

The Community Pharmacy Hypertension Case-Finding Service



Presenters



Alastair Buxton, Director of NHS Services
David Onuoha, Service Development Manager

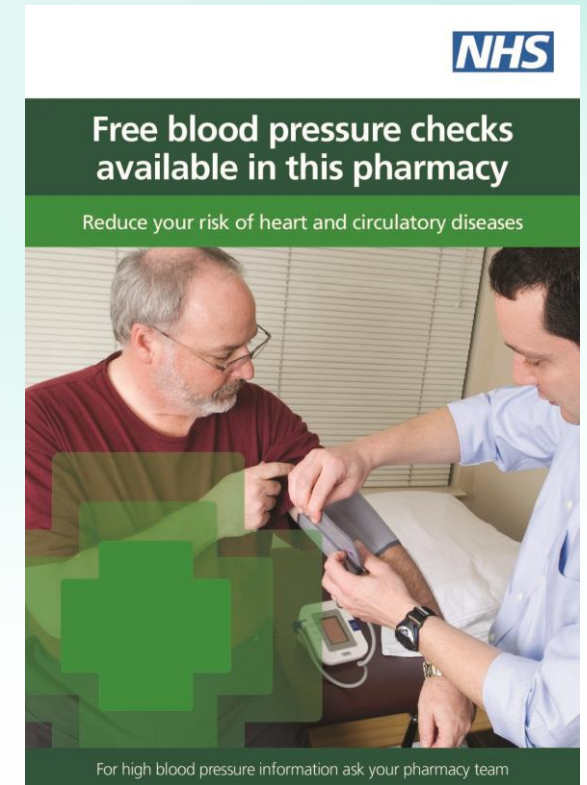
Dr Yeyenta Osasu , National Pharmacy Integration Lead, NHS England

Paula Higginson, Head of Learning Development, CPPE

Nadya Jethwa, Pharmacist & Owner, Bosworth Pharmacy
Ruksana Khandoker, Pharmacist, Day Lewis Harold Hill Health Centre

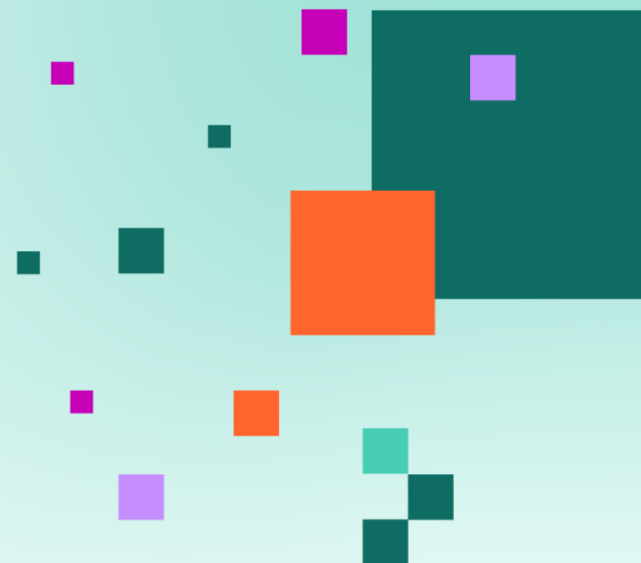
Webinar overview

- Relaunch of the service – Yeye
- Key changes to the service – David
- Requirements, guidance & resources – David
- Training & competence – Paula
- Providing the service – David
- ABPM – the challenge – Yeye
- Top tips for providing the service – Nadya & Ruksana
- Final points for consideration – Yeye
- Q&A

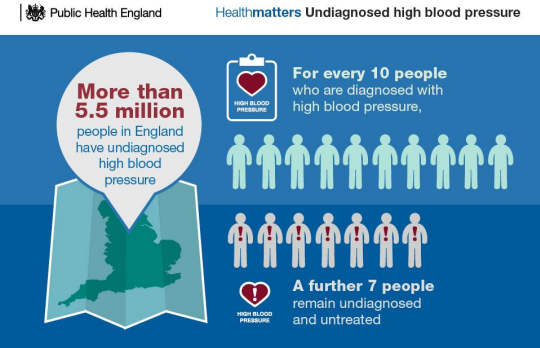
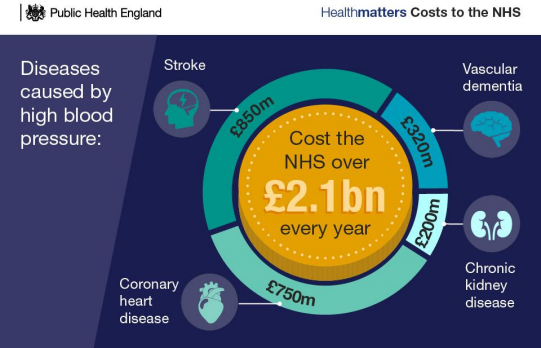
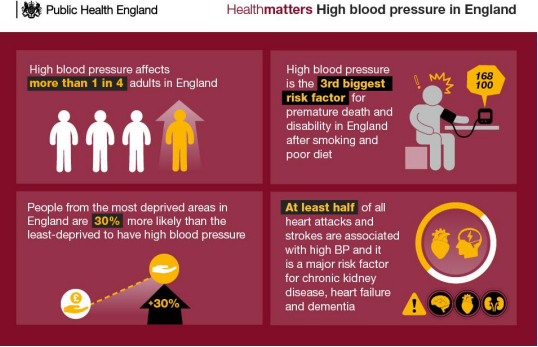


Background & service relaunch

Dr Yeyenta Osasu
National Pharmacy Integration Lead
NHS England



Background



Background

National Burden



Healthmatters High blood pressure in England

High blood pressure affects **more than 1 in 4** adults in England



High blood pressure is the **3rd biggest risk factor** for premature death and disability in England after smoking and poor diet



People from the most deprived areas in England are **30%** more likely than the least-deprived to have high blood pressure



At least half of all heart attacks and strokes are associated with high BP and it is a major risk factor for chronic kidney disease, heart failure and dementia



Background

National
challenge

 Public Health England

Healthmatters Undiagnosed high blood pressure

**More than
5.5 million**

people in England
have undiagnosed
high blood
pressure



For every 10 people
who are diagnosed with
high blood pressure,



A further 7 people
remain undiagnosed
and untreated

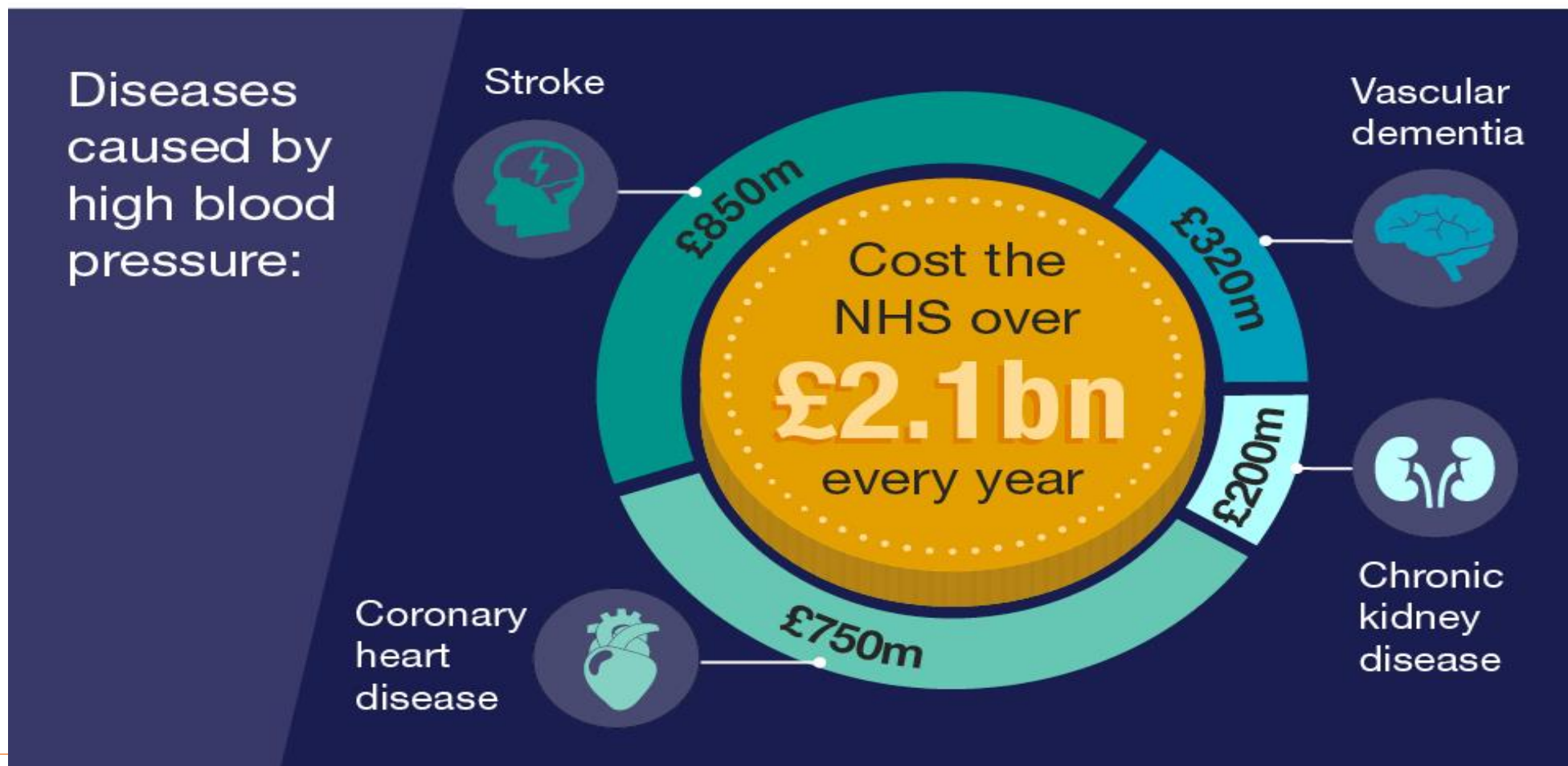
Background

NHS
Cost
(2017)



Public Health England

Health**matters** Costs to the NHS



Background



NHS Long Term Plan (2019)

“CVD is the single biggest area where the NHS can save lives over the next 10 years”

Focus on early detection and treatment



Commitment in CPCF to

“test a range of prevention services”



Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

Hypertension case-finding and optimal management



Delivery Plan for recovering access to primary care

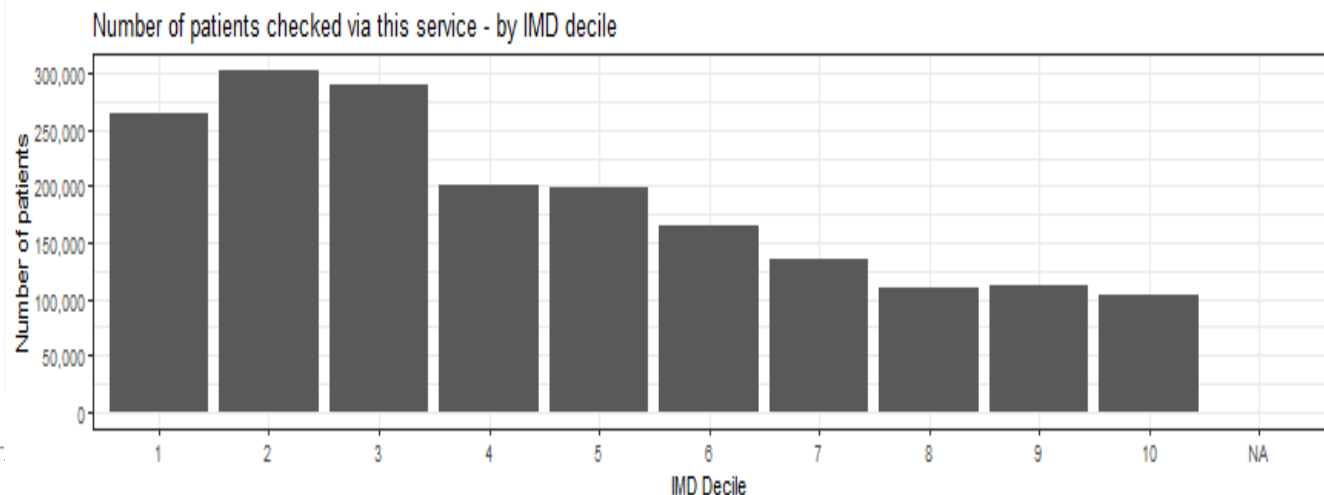
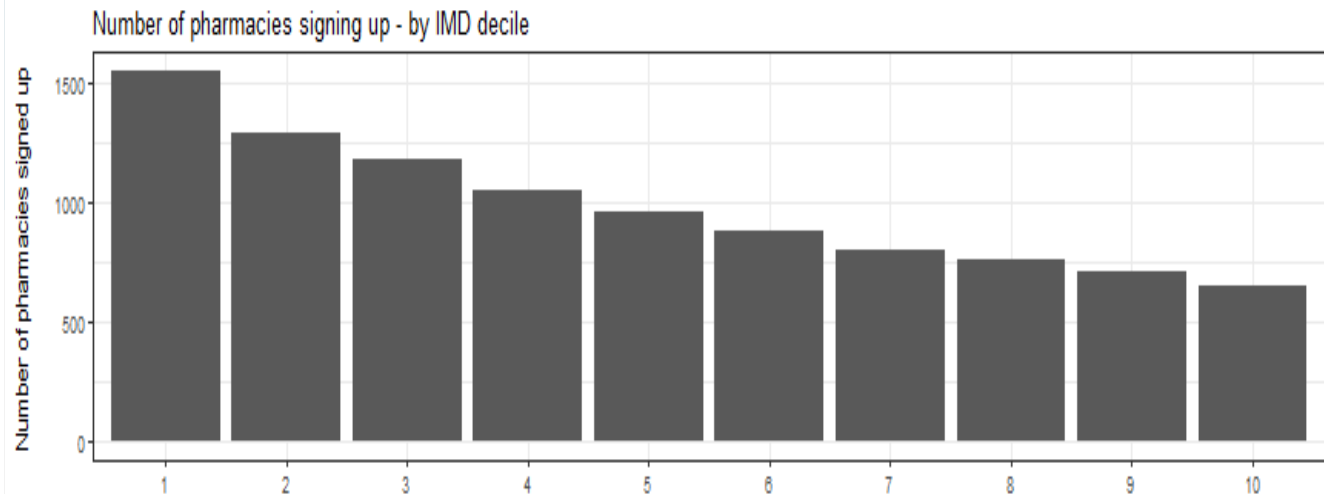
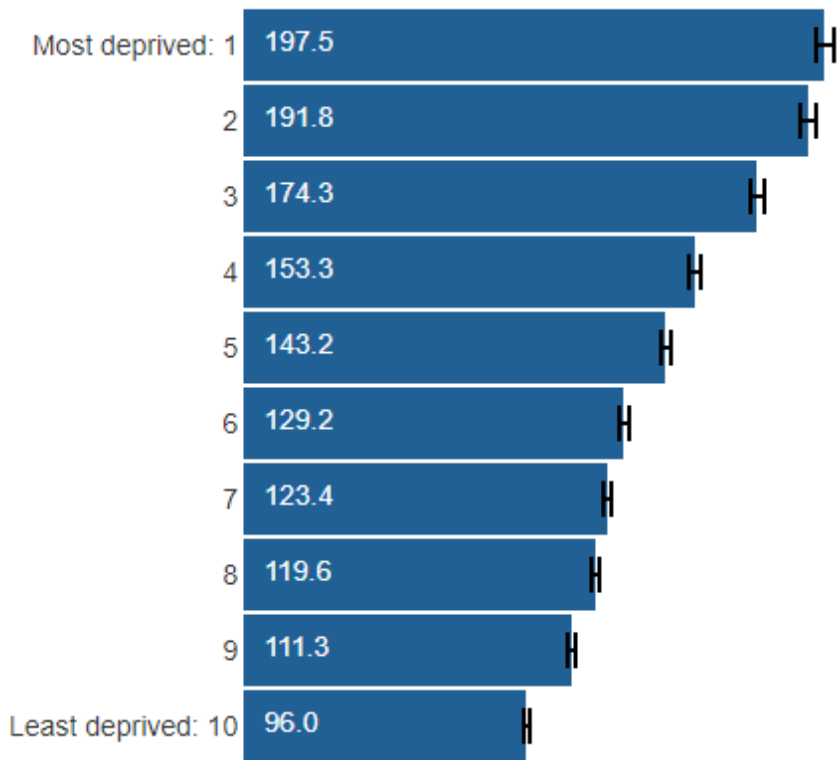
“Empower patients”

“Expand the service to increase access and convenience”

Hypertension and Deprivation

- **7559** pharmacies had delivered **1,915,067** checks (BP and ABPM, total patients: **1,883,216**) by **August 2023** since service launch.
- At national level, **45%** of all checks were completed by pharmacies located within 30% most deprived areas.

Hypertensive Diseases by Index of Multiple Deprivation Decile (All People)
Age-standardised rate and 95% confidence limits per 100,000 person years



Source: Public Health Data Asset from the Office for National Statistics

○ QOF recorded prevalence 2022/23

Requires GP sites to be visible on the map

Asthma



Atrial Fibrillation



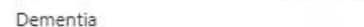
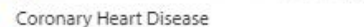

Cancer



Chronic Kidney Disease



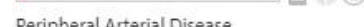
Chronic Obstructive Pulmonary

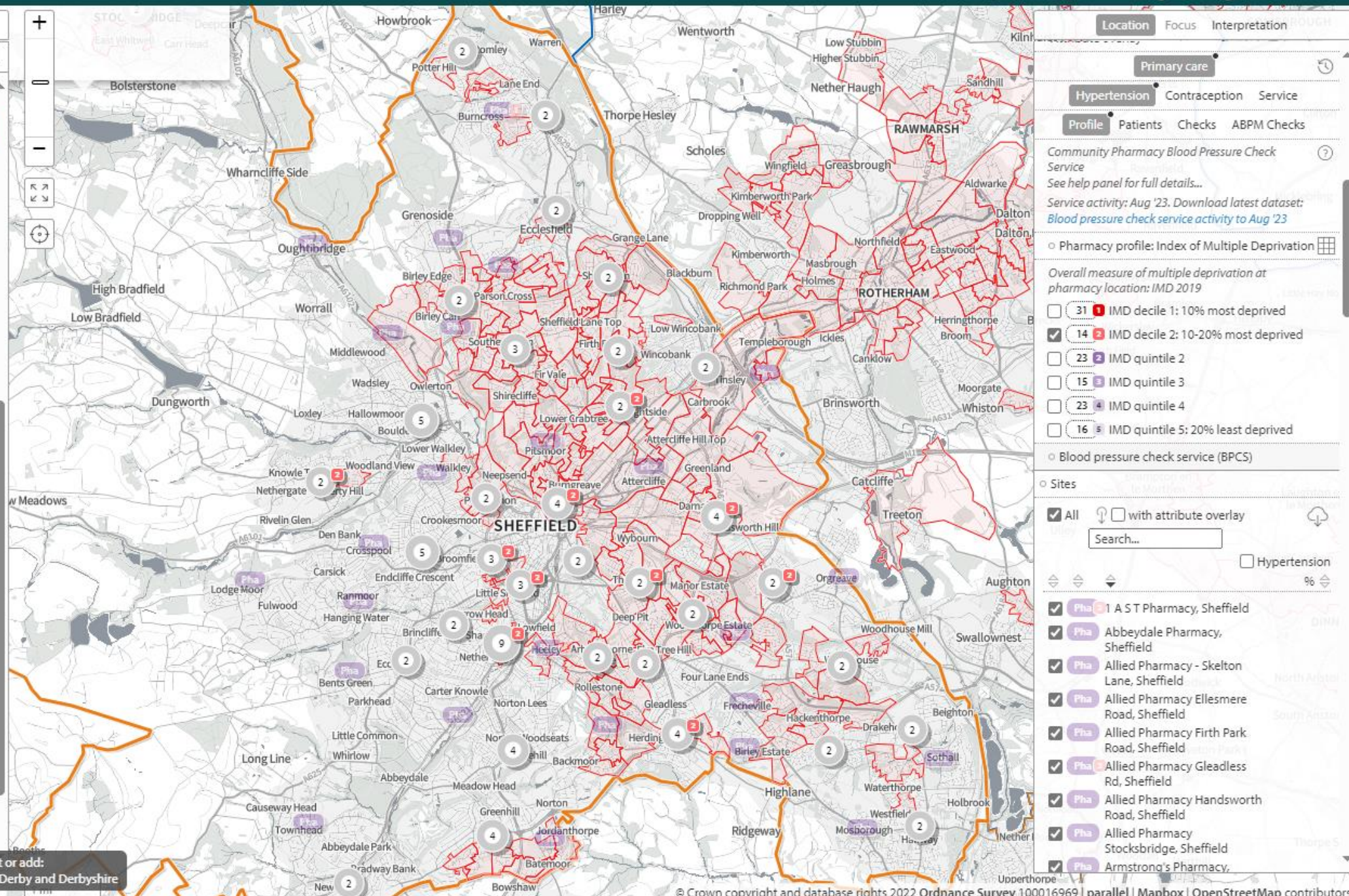


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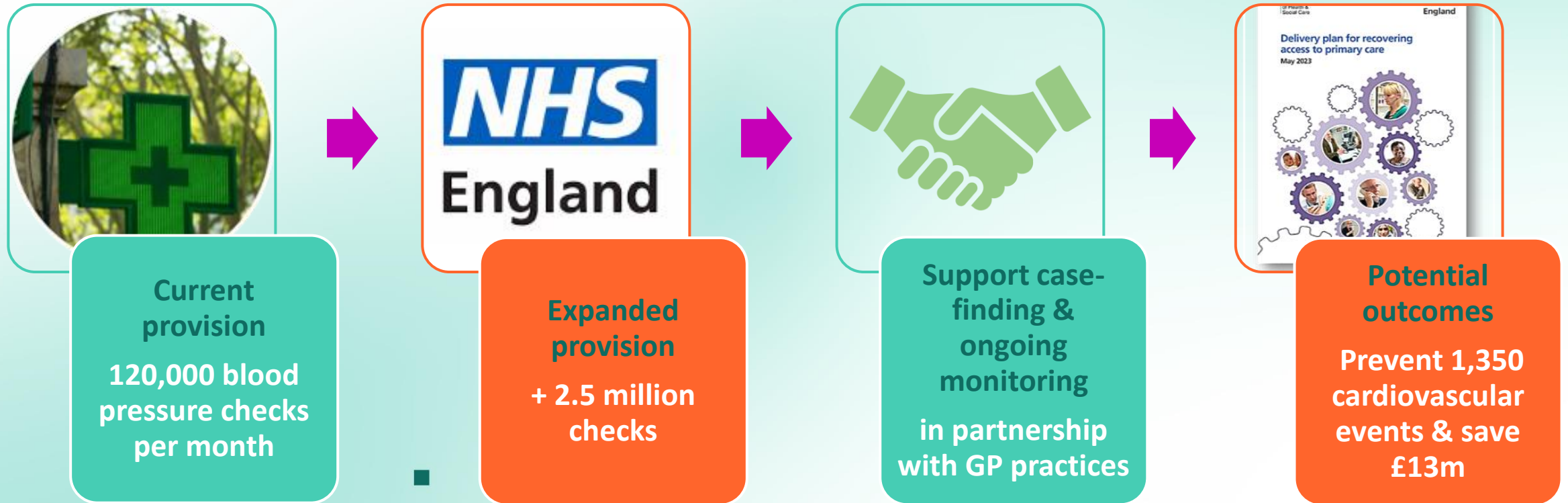


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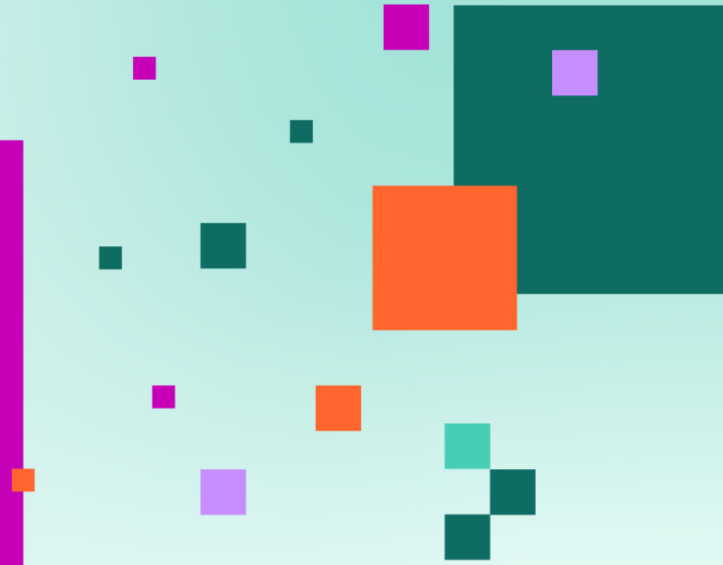
☐



Ambition



What are the key
changes to the
service?



Key changes

Greater use of pharmacy staff

- Trained & competent
- Delegated by RP
- Selection of patients
- Measurement of BP
- Can discuss results
- Can contact the practice to refer

Must have an ABPM device

- Must have both devices

Additional exclusion criteria

- People diagnosed with AF / irregular heartbeat

Additional safety netting

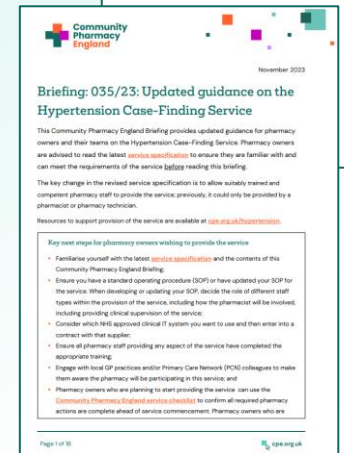
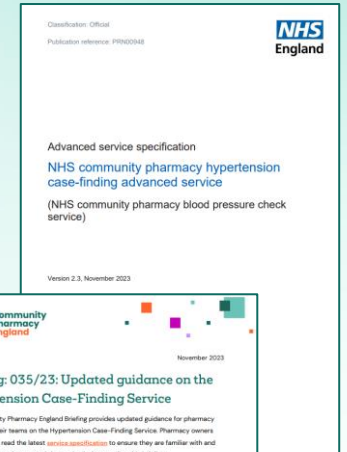
- Need to highlight any patients with symptoms to pharmacist
- Need to highlight same day referral to pharmacist

Updated Annexes

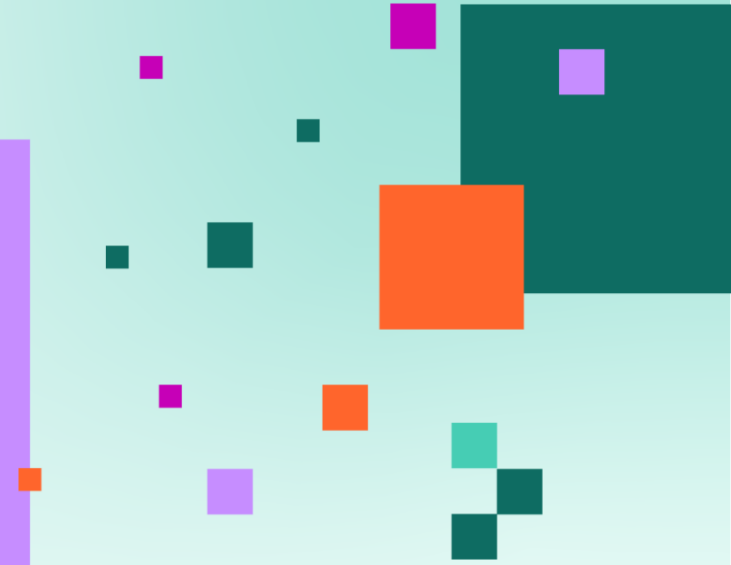
- Summary of all captured data (Annex F)
- Indication of data transferred
- Separate annex G
- Additional guidance on irregular pulse

Service description

- Changes from 1st December 2023
- Two stages:
 - **Stage 1** – identify people at risk of hypertension – ‘Clinic check’
 - **Stage 2** – ambulatory blood pressure monitoring (ABPM)
- Verbal consent
- No additional declarations to confirm adoption
- Need greater focus on proactive case-finding
- Need greater focus uptake of ABPM when $\geq 140/90$ mmHg
- Community Pharmacy England Briefing **035/23**: Updated guidance on the Hypertension Case-Finding Service



Requirements, guidance and resources



Requirements

- Compliant with Terms of Service requirements for Essential services and clinical governance
- **Consultation room**
 - ✓ Additional requirements for taking BP
- **Off-site provision**
 - ✓ With commissioner consent only
 - ✓ Location meets standards required by GPhC
 - ✓ Under supervision of a pharmacist
- **Equipment** – normal BP meter and an ABPM
 - ✓ must be validated by the British and Irish Hypertension Society



Requirements

- **IT requirements** – Must use an NHS–assured clinical IT system – currently 4 system suppliers
- **Standard operating procedure**
 - ✓ Review your SOP to cover changes
- **Sign up** to provide via NHSBSA MYS (if new to the service)
- **Update NHS Profile Manager**
- **Engage** with local GP practices and/or PCN colleagues
 - ✓ make them aware the pharmacy is providing
 - ✓ agree a local process with the practice for referral



Guidance and resources

- GP practices **service notification template**
- **Briefing 037/23** – Briefing for general practice teams on the service
- New to service: Pharmacy owner **checklist** – support implementation
- **Existing provider checklist**



Training & competence

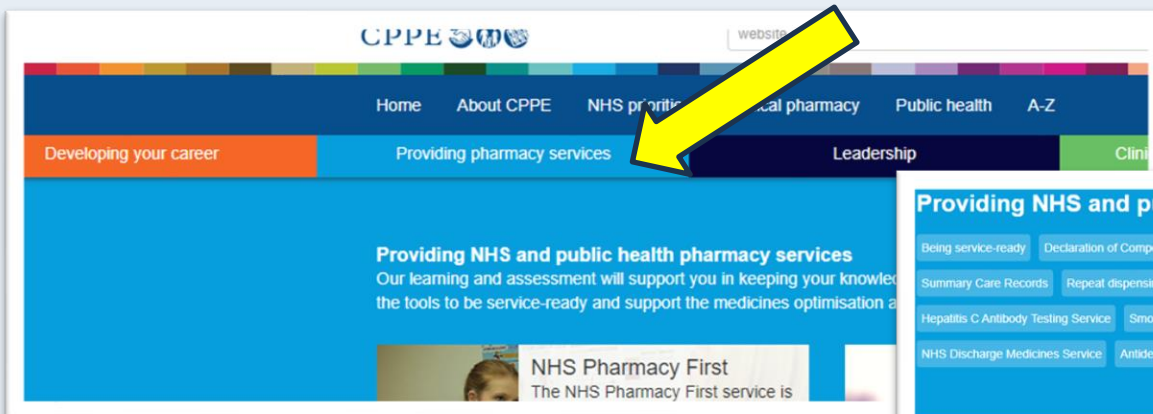
Paula Higginson,
Head of Learning development
Centre for Pharmacy Postgraduate Education



NHS Hypertension case-finding service (HCFS)

- Website HCFS landing page
- Clinical learning resources
- Resources to develop knowledge, skills and confidence of the pharmacy team

HCFS website landing page



Providing NHS and public health pharmacy services

Being service-ready Declaration of Competence Consultation skills NHS Pharmacy First service Pharmacy quality scheme Prescribing and safeguarding
Summary Care Records Repeat dispensing Public health NMS NHS pharmacy priorities Commissioners Commissioning
Hepatitis C Antibody Testing Service Smoking Cessation Service NHS Pharmacy Contraception Service (PCS) Hypertension case-finding service
NHS Discharge Medicines Service Antidepressants New Medicine Service pilot Covid-19 - Supporting services

Hypertension case-finding service

Hypertension is the biggest risk factor for cardiovascular disease (CVD) and is one of the top five risk factors for all premature death and disability in England. It is estimated that around five million people are living with undiagnosed hypertension in the UK.¹ The NHS Long Term Plan has identified cardiovascular disease as a major cause of premature death and a priority area for improvement.²

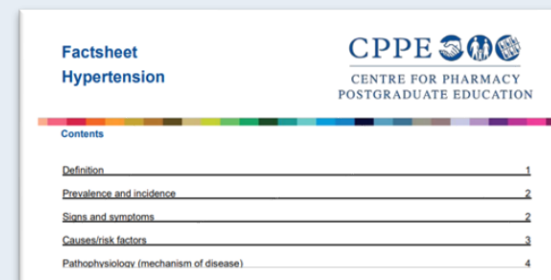
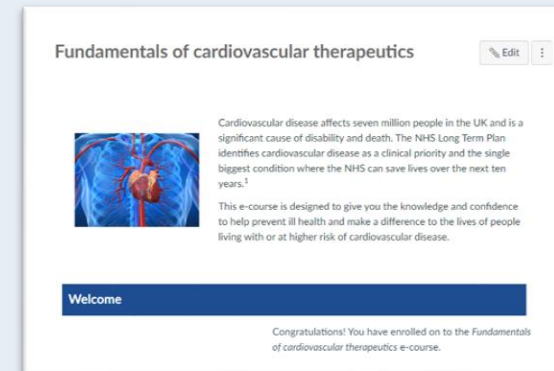
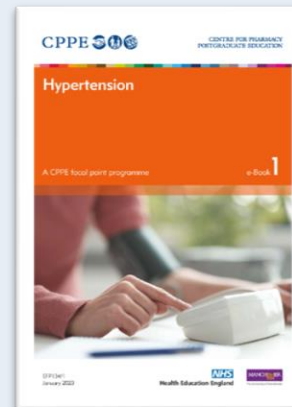
This Advanced service has two stages. Stage one involves pharmacists or pharmacy technicians identifying people at risk of hypertension and offering them blood pressure monitoring. In the second stage, where clinically indicated, pharmacists or pharmacy technicians offer 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results are shared with the person's GP to inform a potential diagnosis of hypertension. This service also supports the work that general practices and wider Primary Care Network (PCN) teams are undertaking on CVD prevention and management, under the [PCN Directed Enhanced Service](#). General practices can also request blood pressure checks (clinic and ambulatory blood pressure checks) for individuals, with or without a prior diagnosis of hypertension, as part of this pharmacy service. This process should be agreed locally with general practices.

On this page, we outline the training requirements for this service, as described in the service specification, and signpost to a selection of further learning resources that you can use to support your delivery of this service.



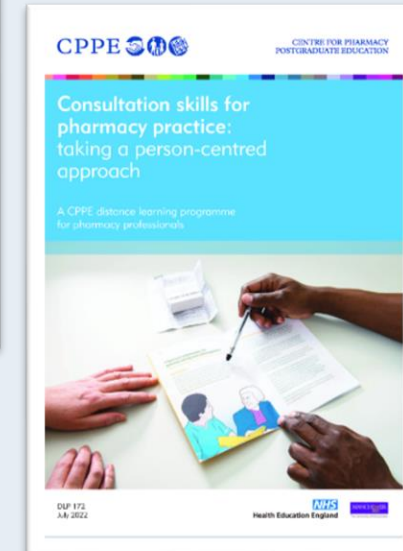
HCFS: clinical learning resources

Resources to update your own or your team's clinical knowledge of hypertension



HCFS: soft skills learning resources

Building rapport and managing expectations may improve case finding and may increase uptake of ambulatory blood pressure monitoring

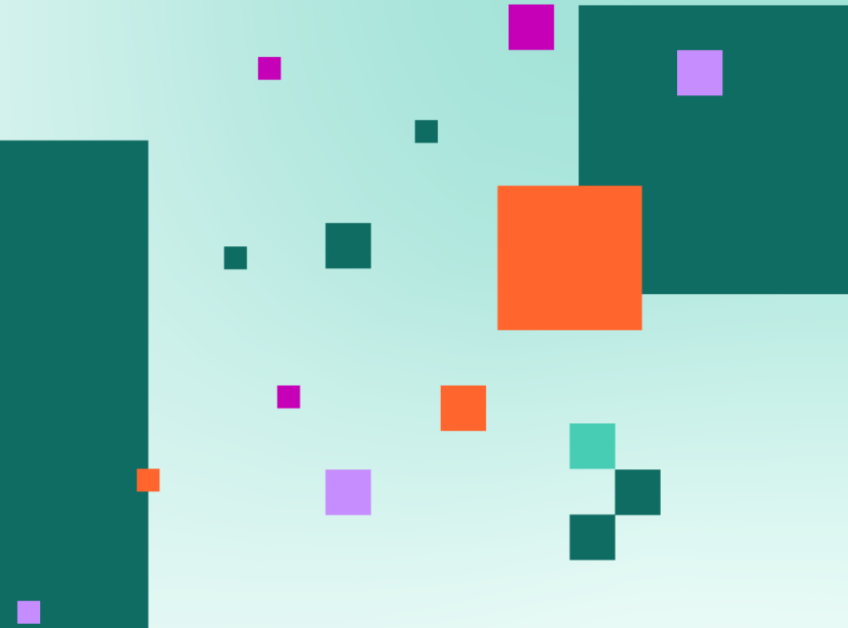


Community pharmacy technician: advancing your role



- NHSE funded learning programme
- Enables confidence and knowledge, skills and behaviours to lead the delivery of some clinical services
- Apply by 31 March 2024 (don't miss out)

Providing the service



Patient eligibility

Inclusion criteria

- Adults ≥ 40 years with no diagnosis of hypertension
- By exception, < 40 years with family history of hypertension*
- Approached or self-requested 35-39 years old*
- Adults with or without a prior diagnosis of hypertension specified by a general practice (clinic and ambulatory blood pressure checks)

* Previously only at the discretion of the pharmacist or pharmacy technician

Patient eligibility

Exclusion criteria

- Under 40 years old unless at the discretion or specified by a general practice
- People who have their blood pressure regularly monitored by a healthcare professional
- People requiring daily blood pressure monitoring for any period of time
- People with a diagnosis of atrial fibrillation or history of irregular heartbeat



Additional consideration

- Unable to support due to cuff size



Patient eligibility

GP referrals

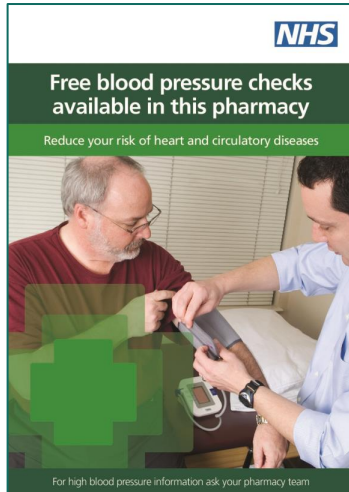
- Can refer patients for both normal BP checks and ABPM
- Need a locally agreed process
- No specific requirements for the process
- ABPM referrals best done electronically
- Template referral form at: cpe.org.uk/hypertension

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"/>			
• Ambulatory Blood Pressure Monitoring <input type="checkbox"/>			
Additional comments			
GP name			
GP practice name and address			
Telephone			

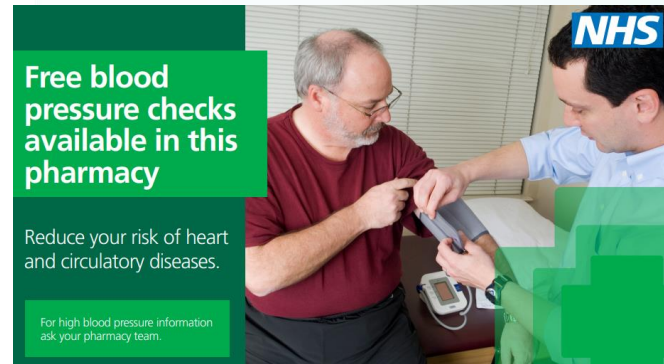
CONFIDENTIAL

Promoting the service

Proactive approach



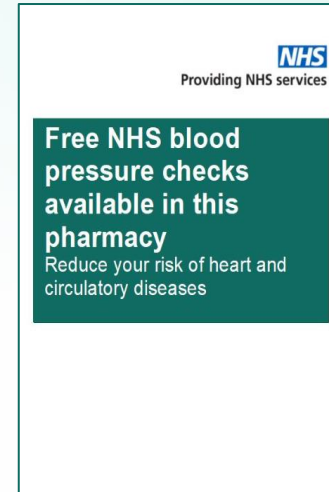
Posters



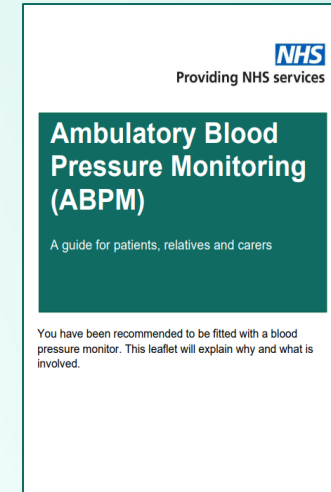
Digital marketing



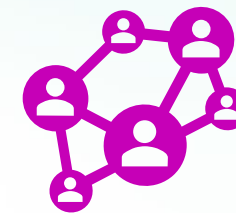
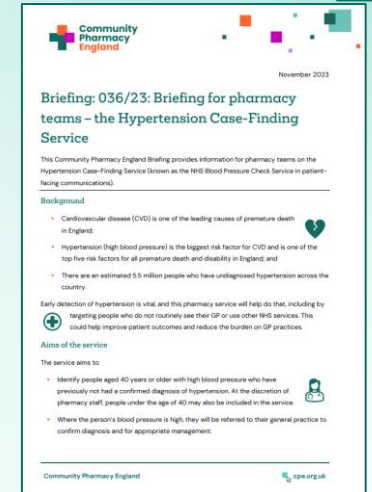
Blood pressure Service Finder



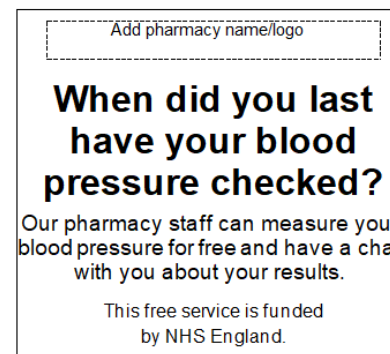
Service leaflets



Team Briefing 036/23



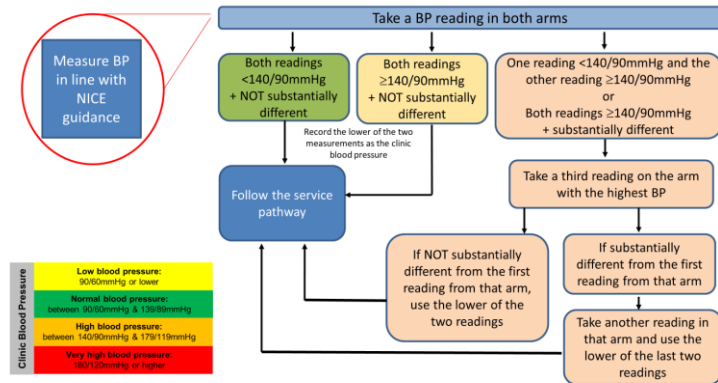
Social Media



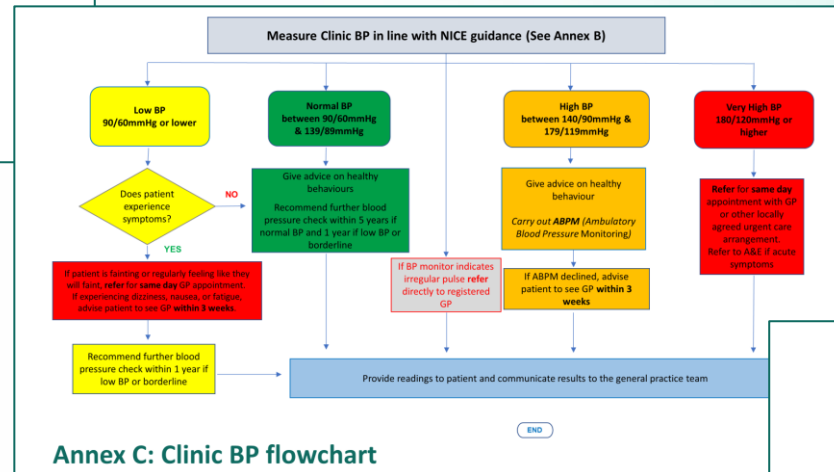
Small flyers

Provision

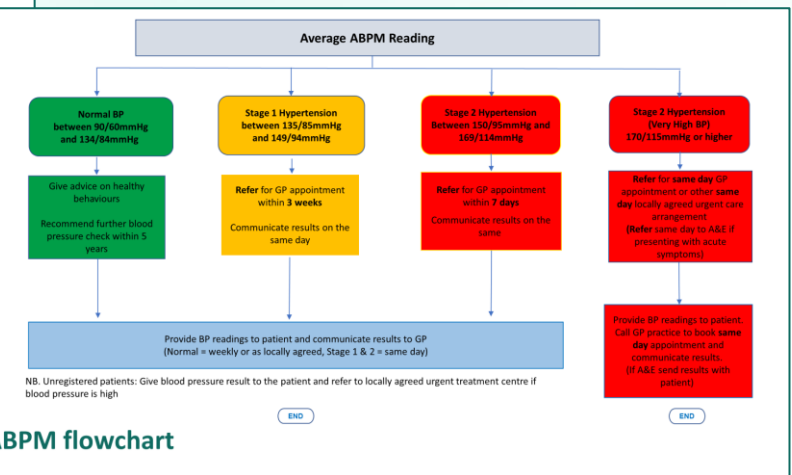
Guidance on Clinic blood pressure check



Annex C: Clinic BP flowchart



ABPM flowchart



Patient care

- **Blood pressure readings**

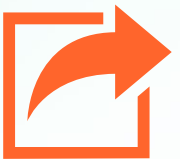
- ✓ Discuss & provide
- ✓ Discuss next steps where appropriate including next check

- **Healthy lifestyle advice**

- ✓ MECC mindset
- ✓ Discuss lifestyle/behaviours
- ✓ Consider local services that could support

Sending results to the general practice

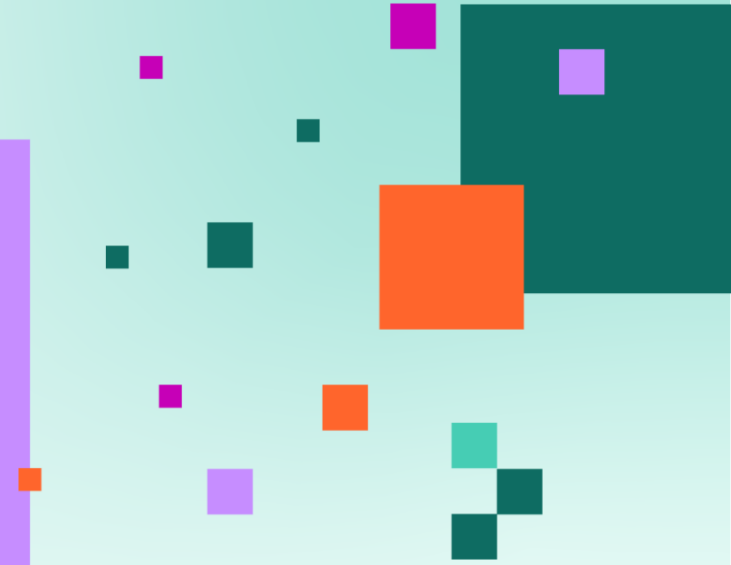
- GP notification on the day of provision or on the following working day
- Structured message in real-time via the NHS-assured IT system
- Business continuity plan
- All test result must be sent
- Annex E – Referral messaging
- Annex F – Data recording and transfer
- Annex G – Summary table of actions



Funding

- No changes to the funding structure
 - ❖ Set-up fee of £440 – only one setup payment per pharmacy
 - ❖ Fee for each clinic check of £15
 - ❖ Fee for each ambulatory monitoring of £45
- Final year of incentive fees for achieving ABPM targets:
 - ❖ Either, £1,000 as a first payment or £400 as a subsequent payment for 20 ABPM in 2023/24
- Incentive supports capital costs of equipment purchase
- GP practice referrals paid at the same rates

Ambulatory Blood Pressure Monitoring – the challenge





Why Ambulatory Blood Pressure Monitoring (ABPM)?

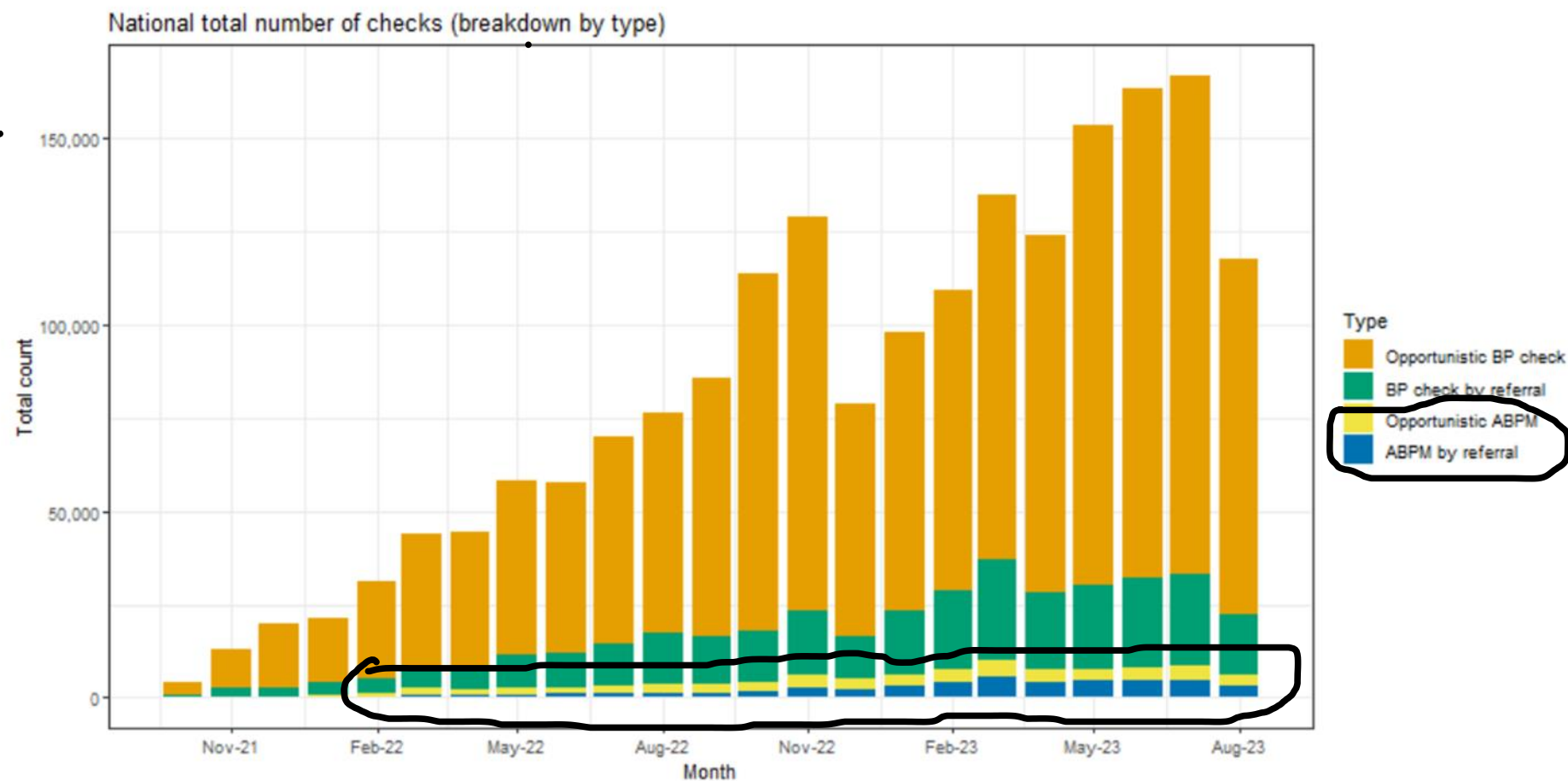
NICE [NG136] – If clinic BP \geq 140/90mmHg offer ABPM

Benefits:

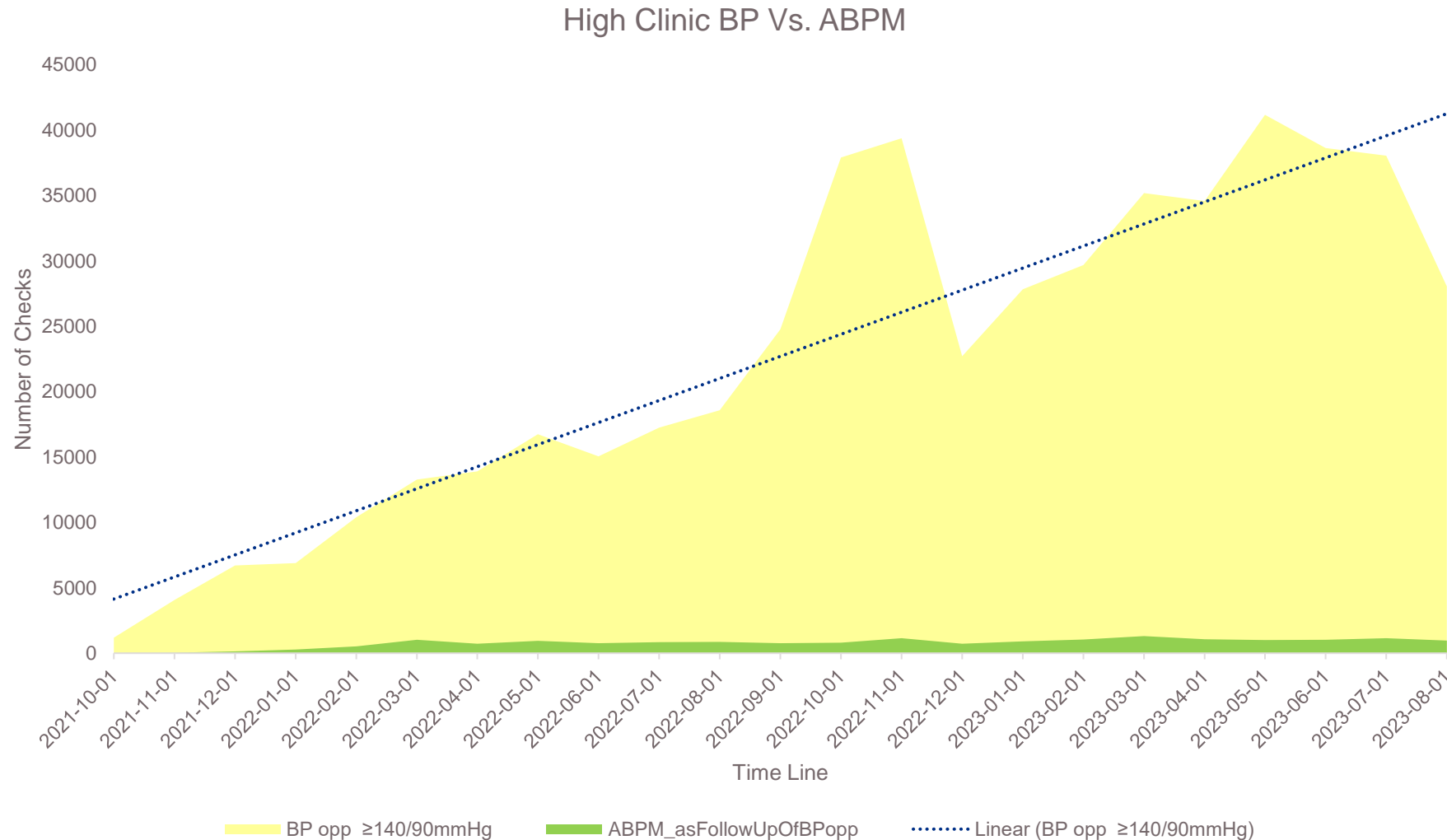
- BP patterns throughout the day (up to 24 hours)
- Confirms raised BP
- Identifies 'white coat' syndrome
- Helps decide if medication is required
- Further investigate those whose BP is hard to control
- To see how well medicines are controlling BP throughout the day
- To see what happens to a patient's BP at night

Check types: Regional Breakdown

National South East South West North West North East and Yorkshire London Midlands East of England



High Clinic BP Vs. ABPM follow up



Increasing trend in identifying raised clinic BP.

By August 2023, 34% of all case finding clinic checks were suitable for ABPM follow up.

However, Only **3.5%** of those with raised BP are being followed up with ABPM

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and trade](#)[Economy](#)[Employment and
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and community](#)[Taking part in a
survey?](#)

Search for a keyword(s) or time series ID

**census 2021** [Data and analysis from Census 2021](#)[Home](#) > [People, population and community](#) > [Health and social care](#) > [Health inequalities](#) >

Inequalities in mortality involving common physical health conditions, England

Inequalities in mortality involving common physical health conditions, England: 21 March 2021 to 31 January 2023

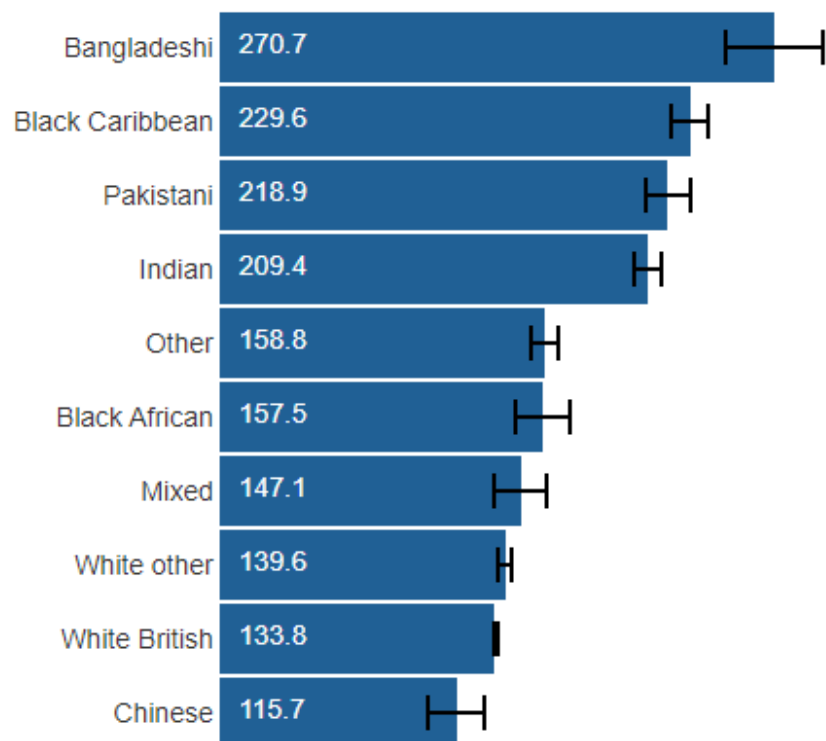
Rates of mortality involving cancers, cardiovascular diseases, chronic kidney disease, dementia, diabetes, and respiratory diseases, by Census 2021 variables. Experimental Statistics.

This is the latest release. [View previous releases](#)

Population Health

Hypertensive Diseases by Ethnic Group (All People)

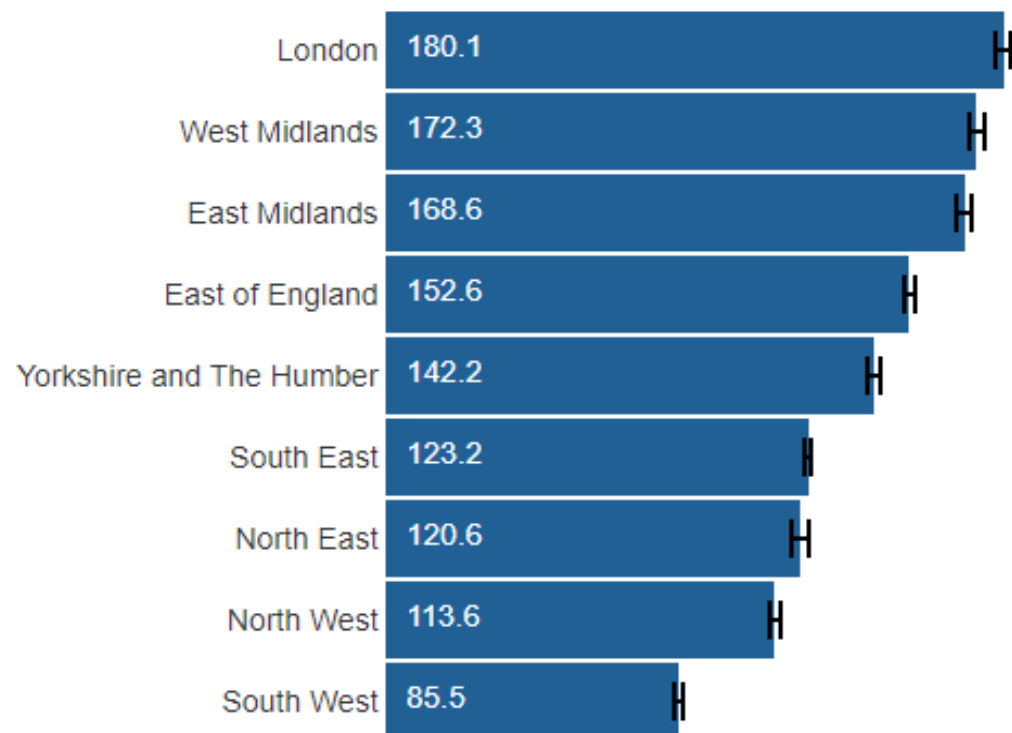
Age-standardised rate and 95% confidence limits per 100,000 person years



Source: Public Health Data Asset from the Office for National Statistics

Hypertensive Diseases by Region (All People)

Age-standardised rate and 95% confidence limits per 100,000 person years



Source: Public Health Data Asset from the Office for National Statistics

Collaboration with GP Teams

Collaboration with General practice teams could also involve referral for clinic BP for:

Those on hypertension register who have not had a recent BP reading.

People from certain ethnic groups. Data highlights some groups have an increased risk of hypertensive disease, worse outcomes and more likely to have raised BP at a younger age.

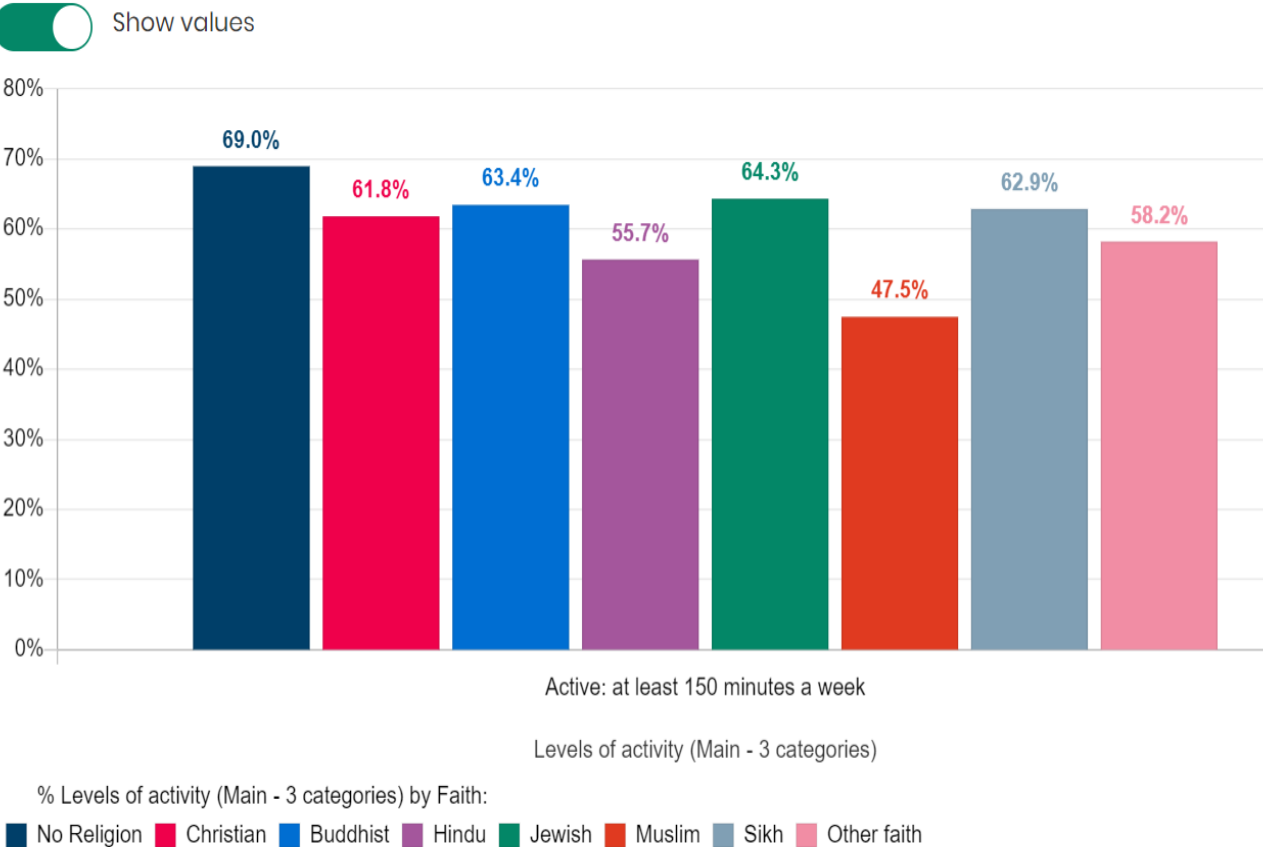
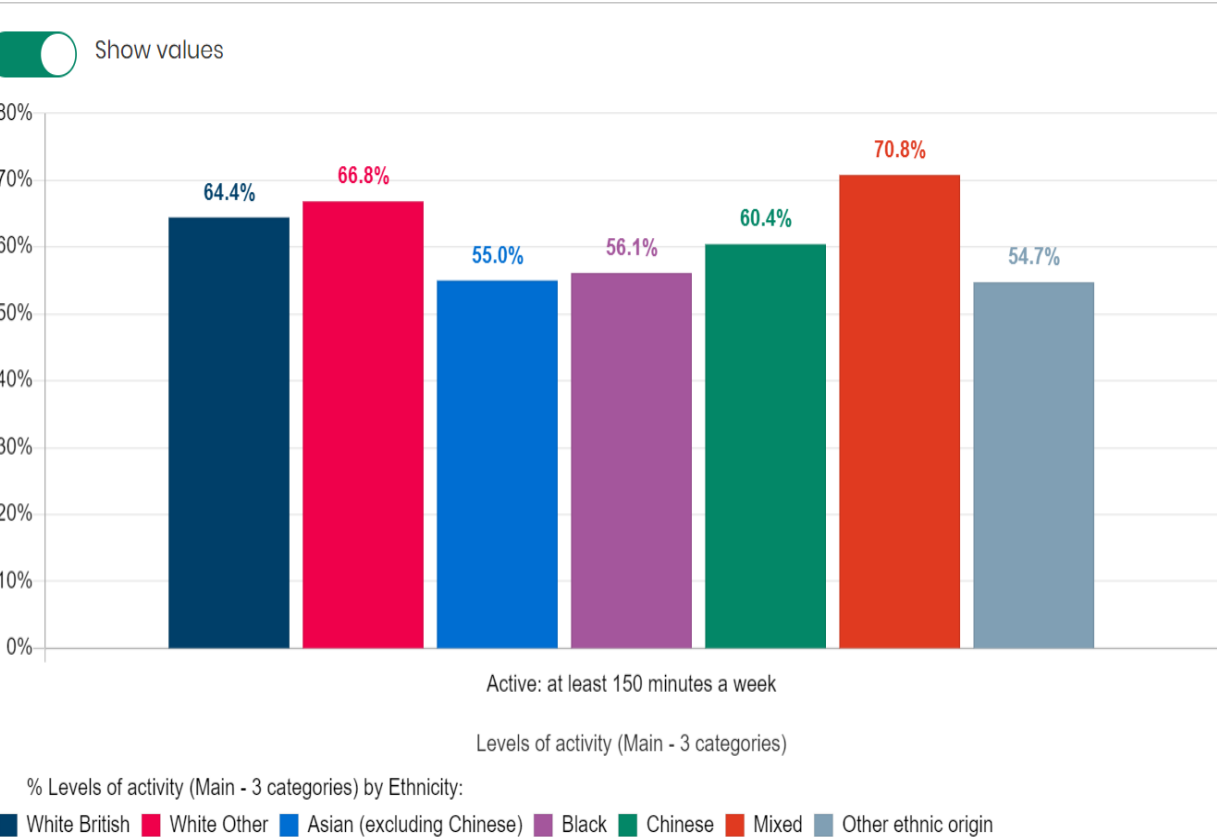
Those without a diagnosis of hypertension who meet the eligibility criteria for the service, e.g aged 40 years or over but no recording of BP in records

Work with ICB CVD Leads

Public health teams/
Population health
management teams in your
local area to determine local
populations or geographies
to focus on

Sport England Active Lives Survey

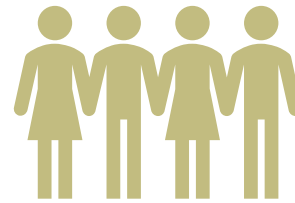
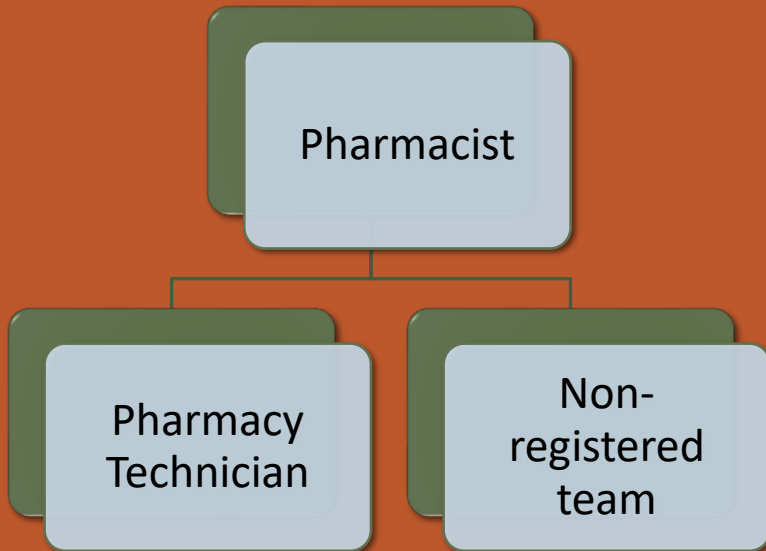
[Primary Prevention Patient info leaflet 2020 \(movingmedicine.ac.uk\)](#)
[Supporting healthcare professionals to promote physical activity: Physical Activity Clinical Champions | Sheffield Hallam University \(shu.ac.uk\)](#)
[Physical activity in the treatment of long term conditions Online course | BMJ Learning](#)
[Active Lives | Sport England](#)



Top Tips for providing the service

Nadya Jethwa - Bosworth Pharmacy
Independent contractor & LPC member

The service must be provided by suitably trained and competent pharmacy staff



Who are your staff?



What are their learning needs?

Experience and Practice



Very High

- Recognise it's a 'very high' reading
- Refer to pharmacist?

High

- Case finding ABPM ?
- ABPM – Next steps

Normal

- Reassure and enter on POC
- Lifestyle advice

Healthy Living Advice

- Diet
- Exercise
- Weight
 - Salt
- Alcohol
- Caffeine
- Smoking



Blood Pressure UK
Helping you to lower your blood pressure

[Home](#) > [NHS services](#) > [Prescriptions and pharmacies](#)

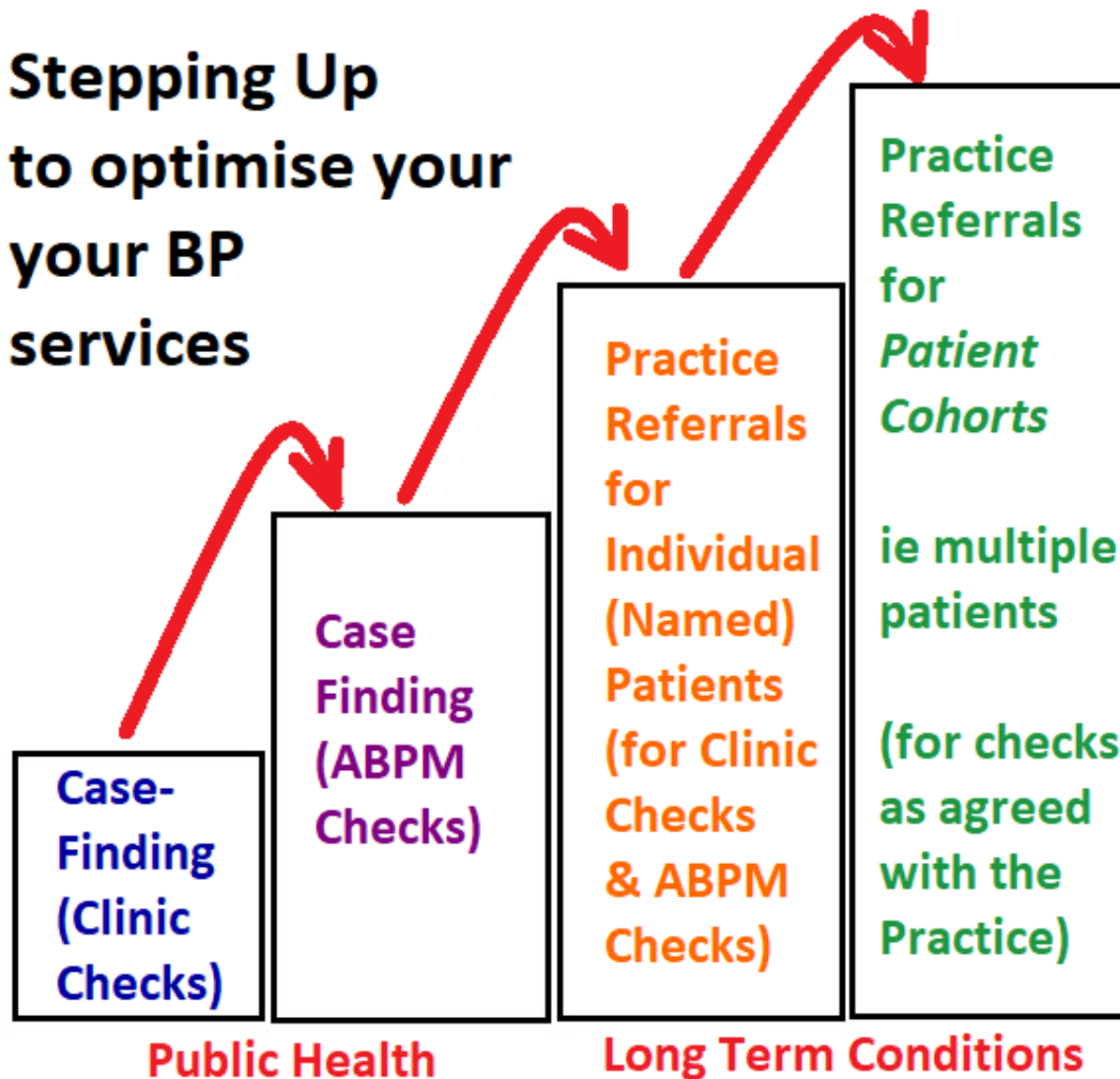
Find a pharmacy that offers free blood pressure checks

Use this service to find a pharmacy that offers free blood pressure checks.



Recruitment of Patients

Stepping Up
to optimise your
your BP
services



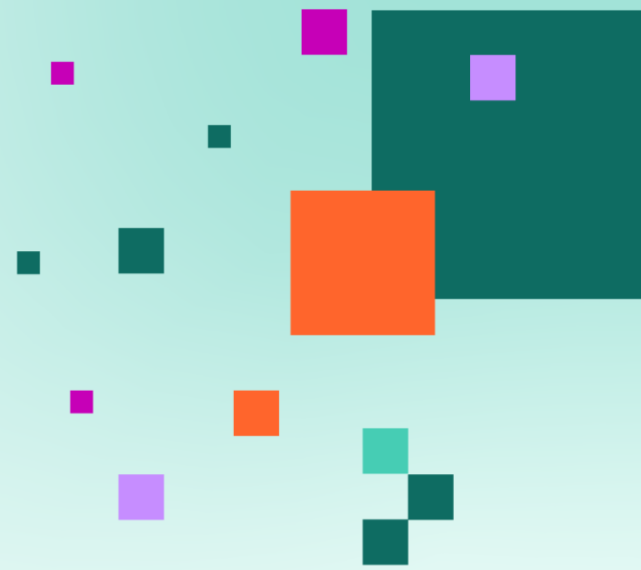
Summary

- Extending staff roles
- Experience and practice
- Healthy living Advice
- Recruitment of patients



Top Tips for providing the service

Ruksana Khandoker
Pharmacist, Day Lewis Pharmacy



The Beginning

- Day Lewis Harold Hill – Health Centre with 4 Surgeries
- Training and Guidance provided by Day Lewis, CPPE and CPE
- SOPs and Risk Assessment
- Equipment sent in by head office
- Trained staff to understand how to promote service

Promoting the Service

- Meeting with surgeries– explaining service specification
- Providing with appointment cards and flowchart
- Other existing provisions–3 week waiting list
- Setting out the criteria–surgeries can refer anyone
- Pharmacy staff recruiting and promoting
- Seamless referral flow in pharmacy
- Stickers on bags

Educating the Patient

- Explain the process to the patient
- Empower them to take ownership of their own health
- When BP is high– What happens next?
- GPs and pharmacies working together
- TIME is crucial
- Most likely would need to come back for ABPM anyway

Challenges and Successes

CHALLENGES

- Maintaining appointments–DNA, latecomers
- Cleaning of cuffs
- Post referral feedback
- Chasing up machines
- Minimal readings
- Staffing pressure, time
- GPs co-operation

SUCCESSSES

- Patient feedback
- Surgery relationship
- Clinical and relevant to job role
- Education
- Saving lives

Continuing the Service

- Train staff–involve others
- Easier with uploading to IT system
- Changes in readings– no longer 24hrs
- Maintain Quality of service
- Obstacles– pressure of other services, contraception, pharmacy first

Final points for
consideration



Final Points for consideration

Raise awareness with GP practices

Have **both clinic and ABPM** machines

Ensure **profile manager** reflects current registration status

Ensure the whole team understand the whole service & pathway from those who screen as normal to those that are highlighted with high BP

Use marketing materials to raise awareness

- Posters in pharmacies
- Translated materials (in due course)
- Social media

Questions

cpe.org.uk/hypertension

