



Improving outcomes for people at risk of hypertension **Evaluation Report – April 2025**

Evaluation project led & report written
by Katy Francis – Project Coordinator



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to quality**



healthwatch
Brighton and Hove

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Executive summary

The Trust for Developing Communities (TDC) in partnership with Bridging Change, Brighton Unemployed Families Centre Project, and Switchboard delivered a community outreach programme to improve outcomes for those most at risk of hypertension inequalities.

The intervention involved blood pressure checks and knowledge-sharing about heart health and hypertension in community spaces such as food banks and Black and Racially Minoritised (BRM) community groups.

Healthwatch Brighton and Hove (Healthwatch) led the evaluation of this project by surveying 91 people to select 21 people to interview in receipt of the community intervention.

The project was commissioned by East and Central and Deans and Central Primary Care Networks.

Sample

From 91 survey respondents, we selected 21 interviewees of which 57% were females and 43% were males. Their age ranged from 38 to 88 years, with an average of 63.7 years. 57% had a disability, 7 of these were impacted 'a lot' daily by their condition, 4 were impacted 'a little', and 1 'not at all'. 19 identified as heterosexual and 2 as gay or lesbian. 11 of the interviewees were 'White – British'. 5 were 'Indian', 4 were 'Black or Black British African' and 1 was 'Arab'. English was not the first language for 7 of the interviewees.

Findings

Overall, the project had a clear positive impact on communities that are at higher risk for hypertension inequalities.

- People interviewed were overwhelmingly positive and receptive to blood pressure testing in the community.
- Those who had a known history of high blood pressure had received varying levels of support and engagement. A lack of previous lifestyle advice for GPs was a common theme, believed to be because of time constraints.

Event outcomes

- Of the 91 survey respondents, 74% stated that they found the session extremely helpful or very helpful. This was reflected in the interview feedback, where all participants took some action following the event.
- Of the 21 interviewees, 16 took new action (e.g. sought GP appointments; started monitoring blood pressure; made lifestyle changes) and the remaining 5 said they would continue monitoring and/or engaging with their GP.

Hypertension literacy

- Most of the survey respondents (64%) believed they knew more about what can cause high blood pressure after the session. Similarly, most interviewees (62%) said they learned something new.
- There was significant variation in how much information was shared and how much was learned depending on the type of event.

The key **barriers to regular checks** identified were forgetfulness; cost and confidence around using at-home monitors; difficulties getting GP appointment; loss of faith in GPs and the healthcare system; comorbidities and willingness to engage with healthcare; and lack of awareness.

The key **enabling factors for regular checks** identified were convenience; peer support; familiarity of outreach workers and building trust; more relaxed and comfortable in a community space compared to a medical setting; and more accurate readings in community spaces.

The key **barriers to improving blood pressure** identified were difficulties accessing their GP; not enough time with the GP to talk about lifestyle; difficulties accessing or knowing what community lifestyle support is available; cost of food/exercise; difficulties with behaviour change; and comorbidities that make regular exercise/eating well more challenging.

The key **enabling factors for improving blood pressure** identified were access to in-person knowledge sharing and peer support; and access to communal exercising.

Introduction

Background

Hypertension (high blood pressure) is one of the leading risk factors for cardiovascular disease and premature deaths, yet it remains significantly underdiagnosed and poorly managed across many communities. According to the British Heart Foundation, around one in three adults in the UK, approximately 15 million people, live with high blood pressure, and nearly half of them are unaware of their condition. The Office for National Statistics (ONS) attributes over 75,000 deaths each year to high blood pressure, primarily through its role in increasing the risk of strokes, heart attacks, and kidney disease.

There are persistent inequalities in the diagnosis and control of hypertension, which disproportionately affect people from Black and Racially Minoritised backgrounds and those living in the most socioeconomically deprived areas. Hypertension is a key focus of NHS England's Core20PLUS5 framework, which identifies the 20% most deprived populations and additional groups (the "PLUS") who face worse health outcomes.

East and Central Primary Care Network (PCN) and Deans and Central PCN cover patient populations that include ethnically diverse and LGBTQ+ groups, and those experiencing high levels of deprivation in Brighton.

To tackle these inequalities and improve outcomes in Brighton, these PCNs partnered with community groups to identify and support patients with high blood pressure and high risk of hypertension. Their ambition is that 80% of people with known hypertension will be treated to national target levels, and 65% of people with a cardiovascular disease (CVD) Q risk of 20% will be prescribed a lipid lowering medication.

The Trust for Developing Communities (TDC) worked with the PCNs to develop pathways of support and together with a number of community groups facilitated health events to target the top 10% in the Index of Multiple Deprivation communities, Black and Racially Minoritised (BRM) and LGBTQ+ communities.

At these events, outreach workers carried out blood pressure checks, offered advice, and shared information on heart health and blood pressure. The pathway of support taken by the individual depended on which PCN their GP surgery fell within.

TDC worked in partnership with Bridging Change, Brighton Unemployed Families Centre Project, Switchboard, and other small community groups.

The **aims** of the community outreach project were to:

- Identify patients who did not know they high blood pressure.
- Increase hypertension literacy in the target populations e.g. increase awareness of the risks and causes of high blood pressure and where and how to do blood pressure checks.
- Increase the number of patients checking their blood pressure.
- Support people most at risk of hypertension in the target populations to access appropriate clinical treatment and/or health-related behaviour change support, such as smoking cessation, alcohol harm reduction, weight management or physical activity.
- Gain insight from individuals within the target populations at risk of hypertension but not engaging with health and social care regarding the challenges/barriers they face in taking up support.

Targeted populations

- People identified by primary care with high blood pressure, with no or limited engagement with health and social care to manage this or improve their hypertension risk.
- People from ethnically diverse communities.
- People who do not speak English as a first language.
- Faith groups.
- People from Traveller communities.
- People with Learning Disability.
- People with Serious Mental Illness.
- Women.
- Younger people.
- Carers.
- Members of LGBTQ+ groups.

Our role – Evaluation

Healthwatch carried out the evaluation of this project by surveying 91 people in receipt of the intervention and selecting 21 individuals to interview, where we focused particularly on those groups identified as most at risk of hypertension inequality.

As part of our evaluation, we:

- Assessed outcomes in terms of hypertension literacy; confidence to take and report their own blood pressure; knowledge to connect with pharmacists and GPs if readings are concerning; and the likelihood of being treated for their hypertension.
- Explored whether their experience impacted their wider lifestyle changes, such as healthier eating, stopping smoking, exercise, stress reduction and alcohol consumption.
- Gathered insight into barriers patients face regarding regular blood pressure checks and improving their blood pressure.

Recruitment

A flyer (Appendix 1) was used to recruit participants. Outreach workers asked service users if they would be interested in filling out a survey about their experience of having their blood pressure taken. They were informed that there was an opportunity to receive £40 for their time if they were selected for a further conversation after completing the survey.

The survey was primarily used to recruit participants for interview. We asked a number of questions to identify participants that would cover a range of experiences, particularly focusing on those who most at risk of hypertension inequalities.

Due to practical constraints at events, it was challenging to recruit a high number of respondents. Many people did not want to fill in a survey, particularly when they had already been asked to respond to a PCN feedback form however they were happier to provide verbal feedback. Healthwatch attended two events and more TDC workers were assigned to events to successfully increase uptake of the survey by completing paper surveys verbally with participants.

Due to the nature of community events, particularly at those events that cover a larger geographical area, a significant minority of our sample were not registered at GP surgeries in the East and Central or Deans and Central PCNs.

We prioritised recruiting those who had a high blood pressure reading, however 6 (out of the 21) interviewees had normal readings with no previous history. These 6 were in groups at high risk of hypertension inequalities, so provided valuable insight in terms of hypertension literacy and potential barriers to regular checks and living healthily.

Methodology

The survey was mostly quantitative with close-ended questions. There were some open-ended qualitative questions which enabled us to select interviewees with a variety of experiences.

Interviewees were offered the choice of a phone call, zoom call or in-person conversation. The majority chose to speak on the phone, with 6 meeting on zoom and 3 in-person.

A participant information sheet was provided (Appendix 3) and informed consent was gained to stress anonymity, confidentiality, safeguarding and agreement to digitally record the interviews (Appendix 4). The transcripts were analysed thematically.

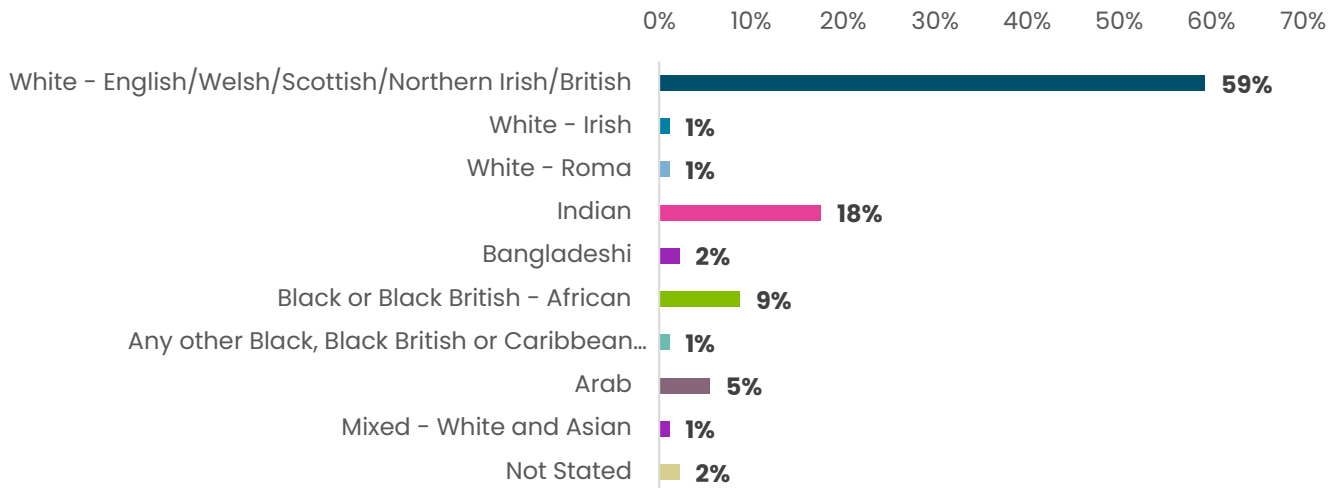
Participant profile

Survey sample profile

Of the 91 survey respondents, there were 59% females, 36% males, and 4% did not state their gender. One person identified as transgender. The age of survey respondents ranged from 30 to 90 years, with an average of 63.3 years. Of the 53% of respondents with a disability, 55% of these were impacted 'a lot' daily by their condition, and 37% were impacted 'a little'.

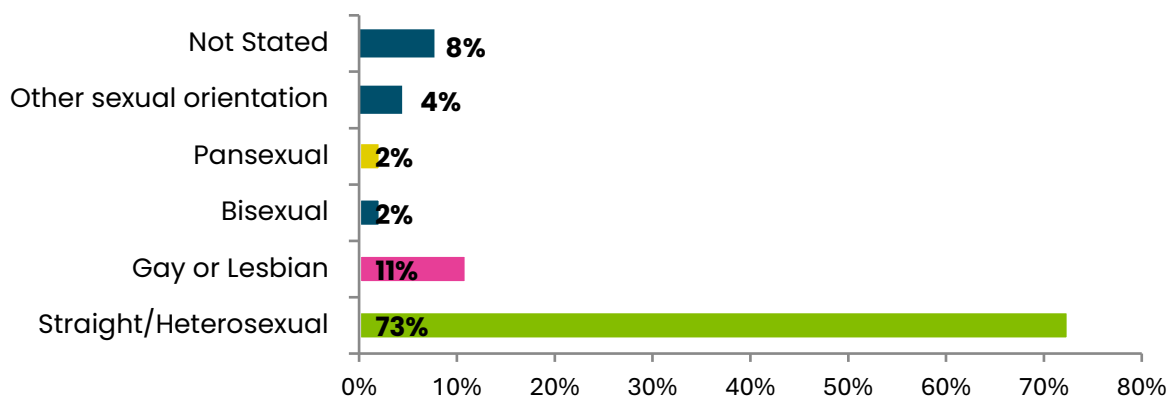
The majority of respondents were 'White – British', followed by 'Indian' and 'Black or Black British – African'.

Ethnicity of survey respondents (n=91)



Most of the respondents were heterosexual, with 19% identifying as LGBTQ+ and 8% did not state their orientation.

Sexual orientation of survey respondents (n=91)



Most of the respondents (63%) were registered at GP practices within Deans & Central and East & Central PCNs. There were 25% who were registered at other practices and 13% did not state their practice (Table 1).

Table 1. Survey respondents by GP practice

GP Practice	n	Percentage
Not Stated	12	13%
Deans & Central/East & Central PCN Practices	57	63%
Allied Medical Practice Church Surgery	1	
Park Crescent	7	
Pavilion	10	
Regency	3	
Saltdean and Rottingdean Medical Practice	1	
St Peter's Health Centre	13	
The Avenue Surgery	7	
Wellsbourne	13	
Woodingdean	2	
Other Practices	22	25%
Beaconsfield Medical Practice	6	
Carden & New Larchwood	2	
Charter Medical Centre	2	
Links Road	1	
Portslade Medical Health Centre	1	
Preston Park Surgery	1	
The Haven	1	
The Seven Dials Medical Centre	4	
Well BN	2	
Wish Park Surgery	2	
Total	91	100%

Interview sample profile

Of the 21 interviewees, 12 (57%) were females and 9 (43%) were males. Their age ranged from 38 to 88 years, with an average of 63.7 years. Of the 12 (57%) with a disability, 7 of these were impacted 'a lot' daily by their condition, 4 were impacted 'a little', and 1 'not at all'.

19 identified as heterosexual and 2 as gay or lesbian.

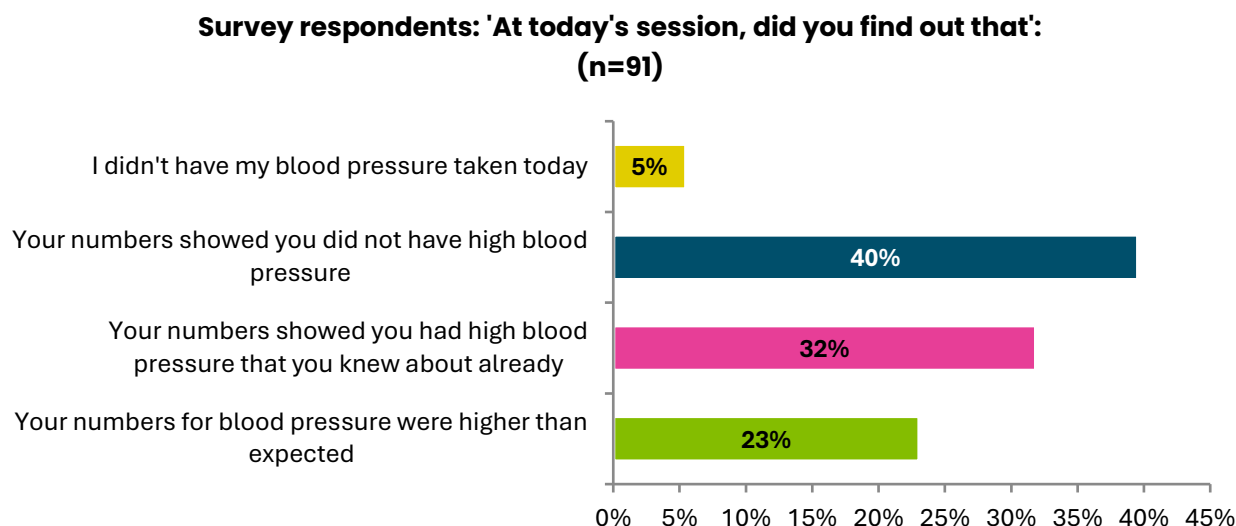
11 of the interviewees were 'White – British'. 10 were part of Black and Racially Minoritised (BRM) ethnic groups: 5 were 'Indian', 4 were 'Black or Black British African' and 1 was 'Arab'.

There was 1 identified carer. English was not the first language for 7 of the interviewees.

Blood pressure status

Survey sample

Just over half of the survey respondents received a high blood pressure reading. 32% had a high reading that they already knew about and 23% received a higher reading than they were expecting.



Interview sample

The richer data gained from the interview format enabled us to place participants into more specific categories.

Of the 21 interviewees, 8 had higher readings than expected, which included people who are already being monitored and/or treated for high blood pressure:

- 4 higher than expected with no known history or treatment for high blood pressure.
- 4 higher than expected with a history of high blood pressure that is being monitored and/or treated.
- 3 with known high blood pressure, with a history of high blood pressure that is being monitored and/or treated.
- 4 normal readings with a history of high blood pressure that is being monitored and/or treated.
- 6 normal with no known history of high blood pressure.

We found no significant differences in the group of 4 participants who had higher than expected readings with no history of high blood pressure compared to other participants.

Events attended

Of the 21 interviewees, 16 attended events for people experiencing higher levels of deprivation and 5 attended Black and Racially Minoritised (BRM) group events:

- The Black & Minority Community Partnership (BMECP) 50+ health event: 3.
- Gujarati 50+ women's weekly group event: 1.
- BMECP & Gujarati event: 1.
- Brighton Unemployed Families Centre Project: 3.
- Moulsecoomb Market food bank: 6.
- St Cuthman's (offers food bank and tea/coffee and chats): 6.
- Vale Community Centre (offers food bank and tea/coffee and chats): 1.

Findings

In total, from the 91 people who responded to the survey, 21 were interviewed.

The findings will firstly cover our observations of two community events we attended. Then the findings will be divided by themes that arose from the analysis. They are presented broadly in the order they were explored in the interviews.

Where related data was gathered from the survey, the findings from this are also presented. These are quantitative, using percentages (and numbers of participants) for each question.

The survey was primarily used to recruit a varied sample of interviewees, so although there are some broad findings, the majority of insight comes from the 21 interviews. These findings are mostly qualitative and include direct quotes, in speech marks, from interviewees. There are also 4 case studies which cover contrasting experiences.

Key themes:

- A. Experiences of the event
- B. Previous experiences of high blood pressure amongst participants
- C. Event outcomes

- D. Hypertension literacy
- E. Barriers to regular checks
- F. Enabling factors for regular checks
- G. Barriers to improving blood pressure
- H. Enabling factors for improving blood pressure

A concluding section will summarise the key themes.

Our observations

Healthwatch observed two TDC-run events, one at a Gujarati 50+ women's community group and one at the Moulsecoomb Market food bank. We attended not only to get a sense of the events, but also to assist with survey uptake. Firstly, participants received the intervention and then were offered to go to the Healthwatch or another TDC representative to fill out a paper survey together.

Gujarati women's 50+ weekly community group

The 15 participants at this event were highly engaged. The group meets every week to exercise, pray and socialise together. The women were very keen to receive health and lifestyle advice and wanted to discuss their issues in detail. The outreach worker spent time speaking with each person after they had their blood pressure checked and as well as speaking to the group altogether. There was a lot of peer discussion. However, there were time constraints and there was an appetite for a longer session.

Moulsecoomb Market fortnightly food bank

In contrast, the session at Moulsecoomb Market food bank was a busier and larger event, and there was not as much time and space to have in-depth discussions. Participants came to the blood pressure table after collecting their food. There was far less observable peer discussion and there was some hesitancy in blood pressure check uptake.

Key themes

A. Experience of the event

Thoughts about blood pressure testing in the community

Interviewees were asked what their initial thoughts were when they realised blood pressure testing was available. All said they were either happy when they realised testing was available or that they didn't mind. One mentioned they did not mind because it was being openly talked about.

"I was so happy because it helps to know what is happening with our health and we learn quite a lot of things." – Gujarati event attendee

"Oh well, I'll have it done." – food bank attendee

"I didn't mind it because we were all talking about it." – food bank attendee

Welcoming

Many interviewees spoke of the relaxed environment. They said they felt comfortable and, where applicable, some mentioned an element of this was because of the familiar faces who carried out the checks.

"I've known [TDC worker] for a long time and see her in other community events in the week." – food bank attendee

"I mean, I've seen them quite regular [outreach worker], you know. I mean yeah, it was alright. I didn't find it stressful at all. It wasn't really busy. It was more quite relaxed in there. I mean, there's just people coming and going all the time, you know, and they're doing arts and crafts and stuff like that." – food bank attendee

Some noted that they found it helpful when the procedure of the check was explained to them. One interviewee felt it was very welcoming and comfortable as usually the arm cuff is too small for her arm, but there was a larger cuff available for her to use.

"They don't make you feel uncomfortable in any way." – food bank attendee

"I feel really comfortable and it was very welcoming." – Gujarati event attendee

Culture and language

One interviewee spoke about the positive impact in terms of comfort of having an event specifically for people who are Black and Racially Minoritised and may experience language barriers.

"I think one of the main reasons that was comfortable was the cultural mix there. If I'm being honest, people didn't feel like they were at a disadvantage in terms of communication or confidence. So, I think you know one of the things that within the minority or ethnic communities is when they go to an establishment like a GP, for example, and they're very much on the back foot, you know, communication. It's not their first language, so it's very difficult. It's very formal, whereas an event like the one at BMECP was very inclusive. So, I don't think there were any barriers. People felt very comfortable there. That's the feeling that I got from others." – BMECP attendee

Value of encouraging each other

It was mentioned frequently that seeing other community members and discussing what was going on increased uptake of checks and people's comfort doing so, particularly for those less engaged with the healthcare system.

"I think it's a good idea to do these things amongst the community because I know a lot of people a bit reluctant to go to doctors or they don't, you know, they don't get around to doing it and things like that... I think it's good because if you're in that sort of environment where there's people you know and it's all friendly, you have a cup of tea and you chat. I think it might be a good opportunity for people who wouldn't normally talk about their problems. They might mention something that's going on in their lives that somebody else might pick up on and can help with..." – food bank attendee

B. Previous experiences of high blood pressure amongst participants

All interviewees were asked about their blood pressure reading and if they had any history of high blood pressure. Of the 21 interviewees, 11 had a previous known history (of whom 8 had current high blood pressure).

Reviews

Although some interviewees did say they go for reviews for their blood pressure regularly, some did not, even if they were on medication. Several spoke about their comorbidities and how blood pressure checks were integrated into appointments for other health issues, rather than standalone reviews.

"No, I think nowadays they don't actually do that. I think people just go in if they need to do it." – food bank attendee

"Every year they check my bloods and everything and they do all that at the same time." – food bank attendee

Amongst even those who had a previous history, several believed that you will have symptoms if you have high blood pressure (more on related barriers in [sections E. and G.](#))

Monitoring

Two interviewees spoke of not keeping up with monitoring as regularly as they should because they had previously received consistently positive results which created a **false sense of security**.

"It was four or five months since it's last been high. I thought it had gone back down so I didn't really worry. It's only when I went to the food bank and obviously it was high." (More in [section E](#)).

One interviewee, who had a general lack of mistrust and engagement with the healthcare system, felt that his condition should be more closely monitored by the GP.

"I last checked a few years ago and it wasn't high. I was given statins years and years ago to do with cholesterol. I didn't follow up with them when I wasn't agreeing with the tablets. The doctors should know I'm not on them [as I haven't gotten the prescription again]." – food bank attendee

Previous support

Interviewees were asked if they felt anything in particular had helped them lower their blood pressure in the past.

Previous lifestyle advice from GP

Several interviewees expressed that they did not receive much lifestyle advice from their GP. They did not feel there was **enough time** in the appointments to go into sufficient detail.

"The GP told us a little bit. And mostly, we just Google it." – Gujarati event attendee

"If I'm being honest, there wasn't much advice given by the GP... it was almost statistical, just very factual without too much. And you did feel that, you know, it was you're almost being rushed and it wasn't that serious... Apart from them saying, right,

it's quite high and that they'll check it again when I come back next time.” – BMECP attendee

These interviewees praised the community outreach highly for helping them to understand much more about blood pressure, heart health, and what they could do to improve their lifestyle. (More on related enablers in [sections F and H.](#))

Health coaching

Case study

50-year-old 'Black or Black British – African' female who regularly attends the food bank.

She outlined how valuable a health coach was for her (accessed through her GP). She was offered specific dietary advice and checked in with her weekly. She noted that it was particularly helpful because the coach was knowledgeable about how ethnicity ('Black – African') impacts her blood pressure and her medication was adjusted because of this. It was acknowledged that the regularity of the check-ins was a significant element of its helpfulness. The interviewee had been on a number of different medications and believed the health coach was integral to her improvement.

C. Event outcomes

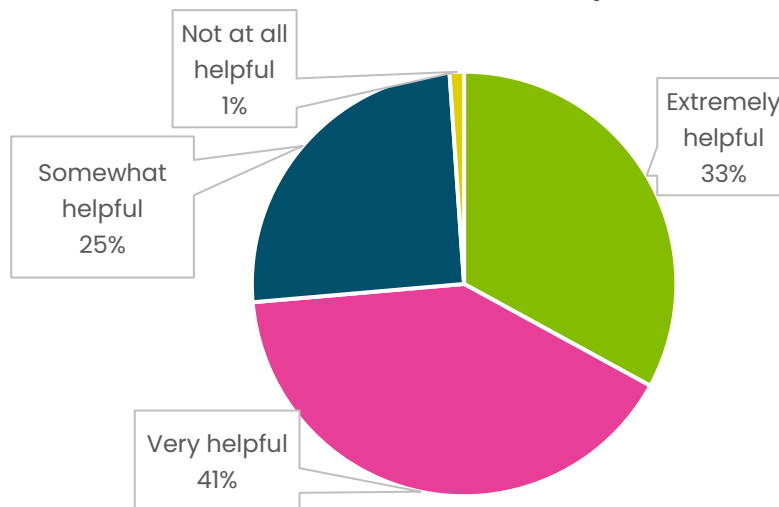
Perceived helpfulness

The majority (74%) of survey respondents stated that they found the session extremely helpful or very helpful, with 25% stating they found it somewhat helpful. Only one person said they did not find it helpful.

“Thanks to the lady who came to see us that they [others in the community group] were able to go to their own GP and found actually they were suffering with high blood pressure.” – Gujarati event attendee

“Although I was already monitoring, [the event] gave me a deeper understanding, made me more comfortable in my awareness and ability to control it as well.” – BMECP attendee

How helpful was the information you received today about heart health and blood pressure? (n=91)



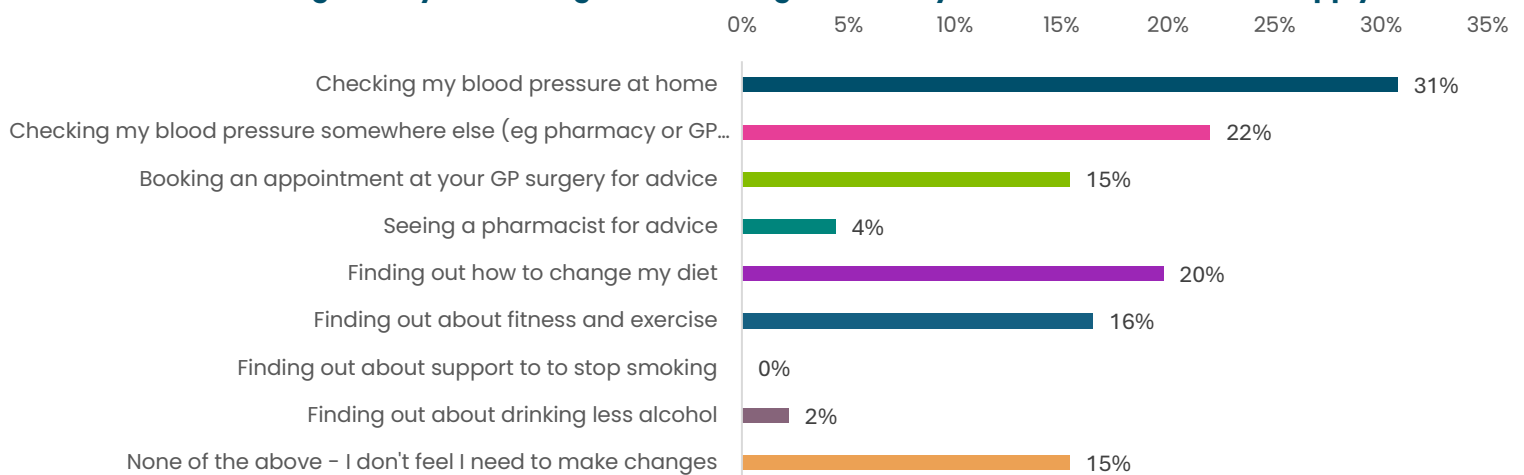
Planned changes

Survey respondents

Survey respondents were asked about what changes they thought they'd make after the intervention; they were asked to select all that applied. This included those who received a normal blood pressure reading. The most popular answers were checking their blood pressure at home (31%) and checking it somewhere else, like a pharmacy or GP (22%). 19% said they would see a GP or pharmacist for advice. 30% (27) of respondents didn't respond to this question at all.

Interviewees

What changes are you thinking about making after today's session? Select all that apply



Compared to the survey respondents, a greater percentage of interviewees said they would take some form of action.

All 21 said they would take some kind of action, **with 16 doing something new** (e.g. sought GP appointments; started monitoring blood pressure; made lifestyle changes) and the **remaining 5 said they would continue monitoring and/or engaging with their GP**.

Pathways to GP and pharmacy support

There was mix in the referral pathways that interviewees took. Of those that were advised to see a clinician, most were told to make a GP appointment. Some mentioned that their numbers were noted down on patient consent forms and sent to their GP for them, which they found helpful. Ultimately, 6 interviewees said they went to or would seek a GP appointment, following the event.

One mentioned he had been contacted after his numbers were noted down. He attended a clinic on their request to undergo more checks. When the results were concerning again, a GP appointment was organised for him.

"They did tell me they'd send it to my doctor, which is really helpful. It's just a nice way of knowing that your doctors are going to receive it as well."

Those **already engaged with services said it was still useful** to have the check at the event. It was either a helpful prompt to continue monitoring, they learned something new about blood pressure, or they found out about related community initiatives (e.g. exercise classes).

"I check periodically, but you never know when you might have a heart attack so quite pleased to get it done." – food bank attendee

"I check at least every two months depending on how I feel but good to have it checked there [in community] because I only have a wrist one and some people have said the wrist ones aren't as good. So, it also gives you that peace of mind that they're doing it in the correct way with the one around your arm." – food bank attendee

Lifestyle changes

As a result of the intervention, 8 interviewees (participants with both high and normal readings) said they had or would try to make new lifestyle changes such as changing

their diet, doing more exercise, cutting down on alcohol and managing stress. The others either had already been trying to make lifestyle changes from previous advice or had no intention of making changes. Barriers to improving blood pressure numbers that interviewees faced are discussed in [Section G](#).

"I have cut down on the boozing. I'm trying to eat well, eat less sugar and salt." – BMECP attendee

"I'm not going to have any more fizzy drinks and I'm going to walk more." – Gujarati event attendee

Monitoring

Of the interviewees who were not already monitoring their blood pressure, all said they would try to start and were able to identify several places (e.g. GP reception area, pharmacy, at home, or in a community centre) where they could do this.

Several (including those who were already monitoring in some way) mentioned that they found it helpful to learn about other places they could do this e.g. the pharmacy.

"I think I learned about myself, about my own body through that young lady's education and yet I'm going to continue checking when I get machine at home and I'm going to go to my pharmacy to have it checked." – BMECP attendee

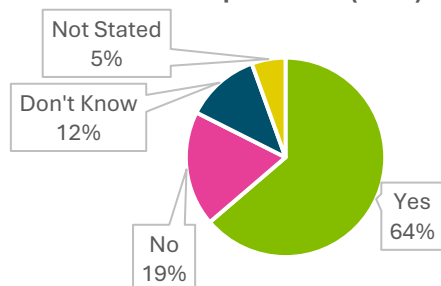
(More on related barriers in [section E](#).)

D. Hypertension literacy

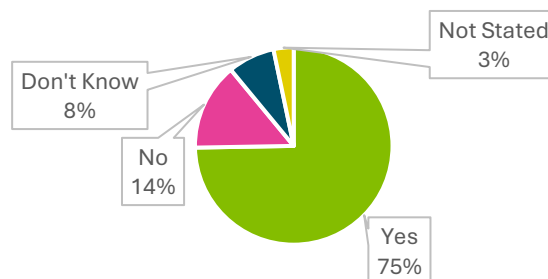
Most of the survey respondents (64%) believed they knew more about what can cause high blood pressure after the session. This is broadly in line with the interview findings where several stated they had received a lot of useful information, others said they received some, and some said they received no information, or they didn't remember. 75% of survey respondents said they were more confident in taking their own blood pressure after the session.

Interviewees were asked how much they knew about blood pressure and heart health (hypertension literacy) before the community intervention, and how much they knew after.

Survey respondents: After today's session, do you know more about what can cause high blood pressure? (n=91)



Survey respondents: After today's session, are you more confident in taking your own blood pressure? (n=91)



Levels before the intervention:

- **10** identified themselves as having **low** levels of hypertension literacy before
- **7** identified as having **high** literacy levels before
- **4** said they knew a **little** before

Levels after the intervention:

Most interviewees (13) said they learned something new at the event such as what causes and can reduce high blood pressure, where they can get regular checks, how to use an at-home monitor and what to do if the result is high.

A few said they learned a lot of new information and found it extremely helpful. All of these attended the Gujarati 50+ group or the BMECP 50+ health event.

There were some interviewees who spoke about being 'stuck in their ways' and not as open to information and/or behaviour change around lifestyle choices (more on related barriers in [section G](#)).

However, the intervention still encouraged this group to take action such as to continue engaging with their GP, monitor their BP, and/or consider medication.

Variation between events

There was a lot of variation in how much information was shared and how much was learned between events.

This was dependent on a lot of factors including the **type of event**, how much **time** outreach workers had to communicate, and how **open recipients were to learn**.

The events at BMECP and the Gujarati 50+ group were praised very highly. The hypertension literacy outcomes for this group were higher than in other groups. This could be because of the amount of time which was available to speak to everyone individually and as a group. The event at BMECP held other health talks on the day in addition to the blood pressure intervention. As those at the BMECP intentionally went to a health event compared to the participants at other groups who were not actively seeking health information, they were potentially more open to information and lifestyle change.

The demographics of these groups also differed. Whereas the BMECP and Gujarati events were for identity groups, many of the other events, particularly where there was a lower uptake of information, were for people experiencing higher levels of deprivation e.g. accessing food banks or attending the unemployment centre. More of these individuals cited barriers such as poor mental and physical health, energy spent looking for jobs, and the cost of food and exercise as reasons they couldn't make lifestyle changes and were less interested in hearing advice. (More on related barriers in [sections E and G.](#))

BMCP 50+ health event – *“Very relaxing, informal sort of environment. So, it was really good. It didn't feel like you were being rushed. It felt like people were taking time to show you how you could check, how you could read and how you could interpret your blood pressure as well.”*

Gujarati women's 50+ weekly group – *“We learned a lot from the ladies. Everyone talked one-on-one and as a group.... We had to stop at 3pm, we wish we had more time... We would like more talks like this.”*

Unemployment centre – *“No [information on heart health or lifestyle advice], they needed to get around everyone.”*

Food bank – *“Not recently [had any lifestyle advice or heart health information], because I didn't ask about anything about that. But you know they have the booklet. But I didn't take any, and there were a lot of people waiting. So, when I was done, I said, okay, I'll let somebody else to come in.”*

Flyer helpfulness

Some interviewees found the flyers very helpful, particularly those at the BMECP and Gujarati events. One interviewee spoke of how grateful she was for the advice on

female-only exercise classes and the community booklet which gave information on where she could do this.

"The cards with numbers are very helpful." – unemployment centre attendee

"It's very helpful... It says on it what you eat and how to control your blood pressure and everything. I passed on the flyer to my sister." – Gujarati event attendee

"She gave me the booklet and telling me about the days they do it [exercise class], and the area they do this. I can find everything in that booklet, so that was very helpful." – food bank attendee

A few interviewees said they did not take a flyer or couldn't remember taking one.

"I don't remember, could be stuck in a drawer somewhere." – food bank attendee

Knowledge of where to have regular checks

The vast majority of interviewees did not know beforehand that you could have a check at the pharmacy. Some still did not know this at the time of interview. Most already knew about GP reception areas. There were several who monitored at home already. Many mentioned they were happy that checks were available in community spaces and hoped that this would continue.

"They had their own machines [at BMECP] as well. They said, where you could buy them from, where you could go, how widely available they were as well, not just for purchase, but in general areas as well. Things such as going to the GP's reception area." – BMECP attendee

'I have reviews at the doctors every three months, where you obviously go in and check it [blood pressure]. But now I know you can check it every week at the community centre.' – unemployment centre attendee

Ability to use an at-home monitor

After the event, many interviewees said they felt comfortable at the prospect of using an at-home monitor, even if they did not currently own one. Some said they would still need more help to understand how to use it and some were less willing to learn and just wanted someone else checking it for them. Some people had ones they thought were unreliable and did not fit properly.

"We've got one. But I hadn't been using it until I went, so it did encourage me to use it."
– BMECP attendee

"It's [an at-home monitor] obviously gonna be beneficial. But it's a case of would I prioritise it? Probably not. But if they did say, Yeah, here's a blood pressure monitor, check it home. I'd go yeah, okay, I'll do that. My friend also said I could borrow his." – Food bank attendee

(More on related barriers in [section E](#)).

Knowledge of what to do if the result is high

Most interviewees said they would contact their GP if the result was high. Some said they would speak to their pharmacist as did they didn't want to bother the GP. Several said they would monitor it a few more times, at different times of day, and if it was consistently high, they would contact their GP.

"Obviously, if it kept going up and up, then I'll speak to the pharmacist, which I've done before, 'cause sometimes trying to get an appointment for your doctor is crazy. But yeah, then I'll just go to my own doctor that knows my whole history and go from there."

E. Barriers to regular checks

Forgetfulness

Most of the interviewees said they would check more if they remembered and/or it was convenient e.g. at the food bank they attend, walking past the pharmacy, if they had a monitor at their home or their friend's home.

It was mentioned frequently how useful it is to have blood pressure checks in **community spaces**.

"I might as well because I'm here anyway." – food bank attendee

Some felt if they are not going to GP regularly then having a monitor available in community spaces that they are going to anyway is extremely valuable.

One person mentioned how helpful it is that BMECP now has a blood pressure monitor there for people to use at their convenience, which allows people to check when they attend community events weekly.

Others mentioned that finding out the **pharmacy** could do checks was helpful as it was closer to their home, and they walk past it more frequently than their GP.

"Sometimes life is so busy... so it's difficult to go to the GP all the time." – food bank attendee

"I would prefer to go to pharmacy for a check [rather than the GP]. It's remembering. So, I'll walk past the pharmacy. Would it jump out at me and go? Oh, yeah, blood pressure. It should do but that may be something that I could think about. Because you know, I've got one literally around the corner from me." – food bank attendee

For two interviewees, consistently good results meant they **fell out of the routine** of checking.

"I think it was more to do with the fact that it was a routine and the readings were very much consistent and I didn't feel the need...I'm going to try and do it more regularly now. Maybe I've got lazy because I have routine checks at the surgery...And as you can see, all of a sudden this chart that I thought I did a month or two ago is suddenly six months ago, you know? I was monitoring every couple of months." – BMECP attendee

"It was four or five months since it's last been high. I thought it had gone back down so I didn't really worry. It's only when I went to the food bank and obviously it was high." – food bank attendee

At-home monitors

Confidence

Many interviewees said they felt comfortable using home monitors, and many of those who didn't currently have one felt comfortable at the prospect of using one in the future.

However, several had issues with models they owned and did not feel comfortable that the results were reliable. Some were not working well or they needed a larger cuff.

Two interviewees did not want to check it themselves.

One interviewee said she would be too anxious to monitor it at home, as she would overcheck it due to her health anxiety. She would prefer someone to do it elsewhere and be able to reassure her.

Another felt that she wanted the reassurance that it was being done properly and what she should do. This interviewee felt she learned a lot at the event she went to, so more of a focus on demonstration could be helpful in future.

"They will take it properly, you see...They will advise me what I should be doing." – BMECP attendee

Cost

Cost was an issue for several interviewees. They wanted to know ways in which they could access free monitors. One interviewee said she would use her interview reward voucher to purchase one.

Two people said they had borrowed or would borrow from friends. This highlighted a benefit of talking about blood pressure in the community.

"I was playing around at my friend's, who had one, and we used it then." – BMECP attendee

Difficulties getting GP appointments for blood pressure monitoring

Several interviewees said they found it hard to get GP appointments.

"I'd like to have a monitor at home because it's hard work trying to get a GP appointment. You make an appointment, you don't get seen anyway until two, three months later. It's becoming very difficult to see them unless you got a serious condition." – BMECP attendee

"I'm not saying GP doesn't want to see you. I'm saying they're inundated." – BMECP attendee

One interviewee said she did not like calling the GP because she had to **disclose her health issues to the receptionist**, who she didn't think would be able to pass judgment on how urgent her need was due to not being a medical professional. She felt it was a breach of confidentiality.

She also said she found it extremely **difficult to get through on the phone** and that this was very challenging for an older person when they're feeling poorly. She said this is the common consensus amongst the others in her community, where she attends the BMECP 50+ group.

"If I was sick and I can't get hold of my GP, what do I do? I worry myself sick. It would be very nice to know that there is other organisation besides the GP or the pharmacy which people can turn to." – BMECP attendee

In contrast, several interviewees were very happy with their GP service. One who attended the BMCEP event expressed confusion at his peer's concerns.

"I have an absolutely superb GP surgery... I'm personally disillusioned by the number who tell me that their GP can't be bothered, they can't get an appointment, this, that and the other and all the rest of it... They just don't bother, you know, no matter how much you can tell them, they don't want to know. Well, I think there's quite a few there [at community group] who have got issues with blood pressure. But then when you're trying to talk to them about do you have regular checks and this, that and the other, it's quite surprising what you get flopped off with like, oh, my surgery doesn't bother. They won't do it for me and all the rest of that. And you can't tell them, well, you can do it for yourself. I said one of these machines costs £25... I don't know what it is." – BMECP attendee

Loss of faith in the GP and healthcare system

Case study

53-year-old male with fibromyalgia. He discovered he had unknown high blood pressure at the food bank intervention. He is mistrustful of the health system and professionals due to repeated experiences of feeling let down and fatigue with accessing healthcare for a challenging and complex condition. He does not have his blood pressure regularly checked but said he felt comfortable to be checked by the familiar engagement workers he sees at the food bank. He plans to now monitor it and speak to the GP.

"I tend not to go down there [to the GP], because, you know, I find it more stressful. When you know you're not being listened to."

"I don't know. I mean if they still had them like at a food bank, or whatever, I don't suppose it's going to be a fortnightly thing. If they had them there, then I probably would. But I wouldn't say that I'd stop into the surgery just to go and check it."

Another interviewee with multiple complex health needs also spoke about her lack of trust in GPs, her anxiety in attending appointments, and not feeling listened to. She also had high blood pressure and was not going for regular checks.

In both cases, their fatigue with the system was connected to feeling like the GPs couldn't do anything for them because of their chronic pain conditions.

Comorbidities and willingness to engage with healthcare

A few of the interviewees who had experienced more adverse health issues in the past said they felt more health conscious and interested in taking care of their health. They believed some of their peers at the events were reluctant to be tested and just wanted to 'put their head in the sand'.

Amongst those who identified as having mental health issues comorbid with their physical health issues, this was not the case, and they were less willing to engage with healthcare.

Lack of awareness

A few interviewees spoke about how they were shocked to learn that high blood pressure can be asymptomatic and that before they had believed that they could feel if their blood pressure was high, therefore they had not attended regular checks.

"It was a surprise to me, the fact that you can run around with your blood pressure that high and not really be aware that it's that high." – food bank attendee

'The one thing that really became apparent in the discussion. It's invisible, isn't it? As in you can't see it.' – BMECP attendee

An interviewee who tried to encourage other people to get their checks in her community said she struggled. She believed many people were not interested in getting their blood pressure checked, often due to a lack of awareness or perceived need.

"They always say they don't have time. And so even when it's kind of right there at the community centre, people saying no, I don't have time." – Unemployment centre attendee

F. Enabling factors for regular checks

Benefits of community space and encouraging each other

When interviewees were asked about what stops them from getting regular blood pressure checks, many of them spoke very highly about having it done in the community.

Peer support

As outlined in [section A](#), interviewees mentioned that seeing other people have checks made them more comfortable. Some interviewees had the perception that others in their community may be nervous for the results and they believed they encouraged their friends to be checked.

“Because they know what I’m like about my health and fitness. And they probably think, oh, well, yeah, if she’s on about it then, you know, it’s worth doing...because they say, oh, you’re really positive with everything you’ve been through [multiple health issues].” – food bank attendee

“Some ladies, they don’t come out of the house and don’t know much about things but when they come out like this now, we’ve got 30-40 ladies coming up. They talk to each other and now they know what’s happening [with their health].” – Gujarati event attendee

Familiarity of outreach workers and building trust

For some of the events, workers were there who have built up relationships with communities over years, they see regularly and have built up trust. In these groups, it was mentioned frequently how comfortable it was because of this.

“[TDC worker] is very supportive with people. I felt comfortable talking about that type of thing with her because I’ve known her for years.” – food bank attendee

At events where they were not familiar with the worker, two interviewees believed those who were more hesitant to get checked, may be more likely to if the same worker came back again.

“I think some of those people might have it checked if the lady comes again. Because it was the first time we met her, they maybe didn’t want to. If it’s the same person. I think people would feel more comfortable. Maybe if they see her second time round, they will do it.” – BMECP attendee

Building trust appears as a common theme. Some interviewees mentioned they were cautious of new people, GPs, and GP receptionists.

Several people mentioned they felt more relaxed and comfortable in a community space compared to a medical setting.

One interviewee spoke about this with culture and language in mind.

"When you go to a GP, it is very isolated. It's just one-on-one and you can go away feeling sometimes overwhelmed. And that's some of the feedback that I got, you know, talking to others, they feel very alone, very overwhelmed... whereas, you know, in a group environment, you feel like, oh, you're not in this lane, you're not a freak or, you know, you can learn from others, you can share as well. So, I think these events are really important." – BMECP attendee

Some spoke about how they felt they have more accurate readings in community spaces.

"More calming than at GP surgery. I do get that machine I used to use when I had my appointments at the surgery, but I found that in them environments, my blood pressure used to be really, really high." – food bank attendee

Privacy

Nearly everyone interviewed believed it was **private enough** at the community event. Most said the checks were to the side or in a corner, so they felt comfortable.

"They're not going to see the forms or anything like that. It's between you and them. So that's alright with me. They do a good job there, I'd prefer it to be private like most people would, but it doesn't worry me." – food bank attendee

One interviewee mentioned that this could be a reason some people, especially their more religious friends, did not have it checked there.

An interviewee at the Gujarati 50+ group felt that the fact the group was **women's only** encouraged people to feel comfortable, and they may not have if it was mixed gender.

G. Barriers to improving blood pressure

As in [section E](#), several mentioned **difficulties accessing their GP** and many said there was **not enough time with the GP to talk about lifestyle**.

"GP doesn't have time to talk to you about lifestyle. We go there, we check our blood, and we hand over to the receptionist." – Unemployment centre attendee

"Sometimes that's hard. It's always telephone appointment and it's hard to get seen by a doctor sometimes." – Gujarati event attendee

"I don't go to there much, to the doctors. I try not to. It makes me nervous going down there. You don't get enough time with them. By the time they ask me what I'm trying to say I forgot. I get all nervous about it... and yeah 'cause I want to talk about all three things. You're not allowed. You only allow talk one thing then I'll get all mithered." – Unemployment centre attendee

Case study

69-year-old Indian female who attends weekly Gujarati women's 50+ group. English is not her first language. She has a history of high blood pressure, which she takes medication for. She is engaged with her GP but has not been given any significant lifestyle information or support from them. She felt the community intervention was very helpful for learning about blood pressure and lifestyle, and she would like more talks and interactive experiences to help adjust her diet.

"There didn't seem to be enough time or detail provided [at the GP]. A few of them [others at BMECP] were given leaflets from their GP in terms of, OK, read this, but again, you can read something and not really take it in. I think this sort of event where you can talk in a two-way environment where there isn't a limit on the time in effect. You know, you don't think, well, I've only got 3 minutes with the GP, I better make it quick. You feel like you can ask questions and nothing feels silly. You feel like you can ask anything there as well. So, yeah I think that they were getting support from the GP, but it's a different level of support." – BMECP attendee

Difficulties accessing or knowing what community lifestyle support is available

Several interviewees mentioned that they were very keen to access community lifestyle support, but some felt they weren't sure what was available near them, and another had a walking activity he liked cancelled. One mentioned that she finds the Active for Life brochures very helpful, but she hasn't seen them around this year, which is frustrating.

"I keep bringing it up [restarting a walking club], get people out of their houses instead of sitting around all day doing nothing." – food bank attendee

"I think people are not aware of what is out there. What's really frustrating is this year they're really behind and I've only known one person to have the [Active for Life] booklet this year, whereas last year I was handing them out to people." – food bank attendee

Before the event, one interviewee hadn't exercised in a long time partly because she did not know if there were any women-only exercise classes taking place due to religious reasons. The outreach worker there informed her of a class that is usually all women. Now she feels able to attend.

Cost of food/exercise

Several identified the cost of food and exercise as a barrier to a healthier lifestyle.

"Fresh fruit and veg very expensive in this county. We can't afford them." – BMECP attendee

"I'm not eating much, life is very expensive here. No money for gym." – unemployment centre attendee

One interviewee spoke of the value of **community dinners** for healthier lifestyle choices.

"I have a lot of veg at the centre. It's a pound and it's really great." – unemployment centre attendee

Difficulties with behaviour change

A few interviewees said they were just 'stuck in their ways' and were not motivated to make lifestyle changes.

"I think they know better than that [to give me lifestyle advice]. I'm one of them people if I wanna do it, I'll do it. I'm sorry. I haven't changed much over the years. I do take my diabetes more seriously now than what I did [because it is causing him pain]. Apart from that, I think they know better than to advise me." – food bank attendee

"I'm too old to make changes." – food bank attendee

Comorbidities that make regular exercise/eating well more challenging

One interviewee said that she is very active and health conscious, but she is **menopausal** and cannot take HRT due to a history of cancer, which means she has uncontrollable food cravings.

Several interviewees talked about how their other health conditions prevent them from improving their lifestyle behaviours. **Chronic pain** was a common theme in this group, as well as **poor mental health**. This theme was more prevalent amongst people who

were attending **food banks and the unemployment centre**. One interviewee said he had very poor mental health and was spending all his energy looking for work.

Case study

A 67 year old woman, with multiple health conditions, who attends the unemployment centre multiple times a week.

Her blood pressure numbers came back higher than expected, 'right at the top of the chart'. She has a history of high blood pressure and is on medication. She was advised by the outreach worker to see her GP. However, she does not engage much with her GP due to nervousness and feeling like there is not enough time to discuss her complex issues.

"I'm in pain all the time and I'm fed up with it. That gets me down and depressed, and I don't wanna do anything. It's a vicious cycle."

"I can't do exercise, too much wrong with me. I'm too fat. If you can't, you can't. It's silly, it's all silly. I used to like swimming, but I can't do it anymore. I can't get down and back up the steps."

"When you can't do nothing, how are you supposed to lose any weight. I don't get it. It's not just what you eat, it's what you do."

"I did really well on one of them weekly diet groups. The problem with them is, they only see you a certain amount of weeks. I do really well when they're seeing me, as soon as they're not seeing me. It's finished. I'm bored of it and I put all the weight back on."

"I'd rather be checking in like that [at weekly diet groups]. It's helpful because it's with other people but I guess they can't do it money-wise."

"Having my blood pressure done at the centre makes me wonder about it. It makes me think should I be doing this, should I be doing that."

Medication hesitancy

A couple of interviewees had some hesitancy around taking medication due to already taking a lot, but most people were ok with the prospect of it.

"They're going to put you on medication, and sometimes you don't want to. It's hard to be always taking medicine. Now for the pain I'm going through. I'm taking a lot of painkillers." – unemployment centre attendee

Caring responsibilities

One interviewee's partner with dementia doesn't like being left alone. This means she finds it hard to go to exercise/mindfulness classes and go to the allotment by herself, which helps most with her relaxation and stress levels.

H. Enabling factors for improving blood pressure

Value of accessible communal exercising

Many interviewees spoke about how much they value free and low-cost community exercise classes. They also said how much they appreciate the social aspect of exercising together and find it very encouraging. One interviewee who experiences significant mental health issues and chronic pain spoke of how much organised community days out help her wellbeing.

"Maybe if I had somebody else to walk with. Yeah, that would help even more." – food bank attendee

"We're looking forward for going on those twice weekly walks. We're retired, we're not doing much things, you know, and we're looking forward to going into the community, talking to people, which is good." – Gujarati event attendee

"Being among people helps a lot." – food bank attendee

Access to in-person knowledge sharing and accountability

Several people mentioned that they would like more in-person health talks, especially as many feel their GP does not have time to offer lifestyle advice in sufficient detail.

"I wouldn't mind more of them because when somebody is in front of you and tells you, then it's more effective rather than reading it. The GP doesn't have time to talk to you about lifestyle." – Gujarati event attendee

The value of accountability, peer support and knowledge-sharing also came up several times. (More in [sections A and F](#).)

"I'd rather be checking in like that [at weekly diet groups]. It's helpful because it's with other people but I guess they can't do it money-wise." – unemployment centre attendee

One interviewee, who struggles with healthier eating due to **cultural dietary differences**, shared that she would value community cooking demonstrations to help with better recipe ideas. She went to these when she lived in London and found them very helpful.

"They used to cook in front of you. That was really encouraging." – BMECP event attendee

As discussed in [section B](#), one interviewee spoke of how valuable the in-person health coaching she received was for improving her blood pressure.

Conclusion

Overall, the findings from the 91 survey respondents and 21 interviewees found that the outreach project had a clear positive impact on communities that are at higher risk for hypertension inequalities. These community-based events show the potential to increase the proportion of people being tested for hypertension and provide treatment and support for those with unexpectedly high readings. Moreover, addressing the barriers to testing is equally important in increasing the proportion of people to get tested. The main observations are shown below:

A. Experience of the event

Most people who were interviewed were overwhelmingly positive and receptive to blood pressure testing in the community. They felt it was welcoming and comfortable, in part because of the familiarity of outreach workers, having specific identity-group events, and the value of encouraging each other through normalising checks.

B. Previous experiences of high blood pressure amongst participants

Those who had a previous known history of high blood pressure had received varying levels of support and engagement. Some went to regular reviews and some only had their blood pressure checked when they attended other health appointments. Some monitored themselves regularly, but others spoke about becoming complacent and

forgetting. A lack of previous lifestyle advice for GPs was a common theme, this was believed to be because of time constraints.

C. Event outcomes

Of the 91 survey respondents, 74% stated that they found the session extremely helpful or very helpful. This was reflected in the interview feedback, where all participants took some kind of action following the event.

Of the 21 interviews, 16 took new action (e.g. sought GP appointments; started monitoring blood pressure; made lifestyle changes) and the remaining 5 said they would continue monitoring and/or engaging with their GP.

D. Hypertension literacy

Most of the survey respondents (64%) believed they knew more about what can cause high blood pressure after the session. Similarly, most interviewees (62%) said they learned something new at the event such as what causes and can reduce high blood pressure, where they can get regular checks, how to use an at-home monitor and what to do if the result is high.

There was significant variation in how much information was shared and how much was learned between events. This was dependent on factors such as the type of event, how much time outreach workers had to communicate, and how open recipients were to learn. There were higher levels of hypertension literacy after the BMECP and Gujarati groups, compared to the others.

E. Barriers to regular checks

The key barriers identified were:

- Forgetfulness
- Cost & confidence around using at-home monitors
- Difficulties getting GP appointments
- Loss of faith in GPs and the healthcare system
- Comorbidities and willingness to engage with healthcare
- Lack of awareness

F. Enabling factors for regular checks

The key enabling factors identified were:

- Convenience
- Peer support
- Familiarity of outreach workers and building trust
- More relaxed and comfortable in a community space compared to a medical setting
- More accurate readings in community spaces.

G. Barriers to improving blood pressure and the benefits of community initiatives

The key barriers identified were:

- Difficulties accessing their GP
- Not enough time with the GP to talk about lifestyle
- Difficulties accessing or knowing what community lifestyle support is available
- Cost of food/exercise
- Difficulties with behaviour change
- Comorbidities that make regular exercise/eating well more challenging
- Medication hesitancy
- Caring responsibilities

H. Enabling factors for improving blood pressure

The key enabling factors identified were:

- Access to in-person knowledge sharing and peer support
- Access to communal exercising

Appendix 1 – Flyer



Trust for
Developing
Communities



switchboard
connecting you to LGBTQ+ support



BRIGHTON UNEMPLOYED CENTRE
FAMILY PROJECT



healthwatch
Brighton and Hove
Your health and social care champion

Blood pressure

Tell us about your experience today

- Has it been useful?
- Do you know more now than you did before?
- Will you make any changes?

Please complete our survey using the QR code or at
www.smartsurvey.co.uk/s/commfeedback/



We would also like to follow up with some people at a later date, who will receive a **£40 voucher as a thank you.**

(Sign up via the survey. Please note, we may not be able to contact everyone who signs up)

For more information, please contact:
office@hwbh.co.uk
www.healthwatchbrightonandhove.co.uk

Appendix 2 – Survey

Community feedback

1. Why we are asking these questions?

Healthwatch Brighton and Hove is your local health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. You can find out more about us and how to share your views and experiences [here](#). We are completely independent of the NHS and Council.

This short form is important as it tells us a bit about who has come to find out more about their health and gives you an opportunity, at a later time, to show whether it has been useful.

If you have any questions please contact office@healthwatchbrightonandhove.co.uk.

All findings are treated in the strictest confidence. For details of our privacy policy please click [here](#).

Thank you for taking part!

Healthwatch would like to have a phone conversation with people in a few months' time about what they thought about today and what happened afterwards. If you are willing to have a short conversation, please add your name and email address at the end of survey. Please understand that we may not be able to contact everyone who signs up.

On completion of the phone conversation, you will be offered a **£40 voucher** for your time.

1. Which GP surgery are you registered with?

- ☐ Arch Healthcare
- ☐ Ardingly Court Surgery
- ☐ The Avenue Surgery
- ☐ Broadway
- ☐ Allied Medical Practice Church Surgery
- ☐ Allied Medical Practice School House Surgery
- ☐ Park Crescent

- ☐ Pavilion
- ☐ Practice Plus Brighton Station
- ☐ Regency
- ☐ Saltdean and Rottingdean Medical Practice
- ☐ Ship Street Surgery
- ☐ St Peter's Health Centre
- ☐ Wellsbourne
- ☐ Woodingdean
- ☐ None of the above - Don't know where I am registered
- ☐ Other (please specify):

2. After today's session, do you know more about what can cause high blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't know

3. After today's session, are you more confident in taking your own blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't know

4. How helpful was the information you received today about heart health and blood pressure?

☐ Extremely helpful

☐ Very helpful

☐ Somewhat helpful

☐ Not so helpful

☐ Not at all helpful

5. At today's session, did you find out that:

☐ Your numbers showed you had high blood pressure that you knew about already

☐ Your numbers for blood pressure were higher than expected

☐ Your numbers showed you did not have high blood pressure

☐ I didn't have my blood pressure taken today

6. For your high blood pressure numbers, have you:

☐ Seen your GP about this?

☐ Taken medication for this?

☐ Seen a pharmacist?

☐ None of the above - not seen anyone

☐ Seen anyone else (please say):

7. What changes are you thinking about making after today's session?

- ☐ Checking my blood pressure at home
- ☐ Checking my blood pressure somewhere else e.g. pharmacy or GP surgery
- ☐ Booking an appointment at your GP surgery for advice
- ☐ Seeing a pharmacist for advice
- ☐ Finding out how to change my diet
- ☐ Finding out about fitness and exercise
- ☐ Finding out about support to stop smoking
- ☐ Finding out about drinking less alcohol
- ☐ None of the above - I don't feel I need to make changes
- ☐ What other changes would you like to see? (please say):

8. Is there any reason why you may not make some of the changes that were recommended to you today? Please write below

8. About you

We have a legal duty to make sure that we provide our services in a fair way to all members of the community.

To help this, we collect equality data to better understand the profile of our community so we can identify and address barriers to inclusion.

We do this so that we can show that we are acting in accordance with the law as well as to help us review and improve our services.

9. How old are you?

10. What is your sex?

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Prefer not to say
- ☐ Other

11. Is the gender you identify with the same as your sex registered at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

About you

12. What is your ethnic group?

- ☐ White - English/Welsh/Scottish/Northern Irish/British
- ☐ White - Irish

- ☐ White - Gypsy or Irish Traveller
- ☐ White - Roma
- ☐ Any other White background (please give details)
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background (please give details)
- ☐ Mixed - White and Black Caribbean
- ☐ Mixed - White and Black African
- ☐ Mixed - White and Asian
- ☐ Any other mixed or multiple background (please give details)
- ☐ Black or Black British - Caribbean
- ☐ Black or Black British - African
- ☐ Any other Black, Black British or Caribbean background (please give details)
- ☐ Arab

Any other ethnic group (please give details):

13. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

☐ Yes

☐ No

14. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

☐ Yes, a lot

☐ Yes, a little

☐ Not at all

15. Which of the following best describes your sexual orientation?

☐ Straight/Heterosexual

☐ Gay or Lesbian

☐ Bisexual

☐ Other sexual orientation (please say):

16. Invitation for a phone conversation

Healthwatch would like to have a phone conversation with people in a month or two about what they thought about today and what happened afterwards. If you are willing to have a short conversation, please add your name and contact details below. Please understand that we may not be able to contact everyone who signs up.

You will receive a £40 voucher as a 'thank you'

Please add your name

Please add your email address

Please add your phone number

17. Do you have any other comments about today's session?

Appendix 3 – Participant information



Information sheet – Your experience of blood pressure testing

What is this project about?

We would like to hear about your experience of being tested for blood pressure. We want to hear about this experience at a local community centre or event you attended. We would like to hear about what you learnt during the event and whether your blood pressure was higher or lower than expected. Whether or not you have high blood pressure we would also like to hear your views about any lifestyle changes you may have made to lower your blood pressure.

We want to hear your views and experiences to encourage more people to get tested for their blood pressure.

You will receive a **£40** high-street voucher for your time.

Who is doing this project?

This study is being led by the [Trust for Developing Communities](#) and [Healthwatch Brighton and Hove](#) who are arranging and conducting these conversations.

Healthwatch listens to people's experiences of health and social care and uses these views to improve services. Healthwatch is completely independent of the NHS and the Brighton and Hove City Council.

Why are we doing this project?

We are doing this study as we believe that hearing from people's experience is the best way to improve services. This evidence will be used to encourage more people to learn about blood pressure and to get tested.

What does the project involve?

To hear people's views and experiences, we will offer the choice of a conversation over the phone or via online video messaging (such as Teams or Zoom). The conversation may be around 30 minutes but could be longer depending on your preference. The conversation will ask about your views of the event you attend, what you may have learnt during the event, and your experience of being tested for your blood pressure. We would particularly like to hear your views about how we can encourage more people to be tested for their blood pressure.

Who is supporting this project?

Healthwatch Brighton and Hove are leading these conversations on behalf of the Trust for Developing Communities. The project is funded by the East and Central Brighton and Deans and Central Brighton Primary Care Networks.

Confidentiality

All conversations will be strictly confidential and all names will be changed in any report produced. Prior to the conversation, you will go through an informed consent process to see if you are happy to continue.

How do I take part?

Having expressed an interest to share your views, **Katy Francis** (Project Coordinator at Healthwatch) will make contact to arrange a suitable time for this conversation (Katy@hwbh.co.uk). For more information, please contact Katy or to find out more about the wider project please contact kirstywalker@trustdevcom.org.uk at the Trust for Developing Communities.

Appendix 4 – Informed Consent

CONSENT TO PARTICIPATE IN AN INTERVIEW STUDY

Your experience of blood pressure testing

Phone or Zoom: agree or disagree to each item over the phone. Agreement must be achieved for all to continue with the interview.

Face-to-Face: Please put your initials in the box alongside each statement to indicate that you agree with it and then put your name and the date at the bottom of the form. If you do not agree with any of the statements or do not wish to consent, you should not initial or sign the form.

Please initial box

1	I agree to participate in an interview to share my views and experiences about an event where I had my blood pressure tested.	
2	The researcher has explained to my satisfaction the purpose of the study and how the information will be used (Participation Information Sheet).	
3	I understand that everything I say will be treated in strict confidence and no information identifying me will be passed on to anyone other than members of the research team.	
4	I understand that my details will not be shared with anybody outside the research team; however, I know that the researcher is obliged to inform another professional if I disclose that I, or someone I know, is at risk of harm.	
5	I understand that I am free to withdraw from the study at any time, without giving an explanation. All data will be destroyed if you withdraw from the study.	
6	I agree to the discussion being digitally recorded for the purposes of this research study.	

Participant's name:

Signature: / Date:

Researcher's name:

Signature: / Date:

Hypertension discussion topic guide

Explore memories of the event

- What type of event
- Your thoughts when you realised blood pressure testing was available
- How welcoming was it and how comfortable did you feel
- Blood pressure test outcome
- Were you advised to contact medical professionals, if required
- Were you given any other advice or information about blood pressure and heart health

For those who knew about their high blood pressure already:

- What previous support have you received (GP; pharmacist; Healthy Lifestyles team; other contact)
- Have you been on medication
- Have you tried lifestyle changes for your blood pressure

Outcomes from the event

- Did you see any medical professionals, if advised
- Were you given any further advice/medication/referrals
- Have you made any lifestyle changes

Hypertension literacy

- What did you know about heart health and blood pressure before the event
- Have you learned more about blood pressure and heart health since the event? Either at the event or since. What specifically helped
- Do you know what can lower your blood pressure
- Do you plan to check your blood pressure regularly? Do you know where you can do this
- Do you think you would be able to check your own blood pressure with a monitor
- If you checked yourself, what would you do if your results were high

Barriers to regular blood pressure checks

- Difficulties accessing GP/pharmacies
- Difficulty accessing at-home BP monitor
- Lack of confidence to use at-home BP monitor
- Lack of knowledge around where to get checked
- Nervousness around results

- What would make this easier and encourage more people to be regularly tested?

Barriers to improving blood pressure numbers

- Difficulties accessing GP/pharmacies
- Difficulties accessing community lifestyle support
- Costs of exercise/food
- Difficulties with behaviour change
- Health conditions that make regular exercise/eating well more challenging
- What would help?