

## **Health Need due to Hypertension among the Retired Population of Ryton**

This is a brief summary of a health needs assessment carried out by a student district nurse based in Ryton in 2005.

### ***About the population***

- A community with a rural past, a provider of agricultural labour
- More recently, several mines in the area, now closed
- In the last 15 years much private housing development in the area
- 2001 Census, 72% of local population living in owner-occupied property (Gateshead 58%, England 69%)
- 2001 Census, 2.4% houses with no central heating (4.0% Gateshead, 8.5% England)
- Health and employment indices from 2004 Index of Multiple Deprivation are above Gateshead average.
- Comparatively within Gateshead, an affluent population, but with small areas that are more disadvantaged
- 3250 people in the local community are retired

### ***Health status***

- CHD mortality, males, in Gateshead 36% of deaths under 75 years due to circulatory disease (England 36%)
- CHD mortality, females, in Gateshead 32% of deaths under 75 years due to circulatory disease (England 28%)
- GP Practice data showed 16% of retired people were recorded as suffering from hypertension (520 people)
- The two local GP practices were ranked 1<sup>st</sup> and 5<sup>th</sup> highest among 22 practices in terms of the prevalence of hypertension among the practice population of all ages
- Hypertension is a significant risk factor for coronary heart disease (reference Chaudry et al, 2004)

### ***Effective interventions***

- National Standards Frameworks for older people and CHD identified
- NICE guidelines for management of hypertension in primary care identified and detailed in Appendix
- One aspect of these guidelines is education focusing on improved lifestyle management
- A reduction in hypertension will improve morbidity (reference Gateshead Health and Lifestyle Survey)
- District nursing workload will be reduced if blood pressure can be maintained with an optimum range for a greater number of patients (NICE)
- There is an evidence base for promoting physical activity (Our Healthier Nation 1998, Choosing Health 2005)

### ***Services currently available***

- Several local initiatives available to increase levels of physical activity among the older population
- GOAL physical activity on referral scheme available, targeted at West Gateshead
- Health walks
- Physical Activity Motivators Scheme (PAMS)
- There is little evidence of local referrals to these schemes
- Discussion with local health professionals revealed a low level of awareness of services

### ***Proposals for Action***

- Briefing sessions for local health professionals
- Design of a leaflet outlining the benefits of physical activity and detailing local initiatives to be sent out to all the local population ages 65 and over
- Develop role of link nurse for physical activity within each GP practice
- Undertake focus groups among membership of local voluntary organisations comprising older people
- Evaluation to be undertaken to determine effectiveness of briefing sessions
- Evaluation to be undertaken, to determine awareness of leaflet and its success in changing attitudes and behaviour change, based on 5-step approach suggested by Ewles & Simnett (1999).
- Levels of referral to physical activity schemes to be monitored

### ***Are there any gaps in this health needs assessment***

This is a good health needs assessment.

- The study involves a comprehensive community profile.
- There is reference to national care guidelines (expert need)
- Health need is addressed with reference to epidemiological data (evidence-based need)
- The evidence base for physical activity is identified (evidence-based need)
- A clear action plan is set out with details of how this will be evaluated

However, the following are some questions to consider

- How is the “retired” population defined? Many people are now retiring early.
- What specific evidence shows that an increase in physical activity will lead to a reduction in blood pressure? (epidemiological or evidence-based need)
- Are there alternative interventions that can be used to treat hypertension e.g. prescription drugs (epidemiological or evidence-based need, “value for money”)
- Is any additional money available to implement initiatives (epidemiological or evidence-based need)
- What are the views of the retired population in relation to physical activity; are the schemes offered appropriate (expressed or felt need)
- What are the views of local GPs or the Consultant Cardiologist at the local hospital in this area (expert or normative need)
- What range of interventions are offered in Newcastle or in a rural population with similar characteristics in another area e.g. rural County Durham (comparative need)

***Public Health, Gateshead PCT, March 2006***