

Addressing Unwarranted Variation in Hypertension Detection and Control

A system-wide, equity-focused, co-designed improvement programme across all eight Hull Primary Care Networks

A structured improvement programme serving approximately 315,000 residents

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Main message

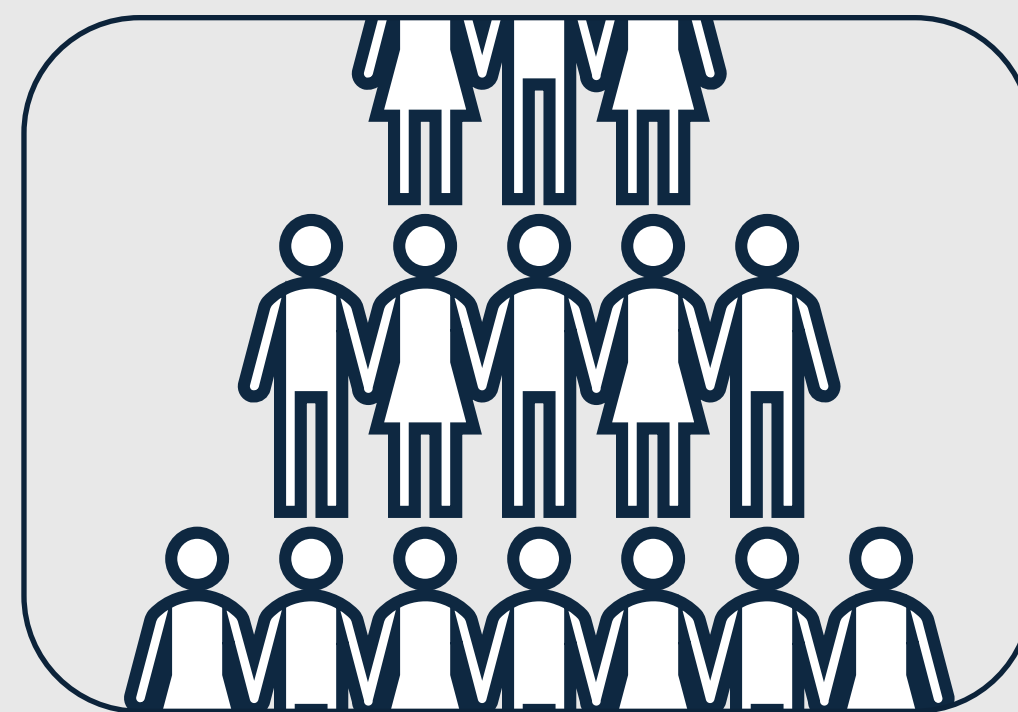
Hull had a substantial gap between expected and recorded hypertension prevalence and lower control performance compared with other local authority areas within Humber and North Yorkshire ICB. Within Hull, further variation was identified between PCNs and practices. This co-designed programme supported a more systematic approach to case-finding, coding, recall, monitoring and treatment-to-target management. During Mar 2025–Mar 2026, city-wide treatment-to-target performance increased from **74.6% to 82.7%**, while the hypertension register increased from **48,675 to 51,686**.

Why this mattered

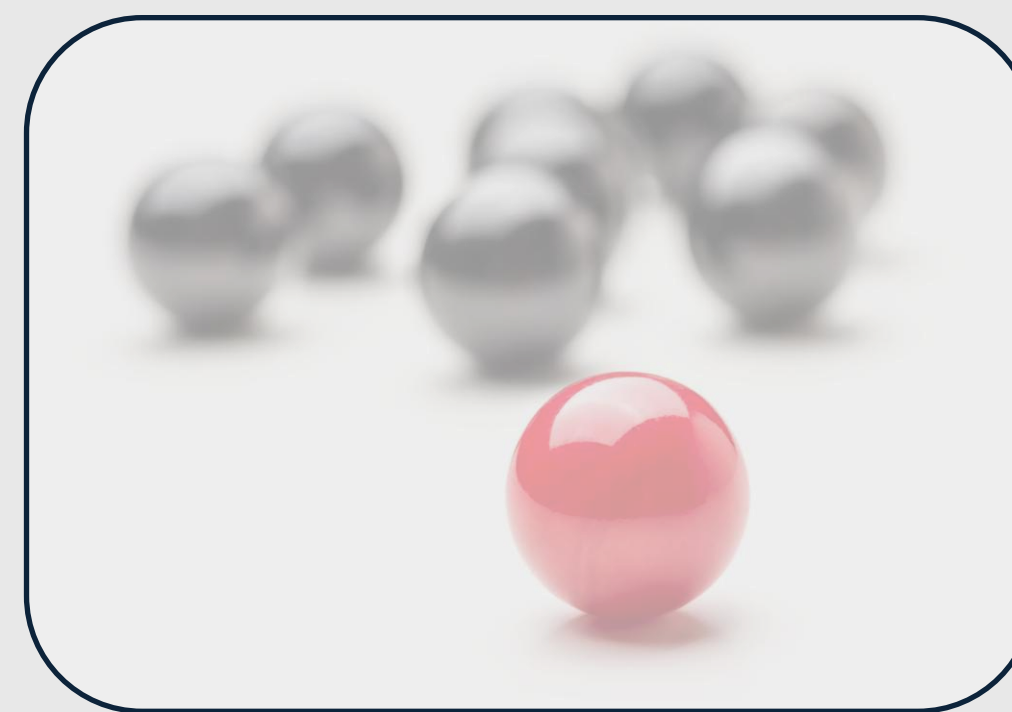
Hypertension is a major modifiable risk factor for cardiovascular disease and chronic kidney disease, and a major contributor to premature mortality across England. In a high-deprivation population such as Hull, missed detection, delayed monitoring and suboptimal control may contribute to avoidable health inequalities. The equity concern was not only variation in outcomes, but variation in access to systematic case-finding, recall, follow-up and treatment optimisation for people already facing barriers to engagement.



All 8 PCNs engaged across Hull



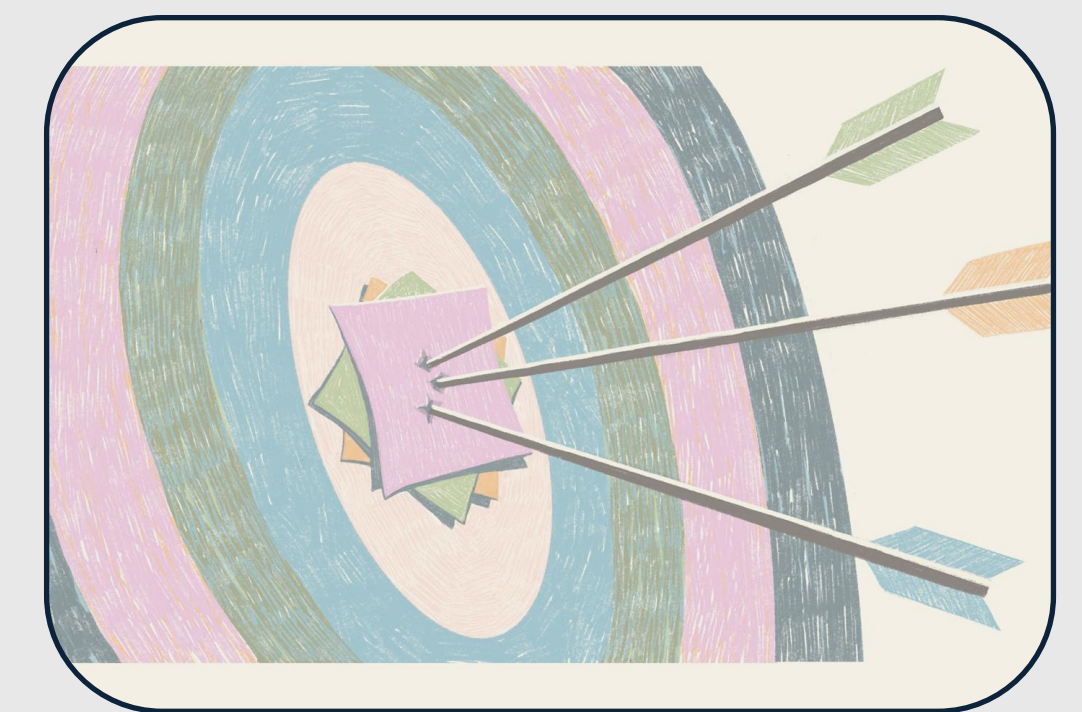
51,686 residents (March 2026) covered by the programme



~23,700 people (March 2025) potentially undiagnosed or unrecorded at baseline

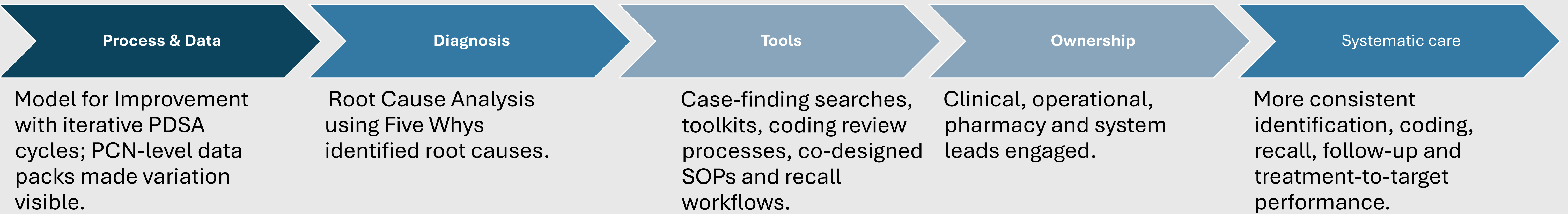


~5,000 patients missing timely blood pressure monitoring at baseline



>10,000 patients not achieving target blood pressure control at baseline

Improvement model



From fragmented pathway to systematic care

Before: Fragmented pathway	Emerging model: More systematic pathway
Opportunistic case-finding	Structured case-finding searches
Variable coding	Coding review and register accuracy
Inconsistent recall	Standardised recall workflow
Variable pathway ownership	Named clinical/operational roles
Variable patient communication	Consistent patient information
Limited pharmacy integration	Community pharmacy pathway

Outputs and outcomes to date

+3,011 register growth
hypertension register increased **48,675 to 51,686**

+8.1 percentage points
74.6% to 82.7%
Source: ICB CQRS data, Mar 2025–Mar 2026, excluding PCAs.

SOPs developed
diagnosis, recall, follow-up

Cross-PCN learning
shared ownership and practical improvement across Hull



What we learned

The observed variation was predominantly unwarranted and not attributable to differences in clinical knowledge or evidence. It reflected differences in how hypertension care was operationalised, including coding, recall infrastructure, register ownership, workflow configuration and patient communication. Tools alone were insufficient; improvement required standardised pathways, clear accountability and integration into routine practice.



Transferable learning

Other systems can adapt this approach by combining population health intelligence, facilitated peer learning, root cause analysis and co-designed operational tools. The approach is particularly relevant where prevention outcomes depend on systematic case-finding, recall, follow-up and treatment optimisation across complex primary care systems serving high-need communities.

Acknowledgements

With thanks to Hull Primary Care Networks, **Dr Nicole Williams**, Hull University Teaching Hospitals NHS Trust, Hull City Council, primary care clinical and operational leads, pharmacy colleagues, specialist clinical contributors and all workshop participants.

