

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

This Community Pharmacy England Briefing provides information for general practice teams on the Community Pharmacy Hypertension Case-Finding Advanced Service, which was commissioned from pharmacies from 1st October 2021 and has recently been updated.

### Aims of the service

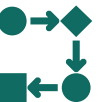
The service aims to:

- 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 or pharmacy technician, 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. These requests can be in relation to people either with or without a diagnosis of hypertension.
- 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 or a pharmacy technician.
- 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 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 summaries when NHS England 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?

Yes. 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?

Yes, general practices can 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](http://cpe.org.uk/hypertension).

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

The average daytime readings (systolic and diastolic) 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 appropriate local pathway.

### What happens if a patient fails to attend after ABPM for discussion of readings?

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. 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 patient's failure to attend following ABPM.

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>BP reading will be sent by NHSmail or secure electronic data interchange in a <b>weekly summary</b> email or as locally agreed.</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 or fails to attend their ABPM appointment despite follow-up;</li> </ul>	<p>BP reading will be sent 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 <b>within three weeks</b>.</p>

<ul style="list-style-type: none"> <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>	
<ul style="list-style-type: none"> <li>• A <b>high clinic blood pressure</b> (an average blood pressure of 150/95mmHg or higher, but lower than 169/114mmHg) identified by ABPM; or</li> </ul>	<p>BP reading will be sent 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 <b>within seven days</b>.</p>
<ul style="list-style-type: none"> <li>• A <b>very high clinic blood pressure</b> (180/120mmHg or higher) <b>with NO acute symptoms</b>;</li> <li>• A <b>very high blood pressure</b> (an average blood pressure of 170/115mmHg 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 or pharmacy technician 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>• BP reading will be sent in a referral the <b>same day</b> by NHSmail or secure electronic data interchange informing the practice that an urgent <b>same day appointment</b> is needed.</li> <li>• During GP practice hours the pharmacist or pharmacy technician should call the practice whilst the patient is still in the pharmacy.</li> <li>• If the pharmacist or pharmacy technician 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 other locally agreed urgent care arrangements.</li> </ul>
<ul style="list-style-type: none"> <li>• A <b>very high clinic blood pressure</b> (180/120mmHg or higher) with any acute symptoms;</li> </ul>	<ul style="list-style-type: none"> <li>• The patient will be <b>referred immediately</b> to A&amp;E via 999 where necessary. The pharmacist or pharmacy technician will call the practice to relay results while the patient is still at the pharmacy.</li> </ul>

Further information on the Hypertension case-finding service can be found at [cpe.org.uk/hypertension](http://cpe.org.uk/hypertension).