Terms of Reference – National Hypertension Taskforce.

Hypertension is the leading risk factor that drives cardiovascular disease, kidney disease and stroke. Improving blood pressure diagnosis and treatment by way of systematic national and/or State and Territory hypertension control programs will save lives, reduce disability from heart attacks and strokes, reduce medical costs, and improve productivity.

In response to the recent Call to Action (Schutte *et al*, 2022) the National Hypertension Taskforce will be established with the remit to improving hypertension control rates in Australia from 32% to at least 70% by 2030. Successful hypertension control programs require multi-sector stakeholders to guide the design and implementation of the program and ensure quality, patient safety, timely scale up, and accurate monitoring.

Purpose

The National Hypertension Taskforce (herein referred to as the 'Taskforce') will have a remit to improve blood pressure (BP) control rates in Australia from 32% to at least 70% by 2030.

Roles and Responsibilities

- To develop a long-term strategy to improve the BP control rates in Australia, in collaboration with the National Hypertension Taskforce Steering Committee (herein referred to as the 'Steering Committee').
- To support the delivery of the strategy through mechanisms such as working groups responsible for the developing action plans to reach the agreed goal. Action plans will require approval/endorsement by the Steering committee before commencement.
- To meet bi-annually or as required by the agreed timelines and deliverables, but no less than quarterly in the first year. The meeting schedule will be reviewed, agreed and published annually.
- To report on progress of working groups bi-annually to the broader Taskforce at scheduled meetings. A nominee of each working group may also be required to update the Steering Committee on an *ad hoc* basis.
- To work across the following domains:
    - Stakeholder engagement - including consumers, primary care, government and industry
    - Sustainability - support and advise on funding opportunities for research and implementation
    - Research - including behaviour change, implementation research and evaluation
    - Implementation pathways
    - Equity of access and care - including integrating the needs of priority populations, including First Nations People, persons living in rural and remote areas into the activities of the Taskforce
    - Advocacy - including identifying advocacy priorities and contributing to the development of relevant resources.

Taskforce membership

Key stakeholder organisations concerned with hypertension control will be invited to nominate representatives from their respective organisations. The individual representatives would be senior, influential within their constituencies, responsible to report to and from their constituencies, and responsible to advocate for implementing the Taskforce's recommendations.

The Taskforce will have diverse membership, with representation from groups such as:

- Consumers
- Researchers and clinicians
- Professional organisations/society representatives
- Not for profit organisations such as Heart Foundation, Stroke Foundation, Kidney Health Australia
- General practitioners
- Pharmacists
- Nurses and nurse practitioners

Membership Roles

Co-Chairs: Well-respected, senior leaders who have a strong track record of accomplishment and is dedicated to and accountable for improving hypertension control. Chosen from the Taskforce membership.

Secretariat: Led by a senior manager who has strong track record of accomplishment and organisational management experience. Responsible for organising meetings, minutes, agendas, and necessary supporting documents, and supported by the Co-Chairs. This function will be provided as agreed by Taskforce members under a shared resourcing model.

Working groups: To achieve identified and agreed actions, member of the Taskforce will be asked to self-nominate into working groups to support and provide technical decision-making as outlined in the Call to Action (Schutte et al, 2022).

General members: Representatives from the main stakeholder organisations of the Taskforce. The individual representatives would be senior, influential within their constituencies, responsible to report to and from their constituencies, and responsible to advocate for implementing the committee's recommendations.

Membership Term

The Taskforce is effective from Q1 2023 and will exist until the goal of reaching 70% BP control rates is achieved or until termination by agreement between collaborating partners.

A full review of the Taskforce membership and objectives will be undertaken after two years to advise on any strategic changes that will strengthen its impact.

Governance

The Taskforce is an initative arising from a strategic partnership between the Australian Cardiovascular Alliance (ACvA) and High Blood Pressure Research Council Australia (HBPRCA).

- The Taskforce will have representation from the strategic partners ACvA and the HBPRCA, as well as several other key stakeholders as listed above.

- The Taskforce will, as necessary, establish time-limited and task focussed working groups to undertake identified projects, as required by agreed timelines and deliverables (Figure 1).

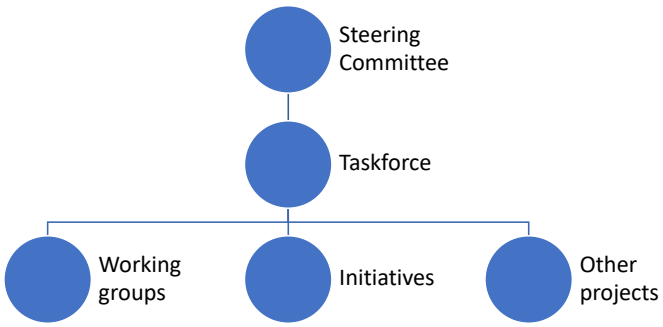

Figure 1. Governance structure of the National Hypertension Taskforce.

Taskforce deliverables

- Contributing to a long-term strategy and comprehensive action plan for working across identified focus areas with strategies for implementation.
- Working with the Steering Committee to develop an evaluation framework to measure (KPIs), monitor and report progress and outcomes
- Contributing to a plan for engaging and working with stakeholders and partners, ensuring strong consumer engagement and taking into account the views, needs and evidence relevant to priority populations.
- Recommending research and implementation priorities and collaborating on funding proposals.
- Advocating for hypertension to be made a national health priority.

Short term outcomes

- Establish BP control as a national health priority supported by state/territory and federal governments (as articulated by Schutte *et al*, 2022).
- Raised awareness of high blood pressure as a treatable risk factor for stroke and CVD, and other related conditions such as kidney disease, diabetes and dementia.
- Creating wide-scale opportunities for population-based screening
- Improving training on the measurement and management of elevated BP in clinical practice, including strategies to overcome clinician inertia
- Providing refresher courses and educating GPs on emerging evidence-based best practice. This includes use of single pill combination therapy early in the treatment algorithm as per international guidelines, based on clear evidence that it improves adherence and BP control.

Long term outcomes

- BP control rates in Australia reach at least 70% by 2030.
- Increased adherence to contemporary clinical guidelines for the diagnosis and management of hypertension
- Promoting population-based measures such as salt and sugar reduction, increased fibre intake, smoking cessation, and reduced alcohol consumption.
- Providing affordable and validated BP devices alongside training to encourage home BP monitoring
- Increasing the amount of funding for BP research, which is currently under-represented in major funding bodies' priority research areas.

References

Schutte AE, Webster R, Jennings G, Schlaich M. Uncontrolled blood pressure in Australia: a call to action. Med J Aus 2022; 216(2):61-63; doi: 10.5694/mja2.51350.