

Cheshire and Merseyside ICB: Optometry Hypertension Case Finding Service Pilot

Pilot Context and Local Demographics

Cardiovascular disease (CVD) is a major health issue in Cheshire and Merseyside, with high rates of undiagnosed hypertension, especially in areas of deprivation.

At the time of the bid, in the North West, hypertension prevalence was above the England average (18.02% vs 16.25%), and every other region. Research from the British Heart Foundation estimates however that the likely prevalence is nearer to 28% (that being unadjusted for deprivation, hence the true Cheshire & Merseyside percentage is likely to be higher still). Based on that research, the hypertension register should contain 648,226 adults rather the 417,180 it currently holds; a 130,000 shortfall.

Purpose

- To explore if high street optometry practices are effective settings for identifying undiagnosed hypertension.
- Increase detection of undiagnosed hypertension and atrial fibrillation.
- Improve referral pathways to primary care.

Scope

- Targeted patients aged 40–79, without a current hypertension diagnosis, and who had not had a BP check in the last six months.
- 63 optometry practices participated, prioritising deprived areas.

Delivery

- Staff trained according to NICE guidelines.
- Each consultation payment £15.
- Use of OPERA platform for managing results.

Evidence of Impact

- 665 patients screened across nine local authorities (within a three-month period).
- Most patients (75.4%) discharged after screening; 22.4% referred for high BP; small numbers referred for other reasons (low BP, irregular pulse, very high BP).
- This reflected the population prevalence of hypertension, suggesting that there were no issues in incorrect measurements, or confusion over when or how to refer.

Table 1 shows the outcome of each check

Outcomes	No. of patients	%
Discharge	633	75.4%
Patient not eligible	1	0.1%
Refer Routine - High BP (CP or GP)	188	22.4%
Refer Routine - Low BP (no symptoms)	9	1.1%
Refer routinely (CP or GP) - Unable to complete readings	1	0.1%
Refer urgently - Irregular pulse (NHS111 or GP depending on area)	1	0.1%
Refer urgently - Very High BP (220/120+): Send to A&E	1	0.1%
Refer urgently - Very High BP (NHS111 or GP depending on area)	4	0.5%
Yes	1	0.1%
Patient not eligible	1	0.1%
Grand Total	839	100.0%

Practice Feedback

Practice A

“It is easy to discuss the offer to take hypertension measurements as patients consider us as health professionals. Time for whole process 15mins. There were no headaches, I find the whole process works well. Support and training provided was sufficient, and I had no refusals from eligible patients. One suggested improvement was there could have been more ICB communications to signpost patients and set the seed, ‘We do more than just eyes.’”

Feedback

Practice feedback: Training was well received, but challenges included time constraints, staff involvement, and finding eligible patients. Suggestions included better communication and reminders.

Patient feedback: Service was efficient, easy to access, and appreciated for convenience and professionalism.

Key Learnings

- Service was well received by staff and patients.
- Need for better pre-screening to ensure patient eligibility.
- Referral rates matched expected hypertension prevalence.
- Uploading results to OPERA improved data management.
- More patient awareness could increase uptake.

Risks

- Dependence on OPERA/PECS platform for data management.

Practice B

“It took time for the practice team to feel comfortable building this into the busy patient flow. The solution was to identify someone whose responsibility it was to drive the service delivery forward.”