Fact Sheet

From Innovation to Integration

The potential of wearable blood pressure technology for patients and the NHS

At a glance

Wearable blood pressure technology could help the NHS detect and manage hypertension earlier, but only if adoption is evidence-led, equitable, clinically governed and integrated into care pathways rather than treated as a standalone device opportunity.

The need	**Hypertension affects a third of UK adults; many would benefit from better monitoring.** Cardiovascular Disease (CVD) remains a leading cause of premature death, and around 29% of people with hypertension are undiagnosed. Wearables could extend monitoring beyond isolated clinic or cuff readings.
Patient value	**Wearables could engage patients, if the information is trusted and actionable.** They can support earlier identification, self-management and adherence, but value depends on clear guidance, confirmation routes and follow-up.
Equity	**Equity must be designed in, or wearables could widen inequalities.** Adoption is highest among digitally confident groups, while hypertension burden is greater in populations facing access, cost, literacy and trust barriers.
Evidence	**Clinical use depends on matching evidence to the claim.** Wellness insights require basic assurance; diagnosis or treatment guidance requires robust prospective validation and transparency on device performance.
NHS role	**Near-term use is as an adjunct, not a replacement for validated pathways.** Wearables can surface risk, support adherence and add trend information alongside structured home or ambulatory monitoring.
Data integration	**More data will not improve care unless it is standardised and integrated.** Common data standards and integration into NHS systems are essential to ensure readings are valid, comparable and usable in care pathways.
Governance	**Trust requires clear consent, accountability and clinical governance.** Patients need transparency on data use; clinicians need clarity on when wearable outputs should trigger advice, escalation or no action.
Economic case	**The economic case must be proven in real-world pathways.** Evaluation should test engagement, additional cases detected, time to control, GP activity, workforce impact, costs, outcomes and equity.

Bottom line: start with a coordinated approach, not device-by-device experimentation
The next step is a defined approach with patients, clinicians, NHS partners, manufacturers and regulators, testing whether wearable-enabled hypertension pathways can be safe, equitable, clinically useful and scalable.

Read the full whitepaper: **From Innovation to Integration: The Route Towards Realising the Potential of Wearable Technology to Prevent Cardiovascular Disease**.

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