The Future of Hypertension Care: Why Nurses Must Lead

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In this month's editorial from the **British Association for Nursing in Cardiovascular Care**, **Saiby Solomon**, Senior Lecturer in Advanced Practice at Liverpool John Moores University, joins **Joanna Lavery**, Interim Principal Lecturer in Postgraduate Nursing, Advanced Practice and CPD, and **Robyn Lotto**, Associate Professor in Cardiovascular Nursing, to discuss **why nurses must take the lead in managing hypertension**.

The Global Burden

Hypertension, commonly known as high blood pressure (BP), affects over 1.28 billion adults aged 30-79 worldwide (World Health Organisation (WHO), 2023a). It is the most prevalent long-term condition globally, affecting one in three adults, and remains a leading cause of non-communicable disease (NCD) mortality and morbidity (WHO, 2025). Despite being largely preventable and manageable, hypertension is often underdiagnosed, undertreated, and poorly controlled, posing a major public health threat (WHO, 2025). This growing burden is driven by ageing populations, sedentary lifestyles, and both modifiable and non-modifiable risk factors (NICE 2025).

Although the burden is greatest in low- and middle-income countries, high-income nations also face substantial challenges, resulting in economic strain on individuals, families, healthcare systems and the economy (WHO, 2025). In the UK, an estimated 32% of people live with hypertension, of those, around 4.2 million remain undiagnosed (ONS, 2023). Moreover, studies show that nearly half of those affected worldwide are unaware of their

condition (WHO, 2023b), with many of those receiving treatment yet failing to achieve optimal control. The chronic nature of hypertension means that approximately two-thirds of affected individuals in the UK develop at least one additional comorbidity (Haq, Lambert, and Javaid, 2025; Martin et al., 2025). This is alarming given that uncontrolled hypertension is known to translate into strokes, acute coronary syndrome and heart failure, shortening lives (WHO, 2023b).

Closing the gap and strengthening the workforce

For the most part, persistent gaps in hypertension care are not caused by a lack of knowledge or ineffective treatment guidance, but by inefficiencies in healthcare delivery and workforce capacity. Health systems face rising rates of multiple chronic long-term diseases alongside critical staff shortages (Valabhji et al. 2024). The WHO projects a deficit of ten million health workers by 2030, with low-resource settings most affected (WHO, 2023b). Even in high-income countries such as the UK, the NHS is struggling with a shortage of nearly 11,000 doctors, leaving 7.2% of positions unfilled (Dixon-Woods et al., 2024).

It is therefore time to reconsider who is best placed to deliver hypertension care. Nurses are accessible, highly skilled, and increasingly qualified in chronic disease management, making them uniquely positioned to lead this transformation. We already make up the largest portion of the healthcare workforce and a large proportion are educated to enhanced and advanced levels of practice. Advanced Nurse Practitioners (ANPs), clinical nurse specialists (CNS) and independent prescribers, successfully lead care in many chronic disease settings, demonstrating that once defined, nurse-led models are both safe and effective (Clarke et al. 2025).

Task-sharing, supported by robust clinical governance, can expand access, improve outcomes, and ease pressure on overstretched health systems, therefore routine hypertension care no longer needs to rest exclusively with doctors. Closing the care gap through nurse-led models could prevent millions of avoidable deaths each year, offering a significant opportunity for earlier detection and more targeted management.

Nurse led models.

The shift to nurse led models is supported by robust evidence, with nurse-led hypertension management viewed as effective as physician-led care in achieving BP control (Bulto et al., 2024; Clark et al., 2011). Nurses can achieve clinically significant reductions in BP even when care is delivered remotely (Mileski et al., 2023; Kappes et al., 2023), which is strongly associated with lower risks of cardiovascular events and mortality. Beyond BP control, nurse-led care is linked to higher patient satisfaction, medication adherence, and stronger engagement with lifestyle changes which are vital in long-term management (Zhu, Wong, and Wu, 2018; Spies et al., 2018).

Moreover, nurses are uniquely positioned to deliver scalable, community-based interventions that include:

- Lifestyle counselling tailored to patients' needs
- Regular monitoring of blood pressure and cardiovascular risk
- Medication titration using evidence-based protocols.
- Ongoing follow-up and self-management support

Integrating nurse led models across diverse healthcare settings can alleviate GP workload, standardise hypertension management, improve access for underserved groups and strengthen shared decision-making with patients (WHO, 2025).

Impetus for Change

To enable nurse-led hypertensive care, targeted investment and policy reform are essential to improve standardisation (Betz, 2023, Clarke et al, 2024). Priorities should focus on advanced training in cardiovascular risk assessment, pharmacology, and behavioural interventions, while facilitating independent prescribing within a framework of appropriate regulation and mentorship could enhance clinical autonomy. The development of high-quality nurse-led care pathways across primary and secondary care using integrated digital tools such as telehealth and remote monitoring would promote sustainable delivery. However, workforce planning must be aligned to support these initiatives effectively, by defining clear roles and providing adequate resources and leadership development to meet evolving healthcare demands.

Changing Mindsets

Resistance to nurse-led models often stems from outdated views of professional boundaries. Today's healthcare landscape demands interdisciplinary, person centre approaches which can still be offered as part of nurse led approaches. Nurse-led care is not about replacing doctors, it is about collaboration, where nurses lead in areas such as routine hypertension management, ongoing monitoring, lifestyle coaching, and patient education. More complex cases can be escalated to medical teams as needed.

Crucially, patients value the continuity, accessibility, and person-centred approach that nurse-led services provide (Davis et al, 2021, Htay and Whitehead, 2021). These models often foster more time, trust, and consistency, which are essential qualities for the successful management of long-term conditions. To realise the full potential of nurse-led care, healthcare systems must embrace a cultural shift; one that moves beyond rigid hierarchies and recognises the unique strength of every profession. Shifting mindsets is not only relevant in high-income countries, but also a global imperative. In many low- and middle-income settings, nurses are often the first and only point of contact for healthcare, yet greater investment is needed in their leadership skills and in education and training frameworks to support them (WHO, 2025). Empowering them to lead hypertension care could transform health systems, particularly where physician access is limited or inconsistent.

International organisations like the WHO and World Heart Federation (WHF) support task-shifting strategies as essential to tackling the global rise in chronic conditions (WHO, 2025, WHF, 2022). However, translating these endorsements into meaningful local action requires investment, training, and policy reform tailored to real world contexts. Unlocking the full potential of the nursing workforce is not just a practical solution but also a global opportunity to improve outcomes, strengthen systems, and close deadly gaps in care.

Conclusion: Time to Lead

Hypertension is one of the greatest chronic health challenges of our time but also one of the most preventable and manageable if care is delivered effectively. The case for nurse-led hypertension care is compelling: the evidence supports it, patients value it, and the realities of today's healthcare workforce demand it. Now is the time to act to invest in training, to facilitate prescribing and leverage digital tools which enable contemporary nurse-led care pathways. The future of hypertension care lies in accessible proactive, and nurse-led models that save lives and transform patient outcomes.

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