

Health is where your heart is: Blood pressure checks in dental practices and opticians

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Background

Hertfordshire and West Essex Integrated Care Board (ICB) received funding from NHS England to pilot hypertension case findings in a selection of dental practices and opticians in Hertfordshire and West Essex.

This pilot aligns with the ICB's ongoing 2024/25 strategic focus and clinical priority on cardiovascular disease; its current development of hypertension case finding in pharmacy, acute and community health services, and its launch of the 'Invincible feeling, invisible danger' communications campaign.

The pilot also looks to reduce health inequalities by targeting areas comprising a mixture of low hypertension prevalence, low engagement with blood pressure checks, high deprivation and a high ethnically diverse population relative to the ICB average. These areas are: Harlow, Epping, Watford, Dacorum, Hatfield, and Stevenage.

The detection rates for hypertension across the ICB are lower than the national average, despite the implementation of a range of initiatives. Current data suggests that there may be groups of people with undiagnosed hypertension who are not engaging with blood pressure checks in GP or pharmacy settings. It is hoped that by undertaking case finding in opticians and dental practices, this will enable the ICB to capture groups not currently receiving a diagnosis.

Aims

Healthwatch Hertfordshire was commissioned by Hertfordshire and West Essex ICB to undertake patient engagement, exploring the following:

- Understanding of hypertension and its associated risk factors
- Barriers preventing patients from checking their blood pressure
- How confident patients would feel to have their blood pressure checked at their dental practice and/or opticians
- Gather feedback on communication and evaluation materials affiliated with the pilot

Methodology

Healthwatch Hertfordshire conducted two online focus groups with residents living in Hertfordshire and West Essex. Participants had to be aged over 40 and not have a diagnosis of hypertension.

Efforts were made to recruit participants from ethnically diverse communities, men and participants living in the following areas: Harlow, Epping, Stevenage, Hatfield, Watford and Dacorum.

In total **21** residents took part in the focus groups. The focus groups were transcribed and thematically analysed to draw out key themes.

Key Findings

Demographics

The demographics of the **21** residents who participated in the focus groups are detailed in the table below.

Gender	Number
Male	11
Female	10
Non-binary	0
Other/prefer not to say	0

Age bracket	Number
40-50	14
51-60	4
61-70	3
>70	0

Ethnicity	Number
White: British	10
Black, Black British, Caribbean or African	10
Prefer not to say	1

District	Number
Broxbourne	1
East Hertfordshire	3
Dacorum	2
St. Albans	5
Stevenage	3
Three Rivers	2
Welwyn Hatfield	1
Watford	3
Prefer not to say	1

Understanding of hypertension

Across both focus groups, participants had a good understanding of hypertension and were able to provide a definition to explain what the condition is.

“When the heart is working too hard to pump blood and when the pressure is higher than normal and the reading is higher than normal, that’s what I would call high blood pressure.”

“I think it’s the pressure in which the heart pumps the blood and you can measure it and if it’s not a standard reading it is considered high blood pressure.”

Several participants recognised that hypertension can lead to a range of serious health conditions, including strokes and heart attacks.

“It’s a force of blood flow in the arteries and it leads to heart problems most of the time. And also maybe strokes.”

“It is something that is very difficult and not so nice because it affects a whole lot of things in the body.”

“I understand it is when your blood pushes too hard against your blood vessels as it flows through them. It’s like having too much water in a hose which can eventually cause problems if not managed.”

Participants could list various causes of high blood pressure. This included diet and lifestyle factors such as activity, obesity, alcohol intake, smoking and stress – as well as other factors – including age, family history and conditions such as high cholesterol and diabetes.

“It can be caused by stuff like stress, you know? If you’re stressed out. And I’ve been told that people that are well over the standard body weight are also prone to high blood pressure.”

“Your risk of high blood pressure increases as you get older and also poor diet, stress, physical activity.”

“Things like diabetes or alcohol, or maybe not even being active.”

However, among both focus groups, the majority did not know when they last had their blood pressure checked and did not know what their most recent blood pressure reading was. Most participants also said they would need a health professional to explain what their reading means and whether they need to take action.

“I’ve had it measured at some point but I wouldn’t know what it is now.”

“I can’t remember [my blood pressure reading] right now, I don’t know. It’s been awhile.”

Despite this, all participants knew where they could go to have their blood pressure checked. Common answers included: pharmacies, GP practices, and at home using a blood pressure monitor. A couple of participants were aware that there are numerous

places residents can go to have their blood pressure monitored, however they emphasised that they would prefer for it to be measured by their GP practice, given their expertise.

***“Can’t get a GP appointment so I use the machine in the surgery.”
“I would go to the doctor during my check up and I might go to the pharmacy.”***

“I just wanted to say I think the local GP is the best place to do it, isn’t it? You get the best medical advice, the best medical treatment and just personally I think that’s the best place. Doing it by yourself and you have little knowledge about medical stuff, it’s kind of risky to me. And I would be more comfortable if I had it at my local GP than at the pharmacies.”

Participants were asked where they would prefer to have their blood pressure checked if the facilities were available. Suggestions included: shopping centres, supermarkets, places of worship, places of work, gyms and leisure centres, libraries, community centres and using mobile units (as with breast screenings). Participants felt these locations would be more accessible and convenient for residents and as a result could increase the likelihood of people checking their blood pressure.

“That made me think as well – you know when they do like breast screening and they have – not a bus – but they have like a mobile hut in a car park for a period of time. Those kind of things would probably be good.”

“I think workplaces would take less time, so I think if there was one in my workplace I would use it. I can be at work and just check it and go back to work.”

“I think it is a good idea if we check the blood pressure in the supermarket or the gym, generally anywhere that is accessible and people can go easily.”

Barriers to checking blood pressure

Participants listed a range of barriers preventing them from checking their blood pressure on a regular basis. Time was the most common factor, with most participants commenting that they do not have the time to measure their blood pressure, and often this was because of their work commitments and/or caring responsibilities.

“Lately I’ve been busy with work, so yeah, lack of time for me.”

“Care responsibilities stops me from checking mine.”

Another key issue was that several participants did not have any symptoms of hypertension and/or any concerns about their heart health, meaning they did not feel the need to regularly check their blood pressure.

“No symptoms, so sometimes we don’t have a desire to check. When there’s symptoms of an illness we tend to want to find out about the illness.”

"I really don't check mine because I don't have symptoms so most of the time I don't ever think about it because you know, it doesn't really come with symptoms so I don't check it."

Fear was a factor for a small number of participants, who commented that they were scared to check their blood pressure in case the results are higher than they had anticipated.

"Sometimes the results scare me."

"Sometimes I actually avoid checking it because I don't want to see anything that will make me feel like I'm probably going to fall sick or something. So sometimes I just avoid doing that because I really don't want to see a high reading, that makes me feel a bit uncomfortable with my health."

A few participants were keen to check their blood pressure more frequently and independently, however they do not have the technology, such as at-home blood pressure machines to do this.

"Not having the machine to do it."

"And I wouldn't do it because don't have the equipment at home."

By contrast, a couple of participants said they do not check their blood pressure on a regular basis because they would prefer for this to be undertaken by a GP. Although these participants understood that GP services are currently under a significant amount of demand and pressure and are not able to provide this level of care.

"I don't feel like I could just go to the doctor and find out what my blood pressure is. Historically, it's what you go to the doctor about."

"I think if there were symptoms or if I was worried about my heart I might go. But otherwise it wouldn't be enough on its own to make me go to the doctor. I know they're busy and it wouldn't be enough to want to know what my numbers are."

Positively, several participants do measure their blood pressure regularly. Often this was through using an at-home blood pressure machine and/or a device such as a smartwatch. Despite using their smartwatch, one participant said they do not trust the readings and would prefer to have their blood pressure checked by a health professional.

"I think the last time that I checked my blood pressure it was about 137. That's the last time I remember. I use a device that was more like a wristwatch to check my blood pressure."

"I check mine, I have a blood pressure machine at home."

"I kinda like to use my smartwatch that actually tells me my blood pressure reading. I don't trust the readings so much and think a professional would be better but it gives me an idea of my health state at the moment."

Reducing risk

Participants had a good understanding as to how they can manage their heart health and listed a range of ways in which they can effectively reduce their risk of cardiovascular disease. Examples included: maintaining a healthy weight, eating a balanced diet, managing stress, reducing salt intake, exercising regularly, limiting alcohol intake, and not smoking.

"If you want to take care of your health, mostly you can avoid stress, you can eat healthy, you exercise daily. Avoid alcohol too, those are some of the things you can do."

"Manage your stress and exercise regularly. A healthy weight is also important and I think eating a balanced diet helps."

The majority of participants said if they wanted support in managing their heart health, they would initially look online for information and advice, with many typically visiting the NHS website.

"For me, I check up online when I'm too busy to go to the doctor and it's easier than going to the doctors."

"Using the NHS website is also a very good resource, you know maybe you might not be able to book an appointment with your GP, you can read about it and how you can help yourself. I think the NHS website is resource-filled and it's just the best place to get information."

A few participants would prefer to visit a health professional if they needed guidance in reducing their risk of heart disease. For one participant this was because they do not trust all of the information they read online.

"I think I'd go to the doctor because don't trust everything I see online."

"I think I'd probably only want to go to the doctor if something was wrong."

Participants were also asked whether they have been offered or have had an NHS Health Check. Across both focus groups, the majority knew what an NHS Health Check was but only a few had received one. These participants had mixed experiences – some said their NHS Health Check was helpful and informative – while others considered it to be a tick-box exercise and very basic.

"I suppose it told me some numbers. It's just a one-off, you don't go back to see if anything has changed. Very basic."

"I have had an NHS Health Check and it really helped me a lot."

Checking blood pressure within dental practices and opticians

Among both focus groups, most participants had visited either their dental practice and/or opticians in the last six months – although they were more likely to have been to their dentist rather than an optician.

Encouragingly, all participants would have their blood pressure checked at either their dental practice and/or opticians if this was offered to them and most felt it was a good initiative for the NHS to put in place.

"It's very convenient because I'd be there for my check-up so I'd do it on that day and not postpone it. I'd find it convenient."

"In my case, I wouldn't skip any such opportunity because it's golden to always be checked, it could be a life saver."

"It's a great idea."

Although participants were generally very positive about the pilot, they listed a range of factors which could prevent them, or others, from having their blood pressure checked within their dental practice and/or opticians.

The most common concern raised amongst participants was whether the staff within these settings are qualified and trained to carry out blood pressure readings. In particular they had concerns regarding whether staff would be able to provide the appropriate guidance and advice should the reading be higher or lower than normal.

"My main concern would be the accuracy of the readings in these settings and whether the staff are trained to handle cases where high blood pressure is detected."

"Are the optician or dentist qualified to do that? To check for blood pressure?"

"Being able to do it is one thing, knowing what to do with the results is different."

The amount of time it would take to check their blood pressure alongside their original appointment was a concern for some. These participants would be more reluctant to have their blood pressure monitored if this meant adding additional time onto their appointment, which they felt was already time-consuming. Most participants suggested that the blood pressure check should take place ahead of the appointment while they are waiting to be called, rather than afterwards.

"I think it depends on how long it takes. If you're queueing up for one bit of the dental appointment or optician appointment and you're waiting and you finish that and then you have to join another queue for the blood pressure, then it seems like it's two things and that can be a problem for time. While you're sat in the waiting area having your blood pressure checked or when you get in the room and they're doing it all in one, that sounds faster."

"Could take quite a bit of time out of the day which you're already doing to go to the appointment."

Although this was not a concern the participants, they recognised that not having privacy while their blood pressure is being checked could deter some people from participating. They emphasised the importance of monitoring blood pressure in a quiet, private space, and discussing their results confidentiality.

"I wouldn't mind having a blood pressure check in a waiting area but I can see some people would mind."

"If they're shouting out your results or they're giving you advice, you don't want that with everybody else there."

Likewise, most said they would not be scared to have their blood pressure checked and/or to receive the results. However a few participants acknowledged that some people may feel differently and be apprehensive to have their blood pressure monitored.

"I have to talk from an impersonal point of view because personally I don't think anything would actually stop me. But I think one of the things that stops a lot of people is the fear about the results. To squash that fear there needs to be information about how it is beneficial to have your blood pressure checked. I think if there's a whole lot of information, a whole lot of education on the topic of having your blood pressure checked, that would actually help people feel more confident to have themselves checked regularly."

Religious and cultural considerations were also not a concern for the majority, with just one participant stating that they would prefer for the health professional carrying out the blood pressure check to be of the same gender.

"I would want to have a practitioner of the same gender."

A couple of participants commented that they simply do not visit their dental practice or opticians often, meaning they would be unlikely to have their blood pressure checked in either of these settings.

"I really don't have any issues with my teeth so I don't even visit the dentist."

"The opticians isn't in my regular schedule so I don't think I'd benefit."

“When I do go [to the opticians] because it’s not very often, that’s probably why I’m not worried, so I wouldn’t mind my blood pressure checked there, but yeah I wouldn’t go there that often.”

In regards to dental practices specifically, a couple of participants said they find visiting their dentist a very stressful experience and as such their blood pressure is likely to be raised as a result. Participants were concerned that this would produce a false reading if they were to have their blood pressure checked and also did not want to be in their dental practice for longer than necessary.

“Not at the dentist because I know it would be high if I’m at the dentist.”

“I would if I had it checked before I go into my dentist appointment but after my appointment I will not because I feel like I will be stressed already, you know, and it will be high.”

In relation to opticians, one participant shared they would not have their blood pressure checked at their opticians, due to the lack of trust they have in their ability to provide care.

“The only reason is that I had an eyelid BCC, Basal Cell Carcinoma, which is a low-grade skin cancer and that got missed by the optician.”

Taking action

Participants were informed that if they had their blood pressure checked at their dental practice or opticians they would be given the leaflet shown below. Participants were then asked how likely they would be to act on the advice given.



Getting your blood pressure checked could save your life.

You may look and feel healthy, but high blood pressure rarely has symptoms. Around one in four adults in the UK have high blood pressure, but only half of those know they have it.

Left untreated, high blood pressure can lead to a heart attack or a stroke.

Finding out your blood pressure is simple. We want everyone aged over 40 to have their blood pressure checked regularly.

www.hertsandwestessex.ics.nhs.uk/bp



Keep your blood pressure healthy

If you find out you have high blood pressure, there is a lot you can do to lower it to a healthy level. This might involve making some simple changes to your lifestyle or sometimes, taking medicines prescribed by your doctor.

Six simple steps to reduce blood pressure:

- Regular physical activity
- Keep to a healthy weight
- Stop smoking
- Cut down on salt and eat a healthy diet
- Drink alcohol in moderation
- Cut down on caffeine

My blood pressure

Blood pressure reading

—

Date

✓ Less than 140/90 **Healthy**

Your blood pressure reading is **healthy**. You should have a check at least every five years, or sooner if you feel unwell. If you're overweight, smoke or are over 65 you should check your blood pressure more often. You can have a free blood pressure check at most pharmacies or at your GP.

Blood pressure reading

—

Date

⚠ Over 140/90 **High**

We have checked your blood pressure twice and both blood pressure readings are **high**. Please go to a pharmacy or make an appointment to see your GP in the next few weeks to have your blood pressure checked again. You can find your nearest pharmacy on our website (see overleaf). If you start to feel unwell with headaches, dizziness, blurred vision or shortness of breath, contact NHS 111. Please note, if you are aged 80 and over, your blood pressure is considered to be high if it is over 150/90.

Blood pressure reading

—

Date

⚠ Over 180/120 **Very high**

We have checked your blood pressure twice and both blood pressure readings are **very high**. Please go to A&E as soon as you can today so that you can be checked out.

If they were advised to go to A&E, most participants said they would be prepared to do this.

“Yes, if they said I needed to do that, I would do that.”

“Definitely I would do that. If it was extremely high, I would definitely go immediately.”

However, some participants raised that long waiting times at A&E could be a deterrence, commenting that if they had to wait at A&E for several hours before they could be seen by a health professional, they would be inclined to go home, particularly if they did not have any obvious symptoms. A couple of participants also commented that their work and/or caring responsibilities and the distance of the hospital may prevent them from attending A&E.

“If I have to wait for too long, I will go back home.”

“Yeah because if you had no symptoms, you didn't know before they told you, so you'd think you could carry on.”

“The only thing that would stop me going immediately would be time, if had other responsibilities.”

Likewise, if they were advised to make an appointment with their GP or visit their local pharmacy, most participants would be prepared to do this. These participants commented that visiting a pharmacist would be easier than contacting their GP and emphasised the difficulties they face in accessing GP services.

“I’d like to think I would. If it was a particularly bad day, you know, I was quite busy and didn’t have the time then it might go out of my head for a bit. Or if I already had an appointment booked I suppose I’d think I’ll wait a few weeks.”

“Stressful to wait to get an appointment to see a GP.”

“It’s easier to get the pharmacy.”

Across both focus groups, participants agreed it would be helpful if the NHS could send a follow-up text message and/or email to remind them to go to their local pharmacy or to book an appointment with their GP.

“Ensure follow-ups, so people remember to do it.”

“Sending a reminder would be a great idea.”

If their blood pressure reading was normal, participants were positive about implementing healthy lifestyle advice to reduce their risk of hypertension, and thought providing this information to residents was a good idea.

“I would be proactive with that advice.”

“If the results came out as healthy, I would still take the healthy lifestyle advice.”

Participants were asked for their general thoughts on the leaflet. Those who took part in the first focus group were generally positive about its content and layout. Those who participated in the second focus group had some constructive feedback, commenting that the QR code for accessing more information may not be accessible for groups who are more likely to be digitally excluded. One participant also suggested that the language used in the leaflet could “frighten” people and make them feel deterred from checking their blood pressure rather than encouraged.

“For me I’d scan the QR code but like I said other people, maybe older people, won’t.”

“I feel like the idea of the QR code might be a bit much for people that are a bit older and not really too confident with technology.”

“I just worry about this frightening people because you may or may not know what there’s an initiative in our area called Cancel out Cancer which is an awareness programme to involve the community in cancer awareness, cancer signs, symptoms and screening. If we put anything out – the word cancer frightens people away – if we

don't stay on the positive side as to all the pluses and talk about the dangers it might frighten people even more and I would worry that might happen with this leaflet. I would want it done in a much more positive way. I think unfortunately a lot of the general public would be like 'oh I don't wanna know' and not do it."

Feedback on evaluation forms

Participants were informed that residents who decide to take part in the pilot will be asked if they would like to share their views. Participants were shown an information sheet and consent form residents would be required to sign. Copies of these forms are provided in the appendix.

Participants commented that the information sheet is informative and comprehensive, however a few suggested that it could be made more engaging and concise. They also advised that more accessible language should be used – such as “high blood pressure” rather than “hypertension” and “optician” rather than “optometry”. One participant also queried the accessibility of the information sheet and whether it would be provided in other formats such as in Easy Read, BSL and other languages.

“It doesn't beg you to read it does it? Short and succinct and a bit more interesting.”

“I think it's too long for me, I think it should be shorter.”

“Use high blood pressure first rather than hypertension and optician rather instead of optometry.”

Participants were positive about the consent form, commenting that it is short, clear, easy to understand and well-written.

“The consent form is good. It could have more colour but I think this is great because it's short.”

“Well written, easily understandable.”

Across both focus groups, all of the participants would be happy to contribute to the evaluation by sharing their views. Generally participants were comfortable taking part by completing a survey or having a telephone call, although there was a slight preference for the survey option as they felt this would be more convenient and quicker to fill in.

“I'd be happy to, absolutely, but the survey needs to be short.”

“Survey would be easier since I could do it whenever I feel like on my phone.”

“I'd be happy to share feedback to help improve and contribute.”

Improvements

Participants were asked what suggestions they would propose to the ICB to help people with their heart health. Across both focus groups the most common suggestion was to increase awareness and education of cardiovascular disease and the importance of taking care of your heart health and having regular blood pressure checks. Specific ideas included: education within schools, public campaigns, information sessions within the community, and posters within GP surgeries.

“Health education in schools and heart education in schools.”

“Organise more programmes like this in the community to inform people.”

“I think more public campaigns should be made, you know, reaching out to people, giving them information.”

Linked to this, one participant suggested that there needs to be more information about what local, practical support is available to residents to help them make the lifestyle changes they need to implement.

“It’s knowing what’s available locally sometimes. So if it’s things like stopping smoking or losing weight it’s like yeah, we know that, but how? If you’ve had this advice that says ‘do this, do that and the other, change your diet, eat less, exercise more, stop smoking’ it’s like right, how do I find the support to do that? It might be ‘oh you can go to this class or you can get help with your weight or phone this number about quitting smoking.”

A few participants suggested that people would be better able to reduce their risk and manage their heart health if it was easier for residents to access health services. One person also recommended for GP surgeries to offer blood tests for heart conditions, although they acknowledged this could be hard to resource.

“Improving access to healthcare services, virtual consultations and monitoring.”

“You can get specific blood tests for heart issues, I’ve had that a couple of times in the past but they don’t really offer it and you need to go to the GP. BNPRO or something like that.”

One participant said residents, particularly those in socio-economically challenged areas, should be given free heart monitors to help them manage their heart health.

“Providing free heart monitors. Especially in vulnerable neighbourhoods.”

Another participant suggested that the ICB needs to address the fear some people have about their health, and to build their confidence in taking care of their health and having regular checks.

“There’s no doubt about it, fear plays a big part – people like to pretend there’s not a problem. Which we all do, it’s not a criticism, it’s a comment on human nature. You know, why would we want to put ourselves through things that are unnecessary?”

Summary

Across both focus groups, participants were very positive about checking blood pressure within dental practices and/or opticians. Participants felt this was a beneficial initiative for the NHS to implement and could help increase the detection of hypertension. Participants raised a range of concerns and barriers which may prevent residents from taking up the opportunity to have their blood pressure measured within these settings and it is important that the ICB takes these into consideration as it moves forward with its pilot.

Participants were positive they would act on the advice given if they were to have their blood pressure checked and gave practical suggestions such as providing reminders via text or email to help remind residents to have their blood pressure monitored.

Generally, participants had a good understanding of hypertension and its associated risk factors and knew where they could go to have their blood pressure checked and/or receive support in managing their blood pressure. However they did raise various barriers they, or others, face in checking their blood pressure on a regular basis, which again is important for the ICB to address. They also provided a range of suggestions for where else blood pressure monitoring could be implemented, most of which were within community spaces, indicating the importance of accessibility and convenience.

Appendix

1. Participant information sheet

Hypertension case finding in dental settings – Pilot (Hertfordshire and West Essex ICB)

PATIENT INFORMATION SHEET

The hypertension case-finding pilots are community projects introduced to dental and optometry practices to increase hypertension detection in the Hertfordshire and West Essex areas.

Blood pressure check

This practice is participating in a pilot programme to help detect high blood pressure in patients over 40 within a dental/optometry practice setting.

Blood pressure is the pressure of blood in the arteries. If it is too high over a period of time and is not treated, you will be more at risk of having a stroke or heart attack.

During your dental appointment, you will have the opportunity to have your blood pressure taken. This will not cost you anything. You do not have to take this opportunity if you do not

want to, and it will not make a difference to your dental/optometry treatment if you decide not to.

If you have already been diagnosed with high blood pressure, you will not be offered the opportunity.

We will not be able to diagnose high blood pressure; only get an indication that you need further tests. We will help you find a community pharmacy near you that can offer testing or advise you on how to seek help from your GP Practice.

Evaluation Process

In addition to the blood pressure check, you can opt-in to give feedback about the blood pressure checking services. Because this is a pilot project, we want to follow up with patients after their blood pressure is taken.

This will involve someone from our evaluation team sending you a short online feedback survey, and you may receive a telephone call to discuss your experience with the service provided

The survey and call should take 5-10minutes (each).

The purpose will be to gather your views about having your blood pressure taken and follow up on the outcome of any further medical treatment you received.

The evaluation is being carried out by the Research and Innovation Hub at the University of Hertfordshire.

WHAT WILL HAPPEN FOR THE EVALUATION

If you consent to participate in the evaluation process, your contact will be shared with the evaluation team. They will send you a link to a short online survey to get feedback on your experience with the blood pressure checking service in a dental/optometry setting.

WHY AM I BEING ASKED TO TAKE PART?

As a resident of Hertfordshire and West Essex, we would like you to access the service provided and, during the evaluation, help us with feedback on thoughts and experience of receiving blood pressure checks in dental/optometry settings.

WHAT AM I BEING ASKED TO DO?

You will be asked to provide consent to receive further contact from the evaluation team, in which you will be asked to provide some feedback on your experience with service and the outcome of the blood pressure check. This feedback will be collected in the form of an online survey and you may receive a telephone call that will take approximately 5-10mins each .

WHAT WILL BE DONE WITH THE INFORMATION COLLECTED

Personal information, such as your name, will not be used in the evaluation. We are only collecting your name and contact number to obtain your feedback for evaluation purposes. The feedback from the survey will be transferred onto a database which will be kept in locked filing cabinets or protected computer files. The feedback from recorded telephone calls will be transcribed verbatim and kept in locked filing cabinets or protected computer files. The survey questions and information from the feedback interview via the telephone will ask about your experience with the service, including the outcome of your visit, your interaction with the blood pressure monitoring staff, and any feedback you may have on the service. We will use this information to write reports and presentations of our findings.

HOW WILL WE USE YOUR INFORMATION

For the pilot evaluation, we will use the information you provided in the feedback survey and telephone call. We will use this information to write reports and presentations of our findings.

Everyone involved in this pilot will keep your data safe and secure. We will also follow all data protection and privacy rules. At the end of the pilot, we will save the data in case we need to check it. From our reports, we will ensure no one can determine who you are.

DO I HAVE TO TAKE PART?

Taking part is your decision; if you choose not to do so, it will not affect you in any way. If you decide to participate, you can change your mind at any time without giving a reason, but we will keep information about you that we already have. You can take part only in the blood pressure check, not the evaluation, or you can participate in both.

THE BENEFITS AND RISKS OF TAKING PART

By participating in this pilot and evaluation, you might be helping to improve the detection of hypertension in the future. Your feedback will be used to provide a better understanding of

the impact of the service and ways to implement this service effectively in the future. The risk of taking part is minimal, and this pilot has no anticipated risks.

WHO HAS APPROVED THE PILOT

The pilots have been approved by the HWEICB NHS Trust and the University of Hertfordshire Research

WHAT IF I NEED MORE INFORMATION OR THERE IS A PROBLEM?

Please contact the NHS Long Term Conditions team if you need more information regarding the pilot study. If you have any complaints, please contact (insert contact details here). If you have any questions regarding the feedback process and evaluation, please contact the evaluation team Lisa Whiting, University of Hertfordshire, mobile number (TBC), email: l.whiting@herts.ac.uk

2. Consent form

Hypertension case finding in dental settings – Pilot (Hertfordshire and West Essex ICB)

PARTICIPANT CONSENT FORM

This consent form is for the evaluation of the HYPERTENSION CASE FINDING PILOT. Once have completed your blood pressure check and have received the Information Sheet, you need to tick next to each statement to confirm understanding of these statements. **Signing the consent form shows your agreement to take part in the evaluation process and interviews.**

EVALUATION CONSENT

Please fill this part to consent in taking part in the evaluation process. Please tick each statement to show you agree.

1	I understand that if I choose to withdraw from the pilot, information already collected will be kept and used for the study.	
2	I understand that taking part in each of the activities below is optional.	
3	I consent to my details being shared with the evaluation team for further contact	
4	I agree to take part in the evaluation process	
5	I agree to take part in a short survey and a telephone interview that will be recorded and transcribed.	

6	I understand that I can stop taking part at any time, without giving a reason why and can ask the researcher to stop the interview at any time without giving a reason.	
7	I understand that direct quotes from the telephone interview may be included in study outputs and agree for these to be used. I understand these will not include my name.	

PATIENT

Name (block capitals):

Signature:

Date:

STAFF NAME

I have explained the study to the above-named patient who has indicated their willingness to participate in the evaluation.

Name (block capitals):

Signature:

Date: