

Hertfordshire and West Essex (HWE) Hypertension Detection Pilot (Optometry and Dental)



Impact

The pilot aimed to improve population health by identifying individuals needing potentially life-saving treatment for high blood pressure and cardiovascular disease.

Engagement & Leadership

- Initial involvement with Local Optical Committees (LOCs) was through the Primary Care Committee, not the Eyecare Transformation team.
- Essex LOC prioritised Healthy Living Optical Practice to influence the Integrated Care Board (ICB), while Hertfordshire LOC hoped pilot participation would shape ICB decisions and benefit patient health.
- In June 2024, confirmation was received that HWE had secured the pilot for both dental and optometry settings.

Practice Selection

- Four optometry practices were selected based on deprivation, low diagnosed hypertension rates, and higher at-risk populations.

Administration & Community of Practice

- An ICB 'Health Champion' managed staff encouragement and training.
- Along with data collection and reporting, they came into the store to check on progress. They were also on hand by email for any queries.
- The ICB tried to foster collaboration and share best practices within participating optometry and dental practices but struggled to maintain regular meetings.

Service Design & Delivery

- Initial inclusion criteria: Adults aged 40+ without hypertension or a recent blood pressure (BP) check (past 6 months); (later the Service Specification was altered to include over 18's), no BP medication, and not having BP check in the past six months.
- Staff involved included receptionists, optometrists, and admin assistants.
- The patient journey: check-in → offered BP check → optometrist takes readings if eligible.

Outcomes

- 208 BP checks were performed (Oct 2024 – Aug 2025), with 66 signposted for further investigation.

Operational Barriers

- Challenges included requirements for NHS mail shared mailboxes, direct contracting with the ICB, and requests for extensive business data.
- No funding for eligibility screening or feedback on patient outcomes after referral.
- Manual data collection and reporting were time-consuming.

Practice Experiences

Specsavers Harlow

- Seven test rooms, 5–6 clinics daily.
- About 10% of eligible patients declined the service.
- Training was provided, but not all staff could attend; materials were shared for ongoing training.
- Data collection was manual and cumbersome.
- Promotion mainly attracted ineligible patients.
- Workflow adapted to offer BP checks based on clinical findings or family history.
- Several patients with dangerously high BP were identified and referred to A&E.
- The team was disappointed when the pilot ended after investing significant effort.

Hemel Opticians

- The pilot worked well, and the practice was keen to continue.
- Requested more promotional materials to attract patients.

Specsavers Hatfield

- Uptake improved after lowering the age threshold to 18+.
- Advanced payment streamlined admin, but manual spreadsheet submission remained time-consuming.
- Suggested a portal for uploading readings and tracking payments.
- Noted a need for better external engagement and signage.
- Local pharmacy care was limited, with only one pharmacy open seven days a week for urgent referrals.