



Terms of Reference – National Hypertension Taskforce Working Groups

Background

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-wide 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 was 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 adequate monitoring.

Purpose

The National Hypertension Taskforce has the remit to improve blood pressure (BP) control rates in Australia from 32% to at least 70% by 2030.

The Taskforce has identified the following five key priority areas that will be critical on the path to achieving better BP control for all Australians. To address these priority areas, the following five Working Groups were established.

- 1. Developing up-to-date, simple BP management tools for healthcare providers.** This would include brief, user-friendly, easy to access guidance on relevant aspects critical for adequate BP management such as accurate clinic BP measurement, use of out-of-office BP measurement, up-titration of antihypertensive medication, preferred use of single pill combination therapy, and others with reference to existing Health Pathways where feasible.
- 2. Increasing patient activation and engagement.** Within this broad space, elements such as improving health literacy, activities to improve how people already diagnosed with hypertension can be 'activated' to improve their own health, and others should be addressed.
- 3. Raising and maintaining awareness at all levels.** This includes raising awareness on the importance of BP for cardiovascular health in general, its accurate measurement and management, among the community (consumers: "Know your numbers"), healthcare providers, government, and any other stakeholders.
- 4. Establishing a systems and data-based approach to BP management.** It is important to setup processes to ensure integration of BP data across the health sector, with all healthcare providers having access to electronic health records, identifying high risk patients, and to optimally use data for population monitoring and evaluation, to inform practice and team-based care.
- 5. Improving detection (screening) of people with elevated BP to identify those at risk.** This could include community-based screening, but also access through healthcare providers such as nurses and pharmacists, as well as opportunistic screening initiatives such as those of the Stroke Foundation and [May Measure Month](#) potentially joining forces.



Roles and Responsibilities

Each Hypertension Taskforce working group will have the following roles and responsibilities:

- Working group member will be committed to being ambassadors for the Taskforce and its vision.
- Willing and able to dedicate time to contribute and/or lead working group meetings and to perform delegated tasks and contribute to the overall strategy and vision of the Taskforce.
- To develop an annual work plan with milestones to address the priority areas of focus for the working group in collaboration with the National Hypertension Taskforce Steering Committee
- To identify and engage with relevant stakeholders to achieve respective goals
- To apply for funding to action the work, where applicable.
- Undertake the delivery of the work plan to reach the agreed goal.
- Present work plans in a concise manner to the Steering committee for approval/endorsement prior to commencement of the activity.
- To provide regular reports on the progress of the WG and identify potential barriers and risk mitigation

Membership

Appointment to the Hypertension Taskforce Working Group is on an honorary basis.

Co-chairs

Each working group will be led by Co-chairs (senior and junior). In the establishment of the Working Groups the inaugural Co-chairs will be nominated by the Taskforce Steering Committee. Once established, the Working Groups will be responsible for electing new Co-chairs as required.

Membership Terms

Working Group members including Co-chairs will have a fixed rotating term of two-years, renewable for a maximum of 6 years (3 terms). The Working Group will adhere to a principle of periodicity and rotation ensuring that not all sitting members are replaced at the same time. New incoming Working Groups members will serve alongside older members to establish necessary trust, deepen an understanding of the activities of the working group and ensure a smooth transition and consistency in the approach.

Appointment and review of composition

The Working Group will review its membership composition at least annually or as required to fulfill the goals of the Working Group. Any recruitment of new members will require an advertised open EOI.

Resignation

Members can resign at any time by sending a letter of resignation to the Hypertension Taskforce Steering Committee Co-chairs.

Meeting proceedings and administration

Frequency of meetings

- There will be a minimum of 8 meetings per year. Correspondence may be required between meetings and will be managed via email and/or teleconference at the discretion of the Working Group.

Quorum

- Any discussion will require a quorum of 50% of working group members or at least 5 members, whichever is lower.



Attendance

- Attendance will be recorded, and members are expected to attend at least 70% of meetings throughout the year.

Conduct of meetings

- Working Group meetings will be held via teleconference or face-to-face.
- The Working Group may invite additional parties or members from other Working Groups to attend meetings from time to time, dependent upon the matters being considered at a meeting.
- A calendar of meetings should be established annually.

Secretariat

- All Working Group members will take on the secretariat services for the Working Group on a rotating basis, if not decided otherwise by the group. This will include:
 - Working with Co-chairs to set the agenda;
 - Compiling and circulating the agenda and relevant papers to working group members prior to each meeting;
 - Taking meeting minutes and action items and circulating to the group and members of the Steering Committee.

Reporting to Taskforce Steering Committee

- In the first year of operation, the Working Group will provide written updates (1-page report) to the Steering Committee on a quarterly basis
- The Working Group Co-Chairs will present progress to the Steering Committee and Hypertension Taskforce biannually.

Conflict of interest

- All members are expected to disclose Conflict of Interest (COI) at commencement and throughout membership and continuously review their disclosure to the Guideline Advisory Group during the project.
- COI disclosure will be a standing agenda item at each Working Group meeting.
- The Co-chairs will be responsible for managing COI of the Working Group and this will include establishing a COI register
- The Steering Committee will regularly oversee COI declarations from each of the Working Groups at each meeting.

Review of ToR

The terms of reference will be reviewed annually and updated as required.

Standing Agenda

- Acknowledgement of Country;
- Attendance and apologies;
- Disclosure of conflict of interests
- Review of action items;
- Items for discussion (and confidentiality if applicable);
- Items for noting;
- Other business and next meeting.



Draft Agenda

Hypertension Taskforce Working Group Meeting

Date: Thursday 8th June 2023

Time: 12 – 1pm AEST

Microsoft Teams Teleconference Details:

Meeting ID: 461 310 299 077

Passcode: NAMmnJ

Invitees	
Apologies:	

Agenda Item	Discussion Topic	Lead
1	Acknowledgement of country “ I’d like to begin by acknowledging the Traditional Owners of the land on which we meet today. I would also like to pay my respects to Elders past, present and emerging.”	
2	Attendance and apologies for noting	
3	Disclosure of conflicts of interests	
4	Review of action items	
5	Items for discussion (and confidentiality if applicable)	
6	Items for noting	
7	Other business and next meeting	