Gloucestershire ICB, Primary Eyecare Services, NHS England Optometry Hypertension Case Finding Service Pilot

LOCSU

Pilot Context and Local Demographics

Gloucestershire Integrated Care Board (ICB) commissions a range of Enhanced Optical Services, the hypertension case finding pilot was considered by the Local Optical Committee and optometry practices to be a good complementary service to other Enhanced Optical Services offered to patients.

Hypertension is the second most prevalent long-term condition in Gloucestershire. The Public Health England (PHE) ambition is to have 80% of the expected number of people with hypertension diagnosed. Primary Care Networks (PCNs) across the ICB had not reached this target, so the ICB were seeking innovation in case-finding.

Purpose

The aims of this service were:

- To identify patients who attended for optical appointments at risk of cardiovascular disease (CVD).
- Improve early detection rates of patients with CVD.
- Facilitate timely referrals for abnormal CVD readings.
- Reduce the cost burden of these patients in the long term with cost-effective early intervention.
- Reduce the number of premature deaths related to CVD by early detection.

Service Design

The service specification was designed with LOC engagement from the outset. The multidisciplinary ICB Eyecare Clinical Program Group (LOC/Trust/Independent sector provider/ ICB/Third sector/Patient Representation, chaired by a local GP) were informed of the service innovation.

The service was delayed because the original pathway design did not account for irregular pulse readings. The pathway design was changed to enable information regarding possible Atrial Fibrillation (AF) findings to be captured.

Practice Participation

After the delayed start to the pilot, 22 optometry practices participated. In the majority dispensing opticians or optical assistants were taking the blood pressure (BP) readings.

They reported that whole workforce staff engagement is essential. Proactive staff were more likely to identify suitable people before the clinical assessments (at reception or pre-screening).

Practice reported barriers to participation included:

- Patients were already having their blood pressure monitored in other settings within primary care, i.e., GP or pharmacy.
- Some practices said they lacked the capacity to complete the pre-service requirements, so did not express an interest in the pilot service.
- A significant number found they struggled with staffing during the pilot period, which ran through the summer months.

Clinical Details & Equipment

Data Collection & Systems

- BP assessment and pulse readings were performed while a patient or their family member was attending an optical appointment, such as a sight test or when collecting spectacles.
- The patient did not need to have an eye examination before or after the BP assessment.
- The assessments could be recommended by a clinician if signs of hypertension were detected during an eye appointment.
- Optical practices could choose to do these assessments either spontaneously (“ad hoc”) or by scheduling them, but they should be completed on the same day as the patient’s visit.
- The integrated IT platform, Optometry Practice for Enhanced Optometry Services (OPERA), was enabled for the pilot. If a patient declined the assessment, this was also recorded as a weekly tally. This did require some additional training for a wider range of practice staff to be able to use the platform and input patient details and outcome data.

Evidence of Impact

Over 122 people had their BP measured since the start of the pilot in May 2025, in eight optometry practices. 37% were signposted for further investigation to general practice, pharmacy or direct to A&E.

Practice Experience

A 67 year old gentleman presented for a Community Urgent Eyecare Service (CUES) appointment, describing visual aura but no headache. He had not been to GP for over six years and considered himself to be “fit and healthy”.

Upon measuring, his BP was found to be dangerously raised, this was repeated and was still significantly raised. As per protocol for the pilot he was directed to present at A&E that day.

Outcome: the A&E clinicians did an ECG and blood tests. They started him on hypertension medication, following which it took a few weeks for his blood pressure to stabilise.

The patient was very grateful and said, “he didn’t think he had a problem as he had no obvious symptoms.”

Another 75 year old gentleman came in to practice for an eye examination. His blood pressure had been raised when he last saw his GP several years ago but he had declined treatment. During his eye examination, it was noted that he had suspected hypertensive retinopathy; his blood pressure was taken on the day and this supported this differential diagnosis with his blood pressure reading above normal limits again.

Outcome: He was directed to his GP as per the service protocol, who started him on hypertensive medication. He has since returned to the practice, and all signs of the retinopathy have recovered.

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