

September 2021

## PSNC Briefing 041/21: Guidance on the Community Pharmacy Hypertension Case-Finding Advanced Service

This PSNC Briefing provides guidance for community pharmacy contractors and their teams on the Community Pharmacy Hypertension Case-Finding Advanced Service. Contractors are advised to read the [service specification](#) to ensure they are familiar with and can meet the requirements of the service before reading this briefing.

Resources to support provision of the service are available at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

### Key next steps for contractors wishing to provide the service

- Familiarise yourself with the [service specification](#) and the contents of this PSNC Briefing;
- Ensure you have a standard operating procedure (SOP) for the service;
- Ensure all staff providing any aspect of the service have completed the appropriate training;
- Engage with local GP Practices and/or Primary Care Network (PCN) colleagues to make them aware the pharmacy will be participating in this service; and
- Use the [PSNC service checklist](#) to confirm all required pharmacy actions are complete ahead of service commencement.

### a) Introduction

In February 2019, as part of the Cardiovascular Disease Prevention System Leadership Forum, NHS England and NHS Improvement (NHSE&I) published new national ambitions for the detection and management of high-risk conditions. The ambition for hypertension is that **80% of the expected number of people with high blood pressure (BP) are detected by 2029**, and that 80% of the population diagnosed with hypertension are treated to target levels of BP.

At the time of publication of the NHS Long Term Plan, NHSE&I and Public Health England (PHE) estimated that fewer than 60% of people with hypertension had been diagnosed, with an **estimated 5.5 million people having undiagnosed hypertension** across the country.

The Community Pharmacy Hypertension Case-Finding Advanced Service has been added to the NHS Community Pharmacy Contractual Framework (CPCF) as part of year three of the five-year CPCF deal. The service will support the [NHS Long Term Plan](#) ambitions for prevention of cardiovascular disease.

There are two stages to the service - the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring (ABPM). Patients identified with high or very high blood pressure will be referred to their general practice.

The service aims to:

- Identify people with high blood pressure **aged 40 years or older** (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;

- At the request of a general practice, undertake ad hoc clinic measurements and ABPM; and
- Provide another opportunity to promote healthy behaviours to patients.

The service will support the work that both general practices and wider PCN teams will be undertaking on CVD prevention and management, under changes to the PCN Directed Enhanced Service which will commence on 1st October 2021. You can read more about these changes to the GP contract in [PSNC Briefing 035/21: Primary Care Networks – plans for 2021/22 and 2022/23](#).

The [service specification](#) describes the requirements for provision of the service and it must be read and understood by all pharmacists providing the service.

## b) Preparing to provide the service

The service commences on 1st October 2021. Before providing the service, various preparatory work needs to be undertaken. A full list of activities to undertake before providing the service can be found in [PSNC's service checklist](#).

To provide the service, contractors must have a clinic BP monitor and ABPM device. Both BP monitors must be models validated by the British and Irish Hypertension Society which appear on one of the following two lists:

<https://bihsoc.org/bp-monitors/for-home-use/> or <https://bihsoc.org/bp-monitors/for-specialist-use/>

Clinic BP meters can be selected from either the home use list or specialist list. ABPM devices can be selected from those included on the specialist list. Contractors will need to ensure they have blood pressure cuff sizes to cater for the varying arm sizes of different people.

When making equipment selections, contractors are advised to review the additional guidance and considerations that are available in the [Medicines and Healthcare products Regulatory Agency's \(MHRA\) guidance on blood pressure measurement devices](#) and at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

Ahead of purchasing equipment, contractors should enquire, with their chosen supplier, about the process for equipment calibration, including timescales, costs and the potential availability of loan equipment to allow continued provision of the service while equipment is being serviced.

In relation to ABPM devices, contractors need to ensure they will be able to easily **download the data to a computer** when the patient returns with the device. The manufacturers of the devices usually provide software to support downloading of the data and the creation of a report which can then be saved in the pharmacy's records and also emailed to the patient's general practice.

Data is often downloaded via cables plugged into a USB port on a computer, but pharmacy computers will often have their USB ports locked as part of their information governance and security arrangements and there may also be blocks placed on the installation of new software. Contractors may therefore need to consult their IT supplier or support provider to check whether it will be possible to connect an ABPM device to a computer in the pharmacy and install the manufacturer's software.

Contractors may want to consider whether ABPM devices can be insured against damage or loss when in the possession of patients.

The pharmacy contractor must have a **standard operating procedure (SOP)** in place for this service, which includes the process for maintenance and validation of the equipment used. This should be reviewed regularly and following any significant incident or change to the service. All pharmacy staff involved in the provision of the service must be familiar with and adhere to the SOP. Various pharmacy support organisations provide template SOPs which their members can personalise for use in their pharmacy.

Prior to commencement of the service, contractors should engage with local GP practices and/or PCN colleagues to make them aware the pharmacy is participating in this service. Resources to support this, including a template letter / email and a summary of the service for GP practices, are available at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

Contractors must also notify NHSE&I that they intend to provide the service by completion of an electronic registration through the NHS Business Services Authority's (NHSBSA) [Manage Your Service \(MYS\) application](#).

The pharmacy's NHS website profile should be updated to indicate that the service is provided (contractors may not be able to make that change immediately, as the NHS website team are working on adding the service to the list of options contractors can choose from). Guidance on how to edit NHS website pharmacy profiles is available on the [NHS website page of the PSNC website](#).

### c) Training and competency requirements

Until changes can be made to the VAT legislation, so staff supervised by a pharmacist can provide a service which is deemed exempt from VAT, the service must be provided by pharmacists. Pharmacists providing the service must:

- Have read and understood the operational processes to provide the service as described in the [service specification](#);
- Be familiar with the [NICE guideline \(NG136\) Hypertension in adults: diagnosis and management](#); and
- Complete training (e-learning or face-to-face) on how to use the BP monitoring equipment which should be provided by their equipment manufacturer. Many equipment manufacturers provide short video guides/training on how to use their equipment.

The whole pharmacy team can proactively promote this service and support the recruitment of patients. Teams should be briefed on the service and coached on how to best approach people about the service. A pharmacy team introductory briefing sheet and a guide on how to recruit patients is available at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

Pharmacists wanting to undertake *optional* training on hypertension, understanding vascular risk and behaviour change interventions can find training resources on the [CPPE hypertension gateway page](#).

### d) Patient eligibility to receive the service

The service's primary focus is to identify people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. At the discretion of the pharmacist, people under the age of 40 may also be included in the service.

Additionally, at the request of a general practice, blood pressure checks of individuals already diagnosed with hypertension may be carried out in the pharmacy through this service. If practices want to use this facility within the service, they should agree a local process with pharmacies by which this will work. There are no specific requirements set for this process and it could involve the practice agreeing that a specific list of patients can access the service or a cohort of patients could be specified.

General practices will also be able to refer patients requiring ABPM; in this scenario it is recommended that this referral is made electronically to the pharmacy. A referral template that can be used by practices is available at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

For a list of the full inclusion and exclusion criteria for the service, contractors should refer to the [service specification](#). Where people are not eligible for the service, pharmacy team members can signpost them to other appropriate local services, which could include a private BP measurement service provided by the pharmacy.

### e) Providing the service

The service must be provided in a consultation room on the pharmacy premises, which meets the requirements in the Terms of Service, and it must also comply with the additional requirements listed in the [service specification](#).

## Service promotion and patient recruitment

To promote the availability of the service to patients, a **poster** (for contractors to print) and **digital marketing** resources will be made available to contractors in the resources section at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

A list of other resources to support the provision of advice on hypertension and healthy living advice to patients, including leaflets, posters, and booklets is summarised in the resources section at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

For the service to be a success, potential patients who meet the inclusion criteria should be proactively identified. This could include:

- Proactively and sensitively initiating discussions with people who may fall into the appropriate age range;
- Targeting those collecting prescriptions who fall within the age range but are not already prescribed any antihypertensives;
- Displaying posters within the pharmacy;
- Highlighting the service to patients already accessing other services at the pharmacy (e.g. New Medicine Service, flu vaccination, Community Pharmacist Consultation Service, self-care and healthy living advice); and
- Targeting people who are in the pharmacy for other reasons such as, buying over the counter medicines or looking at other health and beauty products.

A pharmacy team introductory briefing sheet and a guide on how to recruit patients is available at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

In agreement with NHSE&I regional teams, potential patients may be targeted and the service could be provided in other settings outside the pharmacy such as areas not designated part of the pharmacy within supermarkets or large stores or in community locations such as community centres, sports grounds and places of worship.

Such off-site provision could support the requirement to undertake a community engagement exercise on the promotion of healthy living at least once per financial year as part of being a Healthy Living Pharmacy (HLP). Pharmacies considering this aspect of provision will need to actively work in collaboration with other organisations to provide the service as an outreach service.

If contractors want to provide the service off the pharmacy premises, they should contact their [NHSE&I regional team](#) to discuss this.

## Consent

As with the provision of any pharmacy service, the patient must consent to receiving the service. Following recruitment of the patient by any member of the pharmacy staff, the pharmacist will need to confirm eligibility and obtain the patient's consent to have their BP measured. Consent will be gained verbally and should be recorded on the clinical record for the service.

The patient should also be made aware that the following sharing of information will take place:

- The sharing of information between the pharmacy and the patient's general practice to allow the recording of the blood pressure reading in their GP practice record;
- The sharing of information about the service with NHSE&I as part of service monitoring and evaluation; and
- The sharing of information about the service with the NHSBSA and NHSE&I as part of post-payment verification.

## Service pathway

A **flow chart** illustrating the full service pathway can be found in Appendix A of the service specification and as a standalone document in the resources section at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

## ABPM provision

If the patient's clinic blood pressure reading indicates a need for ABPM, this should be offered in a timely manner, preferably during the initial consultation, if an ABPM device is immediately available in the pharmacy. Where the equipment is not available on the same day, a follow up appointment should be made for the patient to return to the pharmacy to be fitted with the ABPM device. Should the patient decline ABPM through the pharmacy, they should be referred to their general practice or another appropriate local pathway.

When providing ABPM, contractors may wish to ask the patient to complete an equipment loan agreement. A template **ABPM loan agreement** is available at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

When the patient presents for their first ABPM appointment and in line with the device's instructions and the training provided:

- Reset the ABPM;
- Fit the ABPM to the patient;
- Explain the functioning of the ABPM device to the patient;
- Confirm that the patient understands that they need to stop any activity and rest when the cuff starts to inflate, and that the ABPM is set to take measurements every 30 minutes during waking hours and every 60 minutes during sleeping hours for 24 hours;
- Explain they must not get the ABPM wet therefore, baths and showers should be avoided during the 24-hour period; and
- Arrange a follow up appointment to discuss the readings and return the equipment.

Should a patient fail to attend a scheduled pharmacy appointment to be fitted with an ABPM device, the pharmacy team should make at least two attempts, on separate occasions, to contact the patient to rearrange the appointment. In the event of a failure to attend, the patient's GP practice should be provided with the initial clinic blood pressure measurement and notified that the patient failed to attend to be fitted with the ABPM device.

## Return of ABPM devices

When the patient attends the ABPM follow up appointment:

- Retrieve the patient's consultation data from the ABPM device in accordance with the manufacturer's instructions;
- Record the average daytime, night-time and 24-hour blood pressure readings in the consultation record; and
- Based on the average 24-hour reading, the pharmacist should follow the relevant guidance in the service specification on the next steps for the patient. All six readings (systolic and diastolic for day, night and 24-hour average) and the full ABPM report should be shared with the patient's general practice.

## Failure to attend after ABPM for discussion of readings and equipment return

Should a patient fail to attend a scheduled follow up appointment, the pharmacy team should make attempts to contact the patient to rearrange the appointment and return the equipment. If despite the pharmacy team making several attempts on separate occasions to contact the patient, the patient does not return to receive their ABPM results within five working days, the pharmacist should:

- contact the patient's registered general practice, to provide the initial clinic blood pressure result and notify the practice of the service user's failure to attend following ABPM; and
- Suspend provision of the Hypertension Case-Finding Service until the ABPM meter is retrieved or a replacement device is available.

## Information for patients and referrals

The pharmacist will discuss the results of the blood pressure monitoring with the patient and complete the appropriate next steps outlined in the service specification.

As part of the consultation, the patient should be provided with the details of their blood pressure results. The patient may prefer to have their readings written on a printed leaflet, it may be completed electronically by the pharmacist and emailed to the patient or the patient may prefer to take a photo of their readings using their phone. A template **patient leaflet** is available at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

Where a patient has low blood pressure (90/60mmHg or lower) the pharmacist will need to check if the patient is experiencing any additional symptoms and respond accordingly. Where a high (140/90mmHg or higher, but lower than 180/120mmHg), or very high blood pressure (180/120mmHg or higher) is identified, or it is identified that the patient has an irregular pulse (where the BP monitor has this functionality), the implications of the result should be explained to the patient, with an explanation of what will happen next.

The patient should be encouraged to talk about their lifestyle/behaviours and how this may impact on their blood pressure. The pharmacist can then provide brief advice (in line with NICE guidance) on improving behaviours and reducing risk factors. This advice can be supplemented with written information and/or links to online resources, and patients can also be signposted to relevant support services.

Relevant healthy behaviours to discuss may include one or more of the following:

- The patient's diet and physical activity patterns, explaining how a healthy diet and regular physical activity can reduce blood pressure;
- The patient's alcohol consumption to encourage a reduced intake, as appropriate. Explain that this can reduce blood pressure and has broader health benefits;
- Discouraging excessive consumption of coffee and other caffeine-rich products;
- Encouraging people to keep their dietary sodium intake low, either by reducing or substituting sodium salt, as this can reduce blood pressure;
- Offering advice and help to smokers to stop smoking and signposting to local stop smoking services; and
- Informing patients about local initiatives provided by healthcare or voluntary / third sector organisations who provide support and promote healthy lifestyle, especially those that include group work for motivating lifestyle change.

A summary of the advice provided and any signposting should be recorded in the clinical record for the service. If the patient can be supported via an appropriate pharmacy service, then the patient should be made aware of this.

Where the patient indicates they are not registered with a GP practice, the pharmacist should provide the patient with their readings, provide information on how to register with a GP practice. Information on how members of the public can register with a GP is available on the [NHS website](#).

### Communicating with GP practices

Contractors must ensure that the patient's GP practice is notified of the blood pressure reading. The timescale for that notification to the practice will depend on the reading, with some notifications being sent weekly, while others are sent on the same day the monitoring occurs.

The table on the following page summaries when notifications should be sent to the patient's practice based on the outcome. These notifications and referrals can be undertaken by secure email (such as the pharmacy's NHSmail account) or secure electronic data interchange. Notifications cannot be sent by fax.

Details of the required information to be sent to the patient's GP practice are outlined in **Appendix B** of the [service specification](#). A **weekly summary template** that can be used by contractors to capture the required patient data to include in the secure email is available at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

| Blood pressure monitoring outcome  | GP notification timescale & referral  |
|--|---|
| <ul style="list-style-type: none"> <li>• A <b>normal clinic blood pressure</b> (lower than 140/90mmHg and higher than 90/60mmHg);</li> <li>• A <b>normal blood pressure</b> following an ABPM (an average blood pressure lower than 135/85mmHg and higher than 90/60mmHg); or</li> <li>• A <b>low clinic blood pressure</b> (lower than 90/60mmHg) and the patient is asymptomatic.</li> </ul>   | <p>Send BP reading in a <b>weekly summary</b> email by NHSmail or secure electronic data interchange.</p> <p>Where a contractor's clinical IT system uses the relevant Professional Record Standards Body standards to send structured, interoperable messages to general practice IT systems, related to individual patients, the need to send weekly summary emails does not apply.</p>   |
| <ul style="list-style-type: none"> <li>• A <b>high clinic blood pressure</b> (140/90mmHg or higher, but lower than 180/120mmHg) and patient has declined or does not tolerate ABPM;</li> <li>• A <b>high clinic blood pressure</b> (an average blood pressure of 135/90mmHg or higher, but lower than 150/95mmHg) identified by ABPM; or</li> <li>• A <b>low clinic blood pressure</b> (lower than 90/60mmHg) and the patient is experiencing <b>dizziness, nausea or fatigue</b>.</li> </ul>  | <p>Send BP reading in a referral the <b>same day</b> by NHSmail or secure electronic data interchange informing the practice that the patient has been advised to make an appointment with the practice within 3 weeks.</p>   |
| <ul style="list-style-type: none"> <li>• A <b>very high clinic blood pressure</b> (180/120mmHg or higher);</li> <li>• A <b>very high blood pressure</b> (an average blood pressure of 150/95mmHg or higher) identified by ABPM;</li> <li>• A <b>low clinic blood pressure</b> (lower than 90/60mmHg) <b>and the patient is experiencing dizziness, nausea or fatigue</b>, but the pharmacist believes the patient is at risk (such as of falling);</li> <li>• A <b>low clinic blood pressure</b> (lower than 90/60mmHg) <b>and the patient is experiencing regular fainting or falls, or feel like they may faint on a daily/near daily basis</b>; and/or</li> <li>• An <b>irregular pulse</b> is detected.</li> </ul> | <ul style="list-style-type: none"> <li>• Send BP reading in a referral the <b>same day</b> by NHSmail or secure electronic data interchange informing the practice that an urgent same day appointment is needed.</li> <li>• During GP practice hours the pharmacist should call the practice whilst the patient is still in the pharmacy.</li> <li>• If the pharmacist is unable to contact the GP practice or it is closed, the pharmacist should advise the patient to take appropriate action which may include referral to A&amp;E.</li> </ul> |

If an electronic method is used to transfer data to the relevant GP and a problem occurs with this system, the contractor should ensure a hard copy of the information is sent to the GP practice. In this circumstance, where the notification must temporarily be undertaken via hardcopy, a copy of the **weekly summary form**, a **referral letter for the patient to make an appointment within 3 weeks** and a **referral letter requesting an urgent same day appointment** can be used. Copies of these documents are available at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

### Record keeping and provision of data to NHSE&I

When the service first launches, there will not have been time for pharmacy IT suppliers to develop functionality in their systems to support the creation of clinical records for the service. Contractors will therefore need to make their clinical records in another way prior to the development of IT systems; a template clinical record form is available to download from [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

Summary data on each service provision will need to be manually submitted to the MYS platform as part of the payment claim process (see section f for further details).

In due course, once IT system suppliers have had time to develop their systems, clinical records should be recorded in such systems.

During 2021, NHSE&I and NHS Digital will work with IT system suppliers to develop functionality that allows certain data from the clinical record of each service provision to be extracted and submitted to the NHSBSA's MYS system via an application programming interface (API).

The information to be submitted via the API will be published in an updated version of the service specification in due course. When submitted to the NHSBSA, this data will be used for post-payment verification and it will also be shared with NHSE&I to support evaluation of the service.

Clinical records of service provisions should be retained for an appropriate period of time, but for the purposes of post-payment verification, they should be kept for a minimum of two years after the service takes place. As pharmacy contractors are the data controller, it is for each contractor to determine what the appropriate length of time is, beyond two years that the clinical records are kept for. Decisions on this matter should be documented in the SOP and should be in line with [Records Management Code of Practice for Health and Social Care](#).

### Equipment maintenance, calibration & cleaning

All blood pressure measuring equipment should be regularly checked and calibrated in accordance with the manufacturer's instructions. These maintenance recommendations may vary between devices; however, it should be noted that some devices may be difficult to calibrate without returning them to the supplier.

Cuffs and their hoses should be regularly inspected and replaced as necessary. Excessive air leakage from damaged cuffs, hoses and tubing connectors may reduce the accuracy of readings.

Infection control measures and cleaning must be carried out on all blood pressure monitors as per the instructions of the manufacturer or supplier and in line with current infection prevention and control guidance. Re-usable cuffs should be cleaned in accordance with the manufacturer's instructions, ensuring that cleaning fluid does not enter the cuff bladder or hoses. Detergent and disinfectant wipes can damage plastic surfaces of medical devices if they are not compatible with the surface material. In line with [MHRA's guidance](#), contractors are advised to only use cleaning products that are compatible with the device.

Contractor's SOP for the service must include the processes for cleaning, maintenance, validation and recalibration of the equipment used. Contractors can access additional guidance from the MHRA's [Managing Medical Devices](#) guide.

### f) Payments and the process for claiming payments

Claims for payment for this service should be made monthly, via the MYS portal. Claims should reach the NHSBSA by the 5th day of the following month after completion of a patient's blood pressure monitoring, in accordance with the usual Drug Tariff claims process.

Pharmacies providing this service will be eligible for the following payments:

- A set-up fee of £440 (claimed via the service sign-up declaration on MYS);
- A fee of £15 for each patient receiving a clinic blood pressure check; and
- A fee of £45 for each appropriate provision of ABPM to a patient.

In addition, the following incentive fees across Years 3, 4 and 5 of the CPCF 5-year agreement, will be available:

- An incentive fee of £1,000 will be available if 5 ABPM interventions are provided in 2021/22;
- A payment of £400 if the pharmacy reaches the threshold of 15 ABPM interventions in 2022/23; and
- A payment of £400 if the pharmacy reaches the threshold of 20 ABPM interventions in 2023/24.

Pharmacies must reach a threshold of ABPM activity to trigger the payment of the incentive fee.



Contractors who sign-up to provide the service after Year 3 must achieve the ABPM activity thresholds specified for the given financial year and will receive £1,000 as a first payment. If a contractor signs up in Year 3 and fails to do 5 ABPMs, they can earn £1000 by doing 15 ABPMs in Year 4. These incentive payments will be funded from outside the pharmacy global sum.

The incentive fees will help contractors to fund the capital cost of purchasing a suitable clinic BP meter and an ABPM device.

If clinic blood pressure measurements or ABPM are provided at the request of a general practice, the service fees set out above will be paid to the contractor.

The interim dataset to be reported to NHSBSA's MYS portal is listed in **Appendix C** of the [service specification](#). Data should only be reported for the completed service. For example, where a clinic check has been undertaken and an ABPM is required, which will be undertaken in the following month, the data for the complete service provision should be reported once both elements of the service (clinic check and ABPM) have been completed.

If changes to the VAT rules can be agreed between DHSC, HM Revenue and Customs and HM Treasury, to ensure pharmaceutical services provided by non-pharmacists, but under pharmacist supervision are VAT exempt, the service will be modified to allow aspects to be provided by the wider pharmacy team and the fees will be amended to reflect the greater use of skill mix within the service.

### g) Discontinuation of service provision

If the pharmacy contractor wishes to stop providing the hypertension case-finding advanced service, they must notify NHSE&I that they are no longer going to provide the service via the MYS platform, giving at least one month's notice prior to the cessation of the service.

### h) Further information and resources

The [PSNC website](#) contains resources and the answers to [Frequently Asked Questions](#) regarding the service.

The following links provide further information on Hypertension and related topics.

- [Blood Pressure UK](#)
- [British and Irish Hypertension Society \(BIHS\)](#)
- [British Heart Foundation \(BHF\)](#)
- [NHS website](#)
- [NICE guideline \[NG136\] - Hypertension in adults: diagnosis and management](#)
- [NICE Clinical Knowledge Summaries](#)
- [CPPE](#)

If having read this PSNC Briefing and the information and resources on the PSNC website you have further queries about the service, or you require more information please contact the [PSNC Services Team](#).