Pre-read 5. Economics, Policy & Operationalisation

From Vision to Implementation: Building the Case and Enabling Conditions for Wearable BP Integration

Background and rationale

Hypertension remains the leading modifiable cause of cardiovascular disease (CVD) and premature mortality in the UK. Despite effective treatments, population-level BP control remains sub-optimal. Wearable BP technologies present a new opportunity to improve early detection, adherence, and long-term management. However, translating innovation into practice requires clear economic, policy, and operational frameworks aligned with NHS priorities for prevention, community care, and digital transformation.

This session moves the conversation from concept to implementation - defining what must change across policy, commissioning, and economics to embed validated wearable BP technology within NHS prevention and hypertension management and how pilots, care pathways, and evaluation systems can be scaled nationally.

Discussion Areas

1. Policy Environment:

- Which policy or regulatory changes would most enable adoption (e.g. inclusion in the CVD Modern National Framework, QOF indicators, NHS Innovation Service)?

Which national bodies or frameworks (DHSC, NICE, NHSE, ICSs) need to act first?

2. Economic Evidence & ROI:

- What data or metrics are needed to build a compelling ROI and prevention case for commissioners and Treasury?
- How can equity benefits (becoming a driver of reduced inequality) be reflected in health-economic models?

3. Care Pathway Integration:

- What changes to care pathways (GP integration, community BP hubs, pharmacy verification) would enable safe, routine use of wearable data?
- How does this fit within the shift from hospital to community and treatment to prevention?

4. Commissioning digital solutions:

- How can commissioners be supported to evaluate digital solutions fairly (DTAC, NICE EVA, national evaluation frameworks)?
- What would an evaluation toolkit for digital BP technologies look like?

5. Implementation

- What lessons from other national digital programmes (remote monitoring, NHS @Home, diabetes tech) can be applied here?
- Who should lead the operationalisation phase and what is the first practical step post-summit?

Policy & Economic Levers to Consider

- Integration into the CVD Modern National Framework and prevention budgets.
- Engagement with Integrated Care Boards (ICBs) to define reimbursement and adoption pathways.
- Early alignment with NICE Early Value Assessments (EVA) and Digital Technology Assessment Criteria (DTAC).
- Development of a national evaluation framework for digital hypertension solutions.
- Inclusion of wearable BP monitoring in QOF indicators or ICS commissioning priorities.
- Integration with NHS prevention KPIs and Value-for-Money frameworks to support Treasury investment cases.
- Equity-weighted economic modelling to reflect population impact.
- Early adopter pilots funded through innovation streams (NHS AI Lab, NIHR, Digital Health Hubs).

Intended Outcome

Consensus on the policy, economic, and operational enablers needed to move from pilot to practice, ensuring that validated wearable BP monitoring delivers measurable benefits for patients, the NHS, and society.