

# Monitoring blood pressure

Are waiting room monitors worth it. **Brian Eastwood** gives a personal view.

**W**hen it was first suggested that we purchase a blood pressure monitor for patients to use in the waiting room, I thought that it would be a one minute wonder and perhaps occupy patients for a few minutes between booking in at reception before being called by the doctor or nurse.

I was however completely wrong. Not only do patients think the idea is excellent and the machine is in frequent use but the ability of patients to monitor their own care has saved practice time and helped our QOF figures.

For a few months after the decision was made to put a machine in the waiting area we pondered on the best way to achieve

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it – how to instruct patients on the use of the cuff and how to protect the machine from theft or vandalism. Although we had investigated the stand-alone automatic BP machine with a tunnel cuff and printout the cost seemed high for an experiment.

Our patient participation group stepped in and offered to purchase this model and after a demonstration we decided to go ahead. We are fortunate to have such a good relationship with the group who have helped the practice on a number of occasions.

Before the machine arrived, the doctors and nursing team got together to decide on the protocols for patients using the



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More than 220/120

200 – 219/110 – 119

150 – 199/90 – 109

Less than 150/90

Emergency appt same day

See Nurse 2 weeks

See Nurse 6 weeks

If you are taking blood pressure pills- see Nurse in 6 months

If you do not have blood pressure pills then another reading is needed in 5 years

● Advice to patients on what to do next.

machine and how those with blood pressures in various ranges should be managed. A copy of the advice to patients is shown in the panel.

The other equipment needed to ensure privacy (screen and chair) were purchased. Reception staff were also trained to use the machine and handle general questions so that patients who were unsure could be helped.

We were finally ready to start.

Although a few people had difficulty in understanding what was required, the initial problems were small and the machine is now heavily used. Patients are asked to record their name and date of birth on the back of the printout so that the BP information can be transferred to their records – a boon for the QOF figures.

Doctors and nurses who want to monitor a patient's blood pressure now ask the patient to use the machine and only need to see the doctor if the figures move out of range or for less frequent reviews. The patients can do this at any time the practice is open and are not tied down to making appointments when they could be working or playing golf.

The nurses who run our chronic disease clinics also asked patients to

monitor their blood pressure before coming to the clinic. Apart from saving nursing time it gives an immediate focus to the consultation.

As a practice with a higher than average elderly population there is a lot of concern about health and a regular stream of patients now routinely measure their blood pressure to put their minds at ease whilst out making appointments, collecting prescriptions or just passing by.

The time saved by our health care assistant was monitored by reviewing the number of blood pressure reviews undertaken over four weeks in June and again in September. These reduced from 102 to 34 – a saving of over four hours per week that can be used for other health promotions such as smoking cessation or diet advice.

We are now looking to expand our self care area as Seca have just produced a new scale that measures height and weight and prints these out together with a BMI score. As more emphasis is put on obesity this could also save the practice work in the future.

In a small way the introduction of our blood pressure monitor has shown that patients are willing to act to help themselves, thereby benefiting everyone. ■