



# Take Heart

A community-led blood pressure programme



# Foreword

Cardiovascular disease (CVD) is one of the leading causes of death in the UK, accounting for around 27% of all deaths<sup>1</sup>. High blood pressure (hypertension) is the biggest risk factor for CVD, with more than 5.5 million people estimated to have undiagnosed hypertension in England<sup>2</sup>. If left untreated, hypertension can significantly increase the risk of heart attacks, strokes and dementia. As such, hypertension is included as one of the five key clinical priorities in the NHS Core20PLUS5<sup>3</sup> and the NHS Long Term Plan<sup>4</sup>.

The NHS Hypertension Case-finding Service evidenced that the people living in the most deprived areas of England are twice as likely to have hypertension, with the condition disproportionately affecting some ethnic groups including Black African and Caribbean populations<sup>5</sup>. At Nuffield Health, we are committed to addressing these health inequalities, so launched the Community-led Blood Pressure Programme (CBPP) to support the NHS to reduce mortality and morbidity due to CVD, tackle health inequalities and shift towards prevention strategies.

Working with Manchester University NHS Trust, this project was delivered with the support of Manchester Local Care Organisation (MLCO). This initiative also aligns to the Greater Manchester Integrated Partnership Strategy 2023 – 2028 which highlights the need to take action to identify and treat key risk factors, which include conditions, such as blood pressure, to support an improvement in health outcomes.<sup>6</sup>

This report supports the Government's ambitions for the upcoming 10-Year Plan for Health by recommending key approaches the NHS and Integrated Care Boards (ICBs) can take to shift care out of hospitals and into communities. By working directly with local populations, the CBPP demonstrates how preventative, community-based interventions can reduce strain on acute services while addressing health inequalities at their source.



**“By empowering local members of the community, they were able to take ownership of the programme, ensuring that it continued beyond external support.”**

A key innovation of this programme was the recruitment and training of 51 Community Champions. These local volunteers, who were trusted and respected members of their community, were provided with comprehensive training to take free blood pressure readings in their community. This training, delivered by Nuffield Health's Physiologists, enabled the Community Champions to confidently and accurately signpost individuals to the appropriate care pathway based on the severity of their blood pressure reading, ensuring the correct support was provided.

Our Champions conducted 1,409 blood pressure readings over 12 months, 814 readings were outside of normal range with 444 of these individuals receiving an onward referral to either their local pharmacy for review or to our designated Care Navigator. Notably, 11 of the individuals who had their blood pressure taken by a Community Champion were identified as having a hypertensive crisis and received the appropriate care from a health professional within 48 hours.

The longevity of this programme can still be seen in the community today. There is greater awareness around hypertension and hundreds of people are now receiving treatment for hypertension, which without our Community Champions, could have remained undiagnosed. The success of this programme highlights the potential of a community-led approach as a sustainable solution to address health inequalities. MLCO is now incorporating the insights and learnings from our Community-led Blood Pressure Programme into their Health Champion programme, ensuring the legacy of this initiative continues to tackle health inequalities and improve health outcomes across the region.

**Dr Davina Deniszczyc,**  
Charity and Medical Director,  
Nuffield Health

## References

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- <sup>2</sup>NICE (n.d.). CVD prevention: detecting and treating hypertension. [online] [stpsupport.nice.org.uk](https://stpsupport.nice.org.uk). Available at: <https://stpsupport.nice.org.uk/cvd-prevention-hypertension/index.html>
- <sup>3</sup>NHS England (2021). Core20PLUS5 an Approach to Reducing Health Inequalities. [online] [www.england.nhs.uk](http://www.england.nhs.uk). Available at: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>
- <sup>4</sup>NHS England (2019). NHS Long Term Plan. [online] NHS. Available at: <https://www.longtermplan.nhs.uk/>
- <sup>5</sup>NHS England (2023). Advanced service specification NHS community pharmacy hypertension case-finding advanced service (NHS community pharmacy blood pressure check service). [online]. Available at: <https://www.england.nhs.uk/wp-content/uploads/2021/11/PRN00173-adv-service-spec-nhs-community-pharmacy-hypertension-case-finding-advanced-service-v2.3.pdf>
- <sup>6</sup>Greater Manchester Integrated Care Partnershi (2023) 'Improving health in Greater Manchester 2023 – 2028' [online]. Available at: <https://gmintegratedcare.org.uk/wp-content/uploads/2023/04/gm-icp-strategy-190423.pdf>



# Key recommendations

The learnings from the CBPP highlight key opportunities that can be applied across population health to facilitate the growth of community-based ecosystems that support delivery of health interventions.



**Clearly define community engagement**

Take a focused approach, establish a clear definition of the target community and the type of engagement required. This will help align efforts with the needs and characteristics of the population being served.



**Build authentic connections with communities**

Work closely with communities to confirm that they identify as a cohesive group with shared interests. Authentic engagement is built on mutual trust and understanding.



**Grow local leaders**

Identify and train individuals within the community who exhibit leadership potential. These leaders are often best placed to motivate and inspire others while ensuring culturally sensitive delivery.



**Support and sustain community leadership**

While external organisations can provide training and resources, true success comes from enabling community members to lead initiatives themselves.



# Identifying opportunities to address health inequalities

The Ancoats, Clayton and Bradford neighbourhood in Manchester was the ideal location for a Community-led Blood Pressure Programme due to a combination of factors that highlight the urgent need for health interventions in this area:

**1 High Rates of Cardiovascular Disease (CVD)**  
Manchester has the highest death rate from heart and circulatory diseases in the UK, and this neighbourhood has notably higher rates of CVD. The community's increased vulnerability to heart-related health issues underscores the importance of targeted prevention and early detection, which a blood pressure programme can address. This is a key area of focus within the health mission of the Greater Manchester ICB3

**2 Socioeconomic and Health Inequalities**  
The neighbourhood is one of the most deprived areas in England, with a high concentration of poverty and associated health risks. People living in deprivation often face barriers to accessing healthcare services, leading to poorer health outcomes. A community-led initiative can help overcome these barriers by making health services more accessible and tailored to the specific needs of residents.

**60%**  
of people are in the bottom 10% most deprived decile - Manchester average of 41.5%

**52%**  
of people in the Clayton and Openshaw areas have access to less than £30 discretionary income per week

**“ Initiatives like the Community-led Blood Pressure Programme are a shining example of how partnerships between the NHS and charities like Nuffield Health can make a real difference in tackling health inequalities and addressing unmet healthcare needs. High blood pressure is a silent killer, and this project brings vital health checks directly to the heart of our community, ensuring residents in Manchester have access to the care and support they need. I commend Nuffield Health for their commitment to improving public health and empowering residents to take control of their wellbeing. This initiative not only saves lives but also strengthens our local communities.”**



Dr Afzal Khan CBE MP

**3 Ethnic Diversity and Disparities in Health Engagement** Ancoats, Clayton and Bradford is ethnically diverse, and certain ethnic groups are known to have higher risks of developing CVD, further compounding the health challenges in the area. Despite this, the community has lower engagement with health screening services. This suggests that there may be barriers due to language, trust in healthcare or accessibility issues. A community-led programme is well-positioned to build trust, address these barriers, and ensure that under-served populations receive the support they need.

**4 Focus on Preventative Health**  
Preventing cardiovascular diseases through early intervention is a key priority in public health for this neighbourhood. Blood pressure is a critical factor in cardiovascular health, and early detection of high blood pressure can significantly reduce the risk of heart attacks, strokes, and other heart-related conditions. A programme designed to address this specific risk factor aligns with local health priorities.

**5 Urgent Need to Address Health Inequalities**  
The urgent need to address these health inequalities makes it a priority to implement programmes that focus on prevention, education, and early detection. A community-led approach not only empowers local residents but also fosters a sense of ownership and responsibility towards improving their own health and the health of their neighbours

**By clearly defining the target community and the type of engagement required, we were able to align our efforts with the specific needs and characteristics of the local population.**

References  
<sup>1</sup>British Heart Foundation (2019). Death rates - Death and deprivation. [online] British Heart Foundation. Available at: <https://www.bhf.org.uk/what-we-do/our-research/heart-and-circulatory-diseases-in-numbers/death-and-deprivation>.  
<sup>2</sup>Manchester City Council (2019). Neighbourhood Profile - Ancoats & Clayton and Bradford. [online] Manchester.gov.uk. Available at: [https://www.manchester.gov.uk/downloads/download/6522/neighbourhood\\_profile\\_-\\_ancoats\\_and\\_clayton\\_and\\_bradford](https://www.manchester.gov.uk/downloads/download/6522/neighbourhood_profile_-_ancoats_and_clayton_and_bradford).  
<sup>3</sup>Greater Manchester Integrated Care Partnership (2023) 'Improving health in Greater Manchester 2023 – 2028' [online] Available at: <https://gmintegratedcare.org.uk/wp-content/uploads/2023/04/gm-icp-strategy-190423.pdf>



# Collaboration with Manchester Local Care Organisation (MLCO)



Angela Beacon,  
MLCO Integrated Neighbourhood Lead  
for Ancoats, Clayton and Bradford

“We know that for too long the focus of health and care systems has been on treating problems, and that this approach has fallen short of what really matters to communities. In particular this approach has failed to recognise and respond to growing health inequalities that we know face many people due to factors such as race, ethnicity and language.

We at Manchester Local Care Organisation, in partnership with the communities which make up our neighbourhoods are striving to shift this approach. We are driven to provide the highest levels of care and support to people who need this, recognising and starting from people’s own strengths, whilst building greater focus upon how together with communities we can create better health.

As a partnership organisation our fundamental approach is to work together, with our citizens, community organisations, statutory agencies and the private sector, and the opportunity to partner with Nuffield Health in the development of the Community Blood Pressure project has been a vitally important addition to this neighbourhood structure.

Together with Nuffield Health, we have held a shared vision around the need to make good heart health a reality for more people, reducing the gap in health outcomes which far too many people experience. We have established trusted ways of working which have been informed and led by the insight and passion of our communities, enabling us to develop creative responses to how we understand and connect with heart health as an issue, and how we can ultimately remove barriers and make healthy, fulfilling lives accessible to everyone.

The development of this project evidences how through being brave, and sharing power with our communities can improve health and wellbeing”



The launch of our blood pressure awareness campaign included a community mural event which was inspired by genuine stories from our Community Champions. The headline message reads ‘Take Heart’ - encouraging residents to get their blood pressure checked.

[Read more on p15](#)



# Our approach and objectives



## MISSION 1

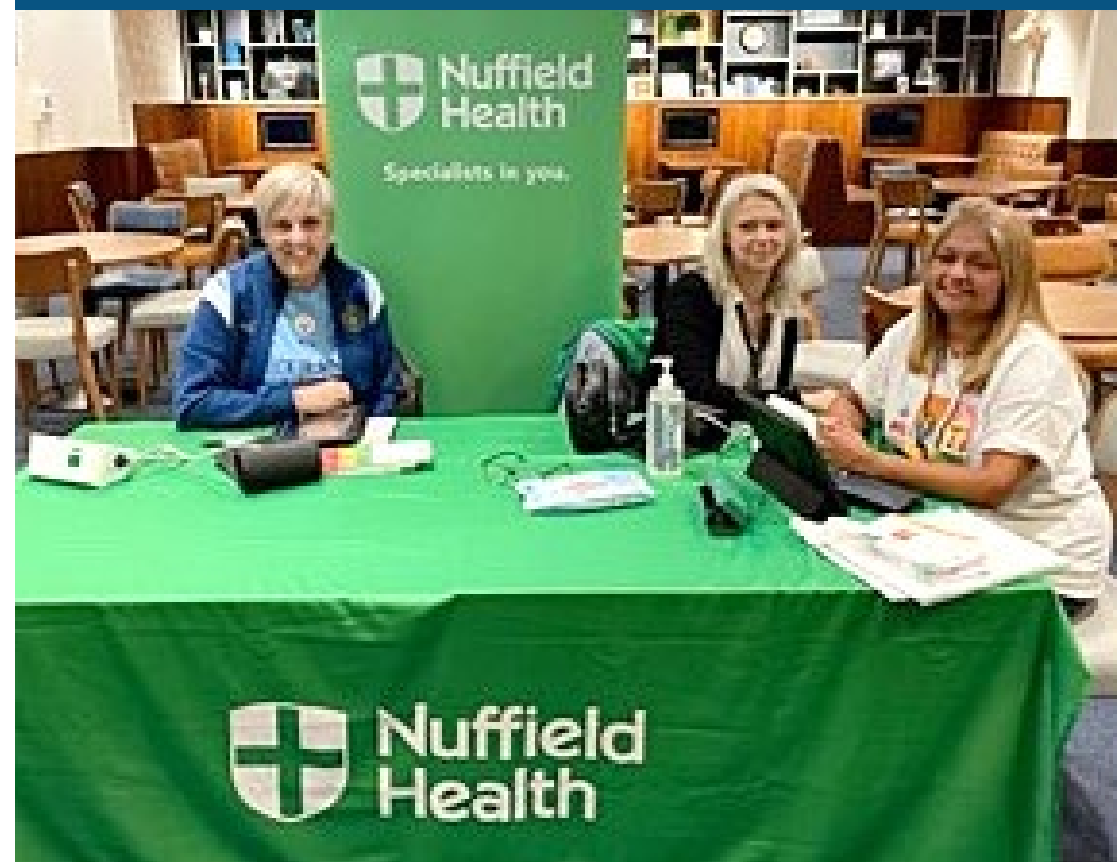
### Improve health literacy

by increasing the awareness of hypertension and the importance of regular blood pressure testing within communities that experience the highest levels of health inequalities.

## MISSION 2

### Improve accessibility of testing

by offering blood pressure testing at convenient, easily accessible locations within the community, and implementing a signposting pathway to local healthcare and social service.



## MISSION 3

### Remove barriers to testing

by ensuring blood pressure measurements were conducted by respected members of the community who would foster a sense of safety, trust, and cultural sensitivity.

## MISSION 4

### Empower the community

by providing training and education around blood pressure and cardiovascular disease which encourages individuals to take ownership of their health.





# What we did

Our novel community-led approach had three key pillars: The Community Champions, the Care Navigator, and the Community Pharmacist.

### Community Champions:

We worked hard to build relationships with key organisations and important figures in the community. This included a refugee centre, churches, schools, community centres, and heritage groups. **We ensured that the communities themselves identified as a cohesive group, building mutual trust and understanding as a foundation for engagement.**

We recruited trusted and respected members of the community to act as Community Champions. They attended one of our comprehensive training sessions, run by a Health and Wellbeing Physiologist, which provided them with the knowledge and resources to safely and accurately measure blood pressure, and signpost participants to the appropriate next steps.

When identifying an individual to be a Community Champion, it was important to understand their motivation. Intrinsic motivation was often the primary reason that an individual showed an interest in being involved with the CBBP. They recognised the poor health outcomes in their community or knew someone impacted by poor health and wanted to improve this. Despite financially incentivising the Community Champions, this did not have a direct correlation to motivation, desire or time they committed to this role. **By identifying and training these individuals, we helped them to develop leadership skills, ensuring they were best placed to motivate and inspire others.**

The Community Champion takes blood pressure measurement and signposts the participant to one of these referral pathways



**IDEAL**  
<120/80 mmHg



**The Community Champion** provides lifestyle information and signposts to free Nuffield Health resources to help maintain ideal blood pressure

**PRE-HIGH**  
120-140/80-90 mmHg



**The Care Navigator** contacts the participants and provides signposting to services, resources or support

**HIGH**  
>140/90 mmHg



The participant is referred to their **community pharmacist** to provide them with the appropriate intervention to manage their blood pressure

**URGENT**  
≥180/120 mmHg



**A Physiologist** is alerted and contacts the participant to ensure they are seen by a health professional within 48 hours

The Community Champions acted as volunteers which meant that they sometimes experienced challenges around time commitment. Helping the Champions to understand that every interaction was valuable in breaking down barriers around trust and accessibility, reinforced their important role.

### Care Navigator

We funded a designated Care Navigator, employed by MLCO, to help participants gain access to additional support. This non-clinical role helped to signpost individuals to a wide range of additional resources including mental health, employment, financial, weight loss

and housing services. The Care Navigator was also able to support with more practical tasks such as registering with a GP or accessing benefits. This role also helped to strengthen trust in healthcare provision.

Understanding the localised challenges that individuals faced was important in providing the right support. A number of factors can contribute to elevated blood pressure so it was vital that a holistic, whole-person centred approach that helps to educate the individual, leading to sustained long-term change was considered.

### Community Pharmacist

Through established connections in the community, we onboarded local pharmacies in the area to support the programme. The design of the initiative ensured that all community resources were utilised, to not only align with the objectives of the NHS Hypertension Case-finding Service but to also reduce the burden on GP services. Any participant referred to the Community Pharmacist would have their blood pressure validated, and if required, offered the appropriate intervention. Example interventions include ambulatory blood pressure monitoring and medication.

CASE  
STUDY


## Amita's story

During the Champion training, my blood pressure was extremely high and I was not aware. So I contacted my GP and I am now on medication. I regularly check my blood pressure and it's been fine, all thanks to the Champion training. Since the training, I encourage my clients to check their blood pressure on a regular basis and support them throughout.

From my experience, I explain that managing their blood pressure effectively involves making several lifestyle changes. This can include a healthy diet, regular physical activities like walking, jogging or cycling, limiting alcohol, quitting smoking, managing stress and trying to get enough sleep. Monitoring and keeping a track of your blood pressure readings regularly is also important.

I explain by incorporating these lifestyle changes, they can effectively manage and improve their overall health. My mum had a stroke last year due to not taking her blood pressure medication, so I explain how vital it is to check their blood pressure.

**Amita Savani**  
Community Champion

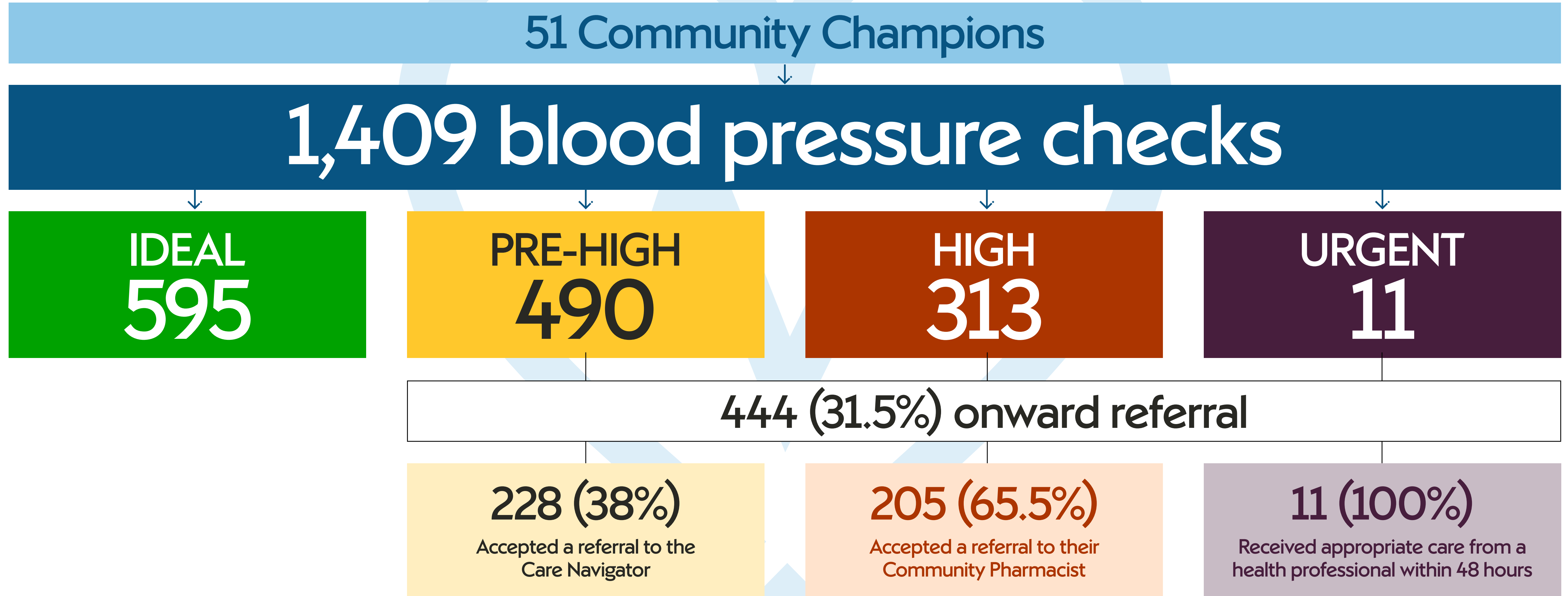


**“My mum had a stroke last year due to not taking her blood pressure medication, so I explain how vital it is for my clients to check their blood pressure.”**



# Key outcomes

Over the course of the 12-month research period:





# Our impact - empowering communities to tackle health inequalities

Our community-led approach to hypertension resulted in three key findings:



## 1 Improving access through representation

A community-led approach effectively addresses common barriers to testing and promotes greater engagement with ethnic groups that are typically underrepresented in health initiatives.

We found Community Champions conducted a significantly higher number of blood pressure checks within their own ethnic communities, with a particularly high proportion of checks performed on individuals from Black, Black British, Caribbean, or African backgrounds compared to other ethnic groups.



## 2 Engagement through building trust

This approach significantly increases access to healthcare for individuals who are usually disengaged from healthcare or social services, improving health literacy.

Around 30% of our beneficiaries had no prior engagement with healthcare until they received a blood pressure check from our Community Champion.



## 3 Improving accessibility by reaching underrepresented groups through community champions

A community-led model is effective in reaching individuals from the most deprived communities.

64% of our beneficiaries were classed as living with lower resources.\*

\*LWLR is based on CACI ACORN classification

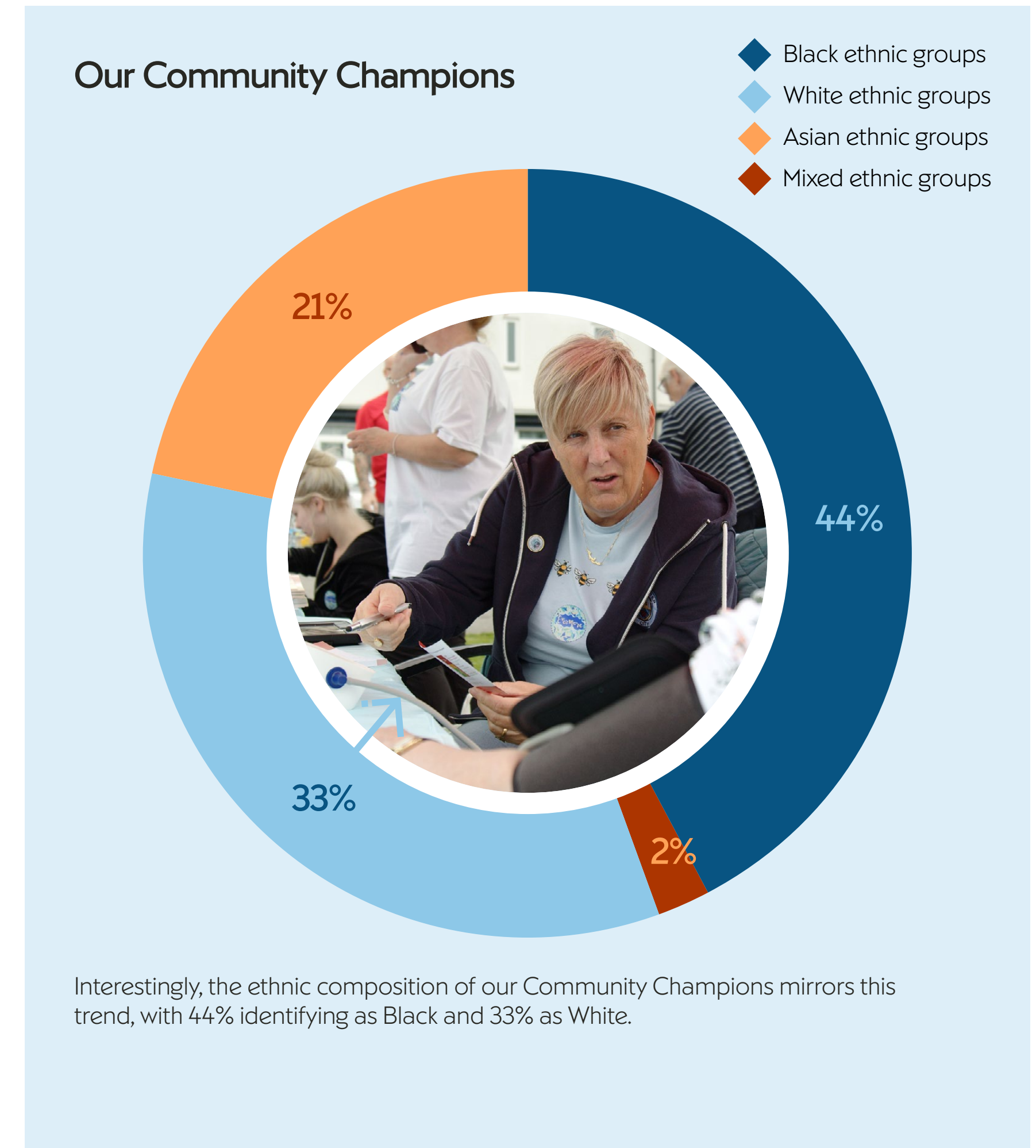
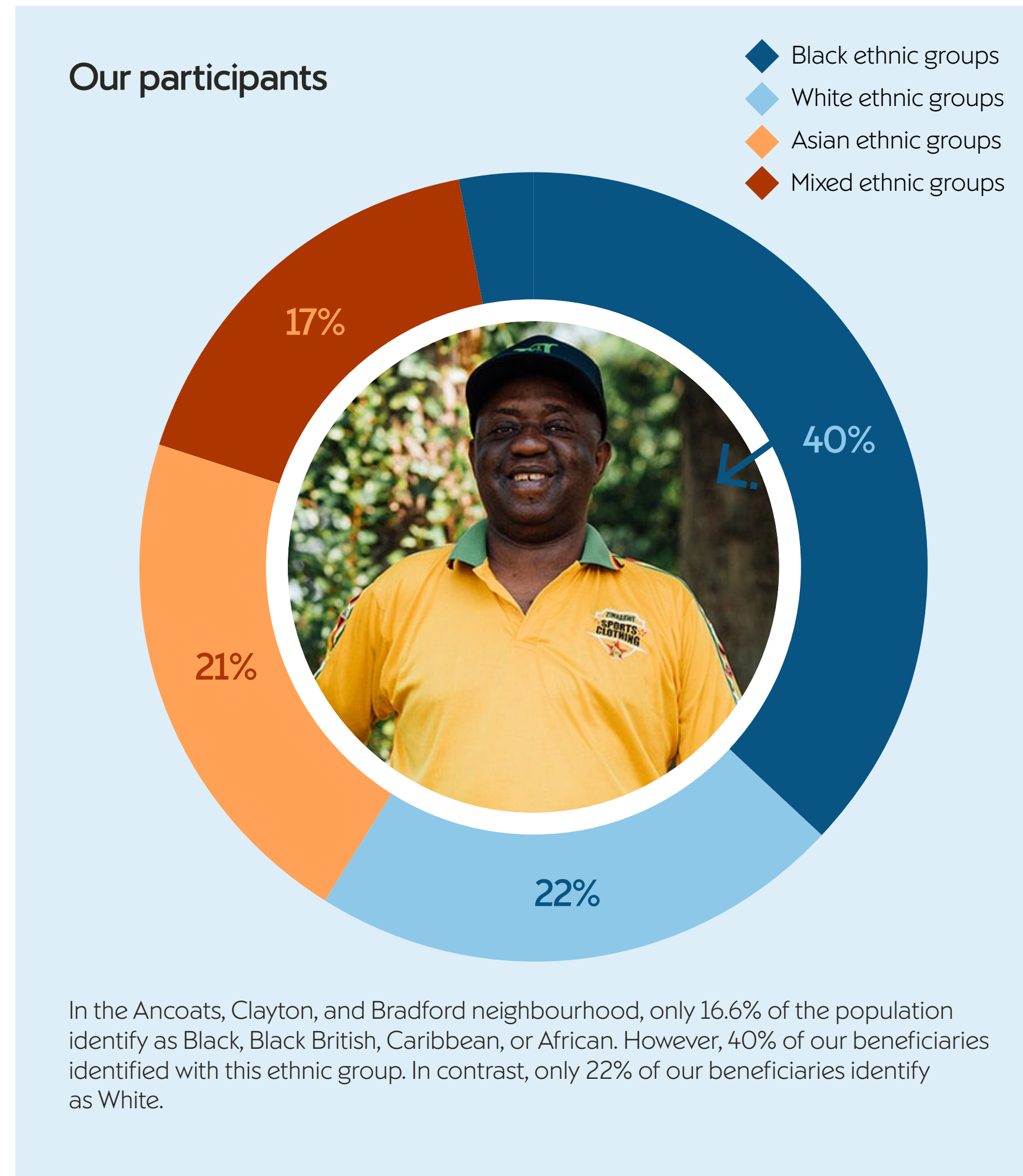


## 1

## Improving access through representation

Through our community-led approach, we reached more people who usually do not engage with healthcare. Research shows that Black, Asian, and Minority Ethnic (BAME) groups are less likely to use healthcare services compared to White ethnic groups. Thanks to the work of our Community Champions, we have conducted more blood pressure checks on people from Black, Black British, Caribbean, or African backgrounds than any other group.

These results suggest that individuals are more likely to engage with and trust someone from their own ethnic community for healthcare-related tasks. Familiarity and trust play a significant role in encouraging people to participate in health initiatives, especially with those from minority or underrepresented groups. Having Community Champions who are representative of their community groups appears to break down some typical barriers and increase participation in healthcare activities.







# 3 Improving accessibility by reaching underrepresented groups through community champions

Through our postcode analysis, we were able to reach 63.8% of individuals classed as “Living With Lower Resources” against a target of 30%. This highlights how empowering the local community to reach those who may not engage with traditional health initiatives can support those with the greatest need.



## The role of the Care Navigator

“The community blood pressure programme has significantly contributed to the neighbourhood well-being for many of our patients by providing accessible and preventative care.

By offering regular blood pressure checks across the neighbourhood in local community spaces, this has enabled us to maximise local capacity and further bridge the gap between primary care and the voluntary sector. The blood pressure champions are also local trusted people with a keen interest and passion in supporting the health and wellbeing of their community.

This proactive approach has encouraged greater health awareness, empowering individuals to take preventive actions, seek treatment, and adhere to healthier lifestyles. The Care Navigator remained a pivotal part throughout the delivery of the programme by offering one-to-one support to champions and by attending regular community events to enable health conversations and establishing new relationships with the community. By doing this we have been able to gain more insight into the health inequalities within community groups that were less engaged prior to the development of the programme.

The Care Navigator provided training opportunities, nutrition, and health advice with additional support into local initiatives as part of the holistic neighbourhood social prescribing model. Participants would be sign-posted to relevant services following on from initial conversation. Over the years we have evaluated new ways of working and have acknowledged the value of integrated working. By offering regular blood pressure checks in local community locations, pharmacies, and healthcare clinics, residents have gained the opportunity to track their health in real-time and detect any early signs of hypertension.

Furthermore, it has fostered stronger connections within the community, pharmacies, and general practice with a common-goal to support each other’s health and well-being, ultimately leading to improved overall health outcomes and a more resilient, health-conscious neighbourhood.”

**Zak Valli,**  
MLCO Health Development Coordinator  
for Ancoats, Clayton & Bradford



“I volunteered as a Community Champion as I felt motivated to help my community understand the risks of hypertension and encourage them to take better care of their health.”



## Raising awareness of hypertension

“I have seen how some people, especially those from African and Caribbean ethnic groups, are unaware of the risks of high blood pressure and how it can impact their health. I volunteered as a Community Champion as I felt motivated to help them understand these risks and encourage them to take better care of their health.

One of the most impactful experiences I had was when I took someone’s blood pressure and it was dangerously high. They had no idea their blood pressure was elevated, so they were understandably shocked by the high reading. Due to the training I received from Nuffield Health, I was able to refer them to see their pharmacist immediately.

I later learned that they were immediately prescribed medication, which lowered their blood pressure to normal levels. Had I not checked it, they might still be walking around unaware they had dangerously high blood pressure.

**Bola Olayemi,**  
Operations Manager for Ceebee Gold Foundation  
International, Community Champion

## Lasting legacy



To mark the launch of our blood pressure awareness campaign, we unveiled a striking six-metre-high mural in Openshaw, inspired by the real-life stories of our Community Champions, many of whom have personal experiences with hypertension. The mural's powerful headline, "Take Heart," serves as a call to action, encouraging residents to have their blood pressure checked and take charge of their cardiovascular health. An interactive QR code on the mural leads to an animated version of the campaign's message, offering an engaging way for the community to learn more about hypertension and its risks.

Beyond its role as a visually impactful symbol, the mural stands as a lasting fixture in the heart of the community—an ongoing reminder to take ownership of their health. As a key part of our broader health promotion strategy, this public art piece not only amplifies the campaign's message, but also reinforces our mission to raise awareness, empower local residents, and foster lasting change in attitudes toward cardiovascular health.

Take Heart: a community-led blood pressure programme





## Embedding the learnings

“The introduction of the Community-led Blood Pressure Programme has been an important enhancement to the Neighbourhood Health Champions programme and the role they play in tackling health inequity. The training and support Nuffield Health has provided around measuring blood pressure, its causes, and effects has enabled our volunteers to support more and more citizens from the richly diverse neighbourhoods they represent.

Blood pressure testing is now embedded into our health engagement work, bridging the gap between communities and the NHS, via a culturally competent, multi-lingual approach which we can evidence is already helping people receive urgent treatment. The Community-led Blood Pressure Programme’s legacy is its sustainability, with more and more volunteers being trained, and, in a relatively short period, over 450 blood pressure checks being conducted.

The Community-led Blood Pressure Programme has become an important part of our approach to supporting the wider social determinants of health.”

**John Egerton**  
MLCO Integrated Neighbourhood Lead  
for Moss Side & Rusholme



## Wendy’s story

“We have continued to train Neighbourhood Health Champions which has now grown to over seventy volunteers. Training is a core part, and we have used Nuffield Health’s guidance to train the trainers. The Health Champions have gained confidence in using the equipment and use their language and community skills to make people aware of the importance of their blood pressure and not wait to be tested. This also allows time to talk to them about any other health and care issues and build relationships.

We go to places where our people are, barbers’ shops, hairdressers, cafes, markets etc. These venues like being involved with caring for others and keep asking us back, as they become a safe space in the community, and a good place to go. Checking people’s blood pressure is now something we do all the time and is leading to more services asking for our help with other types of health conditions”.

**Wendy Simms**  
MLCO Neighbourhood Health Champion  
Moss Side & Rusholme

# Conclusion

The CBPP demonstrated the power of local engagement in improving health outcomes. By leveraging trusted community champions, the pilot successfully reached individuals who may not have otherwise accessed blood pressure monitoring services. The project not only increased awareness of hypertension but also provided opportunities for early intervention, contributing to better long-term health outcomes for local residents.

Key lessons from this initiative include:

- **the importance of community-led healthcare**
- **the need for accessible screening locations**
- **the value of working in partnership with local community organisations.**

This project showcases a model that could be replicated and used across different localities.

Given the Government's increasing focus on shifting care out from hospitals and into communities and the importance of secondary prevention, there is significant potential for similar initiatives to be expanded in the NHS and delivered across integrated care systems.

To support the sustainability of this initiative, we are happy to provide the learnings, blueprint and resources for use to other organisations for use in similar community-based projects





## Nuffield Health is the UK's largest healthcare charity, dedicated to building a healthier nation

For over 65 years, we have been at the forefront of providing exceptional healthcare, including Health Assessments, physiotherapy, GP appointments and personal training, through our network of 37 hospitals and 110 Fitness and Wellbeing centres.

We work together as a team to help you achieve your health and wellbeing ambitions, championing free health and wellbeing programmes in local communities by giving more people the tools they need to live a healthy life. These programmes help people understand and improve their own health, from those living with joint pain, to helping rehabilitate people experiencing the long-term effects from COVID-19.

To find out more about us and our pioneering models of care, visit [nuffieldhealth.com](https://nuffieldhealth.com) or follow us on:



## Leading local care, improving lives in Manchester, with you

Manchester Local Care Organisation is a pioneering public sector organisation that provides NHS community health services and adult social care services in Manchester. Part NHS and part local authority, we work as one team across traditional organisational boundaries to achieve this.

Around 4,000 staff that make up the city's adult and children's NHS community teams and adult social care teams are deployed to us. They include district and community nurses, social workers, health visitors, therapists, care staff, support staff and many other health and care professionals.

We take a neighbourhood approach. Our teams are based together in the areas they work in. We also work with local people and organisations to improve health and wellbeing – identifying and tackling key issues that have an impact on health where they live.

To find out more about our community health services, visit [manchesterlco.org](https://manchesterlco.org) or follow us on:

