



The Community Pharmacy Hypertension Case-Finding Advanced Service



Overview

- Background
- Policy context
- Service description and documentation
- BP meters to be used in the service
- Pre-commencement activity
- Patient eligibility
- Providing the service
- Funding and claiming payment
- Working in your localities
- Questions



Background

- Cardiovascular disease (CVD) is one of the leading causes of premature death in England
- Affects 7 million people and accounts for 1.6 million disability adjusted life years
- Hypertension is the biggest risk factor for CVD
- Top five risk factors for all premature death and disability in England
- **~5.5 million people have undiagnosed hypertension in England**
- CVD is a key driver of health inequalities and accounts for around 25% of the life expectancy gap



Background



- Early detection of hypertension is vital
- Evidence that community pharmacy can provide a key role in detection and subsequent treatment of hypertension
- Community pharmacy engagement has the potential to improve outcomes and reduce the burden on general practices
- Levels of detection are expected to have fallen over the past year due to the impact of COVID-19 on routine blood pressure monitoring



Policy context



- NHS Long Term Plan (LTP) - NHS commitment to reducing morbidity and mortality due to CVD
- LTP commitment for community pharmacy, working with others, to provide opportunities for the public to check on their health through tests for high BP
- Cardiovascular Disease Prevention System Leadership Forum - ambition for hypertension:
 - 80% of the expected number of people with high BP are detected by 2029, and that 80% of the population diagnosed with hypertension are treated to target
- At the time the LTP was published, Public Health England estimated fewer than 60% of people with hypertension had been diagnosed



Policy context

- NICE guideline NG136 sets out the criteria for the diagnosis and management of hypertension in adults
- Ambulatory blood pressure monitoring (ABPM) is the clinically preferred method for diagnosing hypertension
- Part of 5-Year CPCF agreed to test a model for detecting undiagnosed CVD in community pharmacy and pilot in 2020/21 through PhIF
- Pilot commenced in December 2020





Policy context

Pilots

- 35 pharmacies from 6 PCNs in 4 geographies:
 - Darlington & Durham PCN
 - Urban Health and Dudley & Netherton PCNs
 - Chesterfield & Dronfield PCN
 - Newham Central and North Newham PCNs
- Sites include rural and urban areas, areas of high ethnicity and areas of mixed deprivation/affluence
- Evaluation is due to complete reporting late Autumn 2021

Public Perceptions: Ipsos survey and interviews (1651 participants)

- 91% comfortable with BP check in a community pharmacy



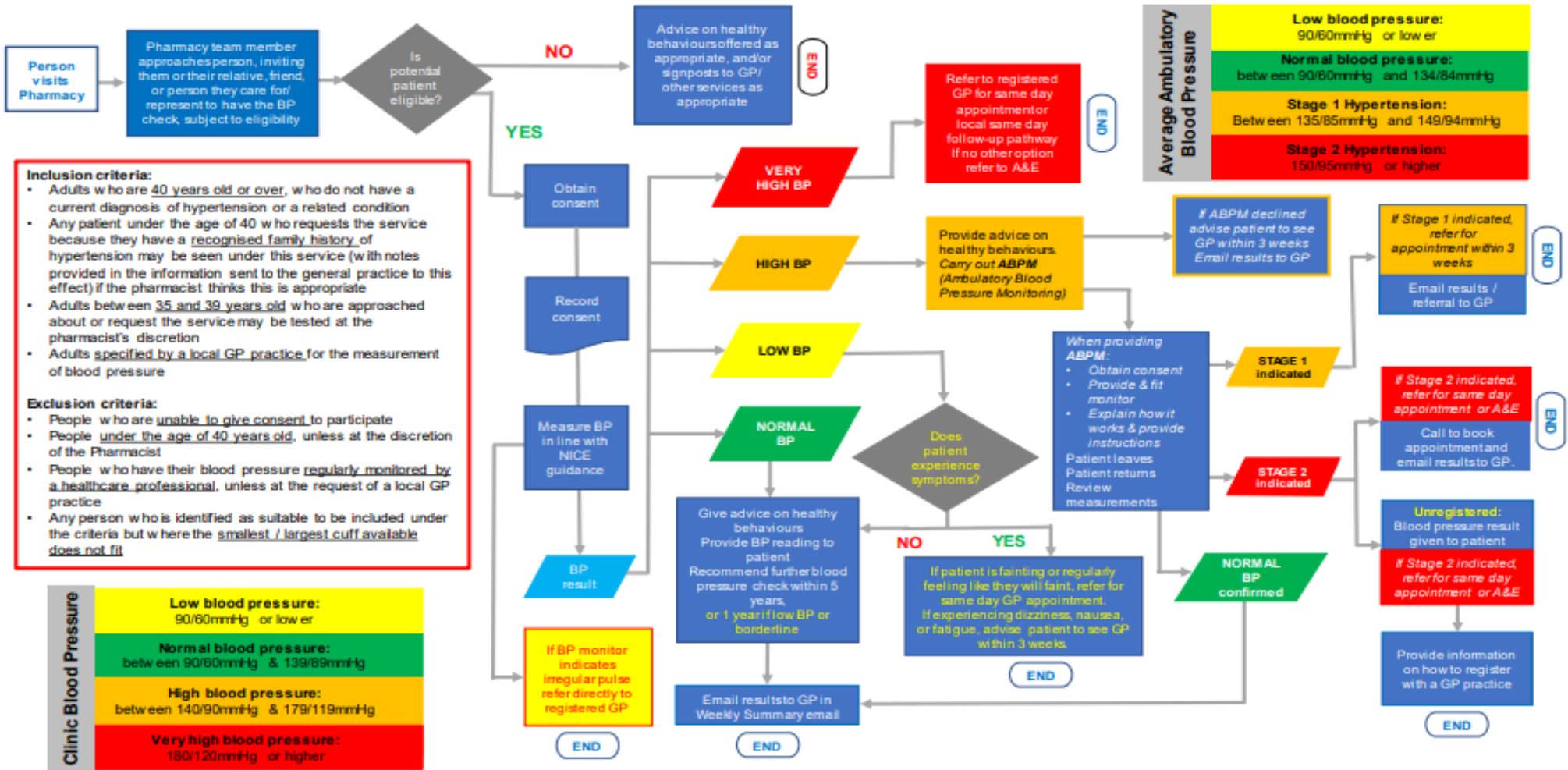


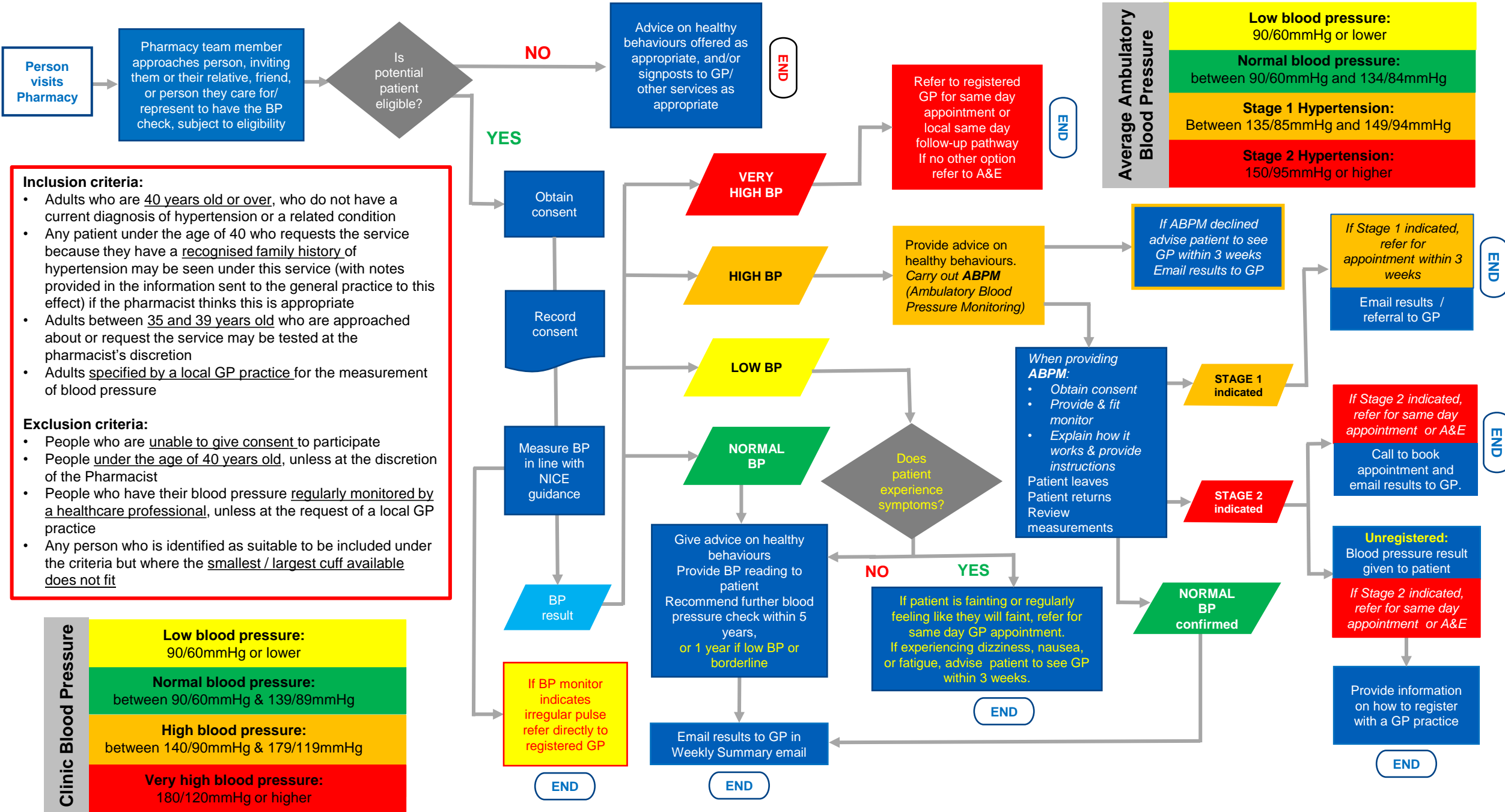
Service Description

- The service is an Advanced service
- It commenced on 1st October 2021
- Two stages:
 - **Stage 1** - identify people at risk of hypertension – ‘Clinic check’
 - **Stage 2** - 24-hour ambulatory blood pressure monitoring (ABPM)
- Contractors must be able to provide both stages
- Currently only provided by pharmacists



Service description – service pathway





- Inclusion criteria:**
- Adults who are 40 years old or over, who do not have a current diagnosis of hypertension or a related condition
 - Any patient under the age of 40 who requests the service because they have a recognised family history of hypertension may be seen under this service (with notes provided in the information sent to the general practice to this effect) if the pharmacist thinks this is appropriate
 - Adults between 35 and 39 years old who are approached about or request the service may be tested at the pharmacist's discretion
 - Adults specified by a local GP practice for the measurement of blood pressure
- Exclusion criteria:**
- People who are unable to give consent to participate
 - People under the age of 40 years old, unless at the discretion of the Pharmacist
 - People who have their blood pressure regularly monitored by a healthcare professional, unless at the request of a local GP practice
 - Any person who is identified as suitable to be included under the criteria but where the smallest / largest cuff available does not fit

Clinic Blood Pressure	Low blood pressure: 90/60mmHg or lower
	Normal blood pressure: between 90/60mmHg & 139/89mmHg
	High blood pressure: between 140/90mmHg & 179/119mmHg
	Very high blood pressure: 180/120mmHg or higher

Average Ambulatory Blood Pressure	Low blood pressure: 90/60mmHg or lower
	Normal blood pressure: between 90/60mmHg and 134/84mmHg
	Stage 1 Hypertension: Between 135/85mmHg and 149/94mmHg
	Stage 2 Hypertension: 150/95mmHg or higher



Key service documentation

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





BP meters to be used in the service

- Purchase or rent a meter for each service stage – clinic BP & ABPM
- Must be validated by the British and Irish Hypertension Society
- Considerations before purchasing / renting at:
psnc.org.uk/hypertension
- Don't forget your ancillaries (larger cuff sizes etc.)





Pre-commencement activity

Premises requirements

- Pharmacy must have a consultation room which meets the Terms of Service requirements
- Additional requirements:
 - when measuring blood pressure, the patient must be able to rest their arm on a table / bench at a suitable height
 - IT equipment accessible within the room



Pre-commencement activity



Training requirements

- Currently the service is to be provided by a pharmacist
 - Familiar with the NICE guideline Hypertension in adults: diagnosis and management [NG136]
 - Read and understood the service specification
 - Completed the recommended training on how to use the blood pressure monitoring equipment



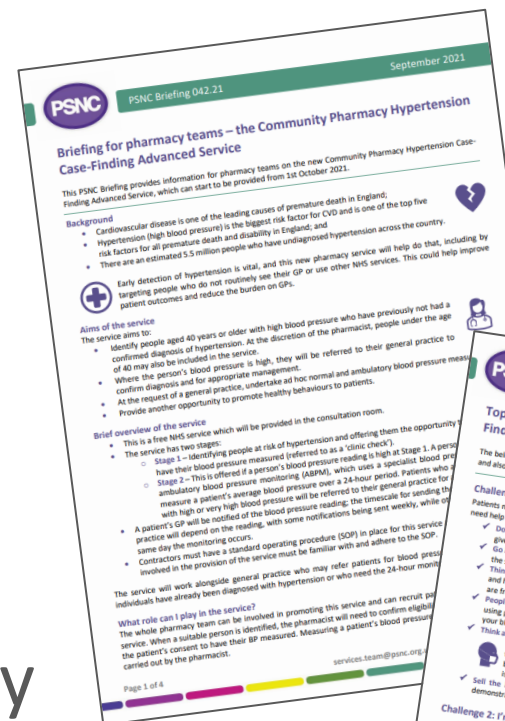
Pre-commencement activity

Training requirements

- Additional optional CPD available via CPPE

Pharmacy Team Training

- Whole pharmacy team approach to promotion and recruitment
- PSNC Briefing 042/21: Briefing for pharmacy teams – the Community Pharmacy Hypertension Case-Finding Advanced Service





Pre-commencement activity

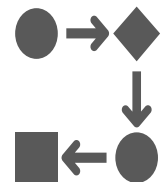
Signing up to the service

- Registration via MYS
- Set up fee paid



Standard Operating Procedure

- Must have in place
- All participating staff familiar and follow
- Must include process for maintenance and validation of equipment





Pre-commencement activity

Engage with local GP Practice / PCN

- GP practice briefing

Contractor implementation checklist

- Step by step guide to prepare

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Services and Commissioning

September 2021

Contractor checklist: implementing the NHS Community Pharmacy Hypertension Case-Finding Advanced Service

This checklist details the actions contractors need to undertake to prepare to provide the hypertension case-finding Advanced service. Further information on the service and resources can be found at psnc.org.uk/hypertension.

Activity	By whom?	By when?	Completed
1. Read the service specification , PSNC Briefing , and the FAQs on the PSNC website (psnc.org.uk/hypertension), so that you understand the service requirements.			
2. Complete the Manage Your Service (MYS) portal declaration to sign-up to provide the service (seeking approval from head office, if that is applicable).			
3. Develop a Standard Operating Procedure (SOP) for the service which includes the process for maintenance and validation of the equipment used.			
4. Place an order for any required equipment and ancillaries from appropriate suppliers having reviewed the clinic BP monitor and ABPM devices on the following lists: https://ahhsc.org/hp-monitor-for-home-use/ or https://ahhsc.org/hp-monitor-for-practice-use/ and having reviewed the additional guidance and considerations that are available in the MHRA's guidance on blood pressure measurement devices and at psnc.org.uk/hypertension .			
5. Ensure all pharmacists providing the service are appropriately trained and competent to do so. Pharmacists providing the service must: <ul style="list-style-type: none"> • 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 blood pressure monitoring equipment which should be provided by their equipment manufacturer. 			
6. Brief all staff on the service. Ensure all staff that will undertake parts of the service are familiar with and will apply relevant sections of the SOP.			
7. Engage with local GP Practices and/or PCN colleagues to make them aware the pharmacy is participating in this service. Resources to			

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PSNC Briefing 044/21 October 2021

Briefing for general practice teams – the Community Pharmacy Hypertension Case-Finding Advanced Service

This PSNC Briefing provides information for general practice teams on the new Community Pharmacy Hypertension Case-Finding Advanced Service, which pharmacies could start to provide from 1st October 2021.

Aims of the service

The service aims 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.
- Where the person's blood pressure is high, they will be referred to their general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc normal and ambulatory blood pressure measurements.
- Provide another opportunity to promote healthy behaviours to patients.

Brief overview of the service

- This NHS service will be provided in the consultation room by the pharmacist.
- The service has two stages:
 - Stage 1 – Identifying people at risk of hypertension and offering them the opportunity to have their blood pressure measured.
 - Stage 2 – This is offered if a person's blood pressure reading is high at Stage 1. A person will be offered 24-hour ambulatory blood pressure monitoring (ABPM). Patients who are then identified with high or very high blood pressure will be referred to their general practice.

The service will support the work that both general practices and wider Primary Care Network (PCN) teams are undertaking on cardiovascular disease prevention and management, under the PCN Directed Enhanced Service.

What notifications will be sent to general practice and how will these be sent?

General practice will be notified of all blood pressure readings; the timescale for sending the 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 summarises when NHS England and NHS Improvement has specified that notifications should be sent to the patient's practice. These notifications and referrals can be undertaken by NHSmail or secure electronic data interchange.

Can general practice refer patients for blood pressure checks if they are already diagnosed with hypertension?

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, 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.

Can general practice refer patients requiring ABPM to the service?

General practices can also 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.

What readings will be shared with the general practice if the patient has ABPM?

All six readings (systolic and diastolic for day, night and 24-hour average) and the full ABPM report will be shared with the patient's general practice.

What happens if a patient declines ABPM through the pharmacy?

If a patient declines ABPM through the pharmacy, they should be referred to their general practice or another

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Patient eligibility

Inclusion criteria

- Adults ≥ 40 years with no diagnosis of hypertension
- By exception, < 40 years with family history of hypertension (pharmacist's discretion)
- Approached or self requested 35-39 years old (pharmacist's discretion)
- Adults specified by a general practice (clinic and ambulatory blood pressure checks)

Exclusion criteria

- Unable to give consent
- Under 40 years old
- People who have their blood pressure regularly monitored by a healthcare professional

Additional consideration

- Unable to support due to cuff size





Patient eligibility

GP referrals

- Can refer patients for both normal BP checks and ABPM
- Need a locally agreed process
- No specific requirements for the process
- ABPM referrals best done electronically
- Template referral form available

Community Pharmacy Hypertension Case-Finding Service – Referral form from GP practice to community pharmacy

To (pharmacy name)			
Patient name			
Address			
Patient DOB		NHS number	
I am referring this patient to you for:			
• Their blood pressure to be measured (clinic check) <input type="checkbox"/>			
• 24-hour Ambulatory Blood Pressure Monitoring <input type="checkbox"/>			
Additional comments			
GP name			
GP practice name and address			
Telephone			

CONFIDENTIAL

Providing the service

- Promoting the service
 - Posters, leaflets, website
- Patient advice
- Consent is verbal
- Off-site provision (with NHSE&I agreement)




Providing NHS services

Free NHS blood pressure checks available in this pharmacy
Reduce your risk of heart and circulatory diseases



Why get your blood pressure checked?

- High blood pressure, also called hypertension, is a condition which can be controlled to reduce your risk of a heart attack, stroke or other cardiovascular disease.
- In the UK there are about five million adults (one in every nine) who have high blood pressure without even knowing it, since high blood pressure itself rarely causes symptoms.
- The British Heart Foundation estimates that high blood pressure causes over 50% of heart attacks and strokes.

What does this free NHS blood pressure check involve?

We are offering free NHS blood pressure checks to people aged 40 and over with no appointment necessary.

This involves around 10-15 minutes in the pharmacy consultation room with our pharmacist. Following this, you may be invited to take home a blood pressure monitor that measures your blood pressure as you go about your daily life.

Depending on your blood pressure reading you may be referred to your GP. The pharmacist will guide you through any necessary steps depending on your blood pressure result.

When did you last have your blood pressure checked?

Our pharmacist can measure your blood pressure for free and have a chat with you about your results.

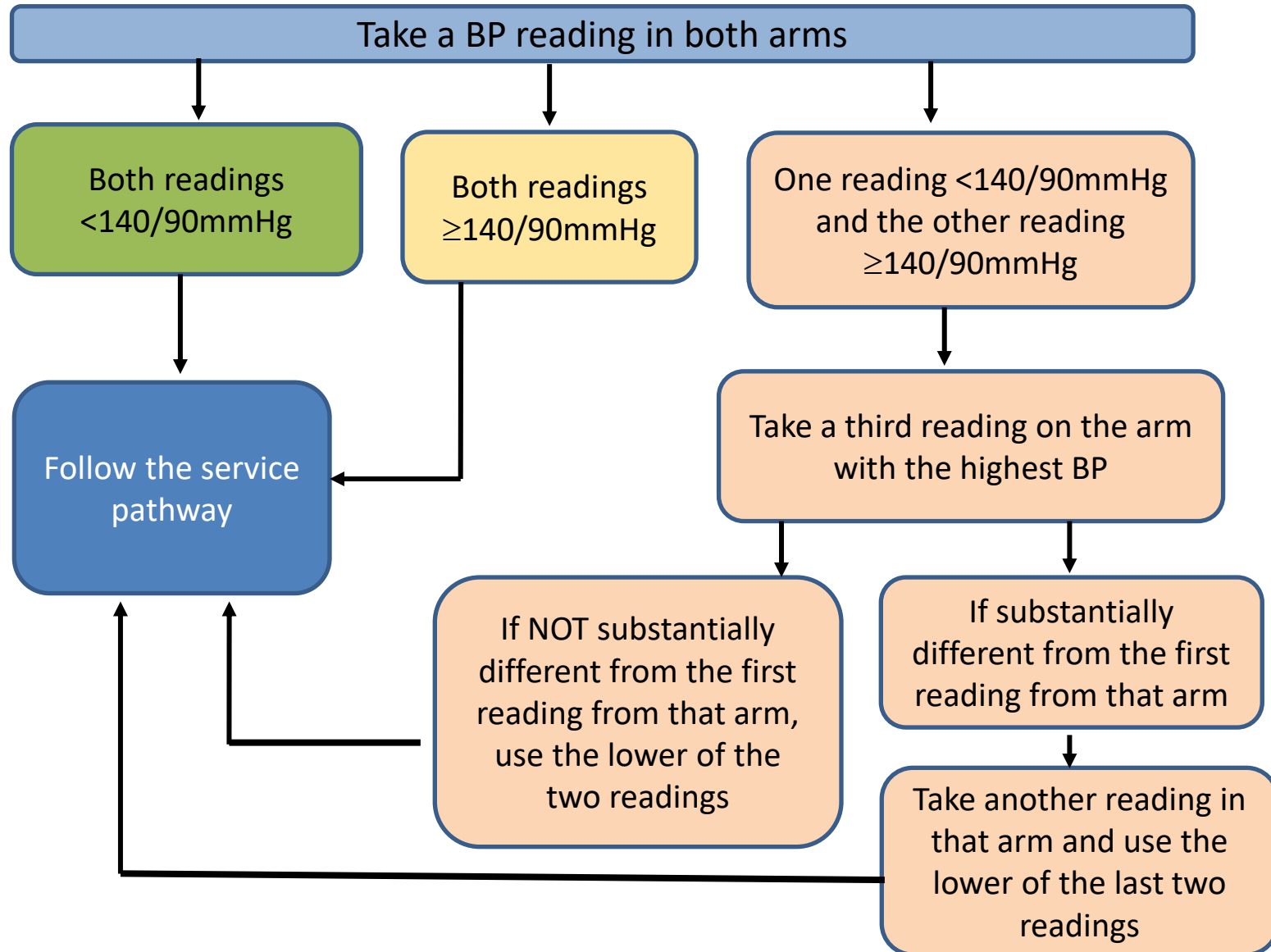


This free service is funded by the NHS.

Providing the service – Clinic check



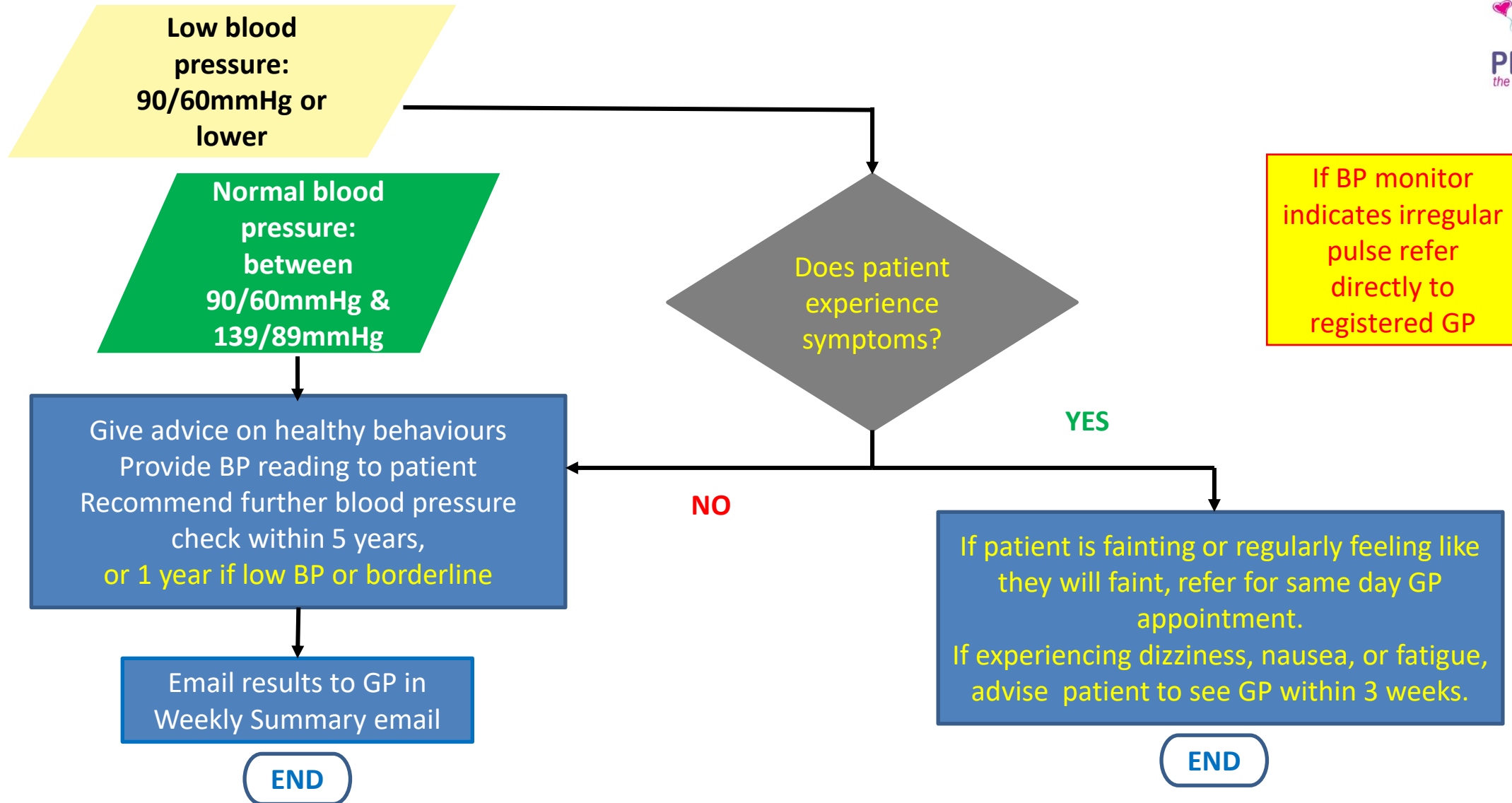
Measure BP in line with NICE guidance



Clinic Blood Pressure	Low blood pressure: 90/60mmHg or lower
	Normal blood pressure: between 90/60mmHg & 139/89mmHg
	High blood pressure: between 140/90mmHg & 179/119mmHg
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Providing the service – Clinic check





Providing the service - ABPM

Provision

- Loan arrangements - template loan agreement
- Reset the ABPM
- Fit the ABPM to the patient
- Explain the functioning
- Confirm understanding
- Explain not to get the ABPM wet
- Arrange a follow up appointment



Failure to attend

- Two attempts to contact (on separate occasions)
- Notify GP practice and provide clinic BP reading





Providing the service - ABPM

Return and follow up

- Retrieve consultation data
- Record the average daytime, night-time and 24-hour blood pressure readings
- Based on the average 24-hour reading, follow service pathway
- GP practice notification to include all six readings (systolic and diastolic for day, night and 24-hour average) and the full ABPM report



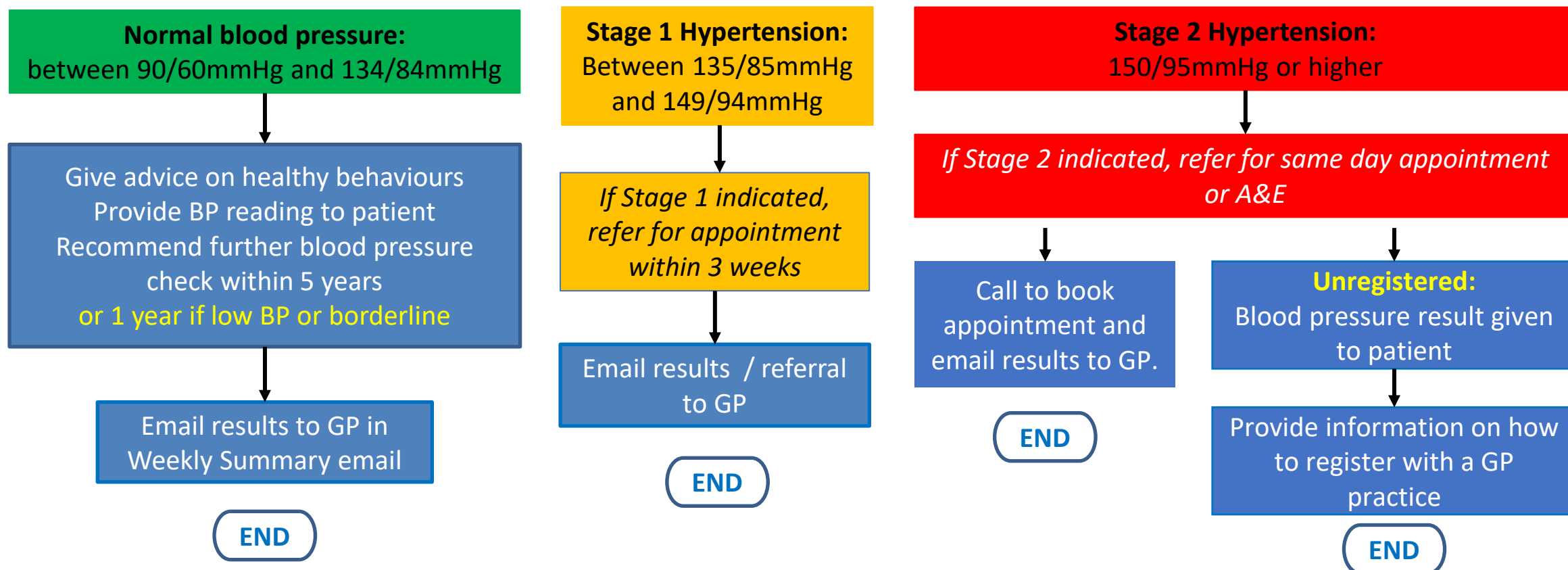
Failure to attend

- Make attempts to contact
- If no contact or return after 5 days:
 - Notify GP practice and provide clinic BP reading
 - Suspend service until the ABPM meter is retrieved or replaced



Providing the service - ABPM

Outcomes



Providing the service

- **Blood pressure readings**
 - Leaflet to note results
- **Healthy lifestyle advice**
 - MECC mindset
 - Discuss lifestyle/behaviours
 - Consider local services that could support patients' next steps



NHS
Providing NHS services

Your NHS blood pressure check

Thank you for having your blood pressure checked at the pharmacy.

Why get your blood pressure checked?

- High blood pressure, also called hypertension, is a condition which can be controlled to reduce your risk of a heart attack, stroke or other cardiovascular disease.
- In the UK there are about five million adults (one in every nine) who have high blood pressure without even knowing it, since high blood pressure itself rarely causes symptoms.
- The British Heart Foundation estimates that high blood pressure causes over 50% of heart attacks and strokes.

High blood pressure – know your numbers

Blood pressure is the force of your blood moving against the walls of your arteries. It is expressed as two numbers, one above the other:

Low A reading of 90 60 or lower	Normal Below 140 90	High Between: 140 179 90 119	Very high A reading of 180 120 or higher
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Your blood pressure reading: _____

Date: _____

For general healthy living and high blood pressure information visit:

www.nhs.uk/conditions/high-blood-pressure-hypertension/
www.bloodpressureuk.org/
www.bhf.org.uk/information-support/risk-factors

Pharmacy details: _____



Funding and claiming payment

- Set-up fee of £440
- Fee for each clinic check of £15
- Fee for each ambulatory monitoring of £45
- Incentive fees for Years 3, 4 and 5 of the CPCF 5-year for achieving ABPM targets:
 - £1,000 will be available if 5 ABPM intervention are provided in 2021/22;
 - £400 for 15 ABPM interventions in 2022/23 and
 - £400 for 20 ABPM interventions in 2023/24.
- Incentive payments from outside the global sum
- Incentive supports capital costs of equipment purchase
- GP practice referrals paid at the same rates

Funding and claiming payment

- Dataset to report to MYS for claims in Appendix C of service specification
 - i. Age of patient
 - ii. Date of service provision
 - iii. Clinic reading (systolic and diastolic)
 - iv. If clinic reading, was this opportunistic or referred from a GP?
 - v. ABPM reading (average 24hr systolic and diastolic)
 - vi. If ABPM, was this opportunistic or referred from a GP?
- Report completed service provision only
- Claim payment via the NHSBSA Manage Your Service (MYS) application
- Claim month by the 5th of the month following completion. Later claims will not be processed



Working with Primary Care Networks

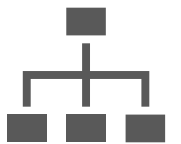


- New PCN Directed Enhanced Service requirements commenced on 1st October 2021
- Service supports CVD prevention and management work in GP practices & PCN
- PCNs are seeking to improve diagnosis of hypertension
- PCNs required to proactively work with community pharmacies on the case-finding service
- Future requirement to support information exchange



Key next steps

- Contractors need to engage their local practices
 - Let them know when you are going to start providing the service
 - Share the GP practice team briefing **PSNC Briefing 044/21** to help explain that you will be sending all results and some referral
 - Identify that this will help them with the CVD aspects of the PCN DES
 - Ask if they would like you to complete any BP measurements to support them and agree how they will let you know which patients



Questions

- psnc.org.uk/hypertension
- services.team@psnc.org.uk
- Sign up to PSNC enews at psnc.org.uk/enews
- [@PSNCNews](https://twitter.com/PSNCNews)

Good luck with the service!



The screenshot shows the PSNC website interface. At the top, there are logos for PSNC (Pharmaceutical Services Negotiating Committee) and PHARMACY (the Heart of our Community). A navigation bar contains buttons for 'PSNC's Work', 'Funding and Statistics', 'Contract and IT', 'Dispensing and Supply', 'Services and Commissioning', 'The Healthcare Landscape', and 'LPCs'. A search bar and 'QUICK LINKS' are also present. The main content area is titled 'Hypertension case-finding service' and includes a breadcrumb trail: 'Home > Services and Commissioning > Hypertension case-finding service'. The page contains introductory text, a date of last update (4th October 2021), and a list of expandable sections: 'Introduction', 'The policy background', 'Working with Primary Care Networks', 'Service description', 'BP meters to be used in the service', 'What do contractors need to do to provide the service?', 'Patient eligibility to receive the service', 'Providing the service', and 'Funding and claiming payment'. A sidebar on the left lists various services under 'Services and Commissioning', with 'Hypertension case-finding service' highlighted.