Factsheet: Improved detection and management of hypertension

High blood pressure is the second biggest risk factor of disease leading to premature mortality in the UK. About 30 percent of adults in England have high blood pressure, of whom an estimated 5 million are undiagnosed. Of those in treatment, almost 40 percent have not reduced their blood pressure enough to be deemed controlled. Hypertension prevalence is highest in the most deprived groups in society. Across England, a reduction in the average systolic blood pressure in 40-69 year olds by 2mmHg could save 1,500-2,000 lives per year.

PHE is working with partners to develop a new focused programme of work on hypertension and we intend to provide more detailed support and information in future updates to this resource.

Established actions which commissioners might consider pursuing to improve detection and management of hypertension include:

- Promoting early diagnosis and following the principle of making every contact count - commissioning to ensure that blood pressure is regularly measured in health care encounters and results conveyed to general practice;

- Support exercises to audit and explore GP systems and performance on hypertension – for example identifying people with previous raised blood pressure readings which have not been acted upon or undertaking audits of mortality of care preceding hypertension to identify what further could be done in your area to prevent premature deaths (e.g. better medication compliance, case finding, use of disease registries, or secondary prevention). Resources to support such approaches can be found in the work of the former Health Inequalities National Support Team [here](#). Data on CCG and practice level performance on hypertension can be found [here](#).

Within healthcare settings support commissioning of activity which addresses the known risk factors for hypertension (as per NICE clinical guidance 127 on hypertension these are primarily addressing diet, physical activity, alcohol consumption and smoking).

This page will be updated in due course as further details become available.