

Briefing 013/23: Updated Guidance on the Community Pharmacy Hypertension Case-Finding Advanced Service

This Community Pharmacy England Briefing provides updated guidance for our members (pharmacy owners) and their teams on the Community Pharmacy Hypertension Case-Finding Advanced Service. Members are advised to read the latest [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 cpe.org.uk/hypertension.

Key next steps for members wishing to provide the service

- Familiarise yourself with the latest [service specification](#) and the contents of this Community Pharmacy England Briefing;
- Ensure you have a standard operating procedure (SOP) or have updated your 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
- New members to the service can use the [Community Pharmacy England service checklist](#) to confirm all required pharmacy actions are complete ahead of service commencement. Members who are already providing the service, can use the [Community Pharmacy England existing provider checklist](#) to confirm all required pharmacy actions are completed following the publication of the updated service specification.

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 **aged 40 years or older**, or at the discretion of the pharmacist, or pharmacy technician, people under the age of 40, with high blood pressure (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. These requests can be in relation to people either with or without a diagnosis of hypertension; 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 commenced on 1st October 2021. You can read more about these changes to the GP contract in [Briefing O35/21: Primary Care Networks – plans for 2021/22 and 2022/23](#).

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

b) Preparing to provide the service

The service commenced on 1st October 2021. For members who are new to the service, 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 the [Community Pharmacy England’s service checklist](#).

Following the publication of the latest service specification, members who are already providing the service are advised to review the full list of activities to undertake before continuing to provide the service. These can be found in [Community Pharmacy England’s existing provider checklist](#).

To provide the service, members 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. Members will need to ensure they have blood pressure cuff sizes to cater for the varying arm sizes of different people.

When making equipment selections, members 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 cpe.org.uk/hypertension.

Ahead of purchasing equipment, members 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, members 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. Members 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.

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

Pharmacy owners 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.

Following changes to the service specification, our members are advised to review any existing SOPs for the service, to ensure any relevant changes to these SOPs have been made.

Prior to commencement of the service, members 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 cpe.org.uk/hypertension.

Members who have already been providing the service, should engage with local GP practices and/or PCN colleagues, to highlight the changes in this service following the publication of the updated service specification. Resources to support this, including a template letter / email and a summary of the service for GP practices, are available at cpe.org.uk/hypertension.

Members must also notify NHS England 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 Profile Manager should be updated to indicate that the service is provided. Guidance on how to edit NHS website pharmacy profiles is available on the [NHS website page of the Community Pharmacy England website](#).

c) Training and competency requirements

Currently the service can only be provided by pharmacists and pharmacy technicians. Pharmacists and pharmacy technicians 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 cpe.org.uk/hypertension.

Pharmacists and pharmacy technicians wanting to undertake *optional* training on hypertension, understanding vascular risk and behaviour change interventions can find training resources listed under training requirements in the '[What do pharmacy owners need to do to provide the service](#)' section at cpe.org.uk/hypertension.

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 or pharmacy technician, people under the age of 40 may also be included in the service.

Additionally, at the request of a general practice, ad hoc blood pressure checks of adults, including those 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 cpe.org.uk/hypertension.

For a list of the full inclusion and exclusion criteria for the service, members 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 members to print) and **digital marketing** resources are available to our members in the resources section at cpe.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 cpe.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 cpe.org.uk/hypertension.

In agreement with NHS England 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.

Details for the principles that NHS England regional team decision-makers may consider, are outlined in guidance, which can be accessed via the '**What do pharmacy owners need to do to provide the service?**' section at cpe.org.uk/hypertension. The guidance also provides a template that members will need to use to make a request for offsite provision to their local NHS England team.

If members want to provide the service off the pharmacy premises, they should contact their [NHS England 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 or pharmacy technician 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 NHS England as part of service monitoring and evaluation; and
- The sharing of information about the service with the NHSBSA and NHS England as part of post-payment verification.

Service pathway

Flow charts illustrating the full service pathway and the different elements of the service can be found in Annexes of the service specification and as a standalone documents in the resources section at cpe.org.uk/hypertension.

Clinic blood pressure check

The first stage of the service is the provision of a normal blood pressure check (clinic check) in line with NICE guidelines.

A visual guide that can be used to support pharmacists or pharmacy technicians providing this stage of the service is included in the template consultation form and as a standalone reference source at cpe.org.uk/hypertension.

A high systolic and normal diastolic reading OR a high diastolic and normal systolic reading should be recorded as a high blood pressure reading. **Appropriate action should be taken if either the systolic or the diastolic measurement or both fall outside the normal range.**

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, members may wish to ask the patient to complete an equipment loan agreement. A template **ABPM loan agreement** is available at cpe.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 (for example between 08:00 and 22:00). A minimum of 14 readings are needed during the person's usual waking hours to provide an accurate average reading;
- Explain they must not get the ABPM wet therefore, baths and showers should be avoided during the monitoring period; and
- Arrange a follow up appointment to discuss the readings and return the equipment.

Note: that the use of 14 readings mean the latest time for an appointment to see a patient and fit an ABPM would be 2pm if monitoring is stopping at 10pm.

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;
- The pharmacist or pharmacy technician should interpret and explain the results;
- Record the average daytime blood pressure readings in the consultation record; and
- Based on the average daytime reading, the pharmacist or pharmacy technician should follow the relevant guidance in the service specification on the next steps for the patient. All readings (day time average systolic and diastolic) 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 or pharmacy technician 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 or pharmacy technician 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 or pharmacy technician 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 cpe.org.uk/hypertension.

Where a patient has low blood pressure (90/60mmHg or lower) the pharmacist or pharmacy technician 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 or pharmacy technician 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 or pharmacy technician should provide the patient with their readings and 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

Members 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 below provides a summary of actions 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, along with suggested standardised titles to highlight actions to the patient’s general practice are outlined in **Annex E** of the [service specification](#). **Templates** that can be used to capture the required patient data to include in the secure email are available at cpe.org.uk/hypertension.

Description	Result	Action	Urgency
A ‘very high’ clinic reading with any acute symptoms such as headache, palpitations, new onset	BP ≥180/120mmHg	Refer immediately to local A&E via 999 where necessary.	Patient to contact local accident & emergency

<p>confusion, chest pain, signs of heart failure or acute kidney injury should be given a record of their results and urgently referred to their local A&E via 999 where necessary</p>		<p>Call the practice to relay results while the patient is in the pharmacy</p>	<p>service on the same day</p>
<p>A 'very high' clinic reading with NO acute symptoms</p>	<p>BP \geq180/120mmHg</p>	<p>Refer to general practice or to other locally agreed urgent care arrangement on the same day</p> <p>Call the practice to relay results while the patient is in the pharmacy</p>	<p>Patient to contact a member of the general practice team or other locally agreed urgent care arrangement on the same day</p>
<p>A 'high' clinic reading + 'Very high' ABPM (Stage 2 Hypertension)</p> <p>Note: Patients with any acute symptoms such as headache, palpitations, new onset confusion, chest pain, signs of heart failure or acute kidney injury should be given a record of their results and urgently referred to their local A&E via 999 where necessary</p>	<p>BP >140/90mmHg and ABPM results indicate very high blood pressure \geq170/115mmHg</p>	<p>Refer to general practice or to other locally agreed urgent care arrangement on the same day</p> <p>Call the practice to relay results while the patient is in the pharmacy</p>	<p>Patient to contact a member of the general practice team or other locally agreed urgent care arrangement on the same day</p>
<p>A 'high' clinic reading + 'high' ABPM (Stage 2 Hypertension)</p>	<p>BP \geq140/90mmHg and ABPM results of \geq150/95mmHg to 169/114mmHg</p>	<p>Refer to general practice and recommend appointment within seven days.</p> <p>Communicate results on the same day</p>	<p>Patient to see a member of the general practice team within seven days.</p> <p>Patients who report physical symptoms should be advised to see a medical</p>

			professional sooner.
A 'high' clinic reading + 'high' ABPM (Stage 1 Hypertension)	BP \geq 140/90mmHg and ABPM results of 135/85mmHg to 149/94 mmHg	Refer to general practice and recommend appointment within three weeks. Communicate results to general practice on the same day	Patient to see a member of the general practice team within three weeks
A 'high' clinic reading + patient declines ABPM or fails to attend agreed ABPM consultation	BP \geq 140/90mmHg	Refer to general practice and recommend appointment within three weeks. Communicate results to general practice on the same day	Patient to see a member of the general practice team within three weeks
Irregular pulse	Irregular pulse detected on BP machine	Communicate results to general practice on the same day	Patient to contact a member of the general practice team on the same day
A 'normal' clinic reading	BP $<$ 140/90mmHg	Communicate results to general practice weekly or as locally agreed	Check BP again within 5 years unless borderline
A 'high' clinic reading with subsequent 'normal' ABPM	BP \geq 140/90mmHg and ABPM $<$ 135/85mmHg	Communicate results to general practice weekly or as locally agreed	Check BP again within 5 years unless borderline
A 'low' clinic reading with symptoms of <i>fainting</i>	BP $<$ 90/60mmHg and regular fainting or falls	Refer to general practice on the	Patient to contact a

	or patient feels like they may faint on a daily/near daily basis	same day or to other locally agreed urgent care arrangement	member of the general practice team or other locally agreed urgent care arrangement on the same day
A 'low' clinic reading with <i>mild</i> symptoms	BP<90/60mmHg with symptoms of dizziness, nausea or fatigue	Communicate results to general practice on the same day	Patient to see a member of the general practice team within three weeks
A 'low' clinic reading with <i>no symptoms</i>	BP<90/60mmHg	Communicate results to general practice weekly or as locally agreed	Check BP again in 1 year

If an electronic method is used to transfer data to the relevant GP practice and a problem occurs with this system, members 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**, a **referral letter for the patient to make an appointment within 7 days** and a **referral letter requesting an urgent same day appointment** can be used. Copies of these documents are available at cpe.org.uk/hypertension.

Record keeping and provision of data to NHS England

When the service first launched, there had not been time for pharmacy IT suppliers to develop functionality in their systems to support the creation of clinical records for the service. Members 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 cpe.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.

NHS England is working 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).

Information about the various IT solutions that may be available to support the service can be found on the [Pharmacy services IT requirements](#) webpage of the Community Pharmacy England website.

The information to be submitted via the API can be found in **Annex F** of the service specification. When submitted to the NHSBSA, this data will be used for post-payment verification and it will also be shared with NHS England 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, reimbursement records must be kept for a period of three years after the service takes place to demonstrate service delivery in accordance with the service specification. As pharmacy owners are the data controller, it is for each member to determine what the appropriate length of time is, beyond three 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](#), members are advised to only use cleaning products that are compatible with the device.

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

f) Payments and the process for claiming payments

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. An incentive fee of £1,000 will be payable in the first year of reaching the specified ABPM threshold for the service provision, followed by a payment of £400 in subsequent years if the pharmacy reaches the specified thresholds for those years. Pharmacies must reach a threshold of ABPM activity to trigger the payment of the incentive fee.

The incentive will be triggered by providing:

- 5 ABPM checks in 2021/22;
- 15 ABPM checks in 2022/23; and
- 20 ABPM checks in 2023/24.

Members who sign-up to provide the service after 2021/22 must achieve the ABPM activity thresholds specified for the given financial year and will receive £1,000 as a first payment. If a member signs up in 2021/22 and fails to do 5 ABPMs, they can earn £1000 by doing 15 ABPMs in 2022/23. Followed by a payment of £400 in 2023/24 if the pharmacy reaches the threshold of 20 ABPM interventions in that year.

Members who signed up in 2021/22 or 2022/23 but did not achieve 5 ABPM interventions in 2021/22 or 15 ABPM interventions in 2022/23 and members who signed up in 2023/24, must achieve 20 ABPM checks in 2023/24 to receive the £1,000 payment. As the incentive fees are only available for thresholds achieved up to 31st March 2024, no further incentive payments will be made after this period.

These incentive payments will be funded from outside the pharmacy global sum.

The incentive fees will help members 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 pharmacy owners.

If a member de-registers from the service within 30 days of registration, they will not qualify for the £440 set-up fee. In this event, if the £440 set-up fee has already been paid to the member, this money will be claimed back.

Claiming

Claims for payment for this service should be made monthly, via the MYS portal and no later than three months from the claim period for the chargeable activity provided. Claims which relate to work completed more than three months after the claim period in question, will not be paid.

If the member is commissioned to deliver any related services e.g. the Pharmacy Contraception Service (incorporating BP clinic measurement), the member may not claim twice for the same activity.

The interim dataset to be reported to NHSBSA's MYS portal is listed in **Annex F** 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.

The full dataset for the Hypertension Case-Finding Advanced service can be found in **Annex F** of the [service specification](#).

g) Discontinuation of service provision

If a pharmacy owner wishes to stop providing the Hypertension Case-Finding Advanced service, they must notify NHS England 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. The member may be asked for their reasons for withdrawal from the service.

h) Further information and resources

The [Community Pharmacy England 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 Community Pharmacy England Briefing and the information and resources on the Community Pharmacy England website you have further queries about the service, or you require more information please contact the [Community Pharmacy England Services Team](#).