August 2026

Briefing: 018/26: The Community Pharmacy Hypertension Case-Finding Service - A briefing for general practice teams

This Community Pharmacy England Briefing provides information for general practice teams on the Community Pharmacy Hypertension Case-Finding 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* (who have not previously had a diagnosis of hypertension) with high blood pressure and refer them to their general practice to confirm diagnosis and for appropriate management;
- Following signposting of a patient from their general practice, undertake blood pressure measurements for adults who are aged 40 years and over, without a prior diagnosis of hypertension and who have not had their blood pressure checked in the last 5 years;
- Offer ambulatory blood pressure monitoring (ABPM) checks to adults who are aged 40 years and over at the request of other healthcare professionals such as general practices, optometrists and dentists; and
- Promote healthy behaviours to patients.

* There are some exceptions to this age rule within the service specification that pharmacy staff can provide discretion on to support certain patient groups.

Brief overview of the service

- This NHS service will be provided in the consultation room by suitably trained and competent pharmacy staff under the supervision of the responsible pharmacist.
- The service has two stages:

- **Stage 1** – Identifying people at risk of hypertension and offering them the opportunity to have their blood pressure measured.
- **Stage 2** – This is offered if a person's blood pressure reading is high at Stage 1. A person will be offered ABPM. Patients who are then identified with high or very high blood pressure or who decline the offer of ABPM will be referred to their general practice.

The revised service includes the following changes that will come into effect **from 3rd September 2026**:

- Only patients without a prior diagnosis of hypertension and who have not had their blood pressure checked in the last 5 years can be signposted or referred by general practice.
- General practices can now signpost appropriate patients for a clinic blood pressure check, removing the need for a formal referral.
- ABPM can now only be offered to adults who are aged 40 years and over. This still includes the ability for general practices to refer patients with diagnosed hypertension for ABPM.
- There is now a recommendation that referrals for ABPM are made electronically to the pharmacy (e.g. via NHS.net Connect)
- Patients who seek a clinic check directly from a pharmacy, but who are already being treated for hypertension, are no longer eligible to receive the service.
- In line with NICE guidance, there is now a general exclusion of people who have had their blood pressure checked in the last five years.
- There are some exceptions to support patients under the age of 40 who do not have a current diagnosis of hypertension, but who request the service because they have a family history of hypertension or who are at increased risk of developing hypertension (South Asian and African-Caribbean populations).

The service will continue to support the work that both general practices and wider Primary Care Network teams are undertaking on cardiovascular disease prevention and management.

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

General practice will be notified of all blood pressure readings on the day of provision or on the following working day. This will be sent as a structured message

in real-time via the pharmacy's NHS assured IT system. If there is a temporary problem with the system, notifications will be sent via NHS.net Connect or hard copy.

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

No, these patients are out of scope for the service to allow the service to focus on case-finding.

Can general practice refer patients requiring ABPM to the service?

Yes, general practices can refer patients requiring ABPM provided they are aged 40 years or over; 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.

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

The average waketime 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?

If a patient declines ABPM, they will be referred to their general practice or another appropriate local pathway.

Can you confirm the expected outcomes the service has been commissioned to deliver when blood pressure measurements are undertaken in the pharmacy service?

The following table highlights the various potential outcomes and the actions that pharmacy staff are required to take and to recommend to patients in line with the agreed service specification.

Blood pressure (BP) monitoring outcome	GP notification timescale & referral
▪ A **normal clinic BP** (lower than 140/90mmHg and higher than 90/60mmHg)**;** ▪ A **normal BP** following an ABPM (an average blood pressure lower than 135/85mmHg and higher than 90/60mmHg); or ▪ A **low clinic BP** (lower than 90/60mmHg) and the patient is asymptomatic.	▪ BP reading will be sent as a structured message in real-time. ▪ **Normal BP**: Patient advised to check their BP again within **five years** unless borderline. ▪ **Low BP and asymptomatic**: Patient advised to check BP again in **one year**.
▪ A **high clinic blood pressure** (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; ▪ A **high clinic blood pressure** (an average blood pressure of 135/90mmHg or higher, but lower than 150/95mmHg) identified by ABPM (Stage 1 Hypertension); or ▪ A **low clinic blood pressure** (lower than 90/60mmHg) and the patient is experiencing **dizziness, nausea or fatigue**.	▪ BP reading will be sent as a structured message in real-time. ▪ Referral made to practice the **same day** via structured message informing the practice that the patient has been advised to make an appointment with the practice **within three weeks**.
▪ A **high clinic blood pressure + high ABPM** (an average blood pressure of 150/95mmHg or higher, but lower than 170/115mmHg) identified by ABPM (stage 2 hypertension).	▪ BP reading will be sent as a structured message in real-time. ▪ Referral made to practice the **same day** via structured message informing the practice that the patient has been advised to make an appointment with the practice **within seven days**.
▪ A **very high clinic blood pressure** (180/120mmHg or higher) **with NO acute symptoms**; ▪ A **very high blood pressure** (an average blood pressure of 170/115mmHg or higher) identified by ABPM;	▪ In all cases, where suitably trained and competent pharmacy staff, other than the pharmacist have provided the service, the Responsible Pharmacist will be made aware of the need for a same

▪ A **low clinic blood pressure** (lower than 90/60mmHg) **and the patient is experiencing dizziness, nausea or fatigue,** but the pharmacist or pharmacy technician believes the patient is at risk (such as of falling); ▪ A **low clinic blood pressure** (lower than 90/60mmHg) **and the patient is experiencing regular fainting or falls, or feel like they may faint on a daily/near daily basis;** ▪ An **irregular pulse** is detected; and/or ▪ A **slow or fast pulse** - Pulse rate below 50 beats per minute (bpm) or greater than 115 bpm is noted.	day referral to the patient's GP practice before it is made. ▪ BP reading will be sent as a structured message in real-time. ▪ Referral made to practice the **same day** via structured message informing the practice that the patient has been advised to make an urgent **same day appointment** is needed. ▪ During GP practice hours the pharmacy staff should additionally call the practice whilst the patient is still in the pharmacy. ▪ If the pharmacy staff are unable to contact the GP practice or it is closed, they should advise the patient to take appropriate action which may include referral to other locally agreed urgent care arrangements.
▪ A **very high clinic blood pressure** (180/120mmHg or higher) with any acute symptoms.	▪ In all cases, where suitably trained and competent pharmacy staff, other than the pharmacist have provided the service, the Responsible Pharmacist will be made aware of the need for an urgent referral to urgent or emergency care before it is made. ▪ The patient will be **referred immediately** to A&E via 999 where necessary. The pharmacy staff will call the practice to relay results while the patient is still at the pharmacy.

Further information on the Hypertension Case-Finding Service can be found at cpe.org.uk/hypertension.