Optometry Hypertension and Atrial Fibrillation Case Finding Service Pilot

Lancashire & South Cumbria ICB, Primary Eye Care Services, NHS England

LOCSU

Pilot Context and Local Demographics

The Lancashire and South Cumbria ICB pilot operated in an area with some of the greatest health inequalities in England, where 31% of the population live in the most deprived quintile nationally, and in Blackpool this rises above 70%.

Hypertension prevalence in the region is around 19.7%, approximately 3% higher than the England average.

Practice Participation & Delivery

During the seven month pilot, 11 practices participated across a mix of urban, rural, and specialist settings, providing a real-world understanding of scalability and adaptability.

- Urban Practices: six participated (including Specsavers and Independent Opticians).
- Specialist Settings: UCLan Eye Clinic – integrating community testing within a university-led clinical environment.
- Rural/Semi-Rural: two Independent practices serving coastal deprivation and a semi-rural population.

These practices together offered valuable insights into how optometry can flexibly deliver public health interventions within everyday clinical and retail environments.

Checks for Atrial Fibrillation (irregular pulse) were built into the original service specification.

Eligibility and Equity Focus

Inclusion criteria were:

- Adults aged 30–70 with no blood pressure (BP) check in ≥12 months
- Under-30s with a family history of hypertension, particularly within South Asian communities
- Patients on antihypertensive medication but overdue for GP review (>15 months)
- Patients showing ocular signs of hypertension, such as hypertensive retinopathy
- Companions and walk-ins meeting the above criteria

This approach proved effective in engaging younger, higher-risk populations and showed how optometry can directly contribute to population health improvement and early intervention.

Workflow and Delivery Insights

- **Mixed Workforce Approach:** One of the major successes has been implementing a mixed clinical and non-clinical workforce model. This increased capacity while allowing clinicians to remain focused on their core eye care duties.
- **Opportunistic Integration:** Testing was embedded into routine optical workflows — during sight tests, while patients waited, or even by including companions. This made case-finding natural, efficient and accessible without the need for separate appointments or additional infrastructure.
- **Infrastructure and IT:** Validated BP monitors capable of detecting irregular pulse rhythms to support Atrial Fibrillation (AF) screening were used. All consent, readings, and outcomes were securely recorded through OPERA which also handled payments and reporting. NHSmail was used to securely share results with GP practices and community pharmacies.

Signposting Pathways

A clear, clinically governed, graduated signposting protocol was followed across all sites. This standardised approach gave practices confidence and maintained clinical governance while ensuring consistency across localities.

Challenges and Solutions

- **Cross-Border Issues:** Some patients from Greater Manchester and Cheshire & Merseyside accessed Lancashire practices and vice versa, leading to differences in referral handling. Using PES systems across all three ICBs minimised issues, but we recognised the need for national cross-ICB alignment for any wider rollout.
- **Commercial Engagement:** Some national stakeholders were reluctant to participate due to variations in service specifications and perceived commercial disruption. Clearer national standards and sustainable reimbursement models will help improve participation in future phases.
- **Data Integration:** Referral completion data could not be consistently verified due to lack of a standardised GP feedback mechanism. Ultimately a feedback loop using NHS mail with GP's was devised for the pilot.

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Impact

- **Activity:** 367 blood pressure checks completed; six cases had very high readings.
- **Follow-up:** Over 100 individuals were signposted for further investigation.
- **Equity:** 13% of participants were from South Asian backgrounds, meeting the pilot's goal of engaging higher-risk groups.

System Outcome

- Strong adherence to safety escalation protocols.
- Improved collaboration between optometry, pharmacy, and general practice.
- MECC (Make Every Contact Count) principles integrated into all consultations

Key Points for National Discussion

- **Equity and Access:** Optometry can bridge significant health gaps through opportunistic CVD screening.
- **Population Targeting:** The proactive inclusion of younger South Asian patients and those overdue for monitoring complements existing GP and pharmacy models.
- **Workforce Flexibility:** Non-clinical team involvement proved both safe and scalable.
- **System Value:** Strengthened cross-sector collaboration demonstrates alignment with NHS Integrated Care priorities.