validation process on these devices.
- Provide educational information on all aspects of blood pressure measurement and monitoring and liaise closely with the Blood Pressure Association and the BHS Information Service and provide regular updates on relevant matters to the BHS website.
- Consider BHS response to removal of mercury sphygmomanometers.
- Liaise closely with other UK and worldwide BP Monitoring Committees, e.g. the European Hypertension Society, the British Standards Association, Medical Devices Agency.

7.1 Metrics of success.

- Review of blood pressure monitors. Over 100 devices are now listed on the BHS website which is regularly updated. The list of validated devices for home use/self-assessment has been redesigned and grouped into price ranges. There is now a separate section for validated devices that are not available for purchase in the UK.
- Validation Service. The first study has been completed and further studies will follow shortly.
- DVD on Blood Pressure Measurement. Over 1000 copies have been distributed or ordered.
- Decommissioning of mercury. The Working Party is advising MHRA on this issue.
- The cost to the Society is modest and the Working Party is on track to bring a small surplus to the Society through the validation service.

7.2 Measurement strategic goals (numbered) and tactical implementation (bullets) 2010-2014

7.2.1 Current monitor assessment and validation activities should be supported.

- The BHS will continue to develop its guidelines, and highly respected validation service, to encompass novel prognostic indicators and devices when as they enter routine clinical use"

- The emphasis should shift to include active attempts to improve the quality of blood pressure measurement in clinical care.

7.2.2 The long-term objective should be that all health professionals involved in blood pressure measurement are assessed as competent to do so and all measurement devices should be validated and accredited by the BHS (kitemarking). This presents an opportunity for partnership with the Blood Pressure Association in web, advertising and press campaign to encourage blood pressure measurement and use of validated monitors.

Deliverables and timelines: By the end of May 2010 we will have sought significant engagement with devices companies to enhance validation and kitemarking.

7.2.3 Education and Training in BP measurement will remain a vital focus of this group and where appropriate joint working with the Educational Working Party and the Blood Pressure Association will be necessary especially as some element of assessment of outcomes will be needed.

7.2.4 Tools such as the BP measurement DVD may need review and updating.

7.2.5 The Working Party has a vision, endorsed by the Society, to enhance the quality of home or self-blood pressure monitoring in the community. The exponential growth of the sale of such devices (even if validated) is occurring with minimum input from health care professionals. The WP will ensure clear guidelines on the use of home monitors both for the professions and patients and will work in partnership to establish the appropriate role for 'out of office' measurement of BP in the management of hypertension.

Deliverables and timelines: Production of guidance for home or self monitoring may be included in NICE/BHS Guideline review. If not the Working Party should initiate such a process by end of 2010.

8 THE BHS COLLABORATIVE RESEARCH WORKING PARTY

Remit: To design and execute de novo clinical research studies expected to benefit from collaboration among several centres.

8.1 Metrics of success

The PATHWAY (**P**revention **A**nd **T**reatment of **H**ypertension **W**ith **A**lgorithm-guided therap**Y**) programme was awarded £1.86 million of funding by the British Heart Foundation. This comprises three complementary studies: resistant hypertension, combination therapy versus monotherapy as first step therapy and diuretic treatment in low renin patients. The BHF programme grant is for a period of five years although it is hoped that results will be available for presentation at the ESH meeting in London in 2012.

Novartis has agreed to fund a BHS designed study (ACCELERATE) also comparing mono-therapy and combination therapy.

8.2 Research strategic goals (numbered) and tactics (bullets) 2010-2014

8.2.1. The Working Party intends to establish a web-based national BHS network

- The mechanisms for obtaining funds for clinical trials are more clearly defined than previously and it is hoped that such a network will assist in this process. The development of an established network of researchers to lead in national and international programmes of basic and clinical research including large-scale outcome trials would enhance the prestige of the Society.
- Experience with ACCELERATE suggests that it is possible to attract international pharma.

Deliverables and timelines: During May 2010 consider a Health Technology Appraisal application to the National Institute for Health Research to explore renal sympathetic denervation as a treatment for hypertension.

8.2.2 New Research Initiatives

Over 2009-2011 the Working Party will develop strategic research programmes in areas where the UK has critical mass of excellence but there is currently not a unified programme of research.

- The first area identified is arterial stiffness and assessment of pulse wave velocity and a sub-group has held a successful BHF workshop in October 2009 to define key research questions as a substrate for programme or project grant working analogous to the BRIGHT programme.

Deliverables and timelines: By July 2010 to have submitted an outline for a BHS/BHF Arterial Stiffness Programme to the British Heart Foundation.

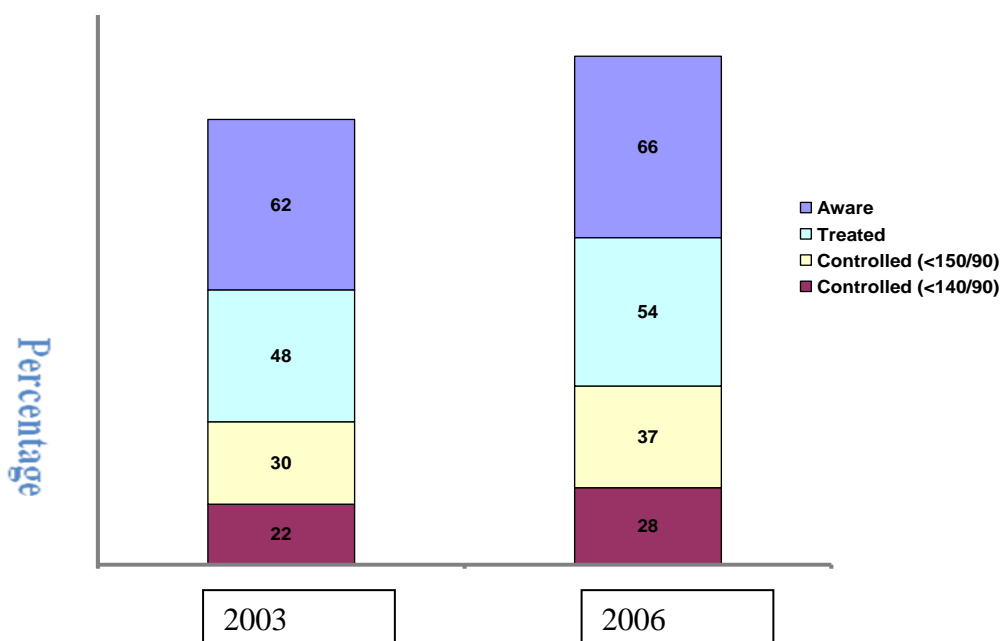
9 EXTERNAL FORCES – Risk assessment and impacts on the BHS

9.1 Political influences and the BHS

9.1.1 Healthcare strategies, the BHS and UK Government

There is growing awareness of the important in primary prevention of cardiovascular disease within the UK. The new Vascular Health Checks and the Brain Attack strategy recognise that there is substantial unmet need in blood pressure reduction. The latest Health Survey for England and BHF Heart Stats show that there is very considerable room for improvement in blood pressure control. The Department of Health is considering ways to address blood pressure management. The BHS intends to liaise with the Department of Health regarding the strategic development and implementation of a public campaign of greater awareness and action for patients with high blood pressure.

Data showing continued improvement in hypertension management in England: results from the Health Survey for England 2006 compared with 2003. A survey of 8000 adults. Falaschetti *et al.* Hypertension. 2009 Mar;53(3):480-6. This data is unbiased by exemptions used in General Medical Services Contract. It serves to emphasise continued unmet need in blood pressure control.



9.1.2 Alliance with other cognate healthcare groups

Until 2009, the most visible strength of the British Hypertension Society was its internationally renowned guideline for the management of hypertension. The delivery and implementation of these successive guidelines has been led from an academic standpoint, more recently integrally related with NICE. From 2010, the BHS strategy will be for greater involvement with Department of Health policy, as the BHS Implements its mission to reduce hypertensive disease burden delivered by appropriate guidance and influence within the Department of Health.

It is recognised that established patient interest groups and pressure groups have a vital role to play. Moreover, prominent individual BHS Members have strongly and successfully championed crucial improvement, for example reduction in salt intake and the “five a day” policy for increased fruit and vegetable consumption. From 2010 the BHS plans to strengthen links with patient-centred groups so that their often critical points of view can be channelled in a scientific and service delivery package, so that cost-effective strategies can be implemented for patients with hypertensive and cardiovascular disease. Now, the UK leads the world in having a salt reduction target and the fact that our average salt intake has dropped to 8.6g per day means that many thousands of lives are already being saved. Most dietary salt comes from processed food and fast food and the Government and the Food Standards agency need to more actively protect our 60 million “innocent bystanders”. The FSA have done well to achieve a 0.9 g/day reduction since 2003 but the Finn’s have achieved a 5g/day reduction, by a more energetic strategy, including regulation & legislation and their food industry continues to make a profit. A 3g/day reduction in the UK would prevent about 20,000 cardiovascular deaths every year. This must be set against the 650 fewer CVD deaths attributable to a fully developed NHS Vascular Health checks programme.

Deliverables and timelines: During late 2009 and early 2010 engage with Blood Pressure Association, CASH and Department of Health on common areas of interest that may lead to joint working.

The impact of the Consensus Action on Salt and Health (<http://www.actiononsalt.org.uk>) on Government and implementation of public health policy

The UK leads the world in salt reduction

- Food standards Agency
- Target < 6 gms per day by 2010
- Levels down from 9.5 in 01 to 8.6 gms 2008
- 19,700 tonnes salt gone
- 3000 male elephants or 50 swimming pools



- Look at nutritional labels for salt per 100g.
- High is more than 1.5g salt per 100g (or 0.6g sodium)
- Low is 0.3g salt or less per 100g (or 0.1g sodium)
- Salt reduced 45% in ready meals since 2003
- <http://www.actiononsalt.org.uk/>

This reflects the enterprise of individuals but it is now e the right time for BHS to form an alliance with these groups to ensure we have a unified approach to engagement with government, the Faculty of Public Health to have concerted action to maximise public health impact.

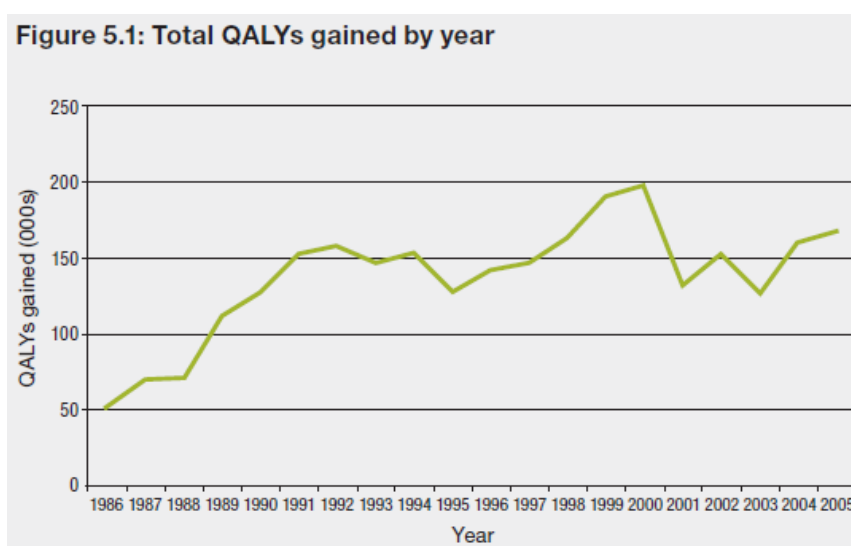
9.2 Economic factors affecting BHS future strategy

9.2.1 Benefits to UK economy from cardiovascular research

Recently the impact on Gross Domestic Product (GDP) of cardiovascular (CV) research has been modelled in a report “Medical Research – What’s it worth? for the MRC, Wellcome Trust and Academy of Medical Sciences which examined the impact of research 1985-2005”. It has been estimated that every £1 invested in cardiovascular research by public or charitable funders generates £2.2 -£5.1 of industry R&D funding. Overall the benefit to UK GDP is approximately 30-40p every year thereafter for every £1 invested. The true value of Cardiovascular R&D is realised over several years as on average it takes between 7-10 years to bring a new therapy to licence. It is not possible from this dataset to disentangle the contribution from hypertension to GDP but over the period 1985 to 2005 there was significant numbers of new anti-hypertensives and large-scale studies, such as, the Anglo-Scandinavian Cardiac Outcome Trial led by members of the Society.

9.2.2 Healthcare impacts of cardiovascular research

The benefit of cardiovascular research (public, charity and industry) in terms of Quality Adjusted Life Years (QALYs) gained between 1985 and 2005 has been estimated to amount to aggregate to 2.75M (range of estimates 2.15M – 3.6M) QALYs gained (depicted below in figure).



Between 1985 and 2005 the financial benefits from healthcare impacts of cardiovascular research has been quantified to be worth £68,680M (range of estimates 54,893M to 91,208M) in financial gain to the UK economy. A significant proportion of this will arise from management of hypertension and associated cardiovascular risk.

9.2.3 Reduced drug tariff to UK Payors and future health service funding

At present the reduced cost of generic medicines will introduce further benefit for the health service. However, this must be considered alongside likely reductions in public service investment within the current UK and global climate. Even with the current remaining medicines on patent the NICE/BHS cost-effectiveness analysis included as figure 1 shows that treating hypertension is one of the most cost-effective measures deployed within the NHS.

9.2.4 Industrial funds for R&D and the Society

The reduction in new anti-hypertensives and patented medicines in favour of generic formulations presents a risk to the Society’s ability to continue all the activities above unless new routes of funding or increased cost recovery is made. **We will continue to develop the Friends initiative in new directions by encouraging**

device manufacturers and innovators of new evidence based approaches to therapy and will implement improved cost recovery from educational programmes to yield breakeven immediately.

9.2.5 Impact of RAE 2008 on University funding

The 2008 Research Assessment Exercise did not produce desired funding uplifts in research income from the education funding councils. Some universities are restructuring at present to manage shortfalls but with increased public finance pressure it seems likely we should prepare for some shrinkage of the sector, which may impact hypertension research.

9.2.6 Research funding pressures

The latter is already affecting funds from major public research funders who have had a reduction in tangible current assets for disbursement to funders. At present there is still substantial NIHR funding available and therefore co-ordinated collaborative strategies like PATHWAY (funded by BHF) will be very important to sustain research activity in leaner times.

9.3 Social and lifestyle impacts upon hypertension

The Society's membership has impacted through research and implementation on National and International Guidelines and public health initiatives such as salt reduction. The prevalence of hypertension remains high 34% in men and 31% in women in England and although there are signs of improved control from the Health Survey of England the burgeoning epidemics of obesity and diabetes threaten to offset these benefits. There is a real strategic opportunity for the Society to form an alliance with the NHA, BPA, CASH, Stroke Association, BHF and DoH to have a concerted strategy around "Know your Numbers" and blood pressure reduction (see above).

9.4 Technological developments

Measurement and validation: The automation of blood pressure measurement and increasing use of self-monitoring means the Society's validation programme will be increasingly important.

New devices and techniques: Additional techniques for measurement such as pulse wave velocity are under evaluation and here the Society could provide leadership. The expansion of devices such as Resperate, baroreceptor stimulation and renal sympathetic nerve ablation need further evaluation and assessment. The Society will need to stay abreast of these technological developments.

Cardiovascular Risk Assessment: The area of risk assessment and risk engine development has been actively engaged in by BHS through the Joint British Societies Guidelines and is an evolving area. As a Society we need to be prepared to form a view on emergent risk assessment strategies to avoid inaccurate or cumbersome tools from confusing assessment in primary care.

10 KEY STAKEHOLDER ANALYSIS

The BHS Executive, membership and key stakeholders have reviewed and their advice has been factored in to this strategic plan.

11 BHS SWOT ANALYSIS AND STRATEGIC GAPS

11.1 BHS strategic strengths to be continued and built upon

- The BHS is the multidisciplinary society forum for key opinion leaders in hypertension and associated specialities.
- UK hypertension research is highly cited and the NICE/BHS guideline was a trail-blazer for engagement of learned societies in evidence based NICE guidance. The Guideline is widely quoted and its cost-effectiveness analysis valued across Europe. The UK healthcare system will continue to

demand this rigour and our continued engagement with NICE in their latest review is a clear indicator that the resultant 2006 NICE/BHS guidelines are held in high esteem.

- Between 2001 and 2009 the BHS has transformed into an outward reaching society with multidisciplinary healthcare education programmes which have been highly rated (scoring 4-5/5) and which engage with the majority of people managing blood pressure and cardiovascular risk.
- The inception of the BP Monitor Validation Service by the Blood Pressure Measurement Working Party is very timely given patient interest in self-monitoring devices.
- During 2009 lifescience R&D (includes biomedicine) became the number one earner for the UK economy overtaking the financial sector. The return on investment from cardiovascular research has been extremely good which makes the recent formation of the research collaborative extremely timely. The BHS will seek to create sub-groups to capitalise on the critical mass of research excellence in the UK and where necessary draw in international colleagues to develop a portfolio of leading edge research geared toward plugging gaps in evidence.
- Our engagement with the Nurses Hypertension Association and other cognate societies has offered very valuable interaction especially in the area of non-medical prescribing.

11.2 Current strategic weaknesses for consideration and action by the BHS

- The BHS engagement with Government and patients is very limited at present and confined typically to individual members' endeavours. The development of collaborative public awareness campaigns and support in encouraging uptake of the Vascular Health Check which could lead toward improved public health and partnerships should be explored.
- The BHS interaction with international or other national societies is confined to individual level and our exchange of outstanding young investigators (limited to the High Blood Pressure Research Council of Australia). There is greater opportunity for this interaction which may be helpful in addressing large-scale research projects.
- We have yet to succeed in our quest for hypertension sub-speciality accreditation in the UK but as a helpful alternative start base, we are exploring the establishment of modular credits within the clinical pharmacology curriculum.

11.3 Opportunities for the BHS 2010-2016

- The evidence of unmet need for improved blood pressure remains a major impediment to reducing stroke and coronary disease morbidity (although mortality is falling).
- The BHS needs to become more engaged in supporting the public awareness and healthcare implementation strategies. Our initial approaches suggest such alliances with the Blood Pressure Association would be welcomed.
- The move to multi-sponsorship for our Annual Scientific Meeting and broadening this in to areas such as cardio-metabolic risk will bring new opportunities to the Society.
- Greater engagement with blood pressure device companies could stimulate a stronger role for measurement and validation activities of the Society.

11.4 Threats to the BHS Strategy 2010-2016

- The perception from some in Government and Industry that we have enough anti-hypertensives, against which the BHS needs to make a cogent case for continuing therapeutic resistance and unmet need for better blood pressure control.
- Reduced access to funding through the health service, to UK Universities, research funders and the paucity of new chemical entities threatens the funding for the Society but more fundamentally its human capital (the membership) and the research base.
- The impending retirement of members or reduction of research hubs threatens the long-term training ground for new young clinicians, scientists and multidisciplinary team members. This may lead to a reduction in the membership.

12 IMPLEMENTATION, MILESTONES, RESPONSIBILITIES AND PERFORMANCE REVIEW

This strategy will be owned by the Society. It will be the responsibility of the Society's Officers to review at each Executive meeting, key performance metrics against strategic goals. The precise timelines need to be set by discussion within the Executive and Working Parties.

Suggested critical path of document control and timelines for the Strategy document:

Action	Date for completion	Status
Drafting June 2009	2 nd September 2009	Completed
Circulation to Executive and Working Party Chairs	3 rd September 2009	Completed
Agenda item for discussion at the Executive	13 th September 2009	Completed
Presentation to Annual Business meeting	15 th September 2009.	Completed
Electronic draft to all Executive, Working Parties and Society members	22 nd September 2009	Completed
Comments on draft	22 nd October 2009	Completed
Revised penultimate draft	31 st October 2009	Completed
Circulation of penultimate draft to BHS Executive, Friends of BHS, and all other stakeholders	3 rd November 2009	Completed
Strategic Review teleconference	11 th November 2009	Completed
Receipt of comments from stakeholders	30 th November 2009	Completed
Final version to be considered by Executive	10 th December 2009	Completed
Implementation of BHS Strategy	2 nd January 2010	Underway
Review against key deliverables	5 th May 2010	

Stakeholder comments received and incorporated.

We acknowledge comments received from the BHS Executive, Gillian Manning, Gary McVeigh, Ferruccio Lorenzo, Franco Cappuccio, Ian Wilkinson and Mark Davis, Simon Capewell (Faculty of Public Health), Naomi Stetson (Nurses Hypertension Association), Mike Rich (Blood Pressure Association), Kathryn Orr (Novartis) and Graham MacGregor (CASH) and Val Reynolds (Takeda UK).