Prescribing Update

NHS Lancashire and South Cumbria Integrated Care Board

# Medicines Matters

April 2026

## Introducing the new: Lancashire & South Cumbria (LSC) Adult Hypertension Pathway

High blood pressure affects a significant proportion of our population and remains one of the most preventable causes of cardiovascular morbidity and mortality. Our new **LSC Adult Hypertension Pathway**, based on the Greater Manchester Adult Hypertension pathway, and aligned with NICE NG136 and the LSCMMG net formulary supports a consistent, evidence-based approach to diagnosis, treatment, and optimisation across primary care.

The pathway aims to support practices to:

- Standardise hypertension management across the ICB.
- Reduce unwarranted variation and support safer, earlier blood pressure (BP) control.
- Improve outcomes through structured diagnosis, timely treatment escalation and improved adherence.
- Increase population-level case-finding and cardiovascular disease (CVD) prevention.

### Key Updates and Clinical Highlights of the Pathway

- All raised clinic BP results require confirmation via (ambulatory blood pressure monitoring) ABPM or average (home blood pressure monitoring) HBPM (twice AM & twice PM for 4 consecutive days) before diagnosing hypertension – this strengthens diagnostic accuracy, reduces over-treatment, and supports improved patient engagement and compliance.
- Clear treatment targets:
  - Under 80 years: Clinic <140/90 mmHg (HBPM/ABPM <135/85 mmHg).
  - 80+ years: Clinic <150/90 mmHg (HBPM/ABPM <145/85 mmHg).
  - Post stroke/MI/CKD and urine Albumin Creatinine Ratio (ACR) >70 mg/mmol – aim for tighter clinic targets <130/80 mmHg (use clinical judgement).
- Medication plus lifestyle from day one: The pathway reinforces initiating medication alongside lifestyle advice (weight, salt, alcohol, activity), rather than as a step-after initiation of medication.
- The pathway encourages better use of community pharmacy: Consider ABPM (where available) and New Medicines Service (NMS) to support patient adherence and follow-up.
- Clear stepwise treatment initiation and titration guidance (ACEi or ARB / CCB / Diuretic).
- Optional dual-initiation:
  - The LSC pathway permits *optional* dual therapy initiation (starting ACEi or ARB + CCB together) if: clinic BP ≥160/110 mmHg or average HBPM ≥155/105 mmHg.
  - Note: This is a local enhancement and is not part of NICE NG136 guidelines. It requires shared decision-making and assessment of risks/benefits. It must not be used if CKD is suspected. This offers clinicians a safe and pragmatic way to accelerate BP control in very high-risk patients at clinician discretion.
- Robust baseline tests & safety monitoring:
  - Baseline: lipids, U&Es, LFTs, TFTs, HbA1c, ECG, urine dip & ACR.
  - Check U&Es1–2 weeks after ACEi/ARB initiation and after dose changes.
  - Diuretic safety: U&Es before starting and repeat within 2 months. Stop if Na+ <130 mmol/L.

### What practices can do now

- ✓ Adopt the pathway in routine reviews and embed it in local protocols/templates.
- ✓ Share with the wider multidisciplinary prescribing team (GPs, ACPs, pharmacists, nurses) and brief reception/PCN teams to support case-finding and ABPM/HBPM workflows.
- ✓ Prioritise case-finding: opportunistic BP checks, recall of patients with historic raised BP readings, and systematic follow-up of home readings.
- ✓ Use community pharmacy support (ABPM/NMS) to improve uptake, titration, and adherence.
- ✓ Continue to follow NICE safety triggers for urgent/same-day assessment (e.g. very high BP with acute symptoms/target-organ damage).

Note: Patients already at target on existing therapies **should not be switched** solely due to the new pathway. The pathway is not applicable to pregnancy. Always apply clinical judgement.

**For any queries contact your ICB Medicines Optimisations Team link or click here for details: contact details**