Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

The British and Irish Hypertension Society (BIHS) is the expert forum for professionals working in the field of hypertension and cardiovascular disease in the UK and Ireland. The Society comprises doctors, nurses and other healthcare workers specialising in the delivery of care in hypertension and allied fields, together with clinicians and scientists in the forefront of cardiovascular research.

Hypertension (high blood pressure) is responsible for more than half of all strokes and heart attacks. It is also a risk factor for many conditions including cardiovascular disease, renal disease and vascular dementia. In the UK, around one in three adults has hypertension which in England equates to 31% of men and 26% of women with the condition. However, half of people with high blood pressure are not diagnosed or receiving treatment and, in England alone, there are more than five million people that are currently undiagnosed and face the risk of the serious complications of uncontrolled hypertension.

'The earlier blood pressure risks are identified, the greater the opportunity to intervene and prevent long-term health complications'

Blood pressure control has been undervalued in health policy despite being the most cost-effective intervention with the potential to deliver significant, far-reaching health benefits. As a major risk factor for numerous conditions, effective blood pressure management offers unparalleled impact across multiple diseases, making it an essential priority for improving population health and reducing healthcare costs. BIHS has an overarching ambition to extend healthy life expectancy (HLE) and reduce the gap in HLE between the most and least socioeconomic deprived communities. Our efforts align with the NHS Core20PLUS5 ambition to reduce health inequalities and addressing hypertension as a leading cause of the premature morbidity and mortality due to obesity, smoking, inactivity and other lifestyle and socioeconomic factors.

BIHS strongly advocates for hypertension prevention, diagnosis, and management as a core focus of the 10-Year Health Plan. Hypertension, as England's leading risk factor for premature death and disability through its impact on vital organs such as the brain, heart and kidney leading to stroke, dementia, heart attacks, heart failure and kidney failure, has to be better recognised as the danger it is. The effective management of hypertension and the priorities of the BIHS directly align with the priorities outlined in the Plan; shifting care to communities, utilising technology, and focusing on prevention over treatment, while helping to deliver the DHSC's stated objective to become a department of growth by supporting people back into work.

Earlier and more effective blood pressure control is crucial to transforming population health, reducing health disparities, and alleviating pressures on the healthcare system. BIHS strongly supports embedding BP measurement and management into the cultural

and clinical norm, shifting the focus from reactive treatment of complications to proactive prevention and early detection.

As a Society, we are strongly committed to promote a model of care for individuals with hypertension which also considers identification and management of cardiovascular and cardiorenal and metabolic risk factors. This holistic approach has hypertension management at its core but includes coordination with specialists and healthcare professionals in the field of diabetes and nephrology, lipid and weight management for obesity.

The public has such a poor understanding of symptoms and signs of CVD conditions which, together with significantly reduced funding for public health services to help to prevent CVD - smoking cessation, adult obesity and adult physical inactivity service funding falling by 33% in real terms over the past decade, compounds the problem. Additionally, gaps in understanding of the impact of public health interventions on rates of CVD and the effectiveness of current services, is in part due to lack of data sharing between the NHS, DHSC and local authorities.

The 10-Year Plan presents the opportunity to set out new mechanisms to drive system service change and strengthen accountability for delivering progress. Redesigning financial incentives should be a major area of focus – there is a considerable body of evidence that demonstrates that financial incentives are effective in changing clinical practice at both the primary and secondary care levels. Well-designed incentives can act as a catalyst for reform, as well as supporting greater accountability for implementing change and securing better value for the taxpayer.

However, current incentives are not working as intended and this has led to initiatives being rolled back in recent years. A new framework for financial incentives based on performance should be considered, focused on driving service change and improving patient outcomes, while making use of technology to reduce burdens on staff to deliver and measure change.

https://public.tableau.com/app/profile/uclpartners/viz/SizeofthePrize-Hypertension/SizeofthePrize-Hypertensionv2

We propose:

1. **Systematic and coordinated BP control programs**:

    - Learn from fragmented and poorly implemented initiatives such as the uncoordinated distribution of home BP monitors and pharmacy-led BP measurement programs. A robust, centralised implementation framework is required to maximise impact, coupled with a network of local/regional champions – BIHS would commit to help develop and implement this.

- Current BP monitoring initiatives, such as the distribution of home monitors, have suffered from poor coordination, limiting their impact. A unified implementation strategy, informed by the expertise of BIHS in this field, is necessary to ensure accessibility, equity, and effectiveness, underpinned by financial incentives.
- Establish an implementation group of experts to develop, monitor, and refine BP control initiatives on the newly established 'Vision and Enabling Working Groups'.

2. **Early and Inclusive BP Monitoring**:
    - there is a need for uptake of the NHS Health Check to be increased, to enable more case finding and early detection of cardiovascular disease and cardiovascular risk. Extend routine BP and health checks to **all adults**, not just those over 40, as cardiovascular, renal and metabolic (CVRM) damage begins silently in younger populations. Healthy ageing should be a key ambition and current cardiovascular risk assessment tools are inherently ageist and bias against this.
    - Prioritise **underserved and high-risk groups**, including:
        - ☐ Deprived communities where disparities in diagnosis and management are most acute.
        - ☐ Families and communities with a **high risk of complications**, such as those of Black African heritage or those with a family history of early strokes.
    - Integrate **blood pressure awareness into PSHE (Personal, Social, Health, and Economic Education)** in schools to instil lifelong habits of health monitoring and prevention.
    - Make every contact count approach **Making Every Contact Count**

3. **Nationwide Public awareness campaign**:
    - Launch a nationwide campaign, in conjunction with BIHS, similar to the successful "FAST" stroke initiative. Build on existing efforts like the "Know Your Numbers" campaign to promote the routine monitoring of BP as a vital sign of good health.
    - Collaborate with media and technology partners to create engaging digital campaigns that target key demographics.
    - Reframe BP messaging to focus on **health empowerment and healthy life expectancy** as opposed to illness, especially to engage younger populations. For example:
        - Position BP as a positive health routine, akin to regular dental or optician check-ups.
        - Equip individuals with accessible, easy-to-use resources to measure and understand their BP at home or where that isn't possible through easy access routes, e.g. community pharmacies.

- Promote personal investment in long-term health as the norm which will include measuring BP as a positive vital health metric, like counting your steps. Empower and motivate individuals into understanding their BP through

accessible resources, rather than linking BP messaging to illness (which doesn't resonate with younger people in particular).

- Educate behaviour change to recognise that any rise in blood pressure should be seen as an opportunity to intervene. Proactive early intervention reduces the risk of ling term conditions in later life and better future health.

4. **Policy and Workforce Support**:

- Equip healthcare professionals with the tools, training, and technology to support **community-based hypertension management**.
- Promote collaborative care models that integrate GP surgeries, pharmacies, and community health teams in BP measurement and follow-up.
- Integrate blood pressure control and wellness strategies into **occupational medicine**, improving workforce knowledge and reducing sickness and improving productivity.

Impact of Proposed Initiatives:

A structured approach to hypertension prevention and early treatment will contribute significantly to achieving the vision and goals of the 10-Year Health Plan. Early detection and management of hypertension will:

- Reduce the incidence and severity of diseases such as heart failure, dementia, stroke, kidney disease, diabetes, aneurysm rupture, and coronary artery disease.
- Enhance healthy life expectancy, increasing disease-free years and prolonging survival.
- Alleviate pressures on secondary care services, enabling a more sustainable NHS.
- Improve workplace productivity by maintaining a healthier working-age population.

These interventions represent cost-effective strategies that directly support NHS goals of reducing health inequalities, preventing illness, and shifting care closer to communities. BIHS stands ready to collaborate with NHS leadership to implement these recommendations, bringing evidence-based expertise to advance cardiovascular health across the England.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Challenges:

- Lack of early, comprehensive and effective hypertension detection and management results in avoidable expensive complications such as heart failure, atrial fibrillation, stroke and kidney failure which then result in resource allocation being disproportionately focused on secondary care, leaving primary and community care underfunded.

- Low level of public knowledge and patient awareness of the dangers of hypertension and subsequent empowerment to manage their health, meaning that high blood pressure is often only picked up after an emergency admission.
- Small pool of specialist resource in the UK and variable access to specialist support and advice.
- Inadequate models of care and commissioning frameworks to develop and disseminate education and information to communities to truly benefit all.
- Fragmented commissioning and service delivery and lack of integrated data systems prevent a seamless patient journey.
- Cutting of public health and local authority funding by 25% per person since 2015.
- Public awareness of the few and variable community-based services remains low, particularly for the traditionally lesser engaged.
- Insufficient support from NICE for the use of low cost, generic combination-therapies across all healthcare settings, proven to reduce clinical inertia and improve adherence and patient satisfaction.
- Non-evidence based prescribing guidelines only supply 1 month of treatment, which reduces people's adherence with medication, worsening blood pressure control.
- Siloing of guidelines and targets for each risk factor that contributes to hypertension creates confusion and undermines confidence to treat as well as an ineffective use of resources.
- Limited use of existing and new emerging technology
- Limited training of Allied Health Professionals

Enablers:

- Invest in expert training and accreditation in hypertension using the newly developed BIHS Hypertension Curriculum (requires 6-12 months extra training in the same way Obstetric Physicians' training has been supported) and support for GPs and advanced practitioners to gain the BIHS Hypertension Diploma.
- New models of care in primary and community services to support earlier interventions in an integrated fashion
- Reinstate public health funding to pre 2015 levels.
- Training and incentivising community pharmacists to offer BP checks and tailored advice with subsequent links to results in NHS health records.
- Expanding access to BP monitoring through pharmacies, community centres and diagnostic hubs could bring CVD prevention closer to the people who need it most.
- A new framework for financial incentives based on performance, focused on driving service change and improving patient outcomes, while making use of technology to reduce burdens on staff to deliver and measure change
- Invest in, and make accessible, more specialist training including advanced care practitioners GPs, hospital specialists and academic leaders actively involved in service provision, teaching and research.

- More primary care use of cost effective combination therapies and innovative treatments for BP control to keep people out of hospital.
- Utilising technology to enable BP monitoring and management at home and in community settings - including AI driven supported self-titration.
- Patient and public awareness and empowerment and reach into underserved communities.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Challenges:

- Health Secretary Wes Streeting has talked about a proposal to give wearables to millions of NHS patients in England, enabling them to track symptoms such as reactions to cancer treatments, from home. But many doctors – and tech experts – remain cautious about using health data captured by wearables.
- Confusing advice from multiple sources and promotion of invalid information and equipment.
- Inequalities in digital access among socioeconomically disadvantaged groups.
- Lack of integration between health technology platforms and existing NHS systems.
- Inertia to develop new models of personalised care using technology.
- Inadequate access and funding for trained health care advice on digital applications.
- Funding for community and public health initiatives that support and educate on digital technologies.

Enablers:

- There is a need for an easily accessed, universal validated, expert driven and government/NHS endorsed advisory portal on devices (similar to Trust Pilot or Which)
- Standardise and integrate data from home and ambulatory BP monitors to NHS records for seamless care.
- Expanding beyond the NHS App with prevention-focused tools, such as integrated measurement and personalised BP management plans. Integrate all common cardiovascular risk factors information, targets to public and patients through apps such as the Life's Essential Eight (US) that can be pursued by patients and health care professionals and the NHS app (https://www.heart.org/en/healthy-living/healthy-lifestyle/lifes-essential-8)
- Streamlining the adoption of innovative health technologies, including point-of-care testing and AI-driven risk assessments and ambulatory blood pressure monitoring to be made more freely available as the gold standard for diagnosing hypertension.

- To ensure patient safety, only BP devices meeting BIHS accuracy standards should be legally sold in the UK. The NHS already uses these standards, and it should be rendered illegal for platforms like Amazon and eBay to sell non-compliant devices, as many people source BP monitors online.
- Accessible and user-friendly digital tools will empower individuals to manage their BP and related risks effectively.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Challenges:

- Lack of public knowledge of the dangers of uncontrolled hypertension and ensuing lack of interest in self-management and the importance of addressing it at the earliest possible point.
- Public failure to recognise the contributing lifestyle factors to hypertension (smoking, drinking, salt, inactivity, obesity)
- Delayed diagnosis due to limited early screening initiatives and lack of health care professional knowledge outside of specialist care.
- Inadequate access to support to allow quick titration of medicines to achieve early blood pressure control (which improves survival and reduces complications).
- Socioeconomic disparities contributing to unequal access to preventative care and hypertension specialism - there are areas in the UK that have no secondary care hypertension provision.
- Lack of universal recognition of the long-term risks of pregnancy – induced hypertension for women, and the need for excellent life-long blood pressure control

Enablers:

- A national CVD prevention strategy within the NHS 10 year Plan that prioritises BP checks from an earlier age.
- Public and awareness and empowerment to self measure and monitor blood pressure a norm.
- Having identified hypertension and initiated management, support for adherence and maintenance on therapy to prevent complications and increasing severity of illness.
- Blood pressure screening in high risk groups.
- There are multiple conditions that need strict blood pressure control to contain disease. The earlier BP risks are identified, the greater the opportunity to intervene and prevent long-term health complications.

- Obesity and hypertension are linked. Adoption of new and emerging therapies (like GLP-1 receptor agonists for management of obesity), ensuring their inclusion in CVD prevention strategies.
- Focus on multimorbidity management by aligning BP control with the prevention of diabetes, CKD, and other related conditions, making every contact count.

Q5. Please use this box to share specific policy ideas for change.

Quick to do (1-2 years):

Blood pressure control has been undervalued in health policy despite being the most cost-effective intervention with the potential to deliver significant, far-reaching health benefits. As a major risk factor for numerous conditions, effective blood pressure management offers unparalleled impact across multiple diseases, making it an essential priority for improving population health and reducing healthcare costs.

- Review the commissioning framework and corresponding financials incentives to prioritise blood pressure detection and management the simplest intervention to reduce risk factors for multiple conditions.
- Make provision for the funding of validated BP monitoring devices at a greater variety of access points with clear advice to seek medical advice if BP levels are elevated and consider BP monitors on prescription. We now have defibrillators in every community, consider preventative measures rather than purely crisis management.
- Identify one of the enabling groups and offer expert witnesses from the hypertension field to oversee and guide prevention programs, particularly in cardiovascular, renal and metabolic conditions. Develop a combined hypertension and obesity prevention public health programme to be disseminated as a toolkit via local authorities.
- Work with BIHS to develop an impactful public awareness campaign on routine BP monitoring with a focus on younger demographics.
- Capitalise on and expand the existing prevention programme to include BP checks to community pharmacies and potentially integrate with the NHS App.
- Invite the BIHS to formulate policy on new technology for BP measurement e.g. smart watches / phones that are used by over 60% of the population and could be integrated into the NHS app.
- Support NICE to scope combination pills for hypertension treatment to simplify regimens and improve outcomes. Invite BIHS to ‘mobilising change’ working group.

Medium-term (2-5 years):

- Joint working Department of Education and DHSC to develop a health education curriculum for schools emphasising BP management and healthy lifestyle habits – children's health from sickness to prevention

- Develop a policy and framework to migrate from analogue to digital – integrating home and ambulatory BP monitoring data with NHS systems to enhance patient management with training for healthcare professionals, nurses and pharmacist for diagnosing hypertension, outreach initiatives and management of hypertension
- Redesign blood pressure financial incentives for primary care, to ensure that they encourage high quality care aligned to the government's shifts and reflect the new structure of neighbourhood health centres and reward improved performance.
- Redesign education curricula to include training all healthcare workers in BP risk assessment as part of standard practice through a standardised competency framework.
- NHS England should review and enhance pathways for diagnosis and management of CVRM disease, including repurposing of Community Diagnostic Centres, promised Neighbourhood Health Centres and primary care, facilitating earlier intervention and medicines optimisation in hypertension.

Long-term (>5 years):

- Primary prevention, developing a programme that supports the BIHS vision that measuring blood pressure becomes a routine part of life, and supported throughout the entire healthcare and education system.
- Create reform which supports a sustainable framework within the infrastructure for integrating BP monitoring into all aspects of primary and community care.
- Implement policies to ensure equitable access to prevention tools and resources, regardless of socioeconomic status.
- Establish regional centres of prevention excellence, to link with public health and local authorities and lead on research, training, strategy, and best practice dissemination. These hubs will drive innovation, attract future leaders in healthcare, and position the UK at the forefront of research, technology, and prevention, fostering a healthier population and promoting investment in cutting-edge healthcare solutions.

Through a focused strategy, the BIHS believes we can make BP management as routine as going to the dentist, transforming health outcomes for future generations.