

Briefing: 035/23: Updated guidance on the Hypertension Case-Finding Service

This Community Pharmacy England Briefing provides updated guidance for pharmacy owners and their teams on the Hypertension Case-Finding Service. Pharmacy owners 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.

The key change in the revised service specification is to allow suitably trained and competent pharmacy staff to provide the service; previously, it could only be provided by a pharmacist or pharmacy technician.

Resources to support provision of the service are available at cpe.org.uk/hypertension.

Key next steps for pharmacy owners 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. When developing or updating your SOP, decide the role of different staff types within the provision of the service, including how the pharmacist will be involved, including providing clinical supervision of the service;
- Consider which NHS approved clinical IT system you want to use and then enter into a contract with that supplier;
- Ensure all pharmacy 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
- Pharmacy owners who are planning to start providing the service can use the [Community Pharmacy England service checklist](#) to confirm all required pharmacy actions are complete ahead of service commencement. Pharmacy owners 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.

α) Introduction

In February 2019, as part of the Cardiovascular Disease Prevention System Leadership Forum, NHS England and NHS Improvement (now known as NHS England) 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, NHS England and NHS Improvement and Public Health England 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 Hypertension Case-Finding Service has been added to the NHS Community Pharmacy Contractual Framework (CPCF) as an Advanced service 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 (CVD).

There are two stages to the service – the first is identifying people at risk of hypertension and offering them a 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 GP practice.

The service aims to:

- Identify people aged 40 years or older, or at the discretion of pharmacy staff, 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 should be provided by suitably trained and competent pharmacy staff. For the rest of this Briefing, the term “pharmacy staff” will be used to denote pharmacists, pharmacy technicians and other non-registered members of the pharmacy team. The Responsible Pharmacist must ensure that delegated tasks are being undertaken safely by competent pharmacy staff. The pharmacy owner must ensure all pharmacy staff providing the service are appropriately trained and that clinical supervision for the service is being provided by the pharmacist.

The service will support the work that both general practices and wider PCN teams will be undertaking on CVD diagnosis and prevention, under changes to the PCN Directed Enhanced Service which commenced on 1st October 2021. Best practice guidance for 2023/24 on the Network Contract Directed Enhanced Service for CVD prevention and diagnosis can be found on the [NHS England website](#).

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

b) Preparing to provide the service

The service commenced on 1st October 2021. For pharmacy owners 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 [Community Pharmacy England’s service checklist](#).

Following the publication of the latest service specification, pharmacy owners 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, pharmacy owners 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. Pharmacy owners will need to ensure they have blood pressure cuff sizes to cater for the varying arm sizes of different people.

When making equipment selections, pharmacy owners 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.

Before a decision is made about the purchase or rental of equipment, there are several considerations pharmacy owners may need to think through to ensure they have weighed up the additional requirements, implications and costs associated with provision of the service when using their selected equipment.

A non-exhaustive list of some of the considerations can be found below:

- Is maintenance and training included in the purchase price?
- If equipment is broken or being calibrated, does the supplier provide a spare whilst it is being repaired/calibrated?
- Calibration versus replacement cost and the carbon footprint of both activities;
- Frequency/cost of cuff replacement and other consumables;
- Complexity of use – time taken to use (and explain use, in the case of ABPM);
- For clinic meters, do they automatically take 3 measurements and flag irregular pulse (this feature is very beneficial, but optional)?
- For ABPM, the usability of any inclusive software to support set up for the patient and interpretation of readings. Additionally, software and hardware compatibility with existing pharmacy IT systems needs to be considered, e.g. can you plug the meter into a USB port on a PC in the pharmacy; and

- Insurance to cover accidental damage to either type of meter and to cover the theft or failure of a patient to return ABPM.

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, pharmacy owners are advised to review any existing SOPs for the service, to ensure any relevant changes to these SOPs have been made. When developing or updating the SOP, pharmacy owners will need to decide the role of different staff types within the provision of the service, including how the pharmacist will be involved, including providing clinical supervision of the service.

Pharmacy owners must use an NHS approved clinical IT system to make their clinical records and payment claims for the service and to send messages containing the patient's results to their general practice.

The following four IT suppliers have developed their systems to include functionality to support the service, but over time, it is hoped other suppliers will add the service to their systems:

- [HxConsult \(Positive Solutions\)](#)
- [Pharmacy Manager \(Cegedim\)](#)
- [PharmOutcomes \(Pinnacle Health\)](#)
- [Sonar health \(Sonar informatics\)](#)

Pharmacy owners providing the service will need to consider which system they want to use and will then need to enter into a contract with that supplier. More information about the IT requirements for all CPCF clinical services can be found on the [Community Pharmacy England website](#).

Prior to commencement of the service, pharmacy owners 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.



Pharmacy owners 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 \(MYS\) portal](#).

The pharmacy's NHS Profile Manager should be updated to indicate that the service is provided so this is shown on the pharmacy's public-facing profile on the NHS website. A [service finder](#) is also now available on the NHS website, which lets patients and healthcare professionals search for a pharmacy that provides blood pressure checks as part of the Hypertension Case-Finding Service. The tool also provides information on who is eligible for the service.

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

Pharmacy staff 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 parts of [NICE guideline \(NG136\) Hypertension in adults: diagnosis and management](#) relevant to their role in the service; 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.

Pharmacy staff 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 pharmacy staff, people under the age of 40 who have a recognised family history of hypertension or those patients between 35 and 39 years old who are approached about or request the service 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, pharmacy owners 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 pharmacy owners to print) and digital marketing resources are available 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 Service, Community Pharmacist Consultation Service/Pharmacy First 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 the local NHS contract management team, 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.

Provision other than in the pharmacy, can be considered for occasional approval, and should not be sought for the same site being used frequently for delivery of the service in a manner that may undermine the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (PLPS) by setting up locations where pharmaceutical services are offered that are not pharmacies.

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. Pharmacy teams 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 the local NHS contract management 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 pharmacy owners will need to use to make a request for offsite provision to their local NHS contract management team.

Where it is agreed that the service can be provided off the pharmacy premises, it is recommended that a risk assessment is undertaken to identify and minimise risks to patient safety and impact on wider pharmacy services.

Provision from premises other than the registered pharmacy premises must be under the supervision of a pharmacist who is available to provide clinical advice, where required.

If pharmacy owners want to provide the service off the pharmacy premises, they should contact their [NHS contract management 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, pharmacy staff must confirm the eligibility of the patient and obtain their consent to have their BP measured. Consent will be gained verbally and should be recorded in the pharmacy's 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 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 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 pharmacy staff 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. For example, either on the same day as the clinic reading where an ABPM device is available, as soon as convenient to the patient, or as soon as an ABPM device will become available. While this should ideally be within a few days of the initial clinic measurement, pharmacy owners should ensure they have appropriate procedures in place to manage provision in any periods where an ABPM is not going to be available, e.g. more than one patient with high blood pressure has been identified in the course of a day or a week, during periods where the ABPM device is temporarily unavailable due to it being with another patient, or during periods of equipment calibration or repair.

Should the patient decline ABPM through the pharmacy, they should be referred to their general practice or another appropriate local pathway.

When providing ABPM, pharmacy owners 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 8am and 10pm). 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 pharmacy staff 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 pharmacy staff 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 pharmacy staff 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 pharmacy staff 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 pharmacy staff 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 pharmacy staff 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 pharmacy staff 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, pharmacy staff 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 practice is available on the [NHS website](https://www.nhs.uk).

Communicating with GP practices

Pharmacy owners 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.

The table in Annex G of the service specification 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.

Note: In all cases where a member of the pharmacy team, other than the pharmacist has provided the service, the Responsible Pharmacist should be made aware of the need for a same day referral to the patient's general practice before it is made.

If an electronic method is used to transfer data to the relevant GP practice and a problem occurs with this system, pharmacy owners 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

The pharmacy owner must maintain appropriate records to ensure effective ongoing service delivery using an NHS assured IT system for the service.

Data from the NHS assured IT system will be submitted to the MYS portal via an application programming interface and will be used by the NHSBSA for payment and post-payment verification purposes. Some of this data, which has been anonymised, will be shared with NHS England for service evaluation and research purposes.

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 the individual pharmacy owner 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](#), pharmacy owners are advised to only use cleaning products that are compatible with the device.

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

f) Payments and the process for claiming payments

Pharmacy owners providing this service from their pharmacy 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.

Pharmacy owners 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 pharmacy owner signs up in 2021/22 and fails to do 5 ABPMs, they can earn £1,000 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.

Pharmacy owners 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 pharmacy owners 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 are funded from outside the pharmacy global sum.

The incentive fees will help pharmacy owners 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 pharmacy owners.

If a pharmacy owner 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 pharmacy owner, this money will be claimed back.



Claiming

Data from the NHS assured IT system will be submitted to the MYS portal via an application programming interface and will be used by the NHSBSA to populate a payment claim within the MYS portal.

The pharmacy owner needs to review this payment claim and then submit it. 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 pharmacy owner is commissioned to deliver any related services, e.g. the Pharmacy Contraception Service (incorporating BP clinic measurement), the pharmacy owner may not claim twice for the same activity.

Data will only be submitted by the NHS assured IT system for completed service provisions. 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 will be reported once both elements of the service (clinic check and ABPM) have been completed.

The full dataset for the Hypertension Case-Finding 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 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 pharmacy owner may be asked for their reason 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 services.team@cpe.org.uk